



# Basic Monitoring and Evaluation Concepts for Healthcare Workers in Eswatini



October 2023

# Facilitator's Guide

Key M&E Concepts for Healthcare  
Workers in Eswatini



## List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
NCD	Non-Communicable Disease
DQA	Data Quality Assessment
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
HMIS	Health Management Information System
KPIs	Key Performance Indicators
SDG	Sustainable Development Goals
M&E	Monitoring and Evaluation
MERL	Monitoring and Evaluation, Reporting and Learning
MOH	Ministry of Health
NHSSP 2019-2023	National Health Sector Strategic Plan 2019 – 2023 (NHSSP 2019 - 2023)
PMTCT	Prevention of Mother to Child Transmission
SMART	Specific, Measurable, Achievable, Realistic, Time bound
TB	Tuberculosis
TOC	Theory of Change
WHO	World Health Organization

### Introduction to the Course

This is a facilitator's guide on Basic Monitoring and Evaluation principles for Ministry of Health (MOH) personnel. It is intended to be used by team members responsible for building the capacity of facility-based healthcare workers and should be used, in conjunction with the accompanying M&E Manual, as a reference on key M&E concepts and practices. These concepts include M&E planning, data collection, conducting data quality assessments, data analysis, indicator formulation, target setting, evaluation, performance monitoring, reporting, data visualisation and data utilisation.

### Facilitator Guidance



The activities within this training are designed to be implemented with groups of between 10-25 participants, who should undergo at least 12 hours of training time to complete the course (see example agenda below). For larger group sizes, two trainers are recommended to ensure a dynamic learning environment. If only one trainer is available, a volunteer from the participants may take turns serving as “assistants” for a period of the training, helping the facilitator with writing key points on the flipchart, logistics and room management. These individuals can be tasked at the beginning of the day to review the past day’s activities, lead ice breakers, or help to keep time.

If feasible, the training room space should be set-up in such a way as to have a group learning space with tables and chairs arranged in a semi-circle or “horseshoe” format as well as an additional space for separate small group discussions.

### **General requirements and equipment:**

Every effort has been made to ensure that this training is as versatile as possible. This includes limiting the amount of equipment or materials needed to execute the training. In general, the sessions included in this Facilitator’s Guide require a basic training kit, including a flipchart stand and paper, markers, printed handouts, pens and paper, tables and chairs for group work, and an adhesive to stick flipchart paper on the wall. Copies of the Basic M&E Manual may also be made available to training participants, although this is not necessary to complete the training.

### **Training Methodology**

Participants from the Ministry of Health will come to the training with their own set of skills, experiences, expertise, and interests. One of the Trainer’s main responsibilities is to help participants build on past experiences and facilitate their own exploration of new information and skills. A good facilitator is not a lecturer. They are expected to engage participants in solving problems, making decisions, sharing experiences, and thinking about how to apply what they have just learnt. This guide includes many interactive activities such as case studies, group work, and collective brainstorming but a trainer can always add their own identity to the course by adding icebreakers and warm-up activities from their own experience. A very important part of any training with adult learners is to create opportunities for participants to practise new skills. This allows participants to gain confidence, see a topic’s real-world application and receive feedback from both the facilitator and their colleagues. By actively engaging in these activities, participants can better understand and internalise the concepts being taught, ultimately enhancing their ability to apply them in their professional spaces.

### **Daily Review and Evaluation**

Feedback and evaluation are an important step in the learning process and should be used regularly throughout the training. Facilitators can continuously check participants’ learning informally by asking questions and observing performance during activities, and then use this information to focus his/her teaching on the topics that demand more attention. At the end of each day, the facilitator should set aside time for evaluation. The facilitator should use a variety of evaluation activities to evaluate different aspects of the training, and to keep things interesting. These evaluation techniques should be complemented with a review of the learning objectives for the day to make sure that participants give feedback on how the objectives were or were not achieved, and to offer suggestions for the following day(s).



## Proposed Schedule

Time	Length	Topic	Participant Manual Chapter Reference
<b>Day 1</b>			
08:30 – 09:00	30 Minutes	Outlining Learning Expectations	
09:00 - 09:45	45 Minutes	Introduction to the Course	
09:45 - 10:30	45 Minutes	Introduction to Monitoring	Chapter 1
<b>10:30 - 10:45</b>	<b>15 minutes</b>	<b>Break</b>	
10:45 - 11:30	45 Minutes	Introduction to Evaluation	Chapter 1, 8
11:30 – 12:15	45 Minutes	Types of Evaluation	Chapter 8
12:15 - 1:00	45 Minutes	Evaluation Plan	Chapter 8
<b>1:00 - 2:00</b>	<b>1 Hour</b>	<b>Lunch Break</b>	
2:00 - 3:00	1 Hour	M&E System Design	Chapter 2
3:00 – 4:00	1 Hour	Introduction to Indicators	Chapter 3
<b>Day 2</b>			
08:30 – 09:00	30 Minutes	Recap	
09:00 – 10:00	1 Hour	Data Collection	Chapter 5
09:00 - 10:00	1 Hour	Data Quality	Chapter 7
10:00 - 11:30	1 Hour 30 Minutes	Data Analysis	Chapter 6
<b>11:30 - 11:45</b>	<b>15 Minutes</b>	<b>Break</b>	
11:45 - 12:45	1 Hour	Reporting	Chapter 9
12:45 – 1: 45	1 Hour	Dissemination and Data Utilization	Chapter 10, 12
<b>1:45 - 2:30</b>	<b>45 Minutes</b>	<b>Lunch Break</b>	
2:30 - 3:30	1 Hour	Monitoring and Evaluation Plan	Chapter 11
3:30 - 3:45	15 Minutes	Training Evaluation and Post Test	

Please note that the above schedule can be followed as-is, or can be adapted (e.g., 2 separate 1-day trainings, or 4 half days), based on availability or convenience. However, the agenda is adapted, the contact time with participants should remain the same. It is hoped that these topics may become part of the in-service training schedule within the health facility, in which case it may be more convenient to schedule each session on a different day to fit the internal training schedule.



## INTRODUCTION TO THE COURSE

### Activities:

Facilitate participant introductions  
Share training overview and objectives  
Establish ground rules  
Conduct pre-training assessment

### Materials:

Flipchart, markers, name tags

### Time:

45 minutes

### Training Objectives:

- Create an understanding of the training objectives
- Conduct an individual knowledge review through a pre-training assessment.
- If participants are not from the same facility, by the end of the session, participants will be able to:
  - Refer to each other by name.
  - Interact freely in a participatory manner throughout the remaining training.

### Key Take Away Messages:

Participants are encouraged to feel free to share ideas and information from their own experiences, ask questions and discuss issues that arise in further detail. Informal discussions may continue during breaks or during small group discussion.

### Activity details:

Welcome the participants to the workshop. Introduce yourself and any visitors or observers. Explain why this training is important. Remind the participants on the number of days they will spend at the training.

To set the mood of the training, start the training with an introductory ice breaker. This could be a task for each participant to introduce the closest person to them or conduct a “speed dating” activity, to allow participants to relax and get to know each other.

Work with the participants to outline ground rules for the forthcoming training. These may include:

- Keeping cell phones on silent
- Sharing views and opinions openly when given the chance
- Keeping time
- The right to pass on a question if it makes you uncomfortable.
- etc.

As participants state their expectations, note them on a flip chart. Introduce the goals and objectives of the training – post the objectives on a flipchart on the wall for the duration of the training. As you go through the objectives, compare them to the expectations of participants and point out which ones will be met, and which may not.



Make announcements about logistical issues such as refreshment breaks. Go over the day's agenda.

Introduce the concept of the "Conversation Car Park", where we will put relevant ideas and topics which, although important, cannot be addressed in the time limitations of this training. This "Conversation Car Park" should be monitored at least once a day to ensure that the ideas and topics which are placed there are eventually addressed, documented, or referred.

Distribute the Pre-training Assessment (**see Annex 1**). Tell participants that this assessment is not an exam but instead gives them a chance to reflect on their own knowledge. They will fill it in at the beginning of the workshop, and again at the end to see where they have learned new skills. The Pre-Training Assessment also gives the trainer a measure of how much experience participants have with the workshop topics, so that he or she can focus the training accordingly.

Note: Participants may be requested to fill out the assessment as they are entering the training room in the morning, to save time.



# 1. INTRODUCTION TO MONITORING

(Please refer to chapter 1 of the Participant Manual)

<b>Activities:</b> Brainstorm; facilitator-led presentation and group work	<b>Materials:</b> flipchart, markers	<b>Time:</b> 45 minutes
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## Training Objectives:

- Define the term monitoring and identify the key features of monitoring

**Key Take Away Messages:** “Work not documented is work not done”. By monitoring facility performance you can identify successes and challenges and make informed decisions to improve program outcomes and impact. Some data issues can be identified in time and rectified at the stage of Monitoring. Monitoring should become a standard procedure for every facility, to improve data quality.

## Activity details:

### **What does ‘monitoring’ mean to you?**

Ask participants what we mean when we use the term ‘monitoring’. If participants are unfamiliar with the term, it may be helpful for the facilitator to use practical examples of things we monitor in everyday life, such as the dials on a car dashboard, the stick used to measure the depth of water in a well, the dip stick used to measure the oil in an engine, etc. The facilitator should then draw parallels between the everyday and the health facility, pointing out the similarities in the two examples.

### **Definition of monitoring:**

**Monitoring**<sup>2</sup> An activity that involves continuous, systematic monitoring of a program or intervention that involves collection of routine data that measure progress towards achieving program objectives. It is used to track changes in program performance over time.

- Is an ongoing, continuous process
- Requires the collection of data at multiple points throughout the program cycle, including at the beginning, to provide a baseline
- Can be used to determine if activities need adjustment during the intervention to improve desired outcomes

*Examples of program elements that can be monitored include: the number of vaccine doses administered monthly, the quality of service, service coverage and patient outcomes*

*The facilitator should then ask participants to consider the following questions in groups of three or four, writing their ideas on a piece of flipchart paper. Expected responses are included in bullet points although other examples may be acceptable too.*



### **What kinds of monitoring tasks do we already perform in our professional roles?**

- Encourage participants to consider what record-keeping they currently do.
- How and when is it captured?
- Where does this information go?

