

**AN ASSESSMENT OF MONITORING AND EVALUATION SYSTEMS OF PLAN
KENYA: A CASE STUDY OF YOUNG HEALTH PROGRAMME AND ADOLESCENT
GIRLS INITIATIVE KENYA, NAIROBI**

By

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REG. No: Q51/80987/2015

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS IN
MONITORING AND EVALUATION OF POPULATION AND DEVELOPMENT
PROGRAMMES**

DECEMBER 2017

DECLARATION

This research project is my original work and has not been presented for a degree in this or any other university.

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DEDICATION

I am dedicating this project to my Mother Jane Auma Obunga, my brother Willis Otieno Obunga, my sister in-law, Janet Achieng, my friends Hilda Jebichii, Dr. Charles Odhong and Isaac Bentley for their unwavering support and patience throughout my study period. I also dedicate this project to Plan International-Kenya for the organization's moral support throughout my study period. It is my sincere hope that this report will contribute to strengthening of Plan International-Kenya M&E System. Last, but not least, I dedicate this project to Population Studies and Research Institute (PSRI). I hope that this work will add to the existing body of knowledge and that it will inform future similar studies.

ACKNOWLEDGEMENT

I would like to give special thanks to my supervisors, Dr. Wanjiru Gichuhi and Dr. Andrew Mutuku for their invaluable guidance throughout the period I undertook the project. Their wealth of knowledge of the subject matter has really shaped this research project to what it is now.

I would like to acknowledge the management of Plan International-Kenya (Kenya Country Office) for the moral support throughout the study period and for providing me with information for successful execution of the study.

I give special thanks to my mother, Jane Auma Obunga and my friends, Hilda Jebichii, Dr. Charles Odhong and Isaac Bentley for their unwavering moral support and patience during the study period which gave me the drive to carry on with study to its finalization.

I also want to thank my friends, colleagues, classmates and the entire Population Studies and Research Institute for the invaluable support during my study period.

Last but not least, I remain, as ever, grateful to God, who has ushered me with great blessings to successfully complete this study in time and with minimal challenges.

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ABSTRACT

The overall objective of the assessment was to determine the status of the Plan International-Kenya Monitoring and Evaluation System, a case study on two Nairobi based projects; Young Health Programme and Adolescent Girls Initiative Kenya with the focus on eight components: resources and capacity building; documentation (plans, guidelines and operational documents); data collection and management; data quality systems; data verification; data analysis and use; evaluation; and alignment and leadership (FHI 360, 2013). Specifically, the assessment aimed at: identify strengths and gaps of Plan International-Kenya M&E System; determine the procedures of the Plan Kenya M&E System use to improve the programme and to give recommendations for Monitoring and Evaluation practice of Plan International-Kenya. On average, Plan International-Kenya Monitoring and Evaluation System scored 60.2 out of 100. The scores differed from one component to the other as analysed as follows: (highest to lowest); Documentation (Plans, guidelines and operational documents 72 percent, Data analysis and use 71 percent, Alignment and leadership 66 percent, Evaluation 64 percent, Data quality systems 49 percent, Resources and capacity building 48 percent, Data collection and management 42 percent, and Data verification 40 percent. In general, M&E System is at 60 percent and therefore, partially functioning according to the FHI, 360 (2013) standards.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

According to the International Monetary Fund (IMF, 2015a), Monitoring and Evaluation Systems enable both the private and public sector to accurately assess the activities and as such this enhances accountability, effectiveness, and efficiency of the development programmes undertaken, which will translate to the realization of Sustainable Development Goals (SDGs) because IMF has a commitment which is the scope of its operation to the global partnership for SDGs. Specifically, according to Hiller (2002), Kusek & Rist (2001), Levesque et al. (1996), World Bank (2009), UNAIDS, (2009), Mackay, (2007), Mayne (1997), Mayne & Goni, (1997), McCoy et al. (2005), globalization has reduced the world into a small village and, therefore, more interconnectedness, which calls for governments and organizations to be more accountable, exhibit good governance as an approach to realizing enhanced development. It is therefore against this backdrop that Binnendijk (1999) points out that the demand by international donor and organizations for more accountability requires that recipient countries and organizations must enhance result-pegged M&E of Policies, Programmes and Projects. In reference to IMF (2015a), institutions and governments need proper and powerful Monitoring and Evaluation Systems as an approach to realizing suitable programme governance and accountability.

Monitoring and Evaluation has evolved over time due to the need for Results-Based Management (RBM) as well as limited resources and involvement of non-state actors in development (Kusek and Rist, 2001). By the 1980s, major donors such as the United States Agency for International Development (USAID), Food and Agriculture Organization (FAO),

Department for International Development (DFID) and Danish International Development Agency (DANIDA) had embraced Participatory Monitoring and Evaluation (PME). This also emancipated the acceptance and growth of M&E in Plan International as indicated in literatures such as (Plan International UK M&E Framework DRAFT, 2013) in programme management. However, the history of M&E systems goes back to the 1970s, when the IMF and the World Bank, in close collaboration with both the International Non-Governmental Organizations (INGOs) and Local Non-Governmental Organizations (NGOs), started drumming for Monitoring and Evaluation in Programmes and Projects.

Presently, M&E continues to evolve in Local Non-Governmental Organizations due to pressure from International Non-Governmental Organizations such as Plan International, (Liket et al., 2014) to develop systems to demonstrate performance of projects/programmes. It is, therefore, against this backdrop that Monitoring and Evaluation of Plan International-Kenya is taking a similar approach to its Programmes and Projects implementation.

Plan International headquarters is currently in the United Kingdom. Programme Units of Plan International are managed and implemented on the ground through operation units. The Programme Units are run by Programme Unit Managers who are fully accountable to the Country Directors. The primary role of Plan International is to empower children, especially girls, and their communities. The organization drives change in practice and policy at local, national and global levels of approach and this is due to an immense experience that it has accumulated over the years of its official operations (White, 2013).

Plan International-Kenya operates through a partnership approach, and is currently working within 16 sub-counties in Eastern, Nyanza, Coast and Nairobi regions, with fully operational Program Units located in Bondo, Homa Bay, Kilifi, Kisumu, Kwale, Machakos, Nairobi, and Tharaka with funding from diverse donors. The programming covers the areas of health, education, child protection, economic empowerment and governance. Plan International-Kenya has over 70 Projects that are concurrently running. All these Projects have Monitoring and Evaluation Systems that are governed by an M&E Framework. The study will focus on two Projects namely: Young Health Programme (YHP) and Adolescent Girls Initiative Kenya (AGI-K). Young Health Programme is a health project that is targeting young people in Kibera between the ages of 10 to 24 on non-communicable diseases (NCDs). Girls Initiative Kenya is a research based project under education targeting adolescent girls aged 11 to 14 years who live in Kibera and enrolled in school. The project aims at developing social and economic assets in the girls.

The specific year when the Plan International M&E framework was developed is however not known (Plan International, 2014). According to Bakewell et al., (2005), the aim of an M&E Framework is to guide coordinated and efficient collection, analysis, use and provision of information. This will enable tracking of the progress made and enhance informed and sound decision making. Specifically according to a toolkit of (Plan International, 2014): ensure accurate and timely reporting to stakeholders; provide projects-related information; reinforce managerial capacities to regularly examine and improve strategic interventions and processes of making decision; ensure tracking of progress made by projects in achieving set targets; generate self-evaluation processes to ensure sustainability and effectiveness of projects; and lay the

foundations for midterm and completion evaluations of projects. A well-structured M&E System has the capability to both make and contribute to development. It should be acknowledged that a good Monitoring and Evaluation System can improve the operations of a project, increase stakeholders ownership, steer strategy, assess outcomes and impacts and also build the capacity of stakeholders to hold programme donors and implementers to account and share learning more widely (REF).

1.2 Problem Statement

According to Karani et al. (2014), local non-governmental organizations operating in Kenya have realized tremendous growth in terms of strengthening their Monitoring and Evaluation Systems. Odhiambo et al (2000) point out that notwithstanding the fact that local non-governmental organizations have made great strides, they have not been able to achieve the internationally accepted levels of monitoring and evaluation. He further underscored that low ratings of development of Monitoring and Evaluation to that of the internationally accepted levels is because of weak Systems of Monitoring and Evaluation. It is noteworthy to point out that many of the Kenyan non-governmental organizations have formulated approaches aimed at institutionalizing monitoring and evaluation practice (Odhiambo et al., 2000 & Njoka, 2015). Notwithstanding the efforts made, Liket et al. (2014) observed that local NGOs have only made efforts to institutionalize monitoring and evaluation Systems because of pressure and stringent legislations by donors, who have routinely demanded that these non-governmental organizations must put in place a working monitoring and evaluation systems to assess whether various programmes have achieved their projected goals.

According to OECD (2003), AfrEA (2006) and Phillips and Porter (2012), the prevailing Monitoring and Evaluation Practices in the continent of Africa are because of donors and funders of various projects. Karani et al. (2014) & Njoka, (2015) further argued that components of Monitoring and Evaluation as defined in various projects or government plans are not in many instances operationalized because most of the entities such as governments or NGOs undertaking projects do not regard Monitoring and Evaluation as an essential tool in programmes progress. This should be understood that both the private and public sector have not been in a position to institutionalize monitoring and evaluation systems.

In light of the above, as Karani et al. (2014) argued, there is an essential need to put into consideration the nature and application of Systems of Monitoring and Evaluation, as they are key determinants of programme effectiveness and efficiency. Further, Liket et al (2014) have also put forward a suggestion that “If you can’t measure how well you are doing against targets and indicators, you may go on using resources without changing the circumstances you have recognized.” In the context of development programmes, the measurement being referred to by both scholars cannot become a reality in the absence of strong M&E systems. Assessment of existing monitoring and evaluation systems is critical to ensure that they are continuously improved in response to the complex and rapidly changing development arena (World Bank, 2009, UNAIDS, 2009; Global Fund et al., 2006).

Despite extensive M&E work by Plan International-Kenya, given the programmatic engagement that it undertakes in Kenya, there are still gaps that require assessment of the Monitoring and Evaluation Systems of the other remaining projects apart from that of Nilinde which was

conducted with regards to their Site Development Partners (Plan Kenya Report, 2016). The Site Development Partners (SDPs) are Non-Governmental Organizations that are implementing the Nilinde Project while on the other hand, Plan International-Kenya is giving technical advice and also supervising the project. Nilinde Project is a USAID funded Project targeting orphans and vulnerable children in Nairobi, Kilifi, Lamu and Taita Taveta Counties. This therefore indicated that Plan International-Kenya had not undertaken a comprehensive assessment of her M&E Systems. The World Bank (2009), Global Fund et al. (2006) and UNAIDS (2009) observed that it was imperative for organizations to undertake project-pegged data-focused. This is realized through a working M&E System.

Therefore, this study aims to fill the knowledge gap in terms of determining the status of the two projects of Plan International-Kenya's M&E Systems in terms of strengths and weaknesses. It's critical to also examine the application of the M&E Systems of these two projects during project implementation. The study applied a system theory of FHI, 360, (2013), eight domains namely; Documentation (Plans, guidelines and operational documents, Data analysis and use, Alignment and leadership, Evaluation, Data quality systems, Resources and capacity building, Data collection and management, and lastly, Data verification, in order to provide monitoring and evaluation practice to Plan International-Kenya.

