

**Design, Monitoring
and Evaluation
GUIDEBOOK**

August 2005



TABLE OF CONTENTS

INTRODUCTION	
Purpose.....	3
Special Features.....	4
FUNDAMENTALS OF PROJECT DESIGN	
In this Section.....	5
The Logic of Goal-Oriented Design	
The Logical Framework.....	6
The 8 Steps of Project Design	
#1 Assessing the Situation.....	9
#2 Setting our Goal.....	10
#3 Choosing Objectives.....	12
#4 Outputs.....	13
#5 Activities.....	14
#6 Indicators.....	14
# The Reasonableness Test.....	18
#8 Completing a Work Plan.....	19
SOUNDING MONITORING MANAGEMENT	
In this Section.....	23
Monitoring Defined.....	24
Improving Monitoring Efficiency.....	25
Reviewing the Data and Acting On It.....	26
Communicating Monitoring Data and Conclusions.....	27
Participatory Monitoring.....	28
CRITERIA FOR A USEFUL EVALUATION	
In this Section.....	29
Evaluation Defined.....	29
Monitoring vs. Evaluation.....	29
Evaluation Purposes.....	29
Internal, External and Participatory Evaluations.....	30
When and What to Evaluate.....	32
Evaluations Begin with a Focused Scope of Work.....	33
Methods.....	33
Review of the Results.....	35
Final Report Format.....	35
GLOSSARY OF KEY TERMS.....	36
APPENDICES	
A- Sample Logical Framework	
B- Sample Work Plan	
C- Sample Indicators Plan	
D- Evaluation Scope of Work Template	
E- Comparison of Mercy Corps and Donor Terminology	
F- Sphere Guidelines and the Mercy Corps DM&E Guidebook	
G- The DM&E Checklist	

INTRODUCTION

The purpose of this Guidebook is to establish a set of common principles for the Design, Monitoring and Evaluation (DM&E) of Mercy Corps projects, programs and Annual Plans. These principles are based on established practices developed by our field personnel, colleague agencies, major donors and professional associations. As such, we are not attempting to establish a new way to do DM&E. Instead, this Guidebook provides Mercy Corps' diverse programs and worldwide staff with a common approach to DM&E. Using the Guidebook will ensure that all Mercy Corps' projects are designed using the same key principles and that staff have a common language for discussing issues related to DM&E. At the same time, the Guidebook is designed to preserve program staff's flexibility and independence to define their own, context-specific goals, objectives, indicators and methods. By improving our ability to monitor, evaluate and report on programs, Mercy Corps will be better able to document its experiences, communicate them, learn from them and incorporate that learning into future programs.

Purpose

The DM&E Guidebook initiative will assist MC offices to a) design high quality programs & implement them efficiently and effectively, b) measure outcomes and impact, and c) document experiences and share them across the agency, with donors and the general public.

The Guidebook's "design" section will help ensure that all new programs are impact-oriented and are easier to monitor and evaluate through:

- A goal-driven design process and logical framework
- The choice of a manageable number of SMART¹ Objectives and indicators.
- The collection of adequate, relevant baseline data related directly to the indicators.
- The creation of an efficient system for monitoring and evaluation including ensuring that staff time and other resources are built into the work plan and budget.
- The creation of programs that best meet local needs and conditions through focused, participatory assessments.

The "monitoring" section will:

- Provide program staff with a crucial time management tool that measures program performance against objectives and management targets, and helps ensure that the program is on schedule.
- Improve program management by giving managers timely feedback on what is working and what is not, allowing adequate time to change procedures and request grant/budget modifications or extensions.
- Assist managers in documenting program results on a regular basis.
- Help hold the agency and its partners accountable to the donor and the communities we serve through regular, participatory monitoring and clear communication.

¹ Generally, Objectives and Indicators should be Specific, Measurable, Accurate, Relevant and Time-bound. More on this below.

The evaluation section will:

- Improve future program design/implementation by documenting successful strategies, potential pitfalls and effective methods for avoiding them.
- Help assess the end-result of program activities, document what was achieved and measure impact.
- Hold MC and partners accountable to both the donor and the communities we serve.

Of course, many donors and colleague agencies have their own specialized vocabulary and processes for project design. How will our framework fit with those of our major donors? The answer, we believe, is “Quite easily.” We have chosen our tools and vocabulary based on a thorough review of standard practice in our industry. Rather than simply adapt a system used by one of our major donors, we decided on a simplified format that best fits Mercy Corps’ own needs. And since our format is based on standard practice across our industry, it is easily translatable into a variety of other formats as needed. Please see Appendix E for more specifics.

A number of other resources can be consulted for more specific Design, Monitoring and Evaluation needs. For example, for the sub-set of programs that address the needs of disaster affected populations, the Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response provide a greater level of detail and guidance as to specific issues related to designing, monitoring and evaluating a disaster response program. There are references to the Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response throughout this guidebook, highlighting the importance and complimentary nature of Sphere in Mercy Corps’ DM&E principles.

This Guidebook is the primary reference for how to do DM&E at Mercy Corps, whether at the project, program or country strategy level. As such, the process and principles it describes should be applied to all projects and programs. Supporting resources include:

1. Orientation & Training Module. Based on the Guidebook, this training module serves as an orientation for our more experienced staff while also providing examples and skills-building activities for those who need a more basic introduction. The best way to become proficient with the DM&E principles is practice. The training module provides this opportunity for staff at all levels. This module can also be adapted for self-study and ToT use.
2. DM&E CheckList. Distills the contents of the Guidebook into a two-page list of key principles to ensure good Design, Monitoring and Evaluation. Use it to remind yourself of key issues when considering the design of a new project or reviewing a proposal. This is included as Appendix G.
3. Your HQ-based Program Officer and Sector Specialists. The New Initiatives team in Portland provides a “help desk” function for program staff. They can help you with specific needs including tools, assistance with indicators, and training. In addition, the Program Officers for each region – and the sector specialists – are good sources of support to the field for targeted DM&E advice.

The following three sections of the Guidebook describe and discuss each major step in the Design, Monitoring and Evaluation process, followed by a brief list of key terms and what they mean for Mercy Corps. The Guidebook concludes with an Appendix that

includes suggested formats (with completed examples) for the various tools described in the preceding sections.

Special Features of the Guidebook

These two special features appear at key places in the text and call attention to especially important points.



Key Point: Underscores some of the most important tools and suggestions.



Look Out! Highlights common pitfalls of DM&E and helps us avoid them.

FUNDAMENTALS OF PROJECT DESIGN

In this section

In the past, project design has been almost synonymous with proposal development. But repeated experience has demonstrated that there is much more to a well-designed project than the information required for the average proposal. The steps outlined in this section represent the minimum components necessary for a well-designed project or country program. In fact, these design principles apply equally at all the levels, whether we're reviewing the work of national or international partners, designing individual donor-funded projects or developing country-wide Annual Plans.²

Quality design is important to Mercy Corps because:

- Projects are more likely to be effective if they are well-designed.
- Projects are much easier to monitor and evaluate if they have been designed from the beginning with M&E in mind.
- Given frequent staff turnover on our longer-term projects, well-articulated plans, in an accessible format, are critical for ensuring continuity from design to implementation through close-out and final evaluation

This section introduces the key principles related to design and provides three important tools for putting those principles into practice. These tools are:

1. **The logical framework.** A quick snapshot of the cause and effect logic that forms the basis of our design. Primarily a planning document, a “log frame” helps us focus on what we want to achieve and how we’ll do it. It also helps us communicate this quickly to other team members, donors and external evaluators. Aside from being a crucial design element, the log frame is also the foundation for planning mid-term and final evaluations.
2. **The work plan.** A detailed work plan helps ensure that all important tasks are planned for and carried out on time. This includes setting targets for project performance and management tasks and assigning responsibility for achieving them to specific staff members. The work plan acts like a road map for the implementation of our projects or programs. It is a key management and monitoring tool.
3. **The indicator plan.** Helps us explain, in practical terms, how we define success and helps ensure that we can actually measure it.

Together, these three tools are indispensable for quality project design. Appendices A-C at the back of this book contain samples of a completed logical framework, work plan and indicator plan. Please refer to them as necessary when reading this section

The Logic of Goal-Oriented Design

Most of us tend to define our projects by the activities involved. When we think about a project, we naturally think about it in terms of the work we do on a daily basis. We describe ourselves as engaged in “training programs”, “food distribution programs” or

² . While these principles apply at all levels, for the sake of brevity, we will refer to “project” design in most of the rest of this document.

“microcredit loan programs” for example. However, obviously we are not doing these activities for their own sake. The point of a “micro-credit lending program” is not to give away money. We provide loans in order to generate sustainable incomes for our target population. Therefore, when we design a project, we should first ask “*WHY do we want to do this*” (what’s our goal?) and only then move on to decide “*HOW will we address this problem*” (what should our activities be?).

The Logical Framework

A “goal-oriented” approach to project design forces us to think critically about our intended impact and the steps needed to achieve it. It all starts with a logical framework (or “log frame”). Essentially, a log frame is a chart that captures all the major steps in the life of a project and ensures that they each are logically connected. This can be a huge help both in designing a project and in evaluating it later because it explains clearly and simply what a project is intended to achieve (its “goal” or “impact”) and how each step contributes to that achievement.

Like any other tool, a logical framework is only as good as the material we use. If we put “garbage” into the log frame, that’s what we’ll get back. The most important thing about the process is the “logic” behind it rather than the precise definitions attached to each part. Rather than just “filling in boxes”, completing a log frame asks us to consider the causal chain of events and assumptions that make up our project.

The “goal-oriented” approach is outlined below. Let’s assume our assessments reveal a situation of “high mother and infant mortality” in our target region. We start the design of a solution by thinking about what “impact” we want to achieve. Why are we undertaking a project in the first place? What fundamental change in the living conditions of our target group do we hope to bring about? If our problem is “high mother/infant mortality”, what we want to achieve with our project is probably “a healthy mother/infant population.”

Goal (Impact)
<i>A healthy mother/infant population</i>

Next, we determine the key changes in the target population that will be required to achieve this impact. Much of the time, we will need to change peoples’ knowledge, attitudes or behaviors. Changes at this level are called the project’s “effects.”³ Each “effect” we have takes us one important step closer to achieving our planned “impact.” In this example, the “effects” we need to achieve our goal might include the following:

Goal (Impact)
A healthy mother/infant population

?

³ . The definitions of “impact” and “effect” used here were borrowed from the “Causal Pathways” concept developed by the International Rescue Committee in *The IRC Causal Pathway Framework: A Guide to Program Design, Monitoring and Evaluation* (New York, 2001).

Objective (Effect)
<i>Mothers make Pre-Natal Visits to Clinics</i>

Now we determine what goods and services will be needed to help people change their knowledge, attitudes or behaviors. Think of them as our “deliverables”, the concrete things that our project must produce to achieve the “effects” we are seeking. These are called our project “outputs.” In this case, in order for mothers to make pre-natal visits to clinics, we might need to ensure that sufficient clinics exist, that they are adequately staffed and equipped.⁴

Goal (Impact)
A healthy mother/infant population
?
Objective (Effects)
Mothers make Pre-Natal Visits to Clinics
?
Outputs
<i>Well Equipped, Staffed Clinics</i>

And this brings us back to “activities” or the main things we will actually do during our project. These are the activities that will produce the “outputs.”

Goal (Impact)
A healthy mother/infant population
?
Objective (Effects)
Mothers make Pre-Natal Visits to Clinics
?
Outputs
Well Equipped, Staffed Clinics
?
Activities
<i>Clinic Construction/Rehabilitation, Training for Clinic Staff</i>

⁴ . Note. This is a greatly simplified example. In actual practice, a number of other variables would almost certainly be involved, including raising public awareness about maternal health needs and resources.

As this example suggests, it is much easier to design effective activities when we are clear about the impact and effects that we want to achieve. The strength of the logical framework approach is that it reminds us to start with the “impact” and work backwards, ensuring that each step in the pathway is logically linked to the following one. It is also much easier to measure progress and evaluate impact when we have clearly expressed what we want to achieve and how we plan to get there.

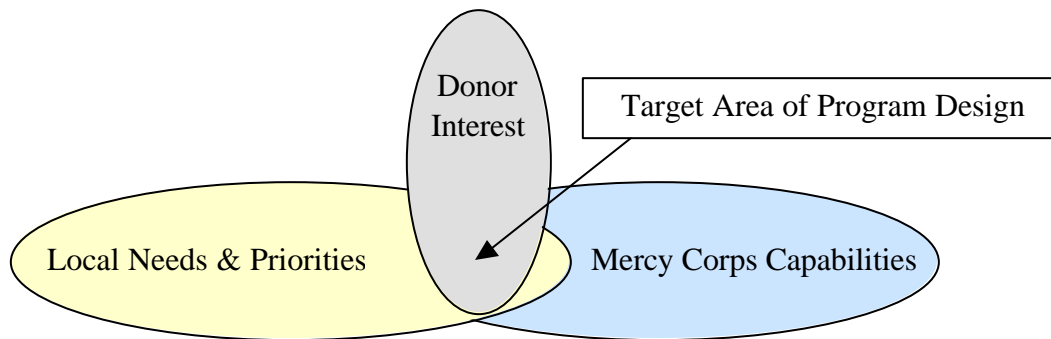
The following section details an eight-step approach to goal-oriented design that begins with a thorough assessment of the problem and ends with the completion of a detailed and clearly articulated logical framework, work plan and indicator plan – the key elements of any sound project design.

