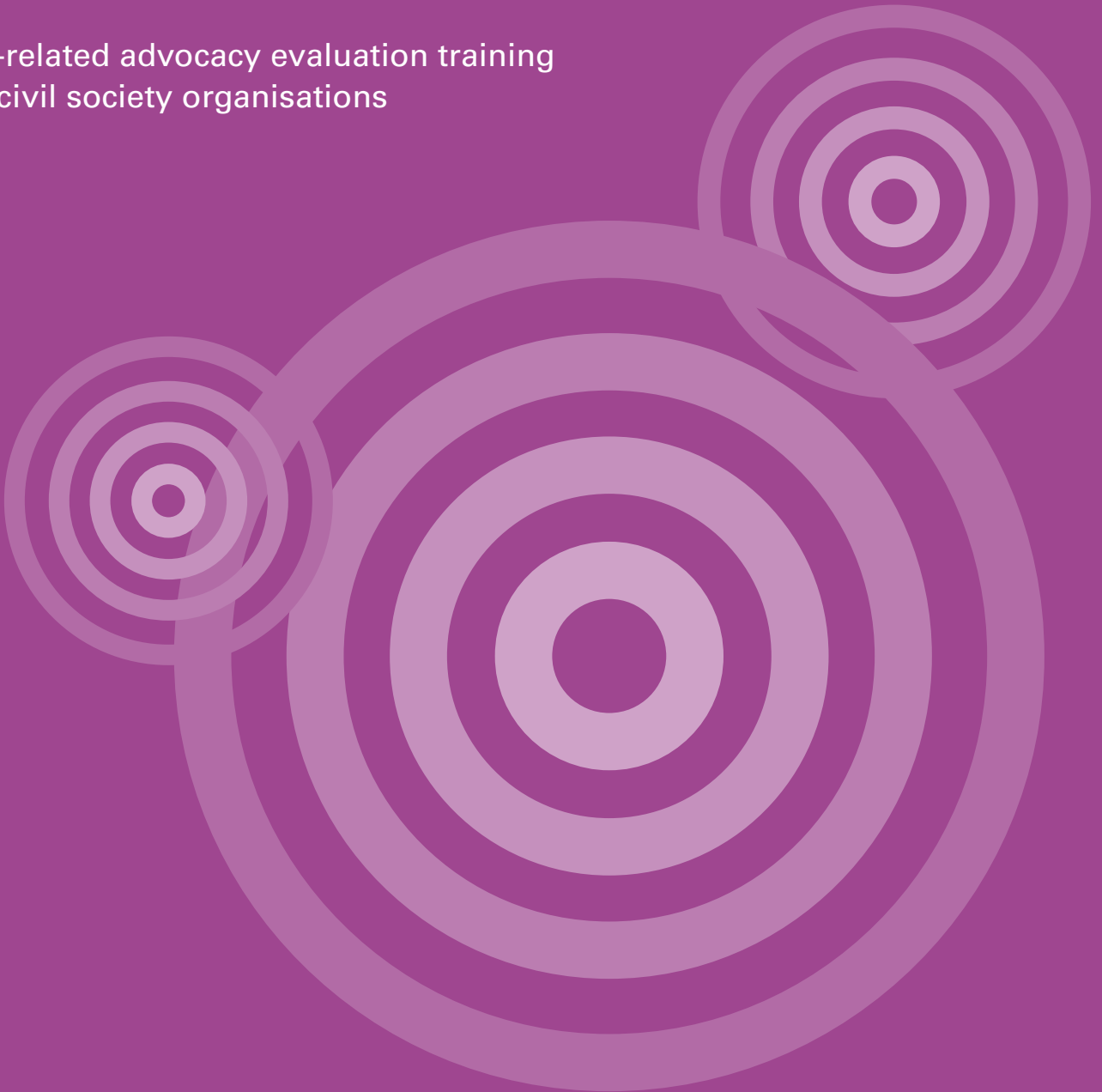


MEASURING UP

A GUIDE FOR LEARNERS

HIV-related advocacy evaluation training
for civil society organisations



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International HIV/AIDS Alliance

Established in 1993, the International HIV/AIDS Alliance (the Alliance) is a global alliance of nationally-based organisations working to support community action on AIDS in developing countries. To date we have provided support to organisations from more than 40 developing countries for over 3,000 projects, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support, and improved access to HIV treatment.

The Alliance's national members help local community groups and other NGOs to take action on HIV, and are supported by technical expertise, policy work, knowledge sharing and fundraising carried out across the Alliance. In addition, the Alliance has extensive regional programmes, representative offices in the USA and Brussels, and works on a range of international activities such as support for South-South cooperation, operations research, training and good practice programme development, as well as policy analysis and advocacy.

For more information about Alliance publications, please go to: www.aidsalliance.org/publications

Registered charity number 1038860.

The International Council of AIDS Service Organizations (ICASO)

Founded in 1991, the International Council of AIDS Service Organizations' (ICASO) mission is to mobilise and support diverse community organisations to build an effective global response to HIV and AIDS. This is done within a vision of a world where people living with and affected by HIV and AIDS can enjoy life free from stigma, discrimination, and persecution, and have access to prevention, treatment and care.

The ICASO network of networks operates globally, regionally and locally, and reaches over 100 countries around the world. The International Secretariat of ICASO is in Canada and its Regional Secretariats are based in Africa, Asia and the Pacific, Europe, Latin America and the Caribbean, and North America.

For more information about ICASO and its Regional Secretariats, please go to: www.icaso.org



INTRODUCTION AND EXECUTIVE SUMMARY

The need for advocacy to address the challenges of HIV is widely acknowledged and accepted. There is ample evidence of the changes good advocacy has been able to bring about, from improving health systems and treatment supply chains to enabling the voices of the most marginalised to be heard and for communities to be empowered to meet the challenges of HIV themselves.

However, in many places there are still overwhelming silences that prevent effective responses, and we remain far from the goal of universal access to prevention, care, support and treatment to which the world's leaders first committed in 2002. Many donors and governments recognise the need for advocacy to help create the changes to systems, programmes and cultures that are needed to stop new infections and enable those who live with HIV to lead full and productive lives. Increasingly, the private sector, governments and other funders are willing to fund advocacy programmes and positions, and many civil society organisations are finding it possible to acquire resources to conduct more systematic advocacy work.

Yet it is often hard to demonstrate the impact and effectiveness of advocacy work, especially in the field of HIV, for a number of reasons. The length of time needed to achieve policy and social change is one, as this usually far exceeds the length of time for which any project will be funded. Another is that evaluating advocacy requires new or modified techniques from those we use to evaluate interventions or service delivery. This learning guide arises from a workshop conducted by the Alliance, ICASO and Constella Futures in 2008, in which we looked at some promising new approaches being developed to try to address some of these challenges. Participants at that workshop were keen to spend more time looking at these new techniques to see if they could help them meet the specific challenges of HIV-related advocacy.

This resource brings together useful concepts and models we have identified from new literature on advocacy evaluation, much of it developed in and for social change work in the global North. We have taken these ideas and piloted them with colleagues working in low- and middle-income countries, to act as a springboard for civil society organisations to develop approaches that meet their needs for accountability, planning and delivering results. Because this is relatively new thinking, this resource is not a step-by-step 'how to' guide. Instead we want to encourage people to try these approaches and adapt them to their needs

and circumstances. So the guide comes with a set of resources that is intended to help advocates themselves acquire enough of a working knowledge of the field to train themselves and each other.

The good news is that with a little planning, advocacy evaluation is able to be flexible, cost-effective and to deliver meaningful information to advocates and funders on how our work is progressing, even if our ultimate goals still seem a long way off. This guide outlines key messages for advocates planning to evaluate their work.

We hope you find this guide useful and welcome any feedback you have, and especially any examples or case studies of advocacy evaluation you may be willing to share. Feedback and ideas can be sent to the email addresses below:

advocacyevaluation@aidsalliance.org

advocacyevaluation@icaso.org

Key messages for advocacy evaluation

- It is important to negotiate with donors to design an advocacy evaluation that is realistic and worthwhile, and that is adequately resourced. Engagement of donors in evaluation design is the most effective way to negotiate an effective design.
- Advocacy evaluations need to be flexible and able to adapt to changing circumstances, as does advocacy work itself.
- Since HIV-related advocacy work often has long-term goals, it is appropriate and practical to consider interim advocacy outcomes as significant evaluation results, alongside policy change outcomes and impact.
- Since more than one advocate often contributes to any one advocacy goal, it is reasonable to focus on contribution rather than attribution of advocacy results where necessary.
- Taking the time to develop and articulate a theory of change for your advocacy work will make planning and conducting an evaluation easier.
- Since networks of key populations or non-governmental organisations are often a 'means to an end and an end in themselves' for advocacy work, some evaluation questions can focus on the existence of such a network, or improved effectiveness of the network in terms of the quality of its key internal functions and processes.

- If your advocacy effort has already begun and you already have indicators agreed with donors, do not let this put you off using this guide and following the seven evaluation design framework components presented in Module 3. This may lead you to identify additional interesting and perhaps more useful indicators to measure and track, which will help your ongoing strategy development and demonstrate the success of your advocacy contribution more effectively.
- Most importantly, meaningful advocacy evaluation is possible and achievable, even for small organisations with limited budgets. Even apparently subjective measures, such as changes in the salience or perceived importance of an issue, are able to be measured, given the right planning and framing of the question.

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INTRODUCTION TO THE GUIDE

What is the guide and how can it be used?

The guide has two main components:

1. a stand-alone learner's guide for anyone interested in evaluating HIV-related advocacy
2. a facilitator's guide that describes how to run a two-day skills-building workshop to cover the content of the learner's guide and apply the skills learned. Accompanying the learner's guide (the main handout and reference material for sessions), there are nine PowerPoint presentations and a document for facilitators called *Measuring up: workshop supplementary facilitation material*.

Who is the guide written for?

The guide is a resource for leaders, managers, advocacy and monitoring and evaluation staff of civil society organisations (including networks) who are involved in designing, implementing and assessing advocacy projects at different levels – international, national and sub-national. Leaders of networks of key populations are likely to find this guide particularly relevant and helpful.

What is the purpose of the guide?

The overall purpose is to increase users' capacity to evaluate the progress and results of their advocacy work.

The guide aims to:

1. help users to identify and address the challenges faced by community-based organisations evaluating HIV-related advocacy
2. introduce new thinking for designing and conducting advocacy evaluations
3. give users the opportunity to apply some aspects of the evaluation design processes to their specific contexts
4. make users aware that advocacy evaluation is a fast-growing and evolving field, with a large number of publications on advocacy evaluation design, approaches and methods available via the Internet and summarised in the resources section of the guide.

Why has the guide been developed?

During the XVII International AIDS Conference in Mexico in August 2008, the Alliance, ICASO and Constella Futures jointly organised a skills-building session on the challenges of monitoring and evaluating advocacy work. There was a high level of interest, and participants wanted to acquire the practical skills necessary to improve their monitoring and evaluation. So the facilitation team agreed to explore different ways of responding to this demand and follow up on lessons learned from Mexico.

Until recently, few resources existed to guide evaluation in this area. However, in the last few years advocacy evaluation has become a burgeoning field, and several approaches and tools for evaluating advocacy and policy work have been developed. Therefore, the Alliance and ICASO decided to invest in producing a guide to evaluating advocacy work, drawing on the different approaches and tools now available.

Who contributed to the content of the guide?

The guide includes numerous extracts from publications developed by leading organisations in the field of advocacy evaluation, including Organizational Research Services, Harvard Family Research Project and Innovation Network. Any unintended misrepresentation of information from these sources is the fault of the guide developers. Other key contributors to the development of the guide were ICASO and Alliance staff, ICASO and Alliance grantees and network member organisations, and consultant Nicky Davies (www.aidsdev.com).

Module 1 aims to define and explain advocacy and monitoring and evaluation. There are many definitions of advocacy and monitoring and evaluation, and there is no single correct or best definition. We have selected from some of these for this resource.

SECTION 1.1

Defining advocacy

“Advocacy is an ongoing process to change values, attitudes, actions, policies and laws by influencing decision-makers and opinion leaders, organisations, systems and structures at different levels.”¹

Advocacy is a term for different activities undertaken with the aim of changing the social, economic and political environment that impacts on communities affected by HIV. It is a process of stimulating dialogue and communication between different stakeholders and individuals in positions of power.

Key elements or characteristics of advocacy include its **ongoing** nature, often **non-linear** and dynamic in process, and that it can aim to achieve a range of different outcomes, such as the introduction and implementation of a specific policy or changes in the values and attitudes of influential individuals and institutions.

Advocacy can be conducted at the local (including municipal), regional, national or international level and takes many different forms.

SECTION 1.2

Defining monitoring and evaluation²

Monitoring can be defined as a “continuing function that uses systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds.”

Evaluation can be defined as the “systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation and results. The aim is to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both recipients and donors.”