### **What would be the benefits of improving the monitoring of our work?**

- Keeping an eye on progress towards objectives
- Monitoring is usually a condition of receiving donor funds
- Reducing waste
- Enables you to solve problems
- Greater transparency for beneficiaries and stakeholders
- Motivating staff and volunteers

### **Who should be involved in recording and collecting monitoring information?**

- The beneficiaries of the programme
- Programme implementers/staff
- Service providers
- Donors/funders

### **Who needs the information we are monitoring?**

- The health facility / MOH
- The patients / beneficiaries of the programme
- Facility staff and/or programme implementers
- Other service providers
- Donors/funders

### **What does your facility do to monitor its interventions?**

*After 10 minutes of focussed conversations, ask the groups to report back. List the major types of monitoring activities discussed in their responses.*

*Conclude the session by reviewing the following:*

### **Aspects to consider in monitoring:**

- It is a routine, regular activity
- It involves participants (usually patients) in data collection and feedback process
- It encourages up-to-date records
- Collect only useful and appropriate information
- Information collected should relate to objectives of the activity or process.
- We can use monitoring data to influence future initiatives or activity



## 2. INTRODUCTION TO EVALUATION

(Please refer to chapter 1 and 8 of the Participant Manual)

<b>Activities:</b> Brainstorm; Facilitator-led presentation; group work	<b>Materials:</b> Flipchart and markers, adhesive	<b>Time:</b> 45 Minutes
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### Training Objectives:

- Define evaluation and how it is different from monitoring.
- Explain the importance of evaluation

**Key Take Away Messages:** Evaluation is used to determine the impact of an intervention and to make decisions and how to improve. This process is done on a periodic basis to measure the success against the objectives. This exercise focuses on the outcomes, impact, and overall goal.

### Activity Details:

*Ask participants to think about the following two questions individually. They can write down their answers on a paper.*

- **What does the term ‘evaluation’ mean to you?**
- **How is evaluation different from monitoring?**

*After allowing a few minutes for participants to think about their answer, ask for volunteers to share their responses. Encourage people who have not yet participated to read their answer.*

### Definition of evaluation:

Evaluation is the process of assessing the effectiveness, efficiency, relevance, sustainability and impact of a program or intervention. It involves collecting and analysing data to determine the program’s success or failure.

### How is evaluation different from monitoring?

- Evaluation is a scheduled, periodic, and in-depth assessment at specific points in time (before, during, at the end of or after an intervention). It is a process that assesses the success of an intervention against an established set of evaluation criteria.
- It is usually conducted by people not having directly participated in the intervention.
- It assesses causal contributions of interventions to results and explores unintended results.
- It assesses whether, why and how well change has occurred and whether the change can be attributed to the intervention.
- It looks at performance and achievement of results at the output, outcome, and objective level.
- It assesses planned elements and looks at unplanned change, searches for causes, challenges risks, assumptions and sustainability.



Let's use the example of climbing a mountain to illustrate. As you climb, it is only natural to check along the way to make sure you are following the correct path. This is **monitoring**.

Checking whether you reached the top of the mountain is like an **evaluation**.

Monitoring results are also used in evaluation. When evaluating the effectiveness of an intervention at the end, one may go back to the data one collected as a source of information about whether the program achieved its goals. Likewise, an evaluation may reveal some ways that a facility needs to change its monitoring tools in the future – such as by introducing a different form or task-shifting the roles within the clinic.

*Ask participants to split into groups of 4 people (max) to answer the following questions (provide handouts with questions). Explain that some evaluative tasks are conducted by consultants or outside agencies. Give them 20 minutes to work.*

- **What are the benefits of evaluating our work?**
- **Who needs evaluation information?**
- **When should we do evaluation?**
- **Who should be involved in evaluation?**

*When the groups are finished, invite groups to report back. To avoid repetition, ask each group to report on just one of the questions; invite other groups to add any other ideas they had that were different.*

**Expected responses:**

**Question 1: What can be the benefits if we evaluate our work?**

- Check if the established objectives are being achieved or about to be achieved
- Find out if the objectives are still relevant to the situation and the needs of the target beneficiaries (doing the right things and doing things right)
- To comply with donor requirements if donor funded
- To make sure we are accountable to the people we aim to help

**Question 2: Who needs evaluation information?**

- Project implementers /staff
- Donors/funders
- Project beneficiaries and other community members
- Other stakeholders

**Question 3: When should we do evaluation?**

- During the implementation of the activity
- Regularly as planned e.g., midterm/end of year to enable timely steering/adjustments
- At the end of the project/programme activities to assess impact

**Question 4: Who should be involved in evaluation? Give examples if possible.**

- Programme staff can conduct an internal evaluation
- Outside evaluators can be brought in for a more objective or formal evaluation



- Programme beneficiaries or clients should be involved in planning and dissemination of results, evaluators should involve them as participants in surveys or other data collection
- Other stakeholders such as donors, partners should be involved in planning and dissemination of results.

<b><i>Who should be involved?</i></b>	<b><i>Why should they be involved?</i></b>
<i>Programme Staff</i>	They have a deep understanding of the program objectives and how they align with the organization overall strategy.
<i>Outside Evaluator</i>	They provide an objective, fresh perspective on the program, unbiased by any preconceptions or vested interests.
<i>Programme beneficiaries</i>	This helps to ensure that the evaluation is relevant and useful to the beneficiaries, as they are the ones who will mostly be impacted by the results.
<i>Donors and partners</i>	They have stake in the success of the programme and their input can help ensure that the evaluation is relevant and useful to them.

*Distribute a sticky note or small piece of paper to each participant. Ask the participants to write down one activity involved in evaluation on each card and to stick it on a wall or flipchart. Tell participants to put a star next to any of these activities that their own facility currently carries out. Ask each person to post his/her cards on a board or wall at the front of the room.*

**Ask: What are some of the main reasons for conducting evaluations?**

Relate responses to the following four categories of evaluation activities:

### **Evaluation Basics: Four Major Reasons for Conducting an Evaluation**

1. To clearly <b>record what you want to achieve</b> in your organization. This involves clarifying aims and objectives.	2. To clearly <b>record what the organization is doing</b> . This involves making a detailed record of the ways the organization tries to achieve its objectives.
3. To <b>assess to what extent the organization is succeeding at achieving its objectives</b> . This involves finding out what this level of success (or failure) costs.	4. To <b>discover the factors that influence your success or failure</b> . This involves identifying obstacles and ways around them.

**In plenary:** *Request two volunteers to come to the front of the group and organise the pieces of paper in the four categories. Discuss any cards that do not fit the categories. Ask*



*the group to point out which types of activities are currently being performed by the facilities (the cards with stars). The other participants can provide guidance to the volunteers during this exercise.*

State that evaluation helps in the strategic management of the institution and improving the quality-of-service provision.

**Brainstorm on the question:**

How can monitoring and evaluation help you with strategic management of your health facility?

*Conclude by saying that this will be an effective way to answer some questions if the programs are successful, what are some of the obstacles encountered and any adversities can be rectified in time. All the questions can be answered with data from monitoring and evaluation. It will be difficult to reflect on past activities if you do not have any information about the process and impact of those activities.*



### 3. TYPES OF EVALUATION

(Please refer to chapter 8 of the Participant Manual)

**Activities:** Brainstorm; small group exercise

**Materials:** Flip chart, markers, and handouts

45 minutes

**Training Objectives:**

- Discuss the main types of evaluation
- Formulated evaluation questions related to each type

**Key Take Away Messages:** Once you have determined which program activities in your log frame you can begin to identify the type of evaluation you can conduct. It is important to note the usefulness of conducting the process on evaluation while you are implementing outcome evaluation. If the outcome evaluation shows that the program did not produce the expected results, which may be due to program implementation issues, it is recommended to consider outcome and process evaluation.

**Activity Details:**

*Begin by asking:*

**What are the main types of evaluation?**

*Compare your responses to the following*

**Output Evaluation:** This type of evaluation looks at your activity. What product, service or approach or activity are you offering? It assesses whether your activity is appropriate for your objectives. For example, do you provide/produce what you aim to? Is your output appropriate – in terms of quality, quantity, and type - given your stated objectives? Would other activities be more successful as a way of achieving objectives?

*Example: Is our youth outreach programme holding regular youth group meetings as planned?*

**Process Evaluation:** This type of evaluation looks very closely at how your project works – at the processes involved. It assesses how and why decisions are made and implemented. For example, does your project follow professional ‘good practice’? Could management and administration be improved? Who is involved in decision-making? Should others be given a voice?

*Example: Do youth in our programme have a way to contribute their feedback to how the program is managed?*

**Performance Evaluation:** This type of evaluation focuses on your stated objectives and assesses the quantity and quality of what you achieved. E.g., to what extent are you meeting your targets? Is the quality of the service good enough? How cost-effective is your project? Do you achieve ‘value for money’?

*Example: Have we reached our goal of training 500 youth in peer counselling skills?*



**Impact Evaluation:** This type of evaluation focuses on the end results or outcomes of your work. Outcomes are usually very hard to measure accurately. For example, is there evidence of behaviour change as a result of an individual's increased HIV awareness and/or attendance at prevention activities? Are your organisation's activities more effective because of training workshops?

*Example: Have we reached our goal of delaying the age of sexual intercourse among youth in our programme?*

**Strategy Evaluation:** This type of evaluation takes a 'helicopter' view of the project. It is very challenging because it asks you to think about the very foundations of your work. E.g., What is the overall purpose of your project / organisation? Is it appropriate? Are your goals still relevant or do they need to be revised? Are your activities meeting your goals?

*Example: Are we targeting the populations among youth who are most in need of outreach, or are there other categories of youth who we should try to reach?*

*Ask participants to work with a colleague from their department of this exercise, e.g. TB programme, HTS, VMMC etc. (Use Handout 1 for this exercise) This exercise asks them to list at least one question they would like to answer about department in each of the five categories. Give the groups 20 minutes to work.*

Each group should pick one of their questions to share in plenary. They should write the category (such as "output") on an A4 paper, followed by the question. Give them an example, such as the following:

**Impact Question:**

**As a result of their attendance at Teen Club once a month, is the adherence to antiretroviral treatment improving among adolescents?**

*When the groups are finished, take up the A4 papers and re-distribute them at random to different participants. Ask for volunteers to read out the question on the card and discuss the question with the whole group. Have the participants decide whether this question is in the right category (output, process, etc.).*

*Ask the question:*

**How will knowing the answers to these questions help the facility manage its programs better?**



## HANDOUT 1: EVALUATION QUESTIONS

In Small Groups - List at least one question you would like to answer about your facility in each of the five categories.

