**MODULE 2 Questions:**

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

The extent to which a program manager can be challenged when determining as to which indicator can be used or employ in monitoring and evaluation of a project can be as a result of the following factors:

1. When the indicator to be use is not well defined in a clear term, this will make it difficult for the project manager to clearly understand to what extent the indicator use is to measure or determine the intended activity hence making it hard for the manager to judge whether the objective to be measured by that indicator has been achieved or not.
2. When the indicator used contains some unambiguous terminologist that could better be modified to improve the clear understanding of the indicator and be able to determine its level of measurement for the activity conduced.
3. When the indicator does not bear all the required characteristics of a good indicator such as the validity of the indicator which measures the practices and the task output or outcomes expected, it will be difficult for the manager to come up with the outputs or outcomes of that objective as the indicator does not define it clearly.
4. If the indicator is not reliable in such a way that it is not consistent over time and give some results by different observers at different time and places, the project manager can have some challenges;
5. The level of accuracy and precision of an indicator also matters a lot for the project manager to be able to defined the level of its achievement very well.
6. When the indicator is not measurable by using the tools and methods put in place hence interfering with the timely intervals of measuring the activity as needed in terms of the program goals and objectives.
7. When the indicator does not give any relevancy to the program goals. Which means, the indicator will give a challenge to the program manager as it does not show any result link to the program operation to be monitored and evaluated.
8. The program manager can also be challenge when the cost and the availability of getting the appropriate information ideal for that indicator is prohibited to get.
9. An indicator can also be imposed from above e.g. by the national authority to be determined yet it does not have the required tools and values needed for it to be achieved.

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

The key fundamental deference’s between output and outcomes indicators includes the following;

|  |  |  |
| --- | --- | --- |
|  | **Output indicators** | **Outcome indicators** |
| **1** | Output indicators are the immediate products and /or services which occurs as a results of the particular completed activities conducted during the project implementation. | Outcomes indicators are the intermediate short term and medium term effects of the outputs. Meaning that, the changes that has taken places as a result of the output results into outcomes. |
|  |  |  |
| **2** | Outputs are the tangible work products of the program activities; they are the deliverables. For examples, in a community health awareness program, the project put in resources such as financials materials, skills, human etc. into the program and curry out a number of activities such as trainings on the ways how the community can prevent and control malaria in the community. The output and outcomes indicators for these project will be as below | |
| **Output Indicators** | **Outcome Indicators** |
| Increased in knowledge on prevention and control of malaria among the community living in the area.  Number of trainings conducted to the community members about malaria prevention and control. | Increased in the number of the community members sleeping under a treated mosquito nets, clearing of brushes around their home state, Filling up places that holds water giving changes for mosquito to bread in, early seeking of treatment when notices some sign and symptoms of malaria. |

**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 DESCRIPTION**

|  |  |
| --- | --- |
| Project title: | Mass measles campaign Program; |
| Operation location: | Juba County, Jubek State, South Sudan; |
| Population Planning Group(s): | All children Under the age of five (5); |
| Project Implementation Period: | 1st January to 31st December 2020; |

1. **PROJECT OVERVIEW**

**1.1 Project Statement**

XYT is a National Organization, not for profit based in Juba, South Sudan. XYT with the complimentary support from DFID has received some funding to roll out a mass measles campaign program targeting all children under the age of 5 in Juba County, Jubek State, South Sudan from the 1st January to 31st December 2020.

In line with DFID / National Ministry of Health minimum standards, XYT will continue to work towards accomplishing one main objectives 1) Improved the EPI health coverage for all the children under the age of 5 living in Juba county, Jubek State. South Sudan.

**1.2. Operational Context**

Juba County, Jubek State, South Sudan continues to face a humanitarian emergency situation with a very low coverage of EPI services across the state. Women and children make up the highest population of over ……% of the total population across the state.

The continuous economic decline, weak rule of law, limited developmental support, and lack of basic services and infrastructure in the areas will mean that, the entire population will continue to rely on external support from lifesaving humanitarian assistance and on social cohesion for protection.

With respect to immunization services, low EPI coverage for all the children under 5 years of age and poor access to information on the values of child immunization by the population especially by the key opinion leaders as well as, luck of IEC materials and inadequate sensitization and actual immunization services across the state.

