

Monitoring and Evaluation Plan

Overall Women & Adolescent Health Care Programme

Implemented by

PRASAR, India

1. Project Summary

PRASAR is working presently in 93 villages of blocks-Banki, Masuali, Dewa, Fatehpur and Ram Nagar of district Barabanki, UP to improve the overall health & hygiene status of marginalized groups with a special focus on Reproductive, Maternal, New born, Child and Adolescent (RMNCH+A). PRASAR has also been focusing on enhancing community capacity and participation in order to sustain health initiatives beyond the life of the project with annual coverage of approximately 40000 which includes pregnant lactating mothers and adolescent girls in particular and other community members in general. The beneficiaries belong from most excluded and disadvantages communities OBC (58%), Dalit (25%) and rest of the general (19%). The Women and Adolescent girls suffer the most in terms of reproductive health. They are vulnerable to ill health as they are not aware of their personal health and hygiene. The problem can be attributed to a large extent to the unhygienic conditions that they live in. Also because of biological changes in this age, they are susceptible to physical and psychological pressure and become easily prey of lots of myths and superstitions which hinder block to their well-being. The analysis of the health status shows that despite the creation of extensive health care infrastructures, the people especially rural poor have limited outreach. For poor and marginalized, easy access to better health services is still a dream to come true.

2. Logical Framework

Note: In the table below, the value of increase / decrease in the “Measurable Indicators” should be mutually agreed by the partner and The Hans Foundation.

	Summary	Measurable Indicators	Means of Verification	Risk and Assumptions
A. Goal	To improve health status of women, adolescent girls and children of age 0-5 years in 93 villages of	1. Reduction in the rate of morbidity related to the maternal and	Evaluation Reports.	Pandemic like Covid-19 might be detrimental for the project.

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	21-GPs of Masauli, Banki, Dewa, Ram Nagar and Fatehpur developmental block in Barabanki district of UP	<p>adolescent health by 25%</p> <p>2.Reduction in the percentage of adolescent's girls / women from anemia from 40% percentage points and other incidences of vitamin and mineral deficiency diseases. Reduction in the rate of malnourishment from among the children of age 0-5 years</p> <p>3.Reduction in IMR from 60 to 40</p> <p>4.Reduction in the rate of still birth by 25%</p>		Lack of support from government line departments
B. Outcomes	1.The beneficiaries received the quality health services through project's mobile health camps	Maternal and adolescent health related issues are reduced	Evaluation reports.	The coverage of beneficiaries are improved which is affected due to pandemic

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	2.The awareness level among the communities is improved	The behavior towards health and hygiene related practices is improved	Evaluation reports.	The coverage of the beneficiaries is improved which is affected due to Covid 19 pandemic
	3.The beneficiaries are accessing the quality government health services	The VHNDs are strengthened and the rate of complete immunization of the children is improved from approx. 50%-70%	Evaluation reports. /Immunization cards	Subject to the perfect supply chain
C. Outputs	1.The beneficiaries of the project received the quality health checkup and medicinal support from mobile health camps	No. of camps conducted No.of beneficiaries covered under the health camps	Health camps registers/monthly/quarterly reports	Health camp is organized on the regular basis
	2.The beneficiaries (women and adolescent girls) became aware of the different issues related to the health, hygiene and WASH.	No. of awareness meeting conducted No.of beneficiaries covered under the awareness meeting.	Meeting registers/Photographs/monthly/quarterly reports	The awareness meetings are organized on regular basis
	3.Pregnant women,adolescent girls and children received the quality health and nutritional services during the VHNDs	No. of VHNDs conducted No.of women/adolescent girls/children	VHND register/photographs/monthly/quarterly report	The quality VHNDs are organized by the Govt departments/Coverage by the beneficiaries is improved

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		immunized/received supplementary nutrition and other services		
	4.The linkages and convergence with health and other line departments are established	No.of meeting/interface meeting with the health and other departments	Meeting reports, photographs	Availability of the government authorities
	5.The most needy males and females above 50 years of age have received eye checkup and cataract services	No. of eye check camps conducted No.of persons provided cataract services and related referrals	Eye checkup camps report/monthly/quarterly report, photographs	Availability of the ophthalmologist/budget
	6.Trained/capacitated project staff to carry out the project activities in the field	No. of staff members trained during the year No.of training conducted	Training reports/photographs	Trainings are conducted timely
	7.Participated in Government health and nutrition campaigns	No. of campaigns conducted No. of campaigns participated by the project	Campaign reports/photographs	The government campaigns are conducted
D. Activities	1.Baseline survey to know the knowledge, attitude and behavior of	1.Baseline data of the households on health	Baseline report.	Households cooperate in the baseline survey by providing correct data

