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# **Every Picture Tells a Story—2010**

## ***Cases and Worksheets***

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**Session 7: Wednesday AM**

## **Childhood Lead Poisoning Prevention—Logic Model Version**

Lead poisoning is a widespread environmental hazard facing young children, especially in older inner-city areas. Exposure to lead has been linked to cognitive disruption and behavioral disorders, especially when exposure occurs early in life. The main sources of lead poisoning in children are paint and dust in older homes with lead-based paint. Lead poisoning effects can be ameliorated through medical interventions. But, ultimately, the source of lead in the environment must be contained/eliminated through renovation or removal of the lead-based paint by professionals. Short of that, families can reduce the bad effects on their children through intensive housekeeping practices and selected nutritional interventions. County X, with a high number of lead-poisoned children, has received money from CDC to support its Childhood Lead Poisoning Prevention Program. The program aims to do outreach and identify children to screen, identify those with elevated blood lead levels (EBLL), assess their environments for sources of lead, and case manage both their medical treatment and the correction of their environment. They will also train families in selected housekeeping and nutritional practices. While as a grantee they can assure medical treatment and reduction of lead in the home environment, the grant cannot directly pay for medical care or for renovation of homes.

## **Student Case: Eastside HIV/AIDS Prevention Program—Logic Model Version**

The Eastside Health Center (EHC), a large publicly funded community-based health services provider, will be implementing an HIV/AIDS prevention program focusing on minority young people in its urban community. The prevention program attempts to raise knowledge about HIV and AIDS, change attitudes and beliefs, and reduce high-risk behaviors. The approach consists of:

- Prevention education in middle schools and high schools. The educational component will consist of a mix of formal presentations by outside persons and teacher-led small group discussions. In addition, educational materials will be distributed to be read and taken home to share with parents. Although the basic approach would be the same in high schools and middle schools, adjustments would be made based on reading levels and will reflect difference in high-risk behaviors of these age groups.
- Community-based education. This component involves identifying and training young adults from various community organizations and churches as peer educators. These trained peer educators would conduct educational programs at their organizations and at other community-based sites. In addition, they would conduct one-on-one or small group street work approaches with hard-to-reach young people.
- Community-wide publicity and advertising. Posters and brochures would be developed, printed, and displayed in various sites throughout the neighborhoods where young people might see them (e.g., community centers, schools, stores, barber shops, etc.). In addition, bus cards and billboards also would be used.

## Eastside—Raw Material for Logic Model

Activities	Outcomes
<p><b>Age-appropriate prev education</b></p> <ul style="list-style-type: none"> <li>- Formal presentations</li> <li>- Small group discussions</li> <li>- Education material dissemination for kid and parents</li> </ul> <p><b>Community-based education:</b></p> <ul style="list-style-type: none"> <li>- Identify/train youth as peer educators</li> <li>- Youth-led education in org and community settings</li> <li>- 1-1 street education</li> </ul> <p><b>Community-wide publicity:</b></p> <ul style="list-style-type: none"> <li>- Develop materials and messages</li> <li>- Display posters and brochures</li> <li>- Display buscards and billboards</li> </ul>	<p>Educational materials shared at home</p> <p>Increased knowledge about HIV and AIDS</p> <p>Changes in attitudes and beliefs about HIV and AIDS</p> <p>Reduction in HIV-related risk behaviors</p> <p>Reduced incidence of HIV and AIDS</p>

## Eastside—Simple Logic Model Table

<b>Activities</b>		<b>Outcomes</b>	
Select and train youth as peer educators	Do formal classroom presentations		Changes in youth knowledge, attitudes and beliefs
	Do small group classroom discussions		
Develop materials and messages	Do youth-led community ed	Educational materials are brought home and shared	Reduced HIV risk behavior
	Do 1-1 street ed		
	Distribute educational material		
	Community campaign: -Buscards/billboards -Posters/brochures		
			Reduced incidence of HIV