The 8 Steps of Project Design

#1) Assessing the Situation

Projects should always begin with a thorough assessment of the situation and a firm knowledge of the target population. A good assessment gives us the “big picture” of the target area and informs our strategy and approach. The best project designs combine our target population’s greatest unmet needs, their strongest assets and Mercy Corps’ unique capabilities – and (to be effective) also factor in the interests of our donors. Specific questions should include:

- What are the biggest challenges, the communities’ greatest concerns and needs?
- What are the target communities’ assets and resources for meeting these needs?
- What are the communities’ visions for the future?
- What else is needed, what are the gaps?
- Which of these needs is Mercy Corps best suited to meet?
- What are the donor interests, what are they likely to fund?



Participatory Approaches

The best situation assessments are those that include the highest level of participation possible. Of course, time, resources and other factors will determine the nature of each individual situation assessment. In some cases, our expatriate and national staff will meet to brainstorm on a situation and possible responses. Whenever possible, national NGO and other stakeholder partners will be invited to join the process. In the best cases, Mercy Corps and national NGO partners will be able to conduct focus groups, key interviews and surveys to help develop our understanding of the problem and the most appropriate solutions. In all cases, our assessments should also make use of additional information from donors, other international and national NGOs, the UN, local and national government, and the press.

During the design phase, we normally consider a range of possible interventions, target areas and partners, some of which we discard as unworkable based on what we learned during the assessment. Project designs (and proposals) state pretty clearly the reasons for what we have decided to do. But they generally don't include much discussion of what we decided NOT to do. This information can be vital for staff who come on board after the design has been completed. By retaining all our assessment data and analysis, we help those who come after us understand the "big picture" and avoid reinventing the wheel.



Key Point: Assessment teams should always retain assessment information, even when it doesn't find its way into a design document or proposal.

Tools: The following are several tools for conducting assessments in a variety of situations. Most are included on the DME Training CD-ROM and on the Mercy Corps Digital Library.

- ASSETS – Mercy Corps' assessment tool, primarily directed at emergency (non-conflict) situations. Also contains guidance on assessing partner NGO capacity.
- SPHERE – The Sphere Handbook provides extensive information about assessment, also most pertinent to emergency situations.
- DFID's "Conducting Conflict Assessments: Guidance Notes" – a good tool for conflict situations.

#2) Setting our Goal. Once we have identified the problem or challenge through an assessment, we move on to thinking about what kind of change we need to make in order to improve the situation. If our assessment reveals a high mother/infant mortality rate, for example, our desired future might be "A healthy mother/infant population" for our target communities. This becomes our project's "goal."

A Goal is: **A simple, clear statement of the "impact" we want to achieve with our project, the change we hope to bring about in the target population's standard of living.** This may be quantifiable, but it doesn't have to be. *It may not be something that Mercy Corps can even do alone!* It is simply our big-picture purpose for doing the project.



Key Point: Remember to think in terms of impact rather than activities. This is usually written as a "end-state" rather than an action. That's why our goal is "*a healthy mother/infant population*" rather than "*to build maternal health clinics and train staff*".

Creating a working goal is an iterative process that may require several attempts. It's easy to think of a goal in terms of existing priorities – the proposal parameters, current activities, or departmental initiatives. But do your best to think big and creatively, relying on the assessment results to guide a bold vision of the future. While we shouldn't be intimidated by a big goal, we should also make sure that it is of correct scope.

In general, a goal should:

- Be reachable (although perhaps not by Mercy Corps alone)
- Be within Mercy Corps’ capabilities and country needs (as identified in the assessment process)
- Fit with Mercy Corps’ mission and civil society values
- Be defined by our desired “impact” not by our activities.



Look Out! A common mistake is to describe the entire project in the goal statement including the desired impact, our expected results and our methods for achieving them. These are important design elements, but each has its own place in the log frame. Trying to include them all in the goal only makes for long, confusing statements that do not help us focus or communicate our logic.

Examples of Goal Statements:

Bad

Improved Quality of Medical Care – with Special Emphasis on the Needs of Mothers and Children –Achieved Through Public Awareness Campaigns, Targeted Health Worker Training, New Clinic Construction in Under-Served Areas and the Provision of Key Supplies determined through Participatory Assessments
 (“Improved Quality of Care” is too vague, the rest is too specific and will be covered in the Log Frame)

Bad

Provide training to Mothers and Children to make them more healthy (Really more of an activity rather than a goal)

Fair

Healthy Mothers and Children (A fine, but not very reachable, vision of the future)

Good

A Healthy Mother/Infant Population in Rural, Southern Country X – (Good balance of the ambitious, specific & reachable)


Choosing a goal is the first step in completing a log frame (see example below). This should serve as a good starting point for our design, although we may revise the goal as we identify the remaining pieces of the log frame.

GOAL: *Ask: What is the **impact** we want to achieve? What does our community look like if we are successful?*

Healthy Mothers and Infants in our target population

OBJECTIVES:	KEY OUTPUTS	MAJOR ACTIVITIES	INDICATORS
<i>Ask: What are the desired effects on <u>people’s knowledge, attitudes, and behaviors.</u></i>	<i>Ask: What final <u>goods and services</u> will we provide?</i>	<i>Ask: What daily efforts contribute to our outputs?</i>	<i>Ask: How will we know if we have achieved our Objective?</i>




#3) Choosing Objectives. The next task is to determine what changes will be necessary in order to achieve our goal. These are the program’s objectives. Typically, we will ask, “What “effect” on people’s lives do we want to achieve?” and, “What has to happen to make the goal a reality?” Often, to meet our project’s goal, we must facilitate a change in the target communities - these will be changes in a population’s “knowledge, attitudes and behaviors.” Creating a complete set of objectives is the second step in the logical framework process (see example below).

 **Key Point:** Again, we should avoid thinking of our objectives in terms of activities, focusing instead on the “effects”, the end-state we’d like to see as a result of our activities.

Since these changes need to happen to make our goal a reality, they need to be things that we can commit ourselves to achieving. Remember, our goal is something that we can contribute to but not necessarily achieve all by ourselves. Our objectives, on the other hand, are things that we believe we can accomplish through our project. And since we’re committed to achieving them, we need to define them in a way that lets us know when (and if) we’ve been successful. In general, objectives should be “SMART” which means they should be:

- Specific
- Measurable
- Achievable
- Relevant
- Time-bound (meaning they have a clear beginning and end).

Examples of Objectives – based on a Goal of “Healthy Mothers and Infants in our Target Population”:

-  **“Improved Knowledge of Maternal Health Issues”** (Not SMART, although it is an important effect)
-  **“Build 7 New Health Clinics by the End of the Project”** (SMART, but more of an output/activity than an objective. We really want our objective to be “Mothers visiting the health clinics)
-  **“75% of mothers make 2 prenatal visits to a quality health center by end of project”** (SMART, and a lasting effect on our target population)

<p>GOAL: <i>Ask: What is the impact we want to achieve? What does our community look like if we are successful?</i></p> <p>Healthy Mothers and Infants in our target population</p>			
OBJECTIVES	KEY OUTPUTS	MAJOR ACTIVITIES	INDICATORS
<i>Ask: What are the desired effects on <u>people's knowledge, attitudes, and behaviors.</u></i>	<i>Ask: What final <u>goods and services</u> will we provide?</i>	<i>Ask: What daily efforts contribute to our outputs?</i>	<i>Ask: How will we know if we have achieved our Objective?</i>
1. <i>75% of expectant mothers make 2 pre-natal visits to a clinic by the end of our project</i>			

The log frame above shows just one objective as an example. Normally, a complete log frame would require several objectives. See Appendix A for an example of a completed logical framework. In addition to being SMART, we need to make sure our objectives are:

- Logically correct (Do they lead directly to our goal?),
- Comprehensive (Did we leave anything out that we need to do to achieve the goal?)

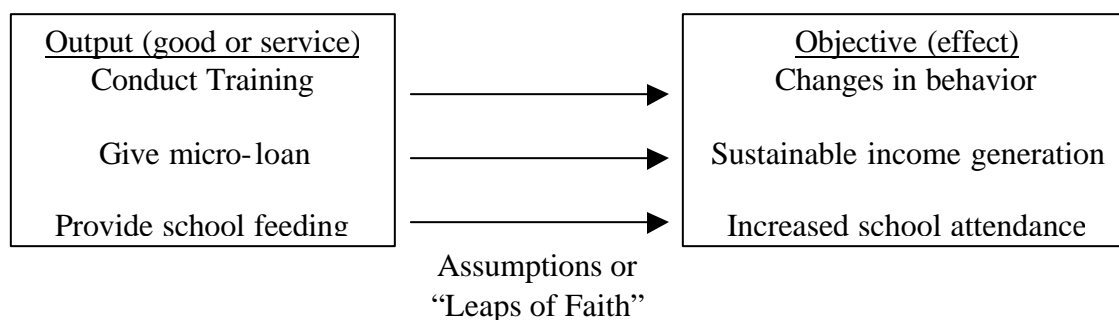
The Project Logic is More Important than Definitions

As mentioned above, in most cases our goal will relate directly to the “impact” we want and our objectives will yield results at the “effect” level. In some cases, this might not be possible, especially in short-term or emergency projects. As an example, an emergency food distribution program may not yield “effects”. The program will be successful if we deliver food to the people in need (there is no “change in behavior” we are trying to produce, other than a more complete diet). The most important thing to keep in mind is the idea that each step is logically connected and helps us fulfill our goal.

#4) Outputs. These are the things, the “goods and services” that need to exist in order for us to achieve our objective. They are usually our “final products” or “deliverables” that we provide to create the effects that we seek.

Differentiating between Objectives and Outputs

The difference between objectives and outputs is sometimes confusing. To keep the distinction clear, try thinking of outputs as those things that we are certain we can deliver as a direct result of our actions. For example, 25 rehabilitated clinics, 100 trained medical staff or a public education campaign are things we can produce directly through our own efforts. With objectives, on the other hand, we are more dependent on the actions of others. We are making an assumption, a “*leap of faith*”, that if we provide these outputs, other people will respond in a certain way. So for example, we’re assuming that if we provide our outputs (rehabilitated clinics, more trained staff and information on the importance of pre-natal care), we will achieve our objective (women change their behavior and begin visiting clinics during pregnancy). We assume this is true (and we should have good evidence to support our assumption) but we cannot compel the women to change their behavior nor guarantee that they will do so. Several examples of these assumptions are listed below.



In each of these examples, we are making an assumption that the piece of the project that we are responsible for delivering (training, loan, or school feeding) will actually cause a change. *We should carefully examine each logical framework and design to make sure that our assumptions are valid for our context.*

#5 Activities. These are the daily chores we need to implement to achieve the outputs. A log frame only needs to list the principle activities, those things that explain in broad terms how we will operate. In a detailed work plan, these activities would be further broken down into smaller steps.

Differentiating between Outputs and Activities

Activities are often confused with outputs. The primary difference is that outputs are usually finished products (the final result of our activities). Activities are the actions that must be carried out on the way to those outputs. Again, for some simple programs, the differentiation may be very slight.

GOAL: <i>Ask: What is the impact we want to achieve? What does our community look like if we are successful?</i>			
Healthy Mothers and Infants in our target population			
OBJECTIVES <i>Ask: What are the desired effects on <u>people's knowledge, attitudes, and behaviors.</u></i>	KEY OUTPUTS <i>Ask: What final <u>goods and services</u> will we provide?</i>	MAJOR ACTIVITIES <i>Ask: What daily efforts contribute to our outputs?</i>	INDICATORS <i>Ask: How will we know if we have achieved our Objective?</i>
1. 75% of expectant mothers make 2 pre-natal visits to a clinic by the end of our project	<ol style="list-style-type: none"> 1. <i>X minutes of maternal health info on radio.</i> 2. <i>X clinics rehabilitated</i> 3. <i>X clinic staff successfully trained.</i> 	<ol style="list-style-type: none"> 1. <i>Design public information campaign, including radio spots.</i> 2. <i>Identify clinic needs and carry out rehabilitation works.</i> 3. <i>Design and implement staff training on basic maternal health.</i> 	

#6 Indicators. Indicators are units of measure that demonstrate our success in implementing our project. Indicators can be attached to each element of our log frame,

but we are particularly interested in identifying good indicators for our objectives. For example, a good indicator for Objective One of our health project might be “% of mothers who attend at least two prenatal visits.”

