

# Enablement

Monitoring and Evaluation  
of assistance given to victims of  
landmines and other weapons

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5<sup>th</sup> of December 2012





# Why M&E?

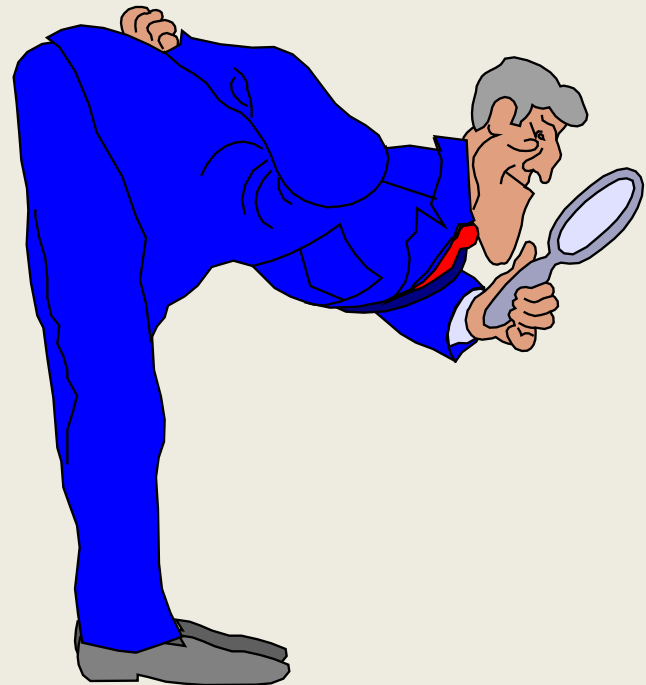
- What gets measured gets done
- If you don't measure results, you can't tell success from failure
- If you can't see success, you can't reward it
- If you can't reward success, you're probably rewarding failure
- If you can't see success, you can't learn from it
- If you can't recognize failure, you can't correct it
- If you can demonstrate results, you can win public support

*Osborne & Gaebler, Re-inventing Government 1992*



# Monitoring

- Monitoring is in a way... looking forward: is prospective in design!
- Asking: What is happening. Will it always happen like this?





# Evaluation

- A learning and management tool: an assessment of what has taken place in order to improve future work
- Helps in determining:
  - How far objectives have been achieved
  - Whether initial assumptions about what would happen were right
  - Make judgements about: effectiveness, efficiency, impact and sustainability



# Prerequisites for M&E

- What are the (desired) project **outcomes** or objectives?
- Indicators
- Baseline
- **Targets** are the levels for indicators, which were set in objectives for the project

*(Kusek, Rist, World Bank 2004)*



# Current status re development

- Development is about:
  - **People**
  - **Public or social change**
  - **Partnership**
  - **Participation**
  - **People's dignity**
  - **Power**





# Evaluation characteristics

- An integral part of development or change process (**reflection and action**)
- A need to be accountable though a good balance is needed between trust, control and accountability
- An **empowering** process rather than control
- A recognition that different (groups of) people will have different perceptions: there is a need for **negotiation and consensus building**
- A **participatory** process



# What, why and how?

Over-reliance on quantitative information...  
(the what)

Shift to more qualitative information (the how  
and why). Use of other methods such as:

- Most Significant Change
- Photovoice
- Outcome mapping







# Key Challenges in M&E?

- Project formulation is not directed at integration and/or Inclusion?
- Lack of clear focus in M&E? What do we measure and for what purpose?





# Management Information System

- A system to **collect, analyse, display** and make available **information** to enable the management team to **manage** (plan, implement efficiently, monitor and evaluate and support) service delivery, that will lead to **improvement** in (e.g. the quality of life of disabled people)