## Childhood Lead Poisoning: Evaluation Focus(es) and Related Indicators and Data Sources

Project Structure	Indicators	Data Source	By When/By Whom
O: Sustained reduction in EBLL in children	XX% reduction in the number of children ages XX-XX with BLL exceeding 10 ul	County surveillance data	
O: Leaded environments are cleaned up	XX% of homes identified with a lead problem are “cleaned up”	Housing dept logs	
O: EBLL children receive medical management	XX% of EBLL kids with BLL <25 are in treatment with qualified MD	Health dept case management logs	
A: Refer for clean-up	Number of leaded homes referred	Health dept logs	
A: Train families	Number of trainings with EBLL families	Health dept logs	
A: ID EBLL kids	Number of kids with EBLL >10ul	Screening logs, surveillance reports, lab reports	
I: Relationships with env and med community	Number of providers able and willing to see EBLL kids Number of agencies able to do timely lead clean-up	Health dept logs Health dept logs	

## **Student Case: Social Marketing Plan for Rural Youth Obesity Prevention Project**

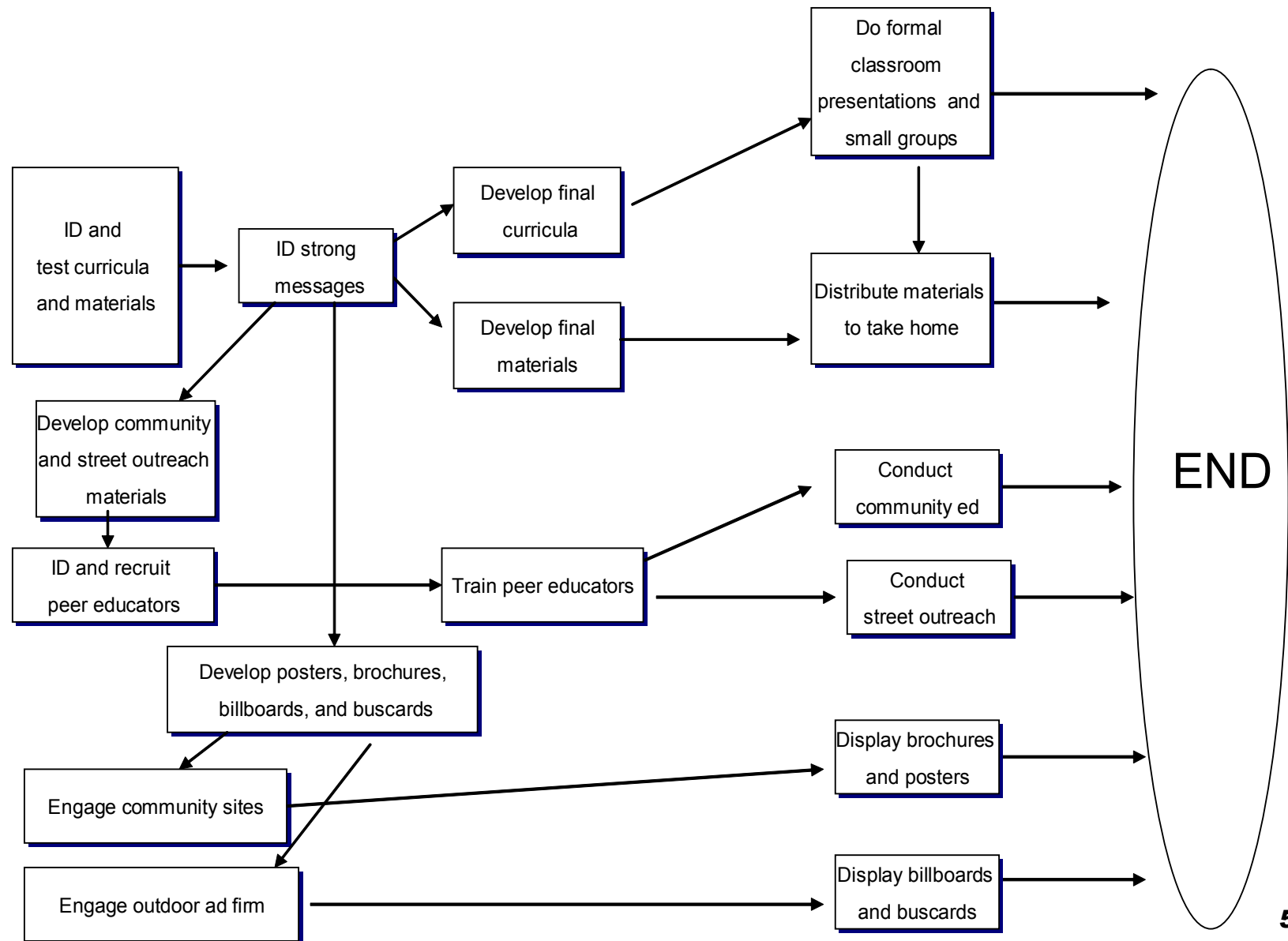
This project involves the development and pilot demonstration of a plan for “social marketing” of a nutrition and exercise program for hard-to-reach youth in rural areas. Our organization is designing a promotional plan, including promotional materials and messages. The content of the promotional materials