**Output Evaluation:**

**Process Evaluation:**

**Performance Evaluation:**

**Impact Evaluation:**

**Strategy Evaluation:**



## 4. EVALUATION PLAN-

(Please refer to chapter 8 of the Participant Manual)

**Activities:** Small group work

**Materials:** Flip chart, marker, 4 sets of cards with evaluation steps; Handouts 2 & 3

**Time:**  
45 Minutes

### Training Objectives:

- Explain why it is important to plan carefully for evaluation
- Identify the main steps in the evaluation plan
- Develop a preliminary evaluation plan for their facility

**Key Take Away Messages:** The plan should include information on what the evaluation intends to achieve (what is to evaluate and the purpose of the evaluation), how it will be done and what data will be collected, how and when it will be analysed and reported.

### Activity Details:

*Tell participants that they will now discuss the steps in planning for evaluation.*

*Divide participants into groups according to their departments; e.g. TB Programme, HTS VMMC, etc. Give each group a set of cards showing the major steps in evaluation (in no order). The groups have 10 minutes to put their set of steps in the correct order. Ask them to justify their decisions.*

*Ask each group to present their sequence of steps to the group. Make comparisons between the groups if they have different answers.*

*Present the following sequence and discuss each step. Give more examples if needed.*



Steps	Discussion
<p><b>Decide what to evaluate</b></p>	<p>You will need to decide what aspects of your project / programme are to be evaluated, and what specific questions you want to answer.</p> <p><i>Example: A youth HIV awareness outreach programme decides that they want to know more about whether they are meeting the needs of youth in the community.</i></p>
<p><b>Determine objectives of evaluation</b></p>	<p>Think specifically about what you want to learn from this evaluation.</p> <p><i>Example: Are youth satisfied with the peer education programme? Are girls and boys both participating?</i></p>
<p><b>Develop indicators</b></p>	<p>Choose specific, measurable data you will collect that will tell you whether you are reaching your objectives.</p> <p><i>Example: % of youth who say they are satisfied with the training they received on peer education % of girls and % of boys participating in the peer education programme last year.</i></p>
<p><b>Decide on evaluation methods</b></p>	<p>You need to decide the methods you are to use, who is going to participate, when and where the evaluation will take place.</p> <p>Need to draw a budget for the evaluation exercise and plan resources.</p> <p><i>Example: The programme could make a survey of youth in the programme. They could also look at attendance records to see how many boys and girls participated.</i></p>
<p><b>Design data collection instruments</b></p>	<p>Create any surveys, questionnaires, focus group guides, and other materials you will need to collect the data.</p> <p><i>Example: A guide for the interviewers who will conduct the youth survey.</i></p>
<p><b>Collect data</b></p>	<p>You will need to provide a detailed description to record your activity. Activities will usually involve field work, which requires careful planning and enough resources.</p> <p><i>Example: Train people to interview youth. Arrange a time that the youth in the programme can sit down for interviews. Decide how you will record their responses.</i></p>



<p><b>Analyse data</b></p>	<p>What does your data mean? This step can take a lot of time, whatever the type(s) of data you have collected. You also need to think about resource requirements – for example, do you have access to a computer and the relevant software?</p> <p><i>Example: The programme could count how many youth in the survey said they were satisfied with the outreach programme and break the results down by gender.</i></p>
<p><b>Develop activities or interventions in response to the major findings of the evaluation</b></p>	<p>What implications do the results of the evaluation have for your programme activities? What changes need to be made? Often the results will point to more questions that should be answered in a further study.</p> <p><i>Example: If the study finds that few boys are attending the programme and the ones who do attend are not satisfied with it, they could conduct a focus group with boys to find out how the programme could address their needs better.</i></p>
<p><b>Report and disseminate results</b></p>	<p>At the very start you need to plan how you will report and use your findings.</p> <p><i>Example: Hold a community meeting to share the report on results with youth and parents.</i></p>

*Leave one of the sets of cards showing the steps posted up on the wall and refer to it as you reach each step during the training.*

*Then go over the following checklist of questions that should be asked when planning an evaluation. **See handout 2 below***

*Ask participants if they have ever developed an evaluation plan*

*Provide the following definition:*

**An evaluation plan** is a written document that describes how you will monitor and evaluate your program, as well as how you intend to use evaluation results for program improvement and decision making. The evaluation plan clarifies how you will describe the “What,” the “How,” and the “Why It Matters” for your program.<sup>15</sup>

- The “What” reflects the description of your program and how its activities are linked with the intended effects? It serves to clarify the program’s purpose and anticipated outcomes.
- The “How” addresses the process for implementing a program and provides information about whether the program is operating with fidelity to the program’s design. It also helps clarify if changes should be made during implementation to improve the effectiveness of the intervention.
- The “Why It Matters” provides the rationale for your program and the impact it has



on public health. This is also sometimes referred to as the “so what” question. Being able to demonstrate that your program has made a difference is critical to program sustainability.

An evaluation plan is like a roadmap. It clarifies the steps needed to assess the processes and outcomes of a program. An effective evaluation plan is more than a column of indicators added to your program’s work plan. It is a dynamic tool (i.e., a “living document”) that should be updated on an ongoing basis to reflect program changes and priorities over time.

*Present slide on evaluation steps to evaluation (See 8.6 in the manual)*

### **Steps to Evaluation:**

1. Engage stakeholders
2. Describe the program
3. Focus the evaluation design
4. Gather credible evidence
5. Justify conclusions
6. Ensure use and share lessons learnt

*Tell participants that they will get an opportunity to practice developing and evaluation plan. Provide the following case study for small groups to work on the exercise for 20 minutes.*

### **Let’s put it into practice**

#### **Case Study: Ka-Shali Health Centre**

*Within six months of the data quality improvement journey, the Ministry of Health notices the improvement from Ka-Shali Health Centre and engages an external team of M&E experts to provide further technical assistance to the team to accelerate the improvements in data management further. One of the primary tasks is to conduct an evaluation of performance in the six months of systems strengthening. This evaluation process is going to be beneficial as a potential donor has requested an evaluation on the status of the PMTCT program with potential support.*

*Box 7*

1. With data provided Annex 3 of the manual, work as individuals to conduct an evaluation that will provide adequate information on the status of the program.
2. Distribute **handout 3** and in a small group, work together to develop an evaluation plan for programs within the facility, decide on specific tasks that will need to take place at each of the steps in your evaluation.
3. When should we evaluate?

#### **In Plenary:**

*Allow each group to present their evaluation plan.*

*Discuss how the evaluation process is carried out at regional level.*



## HANDOUT 2: EVALUATION CHECKLIST

Evaluation Criteria	Possible Questions to Ask
Reasons and motivation - is it worth it?	<ul style="list-style-type: none"> <li>● Who is the evaluation for?</li> <li>● Why is it being done?</li> <li>● Who wants the information?</li> <li>● Can actions or decisions be taken as a result?</li> <li>● Is somebody going to resist the evaluation process or the evaluation report?</li> </ul>
Potential for misunderstandings	<ul style="list-style-type: none"> <li>● Is the nature of the evaluation agreed between those involved?</li> <li>● Do people understand their roles and responsibilities?</li> </ul>
Clarity	<ul style="list-style-type: none"> <li>● Are your objectives clear?</li> <li>● Do you have a clear plan of activities and timetable?</li> </ul>
Information needs	<ul style="list-style-type: none"> <li>● What kind(s) of information will you need to evaluate the programme?</li> <li>● How long will it take, and how much will it cost to collect the information?</li> </ul>
Methods	<ul style="list-style-type: none"> <li>● What methods are appropriate for collecting data?</li> <li>● Are they acceptable to those involved?</li> </ul>
Evaluators	<ul style="list-style-type: none"> <li>● Who will plan the evaluation?</li> <li>● Who will collect the information?</li> <li>● Who will write the report?</li> </ul>
Time	<ul style="list-style-type: none"> <li>● What time can be set aside for the evaluation?</li> <li>● Is this adequate given everything involved?</li> </ul>
Permission and control	<ul style="list-style-type: none"> <li>● Do you need permission from anyone to do the evaluation?</li> <li>● Is participation voluntary?</li> <li>● Who decides what goes in any report?</li> </ul>
Use	<ul style="list-style-type: none"> <li>● Who decides how the evaluation will be used?</li> </ul>
Resources	<ul style="list-style-type: none"> <li>● Who is funding the evaluation?</li> <li>● Has a budget for the evaluation been developed and approved?</li> </ul>
And remember...	<ul style="list-style-type: none"> <li>● Keep it simple</li> <li>● Ensure participation</li> <li>● Look out for and avoid potential problems</li> </ul>



## HANDOUT 3: DEVELOPING AN EVALUATION PLAN

With a colleague from your health facility, decide on specific tasks that will need to take place at each of the steps in your evaluation.

<b>Steps:</b>	<b>Tasks:</b>
1. Decide what to evaluate	
2. Determine objectives of evaluation	
3. Develop indicators	
4. Decide on evaluation methods	
5. Design data collection instruments	
6. Collect data	
7. Analyse data	
8. Develop activities or interventions in response to the major findings of the evaluation	
9. Report and disseminate results	



## 5. MONITORING AND EVALUATION SYSTEM DESIGN

(Please refer to chapter 2 of the Participant Manual)

**Activities:** Brainstorming, kinetic activity, handouts

**Materials:** Flip chart, marker, projector

**Time:** 1 Hour

### Training Objectives:

- Familiarize health care workers with Eswatini's Monitoring and evaluation framework.
- Introduce healthcare workers to commonly used M&E frameworks and methodologies such as logic.
- Promote collaboration and teamwork in monitoring and evaluation to ensure accurate and reliable data collection work.

**Key Take Away Messages:** M&E system design in health care involves the development and implementation of monitoring and evaluation frameworks to assess the effectiveness and efficiency of health care programs. This process includes defining key performance indicators, establishing data collection methods, and analysing data to inform decision-making and improve service delivery.

### Activity Details:

*Ask participants what they understand by M&E system design.*

*Say:*

*The Health Statistics Unit was responsible for health data processing, monitoring and evaluations in Eswatini and, in 2003, started focusing on HIV, mainly in order to meet donor reporting requirements. SID was established in 2008, with the M&E Unit, HMIS Unit, Research Unit and the Epidemiology and Disease Control Unit in later years. The mandate of the SID is to generate evidence and strategic information for effective planning delivery for the health sector.*

*Present slides on the following information*

### Mandate of the M&E Unit

- Overall monitoring gathers data from routine systems, Surveillance and epidemiological systems, survey and research data, data from estimates and projections.
- Data is then collated and employ analytical skills to measure performance for key indicators.
- Data collation and employ analytical skills to measure performance for key indicators.
- Review and evaluation of National Health Plans, programs and projects to determine if they are achieving their intended objectives + program performance using the evidence of data.
- Planning and target setting.



