



School of online and distance learning

**COURSE: PGD IN MONITORING AND
EVALUATION**

MODULE SIX ASSESSMENT TEST

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Q 1: Explain the value of considering the implementation capacity and what steps to take therein while developing an M&E plan in an organization. (20 mrks)

M& E plan is a document that describes the strategic information your project or program will gather and use for decision making that will lead to project or program improvement. It is a fundamental document that holds the program accountable and tells you whether you succeeded or not. M&E is a fundamental aspect of good program management at all levels, local, national & globally.

An M&E plan should be developed at the beginning of the program when the interventions are being designed. The main goal is to provide information that will enable tracking of progress and reach informed decision-making in the implementation of activities of the project or program This will ensure there is a system in place to monitor the program and evaluate success. The following steps are therefore very important in developing a Monitoring and Evaluation plan in an organization (*Davidson & Wehipeihana, (2010)*)

Step 1: Identify Program Goals and Objectives

The first step to creating an M&E plan is to identify the program goals and objectives. If the program already has a logic model or theory of change, then the program goals are most likely already defined. However, if not, the M&E plan is a great place to start. Identify the program goals and objectives.

Defining program goals starts with answering the following three questions:

1. What problem is the program trying to solve?
2. What steps are being taken to solve that problem?
3. How will program staff know when the program has been successful in solving the problem?

Answering these questions will help identify what the program is expected to do, and how staff will know whether it worked. For example, if the program is starting a condom distribution program for adolescents in and around Juba City, then the following assumptions can be derived:

Problem	High rates of unintended pregnancy and sexually transmitted infections (STIs) transmission among youth ages 15-19 in Juba City Council
Solution	Promote and distribute free condoms in the community at youth-friendly locations within the City and its environs
Success	Lowered rates of unintended pregnancy and STI transmission among youth 15-19. Higher percentage of condom use among sexually active youth.

From these answers, the overall program goal is to reduce the rates of unintended pregnancies and STI transmission in the community.

Step 2: Define Indicators

Once the program's goals and objectives are defined, it is time to define indicators for tracking progress towards achieving those goals. Program indicators should be a mix of those that measure process, or what is being done in the program, and those that measure outcomes.

Process indicators track the progress of the program. They help to answer the question, "Are activities being implemented as planned?" Some examples of process indicators are:

- Number of trainings held with health providers
- Number of outreach activities conducted at youth-friendly locations
- Number of condoms distributed at youth-friendly locations
- Percent of youth reached with condom use messages through the media

Outcome indicators track how successful program activities have been at achieving program objectives. They help to answer the question, “Have program activities made a difference?”

Some examples of outcome indicators are :

- Percent of youth using condoms during first intercourse
- Number and percent of trained health providers offering family planning services to youth
- Number and percent of new STI infections among youth.

Step 3: Define Data Collection Methods and Timeline

After creating monitoring indicators, it is time to decide on methods for gathering data and how often various data will be recorded to track indicators. This should be a conversation between program staff, stakeholders, and donors. These methods will have important implications for what data collection methods will be used and how the results will be reported.

The source of monitoring data depends largely on what each indicator is trying to measure. The program will likely need multiple data sources to answer all the programming questions

Once it is determined how data will be collected, it is also necessary to decide how often it will be collected. This will be affected by donor requirements, available resources, and the timeline of the intervention. Some data will be continuously gathered by the program (such as the number of trainings), but these will be recorded every six months or once a year, depending on the M&E plan. Other types of data depend on outside sources, such as clinic and DHS data.

Step 4: Identify M&E Roles and Responsibilities

The next element of the M&E plan is a section on roles and responsibilities. It is important to decide from the early planning stages who is responsible for collecting the data for each indicator. This will probably be a mix of M&E staff, research staff, and program staff. Everyone will need to work together to get data collected accurately and in a timely fashion.

Data management roles should be decided with input from all team members, so everyone is on the same page and knows which indicators they are assigned. This way when it is time for reporting there are no surprises.

Step 5: Create an Analysis Plan and Reporting Templates

Once all of the data have been collected, someone will need to compile and analyze it to fill in a results table for internal review and external reporting. This is likely to be an in-house M&E manager or research assistant for the program.

The M&E plan should include a section with details about what data will be analyzed and how the results will be presented. Do research staff need to perform any statistical tests to get the needed answers? If so, what tests are they and what data will be used in them? What software program will be used to analyze data and make reporting tables? Excel? SPSS? These are important considerations.

Another good thing to include in the plan is a blank table for indicator reporting. These tables should outline the indicators, data, and time period of reporting. They can also include things like the indicator target, and how far the program has progressed towards that target.

Step 6: Plan for Dissemination and Donor Reporting

The last element of the M&E plan describes how and to whom data will be disseminated. Data for data's sake should not be the ultimate goal of M&E efforts. Data should always be collected for particular purposes. Consider the following:

- How will M&E data be used to inform staff and stakeholders about the success and progress of the program?
- How will it be used to help staff make modifications and course corrections, as necessary?

