UNIVERSITY OF NAIROBI

POPULATION STUDIES AND RESEARCH INSTITUTE

AN ASSESSMENT OF THE M&E SYSTEM OF SHINING HOPE FOR COMMUNITIES (SHOFCO, KENYA)

A Research Project Submitted in Partial Fulfilment of the Requirement for the Award of a Degree of Master of Arts in Monitoring and Evaluation of Population and Development Programmes.

By

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Q51/74308/2014

October 2016

DECLARATION

This research project is my original work and has not been presented for any course in any university

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This research project has been submitted for examination with our approval as the supervisors.

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Signature _____

Date _____

DEDICATION

I dedicate this work to Almighty God for His protection and guidance, it is by His graces that this project has been completed

And

To my family especially my lovely wife Dorcas Chepkosgei Gituru and my daughter Natalie Wanjiru Gituru for their unwavering support, patience, encouragement and support in my studies.

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LIST OF ACRONYMS AND ABBREVIATIONS

CCC	Comprehensive Centre Clinic for HIV/AIDS
DQA	Data Quality Assessment
FHI	Family Health International
INTRAC	International NGO Training and Research Centre
KIPs	Key Performance Indicators
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MCH	Maternal Child Health
OECD	Organization for Economic Cooperation and Development
PIRS	Performance Indicator Reference Sheet
PMP	Project Management Plan
SHOFCO	Shining Hope for Communities
TB	Tuberculosis
UNAIDS	Joint United Nations programmes on HIV/AIDS

ABSTRACT

The purpose of the study was to assess the M&E system of Shining Hope for Communities (SHOFCO) and generally determine the extent to which SHOFCO's M&E system met the standards of a functional M&E system. The researcher specifically sought to determine how the M&E system of SHOFCO meets the core components of resources and capacity building; determine extent to which data collection and management of SHOFCO system is within the set M&E standards; and ascertain how M&E data is disseminated and utilized by SHOFCO.

The study was guided by the systems approach to M&E systems; identifying the interrelated system components and assessing functionality of each component which in turn reflects the functionality of the whole system. The assessment operationalized FHI 360's Participatory M&E System Assessment Tool.

The study used a survey design to collect data on various components in the SHOFCO M&E system. Key informant discussion guide was used to collect data by interviewing 9 respondents purposively sampled from SHOFCO M&E department, project staff and management. The researcher also used observation and documents review to collect and validate data. Data was analysed using both qualitative and quantitative methods.

The findings indicated that SHOFCO's M&E system has adequately met the standards with an overall score of 172 out of a possible 202 representing 85%. Plans, Guidelines & Operational Documents component scored below average getting 47% whereas Data Verification component scored maximum points of 50 against 50.

The study recommends that SHOFCO management should develop guidelines for orienting new staff in M&E system and develop a long term M&E capacity building program to enhance capacity of M&E staff on critical issues such as data analysis and evaluation.

SHOFCO management should also develop comprehensive Program Management Plans (PMPs) with operational definitions of project indicators. A separate organogram for M&E department should be developed and guidelines to protect client's confidential information.

Document data back-up procedures should be documented as well as program databases so as to codify organizational knowledge in case of staff turnover.

The study also identified potential for further research and usage of the FHI 360 assessment tool and recommends that researchers using this tool in assessing M&E system should do independent data analysis outside the confines of the tool in order to give a more objective judgement of the system allowing for further correlation analysis between components.

CHAPTER ONE: INTRODUCTION

1.1 Background Information

The Paris Declaration on aid effectiveness 2005 set out a platform for governmental and nongovernmental organization operating in Africa to demonstrate results (OECD, 2015). Host governments were required to regulate NGOs therefore leading to the appreciation and recognition of the role of M&E in the development agenda. The global economic recession experienced in the 1990s coupled with the notion of globalization has created a growing demand for evidence on effectiveness, transparency and accountability of development programs. Many studies (Kusek and Rist, 2004; Mackay, 2006; Plaatjies and Porter, 2011) have cited this demand as an onus for initiation and uptake of evidence and results-based M&E systems. Development of M&E systems as an accountability tool for NGOs is now gaining momentum to not only account to donors but to other stakeholders as well.

According to INTRAC (2009), almost all development organizations are expected to have systems that enable them to collect, analyse, summarize and use information. This provides the impetus for NGOs to develop such systems though assessment by World Bank (2007) has shown that most NGOs set up M&E systems as a donor requirement and not as a locally driven process. Such action leads to development of systems that do not serve the purpose of the organization thus leading to major gaps. UNAIDS (2009) developed an assessment tool to measure the effectiveness of M&E systems by use of 12 identified components that addressed 3 core areas of people, partnerships & planning; data and information management; information use. These 12 components have been used as the gold standards in assessing functionality of M&E systems. FHI 360 (2013) condensed the 12 components into 8 domains that placed more emphasis on program level systems.

Shining Hope for Communities (SHOFCO), based in Kibera and Mathare in Nairobi, links free schooling for girls to community services with the aim of building vibrant gender equitable communities that are able to realize their full potential. By linking girls to schools SHOFCO aims to eradicate extreme poverty among the urban poor through other welfare services. Therefore the SHOFCO model extends beyond schools for girls to provision of integrated basic services including healthcare, community empowerment and provision of clean water and sanitation. SHOFCO programmes are organized under 4 core pillars of Health, Education, Community Empowerment and Water and Sanitation. In 2014, SHOFCO model benefited 53,197 members of the society in both Mathare and Kibera slums of which 36,746 utilized clinics, 10,280 used WASH facilities, and 5,911 participated in Community Empowerment Programs while 260 girls enrolled to the girls' schools.

1.2 SHOFCO M&E System

SHOFCO's M&E system comprises of an M&E framework that is integrated into the programmes logic, well laid out M&E work plan, guidelines on data collection and verification and a dissemination mechanism. SHOFCO has experienced a phase of rapid growth but much of her programme impact was not captured until 2010 when the M&E department was developed. The overarching goal of SHOFCO M&E system is to provide direction on collection, validation and analysis of data and provide crucial information to assist in informed decision making.

Data collection is done at points of service delivery i.e. clinic, water kiosks, library and when conducting programme activities. The community members who seek SHOFCO services for the first time are issued with a membership card upon completion of a baseline survey that

captures demography and socio-economic status of the individual and his/her household. The card has a unique identifier (Membership number) attached to each beneficiary and is used to access all other services within SHOFCO. The clinic uses Open Medical Records System (OpenMRS) to collect real time data on patients including diagnosis and prescriptions. This system has the capacity to generate reports that are later shared with the Sub-county health team for inclusion into the District Health Information System (DHIS). OpenMRS is linked to Salesforce- a cloud based data storage system. Salesforce is used on all other service provision points and where not practical, manual data collection tools are used such as attendance lists for meetings and forums, school registers for school attendance; these are later integrated to Salesforce using the beneficiaries' unique identifier to give a true reflection of the beneficiary numbers.

Data is collected according to indicators set out in the programme logics and a monthly data summary is generated every month. Medical services reports are also generated on a monthly basis and shared with the district health management team for further input to the District Health Information System (DHIS). The metrics department conducts onsite data verification (OSDV) exercise on a quarterly basis to validate the data provided by project staff through verifying data provided against the source documents. SHOFCO also conducts annual community baseline surveys, new membership surveys, follow-up membership surveys and program/issue specific surveys.

SHOFCO M&E system is not only central to proving the effectiveness of the SHOFCO model, but also to improving accountability, strengthening existing services, targeting effective services for expansion, identifying staff and volunteer training needs, and preparing long-term plans. The SHOFCO M&E system is in a continual development stage and as such

no comprehensive documented review has been done since its inception therefore there is general lack of information on the gaps within the system.

1.3 Problem Statement

Effective M&E systems provide a means of accountability, demonstrate transparency to the stakeholders and facilitate organizational learning through documenting lessons learned in implementation of the projects and incorporating the same in the subsequent project planning and implementation or through sharing experience with other implementers (Dobi, Nyonje, & Wanjare, 2012).

Despite the recognition of M&E in aiding in effectiveness and success of SHOFCO programs, there has been no systematic assessment of the M&E system deployed in her programs in Kenya. Therefore this study sought to fill this gap by not only evaluating the existing M&E system in SHOFCO against a set standard criteria but also highlighting the strengths and gaps of the system.

1.4 Research Questions

This study sought to answer the research question:

1. To what extent does the M&E system of SHOFCO meet established M&E standards?

1.5 Research Objectives

The study sought to assess the M&E systems in SHOFCO programs in Nairobi County, Kenya. The general objective of this study was to determine the extent to which SHOFCO M&E system meets the set out standards of a functional M&E system.

Specific objectives:

1. Determine how the M&E system of SHOFCO meets the core components of resources and capacity building;
2. Determine extent to which data collection and management of SHOFCO system is within the set M&E standards;
3. Ascertain how M&E data is disseminated and utilized by SHOFCO.

1.6 Justification

When M&E systems are strengthened, they lead to positive development outcomes; in the same light, poorly developed M&E systems lead to poor development outcomes (Thomas, 2010). This manifests the linkage between M&E and success of development programmes. M&E is a critical component in determining the success of any development initiative and has gained prominence of the last decade due to the ever expanding role of NGOs in the development agenda.