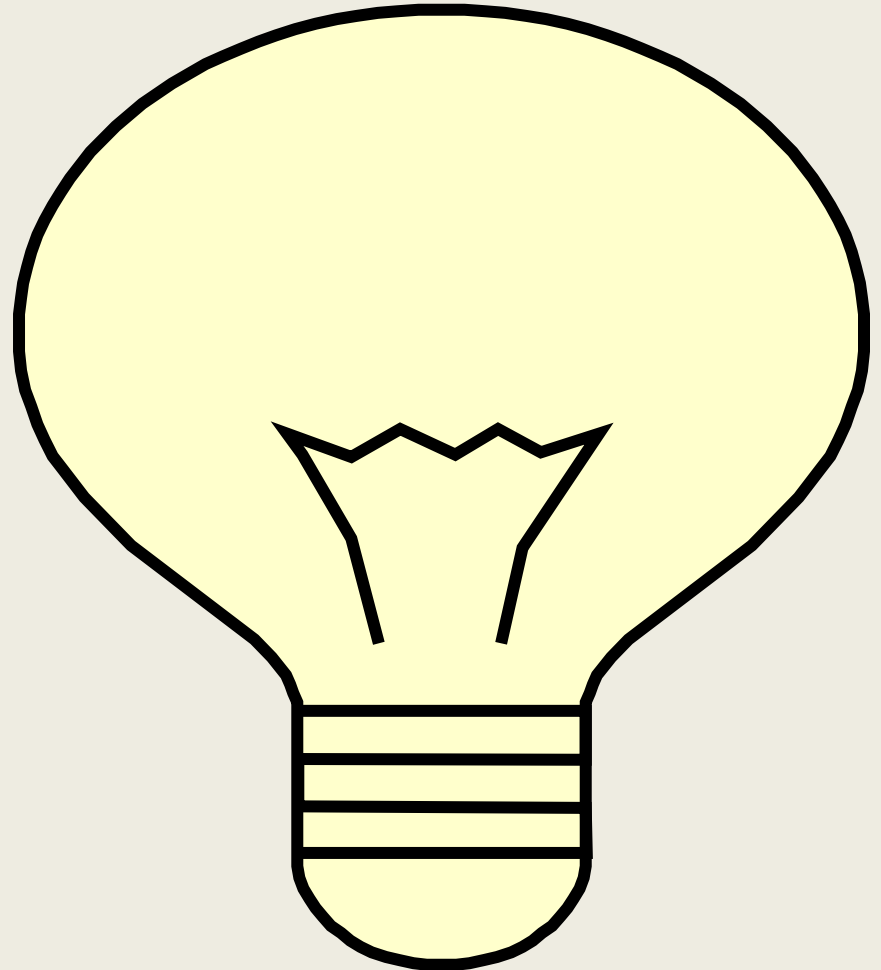


# Management Information

**Data**



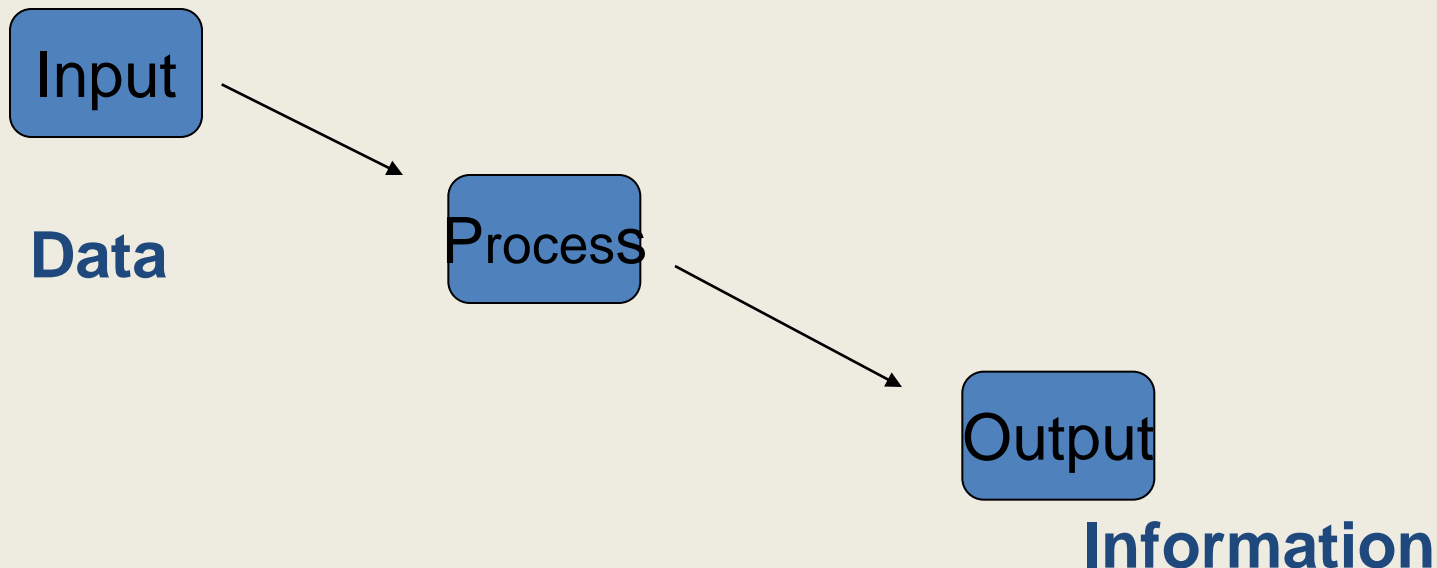
**Information**





# Management Information

- **Information** is the result of adding **meaning** to otherwise isolated **data** items





