



# Technical Guidance Note on Developing Monitoring and Evaluation Plans for Global Health & Rights Programs

**PUBLISHED APRIL 2022**

**CanWaCH**  
Canadian Partnership for  
Women and Children's Health



**CanSFE**  
Partenariat canadien pour la  
santé des femmes et des enfants

## About

The Canadian Partnership for Women and Children's Health (CanWaCH) is a proud membership of more than 100 non-governmental organizations, academic institutions, health professional associations and individuals partnering to improve health outcomes for women and children in more than 1,000 communities worldwide. Learn more at [www.canwach.ca](http://www.canwach.ca)

Recommended citation: CanWaCH (April 2022). Technical Guidance Note on Developing Monitoring and Evaluation Plans for Global Health & Rights Programs. Available at [www.canwach.ca](http://www.canwach.ca)



## Acknowledgements and Disclaimers

CanWaCH gratefully acknowledges the primary authorship and research of Dr. Elizabeth Dyke, as well as the contributions of the CanWaCH Secretariat, Global Affairs Canada (GAC) and the CanWaCH Metrics Working Group.

Please note that for the purposes of this document, we will refer to the development of a Monitoring and Evaluation (M&E) plan to maintain alignment with many of the existing guidance documents. However, we acknowledge that many partners use different and more comprehensive terms, including but not limited to MEAL (monitoring, evaluation, accountability, and learning), MERL (monitoring, evaluation, research, and learning), CoLMEAL (community-led MEAL), and many others.

This note was developed with the Canadian international development, global health, and global cooperation sectors in mind. Within this context, we recognize that GAC is frequently a critical partner and funder. Ultimately, it is our intention that this note provides useful guidance for the development of M&E plans for any project. At the same time, throughout the note there is specific reference to published GAC guidance, so that users collaborating with GAC are supported in navigating these documents.

This note is under active review and consultation, and recommendations are encouraged. Please contact Jessica Ferne, Director, Global Health Impact at [impact@CanWaCH.ca](mailto:impact@CanWaCH.ca) to participate more in this process.

# Acronyms

<b>CanWaCH</b>	Canadian Partnership for Women and Children's Health
<b>CoLMEAL</b>	Community-Led Monitoring, Evaluation, Accountability, and Learning
<b>CSO</b>	Civil society organizations
<b>DHS</b>	Demographic and Health Survey
<b>FIAP</b>	Feminist International Assistance Policy
<b>GAC</b>	Global Affairs Canada
<b>GBA+</b>	Gender Based Analysis +
<b>GoC</b>	Government of Canada
<b>HMIS</b>	Health Management Information System
<b>KAP</b>	Knowledge, Attitudes, and Practices
<b>LMIC</b>	Low- and middle-income country
<b>LQAS</b>	Lot Quality Assurance Sampling
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCIS</b>	Multiple Indicator Cluster Surveys
<b>MEAL</b>	Monitoring, Evaluation, Accountability and Learning
<b>MERL</b>	Monitoring, Evaluation, Research and Learning
<b>NGO</b>	Non-governmental Organization
<b>PIP</b>	Project Implementation Plan
<b>PMF</b>	Performance Measurement Framework
<b>PTL</b>	Project Team Leader
<b>RBM</b>	Results-Based Management
<b>WHO</b>	World Health Organization

# Table of Contents

<b>ABOUT</b>	<b>II</b>
<b>ACKNOWLEDGEMENTS AND DISCLAIMERS</b>	<b>II</b>
<b>ACRONYMS</b>	<b>III</b>
<b>1 PURPOSE OF THE TECHNICAL GUIDANCE NOTE</b>	<b>5</b>
<b>2 OVERALL PURPOSE OF AN M&amp;E PLAN</b>	<b>5</b>
<b>3 DETAILED GUIDANCE</b>	<b>7</b>
3.1 REVIEW KEY GUIDANCE DOCUMENTS AND EXPECTED M&E PLAN COMPONENTS	7
3.2 EVALUATION QUESTIONS	8
3.3 DESIGN, METHODS, AND TOOLS	8
3.3.1 FORMULATE INDICATORS	8
3.3.2 DETERMINE DATA SOURCES, COLLECTION METHODS, FREQUENCY, AND RESPONSIBILITY	9
3.3.3 REPORTING	16
3.4 BUDGET	17
3.5 LEARNING PLANS, DATA SHARING, AND USE	17
<b>4 IMPORTANT PRINCIPLES AND CONSIDERATIONS</b>	<b>18</b>
4.1 COVID-19 IMPLICATIONS	18
4.2 ETHICAL CONSIDERATIONS	19
4.3 RISKS AND MITIGATION RESPONSES	20
4.4 ASSESSING CAPACITY TO DO MONITORING, EVALUATION AND LEARNING (MEAL)	20
4.5 FEMINIST MEAL PRINCIPLES	20
4.6 ANTI-RACISM AND DECOLONIZATION PRINCIPLES	21
4.7 INTERSECTIONALITY AND POPULATION CONSIDERATIONS	22
4.8 COMMUNITY-DRIVEN APPROACHES	22
<b>5 DETAILED GUIDANCE CHECKLIST</b>	<b>23</b>
<b>6 ADDITIONAL TOOLS TO SUPPORT M&amp;E PLANS</b>	<b>26</b>
<b>7 RESOURCES</b>	<b>27</b>

# 1 Purpose of the Technical Guidance Note

The purpose of this technical note is to provide clear, succinct guidance regarding monitoring and evaluation (M&E) plan development for global health and rights programs. You can consult this guidance to develop a results-based M&E plan for your projects in a way that is consistent with current best practices.

We recognize that there are many different ways to undertake monitoring, evaluation, accountability and learning (MEAL) activities. This guidance note does not explain “how to do M&E”, as there are many resources available on this (see the references included throughout this note for a modest list). Instead, this guidance provides overall considerations and information that will help guide your development of an M&E plan, as well as a convenient synthesized overview of various existing guidance documents, including from Global Affairs Canada (GAC).

The intended users of this note are civil society organizations (CSOs), academic institutions and other organizations who are implementing global health programming, including those who have received GAC funding. This includes organizations of all sizes, including those with and without dedicated M&E staff. We recognize that, depending on organizational experience and resources, some of this guidance might seem either overwhelming or basic. **We encourage readers to take what you can from this resource, as well as to use it to engage in constructive conversation with other stakeholders**, including your GAC Project Team Leaders (PTLs) where applicable. We hope that these PTLs will also find this note useful for collaboration and communication with CSO partners.

## 2 Overall Purpose of an M&E Plan

The M&E plan is a key and useful document. It should be used to understand which aspects of the project are working (and which are not), to make course corrections as needed, to share lessons learned, to identify achievements, to ensure accountability, to build feedback loops between stakeholders, and to plan future projects.

An M&E plan also serves as a practical companion to other documents. Details on the development of a **logic model**, **theory of change**, performance measurement framework (PMF), and implementation plan (which are also key documents when implementing a project) are not included here. GAC templates are available for **logic models** and **PMFs**. For an example of a partial PMF/results chain, **please see section 5 of CanWaCH’s Technical Guidance Note on Measuring Women’s Empowerment in the Global Health Sector**.