1.3 Research Questions

- i. Which are the gaps of the Monitoring and Evaluation Systems of Young Health Programme and Adolescent Girls Initiative Kenya Projects of Plan International Kenya?
- ii. What is the level of use of Monitoring and Evaluation Systems of Young Health Programme and Adolescent Girls Initiative Kenya Projects of Plan International Kenya?
- iii. What are the recommendations for Monitoring and Evaluation Practices to Plan International-Kenya?

1.4 Objectives of the study

The general objective of the assessment was to determine the status of the Plan International Kenya Monitoring and Evaluation System with the focus of eight according (FHI 360, 2013).

Specifically, the assessment was to enable:

- i. To identify strengths and gaps of the Monitoring and Evaluation Systems of Young Health Programme and Adolescent Girls Initiative Kenya Projects of Plan International-Kenya
- ii. To determine the level of use of Monitoring and Evaluation Systems of Young Health Programme and Adolescent Girls Initiative Kenya Projects of Plan International-Kenya
- iii. To give recommendations for Monitoring and Evaluation Practices.

1.5 Justification of the study

According to IFRC (2010), Monitoring and Evaluation System, globally, help project/programme managers to measure the progress of any project or programmes. This is

because the information provided by M&E Systems is crucial to enable project managers make essential adjustments to the projects or programmes. According to (IFRC, 2010), a better M&E System provides a reliable and timely information to support project implementation at all times. According to Failing and Gregory (2003), M&E is imperative to enable organizations track their performance and to measure the effects of the managerial actions thus acting as an avenue of a prompt feedback on evolvment towards goals and effectives of the intervention of the programme.

Several contributions of M&E Systems to organizational operations and performance which include organizational learning and knowledge sharing have been highlighted. (IFRC, 2010; Carvil and Sohail, 2007), It allows development actors to learn from each other's experiences, building on expertise and knowledge and reveals mistakes and offers paths for organizations to learn and improve while incorporating the lessons in their policies and practices. According to Hailey (2000), M&E Systems augment managerial processes and provides evidence for decision-making.

1.6 Scope and Limitations of the Study

The study focused on the assessment of the M&E Systems of the two Plan International Kenya Projects - Young Health Programmes and Adolescent Girls Initiative Kenya operating in Kibera, Nairobi as a case study. Due to resource constraints and limitation of time, the scope of the study was limited to the two Projects within the Nairobi environs.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The section presents the review of literature on monitoring and evaluation systems. The literature particularly focussed on the assessment, application and the pivotal nature of the monitoring and evaluation components and systems. The chapter further detailed the conceptual and operational frameworks.

2.2 Evolution of Monitoring and Evaluation Systems

Monitoring and Evaluation Systems has evolved overtime as an important tool of management. As document by by Kusek and Rist (2004), th history of M&E Systems can be drawn back to 3000 BC when Egyptians from time to time used monitoring approaches to track their government's outputs in livestock and grain production in Egypt. These methods were regarded as traditional because of less focus and emphasis on the results. In the period of 1970s, even though there were good Monitoring and Evaluation in international non-governmental organizations, M&E in Governments were project based and focus was on inputs and outputs with less emphasize on results. In the 1980s, there was shift of focus to Sector Wide Approaches (SWAPS) where focus was on monitoring and evaluation activities from the project level to the sector level. In the period of 1990s, there was shift of focus to Poverty reduction strategies (PRSPS), RBM gained popularity and there was a shift in focus from monitoring of inputs and outputs to the measurement of "results" (Mark, et al., 2000; World Bank, 2009).

Millennium Development Goals (MDGs) which came into play in the period 2000s further embraced the idea of Monitoring and Evaluation Systems. The MDG targets were translated into a set of indicators that could measure progress. In the recent past there has been much focus on results based approach which has some elements of Monitoring and Evaluation, for example reducing poverty and improving on living standards of people (Zhou & Hardlife, 2013). Monitoring and evaluation systems thus can be seen to have roots in results-based management approaches. Kusek & Rist (2004) notes that results based approach uses both the traditional approaches to M&E, at the same time allowing measurements of results. The focus on results can be termed as the M&E systems and has gained popularity among many organizations around the world (Göergens, & Kusek 2009).

2.3 Monitoring and Evaluation System Components

As argued by the World Bank (2009) and UNAIDS (2008 a), monitoring and evaluation system refers to the collection of procedures, and data that interrelate to offer timely information, which is integral in management of projects, programmes and policies. In light of this, monitoring and evaluation systems can be defined as an interaction of all indicators, tools and processes that are used to measure if a project/programme has been implemented according to plan and is achieving the desired results (Rogito, 2010). Contrary to common understanding, setting up an M&E system is more than just building a spreadsheet or database. UNAIDS (2008 b) and World Bank (2009) point out that setting up monitoring and evaluation systems entails having M&E staff, data collection tools, monitoring and evaluation system entails having M&E staff, data collection tools M&E capacity building plans, monitoring and evaluation plan, indicators,

monitoring and evaluation database, advocacy and communication plan for monitoring and evaluation among other components.

Applying the system's thinking, World Bank (2009) identified eleven essential components of a functioning Monitoring and Evaluation System. A twelfth component was added following international peer review (Gorgens, et al., 2010). World Bank (2009) adopted what UNAIDS (2008 b) refers to as the 12 Components of a functional monitoring and evaluation system as indicated in Figure 2.1 below. World Bank (2009) and UNAIDS (2008 a) classified the 12 M&E components into 3-main classes and they included components related to information and data, components related to information use, and lastly components related to people, planning and partnerships.

Figure 2.1: Framework of the 12 Components of a Functional M&E System



Source: Combined United Nations Programme on HIV/AIDS (UNAIDS 2008)

The M&E components are categorized into three classifications, which include components related to information and data, components related to information use, and lastly components related to people, planning and partnerships.

2.3.1 Components Related to People, Partnerships and Planning

This category of monitoring and evaluation supports the production of data and its usage, which largely enhance the functioning of monitoring and evaluation. The World Bank (2009) details this consist of component 1 that includes people, whereby their skills falls under component 2 while the working of together of the aforementioned people falls under component 3. Component 4 involves planning, budget and costs fall under component 5, while motivation to maintain a functioning and working monitoring and evaluation system falls under component 6. In light of the above figure, UNAIDS (2008 a) points out that the outer ring emblems planning, human resources, and partnership to enhance the process of data collection and usage and this encompasses organizational culture, organizations functions, and individuals who are essential in ensuring that monitoring and evaluation systems are sustainable and efficient in their performance.

2.3.2 Components Related to Data and Information

According to UNAIDS (2009) and World Bank (2009), this category of monitoring and evaluation system involves five interwoven components in relation to processes of data management, which incorporates monitoring and evaluation data collection, capture, and verification. It is imperative to point out that this component of monitoring and evaluation is responsible for provision of data, which is important to the functioning of an M&E system

(World, 2009). Without generation of data, a monitoring and evaluation system cannot be operational and as such this component details the process of data collection, verification, and its translation into important information (UNAIDS, 2008 a & UNAIDS, 2009).

2.3.3 Components Related to Use of Information

This is the last category of monitoring and evaluation and is in the inner ring and details analysis of data as an approach to generating information with a view to disseminating the same information and for the purpose of sound making decision at all levels. This category of monitoring and evaluation system is responsible for maintaining the functionality of monitoring and evaluation system. Lack of use of information and data from monitoring and evaluation systems means that the use of the systems is not in tandem with its overall purpose. UNAIDS (2008 b) points out that the principal function of a monitoring and evaluation system is to offer information, whereby the same information is used for the purpose of improving programmes, policies and projects.

As argued by UNAIDS (2009), the 12 components do not represent the steps of implementation and they should not be deemed to be implemented in a sequential manner; rather, the 12 components should be present and in optimum standards for the monitoring and evaluation system to function in an effective and efficient manner. UNAIDS (2008 b) posited that based on availability of resources, countries ought to focus on a few of the components at the outset and phase-in monitoring and evaluation investments over time to get all of the system components operational. UNAIDS (2009) and UNAIDS (2008 a) suggested that there is need for building on the existing capacities and systems and address the issues of human resources/capacity and

functioning partnerships to support the collection of quality data. On the same breadth, it is essential to monitor the overall goal of monitoring and evaluation, as it informs decision making because it is a complete waste of resources, both financial and human, to gather data that is not applied anywhere.

2.4 Empirical Evidence of Assessment of Monitoring and Evaluation Systems

An assessment of a Monitoring and Evaluation Systems is an investigative exercise that is aimed at identifying strengths and weaknesses in the system and recommend actions to maintain its strengths and improve on its weaknesses (WHO, 2009). Previous studies carried on assessment of monitoring and evaluation systems used various frameworks and tools. Some of the frameworks that have been used include; monitoring and evaluation systems strengthening tool (Global Fund et al., 2006), participatory monitoring and evaluation system assessment tool (FHI360, 2013) and the 12 components monitoring and evaluation system strengthening tool (UNAIDS, 2009). Review of literature reveals existence of over eleven assessment frameworks and tools that can be used in assessing M&E systems. The choice on which tool to adapt and use in the assessment depends on the intended use, focus, and target audience. UNAIDS framework and the Global Fund guidelines have commonly been used in the past in conducting most of assessments as seen from literature.

According to Njoka (2015), using the same theory of FHI, 360 (2013), the assessment employed descriptive research design which allowed for description of FHOK M&E system as it is and helped to establish strengths and gaps which was fundamental to the realization of research objectives. Data was collected through documents review, key informants' Interviews,

discussions and observation. Data was analysed both quantitatively and qualitatively to produce the results. According to Nyarige (2016), the assessment was conducted to determine whether the National Aids Control Council (NACC) M&E system meet the expected standards of an M&E system. Specifically the assessment sought to establish if there are structures for people, partnership and planning for NACC HIV M&E system, review data management processes for NACC HIV M&E system and establish if there is evidence use in informing decision making for NACC HIV M&E system. Mixed methods approach (quantitative and qualitative) was used to collect and analyse data for this assessment. Quantitative data was collected using self-assessment tool adopted from MERG and it involved graphs which showed on the status of NACC HIV M&E system for each component. Qualitative data was collected through documents review, key informants interviews and discussions with staff who support the systems and sub systems at various levels. The assessment was guided by the framework on 12 components of an M&E system by UNAID (2008 a) which was operationalized into three categories each discussing all the components in each category of the three rings making up the M&E system.

Ogunbemi et al. (2003) conducted HIV M&E systems assessment of Nigeria's National AIDS Control Authority (NACA) to assess the system's capacities to provide essential data for monitoring HIV/AIDS. This assessment process was led by NACA and used M&E framework for a national HIV M&E system (UNAIDS, 2009). The assessment exercise found out that coordinating agencies at the national level had organizational structures that help them perform their Monitoring and Evaluation mandates and functions, but these structures were missing at the

sub national, civil society, and facility levels. It was also found that there was need to employ skilled personnel within the organization to operate the system.