will be informed, in part, by the results of a survey of members of the target audience and those who influence them. Our promotional plan will be implemented through a contract with a local organization in our demonstration community. The project will commence with **ACTIVITY A** (signing of the approval by the Executive Director) and **ACTIVITY B** (budget approval for the marketing plan). **ACTIVITY C** (the design of the promotion plan) can follow immediately after **ACTIVITY A**. When both **ACTIVITY B** and **ACTIVITY C** are complete, **ACTIVITY D** (the promotion survey) can be conducted. **ACTIVITY E** (the promotion plan conceptualization and brainstorming sessions) can commence after **ACTIVITY C** is complete. **ACTIVITY F** (contracting with a local agency) can start after **ACTIVITY B** and **ACTIVITY E** are complete. **ACTIVITY G** (the analysis of survey data) can commence after **ACTIVITY D** is complete. **ACTIVITY H** (the writing of the draft promotion plan) can commence after **ACTIVITY E**. **ACTIVITY I** (promotion materials development) can be accomplished after **ACTIVITY G** and **ACTIVITY H** are both complete. **ACTIVITY J** (marketing plan final draft and presentation to the advisory committee) can be undertaken after **ACTIVITY F** and **ACTIVITY I** are complete. **ACTIVITY K** (pilot testing of the promotion plan) can commence after **ACTIVITY J** is complete.