Levels of funding of NGOs programmes in service delivery has increased on tandem with the prevalence and prominence of NGOs raising concerns regarding their legitimacy (Lewis & Kanji, 2009). Although M&E is a nascent field in Africa, the international agreements promoting aid effectiveness and accountability together with the increased importance for NGOs operating in Africa to demonstrate results and the requirement of host governments in regulating NGOs has led to the appreciation and recognition of the role of M&E in the development agenda.

Karani et al. (2014) argues that the economic recession experienced globally in the late 1990s brought to fore the importance of M&E as more development partners questioned the effectiveness of aid preparing a platform for The Paris Declaration.

Identifying the crucial role of M&E systems in informing programme design and implementation, many organizations (FHI360 (2013); World Bank (2007); Global Fund (2004); UNAIDS (2009)) stress the need to periodically assess the state of organization's M&E system with a view to improve it.

1.7 Scope and Limitations of the Study

The study was constrained by several factors. Major challenge was the available resources within which to complete the study, particularly given the study scope and quality of work expected by the university. The Researcher however sourced enough funds before commencing the research.

Timely response, response rate, and quality of responses, also presented an additional challenge given the depth and nature of information required, where some M&E personnel in planning positions were at times too busy to provide necessary information.

With the time constraint, the researcher was not able to conduct a full data verification exercise and was guided by a representative sample and OSDV reports to make conclusion on the validity of the entire data set.

Due to the stage of growth of SHOFCO M&E system, this study concentrated on only 6 components of the FHI 360 participatory M&E system assessment tool and not all the eight as outlined by the FHI 360 framework. The M&E system was not fully developed to

incorporate evaluation and the other component on alignment applies to organizations that have multiple sites and a national appeal yet SHOFCO has not yet fully grown into nationwide programmes implementation.

The study did not interview other stakeholders to get their perception of the M&E system in SHOFCO but narrowed its focus on Program Officers (who head project implementation), M&E supervisors and Senior Management. Other stakeholders such as end users of the M&E products were not included in the sample.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews relevant past literature on M&E systems. The chapter has a particular focus on importance of M&E systems, the systems approach to M&E and assessment of M&E systems. It goes further to provide conceptual and operational frameworks of this study.

2.2 Importance of M&E systems

The very nature of scarcity of financial resources and the ever rising expectations from the community provides continuing impetus for NGOs to offer services of higher standards of quality (World Bank, 2011). Evaluation specialists often argue that M&E is a 'good thing' and has intrinsic value. To tap optimal potential, M&E activities should be anchored on a solid M&E system.

According to UNICEF (2008), monitoring and evaluation has a strategic role to play in informing policy making processes, this role extends to improve programme relevance, efficiency and effectiveness. Monitoring and Evaluation (M&E) systems are all geared towards strengthening data collection and analysis in on-going impact evaluations (Asfaw, et al., 2012).

M&E systems should give feedback and improve the planning and implementation of programs. M&E influences an advisory project's outcome by providing a roadmap for a project to achieve its results and an instrument for corrective actions during execution and in addition using lessons from evaluations mitigates high-risk elements such as sponsor risk and delivered positive development outcomes (Independent Evaluation Group, 2013).

2.3 Systems Approach to Monitoring and Evaluation System

It is important to apply a systems lens to monitoring and evaluating the scale-up process and for maintaining a focus on sustained availability of quality programs over time (Igras, Sinai, Mukabatsinda, Ngabo, Jennings, & Lundgren, 2014). Applying systems approach to M&E requires identification of the interrelated system components and ensuring that each component is functional to ensure the whole system is functional (Görgens-Albino & Kusek, 2009). In the systems approach M&E process is seen iterative, where information gained in the latter steps can be used to go back and improve program responses in earlier steps (Reynolds & Sutherland, 2013). Also Programs are planned using data, and the data collected are informed by program plans. To effectively implement M&E, the systems elements that need to be addressed are human resources, information systems, capacity building, decision making processes, and finances in addition to the M&E plan which covers objectives, indicators, data sources, plans for data collection, analysis, reporting and usage of the information (Weyrauch, 2014).

Using this system approach to M&E, UNAIDS (2009) developed a tool to assess monitoring and evaluation systems for HIV in nation-states under the UNAIDS. This toolkit outlines 12 key components that are critical in a Monitoring and evaluation system for a HIV programme in a country. The components are alive and apply to other development programs hence key in assessment of any development programmes monitoring and evaluation systems. According to UNAIDS, Monitoring and Evaluation Systems require twelve main components in order to function effectively and efficiently to achieve the desired results. These include:

- A separate unit within the organization charged with M&E functions

- Adequate M&E staff with the necessary capacity
- Existence of M&E partnerships to complement the organization's M&E efforts
- Existence of M&E framework which outlines the objectives, inputs, outputs and outcomes of the intended project and the indicators
- M&E work plan which outlines how the resources allocated for the M&E functions will be used to achieve M&E goals
- Continuous use of the M&E system outputs on communication channels
- Routine programme monitoring to show whether the project activities are on track
- Relevant national surveys conducted in the country
- Presence of strategies of submitting relevant, reliable and valid data to national and sub-national databases
- Existence of supportive supervision and data auditing
- Evaluation to establish whether the project has met the desired objectives
- Data generated is used to inform future activities and shared out to relevant stakeholders.

UNAIDS has categorized the components into 3 subsets as outlined in the figure below. The inner most layer mainly touches on utilization of information whereas the outer layer is on assessing the human resources capacity, partnerships for M&E and planning processes for M&E. The middle ring concentrates on components to do with data and information management.

Figure 2. 1: Organizing Framework for a Functional M&E System

FHI 360 (2013), developed a participatory assessment tool that was more focused on programmes with an aim of improving the quality and effectiveness of programmes' M&E systems. The Assessment tool is based on UNAIDS (2009) 12 components of a National M&E system, but condenses the components to 8 domains that are relevant at programme level. These domains include resources & capacity building; documentation; data collection & management; data quality systems; data verification; data analysis & use; evaluation and finally alignment & leadership. The FHI 360 toolkit appeals more to the programs context and has since been preferred in assessing program/project based M&E systems (Kori, 2015).

2.4 Assessment of M&E systems

Strong monitoring and evaluation systems provide the means to compile and integrate this information into the policy cycle and thus providing the basis for sound governance and accountability. However, NGOs in Kenya are faced with several challenges in addition to inability to resourcefully respond to changing needs. The Kenya social protection sector review states that the monitoring and evaluation of social programmes in Kenya is weak, and where it is done the information is not made public (GoK, 2012). In addition most NGOs do not have the ability to hire skilled M&E professionals and ICT staff who understand M&E systems and are able to develop appropriate tools; hence they end up with substandard M&E systems that do not meet either the managerial or donor needs (Wanjiru & Kimutai, 2013).

Tools such as 12 components of monitoring and evaluation system strengthening tool (UNAIDS, 2009), Participatory monitoring and evaluation system assessment tool (FHI 360, 2013) and Monitoring and evaluation systems strengthening tool (Global Fund etal, 2006) have been used to assess M&E systems at national and organizational level. The Global Fund strengthening tool was developed in the spirit of the components of 'three ones' and was set out to gauge M&E systems for HIV by assessing data collection, reporting and management systems to measure indicators of programme success. The UNAIDS toolkit followed suit and placed emphasis on national M&E systems for HIV programmes through the 12 components. In 2013 FHI 360 refined the UNAIDS toolkit to address the gap of project/programme based systems and thus developing the 8 domains in the participatory assessment tool.

Ogungbemi, et al., (2012) used a participatory and qualitative approach using UNAIDS's organizing framework to assess Nigeria's national HIV monitoring and evaluation system. The main activity of the assessment process was the completion of the 12 components tool by stakeholders to serve as a springboard for discussion and strategic planning and help build

commitment to improving M&E system performance. The assessment employed three critical steps: the pre-assessment desk review, consultation with key stakeholders, and the stakeholders' M&E assessment workshop. The assessment found an operable M&E system at the national level but a much weaker system at the state and local levels in addition human resources were being developed, but problems remain with the quantity and quality of staff.

Karani, (2014) sought to determine how effectively the HIV/AIDS projects implemented by NGOs in Kenya are monitored and evaluated as laid down by the National HIV/AIDS Monitoring and Evaluation Framework found in the Kenya National AIDS Strategic Plan 2009/10-2012/13. The research considered several factors that affect the effective use of Monitoring and Evaluation by project managers in NGOs with HIV/AIDS projects in Kenya. These included lack of commitment by the project managers, incompetency on the use of the Monitoring and Evaluation systems by project managers, stringent donor requirements and capacity constraints of the NGOs. The results showed that local NGOs running HIV/AIDS projects in Kenya do not effectively use the monitoring and evaluation system as laid down in the M&E framework of the KNASP.

Kori (2015) assessment employed descriptive research design which allowed for description of the current FHOK M&E system and helped to establish strengths and gaps which were fundamental to the realization of research objectives. The assessment operationalized FHI 360's Participatory M&E System Assessment Tool that condensed the 12 components of an M&E system into 8 domains, programme-level use. The assessment identified key strengths of FHOK M&E system to include: adequate resources allocated for M&E work, alignment of indicators to donor and national indicators, use of standardized data collection tools, presence of M&E databases to track progress, continuous data analysis and use of evaluations to improve programme. Key gaps that were identified included: documentation of M&E

procedures, inadequate evaluation and research capacity of M&E staff, corrections are not made after data quality assessments, evaluations are largely donor-driven and no component of FHOK M&E system has been shared in a conference or published in a peer reviewed publication.

