**PGD001 – Postgraduate Diploma in Monitoring and Evaluation**

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**Module 6 Questions:**

**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)

When developing an M&E Plan it is of value to consider the implementation capacity. This is because for an effective M&E system, we need to ask, who Will conduct monitoring and evaluation? Beyond, the roles and responsibility for the personnel in M&E, it will be necessary to look at the users of the results and findings which will be generated since they will be critical for continuous implementation of the M&E plan. In data collection within the projects, we equally have to identify and clearly state who will be responsible for each activity. Therefore, it is important for the program designers to decide from onset on who will be responsible in implementation of the M&E plan, how they will play different roles while at the same time enhancing collaboration, reporting procedures be defined before-hand and ensure all collected quantitative and qualitative data is processed and analyzed. Clearly, the success of the plan depends on the technical capacity of program staff to carry out monitoring and evaluation activities which should be guided by competent technical person with M&E skills and knowledge.

While developing and M&E Plan, there are key steps to follow as highlighted below;

* **Identify Program Goals and Objectives**

The first step requires writing a clear statement that identifies country or program goals and objectives with clear description on how the program expects to achieve them. A program logical model or results framework can then be easily drawn to establish a monitoring and evaluation plan.

Defining program goals starts with answering 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?

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Through this, the program is expected to do, and how staff will know whether or not it worked. For example, if the program is starting a condom distribution program for adolescents, the answers might look like this:

|  |  |
| --- | --- |
| **Problem** | High rates of unintended pregnancy and sexually transmitted infections (STIs) transmission among youth ages 15-19 |
| **Solution** | Promote and distribute free condoms in the community at youth-friendly locations |
| **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, it can be seen that the overall program goal is to reduce the rates of unintended pregnancy and STI transmission in the community.

It is also necessary to develop intermediate outputs and objectives for the program to help track successful steps on the way to the overall program goal.

* **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 and help to answer the question, “Are activities being implemented as planned?” e.g number of trainings held with health providers, number of outreach activities conducted at youth-friendly locations etc.

* Number of condoms distributed at youth-friendly locations
* Percent of youth reached with condom use messages through the media

On the other hand, outcome indicators track how successful program activities have been at achieving program objectives and 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
* **Define Data Collection Methods and Timelines**

This looks at the methods for gathering data and how often various data will be recorded to track indicators through 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 of 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.

After all of these questions have been answered, a table like the one below can be made to include in the M&E plan. This table can be printed out and all staff working on the program can refer to it so that everyone knows what data is needed and when.

| **Indicator** | **Data source(s)** | **Timing** |
| --- | --- | --- |
| Number of trainings held with health providers |  |  |
| Number of outreach activities conducted at youth-friendly locations |  |  |
| Number of condoms distributed at youth-friendly locations |  |  |

* **Identify M&E Roles and Responsibilities**

It is important to decide on roles and responsibilities 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.

An easy way to put this into the M&E plan is to expand the indicators table with additional columns for who is responsible for each indicator, as shown below.

| **Indicator** | **Data source(s)** | **Timing** | **Data manager** |
| --- | --- | --- | --- |
| 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 receiving condom use messages through the media |  |  |  |
| Percent of adolescents reporting condom use during first intercourse |  |  |  |

* **Create an Analysis Plan and Reporting Templates**

Analysis and reporting template helps one to compile and analyze collected data and fill in a results table for internal review and external reporting. This is done within the M&E department depending to role allocation in 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 indicator reporting. These can be tables which 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. An example of a reporting table with indicators to report on is given below.

| **Indicator** | **Baseline** | **Year 1** | **Lifetime target** | **% of target achieved** |
| --- | --- | --- | --- | --- |
| Number of trainings held with health providers |  |  |  |  |
| Number of outreach activities conducted at youth-friendly locations |  |  |  |  |
| Number of condoms distributed at youth-friendly locations |  |  |  |  |

* **Plan for Dissemination and Donor Reporting**

This handles on 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. Thus while developing M&E plans one should 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 teams to determine reasonable expectations for data review and to develop plans for dissemination early in the program. When such plans are in place from the beginning and become routine for the project, meetings and other kinds of periodic review, there are better chance of being productive, effective and efficient to realizing program objectives.

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

There are cross cutting features of M&E plan with other documents in monitoring and evaluation. However, the main qualitative features that only apply for M&E Plan are;

* + Organizational Structures with M&E Functions

For any M&E plan, there are adequate implementation of M&E in all levels which requires a presence of a unit whose main purpose is to coordinate all the M&E functions at its level. This can be an internal organ to oversee the M&E functions or an outsourced services. This feature of M&E emphasizes the need for M&E unit within the organization, how elaborate its roles are defined, how adequately its roles are supported by the organizations hierarchy and how other units within the organization are aligned to support the M&E functions within the organization.

* + Human Capacity for M&E

This deals with not only with adequate staff employed in the M&E unit, but also that the staff within this unit have the necessary M&E technical know-how and experience. As such, this feature emphasizes the need to have the necessary human resource that can run the M&E function by hiring employees who have adequate knowledge and experience in M&E implementation, while at the same time ensuring that the M&E capacity of these employees are continuously developed through training and other capacity building initiatives to ensure that they keep up with current and emerging trends in the field.

* + Partnerships for Planning, Coordinating and Managing the M&E System

Partnerships for M&E systems are for organizations because they complement the organization’s M&E efforts in the M&E process and they act as a source of verification for whether M&E functions align to intended objectives. They also serve auditing purposes where line ministries, technical working groups, communities and other stakeholders are able to compare M&E outputs with reported outputs.

* + Communication, Advocacy and Culture for M&E

This refers to the presence of policies and strategies within the organization to promote M&E functions. Without continuous communication and advocacy initiatives within the organization to promote M&E, it is difficult to entrench the M&E culture within the organization. Such communication and strategies need to be supported by the organizations hierarchy. The existence of an organizational M&E policy, together with the continuous use of the M&E system outputs on communication channels are some of the ways of improving communication, advocacy and culture for M&E

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