

Glossary

Monitoring and Evaluation Terms

This glossary includes terms typically used in the area of monitoring and evaluation (M&E) and provides the basis for facilitating a common understanding of M&E. Although most terms in the glossary can be used generically, they are defined in the context of public health and AIDS programs.

Note: This is not intended to be an exhaustive list of M&E-related terms, but includes the most commonly used terms.

Working Draft



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA
UNODC
ILO
UNESCO
WHO
WORLD BANK

MERG

Monitoring & Evaluation Reference Group

<p>Accountability—responsibility for the use of resources and the decisions made, as well as the obligation to demonstrate that work has been done in compliance with agreed-upon rules and standards and to report fairly and accurately on performance results vis-a-vis mandated roles and/or plans.</p>
<p>Activity—actions taken or work performed through which inputs such as funds, technical assistance, and other types of resources are mobilized to produce specific outputs.</p>
<p>Assumptions—hypotheses about factors or risks which could affect the progress or success of an intervention. Intervention results depend on whether or not the assumptions made, prove to be correct.</p>
<p>Attribution—the ascription of a causal link between observed changes and a specific intervention.</p>
<p>Audit—an independent, objective quality assurance activity designed to add value and improve an organization's operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to assess and improve the effectiveness of risk management, control and governance processes. Note: Internal auditing is conducted by a unit reporting to management, while external auditing is conducted by an independent organization.</p>
<p>Baseline—the status of services and outcome-related measures such as knowledge, attitudes, norms, behaviors, and conditions before an intervention, against which progress can be assessed or comparisons made.</p>
<p>Benchmark—a reference point or standard against which performance or achievements can be assessed. Note: A benchmark refers to the performance that has been achieved in the recent past by other comparable organizations, or what can be reasonably inferred to have been achieved in similar circumstances.</p>
<p>Beneficiaries—the individuals, groups, or organizations, whether targeted or not, that benefit directly or indirectly, from the intervention.</p>
<p>Case study—a methodological approach that describes a situation, individual, or the like and that typically incorporates data-gathering activities (e.g., interviews, observations, questionnaires) at selected sites or programs/projects. Case studies are characterized by purposive selection of sites or small samples; the expectation of generalizability is less than that in many other forms of research. The findings are used to report to stakeholders, make recommendations for program/project improvement, and share lessons learned.</p>
<p>Conclusions—point out the factors of success and failure of the evaluated intervention, with special attention paid to the intended and unintended results, and more generally to any other strength or weakness. A conclusion draws on data collection and analysis undertaken through a transparent chain of arguments.</p>
<p>Coverage—the extent to which a program/intervention is being implemented in the right places (geographic coverage) and is reaching its intended target population (individual coverage).</p>
<p>Data—specific quantitative and qualitative information or facts that are collected and analyzed.</p>
<p>Economic evaluation—use applied analytical techniques to identify, measure, value and compare the costs and outcomes of alternative interventions. Types of economic evaluations include cost-benefit, cost-effectiveness, cost-efficiency evaluations.</p>
<p>Effectiveness—the extent to which a program/intervention has achieved its objectives under normal conditions in a real-life setting.</p>