# What does data mean?

- 72

- 75



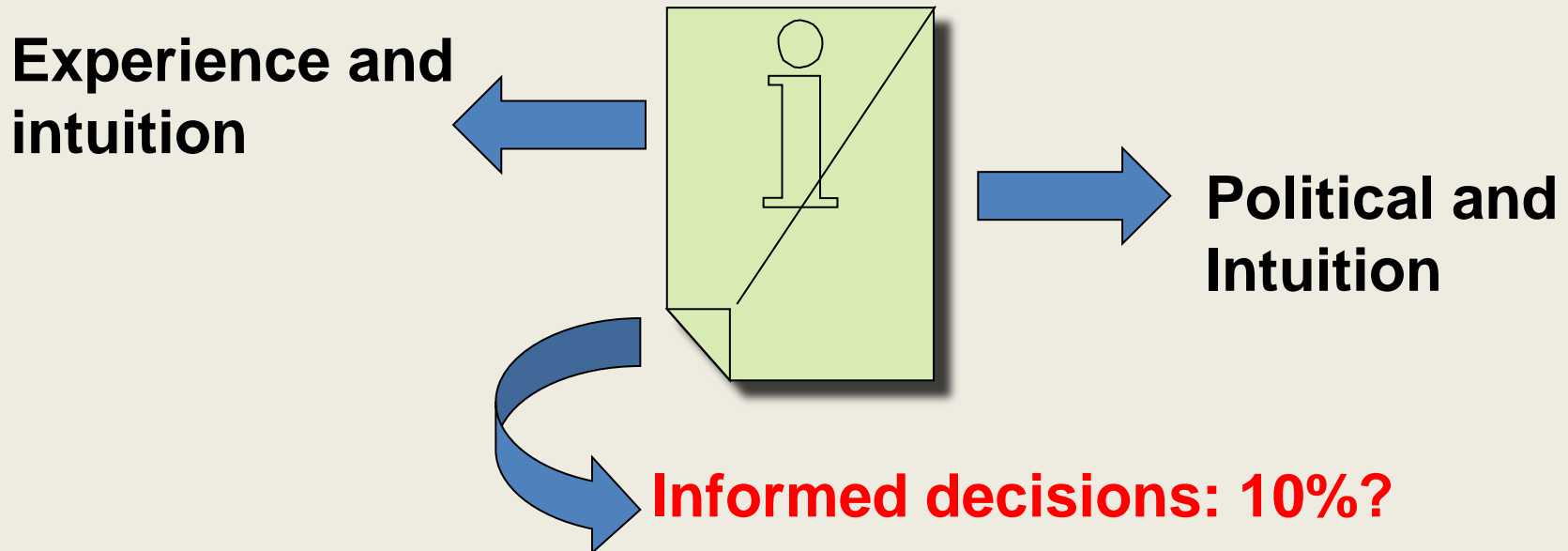


# When data becomes information

- 75 pages Education component CBR Guideline
- 72 pages Health component CBR Guideline



# Management Decision making





# Data – Records - Information

Information is  
Knowledge  
Knowledge is Power

*(Goldhaber, unknown date)*







# MIS

- What is it?
  - A Method for Recording
  - And Communicating Information about e.g. existing performance of our CBR programme



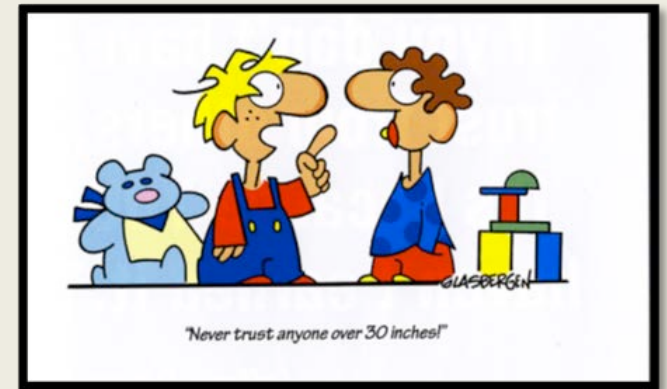
# Why a MIS?