Njama (2015) sought to analyse the determinants influencing effectiveness of a monitoring and evaluation system for AMREF Kenya WASH programme. The study was guided by the program theory, theory of change and the dynamic capabilities theory. The study adopted descriptive survey of employees of AMREF Kenya working under the WASH programme and in human resources, finance and administration departments. Availability of funds, stakeholders' participation and organization leadership were found to have a positive correlation with effectiveness of M&E system. The findings further indicated that AMREF allocated funds to M&E activities and had a separate allocation for M&E but the funds were not sufficient and the M&E unit was not independent. On stakeholders' participation, involvement was not adequate and the leaders were not doing enough to support and enhance effectiveness of the M&E system within the organization.

2.5 Conceptual Framework

The conceptual framework employed by this study was informed by FHI 360 participatory M&E systems assessment toolkit (2013) but varied to SHOFCO's context. The FHI M&E system assessment tool is based on the UNAIDS (2009) 12 components of a functional national M&E system. The UNAIDS assessment tool mainly targeted national systems but FHI places emphasis on program level assessment by condensing the 12 components to 8 key components which include resources & capacity building; documentation; data collection &

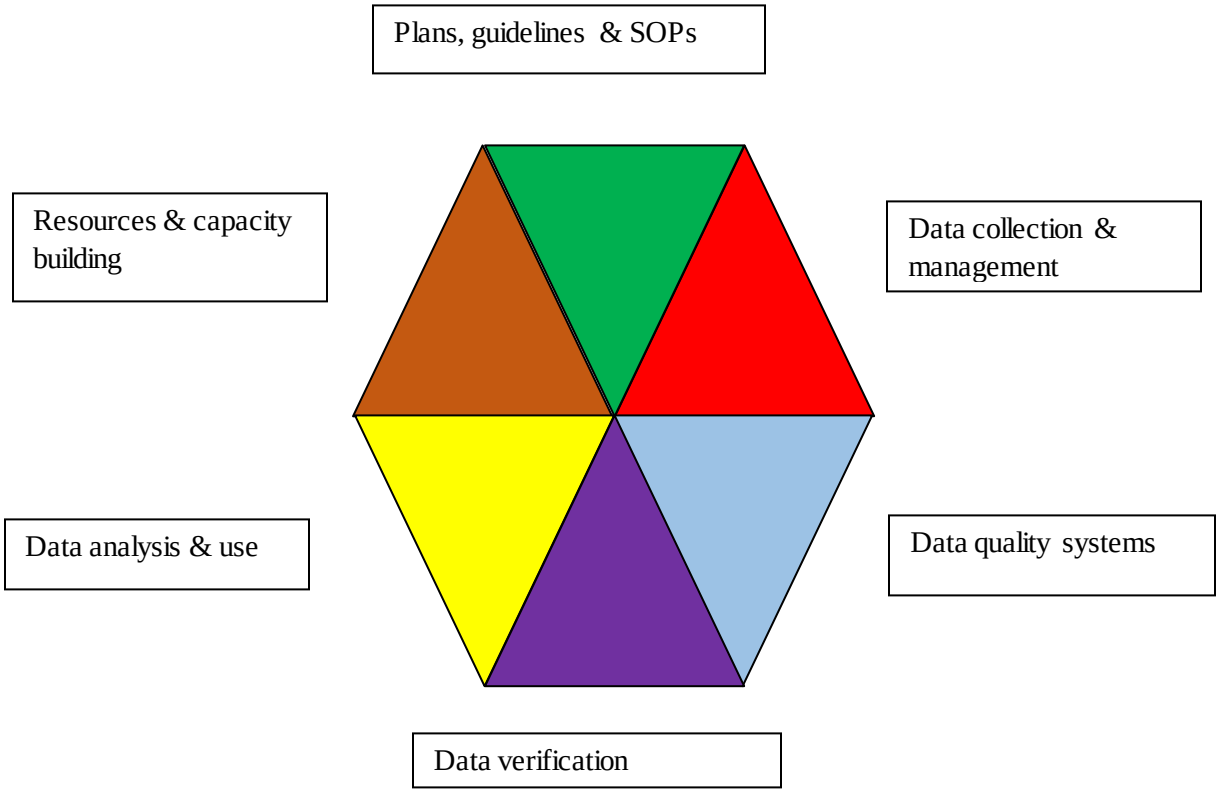
management; data quality systems; data verification; data analysis & use; evaluation and lastly alignment & leadership.

Due to the nature of SHOFCO's M&E system, this study's framework concentrated on the first 6 components of the FHI 360 framework. The SHOFCO M&E system has been in operation for only 2 years and has not fully developed components of evaluation and alignment. The design of SHOFCO programmes, integrated household-based intervention, give little room for alignment as the model is not fully replicated at nationwide level.

The 6 components given prominence in this study include

- Plans, guidelines and SOPs- existence of plans guidelines and operating procedures that support the work of M&E staff
- Data Collection and management- systems in place to collect and manage data
- Data quality systems- addresses the integrity of the data pointing out concerns of double entry and data cleaning.
- Data verification- data provided is supported by authentic source documents and data sources on indicators are traceable and can be authenticated.
- Data analysis and use- data analysis is directed towards providing information that enhances decision making and improvement of programmes
- Resource and capacity building- adequate resources for M&E work, skilled M&E staff and also room for further training and capacity building

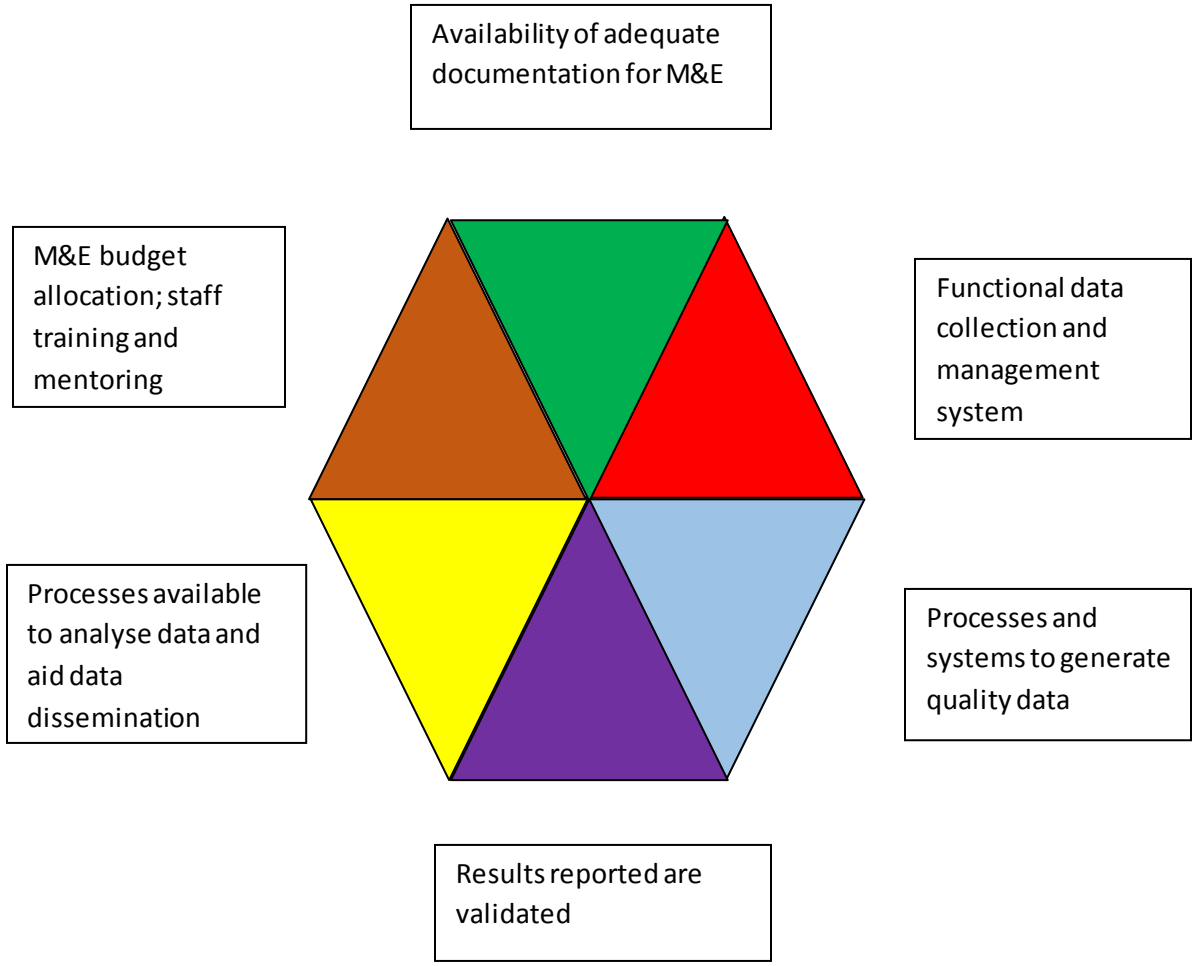
Figure 2. 2: M&E system conceptual framework adopted from FHI 360 (2013)



2.6 Operational Framework

The study was guided by the conceptual framework and sought to interrogate the SHOFCO M&E system with specific emphasis to critical information as described by the operational framework below.