- Reporting MOH, other sectors and globally.

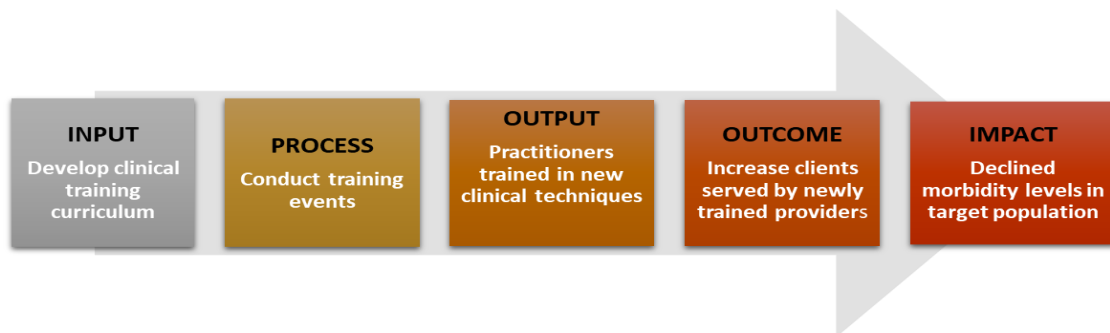
*Present slides on:*

- Guiding documents and strategic direction for Eswatini.
- Eswatini Implementation cascade.

*Place flip charts on tables in the room. Each flip chart marked differently with the titles, **Input, Processes, Outputs, Outcomes, Impact.***

*Ask participants to move around the room and fill in examples of that they are aware happens within their facilities.*

*Please see diagram below for example:*



*Participants are allowed to cross examples that are misplaced and place in the correct place.*

**In plenary:** *After the exercise, plug the flip charts on the wall, ask volunteers to share the information on the flip charts and discuss.*

*Present the following information to summarise the session.*

**Logic models have five essential components:**

**Inputs:** The resources invested in a program - for example, technical assistance, computers, condoms, or training

**Processes:** The activities carried out to achieve the program's objectives

**Outputs:** The immediate results achieved at the program level through the execution of activities

**Outcomes:** The set of short-term or intermediate results at the population level achieved by the program through the execution of activities

**Impact:** Refers to the long-term effects or broader changes that occur as a result of a program or intervention. Impact can be challenging to measure and may take years to manifest.

Conclude by saying:

*Logic models are visual representations or diagrams that illustrate how a program or intervention is intended to work.*



*They map out the relationships between program inputs, activities, outputs, and outcomes, and can be used to communicate program goals and objectives, as well as guide program design, implementation, and evaluation.*

Logic models are important in evaluation because they provide a clear and systematic way to identify and measure program inputs, activities, outputs, and outcomes



## 6. INDICATOR FORMULATION

(Please refer to chapter 3 of the Participant Manual)

**Activities:** Brainstorming,  
Small group work, handouts

**Materials:** Flip chart,  
marker, projector

**Time:**  
1 Hour

### Training Objectives:

- Define the term indicator
- List and describe the different types of indicators

**Key Take Away Messages:** Choose indicators that require data that can be realistically collected with available resources. Choose indicators that use data that can be verified. Choose indicators that produce reliable results when measured repeatedly so it truly reflects observed changes.

### Activity Details:

*Introduces the session on indicators by reading out the session's objectives. Then asks participants what they understand by the term "indicators". Process responses to bring out a group definition and match it with the facilitator's selected definition.*

#### **What does 'indicator' mean to you?**

An indicator provides a sign or a signal that something exists or is true. It is used to show the presence or state of a situation or condition and in the context of monitoring and evaluation, an indicator is a quantitative metric that provides information to monitor performance, measure achievement and determine accountability. According to UNAIDS (2023)

an indicator:

- a. Is a unit of information (evidence), measured over time, that describes the level of performance achieved in relation to a set of aims or objectives.
- b. Is realistic and measurable criteria of project progress.
- c. can be quantitative (number-related) measures but may also be qualitative (narrative-related) observations.
- d. enables a large amount of data to be reduced to its simplest form

*Ask participants to mention some of the types of indicators they know. List responses on a flip chart.*

Divide participants into five groups according to their departments' e.g. TB Programme, HTS, VMMC etc. Make each group responsible for one type of indicator. Give them 10 minutes to work.

- Group 1: Inputs  
Group 2: Activity/outputs  
Group 3: Coverage



- Group 4: Utilization  
Group 5: Performance/impact

*In Plenary: Let a representative from each small group present what they discussed about the indicators they are experts on (having discussed them in their small group).*

*Summarise by asking questions to make sure that everyone has understood the difference between the various types, and to correct any wrong information.*

*Give a brief presentation on qualitative, quantitative and proxy indicators. (See handout for information to cover.)*

*Write some examples of different types of indicators on a flip chart (or give out as a handout) and see if participants can identify which type, they are. Are they qualitative or quantitative? Do they relate to inputs, outputs, performance?*

Indicators can also be categorised according to whether they are quantitative, qualitative or 'proxy'. Proxy means 'substitute' – it is best explained by referring to examples.

### **Quantitative**

These record hard facts, e.g.

- Number of condoms
- Number of children orphaned
- Percentage of adults infected with HIV

### **Qualitative**

These record people's impressions or feelings, e.g.

- Clients' level of satisfaction with a service?
- Do families feel that they are coping?
- How appropriate was a certain way of doing things?

### **Proxy/ Substitute**

These are used as a simple way of measuring something that is complex or too difficult to measure directly, e.g.

- Using child height as a proxy measure of child welfare
- Using the type of roof on a house as a proxy measure of household income
- Using number of condoms distributed as a proxy measure of safer sex behaviour

### **Other important considerations**

- Too many indicators can be confusing and make your initiative difficult to monitor
- Consider the cost of collecting the data - do you have sufficient resources to ensure that you can collect and analyse it all?
- Review your indicators regularly
- Think of ways to encourage active use of the information

*Ask participants to read the following case study in their small groups and work out the exercise.*



## Let's put it into practice!

### Case Study: Ka-Shali Health Centre

*As part of the quality improvement plan, the team spends time developing an M&E Plan that will guide all their monitoring and evaluation activities. One of the most important phases is to formulate indicators that will be included in the Ka-Shali strategy. Sister Dumi instructs her team that these indicators should be S.M.A.R.T. in order to help improve data management quality. During this process, the team notices that some critical indicators have not been tracked for a long time. The HTS, TB, NCDs, and general clinical services are the core departments of the facility. Therefore, it is essential for the team to prioritise these areas and ensure that regular indicator monitoring, and evaluation are conducted.*

*Box 1*



1. In your group outline some of the key indicators that you would have developed for the facility.



## 7. DATA COLLECTION

(Please refer to chapter 5 of the Participant Manual)

**Activities:** Brainstorm and discussion

**Materials:** Flip chart, makers, handouts

**Time:**  
1 hour

### Training Objectives:

- Define qualitative versus quantitative data.
- Describe different methods of collecting data.
- Explain the importance of planning data collection for programming

**Key Take Away Messages:** Garbage in, Garbage out! If the data collection is of poor quality, missing or incomplete, then the analysis and conclusions we will draw from the data will be similarly weak. If something is not recorded, it is as good as not having been done!

### Activity Details:

*Introduce the session by asking participants what they understand by the term "Data"*

*Provide the definition:*

The term "**data**" refers to raw, unprocessed information while "information," or "strategic information," usually refers to processed data or data presented in some sort of context.

Data collection is only useful if it is used to make evidence-based decisions. The information must be based on high quality data and efficiently disseminated to stakeholders.

### **How do you know if it is routine, surveillance or research data?**

**Routine data:** is collected on a continuous basis, such as information that clinics collect on the patients utilizing their services.

**Surveillance data:** Surveillance data is dedicated to monitoring and tracking the occurrence of specific health conditions and disease within a population.

**Research data:** The data is collected for the purpose of conducting scientific studies and investigations.

*Introduce data collection tools and asks participants what types of data they know. The responses should be processed to generate group definitions and match them with the facilitator's selected definitions.*

### **What is the difference between qualitative and quantitative data?**

Qualitative data are data that describe, explain, and characterise the subject of investigation using words rather than numbers. Quantitative data on the other hand, uses the numerical form.



*Facilitator leads a brainstorm on the questions here below (10 minutes).*

### **What are the different ways of collecting qualitative data?**

Below, you will find some methods of collecting qualitative data:

#### **In-depth Interviews**

- Informal conversational interviews
- Semi-structured interviews
- Standardized open-ended interviews (individual respondents, Group interviews, focus groups, community interviews)

#### **Observational Methods**

- Direct observation
- Participant observation

#### **Document Review**

- laws/regulations/contracts
- routine records
- correspondence
- memoranda
- reports
- newsletters

#### **Focus Groups**

- Community forum

### ***What are some ways of collecting quantitative data?***

Some methods of collecting quantitative data:

- Structured interviews
- Written questionnaires
- Review of records (e.g., patient registers, attendance forms)

### **Who should collect data?**

Anyone can contribute towards data collection, including medical personnel, support staff, administrative and facilities staff, such as receptionists and security guards. This process need not lead to additional workload or responsibilities for an individual and will allow facilities to become more efficient, which may in fact reduce the burden on staff members.

### **Required characteristics and skills of those who collect data:**

- Understand the national, regional, and facility-based goals and targets.
- Have been trained in basic qualitative and quantitative data collection techniques
- Understand what kind of data will be used by decision-makers.
- Be honest, observant, perceptive, inquisitive, persistent, and professional
- Be sensitive listeners
- Be able to determine and focus on what is important.



- Be literate and have basic computer skills
- Be a team player

### **How should data be collected?**

There are many ways in which data can be collected, stretching from the more informal observations, anecdotes, and testimonial data, including verbal and written client satisfaction data.

More formal methods include using registers, referral forms and prescriptions, paper-based and digital forms and so on. Finally, data can be collected through CMIS, patient feedback and suggestion boxes, mystery shopper exercises and others.

### **The Client Management Information System (CMIS)**

*Say:*

With financial support from development partners, the national Client Management Information System (CMIS) is now being rolled out in all health facilities across the country. The government of Eswatini chose to develop this tailor-made solution using standardized coding tools in order to improve patient care and data management by improving data quality and access, reducing duplicated cases and improving patient flow and wait times within the clinic. Initially built to serve HIV/AIDS program data collection, it is now a fully-fledged information system covering all disease and public health programs and including cross-cutting data from sources such as the national census, civil registrations records and population surveys.