The project operates in a context where negative cultural beliefs and customs related to the values of child immunization still exist. All these remain a significant challenge to the whole population that need to be incessantly addressed. DFID in partnership with XYT nevertheless has secured some limited resource and will therefore be conducting a mass measles immunization campaign targeting all children’s Under the age of 5 in Juba County, Jubek State, South Sudan from the 1st January to 31st December 2020.

**1.3 Problem(s), Objective(s) and Intended Impact**

In 2020, XYT will work to improve the health status of the under five years of age by addressing the following problems.

***Gaps in accessing comprehensive Reproductive Health (RH) Services:*** Although much progress was made in improving access to RH Services, a number of gaps/challenges need still to be addressed. There is limited number of maternal health care centers in Juba county as a results, population living in the area is having a big problem in accessing comprehensive reproductive health services especially children of under five years of age and women of reproductive age.

Moreover, there are challenges affecting management of Anaemia including unavailability of volunteers to donate blood in times of emergency, shortage of laboratory reagents (blood grouping and Hgb testing kits) used to ensure that all mothers on ANC follow up have their blood group done.

***Low immunization coverage***; EPI coverage has significantly remained low across Juba county, Jubek State, South Sudan although much have been tried by the government, However, a lot still need to be done to reach the acceptable level of immunization coverage of ….%. Support has been given by state MoH during the national immunization days however existing gaps in this exercise still need to be covered.

***Gaps in improving and maintaining the standard and Quality of services:*** Continuous Medical Education of staff should be undertaken to ensure quality, particularly in view of the rapidly changing technology and medical knowledge. There is also the need to ensure adequate and no stock out of basic equipment such as cold chain boxes, BP machines, thermometers and weighing scales to strengthen the health delivery system and to ensure that the standard is met and quality is improved and maintained.

***Inadequate knowledge, Poor Attitude and Practice on EPI Services:*** Despite the efforts made by the government, adequate knowledge of the immunization services still remain a major challenge to be addressed in Juba County. This is due to the influence of cultural background and the environment from which the persons of concern (PoC) believes.

Having a high number of children in the community still not being immunized will pose a significant threat to the whole population. If not managed in good time, it may lead to an outbreak of preventable diseases. There is a need for evidence based, culturally acceptable awareness raising campaigns on immunization promotion strategies.

The **overall objective** of the project is to contribute to the basic needs and essential services by rolling out a mass measles campaign targeting all children under the age of five living in Juba County, Jubek state, South Sudan.

. The **specific objectives** are:

1. Health status of children under the age of five improved;
2. Population has optimal access to reproductive health services;

XYT interventions are aimed to ensure that the following **intended impact** are achieved;

1. **Health status of children under the age of five improved;**

* Under-5 and infant mortality rates reduce.
* The population of Under-5 children of age living in Juba County increased

1. **Population has optimal access to reproductive health services;**

* Improved health infrastructure by setting up maternal care resource centers in Juba County
* Improved equipping the maternal care resource center with adequate basic equipment such as cold chain boxes etc.

1. **IMPLEMENTATION ARRANGEMENTS**

**3.1 Implementation**

XYT will in 2020 conduct a mass measles campaign for all the children under the age of five years in Juba County, Jubek State, South Sudan. The funds XYT secured from DFID in 2020 will fill one of the major gaps and complement the XYT 2020 primary health care provision and Reproductive Health improvement activities.

***Gaps in accessing comprehensive Reproductive Health (RH) Services:*** The existing maternal care services will be strengthened by setting up more maternal health care centers. Quarterly maternal care services training will be conducted for all the XYT staff in 2020. Training on neonatal emergency will also be provided to address the gaps in skilled staff on neonatal care.

XYT will expand the maternity unit to provide a room for neonatal care. In 2020 XYT will organize some blood donation campaigns for voluntary blood donors. In addition, emphasis will be given to ensure availability of Lab. reagents for screening (blood grouping and Hgb testing kits) of all pregnant women coming for ANC

***Low immunization coverage***; XYT will strength outreaches for the EPI services through training more vaccinators. In addition, efforts will be made to address the low coverage rate which is mostly attributed due to lack of awareness on the importance of immunization and at the same time strengthen the defaulter tracing mechanism using the community health structure. Sensitization, awareness creation and outreach immunization services will be conducted regularly as part of routine activities.

***Gaps in improving and maintaining the standard and Quality of services:*** In order to improve the quality and maintain the standard of services, XYT will?