For it to be useful, the M&E plan is more detailed than the PMF. As per **GAC’s RBM guidance**:

---

*“It is important to note that the performance measurement framework, while being the “skeleton” of the plan for the systematic collection of data, does not contain enough information to guide the implementation of a monitoring system” (p. 63).*

---

The M&E plan should be a **living document**, providing sufficient detail to be a useful hands-on resource for the team as the project is designed, developed and implemented. It should be referred to regularly, and should be **updated at regular intervals** as the project unfolds (in discussion with partners, stakeholders, funders, government partners, etc.). It should

be grounded in the project's core evaluation questions, and relevant to the needs of all stakeholders involved. Operational details for monitoring, evaluation, and learning include, but are not necessarily limited to:

- what data you will collect from whom, and when
- how you will collect the data (e.g. tools) and whom will collect the data
- the time frame for data collection
- how you will choose, define, and calculate indicators
- how you will aggregate and/or disaggregate the data (as applicable)
- how you will store, analyze, interpret, and report the data and findings
- how you will use the results (e.g. for change, for ongoing learning), including what questions (evaluation questions or learning questions) will be answered by this data
- the resources you need to conduct data collection, analyses and reporting, including timelines, workplans, and roles and responsibilities of various team members and other stakeholders across the various tasks (e.g. data collection, storage, analysis, interpretation, use)
- how you will facilitate participation from other stakeholders including project participants throughout the process
- how you will incorporate feminist MEAL principles through your plan

**NOTE:** While the above may seem like a lot of detail to have at this stage in the process, this type of planning is needed to develop a usable, detailed M&E plan and to plan for the budget accordingly. Insufficient budget allocations for M&E activities can have lasting, negative consequences - the logistics and the budget allotted for M&E activities will be discussed in more detail below.

Timelines for the development of the M&E plan will vary depending on your partners. Therefore, ongoing discussions with your stakeholders (e.g. PTLs) will be needed, and flexibility on all sides will be critical, so that the plan can be revisited and revised as needed. All project stakeholders, including donors such as GAC, should expect that good M&E plans and their components evolve during a project. Without regular updates, projects risk creating plans that are not consultative and reflect only the perspective of Canadian partners. While much can and should be anticipated at the outset of the project, it is appropriate for some sections to be fleshed out at later stages, such as once the PMF is finalized. For example, if a participatory instrument will be co-created in year 2 of a project, detailed planning and instrument information may only be completed once community engagement processes are undertaken, and so would not be available at baseline. What is critical, however, is that the **justification and planning** is adequate to support the intended activities, and possible risk and mitigation strategies have been considered. As noted in **GAC's RBM guidance**:

---

*“The monitoring and evaluation plan can be finalized by the implementer as part of the project implementation plan or equivalent” (p. 63).*

---

The M&E plan should provide sufficient detail to show that you have thought through the process in detail. It should enable any new staff or partners coming on board to be able to understand and/or implement the plan, and should clearly outline baseline, project monitoring, and evaluation activities.

For more information, please see **Managing an evaluation or evaluation system** from BetterEvaluation, Measure Evaluation's manual on **developing an evaluation plan** and **course on M&E**, and the Save the Children **course manual**



on MEAL. These [videos and templates from Tools4Dev](#) can also help if you want more details on how to develop an M&E plan.

## 3 Detailed Guidance

### 3.1 Review key guidance documents and expected M&E plan components

GAC has existing published guidance in place that can help inform your organization in developing your M&E plan:

- GAC's guide on [Results-Based Management \(RBM\)](#)
- GAC's [International Assistance Results Reporting Guide for Partners](#)
- GAC's [Checklists, tip sheets, tools, and other guidance](#)
- [Feminist International Assistance Policy \(FIAP\)](#) including Action Area 2: Human Dignity
- GAC's [Glossary of Terms](#)

As noted in [GAC's RBM guidance](#):

---

*“By the time the monitoring and evaluation plan is finalized, the implementer should be able to answer questions related to the cost of data collection, sampling methodologies, sample sizes, statistical analyses to be used, data-capture templates and data-storage systems” (p. 82).*

---

Before beginning your plan, it is critical that all stakeholders have a clear understanding of the distinction between monitoring and evaluation, although they are often closely connected and synergistic.

#### Definitions (VIA OXFAM GB):

**“MONITORING** is normally the systematic assessment of a programme's performance over time. It involves the ongoing collection and review of data to provide programme managers and other stakeholders with indications of progress against programme plans and towards programme objectives

**EVALUATION** takes place at a particular point in time, but complements ongoing monitoring activities by providing more in depth, objective assessments of the relevance, efficiency, effectiveness, impact and sustainability of programmes. Formative evaluations are carried out during the life of the programme with a focus on improvement; summative evaluations take place towards the end of the programme and are used to judge its overall merit, worth or effectiveness”

Monitoring processes frequently give information on a routine basis throughout the project, making it useful for feedback, course correction, and decision-making regarding the project's progress. It often feeds into, but is distinct from, evaluation. Evaluation processes frequently occur at key moments in a project's lifespan (baseline, midline, endline), and

are useful for answering questions about impact (anticipated and unanticipated) and outcomes. Evaluations are less frequent, and are usually designed to answer specific questions (see below) deemed to be relevant by all stakeholders.

## 3.2 Evaluation Questions

Evaluation questions capture the purpose, focus, and priorities of your evaluation. They are distinct from the activity-specific questions that you might ask during data collection; rather, they are the high-level points of inquiry for the project. Clearly articulated evaluation questions provide essential grounding for the evaluation, and can serve as a crucial point of reference as the project progresses. These questions may themselves be refined throughout the project. However, in the early design stages, you may still be able to identify your questions. Strong evaluation questions:

- Are grounded in a clear and relevant purpose: understanding processes, demonstrating accountability, informing program decision-making, supporting policy development, resource-benefit analysis, etc.
- Are highly relevant and focused on critical, need-to-know area of inquiry that is within the project's sphere of influence
- Are succinctly written, with a high degree of specificity
- Are co-created with stakeholders
- Can be answered in a feasible, ethical, and timely manner
- Are best answered by an evaluation (rather than through other means)

It is usually best to keep evaluation questions focused – while there is no absolute rule, having more than 5-7 evaluation questions in a project should prompt stakeholders to re-assess whether their questions truly meet the above criteria. If you or your project partners have limited experience developing and/or co-creating evaluation questions, you may want to consult useful references (included below) to navigate the process.

## 3.3 Design, Methods, and Tools

The following sections provide some areas for you to consider as you develop the design, methods and tools for your M&E plan.

### 3.3.1 Formulate Indicators

When selecting, developing, and/or revising indicators, ensure that you include details on:

- why the indicator was chosen and how it will be calculated (both numerator and denominator),
- what tool(s) will be used to collect this data,
- how often data will be collected for each indicator, and
- by whom the data will be collected.

This builds on the content provided in the PMF ([template can be found here](#)).

When developing indicators, you may also want to consider:



- What are the mandatory or recommended indicators that the donor requires and that are applicable to your project?
- What indicators will help to provide evidence on the current state and progress towards any intended change (as per the result or output statement?) This could be based on literature or previous experience with other projects.
- Can the indicator be measured in your context, within the timeframe needed?
- Is this indicator realistic, given the resources available?
- How can the indicator be measured using your data collection tools (tip: avoid having too many tools)?
- Is secondary data available for this indicator?
- How will you involve key stakeholders, including project participants, in the development of indicators?

Note that if you are developing an M&E plan for a GAC-funded project, there are specific definitions of qualitative indicators which can be found on page 52 in [GAC's RBM guidance](#).

Many existing standardized indicators are accompanied by comprehensive methodological notes, and organizations are encouraged to leverage these indicators or indices when available.

- [IndiKit](#) has methods of measuring indicators in different sectors.
- A database of family planning and reproductive health indicators, developed by USAID, can be found on the [Data4Impact](#) page.
- For other examples of health indicator reference sheets, see the [WHO Global Reference List of 100 Core Health indicators](#). Here, you can find definitions/calculation, numerator/denominator, method of measurement, data sources, and more. Developing detailed indicator information will also help you with the analysis (see analysis section below) of your indicators.

