



MONITORING and EVALUATION

**Strategy for CRDA activities/
Program „Reproductive Health and Family Planning”
in Southeast Serbia**

- Draft version -

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INTRODUCTION TO MONITORING

Monitoring as a special case of formative evaluation will be undertaken regularly and continuously in order to:

- supervise activities of the project,
- help and improve performance,
- contribute to the effectiveness of the program,
- stimulate growth through development programmes,
- ensure that program is carried out as planned.

It will involve following and checking upon on-going programs to detect obstacles and to provide corrective actions. It will be useful to identify strengths and weaknesses of the project in an ongoing manner, rather than at a single point in time toward the end of the project. Monitoring will be an important management and supervisory tool that will enable the development worker to ascertain what is going on and to improve performance.

Monitoring will provide the cumulative impact of programmed activities and generate data needed for the Evaluation.

MONITORING METHODOLOGY

Important to remember

- Monitoring should be targeted-there is not need all possible topics to cover
- Depending on what is going to be analyzed, qualitative and quantitative monitoring will be applied
- Data analyses should be as simple as possible
- Indicators should be easily and cheaply for measuring (issues of interests depends on strategy objectives and activities)
- Lessons learned from one site could be applied in others, increasing the number of successful interventions.
- It is important to note that long-term changes may not be measurable with accuracy within such short time frames
- An orientation meeting for involved monitors should be organized (or some other way that should provide information dissemination to ensure validity and reliability in data collection)
- Plan the use of monitoring from the beginning

Monitoring net

With limited field staff, it is difficult to survey, make plans, collect reports and monitor for large populations or over wide areas. The involvement of group of external monitors would seem to be a logical solution. This would include mid-level, implementation staff: local health staff, NGOs and, particularly, community members. Best experience in monitoring is related to partnership between project staff, local health staff and community members. It stimulates two-way flow of

information between communities and agencies, and helps recognizing obstacles and other difficulties.

Mid level monitors will do monitoring according to CHF WRH&FP team recommendations, already defined didactic plan, contacting key informants, using already prepared questionnaires, rating scales and other needed records. Project monitors will report both positive and negative aspects of a program.

An orientation meeting for involved monitors should be organized (or some other way that should provide information dissemination to ensure validity and reliability in data collection).

MONITORING OBJECTIVES

As it is unnecessary to monitor each topic in each program phase, monitoring of RH&FP Activities in FY 2004 would be targeted in following way:

Levels of Monitoring Efforts

		To monitor
High level objectives to which the project contributes /long-term effects	IMPACT	FEW
Short-term and intermediate effects	OUTCOMES	SOME
The results of undertaken activities	OUTPUTS	MOST
All means necessary to undertake activities	INPUTS	ALL

Monitoring objectives are defined according to strategy objectives in order to provide data needed for Evaluation. A set of indicators is applied to each assessment phase.

In this way assessment will be broken in to a **Process Assessment an Impact Assessment**. While monitoring will concentrate primarily on the **context and**



process of the program, evaluation will determine as much as it would be possible **full impact** of the program.
Following strong recommendations for defining Levels of monitoring efforts, **ALL INPUTS** should be monitored:

INPUTS	INDICATORS
Resources	Spending related to activities
Educators and development workers	Number of educators Number of other development workers Number of NGO representatives Questionnaire for participants
Community response and motivation	Number of community participants directly involved Number of community members to whom information was disseminated Questionnaire for participants
Didactic and educational material	Number Time of production according to defined Time of distribution

The most of OUTPUTS should be monitored through different indicators:

OUTPUTS	INDICATORS
Implementation method	Number of newly established places for family planning services and information deliveries Quality of Counseling before and after training (Questionnaire for health workers) Number of established youth centers and information resource centers
Community driven activities Broadcasting/Communication activities	Number of radio and TV shows; broadcasting hours (of trained journalists and medical professionals as separate category)
Trained staff Painted murals Web site	Number of youth included in peer education seminars Number of youth representatives directly involved in youth education events Number of community members directly involved in educational events conducted by established community educator's network??? Number of visitors on web pages Number of women directly involved in education seminars



Quality of educational activities Media performances	Number of communities willing to participate in visual communication activities Number of visitors on web pages Number of radio and TV shows; broadcasting hours (of trained journalists and medical professionals as separate category) Questionnaire for participants/on quality
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Short term and intermediate effects relate to Outcomes that should be detected. According to many Monitoring and Evaluation guides there is no need and it is almost impossible to monitor all Outcomes. **Some Outcomes** will be monitored through following indicators:

OUTCOMES	INDICATORS
Immediate impact on participants	Number of communities willing to participate in visual communication activities Number of visitors on web pages Number of women directly involved in education seminars Number of youth included in peer education seminars Number of youth representatives directly involved in youth education events Number of community members directly involved in educational events conducted by established community educator's network
Knowledge change	Questionnaire
Attitude change	Questionnaire
Behavior change	Questionnaire Rate of exclusive breastfeeding up to 6 months

It is important to note that long-term changes may not be measurable with accuracy within such short time frames. **Only few IMPACT indicators** we could try to detect in the end of the program that are related to already defined Impact Effects:

IMPACT	INDICATORS
Local capacity related to health communication strategies	All program results: Number of NGOs involved in this program Number of all trained participants who pass different educational sessions
Social norms	Number of community members who were disseminated information to
Reproductive	



health trends	Number of Established Counseling Cabinets Established RH/FP networks (ToT, Peer, Community educators) Established regular medically orientated broadcasts in local media; Number of established youth centers Number of NGO partners: Improved Capacity of women and youth NGOs;
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MONITORING TIME FRAME

Monitoring time frame will be determined by individual projects time frame.