Figure 2. 3: Operational framework modified from FHI 360 (2013)



CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter describes the methods used in assessment of SHOFCO M&E system. It covers the research design, study area, sampling, data collection tools, operationalization of variables, data analysis and ethical considerations.

3.2 Research Design

This study adopted a non-experimental research design to evaluate the M&E system at SHOFCO. This is a scientific method where the researcher cannot control or manipulate the variables but instead relies on interpretation, observation or interactions to come to a conclusion about a phenomenon. It involves getting data that describes events and then organizes, tabulates, depicts and describes the data collection (AECT, 2001). This enabled the researcher to describe the M&E system in SHOFCO and identify its strengths and weaknesses.

FHI 360 provides a participatory assessment tool whose organizing framework is based upon the UNAIDS 12 components asessment tool. The tool is developed as a diagnostic exercise for programs to critically examine their M&E systems, identifying strengths and gaps and develop a quality improvement plan (FHI360, 2013). Kori (2015) used a participatory approach in assessing the M&E system of FHOK using the FHI diagnostic tool based on the 8 domains. This study used the same participatory approach used by Kori (2015) emphisizing participatory engagement of respondents through discussions and consensus building.

The study also reviewed relevant documents including policies and procedures, and project documents.

3.3 Study Area and population

The study was conducted in Nairobi SHOFCO offices. The researcher chose the area of the study mainly because of the convenience which happens to be the current work station and that the area hosts almost 80% of all SHOFCO projects currently. Kibera also serves as the country headquarters for SHOFCO and thus all respondents can be accessed with convenience. The study targeted the management of SHOFCO as well as staff in the M&E department within SHOFCO.

3.4 Sampling Procedure

Because the number of target respondents in this study was few mainly due to the size of the organization, purposive sampling was applied to identify the key informants. 9 staff members were selected for discussions and interviews. This mainly fell within the management, project implementers and M&E department staff which jointly had a staff force of 26 members.

3.5 Data Collection Methods and tools

Documents review- document reviews of previous M&E reports was carried out using the documents review guideline (**Appendix 2**). This was used to triangulate findings from the discussion tool.

Key informant discussions- The research used Key Informant Interview (KII) guide as the main research tool administered during a discussion forum with the key informants. The discussion guide (**Appendix 3**) focused on six components highlighted in the operational framework. Information gathered from the discussion was used to score the 6 components.

Observations- The researcher employed observation to ascertain practical application of M&E within the working space by observing the activities of the various M&E aspects.

Data collection was conducted in a span of 4 days where the key informant discussions were conducted for the 3 key teams, document review and observation of ongoing M&E work. Due to earlier preparation, the data collection did not meet major challenges that could affect the outcome of the study.

3.6 Operationalization of variables

The FHI 360 Participatory monitoring and evaluation system assessment tool has broken down each domain into standards. Each standard was scored according to information gathered during the discussions with key programme staff. Scores were then allocated for performance of the system against each identified standard on a score from 0-2 where

0= Standard not met

1= Standard partially met

2= Standard fully met

N/A= Standard not applicable

3.7 Data Analysis

The study used both quantitative and qualitative techniques in data analysis. Scores were generated for the 6 domains under review according to the guidelines. These scores were then entered into a spreadsheet (MS Excel) for quantitative analysis. The assessment tool generated percentages, tables and charts automatically.

Qualitative data was subjected to content and thematic analysis where the data collected from documents review, observation and discussions were transcribed and themes developed. These themes were used to complete and supplement quantitative data.

3.8 Logistical & Ethical Considerations

Approval was sought from the management of SHOFCO to conduct the study among its staff. The researcher through introductory statements ensured a proper introduction and explanation about the research to the participants and the respondents only proceeded after they had given their informed consent. The data collected was used for this research's purpose only and thereafter data was treated with confidentiality with non-exposure to unauthorized persons. The respondents were given assurance that the information collected was kept and treated with strict confidence and for academic purposes only. Any information that was likely to reveal the identity of individuals who are the subjects of the research was encrypted.

CHAPTER FOUR: STATUS OF SHOFCO M&E SYSTEM

4.1 Introduction

This study sought to assess the SHOFCO M&E systems to determine the extent to which SHOFCO's M&E system meets the set out standards of a functional M&E system. This chapter presents the study findings made from discussion with program officers, interviews with M&E staff and observation of M&E system documents including source documents and previous reports.

4.2 Findings

This study considered six operational dimensions of the SHOFCO M&E system. As indicated in the table 4.1 below the maximum cumulative score was 202 points but SHOFCO's M&E system scored 172 points representing 85%. This showed that SHOFCO's M&E system scored highly with reference to the set standards of a functional M&E system short of only 15% for a perfectly functional M&E system. The data verification scored the highest (100%) against all the other M&E system dimensions while Plans, Guidelines & Operational Documents had the least score (47%) which was below average. This indicated that the M&E system dimensions had varied score levels.

Table 4. 1: Status of SHOFCO M&E System

Category	Score		
	Actual score	Maximum score	Percent
Resources & Capacity Building	22	26	85%
Plans, Guidelines & Operational Documents	14	30	47%
Data Collection & Management	23	26	88%
Data Quality Systems	37	42	88%
Data Verification	50	50	100%
Data Analysis & Use	26	28	93%
TOTAL	172	202	85%

4.3 Resources & Capacity Building

Out of possible 26 points, SHOFCO's M&E system scored 22 points representing 85% in the M&E resources and capacity building dimension. The M&E department in SHOFCO is adequately resourced with a budget of over 3 million shillings in 2015 as compared to the total estimated SHOFCO annual budget of 60 million in the same year. M&E team has 15 full-time staff of which 4 M&E full-time staff are based on Mathare site. In addition, the department has 20 temporary staff who can be called in case of need. To enhance functionality of M&E department, each program within the SHOFCO portfolio has a member of M&E team seconded.

An appropriate number of metrics team were well versed with data analysis and evaluation this included the Metrics and Evaluation Manager and M&E Coordinator. Also other members of the M&E team were averagely knowledgeable in data analysis. In addition there was orientation of program staff and M&E staff on each project indicators prior to program initialization as indicated in previous training's attendance list, although there was no documentation of how this orientation should be carried out.

The overall M&E department is supervised by Director of Programs. However the M&E service statistics and reports are reviewed by Chief of Programs who conducts scheduled weekly calls to check on the progress of the department. The M&E Manager regularly conducted supportive supervision visits to M&E staff seconded to programs as well as M&E staff stationed at the Mathare site. These visits were conducted to offer technical support to these officers.

SHOFCO had carried out training programs and other capacity building programs for the M&E staff. These programs were at times offered by the Ministry of Health and other

government agencies. However in-house training programs were offered on need-be basis and there was no long-term plan indicating progressive training programs intended to be carried out for the M&E staff. Prior to any data collection exercise, staff were trained on the data collection instruments and data collection methods to be used. The M&E department had developed a training curriculum for this exercise. During data verification exercises, the M&E staff offered technical support for program officers involved in running of SHOFCO programs. The technical support offered included data collection methods, data analysis and data use in tracking program indicators.

4.4 Plans, Guidelines & Operational Documents

Out of a possible 30 points, SHOFCO M&E system plans, guidelines and operational documents scored 14 points representing 47%. This indicated that SHOFCO M&E documents and plans were below average. The M&E Framework was kept as a Performance Indicator Reference Sheet (PIRS) used to track project indicator trends in performance data vis-à-vis target. And therefore the M&E system lacked not only a comprehensive M&E Framework to guide short-term activities but also lacked a long-term M&E Strategic Plan.

The PIRS extensively indicated reporting requirements for each of the SHOFCO programs this indicated to the program officers what to report and the due dates. However there was no indication of what data sources are needed to feed on to the PIRS. In addition the PIRS did not indicate the operational definition of what to report and therefore was based on individual program officer judgment.

Despite having comprehensive supportive supervision activities carried out regularly, there was little documentation on what should happen during these supervision exercises. Only weekly from Chief of Programs meant to check the progress of the M&E department had

documented agendas through preceding e-mails. In addition during the quarterly data verification exercises, there was no explicit indication of what should happen during and after the verification exercise. This shows a critical weakness in the M&E system since explicit outline of supervisory procedures ensures predictive and consistent supervisory practices as well as ensures storage of organizational tacit knowledge which is critical in case of staff turnover.

Since the M&E plan was kept only as PIRS for tracking project indicators, it lacked an organogram outlining the functionality and responsibilities of each of the M&E staff. Instead the M&E Manager was only contained in the organization-wide organogram. Due to absence of M&E organogram, responsibilities distribution in the M&E system was based on recognized organizational tradition. This could potentially bring about role ambiguity and role conflict within the M&E department.

SHOFCO had established key performance indicators for each of its programs and the M&E framework had quarterly and annual targets for each of the key performance indicators. These indicators were set in consultation with concerned program officers charged with implementation of program activities and tracking of indicators within their respective programs. The program officers had KPIs displayed on walls for each program office. The indicators were also regularly reviewed to check for under-performance and over-performance. The KPIs were contained in the PIRS which linked program goals and objective to intermediate monthly summaries results this enabled tracking of program performance and making of adjustments where necessary. PIRS acted as standard reporting template for all program officers to present their monthly achievement summaries. The PIRS did not have inputs related to the project activities. The non-inclusion of program inputs implied lack of assessment of program efficiency in attaining the stipulated monthly outputs.