- Helps you to:
  - Manage your facility
  - Develop policies
  - Lobby for (more) resources if necessary
  - Follow trends
  - Establish priorities
  - Ensure that resources are targeted to areas of greatest needs



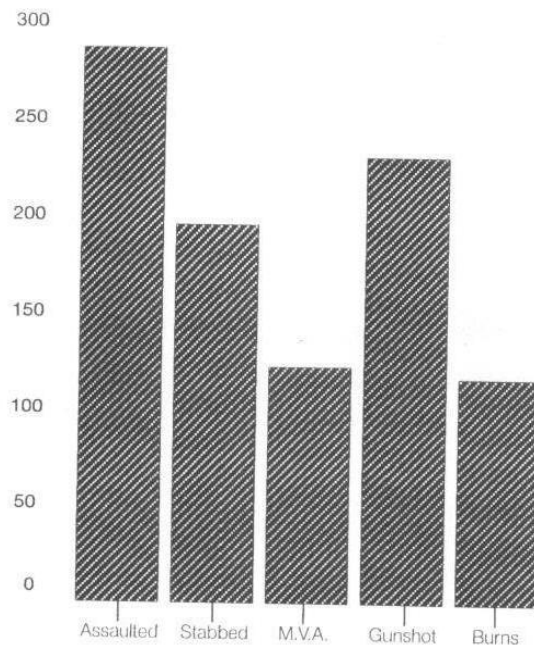
# Why a MIS?

- Helps you to:
  - Monitor performance of staff
  - Support/supervise and control
  - Monitor effectiveness, coverage, progress, development...
  - Evaluate your programme

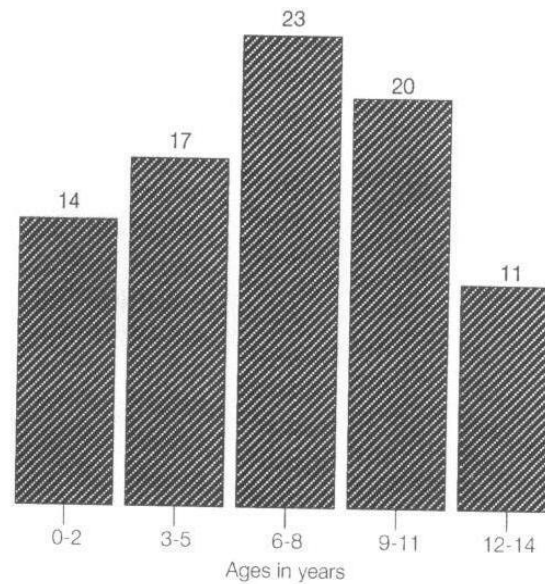


In summary: planning, targetting, trouble shooting, adjusting activities, motivation, supervision

**Victims of Violence in August 1990**



**Abused Children in 1989**





# How?

- Collected through returns of data collected by for instance field workers
- Collected through periodic sample surveys
- Through anecdotal reports



# General remarks re MIS

- There should be a clear link with objectives
- Clear case definitions and intervention protocols
- Training in collecting and accurate recording of data
- Simple forms and systems should be used
- Routine action, which should not take too much time of workers
- Only data that may be (re)acted upon should be collected: never ask unnecessary information!



# general remarks about MIS

- Use the right unit or persons to provide you with the required information
- What is happening ‘behind’ the figures?
- Develop your own information system (if needed and not yet available)
- Restrict yourself: Zoom-in but...





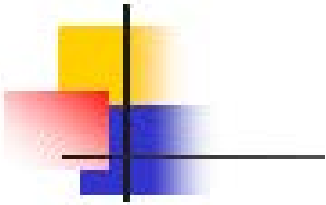
# general remarks about MIS

- Don't forget the overall picture (*because all too often people get stuck in the detail: detail can be of interest for a while...*)
- Be alert regarding aggregation of figures!
- Involve people (*A poor system developed by everybody is better than a good system developed by management alone or by an external consultant!*)





# general remarks about MIS



don't stop your curiosity,

**Don't stop yourself from learning...**



# Data should be...

- Recorded
- Collated
- Validated
- Analysed
- Interpreted
- Feed back to staff (and beneficiaries?)



