

Safe Love Campaign
Monitoring and Evaluation Plan
CSH Project
November 2011

I. Introduction

The monitoring and evaluation (M&E) plan for the Safe Love Campaign is based upon the overarching goal of the campaign and the intermediate and long-term objectives of each of the three main components of the campaign. The M&E framework for the campaign serves as the foundation for the M&E plan, as it outlines specifically how the strategies of the campaign will lead to changes in behavior that will contribute to the expected health impact – a reduction in the number of new HIV infections in Zambia.

The objectives of the M&E plan are threefold. First, to provide relevant and timely information to determine if the campaign is being implemented according to plan and reaching the targeted audience. Secondly, to provide information to make adjustments to the campaign strategies and activities to improve the campaign's overall effectiveness. Lastly to evaluate whether the campaign has met its stated objectives and intended impact. The M&E system consists of a set of indicators that will be used for tracking the information, the data sources and reporting systems of the information, the dissemination and use of the information, and lastly the evaluation plan for the campaign.

Background on Safe Love Campaign

The Safe Love Campaign is a national comprehensive HIV BCC campaign that was launched in July 2011. The campaign is expected to run through July 2013, with the possibility of extension beyond that date. The overall goal of the campaign is to contribute towards the reduction in the number of new HIV infections in Zambia, by addressing the main drivers of new infections – having multiple concurrent partnerships (MCP); low and inconsistent condom use; and mother to child transmission (MTCT). The campaign will also implement “mini-campaigns” that address alcohol use and gender-based violence (GBV), which are behaviors that influence the risk of HIV infection. Additionally, there will be a sub-campaign that will address HIV risk behaviors among youth.

The campaign will be implemented in two phases. The first phase was launched in 2011 and will go through 201X. It will focus on increasing awareness and knowledge around the risks of MCP, of the effectiveness of consistent and correct condom use to protect against HIV infection and to avoid unwanted pregnancies, of the benefits of HIV testing and family planning services, and how to prevent MTCT. The second phase of the campaign will be implemented in 201X and will expand upon phase 1.

The campaign will include a series of TV and radio shows, spot and talk shows, print products, outdoor and small mass media (pamphlets and posters), newsprint, dialogue and audience engagements, bulk SMS messages, on-line appearances on websites and internet, rural community radio, Insaka, folk media, and interpersonal communications (e.g. female and male marriage counselors) that will contain a range of key messages on each of the sub-topics (MCP, low and inconsistent condom use, MTCT, alcohol use, youth and GBV). Additionally, the campaign will engage pop culture leaders, music artists, local theatre, highly respected community leaders, and local champions to help promote the key messages.

II. M&E Framework

Safe Love focuses specifically on the following three main areas: multiple concurrent partnerships, low and inconsistent condom use and MTCT. All of these factors are important drivers of the epidemic in Zambia, and therefore the goal of the campaign is to address the different barriers that lead to these behaviors in order to contribute to a reduction in the number of new HIV infections in Zambia.

Formative research was used to inform the objectives of the campaign, which ultimately informed the selection of the campaign strategies and various activities. The objectives of the campaign are divided into two different levels. The first level focuses on the intermediate outcomes (also referred to as behavioral determinants) that we expect to see the campaign to contribute towards achieving. These include changes in knowledge, attitudes, self-efficacy and intentions. The second level focuses on the long-term outcomes that the campaign will contribute towards achieving. These include changes in individual's behavior, which ultimately contribute to affecting the desired health impact – reduced HIV incidence. The campaign focuses on both intermediate and long-term outcomes because the intermediate outcomes are likely to be affected first before leading to a change in individual behavior.