**NOTE:** GAC has a [Results-Based Management Tip Sheet 3.1 – Selection of Performance Indicators by Level of Outcome](#), and GAC's RBM How-to Guide has a [section on indicators](#) starting on page 51, and specifically related to the M&E plan on page 80.

### 3.3.2 Determine data sources, collection methods, frequency, and responsibility

It is important that an M&E plan explains both how the project will be **monitored** and how the project will be **evaluated**.

- For **monitoring**, this entails identifying how each intervention will be monitored, including outlining the monitoring system and processes relevant to this system.
- For **evaluation**, this means explaining the evaluation methodology.

Each method in your PMF should be fully described in the M&E plan.

Methods may be qualitative or quantitative, and include household surveys, secondary data (see below) health facility assessments, interviews, focus groups, observation, oral histories, and/or social media review, as well as other innovative approaches such as [contribution analysis](#), [process tracing](#), [outcome harvesting](#), and community-lead MEAL (see below). These should be detailed in the M&E plan, including how these will be used to **measure progress towards outcomes**. A 'Stories of Change' methodology should also be outlined, in line with the guidance provided in the [International Assistance Results Reporting Guide for Partners](#).

A strong M&E plan must be specific in describing the ‘how’ of what you will be doing, rather than simply naming the overall approach. In other words, if you will adopt a feminist approach, what exactly will that look like in practice, and how are these practices in line with a feminist approach from your perspective? It is important that all stakeholders share a practical, detailed definition of the methods and approaches used.

It is important to have multiple lines of evidence from multiple data sources to support triangulation of the data. This does not necessarily mean that you should have multiple sources for each indicator, as indicator definitions may lend themselves to one specific data source.

Partners are encouraged to co-develop and/or discuss their chosen methods with key stakeholders, including project participants, implementing partners, and donors, to ensure a shared understanding of the methods that are being used.

**Detailed Tool Description:** The M&E plan should outline how each monitoring and evaluation tool will be operationalized. With multi-country projects, if you anticipate that there will be variances by country (e.g. different tools, different sampling, etc.), these variances should be specifically identified and detailed by country in the plan, to ensure clarity and shared understanding by all stakeholders. If no variances are anticipated between countries, this can be noted.

For each tool, this description should include:

- the purpose of each tool
- which indicators the tool will measure (including specifics on how these indicators will be calculated)
- how the data will be disaggregated (so that these variables are included in the tool as needed) depending on the indicator(s)
- how the tool will measure progress towards the outcomes
- the sampling, scale, and scope of each tool (e.g. number of questions, length of interview or survey, what topics will be covered, etc.), along with necessary resources (e.g. financial, human, etc.) – see more below.
- the data strategy for each tool, including plan for data collection, frequency, data storage, management, analysis and use, as well as who is responsible (see more below)
- timelines for implementation of each tool in the M&E Gantt chart (the completed section for the MEAL schedule)
- any relevant risks, constraints, and data quality issues
- how the information collected from each tool will be shared with key stakeholders (this may also include how key stakeholders will be involved in indicator and tool design) – see more below.

For monitoring, it is important to not simply list “project reports” or “document review” as the methods for specific indicators, but to detail in the M&E plan how this data will be systematically collected to ensure it is captured accurately over time.

As per **GAC’s RBM guidance**, the M&E plan:

---

*“...should provide a detailed explanation of the data collection tools identified in the data collection methods column of the performance measurement framework” (p. 64).*

---

### 3.3.2.1 Use of Secondary Data including Health Management Information Systems (HMIS)

It is important to leverage data that is already available to include in your M&E plan when feasible and appropriate. This may mean considering “*existing indicators tracked by “host” governments or other stakeholders*” when defining appropriate indicators that could be used to measure program/project expected outcomes ([RBM guide](#), p. 80).

While you may think this is early to be looking at this data, now is the time to engage government stakeholders and involve them early to understand what data is available (and to reduce burden on people in-country in collecting new data where it is not needed). The M&E plan (and budget) can reflect this effort that you have made to understand what data is available and how relationships have been developed. You can then revise the plan as it evolves.

Key sources for survey data are the [Demographic and Health Survey](#) (DHS) for a country and [UNICEF’s Multiple Indicator Cluster Survey](#) (MICS). Each are usually conducted every 5 years, and often in different years, so you may find different data points as needed. These are open access data that are available for use. There are also [Service Provision Assessments](#) that include data on facility assessments.

Administrative data from a country’s Health Management Information System (HMIS) are another key source, and you may ask government stakeholders and partners in country about other relevant national systems. HMIS data can be useful for measuring longitudinally, and can be used to look at counts of client interactions. This data can provide an opportunity to monitor progress, if applicable, between the baseline and end-line coverage surveys to help guide management decisions. More information on HMIS by country can be found at [Measure Evaluation](#).

Some key questions to ask when using secondary data your M&E plan include:

- Are secondary data available for the indicator(s) of interest and for the geographical area(s) of interest? To whom does this data belong?
- How recent are the data? Are the data available on a regular basis for monitoring? How often will you need this data? Will this data be refreshed frequently enough that it is available to you at your expected reporting intervals?
- Can you access this data in a timely and regular fashion? With whom will you work to access this data (e.g. via a government partner)? Who from your team will lead this?
- Are you able to access disaggregated data by the variables that you need? (e.g. by sex, age, geography, etc.)?
- What are the quality issues with the data? What mitigation approaches have been taken to improve data quality?
  - This may be a particular challenge with HMIS data, and it will be important to discuss quality issues with your government contact and other partners in-country to understand any limitations.

Note that indicator definitions will be different when using administrative data (HMIS data) than other types of data (such as survey data), and it will be helpful to look at definitions to ensure definitions and data are clear (e.g. level of analysis may be ‘visit with a client’ for HMIS, not the individual response). It is also important to outline what the timelines were for this source data.

Resources on using existing data can also be accessed [on CanWaCH’s website](#).

### 3.3.2.2 Prepare Sampling

When **describing sampling**, it is important to provide the **sampling strategy, sample size, and rationale** for each tool you will use, and by location if applicable (e.g. by country). This may seem early in the process, but this is a critical step that needs to be done to help support you in developing the M&E plan and the budget. If you are considering hiring a

consultant to sort out sampling, remember that you need to know the sampling plan before you can determine the approximate budget for a consultant, as sampling is a major factor in your terms of reference for your consultant.

An M&E plan should have a sampling strategy and sampling size with a rationale. Assuming that all stakeholders recognize that sampling may be revisited and changed, it is not sufficient to state in an M&E plan that sampling will be decided on at a later date. This preliminary work can be done with relatively limited budget if you do not have this expertise in-house. Preparing for sampling may also include involving a statistician to do a preliminary sampling plan for your coverage survey (to determine confidence levels and sampling error), or speaking with a qualitative expert to discuss saturation for interviews or focus groups. You may also draw on information you have about the context or community – the key is to explain how you determined that this was an appropriate number of people to reach.

**NOTE:** Sometimes, this can seem overwhelming. It is important to remember that the sampling strategy should reflect the thought that you have put into sampling, and be informed by the data that has contributed to program/project design so far. In other words, sampling is a place to answer: how many people will you engage with, and how you came up with that number.

When developing your sampling strategy and sample size, consider (**for each tool** you will be using):

- From which groups/demographics do you need to collect data based on the focus of your project?
- Why are you collecting data from each group? How will this data be used?
- How many people do you need to collect data from to ensure that the information is representative of the larger population?
- What types of cross-sectional analysis do you want to do (e.g. by sex, age groups, geography, etc.)? How many people do you have to collect data from to ensure that the information is representative of the various subgroups of interest?
- Where will you find the sampling frame (a list of the population you are engaging e.g. household lists) for each tool?
- What type of sampling will you do for each tool?
- Will you use random sampling? Non-random (e.g. purposeful) sampling?
- What resources do you have available (e.g. financial, human resources)?
- What are the limitations in your sampling strategy? How will you overcome these limitations (e.g. triangulation)?