# Kind of data to be collected?

- Depends on purpose of the MIS. Examples
  - Number of clients seen
  - Type of (disabilities of) clients
  - Sex and age profiles
  - Causes of disablement
  - Type of interventions offered
  - Effect of interventions
  - No of clients seen per worker per day
    - Time spent on clinical work
    - Time spent on travel
    - Time spent on supporting activities
    - Time spent on administration
    - Time spent on training



# How to set up a MIS

- Indicators measure situations:
  - **Simple figures** e.g. number of products per day
  - **Trends** e.g. harvesting time, monsoon
  - **Complex factors** e.g. satisfaction of beneficiaries



# How to set up a MIS

- Responsibility with top management
- Top management meets with middle management and they together with team negotiate about the type of MIS
- Form an **Information Team**
- Conduct an information audit
- Refine goals, objectives, targets and indicators



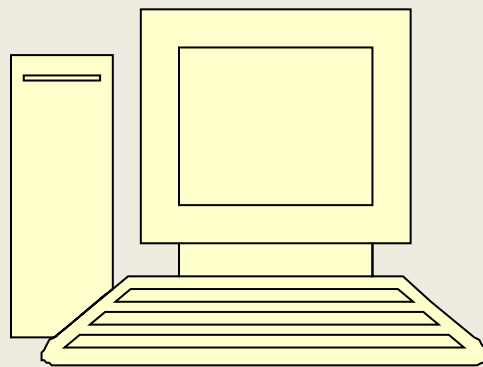
# How to set up a MIS

- Develop procedures for registration and analysis and synthesis (interpretation) = protocols
- Negotiation about acceptable ranges: when is a certain value of an indicator acceptable
- Decide on frequency of analysis and presentation to management (and the way of presentation...)
- Feedback: first to own unit; only if indicators do not fall within normal range feedback to top management