Monitoring and evaluation are distinct yet complementary. The key difference between them is as follows: monitoring is a continuous process that tracks or records the activities we carry out (planned or not); evaluation is a periodic assessment of how we are doing things, if we are achieving our aims, or if we are achieving unexpected outcomes, and why we are achieving these.

Increasingly, advocacy evaluations focus on capturing the changes advocates make on the way to achieving their goals rather than the goals themselves (see section 2.3). For example, for advocacy efforts aimed at achieving policy change, evaluations might not focus only on assessing whether policy change is achieved but also on the key achievements along the way, such as mobilisation and organisation of advocates to advocate more effectively, and the placement of



Additional introductory resources

Advocacy work

APCASO (2008), ‘*HIV advocacy from the ground up: a toolkit for strengthening local responses*’.

http://apcaso.org/index.php?option=com_content&view=article&id=28&Itemid=66

Monitoring and evaluation

UNDP and MEASURE evaluation sites:

<http://cfapp1.undp.org/undpweb/eo/evalnet/docstore3/yellowbook/>

www.cpc.unc.edu/measure/publications/evalman/

1. Adapted from a definition presented in ‘Advocacy in action: a toolkit to support NGOs and CBOs responding to HIV/AIDS’, International HIV/AIDS Alliance, 2003, during the guide field-test workshop held in India (March 2010).

2. Definitions adapted from ‘Glossary of key terms in evaluation and results-based management’, OECD/DAC, 2002.

the policy issue on the policy reform agenda. These changes are often referred to as short- or medium-term outcomes, interim outcomes or incremental measures of progress. This approach to evaluation design is addressed further in sections 2.3 and 3.2.

Many of us designing advocacy programmes and evaluations have to grapple with the concept of defining outputs distinct from outcomes, and the distinction is often the focus of disagreement or confusion.

However, figure 1 below presents a standard programme logic chain that explains the difference between outputs and outcomes. Essentially, the outputs from a number of processes, if well implemented, will lead to or result in the achievement of (short-term) outcomes.

This logic is applied to an example of HIV-related advocacy below:

A network of sex workers implements a number of activities that aim at a medium-term outcome of the “creation of a well-informed, organised and representative advocacy coalition able to respond strategically to new opportunities as they arise”, with the ultimate goal of “protecting the human rights of sex workers”. The outputs would be the specific processes leading to the creation of a coalition, with measures such as number of coalition meetings held and attendance, types of constituency represented in the network or coalition and so on. The outcome measures would include

the creation of the coalition, and might also explain what has been achieved, such as new relationships with influential champions and alignment of partners’ efforts and messaging. The impact, which would most likely happen over a number of years, and probably beyond the length of time of any funding agreement, would be the “protection of human rights of sex workers”.

Table 1 below shows how this example relates to different parts of the logic model.

When focusing on interim outcomes or incremental progress, the difference between an output and an outcome and their respective measures (indicators) can be confusing. The distinction between what counts as a process indicator (output) and what counts as a result indicator (outcome) will depend on your strategic vision for your advocacy work and what you consider to be significant achievements on the path to achieving your goals. This will be influenced by the level of your advocacy goal (or ambition) and the time frame of the evaluation you plan. For example, the creation of an advocacy coalition will be a significant outcome indicator of the first phase of the work, and especially for those advocates working for social change where key populations are highly stigmatised and criminalised, where this work will take some time. However, once the network is established, work will focus on achieving longer-term outcomes, such as policy change or improved conditions. In this case, and over the longer term, the creation and maintenance of the coalition would be an output, leading towards the desired policy outcome.

Figure 1. Programme logic chain ³

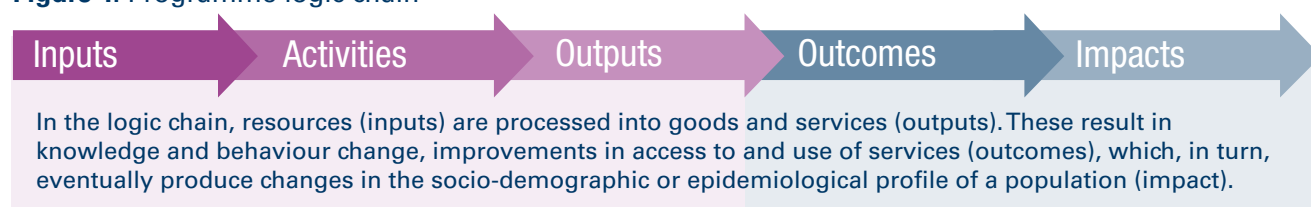


Table 1. Example applied to the programme logic model

Inputs	Activities	Example output indicators	Example short-term outcome indicators	Example medium-term outcome indicators	Impacts
Time of network members, coordinators and volunteers Money, etc.	Organisation of coalition meetings Information research and analysis Partnership building	Number of coalition meetings held Number of people attending meetings Types of constituency represented in the network	New relationships with influential champions Alignment of partners’ efforts and messaging Creation of a well-informed, organised and representative advocacy coalition	Changes in public perceptions of sex workers and rights New policies to protect sex worker rights introduced Mechanisms to address rights abuses established	Protection of the human rights of sex workers

3. World Bank and International HIV/AIDS Alliance (2009), ‘Template for HIV prevention evaluation terms of reference: quick reference guide’.

MODULE 2

Understanding why evaluating HIV-related advocacy is important, its challenges and differences

Evaluating advocacy is widely considered to be difficult due to the complex and dynamic nature of advocacy work. This module examines why evaluation is important, even if challenging, and identifies some specific challenges and differences we face when evaluating HIV-related advocacy.

SECTION 2.1

Understanding why it is important to evaluate advocacy

There is growing interest in advocacy evaluation, both from advocates and funders. The reasons for this interest may differ between the two groups, but in some cases there may be overlap. The main reasons for evaluating advocacy include a desire to:

- learn how to improve the capacity of advocates
- learn how to adjust advocacy strategies as they are being implemented
- inform the planning of future advocacy work, including funding cycles/proposals
- demonstrate relative worth and specific areas of added-value (for example, for networks of key populations⁴ that are competing for funding with development non-governmental organisations and academic institutions)
- demonstrate evidence-based approaches to advocacy work (increasingly demanded by funders)
- account for funding and demonstrate results
- demonstrate results to mobilise more resources for future advocacy work, including monitoring and evaluation of advocacy.

Evaluating advocacy is essential if future funding is to be mobilised and increased. As the range of organisations engaged in HIV-related advocacy work diversifies beyond networks of key populations and HIV-focused non-governmental organisations, and as more money is spent, the competition for resources intensifies. There is also an increased desire to assess advocacy strategies systematically over time in order to focus efforts more effectively and justify any contentious aspects of advocacy work (see section 2.2).

SECTION 2.2

Identifying the challenges faced by civil society organisations evaluating HIV-related advocacy

The following challenges have been identified by guide contributors for evaluating HIV-related advocacy work. Understanding these challenges helps us to design realistic and useful advocacy evaluations. Generally, challenges that are more within our control are considered easier to overcome.

Challenges that are more difficult to overcome are often those less in our control, such as sudden changes in the policy environment, changes in donor priorities, or moral panics around key populations or women's rights. Other challenges include:

- reluctance by some policymakers or opinion leaders to publicise or share results of successful advocacy due to political sensitivities around contentious outcomes
- reluctance by some decision-makers or key stakeholders to attribute success to advocates who they may perceive to be adversaries, particularly those representing key populations who may be criminalised and stigmatised
- changes in staff, values and policies of advocacy targets such as politicians, policymakers, opinion leaders and donors at all levels means that evaluating advocacy efforts over time can be challenging. This is because the challenges are constantly changing, and because there can be a loss of corporate memory, which makes it hard to assess contribution over the long term
- lack of external resources for monitoring and evaluation, such as funding or partnership opportunities with experienced monitoring and evaluation organisations
- it is difficult to attribute success in advocacy work directly to one specific organisation

4. The term key populations refers to groups of individuals particularly affected by HIV, including people living with HIV, sex workers, men who have sex with men, people with disabilities, people who use drugs, prisoners, etc.

- in some instances, especially for key populations with limited political power, maintaining the existing situation or opportunities to engage on advocacy issues needs to be constantly defended. Not going backwards can be hard to demonstrate and challenging to quantify as a result
- stigma or criminalisation, especially of certain key populations, can lead to a lack of secondary data or difficulty in accessing epidemiological data for baselines and indicator measures
- reluctance of some advocates to claim contribution to successful change that they would prefer policymakers and opinion leaders to own
- It can be difficult to involve beneficiaries in advocacy evaluations due to criminalisation, discrimination and stigma.
- fear that an advocacy initiative will be a failure if anticipated goals are not achieved
- evaluation designs may not be flexible enough to capture unplanned achievements or the efforts to create or maintain stable advocacy partnerships and coalitions that are achievements along the way
- advocacy work is often loosely planned as it can be difficult to predict and needs to be responsive. However, without clear planning it is difficult to evaluate using conventional evaluation approaches
- a reluctance to plan advocacy work bound by specific activities aligned to SMART objectives (specific, measurable, achievable, realistic and time-bound).
- while funding cycles are usually time bound, much advocacy work is not
- often HIV-related advocacy has long-term objectives or goals that take longer to achieve than the duration of funding, so it is difficult to know what to track to show results.
- in some contexts, monitoring and evaluation of advocacy is weak or limited because evaluation is not considered important so not planned or budgeted for; evaluating advocacy is considered too difficult or time-consuming for busy advocates; staff or volunteers have limited evaluation experience; or in some cases advocacy is considered a day-to-day activity not requiring specialist skills and not worth evaluating.

SECTION 2.3

Exploring how evaluating advocacy is different from evaluating programmes

All evaluations have certain similarities in that they are systematic and based on data that can be quantitative or qualitative. Typically they use a core set of methods, such as interviews and surveys. Evaluations also share some similarities in purpose, and theories of change (see section 3.2) are helpful for nearly all evaluations.⁵

There are some specific differences concerning HIV-related advocacy that can make evaluation design for this work different from programme work. The environment for HIV-related advocacy is often very dynamic due to the sensitive nature of issues; constantly changing attitudes and values of influential people and institutions; the global policy environment impacting on country-specific decision-making; the role of advocacy networks and relationships; and the impact of incidents that affect opinions and progress on issues at all levels.

The following points should help you to design your HIV-related advocacy evaluations taking these differences into account:

- **It is important to evaluate interim outcomes in addition to, or instead of, longer-term goals or impact.** Focusing on interim outcomes in evaluation design helps to mitigate evaluation challenges such as the long time frame for this work, and the potential for sudden changes in opportunities and external variables that typically impact on advocacy work. This helps to make sure that evaluations are meaningful and worthwhile, and to protect against an unfair conclusion that an advocacy effort has failed if the desired impact or long-term goal is not achieved.
- **It is reasonable to focus on contribution rather than attribution where necessary.** It is common for more than one organisation to aim to achieve an HIV-related advocacy goal. It is therefore reasonable that civil society organisations focus on their contribution towards achieving these goals or the process leading to them rather than trying to claim sole responsibility or attribution (see box 1, page 9).
- **Advocacy evaluations need to be biased towards real-time, ongoing learning.** The HIV-related advocacy environment is very dynamic and strategies require constant refinement and sometimes radical change. Advocacy

5. Drawn from Coffman, J. (2007b), 'What's different about evaluating advocacy and policy change?' The evaluation exchange: A periodical on emerging strategies in evaluation, Volume XIII, Number 1, Harvard Graduate School of Education, Family Research Project.

Box 1: Contribution versus attribution

It is justifiable to focus on contribution rather than attribution for advocacy work, as Michael Patton explains;⁶

“Whereas attribution requires making a cause–effect determination, contribution analysis focuses on identifying likely influences. Contribution analysis, like detective work, requires connecting the dots between what was done and what resulted, examining a multitude of interacting variables and factors, and considering alternative explanations and hypotheses, so that in the end, we can reach an independent, reasonable, and evidence-based judgment based on the cumulative evidence.”

efforts are rarely repeated in the same way, as programmes might be with adapted to different circumstances (for example, a rapid testing programme being adapted to a specific cultural and health service context), so we rarely have standard packages of advocacy interventions. This also means we have few standard packages of evaluation methods, so we need to evaluate as we go. Evaluation findings that help strengthen advocacy efforts as they are conducted are more relevant to advocacy work than the more typical end-of-project evaluation.

- **It is important to anticipate and reserve resources to conduct evaluation activities after significant events, intensive periods of unplanned activity or when the effectiveness of a specific strategy is called into question.** In advocacy work, external factors are much more central to the work, and responding to external and unpredictable factors is often a core part of the work. Consequently, evaluations need to be flexible and able to change with the work.
- **It is often not realistic or necessary to evaluate all elements of HIV-related advocacy work.** Many civil society organisations driving the HIV-related advocacy agenda have limited resources, and

rely on volunteers who are better able to do the work than monitor and evaluate it. They are often decentralised, and have lean secretariats with limited professional staffing (including staff with monitoring and evaluation experience). Where this is the case it may be impossible to evaluate all elements of advocacy work. Instead it may be more worthwhile for the evaluation end users to decide on which elements would be the most informative and feasible to evaluate.