As per **GAC's RBM guidance**:

---

*“Whether using a quantitative or a qualitative indicator, wherever samples are used, they should be representative. If this cannot be achieved, you must identify the limitations to representativeness”. (p. 62)*

---

**‘Representative’** may not always mean the same as ‘statistically significant’. For example, if you are doing a knowledge, attitudes and practices (KAP) survey with your care groups, and you have 1,000 people who are included in these groups, you may find that interviewing 50 people is sufficient. If you are doing a population-based survey as part of the evaluation, you will need a statistically significant sample size, and therefore you can calculate this as part of your M&E plan. For monitoring, you could use **Lot Quality Assurance Sampling** (LQAS), which you would describe in your sampling.

Whatever you choose, **outline why you came to this decision and why the number of people you've identified is enough** for data saturation.

More support can be found on [sampling](#) from Measure Evaluation. As well, please see below the discussion on **intersectionality**, as these considerations should inform your sampling plan.

### 3.3.2.3 Define Targets

Setting targets is an art rather than an exact science, but it is a critical piece of your M&E plan and requires some time and consideration. As explained in GAC's [Results-Based Management Tip Sheet No. 3.2 – Outcomes, Indicators, Baseline, Targets and Actual Data: What's the Difference?](#), targets outline a specific value (or range if applicable) that you expect the project to reach by a specific future date. Targets are an estimation based on what you expect your project can achieve given resources, timelines, and other contextual factors. See also GAC's RBM document for the [section on targets](#) on page 82.

It is important to set targets once you have enough reasonable data to set these. When you are developing a project, some targets you will know early on (particularly those at the operational and output levels), as these will be related to your budget. You can therefore outline these targets, and the rationale, in the initial version of the plan. These are unlikely to change, except in the case of significant circumstances (such as a major risk event or change of scale of program).

While you may not yet have any baseline data, you can still set targets for many indicators, informed by existing data (e.g. DHS data at the district level), research, project participant groups (through a participatory approach), and/or your past experience. These may need to be adjusted as new information becomes available, in discussion with your partners and funders. Whenever targets are set, it is important to be able to explain how the target was developed, and to be able to defend the chosen target. It is best not to change targets after they have been firmly set (in other words, once project implementation starts), as one purpose of the M&E plan is to measure your progress against these targets.

When developing targets, be sure to consider:

- What data do you already have for the specific context? For example, you may have access to other reports, surveys or data including a country's Health Management Information System, data from the Census Bureau or other Ministry in the country, the latest available country data in the [DHIS](#), [trends over time from the United Nations Sustainable Development Goal data](#), or [country data from the World Health Organization on various maternal, newborn and child health data](#).
- What does the scientific literature or grey literature say in terms of what you might expect to see in regards to changes in these indicators?
- Have you involved relevant stakeholders in co-design, in terms of defining these targets in a participatory manner, including with project participants, relevant technical specialists, field staff (who know the sector and geography well), relevant Ministry of Health staff and other government entities?
- What is comparable data in other regions or districts where similar projects have been implemented?
- What has been your organization's experience in working in this area/geography? What is feasible and reasonable? (e.g. Have you worked in the country before? What have you or other organizations been able to achieve with similar projects?)
- What effort and resources are contributing to make a change in this particular indicator that may impact the level of change that might be expected?

- What contextual factors may impede or facilitate your activities that may result in these indicators improving more, or less, quickly (e.g. Has a new policy been implemented recently by the government that may facilitate improvements?)

As per GAC's **Results-Based Management checklist 2.1 – How to assess and/or review a performance measurement framework**, consider the following with regards to targets:

---

*“Are the targets realistic and achievable given the scope, funds and timeframe of the project?”*

*Do the targets specify an achievement date?*

*Do the units of measure and of analysis match those units in the indicators and baseline data?*

*Does the target include proportionality (i.e. does the unit of measure have a numerator and a denominator)?*

*Do the targets describe the same dimensions (age, sex, targeted regions/areas, etc.) as presented in the indicators and their baseline data?*

*Are the targets for indicators that deal with people disaggregated by sex and other necessary social and/or demographic categories (age, ethnicity, etc.) wherever possible?”*

---

For GAC-funded projects, once you have baseline data, you can continue to work with your PTL to finalize targets if needed to ensure they are realistic and achievable by the dates you have specified.

### 3.3.2.4 Data Collection

There are many considerations in terms of data collection that will have an impact on your timelines, budgets, and overall plan, such as:

- Will you conduct data collection yourself or outsource this?
  - If you outsource data collection, how will you ensure data quality and consistency across sites and countries if applicable? Who will conduct the training of enumerators and/or interviewers?
- How many interviewers do you need? How many enumerators will you need? What languages/dialects do they need to speak? Are there gender or other identity factors that need to be considered when recruiting enumerators or interviewers (for example, is this a context where it is essential that women interviewers are collecting data from women interviewees)?
- What practical and logistical considerations will affect data collection? Consider: how many interviews / focus groups / surveys can reasonably be conducted in one day? Where will they take place? Will per diems and overnight accommodation be needed? Are there days and times that data collection cannot take place given school hours, curfews, safety concerns with nightfall, etc.?
- What equipment and resources are needed to carry out data collection (e.g. recorders, printers for consent forms, tablets for surveys, transportation costs, etc.)?
- Will interviews and focus groups be transcribed and translated? Who will do this work, and at what cost?



- How will you engage local stakeholders in the data collection process for co-management? How will you account for this in your timelines and budgets?

Please also see the section below on COVID-19 this may have an impact on data collection in the current context. In addition, the section on ethics also includes questions related to data collection that need to be considered.

### 3.3.2.5 Logistics Data Management, and Flow

The M&E plan should outline the process **for each tool** in terms of data collection, analysis, and storage. Considerations include:

- How will you safely, and in a timely fashion, transfer data from your M&E activities for your various tools (e.g. from paper to electronic data, from site to site)?
- Where and how will the data be securely stored (consider paper and electronic data from various sources)? For how long will data be retained? What will happen to the data once this time has passed (e.g. how will it be safely destroyed)?
- Who will have access to what data? How will you restrict access for those who do not need access? How will you determine who needs access, and who will control this?
- How will data be anonymized to protect participants? Who will do this anonymizing? At what point in the process will this be done?
- How will consent be obtained?
- How will safety (of participants and of staff/enumerators) be ensured?

Please also see the ethics section below for more considerations. For more information, see the section on [managing data](#) from BetterEvaluation.

### 3.3.2.6 Analytics and Interpretation

Details need to be outlined for **each indicator, and each tool**, on how analysis will be undertaken. Considerations include:

- Who will conduct this analysis?
- What specific statistical tests, if any, are needed? Do staff have the skills to perform these tests or will they be carried out by consultants?
- What software, if any, will be used for analyzing quantitative data?
- How will qualitative data be coded? Do staff have the skills to analyze qualitative data?
- What software or methods will be used for analyzing qualitative data?
- How will data be compared between the baseline and the endline for the surveys? For the focus groups and interviews?
- How will you engage local stakeholders within the analysis and interpretation steps for co-analysis and co-interpretation? How will you account for this in your timelines and budgets?
- For monitoring data: How often will analysis be conducted? What types of analysis will be conducted? By whom?

Refer to the section above on developing indicators to ensure that there is harmony between your indicators and analysis plans.

