NMCM Monitoring and Evaluation

What, why, how, when, where?
NMCM Vision and Mission Statement

Vision
▶ “Nurses and Midwives Council of Malawi envisages an organisation with adequate resources resulting in improvement of quality nursing and midwifery services”

Mission Statement
▶ Nurses and Midwives Council of Malawi exists to regulate nursing and midwifery education, training and practice in order to protect the public
NMCM Functions and Powers

- Assist in the promotion and improvement of health
- Control and authorise professional practice
  - Disciplinary control
- Promote liaison between education and training practice
- Promote standards of education and training
- Advisory role with Ministers regarding public health and nursing and midwifery practice
On site visits

Use of standard tools for assessment

Initial feedback and key points discussed with institutions

Write up report, with results and remedial action points if failed any standards

Feedback and discussion with institutions

Remedial action undertaken

Re-visit after 3 months to check progress

If satisfactory, restart cycle, if not consider further measures

Supportive Supervision/M&E
Monitoring

The routine tracking of data that measures progress toward achieving objectives of a program or intervention. The purpose of monitoring:

- To ensure activities are implemented according to plan and timeline
- To identify activities or resource allocation in need of adjustment or improvement to achieve desired results
- To provide information for decision-making and program evaluation
- For reporting requirements
- To facilitate advocacy
Evaluation

The process of collecting and analyzing data to measure how well a program or intervention has met expected objectives and/or the extent to which changes in outcomes can be attributed to the program or intervention, or to other factors. The purpose of evaluation is to confirm that adopted strategies and available funding produced the desired results and to assist stakeholders in decision-making about future program improvement and implementation by:

- Providing an objective and reliable assessment of the activities
- Providing feedback to local organizers and other stakeholders about:
  - The outcomes of the activities
  - Strengths and weaknesses
  - Other influencing factors
  - Suggested measures for improvement
Inputs → Processes/Activities → Outputs → Effects → Impact

Monitoring → Evaluation
A typical M&E framework contains the levels illustrated in this figure. Monitoring activities generally measure indicators related to inputs, processes or activities, and outputs. Evaluation activities usually measure indicators related to the effects or results of the inputs, processes, or outputs, and sometimes measure the long-term impact of these results.
Evaluation can focus on:

- **Projects** - normally consist of a set of activities undertaken to achieve specific objectives within a given budget and time period.

- **Programs** - are organized sets of projects or services concerned with a particular sector or geographic region.

- **Services** - are based on a permanent structure, and, have the goal of becoming, national in coverage, e.g. Health services, whereas programmes are usually limited in time or area.

- **Processes** - are organizational operations of a continuous and supporting nature (e.g. personnel procedures, administrative support for projects, distribution systems, information systems, management operations).

- **Conditions** - are particular characteristics or states of being of persons or things (e.g. disease, nutritional status, literacy, income level).
Evaluation may focus on different aspects of a service or program:

- **Inputs** - are resources provided for an activity, and include cash, supplies, personnel, equipment and training.
- **Processes** - transform inputs into outputs.
- **Outputs** - are the specific products or services, that an activity is expected to deliver as a result of receiving the inputs.
- A service is **effective** if - it “works”, i.e. it delivers outputs in accordance with its objectives.
- A service is **efficient** or cost-effective if - effectiveness is achieved at the lowest practical cost.
- **Outcomes** - refer to peoples’ responses to a programme and how they are doing things differently as a result of it. They are short-term effects related to objectives.
- **Impacts** - are the effects of the service on the people and their surroundings. These may be economic, social, organizational, health, environmental, or other intended or unintended results of the programme. Impacts are long-term effects.
Monitoring

A planned, systematic process of observation that closely follows a course of activities, and compares what is happening with what is expected to happen.

Evaluation

A process that assesses an achievement against pre-set criteria. Has a variety of purposes, and follow distinct methodologies (process, outcome, performance, etc).
Monitoring

• The periodic collection and review of information on programme implementation, coverage and use for comparison with implementation plans.
• Open to modifying original plans during implementation
• Identifies shortcomings before it is too late.
• Provides elements of analysis as to why progress fell short of expectations

Evaluation

• A systematic process to determine the extent to which service needs and results have been or are being achieved and analyse the reasons for any discrepancy.
• Attempts to measure service’s relevance, efficiency and effectiveness. It measures whether and to what extent the programme’s inputs and services are improving the quality of people’s lives.
Where does M&E fit?
Monitoring and Evaluation

• Monitoring progress and evaluating results are key functions to improve the performance of those responsible for implementing health services.