The M&E framework had an indication of occurrence of quarterly data verification exercises meant to check on accuracy of data contained in monthly summaries. However there was no documentation of when it is supposed to happen, how it is supposed happen and what is supposed to happen. This was necessary since it included components of supervision and technical support to the program officers. Lack of documentation of DQA procedures reduced the consistency of supervisory practices during these events.

4.5 Data Collection and Management

Out of a possible 26 points, SHOFCO M&E system data collection and management scored 23 points representing 88%. This indicated that SHOFCO M&E data collection and management was very good. The program officers tasked with supervision of data collection had data collection tools with no duplication in data collection instruments and only collected data required for tracking program indicators. However there was no documentation of back-up procedures for electronic information systems (OpenMRS and Sales Force) and paper based forms which were immediately shredded after digitization.

SHOFCO M&E system has two electronic database systems for collecting and storage of client information, these include; OpenMRS and SalesForce. These systems are updated on real-time basis. The SalesForce is based on Cloud Computing with servers within the SHOFCO premises connected to all data entry ports through Local Area Network only. SHOFCO has sufficient in-house capacity to modify these databases with System Administrator charged with the responsibility of ensuring the database systems are functional. Both systems are password-protected to ensure only authorized personnel can access data stored in the system. The databases have a filter component that ensures data retrieved do not reach unauthorized personnel with personal client information. The database is further segmented such that there are restrictions based on departmental sub-units.

Historical data stored in the database systems ensures only authorized modifications to the data are made by authorized personnel. Once data has been entered and submitted in to the databases, the data entry personnel cannot make changes to the data. Changes can only be effected through the Systems Administrator in consultation with program officer in-charge. These databases ensure safe storage, easy retrieval of data and reduce the duplication of entries. Hard copy data collection tools are kept in safe custody and shredded shortly after digitization.

Data collection instruments were not excessive but sufficient to meet SHOFCO's, donors and government reporting requirements. Data was not collected to specific donor requirements. Data collected through OpenMRS are in line with the MOH requirements. MOH data collection tools are extensively used in the clinic section for CCC, TB and MCH. All the data collected by SHOFCO has gender and age components which enables disaggregating data by age and gender to guide gender-based decision making in all SHOFCO programs.

In SHOFCO programs, data is collected on daily basis and subsequently summaries are fed in to the database at the end of every working day. Survey based data are mostly collected through Survey CTO which enables real-time update of established databases. Data collected on paper-based instruments are digitized immediately after completion of data collection. This reduces the chances of data loss through recall bias.

System generates unique codes for identification of clients to enable tracing of client services received. Once a client data has been captured, personal information is filtered and clients' data is only referenced by their codes instead of their names. Systems Administrator is the only person who can access the client names as well as their respective unique codes. All other data users have restricted access to client information.

4.6 Other M&E System Components

4.6.1 Data Quality Systems

Out of a possible 42 points, SHOFCO M&E system on data quality systems scored 37 points representing 88%. Project CCC, TB, MCH reporting was based on standard guidelines established by the Ministry of Health. Reports contain accurate reporting of KPI but there were no operational definitions of KPI for programs outside the MOH guidelines since project PMP is kept as just a PIRS. For health programs KPIs are aligned to MOH reporting tools so as to reduce duplication in data capture and reporting.

Quarterly data verification is done on source documents for all programs to check accuracy of data reported by the program officers. Paper-based surveys have random post-entry verification involving random selection of data collection instruments and comparing it against the entered data. All these are carried out by the M&E department, who prepares the SHOFCO reports. These reports are then reviewed by Chief of Programs before submission to the donors.

Except for MOH tools, there are no guidelines for data collection tools. However enumerators are trained before every data collection exercise. The training of enumerators reduces occurrence of errors in survey-based data collection since they are mostly collected on Survey CTO.

Most of the data collection is done electronically while all paper-based data collection is digitized immediately to reduce errors. Data collected through SalesForce automatically generate reports thus reduces the likelihood of occurrence of errors. Client-based data collection is accompanied by client unique identifier which reduces the chances of double

counting. The two sites share the same method of generating client identifiers which enables detection of repeated entries.

Electronically collected data has system designed entries to provide for missing entries and their subsequent recognition thereafter. In paper-based surveys, during data entry, missing entries are documented with specific codes and provided with a separate explanation.

Standard forms and tools are used consistently within programs (PIRS) and between service delivery sites (Mathare and Kibera). Data verification carried out on quarterly basis by the technical staff from the M&E department. This includes checking accuracy of data collected and support supervision. However there was no documentation of what transpires during these verification.

Review of source documents and monthly summary reports revealed that some indicators and some source documents were not completely filled. Some missing entries/reports had explanation while others did not have an accompanying explanation. The reports generated were submitted to the donors on time and conformed to donor pre-set indicators.

Data verification exercises were accompanied by aspects of technical support to improve future data collection and reporting. On the other hand M&E team provided feedback to the program officers after review of their reports during the quarterly feedback meetings held a month after submission. Errors identified were then corrected in consultation with program officers. There was evidence that field-level supervisors review data from program officers since verified data was recorded alongside data reported by program officers. However only verified data was used to generate final reports to be submitted to Director of Programs for onward submission to program donors.

4.6.2 Data Verification

Out of a possible 50 points, SHOFCO M&E system on data verification scored 50 points representing 100% which was the highest score as compared to other components of the M&E system. This showed that M&E data verification was perfect. The reported indicators examined included patient satisfaction with triage, number of group members involved in group formation, number of groups with well documented vision or mission, number of patients visiting the MCH department and student daily attendance. The reported indicators were compared with the raw data used to generate the performance of the program with regard to the respective KPI.

4.6.3 Data Analysis and Use

Out of a possible 28 points, SHOFCO M&E system on data analysis and use scored 26 points representing 93% which was the second highest score in the general M&E system components. Majority of data collected was reported. In client-based data collection, their unique identifiers were included hence services received could be filtered on client identifier.

Due to incompleteness of some monthly summary reports, reasons for under or over performance was at times not documented. For those with documented reasons for under or over performance, there was follow up by the Director of Programs to address the issues raised as a cause of deviation from the anticipated performance.

Although data verification exercise was consistently carried out on quarterly basis, it was only communicated to program officers on e-mail but there were no documented procedures to guide the data verification process. In addition data review and interpretation meeting took place after the quarterly data verification this was meant to synthesis trends in KPIs to guide decision making in the concerned SHOFCO programs.

Data generated was aggregated into monthly, quarterly and annual summaries to inform improvements in program design. For instance the 2015 reports showed need for more clinics providing CC and MCH services which led to addition of 2 more satellite clinics. Data gathered also indicated there was need to incorporate boys in day-care programs, which lead to integrating day-care for both boys and girls.

Since all the gathered data included data on gender, all the data analysis adopted gender based approach to help in gender-sensitive programming in SHOFCO programs. Reports generated by the M&E department were reviewed by Director of Programs before submitting to the donors. The reports as well as monitoring data were extensively shared with relevant technical staff and managers. This contributed to enhancement of technical staff's understanding of KPIs and aided in timely program decision making.

4.7 M&E Data Disseminated and Utilization in SHOFCO

M&E generates information that has to be packaged and disseminated in the right form due to diversity of uses and users of the information. SHOFCO M&E information is used to improve and strengthen programs, enhance accountability, build up institutional learning, investigating and exploring what works and what does not work, empowering of stakeholders and promoting understanding of the project.

4.7.1 Improvement and Strengthening of Programs

The M&E system has been entrenched as a tool for continuous organizational learning within the SHOFCO programs. This has aided staff in understanding how their respective programs are performing and take corrective actions whenever necessary. The M&E results have been

used to enlighten the donors in understanding of how well it is meeting its set objectives and whether there are ways that progress can be improved. This helps in deciding how best to use the allocated resources and thus shaping future efforts. In addition the M&E results were disseminated and used continually, right from the start of all projects. By sharing M&E results, it enabled the entire SHOFCO staff involved in project management learn from experience as to what works and what does not work. Periodic M&E results' review meetings were held to engage program officers in collectively making program adjustments based on observed deviations from set targets in the KPIs. This has ensured that SHOFCO programs are continually adjusted to the immediate needs of the project beneficiaries. The use of community baseline surveys further enables SHOFCO to tailor make programs based on community needs.

4.7.2 Design of New Program Initiatives

Project evaluation results document the strengths, limitations, successes of these initial efforts and allow SHOFCO program planners to make objective decisions about which elements of a program to continue, modify, expand or discontinue. For instance, clinics have been initiated in Mathare after successful roll-out in the Kibera site. The launch of Mathare School for Girls incorporated provisions for auditorium, computer lab and play grounds which is posed to provide superior and holistic support for bright but vulnerable girls within Mathare slums. The youth monthly magazine, *Ghetto Mirror*, has also been up-scaled after initial trial efforts. The design of new programs through M&E data is particularly important in SHOFCO programing as it envisions holistic approach to poverty alleviation in urban slums.

4.7.3 Enhancement of Internal Control System

M&E system serves as a safeguard of organizational processes since as it seeks to balance multiple accountabilities to inside stakeholders and outside stakeholders including government agencies and donors. SHOFCO has taken a pro-active role in seconding an M&E staff to each of its programs to ensure adequate data capture for verification of resources spent. In addition quarterly verification was consistently carried out to check arithmetical accuracy on data reported by program officers. Continuous data collection and monitoring provides an assurance that SHOFCO programs sticks to the laid down organizational processes.