It is important to determine good indicators as early as possible in the life of the project. In the best case, we should do this during the design phase. That allows us to make sure the information is available and develop a plan for gathering it. Most critically, it means we can make sure the project work plan and budget include adequate resources (staff, time, or funding) to gather the information. In some ways, poorly thought-out indicators are worse than no indicators at all because they:

- May be impossible to measure
- Produce inaccurate information
- Waste resources by tracking unnecessary info

The Indicator Plan (see Appendix C) is a useful tool for defining quality objectives and indicators, as well as providing the beginnings of a plan for baseline data collection. It helps us define what our indicators mean in relation to what they are supposed to measure, their relevance to the project, and why we chose them. Completing an Indicator Plan requires us to think about how we will get the information, from which sources and on what schedule. Therefore, careful consideration of an Indicator Plan is the best way to ensure that we have chosen good indicators that we can actually track. This tool is especially useful for clarifying indicators that may be hard to measure. For example, how will we know if we have achieved intangible things like “increased capacity” or “reduced tension”? Using the indicator plan will help us define these concepts and communicate how we’ll measure them.



Key Point: The Indicator Plan is based on a similar chart commonly used in USAID performance monitoring plans and often required by them for proposals and/or work plans.

Because we are aiming for SMART objectives, many of them actually contain the targets (and indicators) already! For the objective “75% of mothers attend at least two prenatal visits” the indicator will be “% of mothers who attend at least two prenatal visits.” The target would be “75% of mothers by a specific date” – probably the end of the project. We will talk more about targets in the work plan section below.



Look Out! Indicators vs. Targets. Indicators are often confused with “targets” (sometimes called “benchmarks” or “milestones”). Remember:

- Indicators tell us what we want to measure. They are units of measure only.
- Targets have a specific value attached – usually a number and/or a date – and help us track our progress.

The “Right” Number of Indicators

Choosing the right objectives and indicators can be difficult. First, we don’t want too many (because measuring them takes time, money and other resources). However, we also don’t want to have so few that we can’t really tell if we’ve made any progress or not. For each possible indicator, think about how difficult it will be to gather the info and

whether the level of difficulty (and expense) is justified by the importance of the data. Our intention is to have an “elegant” M&E system that collects enough data to meet our needs but that does not waste time collecting unnecessary information.

Objectives and Indicators That Ensure Quality

Since we want high quality results, we should strive for objectives and indicators that measure our highest impact wherever possible. For example, which objective aims for the higher level of effect?

- A) “75% of women attend meetings about the importance of pre-natal care”, or
- B) “75% of women make 2 pre-natal visits to clinics”

In most cases, we would want to aim for the second and more important result. Of course, our objectives will always be determined by a complex set of factors including availability of information, length of the project, budget and staff time. But we should always attempt to measure the deepest and most profound results possible.

GOAL: <i>Ask: What is the impact we want to achieve? What does our community look like if we are successful?</i>			
Healthy Mothers and Infants in our target population			
OBJECTIVES	KEY OUTPUTS	MAJOR ACTIVITIES	INDICATORS
<i>Ask: What are the desired effects on <u>people’s knowledge, attitudes, and behaviors.</u></i>	<i>Ask: What final <u>goods and services</u> will we provide</i>	<i>Ask: What daily efforts contribute to our outputs?</i>	<i>Ask: How will we know if we have achieved our objective?</i>
1. 75% of expectant mothers make 2 pre-natal visits to a clinic by the end of our project	<ol style="list-style-type: none"> 1. X minutes of maternal health info on radio. 2. X clinics rehabilitated 3. X clinic staff successfully trained. 	<ol style="list-style-type: none"> 1. Design public information campaign, including radio spots. 2. Identify clinic needs and carry out rehabilitation works. 3. Design and implement staff training on basic maternal health. 	1. % of expectant mothers making 2 pre-natal visits to a clinic by the end of our project.

Sector Specialists and Standard Indicators. Mercy Corps’ sector specialists are the primary resource available to MC staff for selecting the most appropriate indicators for specific types of projects. They may be able to refer you to existing banks of standard indicators. If pre-existing indicators are not available, the Sector Specialists (including the New Initiatives DM&E “help desk”) can assist you to develop your own or adapt indicators used by similar projects elsewhere.

Why use a standard indicator?

- To save time
- Because they accompany a specific project methodology
- Because they can add legitimacy or objectivity to your monitoring results
- To allow your results to be aggregated with (or compared to) other projects working toward a common goal and using shared indicators.

*The Sphere Project Humanitarian Charter and
Minimum Standards in Disaster Response*

The Sphere project is an important example of how to use existing “best practice” indicators to improve project design and performance. Sphere is the primary resource for Mercy Corps disaster response programming (and is fully compatible with this Guidebook). Sphere and other such resources are key examples of improving program effectiveness using recommended indicators that have been endorsed through unprecedented consensus by respected industry professionals. Use of such best practice indicators can be very helpful when coordinating programs in a complex multi-agency, multi-donor environment.

Participatory Approaches Help Define “Fuzzy” Indicators

Focus groups with key staff, target groups and other stakeholders can also help you develop indicators (and SMART Objectives) that are relevant for your particular circumstances. Only the participants themselves can define what success would mean for them and they can suggest ways that information can be collected or measured.

This is especially true for those “fuzzy” objectives that are hard to quantify and measure. For example, if your project aims to “revitalize” communities following a man-made or natural disaster, how will you define and measure that? You might begin by asking members of the target group what a “revitalized” community would look like, asking them how they would define or measure their own community’s vitality. Answers to these questions would help you define your objectives and indicators in a way that is appropriate to your location and to ensure that your project is meaningful for the target community.

Mercy Corps Case Study – Participation and Indicators

Participant interviews and focus groups conducted for the Community Revitalization through Democratic Action (CRDA) program in Serbia revealed that many residents felt a key indicator for the revitalization of their communities would be the “# of community-organized cultural and sporting events.” These activities had previously been a valued part of community life in our target region but had disappeared as government repression and economic hardship had caused many residents to turn inward, shunning their neighbors and focusing on their own survival. Their renewal, residents argued, would be as important an indicator of “revitalization” as the more predictable indicators like “# of new social services” or “% increase in employment.”

Baseline Data

This is the set of data you collect on your indicators at the very beginning of a project (or as soon after the beginning as possible). It provides you with a starting point to measure against. The baseline is different from an assessment that potentially will collect a wide variety of social, economic and political information. While an assessment attempts to provide the “big picture” about conditions in a target area, the baseline focuses on the state of our indicators at the beginning of our project.



Look Out! Baselines vs Assessments! Two more terms that are often confused. Remember, baselines are collected only on information needed to track progress toward our targets.

To put it in very simple terms, imagine that you are starting a new diet.

- Maybe your goal is to become healthier.
- Your primary objective is to lose 5 kilos.
- Your indicator therefore would be “# of kilos lost”.

In order to measure your progress you need to know how much you weigh before beginning the diet. That’s your baseline. You can check your weight each week and see how close you are to meeting your objective.

In the case of our maternal health example, our main indicator is “% of pregnant women who make 2 pre-natal visits to a clinic.” Our baseline would tell us what percentage of women were already making such visits before our project began. We could measure the same thing at the end of the project and that would show us our result, allow us to measure whether or not we had achieved our objective.



Key Point: You should generally plan on and budget for baseline data collection. Since baselines are important in showing progress, you should plan on gathering this data unless there is a compelling reason for NOT doing so.

#7) The “Reasonableness Test”

At this point, we should have most of the ingredients of a successful project design and a nearly complete log frame and indicator plan.

The “*Reasonableness Test*” helps us consider our draft design and see where we might need to refine it. Whenever possible, its best to have some colleagues who have not worked directly on the design help you review your log frame and indicator plan. Key questions at this stage include:

- a. Does the flow of ideas seem logical and reasonable?
- b. Are the log frame and indicator plans complete? (Did we leave out any critical activities, outputs, or objectives?)
- c. Do the outputs reliably contribute to the objectives and address the “Leap of Faith” discussed in Step 4?
- d. Do the objectives and indicators appear measurable and achievable?
- e. Does the design reflect Mercy Corps’ civil society values of participation, transparency, and peaceful change?
- f. Does the log frame correspond to the intersection of the community’s needs and Mercy Corps’ capabilities?
- g. Does the design permit successful and regular monitoring and ultimate evaluation?
- h. Does the design account for any likely barriers or challenges to the completion of the objectives?

If the answers to these questions are “Yes!” and other key design stakeholders (managers, team members, partners & beneficiaries) concur, then we have completed a successful conceptual design.

#8) Completing a Work Plan

At this stage, it’s time to begin planning to make our proposed project a reality through the construction of a work plan. While the log frame is used to focus our thinking and communicate it to others, the work plan is the step-by-step outline of how we’ll implement those ideas. We’ll refer to it frequently during the life of the project to plan upcoming activities, make resource allocation decisions and to monitor our performance against objectives and targets.

Every Work Plan should:

- Identify key tasks
- Set targets for our indicators and key management tasks
- Determine staff members responsible for achieving them
- Articulate the monitoring and evaluation schedules
- Allow us to clearly report performance

Targets

These are key elements of the work plan that define where you plan to be at certain points in the life of the project. We should set project targets that relate to our objectives and achievement of our overall goal. In addition, we should also identify key management activities that need to happen and set targets for achieving them. By having well-defined targets at various stages of our work plan, we are better able to gauge our progress (or lack of it) on a variety of levels and make timely changes (where needed) to keep our project on track.

Objective Level Targets

We start by filling in targets that are related directly to our objectives. Let’s say our maternal and children’s health project will last two years. One of our objectives is that “75% of mothers attend at least two prenatal visits by the end of the project.” Let’s say that our baseline is 10% of mothers currently access clinics for prenatal visits. If part of the problem is that there are not enough clinics and trained staff available, it would not be reasonable to expect to reach our 75% target in the first twelve months. First, we’ll need to construct more clinics and identify and train clinic staff. So perhaps a reasonable set of targets for this objective would be:

- 50% of mothers attend pre-natal visits after 12 months, and
- 75% attend pre-natal visits by the end of year two.

These targets are like landmarks to let us know we are on the right track to our final destination.

Management Level Targets

We should also set more general management targets. For example:

- how long should it take to set up field offices?
- complete the hiring of new staff?
- train them in new skills?
- carry out any remaining baseline data collection?
- at what date should we expect to complete development of clinic staff training materials?
- when should we release tenders for construction work or procurement of equipment?
- when must we complete construction or take delivery of equipment?

Setting targets for these activities helps us monitor progress over the life of the project. Also, in some cases, failure to meet our objective level targets is caused by an inability to meet key management targets. If we state both kinds of targets clearly in our work plan, it will make it easier to determine where things went wrong and learn how to avoid them in the future. This is especially helpful in situations where we are likely to have high staff turnover over the life of project, where the management team at the end of a project is totally different from the one that designed it and began implementation.

For example, perhaps we planned to get baseline data in Month Two but didn't actually complete this until Month Eight. Let's say the reason was that we planned to buy motorbikes for field monitors to carry out surveys in remote areas. But the motorbikes were unexpectedly held up in customs until Month 6. If we set the baseline collection and motorbike targets in our work plan, it should be clear from our donor reports what went wrong and why we missed our deadlines. Otherwise, at evaluation time, given staff turnover, it may not be clear what the original reason for the delay was – and so we won't be able to learn how to avoid similar delays in the future.

Including M&E in the Work Plan

Make sure to include monitoring and evaluation activities in your work plan (and your budget). Mercy Corps regards M&E as a vital part of project management. For example:

- who will be responsible for gathering baseline data?
- when will that task begin and how long will it take?
- who will conduct monitoring activities? How often?
- what resources will be required?
- when will staff meet to review monitoring data?

The same is true for evaluation:

- How often will evaluation activities take place?
- Who will be responsible for organizing them?

By defining these things in our work plan, we help ensure that they actually happen. Also, by making M&E an integral part of our project activities, we prevent them from becoming seen as something extra, something to do IN ADDITION to project duties.



Look Out! Does the Work Plan Match the Indicator Plan? Make sure that data collection and review activities that are described in the Indicator Plan are also adequately provided for in the Work Plan.

Work plans require different levels of information for different purposes. For example, a single page work plan is generally sufficient for a proposal. Most donors don't want more info than that at prior to making a grant. On the other hand, such a simple work plan is probably not detailed enough to be useful for project implementation. It is best to design one that fits management needs and then make a simpler, more focused version to attach to the proposal.



Key Point: The work plan – especially for multi-year projects – will probably need to be revised from time to time to reflect new information or changing conditions. During the design phase, it's best to focus on details for the first 12 months and update the plan each year.

Conclusion

The table below summarizes the most important principles discussed in this section. You may want to refer to it when designing or reviewing a new project or program.