### 3.3.3 Reporting

It is important to have a plan for reporting on, and using and learning from (see more below), all of the monitoring and evaluation data that has been collected. Your reporting plan should include:

- What data will be reported?
- How often will the data be reported?
- In what format will data be reported? If relevant, how will the data be visualized?
- To whom will data be reported? How will feedback loops be built in for you to get input from others?

For organizations working on GAC projects, please see the section on GAC's RBM guide for [Reporting on Outcomes](#) (p. 86). Information from GAC on reporting on gender equality outcomes can be found [here](#).

#### 3.3.3.1 Baseline Data and Report

Baseline data is critical to ensure that there is a specific value provided for each of the indicators in the PMF at your project's start. This baseline data enables you to have realistic and measurable targets, allows you to see if progress is made over time towards the outcomes, and will help with informing the project's implementation. Baseline data could include many types of evaluative and monitoring information for the start of the project, including formative research. Baseline data can include mixed methods, including qualitative and quantitative.

The baseline report should include a narrative explanation of the baseline's design, as well as describe (by method and country) how data were collected, analyzed, and validated. Limitations by method and country should also be clearly outlined. A narrative write-up will show the credibility, reliability, and validity of the baseline data.

Baseline reports are typically stand-alone reports of approximately 20 pages (plus annexes). The baseline report should include the following (many of which have been noted above):

- Executive Summary
- Introduction
  - Brief description of the project and context
  - Objective of the Baseline Study
- Methodology
  - Data collection methodology/methodologies
  - Ethical considerations and consent, including Independent Ethics Review Board approvals and/or local approval and review requirements
  - Limitations (by method and country), any impact on the data, and how these limitations were mitigated
  - Sampling methodology (by method and country) for each target demographic
  - Population sampled by country and sex (by method)
  - Process, timelines and locations for data collection, data entry, and analysis (by method and country)
- Findings by outcome
  - Data analysis by project outcome (ultimate, intermediate, immediate)
  - Findings presented by country and by method
  - Quantitative data presented, including both % and "n" (% or # out of total)
- Recommendations based on the data
- Final and complete PMF, including baseline data and targets for all indicators.

- Data validation and use plan that is inclusive, collaborative, and participatory, and ensures that data is used for ongoing results-based project management and improvement.
- Annexes include tools used for the baseline (e.g. survey instruments, focus group discussion guides, list of key informants and interview dates, consent forms and other detailed methodological information)

### 3.4 Budget

Budgets should be outlined in detail, including costs for human resources, supplies, and services for each component of the M&E plan (including baseline, mid-line, endline, and all monitoring) based on the details outlined on methods, tools, and timelines. Given the diverse nature of projects and plans, each budget will be unique. However, some common questions to consider include:

- How much will the evaluation(s) cost to carry out? Consider baseline, mid-line, and endline costs (or annual and semi-annual, depending).
  - What work will be done in-house and what will be done with consultants?
  - How much will it cost to collect evaluation data? Examples of cost categories to consider include: tool development, pilot testing, travel costs, training costs for data collectors, data collectors in field, tablets or other data collection platforms, refreshments and facilities for focus groups and interviews, recording equipment, office supplies, internet costs, translation, transcriptions, data entry, software for analysis, dissemination and learning costs, and data storage.
- How much will it cost for the monitoring system collection and analysis? Consider staff costs and trainings, data collection tool development, pilot testing, training for data entry and analysis, equipment and software including for analysis and reporting, data storage), dissemination and learning costs.

GAC's **RBM guide** notes that the budget for monitoring:

---

*“...should also commit specific financial and human resources to these results-based monitoring activities, which should be reflected in the project budget. This may involve the hiring of a project monitor, the allocation of dedicated project staff and financial resources to monitoring, and the establishment of a monitoring system to collect data on the output and outcome indicators in the performance measurement framework”. (p. 64)*

---

### 3.5 Learning Plans, Data Sharing, and Use

The M&E plan should outline how data from each tool will be interpreted (by all relevant stakeholders), as well as how it will be shared and how learnings will be used, including using the data for making decisions as you implement the program, and to inform future programs. Outlining a learning plan for your project will help to ensure ownership of the program and the data by key stakeholders, and help to build a learning culture within your organization. There are no restrictions on size and scope of your learning plan, but this should be a thoughtful, distinct component of your overall M&E plan.

Consider learning from:

- the **data and results** (e.g. ensuring you have time built in to discuss findings and how to make any adjustments, discuss unintended consequences, review the results with key stakeholders including participants and team members)
- the **process** (e.g. learning from the MEAL process itself, such as what has worked well and what did not work in the baseline data collection or ongoing monitoring)

Some questions to consider include:

- What learning questions do you want answered with your M&E plan? (e.g. What are the gaps in knowledge you would like answered?)
- What events or opportunities (either informal or formal) will you schedule specifically for reflection on learnings?
  - How often will these take place?
  - Who will be included?
  - What format will these take?
- How do you plan to use these learnings in an ongoing way (e.g. to make changes in the implementation of the project) and once the project is finished (e.g. for future projects)?
- How will you share learnings and findings and in what format (this may include staff meetings, community and participant meetings, reports, journal articles, presentations, etc.)? With whom will you share these and when?
  - How will you ensure feedback loops to hear back from those with whom you share this information?

More ideas on how to **support use** of monitoring and evaluation results can be found at BetterEvaluation.

## 4 Important Principles and Considerations

A number of additional principles and considerations are important when developing a M&E plan. While it is beyond the scope of this guidance note to provide in-depth comments on each of these areas, some additional resources are provided for your consideration.

### 4.1 COVID-19 Implications

It is important that your M&E plan address the potential implications of COVID-19 (and/or other health security threats), including on safety, timelines, and budgets. These considerations will necessarily change as the nature of the pandemic changes globally, but may also be applicable to other public health concerns. All stakeholders will need to be flexible in planning to address safety concerns. For example, consider:

- How will you ensure the safety of participants as well as data collectors? This may include ensuring data collection takes place outside, that masks and hand sanitizer are provided for participants and data collectors, and that data collectors are hired from local communities (versus coming from the capital city, for example).
- (How) will you use **remote**/virtual data collection (e.g. WhatsApp) or secondary data analysis where possible to ensure the safety of participants and data collectors? What impact will virtual data collection have on reaching certain communities (e.g. the inability to reach the most vulnerable due to lack of internet)?

There are many sources which detail considerations for COVID-19 in M&E, including from **ODI**. CanWaCH also has a **recorded webinar** on COVID-19 adaptations in M&E.

## 4.2 Ethical Considerations

Ethical considerations need to be addressed in detail in your M&E plan. A formal ethics approval is not simply something to check off the list, but helps to identify any potential ethical challenges, build relationships with local officials, and plan for data collection. The purpose is to ensure that you are collecting data and implementing your M&E plan in a way that does no harm. Adhering to ethical norms on collecting data from human participants is very important in international development and global health work.

**NOTE:** While some may argue that formal ethics clearance is not required for evaluation data, this is not always the case. With efforts focused on decolonization, some countries (such as Tanzania) require formal ethics approval for all data collection (including monitoring and evaluations) and a data transfer agreement if the data is being taken outside of the country (which it would be for an NGO based in Canada). In your plan, you should demonstrate that you are informed of the relevant requirements and legislation in the country/countries in which you are working by noting what these are in your plan. The WHO has a **list of ethics committees** by country as a starting point.

