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Developing Performance

MONITORING PLAN

Module

Developing Performance Monitoring Plan

Outlines

Introduction

Unit 1: **What is Performance Monitoring Plan?**

Unit 2: **How to develop a Performance Monitoring Plan**

Unit 3: **Ensuring Quality of Monitoring Data**

Assignments

References /Further Readings

Objectives

At the completion of this module the practitioner will be able to:

- Understand the fundamentals and key concepts of a PMP
- Define the key components of a PMP
- Develop a PMP
- Understand the key levers for ensuring the quality of the monitoring data

INTRODUCTION

To ensure that a development project achieves its objective, it is very important to monitor its performance simultaneously. For this, a systematic collection and analysis of the project performance data is done, and based on this, feedback is provided to the project management staff. In this module the practitioner will understand what performance monitoring is and why it is important. Subsequently, the practitioner will learn what a *Performance Monitoring Plan* (PMP) is and about the tools used by development practitioners for project performance monitoring. The practitioner is taken step by step through the process of developing a PMP while understanding its key elements. Finally, the practitioner will learn about some key aspects which are taken care of to ensure the quality of the monitoring data.

1. WHAT IS PERFORMANCE MONITORING PLAN?

Project management is about managing 'what we are doing' in the domain of activities. The results of these activities are outputs, outcomes and impact which depict the performance of the project. *Performance management* is, therefore, geared towards 'what has been done' in terms of the results achieved in a project. It is to ensure that project objectives and goals are being met consistently in an effective and efficient manner. Unlike project management which is limited to process management or managing project activities, time and cost, performance management is about managing project results. In project management, the starting point is activities and how to better manage or organize them to achieve the required results. However, in the case of performance-based results management, results become the basis on which all project planning is done, wherein the result that is to be achieved determines the activities that are to be carried out.

By developing the results chain, a conceptual map of the process of change is developed within the project. To track the performance of the project, it is necessary to track the project results i.e., project outputs, outcomes and impact. Thus, a *PMP* is needed to capture and monitor project performance. PMP, therefore, is a tool by which the outcomes or objectives are monitored and evaluated concurrently.

Once the results chain is developed, it is essential to translate it into a PMP that can monitor and assess the achievement of project results. This helps in managing the results by continuously providing evidence on the performance of the project.

PMP is also called *Performance Measurement Framework (PMF)* or the *Results Framework*. PMP serves as the reference document for concurrent performance monitoring of the project. A typical PMP format is shown in the matrix below.

Expected results	Indicator	Periodicity	Source	Base line Value	Milestones	Target	Responsibility
					Y1	Y2
Impact							
Outcome							
Outputs							
1.....							
2.....							

Project Monitoring Plan Format

Key components of the PMP are mentioned below:

1. Statement of expected results in their hierarchy-outputs, outcome and impact - or the conditions that are to be achieved
2. Indicators informing what information to seek so that the practitioner knows that the condition is achieved
3. Periodicity describing when the measurement of the indicator is made
4. Source from where the information is received at the defined periodicity
5. Baseline or the starting value of the indicator before the intervention situation or condition
6. Milestones that are planned for the changed condition, as the project moves forward
7. Target of the condition to be achieved at the completion of the project
8. Responsibility of who will fetch the information at the desired periodicity from the defined source.

2. HOW TO DEVELOP A PERFORMANCE MONITORING PLAN

The practitioner has understood by now that PMP is a tool for developing an overarching plan for managing the performance of a project, which includes activities for monitoring and evaluating the project. Using this tool a plan is formalized for collecting and monitoring the project performance related data (USAID Centre for Development Information and Evaluation, 1996). PMP, at the bare minimum, includes the following details:

1. Identifying performance indicators at various levels and subsequently defining them.
2. Indicator-wise details like data sources, method of collection, frequency, timing etc.
3. Building teams and delineating roles and responsibilities for supervision and collection of performance data.
4. Plan for analysis of performance data.
5. Developing processes to ensure that it is reported and further used to provide feedback to the programme for informed decision making.

A step by step process is given below for developing a PMP:

STEP 1: POPULATE THE EXPECTED RESULTS COLUMN

In the Results Chain developed in module 2, all levels of results viz., impact, outcome and outputs were defined. As the first step of developing a PMP, the outputs and outcome from the Results Chain or the PPM (Project Planning Matrix) are put in the respective Expected Results column at the assigned level. Outputs and outcomes are focused on as the project is accountable for their achievement. Inclusion of impact in the Expected Results column is kept optional as a project always contributes towards the impact but does not achieve it by itself.