Assessment of HIV M&E systems in Namibia used observations on M&E system performance and capacity, key informant interviews and self-assessments checklist. The assessment used the organizational framework for 12 components of a functional M&E systems for assessing the National HIV M&E system an assessment tool developed by MERG. The findings from this assessment revealed some weakness which included: lack of some institutionalized routine reporting mechanisms for inter-sector reporting; insufficient financial allocation from the state budget and overreliance on international financial support which curtails sustainability; skills gap in national technical expertise; lack of size estimations of vulnerable population groups; full coverage and comprehensive M&E of the region was limited by barriers due to political constraints; the mandate and authority among stakeholders to serve as data sources for the national HIV/AIDS M&E system was not formally stated or clearly understood, particularly among non-health sector stakeholders non-implementation of operational research for the evaluation of activities; inadequate personnel with M&E technical skills; stakeholders at the regional level and below lacked the appropriate software to analyse the data and communication systems to disseminate the information once analysed; funding for communication and information use within the national response to HIV/AIDS had not been secured, which was an inhibitor to implementing information use activities; there was limited coordination and collaboration across sectors involved in the national response to HIV/AIDS; data generated was driven by donor and national reporting requirements and gaps in the confidentiality of data (LaFond, et al., 2007). It must be noted that the assessment of the of HIV M&E systems in

Namibia used the organizational framework for 12 components of a functional M&E systems for assessing the National HIV M&E system an assessment tool developed by MERG but not 8 components developed by (FHI 360, 2013).

2.5 Summary of Literature Review

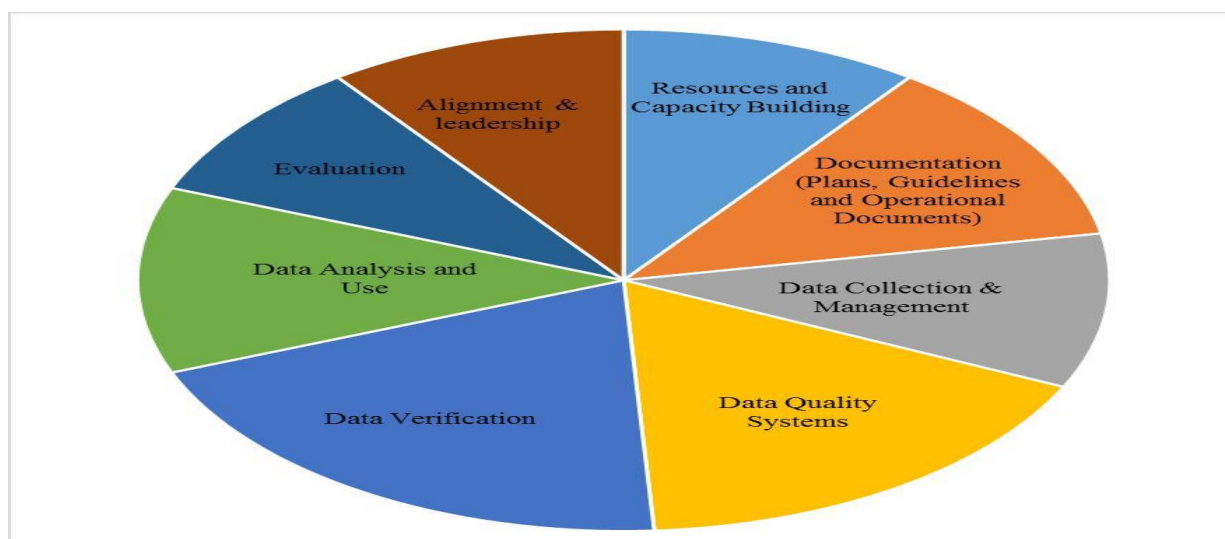
It was noticed from the literature reviewed, that it was indistinct that most of the M&E System consisted of twelve components that were interrelated and which are divided into three categories as developed by (Albio & Nzima, 2006; World Bank, 2009) and adopted by UNAIDS (2008). This was an evolution from how M&E work used to be conducted in the period of 1970s where focus was mainly on inputs and outputs with little focus on results. The focus is slowly tilting to the 8 components namely: resources and capacity building; documentation (plans, guidelines and operational documents); data collection and management; data quality systems; data verification; data analysis and use; evaluation; and alignment and leadership as presented by (FHI 360, 2013). Therefore, the study focused on those domains to establish the weaknesses and the strengths, the contribution of Monitoring and Evaluation System to the improvement of projects/programmes and the recommendations for Monitoring and Evaluation Practice of Plan International-Kenya from a case study of the two projects; Young Health Programme and Adolescent Initiative Kenya.

2.6 Conceptual Framework

The study was informed by the 8 domains recommended by the Participatory M&E System Assessment Tool by FHI 360 (2013). As cited, this framework was informed by the Organizing

Framework of the 12 Components by UNAIDS (2008) of functional M&E Systems. Figure 2.2 below presents the conceptual framework.

Figure 2.2: Conceptual Framework



Source: Family Health International (FHI 360, 2013)

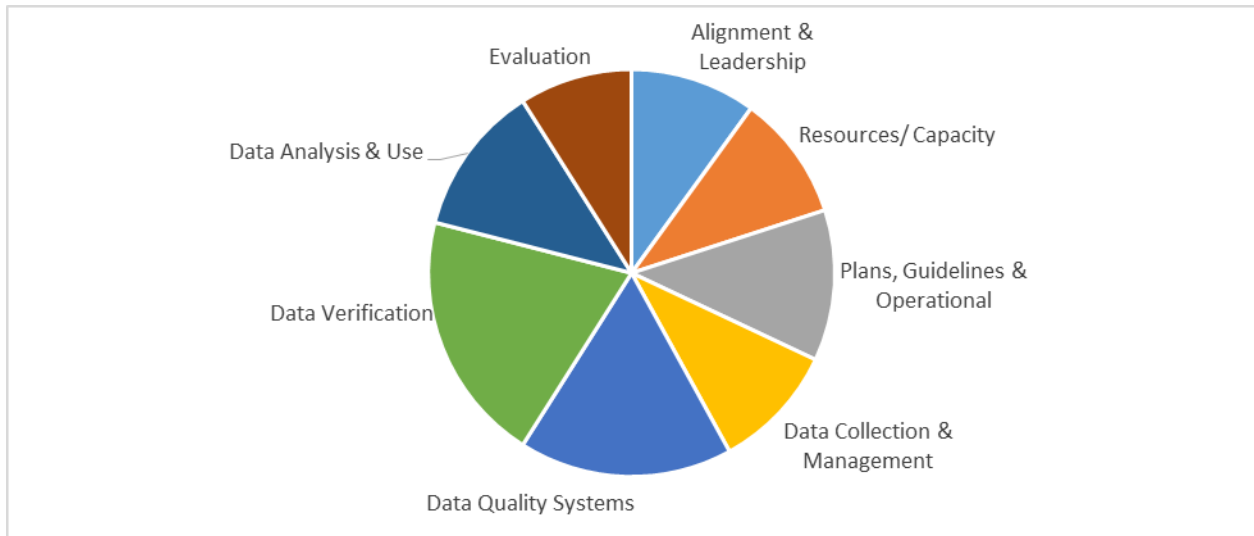
The FHI 360 (2013) due to the programme-level use, condenses the 12 components into 8 domains which are applicable at an organizational and project/programme level: documentation (plans, guidelines and operational documents); data collection and management; resources and capacity building; data quality systems; evaluation; data verification; data analysis and use; and alignment and leadership. It is against the above framework that FHI 360 (2013) provides a generic tool developed as a diagnostic exercise for programmes and projects to critically examine their M&E systems, identify areas performing well and critical gaps and develop a quality improvement plan to maintain the strengths and overcome weaknesses in their M&E system.

2.7 Operational Framework

The fully functional Monitoring and Evaluation System is one which the eight components meets all the set criteria. According to FHI 360 (2013), the components namely; data collection & management, data quality systems, alignment & leadership, resources/ capacity, plans, guidelines & operational documentation, data verification, data analysis & use, and evaluation have a total of 100 percent and divided as follows: Alignment & Leadership 10 percent, Resources/ Capacity 10 percent, Plans, Guidelines & Operational Documentation 12 percent, Data Collection & Management 10 percent, Data Quality Systems 17 percent, Data Verification 20 percent, Data Analysis & Use 12 percent, and Evaluation 9 percent. According to FHI 360 (2013), the overall weighting or scores are determined by the number of questions/filters within the 8 domains. According to FHI 360 (2013:3) the relative weights of each domain may be modified to reflect changing needs and/or priorities by either (1) increasing or decreasing the total number of questions and filters in each domain or (2) including subjective weights for each domain. The exception to this is the data verification domain, which has a higher scoring pattern for each standard to emphasize the importance of data quality. Therefore, was against that background that the study distributed the scores from the questions drawn from the components. Each question had a maximum of 2 (two) points in order to fully meet the standard, 1 (one) to partially meet the standard, and nil (0) for it not to totally meet the standard. Thus, when the total score would be between 80 to 100, then the Monitoring and Evaluation System was to be noted as fully functioning, when the total score would be between 50 to 79, then the Monitoring and Evaluation System was to be noted as partially functioning, and lastly, when the total score would be between 0 to 49, then the Monitoring and Evaluation System was to be noted as not functioning as shown in Figure 2.3 below.

The study has scored each components as follows by borrowing the reasoning of FHI 360 (2013): Alignment & Leadership 10 percent, Resources/ Capacity 10 percent, Plans, Guidelines & Operational Docs 12 percent, Data Collection & Management 10 percent, Data Quality Systems 17 percent, Data Verification 20 percent, Data Analysis & Use 12 percent, and Evaluation 9 percent.

Figure 2.3: Operational Framework



Source: 2017

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter provides methods that were used to assess Plan International-Kenya Monitoring and Evaluation Systems of the two specified projects based in Nairobi. Specifically, it covered data sources, research design, target population and study site (area), sampling procedures, data collection methods and tools, operationalization of variables, data analysis methods and ethical considerations.

3.2 Research Design

The study employed a case study design to assess the M&E Systems of the two projects in Kibera- Nairobi namely; Young Health Programme and Adolescent Girls Initiative Kenya, to ascertain the functionality of the Monitoring and Evaluation Systems of Plan International Kenya.

Descriptive research was used to obtain information concerning the current status of a phenomenon and to describe what exists with respect to conditions in a situation (Nath, 2007, Shamoo and Resnik, 2003). Descriptive research design primarily describes what is going on or what exists (Luz, 2006, World Bank, 2009). Descriptive research design was used since it enabled the description of Plan International-Kenya M&E System through a case study of the two projects; Young Health Programme and Adolescent Girls Initiative Kenya.

The study had operationalized the variables and scored each components as follows by borrowing the reasoning of FHI 360 (2013): Alignment & Leadership 10 percent, Resources/Capacity 10 percent, Plans, Guidelines & Operational Docs 12 percent, Data Collection & Management 10 percent, Data Quality Systems 17 percent, Data Verification 20 percent, Data Analysis & Use 12 percent, and Evaluation 9 percent.

The operationalisations' of the variables were measured from each questions drawn from each domain (FHI 360, 2013). For instance, the alignment and leadership was scored 10 percent which means that for it to have had a total of ten percent, then ten questions were drawn. These questions were: the existing and functional M&E International System, the existing and functional International M&E Manual, data collection tools aligned to International M&E tools, project presented components of its M&E System at International conferences or other meetings in the last 2 years, M&E Project team participating in International M&E Technical Working Group (TWG) or other fora, project team participating in donor M&E Technical Working Group (TWG) or other fora, regular supervision activities are conducted to ensure activities are aligned with International Headquarters (IH) standards, project/programme has been used as a best practice/learning site for one or more M&E practices by other (not supported) NGOs/CBOs, one or more elements of project/programme's M&E system have been published in peer review publications in the last 2-3 years, and local M&E System is integrated to the IH M&E System. Each questions had a maximum of two points and a minimum of zero (0) points (FHI 360, 2013). If a question was awarded two points, then it was indicated as fully met the standards (M&E System fully functioning), but when it was awarded one point, then it indicated that it partially met the standards, (M&E System partially functioning), when it was awarded nil/zero, then it

indicated that it did not meet the standards (M&E System not functioning), (FHI 360, 2013). The details, (See the Annex 3). The table 3.1 below shows the questions used to measure the domain (resources and capacity building) in order to give a picture of how the remaining domains were operationalised according to FHI 360, (2013).