DESIGN CHECKLIST

- Assessment Conducted**
- A. Assessment data not used in proposal is kept for future reference
- Goal-Oriented Program/Project Design**
- A. Design starts with defining a goal based on impact rather than activities.
- SMART Objectives**
- A. Key steps in the project which logically, reliably contribute to achieving our goal.
- B. Describe an “end-state” and focus on “effects” (changes in behavior, attitudes or knowledge in our Target population) rather than activities whenever possible.
- C. SMART – Specific, Measurable, Appropriate, Realistic, & Time -Bound.
- Select Appropriate Outputs & Activities**
- A. Logically, reliably contribute to our SMART objectives.
- B. Outputs represent our “deliverables” or final products for which we are responsible.
- C. Activities describe the key actions we'll have to carry out to achieve our outputs.
- Identify Indicators**
- A. Fewer, more direct indicators that measure performance against our objectives as well as outputs.
- B. Consider relevant standard indicators and consult appropriate sector specialists & other resources (such as Sphere standards).
- Formulate Work Plan**
- A. Include monitoring as a key management activity and make resources available to carry it out, Including roles and responsibilities, budgeting time for baselines, regular data collection, review and reporting.
- B. Include key management and implementation tasks, persons responsible and clear targets for achieving them so that we can track performance over time.
- Approaches**
- A. A high degree of participation of expat and national staff, representatives of the target group,

partner organizations etc in the design of our strategy and in the implementation of the project.

- B. A focus on the highest level of impact or effects possible.
- C. All pieces of program design are logically and causally connected. (Logic is much more important than vocabulary)
- D. An evidence-based approach that suggests our actions will be successful
- Final Products From Design Phase**
- A. Completed Log Frame
- B. Completed Indicator Plan for our SMART Objectives
- C. Completed Work Plan
- D. Folder containing assessment data
- E. Finished proposal, if applicable

SOUND MONITORING MANAGEMENT

In this section

Albert Einstein said, “It’s simple, but it’s not easy” in describing his theory of relativity. While not quantum mechanics, the same may be said of our daily monitoring challenges – plans that seem very straightforward on paper often break down in the complex operating environments in which we work. This section describes the basic pieces of monitoring and provides tools to assist in their smooth and effective implementation.



Key Point: Improving Mercy Corps’ monitoring practices – and acting on the results – may be the single biggest opportunity to enhance our program impact worldwide. There is simply no substitute for great information to generate first-rate learning and program management.

Sound design is only the first step in ensuring quality M&E. The good intentions that go into designing our monitoring plans are sometimes forgotten during implementation. Other times, data is collected but not analyzed or communicated well. To be successful, monitoring plans have to be carried out and the information collected, reviewed and acted upon. And all this needs to be clearly communicated to all stakeholders including project staff, participants, partners, HQ and the donor.

The need to monitor is not always self-evident. Many field staff are so intimately connected with their programs that they have (or feel they have) complete information on which to make decisions. Practice has shown, however, that sound monitoring practice is vital for the project’s field managers, headquarters staff, and other field personnel to maximize learning in the many projects we undertake. There is no doubt that *good monitoring is an integral part of program management*. Several key reasons for monitoring include:


- a. **Program management** - The best programs require sound information to make management decisions about how to use scarce resources like staff time, budget and equipment. At regular intervals, we need to know where we’re doing well, where we’re lagging behind and why.
- b. **Institutional knowledge** - Not all programs will be formally evaluated, and Mercy Corps has a strong need to know that the design is working as planned and what adjustments might be appropriate in the future for other programs.
- c. **Donor requests** – Donors typically require compliance monitoring and value (if not also require) performance data as well. While different donors vary in the attention they pay to monitoring data, documentation of performance against objectives is a standard that we should be able to deliver for all donors.
- d. **Team morale** – monitoring lets us know that what we do works on a real-time basis. While many of our goals are large, multi-year efforts, monitoring is an important tool in showing teams that we are making progress day-to-day.
- e. **“Evaluability”** – regular monitoring makes the evaluation process much easier by providing frequent performance updates that create a written “history” of the project that will survive staff changes and a changing

environment. Monitoring data also provides guidance on what questions we should ask during an evaluation, avoiding costly redundant information.

- f. **Unexpected Results** – through frequent checks, we may also uncover unexpected results. Good or bad, these surprises can only be unearthed and addressed through rigorous monitoring.
- g. **Part of the job** – performance monitoring is an integral part of good program management.

Monitoring Defined

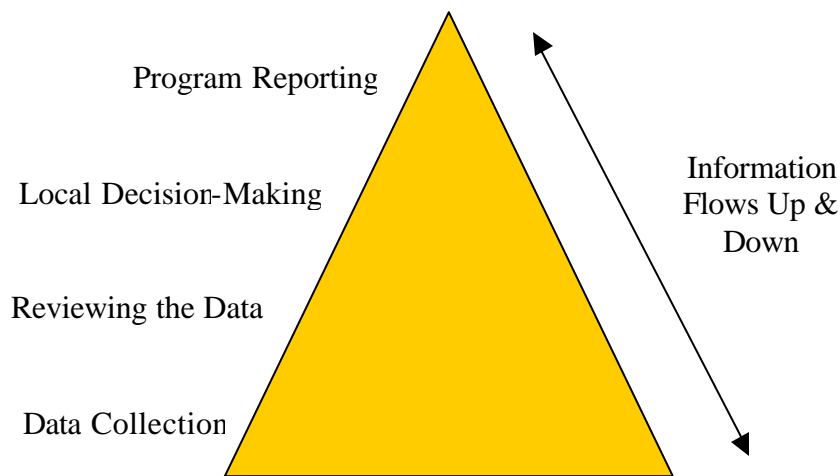
In simple terms, “monitoring” can be understood as a cycle of “*regularly collecting, reviewing, reporting and acting on information about project implementation. Generally used to check our performance against ‘targets’ as well as ensure compliance with donor regulations.*”



Look Out! Monitoring is more than just data collection! The monitoring pyramid shows that while most of our resources are used collecting the data, our efforts are incomplete unless we review, report and adjust our strategy based on our information.

The “Monitoring Pyramid”

The Monitoring Pyramid demonstrates the basic features of the complete monitoring function. Without the entire cycle, we risk falling short in the impact that our program can have in our target communities. Particularly important in this model is that information flows to all of the stakeholders in the monitoring process, ensuring transparency and participation throughout the pyramid.



Monitoring commonly serves two related functions:

Compliance Monitoring. This is the most basic level of project monitoring. It is carried out to ensure that our staff and our partners and sub-grantees are conforming to donor regulations and the requirements of our grants, sub-grants and contracts. Examples include “end-use” checks in distribution projects. These are used to make sure that intended beneficiaries are receiving the standard ration of food or supplies that they are

entitled to. In infrastructure projects, engineering staff make regular site visits to ensure that construction firms are meeting the terms of their contracts and working to agreed engineering standards.

Performance Monitoring. This is often carried out in conjunction with compliance monitoring. Performance monitoring is data collection to check our progress against our targets, to determine how well we are progressing against expected results. Also, performance monitoring goes beyond compliance with regulations and often involves measuring our project's "effects."

But to be effective, monitoring has to be more than just routine data collection. We must also regularly review the data and (if necessary) *revise our work plan in response.*

Improving Monitoring Efficiency

While it's easy to describe the benefits of monitoring, more challenging is carving out time and resources amid many competing priorities to actually complete the monitoring tasks. And although we want to conduct regular, complete monitoring, these activities should certainly be conducted in a practical, efficient way. We'll discuss a few tips for getting more out of Mercy Corps' monitoring efforts.

While the worst mistake is a complete lack of a monitoring plan, a more frequent problem is attempting to monitor a project with *too many indicators*. We recently read two Mercy Corps proposals that included *more than 70 indicators* each! This poses a few problems. First, these monitoring plans use too many resources to be sustainable given the time and resource pressures. Second, it's likely that not all of the information gathered is relevant – cluttering the good information. Third, it's very difficult to process this much information, even if it is useful.

To help manage the "Too-Many-Indicators Syndrome", and other time pressures associated with monitoring, please consider the following tips.



Key Point: Four Tips to Make Monitoring More Effective.

#1 – **Focus on just a few indicators.** It's worthwhile to distinguish between indicators for our outputs/activities and our objectives. If we have a complete work plan, it will be easy to track our progress on bigger deliverables. But it is also *vital that we monitor progress against our objectives*. Find one or two indicators per objective that really demonstrate our progress, and set a schedule to monitor those only once or twice a year.

#2 – **Set up your Monitoring in your Work Plan.** It is very difficult to make time for the entire monitoring cycle (collection, reflection, decision making, reporting) unless it is accounted for early on through the work plan (and budget). So *make time at the beginning* for these activities.

#3 – **Collect Baseline Data.** For longer programs/projects baseline data collection can save you a lot of time. Apart from helping demonstrate success over time, *baseline data*

collection is a test of your indicators and time commitment up front and provides information on the ease of monitoring the indicators you have selected.

Tip #4 – **Use an Indicator Plan to plan your information needs.** The indicator plan is an easy tool to *help you manage your monitoring time*. By investing a little time in the Indicator Plan you will be able to: a) better define your indicators, b) narrow your indicators to a manageable number, c) set up a thoughtful schedule for data collection, d) select your data collection methods. The process of completing *the indicator plan is a long-term time saver*, but only if these plans are also reflected in the work plan so that staff time and other resources are available to carry them out.

Reporting Bad News

It is nearly impossible for a project to meet all of its targets, all of the time. The more complex the project, the more likely that we won't be able to fulfill all our targets. Falling short of a target is not a "failure." It's natural. It will only be a "failure" if project staff do not document it, reflect on it and design a response to improve the situation. We need to adopt this attitude both internally and in our relations with sub-grantees and national NGO partners. They should not be afraid to report "bad news." To give them the confidence to do this, we must clearly demonstrate a "partnership" attitude that does not punish bad news but treats it as a challenge to be met together.

Tools: There are a whole range of methods for monitoring project performance and compliance with Mercy Corps and donor regulations. These can include simple check-lists and short narrative reports for:

- direct observation of project activities
- meetings with partner organizations and sub-grantees
- checking partner/sub-grantee records
- individual interviews with project participants.

The mix of methods will depend on the type of project we are carrying out. Because the structure of these tools will determine what information is collected and what is not, it is important to devote sufficient thought to their design early in the project. The New Initiative DM&E team "help desk" can assist with this process by suggesting formats or reviewing templates.

Reviewing the Data and Acting On It

Imagine flying a plane with no instruments. This is just like running a project without monitoring. The point of instruments in an airplane is to help the pilot make the many adjustments necessary to fly and land a plane safely. In other words, flight instruments exist solely to allow the pilot to make any necessary changes in the plane's course. The same is true for monitoring. The primary reason we collect information about our programs (other than to satisfy donors!) is to make "mid-flight corrections" – so that we can improve the program as it unfolds.



Look Out! Don't be afraid to change course based on your monitoring data. That's the primary purpose of monitoring. When we consistently take good data, review it and report it to our donors, they should understand and respect any changes required for our work plan.

Part of using our data thoughtfully means reflecting on monitoring results individually, with Headquarters, and, most importantly, with the local team and partners. Regular meetings to review monitoring data should:

1. Clearly compare expected and actual results.
2. Identify reasons for lower than expected results (if applicable).
3. Outline a plan of action in response to the results.
4. Communicate that information to stakeholders – especially to partners and participants.
5. Included as key activity in the work plan.

Lack of time may not be the only reason some projects do not analyze and act on monitoring info. Many staff are intimidated by the concept of “data analysis” which conjures up images of complex statistical models. We’re really talking about “reflection” – looking at our monitoring data and asking, “What does this mean for our project?” and “What conclusions can we draw from this information?”

Communicating Monitoring Data and Conclusions

To ensure that lessons-learned are effectively shared and routine management can take place, *regular project reports should clearly communicate all the key elements of good monitoring:*

- expected and actual results.
- reasons for missing targets (where applicable)
- an outline of “next steps” based on the analysis of results

This is true whether it’s a partner or sub-grantee reporting to us or a field office reporting to the donor or the Headquarters. There is no pre-set time period for the frequency of reporting. Generally, our donors have their own specific requirements for program reports. We set our own requirements for our partners and sub-grantees, usually based on the donor’s guidelines. In addition, each country program is required to submit Program Reports to Portland and our Board of Directors on a regular basis. But no matter what the reporting requirements are, as a general rule, data collection should occur at least on a monthly basis and review of the data should take place at least once a quarter. For larger, more complex objective indicators, we may collect data (through surveys, observation, focus groups) less frequently, but should still collect and review at least twice a year.