- **HIV-related advocacy work can require the development of new and different kinds of outcomes, indicators to measure progress and evaluation methods** (see Module 3). This is important to help advocates identify interim advocacy outcomes, especially subjective and difficult-to-measure outcomes such as changed attitudes and values that are so often central to HIV-related advocacy work. Module 3 suggests new or adapted outcomes, measures and methods that allow for the measurement of political will, political environment, political commitment, salience on an issue, quality of HIV-related advocacy networks and alliances/partnerships, and strengthening of systems.
- **The creation of an advocacy coalition, partnership or network can be an advocacy outcome in itself.** This is because these coalitions, partnerships or networks, in some contexts, can be considered a means to an end, and an end in themselves. This is particularly relevant where the mere existence of an active and effective coalition, partnership or network (for example, of people living with HIV) has a positive influence on the perspectives of influential people, the way decisions are made and issues presented. In this case, there would be two broad areas of outcomes to evaluate advocacy work (in addition to impact): the internal outcomes (internal to the coalition, partnership or network) and the external outcomes (outside of the coalition, partnership or network).⁷

6. Patton, M.Q. (2008), ‘Advocacy impact evaluation’, *Journal of Multidisciplinary Evaluation*, 5(9).

7. This points draws from Wilson-Grau, R. (2007), ‘Evaluating the effects of international advocacy networks’ and Wilson-Grau, R. and Nuñez, M. (2007), ‘Evaluating international social change networks: a conceptual framework for a participatory approach’. Here the authors points out that there are the following four types of achievements for social change networks, of which internal and external outcomes are the most useful and realistic to show results:

- operational outputs, which are products and services that are an immediate result of the activity of the network
- organic (internal) outcomes – changes in the behaviour, relationships or actions of the network’s members that strengthen and develop their collective capacity to achieve the network’s political purpose. The changes are a result – partially or fully, intentional or not – of the activities of the network
- political (external) outcomes – changes in the behaviour, relationships or actions of individuals, groups or organisations outside of the network involved in activities related to the network’s political purpose. The changes are a result – partially or fully, intentional or not – of the activities of the network
- impact – long-term changes in the relations and exercise of power in society, as expressed in the political purpose of the network.

- **As advocacy targets are often adversaries, this can affect what data can be accessed to measure advocacy results, and therefore what outcomes and indicators are selected and how the evaluation results are used.** For example, the advocacy target may not allow you access to information on its systems that you would need to measure some indicators of success (such as statistics concerning the reduction of police violence against sex workers). Likewise, it is not always in the best interest of the advocates to claim advocacy results and publish them widely, as this may damage fragile relationships with decision-makers.

Box 2: The creation of a coalition – key populations join forces in Perú

In 2005, Via Libre began working with female sex workers, people living with HIV, men who have sex with men, and transgender people to build an advocacy coalition in four regions of Perú. The objective was to change policy and state programmes through encouraging sustained participation in decision-making forums. One of the key strategies was the creation of regional advocacy spaces, where populations came together to discuss issues and identify shared platforms for advocacy. These not only increased engagement with key institutions, such as the offices of the Human Rights Ombudsman and regional health service coordinating bodies, but also built skills in organisational management and operations.

It took time and effort to meet the challenges of enabling such diverse and marginalised populations to work together, but the outcomes have been impressive. Members of the networks have become the 'go to' organisations for many decision-makers and influential groups, and are in direct dialogue with decision-makers, helping to shape more effective and better-targeted policies and programmes.

"We had to raise awareness among the authorities so that they didn't see us as a blot on society," explains Diana Quispe of the Arequipa-based network Lazos Sin Fronteras. "Now the group has a national profile ... a while ago we organised a workshop with journalists and now they send us emails asking for information."

Network members speak of improved communication and capacity to reach shared decisions quickly (internal outcomes), in addition to external outcomes such as inclusion in key decision-making forums and unprompted contact by media organisations.

For more details on this project see the full report at: www.aidsalliance.org/includes/Publication/LAC_Advocacy_vulnerable_populations_ENG.pdf

MODULE 3

Introducing a framework for designing and conducting evaluations of HIV-related advocacy work

The seven components covered in this module aim to help guide the design of your advocacy evaluation. It is important to note that this guide does not cover communicating the results of advocacy evaluations and integrating the learning into practice. Although beyond the scope of the guide, these aspects of advocacy evaluation design and implementation are crucial.

This module draws on published and unpublished work of many authors and institutions, particularly the Harvard Family Research Project, Organizational Research Services, Innovation Network, GrantCraft, and authors Ricardo Wilson-Grau and Martha Nuñez.

The seven components of the advocacy evaluation design framework are:

1. Determining evaluation users and uses
2. Mapping your advocacy work
3. Prioritising what to evaluate
4. Developing your evaluation questions
5. Deciding on an approach to measurement
6. Selecting indicators
7. Identifying and choosing data collection methods relevant to advocacy evaluation.

It is important **not** to see the seven components as linear planning steps. While the first three can be considered as sequential steps, decisions about the remaining four components are dependent on each other. This means you will need to constantly revisit and adjust your decisions for components four to seven until they make sense as a whole (see figure 2).

If your advocacy effort has already begun and you already have indicators agreed with donors, do not let this put you off from following the seven components of the evaluation design framework, as you will inevitably identify additional interesting and perhaps more useful indicators.

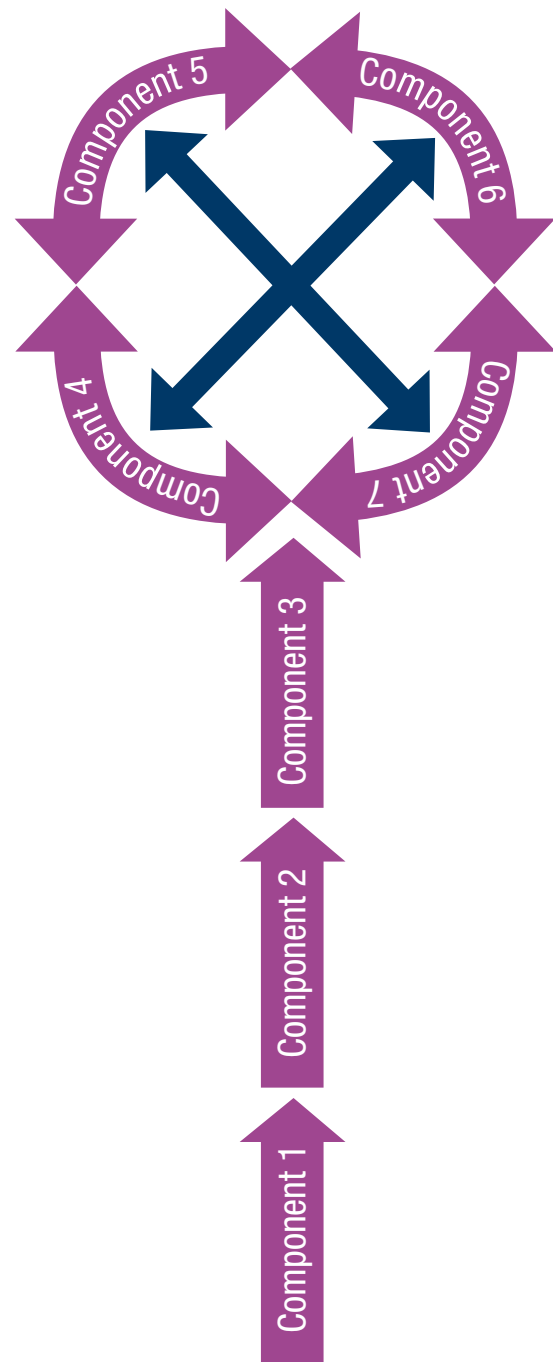


Figure 2

SECTION 3.1

Determining evaluation users and uses

The most common users of evaluations are donors, ourselves as advocates and other advocates wanting to learn from our experience. You will need to determine the primary audience for the evaluation. If both the funders and the advocates are equally important, make sure that the evaluation questions and outcomes are agreed together.

To understand different evaluation uses we can reflect back to section 2.1, page 7.

SECTION 3.2

Mapping your advocacy work

The development of a visual map of an advocacy strategy (a theory of change) is extremely useful for planning how to evaluate advocacy work, as it allows us to articulate clearly our advocacy goals, identify interim outcomes that we hope to achieve along the way, and the assumptions we have made in our advocacy design. It is also a particularly useful advocacy planning tool for civil society organisations who find detailed, linear, input-to-impact planning of their advocacy work challenging or inappropriate.

In section 2.3 we suggested that advocacy evaluations can focus on interim or short- to medium-term outcomes in addition to goals or impact. By mapping out your planned advocacy work at this strategic level, you can see your advocacy work as a whole and choose which elements (including interim outcomes) to evaluate and why.

This guide starts from the understanding that many civil society organisations wishing to evaluate their HIV-related advocacy have not previously developed a theory of change. It is more likely that you have developed a detailed advocacy operational plan that includes objectives and planned activities (which may or may not reflect what is actually done or needed over time). Any existing planning will help you to develop a theory of change. It is never too late to develop a theory of change for your work. Aside from being important for planning your evaluation, it can be used for fundraising and as a decision-making tool for ongoing learning and improvement of strategies and a joint strategy development tool for partners in an alliance.



Useful resources

If you are looking for tools for detailed operational planning of advocacy work (which is different to developing a theory of change) there are a number of useful resources including:

- *HIV advocacy from the ground up: a toolkit for strengthening local responses*
- *Advocacy progress planner*
- *An introduction to advocacy: training guide*
- *Advocacy in action: a toolkit to support NGOs and CBOs responding to HIV/AIDS.*

When you are using these documents, make sure you take into account the need for planning steps to be circular, in order to link monitoring and evaluation with re-planning.

Theories of change are often considered to be the same as logic models. However, they have different purposes. A theory of change maps out what needs to happen to achieve the goal, while a logframe sets out in detail what you will do to make this happen.

It is typically expressed in a visual diagram (see figure 3, page 15) that shows a set of strategies, outcomes and goals and the logical interconnections among them. It is perhaps best viewed as a strategic map of how you get from here to there. Being able to view the relationships between strategies, outcomes and goals is very important. For example, sometimes outcomes occur one after another, while at other times they occur at the same time. Outcomes may occur independently from each other or be highly interrelated. They may result from a single strategy or multiple ones, and may lead to common goals or separate ones. Understanding these relationships is not only vital for planning and adjusting our advocacy work, but can be interesting evaluation questions in their own right. Understanding these relationships can make sure that we are guided to identify the right indicators for success.⁸

Who contributes to the development of your theory of change will depend on the context of your advocacy work. Consider including representatives from your staff/volunteers, beneficiaries, donors and other advocates working towards the same goals. Not all of these groups of people may be appropriate in your context. However, at least one person with a very good understanding of the advocacy issue being mapped should be involved. Consider the level of strategic thinking and experience that is required to develop a theory of change in selecting who to contribute. Try to engage key members of staff who are responsible for planning, monitoring and evaluation (including media if appropriate) and working with donors as well as those who understand the advocacy work in detail. The earlier you involve donors in planning evaluations the more likely they are to agree to an approach that is worthwhile and realistic.

Give this exercise the time it deserves, especially where limited advocacy planning has taken place so far. You will need to accept that developing a theory of change will inevitably take some time before you can move on to use it for designing your evaluation. However, the effort is worth it as you will have a framework for planning and revising

both your advocacy work and its evaluation.

The following three frameworks are provided to help you to develop a theory of change:

- instructions for developing a theory of change using an adapted version of the 'Six steps for developing a theory of change visual map', developed by Organizational Research Services (see box 3)⁹
- an example theory of change¹⁰ with example content (figure 3). A specific example of a theory of change concerning injecting drug use can be found in Appendix 1 of this guide
- a menu of strategies and outcomes, providing ideas and examples of outcomes. These have been drawn and adapted mainly from Organizational Research Service's 'Categories and menu of outcomes for advocacy and policy work',¹¹ but include information from Harvard Family Research Project's 'A user's guide to advocacy evaluation planning' (see table 2).¹²

8. Adapted from: Organizational Research Services (2007), 'A guide to measuring advocacy and policy'.

9. Organizational Research Services (2004), 'Theory of change: a practical tool for action, results and learning'.

10. This example draws on the work of Organizational Research Services, particularly: Organizational Research Services (2009), 'Ten considerations for advocacy evaluation planning: lessons learned from KIDS COUNT grantee experiences'.

11. Organizational Research Services (2007), 'A guide to measuring advocacy and policy'.

12. Harvard Family Research Project (2009), 'A user's guide to advocacy evaluation planning'.

Box 3: Six steps for developing a theory of change visual map

These steps were designed by Organizational Research Services for a workshop setting and should be adapted to suit your needs. For example, you might want to create one overall outcome map including all your strategies initially, and then create an individual map for each high-level strategy. This allows you to identify more specific levels of outcomes for each strategy.