<p>Efficacy— the extent to which an intervention produces the expected results under ideal conditions in a controlled environment.</p>
<p>Efficiency—a measure of how economically inputs (resources such as funds, expertise, time) are converted into results.</p>
<p>Epidemiology—the study of the magnitude, distribution and determinants of health-related conditions in specific populations, and the application of the results to control health problems.</p>
<p>Evaluability—extent to which an intervention or program/intervention can be evaluated in a reliable and credible fashion.</p>
<p>Evaluation—the rigorous, scientifically-based collection of information about program/intervention activities, characteristics, and outcomes that determine the merit or worth of the program/intervention. Evaluation studies provide credible information for use in improving programs/interventions, identifying lessons learned, and informing decisions about future resource allocation.</p>
<p>Facility survey—a survey of a representative sample of facilities that generally aims to assess the readiness of all elements required to provide services and other aspects of quality of care (e.g., basic infrastructure, drugs, equipment, test kits, client registers, trained staff). The units of observation are facilities of various types and levels in the same health system. The content of the survey may vary but typically includes a facility inventory and, sometimes, health worker interviews, client exit interviews, and client-provider observations.</p>
<p>Findings—Factual statements based on evidence from one or more evaluations.</p>
<p>Formative evaluation—a type of evaluation intended to improve the performance of a program or intervention. A formative evaluation is usually undertaken during the design and pre-testing of the intervention or program, but it can also be conducted early in the implementation phase, particularly if implementation activities are not going as expected.</p>
<p>Generalizability—the extent to which findings can be assumed to be true for the entire target population, not just the sample of the population under study. Note: To ensure generalizability, the sampling procedure and the data collected need to meet certain methodological standards.</p>
<p>Goal—a broad statement of a desired, usually longer-term, outcome of a program/intervention. Goals express general program/intervention intentions and help guide the development of a program/intervention. Each goal has a set of related, specific objectives that, if met, will collectively permit the achievement of the stated goal.</p>
<p>Health information system (HIS)—a data system, usually computerized, that routinely collects and reports information about the delivery and cost of health services, and patient demographics and health status.</p>
<p>Impact—the long-term, cumulative effect of programs/interventions over time on what they ultimately aim to change, such as a change in HIV infection, AIDS-related morbidity and mortality. Note: Impacts at a population-level are rarely attributable to a single program/intervention, but a specific program/intervention may, together with other programs/interventions, contribute to impacts on a population.</p>
<p>Impact evaluation—a type of evaluation that assesses the rise and fall of impacts, such as disease prevalence and incidence, as a function of HIV programs/interventions. Impacts on a population seldom can be attributed to a single program/intervention; therefore, an evaluation of impacts on a population generally entails a rigorous design that assesses the combined effects of a number of programs/interventions for at-risk populations.</p>

<p>Impact monitoring—tracking of health-related events, such as the prevalence or incidence of a particular disease; in the field of public health, impact monitoring is usually referred to as “surveillance”.</p>
<p>Incidence—the number of new cases of a disease that occur in a specified population during a specified time period.</p>
<p>Indicator—a quantitative or qualitative variable that provides a valid and reliable way to measure achievement, assess performance, or reflect changes connected to an intervention. Note: Single indicators are limited in their utility for understanding program effects (i.e., what is working or is not working, and why?). Indicator data should be collected and interpreted as part of a set of indicators. Indicator sets alone can not determine the effectiveness of a program or collection of programs; for this, good evaluation designs are necessary.</p>
<p>Inputs—the financial, human, and material resources used in a program/intervention.</p>
<p>Input and output monitoring—tracking of information about program/intervention inputs (i.e., resources used in the program/intervention) and program/intervention outputs (i.e., results of the program/intervention activities). Note: Data on inputs and outputs usually exist in program/intervention documentation (e.g., activity reports, logs) and client records which compile information about the time, place, type and amount of services delivered, and about the clients receiving the services.</p>
<p>Internal evaluation—an evaluation of an intervention conducted by a unit and/or individuals who report to the management of the organization responsible for the financial support, design and/or implementation of the intervention.</p>
<p>Intervention—a specific activity or set of activities intended to bring about change in some aspect(s) of the status of the target population (e.g., HIV risk reduction, improving the quality of service delivery).</p>
<p>Lessons learned—generalizations based on evaluation experiences with programs, interventions or policies that abstract from the specific circumstances to broader situations. Frequently, lessons highlight strengths or weaknesses in preparation, design, and implementation that affect performance, outcome, and impact.</p>
<p>Logical framework—management tool used to improve the design of interventions. It involves identifying strategic elements (inputs, outputs, activities, outcomes, impact) and their causal relationships, indicators, and the assumptions of risks that may influence success and failure. It thus facilitates planning, execution, and monitoring and evaluation of an intervention.</p>
<p>Meta-evaluation—a type of evaluation designed to aggregate findings from a series of evaluations. It can also be used to denote the evaluation of an evaluation to judge its quality and/or assess the performance of the evaluators.</p>
<p>Monitoring—routine tracking and reporting of priority information about a program / project, its inputs and intended outputs, outcomes and impacts.</p>
<p>M&E plan—a multi-year implementation strategy for the collection, analysis and use of data needed for program / project management and accountability purposes. The plan describes the data needs linked to a specific program / project; the M&E activities that need to be undertaken to satisfy the data needs and the specific data collection procedures and tools; the standardised indicators that need to be collected for routine monitoring and regular reporting; the components of the M&E system that need to be implemented and the roles and responsibilities of different organisations / individuals in their implementation; how data will be used for program / project management and accountability purposes. The plan indicates resource requirement estimates and outlines a strategy for resource mobilization. Note: A national HIV M&E plan is a multi-sectoral, 3-5 year implementation strategy which is developed and regularly updated with the participation of a wide variety of stakeholders from national, sub-national, and service delivery levels.</p>