For more information on CMIS, see 5.4 of the manual or consult the SID unit of the Ministry of Health.

*In small groups, participants should take few 15 minutes to discuss the following case study and answer the questions below.*

### **Let's put it into practice!**

#### **Case Study: Ka-Shali Health Centre**

*In the early years of the facility, monitoring and evaluation was challenging due to inadequate data collection systems and lack of capacity among staff. This led to difficulties in tracking service effectiveness and identifying areas for improvement. The institution lacked a health information system, paper-based data collection tools were inconsistently used, and client records could not be traced. This lack of accurate data makes it difficult to identify trends and patterns within the community and improve service delivery.*

*Box 3*

1. What best practices for data collecting would you introduce to Ka-Shali Health Centre?



2. Outline a step-by-step intervention plan for improving data collection quality, including data collection procedures that are standard and expected by the Ministry of Health.
3. You have been tasked with briefing the facility's team on data collecting; select one representative from your team to conduct a brief on data collection (Role Play).





## 8. DATA QUALITY

(Please refer to chapter 7 of the Participant Manual)

**Activities:** Brainstorm, small group work

**Materials:** Flip Charts, data sample

**Time:**  
1 hour

### Training Objectives:

- Define Data quality assurance and the five dimensions to the practice
- Discuss the importance of providing high quality data
- Engage on the implication of poor-quality data

**Key Take Away Messages:** Data quality is a crucial aspect of any data-driven facility, as it affects the reliability, accuracy, and usability of the data. Poor data quality can lead to inaccurate insights, wasted resources, and missed opportunities.

### Activity Details:

*Open the conversation by asking participants what they understand by Data Quality?*

*Say:*

*The goal of a monitoring and evaluation (M&E) system is to ensure that data produced are used to document progress towards goals and objectives and to improve health programs. However, the data produced by these systems is often incomplete, inaccurate, and is not reported on time, due to insufficient capacity in the health system, or inadequate system design.*

*Therefore, data must be of high quality if they are to be relied upon for making good decisions on health policy, health programs, and allocation of scarce resources. Data give the picture of what is happening; bad data makes the entire system into questionable.*

*Provide the definition of Data Quality Assessment*

A Data Quality Assessment (DQA) is a process to help facility staff and partners understand the strengths and weaknesses of their data and the extent to which the data can be trusted to influence management decisions.

A DQA is a standard, regular process and should not be seen as an assessment of an individual or team's performance.

The DQA process should not be a stand-alone event. Instead, it should form part of a process of learning and improving our existing M&E processes.

*Ask:*

***What happens to the integrity of the facility if false data is reported?***

*Donors may no longer want to work with that institution and that may affect programs.*



Look at a situation where the regional M&E Unit discovers that facility X has reported a false high percentage on ART same day initiation. The integrity of the facility will be tarnished since the data contributes to national reports.

Data quality assessment exposes issues with technical data that allow the facility to properly plan for data cleaning and enrichment strategies. This is usually done to maintain the integrity of systems, quality assurance standards and compliance concerns.

This DQA process helps in the preparation of accurate reports.

DQA processes are aligned with best practices and a set of prerequisites as well as with the five dimensions of data quality:

### **Validity**

1. Does the data clearly and adequately measure the intended results?
2. How well do the data capture tools measure the intended results?
3. Are there any discrepancies or weaknesses in the tools which could be improved?
4. Does the data reflect bias, such as interviewer bias, unrepresentative sampling, or transcription bias?

### **Integrity**

1. When data is collected, analysed, and reported, are there mechanisms in place to reduce the possibility that it is intentionally manipulated?
2. Remember: data integrity is at greatest risk of being compromised during data collection and analysis.

### **Precision**

1. Is the data precise enough to present a fair picture of performance and results? Is the data detailed enough to influence real decisions?
2. What is the margin of error (the amount of variation normally expected from a given data collection process)?

### **Reliability**

1. Does the data reflect stable and consistent data collection processes and analysis methods over time?
2. Would someone else come to the same conclusions if the data collection and analysis process were repeated?
3. Are you confident that progress toward your targets reflects real changes rather than variations in data collection methods?

### **Timeliness**

1. Is your data available frequently enough to reflect real-life scenarios?



2. Is your data collection consistent and regular enough to present an accurate picture of performance?
3. Is data collection conducted frequently enough to influence management decision making at the appropriate levels?

**Let's put it into practice!**

### **Case Study: Ka-Shali Health Centre**

*The Ministry of Health detected data anomalies, a new team leader was introduced as part of a quality improvement effort. Sister Dummi, who is particular about client information management, leads the team of clinical and administrative staff. "There is no tolerance for poorly collected data," she says.*

*Sister Dummi sets the team their first task: to examine the feedback report provided by the Regional Matron's Office, which details some of the facility's data quality shortcomings. As part of the exercise, Sister Dummi provides sample data from the PMTCT program and asks the team to carry out a data cleaning process to ensure that similar mistakes do not happen in future.*

*Box 6*

You are a member of the team responsible with cleaning the dataset of patients at Ka-Shali. Using the dataset provided, identify as many irregularities as possible and forward a few observations to Sister Dummi to help with future DQAs.



*Each group will write their findings and report back in plenary.*

*Share with the participants that the process they were doing as a group is called data cleaning.*

Data cleaning is the process of fixing or removing incorrect, corrupted, incorrectly formatted, duplicate, or incomplete data within a dataset.

When combining multiple data sources, there may be data duplication and mislabelling. It is important to conduct data cleaning before proceeding to any analysis.

### **Types of Errors to Be Considered in Data Cleaning Missing data:**

1. Missing data is the result of a respondent declining to answer a question, a data collector failing to ask or record a respondent's answer, or a data entry staff member skipping the entry of a response.
2. Inconsistent data: Within one person's survey, responses are sometimes not consistent. For example, a respondent might say that he had never had sex and then report that he had two sexual partners.
3. Out-of-range values: Some data items may be impossible or implausible. For example, "35" is recorded for a 15-year-old female to the question, "How many times have you been pregnant?" Refer to the original survey. If the respondent did give an impossible or implausible answer, you can code the response "no number."



**Top Tip: Work not documented is work not done! If you conduct a DQA on a process or a dataset, then be sure that the assessment is documented for future reference and that any findings have clear recommendations and timelines.**

## 9. M&E DATA ANALYSIS

**(Please refer to chapter 6 of the Participant Manual)**

<b>Activities:</b> Group work, practical exercise	<b>Materials:</b> Flip chart, markers	<b>Time:</b> 1 hour 30 Minutes
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### Training Objectives:

- Draw basic conclusion based on data
- Describe at least 3 different ways to visualise data
- Explain how M&E results can be used to guide programming

**Key Take Away Messages:** Doing data interpretation well is the difference between telling a high-impact story that your audience will remember and losing them in a lot of confusing numbers and unclear connections. Dashboards, pictures, stories, graphical representation, and conceptualisation – these all provide a snapshot of the story that data can tell.

### Activity Details:

Now that participants have interacted with data, they are ready to analyse what it means for the programme.

*Introduces the topic of data analysis into programme activities by asking the questions below. Write these questions on a flip chart and ask participants to brainstorm their responses with the person sitting next to them.*

1. What are the trends or patterns on the data?
2. What action would you suggest is taken to improve the quality of services provided?
3. What further questions does this data raise that could be answered?

The aim of data analysis is to help turn raw data facts and opinions developed through **formal or informal planning, monitoring, evaluation, or research processes** - into knowledge. In turn that knowledge can then be used for decision-making, or to ensure accountability to different stakeholders.

### Different Types of Analysis

There are many ways of categorising data analysis – far more than can be described in this paper. One way is to categorise it according to the type of data collected. (Note that many organisations, projects and programmes use a combination of different types of data analysis).

- a. **Quantitative data analysis** is used to analyse numbers rather than words. It can range from simple exercises to arrange and process data through to very complicated



processes designed to accurately measure quantifiable changes with calculated degrees of precision.

- b. **Qualitative data analysis**, on the other hand, is used to analyse words – quotes, cases, transcripts, reports - and, sometimes, images. Qualitative methods rely on rules and processes which are very different from those of quantitative methods.
- c. **Rating or scaling exercises**. Some M&E methodologies are designed to translate qualitative data into quantitative information through rating or scaling exercises. This involves developing ratings or scales based on qualitative analysis, and then processing them through quantitative methods.
- d. **Participatory data analysis** can involve quantitative or qualitative data analysis and is often treated as a separate case. This is because participatory data analysis follows different rules and is usually based on stakeholders' sensemaking and consensus rather than rigorously applied methods. The purpose of participatory analysis may also be quite different - encouraging stakeholders to analyse their own situations rather than concluding based on an external viewpoint.

*Another way of categorising data analysis is as follows:*

- **Descriptive data analysis** is only concerned with processing and summarising data. This is often true of financial or administrative data analysis.
- **Theory driven data analysis** is used to test theories of change, assumptions or hypotheses. The aim is to analyse data to see if it confirms (or not) the theory or hypothesis.
- **Data or narrative driven analysis** involves letting patterns emerge from data, and then developing theories afterwards.

**Data Analysis tools include:**

- **Excel** - Excel is often used for tasks such as forecasting and creating reports.
- **SPSS** - SPSS is used commonly in research and surveys.
- **Tableau** - This software is commonly used for data exploration, exploration and presentation

**Let's put it into practice!**

#### **Case Study: Ka-Shali Health Centre**

*The team is asked to analyse last quarter's data in order to obtain critical results that will guide a new maternal and child health (MCH) service delivery approach and establish a baseline for future results. Unfortunately, the team lacks the capacity to undertake such an analysis. As a result, Mr. Gama, a regional MOH M&E Officer, is called in to help with the exercise. Mr Gama brings his expertise in data analysis and has access to the necessary resources and tools and agrees to mentor the team. With his assistance, the team is able to effectively analyse the data and derive valuable insights for the present intervention and future planning. Next time, the facility team will be able to do this process without Mr. Gama.*

*Box 4*



**Pretend you are Mr. Gama:**

1. In groups, analyse the data provided with the intent to draw conclusions and come up with key learning points to help improve the MCH program at Ka-Shali Clinic.
2. Which data analysis method did you use and why?