Multiple Concurrent Partnerships

The target audience for the MCP component of the campaign is people of reproductive age (15-49 Year olds) who are in relationships (married, cohabiting, intermittent partnerships, cross-generational). The objectives for the intermediate outcomes for the MCP component are:

1. To increase the number of adults aged 15-49 who feel confident talking with their sexual partners about sex.
2. To increase the number of adults aged 15-49 who feel confident talking to their sexual partners about getting tested for HIV.
3. To increase the number of adults aged 15-49 who feel confident talking to their sexual partners about whether their partner has other sexual partners.
4. To increase the number of adults aged 15-49 who believe that it is not acceptable to have more than one sexual partner at a time.
5. To increase knowledge of risk of HIV from multiple concurrent partnerships among people aged 15-49 years old.
6. To increase knowledge of partner reduction as a protective behavior against HIV among adults aged 15-49.
7. To increase the number of women aged 15-49 that feel confident about asking their partner to use a condom.

The objectives for the long-term behavioral outcomes for MCP are:

1. To increase the number of adults aged 15-49 who have talked to their partner about sex.
2. To increase the number of adults aged 15-49 who get tested for HIV and receive their results.
3. To increase the number of adults aged 15-49 who know their partner's/partners' HIV status.

4. To decrease the number of adults aged 15-49 who have had two or more partners in the last 12 months.
5. To increase the number of women aged 15-49 that feel confident about asking their partner to use a condom.

Low and Inconsistent Condom Use

The target audience for the low and inconsistent condom use component of the campaign is women and men aged 15 – 49. The objectives for the intermediate outcomes for the low and inconsistent condom use component are:

1. To increase women's (aged 15-49) confidence to purchase condoms.
2. To increase knowledge of correct condom use.
3. To increase knowledge of the risk of HIV from unprotected sex.
4. To increase knowledge of correct condom use among adults aged 15-49.
5. To improve self-efficacy of correct condom use among adults aged 15-49.
6. To increase the number of women aged 15-49 who feel confident about negotiating condom use with their partner.
7. To increase the number of adults aged 15-49 who feel confident talking to their sexual partner(s) about using a condom.

The objectives for the long-term behavioral outcomes for low and inconsistent condom use are:

1. To increase the number of women and men aged 15-49 who have purchased condoms.
2. To increase correct and consistent condom use with all sexual partners, including regular, long term partners (among adults aged 15-49)
3. To increase the number of women aged 15-49 who have effectively negotiated condom use with their partner(s).
4. To increase the number of adults aged 15-49 who have discussed condom use with their sexual partner.

Mother to Child Transmission

The target audience for the MTCT component of the campaign is HIV-positive pregnant women and their partners, and women of child-bearing age and their partners. The objectives for the intermediate outcomes for the MTCT component are:

1. To increase knowledge of importance of using contraceptives among women aged 15-24.
2. To increase in the number of women (ages 15-49) who intend to be tested for HIV.
3. To increase knowledge of risk of transmitting HIV during pregnancy, delivery, and breastfeeding among women aged 15-49.
4. To increase knowledge of MTC HIV transmission risk reduction strategies among women aged 15-49.
5. To increase the number of women (ages 15-49) who know the benefits of HIV counseling and testing and PMTCT services during antenatal care.

The objectives for the long-term behavioral outcomes for MTCT are:

1. To increase use of family planning services by HIV-positive women aged 15-49.
2. To increase the percentage of women of childbearing age (15-49) who know their HIV status.
3. To increase the percentage of women of childbearing age (15-49) who know their HIV status of their partner(s).
4. To increase the percentage of HIV positive pregnant women who participate in PMTCT services.
5. To increase the percentage of pregnant women who go for antenatal care before the 5th month (16th week) of their pregnancy.
6. To increase the number of men who attend ANC with their partner.

III. Monitoring Plan

M&E Performance Indicators

The M&E system for the Safe Love Campaign consists of indicators for tracking inputs, campaign processes and outputs, and intermediate and long-term outcomes. The set of indicators will be used to track the progress of the implementation of the campaign, to make any necessary improvements to the campaign and to evaluate the whether the campaign achieved its objectives and had the intended impact on both the expected intermediate and long-term outcomes.