## **Student Case: Eastside HIV/AIDS Prevention Program—CPM Version**

The Eastside Health Center (EHC), a large publicly funded community-based health services provider, will be implementing an HIV/AIDS prevention program focusing on minority young people in its urban community. The prevention program attempts to raise knowledge about HIV and AIDS, change attitudes and beliefs, and reduce high-risk behaviors. The approach consists of:

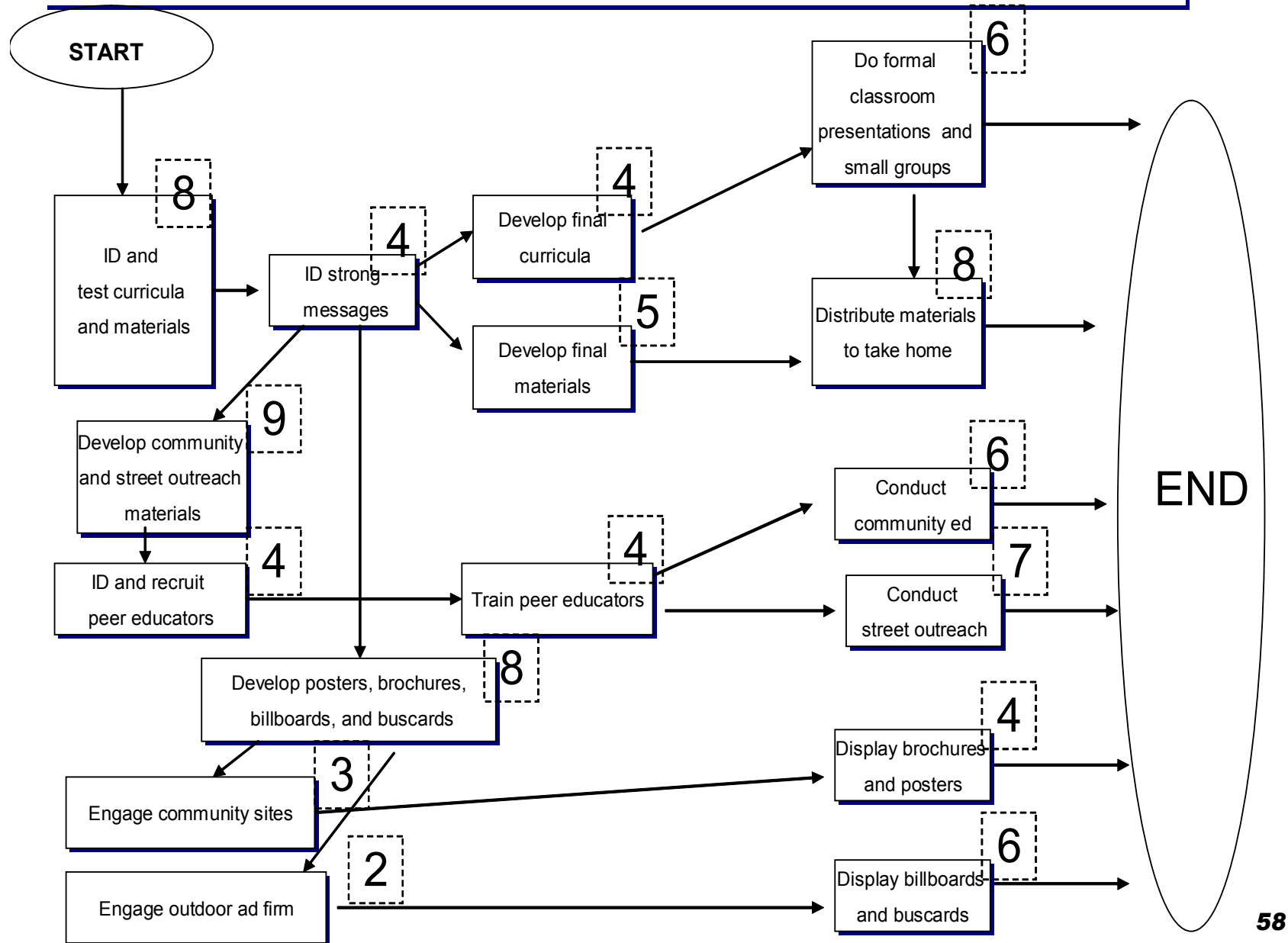
- Prevention education in middle schools and high schools. The educational component will consist of a mix of formal presentations by outside experts and teacher-led small group discussions. The content of the educational component will be developed by identifying promising curricula in use in other schools, testing them with a small group of target audience members, and then developing local curriculum based on the results of the testing. Likewise, an inventory of educational materials to be shared at home with parents have been identified, will be tested on a small group of target audience members, and local take-home materials will be developed based on the testing.
- Community-based education. This component involves recruiting, identifying and training young adults from various community organizations and churches as peer educators. Emphasis will be on young adults who are likely to resonate with the intended target audiences. The trained peer educators would conduct educational programs at their organizations and at other community-based sites. In addition, they would conduct one-on-one or small group street work with hard-to-reach young people. The peer educators will use materials based on strong messages identified during development of curriculum and materials for the educational component.
- Community-wide publicity and advertising. Posters and brochures will be developed and printed, again using strong messages that tested best in the pilot testing of the educational component materials and curricula. Staff will approach local sites (e.g., community centers, schools, stores, barber shops, etc.) for permission to displayed these materials. These messages will also be used in developing bus cards and billboards; staff will approach the outdoor advertising company that controls the billboards and bus card slots.