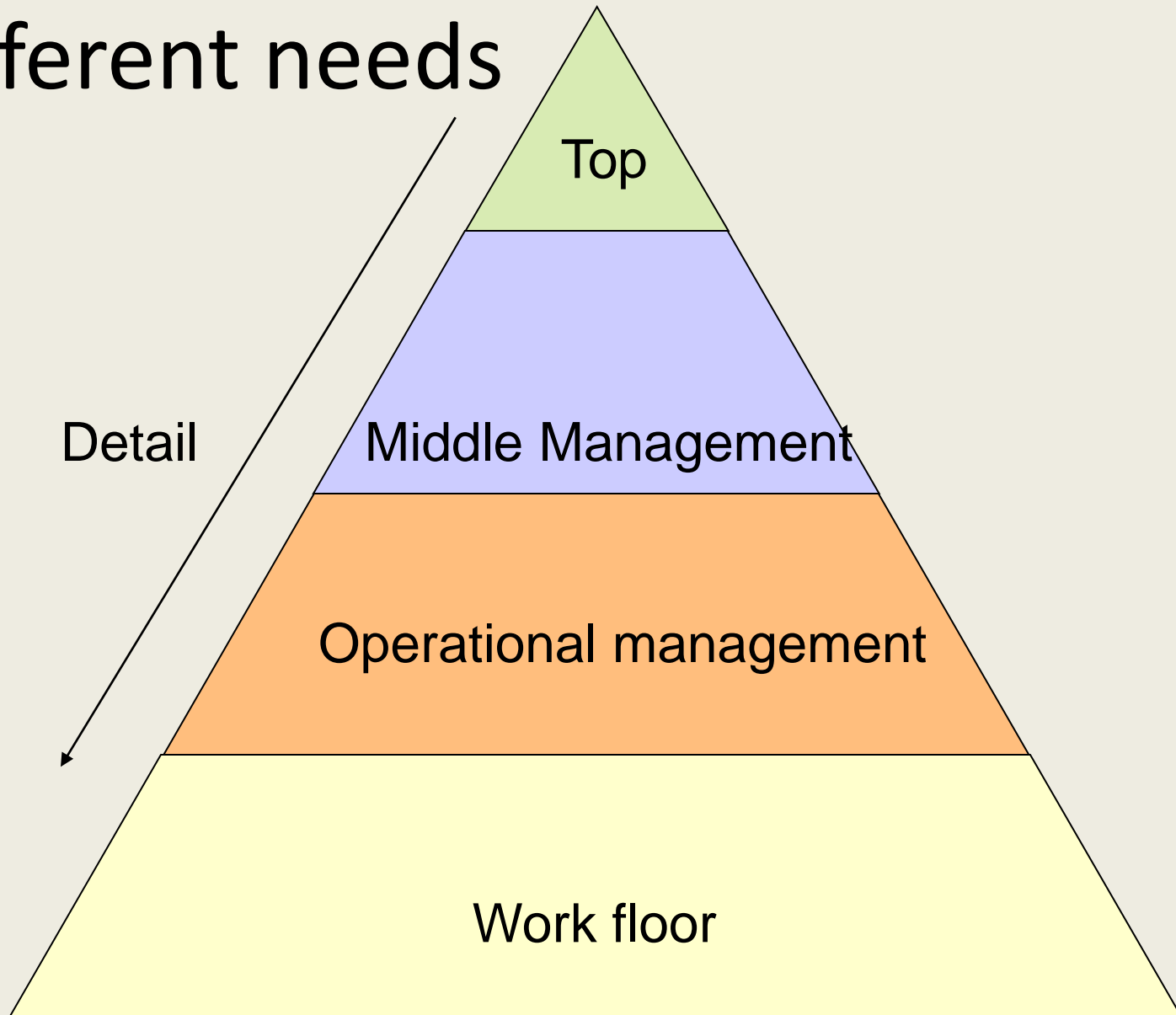


# Computers and Management

Computers are made to read lengthy  
print-outs, managers and leaders are not!