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	the Women&Adolescent girls in particular and other community members in general related to maternal, Adolescent and child health conducted in 7new villages phased in during the current financial year	and nutrition indicators.		Records are not fudged.
	2.Organize Mobile health camps in the project villages	No. of camps organized No.of beneficiaries covered in the camps	Health camp register/photographs/monthly/quarterly reports	The Covid 19 pandemic might hamper in organizing health camps Beneficiaries are inclined to participate in the project. The beneficiaries have only realistic expectation from the projects.
	3.Meeting and interaction with women for creation of awareness on various health and nutrition issues	No. of meetings conducted No. of women participated in the meetings	Meeting reports, Participants list, Monthly/Quarterly Reports	Women's inclination and interest in participation in the meetings
	4.Meeting and interaction with adolescent girls for	No. of meetings conducted	Meeting reports, Participants list, Monthly/Quarterly Reports	Adolescent Girls' inclination and interest

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	creation of awareness on various health, education and nutrition issues	No. of adolescent participated in the meetings		in participation in the meetings
	Strengthening the VHNDs	No. of VHNDs participated by the project No.of beneficiaries participated in and benefited with the VHNDs	VHNDs report register, Monthly/Quarterly reports/photographs	Supply of vaccines against demands are interrupted Covid 19 pandemic hampers in organizing the VHNDs
	5.Linkages/convergence with government health and other line departments	No. of convergence/interface meetings No.of community members benefited with government schemes and programs	Meeting reports List of beneficiaries benefited, Monthly/Quarterly reports	Availability of the government authorities Effectiveness of the government schemes/programs
	6.Organize Free Eye Checkup Camps	No. of camps organized No.of community members benefited	Camps reports, photographs/Monthly/Quarterly Reports	Availability of the ophthalmologist/budget
	7.Training of adolescent girls on health and nutritional issues	No. of trainings conducted	Training reports, Monthly/Quarterly Reports, Photographs, Participants list	Covid 19 Govt restrictions

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		No.of adolescent girls participated in the training		
	8.Capacity building trainings of the staff	No. of trainings conducted No.of stafftrained	Training reports, Monthly/Quarterly Reports, Photographs, Participants list	Covid 19 Govt restrictions

3. Monitoring and Evaluation Activities

SI No.	Monitoring and Evaluation Activities	PRASAR Team	PRASAR Management Team	The Hans Foundation
1.	Development of Annual Work plan with deliverables and timeline			
2.	Preparation and finalization of monitoring tools (reporting format for the team)			
3.	Ongoing field monitoring visit by PRASAR team			
4.	Reporting by field staff to the Project Manager in the structured monthly reporting format			
5.	Monthly review meeting of the project team led by the Project Manager on the accomplishments made in the project and the monthly activities conducted by the field staff			
6.	Ongoing feedback and supportive supervision by the senior project team members to staff. Also take feedback from field staff to the project manager.			
7.	Submission of quarterly progress report and financial utilization certificate to The Hans Foundation			

8.	Feedback from The Hans Foundation on the reports and actions in accordance with the			
9.	Field review visit by The Hans Foundation and Financial Review by The Hans Foundation			
10.	Actions by PRASAR on the recommendation made by The Hans Foundation			
11.	Project evaluation at the end by external agency			

4. Data Source, Frequency, collected by, Process / Procedure, Analysis Process, Schedule

The data against Activity and Output indicators would be guided by the Action Plan / Work Plan developed by the project with deliverables against timelines and approved by The Hans Foundation. The data would be collected on an ongoing basis. It would fall under “monitoring” activity of the project where the data sources would be primary and secondary in nature. The monitoring data would be collected through:

- i. Interaction with the beneficiaries
- ii. Interaction with the stakeholders
- iii. Field observation of the activities and its progress
- iv. Review of records at village and with the organization

The data analysis findings would be shared with the team members / stakeholders at various levels and decision would be taken to meet the quality and timelines. The feedback to the team members would be given to ensure that the activities are accomplished as envisaged.

The project also will have a defined / structured reporting system – including monthly reporting tools for flow of data from the field to the Project Manager. The compilation of reports would be done at ABC for assessment, decision and action. The project will have scheduled monthly review meeting under the leadership of the Project Manager.

For the indicators at the Outcomes and Goal level would be collected through household survey through structured questionnaire, focused group discussion, participatory rural appraisal techniques and other qualitative and quantitatively methods. The evaluation would be done by an external agency hired by the project. The data collection would include:

- i. Primary data and
- ii. Secondary data

It would be collected from various stakeholders involved in the project, including the project team.

