



ISLAMIC MEDICAL ASSOCIATION OF UGANDA (IMAU)

Monitoring and Evaluation Manual

October 2004

PREFACE

Monitoring and Evaluation help improve performance and achievement of programme results. In line of that, the purpose of Monitoring and Evaluation within IMAU shall be geared towards ensuring that the programmes undertaken by the association are mission driven, outcome-focused, effective, and efficient. Monitoring and Evaluation will ensure the measurement and assessment of performance in order to more effectively manage the outcomes and outputs known as development results of IMAU interventions. In this context, performance is defined as progress towards and achievement of results.

Today's emphasis on results (outcomes) demands monitoring and evaluation that moves beyond project implementation to meet the challenging objective of assessing progress towards outcomes and performance in areas that are not easily quantifiable.

Objectives of the Manual

- Improve monitoring and evaluation in IMAU and its projects
- Provide useful technical resource for planning project-monitoring and evaluation systems
- Strengthening skills in information systems for IMAU members and staff

Target Audience

This manual is designed primarily to be useful to all IMAU Executive Committee Members, Board of trustees, Project management staff, Branch executive committee members and Ordinary IMAU members. Everyone in these categories uses information about their projects, and most are also contributing in some capacity to information gathering and analysis.

How to Use the Manual

In accordance with IMAU projects, the chapters in these guidelines are arranged in a series that moves from planning to action, and then analysis and application. For those not familiar with planning, research or information management, it is advisable to read the chapters one after another.

The manual starts with preface, then acknowledgements, acronyms, which lead to the executive summary of the entire manual. Chapter one gives introduction and background

information about IMAU, its mission and vision. Building on the mission and vision for IMAU, chapter two, gives a description of major concepts in M&E in general, provides broad M&E objectives and makes highlights of the various actors in M&E activities.

Chapter three of M&E planning for Programmes/Projects provides tips of how to retrofit M&E activities in ongoing projects. Chapter four prepares the way for creating specific M&E plans for IMAU by examining the framework, sampling required, data collection procedures, data management and analysis for IMAU M&E activities.

The important step of sharing information through reporting and dissemination is covered under chapter 6, while chapter seven provides the suggested structural and resource requirements to implement M&E at IMAU.

Annexes 1 – 4 have detailed general information on sampling, data collection instruments/tools for IMAU, report writing, data processing and management and setting up a monitoring and evaluation system.

ACKNOWLEDGEMENTS

This manual has benefited from extensive consultation among IMAU's management staff, AIM personnel and other stakeholders who recognise the importance of M&E as an essential weapon, in "management for impact".

IMAU is grateful to AIM for supporting this activity. Special thanks go to Mr. Allan Amumpe for assisting IMAU in developing this manual. IMAU is grateful to the secretaries of the IMAU branch Executive Committees who participated in making this manual. We pray to almighty Allah to reward you all for all your efforts.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CBO	Community Based Organization
DBT	District Based Trainer
HIV	Human Immunodeficiency Virus
IMAU	Islamic Medical Association of Uganda
M&E	Monitoring and Evaluation
NGO	Nongovernmental organization
PMTCT	Prevention of Mother to Child HIV Transmission
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TOT	Training of Trainers

EXECUTIVE SUMMARY

A: INTRODUCTION

Over the years, IMAU's main focus has been on improving the awareness and capacity of the association to continue serving the health, social, and spiritual needs of the vast majority of Uganda's largely rural and indigent population through the use of scientific knowledge combined with Islamic teachings to enhance the delivery of health services.

B: WHAT IS MONITORING AND EVALUATION

Monitoring and Evaluation is the collection and management of data to be analysed and used for the periodic assessment of an enterprise with regard to its relevance, performance and efficiency, and impact in the context of its stated objectives. Traditionally, monitoring and evaluation focused on assessing inputs and implementation processes. Today, the focus is on assessing the contributions of various factors to a given development outcome (programme), with such factors including outputs, partnerships, policy advice and dialogue, advocacy and brokering/coordination.

Monitoring and evaluation helps improve performance and achieve results. More precisely, the overall purpose of monitoring and evaluation is the measurement and assessment of performance in order to more effectively manage the outcomes and outputs known as development results.

Since IMAU runs a number of programmes, it would benefit from 'learning by doing' and continuous programme rework, rather than exhaustive up-front technical analysis of individual programmes. As such this approach relies heavily on immediate **monitoring and evaluation** (M&E) of programmes to determine which activities are efficient and effective and should be expanded further and which are not and should be stopped or would benefit from capacity building.

C: THE MONITORING AND EVALUATION MANUAL

In this manual a comprehensive discussion is given as to who the manual is intended for, what does the manual attempt to do, what the manual does not attempt to do, who should do what and as well as listing indicators and data sources.

This manual is designed as a practical toolkit and road maps for practitioners to use in implementing programme M&E. However, it does not cover in any detail surveillance, essential research or financial management. The manual focuses more on tracking inputs and outputs than outcomes and impacts.

D: OPERATIONAL PROCEDURE

The manual details how the information to be gathered, who will collect it, when will it be collected / obtained, how will the gathered information be analysed, who will analyse and when will analysis be done, who will receive the results and in what format will they be distributed, as well discussing how decisions in the project are dependent on getting the analysed information.

E: ANNEXES

Monitoring and Evaluation forms have been designed in consultation with programme heads at IMAU. These are presented in Annex 2 of this manual. However, its noted that as the programme progresses data needs will continue to change, hence continuous revision of data collection instrument will be required in future.

The other Annexes of 1, 3, 4 and 5 are composed of Sampling, Report Writing, Data Processing & Management, and Developing a Monitoring and Evaluation System.

1. INTRODUCTION AND BACKGROUND

1.1 Background

IMAU was established in 1988 to unite Muslim health professionals and improve their spiritual welfare. These Muslim health professionals include Doctors, Nurses, Midwives, Pharmacists, Medical Technicians and other Auxiliary persons. The main reason for IMAU's establishment are delivery of health services to all communities using guidance of Islamic teachings. This is in addition to facilitating and encouraging members to know each other and to work together in the promotion of Islamic Principles and practices.

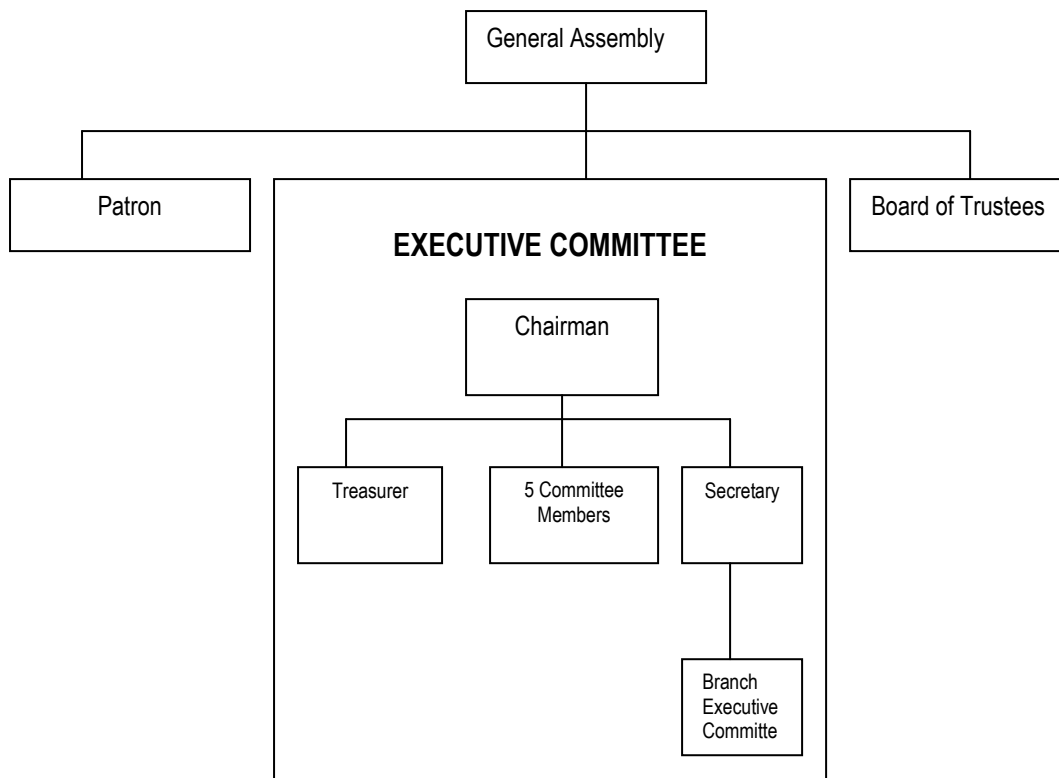
In the year 1989, IMAU started HIV/AIDS activities. This was mainly in response to the national multi-sectoral call for all stakeholders including faith-based organizations to participate in the fight against HIV/AIDS. IMAU is energized by the hope of Allah's rewards for all those involved in HIV/AIDS activities. IMAU's ethics in the fight against HIV/AIDS are drawn from Islamic principles and teachings.