As a means of assurance on delivery of services to requisite beneficiary, SHOFCO has system generated unique identifiers for each of their clients. This makes it possible to ensure only the right beneficiaries benefit from the SHOFCO services which enhances accountability to the beneficiaries and their SHOFCO donors. The Kibera and Mathare School for Girls features comprehensive vulnerability assessment to ensure that only the most vulnerable girls are admitted to these schools. Without M&E providing assurance of how these processes are conducted, it would not have been possible to ensure right beneficiaries are selected.

4.7.4 Key Performance Indicator Tracking

Prior to the roll-out of any program in SHOFCO, the M&E conducts baseline surveys. This helps in laying the basis to which program targets are set. These targets were then consistently tracked throughout project implementation to help SHOFCO understand how the progress of programs towards realization of program objectives. This was done through monthly, quarterly and annual summaries. Whenever there was under or over performance, program officers held consultative meetings with the management to address reasons behind the deviation.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This study sought to assess the SHOFCO M&E systems to determine the extent to which SHOFCO's M&E system meets the set out standards of a functional M&E system. This chapter presents the summary of the study findings made from discussion with program officers, interviews with M&E staff and observation of M&E system documents including source documents and previous reports. Conclusions and recommendations drawn from the study findings and study objectives are also presented herein.

5.2 Summary of the Findings

5.2.1 Overall Status of M&E System

In overall, SHOFCO's M&E system scored highly with reference to the set standards of a functional M&E system short of only 15% for a perfectly functional M&E system. The data verification scored the highest (100%) against all the other M&E system dimensions while Plans, Guidelines & Operational Documents had the least score (47%) which was below average. Kori (2015) using the same tool to assess the M&E system of FHOK and gave the system an overall score of 148 out of a possible 240 marks (62%) where documentation scored the lowest at 43% and data analysis and use scored the highest at 79%. Comparison of these results point to a direction M&E systems have placed more emphasis in data integrity at the expense of developing documents that guide the M&E process.

5.2.2 Resources & Capacity Building

With a score of 85%, the M&E system within SHOFCO was adequately resourced with sufficient M&E staff. An adequate number of the M&E staff also had sufficient knowledge required for efficient functioning of the M&E system. Capacity building programs were carried out on need-be basis but there was no long-term plan indicating progressive training programs intended to be carried out for the M&E staff.

5.2.3 Plans, Guidelines & Operational Documents

SHOFCO's M&E system plans, guidelines and operational documents had the least score at 47% as compared to other M&E components. The M&E Framework was kept as a Performance Indicator Reference Sheet (PIRS) used to track project indicator trends in performance data vis-à-vis target and was not linked to the data sources. Although supportive supervision was carried out on a quarterly basis during data verification exercise, there was no explicit documentation of what should happen during and after the verification exercise which was a threat to ensuring consistent supervisory practices. The M&E department also did not have a documented organogram which could potentially bring about role ambiguity and role conflict within the M&E department.

5.2.4 Data Collection and Management

SHOFCO's M&E system data collection and management system scored highly at 88%. SHOFCO had two electronic database systems, OpenMRS for storage of health related data and an in-house SalesForce for storage of all other client-related data. Client-related data featured unique codes for identification of clients to enable tracing of client services received. There was no documentation of back-up procedures for these electronic database systems which increased the risk of data loss in case of staff turnover. However both systems were

password-protected to ensure only authorized personnel can access or alter data stored in the system. Survey based data were mostly collected electronically through Survey CTO which enabled real-time update of established databases.

5.2.5 Data Verification

Data was perfectly verified as per the set standards of M&E standards. However there were no written guidelines to guide the data verification exercise.

5.2.6 Data Analysis and Use

Data analysis and use had the second highest ratings at 93% in the SHOFCO M&E system. Data generated was aggregated in to monthly, quarterly and annual summaries and adopted gender-based aggregation to inform improvements in program design. The reports and data generated from the M&E system were shared with relevant technical staff and managers in addition to data review and interpretation meetings held. For monthly summaries with documented reasons for under or over performance, there was follow up by the Director of Programs to address the issues raised as a cause of deviation from the anticipated performance.

5.3 Conclusions

Based on the study findings the researcher concludes as follows:

1. SHOFCO's M&E system has adequately met standards set especially in data verification, data analysis and use, data collection and management as well as M&E resources and capacity building.

2. SHOFCO's M&E system had below average preparation of M&E plans, guidelines and operational documents. The PMP plan was incomprehensive with non-inclusion of M&E organogram as well as lacked linkages with data sources.
3. There was evidence that M&E system had contributed to improvement in program design in SHOFCO. SHOFCO M&E information has been used to improve and strengthen programs, enhance accountability, build up institutional learning, investigating and exploring what works and what does not work, empowering of stakeholders and promoting understanding of the project.

5.4 Recommendations

Based on the study conclusion and objectives, the study recommends as follows:

Recommendations for policy formulation:

1. SHOFCO's management should develop guidelines for orienting new staff in the M&E system in case of staff turnover. There is also need to develop a long-term M&E capacity building program to enhance capacity of M&E staff on critical issues such as data analysis and evaluation.
2. SHOFCO's management should develop a comprehensive PMP plan with operational definition of project indicators, M&E organogram. Written guidelines on how to protect clients' confidential information should also be developed.
3. SHOFCO's System Administrator should document data back-up procedures as well as program databases so as to codify organizational knowledge in case of staff turnover.

Recommendation for further research:

1. The FHI 360 toolkit for participatory assessment of M&E systems is restrictive it is very nature as analysis is confined to a pre-developed tool. Researchers should use the outline of the tool, assessing the components using operationalization guidelines but endeavor to do analysis outside the confines of the tool.
2. Analysis outside the confines of the toolkit give room for better comprehension and appreciation of M&E systems thus giving a more authoritative stance compared to using the toolkit as it is.
3. Further research should be conducted on the adequacy of the FHI 360 toolkit in assessing the functionality of M&E systems.

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APPENDICES

Appendix 1: Detailed Assessment Results

Resources & Capacity Building

Detailed Checklist	Rating	Observations, rationale for rating and recommendations
The M&E budget is between 5%-10% of the overall program budget	Fully meets	M&E budget is Ksh 3 million out of annual SHOFCO budget of around Ksh 60 million.
There is/are dedicated staff for M&E	Fully meets	Each programs has a member of M&E team seconded to each program
The number of M&E team staff is sufficient in relation to the program size (about 1 person per $1M/yr)	Fully meets	M&E team composed of 15 full-time staff, 4 full-time in Mathare and 20 temporary M&E staff
The M&E team (if >3 persons) has an appropriate skills mix (e.g. data analysis, evaluation/ research, HMIS)	Partially meets	Head of metrics team and his assistant versed with data analysis; other members of the M&E team are averagely knowledgeable in data analysis
Members of the M&E team have received initial orientation on the project M&E system	Partially meets	Prior to program initialization M&E staff are oriented in Project indicators but how this orientation should be done is not documented
Members of the M&E team have been trained at least once in the last two years	Fully meets	Training offered on need-be basis, attendance lists of last training available
Members of the M&E team have received a mentoring/supervision from their supervisor in the last 6 months	Fully meets	M&E is supervised by Director of programs. There are weekly supervisory calls from Chief of programs to head of M&E to check service statistics. Weekly calls are documented through email with subsequent agendas
Program has had an M&E TA visit from HQ/region at least once in the last year	Fully meets	Head of M&E conducts regular visits to M&E staff seconded to different programs and the Mathare site.
Partner M&E staff (including those at site level) have all received initial training on the project M&E system	Fully meets	Program officers are trained on project indicators, data collection and reporting.
A procedure exists for orienting new partner staff on the M&E system in case of staff turnover	Does not meet	No written procedure of how orientation of new staff in M&E is carried out
Partner program management staff have received training or	Fully meets	Program officers are trained on project indicators, data collection and reporting

orientation on project M&E requirements		requirements before commencement of programs
Members of the M&E team have visited partners for capacity building/mentoring at least once in the past 6 months	Fully meets	M&E team visits program sites (Mathare and Kibera) to offer technical support for program officers and M&E officers seconded to the programs
Members of partner M&E teams have visited all sites at least once in the past 1 year for capacity building/mentoring	Fully meets	Head of M&E regular visits program sites for technical support
Priority Recommendations	Develop guidelines for orienting new staff in the M&E system in case of staff turnover; Enhance capacity of M&E staff on data analysis and evaluation	

Plans, Guidelines & Operational Documents

Detailed Checklist	Rating	Observations, rationale for rating and recommendations
There is an M&E plan (or PMP) which is up to date	**Partially meets**	PMP is kept as only a Performance Indicator Reference Sheet (PIRS) that keeps trends in performance data vis-à-vis target
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**	There is a reporting template but not linked to data sources. Reporting has a deadline of 2nd of every month as contained in PIRS.
Supervision procedures are documented in writing (how often, what to look at, what happens next)	**Partially meets**	Although supervision is carried out regularly, there is little documentation on what happens during these supervision (Only Weekly calls are documented through email with subsequent agendas); Quarterly data verification done but no documentation of what should happen during and after the verification exercise
Targets have been set for key performance indicators	**Fully meets**	KPI targets set in consultation with program officers; KPIs displayed on walls for each program office.
PMP has a graphic results framework linking project/ program goal, intermediate results and outcomes or outputs	**Fully meets**	PMP through PIRS tabulates monthly, quarterly and annual results on KPI
PMP/M&E plan or other project design document has an organogram describing the organization of the M&E unit in relation to the overall project team	**Does not meet**	PMP is kept as a PIRS hence no organogram for the M&E team

