

M&E of Community Programs

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photo courtesy of Dawne Walker

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Evolution of community programs:

From bottom-up to top-down

Grass-roots response to local situations

- often short-lived
- no outside money
- *community volunteers*

National response to local situations

- expectation of “sustainability”
- significant funding levels, often donor-driven
- intermediate organizations
- *community volunteers*

The price of money: *17 PEPFAR indicators for community programs*

- People Living with HIV/AIDS reached with a minimum package of Prevention with PLHIV interventions by setting
- Targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required by sex and age
- Targeted population reached with individual and/or small group preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required
- MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards by sex and MARP type
- Eligible adults and children provided with a minimum of one care service by age and sex
- Eligible clients who received food and/or other nutrition services by age
- Individuals from target audience who participated in community-wide event
- People reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS
- People reached by an individual, small group or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS
- People reached by an individual, small group, or community-level intervention or service that explicitly addresses the legal rights and protection of women and girls impacted by HIV/AIDS
- People reached by an individual, small group, or community-level intervention or service that explicitly aims to increase access to income and productive resources of women and girls impacted by HIV/AIDS
- Eligible children provided with shelter and care-giving
- Eligible children provided with health care referral
- Eligible children provided with Education and/or vocational training
- Eligible adults and children provided with Protection and Legal Aid Services
- Eligible adults and children provided with psychological, social, or spiritual support
- Eligible adults and children provided with Economic Strengthening Services

Community-based programs are expected to produce volumes of data, but without sufficient infrastructure or dedicated human resources

Leading to

- Poor data quality
- Low data use
- Program burn-out

We do need M&E

1st

to manage what we do

And also

to account for resources received and spent

- at the community level
- to governments, donors and other stakeholders

Take-away message #1:



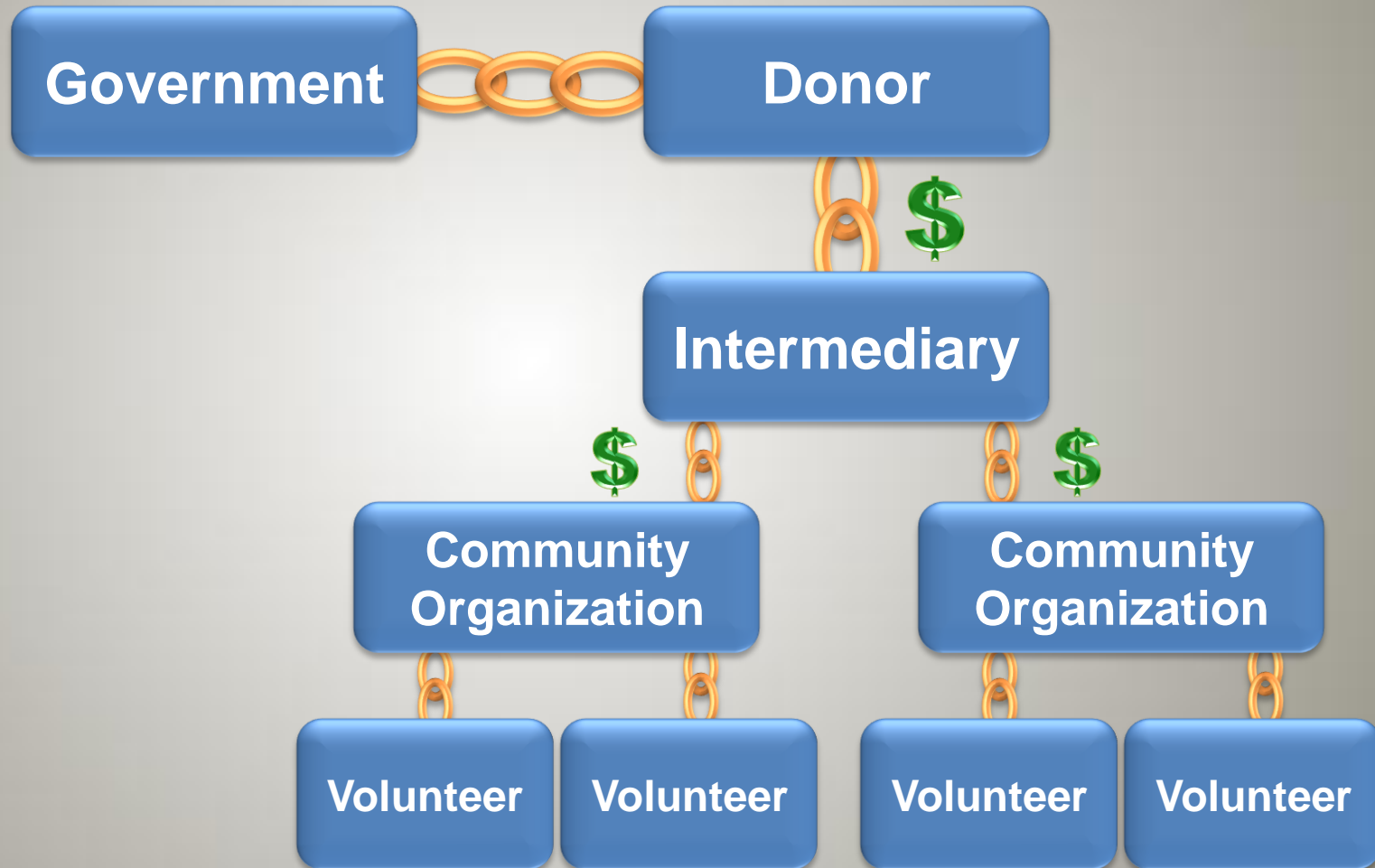
Collecting data uses program resources

**Collecting data for reporting that are not
used for management wastes resources**



**What are we asking
for?**

The assistance chain



The reporting chain



Does this make sense?

Muhutasari wa Ripoti ya mwezi ya Huduma za Wagonjwa Nyumbani

Muhutasari huu wa mwezi lazima ujazwe kila mwezi na msimamizi/mratibu wa HUWANYU katika ngazi ya Kituo cha afya, Wilaya na Mkoa.

Kata/Wilaya/Mkoa *

Jina na cheo cha mjaaza taarifa

Mwezi

Idadi ya watoa huduma /Kata/Wilaya* - waliotoa taarifa mwezi huu

Viashiria

Mwaka

wasiotoa taarifa mwezi huu

- 1(a). Idadi ya wagonjwa wapya walio andikishwa mwezi huu
- 1(b). Ugonjwa uliosababisha wasajiliwe (mwezi huu)