IMAU's mission is ***"To have united Islamic conscious Muslim health professionals who use Islamic teachings to promote a healthy and productive life for all"*** The IMAU vision is ***"A sound Islamic medical association of Muslim health professionals with excellence in Islamic health service delivery"***.

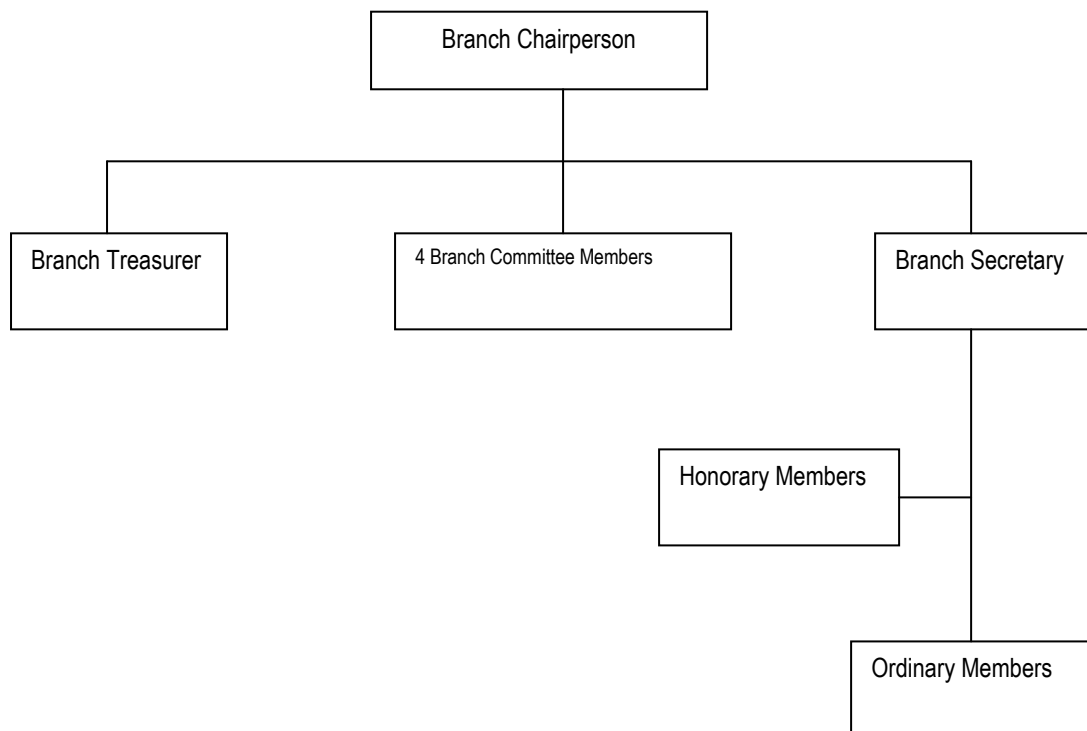
IMAU Organisational Structure

The highest authority of IMAU is the General Assembly. This organ is assisted by National Executive Committee to implement policies and activities. The National Executive Committee is assisted by the branch executive committee to implement policies and activities in the IMAU branches and reach out to IMAU individual members. The National Executive Committee is supported and advised by the Board of Trustees and the Patron.

IMAU Organogram



Branch Executive Committee



2. MONITORING AND EVALUATION (M&E)

As we implement different programmes and/or projects, we are always in need of measuring the results of our specific interventions and progress towards the achievement of the Programme /Project objectives. This is the general essence of M&E.

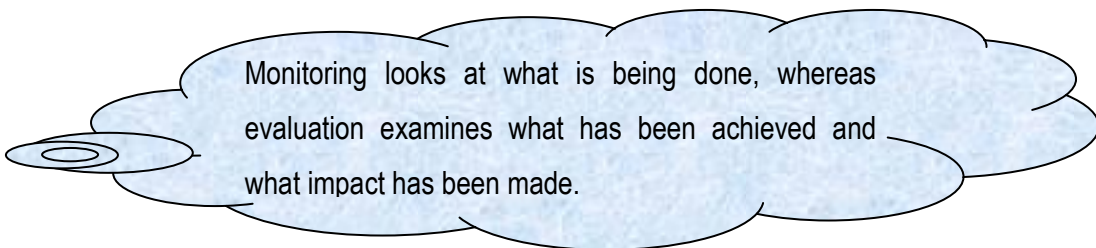
Under this section, we shall cover the following:

- Definition of monitoring and evaluation, and a comparison with other forms of review;
- Description of the objectives of M&E in general.
- Identification of key actors in monitoring and evaluation;

2.1. Description of Major Terms and Concepts in M&E

Confusion between monitoring and evaluation is common. However, there is a simple distinction between monitoring and evaluation that may be helpful. Monitoring generally refers to the process of regularly checking on the status of a programme by comparing the actual implementation of activities against a work plan, including whether the activities are being completed as planned, whether they are being conducted within the time frame specified, whether the budget is being spent according to plan, whether any changes are needed in the management or implementation of the activities, and whether the work plan should be modified. *In summary, it is the routine, daily assessment of ongoing activities and progress.*

Evaluation, on the other hand, is directed at measuring progress toward the achievement of programme objectives and the impact of the programme (whether the intended long-term changes have occurred). This includes measuring the extent to which the changes that have occurred are attributable to your programme's activities. *Thus one can say that evaluation is the episodic assessment of overall achievements.*



Monitoring looks at what is being done, whereas evaluation examines what has been achieved and what impact has been made.

Although there are differences between monitoring and evaluation, the two processes work together to lead to the same end, which is to produce information that can be used to improve the management of a programme and achieve the intended short-term objectives and long-term results.

2.2. General Objectives of M&E

Why is Information Gathering, Analysis, and Use Important to Programmes/Projects?

Programmes/projects and the people involved in programme activities, need to have accurate and timely information to assess the value of what they are doing. Some of the key reasons why people need information about programmes include: -

- To establish whether the project is progressing as planned, i.e. M &E establishes whether or not the project is on schedule and within the resources, and if not, what is the problem and what should be done;
- Achievement – what has been achieved?
- To find out whether project outputs are useful and relevant to the development needs of beneficiaries;
- To compare actual change caused by the project against set objectives;
- Assess whether efforts are worth continuing with or there is need to adjust procedures accordingly;
- To document lessons of both good and bad practices and to enable sharing of useful information. Where does the project need consolidation and/or improvement and how can it be done. Can we help to encourage positive approaches or prevent similar mistakes?

In consideration of a Monitoring and Evaluation system, it is important that we reflect on the purpose of M&E as being “the collection and management of data to be analysed and used for the periodic assessment of the projects relevance, performance, efficiency, and impact in the context of its stated objectives”.

M&E system is a kind of information system that broadly encompasses information selection, gathering, analysis and use. In building an M&E system or a programme information system the following considerations are made: -

- Who – the Information user
- Why – what purposes do we need information for
- What – specific information, what kind of information do we require
- When – timing needed (frequency and interval, of information required)
- Where – sources of data
- How – gathering, analysis (who collects which data and how does it get processed and analysed)
- What next – ensuring action, information sharing and dissemination for decision making (action)

2.3 Actors in Monitoring and Evaluation at IMAU

At the different IMAU levels, actors in monitoring and evaluation include the whole range of various stakeholders as follows:

National Level

- Executive Committee
- Board of Trustees

Branch / District Level

- Branch Executive Committee

Community Level

- Ordinary IMAU members
- Area project coordinators

3. M&E PLANNING FOR PROGRAMMES/PROJECTS

The optimal time for creation and planning of a full M&E system for a project is after funding, but before the initial baseline and start up of the intervention. All too often, the reality is that we have to create and plan an M&E system although implementation is already ongoing.