Six steps for developing a theory of change visual map (edited)

It is helpful to create this map on a large wall using half sheets of paper that you can arrange to match the example outcome map on the following page. Simply tape these sheets of paper on the wall and move them around as the map is developed and refined. Note: Step 6 'Articulate assumptions' should be recorded as you work through steps 1 to 5.

Step 1: Clarify goals. First, identify the ultimate impact you want to achieve in your community. The impact will generally be an ambitious visionary statement that stands for a healthy, thriving community rather than specific programme clients or the results of a specific strategy. Your impact statement will involve the contributions of many strategies and partners. Examples of ultimate impacts follow:

- Children have equal opportunities to succeed in school.
- Children are healthy and safe.
- Families are strong and united.
- Neighbourhoods are strong and cohesive.
- All families and individuals have a roof over their head and food to eat.
- All families and individuals are self-sufficient.

List the ultimate impact in the goal rectangle at the bottom of the chart. It is important to develop a group consensus about this goal. Typically the statements are broad enough to make everyone feel comfortable, included and inspired. The distinction among impact statements is the level of focus (for example children, families, neighbourhoods or communities).

Step 2: Identify high-level strategies These may include programme strategies, campaigns, collaborations, public awareness efforts, capacity-building efforts, community mobilisation efforts, and so on.

Step 3: Create 'so that' chains. Take the first strategy listed and create a 'so that' chain based on the following question: *We do X strategy so that (blank) results.* The answer should be the direct outcome or result of the strategy. Repeat this 'so that' question until you have linked each strategy through varying levels of outcomes to reach your goal. It is helpful if the outcomes identified are as specific as possible without becoming too wordy.

Step 4: Link strategies with outcomes and goals. Place the outcomes that form the 'so that' chain between the strategies and the goal. Draw arrows between the strategies, connected outcomes and goal. Repeat this for each strategy. This may show that more than one strategy leads to a common outcome.

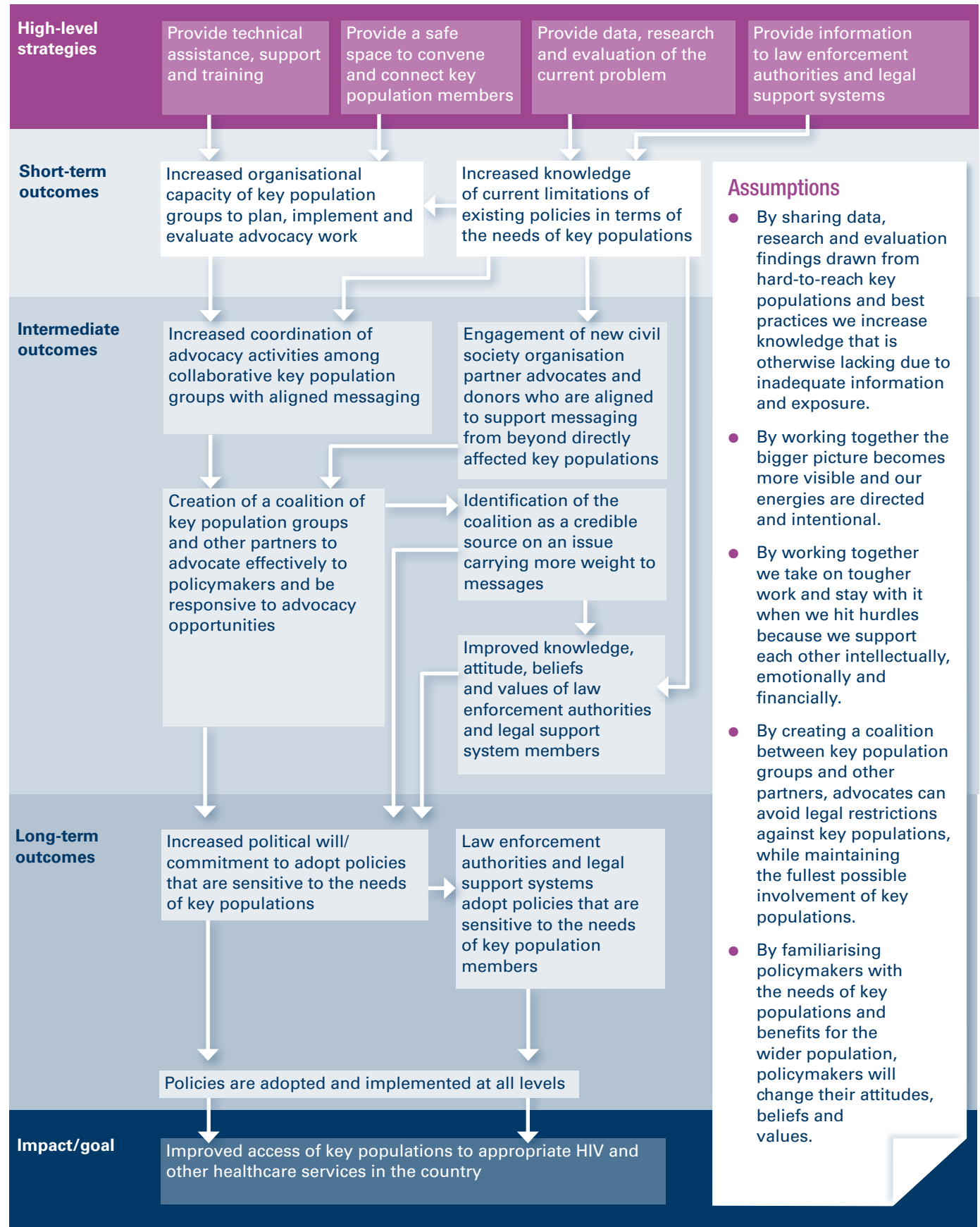
Step 5: Test the logic and relevance. Review your completed map and share it with other stakeholders. Test whether logical linkages occur between the strategies, outcomes and impacts, whether the most relevant outcomes are included and whether you have included all of the relevant strategies.

Step 6: Articulate assumptions. While the outcome map offers a visual sketch of the pathways to achieving outcomes, this work is embedded in a context. It is helpful to complete the story by articulating the assumptions that influenced the map's design. There are no hard-and-fast rules about what to list in the assumptions. It helps to record the assumptions while you are creating your map and then compile them once the map is complete.

Figure 3: An example theory of change outcome map for improved access of key populations to appropriate HIV and other health care services in a sample country

This example shows how a theory of change can flow. A more specific example is included in Appendix 1.

Key populations “are groups that are at higher risk of being infected or affected by HIV, who play a key role in how HIV spreads, and whose involvement is vital for an effective and sustainable response to HIV. Key populations vary according to the local context but include vulnerable and marginalised groups such as people living with HIV, their partners and families, people who sell or buy sex, men who have sex with men, people who use drugs, orphans and other vulnerable children, migrants and displaced people, and prisoners.” (Alliance definition).



Categories and menu of outcomes for advocacy and policy work

In the past, policy goals have often been the focus for measuring the success of advocacy work, resulting in advocacy efforts failing when these goals are not achieved in specific time frames. However, improved policies are rarely achieved without changes in preconditions. The table below will help you identify outcome categories for these preconditions. Where policy change is the end goal and this may not be achievable within the time frame of the advocacy project or evaluation, make sure that your theory of change articulates some interim outcomes from categories two to four to help you evaluate your progress towards achieving your goals. In some cases, particularly at local or municipal level, policy change may be quicker and easier to achieve and therefore your theory of change can be more focused on the policy change outcomes identified in categories five and six.

You may feel that some of these outcomes will be difficult to measure. This will be something you need to consider after mapping your theory of change when selecting which elements of your theory of change to focus on for your evaluation. To help with this, section 3.7 presents some new advocacy data collection methods that are specifically designed to help you measure outcome indicators about changing political will, political environment, political commitment, salience on an issue, quality of HIV-related advocacy networks and alliances/partnerships, and systems.

Note: the outcomes listed below are generalised for different types and levels of advocacy. They will need to be worded more specifically within your evaluation design to be measurable.

Table 2: Categories and menu of outcomes for advocacy and policy work

Categories	Examples of strategies	Examples of outcomes
<p>1. Shifts in social norms</p> <p>Advocacy work is increasingly focused on the importance of aligning advocacy and policy goals with core and enduring social values and behaviours. For advocacy work, it is important to understand and plan how any efforts on changing awareness, values and attitudes will contribute to specific advocacy goals so that advocacy goals are not lost or confused with awareness-raising and behaviour change goals</p>	<ul style="list-style-type: none"> ● Framing issues ● Media campaigns ● Message development (e.g. defining the problem, framing, naming) ● Development of trusted messengers and champions¹³ 	<ul style="list-style-type: none"> ● Changes in awareness ● Increased agreement on the definition of a problem (e.g. common language) ● Changes in beliefs, attitudes and values (each are separate outcomes) ● Changes in the salience of an issue ● Increased alignment of campaign goal with core societal values ● Changes in public behaviour
<p>2. Strengthened organisational capacity</p> <p>The development of these core capacities are critical organisational conditions of advocacy and policy change efforts</p>	<ul style="list-style-type: none"> ● Leadership development ● Organisational capacity-building ● Communication skills-building ● Strategic planning 	<ul style="list-style-type: none"> ● Improved capacity of organisations involved with advocacy and policy work ● Improved strategic abilities of organisations involved with advocacy and policy work ● Improved capacity to communicate and promote advocacy messages of organisations involved with advocacy and policy work ● Improved stability of organisations involved with advocacy and policy work

Categories	Examples of strategies	Examples of outcomes
<p>3. Strengthened alliances</p> <p>These structural changes in community and institutional relationships and alliances have become essential forces in presenting common messages, pursuing common goals, enforcing policy changes and ensuring the protection of policy wins in the event that they are threatened</p>	<ul style="list-style-type: none"> ● Partnership development ● Coalition development ● Joint campaigns ● Building alliances among unlikely allies 	<ul style="list-style-type: none"> ● Increased number of partners supporting an issue ● Increased level of collaboration (e.g. coordination) ● Improved alignment of partnership efforts (e.g. shared priorities, shared goals, common accountability system) ● Strategic alliances with important partners (e.g. stronger or more powerful relationships and alliances)
<p>4. Strengthened base of support</p> <p>The breadth, depth and influence of support among the general public, interest groups, opinion leaders and decision-makers for particular issues provides a major structural condition for supporting changes in policies</p>	<ul style="list-style-type: none"> ● Community organising ● Media campaigns ● Public/grassroots engagement in campaign or programme ● Coalition development ● Development of trusted messengers and champions (e.g. journalists, policymakers, opinion leaders, decision-makers) ● Policy analysis and debate 	<ul style="list-style-type: none"> ● Increased public involvement in an issue ● Increased salience¹⁴ of advocacy issue or policy proposal among selected groups (e.g. policymakers, opinion leaders, decision-makers) ● Increased political will among selected groups (e.g. policymakers, opinion leaders, decision-makers) in support of advocacy issue or policy proposal ● Increased level of actions taken by policymakers, opinion leaders, decision-makers on an issue ● Increased breadth of partners supporting an issue (e.g. number of unlikely allies supporting an issue) ● Increased media coverage (e.g., quantity, prioritisation, extent of coverage, variety of media beats, message echoing) ● Increased awareness of advocacy issue and messages among selected groups (e.g. journalists, policymakers, opinion leaders and decision-makers) ● Increased visibility of the advocacy messages (e.g. engagement in debate, presence of campaign message in media) ● Changes in public will
<p>5. Policy goals</p> <p>Policy goal can be at all levels, including local, municipal, regional, national and international</p>	<ul style="list-style-type: none"> ● Research ● Development of policy briefings ● Development of white papers ● Development of policy proposals ● Pilot/demonstration programmes ● Operating as a watchdog 	<ul style="list-style-type: none"> ● Policy development ● Placement on the policy agenda ● Policy adoption ● Policy blocking ● Policy implementation ● Policy monitoring and evaluation ● Policy maintenance
<p>6. Impact</p>	<ul style="list-style-type: none"> ● Combination of direct services and systems-change strategies 	<ul style="list-style-type: none"> ● Improved services and systems ● Positive social and physical conditions

13. Champions are high level individuals who adopt an issue and publicly advocate for it (opinion leaders, policymakers, decision-makers).

14. Salience is the importance a target audience assigns an issue or policy proposal.

SECTION 3.3

Prioritising what to evaluate

Once a theory of change has been mapped it will help you to prioritise which elements of your advocacy work to focus your evaluation on. Prioritisation is essential, as many civil society organisations involved in HIV-related advocacy work are based in resource-limited settings with few human and financial resources.

If a funder is a proposed end user of the evaluation, you should invite it to help prioritise the key elements (outcomes, goals and/or impact) for evaluation.

