



# Monitoring & Evaluation

# Monitoring and Evaluation using the SDG Framework

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How can women  
& men Religious  
leverage and  
contribute to the  
achievement of  
the SDGs?

- Imbibe/adopt this “global language” of people working toward justice and peace by
- Analysing our mission and activities with respect to the SDG framework
- Learn about and engage with national and state policies/programmes that further the SDGs, identify the ministries/departments at the national and state level that are responsible for implementing the SDGs
- Identify the policies and services that our government and our own congregations- allocate to addressing these SDGs

## Join/build

Join/create networks and partnerships - secular & faith-based to push for greater equity, justice and rights for all

## Use, track and create

Use and track indicators used by government and the UN to measure both the government's progress toward the SDGs in the communities you serve and your own contribution

Create indicators to monitor and evaluate your own work in line with the SDGs

## Share

Share stories of your response and the unmet needs of those you serve, in order to hold government accountable to their SDG commitments



# Monitoring and Evaluation

- What is Monitoring?
- Why do we do Monitoring?
- Who does Monitoring?
- When do we do Monitoring?
- What are the important things to look at when you monitor a project?
- What is evaluation?
- Why do we evaluate
- When do we evaluate
- What are indicators? Please give an example of indicator

# WHAT IS MONITORING?

- Monitoring is periodic and continuous, conducted after program initiation and during the duration of that program or intervention
- The data acquired is primarily input- and output-focused and is generally used as an ongoing strategy to determine efficiency of implementation
- For example, an NGO delivering training for school teachers might track monthly the number of sites visited, trainings delivered, the number of teachers trained, etc.

# WHAT IS EVALUATION?

- A program [evaluation](#) focuses on the performance of the intervention and is principally used to determine whether receiving services really have benefited due to those activities
- It generally looks at outcomes, assessing whether a change occurred between the outset and termination of an intervention (or at least between two specific time periods)
- Ideally, that change should be able to be attributed to the activities undertaken

# Developing an M&E Plan

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## Step 1: Identify Program Goals and Objectives

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Defining program goals starts with answering three questions:

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What problem is the program trying to solve?

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What steps are being taken to solve that problem?

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How will program staff know when the program has been successful in solving the problem?

# Step 2: Define Indicators

- Once the program's goals and objectives are defined, it is time to define indicators for tracking progress towards achieving those goals
- Program indicators should be a mix of those that measure process, or what is being done in the program, and those that measure outcomes.
- [Process indicators](#) track the progress of the program
- They help to answer the question, "Are activities being implemented as planned?"
- Some examples of process indicators are:
  - Number of trainings held with health providers
  - Number of awareness sessions conducted at youth-friendly locations
  - Number of condoms distributed at youth-friendly locations



- Outcome indicators track how successful program activities have been at achieving program objectives. They help to answer the question, “Have program activities made a difference?” Some examples of outcome indicators are:
  - Percent of youth abstaining from sex
  - Percent of youth using condoms during first intercourse
  - Number and percent of trained health providers offering family planning services to youth
  - Number and percent of new STI infections among youth

# Indicators

**Inputs** – in any project, inputs would include things like human resource (personnel), finances in the form of money, machinery such as vehicles, and equipment such as public address systems among others

Inputs ensure that it is possible to deliver the intended results of a project

**Activities** - actions associated with delivering project goals

They are what the personnel/employees do in order to achieve the aims of the project

In a HIV and AIDS project, for example, activities would include things such as conducting community meetings to sensitize the public on prevention measures, installing condom dispensers at hot-spots, counselling services

**Outputs** – activities, services, events and products that reach the priority audience(s)

- the number of community awareness meetings that were done
- the number of condom dispensers installed
- number of HIV and AIDS infected persons referred for ARTs among others
- the number of persons counselled

**Outcomes** – results or changes for the priority audience(s)

- In a safe water project, an outcome would be “the percentage of households that are using chlorinated drinking water”.
- Another outcome could be “the percentage of children suffering from diarrhea