However, as a general principle in designing M&E plans (framework), we try to satisfy the following questions, which guide the process.

- 1). How will the information be gathered?
- 2). Who will collect it?
- 3). When will it be collected / obtained?
- 4). How will the gathered information be analysed?
- 5). Who will analyse and when will analysis be done?
- 6). Who will receive the results? In what format will they be distributed?
- 7). What decisions in the project are dependent on getting the analysed information?

It is thus necessary to develop strategies while creating an M&E plan to be able generate answers to all the questions above.

3.1 Planning for M&E for Ongoing Programmes and/or Projects

The M&E system of projects is another planning and management tool, it is actually the information system used to assess project progress, performance and impact. Monitoring and Evaluation requires specific kinds of tools and processes. As part of the planning for Monitoring and Evaluation system, we ought to develop instruments/forms to solicit information for various specific purposes including: -

- Monitoring the quality of service delivery;
- Monitoring client satisfaction;
- Monitoring acquisition of knowledge; and
- Monitoring adoption of practices.

The purpose of these M&E forms is to provide project field staff with tools and instruments to collect required and related information that can be used to monitor their activities.

The construction of data collection instruments and/or tools is preceded by an M&E matrix composed of Monitoring and Evaluation Questions. This matrix must exhibit the following attributes: -

1. Lends itself to the goals and objectives in general;
2. Provides quantitative data to facilitate measurement of changes -- numerical quality scores or indicator levels;
3. Provides information that is easily interpreted and used for program modifications;
4. Can generally be conducted with existing staff.

Establishing the Purpose and Scope

Why do we need M&E? What are the main reasons to set up and implement M&E for us, as implementing partners and primary stakeholders, and for other critical stakeholders? Some of the reasons as already listed include measuring impact, and involving actors in learning.

How comprehensive should our M&E system be? This relates to the extent and degree of sophistication of the system, level of funding, level of participation, level of detail, sort of baseline, current M&E capacities.

Identifying Performance Questions, Information Needs and Indicators

What do we need to know to monitor and evaluate the project in order to manage it well? These questions have to be generated according to the various goals, objectives and activities to be monitored and evaluated.

Planning Information Gathering and Organising

How will the required information be gathered and organized? For Information gathering and organization, it is highly recommended to use the participatory approach. Through the use of the various tools, M&E at IMAU needs to involve all stakeholders. This would not only promote buy-in but would ensure costs of implementing M&E are minimal.

In general, the design of M&E systems involves the design of data collection and processing procedures as well. This data collection and processing will involve:

- The need to collect data, which will show the project's progress;
- Recording what is taking place;

- Know the type of data to collect when and how;
- Data collection techniques and tools to use.

Planning Critical Reflection Processes and Events

How will we make sense of the information gathered and use it to make improvements? Regular meetings are needed through which M&E data and findings should be shared with all stakeholders. This can take several forms including management meetings, newsletters, Annual General Meetings etc.

Planning for Quality Communication and Reporting

How and to whom do we want to communicate what in terms of our project activities and processes? It suffices to say that the success and sustainability of M&E hinges a lot on quality communication of results and regular reporting system. People from whom information is gathered need to get a feed back otherwise, they would feel used and therefore not readily provide data in subsequent turns. Decisions made as result of the findings from M&E also needs to be communicated to all stakeholders so that the system is seen to be contributing to the direction of project activities.

Planning for the Necessary Conditions and Capacities

What is needed to ensure the M&E system actually works? The well functioning of M&E is result of combined forces. However, with this manual under structural and resource requirements for M&E at IMAU we discuss a few of salient features which need to be put in place.

In general, effective M&E is based on a clear, logical pathway of results, in which results at one level are expected to lead to results at the next level, leading to the achievement of the overall goal.

The major levels are:

- Inputs
- Outputs/Effects
- Outcomes
- Impacts

These levels are introduced below at each level and how they connect to the next, in a clear, logical way. We will use HIV/AIDS intervention to illustrate how the different levels differ.

Inputs - In general, inputs are the people, training, equipment and other resources that we put into a programme, in order to achieve outputs.

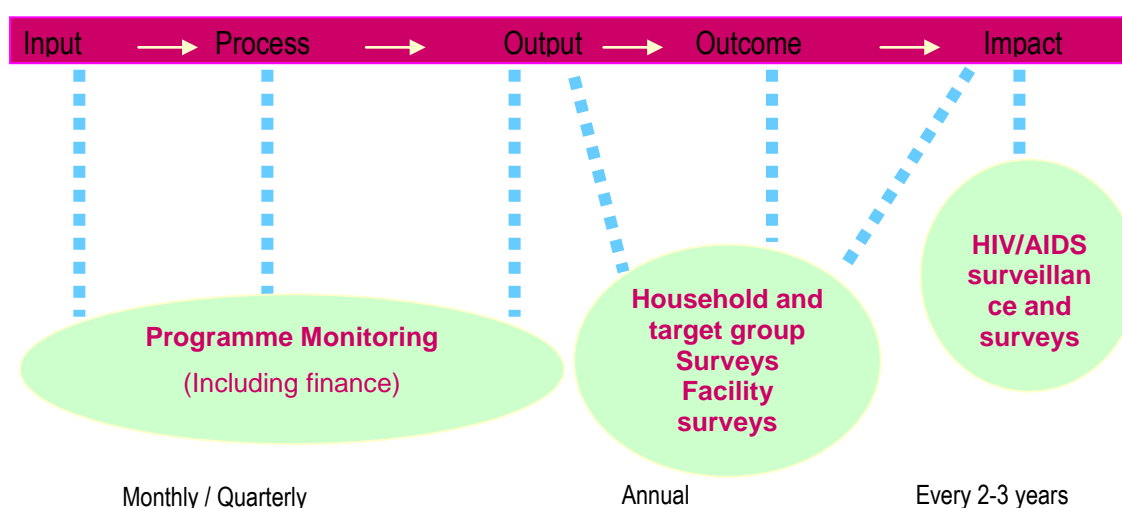
Outputs - Outputs are the activities or services we deliver, including HIV/AIDS prevention, care and support services, in order to achieve outcomes. The processes associated with service delivery are very important and involve quality, unit costs, access and coverage.

Outcomes - Through the provision of good-quality, economical, accessible, and widespread services, key outcomes should occur. Outcomes are changes in behaviour or skills, especially safer HIV prevention practices and increased ability to cope with AIDS.

Impacts - The above-mentioned outcomes are intended to lead to major measurable health impacts, particularly reduced STI/HIV transmission and reduced AIDS impacts.

Figure 1 presents a generalised framework, which depicts how the results of one level flow into the next level to provide input at that level.

Figure 1: Monitoring and Evaluation Framework - Considerations



Users of this manual should note that outcomes and impacts are long term in nature and therefore cannot effectively and easily be captured on a day-to-day basis unlike inputs and outputs. Outcomes and impacts are ideal for occasional surveys.

What should be included in detail in IMAU's M&E programme planning in order to have the information at the right time, which is usable? As we assess the resources required to operate an M&E system, we need to assess the means and costs of collecting, managing and analysing the data against the value of the 'end product' that is the usefulness of the information. We need to ensure that the design of the M&E system appropriateness and sustainability for its providers and users as a must.

The active participation by all people who have an interest in the information contained within the system is not a matter of choice but a necessity. The providers of data collected and those responsible for its 'input' into the system via programme monitoring activities are invariably among the users of the information 'outputs' from the system.

Participation involves not only giving people opportunities to become involved with planning M&E, but also allowing those people to influence the final outcome or decision.

4. IMAU PROGRAMMES

In order to achieve her mission and vision, IMAU set herself three broad goals according to the strategic plan:

- 1) To improve the health status of the community using Islamic principles
- 2) To improve the scientific, management and Islamic knowledge, attitudes and practices of Muslim health professionals.
- 3) To achieve a sustainable association of Muslim health professionals that provides high quality health care services.

Pursuit to above broad goals, IMAU plans to establish an Islamic hospital, training centre and resource centre at national level for promotion of health services delivery using Islamic principles. In addition, IMAU plans to establish similar but smaller health facilities at all its branches. IMAU also plans to improve community knowledge, attitudes and practices on health issues using Islamic principles.