Input indicators will measure the amount of resources that are put into implementing and carrying out the campaign interventions, including the human, financial and material resources.

Process indicators will measure the basic processes used for implementing the campaign and the key characteristics of the campaign. Process indicators will be collected in the CSH campaign tracking database and will be standard across all campaigns. The process indicators that will be collected are:

- Main health topic of campaign and sub-topics
- Target audience(s) for campaign
- Districts/Provinces reached
- Types of communication channels used
- Campaign developed based on existing evidence and/or formative research
- Campaign developed according to minimum GRZ standards/guidelines
- Campaign reviewed by the IEC/BCC Technical Working Group
- Campaign received private sector support

Output indicators will be used to measure whether activities are implemented as planned and whether the campaign is reaching the target audience.

Outcome indicators will measure changes in knowledge, attitudes, self-efficacy, intentions and lastly, behavior. Table 1 provides the comprehensive list of indicators that will be used to monitor and evaluate the campaign.

Data Collection and Dissemination Plan

Data will be collected using a combination of paper based forms and Excel worksheets. All data will be entered into Excel for data aggregation, analysis and reporting. When the CSH campaign tracking database has been developed, all data will be transferred and tracked in the database.

Data will be collected according to the frequency outlined in Table 1. Specifically for project partners (CSO's), data will be collected on a monthly basis. Data will be reviewed and analyzed by the M&E team on a quarterly basis and shared with the CSH technical team.

Data will be reported on a semi-annual and annual basis, according to reporting requirements. Semi-annual and annual results will be shared with the CSH technical team and USAID to track progress and make any necessary programmatic changes to improve the implementation of the campaign.

Data Collection Tools

The following data collection forms/tools will be used to collect data for monitoring and evaluating the Safe Love Campaign:

1. **Monitoring Calendar:** This tool will be used to monitor whether broadcast radio and television programs (includes series, spots and teaser ads) have been aired on the agreed upon days and times.
2. **Monitoring form for Safe Love Products:** This Excel-based form will be used to track the production and distribution of the various materials/products produced for the Safe Love Campaign.
3. **Civil Society Organization (CSO) Data Collection Forms:** These forms will be used by CSO's to monitor their various activities, including community-based, small group and individual level activities and interventions.
4. **Rapid Survey:** This survey will be used to monitor the percent of the population exposed to the Safe Love campaign. It will be administered approximately every 4 months.
5. **Impact Survey:** This survey will be used to assess changes in knowledge, attitudes, self-efficacy, intentions and behavior related to MCP, condom use, MTCT, alcohol use and gender-based violence. It will also assess levels of exposure to the Safe Love Campaign.

IV. Evaluation Plan

A mid-term and endline impact evaluation survey will be conducted for the Safe Love campaign. The objectives of the evaluation will be to assess the levels of knowledge, self-efficacy, attitudes, intentions and behaviors related specifically to MCP, condom use, MTCT, alcohol use, youth and gender-based violence. Additionally, the survey will assess the population's level of exposure to the campaign. Dose effect analysis will be used to compare the level exposure to the campaign to the

likelihood of the desired outcomes of the campaign. The mid-term survey is expected to be conducted during November – December 2011 and the endline survey is expected to be conducted during November – December 2012.

The endline survey will be complemented with a qualitative evaluation component, which will assess: 1) perceptions and attitudes towards the various elements of the campaign, including the main messages and activities around MCP, condom use, MTCT, alcohol use, youth and gender-based violence; and 2) perceptions of how the campaign did/ did not influence or change behavior. In-depth interviews and FGD's will be the main methods used for the qualitative element of the evaluation.