# Project Network Diagram—Eastside



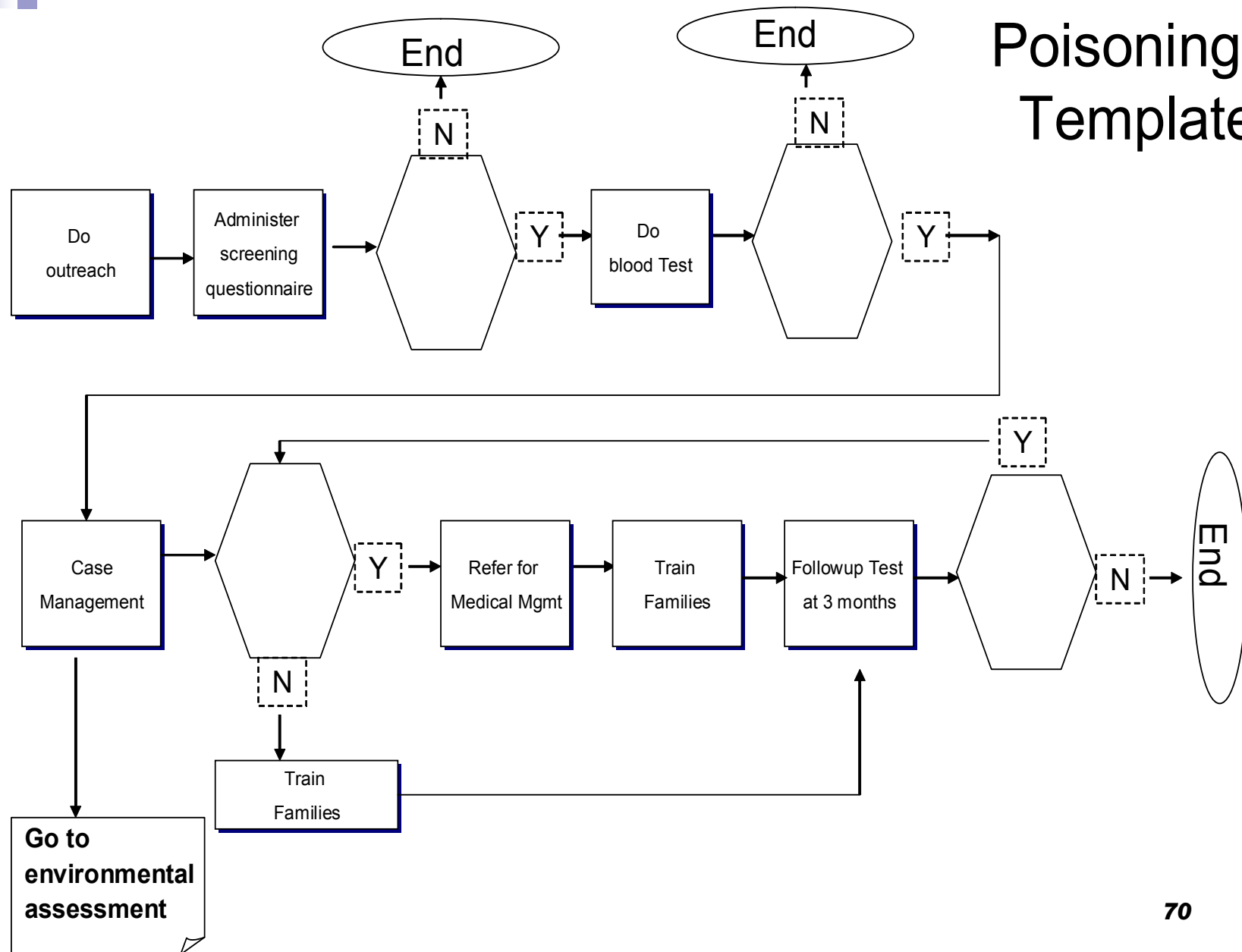


# Critical Path Diagram—Eastside



## **Childhood Lead Poisoning Prevention—CPM Version**

Lead poisoning is a widespread environmental hazard facing young children, especially in older inner-city areas. Exposure to lead has been linked to cognitive disruption and behavioral disorders, especially when exposure occurs early in life. The main sources of lead poisoning in children are paint and dust in older homes with lead-based paint. Lead poisoning effects can be ameliorated through medical interventions. But, ultimately, the source of lead in the environment must be contained/eliminated through renovation or removal of the lead-based paint by professionals. Short of that, families can reduce the bad effects on their children through intensive housekeeping practices and selected nutritional interventions. County X, with a high number of lead-poisoned children, has received money from CDC to support its Childhood Lead Poisoning Prevention Program. The program includes outreach in targeted neighborhoods a two-stage screening process in which: (1) parents complete a risk assessment questionnaire, and, (2) if deemed a high-risk, the children are given a blood test. If the blood test shows an elevated blood lead level (EBLL), the children are referred to the case manager. The case manager arranges for family training on nutritional and housekeeping interventions. And, if the child's EBLL exceeds a threshold (usually 20ul),the case manager also arranges for referral for medical management. All children with EBLL are given followup blood tests at 3 month intervals until the BLL returns to normal levels. The case manager also arranges the environmental assessment. If the home environment is the source of the lead, then the home is referred for environmental clean-up.