Formal ethical approval takes time and resources, so it is not sufficient to state that you will seek the relevant ethical clearance without outlining how this will be done. You must include details of the requirements, and when and how your project is meeting them. If formal ethics approval is not possible for reasons of budget or timing, in-country approval at the local level may be attained. Regardless of level of approval for ethics, data needs to be collected in accordance with ethical standards for data collection on human participants such as **Canada's Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans**. Each country has their own ethical guidelines and/or forms as well that you need to follow. Following these ethical standards ensures that:

- the benefits of the data you are collecting outweigh any harm
- participants are informed about potential harms so they can decide whether or not they want to take part
- confidentiality of data is ensured and participants' privacy and safety are protected (for example, plans are in place for data collection and storage, including detailing how long the data will be kept, restricting who has access to the data, ensuring privacy by design (e.g., not collecting identifying details unless critically necessary), anonymizing the data when identifying details are collected, etc.)
- a referral or resource form is developed to provide to participants during or after data collection in case support services are needed for participants
- those collecting the data (e.g. enumerators and facilitators) are trained in ethics so they have a clear understanding of the importance of ethics, and are following the appropriate protocols
- participants provide free and informed consent (or assent in the case of children and adolescents, as well as parental consent). This may be verbal or in writing depending on the country's requirements. For low literacy, participants may be able to provide a thumbprint.
- you are using existing data that you have available (e.g. secondary data) and you are not collecting more data than you need to ensure you are not overburdening the community; hence, there should be an analysis, use, and learning plan for all data collected.

Please see **Defining ethical and quality evaluation standards** from BetterEvaluation for more information.

### 4.3 Risks and Mitigation Responses

It is important in the M&E plan to identify the risks that may be present, the results statement most directly impacted by this risk, and your response (i.e., what you can do to mitigate this risk). **GAC provides a detailed description of how to develop these components, as well as a table that can be used for this purpose**, along with scales (with criteria) for assessing likelihood and impact of each risk. This format can be applied to M&E plan considerations. Information from GAC on risks for gender equality can also be found [here](#).

As with other aspects of the M&E plan, this section provides an opportunity to truly assess risks, clarify your assumptions, and identify opportunities to mitigate these risks as part of the planning with your organization and your partners. These could be areas that are still unknown (e.g. implementing partners may lack the capacity to implement X and collect data on Y), and offers the opportunity to do more searching for solutions to mitigate the risk as you are developing the M&E plan. Risks likely will emerge and resolve throughout the project but initial risks should be articulated. Focus on specific risks and provide a detailed response, rather than a very long list of vague considerations.

### 4.4 Assessing Capacity to do Monitoring, Evaluation and Learning (MEAL)

It is important to **assess your team capacity** for MEAL as part of the M&E plan. At the initial stage, not all staff may be in place, of course, so this section (like others) may evolve over time. There may be tasks that can be conducted by the team internally in Canada or in the country where you are implementing the program. For other tasks, you may have to hire national or international staff or consultants.

There may also be opportunities for **increasing the capacity** of your team in the development and implementation of the M&E plan (and thus make it more efficient). Your timelines and budgets will need to reflect this, and brief narrative descriptions can be helpful for communication between organizations and donors or PTLs.

You will have to detail the **roles and responsibilities** as part of the M&E plan, including by indicator and tool as well as for overall steps. This is a helpful tool for you internally to ensure it is clear who is responsible for what, and to ensure there is sufficient capacity for the plan.

You can find ideas for [strengthening evaluation capacity](#) from BetterEvaluation.

### 4.5 Feminist MEAL Principles

In the recent **Technical Guidance note on Measuring Women's Empowerment in the Global Health Sector**, the following recommendation concerning feminist principles was shared.

---

*“Feminist monitoring and evaluation is an approach that emphasizes participation, challenges power relations, and brings voice to those who have traditionally not held power. In feminist monitoring and evaluation, women and girls have agency as full participants in the collection, analysis, and use of data, and have power over the narratives that are told about them. Feminist monitoring should be done routinely, including engaging women and girls in data collection, analysis, and use. Detailed*



*guidance on feminist approaches to monitoring and evaluation should be referenced and used in evaluation planning.*

*Feminist monitoring and evaluation can be expensive and time-consuming, and requires specific expertise. As a critical piece of women's empowerment, feminist monitoring and evaluation needs to be appropriately resourced and planned at the beginning of the project, and included in the gender strategy and monitoring and evaluation plan.*

*While feminist monitoring and evaluation practices, such as using a co-creation process and ensuring that women and girls have ownership over their data, are recommended throughout this note, there is much more to feminist monitoring and evaluation than is possible to be covered in the scope of this text. Furthermore, we acknowledge that there exists a tension between some of the recommended guidance available in existing literature, and feminist principles and methods.*

*These challenges, and associated strategies, should be discussed between stakeholders as part of the project development process.”*

---

Please refer to that guidance note for other relevant resources. As well, a [Checklist for collecting data with a gender-sensitive/feminist lens](#) from SPUR Change, Inter-Council Network, Salanga, and the Government of Canada can be found [here](#).

Additional references for feminist MEAL can be found from various sources including Oxfam [here](#) and [here](#), Better Evaluation [here](#) and [here](#), and the [Equality Fund](#).

## 4.6 Anti-Racism and Decolonization Principles

As part of the overall M&E plan, it is also important to apply the lenses of anti-racism and decolonization. There are [many resources](#) that can help you and your organization understand these issues more broadly than are outside the scope of this guidance note.

Some considerations directly related to M&E planning include:

- ensuring local leadership and governance (e.g. meaningfully involving participants, local consultants, and country office staff in monitoring and evaluation, including in developing the M&E plan, collecting the data, analyzing the data, and disseminating the data),
- using available data collection tools from in-country (e.g. from Ministry of Health) to support existing country systems,
- ensuring ethical procedures are followed (please see section above on ethics)
- and paying attention to language (e.g. re-thinking use of terms such as “beneficiaries” or “third world countries”) (see more [here](#) and [here](#)).

See also the section on community-driven approaches below. If you reference the application of these principles in your plan, you must be specific about what this means to you and your stakeholders, and what this will look like in practice.

## 4.7 Intersectionality and Population Considerations

As outlined in GAC's **Feminist International Assistance Gender Equality Toolkit for Projects**, in addition to gender-based inequalities, *"Canada's approach also recognizes that inequalities exist along intersectional lines"*. This intersectionality needs to be part of your considerations in your M&E plan. As highlighted in Canada's **FIAP**,

---

*"...women often face additional intersectional discrimination, including on the basis of their race, ethnicity, religion, language, sexual orientation, gender identity, age, ability, or migrant or refugee status, among other aspects of personal identity".*

---

As part of the M&E plan, it is important to consider how you will monitor and evaluate intersectionality based on the population(s) engaged by your project. This should be taken into account when deciding with whom you will collect data, as well as how you are analyzing the data (e.g. by which populations). This may also have an impact on your sampling, as you may need to ensure you have adequate sampling for specific subpopulations who might otherwise not be represented. However, as per section above on ethics, you also need to ensure that no harm is done. (Over)-segmenting data may cause unintended harm (e.g. by identifying vulnerable groups), and this needs to be assessed.

## 4.8 Community-Driven Approaches

As outlined in GAC's **Feminist International Assistance Gender Equality Toolkit for Projects**, in addition to gender-based inequalities,

---

*"Canada's feminist approach requires that our international assistance be informed by a gender-based analysis that includes evidence of meaningful consultations with women and girls before a project begins".*

---

From a feminist and decolonization perspective, participatory approaches and meaningful engagement with participants is critical to a project, and in turn, to the M&E plan. There are different perspectives on what this looks like in practice. At a minimum, meaningful consultation with the community throughout the (re)development and implementation of the M&E plan is necessary. This may include having an advisory committee of community members on M&E, and routinely seeking their feedback on what indicators matter to them.