• M&E show whether a service/program is accomplishing its goals. It identifies program weaknesses and strengths, areas of the program that need revision, and areas of the program that meet or exceed expectations.

• To do this, analysis of any or all of a program’s domains is required.
Using M&E Data - Monitoring Evaluation Learning (MEL)

• Effective coordination among agencies involved in M&E is essential

• Participation of stakeholders – promotes learning, nurtures demand and ownership, lends credibility to M&E process

• Capacity building for M&E (training and support) allows wide participation and ownership

• Allows services to build on existing systems that are working

• Feedback mechanisms/dissemination – MEL
Phase A: Planning the Evaluation

- Determine the purpose of the evaluation
- Decide on type of evaluation
- Decide on who conducts evaluation (evaluation team)
- Review existing information in programme documents including monitoring information.
- List the relevant *information sources and collect data*
- Assess your own strengths and limitations.
Phase B: Selecting Appropriate Methods

- Identify evaluation goals and objectives *(SMART)*
- Formulate evaluation questions and sub-questions
- Decide on the appropriate evaluation design
- Identify measurement standards
- Identify measurement indicators
- Develop an evaluation schedule
- Develop a budget for the evaluation.
Phase C: Collecting and Analysing Information

• Develop data collection instruments.
• Pre-test data collection instruments.
• Undertake data collection activities.
• Analyse data.
• Interpret the data
Phase D: Reporting Findings

• Write the evaluation report.
• Decide on the method of sharing the evaluation results and on communication strategies.
• Share the draft report with stakeholders and revise as needed to be followed by follow up.
• Disseminate evaluation report.
Phase E: Implementing Evaluation Recommendations

• Develop recommendations in partnership with stakeholders.
• Monitor the implementation of evaluation recommendations and report regularly on the implementation progress.
• Plan the next evaluation.
These four questions are answered by DESCRIPTIVE EVALUATION

These two questions are answered by ANALYTICAL EVALUATION
Indicators..... What are they?

An indicator is a standardized, objective measure that allows—

- A comparison among health facilities
- A comparison among countries
- A comparison between different time periods
- A measure of the progress toward achieving program goals
Characteristics of Good Indicators

- Clarity: easily understandable by everybody
- Useful: represent all the important dimensions of performance
- Measurable:
  - Quantitative: rates, proportions, percentage, common denominator (e.g., population)
  - Qualitative: “yes” or “no”
- Reliability: can be collected consistently by different data collectors
- Validity: measure what we mean to measure
Which Indicators?

The following questions can help determine measurable indicators:

• How will I know if an objective has been accomplished?
• What would be considered effective?
• What would be a success?
• What change is expected?
<table>
<thead>
<tr>
<th>Evaluation Area</th>
<th>Evaluation Question</th>
<th>Examples of Specific Measurable Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Supply</td>
<td>Is staff supply sufficient?</td>
<td>Staff-to-client ratios</td>
</tr>
<tr>
<td>Service Utilization</td>
<td>What are the program’s usage levels?</td>
<td>Percentage of utilization</td>
</tr>
</tbody>
</table>
| Accessibility of Services| How do members of the target population perceive service availability? | • Percentage of target population who are aware of the service in their area  
<pre><code>                       |                                                                             | • Percentage of the “aware” target population who know how to access the service |
</code></pre>
<p>| Client Satisfaction      | How satisfied are clients?                                   | Percentage of clients who report being satisfied with the service received     |</p>
<table>
<thead>
<tr>
<th>Evaluation Area (Summative Assessment)</th>
<th>Evaluation question</th>
<th>Examples of specific measurable indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in Behaviour</td>
<td>Have risk factors for infant deaths changed?</td>
<td>Compare proportion of people accessing health clinics/antenatal care/SRH services</td>
</tr>
</tbody>
</table>
| Morbidity/Mortality                  | • Has infant mortality decreased by x %  
• Has there been a reduction in the rate of low birth weight babies? | • Age-standardized mortality rates for males and females  
• Compare annual rates of low-birth weight babies over five years period |
### Matrix for indicator selections