An example of a Reproductive, Maternal, Newborn and Child Health (RMNCH) focused project is used to develop its PMP. The project aims to improve MCH in its target area by increasing community awareness and sensitizing them on maternal health issues as well as by increasing the accountability of government institutions in implementation of their programmes. The project will create village level monitoring committees for spreading awareness about the critical MCH care practices. It will also hold the government health system accountable through advocacy to ensure that beneficiaries have access to their entitlements under the national flagship health programmes. The project also aims to encourage participatory formulation of the Annual Implementation Plan (AIP) for the government plan at the district level.

The first step of populating the expected results column is given below:

Expected Results	Indicators		Responsibility
Impact Ensuring universal access to maternal health services for achievement of MDG-5			
Outcome Improved status of women's health in the project target area			
Output 1. Women have increased access to obstetric care			
2. Increased capacity of community to demand for the rights and entitlements under government health programmes			
3. Increased awareness and knowledge about important maternal and child practices and contraception methods			
4. Participatory formulation of AIP in consultation with village health committees (VHCs) (Practice Level Change)			

Developing PMP - Example

STEP 2: DEVELOP INDICATORS FOR RESULTS AT EACH LEVEL

As mentioned above, during its implementation, change in result level indicators of the project is tracked and measured through the PMP. Indicators provide information regarding change in the condition and its magnitude of change. In module 3, the practitioner learnt about the essential characteristics of a good indicator and how to design and define them.

Expected Results	Indicators	Responsibility
Impact Ensuring universal access to maternal health services for achievement of MDG-5	Maternal Mortality Ratio (MMR)		
Outcome Improved status of women's health in the target project area	Number of women reporting serious health problems related to child birth		
	Number of women consuming iron rich/ fortified foods or supplements		
Output 1. Women with increased access to obstetric care	Number of births attended by skilled health professionals		
	Number of women benefitted under the <i>Janani Surkasha Yojana</i> (JSY) scheme		
	Number of primary health clinics (PHCs) with referral services for complicated pregnancies		

Developing PMP-Example

	Number of women with access to contraceptives and safe abortion services		
2. Increased capacity of community to demand for the rights and entitlements under government health programmes	Number of village level communities formed which are capable of demanding entitlement under the national government health programme		
	Number of VHCs which are capable of registering complaints with the health department in case any entitlement under the government health programme is not received		
3. Increased awareness and knowledge about important MCH practices and contraception methods	Number of women who are able to articulate the key danger signs during pregnancy		
	Number of women who have knowledge of temporary method of contraception		
	Number of women who are aware about the availability of		

	contraceptive and abortion services at various levels of the public health system		
4.Participatory formulation of annual implementation plan (AIP) in consultation with VHCs) (Practice Level Change)			

Developing or selecting suitable indicators remains a challenging task in any performance measurement framework. For example, poverty-reduction can be measured by using multiple indicators ranging from per capita income to calorie consumption. Depending upon the indicator selected, information that is collected is either income or kilocalories consumed at time t1 (start of the project) and time t2 (end of project), which depicts whether the condition of poverty had increased or decreased or remained the same over a period. It needs to be reiterated here that it is only the condition that is changing, with the indicator simply pointing out whether it has increased or decreased or stayed the same over a period of time. Being a unit of information, an indicator, by its very nature, is value-neutral and can at best be an approximation. Based on the SMART criteria of developing an indicator, a suitable indicator for each expected result is selected. It is also important that there are complete definitions of each indicator in order to avoid confusion and create consistency. For each level of result, it is suggested that there should be a minimum of one indicator and a maximum of three. More than three indicators imply that it is not clear what the project is trying to achieve as its result.

In the example used, indicators are defined in the next step for developing the PMP and at each level of the results, they are populated with impact, outcome and output. An example of the PMP after identification of suitable indicators is given above.

STEP 3: ASSIGN PERIODICITY, IDENTIFY SOURCES AND ASSIGN RESPONSIBILITY

The next step is to decide the period or frequency at which each indicator in the PMP is to be measured. Periodicity is decided based on factors like the minimum time that is required for change to be visible in the condition under observation, the cost of data collection of a specific indicator, requirement of indicator etc. For e.g., if the change is expected within a short duration, the periodicity can be low such as quarterly or half-yearly.