Table 3.1: Summary of the operationalization of the study variables in each domain

Domains	Questions to Measure the Variable	How to Measure		
		2 Points: Fully Meets the Standards	1 point: Partially Meets the Standards	0 point: Do not meet the standard
Resources and Capacity Building	1. The M&E budget is between 10 percent-15 percent of the overall programme budget.			
	2. There is/are dedicated staff for M&E (Confirm from the organogram).			
	3. The number of M&E team staff is sufficient in relation to the programme size.			
	4. The M&E team (if >3 persons) has an appropriate skills mix (e.g. data analysis, evaluation/ research).			
	5. Members of the M&E team have received initial orientation on the project M&E system.			
	6. Members of the M&E team have been trained at least once in the last two years.			
	7. Members of the M&E team have received a mentoring/supervision from their supervisor in the last 6 months.			
	8. Programme/Project has had an M&E Technical Assistance (TA) visit from Region of Eastern and Southern Africa (RESA) International Headquarters (IH) /region at least once in the last year.			
	9. Members of the M&E team have visited partners for capacity building/mentoring at least once in the past 6 months.			

Source: 2017

3.3 The study Site

The Young Health Programme is implemented in Kibera-Nairobi. This is because the target population of the ages 10-24 are from the eight selected villages; Soweto West, Raila, Lainisaba, Silanga, Makina, Lindi, Kisumu Ndogo and Gatwekera. The Adolescent Girls Initiative Kenya as a project is implemented in all the villages of Kibera in Nairobi and is targeting girls of the ages 11-14. Therefore, the two projects are implemented in Nairobi at the Plan International-Kenya Kenya Country Office (KCO).

3.4 Target Population

The target population was the Plan International-Kenya, Nairobi Programme Unit staff members who were directly working under the two projects: The Young Health Programme and the Adolescent Girls Initiative Kenya. These staff members included: Project Managers, Project Implementation Officers, Monitoring and Evaluation Coordinators, Data Managers and Data Clerks (Entry).

3.5 Sampling Procedures

The Young Health Programme and the Adolescent Girls Initiative Kenya projects, each had one Programme manager. The Young Health Programme had 1 project implementation officer, while on the other hand, the Adolescent Girls Initiative Kenya project had 4 project implementation officers, both projects had each monitoring and evaluation coordinator, each 1 data managers and also each 4 data clerks. The study based the above projects' information to settle on a purposive sampling procedure. This was because the study purposively picked 2 Project Managers (1 from AGI-K and another 1 from Young Health Programme), 4 Project Implementation Officers (3

from AGI-K Project and 1 from Young Health Programme), 2 Monitoring and Evaluation Coordinators (1 from AGI-K and another 1 from Young Health Programme), 2 Data Managers (1 from AGI-K and another 1 from Young Health Programme) and lastly, 8 Data Clerks. The table 3.2 below shows the sample size from the sampling procedures.

Table 3.2: Sample Size

Designation	Target Population	Sample Size
Project Managers	2	2
Project Implementation Officers	4	4
Monitoring and Evaluation Coordinators	2	2
Data Managers	2	2
Data Clerks	8	8
Total	18	18

3.6 Sources of Data

The study sought to use both primary data, such as interviews and focused group discussions and secondary data from Statistics Reports, Project Reports, Plan International Strategic Plan, Internal Reports and past literature, Schindler, (2003), as an approach to gaining deeper insights of the study. Primary data was collected from Project Managers, Project Implementation Officers, Monitoring and Evaluation Coordinators, Data Managers and Data Clerks.

3.7 Data Collection Methods and Tools

3.7.1 Documents/Records Review

A documents/records review process was employed to review the M&E framework, project indicator matrices, project reports, service statistics, data collection tools, and minutes among others. A document/ record review guide (*See annex 1*) with guiding questions was used to guide the review process.

Discussions was held with key informants such as Project Managers, Project Implementation Officers, Monitoring and Evaluation Coordinators, Data Managers and Data Clerks (Entry). A discussion guide (*See annex 2*) with guiding questions were used to guide discussions with the above key informants. Information from the key informants was used to score each of the eight components; Alignment and Leadership, Resources and Capacity Building, Evaluation, Documentation, Data Analysis and Use, Data Verification and Data Quality Systems.

3.7.2 Observation

The study used an observation as a method to collect data. The observation was a keen look into whether the two projects had up to date data base, the tools have all the specific measured indicators, data disaggregated into age and gender, whether there are clear policies providing steps to limit calculation errors, including automation where possible and whether systems were in place to detect missing data among others. Therefore, an observation checklist with guiding questions were used to guide the process (*See annex 3*).

3.8 Measurement of Study Variables

The Monitoring and Evaluation System Assessment Tool provided by FHI 360 (2013), each of the 8 domains cascaded into a number of standards. Therefore, each standard was given score with regards to the information gathered from existing documents and key informants. The scoring process had a standard which determined the performance and thus the standard had a scale of 0 to 2, as shown in table 3.3 below.

Table 3.3: Scoring Scale/Standard

Number	Comment
N/A	Standard is not applicable, or not available for review purposes
0	Standard is not met
1	Standard is partially met
2	Standard is fully met

The 8 domains applied the same standard to determine the score. The maximum score for the 8 domains was 100. The maximum scores was distributed as shown in table 3.4 below. The domains were measured with the following variables: resources and capacity building-the measuring variables were the resources of the M&E such as allocation of funds between 10-15 percent and training and mentorship for M&E staff; documentation (plans, guidelines and operational documents) - the measuring variables were adequate documentation for the M&E System such as an up to date M&E plan (or PMP), an up-to-date M&E work plan indicating persons responsible for each activity, including any M&E-related roles for the programme/technical staff and implementing partners, among others; data collection and

management- a well-functioning data collection and management system and processes of collecting and managing data; data quality systems-adequate processes and systems to generate quality data; data verification- accuracy of results and whether the reported data can be verified; data analysis and use-how data was analysed and used for management and improvement of programmes; evaluation-adequacy in planning implementation and use of evaluation; and alignment and leadership-alignment of project/programme M&E Systems to the International Headquarters (IH) M&E System and how technical leadership in M&E is demonstrated. The domain met the below scores if it answered the variables indicated.

Table 3.4: Maximum Score for 8 Domains

8 Domains	Maximum Score
Resources and Capacity Building	10
Documentation	12
Data Collection and Management	10
Data Quality Systems	17
Data Verification	20
Data Analysis and Use	12
Evaluation	9
Alignment and Leadership	10
Total	100

3.9 Data Analysis

Shamoo and Resnik (2003) point out that data analysis is the systematic approach of using logical and statistical techniques as a means to describe and assess the gathered data. Application of different analytical approaches makes it possible for the researcher to draw valid and inductive conclusions. The study employed both quantitative and qualitative data analysis techniques in the assessment. The scores for each of the eight domains were entered into MS Excel 2013 spreadsheet for analysis. Once the domains were scored, percentages, tables and charts were automatically generated by the tool to display the quantitative results of the analysis. On the other hand, qualitative data analysis was conducted using thematic analysis. Emerging themes were identified from qualitative data collected from discussions, observations and existing documents. This information was used to support each of the score for each domain that was assessed.

3.9. Ethical Considerations

Ethical consideration is critical in ensuring credibility of and confidence in the study results. According to Belmont (1979), FHI (2001), Bosnjak (2001), Pimpe (2002), Shamoo and Resnik (2003), Czech Republic (2006) and Resnik (2007), ethical protocols and principles highlighted was employed to ensure that respondents were provided with: the choice to participate or not to in the study; an understanding of why the study was being carried out, the possible positive outcomes associated with the study, and the possible negative outcomes associated with the study; a clear understanding of the possibility that there was no individual impact of the study; the knowledge that they are at liberty to withdraw from the study at any point during the process; the knowledge that they were at liberty to decline to answer any questions that they did not want

to; and the reassurance that their answers were strictly confidential and were not attributed to any particular individual.

CHAPTER FOUR

STATUS OF YOUNG HEALTH PROGRAMME AND ADOLESCENT GIRLS

INITIATIVE KENYA MONITORING AND EVALUATION SYSTEMS

4.1. Introduction

This chapter, in line with the three study objectives, provides a presentation of the study results. The chapter commences by establishing the status of the Plan International-Kenya Monitoring and Evaluation System as assessed through the two projects; Young Health Programme and Adolescent Girls Initiative Kenya.

4.2 Description of the Rrespondents

Table 4.5 below shows the number of the sampled population who were taken either through focussed group discussions, or were interviewed as key informants. They represented a 72% and according Kothari (2003), this was a good representation.

Table 4.5: Respondents Description

Designation	Sample			
	Size	Respondents	Variance	Achieved
Project Managers	2	1	1	50%
Project Implementation Officers	4	3	1	75%
Monitoring and Evaluation				
Coordinators	2	1	1	50%
Data Managers	2	2	0	100%
Data Clerks	8	6	2	75%
Total	18	13	5	72%

The table 4.5 above indicates that from the two Project Managers, one responded, representing a 50 percent. The three out of four sampled Project Implementation Officers responded, respecting a 75 percent. One of the two Monitoring and Evaluation Coordinators responded, representing a 50 percent. All Data Managers responded, therefore representing a 100 percent, and lastly, six from sampled eight Data Clerks responded, representing a 75 percent to the study. Therefore, in an average the total respondents were at 72%, according to Kothari, (2003), this is a good representation.

4.3. Status of Young Health Programme and Adolescent Girls Initiative Kenya Monitoring and Evaluation Systems

The Table 4.6 below indicates the summarized scores of the assessment. On average, Young Health Programme and Adolescent Girls Initiative Kenya Monitoring and Evaluation Systems scored 60.2 out of 100. The eight domains that were assessed with regards to the two projects; Young Health Programmes and Adolescent Girls Initiative Kenya as a case study, data analysis and use represented 83 percent, data verification 70 percent, evaluation 69 percent, data quality systems 52 percent, alignment and leadership 51 percent, documentation (Plans, guidelines and operational documents) 50 percent, resources and capacity building 49 percent, and data collection and management 49 percent. In average, the M&E System of Plan International-Kenya using Young Health Programmes and Adolescent Girls Initiative Kenya projects as a case study, represented a 60%, as shown in the 4.6 table.

The domain of data analysis and use was measured using a variable; the manner in which data was analysed and the use of data for management and improvement of programme. This derived questions to answer the variable and then, analysis conducted represented the domain at 83 percent. This indicated that the domain was fully functioning according to (FHI 360, 2013).

The domain of data verification was measured using a variable; accuracy of results and whether the reported data can be verified. This derived questions to answer the variable and then, analysis conducted represented the domain at 70 percent. This indicated that the domain was partially functioning according to (FHI 360, 2013).

The domain of evaluation was measured using a variable; adequacy in planning, implementation and use of evaluation. This derived questions to answer the variable and then, analysis conducted represented the domain at 69 percent. This indicated that the domain was partially functioning according to (FHI 360, 2013).

The domain of data quality was measured using a variable; adequate processes and system to generate quality data. This derived questions to answer the variable and then, analysis conducted represented the domain at 52 percent. This indicated that the domain was partially functioning according to (FHI 360, 2013).