The “monitoring pyramid” diagram at the beginning of this chapter reminds us that monitoring information should not just “filter up” but also “flow back down.” When decisions are made at higher levels based on monitoring results, the reasons for those decisions should be clearly communicated to the people they will most affect; the field implementation staff, project participants and partners. This two way communication:

- facilitates transparent decision-making
- is more appropriate to a partnership relationship
- helps build participant capacity

- should improve the quality of monitoring since those who do the footwork will understand clearly why they're collecting certain data and how it is used.⁵

Participatory Monitoring

In general, monitoring should be as participatory as is practical. This includes not only the collection of information but also analysis and determining appropriate responses. By including national staff and partners in this process, we make sure we have a more complete understanding of the situation. Often a problem looks different from the perspective of an MC country office than it does from the field or from the perspective of a national NGO partner. Our analysis will be better and our responses more appropriate if these perspectives are included. In addition, participatory monitoring also:

- builds staff and partner capacity to analyze situations and determine responses
- helps hold us accountable
- helps participants understand the relief and/or development process and gives them a voice in how it is implemented. It helps convert them from passive “beneficiaries” to active “participants” in our projects
- gives participants a share in the responsibility for implementing the project. They are now part of the implementation team and have to take on more responsibility for project outputs

Tools: A number of monitoring and project report formats are available on the Digital Library. The “help desk”, Program Officers and Sector Specialists can also help determine appropriate ways to capture specific types of information for different kinds of activities.

MONITORING CHECKLIST	
<input type="checkbox"/>	The Process
<input type="checkbox"/>	A. Regularly collect, review and report on data related to all project indicators, targets and other donor requirements according to the work plan.
<input type="checkbox"/>	B. Clearly compare actual results against targets during review of monitoring data.
<input type="checkbox"/>	C. Use the data to refine the project approach (as necessary).
	Reporting
<input type="checkbox"/>	A. Clearly reflect actual and planned performance for each objective, analysis of the results and plans for next steps in all project reports (to donors, HQ and others in the “monitoring pyramid”).
	Approaches
<input type="checkbox"/>	A. Missing a planned target is not viewed as a “failure”. Failure is defined as failing to capture this info, draw conclusions and act on them.
<input type="checkbox"/>	B. Monitoring is as participatory as possible (including review of the data).
	C. Give attention to the quality of the data. How good is the information?

⁵ . Research and experience demonstrate that monitoring systems tend to collect better quality information when staff and participants understand how the information will be used.

CRITERIA FOR A USEFUL EVALUATION

In this section

This section provides guidance on deciding “what, when and how” to evaluate and explores the difference between “monitoring” and “evaluation”.

Evaluation Defined

An evaluation, for our purposes, refers to an *in-depth, retrospective analysis of an aspect (or aspects) of a project that occurs at a single point in time. It is generally intended to measure our effects and impact and examine how we achieved them.* This process also captures our experience so that future projects can learn from it.

Monitoring vs. Evaluation

Monitoring and Evaluation are closely related activities that both involve collection and analysis of information. However, evaluation is generally more focused and intense than monitoring and often uses more time-consuming techniques such as surveys, focus groups, interviews and workshops. While monitoring is a continuous process, evaluation is normally a discrete event that takes place once or twice in the life of a project. Monitoring focuses mostly on whether or not we’re achieving our targets. Evaluation, on the other hand, should better answer the “why” and “how” questions: “Why are we getting these results?” and, “How did we achieve them?” Despite their similarities, the purposes of these exercises are quite different. Evaluation cannot take the place of a sound monitoring system. In fact, an evaluation generally relies in part on the data accumulated over time by the monitoring process in order to draw conclusions about project performance.

Evaluation Purposes

Mid-term and final evaluations are the most common types in the NGO world. *Mid-term* evaluations are used to 1) measure the effectiveness of the project and 2) determine changes that might need to be made to improve effectiveness for the remainder of the project.⁶ *Final* evaluations in the NGO world generally take place in the final months of a multi-year project. These evaluations are generally designed to 1) measure the effects and impact of a project and 2) draw conclusions about lessons-learned for future projects.⁷

Evaluations may be further divided into those that measure *impact* and those that examine *process*. In general, *impact* evaluations seek to determine the results of a project; its impact or effects on the target population. *Process* evaluations look more closely at management practices and different approaches to implementation. Often, mid-term evaluations are mostly process-focused while final evaluations look more at impact. In practice, evaluations generally combine elements of both impact and process evaluations.

⁶ . These are often referred to as “formative” evaluations because they examine how a project is implemented and make suggestions about the form of future activities.

⁷ . These are also known as “summative” evaluations because they “sum up” project experience.



Key Point: Mercy Corps views evaluations primarily as a *learning tool* rather than an “audit” of people or their projects. Their main purpose is to help us learn about our projects, share that information and improve performance in the future.

Internal, External and Participatory Evaluations

Opinions differ on the need for external control over evaluations in order to ensure objectivity. At one extreme, some larger institutions like the World Bank maintain evaluation departments that are separate from program implementation teams. USAID pursues a more moderate approach and often commissions evaluations that are led by an external consultant but that also involve key agency staff. Some organizations take a more inclusive approach and rely on project staff to design and conduct their own evaluations, generally with significant participation by other stakeholders and the target communities. Those in the first group are focused mainly on the need to objectively document project results. Those in the final group are focused more on learning and the desire to hold projects accountable to the participants.

In keeping with our core principles (including participation, accountability and peaceful change), Mercy Corps’ projects should steer a middle course between these two extremes. The purpose of the evaluation and donor requirements will normally determine the exact composition of an evaluation team. The inclusion of an external evaluator is a good way to ensure a certain healthy distance and objectivity in the evaluation. This can be an outside consultant, a Mercy Corps HQ person or a staff member from a different field location, so long as they have no direct stake in the outcome of the evaluation. The bulk of the evaluation team should be made up of project staff from senior managers down to individual international and national project officers.

Finding an external evaluator or facilitator is a critical step of most evaluations. Key characteristics we should weigh when selecting an external evaluator include:

- Familiarity with our type of project
- A background in the type of evaluation that will be carried out
- A knowledge of the local environment
- Flexibility in meeting Mercy Corps’ evaluation needs.

No matter what the level of external involvement, evaluations should include project participants and other key stakeholders whenever possible, including the design of the evaluation, implementation and analysis of the results. This will help ensure objectivity, accountability and learning because:

- 1) the inclusion of many stakeholders helps keep one perspective from dominating the evaluation
- 2) through participation in the design and analysis phases, project participants get a better overall sense of how the project performed and why.
- 3) project staff and other participants are more likely to accept, internalize and “own” evaluation findings that they reach themselves.
- 4) it provides capacity building to partners and participants

The need for participation should always be balanced against the particular challenges and constraints this type of evaluation involves. These include:

- 1) The costs involved. A participatory evaluation can be very time consuming. It requires more effort to manage the higher level of input and demands good organization to get effective results.
- 2) Objectivity concerns. An over-reliance on participation can lead to something more like a “self-evaluation” that lacks the healthy balance of an outside perspective.

The chart below lists some of the major types of evaluation and suggests some of the costs and benefits associated with each. Obviously, these are not all mutually exclusive categories and an evaluation design will combine several of them.

Who Does the Evaluating?			
Internal	Mixed Team	External	Participatory⁸
<ul style="list-style-type: none"> • Involves only project staff and participants (Perhaps with a facilitator) <p><u>Benefits</u></p> <ul style="list-style-type: none"> • Focuses mostly on learning • Can be relatively inexpensive • Ensures that staff “own” the process and results <p><u>Costs</u></p> <ul style="list-style-type: none"> • Viewed by outsiders as less objective 	<ul style="list-style-type: none"> • Involves project staff plus an outsider, usually in a central role. <p><u>Benefits</u></p> <ul style="list-style-type: none"> • Focuses on learning • Also provides more objectivity and validation of results <p><u>Costs</u></p> <ul style="list-style-type: none"> • Added expense of outside participation 	<ul style="list-style-type: none"> • Led and implemented mostly by outsiders <p><u>Benefits</u></p> <ul style="list-style-type: none"> • Higher perceived level of objectivity • Results more likely to be accepted by “outsiders” <p><u>Costs</u></p> <ul style="list-style-type: none"> • Added expense of outsiders • Staff and participant knowledge not as central to the design or analysis • Learning may be reduced and staff less likely to “own” the results 	<ul style="list-style-type: none"> • Involves our participants and other stakeholders. <p><u>Benefits</u></p> <ul style="list-style-type: none"> • More perspectives help keep us objective • Holds us accountable • Participants learn more about the project and develop their own evaluation skills • Can be combined with any type of evaluation <p><u>Costs</u></p> <ul style="list-style-type: none"> • More participation can make it harder to maintain focus • Participation can require more resources (time, staff and money).
When Do We Evaluate?			
<p>Mid-Term</p> <ul style="list-style-type: none"> • To assess performance and determine next steps <p><u>Benefits</u></p> <ul style="list-style-type: none"> • Allows us to refine our approach for better performance or impact <p><u>Costs</u></p> <ul style="list-style-type: none"> • Takes time away from implementation • Not always possible for short-term projects • Takes funds that could be spent on other activities, including monitoring or final evaluation. 		<p>Final</p> <ul style="list-style-type: none"> • Documents our experience. <p><u>Benefits</u></p> <ul style="list-style-type: none"> • Occurs at end of project when impact should be more obvious • Allows us to capture our impact and/or lessons-learned. <p><u>Costs</u></p> <p>Info comes too late to affect current project</p>	
What Do We Evaluate?			
<p>Process</p> <ul style="list-style-type: none"> • Documents our systems, methods, tools etc. <p><u>Benefits</u></p> <ul style="list-style-type: none"> • Helps identify systems, tools, methods that need improvement • Captures details of systems etc that can be useful for other implementers <p><u>Costs</u></p> <ul style="list-style-type: none"> • Usually cannot tell us much about impact 		<p>Impact</p> <ul style="list-style-type: none"> • Documents our effects or impact. <p><u>Benefits</u></p> <ul style="list-style-type: none"> • Tells us and others what we achieved • Lets us know if we’ve achieved our goal and objectives • Helps identify effective approaches <p><u>Costs</u></p> <ul style="list-style-type: none"> • May not tell us enough about how we achieved impact 	

⁸ . Any type of evaluation (internal, mixed team or external) can and should involve participatory elements.

When and What to Evaluate

As discussed above, not all projects need a formal evaluation involving an outside evaluator. In general, formal evaluations may be more appropriate for projects lasting two or more years. In some cases, such as short term projects (1 year or less), there may not be the time or budget for a full-fledged evaluation, especially if the project ends before any tangible effects can be measured. This is not to say that project staff and participants should not review their performance constantly. Every time a monitoring meeting is held, data examined and conclusions reached, we are contributing to agency learning. When a final report summarizes monitoring data, draws conclusions and makes recommendations for future programming this learning is preserved for future projects and is more easily shared around the agency. For this reason, some agencies (such as the Peace Corps) have decided to spend their M&E resources entirely on ensuring high quality monitoring rather than undertaking mandatory, formal evaluations of each project.



Look Out: Donors may require an evaluation and wish to stipulate much of the scope of work and team composition. Therefore, it's best to make sure these expectations are negotiated at the beginning of the project and included in the design so that we can 1) ensure the evaluation meets our needs and 2) make sure we have sufficient resources to carry it out.

Longer-term projects should generally include a more formal evaluation process at least once in their life cycle (either mid-term or final). But evaluations should never be undertaken without a sound management reason. We do not do them just to do them. For example, projects which use standard, well-tested approaches will not necessarily need formal evaluation. In these cases, the overall impact or effect may be inferred from a sound knowledge of what the results of that approach have been shown to be elsewhere. Examples might include a reconstruction project in Bosnia that follows the same approach and targets similar communities as a number of other MC and non-MC projects. If the general success rates for similar reconstruction projects are well established and MC has formally evaluated similar projects recently, there would be no need to formally evaluate all of them. Another example might be the introduction of a proven anti-tuberculosis treatment like TOPS that has demonstrated results around the world. In these cases, analysis of sound monitoring data might be sufficient.

It is also important to keep in mind what evaluation cannot do. Evaluations:

- are not substitutes for management decision-making. Rather, they provide vital info for the people making those decisions.
- cannot replace sound monitoring systems. Since they are short, focused activities, they cannot recreate monitoring data that needs to be continuously collected over the life of a project.
- should not be used to solve internal disputes or mediate between conflicting views about the value or future direction of a project.



Key Point: Evaluations should only be undertaken in response to a specific management need. Evaluations are time-consuming and should have a clear benefit for Mercy Corps and our other stakeholders.

Evaluations Begin with a Focused Scope of Work

An evaluation is like a mini-project. Good evaluations begin with a good evaluation design (or Evaluation Scope of Work). The steps involved in good evaluation design are the same as those for project design. We begin with asking why we are doing the evaluation. What need does it serve? What does the project team or Mercy Corps need to learn about the project? Do we want to take a detailed look at our performance halfway through a project to determine if adjustments are necessary? In that case, a mid-term evaluation might be called for that focused on impact and process. Do we want to learn how well we achieved our objectives and our overall goal and capture lessons-learned? In that case, a final impact evaluation is appropriate.