**Data Visualization**

*Tell participants that after drawing conclusions about the M&E data, they may now want to think about how to present their conclusions to other members of the facility, the board, funders, and the community as appropriate.*

There are many different ways of recording and displaying monitoring and evaluation information. Options include tables, charts and graphs. All the following examples contain the same information about three home care volunteers and the number of visits that they have made over a week.

*Show slides or give handouts of the data presentation methods*

**Tables**

Tables are an effective way to demonstrate your results. They are best to use tables when you have data that cannot easily be presented visually (i.e., the data set is too long, or has too many variables), when the data requires more specific attention, or to support other types of data visualisation.

**TB programme Results by region (Eswatini)**

JAN 2022 - DEC 2022				
Result / Region	Hhohho	Manzini	Shiselweni	Lubombo
N# of TB screenings conducted	700	120	900	1400
N# of TB Presumptive cases identified	22	7	17	32
Positive Case Finding Success Ratio	3%	6%	2%	2%

Note: The above data is fictional and intended for demonstration purposes only

**Advantages:**

- Studying the columns and rows of a table, it is easier to quickly grasp the meaning of data
- A table can also show the increasing or decreasing nature of data and abrupt values are easily identifiable.
- Tables allow a reader to easily represent different various quantities related to a quantity.

**Bar Graphs**

Bar graphs are an even more visually appealing way of showing your data. They should be used when comparing different categories or discrete variables, such as age groups, class etc. to compare large changes in data values. They are also a good way to show the trends



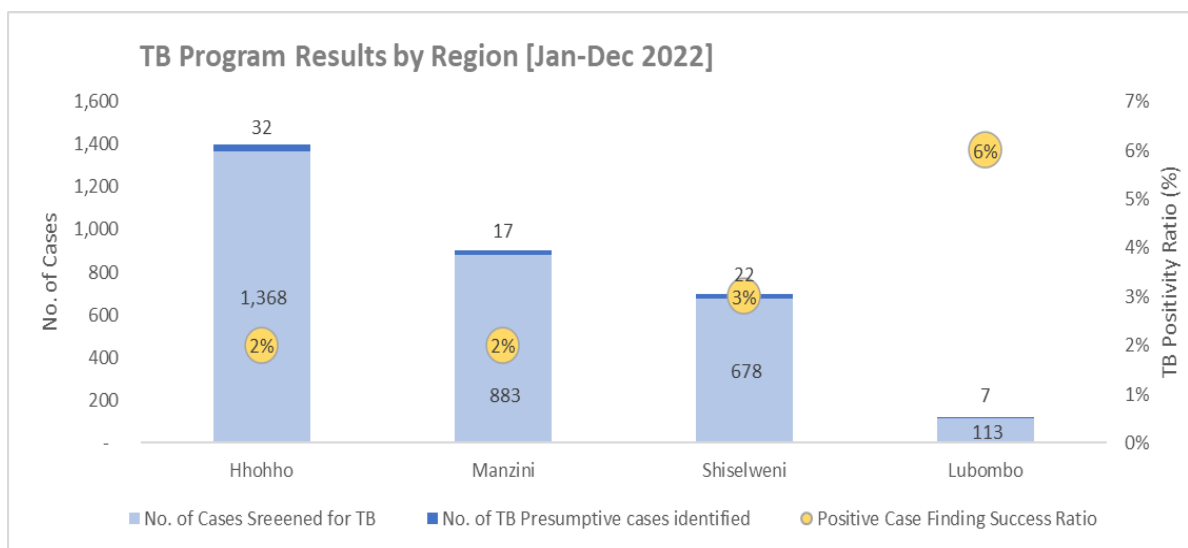
of how data might change over time.

### Advantages:

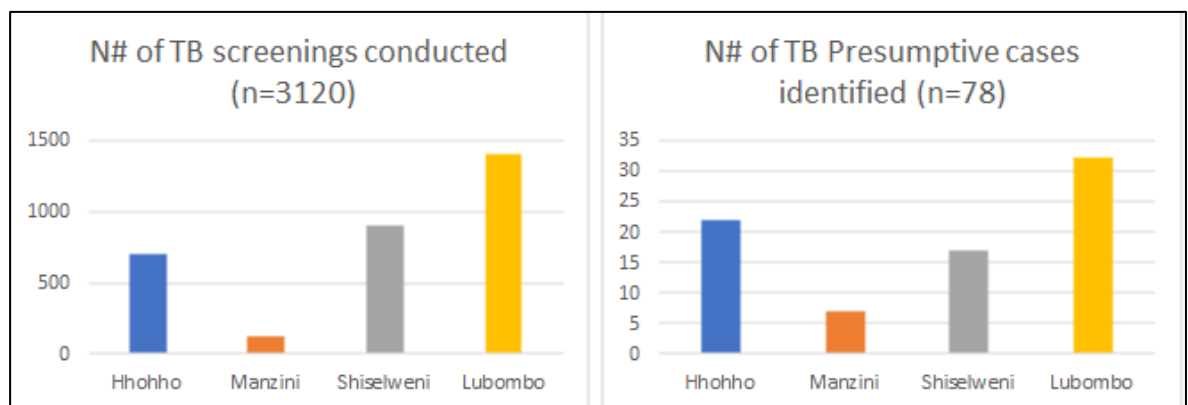
- Bar charts show each data category in a frequency distribution
- They display relative numbers or proportions of multiple categories
- They can summarize a large data set in visual form
- They clarify trends better than do tables
- Bar charts estimate key values at a glance
- They permit a visual check of the accuracy and reasonableness of calculations
- They are easily understood due to widespread use in business and the media

However, bar charts do present challenges when trying to visualise disparate data.

For instance, consider the bar chart below, which visualises the data in the table above:



From the graph above, we can now see that although Manzini has a lower number of TB cases identified, the ratio of cases identified to screenings conducted, is much higher, at 6%, compared to 3% in Hhohho and 2% in Shiselweni and Lubombo.



In the two graphs above, we can see the general trend of TB results across the four regions. Like all data visualisations, this would require further explanation on why Manzini was not able to conduct as many screenings as other regions. However, presenting the data in this



way does not reveal the full implications of the data presented in the table above. We need to add more information to assist the reader to analyse the performance of each region. The table below replaces the number of screenings conducted with the Positive Case Finding Success Ratio for each region

**Ask: *What does each format show you at a glance?***

***What are the advantages and disadvantages of each format?***

### **Basic Concepts**

- Identify your audience
- Choose goals for your visualisation
- Select the right format to achieve your goals
- Ensure that visualisations faithfully and effectively communicate your data

### **Let's put it into practice!**

1. Box 5 Sister Dumi has tasked you, as an M&E focal person, with creating visuals of the data within the report. Using the data provided, choose the best presentation approach for your data, and write a summary of your findings.
2. From the same data, write a summary of outcomes draw conclusions on the trends with a summary on how the health system can be improved.



## 10. REPORTING

(Please refer to chapter 9 of the Participant Manual)

**Activities:** Brainstorm, presentation

**Materials:** Flip chart, markers

**Time:** 1 Hour

### Training Objectives:

- Engage on the importance of reporting and how reports help in the strategic evaluation of a facility.
- Outline and discuss the key components of a report.

**Key Take Away Messages:** Your report should be precise, relevant, provide accurate facts, grammatically correct, with clarity and presenting complete information.

### Activity Details:

*Start the session by asking how many of the participants have compiled a report.*

Since it is a group of healthcare workers, you will discover that reporting is part of their monthly or quarterly deliverables.

If staff in your facility fits in a single conference room, it is easy to get visibility on everyone's programs. You just find the focal person and get an update. It does not work that way with many institutions. When stakeholders want actionable insights, they get them from reports.

**Ask: *What is reporting?***

*Allow the brainstorming to go on for a few minutes and engage with the participants and provide the definition.*

A report is a document created to communicate essential information. That information can be a written account of a specific situation. Like a project status report, it can be a spreadsheet or dashboard that focuses on quantitative information or a budget report.

Most reports provide regular updates on key performance indicators.

### M&E Reporting

M&E reports can be produced at any stage of a project or programme cycle from baselines through to impact assessment. M&E reports can be roughly divided into two groups. Reports for internal audiences are usually designed to support project or programme management.

Reporting is an important part of most monitoring and evaluation (M&E) systems. Reports should present information to different stakeholders in ways that make it easy for them to use.

It is important because it often provides the link between data collection and analysis on the one hand, and data use on the other.



Within facilities, internal M&E reports are usually designed to support project or programme management. External reports, on the other hand, are largely designed to demonstrate accountability, raise funds, or promote wider learning.

*Most institutions produce reports all the time. To name just a few, these include:*

### **Types of Report**

The basic types of reports which will be written by facilities are as follows:

**A baseline report** provides the necessary information to ‘benchmark’ indicators for the facility, department or service’s purpose and goal, providing a snapshot of the situation before the operation commences or at least in its early stages.

**Regular Reports (usually monthly)** – Best practice recommends that facilities produce short, regular monitoring reports (usually monthly and quarterly).

**The Quarterly Report** – A quarterly report may be prepared every three months by the facility and submitted to the country delegation, for which it is an essential management tool. These reports should include information on outputs as agreed in the M&E Plan. I

**The Annual Report** – The annual report is prepared every year for each facility, activity/department or service by the responsible person, usually the team leader or department head. An annual report should include a summary of the activities over the year, as well as annual results and plans for next year. An annual report can draw on data and findings already reported on within the monthly or quarterly reports submitted throughout the period.

**The End of Project / Evaluation Report** - Reports which outline the findings from more in-depth evaluations should be written by external parties. However, the evaluation should aim to support institutional learning and so guide policy formulation, budget allocations and service delivery at all levels.

Reports are developed for many different purposes at different levels.

Why is reporting important?

- It helps in making better decisions for the institution.
- It creates transparency
- It helps solve problems
- It may increase your resource allocation or budget in future

**Ask volunteers to help with developing a reporting schedule.**

**A typical reporting schedule may look like this:**

Name of report	Person / team responsible	Content	Stakeholders	Templates	Frequency	Dissemination	Dates
Baseline report							



Progress report							
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**Typical contents of a project or programme report**

1. Title, date and facility/author’s name, usually on a title page or page 1.
2. Include a table of contents for reports over 5 pages in length.
3. Introduction
4. Provide a brief summary (1 page or less) at the beginning.
5. The Results or Findings section
6. Analysis, Conclusions or Recommendations section(s)
7. Closing Remarks or Next Steps
8. References or Bibliography
9. Annexure

*Ask participants:*

**What are some characteristics of a good report that you know of?**

After brainstorming share that a good report should feature the following elements and characteristics:

**Guidance for Monitoring and Evaluation Report Writing**

**Timeliness** – whether reports are submitted at specified and agreed times. This can be monitored simply by recording on a facility’s planner or calendar when reports are due.