# Impact - refers to a much broader effect

- An example of an impact would be reduced poverty rates, reduced child mortality rates among others
- In the case of the Safe Water project, an increase in the number of households using treated water would directly impact on fewer cases of people suffering from diarrhea, meaning that there will be a reduced number of lost man-hours. This has a direct impact on poverty reduction
- The number of children suffering from diarrhea may reduce, meaning that the cases of child deaths are reduced
- Most often than not, it is very difficult to ascertain the exclusive impact of a project since several other projects, not similar in nature can lead to the same impact

# Step 3: Define Data Collection Methods and Timeline

<b>Information to be collected</b>	<b>Data Source</b>
<b>Service statistics</b>  Reach and success of the program intervention within audience subgroups or communities	<b>Facility logs,</b>  Small surveys with primary audience(s), such as provider interviews or client exit interviews
Qualitative data about the outcomes of the intervention	Focus groups, in-depth interviews, listener/viewer group discussions, case studies

## Step 4: Identify M&E Roles and Responsibilities

Indicator	Data source(s)	Timing	Data manager
Number of trainings held with health providers	Training attendance sheets	Every 6 months	Activity manager
Number of outreach activities conducted at youth-friendly locations	Activity sheet	Every 6 months	Activity manager
Number of condoms distributed at youth-friendly locations	Condom distribution sheet	Every 6 months	Activity manager
Percent of youth receiving condom use messages through the media	Population-based survey	Annually	Research assistant
Percent of adolescents reporting condom use during first intercourse	DHS or other population-based survey	Annually	Research assistant
Number and percent of trained health providers offering family planning services to adolescents	Facility logs	Every 6 months	Field M&E officer
Number and percent of new STI infections among adolescents	DHS or other population-based survey	Annually	Research assistant



Step 5: Create an Analysis Plan and Reporting Templates

Step 6: Plan for Dissemination and Donor Reporting

# Global Goal 1 – No Poverty

Target **1.1** - By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day

## Indicators - 1.1.1

- Proportion of the population living below the international poverty line by sex, age, employment status, caste, religion, ethnicity and geographical location (urban/rural)



## Target **1.2**

- By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

## Indicators

- **1.2.1** Proportion of population living below the national poverty line, by sex and age
- **1.2.2** Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

- **Target 1.3** Implement nationally appropriate social protection systems and measures for all and by 2030 achieve substantial coverage of the poor and the vulnerable
- **Indicators 1.3.1**
- Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable

Niti Aayog - <https://sdgindiaindex.niti.gov.in/#/>

## Goal 1 – No Poverty

- Percentage of population living below the national poverty line
- Percentage of households living in katcha houses
- Persons provided employment as a percentage of persons who demanded employment under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)
- Percentage of the population (out of total eligible population) receiving social protection benefits under Pradhan Mantri Matru Vandana Yojana (PMMVY)
- Head count ratio as per the Multidimensional Poverty Index
- Percentage of households with any usual member covered by a health scheme or health insurance

# Goal 3 - Good Health and Well Being

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.1.1 Maternal mortality ratio
- India's maternal mortality ratio (MMR) has improved to 103 in 2017-19, from 113 in 2016-18
- Seven Indian states have very high maternal mortality. These are Rajasthan, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Bihar, Odisha and Assam
- 'Very high' MMR means 130 or more maternal deaths per 100,000 live births

- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- 3.2.1 Under-five mortality rate
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
- 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

# Niti Aayog

- Percentage of children in the age group 9-11 months fully immunized
- Monthly per capita out-of-pocket expenditure on health as a share of Monthly Per capita Consumption Expenditure (MPCE)
- Percentage of institutional deliveries out of the total deliveries reported
- Total case notification rate of tuberculosis
- HIV incidence rate
- Suicide Rates
- Death rate due to road traffic accidents
- Under 5 mortality rate
- Total physicians, nurses and midwives