Once this is decided, an evaluation scope of work is then prepared (generally by project management) that is focused on meeting the identified needs. The USAID evaluation scope of work format is a good one that can be adapted for most projects. A modified version of the USAID scope is included as Appendix D. The most common challenge is drafting a scope that is focused on only a few key questions and includes the resources (time, staff etc) to answer them adequately. An evaluation with a wide scope but very limited resources can be worse than no evaluation at all if it leads to superficial conclusions as the evaluator races to finish in the time provided. Three weeks of field work is generally a minimum amount of time required for even a narrowly focused formal evaluation to be worthwhile.



Key Point: A focused scope of work is vital to a good evaluation. Tips include:

- Start with *what you want to learn*. It is easy to lose focus and try to evaluate too much, leading to uncertain conclusions. Choose a manageable piece of your project to learn from and design a scope to support that.
- Treat the scope as something to be negotiated with your donor and lead evaluator rather than something to be stipulated by them.

Methods

The choice of evaluation methods depends on the type of program, resources available and the type of questions the evaluation is trying to answer. Most will start with a review of project documents. The log frame provides a clear explanation of what the project was designed to accomplish, the strategy and how success should be measured. The work plan and indicators plan describe data collection for the project and the collected monitoring and project reports detail what has already been accomplished. For impact evaluations, the baseline data gives a starting point against which further progress can be measured. Without a baseline, it is extremely difficult for an evaluation to gauge project impact. After a document review, the next step is generally a workshop with key staff members to discuss their experiences and perceptions related to the evaluation questions

and for the evaluation team to get insights that are not contained in the reporting documents.

The next steps will vary depending on the circumstances. Common evaluation instruments are surveys, focus groups, key informant interviews and direct observation. Evaluations may use some or all of these approaches. It is a good idea to balance strictly quantitative methods (like surveys) with more qualitative methods like focus groups, interviews and workshops. This is because there is often much more to the story than what is apparent simply from a dry listing of statistics. Surveys are good ways to determine “what happened” and “how many times it happened” but not good at explaining “why” something happened.

The best evaluations combine both kinds of instruments to show not only “what” happened but also “why” it happened or what it meant to the participants. Keep in mind that ‘qualitative’ and ‘quantitative’ information are not completely separate categories. Most ‘qualitative’ information can also be expressed in numerical terms. In fact, it’s a good idea to present qualitative information that way in donor reports, because some donors seem to believe that numerical data equals “hard” data, that it is more accurate and reliable than narrative descriptions.

Surveys also rarely turn up unexpected results. That is because surveys use questionnaires that, by definition, only give people a certain number of possible answers. If there is a project result that you did not anticipate, you will not know in advance to make this a possible answer on the questionnaire. That’s why it’s usually a good idea to do some focus groups first, before finalizing the design of a survey questionnaire. If focus groups reveal a project result that you did not expect, you can include questions about that result in your survey questionnaire and find out just how frequent that result was.

Mercy Corps Case Study – Unexpected Results

In 2001, Mercy Corps commissioned an evaluation of the agency’s role in building the capacity of a key national partner, Dilsuz, the Association of People with Disabilities in Tajikistan. Mercy Corps and Dilsuz had been working closely together for over 7 years and senior staff from both agencies felt that Mercy Corps’ assistance had significantly improved Dilsuz’s capacity to implement projects that fulfilled its mission statement. In-depth interviews with both agencies’ senior staff confirmed this impression, as did a review of financial records which showed that Dilsuz had moved from near bankruptcy to financial independence and sustainability. An evaluation that stopped there would have concluded that Dilsuz was a model case of NGO development. However, the evaluation team went further, interviewing non-management staff, conducting surveys of beneficiaries and making site visits for direct observation of activities. These investigations turned up several important inconsistencies between the actual situation in the field, the perceptions of non-management staff and those of Mercy Corps and Dilsuz upper management. While Dilsuz had become more efficient and self-sustaining, it was also reaching fewer disabled people (its core constituency) than was reported by its headquarters and field staff were found to have serious concerns about the quality of Dilsuz management. In the end, Dilsuz was still found to be a very noteworthy example

of the benefits of partnership. At the same time, the evaluation's contribution to learning for both agencies was considerably increased because it pointed out not only important successes but also vital areas where more work was urgently needed.

Review of the Results

Whenever possible, the draft or summary version of the final evaluation report should be shared with the project staff and participants while the evaluation team is still in the country. This should be built directly into the evaluation scope of work. The lead evaluator and his/her team should present at least a summary of their findings to the staff for feedback and discussion. Whenever possible, project participants and other stakeholders should be included in this process as well. This helps build ownership of the results among the staff and participants and brings their knowledge and perspectives into the analysis of the data. Not only does this build more accountability into the process, but it also increases staff and participant skills and experience with the difficult task of evaluating project results. After gathering feedback on the draft report, the lead evaluator can then leave the country to prepare the final report.

We should be careful not to overstate our results by ensuring there is a fairly clear link between the information we collect and the effects/impact that we claim. This applies equally to monitoring and evaluation. For example, if project documents show that we rebuilt houses for 250 returning refugee families and 248 of them actually retook possession of the homes, what does that information tell us? That we caused their return or simply assisted it? How many would have returned without our help? A survey of project participants might help to show how much influence our project had on people's decision to return. But we would still not know for certain what would have happened without our assistance. A good set of performance monitoring data, coupled with survey and focus group information, would allow us to demonstrate that we 1) provided the expected number of houses, on time, within budget and to a high standard, 2) that 99% of the target population made use of the houses and 3) that the participants stated that the availability of the houses was important in their decision to return. That's a pretty good result that we could be proud of, even though it stops short of actually proving that our project "caused" 248 returns.

Final Report Format

Just like the evaluation scope, the final report should be limited in size to keep it focused and useful for as many readers as possible. A shorter report will be easier to summarize and review while the lead evaluator is still in-country. In addition, keeping the report to a manageable size (20 page maximum) will help ensure that it is read from start to finish by a wider audience. More detailed, but not crucial, information can (and should) be included as attachments to the final report. The point is not to limit learning but to enhance it. Remember, an unread evaluation is a largely a wasted evaluation. A 20 page report with detailed appendices is the best way to ensure that detailed information is there for those who will use it, but that the main points of the report reach the widest possible audience.



Key Point: Keeping the evaluation report short will make it easier to review the draft while the evaluation team is still in the field (and revisions are still possible). It will also facilitate sharing the lessons-learned with other Mercy Corps and partner staff.

EVALUATION CHECKLIST

Design. Evaluations:

- A. Focus on utility. Evaluations should be designed to answer pressing management needs.
- B. Start with a clear Scope of Work.
- C. Are primarily a learning tool rather than an audit of project performance.
- D. Should be designed to yield lessons-learned for similar programming.
- E. Are an in-depth reflection on a specific aspect of or programming.

Participation. Evaluations:

- A. Are designed to allow the highest reasonable degree of participation in the implementation and review of results.
- B. Are completed (draft form) and discussed with project staff while the evaluation team is still in-country.

Sharing the Lessons-Learned. Evaluations:

- A. Should be short but informative (usually no more than 20 pages plus attachments).
- B. Need to be widely distributed within Mercy Corps (including the Digital Library) to make sure lessons are learned.
- C. Should be promoted by Program Officers so that other staff know they are available and what information they contain.
- D. Should be read by other Program Staff working on similar projects and used to improve design and implementation of Mercy Corps activities.

KEY TERMS

In this section

Many MC staff bring a wealth of DM&E experience to bear on the programs they are responsible for. Yet coordination on this issue and communication between programs is often difficult. A frequent obstacle to effective discussion of DM&E are the misunderstandings that result from a lack of agreed terminology. Many donor and implementing organizations have their own, specific (and contradictory) definitions of the terms commonly associated with DM&E. To facilitate communication inside the Mercy Corps world, the following section lists some key terms and establishes a common definition. For proposals and donor reporting, our terms can be easily translated into other formats. For a comparison of Mercy Corps standard definitions and those used by key donors and colleague agencies, please see Appendix E.

Activities. The things that our project “does” or the actions that we carry out in order to produce our outputs. Examples include providing training, rebuilding infrastructure, making loans, monitoring implementation, evaluating impact.

Assessment. A detailed look at a particular region, sector or target population to determine their vision for the future, assets and needs, and the opportunities and challenges related to meeting those needs. Assessments are usually conducted before the

Project Design phase in order to define our overall strategy. Assessments are what we use to understand what the problem is and possible ways to address it.

Baseline. A set of data that measures specific conditions (almost always the indicators we have chosen through the design process!) before a project starts or shortly after implementation begins. You will use this baseline as a starting point to compare project performance over the life of the project. Example: If you are on a diet, your baseline is your weight on the day you begin.

Best Practice. Something that we have learned from experience on a number of similar projects around the world. This requires looking at a number of “lessons-learned” from projects in the same field and noticing a trend that seems to be true for all projects in that field.

Effects. A change that results directly from our outputs and activities. These are short or medium term changes that should happen during the life of our project. Generally, these are “changes in a target group’s knowledge, attitudes or behaviors as a result of our project” and appear as objectives in our log frame.

Evaluation. Evaluation is an in-depth, retrospective analysis of a specific aspect (or aspects) of a project that occurs at a single point in time. Evaluation is generally more focused and intense than monitoring and often uses more time-consuming techniques such as surveys, focus groups, interviews and workshops.

Failure. Projects often fall short of expectations. A failure occurs only when a project fails to achieve its expected results AND the project management team fails to document it, analyze it and adjust their strategy in response. If they do identify the problem and draw a lesson from it, the event is a “learning experience” and is just as valuable to the agency as a “success story.”

Goal. This is the ultimate reason for undertaking a project or program. It describes the “end-state” that you would like to achieve. Generally, this is related to the “impact” you want to have on a target population. Often our projects will not be able to achieve their goal all by themselves but they should always be able to make a substantial contribution to it.

Impact. A deep and lasting change we want to bring about in a target region or country. Our individual projects may only make a partial contribution to achieving this change and it may occur only after the project is completed. Usually this is “a change in the living standards or quality of life for a target population” and is directly related to Mercy Corps’ mission to alleviate poverty, suffering and oppression.

Indicator. This is a “unit of measure” that lets us know if our implementation is successful. For example, if you are on a diet, your main indicator would be “# of kgs lost”. Indicators can measure our success at many levels. At a minimum, we need indicators to tell us if we’ve achieved our outputs. But we should have them for our

objectives as well. In the best case scenario, we should also try develop them for our goal.

Lesson-Learned. A short, simple description of something we've learned from experience on a specific project or program. It should be supported with evidence from our monitoring and evaluation. Lessons-learned should be useful to other people implementing similar projects around the world.

Monitoring. Regularly collecting, reviewing, reporting and acting on information about project implementation. Generally used to check our performance against expected results or “targets” as well as ensure compliance with donor regulations.

Outputs. The final goods and services provided by our project activities. Examples include training courses, rebuilt homes or infrastructure or microcredit loans.

Objective. This is what we expect to achieve directly through our project or program outputs. Often, a project will have several objectives and these are generally related to the “effects” we want to have on a target population. Each objective should be an important step toward achieving the project's goal.

Targets. Sometimes called “milestones” or “benchmarks”, these tell us what we plan to achieve at specific points in the life of our projects or programs. We use them to monitor our progress toward completion of our activities.

Target Population. The specific population we are trying to assist in a particular program; i.e. “women and infants in Western Kosovo”, “low income families in the Ferghana valley” etc.

Triangulation. Data collection from three different sources about the same subject. This is considered the best way to ensure that our information is valid. For example, if we want to know about the effects of a community mobilization project, we might collect data via 1) interviews with key participants, including our own staff 2) a document review to understand exactly what services were delivered and in what amounts 3) focus groups and/or a survey of project participants. This helps us avoid the natural biases of any one method of data collection. Although three different sources are not always possible, the primary point is to avoid reliance on a single source or perspective.

