**African Centre for Project Management**

**PGD-Monitoring and Evaluation**

**Assignment 2**

By

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***Q1. To what extent would a Program manager be challenged when determining which indicators to employ in Monitoring and evaluating a project? (10 Marks).***

**Definition of an indicator**

There are various definitions of indicators however, some are both more comprehensive and comprehensible than others. For example, the Organization for Economic Co-operation and Development (OECD) defines indicators as “a *quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of a development actor* (OECD, 2002). On the other hand, other scholars have defined an indicator as “a*n observable change or event which provides evidence that something has happened – whether an output delivered, immediate effect occurred or long-term change observed.”* (Bakewell, Adams, & Pratt, 2003)*.* All in all, indicators are a measure that can be used to describe a situation that exists and to measure changes or trends over a period of time. In essence indicators are markers of accomplishment/progress. In simple terms, indicators are a reliable means to measure achievement, to reflect the changes related to an intervention, or to help assess the performance of a development actor. There are two broad types of indicators. These are: quantitative indicators which are expressed by numbers and percentages and qualitative which provide a description of phenomenon observed.

There are various ways in which indicators can be developed or selected by project managers. A few of these are outline below.

* Indicators might be developed by project or programme staff on their own.
* Indicators may be selected through participatory brainstorming with various stakeholders. This is often done in light of participatory monitoring and evaluation.
* Selection from a standard checklist or menu of common indicators.
* Predetermined by donors who require specific indicators to be used by recipient organizations.
* In some disciplines such as health or water and sanitation, there may be industry-specific indicators.
* Based on international standards for example the SPHERE indicators for programmes involved in emergency situations.

Regardless of the method used, to a larger extent, a project manager can be challenged when determining which indicators to employ in Monitoring and evaluating a project. A project manager has to bear some rhetoric questions as the zero down on the selected list of indicators to use. These questions can be discussed in the following broad themes.

**Specificity**

Project managers will always be perplexed with the notion of whether the indicators they have selected will actually measure what they intend them to measure. there is always a likelihood of selecting an indicator that is vague. For example, for a Gender-based violence (GBV) awareness campaign aimed at tackling inequalities in power relations between women and men. Although the goal of the campaign is eventually level-off the power asymmetry between men and women, the indicator percentage of the population with knowledge about GBV may not show area of effect of the project on power parity. A more suitable indicator would be percentage of men actively involving their partners in major household decisions.

**Availability of data**

Another concern that lingers around the selection of indicators is whether data will be readily available. If so, what will be the source of information. During the selection of indicators, there is always a likelihood that some indicators will have no reliable source of data. For example, if in a Sexual and reproductive health program where facility bases youth friendly services for contraception is a key activity, an indicator like “the percentage of days per quarter that health facilities had stock outs of condoms” would not be so appropriate yet some managers may include it among their list of indicators. This would require daily reliable data based on stock management. However, information on stock may not be collected on a daily basis but rather monthly or quarterly. Therefore, an indicator that would be easily informed by data would be percentage of health facilities that experienced a stock out of contraceptives in the last quarter.”

**Reliability**

Since indicators are meant to be strictly utilized from the start of the project to its end without unnecessary changes, it is important to have a set of indicators that are relatively robust and not open to misinterpretation. Therefore, managers always face a challenge of setting indicators that are discrete enough to measure the same thing through the project life. For example, comparing the following examples of indicators a manager can choose from. “The number of refugees receiving assistance” and the “the number of refugees receiving food assistance from the warehouse.” While both measure assistance received by refugees, the former is more prone to misinterpretation as assistance in refugee settings can be in many forms. In one assistance many refugees can receive psychosocial assistance and in another they may receive medical assistance. If not well denoted, it may be difficult to ascertain which aspect of the project is actually performing better.

**Validity**

One of the major pitfalls in project planning is selecting an indicator that do not accurately represent the expected outcomes of a project. It is common knowledge that, all indicators should measure exactly what they have to measure. However, this may not be the case whenever managers set their indicators. For example, in an HIV project with a core aspect of prevention of mother-to-child transmission (PMTCT) of HIV, the aim is to increase access to antiretroviral treatment (ART) for pregnant women. If the main indicator measures the “proportion of women on ART who are pregnant,” this may not serve the purpose. Such an indicator would show the number of pregnant women out of all women on enrollee don ART, rather than how many HIV-positive pregnant women are on PMTCT. In other words, project managers have to be very keen especially when setting indicators that are wither ratio or proportion. In such cases, the numerator and the denominator have to be selected with utmost care.