	Oct.	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep
CHF Staff Orientation												
Partner Negotiation (Contract Signing)												
Program Development												
ToT activities Implementation												
Community driven related Events												
Monitoring												
Evaluation												
Final Report												

Scheme for monthly activities

Individual projects	Monitoring activities						
	Jan	Feb	Mar	Apr	May	June	July
Project 1	Monitoring by NGO.... Time... Place...						
Project2							
Project3							
Project4							
.....							
.....							

ANEX 1

Monitoring and Evaluation Routine			
Inputs	Outputs	Outcomes	Impact
Resources	Implementation method	Short-term and intermediate effects: <ul style="list-style-type: none"> • Immediate impact on participants/participants motivation • Knowledge change • Attitude change • Behavior change 	Long-term effects and changes: <ul style="list-style-type: none"> • Local capacity related to health communication strategies • Social norms • Reproductive health trends
Educators and development workers	Community driven activities Broadcasting/Communication activities		
Community response and motivation	Trained staff Painted murals Web site		
Didactic and educational material	Quality of educational activities Media performances		
Focus Area	Indicators	Baseline	End line
Family planning	<ul style="list-style-type: none"> • Number of newly established places for family planning services and information deliveries • Quality of Counseling (before and after training) • Number of community members directly involved in educational events conducted by established community educators network • Number of radio and TV shows; broadcasting hours (of trained journalists and medical professionals as separate category) • Number of communities willing to participate in visual communication activities • Number of visitors of web pages 	0 poor 0 0 0 0*	3 acceptable 500 20 20 200
Youth	<ul style="list-style-type: none"> • Number of established youth centers and information resource centers • Number of youth included in peer educational trainings • Number of youth representatives directly involved in youth education events • Number of radio and TV shows; broadcasting hours (of trained journalists as separate category) • Number of visitors of web pages 	0 0 0 0 0*	5 30 6 20 200
Early cancer detection and prevention	<ul style="list-style-type: none"> • Number of women directly involved in educational trainings • Number of women involved in community driven events • Number of early cancer detection cases • Number of radio and TV shows; broadcasting hours (of trained journalists and medical professionals as separate category) • Number of visitors of web pages 	0 0 16% 0 0*	30 300 20% 20 200
Maternal and neonatal care	<ul style="list-style-type: none"> • Number of women directly involved in educational events • Rate of exclusive breastfeeding up to 6 months • Number of radio and TV shows; broadcasting hours (of trained journalists and medical professionals as separate category) • Number of visitors of web pages 	0 11% 0 0*	1500 15% 20 200



*The counter will be operational on the first day of Communicational activities initiation

**In following annexes only some of needed questionnaires are presented:
ANEX 2**

Monitoring form for the second education program phase (Education sessions for community members, led by education sessions participants)

Education Assessment Form

Education producer _____
Title _____
Date _____
Place where education was held _____

Audience
Number of women _____
Number of men _____

Education method	1. One way education 2. Interactive education 3. Work in a small group 4. Individual discussion *circle the number of used method			
Indicators	High	Medium	Low	Comments
Meets purpose contents				
Understandable and easy to follow				
Audience participation				
Education material distributed				
Education sessions conducted according to defined dynamic plan and education topics				
Strong points				
Weak points				



ANEX 3

REPORT for Education sessions monitoring

Date: _____

Report producer: _____

NGO: _____

Monitor name: _____

Date of monitoring: _____

Monitoring duration: _____

1. Activities that NGO representatives had during the week (short explanation)

2. Comments on Education session activities

Education session was held by _____

Education session was held in _____

Date when education session was held _____

Number of participants _____

Education topic _____

Didactic and education material distribution _____

Comments, recommendations, problems that you detected



ANEX 4

REPORT for Media activities monitoring

Date: _____

Report producer: _____

NGO: _____

Monitor name: _____

Date of monitoring: _____

Monitoring duration: _____

1. Activities that NGO representatives had during the week (short explanation)
2. Comments on Media campaign activities
Announcement of news, reports on WRH&FP Program
(media, date) _____

Media and education material distribution (where, number, to make a photo) _____

Information on activities related to murals

Persons who you contacted as key informants _____

Other volunteers you deal with _____

Elements for successful stories (if there is) _____

Comments, recommendations, problems that you detected



ANEX 5

QUESTIONNAIRE for Media campaign

1. Have you ever heard for Program RH&FP led by CHF International/USAID?
2. Have you heard at least one radio spot that promotes RH&FP Program? If you have mark it!
3. Have you seen at least one promotional TV spot related to CHF/USAID RH&FP Program? If you have mark it!
4. Have you seen at least one of leaflets relate to these issues?
5. Have you seen one of murals painted for this Program? If you have mark it!

References:

1. USAIDS/00.17E National AIDS program: a guide to monitoring and evaluation. Geneva: UNAIDS,2000.
2. Maternal Neonatal Health, Monitoring and evaluation, www.mnh.jhpiego.org/global/monoeval.asp
3. USAID-Global Health-Nutrition & Maternal Health, Monitoring and evaluation, www.usaid.gov/pop-health/nmh/nmhresults.htm
4. Florida A. Karani.: Monitoring and Evaluation, University of Nairobi, 2000. year