Remember, you do not need to evaluate everything. Focus your evaluation on what will be useful for you as the advocates and the other key end users. The following questions may help you to identify priority elements of your advocacy work to evaluate:

- **What do the evaluation's users want to know?** Consider what the evaluation's primary users want to know about the strategy's progress or success. In addition to outcomes, policy goals and/or impact, do not forget to consider the assumptions you are working with and factors that affect the connections between strategies, outcomes and goals as possible areas to evaluate.

If your advocacy work has already begun, you may have already specified to your donor outcomes and indicators to be tracked. You should include these elements in your prioritisation unless you have re-negotiated with your donor.
- **What is the advocacy effort's unique contribution?** Consider which outcomes you are most likely to make a significant contribution towards as these will be more meaningful than evaluating elements (outcomes, goals or impact) that many organisations or other factors will affect. Elements of theory of change that are not prioritised will still be relevant as they will remain part of the strategy; they simply will not be the evaluation's main focus.
- **What is the evaluation's time frame?** For example, an organisation with a ten-year advocacy strategy might have a three-year evaluation. This is because the strategy's funder would like to make decisions about whether to continue funding after several years, or because the organisation conducting the advocacy wants to understand early on whether it is gaining traction and momentum on the way to its policy goal. Your evaluation time frame will therefore affect how far down your theory of change it is realistic to expect measurable results and

therefore what you prioritise for your evaluation questions, indicators and so on.

- **Who will do the evaluation?** Some outcomes may be well suited for internal monitoring and tracking rather than external evaluation. Other outcomes may be better suited to the expertise or objective perspective that an external evaluator can bring (for example, assessing advocates' influence on key audiences such as policymakers and the media in the policy process).¹⁵

Box 4: Importance of evaluating interim outcomes in addition to policy goals

The Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) explains how they evaluated one of their three advocacy goals.

Goal: legislation against discrimination based on HIV status

Work on this spanned four years (2006–2009) and is ongoing, although the project ended in 2009. The goal of the project was not achieved before end of the project. However, we evaluated progress through benchmarks such as approval and presentation of the bill by the Federal Executive Council to the National Assembly; presentation of the bill on the floor of the National Assembly; and public hearing on the bill. These are clear achievements of the advocacy project, even though the desired law is not in place yet.

Once you know who the end users are for your evaluation and have identified which elements of your advocacy work to focus on, it is possible to consider the remaining four components of the advocacy evaluation design framework, including:

- Component 4 – developing evaluation questions
- Component 5 – deciding on an approach(es) to measurement
- Component 6 – selecting indicators
- Component 7 – identifying and choosing data collection methods.

These four components should not be seen as linear steps. Decisions for each component will depend on the decisions made for other components, meaning you will need to reconsider your decisions as you work through them.

15. Harvard Family Research Project (2009), 'A user's guide to advocacy evaluation planning'.

SECTION 3.4

Developing evaluation questions¹⁶

The way that evaluation questions are framed, their level of specificity and how they are worded will profoundly affect what data are collected and how.

Tips for developing evaluation questions

- Start by reviewing the elements of your advocacy work that you prioritised.
- Consider what the evaluation's users specifically want to know about these elements.
- Consider what approach will be used for measurement.
- Consider what indicators are feasible for you to measure with existing or new data.
- Consider whether you want to phrase your questions as open or closed questions.
- Review the assumptions you made to see if they are still valid or need specific attention in your evaluation.

Some example HIV-related evaluation questions are provided in box 5 below.

Box 5: Example of HIV-related evaluation questions

“How effective was the advocacy coalition’s media strategy in putting harm reduction on the policy agenda?”

“How effective was the national network in aligning advocates’ key messages about equal access to health services for men who have sex with men?”

“Was the organisation’s advocacy message about police harassment of sex workers taken up by the police service, and what evidence is there that this has changed values and policies within the institution? Has there been any measurable effect on reducing reported levels of police harassment?”

“Has policy change been achieved? If not, why not? To what extent should advocacy efforts be refocused?”

16. Adapted from: Harvard Family Research Project (2009), ‘A user’s guide to advocacy evaluation planning’.

SECTION 3.5

Deciding on an approach to measurement

Deciding on an evaluation approach requires you to consider the purpose of the evaluation, the available skills and resources for monitoring and evaluation, and the specific issues, strategies and context of your advocacy work. Once you decide on an approach you can select from a wide range of methodologies to apply and select the level of formality and rigour to suit your particular situation. You can also consider the concept of a portfolio approach to evaluation, whereby some advocacy efforts are evaluated with far greater intensity than others.

Five approaches to measurement are suggested here. You can choose one or more of these approaches as the basis for your evaluation. As you read through these approaches you will notice that this publication mainly provides information to support Approach A which will be a common

choice for many civil society organisation. This does not mean that the other approaches are not valid such as Approach B for small community based organisations. It is important to be aware of the different options and to consider whether you want to use more than one approach such as Approach A and E together.

- **Approach A:** identification and measurement of core outcome areas related to social or policy change.
- **Approach B:** evaluation of strategic progress.
- **Approach C:** evaluation of short-term incremental measures of progress.
- **Approach D:** assessment of the capacity of the advocacy and policy organisation.
- **Approach E:** case study documentation of process and impacts.

A brief explanation for each approach is given in table 3 below and on page 21, followed by some suggestions for when these different approaches might be most useful.

Table 3: Choosing an evaluation approach¹⁷

Approach	When is this approach useful
<p>Approach A. Identification and measurement of core outcome areas related to social or policy change</p> <p>This approach focuses on the outcomes (mainly medium-term) of our advocacy efforts, such as changes in the salience of an issue, improved capacity of organisations involved with the advocacy work, increased number of partners supporting an issue, and improved social conditions</p>	<ul style="list-style-type: none"> ● For longer-term policy and advocacy efforts involving a partnership among funders and advocacy organisations ● For groups who are willing to devote resources (e.g. financial, staff time, external evaluation consultants, partner engagement and leadership) to evaluation efforts ● For groups wanting to demonstrate that their strategies have made a difference, including linkages between strategies and results, and process of change through short-term, medium-term and long-term indicators of change ● To measure results, foster learning and knowledge development, and offer accountability
<p>Approach B. Evaluation of strategic progress</p> <p>This approach builds on what most of us already do when we reflect on the progress of our work. It simply formalises this reflection by systematically posing questions to support strategic thinking and reflection on advocacy progress in regular meetings. Examples of core questions include: Who needs to change to achieve progress? Whose voice needs to be heard? What are the current opportunities for change? Where is it best to direct efforts over the next year? What is a realistic short-term outcome or indicator of progress?</p>	<ul style="list-style-type: none"> ● Primarily to support ongoing learning (for ourselves as advocates, funders, partners and other stakeholders), but also to help document accomplishments for accountability ● For groups with limited monitoring and evaluation capacity and accountability demands from funders. This approach primarily uses a qualitative approach to data collection through individual and group interviews and discussions

17. Adapted from Harvard Family Research Project (2009), 'A user's guide to advocacy evaluation planning'.

Approach	When is this approach useful
<p>Approach C. Evaluation of short-term incremental measures of progress</p> <p>This approach focuses on the identification and measurement of short-term incremental measures of progress. It recognises that advocacy is a dynamic and complex process that is composed of wins and losses, some of which happen from careful and intentional planning; others from the chaotic nature of social change</p>	<ul style="list-style-type: none"> ● For advocacy efforts funded for relatively short periods of time. The incremental measures of progress (advocacy gains) offer markers of change when advocacy efforts are difficult to plan and predict. It tracks outputs and incremental milestones (or achievements) as they happen. It is well-suited to tracking progress and reporting results to internal and external audiences
<p>Approach D. Assessment of the capacity of the advocacy organisation (including networks)</p> <p>Focuses attention on an assessment (identification and measurement) of the key elements of organisational capacity needed to implement advocacy work successfully</p>	<ul style="list-style-type: none"> ● For longer-term advocacy efforts involving a partnership among funders and advocacy organisations ● For advocacy groups that work in a dynamic context where the readiness and preparedness of the agents of change (advocacy organisations) and the coalitions are key to advocacy success ● Particularly relevant for advocacy organisations and social change networks
<p>Approach E. Case study documentation of process and impacts (this is also a data collection method)</p> <p>This involves documentation, description, reflection and analysis of the efforts and results of advocacy work within the broader context. It identifies key events, partners, circumstances, progress markers and impacts. Examples of case study topics include: perspectives of progress from key informants at critical moments; description of key events and the processes that contributed to these markers; analysis of the partners engaged in social change effort; and analysis of specific linkages in a theory of change map. Both qualitative and quantitative methodologies are appropriate</p>	<ul style="list-style-type: none"> ● For longer-term efforts in which knowledge development of the field of advocacy work is highly valued or there is a desire to apply learning and identify future strategic directions ● For understanding advocacy progress and results within the broader context ● For telling the story of social change to a range of audiences

SECTION 3.6

Selecting indicators

Indicators are simple measurements that can be analysed over time to show whether advocacy activities are on target or are making progress.

In order to measure progress over time, baselines need to be established for indicators where possible. The indicators that you will need to define and measure will depend on previous decisions about the users and use of the evaluation; what element(s) of your advocacy work from your theory of change you have prioritised to evaluate; the evaluation questions asked; and the approach(es) to measurement you have selected.

In selecting your indicators, table 4 on page 23, gives example indicators (measures) that may suggest ideas for indicator development. The following points may also help you identify useful indicators:

- Pick good-quality, useful and cost-effective measures and avoid choosing too many. Consider:
 - how well the measure links to the element of your advocacy work that you want to assess. Measures should, so far as possible, capture effects and provide the most direct evidence of the advocacy element they are measuring
 - whether data are currently available and/or being collected. If not, whether cost-effective data collection is an option. Where data are not currently collected, the cost of additional data collection must be weighed against the potential usefulness of the additional data
 - whether the measure will provide information that will be easily understood and accepted by the evaluation's audience
 - that numeric indicators often provide the most useful and understandable information (however, in some cases qualitative information is more relevant and important).¹⁸
- Make sure that you define both quantitative and qualitative indicators to help capture the data you need in order to be able to track what you have done (process/output indicators) and to evaluate your results (outcome/impact indicators).
- Make sure you consider which measurements are realistic in your context and for your advocacy issue. For example, for some advocacy issues affecting key populations, measuring favourable public announcements from elected officials may not be realistic if key populations are heavily stigmatised or criminalised. You can always document such events as they happen without identifying them as one of your key indicators of success.
- Consider what resources you have and whether internal or external evaluators will be involved. For example, section 3.7 offers a data collection method called the policymaker ratings. This is a subjective measure and based on the views of advocates themselves. Although a subjective data collection method, this method allows advocates to measure political will with minimal cost other than time from advocates during a regular meeting (it can even be conducted via email by disbursed network advocates). Other methods require more sophisticated skills, experience, money and objectivity (usually from an external evaluator).
- Once indicators have been selected they should be tested to make sure they are useful.

18. Adapted from: Harvard Family Research Project (2009), 'A user's guide to advocacy evaluation planning'.

Table 4: Example indicators ²⁰

The outcomes listed below are more detailed but very similar to those presented in table 2 on pages 16 and 17. Some indicators have been edited out and some added to be more relevant for civil society organisations (including networks of key populations) engaging in HIV-related advocacy work.