**Attribution**

The key question underlying the concept of attribution with regard to indicators is how far one can attribute the results to your efforts as shown by the indicator? Since one of the key uses of indicators is to help inform project progress or lack thereof, when selecting indicators, it is important for program manager to choose indicator that are both empirically associated to the project and also allow for plausible attribution. For instance, in a program that planned to train workers in provision of Youth friendly services (YFS) in order to increase access to sexual and reproductive healthcare. If a manager selects an indicator like “the proportion of health facilities with adequate conditions to provide care,” this may not be appropriate because other factors rather than the training may be necessary and sufficient for this to happen. These factors could be support supervision, steady stock, and clear standard operating procedures in place. however, it’s possible for the program manager miss this fact and therefore fail to accurately reflect their program activities. in this regard, an appropriate indicator would be, “the number of nurse/midwives trained on youth friendly services” or “the number of facilities with a trained YFS provider.”

Finally, there are other aspects of indicators that would equally challenge project managers as they set their indicators. These are posed as questions below,

1. **Appropriateness**: Will the indicator help the project team to make appreciate decisions to improve project performance?
2. **Inclusiveness:** Will the indicator help the project team to be accountable to different stakeholders?
3. **Feasibility:** How much will it cost to get the information required by the indicator in terms of staff time, beneficiary time and money?
4. **Frequency:** How often will you project staff have to collect information for the indicator?
5. **Staff capacity**: Will project staff have the capacity (or desire) to collect the information honestly and accurately
6. **Comparability:** Will the indicator be easily used to compare project of the project against other similar projects?

In conclusion, though sometimes taken for granted, the process of selecting indicators for a project/intervention can mean the success or failure of and M&E framework. This is so because indicators for a formidable part of the fibre that gives monitoring and evaluation its place in project planning and management. Therefore, managers and indeed all project staff must accord the process of selecting indicators with the high intuitions it deserves.

***Q2. Citing key characteristics of indicators, explain the fundamental differences between output and outcome indicators. (10 Mrks)***

All indicators are meant to reflect a certain set of characteristics in order to. These include the following:

1. First and foremost, indicators have to be measurable if at all they are to serve the purpose for which they are created. Whether qualitative or quantitative, there must be a way to which an indicator can be given a value or meaning to depict the changes in the project implementation.
2. Secondly, the measurement of an indicator must be practical by all standards.  If it is impracticable collect data for an indicator during project implementation, due to the cost or process constraints then it is not a good one. Therefore an tracking an indicator must be done within the confines of the locally available resources in a cost-effective manner (Jim , Caitlin , & Monica, 2013)
3. Thirdly, al indicators must be precise. This is perhaps the one of the most important characteristics of indicators. Indicators must be well defined and not ambiguous in anyway. This is so to avoid misinterpretation and therefore misrepresentation of facts (Rugg, 2010)
4. Indicators must have a high reliability. This implies that the if the indicator is measured repeatedly across by different people, the results should be the same. Therefore, there should be no room for subjectivity. This applies most to quantitative indicators. If an indicator doesn’t yield consistent figures, then it is not a good indicator. (PATH, 2011)
5. Closely related to the above, all indicator must have a high degree of validity. Validity in a sense that the indicator actually measures what it intends to measure.
6. Timeliness is data collection for indicators. As a function of efficiency, indicators should provide a measurement at time intervals relevant and appropriate in terms of project implementation and the achievement of set goals.
7. In addition, indicators must be sensitive to even small but significant changes in project progress. this is important so as to allow for more precise response to issues that may arise.
8. Lastly, as much as possible and where necessary, indicators should be dis-aggregated by gender and age and any other characteristic that may be relevant in the understanding of the project implementation.

**Differences between output and outcome indicators**

Whereas both output and outcome indicators share the same basic characteristics as discussed above, the following are some of the differences between output and outcome indicators.

First, by definition, output indicators are indicators that measure the change that happens directly as a result of implementation of project activities or interventions. For example, the number of peer educators in Juba City that training on behavior change communication. On the other hand, outcome indicators areindicators that relate to change that is happens in the medium to longer term period as a result of the project or interventions (Schumann, 2016). For example, in an adolescent sexual and reproductive health project, “the number of young people using modern contraceptive methods” can be an outcome indicator.”