A PMP matrix exists that lists indicators, annualized and cumulative LOP targets, data sources, baselines, methods, reporting frequency, and responsible entities	**Partially meets**	PMP does have annualized LOP targets and reporting frequency. Explicit statement on source of data is not documented in the PMP
PMP includes indicators for measuring input, outputs, outcomes and where relevant, impact indicators, and the indicators are linked to the project objectives	**Partially meets**	PMP only measures outputs, outcomes and impact but not inputs related to the project activities
All PMP indicators have operational definitions e.g. performance indicator reference sheets	**Does not meet**	No definition of indicators in the PMP; PIRS for tracking indicators do not have no precise definition of indicators
An up-to-date implementation timeline for M&E activities is available	**Partially meets**	Monthly aggregation done before 2nd of every month; Data verification exercises done on a quarterly basis and supportive supervision calls on weekly basis. However there are some cases in which monthly aggregate results were missing in PIRS
M&E work plan includes regular internal DQA activities	**Partially meets**	There is quarterly data verification carried out but not explicitly stated when it is supposed to happen in the PMP which is kept in form of PIRS
The up-to-date M&E work plan indicates persons responsible for each activity, including any M&E-related roles for the program/technical staff and implementing partners	**Partially meets**	Responsibilities distribution in the M&E system based on recognized organizational tradition but not documented since no M&E organogram
Implementing partner(s) use a standard reporting template	**Fully meets**	All reporting based on items contained in PIRS
M&E plan/PMP has a dataflow chart that clearly demonstrates how data reaches program managers and donors/government	**Does not meet**	The is no documentation of how data collected reaches the government
Documented confidentiality protocol is available (If personal records maintained)	**Does not meet**	No written guidelines on how data collected in information systems is safeguarded; Private hardcopy data are shredded after digitalization.
Priority Recommendations	Develop a comprehensive PMP plan with operational definition of project indicators, M&E organogram. Establish guidelines on how to protect clients confidential information	

Data Collection & Management

Detailed Checklist	Rating	Observations, rationale for rating and recommendations
Training registers/documentation are available and meet donor standards	**Fully meets**	Attendance list and training reports exists for past trainings
Data collection tools include all required program/project indicators	**Fully meets**	Data collection tools not only meets SHOFCO internal reporting needs but also reporting requirement by the government
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	**Fully meets**	No data duplication
Data management guidelines exist (e.g. filing systems for paper forms or back up procedures for electronic data)	**Does not meet**	No documentation of back-up procedures for electronic information systems (OpenMRS and Sales Force) and paper based forms. Paper based forms are shredded once they are digitized
Historical data is properly stored, up to date and readily available	**Fully meets**	Data in OpenMRS and Sales Force is updated on real-time basis. These data can easily be retrieved by authorized personnel
The project has one or more electronic M&E databases which are up to date	**Fully meets**	Data in OpenMRS and Sales Force is updated on real-time basis.
Data from services is disaggregated by gender and age and training by gender	**Fully meets**	Gender-based reporting is carried out in all projects.
If client-level personal information is collected then IDs are used to protect the confidentiality of clients, and access is restricted to this information	**Fully meets**	Personal information Data in OpenMRS and Sales Force is protected by passwords which hinder unauthorized access. Data collected is filtered such that only authorized personnel can view personal information for the clients
Field level data entry (filling in forms) occurs immediately or shortly after service provision to limit recall bias	**Fully meets**	Most of the data collection is done electronically; Paper-based data collection is digitized immediately
The number of data collection tools is sufficient for program needs and not excessive	**Fully meets**	
There is adequate documentation/in-house capacity for the program database so that it can be modified by one or more staff	**Partially meets**	There is sufficient in-house capacity for maintaining and modifying the SalesForce. However there is no documentation of this database

Safeguards are in place to prevent unauthorized changes to data	**Fully meets**	All databases are password protected. Salesforce can only be modified within SHOFCO premises because its is connected the Servers are connected on Local Area Network only
There is management support for following up any persistent data gaps with partners	**Fully meets**	Program officers and the management regularly meet to review performance in data generation
Priority Recommendations	Document data back-up procedures as well as program databases so as to codify organizational knowledge in case of staff turnover	

Data Quality Systems

Detailed Checklist	Rating	Observations, rationale for rating and recommendations
Operational indicator definitions for national/global indicators are consistent w/existing standard guidelines (e.g. PEPFAR, PMI, UNGASS, etc.)	**Fully meets**	CCC, TB, MCH reporting based on standard guidelines established by the Ministry of Health
Definitions and interpretations of indicators are followed consistently when transferring data from front-line instruments to summary formats and reports	**Fully meets**	Reports contain accurate reporting of KPI but there was no operational definitions of KPI in PMP(PIRS)
Quality controls are implemented to minimize errors when data are entered into computer/PDA (e.g. double entry, post-entry verification, etc.)	**Fully meets**	Quarterly data verification is done on source documents; Paper-based surveys have random post-entry verification
Written guidance on filling in data collection tools is evident at the partner or service delivery level	**Partially meets**	Except for MOH tools, there are no guidelines for data collection tools. However enumerators are trained before every data collection exercise
Steps are taken to limit calculation errors, including automation where possible	**Fully meets**	Generation of summary reports are fully automated to summarize data from source documents
There is a clear link between fields on data entry forms and summary or compilation formats to reduce transcription error	**Fully meets**	
The number of transcription stages (manual transfer of data from one form to another) are minimized to limit transcription error)	**Fully meets**	Most of the data collection is done electronically; All paper-based data collection is digitized once to reduce errors
Systems are in place to adjust for double-counting	**Fully meets**	All clients are assigned unique identifiers that identifies a client even in different programs; GPS tagging is

		used in survey based data collection (Survey CTO) to prevent duplication
Systems are in place for detecting missing data	**Fully meets**	During data entry, missing entries are documented as a separate explanation; Data entry templates have specific codes for missing entries
Standard forms/tools are used consistently within and between partners	**Fully meets**	Standard forms and tools are used consistently within and between service delivery sites (Mathare and Kibera).
At least once a year program 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	**Partially meets**	Data verification carried out on quarterly basis. This includes checking accuracy of data collected and support supervision. However there was no documentation of what transpires during these verification
Data collection tools/partner reports are filled in completely (take sample)	**Partially meets**	Some monthly summary reports on indicators missing. Some missing entries/reports have explanation while others do not have
Data collection tools/partner reports are filled in correctly (take sample)	**Partially meets**	Some monthly summary reports missing. Some missing entries/reports have explanation while others do not have
All expected partner reports have been received	**Fully meets**	In the preceding month all partner reports were received
Donor reports are submitted on time	**Fully meets**	Donor reporting is according to set timelines and submissions are done on time
Data reported corresponds with donor-specified report periods	**Partially meets**	Data not collected to specific donor requirements but reports tap from existing data according to preset indicators
Feedback is provided to all service points on the quality of their reporting	**Fully meets**	M&E provides feedback to the program officers; quarterly feedback meetings are held a month after submission
There is evidence that corrections have been made to historical data following data quality assessments	**Fully meets**	Verified data have been used to correct data remitted by the program officers
All sites are reporting on all required indicators	**Fully meets**	
There is evidence that supervisory site visits have been made in the last 12 months where data quality has been reviewed	**Fully meets**	Data verification reports exists
There is evidence that field-level supervisors review data from field workers before it is finalized and passed on	**Fully meets**	Verified data recorded alongside data reported by program officers; only verified data is used in final reports
Priority Recommendations		

Data Verification

Detailed Checklist	Rating	Observations, rationale for rating and recommendations
Supporting documents are on-hand & accurate for indicator 1:	**Within 5% of reported data**	Satisfaction with triage within 5% of reported data
Supporting documents are on-hand & accurate for indicator 2:	**Within 5% of reported data**	Number of members involved in group formation within 5% of reported data
Supporting documents are on-hand & accurate for indicator 3:	**Within 5% of reported data**	Number of groups with documented vision/mission within 5% of reported data
Supporting documents are on-hand & accurate for indicator 4:	**Within 5% of reported data**	Number of clients visiting MCH within 5% of reported data
Supporting documents are on-hand & accurate for indicator 5:	**Within 5% of reported data**	Student daily attendance within 5% of reported data
Priority Recommendations		

Data Analysis & Use

Detailed Checklist	Rating	Observations, rationale for rating and recommendations
The majority of data collected is reported	**Fully meets**	
If client-level information is entered into a database then it is possible to analyze what services each person has received	**Fully meets**	All client information collected is connected to a client unique identification hence services received can be filtered on client identifier
Reasons for under- or over-performance (e.g. not achieving important targets) are documented	**Partially meets**	Due to incompleteness of some monthly reports, reasons for under or over performance is at times not documented
Performance issues (e.g. not meeting targets) are followed up with partners/others	**Fully meets**	Monthly reports reviewed are followed up by the Director of Programs
Written procedures are in place to ensure regular (at least quarterly) review of M&E data by program/project managers and/or COP, M&E staff, other technical staff and partners	**Partially meets**	Data verification communicated to program officers on e-mail however no documented procedures to guide the data verification process
At least one data review & interpretation meeting has taken place in the last quarter at the national/program level involving managers and program/technical staff	**Fully meets**	Data review & interpretation meeting takes place after the quarterly data verification