Table 1. Monitoring and Evaluation Indicators for Safe Love Campaign

Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
Campaign Inputs				
Annual financial resources spent on mass media activities (TV, Radio, SMS)	Disaggregated by: <ul style="list-style-type: none"> • TV/Radio/SMS 	Review of CSH financial reports	CSH financial reports	Annual
Amount financial resources spent on materials production	N/A	Review of CSH and CSO financial reports	CSH and CSO financial reports	Annual
Amount of financial resources spent on IPC activities (individual, small-group, family and community-based activities)	N/A	Review of CSH and CSO financial reports	CSH and CSO financial reports	Annual
Campaign Processes				
Health topic and sub-topics of campaign	N/A	Review of campaign strategy and implementation plan	Safe Love Campaign strategy and implementation plan	Annual
Target audience of campaign	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Sub-topic (MCP, LICU, MTCT, gender/GBV, Alcohol, youth) 	Review of campaign implementation plan, campaign activity reports	Safe Love implementation plan, campaign activity reports	Annual
Percent of districts reached by campaign	<i>Numerator:</i> Number of districts that were reached by the campaign <i>Denominator:</i> Total number of districts in Zambia <i>Disaggregated by:</i> <ul style="list-style-type: none"> • Sub-topic (MCP, LICU, MTCT, gender/GBV, 	Review of campaign activity reports	Campaign activity reports	Annual

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Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
	Alcohol, youth) • Type of activity			
Number of communication channels used by campaign [CSH PMEP Indicator 1.3.1]	<i>Disaggregated by:</i> • Type of communication channel	Review of campaign activity reports and monitoring calendar	Campaign activity reports, monitoring calendar reports	Annual
Formative research conducted for campaign [CSH PMEP Indicator 2.2.2]	N/A	Review of formative research report for campaign	Formative research report	Once
Campaign developed based on existing evidence and/or formative research [CSH PMEP Indicator 1.3.2]	<i>Evidence-based:</i> health communication campaigns and activities that have messages and materials designed using research findings. <i>Formative research:</i> the initial research that is conducted in a particular technical area to inform the development of a campaign	Review of campaign strategy and implementation plan	Safe Love Campaign strategy and implementation plan	Once
Campaign developed according to GRZ minimum standards/guidelines [CSH Indicator 0.2]	<i>GRZ minimum standards/guidelines:</i> Minimum GRZ standards refers to national guidelines on development and pretesting of messages and materials	Review of campaign strategy and implementation plan against GRZ minimum standards/guidelines	Campaign strategy document, campaign implementation plan	Once

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Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
Campaign reviewed by the IEC/BCC Technical Working Group (TWG) [CSH PMEP Indicator 3.1.1]	<i>Reviewed by IEC/BCC TWG.</i> Campaign is reviewed by the IEC/BCC TWG using established standard guidelines <i>IEC/BCC Technical Working Group:</i> Technical working group that meets to coordinate and review health communication interventions in Zambia.	Review of IEC/BCC TWG reports or meeting minutes	IEC/BCC TWG report and/or meeting minutes	Once
Campaign received private sector support [CSH PMEP Indicator 3.2.1]	<i>Disaggregated by:</i> • Type of support	Review of campaign reports	Campaign reports	Annual
Monitoring Implementation (Campaign Outputs)				
Number of Teaser Ads aired and/or placed	<i>Disaggregated by:</i> • Communication channel (TV, radio, newspaper) • New vs. Rerun	Review of CSH activity completion reports and monitoring calendar forms	Activity completion reports, monitoring calendar	Monthly
Number of advertisements placed	<i>Disaggregated by:</i> • Communication channel (TV, radio)	Review of CSH activity completion reports and monitoring calendar forms	Activity completion reports, monitoring calendar	Monthly
Number of TV spots aired	N/A	Review of CSH activity completion reports and monitoring calendar forms	Activity completion reports, monitoring calendar	Monthly
Number of radio spots aired	N/A	Review of CSH activity completion reports and	Activity completion reports, monitoring calendar	Monthly