The domain of alignment and leadership was measured using a variable; adequate processes and system to generate quality data. This derived questions to answer the variable and then, analysis

conducted represented the domain at 51 percent. This indicated that the domain was partially functioning according to (FHI 360, 2013).

The domain of documentation (Plans, guidelines and operational documents) was measured using a variable; adequate processes and system to generate quality data. This derived questions to answer the variable and then, analysis conducted represented the domain at 50 percent. This indicated that the domain was partially functioning according to (FHI 360, 2013).

The domain of resources and capacity building was measured using a variable; adequate processes and system to generate quality data. This derived questions to answer the variable and then, analysis conducted represented the domain at 49 percent. This indicated that the domain was not functioning according to (FHI 360, 2013).

The domain of data collection and management was measured using a variable; adequate processes and system to generate quality data. This derived questions to answer the variable and then, analysis conducted represented the domain at 49 percent. This indicated that the domain was not functioning according to (FHI 360, 2013).

In general, this therefore means that Monitoring and Evaluation Systems of the two projects within Plan International-Kenya are partially functioning according to FHI 360 (2013) and consequently, needs strengthening to fully function.

Table 4.6: Summary Assessment Scores

Component	Target	Score	Variance	Achieved %
1. Resources and capacity building	10	4.9	-5.1	49
2. Documentation (Plans, guidelines and operational documents)	12	6	-6	50
3. Data collection and management	10	4.9	-5.1	49
4. Data quality systems	17	8.9	-8.1	52
5. Data verification	20	14	-6	70
6. Data analysis and use	12	10	-2	83
7. Evaluation	9	6.2	-2.8	69
8. Alignment and leadership	10	5.1	-4.9	51
TOTAL	100	60.2	-39.8	60%

4.4. Strengths and Gaps of Plan International Kenya M&E System

The study sought to identify the gaps and equally, the strengths of Plan Kenya Monitoring and Evaluation System using Young Health Programme and Adolescent Girls Initiative Kenya projects as a case study. Objectively, this was performed in line with the 8 domains that the study focussed on when it was conducting the assessment. Critically focussing on gaps and strengths of each the 8 domains helped in the identification of strengths, that in turn, Plan International-Kenya can therefore, constantly capitalize on for the programme/ project improvement.

4.4.1. Resources and Capacity Building

The table above, indicates that out of the target of 10 points, in an average, the component scored or was rated at 4.9, representing 49 percent. This indicates that the Resources and capacity building as one of the M&E domains is not functioning. The Plan International-Kenya domain of Resources and capacity building has a big gap and therefore needs strengthening for the Programmes to achieve the desired goal as indicated by the two projects as a case study; Young Health Programme and Adolescent Girls Initiative Kenya. It should be therefore noted that the overall M&E budget as a component of resource, is below the international standards of 10 to 15 percent UNAIDS (2009) and therefore there should be a need to increase the budget. The M&E staff are understaffed/ the number of M&E team staff is not sufficient in relation to the programme size. One of the respondents puts: ‘*some projects in Plan do not even have data entry clerks. Some are one man show*’. This hampers the programmes efficient operations. The Plan International should therefore, increase the number of the number of M&E team staff for sufficiency purposes in relation to the programme size. The few M&E team who are present have appropriate skills mix (e.g. data analysis, evaluation/ research) as put: ‘*The few that are present are adequately skilled.*’ However, there is need to continuously strengthen the capacity of the team in the areas of evaluation and research.

The M&E team members have not received comprehensive initial orientation on the organization's M&E system such as orientation on data collection, collation, analysis, supportive supervision and reporting among other things. This is due to the disjointed nature M&E structures. There is no unique (main) system that is able to feed data from the sub-system. It is worth to note that there when a staff is joining the organization, they are briefly taken through

M&E but not its entire system. One of the respondents says: ‘ *It depends on the individual project. Holistically none for the department*’. There is need of holistic orientation of the staff members on the Plan International M&E System in order for it to be resourceful to the programme improvement.

It should be observed that members of the M&E team have not been trained at least once in the last two years. A respondents says: ‘ *I am not aware of any training for M& E staff*’. The team learn from each other and have not had an opportunity to be trained on emerging M&E issues and thus rendering the M&E staff members to be not much resourceful and consequently not contribute much to the programmes improvement. The Plan International Kenya should put in place at least 2 training sessions for M&E staff in a year.

Supervision of the M&E team/mentoring is usually done by the usually done by the Monitoring and Evaluation Manager and the Project Manager through review of reports, beneficiary statistics among others. On the other hand, the M&E team conducts supportive supervision to different projects through research studies and the data verification, mentor field teams in data collection, data analysis and data use. Plan International Kenya should have a continuous mentorship and supervision of the M&E team for the improvement of the programmes.

The programme has just had a one-time visit by the IH to assess the M&E System. A respondent explains:

‘One time a consultant was sent from International Headquarters (IH) to assess the M&E systems with special reference to use of technology’.

Trainings and other capacity building initiatives on various components of Plan International Kenya M&E system from partners has not been taking place even on a needs-basis. This is according to the two projects used as a case study: Young Health Programmes and Adolescent Girls Initiative Kenya. A respondent explains: ‘I am not aware of any visit to any partner’. Plan International-Kenya M&E staff should have need-basis capacity building from other relevant partners in order to be resourceful and therefore, improve the programmes.

4.4.2. Documentation (Plans, Guidelines and Operational Documents)

The domain of documentation scored or was rated at 50 percent. This reveals that the domain in Plan International-Kenya using two projects as a case study; Young Health Programme and Adolescent Girls Initiative Kenya is partially functioning. Therefore, the domain needs strengthening. It is observed that there is no proper documentation for the M&E System. A respondent says: ‘M&E plan is available but not for all projects and partially updated’. Plan International-Kenya M&E plan should be regularly updated and all projects should have it. This will improve the projects/ programmes documentation and therefore, the improvement of the programmes.

4.4.3. Data Collection and Management

The assessment noted that data collection and management represented 49 percent. This indicates that data collection and management of Plan International-Kenya M&E System using the two projects; Young Health Programme and Adolescent Girls Initiative Kenya, is not

functioning. It must be noted that data collection tools include all required programme indicators hence enabling those collecting data to capture all the required information.

There is no proper storage of historical data, and they are not up to date and also not readily available. Plan International-Kenya Monitoring and Evaluation System must put in place a proper storage of historical data and also an up to date and readily available data.

The data collection and management of Plan International-Kenya is disaggregated by gender and age. This is pointed out by a respondent who said: ‘*Yes all data requirement and Gender policy requirement is duly observed*’.

It was observed that there is no management support for a follow up of any persistent data gaps with partners. This was pointed out by a respondents who said: ‘*I am not aware*’ another one responded: and ‘*not there*’.

4.4.4. Data Quality Systems

The assessment noted that data quality systems represents 52 percent. This indicates that the data quality systems of Plan International-Kenya using Young Health Programme and Adolescent Girls Initiative Kenya projects, the Plan International-Kenya M&E System is partially functioning. The definitions and interpretations of indicators are followed consistently when transferring data from front-line instruments to summary formats and reports. Specifically, this is the case for reports that are drawn from the data collection, and entry of such. However, it is

must be noted that donor reports are submitted on time as said by the respondent: ‘‘ *As a requirement and matter of compliance*’’.

It is also observed that the feedback is provided to all service points on the quality of their reporting. This improves the data quality systems and consequently improves the operations of the programmes with the regards of quality information for managerial decision making. A respondent said: ‘*As a matter of compliance, we must provide feedback to all service points*’. Plan Kenya should let the M&E staff to understand that they should not have a feeling that data quality is a compliance of a policy to providing feedback to ensuring data quality, but they should inculcate the culture of data quality in them.

Plan Kenya M&E System do not have an evidence that corrections have been made to historical data as a follow up of data quality. This is pointed out by a respondent who said: ‘*I am not aware of any*’.

There is a good observation though, that there is evidence that field-level supervisors review data from field workers (research assistants) before it is finalized and passed on. This thus ensures data quality and therefore improves programming.

4.4.5. Data Verification

Data verification as one of the domains scored or was rated at 70 percent. This indicates that the domain through the assessment of the two projects; Young Health Programme and Adolescent Girls Initiative Kenya, the Plan International-Kenya M&E System is partially functioning

because there is verification of raw data and recounting the following indicators: 1.) number of beneficiaries both men and boys and women and girls who were given a specific school fees in the case of AGIK, and 5 NCDs risk factors in case of Young Health Programme. The data verification team should be given an allowance of error to ensure data quality. Data quality of Plan Kenya takes the form of review of data and data verification exercises most regularly. This greatly improves the programme.

4.4.6. Data Analysis and Use

Data analysis and use as a one of the 8 domains, scored 83 percent. This indicates that Plan International-Kenya M&E System data analysis and use is fully functioning. M&E staff and the general staff use the data analysed to inform decisions of the programmes. This is supported by a majority who indicated that data collected is reported, client-level information is entered into a database then it is analysed and interpreted for use by managers. There are written procedures to ensure regular (at least quarterly) review of M&E data by programme/project managers, M&E staff, other technical staff and partners, at least one data review and interpretation meeting has taken place in the last quarter at the Kenya Country Office programme level involving managers and programme/technical staff, and there is evidence that data analysis has led to improvements in programme design or implementation. The Plan International-Kenya M&E and the staff should therefore constantly use data analysed to improve the programme implementation.

4.4.7. Evaluation

As observed earlier, the evaluation component scored a good percentage of 69 percent, but this still indicates that the domain is partially functioning and therefore needs strengthening. All the

evaluation activities are explicitly outlined in the M&E Framework. Outcome evaluations are conducted, with the recent one being the Outcome Mapping AGIK project. For projects whose life span is 3 years or more, mid-term evaluations are planned and executed. However, this is usually donor-driven and dependent on availability of resources. Where the respective donor does not avail resources, then a mid-term evaluation is not conducted. However, for all projects, baseline data is usually available within the first year of project inception. It is important to note that all the past evaluation reports are available. Plan International-Kenya should equip the M&E team with enough budget to conduct evaluation such as mid-line and even end-line even without the aid of donor projects. This will improve the programmes.

4.4.8. Alignment and Leadership

Alignment and leadership component was rated at 51 percent. This shows that the domain needs using the two projects; Young Health Programmes and Adolescent Girls Initiative Kenya as a case study, alignment and leadership as a domain, needs strengthening because it is partially functioning. Under this component, the observation was that, there is existing and functional M&E International System, there is existing and functional International M&E Manual, data collection tools aligned to International M&E tools, project team participating in donor M&E Technical Working Group (TWG) or other fora. On the other hand, it was noted that project presented did not have components of its M&E System at International conferences or other meetings in the last 2 years. The Project that Plan International Kenya is going to present in the International conferences or other meetings should have components of M&E System.

4.5. The level of use of Monitoring and Evaluation Systems of Young Health Programme and Adolescent Girls Initiative Kenya Projects of Plan International Kenya Monitoring and Evaluation Systems

As noted earlier, products of Plan International-Kenya M&E System have been used to measure the use level of Monitoring and Evaluation Systems of Young Health Programme and Adolescent Girls Initiative Kenya Projects of Plan International Kenya Monitoring and Evaluation Systems and also to recommend the M&E practice. Thomas (2010) observes that, developmental work that yields most positive change on the lives of the people is identified and promoted by M&E Systems. Specifically, an M&E System is critical to carrying out a project/programme effectively and efficiently and boosting accountability to beneficiaries, donors and other stakeholders (FHI, 2012). As a matter of fact, FHI 360 (2013), Hiller (2002), Kusek and Rist (2001), Levesque et al. (1996), World Bank (2009), UNAIDS (2009), Mackay (2007), Mayne (1997), Mayne and Goni (1997), McCoy et al. (2005), Nath (2007) and Global Fund et al. (2006) concur on the fact that an M&E system helps an organization to: determine if a project/programme is on-track, on-time and on-target; ensure that funds were used as intended and that the project/programme was implemented as planned; establish whether a difference was made by the project/programme.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

This chapter summarizes the findings presents conclusions and recommendations of the assessment. The chapter presents recommendations for each of the 8 domains so as to help identify specific areas for strengthening.