More information on community led MEAL approaches, including frequently asked questions, viability assessment, and webinars can be found **on CanWaCH's website**. The Community-led Monitoring, Evaluation, Accountability and Learning (CoMEAL) methodology created by **Salanga** builds on the Feminist MEAL and FIAP enhancing GAC's RBM approach to MEAL that capacitates diverse community members/change agents, including the marginalized and vulnerable people, to continually monitor, analyze, share, and reflect on progress against their community development plans based on outcomes and indicators/metrics they define to take action to achieve their goals/vision. GAC's RBM document has a **section on taking a participatory approach** on pages 26-27.

As noted above, specificity is key – your plan should outline how specifically you will reflect these principles in your work.

## 5 Detailed Guidance Checklist

Below is a checklist that can be used to ensure you have thought through the areas of consideration for your M&E plan. You may opt to use these as section headings in your plan if helpful, to make sure that you have included all the important information.

We have chosen to not include a sample template for an evaluation plan. This is for several reasons, including a recognition that projects, organizational capacity, and learning needs are so varied that no single template is likely to be adequate or meet the preferences of everyone involved. The ideal template is one that is clear and useful to the relevant stakeholders in that project. If desired, you may choose to ask partners, including funders or PTLs, if they have preferred templates from which you can draw inspiration. You may also find it helpful to reach out to colleagues working on similar projects to see what has worked for them. Resources below may also be useful, and we invite you to be in touch with the CanWaCH Metrics Working Group if you would like to discuss further with other experienced Canadian partners (email [impact@canwach.ca](mailto:impact@canwach.ca) to be connected with this group). However, we encourage you to focus on your individual plan's utility to you and your stakeholders, rather than adherence to a specific outline unless provided by your funder.

Areas for Consideration	Yes	No	Comments
<b>1. Evaluation Questions</b> We have articulated clear evaluation questions which guide our overall plan.	<input type="radio"/>	<input type="radio"/>	
<b>2. Indicators</b> We have included details on indicators including why each was chosen, how it will be calculated (e.g. numerator and denominator), what tool(s) will be used to collect the data, how often the data will be collected for each indicator, and by whom the data will be collected.  We have described plans for disaggregation of data in detail by indicator.	<input type="radio"/>	<input type="radio"/>	
<b>3. Methods and Approaches</b> We are collecting data using multiple sources (such as coverage surveys, secondary data such as HMIS, DHS, MICS, qualitative methods/formative research [e.g. focus groups and interviews]).  Approaches are clearly articulated and relevant to the evaluation purpose.	<input type="radio"/>	<input type="radio"/>	

---

4. **Tools**

We have included all data collection tools, and described how each monitoring and evaluation tool will be operationalized (by country where applicable). This includes: purpose, which indicators the tool will measure, how data will be disaggregated, and how the tool will measure progress towards outcomes.

We have clearly stated all timelines for all data collection tools.



---

5. **Sampling**

We have explained the sampling for each tool, including a description of the sampling strategy and sample size, with explanation.



---

6. **Targets**

We have set reasonable targets for each indicator based on available evidence and information, and provided a rationale.



---

7. **Data collection, logistics, management and flow, and analysis**

We have outlined how all data will be collected, analyzed, stored and used in detail by tool, and developed a plan to support ownership of the entire process by the team and relevant stakeholders.

We have detailed plans for how data will be triangulated where relevant.



---

8. **Reporting, Learning, and Use**

We have a detailed plan (including tasks, timelines, and budget) to use the data for learning as well as performance.



---

9. **Timing**

Throughout the plan and/or in a designated section, we have provided details on expected timelines, and any potential risks or influences which could affect them.



---

10. **Budget**

We have identified a specific budget for each tool.



---

### 11. Ethical considerations

We have included a detailed ethical plan (e.g. where ethical approval will be sought, consent forms, training plans) for each tool by country.

We have considered intersectionality, while also understanding the implications for data collection from an ethics point of view (e.g. do no harm).

We have further considered timely concerns such as COVID-19 and their impact on the M&E plan.

---

### 12. Risk and mitigation

We have a clear risk and mitigation plan which helps ensure that we do no harm.

---

### 13. Community driven-approaches and feminist MEAL principles

We have identified adequate opportunities for dialogue with key stakeholders, and community engagement, throughout the development and implementation of the M&E plan.

We have considered how to apply feminist MEAL principles throughout this process.

---

## 6 Additional Tools to Support M&E Plans

### Coverage Survey Tools

- **Coverage Survey Tool** from the **Real Accountability: Data Analysis for Results (RADAR) project** (via an **Institute for International Programs at the Johns Hopkins University** project funded by GAC)
  - For more information on how to use the RADAR tools, please see CanWaCH's July 2020 webinar: **Johns Hopkins University Training Session 1: The RADAR Coverage Survey Tool**
- **Demographic and Health Survey**
- **UNICEF's Multiple Indicator Cluster Survey**

### Impact Modeling

- The MSI Impact2 tool to measure the impact of programs in the area of reproductive health
- **The Lives Saved Tool** to help estimate the impact of coverage change on mortality in LMICs from the **Real Accountability: Data Analysis for Results (RADAR) project**

### Quality of Care Tools

- **The Quality of Care Tools** from the **Real Accountability: Data Analysis for Results (RADAR) project**

### Project MEAL Design

- While your project may use templates provided by GAC for the Logic Model and PMF Design, you may wish to take a look at **Kinaki**, a Canadian, cloud-based tool that is set up for GAC's RBM approach.

### CanWaCH Resources

- CanWaCH's **Data Exchange** provides data, maps, and guidance on the impact of development, humanitarian, human rights and gender equality work done by Canadian organizations and their partners.
- CanWaCH has a **Project Explorer** website that provides a list of various development, humanitarian, human rights and gender equality projects globally. The **Analytics Portal** can be used to visualize the Project Explorer's aggregated data.

## 7 Resources

### Web pages and tools:

BetterEvaluation. <https://www.betterevaluation.org>

Global Affairs Canada (GAC). [Results-based management](#)

MEASURE Evaluation. <https://www.measureevaluation.org>, including [Country profiles](#).

People in Need (PIN). [IndiKit - Gender Equality](#)



The DHS Program (Demographic and Health Survey). [Data](#)

UNICEF. [Multiple Indicator Cluster Surveys \(MICS\)](#)

United Nations. [SDG Country Profiles](#). United Nations/Department of Economic and Social Affairs/Statistics Division

University of North Carolina at Chapel Hill / Data4Impact Project (D4I). [Family Planning and Reproductive Health Indicators Database](#)

World Health Organisation (WHO). [Maternal, Newborn, Child and Adolescent Health and Ageing data portal](#) (MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH AND AGEING Data portal).

## References:

BetterEvaluation. [Contribution Analysis](#) (source: Mayne, J. The Institutional Learning and Change (ILAC) Initiative, (2008). Contribution analysis: An approach to exploring cause and effect)

BetterEvaluation. [Describe the theory of change in: Manager's guide to evaluation](#), consulted in 2021

BetterEvaluation (2013). [Manage an evaluation or evaluation system](#), May, 2013

BetterEvaluation. [Manage data](#) (under: *Methods and processes* › *Describe | activities, outcomes, impacts and context*). Consulted in 2021.

BetterEvaluation. [Support use](#) (under: *Methods and processes* › *Report & Support Use of findings*). Consulted in 2021.

BetterEvaluation. [Strengthen evaluation capacity](#). (under: *Methods and processes* › *Manage an evaluation or evaluation system*). Consulted in 2021.

BetterEvaluation (2016). [Process Tracing](#), Last update: 28 April, 2016

Brittany S. Iskarpotyoti, Beth Sutherland, Heidi W. Reynolds (2017). [Getting to an Evaluation Plan: A Six-Step Process from Engagement to Evidence. A Workbook](#). MEASURE Evaluation.