IMAU plans to build the capacity of its members to deliver health services using Islamic principles by conducting continuing medical, Islamic and management education activities. IMAU plans to continue networking and partnerships with national and international organisations with similar objectives of promoting health for all.

4.1 Description of IMAU Programmes

HIV/AIDS Programme

Currently, IMAU's HIV/AIDS programme accounts for most of the total association's activities. IMAU's HIV/AIDS programmes revolve around three goals targeted towards the following areas of:

- a) Reducing the prevalence of HIV/AIDS using Islamic principles
- b) Reducing the impact of HIV/AIDS on the health and socio-economic status of individuals, families, and the community using Islamic principles.
- c) Building the capacity of IMAU and the target communities to combat HIV/AIDS using Islamic principles.

The above three broad HIV/AIDS goals translate into three major IMAU objectives of:

Objective (a): To significantly increase knowledge and improve attitudes, behaviour and practices of the community for prevention and control of HIV/AIDS, using Islamic principles, by the year 2008.

Objective (b): To significantly increase utilisation of preventive, care and support services for those infected and affected by HIV/AIDS, using Islamic principles by the year 2008.

Objective (c): To establish a national and international resource and training centre by the year 2008, for the continued promotion of the Islamic approach in the delivery of integrated HIV/AIDS services, at each IMAU branch.

Other Programmes – The other IMAU programmes are as listed in the planned activities. Of the ongoing activities, they include clinic/nursing home, hospital, international resource centre, and Islamic faith based facilities.

5.0 IMAU M&E SYSTEM

IMAU's M&E framework / strategy is composed of two independent but complementary sections. One looks at IMAU association objectives and the other takes from IMAU's strategic plan objectives. Both of these sections, comprehensive indicators, source of data, methods of data collection, tools to be used, suggested frequency of data collection and who collects the data has been developed.

5.1. Suggested M&E Data Framework for IMAU

The developed M&E framework / strategy is an overview of the entire IMAU as an organisation. The indicators, source of data, methods of data collection, tools to be used, suggested frequency of data collection and who collects the data, help define expected performance inputs, processes, outcomes and impacts. In the subsequent tables, performance levels and indicators are presented.

Table 1: Monitoring and Evaluation Questions (Indicators) for IMAUs' Association Objectives

Objective(s)	Performance questions, Information Needed, and Indicators	Source	Freq.	Responsible Person to collect data
To Unite all Muslim Medical personnel including Doctors, Nurses, Midwives, Pharmacists, Medical Technicians and other Auxiliary persons to each other and to encourage them to know each other and to work together in the promotion of Islamic Principles and practices.	Number of registered members	Branch registers National register	Annual	Branch secretary Secretary General
	Number of formalised branches	Hqrs	Annual	Secretary General
	Number of members who attend quarterly meetings	Branch minutes	Quarterly	Branch Secretary
To encourage Muslim Medical personnel to practice and study Islam at work. To promote the spiritual, moral and material welfare of Muslim Medical personnel. To encourage the integration of scientific Medical practice with Islamic Practice for Muslims in Health Institutions. This is to include arranging for prayers; preaching and terminal care of Muslim patients.	Number of Islamic health professionals putting on according to Islamic dress code	Workplace	Annual	Branch Secretary
	Number of workplaces with prayer facilities	Branch Headquarters	Annual	Branch C-Man
	Number of CIME session	Branch Hqts	Quarterly	Branch C-Man
To organise seminars for the promotion of Islamic Medical Care	Number of seminars done	Branch Hqts.	Quarterly	Branch C-Man
To promote research and publications in the field of Islamic Medical History, Prophetic Medicine, Islamic Medical ethics and medicine in general from the Islamic view point.	Number of newsletters, articles, research proposals and publications achieved.	Hqrs	Quarterly	National Treasurer Branch Secretary

Objective(s)	Performance questions, Information Needed, and Indicators	Source	Freq.	Responsible Person to collect data
To set up a Library to collect Islamic and other Literature for the promotion of Islamic Medical Care.	Number of functional documents sources for reference	Branch	Annual	Branch Secretary
To raise funds through contributions and donations and to create or build up projects for generating funds for the purpose of carrying out objectives of the Association.	Amount of funds raised through fundraising, donations, member recruitment	Branch and National financial reports	Quarterly	National Treasurer Branch treasurer
To establish hospitals, clinics, pharmacies, laboratories and training schools for the promotion of Medical Care in the Community.	Number of health related facilities – clinics, pharmacies	Hqrs Branches	Annual	National C-Man Branch C-Man
To encourage the training of Muslims in Medical fields of different types and to provide seminars, refresher courses and also to invite Lecturers, Teachers, and Specialists for the purpose of widening Medical Education to the Muslims and the people of Uganda as a whole	Number of school outreach programmes Number of lecturers invited.	Branch	Quarterly	Branch Secretary
To support and to encourage the efficient running of Islamic Medical Institutions	Number of clinical staff oriented on management skills – financial, human resources, Strategic Planning and M&E	Hqrs	Annual	National C-Man
To promote Primary Health Care in the Community using the Mosque and other appropriate fora	List of PHC outreach sessions conducted – MAL, HIV/AIDS, etc)	Branch	Quarterly	Branch Secretary

Objective(s)	Performance questions, Information Needed, and Indicators	Source	Freq.	Responsible Person to collect data
To promote good relationships with Islamic Organisations both at home and Abroad and to encourage affiliation to other Islamic Medical Institutions through professional cooperation	<ul style="list-style-type: none"> • Exchange visits • Number of organizations in partnership with IMAU 	Hqrs Branches	Annually	National Secretary Branch Secretary
To acquire land Freeholds, Leases, Build Premises for the purpose of fulfilling the objectives of the Association and also to borrow Money from Financial Institutions and to give securities for such loans	Fixed assets value	Balance sheet	Annual	National Treasurer
	Amount of funds spent on capital development	B/Sheet Hqrs	Annual	Branch Treasurer

Table 2: Monitoring and Evaluation Questions (Indicators) for IMAUs' Strategic Plans

Goals / Objective	Performance questions, Information Needed, and Indicators	Source of data	Freq.	Responsible person for data collection
To establish an Islamic hospital, training centre and resource centre at national level located at Wattuba by 2008	1) At what level has construction reached for the hospital, training centre and resource centre?	Progress reports at Hqrs	Quarterly	National Treasurer
	2) Has all the necessary equipment been procured	Procurement report and inventory at Hqrs	Quarterly	National Treasurer
	3) What are the current staffing levels a) Hospital staff b) Training centre staff c) Resource centre staff	Monthly / quarterly reports	Quarterly	National C-Man
	4) Number of staff oriented to Islamic approach to health (no of orientation courses)	Annual reports	Annual	C-Man
	5) No. of clients served – health services	Quarterly reports	Quarterly	Secretary General Branch Secretary
	6) Research publications	Quarterly reports at Hqrs and Branches	Quarterly	National Treasurer
	7) Funds raised for projects, number of fundraising sessions, proposals written and approved	Hqrs and Branch Annual balance sheet	Balance sheet	National treasurer Branch treasurer

Goals / Objective	Performance questions, Information Needed, and Indicators	Source of data	Freq.	Responsible person for data collection
To establish one Islamic health facility and resource centre at each IMAU branch by 2008	8) Number of health facilities affiliated	Branch and Hqtrs Reports	Annual	Secretary General Branch secretary
	9) MOU signed	Hqtrs Reports	Annual	
	10) Number of centres equipped	Hqtrs report	Annual	Secretary General
	11) Number of clients served by each branch	Branch records	Quarterly	Branch secretary
To significantly improve community knowledge, attitudes and practices on health issues using Islamic principles by 2008	12) Curricula made for branches	Hqrs	Quarterly	Secretary General
	13) Number of trainers trained	Hqrs	Quarterly	Secretary General
	14) Number of community educators trained	Hqrs Branches	Quarterly	Secretary General Branch secretary
	15) Number of workshops held	Hqrs Branches	Quarterly	Secretary General Branch Secretary
	16) Number of people educated	Branch quarterly minutes Hqrs reports	Quarterly	Secretary General Branch secretary
	17) Number of activities held	Branch Hqtrs	Quarterly	Secretary (national and branch)
	18) Number of people referred for services and number of collaborating referral sites	Hqrs	Quarterly	Secretary General