1. Maambukizi ya VVU
2. Sickle cell disease
3. Magonjwa ya moyo
4. Kisukari

JUMLA

Me

Ke

CHINI YA
MIKA 15

Me

Ke

MIKA
15-24

Me

Ke

MIKA
25-49

Me

Ke

MIKA 50
AU ZAIDI

Me

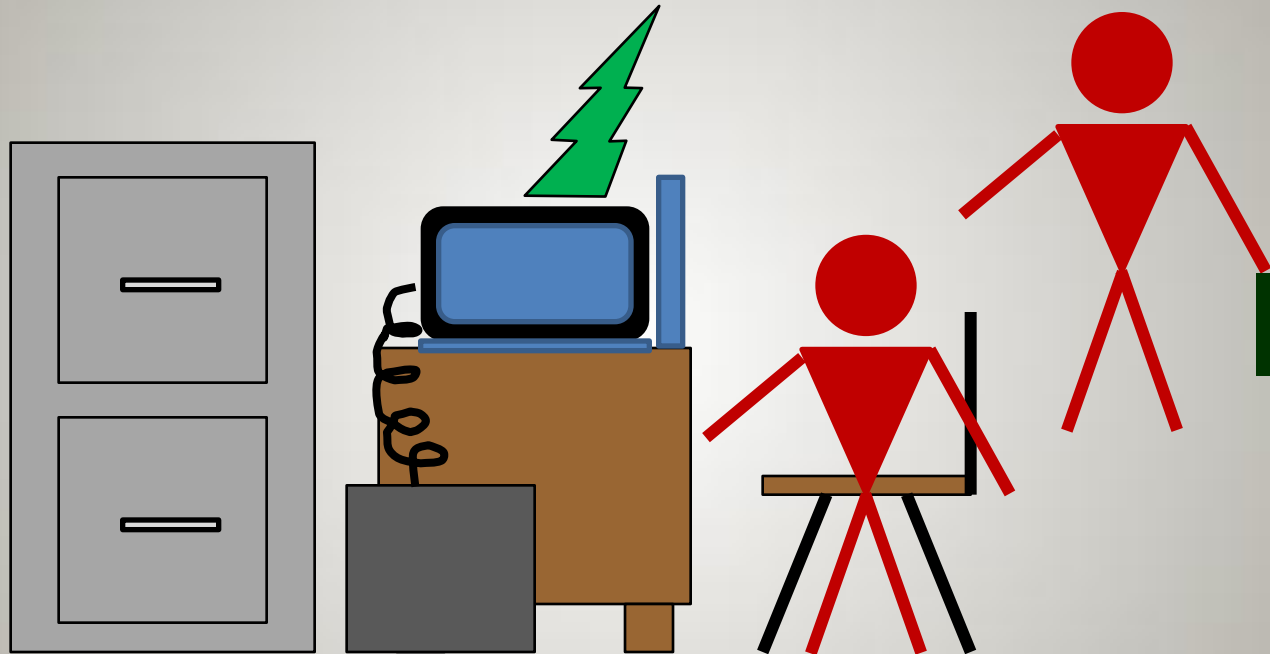
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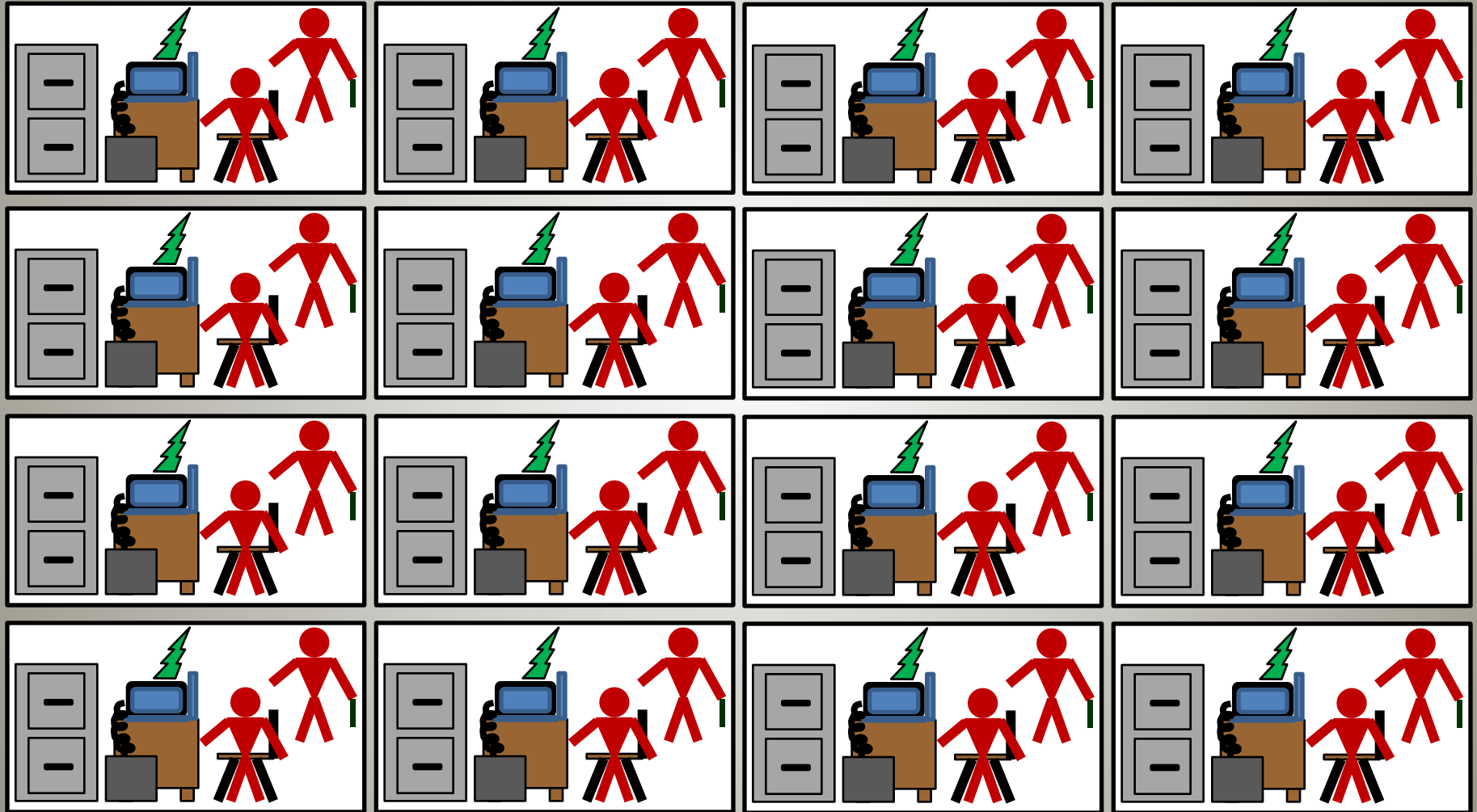
Is IT the solution?



