

to answer more technical follow-up questions when needed (e.g. on radio phone-in shows, on a technical phone support line, etc.) This ensures that more complicated queries are adequately and appropriately addressed.

Conclusion

Improving eye health is a complex task that depends greatly on not just your objectives, but on your own understanding of the way the community

behaves. Participatory approaches – that first try to learn about the community before offering solutions – are the most successful and the most likely to improve community eye health.

Further reading

Briscoe C and Aboud F. Behaviour change communication targeting four health behaviours in developing countries: a review of change techniques. *Social Science & Medicine*. 2012. 75(4), 612–621.

Ricard, P. 2013. *Raising awareness to empower communities to take action*. *Community Ear and Hearing Health Journal* Issue 13, 4.

References

1. Meredith SE, Cross C and Amazigo UV. Empowering communities in combating river blindness and the role of NGOs: case studies from Cameroon, Mali, Nigeria, and Uganda. *Health Research Policy and Systems*. 2012. 10(1):16.
2. Bedford, J., et al., Reasons for non-uptake of referral: children with disabilities identified through the Key Informant Method in Bangladesh. *Disability & Rehabilitation*. 2013. 35(25): 2164–2170.
3. Briscoe, C. and F. Aboud, Behaviour change communication targeting four health behaviours in developing countries: a review of change techniques. *Social Science & Medicine*. 2012. 75(4):612–621.

Assessing your impact on behaviour change to improve eye health

It is important that you document all your activities and that you monitor and evaluate your interventions in the community.

Monitoring and evaluation must be integrated at the start of any intervention aimed at changing behaviour. Monitoring is the systematic collection of data to show how programme activities are being implemented. Evaluation is an attempt to determine how effective activities are and to assess their impact in relation to their original objectives.¹

Monitoring and evaluating behaviour change:

- will enable you to assess whether your intervention is having an impact
- will allow you to learn what does and does not work well, and to improve over time
- will motivate your team by

- demonstrating progress
- will enable clear reporting.

The specifics of monitoring and evaluating behaviour change fall beyond the scope of this article, but a number of very good resources are available on this topic.¹

A monitoring and evaluating worksheet is presented in Table 1, using improving the uptake of cataract surgery services as an example.

The action plan is split into two activities for the purposes of simplification (in reality you would conduct more than two activities). The first activity aims to understand community perceptions and potential barriers. The second activity is an example of an appropriate intervention based on the community’s understanding of eye health. The middle column

(‘Questions’) shows the questions you may need to ask about the effectiveness of your activities, and the right-hand column (‘Indicators’) gives examples of the kind of data that you can collect (called indicators) that will allow you to answer these questions over time.

Do not expect immediate changes – communities often need time to consider new knowledge and information. Allow enough time before evaluating so that it will be possible to see any behaviour changes in action.

Further reading

1. Agrawal P, Aruldas K, and JKhan ME. *Training Manual on Basic Monitoring and Evaluation of Social and Behaviour Change Communication Health Programs*. 2014, Population Council: New Delhi, India. It can be downloaded from www.popcouncil.org/uploads/pdfs/2014RH_BCCTrainingManual.pdf

Table 1. Example of a community-level activity monitoring and evaluation (M&E) worksheet

Community-level activity monitoring and evaluation (M&E) worksheet		
Objective: By end of project, there will be an X percent increase in the number people who are aware of the benefits of cataract surgery		
Activities	Questions	Indicators
Activity 1 Hold discussions in 3 communities to understand community knowledge about cataract surgery	Monitoring questions <ul style="list-style-type: none"> • How many meetings were held? • How many people participated? 	Monitoring indicators <ul style="list-style-type: none"> • Number & demographics of attendees • Length of meetings
	Evaluation questions <ul style="list-style-type: none"> • What knowledge gaps, beliefs, practices and attitudes to cataract surgery were identified? • Were all members of the community represented? 	Evaluation indicators <ul style="list-style-type: none"> • Number of areas of intervention identified (e.g. ‘incorrect knowledge about cost of surgery’) • Representation of different groups (e.g. women or people with disabilities) in meetings
Activity 2 (based on outcomes of activity 1) Conduct 3 role-play events in 3 communities to explain what happens at the hospital, and the costs and benefits of cataract surgery	Monitoring questions <ul style="list-style-type: none"> • How many role-play events were held? • How many people attended? 	Monitoring indicators <ul style="list-style-type: none"> • Baseline awareness of the benefits of cataract surgery, and new knowledge level after role play (this can easily be conducted through an ‘exit poll’). E.g., more people stating that they would allow a member of their family to undergo cataract surgery • Number of cataract operations performed in local clinic per month
	Evaluation questions <ul style="list-style-type: none"> • Did the level of fear about eye surgery reduce in the community? Did the community improve their knowledge of the costs and benefits of cataract surgery? 	Evaluation indicators <ul style="list-style-type: none"> • Percentage of community members aware of the benefits of cataract surgery compared with baseline • Number of cataract operations performed in local clinic per month compared to baseline