# Different needs

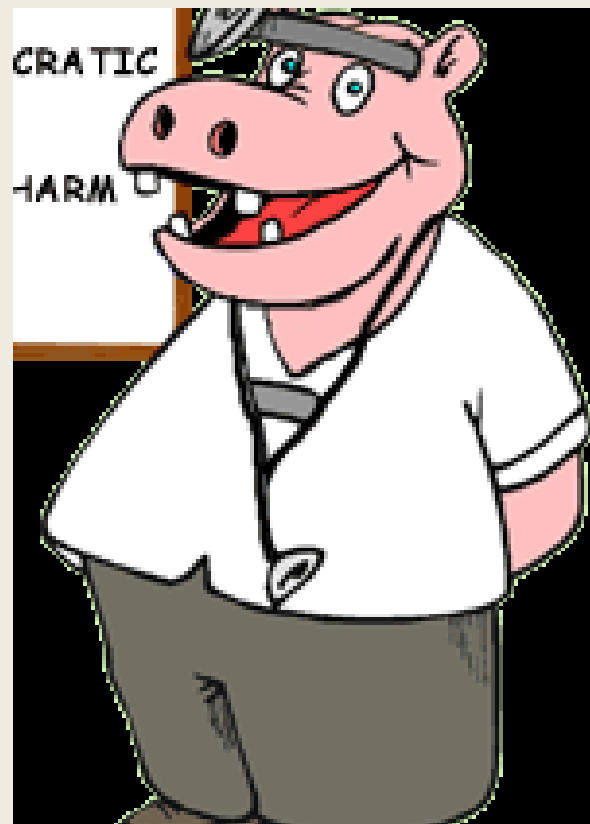






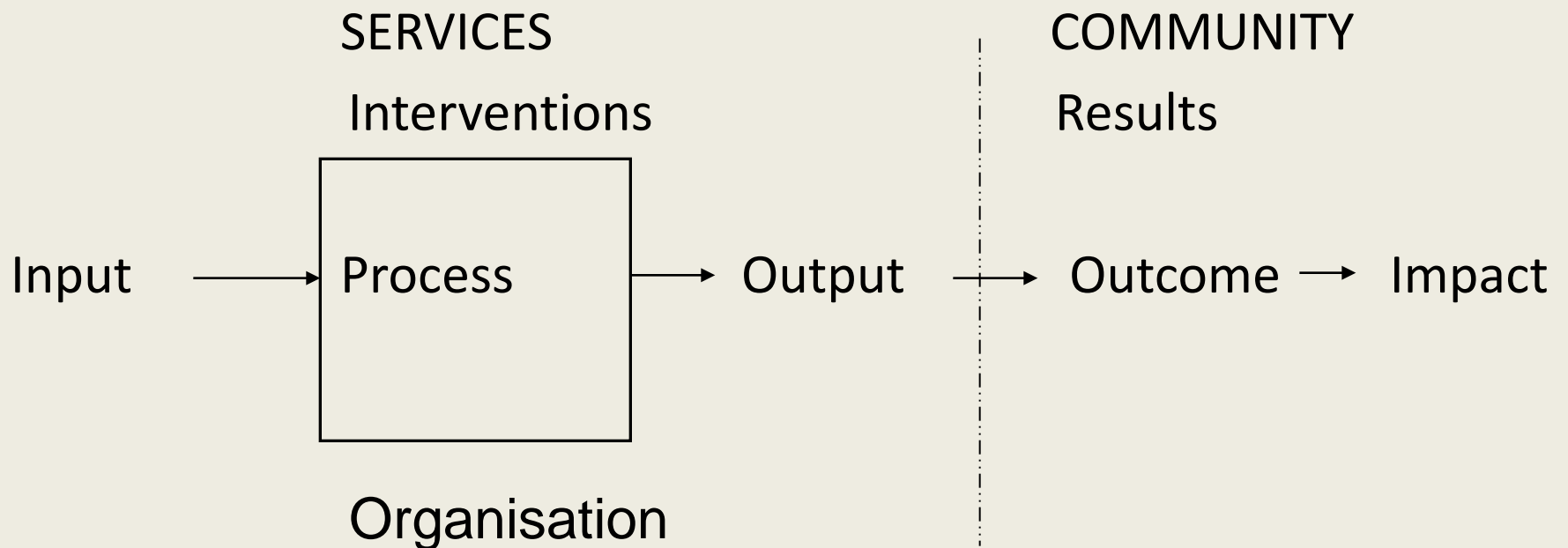
# (H)IPPOPOC Indicators

- **IP** = Input- resources
- **P** = Process: how **activities** **have** been done
- **OP** = Output: measures if **activities** have been done
- **OC** = Outcome  
measure the use of outputs
- **I** = Impact: measures **vision**





# (H)IPPOPOC(I) Model





# Type of Indicators

## Interventions:

- Inputs: resources, like personnel, buildings, finances
- Process: the way activities are performed
- Outputs: production figures, e.g. curative & preventive service delivery, training sessions

Type		CBR training	Eye Camps	Relief	Primary Education
IP	Resources	Trainers time, training material	Surgeon/material	Relief services/materials	School fees CWDs, time of partner organizations
P	Process	Carrying out training, learning takes place	Camp held	?	Discussions village council and schools, Awareness raising community, Influencing attitudes
OP	Output	XY participants training, certificates issued	Surgeries done	% of households with PWDs assisted by partner organisation	% of CWDs in classroom
OC	Outcome	Participants make use of training (e.g. design CBR program, improved project planning, training others)	Vision restored	Households with PWDs have better Quality of Life	% of CWDs (by sex) promoted to secondary education
I	Impact	Better services for people with disabilities	Better quality of life	Inclusive society	Participation in children clubs and other community events

# Example of Indicators

- Input
  - Polypropulyne, components
- Process
  - Assembling prosthesis
- Output:
  - 150 prosthesis being produced
- Outcome
  - 100 prosthesis being used by clients
  - 40 people can better make use of public transport
- Impact
  - 20 people are employed



# Type of Indicators

## Results:

- Outcomes: immediate changes (immediate effects) in group of beneficiaries as direct result of the activities
- Impact: long-term effects, e.g. improvement in quality of life that is finally aimed for



# Indicators

- Measure change
  - Between past and present
  - Between present and standard
- Simplification of reality
  - Not possible to reflect all details
    - Selection of core indicators to monitor only the most relevant interventions, output, outcome and impact



# Output sufficient for M&E?

- Difference output – outcome – impact
- Impact: largely the result of our (package of) interventions/actions (at individual and community level)
- ... as compared to those who were not receiving those interventions
- Be aware! Success (impact?) is not by definition attributed to (our) interventions