**Completeness** – whether all the information required by the report format is provided.

**Consistency** – whether the units of measurements used to demonstrate progress towards an indicator in consecutive reports facilitate comparisons in performance over time. This can be monitored by checking the report against the results in HMIS or against agreed milestones and indicators specified in the M&E Plan.

**Content** – the extent to which the report provides an analysis of what has taken place, or simply presents ‘bare’ data or figures.

**Reliability/accuracy** – the extent to which the report is a fair representation of the performance and results.

**Dos and Don'ts**

Do	Don't
<ul style="list-style-type: none"> <li>● Be clear about who the audience for your report is, and fit the message, content, format, and timing to suit that audience.</li> <li>● Make sure that reports are as accurate as possible. Trust is easily lost if you over claim or ignore</li> </ul>	<ul style="list-style-type: none"> <li>● Expect people to write perfect reports in their second, third or fourth language.</li> <li>● Write too much.</li> <li>● Get obsessed with reporting about activities and forget the changes that have occurred as a result. People are usually more interested in change than</li> </ul>



errors or mistakes.

- Ensure that reports are written in concise, clear language.
- Make sure that your report is well-structured and has a logical flow.
- Make sure that any changes your report are backed up with evidence, and with a clear description of how your project or programme contributed to the change(s)
- Translate your report into local languages if you want it to be more widely read.
- Make sure that anyone submitting a report receives feedback – nothing is more demoralising than writing a report and never getting any response.
- Ensure your report is presented nicely and contains suitable charts and pictures if appropriate.

long lists of activities.

- Forget about negative as well as positive changes.
- Assume that your audience will automatically know acronyms or jargon that your project or programme uses all the time.
- Write your report at the last minute, as this will cut down on the possibility for reflection and analysis.
- Assume you must be certain about a change before reporting it.
- Assume that everybody will read the report – many people prefer other means of communication.
- Forget to put your report through a grammar and spell check before finalising it.

### Let's put it into practice!

#### Case Study: Ka-Shali Health Centre

*The new Principal Secretary of the MOH has announced that she would like all facilities to compile a short monthly report with results. Every month on the 5th, the report is to be ready and sent to the regional-level colleagues, who will then collate data and send it to the national-level. Ka-Shali received feedback from MOH that they worked exceptionally and meeting their targets and the Ministry will be contributing resources to help them improve programs earlier this year, along with a small grant from another partner to support the ART adolescent club. Although this has been very positive for the clinic, it has also increased the team's M&E workload as each of these external supporters also have report deadlines.*

Box 8



As members of the facility's M&E team, work with your group to develop a typical reporting schedule that would have made you successful.

1. Use an image from the field and tell a story of a successful intervention.



## 10. DATA DISSEMINATION AND UTILIZATION

(Please refer to chapter 10 of the Participant Manual)

**Activities:** Group work, practical exercise

**Materials:** Flip chart, markers

**Time:**  
1 hour

### Training Objectives:

- Describe the role of data utilization in providing evidence-based decisions to improve health programs in community and health facilities.
- Cultivate the culture of data utilization and accountability to help monitor the effectiveness of interventions.

**Key Take Away Messages:** Data dissemination and utilization in health care is crucial for improving patient outcomes and healthcare delivery. Effective data dissemination allows healthcare providers to access and share relevant information, leading to more informed decision-making and improved patient care.

The utilization of data enables researchers and policymakers to identify trends, patterns, and gaps in healthcare services, ultimately driving evidence-based practices and policy reforms.

### Activity Details:

*Introduce the subject of data dissemination and utilization to the participants*

#### Dissemination

The various users of this information should be clearly defined, and the reports should be written with specific audiences in mind. Dissemination channels can include written reports, press releases and stories in the mass media, and speaking events.

The purpose of disseminating the information products to stakeholders is for them to have the latest information at hand when making decisions about planning, implementing and funding of health services.

#### **Ask participants to who is data disseminated?**

*As participants make the list, validate their responses and write them on a flip chart.*

*Share:*

Monitoring and Evaluation data needs to be manageable and timely, reliable, specific to the activities in question, and the results need to be well understood.

The process of collecting data is only meaningful and worthwhile if it is subsequently used for evidence-based decision-making.

To be useful, information must be based on quality data, and it also must be communicated effectively to policy makers and other interested stakeholders.



The decision-maker needs to be aware of relevant information in order to make informed decisions. In this context, this will be colleagues at the Ministry of Health. For example, if a health facility's STI data shows **an improvement in safer sexual practices, including delaying sexual debut, consistent condom use, or having one or fewer partners**, the decision-maker may decide to maintain the program as is.

Present the stages of data use:



Data use involves two main stages:

- (a) Improving the Health Management Information System (HMIS)
- (b) Improving the performance of health programs,
- (c) Improving the way health systems function and improve health outcomes.

**Let's put it into practice!**

*In Plenary: Read the following case study and engage on the question that follows:*

#### **Case Study: Ka-Shali Health Centre**

*The initial aim of improving the M&E systems was to improve the data management and to ensure that Kaushal's interventions are well-monitored. The key findings in their analysis indicated that there is a need to increase the number of outreach programs to sensitize communities on SRH. In order to successfully engage other partners on the ground, Sister Dumi instructs her team to develop a brief concept note to offer further information and justify this request to senior colleagues at the MOH.*

Box 9

**In Plenary:** Ask volunteers to share some of the patterns within the community and work out an intervention plan, listing some partners that can be engaged in the community health activation activities.





## 11. DEVELOPING A MONITORING AND EVALUATION PLAN

(Please refer to chapter 11 of the Participant Manual)

**Activities:** Brainstorming, facilitator-led presentation, and small groups discussion

**Materials:** flip chart, markers, handouts

**Time:** 1 hour

### Training Objectives:

- Critically analyse a monitoring and evaluation plan.
- Begin to design a monitoring and evaluation plan.

**Key Take Away Messages:** Every facility should have a monitoring and evaluation plan. This is a fundamental document to detail objectives and the interventions to achieve those objectives. It also describes the implementation procedure to achieve positive outcomes for the betterment of services provided to clients.

### Activity Details:

*Ask participants to recap what monitoring is, and how it is different from evaluation. Tell participants they will now work on developing a monitoring and evaluation plan for a health facility based on the case study provided.*

What are the steps in developing a plan for monitoring and evaluating our facilities?

To develop a monitoring and evaluating plan, you will need to decide:

1. What exactly do you want to monitor and evaluate?
2. Will you be able to collect the necessary information, without it taking too much time or resources?
3. Will the data/indicators measure the things you want to measure?
4. Who will be involved in data collection, and who is your 'audience'?
5. How will you use monitoring and evaluating data to influence planning and management?

*Distribute **Handout 6**. Introduce the Monitoring and Evaluation Template, going through it to make sure the participants understand it. Also provide the case study below and ask participants to use it as a hypothetical facility.*

### Let's put it into practice

#### Case Study: Ka-Shali Health Centre

*Ka-Shali Health Centre is a facility located in the semi-urban area of Manzini. The clinic was built in 1998 in response to an upsurge in HIV incidence in the surrounding area. This state-of-the-art community centre provides service to over 13 surrounding communities beyond the Ngwane Park area. The facility serves over 50 patients daily with 5 nurses, 1 doctor who visits once a week, 4 cadres and 3 administrative staff members. Pre- and Post-natal care, HTS, NCDs, TB and other general healthcare services are among the services provided.*

Box 10



In your small groups, you have been tasked to develop an M&E plan that will be a tool to improve data quality within the facility. On the template provided, outline some of the key objectives on the plan that will bring immediate outcomes.



Once monitoring and evaluation has begun in the facility, it is important to occasionally review progress by asking some of the following questions:

1. Is monitoring and evaluation providing you with useful information?
2. Do you need to introduce new indicators? Or stop using any?
3. How often do you collect the indicator data and who is involved? Do you need to change anything about collection and involvement?
4. How often do you review and analyse your monitoring and evaluation practices? Do you review practice in a systematic way?
5. How does monitoring and evaluation influence your planning and management?

*Ask participants to work in their groups to begin developing an M&E Plan based on the case study and template provided. If resources allow, this exercise can be done on computers.*

*Give the groups 45 minutes to work. To process afterward, ask for volunteers to present their thoughts on the process of developing an M&E plan. What were the challenges? What unanswered questions do they still have?*

**Closing Circle: Provide training conclusion by saying:**

*In conclusion, basic Monitoring and Evaluation plays a vital role in improving the overall quality provided in health facilities within Eswatini. This training will enable us to effectively collect data, assess and evaluate their performance, leading to improvement in patient outcomes and facility effectiveness. By implementing robust monitoring and evaluation systems tailored specific for our settings, we can track progress, measure outcomes and ensure accountability.*

*Moreover, the training fosters a culture of continuous quality improvement and collaboration within our facility teams. It promotes communication and sharing of performance data and evaluation results, allowing for collective learning and identification of best practices, identify gaps in service delivery, address challenges and implement targeted interventions to enhance the overall quality of care.*

**As the Question:**

*How do you think this training will help you effectively utilize performance monitoring and evaluation data to drive improvement in patient care?*



# HANDOUT 4: MONITORING AND EVALUATION PLAN

## Monitoring and Evaluation Plan Template

<b>PROGRAMME GOAL:</b> (E.g. To increase the number of men accessing health services by 2030)							
<b>OBJECTIVE 1:</b> (E.g. To increase male health service uptake in Lubombo by the year 2024)							
Result / Outcome (optional)	Objectively Verifiable Indicators	Means of Verification	Responsible (source)	Data Collection Methods	Purpose of Data	Frequency of Reporting	Assumptions
E.g. Improved Male health service uptake	E.g. Number of health facilities with male friendly services	Facility survey report	Male-friendly services focal person	Special surveys Field reports	Planning	Annually	Personnel trained will remain at the facility and carry out their responsibilities.



## 13. POST-TRAINING SELF-ASSESSMENT AND TRAINING EVALUATION

**Activities:** Practical

**Materials:**

Post-training Assessment forms  
Training Evaluation form

**Time:**

15 Minutes

**Training Objectives:**

- Conduct knowledge review after the training.
- Conduct the training overall evaluation to help facilitators improve.