Outcomes	Example indicators
IMPACTS	IMPACT MEASURES
Improved services and systems	<ul style="list-style-type: none"> ● Increased knowledge about advocacy, mobilising or organising tactics ● Improved media skills and contacts ● Increased ability to get and use data ● Increased (or full) engagement of members of key populations (in planning and/or implementation of advocacy work where legal)
Positive social and physical conditions	<ul style="list-style-type: none"> ● Number and type of new or stronger organisational relationships developed ● New relationships with unlikely partners
POLICY GOALS	POLICY GOAL MEASURES
Policy development	<ul style="list-style-type: none"> ● New proposals or guiding principles developed
Placement on the policy agenda	<ul style="list-style-type: none"> ● Policies formally introduced (bills, bonds, ballot measures, regulations, administrative policies)
Policy adoption	<ul style="list-style-type: none"> ● Policies formally established (bills, bonds, ballot measures, regulations, administrative policies)
Policy blocking	<ul style="list-style-type: none"> ● Policies formally blocked (bills, bonds, ballot measures, regulations, administrative policies)
Policy implementation	<ul style="list-style-type: none"> ● Policies implemented or administered in accordance with requirements
Policy monitoring and evaluation	<ul style="list-style-type: none"> ● Funding established to monitor and evaluate policies formally
Policy maintenance	<ul style="list-style-type: none"> ● Funding levels sustained for policies or programmes ● Eligibility levels maintained for policies or programmes
INTERIM OUTCOMES	INTERIM OUTCOME MEASURES
Organisational capacity	<ul style="list-style-type: none"> ● Improved overall organisational capacity ● Increased knowledge about advocacy, mobilising or organising tactics ● Number of media contacts ● Number of staff trained in media skills ● Increased ability to get and use data ● Increased (or full) engagement of members of key populations (in planning and/or implementation of advocacy work)
Partnerships or alliances	<ul style="list-style-type: none"> ● Number and type of new organisational relationships developed ● New relationships with unlikely partners
Collaboration and alignment (including messaging)	<ul style="list-style-type: none"> ● Number and type of new organisations agreeing to collaborate ● Policy agenda alignment among advocacy partners (collaborators) ● Collaborative actions taken among organisations (e.g. joint meetings, aligning of messages)

Outcomes	Example indicators
New advocates (including unlikely or non-traditional)	<ul style="list-style-type: none"> ● New advocates recruited ● New constituencies represented among advocates ● New advocate actions to support issue
New champions (including policymakers)	<ul style="list-style-type: none"> ● New champions or stakeholders recruited ● New constituencies represented among champions ● Champion actions to support issue (e.g. speaking out, signing on)
Visibility or recognition	<ul style="list-style-type: none"> ● Number of requests for advocate's products or information (including downloads or page views) ● Number and types of invitations for advocates to speak as experts ● Number of stakeholders that can explain the organisation's advocacy messages ● Number and type of media organisations proactively contacting the organisation for comment or advice on the advocacy issue
Awareness	<ul style="list-style-type: none"> ● Percentage of audience members with knowledge of an issue ● Website activity on portions of website with advocacy-related information
Salience	<ul style="list-style-type: none"> ● Percentage of audience members saying issue is important to them
Attitudes or beliefs	<ul style="list-style-type: none"> ● Percentage of audience members with favourable attitudes towards the issue or interest
Political will	<ul style="list-style-type: none"> ● Number of elected officials who support the advocacy effort, whether publicly or not ● Number of elected officials who publicly support the advocacy effort ● Number of issue mentions in policymaker speeches (or debates)
Constituency or support base growth	<ul style="list-style-type: none"> ● Website activity on portions of website with advocacy-related information ● Number of fans, group members or followers on social media websites ● Number and type of new network members
Media coverage	<ul style="list-style-type: none"> ● Number of media citations of advocate research or products* ● Number of stories successfully placed in the media (e.g. op-eds)* ● Number of advocate (or trained spokesperson) citations in the media* ● Number of advocates from key populations cited in the media (where legally possible)
Issue reframing	<ul style="list-style-type: none"> ● Number of media articles reflecting preferred issue framing*

*Text omitted from original source publication but developed by the original author

Table 5 below shows process/output indicators and outcome/impact indicators for two example outcomes from the theory of change on page 19 (see figure 3).

Table 5: Example process/output indicators and outcome/impact indicators

Example outcomes	Process/output indicators	Outcome/impact indicators
<p>Year 1 Creation of a coalition of key population groups and other partners that can effectively advocate to policymakers and be responsive to advocacy opportunities that arise</p>	<ul style="list-style-type: none"> ● Percentage of select key population groups approached that express an interest in participating in a coalition ● Percentage of select non-key population groups or organisations approached that express an interest in participating in a coalition ● Number and type of organisations that agree to participate in a coalition 	<ul style="list-style-type: none"> ● Coalition formed ● Coalition members using agreed advocacy messages and advocacy action plans ● Coalition has a strategy for how to respond to advocacy opportunities that arise ● Key population group representatives involved in the advocacy activities of the coalition (to the extent legally feasible in the context)
<p>Year 2 Increased political will or commitment to adopt policies that are sensitive to the needs of key population members</p>	<ul style="list-style-type: none"> ● Number of meetings or briefings held with policymakers ● Number of policymakers reached ● Types of policymakers reached ● Number of coalition meetings held ● Coalition maintained and/or strengthened 	<ul style="list-style-type: none"> ● Number of citations of coalition products or ideas in policy deliberations or policies ● New decision-makers (including policymakers, elected officials and/or senior law enforcement and legal support system officials) willing to take action that contributes to the achievement of the goal

SECTION 3.7

Identifying and choosing data collection methods

This section introduces a range of common advocacy data collection methods and sources of information to access these methods. It also introduces five new advocacy evaluation methods in some detail. You will need to review these methods and decide which are the most helpful for you to measure your selected indicators. In doing so, consider whether key population members are able to participate in data collection methods. Reviewing the available methods may also help you to refine your indicator selection.

Common advocacy evaluation methods include:¹⁹

- stakeholder surveys or interviews – print, telephone or online questioning of stakeholders
- case studies – detailed descriptions and analyses of advocacy strategies and results
- focus groups – facilitated discussions with advocacy stakeholders
- media tracking – counts of an issue’s coverage in print, broadcast or electronic media
- media content or framing analysis – qualitative analysis of the media response to an issue
- participant observation – evaluator observation to gain firsthand experience and data
- policy tracking – monitoring of an issue or bill’s progress in the policy process
- secondary data analysis – accessing and analysing data from outside sources.

In the last few years a number of organisations have tried to collate or design new methods for measuring advocacy results. Key references are listed in the resources section. For example, the Organizational Research Services publication *A handbook of data collection tools: a companion to ‘A Guide to measuring advocacy and policy’* collates examples of measurement tools such as interview guides, sample surveys and policymaker meeting report forms organised under categories of outcomes.

Since the capacity of civil society organisations (particularly networks), alliances and partnerships is so important for HIV-related advocacy, you may have prioritised internal outcomes around organisational capacity of networks, partnerships and alliances for your evaluation. There are a number of tools or methods to choose from for this outcome area which are listed below and referenced in the resource section.

Suggested tools for evaluation of internal outcomes

- Alliance for Justice advocacy capacity assessment tool (not free of charge)
- Save the Children spider diagram
- VicHealth partnerships analysis tool
- network assessment instrument by Richard Wilson-Grau and Martha Nuñez.²⁰

When using these tools, make sure that the engagement of members of key populations in advocacy is included as an indicator.

Suggested tools for evaluation of external outcomes

External outcomes relating to political commitment and the broader policy environment at all levels are also frequently identified as priority outcome areas to measure and track. For this there are tools that can be used to measure the policy environment, such as:

- the National Composite Policy Index (NCPI), UNAIDS, www.unaids.org
- Policy Environment Score (PES), Policy Project, www.policyproject.com
- the AIDS Program Effort Index (API), DHS, www.measuredhs.com/hivdata/ind_detl.cfm?ind_id=1&prog_area_id=1

There are also political commitment tools developed by PASCA in Central America (www.pasca.org) and AIDS Accountability (<http://aidsaccountability.org/>) that may be useful.

19. Adapted from: Julia Coffman Evaluation Consultant and Ehren Reed Innovation Network (2009), ‘Unique methods in advocacy evaluation’, Washington DC: Center for Evaluation Innovation (unpublished).

20. Wilson-Grau, R. and Nuñez, M. (2007), ‘Evaluating international social change networks: a conceptual framework for a participatory approach’, a paper written for Development in Practice.

The following seven advocacy data collection methods are described in more detail below:

1. system mapping
2. policymaker ratings
3. intense period debriefs
4. bellwether methodology
5. network capacity analysis
6. partnerships analysis tool
7. observation checklist.

These tools have been specifically developed by a range of authors and are presented in detail here because they address a number of HIV-related advocacy evaluation problems:

- the advocacy processes can be complex, fast-paced and dynamic
- data collection can be challenging where advocacy targets are adversaries

- advocates often have limited resources and expertise for advocacy evaluation
- advocates often want to evaluate interim outcomes that are hard to measure using commonly used advocacy methods (for example, public or political will).

Once you have selected the methods you want to use, make sure that you apply them in a way that demonstrates your contribution towards change as far as possible.

Table 6 shows which outcomes the seven data collection methods help to measure. Following this, each method is described in as much detail as possible and most descriptions are accompanied by an example of when this method might be useful within the context of HIV-related advocacy evaluation.

Table 6: Example outcomes that each data collection method can measure

Method	Example outcomes the method can measure
1. System mapping	<ul style="list-style-type: none"> ● Systems change (decision-making systems, etc.) ● Gauging our position within a system ● Changes in political will
2. Policymaker ratings	<ul style="list-style-type: none"> ● Changes in political will
3. Intense period debrief	Not specific to any one outcome, but useful when advocacy efforts are experiencing high-intensity levels of activity or a sudden policy window. Collecting data immediately afterwards means that advocates can use this data for learning to adjust future strategies, and document the specific contribution to the event or policy change when they have more time
4. Bellwether methodology	<ul style="list-style-type: none"> ● Gauging whether an issue is on a policy agenda (at any level) and how it is positioned ● Changes in political will ● Forecasting the likelihood of future policy proposals or changes ● Assessing whether advocacy messages have broken through
5. Network capacity assessment tool	<ul style="list-style-type: none"> ● Assessing the management of a network ● Assessing strategic abilities of a network for advocacy work ● Assessing capacity to communicate and promote advocacy messages of a network involved with advocacy work ● Assessing the stability of a network involved with advocacy work
6. Partnership analysis tool	<ul style="list-style-type: none"> ● Assessing the strength and potential of new or existing partnerships
7. Observation checklist	<ul style="list-style-type: none"> ● Assessing changes in opinions, values, attitudes, beliefs and priorities of decision-makers and opinion leaders

System mapping

This method is:

- conducted by advocates or external evaluators
- a qualitative measure
- useful when the advocacy effort is trying to achieve systems change.

System mapping is useful for advocacy efforts aiming for systems change. For example, such efforts may be trying to change or improve an organisation; create collaborative relationships among organisations or actors; or change the context or environment in which policies play out or in which social change occurs.

This method involves the visual mapping of a system, identifying the parts and relationships in that system that are expected to change and how they will change, and then identifying ways of measuring or capturing whether those changes have occurred. Used in this way, systems maps function much like theories of change; they illustrate where changes are expected to occur and help frame and guide evaluations. They also serve as powerful illustrations when presenting results to evaluation stakeholders. System maps offer a

useful alternative to most conventional theories of change and logic models, which tend to be linear and have difficulty capturing intended changes in relationships or connections in a complex system.

The system mapping process can occur in various ways. For example, it may involve key informant interviews with individuals within that system designed to capture what the system looks like and how it is functioning. Alternatively, it might use a process such as network analysis and mapping, a technique that explores whether connections or relationships exist between people, groups or institutions,²¹ as well as their nature and strength. For some system mapping exercises it will be appropriate to include ourselves as advocates in the system and map how this changes over time.

Box 6: Example of how the system mapping method could be used at the national level in India

“Systems mapping can be useful as a planning and evaluation tool. Systems mapping can help map out a system that needs to be changed and help us understand the relationships and interconnection of those within it. By repeating the mapping exercise we can monitor how the system changes for the better.

“Let us take an example where we are trying to reduce the incidence of sex workers being harassed by police. To achieve this we can map the ‘system’ that can both perpetuate this situation or be used to address the problem. First, we identify the most relevant systems (for example, the police, district administration) and then map key personnel in these systems, their roles and spheres of influence, and their inter-relationships.

“This map can be used to plan specific advocacy actions and desired medium- to long-term outcomes, and then used to document and evaluate success by ‘drawing’ into the system map the changes that will have (hopefully) achieved positive change. For example, these might include departmental orders on issues (saying police should stop harassing sex workers), inter-departmental coordination committees formed (so that concerned departments work together to address the problem), formation of task forces for crisis response (to address cases where harassment occurs and requires a quick official response or discipline).”

Measuring up contributor

21. For an example of this kind of system mapping see ‘Tactical mapping: how nonprofits can identify the levers of change’, Nonprofit Quarterly, summer 2009, www.npqmag.org

Policymaker ratings

This method is:

- conducted by advocates or external evaluators
- a quantitative measure
- useful when assessing the extent to which policymakers support a policy issue and whether that support is changing over time.

This method was developed by Harvard Family Research Project. It gauges political will or support for a particular advocacy issue or proposal among a defined group of policymakers. The approach capitalises on advocates' insider knowledge about individual policymakers' stances on policy issues. It does not create extra work for advocates, but instead usefully transfers what they already know through their regular intelligence gathering and outreach. With this method, advocates rate policymakers' level of interest on a series of three scales that assess:

- policymaker level of support – individual policymaker support for an issue based on their public behaviours or actions on behalf of the issue
- policymaker level of influence – policymaker influence on the policy issue of interest (similar to the idea of a power analysis). Ratings are based on criteria that research shows relate to policymaker influence
- rater level of confidence – confidence in the accuracy of ratings on the first two scales.

At least three to five advocates (the more the better) participate in the rating process. Advocates either rate policymakers as a group (arriving at a consensus group rating) or independently and then average their ratings. Once ratings are complete, composite ratings are computed and aggregated across policymakers. You may prefer to aggregate scales one and two only. Ratings can also be used to track individual policy maker's support and influence over time and your confidence in ratings them. Data such as individual policymakers' party affiliation, district representation or committee membership can be added to enable different ways of looking at the analysis. Like the bellwether methodology, this method is repeatable over time to determine whether and how indicators shift.