# Outcome

- Driven by principles? E.g.
  - Inclusion
  - Empowerment
  - Sustain-ability





# Inclusion – Empowerment



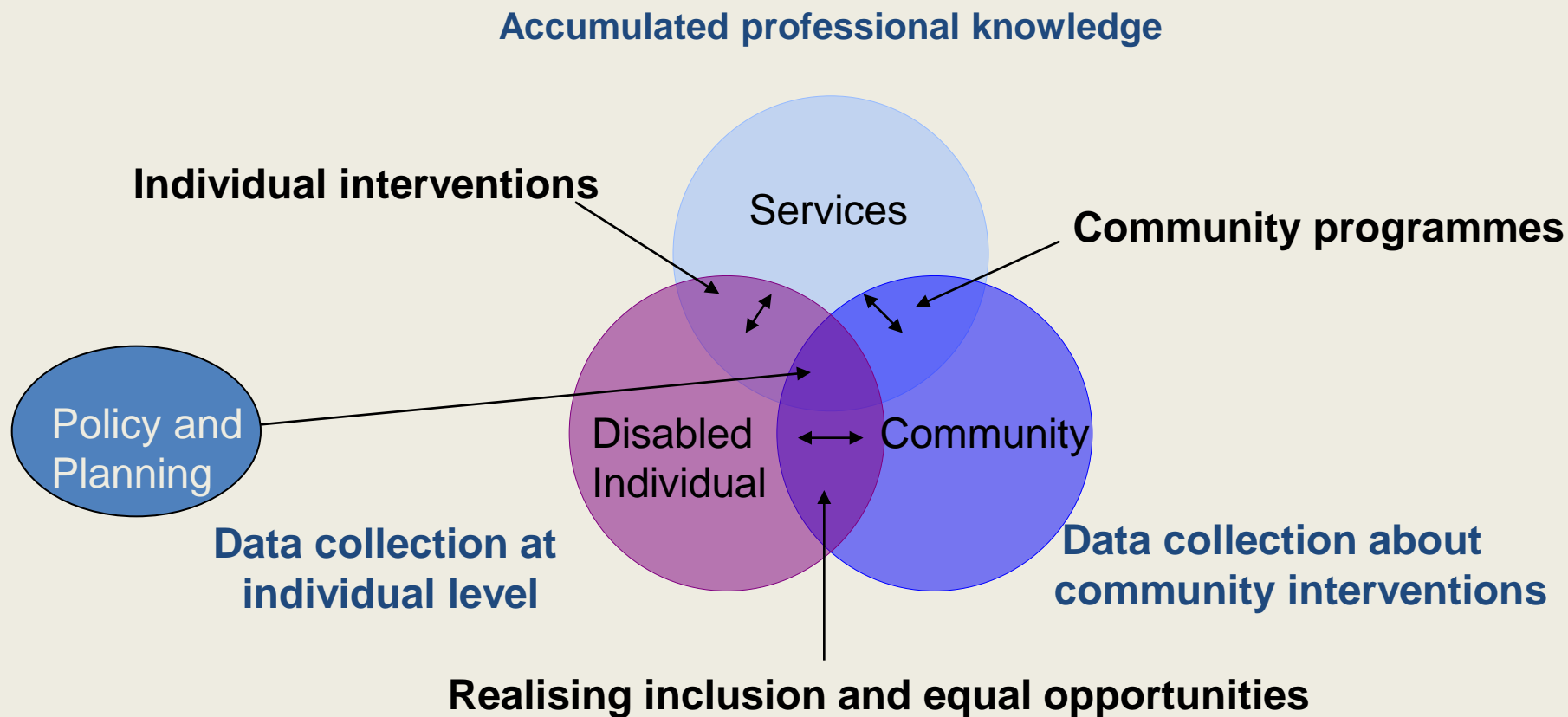


# Sustain-ability

- Build programmes that last
- Develop training routines
- Build organisational structures
- Develop decision making processes
- Build partnerships and networks
- Develop stable sources of income

# Areas of data collection

## Interaction services with individuals and community





# Kissing Indicators

- Keep
- It
- Simple
- Stupid



# The Performance Matrix

Outcomes	Indicators	Baselines	Targets

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PWDs have better access to employment			
Household income of PWDs has improved			

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Household income of PWDs has improved	<ul style="list-style-type: none"> <li>- Average income of household with PWD</li> </ul>	<ul style="list-style-type: none"> <li>- In 2012, the average household income of PWDs per annum is US\$ 1000,00</li> </ul>	<ul style="list-style-type: none"> <li>- <b>By 2014, the average household income of PWDs has doubled as compared with 2012</b></li> </ul>

# M&E Framework

(refine) Objectives	SMART project objectives
(refine) Indicators	(H)IPPOPOC
Baseline	What was situation prior to 'crisis' + what is current situation
(refine) Targets	Where do we want ot be in 1, 2, 3, 5 years time?
Who records what and who collects?	Develop procedures and protocols Simple forms and routine action taking little time of workers
Methods used? Sources of information	Quantitative, qualitative Annual reports, surveys etc.
Who collates,validates, analyses and interprets?	Decide on frequency of analysis and presentation to (higher levels of)management and policy makers
How is it written up?	Be careful for overkill;present most essential aspects and significant changes; use graphs, tables and be transparent
Feedback loops	First at level at which information is collected: if indicators do not fall within normal range TAKE ACTION! Who is responsible?!