Goals / Objective	Performance questions, Information Needed, and Indicators	Source of data	Freq.	Responsible person for data collection
To improve networking and partnership with national and international Islamic & other organisations involved in health promotion	19) Number of IMAU members attending meetings	Branch and Hqtrs	Quarterly	Secretary
	20) Number of people who receive and acknowledge IMAU updates	Hqrs	Quarterly	Secretary
To contribute to the national and international response to HIV/AIDS guided by Islamic teachings and scientific knowledge	21) Number of HIV/AIDS related activities accomplished 22) Number of correspondences from other organisations received	Headquarters quarterly reports	Quarterly	Secretary General
To significantly increase knowledge and improve attitudes, behaviours and practices of the communities, for prevention and control of HIV/AIDS infection using Islamic principles, by the year 2008	23) Number of staff hired	Headquarters quarterly reports	Quarterly	National Treasurer
	24) Number and type of BCC materials developed	Headquarters quarterly reports	Quarterly	IMAU executive committee
	25) Number and type of BCC materials produced	Headquarters quarterly reports	Quarterly	IMAU executive committee
	26) Number and type of BCC materials disseminated	Branch quarterly reports	Quarterly	Branch Executive Committee
To significantly increase utilisation of preventive, care and support services by 2008, for those infected and affected by HIV/AIDS using Islamic principles	27) Number of centres identified	Branch quarterly reports	Quarterly	Branch executive committee
	28) Number and type of referrals cards produced and distributed	Quarterly reports	Quarterly	Branch executive committee

Goals / Objective	Performance questions, Information Needed, and Indicators	Source of data	Freq.	Responsible person for data collection
	29) Number of clients served with integrated HIV/AIDS services	Quarterly reports	Quarterly	Branch executive committee
To provide continuing medical, Islamic and management education to IMAU members	30) Number of members educated and education sessions held	Hqrs	Annual	Secretary General
	31) Scholarships obtained by IMAU members	Hqrs	Annual	Secretary General
	32) Funds raised for scholarships	Hqrs	Annual	National Treasurer
To increase research and publication on health issues and the Islamic approach to them	33) Number of IMAU trained in M&E, research	Hqrs and Branches	Quarterly	Secretary General Branch secretaries
	34) Number of research projects done	Hqrs	Annual	Secretary General
	35) Number of publications on IMAU activities	Hrs	Annual	Secretary General
Increase IMAU membership by 50% by 2008	36) Number of new members registered each year	Branch register National register	Annual	Secretary general
	37) Institutions visited	Branch and national	Annual	Secretary
	38) Number of motivator sessions held	Hqrs	Annual	Secretary

5.3. Sampling

Depending on the total population under study, the M&E personnel should advise on scientific consideration of appropriate sample. This sample should be such that it will allow extrapolation of results and findings onto a wide population.

Inconclusive results may arise when too small a sample is used to address particular questions. However, given the nature of the required data as identified in the performance indicator section, it is suggested that the **entire population** should be covered (do a census) for IMAU's case. Unless in future there are many requirements requiring collecting data from the general public, this is when sampling should be considered for M&E.

5.4. Data Collection Procedures

Data is as crucial to project evaluation as it is to monitoring. An important requirement for collecting good quality and adequate data is to choose appropriate methods and instruments. Methods of data collection to be used in IMAUs' M&E will include interviews, observations, focus group discussions, semi-structured interviews, and questionnaires and records review. Note that two types of data collection instruments have been designed based on the frequency of required data. ***This combines data required to measure IMAU against her association objectives and those measuring performance against her strategic objectives.*** These instruments are attached in annex 2 of this manual.

In their performance of data collection responsibilities, the M&E responsible person(s) shall also spearhead the design of data collection tools in close consultation with programme heads and staff. In the interest of quality assurance of the data collected, there should be training of the staff (IMAU members) in the use of data collection tools. This must be conducted prior to embarking on field activities. Such training should facilitate a uniform interpretation and understanding of the data collection instruments and/or tools.

The implementation of data collection once again is a shared responsibility, but needs IMAU to assign a particular lead person to coordinate all arrangements with affected programme areas. Information gathering shall be a **routine** activity. In this, a close working relationship with grass root staff is instrumental in cutting the costs and entrenching the

system. Information should be collected in the first two months of each quarter capturing activities of the previous two months. Returns to IMAU headquarters should come in the third month, while the fourth shall be dedicated to data processing and report writing.

Notable to mention is that the system may seem to be behind at the start, but as time goes on the systems will catch up and look more relevant in timing. The data collection instruments are attached in Annex 2.

Tools to be Used For IMAU Programme Monitoring and Evaluation

In addition to the designed tools/instruments, there should be regular project visits for IMAU and its project activities. From such field visits, flexible report formats can be made which are results-oriented. The implication of this is that IMAU management staff are required to visit all projects regularly (quarterly), and provide reports immediately after the visit.

IMAU programme monitoring and evaluation should also utilize Annual Project Reports. Annual Project Report (APR) provides an assessment of a project during a given year by target groups, and project management. However, for effectiveness of M&E, an APR must be shorter and more results-oriented. Designated M&E personnel at IMAU headquarters should complete this APR annually.

Questionnaires – these can be sent and filled by respondents. Upon, receiving returns, analysis can be made to guide in decision-making. The implementation of these instruments shall be done in a participatory manner.

5.5. Data Management (Processing, Storage and Backup)

Once data collection instruments are returned, they should be immediately passed on to M&E responsible personnel. The responsible personnel shall carryout office editing and coding. Office editing is a quick check through the instrument to find out any errors and correct those which needs to be corrected, or refer their require additional knowledge that may not be readily available.

In the event of using an instrument with open-ended questions, responses must be categorised using the emerging themes, before computer data capture. This process of eventually coding responses is called content analysis. Various responses, which are close and similar in meaning, are lumped together. Usually; not more than 6 categories should be created.

The M&E data entry clerk shall electronically enter the data in the software systems which has been designed in Epi Info data entry software. Data shall be captured from the edited and coded questionnaire by the clerk who shall be oriented by the M&E responsible person. After entry, data will be cleaned using automated range checks, consistency checks, identification of missing cases, and identification of duplicate cases. This is the work of the professional statistician, or any person with data processing knowledge.

Data Management and Data Entry Staff

The monitoring and evaluation responsible person shall be oriented on the following areas:

- Question understanding
- Procedure for receiving, recording and organising field returns
- Data editing and validation
- Data coding framework

5.6. Analysis

A two level analysis can be done using Epi Info software namely univariate and bi-variate analysis. The univariate analysis involves generation of frequency tables, and charts in the form of histograms/bar charts and pie charts of the variable of interest. Bivariate analysis mainly involves running cross tabulations of variables. This analysis generates estimates of parameters like number of females who have reported a particular ailment. It considers two variables.

For any need of more advanced analysis, this data can be exported to SPSS for a more comprehensive analysis. Data analysis is continuous and consultative process. The M&E responsible staff should work hand in hand with the various programme staff to be able to attach meaning to the findings.

6. REPORTING PROCEDURES AND DISSEMINATION

6.1 Reporting procedures

There are many different audiences for M&E information, in general. For example it might be necessary to report on progress of a programme to managers, implementing agencies, steering committees, funding agencies, and other various stakeholders. Funding agencies and managers need information on impact, while implementing partners need to understand problems in order to find solutions.

However, for purposes of quarterly branch meetings of all members and staff of different branches, the executive committee should compile the reports, on salient issues identified. The M&E responsible staff shall provide them with summaries, in form of charts, tables and explanations where possible. Before reports are circulated to outsiders (none staff of IMAU), there should be consensus among the findings and format in which it is to be given. The IMAU headquarters, should have a say on how to present the data to the outside community. For more information about report writing, refer to Annex 3 of this report.

6.2. Dissemination

A last, and very important step, is to use the information from monitoring and evaluation to improve the performance of the programme overall. Based on the information, decisions have to be made about meeting the targets specified in the plan, or how to deal with issues that have arisen. There may have been delays in implementation, some objectives may not be as relevant as considered when the plans were made, or there are other problems.

For details, refer to purpose and uses of monitoring and evaluation data under section 2.2 “Why IMAU needs information” to see how to utilise the information from M&E system.

7. STRUCTURAL AND RESOURCE REQUIREMENTS FOR M&E AT IMAU

Staffing Levels - The M&E Unit needs to be created to enable collection, verification, entry and analysis of primary M&E data for IMAU. Without a strong and fully equipped M&E Unit, data collection, verification and analysis are unlikely to happen. This is not only in numbers, but also through training and capacity building – to enhance their skill levels.