The IT *solution*



The IT *solution*





Problems with national data bases

- **Backlog of data entry**
- **Questionable data quality**
- **Lack of protection of confidential information**
- **Low levels of data use**

“There are 2 officers with approximately 21,000 registered beneficiaries. It was reported that data takes up to 6 months to filter back to the office from villages.”

“District X entered over 16,000 records into the system twice. Each time they lost all data to a computer crash without backup.”

“District Y did not have a working PC with the system, the computer given worked for 3 months in 2008 before breaking down.”

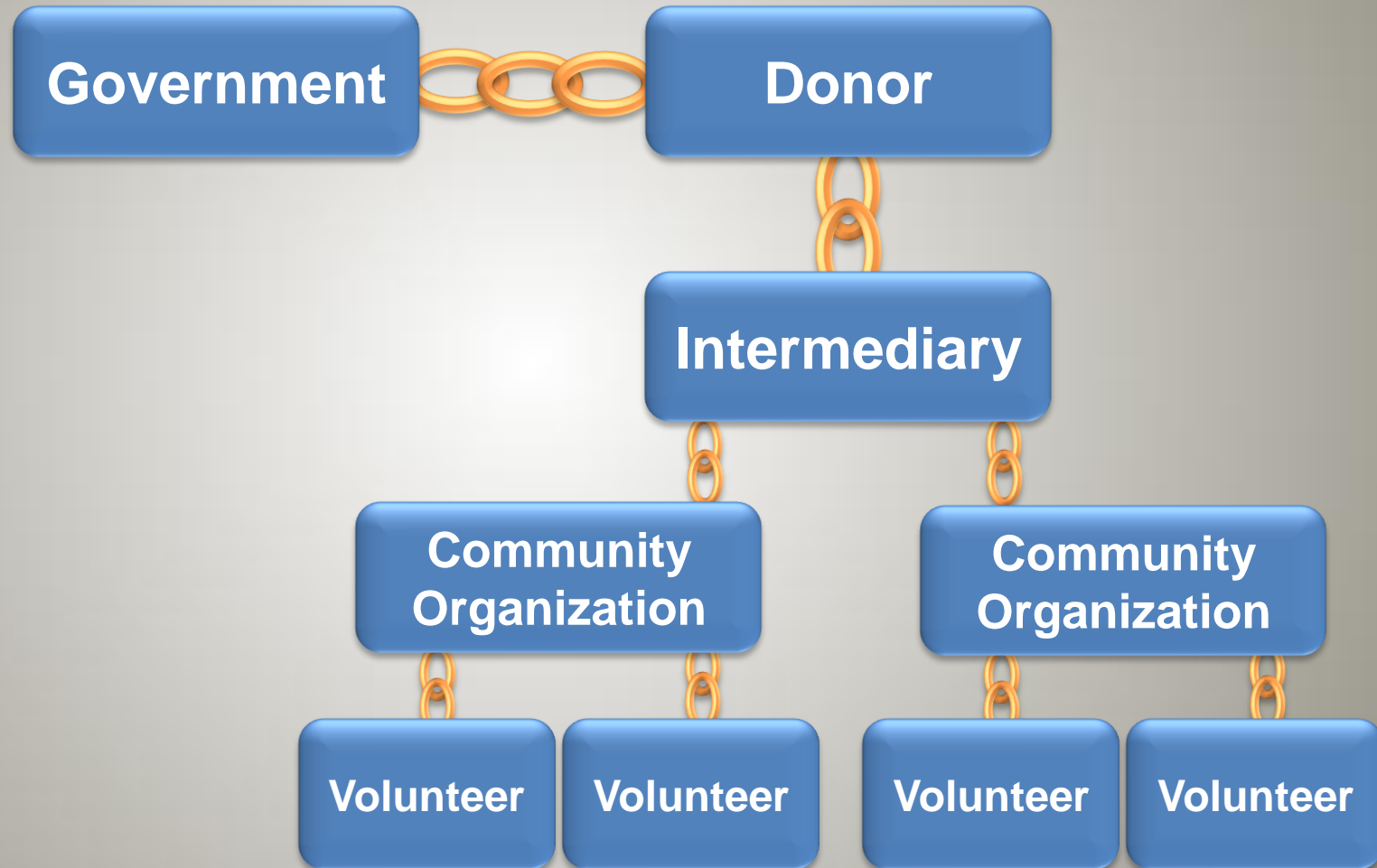
“The system is rarely used with the reason given that training was not sufficient to use it properly.”