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Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
		monitoring calendar forms		
Number of radio drama series aired	N/A	Review of CSH activity completion reports and monitoring calendar forms	Activity completion reports, monitoring calendar	Monthly
Number of TV series aired	N/A	Review of CSH activity completion reports and monitoring calendar forms	Activity completion reports, monitoring calendar	Monthly
Number of community activities implemented/carried out	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Sub-topic • Type of activity (traditional ceremonies, provincial launches, social events, exhibits, etc) • Location (Province) 	Review of CSH and CSO activity completion reports	CSH and CSO activity completion reports	Monthly
Number of facilitators and/or counselors trained	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Type of facilitator/counselor • Province • Gender 	Review of CSO activity completion reports	CSO activity completion reports	Monthly
Number of community-based HIV prevention groups/clubs established	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Province • Type of group/club (i.e. men prevention dialogue group) 	Review of CSO activity completion reports	CSO activity completion reports	Monthly
Number of people reached through <i>Youth for Real</i> website and social networking site (Facebook)	N/A	Review of CSO activity completion reports	CSO activity completion reports	Monthly
Number of materials	<i>Disaggregated by:</i>	Review of CSH and CSO	CSH and CSO activity	Monthly

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Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
placed and/or mounted	<ul style="list-style-type: none"> • Sub-topic • Type of material (posters, flyers, bumper stickers, billboards, pole lights, branding placed on walls or buses) 	activity completion reports	completion reports	
Number of materials distributed	Disaggregated by: <ul style="list-style-type: none"> • Sub-topic • Type of material (leaflets, folders, caps, t-shirts, chitenges, bandanas, telescopic flags, a-frames) 	Review of CSH and CSO activity completion reports	CSH and CSO activity completion reports	Monthly
Number of health newspaper inserts	N/A	Review of CSH activity completion reports	CSH activity completion reports	Monthly
Number of bulk SMS sent out	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Type of message (health message vs. program reminder) 	Review of CSH activity completion reports and SMS provider reports	CSH activity completion reports and SMS provider reports	Monthly
Monitoring Reach of Campaign (Campaign Outputs)				
Percent of audience who recall (spontaneously and aided/prompted) hearing about the Safe Love campaign	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Spontaneously vs. aided/prompted 	Rapid population-based survey	Rapid survey report	Every 4 months
Percent of audience who recall (spontaneously and aided/prompted) seeing a message on Safe Love	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Spontaneously vs. aided/prompted 	Rapid population-based survey	Rapid survey report	Every 4 months
Percent of audience who recall a specific	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Spontaneously vs. 	Rapid population-based survey	Rapid survey report	Every 4 months

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Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
component/characteristic (spontaneously and aided/prompted) of the Safe Love campaign	aided/prompted			
Percent of audience who recall hearing (spontaneously and aided/prompted) a specific health message from the Safe Love campaign	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Spontaneously vs. aided/prompted 	Rapid population-based survey	Rapid survey report	Every 4 months
Percent of audience who recall seeing (spontaneously and aided/prompted) a specific health message from the Safe Love campaign	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Spontaneously vs. aided/prompted 	Rapid population-based survey	Rapid survey report	Every 4 months
Number of individuals reached through IPC activities	<i>IPC:</i> Interpersonal communication activity such as one on one, small-group, family or community-based activity/intervention	Review of CSO program records and reports	CSO program records and reports	Monthly
Number of targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	<i>Disaggregated by:</i> <ul style="list-style-type: none"> Other prevention (OP) [P8.1.D] Abstinence and/or being faithful (A/AB) [P8.2.D] One on one or small-group discussion IPC [P81.D and P82.D] Gender and Age group: <ul style="list-style-type: none"> Male 10-14 	Review of CSH and CSO program records and reports	CSH program records and reports, CSO program records and reports	Monthly