Box 7: Example of how the policymaker rating method could be used at the local level in Bangladesh and India

Within a project aiming to improve sexual and reproductive health and rights of young people in selected districts in Bangladesh and India, the implementers initially committed to measuring policy change as the main evaluation measure of the project. Because the achievement of this outcome could be influenced by factors beyond the advocates' control, the implementers decided to consider including a measurement of an intermediate outcome as well – 'increase in political will'.

Following the initial year of capacity-building, mapping of issues, gaps and initial introductory meetings with decision-makers, civil society organisations supporting youth educators could conduct an initial (baseline) policymaker rating to assess the existing level of political will among decision-makers at district level. Doing this baseline rating after the capacity-building and initial meetings would make sure that advocates have enough confidence to make informed ratings. The rating would then be repeated at the end of the project to measure whether advocates' efforts resulted in increased political will on issues related to youth sexual and reproductive health.

The original author’s criteria of influence are presented in this tool below. However, these criteria were written for an American audience (particularly criteria 6 under influence) and should be adapted to be relevant for your own context and level of advocacy. Make sure that the criteria you replace are as specific and objective as possible and are not too open to interpretation. Once you have changed the criteria, check that the definitions for ratings 3 and 4 are reworded as necessary.

Table 7: Sample policymaker’s rating scales

Scale	Rating	Definition
1. Support	❶ Not at all supportive	No evidence this person has spoken or taken any action in support of the policy issue (includes opposition)
	❷ Somewhat supportive	Has indicated being favourably disposed to the policy issues (e.g. expresses support for the issue or mentions it in one-on-one or small group conversations)
	❸ Supportive	Occasionally takes action either publicly or behind the scenes beyond voting in support of the policy issue (e.g. speaks out at public hearings, gets quoted in the media, includes it in speeches, assigns bills to a power legislator, encourages colleagues to support policies, plays a role in budget negotiations)
	❹ Extremely supportive	Has a well-known reputation for being a champion of the policy issue and regularly takes leadership on advancing it (e.g. makes it a key part of their platform or agenda)
2. Influence <i>Criteria:</i> 1. Majority party member 2. Relevant content expertise 3. Seniority/experience (record of public service) 4. Reputation/respect (e.g. has been able to exercise some power/ leadership in the legislature) 5. Key committee member 6. Formal leadership position (chairs a key committee or is a Senate or Assembly leader)	❶ Not very influential	Meets none or only one criteria
	❷ Somewhat influential	Meets at least two criteria
	❸ Influential	Meets three or four criteria and/or is on a key committee
	❹ Extremely influential	Meets five or six criteria and/or holds a formal leadership position in the legislature or and/or chairs a key committee
3. Confidence	❶ Not very confident	Ratings are a guess based on third-hand, unverifiable or unreliable information about the policymaker and their related (or lack of related) interests (e.g. the policymaker or their staff saying they “love the issue” in a small meeting where they feel pressure to speak positively).
	❷ Somewhat confident	Ratings are a fairly informed guess (e.g. advocates have picked up consistent information from more than one source, but sources may not be 100% verifiable or reliable, or the information collected is somewhat vague).
	❸ Confident	Ratings are based on advocates’ direct contact with the individual or information from a trusted and reliable source

Intense period debriefs

This method is:

- conducted by an external evaluator
- a qualitative measure
- useful when advocacy efforts are experiencing high-intensity levels of activity and advocates have little time to pause for data collection.

This method, developed by Innovation Network, engages advocates in evaluative inquiry shortly after a policy window or intense period of action occurs. While those times represent critical opportunities for data collection and learning, advocates have little time to pause for interviews or reflection. The unfortunate consequence is that the evaluation is left with significant gaps in data during times in the advocacy cycle when those data are particularly valuable.

This method recognises this kind of situation as a common advocacy reality and adapts to it. Shortly after a policy window or intense activity period occurs, it convenes either a focus group or individual interviews with advocacy stakeholders and uses a 'debrief interview protocol' to capture data about advocates' recent experiences. The method functions somewhat like an after-action review and captures:

- the public mood and political context during the policy window
- what happened and how the advocates responded to events, especially as related to actions that occurred behind closed doors
- perspective on the outcome(s) achieved or not achieved
- how strategies might be adjusted in hindsight
- perspectives on who contributed to the outcome.²²

Sample intense period debrief questions

1. What events triggered this intense period?
2. How was the organisation's response determined? Who was responsible for that decision? How was that decision communicated to other partners and allies?
3. Which elements of the organisation's response worked well? Which elements could have been improved?
4. What was the outcome of the intense period? Was the result positive or negative?
5. What insights will you take away from this experience that might inform your strategies in the future?

Note: the word 'organisation' can be replaced by the name of your organisation, network, alliance and so on to avoid confusion.

22. This point was added by *Measuring up* contributors in the box of sample intense period debrief questions.

Bellwether methodology

(The text below has been edited from the original to make it shorter and relevant for a non-American context.)

This method is:

- conducted by an external evaluator
- a qualitative measure
- useful when gauging whether an issue is on a policy agenda (at any level) and how it is positioned; assessing political will as an outcome; forecasting the likelihood of future policy proposals or changes; assessing the extent to which advocacy messages have broken through.

The method was developed by Harvard Family Research Project to determine where a policy issue or proposal is positioned on the policy agenda; how decision-makers and other influentials are thinking and talking about it; and how likely policymakers are to act on it. The methodology involves structured interviews with 'bellwethers' or influential people in the public and private sectors whose positions require that they are politically informed and that they track a broad range of policy issues. Bellwethers are knowledgeable and

innovative thought leaders whose opinions about policy issues carry substantial weight and predictive value in the policy arena.

The bellwether methodology involves five main steps common to all key informant interviews. However, two of these steps – selecting the bellwether sample and setting up the interviews – require a unique twist that sets this approach apart from other types of structured interviews.

- 1. Select the types or categories of bellwethers to interview.** For example, categories should represent the types of individuals whose opinions are important or influential on the policy issue. They might include policymakers, the media, funders, researchers/think tanks or advocates.
- 2. Select the bellwether sample.** After sample categories are determined, criteria are developed for selecting individual bellwethers. At least half the sample should include bellwethers who do not have a special or specific connection to the policy issue being explored. This approach increases the probability that issue awareness or knowledge detected during interviews can be linked to advocacy efforts rather than personal experiences or other extraneous variables. Other selection criteria might include political, gender, ethnic and geographic diversity.

Box 8: Examples of how the bellwether methodology could be used

At the local level in Mexico

Vida Digna is a project based in Queretaro, a conservative state in central Mexico. It aims to address stigma against key and marginalised populations. One of its programmes aims to change police, local government and community attitudes towards transgender people, and especially to change perceptions around, and reduce violence towards, transgender people. The bellwether methodology could be a useful tool for us to assess if progress is being made in changing wider community perceptions that violence against transgender people is a crime and unacceptable. A sample of community leaders and municipal authorities could be asked about their perceptions of these issues facing the district in relation to social order, social harmony and violent crime.

At the national level in Southern African countries

Participants at an advocacy for prevention workshop in Southern Africa considered the role of bellwether methodology in assessing the effectiveness of advocacy to prevent or reduce gender-based violence. In a country with an active gender-based violence policy that needs advocacy to implement that policy, and where reliable statistics are available, then reported rates of gender-based violence and number of services actively adopting the policies are good indicators of effectiveness of policy implementation. However, if there is a limited awareness of, or commitment to address, gender-based violence and the task is to build support for introducing this as policy, then the bellwether methodology would be useful. Gender-based violence is a structural determinant of HIV vulnerability that affects large proportions of the population, and so it is important to get the support of a wide range of influential people. Questions could be framed in terms of women's or health issues; for example, "What do you think are the top three issues in relation to women's health/gender that the country needs to address?"

3. **Set up interviews.** Interview setup is critical. Bellwethers must be unaware before the interview begins that the interview will focus on the specific policy issue of interest. They are informed about what the interview will generally cover, but do not receive specific details. This approach helps to make sure that bellwethers' responses are authentic and unprompted.
4. **Conduct the interviews.** Interview questions determine what bellwethers know and think about the policy of interest. For example, the interview might start by asking bellwethers what issues they think are at the top of the policy agenda. Their responses (which will be unprompted because they do not know beforehand which specific policy issue you are exploring) indicate whether the advocacy issue of interest shows up on that list, and if so, where and along with what other issues. Later questions can get more specific and ask bellwethers what they know about the issue of interest, allowing later content analysis to determine whether advocates' messages surface in bellwether discourse about the issue. You also might ask bellwethers to predict whether they think the issue will advance in the near future or longer term.
5. **Analyse and use the data to inform strategy.** The bellwether methodology returns both summative and formative data. Summatively, bellwether data can indicate how effective, according to this audience, advocates have been in communicating their messages and whether they have been successful in moving their issue either onto the policy agenda or in increasing its importance. Formatively, bellwether data can inform advocates about specific gaps in bellwether knowledge about how their messages are playing with this audience. This method is repeatable over time if the advocacy strategy takes place over multiple years.

Network capacity analysis – a toolkit for assessing and building capacities for high-quality responses to HIV ²³

This method is:

- conducted by advocates or an external evaluators
- a quantitative and qualitative measure
- useful when networks want to assess their changing capacity over time and evaluate the impact of capacity-building.

This tool, developed by the Alliance, is not designed specifically for advocacy evaluation. It can be used by networks to help identify their capacity-building needs, plan technical support interventions, and monitor and evaluate the impact of capacity-building. It provides a structured approach to generating both quantitative and qualitative information about the situation of the organisation at the time of analysis. The resulting outcomes can also be used to track progress when developing the network's capacity for advocacy, other specific functions or the network as a whole.

The toolkit emphasises the value of a variety of factors contributing to capacity, and identifies six key areas that are particularly important to civil society networks engaged in HIV programming and policy work:

1. Involvement and accountability
2. Leadership
3. Knowledge and skills
4. Internal communication
5. Advocacy, policy and external communication
6. Management and finance.

This network capacity analysis toolkit has been produced as two separate publications:

- **a workshop facilitation guide** to structure, deliver and report on an intensive two- to three-day capacity analysis workshop
- **a rapid assessment guide** to plan, steer and collect outcomes of a meeting or teleconference where, due to specific needs or limited resources, the aim is to do a more rapid capacity analysis.

23. Text largely drawn from: International HIV/AIDS Alliance (2008), 'Network capacity analysis: a toolkit for assessing and building capacities for high-quality responses to HIV'.

For the rapid assessment guide, each area of capacity begins by asking an open-ended question, followed by a number of more detailed questions. Participants are asked to give their network a capacity score based on the listed indicators – 1 being a weak area and 4 a strong area. At the end of each area of capacity there are two discussion questions to help the network plan for improvement and find out what resources are needed.

For the workshop facilitation guide, instructions for a more comprehensive assessment are provided, including an organisational profile, self-assessment, external review and document review. For the self-assessment, each capacity area involves a discussion-based activity, followed by a group-scoring exercise. Each area of capacity has an associated set of indicators that participants use to rate their own organisation's capacities. The external review provides valuable insights into whether internal perceptions of capacity are shared by those outside the network. Tools for the external review include 13 sets of indicators designed for scoring by external stakeholders. A document review provides analysis of the network documentation that can provide objective evidence to verify discussion-based results. A template for reviewing the completeness and quality of relevant supporting documents is provided.

The partnerships analysis tool – for partners in health promotion ²⁴

This method is:

- conducted by advocates or an external evaluator
- a qualitative measure
- useful when organisations want to assess the strength and potential of new or existing partnerships.

It has been developed by the Victorian Health Promotion Foundation, and provides a tool for organisations entering into or working with a partnership to assess, monitor and maximise their ongoing effectiveness.

The tool is divided into three activities:

- **Activity one** explores the reason for the partnership. Why is the partnership necessary in this particular project? What value does the partnership add to the project?
- **Activity two** involves designing a map that visually represents the nature of the relationships between agencies in the partnership.

Here a continuum of partnerships is used to map the nature of the relationship between different agencies in the partnership, and evidence is cited to establish the strength of each relationship. The partnerships continuum ranges from networking through to collaboration:

- networking involves the exchange of information for mutual benefit. This requires little time or trust between partners
- coordinating involves exchanging information and altering activities for a common purpose
- cooperating involves exchanging information, altering activities and sharing resources. It requires a significant amount of time, a high level of trust between partners and sharing the turf between agencies
- collaborating. In addition to the other activities described, collaboration includes enhancing the capacity of the other partner for mutual benefit and a common purpose.

24. This text is largely drawn from: Victorian Health Promotion Foundation (date unknown), 'The partnerships analysis tool - for partners in health promotion'.

- **Activity three** involves scoring a checklist of statements on the following themes:
 - determining the need for the partnership
 - choosing partners
 - making sure partnerships work
 - planning collaborative action
 - implementing collaborative action
 - minimising the barriers to partnerships
 - reflecting on and continuing the partnership.

The checklist is designed to provide feedback on the current status of the partnership and to suggest areas that need further support and work. It suggests that the checklist scores be aggregated and provides some generic analysis based on different aggregated scores.