* Conduct a Continuous Medical Education of staff regularly based on training needs;
* Identify specific areas for monitoring service quality in consultation with DFID public health unit and;
* Undertake client exit monitoring;

***Inadequate knowledge, Poor Attitude and Practice on EPI Services:*** XYT will ensure that the intervention focuses on evidence based and problem solving approaches and activities in addressing the gap of low immunization coverage in Juba county. The recommendations from the challenges and lessons learned will be regularly reviewed during the program implementation period and the feedback will be taken into account.

**Outputs indicators:**

* Maternal health care center established.
* Comprehensive maternal health care provided.
* Equipment’s and items for mass measles immunization campaign procured.
* Number of training conducted.

**Outcomes indicators:**

* Measles immunization coverage increased e.g. (>95%)
* Improved knowledge of the community living in Juba county on the value of child immunization;
* Number of children under five years of age enrolling into pre-primary class increased.

**Impact indicator:**

* Under-5 and infant mortality rates reduce.
* The population of Under-5 children of age living in Juba County increased.

**Impact**

1. Under-5 and infant mortality rates reduce.
2. The population of Under-5 children of age living Juba County increased.

**Outcomes**

1. Measles immunization coverage increased.
2. Improved knowledge of the community on the value of child immunization.
3. Number of children under five years of age enrolling for pre- primary class increased

OUTPUTS

1. Maternal health care centers established.
2. Comprehensive maternal health care provided.
3. Equipment’s and items for mass measles immunization campaign procured

**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.

**Q4: Malakal Community Empowerment Organization (MACEPO) Year 1 (FY 2020) Work Plan:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Activities** | **Months / 2020** | | | | | | | | | | | | **Performance’s Monitoring** | | |  |  |
| **Jan** | | | | **Feb** | | | | **March** | | | | **Activities Progress** | **Remarks** | **Follow Up Remarks** | **Outcome** | **Budget in SSP** |
|  | Weeks | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |  |  |  |  |  |
|  | **Objective 1***:* ***Reintegration of returnees into their original family systems.*** | | | | | | | | | | | | | | | | | |
| 1 | Recruitment of staff / wages |  |  |  |  |  |  |  |  |  |  |  |  | Conducted | Conducted | Staff recruited | Staff recruited and are working. | **10,000** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Procurement of training materials, seeds, fertilizers and farm tools. |  |  |  |  |  |  |  |  |  |  |  |  | Done | Done | Materials procured | Training materials procured | **15,000** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Trainings in family reunions and reintegration for village elders, opinion leaders, pastors, youth and vigilante groups |  |  |  |  |  |  |  |  |  |  |  |  | The training was conducted for all the village elders, opinion leaders, pastors, youth and vigilante groups | Training well conducted | The training was conducted as planed | All the village elders, opinion leaders, pastors, youth and vigilante groups are now helping in passing out the massages of family reunions and reintegration among the returnees population. | **5,000** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Distribution of seeds, fertilizers and other startup tools for livelihoods. |  |  |  |  |  |  |  |  |  |  |  |  | All the seeds, fertilizers and tools were distributed. | All the returnees received the seeds, fertilizers and tools | All the process well done | The returnees are now having enough food for themselves. | **N /A** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Provision of funds for small businesses to the returnees. |  |  |  |  |  |  |  |  |  |  |  |  | Done | Done | Funds provided | Returnees have site businesses for their own. | **10,000** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Progress follow up of project implementation, achievements and monitoring |  |  |  |  |  |  |  |  |  |  |  |  | On-going | On-going | On-going | All the activities were conducted as planned | **N /A** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | Conducting a monthly group meetings for returnees on family reintegration and reunion. |  |  |  |  |  |  |  |  |  |  |  |  | All the meetings were conducted as planned | Meetings Conducted as planned | Meetings Conducted as planned. | All the returnees families are now reintegrated. | **5,000** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | Conducting a midterm and end of project evaluation process for the peaceful integration of the returnees, usage of the seeds, fertilizers and the funds for small businesses. |  |  |  |  |  |  |  |  |  |  |  |  | Midterm project evaluation conducted | Well done | End of project evaluation conducted | All returnees are living in a peaceful integration and marking used of the seeds, fertilizers and the funds correctly. | **N /A** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | Operation and admin cost |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **5,000** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | Writing of the end of project report |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | End of project report produced | **N /A** |
|  | **Total Project implementation cost** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **50,000 SSP** |

***Produced by Lubang Chris Moi***