## Logframe—Definitions of Terms

Project Structure	Objectively Verifiable Indicators (OVIs)	Means of Verification	Assumptions/ Risks
<u>Goal</u> : The higher-order impact to which the project hopes to contribute	Measures to verify achievement of the <u>goal</u> in terms of quantity, quality or time	Sources of data for the OVIs for the <u>goal</u>	Main external factors that may influence sustained achievement of the goal
<u>Purpose(s)</u> : The (more immediate) intended impact of the project, which should result from the outputs.	Measures to verify achievement of the <u>purpose(s)</u> in terms of quantity, quality or time	Sources of data for the OVIs for the <u>purpose(s)</u>	Main external factors that may influence whether the <u>purpose(s) will lead to achievement of the goal</u>
<u>Outputs</u> : The tangible deliverables to be produced by the project	Measures to verify achievement of the <u>outputs</u> in terms of quantity, quality or time	Sources of data for the OVIs for the <u>outputs</u>	Main external factors that may influence whether the <u>output) will lead to achievement of the purposes</u>
<u>Activities</u> : The actions that must be done to produce the outputs.	<u>Inputs</u> : Resources necessary to mount the activities to accomplish the outputs, i.e. people, funds, etc.	Sources of data for the OVIs for the <u>activities</u>	Main external factors that may influence whether the <u>activities will lead to achievement of the outputs</u>