<p>M&E work plan—an annual costed M&E plan that describes the priority M&E activities for the year and the roles and responsibilities of organizations / individuals for their implementation; the cost of each activity and the funding identified; a timeline for delivery of all products / outputs. The work plan is used for coordinating M&E activities and assessing progress of M&E implementation throughout the year. Note: A national HIV M&E work plan is an annual plan which is developed with the participation of those stakeholders that have roles and responsibilities for the M&E activities identified in the work plan.</p>
<p>Objective—a statement of a desired program/intervention result that meets the criteria of being Specific, Measurable, Achievable, Realistic, and Time-phased (SMART).</p>
<p>Operational research—systematic and objective assessment of the availability, accessibility, quality, and/or sustainability of services designed to improve service delivery. It assesses only factors that are under the control of program/project managers, such as improving the quality of services, increasing training and supervision of staff members, and adding new service components.</p>
<p>Outcome—short-term and medium-term effect of an intervention's outputs, such as change in knowledge, attitudes, beliefs, behaviors.</p>
<p>Outcome evaluation—a type of evaluation that determines if, and by how much, intervention activities or services achieved their intended outcomes. An outcome evaluation attempts to attribute observed changes to the intervention tested. Note: An outcome evaluation is methodologically rigorous and generally requires a comparative element in its design, such as a control or comparison group, although it is possible to use statistical techniques in some instances when control/comparison groups are not available (e.g., for the evaluation of a national program).</p>
<p>Outcome monitoring—tracking of variables that have been adopted as valid and reliable measures (i.e., indicators) of the desired program/intervention outcomes. Outcome monitoring does not infer causality; changes in outcomes may be attributable to multiple factors, not just a specified program/intervention. Note: With national AIDS programs, outcome monitoring is typically conducted through population-based surveys (i.e., representative of the target population, not necessarily the general population).</p>
<p>Outputs—the results of program/intervention activities; the direct products or deliverables of program/intervention activities, such as the number of HIV counseling sessions completed, the number of people served, the number of condoms distributed.</p>
<p>Performance—the degree to which an intervention or organization operates according to specific criteria/standards/guidelines or achieves results in accordance with stated goals or plans.</p>
<p>Population-based survey—a type of survey which is statistically representative of the target population, such as the AIDS Indicator Survey (AIS), the Demographic and Health Survey (DHS).</p>
<p>Prevalence—the total number of persons living with a specific disease or condition at a given time.</p>
<p>Process evaluation—a type of evaluation that focuses on program/intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, management practices. In addition, a process evaluation might provide an understanding of cultural, sociopolitical, legal, and economic contexts that affect implementation of the program/intervention.</p>
<p>Program—an overarching national or sub-national response to a disease. A program generally includes a set of interventions marshaled to attain specific global, regional, country, or subnational objectives; involves multiple activities that may cut across sectors, themes and/or geographic areas.</p>