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada Social Sciences and Humanities Research Council (2018). [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 \(2018\)](#). December 2018.

CanWaCH (2021). [365 Days of a Pandemic: Virtual Practice Implications for Canadian partners](#). Webinar (video). 15 March, 2021.

CanWaCH (2021). [Technical Guidance Note on Measuring Women's Empowerment in the Global Health Sector](#), [www.canwach.ca](http://www.canwach.ca), March, 2021

Centers for Disease Control and Prevention (CDC) (2020). [Developing Evaluation Questions](#), Brief guidance note from the manual: [Practical Use of Program Evaluation among Sexually Transmitted Disease \(STD\) Programs](#), Division of STD Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention

Centers for Disease Control and Prevention (CDC) (2013). [Good Evaluation Questions: A Checklist to Help Focus Your Evaluation](#) (Checklist for developing good evaluation questions). Created by the National Asthma Control Program, CDC).

Cooperation Canada (2021). [Collective Commitment. Emerging Anti-Racist Practice for Canadian International Cooperation](#). July 2021.

CORE Group (2008). [LQAS Frequently Asked Questions](#).

Frankel N. and Gage A. (2007 [rev.2016]). [M&E Fundamentals: A Self-Guided MiniCourse](#). MEASURE Evaluation, University of North Carolina.

Global Affairs Canada (GAC) (2017). [Canada's Feminist International Assistance Policy](#), Last update: 24 August, 2021.

Global Affairs Canada (GAC) (2021). [Feminist International Assistance Policy Indicators](#), Last update: 25 May, 2021

Global Affairs Canada (GAC) (2016). [Gabarit, Logic Models](#). GAC 2212E (2016-02-25) PDF

Global Affairs Canada (GAC) (2016). [Gabarit, Performance Measurement Framework](#). GAC 2662E (2016-03-17) PDF

Global Affairs Canada (GAC) (2018). [International Assistance Results Reporting Guide for Partners](#), Beta Version, 2nd Edition.

Global Affairs Canada (GAC) / Results-Based Management Centre of Excellence (RBMce) (2018). [International Assistance Results Reporting Guide for Partners](#), including Glossary of Terms.

Global Affairs Canada (GAC) (2017). [Results-Based Management Tip Sheet 3.1 – Selection of Performance Indicators by Level of Outcome](#)

Global Affairs Canada (GAC) (2017). [Results-Based Management Tip Sheet No. 3.2 – Outcomes, Indicators, Baseline, Targets and Actual Data: What's the Difference?](#). Last update: July, 2017.

Global Affairs Canada (GAC) (2021). [Tool 6: Gender-sensitive and sex-age disaggregated indicators, baseline data and targets](#), in: [Feminist International Assistance Gender Equality Toolkit for Projects](#). Last update: 21 January, 2021.

Global Affairs Canada (2016). [Risk Table template. Responding to Risks - Development Projects at Global Affairs Canada](#). GAC 2225E (2016-10-31). AMC-GAC 2225F (2016-10-31)

Government of Canada/Panel on Research Ethics (2018). [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 \(2018\)](#)

Hensen, B et al. (2021). [“Remote data collection for public health research in a COVID-19 era: ethical implications, challenges and opportunities.”](#) Health policy and planning vol. 36,3 (2021): 360-368. doi:10.1093/heapol/czaa158.

Kähler, L., Villumsen, M., Holst Jensen, M., Falk Paarup, P. (2017). [AAAQ & sexual and reproductive health and rights](#), The Danish Institute for Human Rights.

Lance, P. and A. Hattori. (2016). [Sampling and evaluation: A guide to sampling for program impact evaluation](#). Chapel Hill, North Carolina: MEASURE Evaluation, University of North Carolina.

Morris L. and Gomez de la Torre A. (2020). [“How to decolonise International Development: some practical suggestions”](#). Blog post by Duncan Greene. FP2P (From Poverty to Power). Oxfam. 18 December 2020.

OXFAM (2017). [Applying Feminist Principles to Program Monitoring, Evaluation, Accountability and Learning](#). Discussion Paper. July 2017.

OXFAM-Canada (2020). [Feminist Monitoring, Evaluation, Accountability and Learning](#). A Guidance Note prepared by the Oxfam Canada Program Impact Unit, OXFAM-Canada.

Pinet M. and Leon-Himmelstine C. (2020). "How can Covid-19 be the catalyst to decolonise development research?". Blogue post by Duncan Greene.. FP2P (From Poverty to Power). Oxfam. June 2020.

Podems, D. R. (2010). Feminist Evaluation and Gender Approaches: There's a Difference? Journal of MultiDisciplinary Evaluation, Volume 6, Number 14 ISSN 1556-8180. Retrieved from [http://survey.ate.wmich.edu/jmde/index.php/jmde\\_1/article/view/199/291](http://survey.ate.wmich.edu/jmde/index.php/jmde_1/article/view/199/291).

Podems and Negroustoueva (2016). Feminist evaluation. BetterEvaluation. Retrieved from [http://www.betterevaluation.org/approaches/feminist\\_evaluation](http://www.betterevaluation.org/approaches/feminist_evaluation).

Salanga (2020). *Worksheet 3. Data Collection design checklist with a Gender-Sensitive/Feminist Lens*. Spur Change / Inter-Council Network. November 2020.

Save the Children (2014). *1 Introduction to the course and Monitoring and Evaluation in Save the Children*

Tools4dev (2017). *How to write an M&E framework – Free video tutorial & templates*

USAID (2017). *How-To Note: Developing a Project Logic Model (and its Associated Theory of Change)*, Version 2, July 2017, USAID Bureau for Policy, Planning and Learning (PPL)

Walden, Vivien (2013). *A Quick Guide to Monitoring, Evaluation, Accountability and Learning in Fragile Contexts*, Oxfam GB, 19 Jul 2013

Wilson-Grau, R. (2015). Outcome Harvesting. BetterEvaluation. View here: [http://betterevaluation.org/plan/approach/outcome\\_harvesting](http://betterevaluation.org/plan/approach/outcome_harvesting)

Wingate, L. and Schroeter, D. (2016). *Evaluation Questions Checklist for Program Theory*. Retrieved from: [https://wmich.edu/sites/default/files/attachments/u372/2016/eval\\_questions\\_checklist-2016-03.pdf](https://wmich.edu/sites/default/files/attachments/u372/2016/eval_questions_checklist-2016-03.pdf)

World Health Organisation (WHO) (2015). *List of National Ethics Committees*

World Health Organisation (WHO) (2015). *Global Reference List of 100 Core Health Indicators (plus health-related SDGs)*, World Health Organisation. <https://apps.who.int/iris/handle/10665/173589>

World Health Organisation (WHO) (2018). *2018 Global reference list of 100 core health indicators (plus health-related SDGs)*. World Health Organization. <https://apps.who.int/iris/handle/10665/259951>. License: CC BY-NC-SA 3.0 IGO

World Health Organisation (WHO) (2022). *Mother and Newborn Information for Tracking Outcomes and Results. Online indicator Toolkit. MONITOR*

Wyat, A, Podems, D., Durieux, M., Evans, K. (2021). *Feminist Approaches to Monitoring, Evaluation, and Learning: Overview of Current Practices*. Equality Fund and Genesis Analytics, September 2021

Ziegler J. and Mason P. (2020). *Adapting data collection and utilisation to a Covid-19 reality: monitoring, evaluation and learning approaches for adaptive management*. Briefing Note. ODI. 17 September, 2020



**CanWaCH**

Canadian Partnership for  
Women and Children's Health



In partnership with

**Canada**