

This M&E planning tool will help your health partnership to think through the practical implications of your monitoring and evaluation plans and ambitions. In this way, it will be a guide for both implementing and reviewing your M&E plans. You will need to have written a project plan ('logframe') with indicators first.

### Monitoring and evaluation plan – Guidance and Example

### Areas of focus for planning

Indicator	Source of information (aka 'Means of Verification')	Baseline at project outset	Data gathering methods: a) Expertise needed b) Responsibility	Data use: a) Collation b) Analysis c) Feedback d) Process review e) Responsibility	Costs Frequency and Timeframe
List the indicators you have chosen for each objective – output, outcome, goal – as specified in your project plan	This is where you will find the data for your indicators e.g.: a course register, an interview, a survey, an audit. Choose appropriate sources, bearing in mind issues such as reliability, data quality, resource entailed.	Record for the indicator <i>before</i> the project began. Your baseline does not change as the project progresses; it is the means by which you can show the difference that your project has made. At the end of the project, you can compare your results to the baseline to see how far you have moved.  Ideally, use the same source of information that you will use to measure later in the project; if you are	<p>This section will help you check whether your M&amp;E plan is realistic.</p> <p><u>Reporting and data use</u> Donor reports will have a defined structure but consider also how you can use your results to inform other stakeholders and how best to do this e.g. a meeting with project coordinators; or case stories. For more on communicating results see the THET resource 'Project Monitoring'.</p>		
			a) What expertise is needed? Does the partnership already have this available, where? What is the expert's availability? Etc.  b) Who has oversight for gathering the data? How much time do they have available to do this? Is it a new responsibility or one they are already doing i.e. how will it impact on their role? Are they motivated?	For data use, consider the stakeholders that will be interested and how best to present the data for those stakeholders.  a) How will you bring the data together – e.g. in a meeting, by collating forms, online? b) What expertise is needed? Any computer software? What evaluation question is the analysis addressing? c) Forums to feedback results to internal and external stakeholders? When? Informal feedback systems for your direct beneficiaries – how can	Costs: for each aspect of data gathering and use, from materials to transport and telecommunications.  Frequency and Timeframe: how often must you collect the data? When do you need the data by and is this feasible given the time and human resource available?

		setting up measurement systems yourself, you may not have any baseline data, in which case use your needs assessment as a baseline (see examples below)		<p>you communicate positive changes in their behaviour to the health workers themselves? Who will do this, when, and how often?</p> <p>d) Will this data explain how well your methods are working? If so, how will you move from results to actions?</p> <p>e) Who is responsible for the above points in relation to this indicator? Why this person? Also see (c) under column Data Gathering Methods</p>	
<b>EXAMPLES</b>					
Number of nurses scoring 75% or more in post-training assessment	Assessment records	No baseline data; Nurses observed to lack skill x.	<p>a) Technical knowledge to score tests therefore, UK volunteers delivering training</p> <p>b) UK volunteers delivering training and assessment. Scoring to take place within 1 day of training, while still on visit so does not encroach on time back in UK.</p>	<p>a) Paper assessment scored typed into Excel</p> <p>b) Basic analysis: numbers scoring 75%, by training session. Results to inform question on efficacy of training delivery.</p> <p>c) Feedback to developing country Coordinator and institution management.</p> <p>d) If results for first 2 courses are below expectations for numbers scoring 75% or more, review assessment criteria and speak to training deliverers about modifications.</p> <p>e) Developing country partner coordinator does basic results analysis, feedback and review.</p>	<p><u>Costs</u>: printing costs for hard copy assessments. Telecomms costs for developing country partner coordinator to communicate results and concerns to UKP.</p> <p><u>Frequency and Timeframe</u>: After each training session (training happens once a quarter, lasting 2 days). Analysis of first 2 sessions must happen within one week so</p>

					<p>that any changes needed can be incorporated into next training.</p> <p>Feedback to institution management to happen following each training session with a summary and actions at the end of 2 training sessions.</p>
<p>Self-reported confidence [e.g. to deal with obstetric emergencies]</p>	<p>Nurse interviews</p>	<p>Nurses report very low levels of confidence</p>	<p>a) Interviewing skills and sufficient autonomy from project/managers – UK MSc student. Analytical skills to aggregate data – UK MSc student.</p> <p>b) Ultimate responsibility Coordinators. Task responsibility – MSc research volunteer.</p>	<p>a) Interviews typed up.</p> <p>b) Qualitative analysis for examples of practice, including quotes that describe nurses' perceived (un)improved confidence. Also, thematic analysis for common enablers and barriers (e.g. lack of equipment) to using skills to manage obstetric emergencies.</p> <p>c) Careful feedback needed as personal testimony – firstly between UK &amp; DC partners. Research volunteer feedback common themes in synthesis report, internal audience.</p> <p>d) Data may reveal barriers to change – Coordinators to review and consider implications for project</p>	<p>Costs: research volunteer flight and subsistence. Materials: stationery, recording equipment.</p> <p><u>Frequency and Timeframe:</u> Every 6 months. Due to costs, interviews can only take place once during project – 6 months before project completion. 1 week to do interviews. 2 weeks to do write-up and synthesis. Total = 3 weeks.</p>

				sustainability. e) Coordinators.	
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**Monitoring and Evaluation Plan - Template**

<b>Indicator</b>	<b>Source of information</b>	<b>Baseline at project outset</b>	<b>Data gathering methods:</b> a) Expertise needed b) Responsibility	<b>Data use:</b> a) Collation b) Analysis c) Feedback d) Process review e) Responsibility	<b>Costs</b> <b>Frequency and</b> <b>Timeframe</b>