<p>Program evaluation—a study that intends to control a health problem or improve a public health program or service. The intended benefits of the program are primarily or exclusively for the study participants or the study participants' community (i.e., the population from which the study participants were sampled); data collected are needed to assess and/or improve the program or service, and/or the health of the study participants or the study participants' community. Knowledge that is generated does not typically extend beyond the population or program from which data are collected.</p>
<p>Program records—program documentation (e.g., activity reports, logs) and client records which compile information about program inputs (i.e., resources used in the program) and program outputs (i.e., results of the program activities). Examples include budget and expenditure records, logs of commodities purchased and distributed, client records which compile information about the time, place, type and amount of services delivered, and about the clients receiving the services.</p>
<p>Project—an intervention designed to achieve specific objectives within specified resources and implementation schedules, often within the framework of a broader program.</p>
<p>Qualitative data—data collected using qualitative methods, such as interviews, focus groups, observation, and key informant interviews. Qualitative data can provide an understanding of social situations and interaction, as well as people's values, perceptions, motivations, and reactions. Qualitative data are generally expressed in narrative form, pictures or objects (i.e., not numerically). Note: The aim of a qualitative study is to provide a complete, detailed description.</p>
<p>Quality assurance—planned and systematic processes concerned with assessing and improving the merit or worth of an intervention or its compliance with given standards. Note: Examples of quality assurance activities include appraisal, results based management reviews, evaluations.</p>
<p>Quantitative data—data collected using quantitative methods, such as surveys. Quantitative data are measured on a numerical scale, can be analysed using statistical methods, and can be displayed using tables, charts, histograms and graphs. Note: The aim of a quantitative study is to classify features, count them, and construct statistical models in an attempt to explain what is observed.</p>
<p>Relevance—the extent to which the objectives, outputs, or outcomes of an intervention are consistent with beneficiaries' requirements, organisations' policies, country needs, and/or global priorities.</p>
<p>Reliability—consistency or dependability of data collected through the repeated use of a scientific instrument or a data collection procedure used under the same conditions.</p>
<p>Research—a study which intends to generate or contribute to generalizable knowledge to improve public health practice, i.e., the study intends to generate new information that has relevance beyond the population or program from which data are collected. Research typically attempts to make statements about how the different variables under study, in controlled circumstances, affect one another at a given point in time.</p>
<p>Results—the outputs, outcomes, or impacts (intended or unintended, positive and/or negative) of an intervention.</p>
<p>Results based management (RBM)—a management strategy focusing on performance and achievement of outputs, outcomes and impacts.</p>
<p>Second-generation surveillance—HIV surveillance that not only tracks HIV prevalence but also uses additional sources of data to increase the understanding of trends of the epidemic over time. It includes biological surveillance of HIV and other sexually transmitted infections as well as systematic surveillance of the behaviours that spread them.</p>

<p>Sentinel surveillance—ongoing, systematic collection and analysis of data from certain sites (e.g., hospitals, health centers, ante-natal clinics) selected for their geographic location, medical specialty, and populations served, and considered to have the potential to provide an early indication of changes in the level of a disease.</p>
<p>Stakeholder—a person, group, or entity who has a direct or indirect role and interest in the goals or objectives and implementation of a program/intervention and/or its evaluation.</p>
<p>Summative evaluation—a type of evaluation conducted at the end of an intervention (or a phase of that intervention) to determine the extent to which anticipated outcomes were produced. It is designed to provide information about the merit or worth of the intervention.</p>
<p>Surveillance—the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance data can help predict future trends and target needed prevention and treatment programs.</p>
<p>Sustainability (of a program)—the likelihood that political and financial support will last to maintain the program.</p>
<p>Target—the objective a program/intervention is working towards, expressed as a measurable value; the desired value for an indicator at a particular point in time.</p>
<p>Target group—specific group of people who are to benefit from the result of the intervention.</p>
<p>Terms of reference (TOR) (of an evaluation)—written document presenting the purpose and scope of the evaluation, the methods to be used, the standards against which performance is to be assessed or analyses to be conducted, the resources and time allocated, and the reporting requirements.</p>
<p>Triangulation—the analysis of data from three or more sources obtained by different methods. Findings can be corroborated, and the weakness or bias of any of the methods or data sources can be compensated for by the strengths of another, thereby increasing the validity and reliability of the results.</p>
<p>Validity—the extent to which a measurement or test accurately measures what is intended to be measured.</p>

Sources:

Evaluation Working Group of the UNAIDS Monitoring and Evaluation Reference Group (MERG) (2008). *Glossary of M&E Terms*. Geneva, Switzerland: MERG Evaluation Technical Working Group, 2007.

Global AIDS Program (GAP) (2003). *Monitoring & Evaluation Capacity Building for Program Improvement. Field Guide*. Atlanta, USA: GAP, Centers for Disease Control and Prevention.

Joint United Nations Programme on HIV/AIDS (UNAIDS) (2007). *A framework for monitoring and evaluating HIV prevention programmes for most-at-risk populations*. Geneva, Switzerland: UNAIDS.

Organisation for Economic Co-operation and Development (OECD) (2002). *Glossary of key terms in evaluation and result based management*. Paris, France: OECD.

Rugg, D., Peersman, G., & Carael, M. (Eds.) (2004). Global advances in HIV/AIDS monitoring and evaluation. *New Directions for Evaluation*, 2004 (103).

Working Draft