At least one data review & interpretation meeting has taken place in the last quarter at the local/site level involving partner managers and program/technical staff	**Fully meets**	Data review & interpretation meeting takes place after the quarterly data verification
Regular analysis includes trends in performance indicators over time (e.g. monthly or quarterly)	**Fully meets**	Data generated aggregated in monthly, quarterly and annual basis
There is evidence that data analysis has led to improvements in program design or implementation	**Fully meets**	2015 reports showed need for more clinics which led to addition of 2 clinics; Boys daycare introduced based on community needs
Donors and/or government have received an analysis report or attended a meeting with results presented - over and above minimum reporting requirements - within the last 12 months	**Fully meets**	Monthly reports submitted to DASCO; Collected data submitted to DHIS; DHMT come to verify data fed in to the DHIS
A gender analysis has been conducted to help programs understand and integrate gender issues	**Fully meets**	
Program/technical staff are familiar with key indicators and results pertaining to their program/technical area	**Fully meets**	KPI designed in consultation with the program officers
A senior staff member (e.g. Program Manager) is responsible for reviewing aggregated data prior to release of reports from M&E unit	**Fully meets**	Director of Programs reviews M&E reports
Monitoring data is accessible to relevant technical staff and manager(s)	**Fully meets**	Data generated is shared on Google Docs to all managers
Priority Recommendations		

Appendix 2: Document Review Guide

This documents review guide will help the researcher review existing M&E records in SHOFCO as provided by the checklist and score within 4 parameters as follows:

Fully met : 2

Partially met : 1

Not met : 0

Not applicable : N/A

Scores should be entered in the research tool and comments or explanations should be provided in the comments column

Resources and capacity building

1. There is/are dedicated staff for M&E
2. The number of M&E team staff is sufficient in relation to the program size (about 1 person per $1M/yr)
3. Members of the M&E team have received initial orientation on the project M&E system
4. Members of the M&E team have been trained at least once in the last two years
5. Members of the M&E team have received a mentoring/supervision from their supervisor in the last 6 months
6. Program has had an M&E TA visit from HQ/region at least once in the last year
7. M&E staff (including those at site level) have all received initial training on the project M&E system
8. Program management staff have received training or orientation on project M&E requirements

Documentation (plans, guidelines and operational documents)

1. There is an M&E plan (or PMP) which is up to date
2. Project implementers 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. Targets have been set for key performance indicators
5. PMP has a graphic results framework linking project/ program goal, intermediate results and outcomes or outputs
6. PMP/M&E plan or other project design document has an organogram describing the organization of the M&E unit in relation to the overall project team
7. A PMP matrix exists that lists indicators, annualized and cumulative targets, data sources, baselines, methods, reporting frequency, and responsible entities
8. PMP includes indicators for measuring input, outputs, outcomes and where relevant, impact indicators, and the indicators are linked to the project objectives
9. All PMP indicators have operational definitions e.g. performance indicator reference sheets
10. An up-to-date implementation timeline for M&E activities is available
11. M&E work plan includes regular internal DQA activities
12. The up-to-date M&E work plan indicates persons responsible for each activity, including any M&E-related roles for the program/technical staff and implementing partners
13. Project implementers use a standard reporting template
14. M&E plan/PMP has a dataflow chart that clearly demonstrates how data reaches program managers and donors/government
15. Documented confidentiality protocol is available (If personal records maintained)

Data collection and management

1. Training registers/documentation are available and meet donor standards
2. Data collection tools include all required program/project indicators
3. 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
4. Data management guidelines exist (e.g. filing systems for paper forms or back up procedures for electronic data)
5. Historical data is properly stored, up to date and readily available If client-level personal information is collected then IDs are used to protect the confidentiality of clients, and access is restricted to this information
6. The number of data collection tools is sufficient for program needs and not excessive
7. There is adequate documentation/in-house capacity for the program database so that it can be modified by one or more staff
8. There is management support for following up any persistent data gaps with partners

Data quality systems

1. Operational indicator definitions for national/global indicators are consistent with existing standard guidelines (e.g. PEPFAR, PMI, UNGASS, etc.)
2. Definitions and interpretations of indicators are followed consistently when transferring data from front-line instruments to summary formats and reports
3. Written guidance on filling in data collection tools is evident at the partner or service delivery level
4. There is a clear link between fields on data entry forms and summary or compilation formats to reduce transcription error
5. The number of transcription stages (manual transfer of data from one form to another) are minimized to limit transcription error)
6. Systems are in place to adjust for double-counting
7. Standard forms/tools are used consistently within and between partners
8. At least once a year program and/or technical staff (with or without M&E specialists) review completed tools at site level for completion, accuracy or service quality issues
9. Data collection tools/partner reports are filled in completely (take sample)
10. Data collection tools/partner reports are filled in correctly (take sample)
11. Feedback is provided to all service points on the quality of their reporting
12. There is evidence that corrections have been made to historical data following data quality assessments
13. All programs are reporting on all required indicators
14. There is evidence that supervisory site visits have been made in the last 12 months where data quality has been reviewed
15. There is evidence that field-level supervisors review data from field workers before it is finalized and passed on

Data verification

1. Verify that supporting documents are on-hand & accurate for 5 random indicators

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 analyze what services each person has received
3. Reasons for under- or over-performance (e.g. not achieving important targets) are documented
4. Performance issues (e.g. not meeting targets) are followed up with partners/others
5. Written procedures are in place to ensure regular (at least quarterly) review of M&E data by program/project managers and/or M&E staff, other technical staff and partners
6. At least one data review & interpretation meeting has taken place in the last quarter at the national/program level involving managers and program/technical staff
7. Regular analysis includes trends in performance indicators over time (e.g. monthly or quarterly)
8. There is evidence that data analysis has led to improvements in program design or implementation
9. Donors and/or government have received an analysis report or attended a meeting with results presented within the last 12 months
10. A gender analysis has been conducted to help programs understand and integrate gender issues

Appendix 3: Key Informant Discussion Guide

This tool is used as a guide for discussions on the SHOFCO M&E system. The research assistant will score each question using 4 parameters as follows:

Fully met : 2

Partially met : 1

Not met : 0

Not applicable : N/A

Comments or explanations should be provided in the comments column of the scoring sheet and final recommendations proposed

Resources and capacity building

1. The M&E budget is between 5%-10% of the overall program budget
2. The M&E team (if >3 persons) has an appropriate skills mix (e.g. data analysis, evaluation/ research, HMIS)
3. Members of the M&E team have received initial orientation on the project M&E system
4. Members of the M&E team have been trained at least once in the last two years
5. Members of the M&E team have received a mentoring/supervision from their supervisor in the last 6 months
6. Program has had an M&E TA visit from HQ/region at least once in the last year
7. Partner M&E staff (including those at site level) have all received initial training on the project M&E system
8. A procedure exists for orienting new partner staff on the M&E system in case of staff turnover
9. Partner program management staff have received training or orientation on project M&E requirements

Data collection and management

1. 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
2. If client-level personal information is collected then IDs are used to protect the confidentiality of clients, and access is restricted to this information

3. Field level data entry (filling in forms) occurs immediately or shortly after service provision to limit recall bias
4. There is adequate documentation/in-house capacity for the program database so that it can be modified by one or more staff
5. There is management support for following up any persistent data gaps with partners

Data quality systems

1. Steps are taken to limit calculation errors, including automation where possible
2. At least once a year program 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
3. All expected partner reports have been received
4. Donor reports are submitted on time
5. Data reported corresponds with donor-specified report periods
6. There is evidence that supervisory site visits have been made in the last 12 months where data quality has been reviewed
7. There is evidence that field-level supervisors review data from field workers before it is finalized and passed on

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 analyze what services each person has received
3. At least one data review & interpretation meeting has taken place in the last quarter at the national/program level involving managers and program/technical staff
4. There is evidence that data analysis has led to improvements in program design or implementation
5. Donors and/or government have received an analysis report or attended a meeting with results presented within the last 12 months
6. A gender analysis has been conducted to help programs understand and integrate gender issues
7. Program/technical staff are familiar with key indicators and results pertaining to their program/technical area
8. A senior staff member (e.g. Program Manager) is responsible for reviewing aggregated data prior to release of reports from M&E unit

Appendix 4: Observation Guide

This observation guide will help the researcher to observe aspects of the SHOFCO M&E system as outlined and score within 4 parameters as follows:

Fully met : 2

Partially met : 1

Not met : 0

Not applicable : N/A

Scores should be entered in the research tool and comments or explanations should be provided in the comments column

Data collection and management

1. The project has one or more electronic M&E databases which are up to date
2. Data from services is disaggregated by gender and age and training by gender
3. Safeguards are in place to prevent unauthorized changes to data

Data quality systems

1. Quality controls are implemented to minimize errors when data are entered into computer/PDA (e.g. double entry, post-entry verification, etc.)
2. Steps are taken to limit calculation errors, including automation where possible
3. Systems are in place for detecting missing data

Data analysis and use

1. Monitoring data is accessible to relevant technical staff and manager(s)