However, in terms of numbers and professional areas, the M&E responsible staff should be Statistician and/or Bio-Statistician by training. The unit needs a fulltime data entry clerk to timely enter the data. However, such data entry services could be obtained through training the current existing staff.

In total, the M&E unit structure recommended should be composed of at least one designated staff; possessing complementary skills from research, programme management and information systems. The M&E designated staff role is to ensure that the results of M&E are used at the appropriate levels.

M&E Design – For any future programmes or projects, the M&E must be inbuilt into the design of programmes before inception, and should be operational before grants are provided, rather than being added later. It is much harder and less effective to 'retrofit' M&E after grants have already been given.



No matter how sound an M&E system may be, it will fail without widespread stakeholder involvement.

Team Working Relationship - Of particular importance is the role programme heads and their working relationship with Monitoring and Evaluation Unit will play. M&E is collective responsibility for all, thus close collaboration must be practiced by all IMAU staff.

Stakeholder Sensitisation - IMAU should engage stakeholders in an intensive participatory process to build ownership and buy-in, particularly for the overall M&E system.

IMAU and key stakeholders, need to, meet every quarter to review M&E reports, to identify key lessons learned and to make strategic recommendations and decisions.

Resources and Costs – The carrying out of such activities requires resources in form of money and time in addition to other requirements. This therefore means that, in budgetary terms, M&E activities must be budgeted for like the rest of the activities within IMAU. Resources must be put aside (budgeted for and secured) to conduct M&E, or else nothing would be achieved.

ANNEX 1: SAMPLING

The main idea of statistical inference is to take a random sample from a population and then use the information from the sample to make inferences about particular population characteristics such as the mean (measure of central tendency), the standard deviation (measure of spread) or the proportion of units in the population that have certain characteristics.

Additionally, a sample can, in some cases provide as much or more accuracy than a corresponding study that would attempt to investigate an entire population. Careful collection of data from a sample will often provide better information than a less careful study that tries to look at everything.

This sample should be such that it will allow extrapolation of results and findings onto a wide population. Inconclusive results may arise when too small a sample is used to address a particular questions.

Sampling Methods

A census, is full count and is often not feasible for gathering data from the entire population, when the group is too big, or time, resources and funds too limited to carry out census. In such cases, you need to select a sample that is representative as possible of the full population in order to make conclusions about characteristics of the whole population.

In choosing sample based M&E, three factors in particular need to be considered that affect both methods chosen and validity of findings.

Clarity of sampling frame- A sampling frame is a description of the set of all possible individual who you could choose for your sample.

Decide on an appropriate sample size – The Sample size that you choose greatly influences the validity of your findings. Your sample size should be determined based on available budget and resources, the number of sub-groups to be analysed, the time available and the time needed to carry it out properly, the variation within a population of the variable being tested, the

desired level of confidence one would like to have to estimate within a given margin of the value of the population and the maximum allowance error with which you are comfortable. Get statistical advice on the appropriate sample size.

Select Sampling Method – With your sample size, one can choose between two main methods for selecting samples – random sampling and non-random sampling.

ANNEX 2: DATA COLLECTION INSTRUMENTS/TOOLS

The data column of this instrument should be filled by the IMAU headquarters and IMAU branches on a quarterly basis. It is the responsibility of the Branch Secretary to send the completed tool to IMAU headquarters. It is the responsibility of the IMAU National Secretary to compile the data and give a feedback to the IMAU Branches every quarter.

IMAU GENERAL OBJECTIVES

Objective(s)	Performance questions, Information Needed, and Indicators	Source	Frequency	Responsible Person to collect data	Data Column
To unite all Muslim Medical personnel including Doctors, Nurses, Midwives, Pharmacists, Medical Technicians and other Auxiliary persons to each other and to encourage them to know each other and to work together in the promotion of Islamic Principles and practices.	Number of registered members	Branch registers National register	Annual	Branch secretary Secretary General	
	Number of formalised branches	Hqrs	Annual	Secretary General	
	Number of members who attend quarterly meetings	Branch minutes	Quarterly	Branch Secretary	
To encourage Muslim Medical personnel to practice and study Islam at work. To promote the spiritual, moral and material welfare of Muslim Medical personnel. To encourage the integration of scientific Medical practice with Islamic Practice for Muslims in Health Institutions. This is to include arranging for prayers; preaching and terminal care of Muslim patients. To organise seminars for the promotion of Islamic Medical Care	Number of Islamic health professionals putting on according to Islamic dress code	Workplace	Annual	Branch Secretary	
	Number of workplaces with prayer facilities	Branch Headquarters	Annual	Branch C-Man	
	Number of CIME session	Branch Headquarters	Quarterly	Branch C-Man	
	Income Generating Activities	Branch Headquarters	Quarterly	Branch C-Man	

Objective(s)	Performance questions, Information Needed, and Indicators	Source	Frequency	Responsible Person to collect data	Data Column
To promote research and publications in the field of Islamic Medical History, Prophetic Medicine, Islamic Medical ethics and medicine in general from the Islamic view point.	Number of newsletters, articles, research proposals & publications achieved.	Hqrs	Quarterly	National Treasurer Branch Secretary	
To set up a Library to collect Islamic and other Literature for the promotion of Islamic Medical Care.	Number of functional documents sources for reference	Branch	Annual	Branch Secretary	
To raise funds through contributions and donations and to create or build up projects for generating funds for the purpose of carrying out objectives of the Association.	Amount of funds raised through fundraising, donations, member recruitment	Branch and National financial reports	Quarterly	National Treasurer Branch treasurer	
To establish hospitals, clinics, pharmacies, laboratories and training schools for the promotion of Medical Care in the Community.	Number of health related facilities – clinics, pharmacies	Hqrs Branches	Annual	National C-Man Branch C-Man	
To encourage the training of Muslims in Medical fields of different types and to provide seminars, refresher courses and also to invite Lecturers, Teachers, and Specialists for the purpose of widening Medical Education to the Muslims and the people of Uganda as a whole	Number of school outreach programmes Number of lecturers invited.	Branch	Quarterly	Branch Secretary	
To support and to encourage the efficient running of Islamic Medical Institutions	Number of clinical staff oriented on management skills – financial, human resources, Strategic Planning and M&E	Hqrs	Annual	National C-Man	

Objective(s)	Performance questions, Information Needed, and Indicators	Source	Frequency	Responsible Person to collect data	Data Column
To promote Primary Health Care in the Community using the Mosque and other appropriate fora	List of PHC outreach sessions conducted – MAL, HIV/AIDS, etc)	Branch	Quarterly	Branch Secretary	
To promote good relationships with Islamic Organisations both at home and Abroad and to encourage affiliation to other Islamic Medical Institutions through professional cooperation	Exchange visits Number of organization in partnership with IMAU.	Hqrs Branches	Annually	National Secretary Branch Secretary	
To acquire land Freeholds, Leases, Build Premises for the purpose of fulfilling the objectives of the Association and also to borrow Money from Financial Institutions and to give securities for such loans	Fixed assets value	Balance sheet	Annual	National Treasurer	
	Amount of funds spent on capital development	B/Sheet Hqrs	Annual	Branch Treasurer	

Note: Both the headquarters and branches to collect data (indicated responsible personnel) by writing in the data column as section of the form.