Secondly, with regard to purpose, output indicators assist in monitoring how efficiently projects are executed. Therefore, anyone implementing a project need to pay keen attention to the output indicators on a very regular basis. The information they conveyed by output indicators can helpful in quickly informing adjustments to improve project implementation (UNHCR, 2002). This is so because, output indicators measure results of an activity in though not specifically progress towards the objectives itself. The importance of output indicators depends on the project in question. in the field of sexual and reproductive health, typical output indicators might include: number of health workers trained on provision of youth friendly services, number of adolescents reached with information on contraceptives and number of teachers trained on providing of comprehensive sexuality education. As the examples may suggest, output indicators in themselves do not provide much information about the desired goal of the project or intervention.

On the other hand, the purpose of outcome indicators is to monitor the effectiveness of interventions in achieving their objectives. Since outcomes can be viewed as the underlying motivation behind policies or projects, in a broader since, outcome indicators can help program managers and supervisors to assess if the intervention was well designed in relation to the set objectives. In a typical adolescent sexual and reproductive health project, outcome indicators would include: number of adolescent reporting sexual assault cases to the health facility, number of young mothers attending youth mother support sessions, and number of parents freely discussing sexual health matters with their children. What all these indicators have in common is that they measure outcomes that cannot be changed directly by a single activity (UNHCR, 2002).

Lastly, whereas output indicators often rely on *De Jure* measures, describing aspects of the project that are directly sanctioned to be done as part of the project protocol like the renovating health facilities, provision of training, and distribution of health education materials, outcome indicators are usually in the *De Facto* mode, less controlled by the project resources but rather defendant on other externalities as well. Outcomes indicators therefore describe the changes that happened as a result of the outputs (Schumann, 2016). For example, typically, the number of women utilizing the antenatal care (ANC) clinic services is an outcome indicator. To achieve this outputs like setting-up the ANC clinic, health awareness in the community, training health workers and equipping the health facility should have happed as planned. However, it is not usually possible for the project staff to control will of women to attend ANC services.

In conclusion, whereas both output and outcome indicators have to fulfil the SMART criteria, they typically monitor project progress at different levels with the output indicators being more proximal to activities while the outcome indicators are largely distal measure progress more from medium to longer term.

***Q3: Organization XYT, based in Juba, South Sudan is funded by DFID to roll out mass measles campaign targeting all children under the age of 5. Key activities include setting up maternal care resource centers, providing information to key opinion leaders on value of child immunization; procurement of cold chain boxes; development of IEC materials for the public sensitizations and actual immunization; working from the known to the unknown, develop a project outline, with a maximum of 3 output indicators; 3 outcome indicators and 2 impact indicators.***

**Project outline**

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| **Project title** | Scaling up measles vaccination among children in Juba City. | |
| **Project period** | 2020-2022 |  |
| **Location** | Juba City |  |
| **Implementer** | XYT |  |
| **Funder** | DFID |  |
| **Background**  Measles virus is highly infectious, with susceptible individuals having a 90 percent chance of getting infected if they are exposed. Based on the concept of herd immunity, very high measles vaccination coverage (90 to 95%) is needed to protect populations against measles outbreaks. As of December 2018, there were low routine measles vaccination coverage in South Sudan stagnating at about 54%. This has meant that there is a big number of unvaccinated children which is ideal for outbreaks. The routine vaccination coverage remains low due to insecurity that keeps populations from immunization services due to reduced access to health services.  In 2018, measles was the second most frequent alert and constituted 165 (21%) of total alerts. In the whole of South Sudan, a total of nine (9) measles outbreaks were confirmed in Bentiu PoC, Yirol West, Rumbek Center, Wau PoC, Aweil Center, Cueibet, Aweil East, Rumbek East, and Bor PoC in 2018. Since the beginning of 2019, seven (7) measles outbreaks have been confirmed in Abyei, Juba, Pibor, Gogrial West, Mayom, Melut and Aweil South counties. Laboratory confirmed measles cases have also been reported in Aweil East, Aweil West, Renk, Malakal, Tonj North, Twic and Torit.  This years, in Juba alone, there were 48 suspected cases and ten of which were confirmed positive for measles IgM antibodies and 3 deaths reported. About 90% (35) of the reported cases are children under 5 years. The resulting response was a reactive campaign targeting children under 5 years was conducted in targeted hotspots in Khator, Amarat and Rejaf administrative areas within Juba City. In this campaign, there were 11,702 (21%) children were vaccinated. There was active case search in facilities and communities ongoing to ascertain presence of additional cases in the community or being seen in the health facilities. The implementing partner advised to scale up their routine immunization activities through mobile and outreach activities targeting areas not reached by the campaign. | | |
| **Goal** | **Impact statement** | **Indicators** |
| * To reduce the disease burden from measles by half by the end of 2022. | * A generation of children under 5 years with reduced morbidity and mortality from measles virus. | * Incidence rate for measles among children under 5 years * Case fatality rate for measles among children Under 5 years. |
| **Objectives** | **Outcome statements** |  |
| * To achieve 95% vaccination coverage for measles virus among children under 5 years by 2022. * To establish and maintain cold-chain facilities in all health centers in Juba City * To increase health literacy on matters of child immunization. | * Over 95% of children under 5 years fully vaccinated against measles virus by 2022. * Functional cold-chain systems in all health centers in Juba City * Increased health literacy on matters of child immunization among the population of Juba | * Number of children under 5 years fully vaccinated against measles * Number of health facilities in Juba with functional cold-chain systems * Proportion of population with clear knowledge about childhood immunizable diseases and vaccination centers. |
| **Activities** | **Outputs** |  |
| * Establishing maternity care centers * Training key opinion leaders on the value of child immunization * Routine immunization of children under 5 years against measles * Procurement and distribution of chain boxes * Development of IEC materials for public sensitization | * Maternity care centers established * Key opinion leaders trained on the value of child immunization * Children under 5 years immunized against measles * Cold-chain boxed procured and distributed to health facilities * IEC materials developed and distributed for sensitization | * number of maternity care centers established * Number of key opinion leaders trained on the value of child immunization * Number of children under 5 years immunized against measles |