“There is almost no re-hiring happening. With 4 officers leaving since 2010, none have been replaced. This was a trend noticed at all sites visited.”

What do we *really* need



Define roles and responsibilities



What information is needed?

Volunteers

- Who are they? Under what conditions do they work?
- What are they expected to do?
- To whom and for what are they accountable?

Community organizations

- Who are they? How are they organized?
- What are they expected to do?
- To whom and for what are they accountable?

Intermediaries

- What are they expected to do?
- To whom and for what are they accountable?

Take-away message #2:



The information that volunteers need to do their jobs is not the same as what intermediaries need to report to governments and donors

The M&E challenge for community programs

- **Ensure that volunteers are not overburdened with information collection**
- **Foster use of M&E by communities**
- **Minimize unrealistic expectations**

Take-away message #3:



It does not make sense for front-line volunteers to collect all the information that intermediaries, governments and donors need

Alternative approach to M&E of community programs

- 1. Community rosters for supervision and simple forms for case management**
- 2. Semi-annual or annual cluster-sample surveys to track coverage**
- 3. Population surveys to measure outcomes and impacts in project areas**

For volunteers

- X Instead of complicated forms with lots of columns, designed for monthly reporting
- ✓ Use simple daily checklists to help track progress over time
- *Daily forms should stay with the volunteer*

Volunteer Daily Log

Assistance to household					
ID	Name of Household Head	Type of service provided			Comments
		Shelter			
		Economic Strengthening			
		Food and Nutrition			
		Other			

Assistance to children							
	Child's name	Age	Sex	Type of service provided			Comments
1				Health		Food & Nutrition	
				Psychosocial		Protection	
				Education		Other	
2				Health		Food & Nutrition	
				Psychosocial		Protection	
				Education		Other	
3				Health		Food & Nutrition	
				Psychosocial		Protection	
				Education		Other	
4				Health		Food & Nutrition	
				Psychosocial		Protection	
				Education		Other	
5				Health		Food & Nutrition	
				Psychosocial		Protection	
				Education		Other	

Signature.....

Date.....

Replace monthly hand-tallies...

Volunteer Monthly Report

Indicators		Total		Children <15		Adults 15-24		Adults 25-49		Adults 50+	
		M	F	M	F	M	F	M	F	M	F
1(a). Number of new patients enrolling this month											
1(b). Number of new enrollments this month	HIV transmission										
	Sickle cell										
	Heart disease										
	Diabetes										
	Stroke										
	Cancer										
	Tuberculosis										
	Other										
2. Number of new and continuing services this month	HIV status										
	Infected										
	Not infected										
	Unknown										
	Services provided										
	Enrolled in care but not on ART										
	Enrolled in care and using ART										
	Not enrolled in care										

...With cluster sample surveys

Routine monitoring and reporting

- 30 clusters per geographic unit
- Trained and paid data collectors
- Data transmission: mobile phone solutions

Last but not least

Let's put the **E** back into M&E

- Well-designed baselines and follow-up surveys
- Data triangulation
- Plausibility analysis

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