5.2. Summary of Findings

The assessment aimed at: strengths and gaps of the Monitoring and Evaluation Systems of Young Health Programme and Adolescent Girls Initiative Kenya Projects of Plan International-Kenya, determine the level of use of Monitoring and Evaluation Systems of Young Health Programme and Adolescent Girls Initiative Kenya Projects of Plan International-Kenya and give recommendations for Monitoring and Evaluation Practices to Plan International-Kenya. The assessment a case study design research design which allowed for description of Plan International-Kenya M&E system as it is, and helped to establish strengths and gaps which was fundamental to the realization of research objectives. Data was collected through documents review, key informants interviews, discussions and observation. Data was analysed both quantitatively and qualitatively to produce the results.

On average, the Monitoring and Evaluation Systems of Young Health Programme and Adolescent Girls Initiative Kenya Projects of Plan International-Kenya scored 60.2 out of 100. This is representing a 60 percent. This therefore means that Monitoring and Evaluation System

of Plan International-Kenya is partially functioning and consequently, needs strengthening to fully function.

The scores/ rates representing 60% differs from one component to the other as analysed as follows: (highest to lowest: data analysis and use 83 percent, data verification 70 percent, evaluation 69 percent, data quality systems 52 percent, alignment and leadership 51 percent, documentation (Plans, guidelines and operational documents) 50 percent, resources and capacity building 49 percent, and data collection and management 49 percent.

5.3. Conclusion

It is evident that Plan International-Kenya M&E System is a strong case worth sharing (Luz, 2006, World Bank, 2009). At a 60 percent, the M&E System is partially functioning, of course with areas for improvement. In terms of practice, a lot is taking place as far as M&E is notably concerned, in data analysis and use 83 percent, data verification 70 percent, evaluation 69 percent, data quality systems 52 percent, alignment and leadership 51 percent, and documentation (Plans, guidelines and operational documents) 50 percent. However, other components need strengthening with critical focus on resources and capacity building 49 percent, and data collection and management 49 percent.

5.4. Recommendations

On the basis of the conclusions above, the following recommendations were made for each of the components that was assessed.

5.4.1 Recommendations for M&E Practices

a.) Resources and Capacity Building

The Monitoring and Evaluation Systems of Young Health Programme and Adolescent Girls Initiative Kenya Projects of Plan International-Kenya should be allocated at least 10% to 15% of the project/programme budget for efficient and effective programme implementation and therefore, programme/ project improvement. It was observed that some project budgets have blanket budget lines stated as 'Monitoring and Evaluation'.

Plan International-Kenya evaluation and research capacity of the M&E team should be enhanced through training and mentorship so that their potential can be fully tapped into and utilized.

The Plan International-Kenya should therefore, increase the number of the number of M&E team staff for sufficiency purposes in relation to the project programme size.

For better coordination of M&E practice in Plan International-Kenya, all the M&E Coordinators should directly report to the M&E Manager.

b.) Documentation (Plans, Guidelines and Operational Documents)

Plan International-Kenya should have a proper documentation for the M&E System. This will improve the project/programme progress with regards to easy and timely reference.

All Plan International-Kenya M&E processes and procedures should be clearly documented in the policy M&E documents to show a clear M&E plan. This entails updating of the current M&E Framework and aligning it to the new Strategic Plan. The M&E Plan should document all M&E procedures and processes to guide M&E practice at Plan Kenya.

Plan International-Kenya M&E plan should be regularly updated and all projects should have it. This will improve the projects/ programmes documentation and therefore, the improvement of the programmes.

The Plan International-Kenya M&E Framework (once reviewed, the M&E Plan) should contain an M&E-specific organogram that clearly show the link to the larger organizational organogram.

c.) Data Collection and Management

The data collection and management was poorly managed and therefore Plan International-Kenya should have a secured store under lock and key to restrict unauthorized access. This will promote security and a proper storage of historical data and also for future reference.

d.) Data Quality Systems

All the data collection tools in Plan International-Kenya should have all indicators to be measured to ensure data quality from the collection to analysis.

Plan International-Kenya should let the M&E Staff to understand that they should not have a feeling that data quality is a compliance of a policy to providing feedback to ensuring data quality, but they should inculcate the culture of data quality in them.

The feedback should be provided to all service points on the quality reporting. This improves the data quality systems and consequently improves the operations of the programmes with the regards of quality information for managerial decision making.

e.) Data Verification

Data verification exercises of the Plan International-Kenya should be conducted by the M&E team on a more frequent basis. The capacity of facility teams to conduct data verification should be built so as to enhance the culture of Routine Data Quality Assessments (RDQAs). As recommended earlier, corrections should be made on a timely basis before reports are shared with donors and other stakeholders.

f.) Data Analysis and Use

Plan International-Kenya data analysis should be enhanced to move beyond project level to the whole project/programme and usage of results in decision making at the organizational level.

g.) Evaluation

Plan International-Kenya should equip the M&E team with enough budget to conduct evaluation such as mid-line and even end-line even without the aid of donor projects. This will improve the programmes.

The M&E team of Plan International-Kenya should conduct rapid assessments on a regular basis focusing on outcomes to continuously document and demonstrate programme successes.

A clear mechanism of following up on recommendations made in evaluation reports should be included in the M&E Plan to strengthen use of evaluations in programme improvement.

Plan International-Kenya should make deliberate efforts to involve the local communities more in evaluations so to build their capacity on the same. Hence, future evaluations should focus not only involving local communities in mobilization and data collection but also in data analysis, reporting and use.

Dissemination of future evaluations should expand to include beneficiaries since they are directly affected by the interventions and evaluation results. However, the level of involvement should be carefully considered

h.) Alignment and Leadership

In accordance with the results based on the two projects of Young Health Programme and Adolescent Girls Initiative Kenya Projects of Plan International-Kenya, Plan International-Kenya

should invest more in aligning its M&E Systems to that of IH and also giving the M&E staff the leadership role in reshaping M&E mandates. This can be done through abstracts, presentations in national and international forums and publishing in peer-reviewed journals. This will enhance knowledge sharing and cross-learning.

5.4.2 Recommendations for further research

The assessment of the Monitoring and Evaluation of Plan International-Kenya had only studied two projects excluding over seventy other projects in Kenya and therefore, the study has not captured most of the projects. This then begs for further research in the same area from different parts of the country for instance, in Kilifi and Kwale Programme Units, Tharaka Programme Unit, Machakos Programme Unit, Bondo Programme Unit, Kisumu Programme Unit, Homabay Programme Unit, Marsabit Programme Unit among other Programme Units.

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ANNEXES: DATA COLLECTION TOOLS

ANNEX 1: DOCUMENT/ RECORDS REVIEW GUIDE

Introduction

This is a guide/ checklist that will help the assessor diagnose specific aspects of Plan International Kenya M&E System through review of available documents and records such as project reports, M&E plan/ framework, among other documents. The score should be along 4 possible parameters i.e. Fully meets; Partially meets; Does not meet; Not applicable. Explanation/ comments on the rating should be provided in the comments column of the MS Excel tool.

A.) Resources and Capacity Building

1. The M&E budget is between 10 percent-15 percent of the overall programme budget.
2. There is/are dedicated staff for M&E (*Confirm from the organogram*).
3. The number of M&E team staff is sufficient in relation to the programme size.
4. The M&E team (if >3 persons) has an appropriate skills mix (e.g. data analysis, evaluation/ research).
5. Members of the M&E team have received initial orientation on the project M&E system.
6. Members of the M&E team have been trained at least once in the last two years.
7. Members of the M&E team have received a mentoring/supervision from their supervisor in the last 6 months.
8. Programme/Project has had an M&E Technical Assistance (TA) visit from Region of Eastern and Southern Africa (RESA) International Headquarters (IH) /region at least once in the last year.

9. Members of the M&E team have visited partners for capacity building/mentoring at least once in the past 6 months.

B.) Documentation (Plans, Guidelines and Operational Documents)

1. There is a Monitoring, Evaluation and Learning Framework (MEAL) plan which is up to date.
2. Implementing partner(s) have a copy of standard guidelines describing reporting requirements (what to report on, due dates, data sources, report recipients, etc.).
3. Supervision procedures are documented in writing (how often, what to look at, what happens next).
4. MEAL has a graphic results framework linking project/ programme goal, intermediate results and outcomes or outputs.
5. MEAL includes indicators for measuring input, outputs, and outcomes and where relevant, impact indicators, and the indicators are linked to the project objectives.
6. All MEAL indicators have operational definitions e.g. performance indicator reference sheets.
7. An up-to-date implementation timeline for MEAL activities is available.
8. The up-to-date MEAL work plan indicates persons responsible for each activity, including any M&E-related roles for the programme/technical staff and implementing partners.
9. Documented confidentiality protocol is available (If personal records maintained).
10. An up-to-date implementation timeline for M&E activities is available.
11. M&E work plan includes regular internal DQA activities.
12. M&E plan/PMP has a dataflow chart that clearly demonstrates how data reaches programme managers and donors/government.

C.) Data Collection & Management

1. Approved data collection tools include all required programme/project indicators.
2. Historical data is properly stored, up to date and readily available.
3. The project has one or more electronic M&E databases which are up to date.
4. Data from services is disaggregated by gender and age
5. There is management support for following up any persistent data gaps with partners.
6. Training registers/documentation are available and meet donor and government standards.
7. There is adequate documentation/in-house capacity for the programme database so that it can be modified by one or more staff.
8. Data management guidelines exist (e.g. filing systems for paper forms or back up procedures for electronic data).
9. There is no (or minimal) duplication in data collection requirements for staff/partners, i.e. they are not required to report the same activity on more than one tool.
10. The number of data collection tools is sufficient for project/programme needs and not excessive.

D.) Data Quality Systems

1. Donor reports are submitted on time.
2. Feedback is provided to all service points on the quality of their reporting.
3. There is evidence that corrections have been made to historical data following data quality
4. There is evidence that field-level supervisors review data from field workers before it is finalized and passed on.
5. All projects are reporting on all required indicators.

6. There is evidence that supervisory site visits have been made in the last 12 months where data quality has been reviewed.
7. Data reported corresponds with donor-specified report periods.
8. Data collection tools/partner reports are filled in correctly (take sample).
9. At least once a year programme and/or technical staff (with or without M&E specialists) review completed tools at site or partner level for completion, accuracy or service quality issues.
10. Standard forms/tools are used consistently within and between partners.
11. Systems are in place for detecting missing data.
12. Systems are in place to adjust for double-counting.
13. The number of transcription stages (manual transfer of data from one form to another) are minimized to limit transcription error).
14. There is a clear link between fields on data entry forms and summary or compilation formats to reduce transcription error.
15. Written guidance on filling in data collection tools is evident at the partner or service delivery level.
16. Definitions and interpretations of indicators are followed consistently when transferring data from front-line instruments to summary formats and reports.
17. Operational indicator definitions for national/global indicators are consistent w/existing standard guidelines (e.g. PEPFAR, etc)

E.) Data Verification

1. The data verification is done by recounting the data from the source documents and comparing the same with reported data. A Verification Factor is calculated by dividing reported data by recounted data for each indicator. A Verification Factor of more than 100 percent depicts over-

reporting and vice versa. A Verification Factor of 100 percent depicts accuracy. However, a 5 percent margin of error is allowed hence, a difference of +/- 5 percent is considered within the accuracy margin. In a situation of under-/over-reporting, then the indicator is scored as “Does not meet” whereas a situation of accuracy is scored as “Fully meets”.