Box 9: Example of how the partnerships analysis tool could be used at the national level in Kenya

The HIV and AIDS Prevention and Control Act 2006, was first tabled as a bill in parliament in 2003, and subsequently three times from 2004 to 2006. Each time the bill lapsed except in 2006, when it was eventually debated and passed by parliament in December. However, the act was not brought into operation as the minister responsible for HIV issues had not set a commencement date. Meanwhile many people living with HIV in Kenya were experiencing rights' abuses, such as the violation of women's and orphans' inheritance rights, difficulties in accessing healthcare, shelter, education and food, and dismissal from work because of their HIV status.

The Kenya AIDS NGOs Consortium (KANCO), in partnership with other health-related and human rights organisations in Kenya, advocated for the commencement of the law by:

- forming a civil society stakeholders' forum that engaged with the National AIDS Control Council to prioritise the act by lobbying the minister for a commencement date
- educating the Kenyan population and building their capacity to understand the content of the act
- popularising the act through print and electronic media
- organising breakfast meetings with policymakers targeting members of the parliamentary committee on health and the minister of health
- preparing policy statements for this audience.

In March 2009 the act was given a commencement date and now Kenyans can address violations of their rights in relation to HIV through an HIV tribunal. However, not all sections of the act were put into force as some stakeholders see them as contentious.

It would be useful for KANCO and its advocacy partners to reflect on the effectiveness of this advocacy partnership in achieving the commencement of the majority of the HIV and AIDS Prevention and Control Act.

Observation checklist

This method is:

- conducted by advocates or external evaluators
- a qualitative measure
- useful when gauging the degree to which advocacy targets (influential decision-makers and opinion leaders) change their opinions, values, attitudes, beliefs and priorities about a particular issue over time.

Checklists are often used to monitor meeting proceedings. The structure of this example observation checklist was developed by Organizational Research Services, and then adapted to refer to harm reduction for this guide. A simple observation checklist can be used for any level of advocacy action. It can help capture how often a particular issue is on an agenda (such as a neighborhood council meeting, community coalition meeting, policymakers' meetings); whether the issue was discussed; what the main content or emphasis was; the length or depth of the discussion; and the perception of seriousness. Box 10 below is an example of a meeting observation checklist.²⁵

Box 10: Example of how the observation checklist could be used at the local level in Ukraine

Observation checklist

Date Length of meeting

Setting/venue Attendees

1. What were the main issues discussed during this meeting (e.g. sexual harassment, drugs/alcohol etc.)?

2. Was harm reduction on the agenda? Yes No

3. Was harm reduction discussed? Yes No (If answered 'yes' for question 3, please continue; if answered 'no' for question 3, please skip to question 8)

4. What was the main content of the harm reduction discussion?

5. Was agreement reached in this discussion? Yes No

What was the length of the discussion?

6. Would you say that the issues related to harm reduction were taken seriously by the attendees? Yes No

Please explain

7. Was there any action planned related to harm reduction? Yes No

Please explain

8. Additional notes or comments

25. Drawn from: Organizational Research Services (2007), 'A guide to measuring advocacy and policy'.

The 'Advocacy evaluation design summary of decisions' worksheet included in Appendix 2 should help you, your colleagues and partners to record your decisions about the design of your advocacy evaluation.

Once you have agreed the evaluation approach, indicators and data collection methods to be used, you will need a data collection workplan that should specify:

- What will be the level of rigour of data collection?
- From whom will data be collected?
- When will data be collected?
- What type of questions will the data address?
- Who is responsible for coordination, data management and collection, and for reporting?

Answers to these types of questions allow us to determine the frequency of data collection, the intensity of data collection, the sample(s) from whom data will be collected, the quantitative or qualitative nature of data, the data collection tools needed and the specific information that is systematically gathered.²⁶

These questions form part of a typical evaluation plan that you should develop to record decisions and plan the evaluation work in detail. Your plan should include who is responsible for collecting the data to measure your indicators; exactly how, when and with whom data collection methods will be applied (and how they are selected); and how and when findings will be reported and integrated into your future work.

Figure 4: Template evaluation workplan table

Element of advocacy (e.g. outcomes, goal)	Data collection methods or tools	Frequency and schedule of data collection	Sampling strategy

Box 11: Capturing outcomes – the need to develop a flexible monitoring tool

Developing a monitoring tool that captures events related to outcomes (planned or not) is vital. Rosemary Mburu, policy development and advocacy manager at the Kenya AIDS NGOs Consortium (KANCO), explains that KANCO uses a “tool that captures all efforts geared towards achieving our advocacy objectives. The tool, which is filled out on a daily basis, is able to capture all activities and all outcomes that result from our inputs, whether planned for or not. These may include media coverage, utterances by policymakers, effort by community advocates, advocacy contributions by patient support groups etc. This tool also assists in identifying upcoming advocates and champions. The tool also guides us in identifying gaps in our advocacy efforts as far as realising our policy and advocacy objectives is concerned.”

Recording this kind of information in a table can be useful. See figure 4 below for an example of the table's column titles.²⁷

Make sure that your monitoring system (tracking documents) is flexible. Do not be limited by the indicators that you select; be sure to collect data on unplanned advocacy results as you go along.

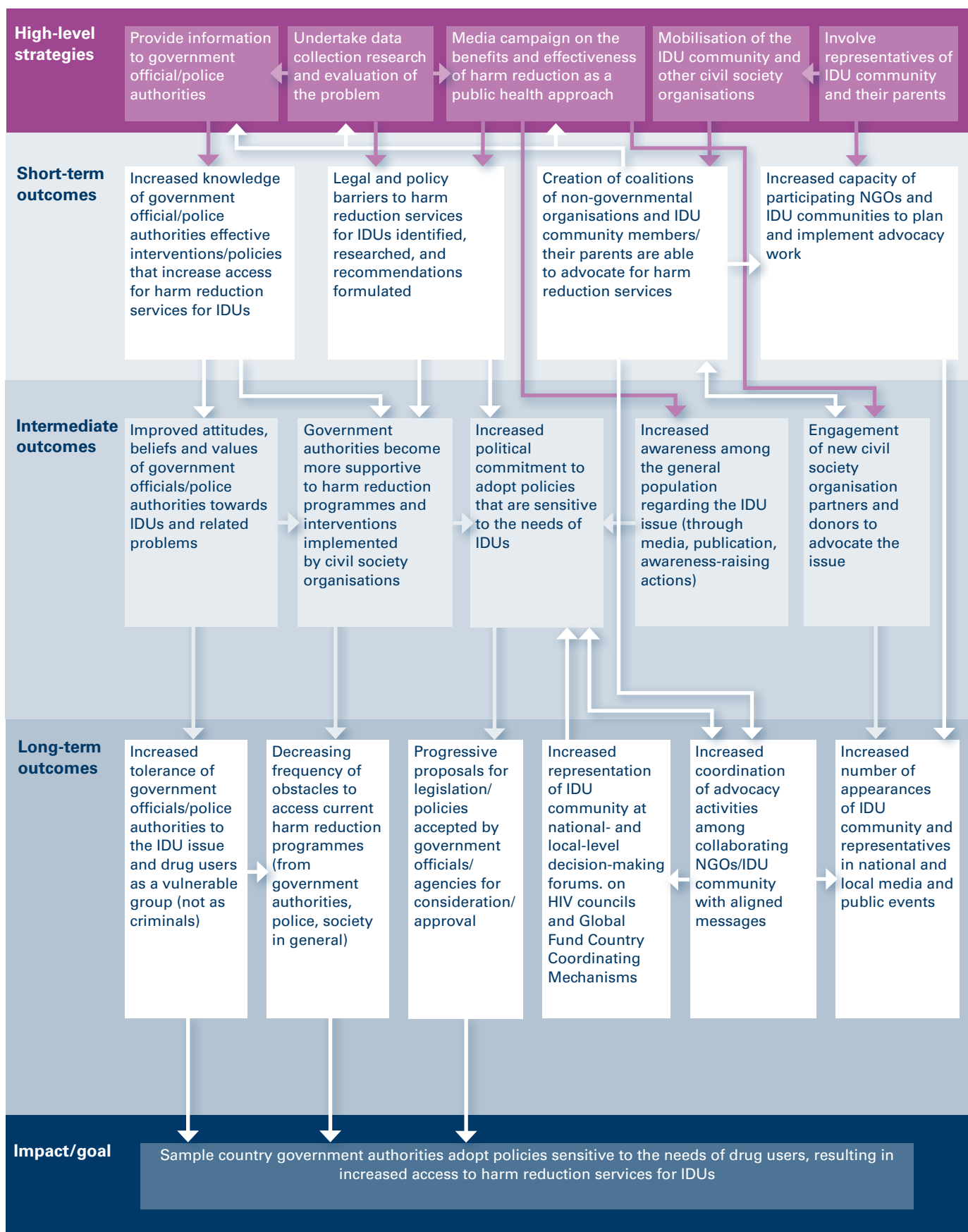
26. Adapted from: Organizational Research Services (2007), 'A guide to measuring advocacy and policy'.

27. Adapted from: Organizational Research Services (2007), 'A guide to measuring advocacy and policy'.

APPENDIX 1

Specific examples of a theory of change

Example theory of change for an advocacy efforts in a sample country that aims for government authorities to adopt policies sensitive to the needs of drug users, resulting in increased access to harm reduction services for injecting drug users (IDUs). Assumptions are not provided for this example.



APPENDIX 2

Advocacy evaluation design summary of decisions²⁸

Component one – evaluation users and uses:

Components two and three – prioritised elements of the theory of change for evaluation:

Component four – evaluation questions:

Component five – approach to measurement for the evaluation:

Components six and seven – selecting indicators and data collection methods:

Prioritised elements for evaluation	Output indicators	Outcome indicators	Method of data collection

28. This design summary draws from a similar example in: Harvard Family Research Project (2009), 'A user's guide to advocacy evaluation planning'.

APPENDIX 3

RESOURCES AND BIBLIOGRAPHY

These resources have been provided to encourage you to:

- extract further information that can strengthen your advocacy evaluation design
- quote from them to help you advocate to funders about appropriate evaluation design for advocacy and adequate funding to conduct your advocacy evaluation.

The wide range of resources available on advocacy evaluation are listed in the following two sources:

Innovation Network: a resource list can be found at www.innonet.org/client_docs/File/advocacy/InnoNet_Pathfinder_Resource_List.pdf

International HIV/AIDS Alliance: evaluating policy and advocacy work annotated bibliography available at [\(link\)](#)

The following resources have been particularly useful for the development of this guide (they are all available via the internet free of charge):

GrantCraft (2006), 'Mapping change: using a theory of change to guide planning and evaluation'.

Harvard Family Research Project (2009), 'A user's guide to advocacy evaluation planning', Theory of change guide and constituency voice assessment framework, Keystone Accountability, www.keystoneaccountability.org/resources.

Harvard Graduate School of Education, Family Research Project (2007), The evaluation exchange: a periodical on emerging strategies in evaluation, 13(1), Spring. Note: this periodical is free and well worth subscribing to – just google 'The evaluation exchange'.

International HIV/AIDS Alliance (2008), 'Network capacity analysis: a toolkit for assessing and building capacities for high quality responses to HIV'.

Organizational Research Services (2004), 'Theory of change: a practical tool for action, results and learning'.

Organizational Research Services, (2007), 'A guide to measuring advocacy and policy'.

Organizational Research Services (2008), 'Trying out a real time advocacy self-evaluation process: guidance and considerations for KIDS COUNT grantees', Organizational Research Services for the Annie E. Casey Foundation.

Organizational Research Services (2009), 'Ten considerations for advocacy evaluation planning: lessons learned from KIDS COUNT grantee experiences'.

Reisman, J. et al. (2007), 'A handbook of data collection tools: a companion to "A guide to measuring advocacy and policy"', Organizational Research Services for the Annie E. Casey Foundation.

Save the Children Fund (1995), 'Toolkits: a practical guide to non-profit monitoring and evaluation', includes the spider diagram.

'Tactical mapping: How nonprofits can identify the levers of change', Nonprofit Quarterly, summer 2009, www.npqmag.org

Victorian Health Promotion Foundation (date unknown), 'The partnerships analysis tool: for partners in health promotion'.

Wilson-Grau, R. (2007), 'Evaluating the effects of international advocacy networks', a paper presented at the Advocacy Impact Evaluation Workshop at the Evans School for Public Affairs, University of Washington, sponsored by the Bill and Melinda Gates Foundation.

Wilson-Grau, R. and Nuñez, M. (2007), 'Evaluating international social change networks: a conceptual framework for a participatory approach', a paper written for Development in Practice, 2007.

World Bank and International HIV/AIDS Alliance (2009), 'Template for HIV prevention evaluation terms of reference: quick reference guide'.

Websites and web-based resources

Advocacy evaluation project online clearing house [\(link\)](#) and the e-newsletter [\(link\)](#).

www.continuousprogress.org

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