IMAU STRATEGIC OBJECTIVES –M&E INSTRUMENT

Goals / Objective	Performance questions, Information Needed, and Indicators	Source of data	Freq.	Responsible person for data collection	
To establish an Islamic hospital, training centre and resource centre at national level located at Wattuba by 2008	4) At what level has construction reached for the hospital, training centre and resource centre?	Progress reports at Hqrs	Quarterly	National Treasurer	
	5) Has all the necessary equipment been procured	Procurement report and inventory at Hqrs	Quarterly	National Treasurer	
	6) What are the current staffing levels a) Hospital staff b) Training centre staff c) Resource centre staff	Monthly / quarterly reports	Quarterly	National C-Man	
	39) Number of staff oriented to Islamic approach to health (no of orientation courses)	Annual reports	Annual	C-Man	
	40) No. of clients served – health services	Quarterly reports	Quarterly	Secretary General Branch Secretary	

Goals / Objective	Performance questions, Information Needed, and Indicators	Source of data	Freq.	Responsible person for data collection	
	41) Research publications	Quarterly reports at Hqrs and Branches	Quarterly	National Treasurer	
	42) Funds raised for projects, number of fundraising sessions, proposals written and approved	Hqrs and Branch Annual balance sheet	Balance sheet	National treasurer Branch treasurer	
To establish one Islamic health facility and resource centre at each IMAU branch by 2008	43) Number of health facilities affiliated	Branch and Hqtrs Reports	Annual	Secretary General Branch secretary	
	44) MOU signed	Hqtrs Reports	Annual		
	45) Number of centres equipped	Hqtrs report	Annual	Secretary General	
	46) Number of clients served by each branch	Branch records	Quarterly	Branch secretary	
To significantly improve community knowledge, attitudes and practices on health issues using Islamic principles by 2008	47) Curricula made for branches	Hqrs	Quarterly	Secretary General	
	48) Number of trainers trained	Hqrs	Quarterly	Secretary General	
	49) Number of community educators trained	Hqrs Branches	Quarterly	Secretary General Branch secretary	
	50) Number of workshops held	Hqrs Branches	Quarterly	Secretary General Branch Secretary	

Goals / Objective	Performance questions, Information Needed, and Indicators	Source of data	Freq.	Responsible person for data collection	
	51) Number of people educated	Branch quarterly minutes Hqrs reports	Quarterly	Secretary General Branch secretary	
	52) Number of activities held	Branch Hqtrs	Quarterly	Secretary (national and branch)	
	53) Number of people referred for services and number of collaborating referral sites	Hqrs	Quarterly	Secretary General	
To improve networking and partnership with national and international Islamic & other organisations involved in health promotion	54) Number of IMAU members attending meetings	Branch and Hqtrs	Quarterly	Secretary	
	55) Number of people who receive and acknowledge IMAU updates	Hqrs	Quarterly	Secretary	
To contribute to the national and international response to HIV/AIDS guided by Islamic teachings and scientific knowledge	56) Number of HIV/AIDS related activities accomplished 57) Number of correspondences from other organisations received	Headquarters quarterly reports	Quarterly	Secretary General	

Goals / Objective	Performance questions, Information Needed, and Indicators	Source of data	Freq.	Responsible person for data collection	
To significantly increase knowledge and improve attitudes, behaviours and practices of the communities, for prevention and control of HIV/AIDS infection using Islamic principles, by the year 2008	58) Number of staff hired	Headquarters quarterly reports	Quarterly	National Treasurer	
	59) Number and type of BCC materials developed	Headquarters quarterly reports	Quarterly	IMAU executive committee	
	60) Number and type of BCC materials produced	Headquarters quarterly reports	Quarterly	IMAU executive committee	
	61) Number and type of BCC materials disseminated	Branch quarterly reports	Quarterly	Branch Executive Committee	
To significantly increase utilisation of preventive, care and support services by 2008, for those infected and affected by HIV/AIDS using Islamic principles	62) Number of centres identified	Branch quarterly reports	Quarterly	Branch executive committee	
	63) Number and type of referrals cards produced and distributed	Quarterly reports	Quarterly	Branch executive committee	
	64) Number of clients served with integrated HIV/AIDS services	Quarterly reports	Quarterly	Branch executive committee	
To provide continuing medical, Islamic and management education to IMAU members	65) Number of members educated and education sessions held	Hqrs	Annual	Secretary General	
	66) Scholarships obtained by IMAU members	Hqrs	Annual	Secretary General	

Goals / Objective	Performance questions, Information Needed, and Indicators	Source of data	Freq.	Responsible person for data collection	
	67) Funds raised for scholarships	Hqrs	Annual	National Treasurer	
To increase research and publication on health issues and the Islamic approach to them	68) Number of IMAU trained in M&E, research	Hqrs and Branches	Quarterly	Secretary General Branch secretaries	
	69) Number of research projects done	Hqrs	Annual	Secretary General	
	70) Number of publications on IMAU activities	Hrs	Annual	Secretary General	
Increase IMAU membership by 50% by 2008	71) Number of new members registered each year	Branch register National register	Annual	Secretary general	
	72) Institutions visited	Branch and national	Annual	Secretary	
	73) Number of motivator sessions held	Hqrs	Annual	Secretary	

Note: Both the headquarters and branches to collect data (indicated responsible personnel) by writing in the data column section of the form.

ANNEX 3: REPORT WRITING

There are many different audiences for M&E information. For example it might be necessary to report on progress of a programme or programme to managers, implementing agencies, steering committees, funding agencies, stakeholders. Funding agencies and managers need information on impact, while implementing partners need to understand problems in order to find solutions.

When presenting and communicating M&E information, keep the following in mind:

- **Know who the audience is** - who needs what kind of information? Is it needed for accountability, for action and decision-making or advocacy? What do you expect from the audience? What content and form is most appropriate?
- **Build communication into the M&E system** - plan it from the start, design information flows, and decide who is responsible for communicating what and when/how often.
- **Invest in communication** -Professional presentations and reports; capable people make all the difference.

GENERAL GUIDELINES FOR WRITING REPORTS

Regular reporting of information is important to document the results of the programme. Reporting the information in a meaningful way is essential to communicate the results of the data collection and analysis. A report should be clear, and describe succinctly what has been done, what methodology has been used, and how conclusions and recommendations have been reached. The general guidelines for monitoring or evaluation reports are the same. What is often different is how the information gets presented.

Monitoring information is often incorporated into periodic reports (e.g. monthly or quarterly progress report), whereas evaluation reports are often separate reports. Some general points for writing monitoring and evaluation reports are as follows:

- **Keep it short.** Very long reports tend to be used less than short ones. Often people do not have time to read a long report.
- **Keep it clear.** The report is supposed to be read and understood. Avoid technical words and jargon. Use simple, clear and familiar words that everybody can understand.

- **Use short sentences.** Try not to use more than about 16 words in a sentence. Use positive sentences. Do not put a lot of different ideas in one sentence.
- **Plan spacing and layout.** For a clearer layout, break up the text into short paragraphs to help the reader. Present one main idea in each paragraph.
- **Use subheadings.** These help people to remember what they read, and make the report more interesting.

USE OF INFORMATION AND DECISION-MAKING

A last, and very important step, is to use the information from monitoring and evaluation to improve the performance of programme overall. Based on the information, decisions have to be made about meeting the targets specified in the plan, or how to deal with issues that have arisen. There may have been delays in implementation, some objectives may not be as relevant as considered when the plans were made, or there are other problems.

In each case, someone will have to make a decision, which may affect impact and effectiveness of the programme. What can be done to solve the identified problem(s)? What recommendations should be made for the continuation of the programme? Making decisions is not always easy, but there are certain things one can do that can help with this:

- Clearly identify the problem and its causes
- Collect and organize all relevant information in a systematic way
- Identify alternative solutions to solve the problem(s)
- Evaluate the alternative solutions to solve the problem(s)

Making good quality decisions is a **process**, a series of stages that leads to the final point of making a choice out of possible options.

ANNEX 4: DATA PROCESSING AND MANAGEMENT

Summarizing the data – collect the data from the group interviews, observation sheets, and completed questionnaires. Make summaries to count how many people gave the same answer or said similar things. With **quantitative** information (dealing with numbers) this is easy to do.

Summarizing the data is done by:

- Counting and preparing and presenting it in summary tables,
- Breaking the data down by relevant categories (for example by male-female, by age group, education, occupation or location).
- Present information in different ways, such as percentages, ratios, averages, medians and range.

Summarizing **Qualitative Data** (dealing with descriptions) is harder. Some extra work may need to be done first, for example:

- Coding the responses and then counting them
- Identifying different categories of responses and the number or percentage of responses in each category
- Present the information including narrative background information or quotes from the interviews as examples as illustration.

Interpreting the Data - After summarizing the data, careful data analysis begins.

What is the data saying? Keeping in mind the objectives and outputs of the programme or programme, what conclusions can be drawn and what recommendations made? If several tools, i.e., focus group discussions, surveys, are being used, it is important to reconcile the results from these tools to make sure they do not conflict. Persons familiar with the implementation of the project contract can be useful in explaining some of the findings.

General Guidelines for Data Analysis

Data analysis is a continuous process of reviewing data as it is collected, in order to obtain the information that it holds. Use the analysis to formulate further questions, to verify preliminary information, and to draw conclusions. Analysis is the process of making sense of the collected data. It should not be left until all data has been collected.