F.) Data Analysis and Use

1. The majority of data collected is reported.
2. If client-level information is entered into a database then it is possible to analyse what services each person has received.
3. Performance issues (e.g. not meeting targets) are followed up with partners/others.
4. Written procedures are in place to ensure regular (at least quarterly) review of M&E data by programme/project managers, M&E staff, other technical staff and partners.
5. At least one data review & interpretation meeting has taken place in the last quarter at the Kenya Country Office programme level involving managers and programme/technical staff.
6. Regular analysis includes trends in performance indicators over time (e.g. monthly or quarterly).
7. There is evidence that data analysis has led to improvements in programme design or implementation.
8. A gender analysis has been conducted to help programmes understand and integrate gender issues.
9. Donors have received an analysis report or attended a meeting with results presented - over and above minimum reporting requirements - within the last 12 months.
10. If client-level information is entered into a database then it is possible to analyse what services each person has received.

11. Reasons for under- or over-performance (e.g. not achieving important targets) are documented.

12. Data analysed presented to management for consumption

G.) Evaluation

1. Evaluation activities are explicitly outlined in the M&E plan.

2. An outcome or impact evaluation is planned for the programme (especially unique and large-scale programmes).

3. A process evaluation or mid-term review has been conducted for projects which are >3 years into implementation.

4. Baseline data is available within the first 2 years of project.

5. Findings from past evaluations have resulted in programme improvements.

6. Evaluation protocols include analysis plan, ethical provisions, budget and timeline.

7. Evaluation results have been disseminated to all stakeholders.

8. There is a mechanism in place for obtaining periodic feedback on service acceptability from beneficiaries/ target group members

9. Reports of any past evaluations are available.

H.) Alignment & leadership

1. The existing and functional M&E International System

2. The existing and functional International M&E Manual

3. Data collection tools aligned to International Headquarters M&E tools

4. Project presented components of its M&E System at International conferences or other meetings in the last 2 years.

5. M&E Project team participating in International M&E Technical Working Group (TWG) or other fora.
6. Project team participating in donor M&E Technical Working Group (TWG) or other fora.
7. Regular supervision activities are conducted to ensure activities are aligned with International Headquarters (IH) standards.
8. Project/Programme has been used as a best practice/learning site for one or more M&E practices by other (not supported) NGOs/CBOs
9. One or more elements of project/programme's M&E system have been published in peer review publications in the last 2-3 years.
10. Local M&E System is integrated to the IH M&E System

ANNEX 2: DISCUSSION GUIDE

Introduction

Hello. My name is Robinson Obunga. I am assessing the M&E System of Plan International Kenya which is the focus of my project for M.A. in Monitoring and Evaluation of Population and Development Programmes from the University of Nairobi, Population Studies and Research Institute (PSRI). I would like to have a discussion with you on matters pertaining the M&E system of Plan Kenya and also assure you that the information that you will provide will remain confidential and will only be used for analysis and reporting purposes and that your name(s) will not be quoted and/or mentioned. Please note that this assessment will not have any direct benefit to you and that the results will be used to improve the system to make it better. You may choose not to answer any of my questions and you may terminate the discussion at any point. The discussion will take approximately 45 minutes.

Do you agree to participate? (*If no, move to the next sample. If yes, take the identifier of the respondent(s) and position and after warming up the discussion e.g. by asking about what they do and the period they have been in the organization, begin the discussion.*)

A.) Resources and Capacity Building

1. The M&E budget is between 10 percent-15 percent of the overall programme budget.
2. There is/are dedicated staff for M&E (Confirm from the organogram).
3. The number of M&E team staff is sufficient in relation to the programme size.
4. The M&E team (if >3 persons) has an appropriate skills mix (e.g. data analysis, evaluation/research).
5. Members of the M&E team have received initial orientation on the project M&E system.
6. Members of the M&E team have been trained at least once in the last two years.
7. Members of the M&E team have received a mentoring/supervision from their supervisor in the last 6 months.
8. Programme/Project has had an M&E Technical Assistance (TA) visit from Region of Eastern and Southern Africa (RESA) International Headquarters (IH) /region at least once in the last year.
9. Members of the M&E team have visited partners for capacity building/mentoring at least once in the past 6 months.

B.) Documentation (Plans, Guidelines and Operational Documents)

1. There is a Monitoring, Evaluation and Learning Framework (MEAL) plan which is up to date.
2. Implementing partner(s) have a copy of standard guidelines describing reporting requirements (what to report on, due dates, data sources, report recipients, etc.).

3. Supervision procedures are documented in writing (how often, what to look at, what happens next).
4. MEAL has a graphic results framework linking project/ programme goal, intermediate results and outcomes or outputs.
5. MEAL includes indicators for measuring input, outputs, and outcomes and where relevant, impact indicators, and the indicators are linked to the project objectives.
6. All MEAL indicators have operational definitions e.g. performance indicator reference sheets.
7. An up-to-date implementation timeline for MEAL activities is available.
8. The up-to-date MEAL work plan indicates persons responsible for each activity, including any M&E-related roles for the programme/technical staff and implementing partners.
9. Documented confidentiality protocol is available (If personal records maintained).
10. An up-to-date implementation timeline for M&E activities is available.
11. M&E work plan includes regular internal DQA activities.
12. M&E plan/PMP has a dataflow chart that clearly demonstrates how data reaches programme managers and donors/government.

C.) Data Collection & Management

1. Approved data collection tools include all required programme/project indicators.
2. Historical data is properly stored, up to date and readily available.
3. The project has one or more electronic M&E databases which are up to date.
4. Data from services is disaggregated by gender and age
5. There is management support for following up any persistent data gaps with partners.
6. Training registers/documentation are available and meet donor and government standards.

7. There is adequate documentation/in-house capacity for the programme database so that it can be modified by one or more staff.
8. Data management guidelines exist (e.g. filing systems for paper forms or back up procedures for electronic data).
9. There is no (or minimal) duplication in data collection requirements for staff/partners, i.e. they are not required to report the same activity on more than one tool.
10. The number of data collection tools is sufficient for project/programme needs and not excessive.

D.) Data Quality Systems

1. Donor reports are submitted on time.
2. Feedback is provided to all service points on the quality of their reporting.
3. There is evidence that corrections have been made to historical data following data quality
4. There is evidence that field-level supervisors review data from field workers before it is finalized and passed on.
5. All projects are reporting on all required indicators.
6. There is evidence that supervisory site visits have been made in the last 12 months where data quality has been reviewed.
7. Data reported corresponds with donor-specified report periods.
8. Data collection tools/partner reports are filled in correctly (take sample).
9. At least once a year programme and/or technical staff (with or without M&E specialists) review completed tools at site or partner level for completion, accuracy or service quality issues.
10. Standard forms/tools are used consistently within and between partners.
11. Systems are in place for detecting missing data.

12. Systems are in place to adjust for double-counting.
13. The number of transcription stages (manual transfer of data from one form to another) are minimized to limit transcription error).
14. There is a clear link between fields on data entry forms and summary or compilation formats to reduce transcription error.
15. Written guidance on filling in data collection tools is evident at the partner or service delivery level.
16. Definitions and interpretations of indicators are followed consistently when transferring data from front-line instruments to summary formats and reports.
17. Operational indicator definitions for national/global indicators are consistent w/existing standard guidelines (e.g. PEPFAR, etc)

E.) Data Verification

1. The data verification is done by recounting the data from the source documents and comparing the same with reported data. A Verification Factor is calculated by dividing reported data by recounted data for each indicator. A Verification Factor of more than 100 percent depicts over-reporting and vice versa. A Verification Factor of 100 percent depicts accuracy. However, a 5 percent margin of error is allowed hence, a difference of +/- 5 percent is considered within the accuracy margin. In a situation of under-/over-reporting, then the indicator is scored as “Does not meet” whereas a situation of accuracy is scored as ‘Fully meets’.

F.) Data Analysis and Use

1. The majority of data collected is reported.
2. If client-level information is entered into a database then it is possible to analyse what services each person has received.

3. Performance issues (e.g. not meeting targets) are followed up with partners/others.
4. Written procedures are in place to ensure regular (at least quarterly) review of M&E data by programme/project managers, M&E staff, other technical staff and partners.
5. At least one data review & interpretation meeting has taken place in the last quarter at the Kenya Country Office programme level involving managers and programme/technical staff.
6. Regular analysis includes trends in performance indicators over time (e.g. monthly or quarterly).
7. There is evidence that data analysis has led to improvements in programme design or implementation.
8. A gender analysis has been conducted to help programmes understand and integrate gender issues.
9. Donors have received an analysis report or attended a meeting with results presented - over and above minimum reporting requirements - within the last 12 months.
10. If client-level information is entered into a database then it is possible to analyse what services each person has received.
11. Reasons for under- or over-performance (e.g. not achieving important targets) are documented.
12. Data analysed presented to management for consumption

G.) Evaluation

1. Evaluation activities are explicitly outlined in the M&E plan.
2. An outcome or impact evaluation is planned for the programme (especially unique and large-scale programmes).

3. A process evaluation or mid-term review has been conducted for projects which are >3 years into implementation.
4. Baseline data is available within the first 2 years of project.
5. Findings from past evaluations have resulted in programme improvements.
6. Evaluation protocols include analysis plan, ethical provisions, budget and timeline.
7. Evaluation results have been disseminated to all stakeholders.
8. There is a mechanism in place for obtaining periodic feedback on service acceptability from beneficiaries/ target group members
9. Reports of any past evaluations are available. 3. A process evaluation or mid-term review has been conducted for projects which are >3 years into implementation.
4. Baseline data is available within the first 2 years of project.
5. Findings from past evaluations have resulted in programme improvements.
6. Evaluation protocols include analysis plan, ethical provisions, budget and timeline.
7. Evaluation results have been disseminated to all stakeholders.
8. There is a mechanism in place for obtaining periodic feedback on service acceptability from beneficiaries/ target group members

H.) Alignment & leadership

1. The existing and functional M&E International System
2. The existing and functional International M&E Manual
3. Data collection tools aligned to International Headquarters M&E tools
4. Project presented components of its M&E System at International conferences or other meetings in the last 2 years.