If the project intervention is expected to take a longer duration to have an effect on the indicator value, then the periodicity would be higher, say annual or biannual. In the case of indicators for which data collection is a complex process or where special investigating skills are required which make the data collection costly, e.g., in agriculture production, testing the haemoglobin (Hb) level in blood etc., it is better to collect this data over a longer periodicity or for a smaller sample.

Apart from assigning the periodicity, it is important to identify the source from where the indicator information is drawn. The exact source of this information is reported so that anyone can access and understand this information. Also, if there are multiple sources for availing the indicator information, then at least two of those sources, which seem to be the most credible and accessible, are mentioned. The primary sources of indicator value can be census surveys, sample surveys or concurrently collected project MIS data. The secondary sources of information can be past sample surveys or government census surveys or some secondary MIS data. While using secondary data, it is important to consider the gap between the time of the actual data collection of the secondary survey and the time when it is being used. In case the time gap is substantial, it is not advisable to use this secondary data source. Data sources are decided while considering factors like availability, reliability, cost etc.

It is important to assign the responsibility of gathering information specific to each indicator to someone from the project team, to a stakeholder or to an external M&E team if deployed.

The PMP of the sample project with its periodicity, source and the person/agency responsible for gathering information is populated in the table below:

Expected Results	Indicators	Periodicity	Source	Responsibility
Impact Ensuring universal access to maternal health services for achievement of MDG-5	MMR	Annual	Sample Registration Survey		Monitoring, Evaluation and Learning (MEL) Manager
	Outcome Improved status of women's health in the project target area	Number of women reporting serious health problems related to childbirth	Annual	HH Structured Interview, Project Annual Survey (PAS)	
Number of women consuming iron rich/fortified foods or supplements		Annual	HH Structured Interview, PAS		Designated Research Agency
Number of births attended by skilled health professionals		Annual	HH Structured Interview, PAS		Designated Research Agency
Output 1. Women with increased access to obstetric care	Number of women who benefitted under the JSY scheme	Annual	HH Structured Interview, PAS		Designated Research Agency

Developing PMP - Example

	Number of primary health clinics (PHCs) with referral services for complicated pregnancy	Annual	CHC/PHC Register Audit, PAS	Designated Research Agency
2. Increased capacity of the community to demand for the rights and entitlements under government health programmes	Number of women with access to contraceptives and safe abortion services	Annual	HH Structured Interview, PAS	Designated Research Agency
	Number of VHCs formed which are capable of demanding entitlement under the national government health programme	Annual	Project MIS	MEL Manager
3. Increased awareness and knowledge about important MCH practices and	Number of VHCs capable of registering complaints with the health department in case any entitlement under government health programme is not received	Annual	VHC Representative in-depth interviews (IDIs), PAS	Designated Research Agency
	Number of women who can articulate the key danger signs during pregnancy	Annual	HH Structured Interview, PAS	Designated Research Agency

contraception methods	Number of women with knowledge of temporary methods of contraception	Annual	HH Structured Interview, PAS		Designated Research Agency
4.Participatory formulation of AIP in consultation with VHCs (Practice Level Change)	Number of women who are aware about the availability of contraceptives and abortion services at various levels of the public health system	Annual	HH Structured Interview, PAS		Designated Research Agency

Developing a Performance Monitoring Plan

STEP 4: PUT MILESTONE VALUES FOR EACH INDICATOR FROM THE BASELINE TO THE ENDLINE OF THE PROJECT

For monitoring the performance of a project and ensuring that it is result oriented, it is very important to define a starting point for gauging or calculating the change and tracking it intermittently. The baseline is the value of the indicator at or just before the start of the project. This acts as a reference point for assessing change in the condition after the project has been initiated.

After putting in the baseline value, key milestones and target values are assigned at specific time gaps for the indicators. The target is *a posteriori* condition that is envisaged at or after completion of the project. In other words, it is the concrete result that is sought at the end of the project efforts. Milestones are the benchmark values that are hoped to be achieved at specific points of time within the project implementation years. The milestone values are to be assigned based on the way the project implementation has been planned. For instance, for a five-year project, formative work is undertaken or the foundation is built during the first year of project implementation. The implementation intensity picks up from the second year and peaks during the third or fourth year. The fifth year is usually reserved for the handing over of the project after ensuring its sustainability. Therefore, the project milestones are set according to the planned pace or intensity of work.