- How will the data be used to move the field forward and make program practices more effective?

The M&E plan should include plans for internal dissemination among the program team, as well as wider dissemination among stakeholders and donors. For example, a program team may want to review data on a monthly basis to make programmatic decisions and develop future workplans, while meetings with the donor to review data and program progress might occur quarterly or annually. Dissemination of printed or digital materials might occur at more frequent intervals. These options should be discussed with stakeholders and your team to determine reasonable expectations for data review and to develop plans for dissemination early in the program. If these plans are in place from the beginning and become routine for the project, meetings and other kinds of periodic review have a much better chance of being productive ones that everyone looks forward to.

Conclusion

After following these 6 steps, the outline of the M&E plan should look something like this:

1. Introduction to program

- Program goals and objectives
- Logic model/Logical Framework/Theory of change

2. Indicators

- Table with data sources, collection timing, and staff member responsible

3. Roles and Responsibilities

- Description of each staff member's role in M&E data collection, analysis, and/or reporting

4. Reporting

- Analysis plan

- Reporting template table

5. Dissemination plan

- Description of how and when M&E data will be disseminated internally and externally

Q2: Explain the main qualitative features of an M&E plan, which distinguishes it from any other plan in M&E. (10mrks)

The qualitative features in a Monitoring and Evaluation plan are those elements whose impact can be measurable. Drawn from the M&E plan, we will discuss about indicators and how their impact can be measured for the purpose of this assignment.

Qualitative M&E Indicators: Often outcome-focused, they can help organizations determine if a change has occurred by gathering perceptions from beneficiaries. Therefore, indicators are qualitative features in a Monitoring and Evaluation plan that are obviously different from another M&E plan.

Indicators are clues, signs, or markers that measure one aspect of a program and show how close a program is to its desired path and outcomes. They are used to provide benchmarks for demonstrating the achievements of a program. One of the most critical steps in designing an M&E system is selecting appropriate indicators. The M&E plan should include descriptions of the indicators that will be used to monitor program implementation and achievement of the goals and objectives.

Data accuracy can often be difficult to assess given the subjective nature of the collecting judgements about change.

Using the example of a social enterprise that employs a 1-for-1 model (you buy a pair of shoes, we donate a pair of shoes to a person in need) we can examine some potential indicators for their donation program over a period of one year.

- Perception of change in quality of life after receiving shoes (survey beneficiaries)
- Types of opportunities generated by reception of shoes (defined by beneficiaries)

As illustrated above, a pure count of shoes donated doesn't tell us what impact has been generated. It only implies. By also collecting qualitative, outcomes-focused data the organization gets a better idea of the impacts of those shoes for people who before did not have them. They could also measure income level before and after the shoes (for adults), or measure number of school days attended (for children).

The best indicators help organizations also make clear a clear attribution between the intervention (shoes given) and the impact(s) generated. In this example, there are many other variables that could contribute to an increase in income level or school days attended. Gathering qualitative data, specifically asking to what extent the shoes had to do with any observed changes in those areas would help to increase the level of attribution the organization might report. (*Nina Frankel and Anastasia Gage, 2016*)

Data Sources:

Data sources are sources of information used to collect the data needed to calculate the indicators. The data collection plan should include diagrams depicting the systems used for data collection, processing, analysis, and reporting. The strength of these systems determines the validity of the information obtained. Potential errors in data collection, or in the data themselves, must be carefully considered when determining the usefulness of data sources. The monitoring plan describes:

- Specific program components that will be monitored, such as provider performance or the utilization of resources
- How this monitoring will be conducted
- The indicators that will be used to measure results

Because monitoring is concerned with the status of ongoing activities, output indicators, also known as process indicators, are used. For example, these indicators might be:

- How many children visit a child health clinic in one month? and
- How many of these children are vaccinated during these visits? (*Nina Frankel and Anastasia Gage, 2016*)

REFERENCES:

1. Evaluation Toolbox. Step by Step Guide to Create your M&E Plan. Davidson & Wehipeihana (2010), Retrieved from:
http://evaluationtoolbox.net.au/index.php?option=com_content&view=article&id=23:create-m-and-e-plan&catid=8:planning-your-evaluation&Itemid=44
2. Nina Frankel and Anastasia Gage, 2016. M&E Fundamentals: A Self-Guide Mini-Course
3. Ultimate Guide to Monitoring and Evaluation Tools. Retrieved from:
<https://www.sopact.com/monitoring-and-evaluation-tools>
4. Marsh, David. 1999. Results Frameworks & Performance Monitoring: A Refresher (ppt). Available at: <http://www.childsurvival.com/tools/Marsh/sld001.htm>.
5. Bertrand JT and G Escudero. 2002. Compendium of Indicators for Evaluating Reproductive Health Programs. MEASURE Evaluation Manual Series, No. 6. University of North Carolina at Chapel Hill: MEASURE Evaluation Project, Carolina Population Center.