5. M&E Project team participating in International M&E Technical Working Group (TWG) or other fora.
6. Project team participating in donor M&E Technical Working Group (TWG) or other fora.
7. Regular supervision activities are conducted to ensure activities are aligned with International Headquarters (IH) standards.
8. Project/Programme has been used as a best practice/learning site for one or more M&E practices by other (not supported) NGOs/CBOs
9. One or more elements of project/programme's M&E system have been published in peer review publications in the last 2-3 years.
10. Local M&E System is integrated to the IH M&E System

ANNEX 3: DETAILED ASSESSMENT RESULTS

A.) Resources and capacity building

Detailed Checklist/Standard	Rating/ Score	Observations, rationale for rating, comment and recommendations
1. The M&E budget is between 10%-15% of the overall programme budget	Partially Meets	Guess it though not sure of the budget. Ordinarily it is in the policy guideline
2. There is/are dedicated staff for M&E	Fully Meets	Evidenced by creation of independent M & E department
3. The number of M&E team staff is sufficient in relation to the programme size	Partially Meets	Some projects in Plan do not even have data entry clerks. Some are one man show.
4. The M&E team has an appropriate skills mix (e.g. data analysis, evaluation/ research,)	Fully Meets	The few that are present are adequately skilled.
5. Members of the M&E team have received initial orientation on the project M&E system	Do Not Meet	It depends on the individual project. Holistically none for the department.
6. Members of the M&E team have been trained at least once in the last two years	Do Not Meet	I am not aware of any training for M& E staff
7. Members of the M&E team have received	Partially Meets	This is relative to a position of the M& E

a mentoring/supervision from their supervisor in the last 6 months		team member, unless directly linked to the department.
8. Programme has had an M&E visit from RESA/Region or IH at least once in the last year	Partially Meets	One time a consultant was sent from IH to assess the M&E systems with special reference to use of technology.
9. Members of the M&E team have visited partners for capacity building/mentoring at least once in the past 6 months	Do Not Meet	I am not aware of any visit to any partner

B.) Documentation (Plans, guidelines and operational documents)

Detailed Checklist/Standard	Rating/ Score	Observations, rationale for rating, comment and recommendations
1. There is a Monitoring, Evaluation and Learning Framework (MEAL) plan which is up to date.	Partially Meets	I believe there is but not sure how updated it is.
2. Implementing partner(s) have a copy of standard guidelines describing reporting requirements (what to report on, due dates, data sources, report recipients, etc.).	Partially Meets	Not sure
3. Supervision procedures are documented in writing (how often, what to look at, what happens next)	Fully Meets	This is always drawn for each project as it is being implemented
4. MEAL has a graphic results framework linking project/ programme goal, intermediate	Fully Meets	Yes it has all the components

results and outcomes or outputs.		
5. MEAL includes indicators for measuring input, outputs, and outcomes and where relevant, impact indicators, and the indicators are linked to the project objectives.	Fully Meets	Yes it has all the listed requirements
6. All MEAL indicators have operational definitions e.g. performance indicator reference sheets.	Partially Meets	To some degree
7. An up-to-date implementation timeline for MEAL activities is available.	Fully Meets	Always drawn
8. The up-to-date MEAL work plan indicates persons responsible for each activity, including any M&E-related roles for the programme/technical staff and implementing partners.	Fully Meets	Always included
9. Documented confidentiality protocol is available (If personal records maintained).	Do Not Meet	I am not aware

10. An up-to-date implementation timeline for M&E activities is available.	Fully Meets	Always available
11. M&E work plan includes regular internal DQA activities.	Fully meets	In the DQA
12. M&E plan/PMP has a dataflow chart that clearly demonstrates how data reaches programme managers and donors/government.	Fully meets	In the M&E Framework

C.) Data collection and management

Detailed Checklist/Standard	Rating/ Score	Observations, rationale for rating, comment and recommendations
1. Approved data collection tools include all required programme/project indicators.	Fully Meets	As designed for the purpose and objectives
2. Historical data is properly stored, up to date and readily available.	Partially Meets	I do not know about this but I so
3. The project has one or more electronic	Partially Meets	I am not aware

M&E databases which are up to date.		
4. Data from services is disaggregated by gender and age	Fully Meets	Gender policy requirement duly observed.
5. There is management support for following up any persistent data gaps with partners.	Do Not Meet	Unaware of such
6. Training registers/documentation are available and meet donor and government standards	Does not meet	No training plans
7. There is adequate documentation/in-house capacity for the programme database so that it can be modified by one or more staff.	Partially meets	There is adequate in-house capacity for the programme database so that it can be modified by one or more staff.
8. Data management guidelines exist (e.g. filing systems for paper forms or back up procedures for electronic data).	Does not meet	Data management and back up procedures were not documented to guide these critical aspects.
9. There is no (or minimal) duplication in data collection requirements for staff/partners, i.e. they are not required to	Partially meets	There is minimal duplication in data collection requirements for staff

report the same activity on more than one tool.		
10. The number of data collection tools is sufficient for project/programme needs and not excessive.	Fully meets	

D.) Data quality systems

Detailed Checklist/Standard	Rating/ Score	Observations, rationale for rating, comment and recommendations
1. Donor reports are submitted on time.	Fully Meets	As a requirement and mater of compliance
2. Feedback is provided to all service points on the quality of their reporting.	Fully Meets	As a matter of compliance
3. There is evidence that corrections have been made to historical data following data quality	Do Not Meet	I am not aware
4. There is evidence that field-level supervisors review data from field workers	Partially Meets	Depending of the project and persons doing it

before it is finalized and passed on.		
5. All projects are reporting on all required indicators.	Partially meets	
6. There is evidence that supervisory site visits have been made in the last 12 months where data quality has been reviewed.	Does not meet	After data quality assessments, the focus is usually on improving future data collection and reporting efforts and not on revising data collected previously since the data would already have been submitted to the relevant offices.
7. Data reported corresponds with donor-specified report periods.	Fully meets	
8. Data collection tools/partner reports are filled in correctly (take sample).	Partially meets	Not all
9. At least once a year programme and/or technical staff (with or without M&E specialists) review completed tools at site or partner level for completion, accuracy or	Fully meets	M&E team

service quality issues.		
10. Standard forms/tools are used consistently within and between partners.	Partially meets	Standard forms and tools are used consistently within and between service delivery sites. However, the observation made during data verification and in field supervision reports was that there were cases of some sites using data collection forms and summary forms that are different from the approved versions.
11. Systems are in place for detecting missing data.	Partially meets	To some extent, systems are in place for detecting missing data.
12. Systems are in place to adjust for double-counting.	Partially meets	
13. The number of transcription stages (manual transfer of data from one form to another) are minimized to limit transcription error).	Fully meets	

14. There is a clear link between fields on data entry forms and summary or compilation formats to reduce transcription error.	Fully meets	There is a clear link between fields on data entry forms and summary or compilation formats to reduce transcription error.
15. Written guidance on filling in data collection tools is evident at the partner or service delivery level.	Partially meets	
16. Definitions and interpretations of indicators are followed consistently when transferring data from front-line instruments to summary formats and reports.	Partially meets	
17. Operational indicator definitions for national/global indicators are consistent w/existing standard guidelines (e.g. PEPFAR, etc)	Fully meets	

E.) Data verification

Detailed Checklist/Standard	Rating/ Score	Observations, rationale for rating, comment and recommendations
1. Supporting documents are on-hand & accurate for indicator 1: number of young people directly reached with harmful use of alcohol information by ages 10 to 24 and by gender (Male and Female)	Within 5% of reported data	
2. Supporting documents are on-hand & accurate for indicator 2: number of young people directly reached with risky sexual behaviour information by ages 10 to 24 and by gender (Male and Female)	Within 5% of reported data	
3. Supporting documents are on-hand & accurate for indicator 3: number of girls g people directly reached with risky sexual given school fees by ages 11to 14 and by	Between 5-10% of reported data	

gender (Male and Female)		
4. Supporting documents are on-hand & accurate for indicator 2: number of young people directly reached with physical inactivity information by ages 10 to 24 and by gender (Male and Female)	>10% above or below reported data	
5. Supporting documents are on-hand & accurate for indicator 2: number of young people directly reached with harmful use of tobacco information by ages 10 to 24 and by gender (Male and Female)	>10% above or below reported data	

F.) Data analysis and use

Detailed Checklist/Standard	Rating/ Score	Observations, rationale for rating, comment and recommendations
1. The majority of data collected is reported	Partially Meets	As a matter of requirement and reporting
2. If client-level information is entered into a	Fully Meets	This is done

database then it is possible to analyse what services each person has received		
3. Performance issues (e.g. not meeting targets) are followed up with partners/others.	Fully Meets	Yes partners are always interested in targets and there are regular reporting on the same
4. Written procedures are in place to ensure regular (at least quarterly) review of M&E data by programme/project managers, M&E staff, other technical staff and partners.	Partially Meets	There are quarterly reports however as whether there is laid down procedures, that is not familiar
5. At least one data review & interpretation meeting has taken place in the last quarter at the Kenya Country Office programme level involving managers and programme/technical staff.	Do Not Meet	I am not aware
6. Regular analysis includes trends in performance indicators over time (e.g. monthly or quarterly).	Fully Meets	That is the practice
7. There is evidence that data analysis has led	Fully Meets	There is adequate emphasis on this and it is

to improvements in programme design or implementation.		being practiced
8. A gender analysis has been conducted to help programmes understand and integrate gender issues.	Does not meet	
9. Donors have received an analysis report or attended a meeting with results presented - over and above minimum reporting requirements - within the last 12 months.	Partially meets	
10. If client-level information is entered into a database then it is possible to analyse what services each person has received.	Fully meets	
11. Reasons for under- or over-performance (e.g. not achieving important targets) are documented.	Partially meets	
12. Data analysed presented to management for consumption	Fully meets	

G.) Evaluation

Detailed Checklist/Standard	Rating/ Score	Observations, rationale for rating, comment and recommendations
1. Evaluation activities are explicitly outlined in the M&E plan	Fully Meets	In all M & e Plans they are clearly stipulated
2. An outcome or impact evaluation is planned for the programme (especially unique and large-scale programmes)	Fully Meets	Always done at the planning stage and currently they are undertaken
3. A process evaluation or mid-term review has been conducted for projects which are >3 years into implementation	Partially Meets	Not in most cases. But some have managed to do them
4. Baseline data is available within the first 2 years of project	Fully Meets	True is for most of the projects
5. Findings from past evaluations have resulted in programme improvements.	Partially Meets	I do not think most of the findings have been implemented effectively
6. Evaluation protocols include analysis plan,	Do Not Meet	Budget and timelines have not been

ethical provisions, budget and timeline.		adequately covered.
7. Evaluation results have been disseminated to all stakeholders.	Fully Meets	For the projects I have participated in, yes.
8. There is a mechanism in place for obtaining periodic feedback on service acceptability from beneficiaries/ target group members	Partially Meets	There is no specific format but subject to the individual project.
9. Reports of any past evaluations are available.	Partially meets	

H.) Alignment and leadership

	Rating/ Score	Observations, rationale for rating, comment and recommendations
1. The existing and functional M&E International System	Partially Meets	I just believe there is.
2. The existing and functional International M&E Manual	Fully Meets	There is
3. Data collection tools aligned to International M&E tools	Partially Meets	Not sure but I guess they are
4. Project presented components of its M&E System at International conferences or other meetings in the last 2 years.	Do Not Meet	Not sure
5. M&E Project team participating in International M&E Technical Working Group (TWG) or other fora.	Partially Meets	May be at the managerial level. This not for all of the team members.
6. Project team participating in donor M&E Technical Working Group (TWG) or other	Fully Meets	This is obvious and a requirement.

fora.		
7. Regular supervision activities are conducted to ensure activities are aligned with International Headquarters (IH) standards.	Do Not Meet	
8. Project/Programme has been used as a best practice/learning site for one or more M&E practices by other (not supported) NGOs/CBOs	Partially Meets	
9. One or more elements of project/programme's M&E system have been published in peer review publications in the last 2-3 years.	Partially Meets	
10. Local M&E System is integrated to the IH M&E System	Partially Meets	