Attachment A

Logical Framework

LOGICAL FRAMEWORK: MATERNAL HEALTH EXAMPLE

GOAL: *Ask: What is the **impact** we want to achieve? What does our community look like if we are successful?*

Healthy Mothers and Infants in the Target Population

Definition: Maternal mortality rates 40% lower than 1999 levels

SMART OBJECTIVES¹	KEY OUTPUTS²	MAJOR ACTIVITIES³	INDICATORS⁴
<i>Ask: What are the desired effects on <u>people's knowledge, attitudes, and behaviors.</u></i>	<i>Ask: What final <u>goods and services</u> will we provide?</i>	<i>Ask: What daily efforts contribute to our outputs?</i>	<i>Ask: How will we know if we have achieved our Objective?</i>
1) 75% of mothers are aware of 2 pregnancy-related danger signs by the end of the project.	1) 10 x 30 second radio spots. 2) 250 Well-Trained Health Care Outreach Workers 3) Survey	1) Create/disseminate public service announcements. 2) Identify & train health care outreach workers 3) Disseminate health message through community mobilization 4) Baseline and final surveys	1) % of mothers who can identify 2 pregnancy related danger signs.
2) 75% of mothers/expectant mothers attend at least 2 routine prenatal and 2 postnatal care visits during the project.	1) 7 New or Rehabilitated Clinics 2) Transportation to clinics provided from remote areas	1) Assess community clinic needs 2) Design and Tender for Clinic construct/rehab. 3) Clinic Rehabilitation 4) Assess specific transportation needs	1) % of mothers who attend at least two prenatal and postnatal visits.
3) 75% of mothers with risk signs (bleeding, anemia as defined by WHO) receive Emergency Obstetric Care (EOC) by end of project.	1) 7 Adequately supplied clinics 2) 7 Clinic Staffs Capable of Using Equipment 3) Outputs 1&2 above	1) Provide medical supplies 2) Train staff well in EOC	1) % of mothers with risk signs who receive EOC.

¹ . Reminder: Does achievement of each Objective contribute directly to achieving the Goal?

² . Is each Output necessary to achieve the Objective?

³ . Does each Major Activity lead directly to the Outputs?

⁴ . Does each Indicator directly measure progress toward the Objective? If not, does it come as close as possible? Do we have enough to get a fairly reliable measure of our effects/impact? Do we have more than we need or too many to handle on a regular basis?

Attachment B

Work Plan

Objective 1: 75% of mothers aware of 2 pregnancy-related danger signs by end of project

		Timeline																											
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24				
Activities	Sub-Activities																										Targets	Staff Responsible	Notes
Public Education																													
	Create Announcements	x	x	x				x																					
	Broadcast on radio	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		5 minute spots on 10 radio stations		
Health Worker Training																												Maternal Health Officer	Also fulfills Objectives 2-3
	Develop Training Materials	x	x	x																								Maternal Health Officer	
	Lease Training Spaces	x																									3 spaces leased in month1	Admin Officer	
	Road-Show		x	x																								Maternal Health Assistant	
	Pre-test of health workers				x																							Maternal Health Assistant	
	Deliver Training				x	x	x		x	x	x		x	x	x		x	x	x		x	x	x			50 workers trained every 6 months	Maternal Health Officer		
	Post-Test of health workers							x				x				x					x				x	All trainees score 80% or better	Maternal Health Assistant		
	Visit Clinics to Ensure Health Workers Using Training								x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			Maternal Health Assistant		
Monitoring																											50% by month 12, 75% by month 24	Maternal Health Officer	
	Baseline Survey of Mothers		x																									Maternal Health Officer	
	Team Meetings to Review Monitoring Data			x			x			x			x			x			x			x			x		Program Manager	PM organizes and all key staff attend/Consider data for all 3 Objectives	
	Mid-Point and Final Survey of Mothers												x												x		Maternal Health Assistant		

Objective 2: 75% of mothers attend at least 2 pre-natal visits during project

		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24				
Activities	Sub-Activities																										Targets	Staff Responsible	Notes
Community Outreach																												Community Dev. Officer	
	Train Community Organizers	x	x																								25 organizers (5 per village)	Community Dev. Assistants	
	Conduct Participatory Assessments of Clinic needs per Community		x	x																							5 assessments by month 4	Comm. Dev. Assistants	
	Hold Community Meetings on maternal health issues				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	1 per month/per village	Volunteer Community Organizers	Attended by Comm. Dev. Assistants	
	Conduct Community Monitoring of Rehab.					x	x	x	x	x	x	x														Monthly report per village	Volunteer Community Organizers	Attended by Comm. Dev. Assistants	
Clinic Rehabilitation/Construction													X														Engineering Officer		
	Review Community Assessments				x																						Engineers/Comm. Dev. Assistants		
	Design Tender				x																						Engineers		
	Release Tender				x																						Engineers		
	Review Tender/Contracting					x																					Engineering Officer		
	Meet to review Community Monitoring Results						x		x		x		x														Engineering Officer/Comm. Dev. Assistants		
	Rehabilitation works						x	x	x	x	x	x														7 clinics rehab'd according to comm. And MC requirements by month 11		Clinics must meet legal and professional criteria for construction and incorporate community needs	
	Tech review												X														Engineers		
Monitoring																										50% by month 12, 75% by month 24	Maternal Health Officer		
	Interviews with Clinic Staff								x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		Maternal Health Assisants		
	Interviews with Comm. Members																					x	x	x			Maternal Health Assistants		
	Clinic Records										x	x	x	x	x	x	x	x	x	x	x	x	x	x			Maternal Health Assistants	Coincides with Records Check for Obj 3	
	Survey of Mothers												x												x		Maternal Health Assistants	As part of Survey for Objective 1	

Objective 3: 75% of mothers with risk signs receive Emergency Obstetric Care (EOC) by end of project.

		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24				
Activities	Sub-Activities																										Targets	Staff Responsible	Notes
Assess Equipment Needs																												Maternal Health Officer	
	Review Protocols	x																										Maternal Health Officer/Assistants	
	Meet with Clinic Staff		x	x																								Maternal Health Assistants	
	Draft Needs per Clinic			x																								Maternal Health Assistants/Officer	
Training on New Equipment									x	x	x	x	x	x															
	Pre-and-Post Tests								x	x	x	x	x	x													90% pass each test	Maternal Health Officer	Carried out monthly along with distribution
Purchase Equipment																												Maternal Health Officer/Admin. Officer	
	Tender if necessary				x																							Admin. Officer	
	Receive Equipment					x	x	x																				Admin. Officer/Health Assistant	
	Deliver to Clinics								x	x	x	x																Health Assistants	
Monitoring																											40% by month 12, 75% by month 24		See also post-tests of clinic staff under Objective 1 for EOC results and Clinic Staff interviews under Objective 2
	Observe Use of Equipment								x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			Maternal Health Assistants	Targets coincide with delivery of training under Objective 1 and delivery of equipment
	Examine pregnancy records										x	x	x	x	x	x	x	x	x	x	x	x	x	x				Maternal Health Assistants	

Attachment C

Indicators Plan

INDICATOR PLAN

Objective 1: 75% OF MOTHERS AWARE OF AT LEAST TWO PREGNANCY-RELATED DANGER SIGNS

Indicator	Definition of Indicator and Management Utility	Baseline Data and Targets	Data Collection Sources & Methods	Frequency of Data Collection	Person Responsible
1. % of mothers aware of at least two pregnancy-related danger signs	<p>Mothers can list two of the four danger signs defined by PEPC Program Guidelines.</p> <p>Unprompted recall of these danger signs is a key piece of awareness and prevention</p>	<p>Targets:</p> <ul style="list-style-type: none"> • 50% by month 12 • 75% by end of project <p>Baseline:</p> <p>Less than 22% (estimated according to assessment data, to be confirmed by baseline survey in month 1)</p>	<p>1. Baseline Survey/Final Survey of mothers</p>	<p>1. Month 2,12, 24</p>	<p>1. Surveys Designed by Maternal Health Officer</p> <p>2. Carried Out By Maternal Health Assistants</p>

Objective 2: 75% of mothers attend at least 2 prenatal care visits during pregnancy during the project.

Indicator	Definition of Indicator and Management Utility	Baseline Data and Targets	Data Collection Sources & Methods	Frequency of Data Collection	Person Responsible
1. % of mothers who attend at least 2 prenatal care visits during pregnancy.	<p>Mothers within our target provinces who visit qualified, staffed clinics.</p> <p>Prenatal visits to a clinic with trained, equipped staff are a proven method of reducing complications from birth.</p>	<p>Targets:</p> <ul style="list-style-type: none"> • 50% by month 12 • 75% by end of project <p>Baseline:</p> <ul style="list-style-type: none"> • 44% in areas with existing clinics • 7% in areas with no functioning clinic • 25.5% average for entire target area 	<p>1. Interview with Clinic Staff</p> <p>2. ClinicRecords Check</p> <p>3. Survey Results</p>	<p>1. Month 8-23</p> <p>2. Months 10-23</p> <p>3. Months 1, 12 and 24</p>	<p>1. Instruments Designed by Maternal Health Officer</p> <p>2. Carried Out By Maternal Health Assistants</p> <p>3. Direct Observation Carried Out By Maternal Health Officer</p>

Objective 3: 75% of mothers with risk signs receive Emergency Obstetric Care (EOC) by end of project.

Indicator	Definition of Indicator and Management Utility	Baseline Data and Targets	Data Collection Sources & Methods	Frequency of Data Collection	Person Responsible
1. % of mothers with risk signs who receive EOC by end of project.	<p>“Risk Signs” defined as bleeding, anemia, as defined in WHO guidelines.</p> <p>EOC as defined in Maternal Health Training Module and consistent with MoH Guidelines.</p>	<p>Targets:</p> <ul style="list-style-type: none"> • 90% clinic staff pass EOC training course* • 40% by month 12 • 75% by end of project <p>Baseline: Thought to be less than 10% (to be confirmed by baseline study).</p>	<ol style="list-style-type: none"> 1. Interview with Clinic Staff 2. Clinic Records Check 3. Interview Community Members 4. EOC Post-Test Results 5. Direct Observation of Clinic Staff During Visits * 	<ol style="list-style-type: none"> 1. Month 8-23 2. Months 10-23 3. Months 21-23 4. Months 7,12,16,19,24 5. Months 8-23 	<ol style="list-style-type: none"> 1. Instruments Designed by Maternal Health Officer 2. Carried Out By Maternal Health Assistant 3. Direct Observation Carried Out By Maternal Health Officer s

*Included here as a quality measurement to ensure that the EOC delivered is effective.

Attachment D

USAID Evaluation Scope of Work Template

EVALUATION SCOPE OF WORK¹ TEMPLATE

WHAT IS AN EVALUATION SCOPE OF WORK?

An evaluation scope of work (SoW) is a plan for conducting an evaluation; it conveys clear directions to the evaluation team.

A good SoW usually:

- Identifies existing sources of info on implementation
- Clearly states what management need the evaluation will fulfill and the intended audience
- Outlines evaluation team composition and roles
- Covers schedules and logistical arrangements
- Addresses plans for the highest possible degree of participation by expat and national staff, partners, project participants and other stakeholders.
- Addresses plans for using the information gained in the evaluation, including dissemination around the MC world.
- Includes a budget.

ELEMENTS OF A GOOD EVALUATION SCOPE OF WORK

1) The Project or Program to be Evaluated

Identify the project/program, where it takes place, the donor, start and end dates.

2) Background

Give a brief description of the history and current status of the project/program, goals and objectives, names and roles of partners, basic methodology and any other info to help the evaluation team understand the context.

3) Existing Project/Program Info Sources

What information exists to help the evaluation team learn about the project and determine its impact? These include the proposal, log frame, work plan, indicator plan, subsequent revisions, monitoring and donor reports and any previous evaluation information.

4) Purpose of the Evaluation

We should only do an evaluation if we have an important question to answer. Important questions include:

- What was our impact or effect?
- Why did our project turn out much differently than expected (in either positive or negative ways)?
- How sustainable are our results?

¹ . This template is a modified version of the one developed by USAID. “Preparing an Evaluation Scope of Work” part of the TIPS series on Performance Monitoring and Evaluation, (USAID Center for Development Information and Evaluation, 1996, No. 3).

- What lessons can we learn to help us improve similar projects in the future?

In this section, we should state the reason for the evaluation and its intended audience:

- Who wants the information (donor, program staff, HQ, partners, participants)?
- What do they want to know?
- What will they do with the info?
- When is it needed and in what form?

5) Evaluation Questions

Articulate clearly the main questions the evaluation will have to answer to supply the info described in section 4 above. Vague questions will lead to vague answers. Too many questions, on too many topics, will lead to a superficial and unfocused evaluation.

Ensure that questions are management or participant priorities. One approach is to ask the intended audience what they most want to know and then ask them which of these are priorities.

6) Evaluation Methods

This section specifies an overall design strategy to answer the evaluation questions and provides a plan for collecting and analyzing the data.

6.A. Select the Overall Design Strategy

This will depend on the nature of the evaluation questions. For example, if the question is “What percentage of farmers have obtained credit via our program” then a survey and/or review of program records would be appropriate. If the question is “Why don’t more farmers apply for credit” then focus group interviews might be a better tool. If the question is “Are our credit services more effective than grants” then a comparative design would be best. The challenge is to choose a design that gives a credible answer yet fits our time and budget constraints. In practice, most evaluations will use a combination of techniques.