<table>
<thead>
<tr>
<th>Data availability</th>
<th>Relevant</th>
<th>Related indicator relevant</th>
<th>Relevant but missing</th>
<th>Irrelevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potentially available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related data available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To be used</th>
<th>To be identified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To be modified</th>
<th>To be moved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Gathering of Qualitative and Quantitative Information: Instruments

Quantitative tools:

Quantitative, or numeric information, is obtained from various databases and can be expressed using statistics.

- Surveys/questionnaires;
- Registers;
- Activity logs;
- Administrative records;
- Patient/client charts;
- Registration forms;
- Case studies;
- Attendance sheets.
Qualitative tools:

There are five frequently used data collection processes in qualitative evaluation (more than one method can be used):

1. Unobtrusive seeing, involving an observer who is not seen by those who are observed;

2. Participant observation, involving an observer who does not take part in an activity but is seen by the activity’s participants.

3. Interviewing, involving a more active role for the evaluator because she / he poses questions to the respondent, usually on a one-on-one basis.

4. Group-based data collection processes such as focus groups; and

5. Content analysis, which involves reviewing documents and transcripts to identify patterns within the material.
Sample evaluation questions: What might stakeholders want to know?

**Service users:**
- Does this clinic provide us with a high quality and safe service?
- Are some patients provided with better services than other patients? If so, why?

**Clinic Staff:**
- Does this clinic provide our clients with high quality service?
- Should staff make any changes in how they perform their work, as individuals and as a team, to improve program processes and outcomes?

**Nurse/midwife managers:**
- Does this clinic provide our clients with high quality service?
- Are there ways managers can improve or change their activities, to improve processes and outcomes?

**Funding bodies:**
- Does this clinic provide its clients with high quality service?
- Is the service cost-effective?
- Should we make changes in how we fund this program or in the level of funding to the program?
Pretesting or piloting......

PILOT TESTS SHOULD INVOLVE:

- testing the instrument (e.g., the questions and how they are grouped and laid out)
- testing the way the instrument is administered (e.g., questionnaire and phone interview)
- testing the way the responses are recorded (e.g., tally sheets and computer-assisted telephone interview format)
- testing supportive documents/procedures (e.g., cover letters and consent forms)
Face reality! Assess your strengths and weakness

<table>
<thead>
<tr>
<th></th>
<th>Data available</th>
<th>Data not available</th>
<th>Monitor</th>
<th>Do not monitor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inputs</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>The resources required to advocate have been listed and can be monitored.</td>
</tr>
<tr>
<td>Processes</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>An implementation plan was developed therefore the process can be monitored.</td>
</tr>
<tr>
<td>Outputs</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>There is no specific product, therefore need to focus on outcomes rather than outputs.</td>
</tr>
<tr>
<td>Efficiency</td>
<td>✓ but difficult to monitor</td>
<td></td>
<td></td>
<td>✓</td>
<td>Monitoring the contribution of the human resources employed could monitor efficiency of effort. But this may not be worth the effort required.</td>
</tr>
<tr>
<td>Effectiveness</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>The objectives have been set but the outcomes will need to be monitored. Reporting mechanisms will need to be put in place.</td>
</tr>
<tr>
<td>Outcomes</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>The objectives have been set but monitoring of progress will need reporting mechanisms put in place.</td>
</tr>
</tbody>
</table>
So what will we do? Use Importance Feasibility Matrix

<table>
<thead>
<tr>
<th>Low feasibility</th>
<th>High feasibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low importance</td>
<td>High importance</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Don’t bother!</td>
<td>3. Get creative to increase feasibility.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Don’t do it if it takes resources from cells 3 &amp; 4.</td>
<td>4. A no-brainer – Do it!</td>
</tr>
</tbody>
</table>
“Nurses and Midwives Council of Malawi envisages and organisation that is financially sustainable with adequate resources that has fully contributed to a Malawi nation which has adequate nurses and midwives that are practising according to standards.”