Some general guidelines for data analysis are:

- Look at the summarized data, and seek relationships between the parts. See what conclusions you can draw based on the summaries (keeping in mind the goal and objectives of the programme!).
- Arrange a list of key issues, and arrange your findings according to this list. Look through your data, and look for differences, variations and contradictions. Judge the relative importance of the information.
- Formulate a series of questions based on the purpose of the evaluation (or the objective of the programme), and try to answer them using the collected data.
- Use diagrams, ranking methods and other analytical tools.
- Check your results and conclusions by presenting them to key informants or a group of community members.
- Be self-critical; does the information make sense to you?
- Results have to be consistent and must not contradict each other. Two opposite statements cannot be true at the same time. If your results contradict secondary sources or other information, you must be able to explain why. Your findings have to be believable.

Data Storage and Information Management

During programmes implementation, and as a result of monitoring and evaluation, a lot of data will be collected. Such data may not only be needed shortly after it has been collected, but also at a later time (e.g. to compare the “before” and “after” situation of a programme). It is important that the collected data gets properly and systematically stored, so that it can easily be found in case it is needed again.

Data on programmes is also used by more than one person, so it is important that whoever needs access to data or information, can find it without much extra help of the person who has stored it in the first place. There needs to be a system to store and manage programme data and information. When setting up a data and information management system, there are four questions that should be considered:

1. What data and information needs to be stored?

Data and information storage is needed at two levels: to guide the programme strategy and for tracking operations. In principle, everything you decide to monitor and evaluate will need to be stored in some way. Data about progress with implementation, stakeholder reviews, annual programme reviews, primary stakeholder databases, changes in the context, information on impacts, minutes of meetings... the list quickly becomes very long. Therefore, consider carefully what data and information needs to pass to whom for decision-making and for reporting.

2. Who needs access to the data and information and when?

How the data is stored depends on who is to have access to the data and information and how often. Information to guide the programme strategy is critical for managers (programme staff and implementing partners), steering committees, primary stakeholder representatives and funding agencies. Data and information on operations is critical for fieldworkers, managers of programme components and stakeholders.

For data and information storage it is important to consider the skills of the users and the types of communication with which they are comfortable. Only store material where it will be used. This is particularly important with data on paper. Do not assume that all data needs to be copied, distributed and stored at all levels. Only keep the data where it is used. This usually means leaving the originals with the stakeholders who produced them.

3. What type of data and information needs to be stored?

As computers become more generally available, and more and more people know how to use them, there is often a tendency to computerize most of the data. The decision whether or not to store data electronically should be considered carefully. If the data needs to be accessible to many people, or if one should be able to access it quickly in different locations, there is some advantage in electronic storage. But if it is unlikely that the data will be needed regularly in future, and if it is basically only needed in one location, then it may not be worth the effort of entering all of it in the computer.

It is important to store both paper data and electronic data systematically. For paper data, we often use maps, folders and boxes to store documents in a chronological order (i.e. according to the date the data was obtained or the information was produced), or in a thematic order (i.e. by subject). For electronic data, sub-directories and databases are used to avoid having all data and reports together in a way, which makes it difficult to get access to the data or the information again.

4. How long do we need to keep the data and information? Regularly assess what information you need to keep and what can be discarded.

A data and information storage system will soon get congested and overflow if it is not updated regularly. Not all data and information must be kept forever. There are some documents, which legally must be kept for a number of years (especially documents related to programme finances and expenses). It is important to find out from each donor how long project documents should be kept. Some data and documents will also be needed throughout the programme, or to enable you to make comparisons of change over time. This includes baseline data, summaries of progress in implementation and interim impact information. Some data and documents also have an interest beyond the programme or programme itself, and can be a source of useful information to researchers and evaluators even after the programme has ended. But there is also much data and information that can be discarded. This is as true for archives of hard copies as it is for computerized data.

ANNEX 5: SETTING UP A MONITORING AND EVALUATION SYSTEM

KEY STEPS - This starts with the study and understanding of the organisation operational plan – (a plan for what will be achieved and how it will be achieved). The six key steps involved in designing an M&E systems are.

1. Establish the scope and purpose of the M&E system – why do we need M&E and how comprehensive should our M&E system be?
2. Identifying performance questions, information needs and indicators – what do we need to know to monitor and evaluate the organisation (programme) in order to manage it well.
3. Planning information gathering and organisation - how will the required information be gathered and organised?
4. Planning critical reflection processes and events – how will we make sense of the information gathered and use it to make improvements?
5. Planning for quality communication and reporting – how and to whom do we want to communicate what in terms of our organisation (programme) activities and processes?
6. Planning for the necessary conditions and capacities – what is needed to ensure our M&E system actually works?

TASKS INVOLVED AT EACH STEP IN DEVELOPMENT OF AN M&E SYSTEM

M&E Design Step	Outputs (M&E Framework)	Tasks Needed to Develop a Detailed M&E Plan.
1. Establishing the purpose and scope	Broadly defining the purpose and scope of M&E in the organisational context.	<ul style="list-style-type: none"> • Review the purpose and scope with key stakeholders
2. Identifying performance questions, indicators, and information needs	A list of indicative key questions and indicators for the goal, purpose and output levels	<ul style="list-style-type: none"> • Assess the information needs and interests of all stakeholders • Precisely defined all questions, indicators and information needs for all levels of the objective hierarchy • Check each bit of information for relevance and end use.
3. Planning information gathering and organising	Generally describe information gathering and organising methods to enable resource allocation	<ul style="list-style-type: none"> • Plan information gathering and organising in detail (who will use which method to gather/ synthesise what information how often and when, where with who, with what expected information product). • Check the technical and resource feasibility of information needs, indicators and methods. • Develop formats for data collection and synthesis
4. Planning communication and reporting	Broad description of key audiences and types of information that should be communicated to them to enable resource allocation	<ul style="list-style-type: none"> • Make precise lists of all audiences, what information they need, when they need it and which format • Define what is to be done with information – simply send it, provide a discussion for analysis, seek relevant feedback for verification, etc • Make comprehensive schedule for information production showing who is to do what

M&E Design Step	Outputs (M&E Framework)	Tasks Needed to Develop a Detailed M&E Plan.
		by when in order to have the information ready on time
5. Planning critical reflection processes and events	General outline of key processes and events	<ul style="list-style-type: none"> • Precisely detail which method / approaches are to be used, with which stakeholder groups and for what purposes, • Identify who is responsible for which reflective events, • Make a schedule that integrates all the key events and reporting / decision moments
6. Planning for the necessary conditions and capacities	Indicative staffing levels and types, clear description of organisational structure of M&E indicative budget	<ul style="list-style-type: none"> • Come to a precise definition of the number of M&E staff, their responsibilities and their linkages, incentives needed to make M&E work, organisational relationships between key M&E stakeholders, the type of information management system to be established and detailed budget.

Note:

There is need in the process setting up the M&E system, to have a workshop to define the principle indicators. Participants to such workshop would include – national technical staff, and the implementing NGOs. The more diverse stakeholders we can include in the process, the more all round clarity we shall eventually have as to what is needed from whom and when.

MONITORING AND EVALUATION SYSTEM

The monitoring and evaluation system consists of four interlinked parts:-

Setting up the M&E System – At the start of the process of setting up the M&E system, there is identification of needs to guide the organisational strategy, ensure effective operations and meet external reporting requirements. After the needs identification stage, a decision has to be made on how to gather and analyse this information and document a plan for the M&E system.

Implementing the M&E System (Gathering and Managing Information) - This can be done through informal or structured approaches. Information comes from tracking which outputs, outcomes, and impacts are being achieved and checking organisational operations (e.g. activity completion, financial management, and resource use). During information gathering and management process, you need to solve problems as new ideas for improving the initial M&E plan.

Reflecting Critically to Improve Action – Once information has been collected it needs to be analysed and discussed by organisational stakeholders. This may happen formally – for example during the annual organisational review workshop/meeting, or informally e.g. talking with farmers about their ideas during weekly field visits. In such reflections and discussions, if the information gaps, they would be noticed. These can also trigger further adjustment to the M&E systems plan to ensure the necessary information is being collected.

Communicating and Reporting Results – Results of M&E need to be communicated to people who need to use it. It is only then, that you can say the M&E system is complete and successful. This reporting could be to funding agencies. Through reporting, organisational progress and problems are shared with other stakeholders, and possibly solution identification is also shared.