## Logframe: Childhood Lead Poisoning Prevention Program-1

<b>Project Structure</b>	<b>Objectively Verifiable Indicators (OVIs)</b>	<b>Means of Verification</b>	<b>Assumptions/ Risks</b>
<b>Goal:</b> Sustained reduction in EBLL in children			
<b>Purpose(s):</b> <ol style="list-style-type: none"> <li>1. Leaded environments are cleaned up</li> <li>2. EBLL children receive medical treatment</li> <li>3. Families adopt ameliorative nutrition and housekeeping behavior</li> </ol>			<ol style="list-style-type: none"> <li>1. Enough houses are reached to move pop-wide measure</li> <li>2. Enough kids are reached to move pop-wide measure</li> <li>3. Families accurately report their actions</li> </ol>
<b>Outputs:</b> <ol style="list-style-type: none"> <li>1. Referrals of leaded homes</li> <li>2. Referral of EBLL kids to medical care</li> <li>3. In-home trainings with families of EBLL kids</li> </ol>			<ol style="list-style-type: none"> <li>1. Housing department has funds to clean up referred houses</li> <li>2. Medical providers able to take on care of poor children</li> <li>3. Families have motivation to implement recs</li> </ol>
<b>Activities:</b> <ul style="list-style-type: none"> <li>• Assess homes of EBLL Outreach</li> <li>• Screening</li> <li>• ID EBLL kids</li> <li>• Case manage kids</li> </ul>	<b>Inputs:</b> <ul style="list-style-type: none"> <li>• Funds</li> <li>• Staff</li> <li>• Legal authority</li> <li>• Relationships with env and med community</li> </ul>		<ul style="list-style-type: none"> <li>• Adequate relationships with env or med community</li> <li>• Enough staff</li> <li>• Trained staff</li> <li>• Targeting right n'hoods</li> </ul>

## Logframe: Childhood Lead Poisoning Prevention Program-2

<b>Project Structure</b>	<b>Objectively Verifiable Indicators (OVIs)</b>	<b>Means of Verification</b>	<b>Assumptions/ Risks</b>
<b>Goal:</b> Sustained reduction in EBLL in children	XX% reduction in the number of children ages XX-XX with BLL exceeding 10 ul	County surveillance data	
<b>Purpose(s):</b> <ol style="list-style-type: none"> <li>1. Leaded environments are cleaned up</li> <li>2. EBLL children receive medical treatment</li> <li>3. Families adopt ameliorative nutrition and housekeeping behavior</li> </ol>	<ol style="list-style-type: none"> <li>1. XX% of homes identified with a lead problem are "cleaned up"</li> <li>2. XX% of EBLL kids with BLL &lt;25 are in treatment with qualified MD</li> <li>3. XX% of families with EBLL kids are adopting recs</li> </ol>	<ol style="list-style-type: none"> <li>1. Housing dept logs</li> <li>2. Health dept case management logs</li> <li>3. Self-report survey of families</li> </ol>	<ol style="list-style-type: none"> <li>1. Enough houses are reached to move pop-wide measure</li> <li>2. Enough kids are reached to move pop-wide measure</li> <li>3. Families accurately report their actions</li> </ol>
<b>Outputs:</b> <ol style="list-style-type: none"> <li>1. Referrals of leaded homes</li> <li>2. Referral of EBLL kids to medical care</li> <li>3. In-home trainings with families of EBLL kids</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of leaded homes referred</li> <li>2. Number of referrals of kids to medical care</li> <li>3. Number of trainings with EBLL families</li> </ol>	<ol style="list-style-type: none"> <li>1. Health dept logs</li> <li>2. Health dept logs</li> <li>3. Health dept logs</li> </ol>	<ol style="list-style-type: none"> <li>1. Housing department has funds to clean up referred houses</li> <li>2. Medical providers able to take on care of poor children</li> <li>3. Families have motivation to implement recs</li> </ol>
<b>Activities:</b> <ul style="list-style-type: none"> <li>• Assess homes of EBLL</li> <li>• Outreach</li> <li>• Screening</li> <li>• ID EBLL kids</li> <li>• Case manage kids</li> </ul>	<b>Inputs:</b> <ul style="list-style-type: none"> <li>• Funds</li> <li>• Staff</li> <li>• Legal authority</li> <li>• Relationships with env and med community</li> </ul>		<ul style="list-style-type: none"> <li>• Adequate relationships with env or med community</li> <li>• Enough staff</li> <li>• Trained staff</li> <li>• Targeting right n'hoods</li> </ul>