**Q4:** Work-plan and indicator development:

Your organization, Malakal Community Empowerment Organization (MACEPO) has received a funding of SSP 50,000 to undertake a project on reintegrating returnees into their original family systems. The project involves among others, trainings in family reunions and reintegration for village elders, opinion leaders, pastors, youth and vigilante groups. It also entails provision of seeds, fertilizers and other startup tools for livelihoods such as funds for small businesses to the returnees. It also involves group meetings for returnees on family reintegration and reunion.

Develop a 3-month work plan with SMART objectives, specific activities, assigned budgets and process and outcome indicators to facilitate effective management, monitoring and evaluation. Present your work in a tabular form.

Goal: Support returnees in achieving Sustainable reintegration in their original family systems as well as having access to Livelihood opportunities to improve their standard of living

**Quarter 3 Work plan for MACEPO from July-September 2019**

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| --- | --- | --- | --- | --- | --- | --- |
| **Objectives** | **Activities** | **Time frame** | **Budget** | **Indicators** | **Venue** | **Responsible** |
| To strengthen family systems of host communities for reintegration of returnees | Conduct community dialogue on issues of reintegration | 1 week (1st to 5th July) | 7,500 SSP | * Number of community dialogue sessions held on the issues of reintegration | Community Square | Project officer |
| Train key stakeholders on the purpose and process of reintegration | 1 week (8th-12th July) | 7,500 SSP | * Number of key opinion leaders trained on reintegration * Proportion of key opinion leaders actively participating voluntarily in the reintegration process | Malakal Church | Facilitator from ICRC |
| Participatory community assessment and household readiness for reintegration | 2 weeks (15th to 26th July) | 5,000 SSP | * Number of households fully assess for reintegration readiness * Proportion of households taking preparatory steps for reintegration | Community | Resilience Research Officer |
| To reunite returnees to their original families | Provide psychosocial counselling for returnees and host families | 2 weeks (29th July to 9th August) | 1,000 SSP | * Number of returnees counseled on reintegration * Number of household heads counselled on reintegration * Proportion of household heads actively willing to host returnees | At homes | Protection Officer |
| Hold reunion ceremonies for returnees | 2 weeks (12th-23rd August) | 3000 SSP | * Number of returnees reunited with their families. * Proportion of families that have fully accepted the returnees | Community Square | Project Coordinator |
| Follow-up visits to host families reintegrated with returnees. | 4 weeks (26th August to 20th September) | 1,000 SSP | * Number of household visits made to host families per week * Number of families with improved relations with returnees on subsequent visits. | At homes | Protection Officer |
| To improve standards of living through sustainable livelihoods | Construct housing units for returnees | 6 weeks and half (19th August to 27th September) | 15,000 SSP | * Number of host families providing local resource materials for construction of housing units * Number of houses build to accommodate returnees in host families | At homes | Project Officer |
| Train returnees and host facilities on Income generating activities | 6 weeks and half (19th August to 27th September) | 10,000 SSP | * Number of returnees attending training sessions * Number of agricultural inputs provided to returnees for income generating activities. * Number of income generating activities started by returnees in conjunction with host families | Community Center | Project Officer |

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