



Right-Fit
Evidence: What Type of
Monitoring Data is Actionable?

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SESSION FOCUS:

At the end of this session, participants will:

1. **Explain** how M&E supports program implementation.
2. **Describe** the types of monitoring data for a functional monitoring system.
3. **Demonstrate** how the types of monitoring data apply in practice





IMAGINING M&E IN A PROGRAM: **WHAT DOES THIS PICTURE TELL YOU?**

Picture: Millbrook grad Faint directs one of world's best blind runners for U.S. Paralympic track team

Event: World Para Athletics Grand Prix 2019, Grosseto, Italy 7-9 June 2019



WHAT HAPPENS WHEN PROGRAM **M&E FAILS?**



Picture: Heartbreak after blind runner's guide falls just short of finish line at Paralympic Games in London

Photo by [Julian Finney](#) on [Getty Images](#)

THE M&E SYSTEM: 12 COMPONENTS

The 12 Components of a functioning M&E System are categorized into 3:

- Enabling Environment e.g., People, Partnerships and Planning.
- Mechanism through which data is collected, analyzed and verified.
- Primary purpose for M&E.



Source:

https://files.unaids.org/en/media/unaids/contentassets/documents/document/2010/1_MERG_Assessment_12_Components_ME_System-1.pdf

OK...



...I am learning that monitoring is one of the elements of a functioning M&E System!

*What **type** of data do I need, to make **monitoring** information **actionable**?*

Elements of A functioning M&E System: MONITORING

Provide 2-3 examples of monitoring data



FIVE TYPES OF MONITORING DATA*



1. Financial Data
2. Activity Tracking Data
3. Targeting Data
4. Participation/ Engagement
5. Feedback

1. FINANCIAL DATA

- Tracks how much is spent implementing programs.
- Covers both costs (and revenues)
- Costs (and revenue) should be linked to on-going operations to support learning





- Focus on activities and outputs as per project's ToC
- Examples of activity data:
 - Malaria Testing Kits distributed
 - CHWs trainings conducted.
- Supports project accountability

2. ACTIVITY TRACKING DATA

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To **support** project **learning**, activity data has to be **actionable** by meeting the following conditions:


- Ability to disaggregate across project sites,
- Ability to connect activity and output data to cost (and revenue),
- Project commitment to reviewing the data on a regular basis and using them to make decisions.





- Helps project to understand if they are reaching their target populations and help identify changes needed.
- Consists of information on people participating in the program.

3. TARGETING DATA

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- Has a two-fold purpose
 - Identify who enters the program
 - Identify the right service to provide given the participants
 - Examples: age, gender, marital status, socioeconomic status, education level, etc.

3. TARGETING DATA

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Disaggregation is a key part of targeting and service improvement decisions. See PEPFAR Indicator below:

- **Number of individuals who have been newly enrolled on antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period.** (Disaggregated by Age, Sex, and (optional) key population).

3. TARGETING DATA



Data on sex and age is reported in a **nested format** i.e., disaggregating sex within age:

- 15-19 F/M,
- 20-24 F/M,
- 25-29 F/M,
- etc.

3. TARGETING DATA

Targeting Data



For example:

- 87% of a project's 1000 clients are rural poor women.

Is not the same as:

- 870 rural women's lives were changed by our program

Impact Data



Targeting data say nothing about whether the women in the project experienced any changes in their lives, let alone changes caused by the project.

4. PARTICIPATION DATA



Divided into two types:

- **General** participation data i.e., number of people (participating) in a program or not
- **Depth or Quality of participation** i.e., How did they interact with the service?

4. PARTICIPATION DATA



- Targeting target makes analysis of general participation data easier to collect i.e., who is being reached and who is not.
- The main concern is **‘Take-Up’**.
 - *Example: the % of young women aged 18-24 years who were offered reproductive health counseling service and used it.*

How does Take-up data support program learning and improvement?

Program X reports consistently low up-take of reproductive health counseling by at-risk young women (18-24 years). Which of the following could be the key reason/s?

#	REASON	STAMP!
1	Program is not well advertised	
2	Costs too much (direct/indirect)	
3	Doesn't match the needs of clients	

4. PARTICIPATION DATA



If uptake is high but usage is low, how can the program learn from the reasons WHY?

4. PARTICIPATION DATA



Example: Program Y, integrates a business skills component into their nutrition program targeting rural women with U5C.

Women with U5C operating small businesses are offered savings accounts to help them build working capital. If women open accounts but make only infrequent deposits...

... this suggests that the account design needs to be modified. Perhaps the travel time required to make deposits and withdrawals is too high, etc.



5. FEEDBACK DATA

- Information about the strengths and weakness of a program from participants' perspectives.
- **For example:** when there is low participation, feedback data can provide information on why?





5. FEEDBACK DATA

- From whom to get feedback:
 - Clients i.e., on quality of service. Get information from adopters and non adopters
 - Staff i.e., what project components are working or not.
- Be sure to triangulate data sources to counter the any bias from clients/staff feedback!



Questions?



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