## Logframe: Blank Template

<b>Project Structure</b>	<b>Objectively Verifiable Indicators (OVIs)</b>	<b>Means of Verification</b>	<b>Assumptions/ Risks</b>
<u>Goal:</u>			
<u>Purpose(s):</u>			
<u>Outputs:</u>			
<u>Activities:</u>	<u>Inputs:</u>		

## Comparisons Between Terminologies Of Different Donor Agencies For Results / Logical Frameworks *(Compiled by Jim Rugh for CARE International and InterAction's Evaluation Interest Group)*

	Ultimate Impact	End Outcomes	Intermediate Outcomes	Outputs	Interventions	
<i>Needs-based</i>	<i>Higher Consequence</i>	<i>Specific Problem</i>	<i>Cause</i>	<i>Solution</i>	<i>Process</i>	<i>Inputs</i>
<b>CARE terminology<sup>1</sup></b>	<b>Program Impact</b>	<b>Project Impact</b>	<b>Effects</b>	<b>Outputs</b>	<b>Activities</b>	<b>Inputs</b>
CARE logframe	Program Goal	Project Final Goal	Intermediate Objectives	Outputs	Activities	Inputs
PC/LogFrame <sup>2</sup>		Goal	Purpose	Outputs	Activities	
USAID Results Framework <sup>3</sup>	Strategic Objective	Intermediate Results		Outputs	Activities	Inputs
USAID Logframe <sup>4</sup>		Final Goal	Strategic Goal/ Objective	Intermediate results	Activities	202E
DANIDA + Dfid <sup>5</sup>	Goal		Purpose	Outputs	Activities	
CIDA <sup>6</sup> + GTZ <sup>7</sup>	Overall goal		Project purpose	Results/outputs	Activities	Inputs
European Union <sup>8</sup>	Overall Objective	Project Purpose	Results	Activities		
FAO <sup>9</sup> + UNDP <sup>10</sup> + NORAD <sup>11</sup>	Development Objective		Immediate Objectives	Outputs	Activities	Inputs
UNHCR <sup>12</sup>	Sector Objective	Goal	Project Objective	Outputs	Activities	Input/Resources
World Bank	Long-term Objectives		Short-term Objectives	Outputs		Inputs
AusAID <sup>13</sup>	Scheme Goal		Major Development Objectives	Outputs	Activities	Inputs

1 CARE Impact Guidelines, October 1999.

2 PC/LogFrame (tm) 1988-1992 TEAM technologies, Inc.

3 Results Oriented Assistance Sourcebook, USAID, 1998.

4 The Logical Framework Approach to portfolio Design, Review and Evaluation in A.I.D.: Genesis, Impact, Problems and Opportunities. CDIE, 1987.

5 A Guide to Appraisal, Design, Monitoring, Management and Impact Assessment of Health & Population Projects, ODA [now DFID], October 1995

6 Guide for the use of the Logical Framework Approach in the Management and Evaluation of CIDA's International Projects. Evaluation Division.

7 ZOPP in Steps. 1989.

8 Project Cycle Management: Integrated Approach and Logical Framework, Commission of the European Communities Evaluation Unit Methods and Instruments for Project Cycle Management, No. 1, February 1993

9 Project Appraisal and the Use of Project Document Formats for FAO Technical Cooperation Projects. Pre-Course Activity: Revision of Project Formulation and Assigned Reading. Staff Development Group, Personnel Division, August 1992

10 UNDP Policy and Program Manual

11 The Logical Framework Approach (LFA). Handbook for Objectives-oriented Project Planning.

12 Project Planning in UNHCR: A Practical Guide on the Use of Objectives, Outputs and Indicators for UNHCR Staff and Implementing Partners. Second Ver. March 2002.

13 AusAID NGO Package of Information, 1998