5. How will the Information be Used?

The information generated from activity and output data would be used to gauge the progress of the project against the Work Plan developed. The progress against the deliverables would be done through the information. It might be helpful in making course correction on the targets or even the strategies / approaches, if required. For large scale changes / critical changes the donor's concurrence would be obtained before proceeding.

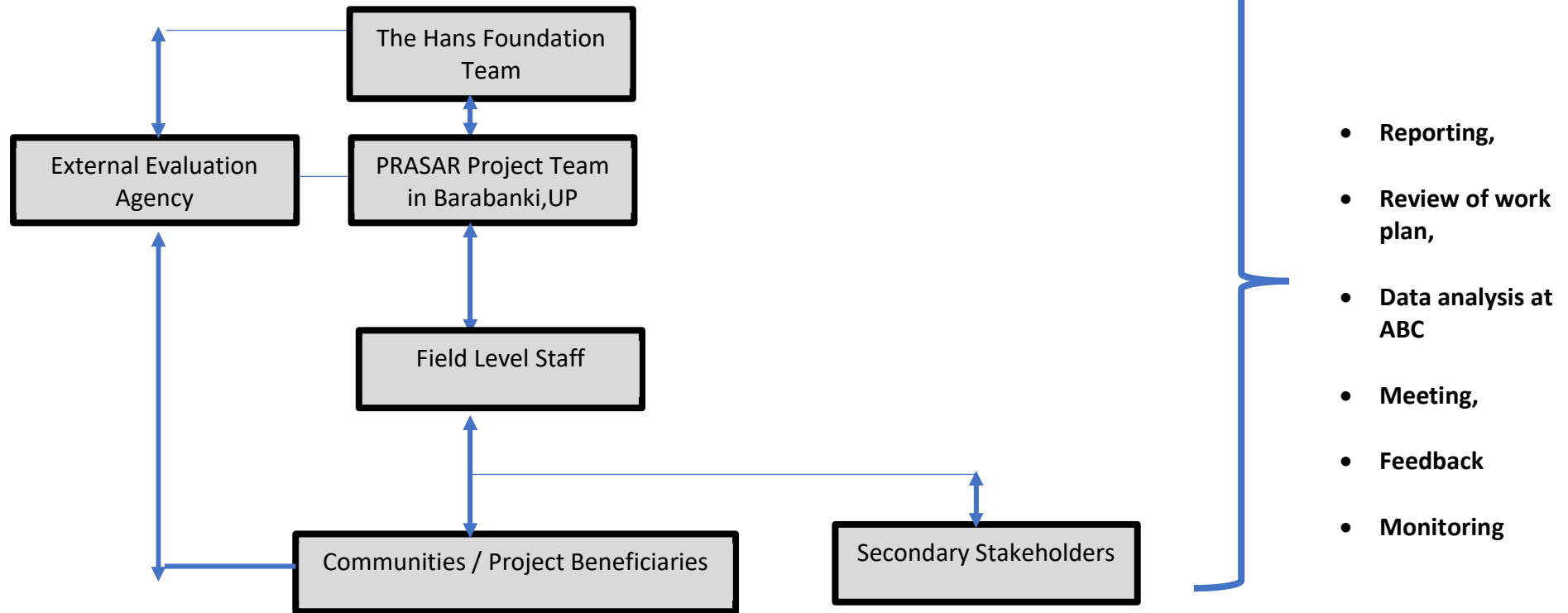
The financial projections of the project would also be done based on the information generated.

The information generated from Outcome and Goal level indicators would help to upscale the project in larger areas, if the set targets are met. In the event of falling short of the targets, the project can share the key lessons to the stakeholders including donors to incorporate learning in similar project presently operational or are being designed.

6. Resources Needed

The monitoring of activities and outcomes would be done from the available project budget by involving project personnel. The evaluation of the project will require engagement of external expert agency which, (not always and certainly not for all projects) would require financial resources that would be worked-out with The Hans Foundation.

7.Data Collection Plan: Diagram (Collection Processing, Analysis and Reporting)



8.Mechanism of Updating Action Plan / Work Plan

The Work Plan and its deliverables would be updated and modified upon findings of monitoring visits. Though the overall accomplishment / outcome changes would be ensured within the project period.

The plan would also be updated based on the feedback received from The Hans Foundation on the quarterly progress report, also by the recommendation made during the program and financial review visits. The plan might also change due to external and environmental factors which are beyond the influence of the organization.