Table 1. Monitoring and Evaluation Indicators for Safe Love Campaign

Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
	<ul style="list-style-type: none"> ▪ Female 10-14 ▪ Male 15+ ▪ Female 15+ [P81.D and P82.D]			
<i>Multiple Concurrent Partnerships</i>				
Percent of men and women aged 15-49 who feel confident talking with their sexual partner(s) about sex	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who have talked with their partner about sex	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of women and men age 15–49 who received results from last HIV test in the past 12 months	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who feel confident talking to their sexual partner about getting tested for HIV	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who know their partner's HIV	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural 	Impact survey	Impact survey report	Mid-term and Endline

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Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
status	<ul style="list-style-type: none"> • Wealth quintile • Region 			
Percent of men and women aged 15-49 who feel confident talking to their sexual partners about whether their partner has other sexual partners	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who believe that it is not acceptable to have more than one sexual partner at a time	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who know that engaging in multiple concurrent partnerships puts you at a higher risk for HIV	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who identify partner reduction as a protective behavior against HIV	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of women aged 15-24 who know that having sexual relations with men 10 or more years older puts them at higher risk for HIV	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline

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Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
Percent of men and women 15–49 years who have had two or more partners in the last 12 months	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of women and men aged 15–49 who had 2 or more partners in the past 12 months who reported using a condom during last sexual intercourse	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
<i>Condom Use</i>				
Percent of women aged 15-49 who feel confident to purchase condoms	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who have purchased condoms in the last 6 months or year (among those that are sexually active)	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who know how to correctly use a condom	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender 	Impact survey	Impact survey report	Mid-term and Endline

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Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
feel confident that they know how to correctly use a condom	<ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 			
Percent of men and women aged 15-49 who know that consistent condom use can prevent HIV infection	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who use condoms consistently	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of women aged 15-49 who feel that they can negotiate condom use with their sexual partner	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of women aged 15-49 who have effectively negotiated to use a condom with their partner	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who feel confident talking to their sexual partner about using a condom	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of men and women aged 15-49 who have discussed condom use with their sexual	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Gender • Urban/rural 	Impact survey	Impact survey report	Mid-term and Endline

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Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
partner	<ul style="list-style-type: none"> • Wealth quintile • Region 			
<i>Mother to Child Transmission</i>				
Percent of women aged 15-24 who know the benefits of using contraceptives	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of women aged 15-49 who are HIV positive that have used family planning services in the past year	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of women aged 15-49 who intend to be tested for HIV	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of women aged 15-49 who know their HIV status	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of women aged 15-49 who know the benefits of PMTCT services during antenatal care	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of women aged 15-49 who are aware that HIV can be transmitted to a child during pregnancy, delivery and breast feeding	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline

Table 1. Monitoring and Evaluation Indicators for Safe Love Campaign

Indicator	Definition	Methodology/Data Collection Method	Data Source	Frequency of Collection
Percent of women aged 15-49 with knowledge of specific ways to prevent mother to child transmission (special medications and avoiding breastfeeding)	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of women aged 15-49 who are HIV positive that access PMTCT services	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of pregnant women who attend antenatal care services before their 5 th month of pregnancy	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
Percent of pregnant women who attended ANC services with their partner	<i>Disaggregated by:</i> <ul style="list-style-type: none"> • Urban/rural • Wealth quintile • Region 	Impact survey	Impact survey report	Mid-term and Endline
<i>Alcohol Use - TBD</i>				
<i>Gender-Based Violence - TBD</i>				
<i>Youth - TBD</i>				

Notes:

- Need more information regarding the two phases of the campaign (if this is still relevant). What is the timeframe for the two planned phases and what are the different strategies/activities planned for each phase as this is not entirely clear. Include this information in the background information on the campaigns.
- Need to find out more information regarding the “mini-campaigns” on alcohol use, Gender/GBV, MCTC and campaigns targeted at youth. What are the key messages of these campaigns? What activities? Need to include this information in the M&E Framework and develop indicators to measure key behavioral outcomes.