**Key Take Away Messages:** The post-test should be the same form that was filled at pre-test.

**Activity Details:**

*Distribute the Post-Test (Training Self-Assessment in **Annex 1**) form and Training evaluation form. (**Annex 2**)*

*Remind participants that this is the same assessment that was filled at the beginning of the training.*

*Ask them to fill it out again so that they can reflect on what topics they have learnt about and where they feel that they still need more time, training, or practice.*

*Give them about 15 minutes to fill the form.*

When participants are finished, ask volunteers to share areas in which they have increased their understanding and which ones they still need to increase in knowledge.

*Collect the post-test and training evaluation form.*



## Handout 5: Data Collection Methods

Qualitative	Quantitative
<ul style="list-style-type: none"> <li>● Descriptive</li> <li>● Usually not quantified in numbers</li> <li>● More in-depth</li> <li>● Open ended questions</li> </ul>	<ul style="list-style-type: none"> <li>● Able to quantify</li> <li>● Closed ended questions</li> <li>● Able to make broader generalisations</li> </ul>
<b>Strengths</b>	
<ul style="list-style-type: none"> <li>● Allows one to look at emotions and ideas</li> <li>● Less expensive to implement</li> <li>● Can yield better information about causes and processes</li> <li>● Need fewer people to participate</li> </ul>	<ul style="list-style-type: none"> <li>● Easier to measure</li> <li>● Can present data graphically</li> <li>● Easier to administer per person</li> <li>● Reach more people</li> <li>● Can generalise results to a larger population if sampling is done scientifically</li> </ul>
<b>Weaknesses</b>	
<ul style="list-style-type: none"> <li>● Need well trained staff to conduct interviews, focus groups etc.</li> <li>● Unable to generalise results to the population as a whole</li> </ul>	<ul style="list-style-type: none"> <li>● Can be more expensive</li> <li>● Can be easily falsified</li> <li>● Can have interviewer error</li> <li>● Can introduce bias through sampling</li> <li>● Need a larger number of people to participate</li> </ul>



## Glossary of Key Terms

**Accountability:** responsibility for the use of resources and the decisions made, as well as the obligation to demonstrate that work has been done in compliance with agreed-upon rules and standards and to report fairly and accurately on performance results vis-a-vis mandated roles and/or plans.

**Activity:** actions taken, or work performed through which inputs such as funds, technical assistance, and other types of resources are mobilised to produce specific outputs.

**Assumptions:** hypotheses about factors or risks which could affect the progress or success of an intervention. Intervention results depend on whether or not the assumptions made, prove to be correct.

**Baseline:** the status of services and outcome-related measures such as knowledge, attitudes, norms, behaviours, and conditions before an intervention, against which progress can be assessed or comparisons made.

**Benchmark:** a reference point or standard against which performance or achievements can be assessed. Note: A benchmark refers to the performance that has been achieved in the recent past by other comparable organizations, or what can be reasonably inferred to have been achieved in similar circumstances.

**Beneficiaries:** the individuals, groups, or organizations, whether targeted or not, that benefit directly or indirectly, from the intervention.

**Coverage:** the extent to which a program/intervention is being implemented in the right places (geographic coverage) and is reaching its intended target population (individual coverage).

**Data:** specific quantitative and qualitative information or facts that are collected and analysed.

**Efficacy:** the extent to which an intervention produces the expected results under ideal conditions in a controlled environment.

**Efficiency:** a measure of how economically inputs (resources such as funds, expertise, time) are converted into results.

**Evaluation:** the rigorous, scientifically based collection of information about program/intervention activities, characteristics, and outcomes that determine the merit or worth of the program/intervention.

**Facility survey:** a survey of a representative sample of facilities that generally aims to assess the readiness of all elements required to provide services and other aspects of quality of care (e.g., basic infrastructure, drugs, equipment, test kits, client registers, trained staff).



**Health information system (HIS):** a data system, usually computerised, that routinely collects and reports information about the delivery and cost of health services, and patient demographics and health status.

**Impact evaluation:** a type of evaluation that assesses the rise and fall of impacts, such as disease prevalence and incidence, as a function of HIV programs/interventions.

**Impact monitoring:** tracking of health-related events, such as the prevalence or incidence of a particular disease; in the field of public health, impact monitoring is usually referred to as “surveillance”.

**Incidence:** the number of new cases of a disease that occur in a specified population during a specified period.

**Indicator:** a quantitative or qualitative variable that provides a valid and reliable way to measure achievement, assess performance, or reflect changes connected to an intervention

**Inputs:** the financial, human, and material resources used in a program/intervention.

**Logical framework:** management tool used to improve the design of interventions. It involves identifying strategic elements (inputs, outputs, activities, outcomes, impact) and their causal relationships, indicators, and the assumptions of risks that may influence success and failure.

**Monitoring:** routine tracking and reporting of priority information about a program / project, its inputs and intended outputs, outcomes, and impacts.

**M&E plan:** a multi-year implementation strategy for the collection, analysis and use of data needed for program / project management and accountability purposes.

**Objective:** a statement of a desired program/intervention result that meets the criteria of being Specific, Measurable, Achievable, Realistic, and Time-phased (SMART).

**Outcome:** short-term and medium-term effect of an intervention’s outputs, such as change in knowledge, attitudes, beliefs, behaviours.

**Outputs:** the results of program/intervention activities; the direct products or deliverables of program/intervention activities, such as the number of HIV counselling sessions completed, the number of people served, the number of condoms distributed.

**Performance Management Plan (PMP):** serves as a reference document that contains the targets, definition of each indicator, the method of data collection and frequency of data collection for each indicator, who will be responsible for collecting the data and how it will be collected and used.



**Project:** an intervention designed to achieve specific objectives within specified resources and implementation schedules, often within the framework of a broader program.

**Qualitative data:** data collected using qualitative methods, such as interviews, focus groups, observation, and key informant interviews. Qualitative data can provide an understanding of social situations and interaction, as well as people's values, perceptions, motivations, and reactions.

**Quality assurance:** planned and systematic processes concerned with assessing and improving the merit or worth of an intervention or its compliance with given standards.

**Quantitative data:** data collected using quantitative methods, such as surveys. Quantitative data are measured on a numerical scale, can be analysed using statistical methods, and can be displayed using tables, charts, histograms, and graph

**Stakeholder:** a person, group, or entity who has a direct or indirect role and interest in the goals or objectives and implementation of a program/intervention and/or its evaluation.

**Target:** the objective a program/intervention is working towards, expressed as a measurable value; the desired value for an indicator at a particular point in time.

**Validity:** the extent to which a measurement or test accurately measures what is intended to be measured.



## **Annex 1: Monitoring and Evaluation Knowledge Review**

### **Pre and Post Training Self-Assessment**

*Answer the following questions.*

**1. Monitoring is sometimes referred to as**

- a. Evaluation
- b. Impact evaluation
- c. Process evaluation
- d. Performance evaluation

**2. Evaluations measure:**

- a. The timeliness of a program's activities
- b. The outcomes and impact of a program's activities
- c. How closely a program kept to its budget
- d. How well the program was implemented

**3. At what stage of a program should monitoring take place?**

- a. At the beginning of the program
- b. At the midpoint of the program
- c. At the end of the program
- d. Throughout the life of the program

**4. Which of the following is NOT considered "monitoring"?**

- a. Counting the number of people trained
- b. Tracking the number of brochures disseminated
- c. Attributing changes in health outcomes to an intervention
- d. Collecting monthly data on clients served in a clinic

**5. The purpose of indicators is to:**

- a. Demonstrate the strength of the information system
- b. Serve as benchmarks for demonstrating achievements
- c. Provide program accountability
- d. Describe the objectives of a project

**6. Data quality can be negatively affected by:**

- a. Sampling bias (the sample taken is not a representative sample)
- b. Nonresponse rates
- c. Subjective measurement (data influenced by measurer)
- d. All of the above e. a and b only

**7. The five key components of logic models are:**

- a. Inputs, processes, outputs, outcomes, impacts
- b. Concepts, results, logical, log frame, logic
- c. Concepts, indicators, outputs, outcomes, impacts
- d. Indicators, inputs, processes, outputs, results



**8. M&E plans should include:**

- a. A detailed description of the indicators to be used
- b. The data collection plan
- c. A plan for the utilization of the information gained
- d. All of the above
- e. a and b only

**9. When should the M&E plan be created?**

- a. During the design phase of a program
- b. At the midpoint of the program
- c. At the end of the program
- d. After all of the data have been collected but before they are analysed

**10. The results of M&E activities can be disseminated through:**

- a. Written reports
- b. Press releases
- c. The mass media
- d. Speaking events
- e. All of the above

**11. Which of the following is an example of a routine data source?**

- a. Clinic service statistics
- b. Household surveys
- c. National censuses
- d. All of the above

**12. When it is said that objectives should be SMART, the “S” in the acronym stands for:**

- a. Simple
- b. Strategic
- c. Silly
- d. Specific



# Monitoring and Evaluation Knowledge Review

## Pre and Post Training Self-Assessment (Correct Answers)

*Please see correct Answers*

**1. Monitoring is sometimes referred to as:**

*c. Process evaluation*

**2. Evaluations measure:**

*b. The outcomes and impact of a program's activities*

**3. At what stage of a program should monitoring take place?**

*d. Throughout the life of the program*

**4. Which of the following is NOT considered "monitoring"?**

*c. Attributing changes in health outcomes to an intervention*

**5. The purpose of indicators is to:**

*b. Serve as benchmarks for demonstrating achievements*

**6. Data quality can be negatively affected by:**

*d. All of the above*

**7. The five key components of logic models are:**

*a. Inputs, processes, outputs, outcomes, impacts*

**8. M&E plans should include:**

*d. All of the above*

**9. When should the M&E plan be created?**

*a. During the design phase of a program*

**10. The results of M&E activities can be disseminated through:**

*e. All of the above*

**11. Which of the following is an example of a routine data source?**

*a. Clinic service statistics*

**12. When it is said that objectives should be SMART, the "S" in the acronym stands for:**

*d. Specific*



## Annex 2: Training Evaluation Form

*Instructions: Please indicate your level of agreement to the statements listed below*

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagrees</i>	<i>Strongly Disagree</i>
<i>1. The Objectives of the training were clearly defined.</i>					
<i>2. Participation and interaction were encouraged.</i>					
<i>3. The topics covered were relevant to me</i>					
<i>4. The content was organized and easy to follow.</i>					
<i>5. The training experience will be useful in my work.</i>					
<i>6. The trainer was knowledgeable about the topics and well prepared.</i>					

*Any other comments /Recommendations*

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