6.B. Data Collection and Analysis Plan

- Define the “unit of analysis” to be studied: do we expect to have effects on individuals, families, businesses, communities, clinics etc?
- Data disaggregation requirements (by gender, ethnic group, income level etc)
- How interviewees and other sources will be selected (random sample, purposeful sample, nominated by staff or community?). Explain decision based on strengths and weaknesses of this approach.
- Techniques or tools: questionnaires, observation, interviews etc.
- How much data to collect: sample size, number of interviews, number of communities etc.
- How data will be analyzed: What will you do with it once you collect it?

Note: Often the Overall Design Strategy section will be negotiated with the outside evaluator and/or other participants and members of the evaluation team.

7) Team Composition and Participation

Identify the approximate team size, the qualifications needed and desired level of participation. Consider:

- Language skills
- Technical knowledge
- Cultural sensitivity
- Evaluation skills
- Facilitation skills
- Gender mix
- Knowledge of Mercy Corps' culture and programming
- Who should participate and at what stage (design, implementation, analysis, dissemination).
- Define the role of each member and list their specific duties.

The exact size and composition of the team is determined by the purpose and strategy, as well as other constraints such as time, budget, logistics and availability. Technical knowledge about the specific sectors to be evaluated, language skills, evaluation skills and cultural sensitivity are all mandatory requirements for a successful evaluation. The highest possible degree of staff, partner and beneficiary participation should also be considered. An outside evaluator is not mandatory unless required by the donor or the specific nature of the question (when objectivity is a high priority).

8) Procedures: Schedule and Logistics

Specify the schedule, logistical arrangements, host office support and other items essential to implementation of the evaluation. Include:

- The schedule for each event, duration, number of participants.
- Allow time for processing and reflecting on data collected at reasonable intervals
- Include time for preparatory work: document reviews etc.
- Travel times in-country and transport plans
- Due date for draft report (before eval team leaves the field)
- Time, place and participants for review of first draft (while eval team still in-country)
- Necessary services: translators, interpreters, drivers, data processors, facilitators, access to desk space and computers, printers for non-program evaluation team members.
- In the case of an outside lead evaluator, provide a point person from the host office to arrange logistical details before and during the evaluation.

9) Reporting and Dissemination Requirements

- Due date for final report
- Page limit (20 plus attachments)
- Requirements for photos, participant profiles or other special documentation needs
- Plan for translation as necessary
- Recipients of final report, including staff, partners, participants, other stakeholders, donor, HQ program officer and sector teams and the Digital Library.

10) Budget

Estimate the approximate costs for each component and identify the source of funding. Include international and in-country travel, team members' salaries, per diem or expenses, stipends for partners or other participants, costs for translation, administration, use of facilities etc.

There is no easy rule of thumb for estimating costs. It will depend on many factors including your resources, evaluation needs, time frame and availability of in-country expertise. Your HQ program officer can provide you with sample budgets from other projects that might help guide your own calculations.

Attachment E

Mercy Corps/Donor Dictionary

The Mercy Corps/Donor Dictionary

It is important to realize that often donors, partner agencies and Mercy Corps' staff use slightly different words to describe the same DM&E topics. This table compares our definitions of key terms with those used by some of our major donors and colleague agencies. Mercy Corps' definitions are based on common usage in our field and the glossary of terms developed by the DAC/OECD.*

Mercy Corps	Goal	Objective	Outputs	Activities		Targets
USAID Results Framework	Strategic Objective	Intermediate Results	Outputs/Expected Results	Activities	Inputs	Benchmarks
CARE	Program Impact	Effects	Outputs	Activities	Inputs	Benchmarks
DFID	Goal	Purpose	Outputs	Activities		
CIDA	Overall Goal	Project Purpose	Results/ Outputs	Activities	Inputs	Milestones
EC/Relex	Overall Objective	Project Purpose	Results	Activities		Milestones
FAO & UNDP	Development Objective	Immediate Objectives	Outputs	Activities	Inputs	
World Bank	Long-Term Objective	Short-Term Objectives	Outputs		Inputs	

* The Development Assistance Committee (DAC) Working Party on Aid Evaluation is an international forum comprising 30 member countries and multilateral donor agencies. Mercy Corps' definitions are generally consistent with the DAC' Glossary of Key Terms in Evaluation and Results-Based Management.

Attachment F

Sphere and Mercy Corps'
DM&E

Appendix F

Sphere and Mercy Corps' DM&E

The Mercy Corps' DM&E Guidebook is just one example of our commitment to program quality. Another, related initiative, is our strong support for and participation in the Sphere Project, a global NGO effort to increase effectiveness and accountability in humanitarian assistance. Our involvement with Sphere includes agreement to serve as a pilot agency looking at how to institutionalize our commitment to the Humanitarian Charter and use of the Sphere standards as a means of increasing the quality of our programs. Mercy Corps is also currently serving as the Chair of the Sphere Project management committee and is a strong advocate for the use of Sphere throughout the humanitarian community, and especially within its own country programs. Mercy Corps intends that the principles and practices articulated within the Sphere Handbook will be central to the way that Mercy Corps designs, implements, monitors and evaluates its disaster response programs. These principles and practices are completely compatible with, and often more detailed than, the more general guidance contained in the DM&E Guidebook.

A Brief Introduction to Sphere

Meeting essential needs and restoring life with dignity are core principles that should inform all humanitarian action.

The purpose of the Humanitarian Charter and the Minimum Standards is to increase the effectiveness of humanitarian assistance, and to make humanitarian agencies more accountable. It is based on two core beliefs: first, that all possible steps should be taken to alleviate human suffering that arises out of conflict and calamity, and second, that those affected by a disaster have a right to life with dignity and therefore a right to assistance.

The Sphere Handbook is the result of more than two years of inter-agency collaboration to frame a Humanitarian Charter, and to identify Minimum Standards to advance the rights set out in the Charter. These standards cover disaster assistance in water supply and sanitation, nutrition, food aid, shelter and site planning, and health services.

The Humanitarian Charter

The cornerstone of the book is the Humanitarian Charter. Based on the principles and provisions of international humanitarian law, international human rights law, refugee law, and the *Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief*, the Charter describes the core principles that govern humanitarian action and asserts the right of populations to protection and assistance.

The Charter defines the legal responsibilities of states and parties to guarantee the right to assistance and protection. When states are unable to respond, they are obliged to allow the intervention of humanitarian organizations.

The Minimum Standards

The Minimum Standards were developed using broad networks of experts in each of the five sectors. Most of the standards, and the indicators that accompany them, are not new, but

consolidate and adapt existing knowledge and practice. Taken as whole, they represent a remarkable consensus across a broad spectrum of agencies, and mark a new determination to ensure that humanitarian principles are realized in practice.

Scope and limitations of the Humanitarian Charter and Minimum Standards

Agencies' ability to achieve the Minimum Standards will depend on a range of factors, some of which are within their control, while others such as political and security factors, lie outside their control. Of particular importance will be the extent to which agencies have access to the affected population, whether they have the consent and cooperation of the authorities in charge, and whether they can operate in conditions of reasonable security. Availability of sufficient financial, human and material resources is also essential. This document alone cannot constitute a complete evaluation guide or set of criteria for humanitarian action.

While the Charter is a general statement of humanitarian principles, the Minimum Standards do not attempt to deal with the whole spectrum of humanitarian concerns or actions. First, they do not cover all the possible forms of appropriate humanitarian assistance. Second, and more importantly, they do not deal with the larger issues of humanitarian protection.

Humanitarian agencies are frequently faced with situations where human acts or obstruction threaten the fundamental well-being or security of whole communities or sectors of a population - such as to constitute violations of international law. This may take the form of direct threats to people's well-being, or to their means of survival, or to their safety. In the context of armed conflict, the paramount humanitarian concern will be to protect people against such threats.

Comprehensive strategies and mechanisms for ensuring access and protection are not detailed in the Handbook. However, it is important to stress that the form of relief assistance and the way in which it is provided can have a significant impact (positive or negative) on the affected population's security. The Humanitarian Charter recognizes that the attempt to provide assistance in situations of conflict 'may potentially render civilians more vulnerable to attack, or bring unintended advantage to one or more of the warring parties', and it commits agencies to minimizing such adverse effects of their interventions as far as possible.

The Humanitarian Charter and Minimum Standards will not solve all the problems of humanitarian response, nor can they prevent all human suffering. What they offer is a tool for humanitarian agencies to enhance the effectiveness and quality of their assistance and thus to make a significant difference to the lives of people affected by disaster.

The Sphere Project is a significant process - it has entailed an extensive and broad-based consultation in the humanitarian community. The people who participated in writing the Sphere handbook came from national and international NGOs, UN agencies, and academic institutions. Thousands of individuals from over 300 organizations representing 60 countries have participated in various aspects of the Sphere Project, from developing the handbook through to piloting and training. The Sphere process has endeavored to be inclusive, transparent, and globally representative.

More on Sphere

For more information on Sphere, and how to incorporate it into programming, contact your Country Director, HQ program officer or Nigel Pont of the GEO team (nigelpont@yahoo.co.uk). They can direct you to variety of resources including:

- * How to get copies of the Sphere Handbook
- * How to access training modules and events

Attachment G

Mercy Corps' DM&E Checklist

Appendix G

Mercy Corps' DM&E Principles At A Glance

Mercy Corps' commitment to quality DM&E requires us to go beyond the minimum requirements of some of our donors. A sound program design, for example, often goes beyond simply fulfilling proposal requirements. The same can be true for monitoring and evaluation. Therefore, we have developed the following checklist to help review our various DM&E activities and make sure they conform to Mercy Corps' principles. Use it when reviewing project designs, proposals or reports; designing monitoring systems or developing the scope of work for an evaluation.

DM&E Checklist

DESIGN

- Assessment Conducted**
- A. Assessment data not used in proposal is kept for future reference
- Goal-Oriented Program/Project Design**
- A. Design starts with defining a goal based on impact rather than activities.
- SMART Objectives**
- A. Key steps in the project which logically, reliably contribute to achieving our goal.
- B. Describe an "end-state" and focus on "effects" (changes in behavior, attitudes or knowledge in our target population) rather than activities whenever possible.
- C. SMART – Specific, Measurable, Appropriate, Realistic, & Time -Bound.
- Select Appropriate Outputs & Activities**
- A. Logically, reliably contribute to our SMART objectives.
- B. Outputs represent our "deliverables" or final products for which we are responsible.
- C. Activities describe the key actions we'll carry out to achieve our outputs.
- Identify Indicators**
- A. Fewer, more direct indicators that measure performance against our objectives as well as outputs.
- B. Consider relevant standard indicators and consult appropriate sector specialists & other resources (such Sphere standards).
- Formulate Work Plan**
- A. Include monitoring as a key management activity and make resources available to carry it out, including roles and responsibilities, budgeting time for baselines, regular data collection, review and reporting.
- B. Include key management and implementation tasks, persons responsible and clear targets for achieving them so that we can track performance over time.
- Approaches**
- A. A high degree of participation of expat and national staff, representatives of the target group, partner organizations etc in the design of our strategy and in the implementation of the project.
- B. A focus on the highest level of impact or effects possible.
- C. All pieces of program design are logically and causally connected. (Logic is much more important than vocabulary)
- D. An evidence-based approach that suggests our actions will be successful
- Final Products From Design Phase**
- A. Completed Log Frame
- B. Completed Indicator Plan for our SMART Objectives
- C. Completed Work Plan
- D. Folder containing assessment data
- E. Finished proposal, if applicable

MONITORING

- The Process**
- A. Regularly collect, review and report on data related to all project indicators, targets and other donor requirements according to the work plan.
- B. Clearly compare actual results against targets during review of monitoring data.
- C. Use the data to refine the project approach (as necessary).
- Reporting**
- A. Clearly reflect actual and planned performance for each objective, analysis of the results and plans for next steps in all project reports (to donors, HQ and others in the "monitoring pyramid").
- Approaches**
- A. Missing a planned target is not viewed as a "failure". Failure is defined as failing to capture this

- info, draw conclusions and act on them.
- B. Monitoring is as participatory as possible (including review of the data).
- C. Give attention to the quality of the data. How good is the information?

EVALUATIONS

Design. Evaluations:

- A. Focus on utility. Evaluations should be designed to answer pressing management needs.
- B. Start with a clear Scope of Work.
- C. Are primarily a learning tool rather than an audit of project performance.
- D. Should be designed to yield lessons-learned for similar programming.
- E. Are an in-depth reflection on a specific aspect of or programming.

Participation. Evaluations:

- A. Are designed to allow the highest reasonable degree of participation in the implementation and review of results.
- B. Are completed (draft form) and discussed with project staff while the evaluation team is still in-country.

Sharing the Lessons-Learned. Evaluations:

- A. Should be short but informative (usually no more than 20 pages plus attachments).
- B. Need to be widely distributed within Mercy Corps (including the Digital Library) to make sure lessons are learned.
- C. Should be promoted by Program Officers so that other staff know they are available and what information they contain.
- D. Should be read by other Program Staff working on similar projects and used to improve design and implementation of Mercy Corps activities.