The PMP of the sample project after the key milestones values are assigned is given below:

Expected Results	Indicators	Periodicity	Source	Baseline	Milestone 1 (Year 2)	Milestone 2 (Year 3)	Milestone 3 (Year 5)	Responsibility
Impact Ensuring universal access to maternal health services for achievement of MDG-5	MMR	Annual	Sample Registration Survey	200	MMR to be brought down by 5% from the baseline value in the target area	MMR to be brought down by 10% from the baseline value in the target area	MMR to be brought down by 25% from the baseline value in the target area	MEL Manager
	Outcome Improved status of women's health in the target project area	Annual	HH Structured Interview, PAS	30%	27%	20%	10%	Designated Research Agency
Output 1. Women with increased access to obstetric care	Number of women who are reporting serious health problems related to childbirth	Annual	HH Structured Interview, PAS	5%	8%	15%	30%	Designated Research Agency
	Number of women who are consuming iron rich/fortified foods or supplements	Annual	HH Structured Interview, PAS	70%	75%	80%	90%	Designated Research Agency
	Number of births which are attended by skilled health professionals	Annual	HH Structured Interview, PAS	40%	45%	50%	60%	Designated Research Agency

Developing PMP - Example

	Number of PHCs with referral services for complicated pregnancy	Annual	CHC/PHC Register Audit, PAS	2 PHCs out of 30 PHCs have referral transport support	5 PHCs out of 30 PHCs have referral transport support	10 PHCs out of 30 PHCs have referral transport support	20 PHCs out of 30 PHCs have referral transport support	Designated Research Agency
	Number of women with access to safe abortion services	Annual	HH Structured Interview, PAS	5%	10%	15%	25%	Designated Research Agency
2. Increased capacity of community to demand for the rights and entitlements under government health programmes	Number of VHCs formed which are capable of demanding entitlement under the national government health programme	Annual	Project MIS	Out of 500 interventi on villages, none have VHCs	Out of 50 intervention villages, none have VHCs	Out of 100 interventi on villages, none have VHCs	Out of 250 intervention villages, none have VHCs	MEL Manager
	Number of Village Health Committees that are capable of registering complaints with the health department in case any entitlement under government health programme is not received	Annual	VHC Representative, IDs, PAS	Zero	50	100	250	Designated Research Agency

3. Increased awareness and knowledge about important MCH practices and contraception methods	Number of women who can articulate the key danger signs during pregnancy	Annual	HH Structured Interview, PAS	15%	20%	25%	50%	Designated Research Agency
	Number of women with knowledge of at least two temporary methods of contraception	Annual	HH Structured Interview, PAS	30%	35%	45%	70%	Designated Research Agency
4. Participatory formulation of AIP in consultation with VHCs (Practice Level Change)								

Developing a Performance Monitoring Plan

Step 5: Develop Measurement Protocols for Behavioural Change

By following Step 2 to Step 4, physical and financial changes sought through the project are taken care of and tracked via their respective indicators. However, different measurement protocols or systems for behavioural outputs are needed, which are essentially practice-level changes that are sought through the sample project. At the same time, it is to be noted that measurement protocols are developed for practice level indicators only in cases where the project aims to achieve institutional changes or behavioural changes.

In the case of projects where the perceived behavioural change falls in the realm of outputs or outcomes which are not physically observable or verifiable, *outcome mapping* serves as a vital tool to map and track process-level changes along the pathway of change. Using a graded measure of change known as 'progress markers', it seeks to unpack the multiple layers of change.

Progress markers are statements describing the practice or process- level changes that lead to the envisioned outcome. For example, the key progress markers for a project aiming to improve participative governance and budgeting at the *panchayati* level are: transparency in public budgets, public participation in the budget formulation process, simplification of budget documents, social audit of expenditure by the public etc. All these constitute key practice-level demands that require institutional change. These are best mapped through progress markers and ideally a project should not have more than five progress markers.

These progress markers define and describe the milestone changes that are required to achieve the behavioural change from the current situation to the envisaged situation. These are progressive milestones, ranging from the low-hanging fruit to the higher-order or difficult to attain changes. The first milestone is an 'expect to see' yardstick, which refers to the minimally acceptable level of change or first-level change expected from the intervention. The second milestone is what is called 'like to see' or the change that could realistically be achieved, while the final milestone is known as 'love to see' or the most desired or ambitious change that is foreseen. To use a real-life example, passing an exam is the minimally acceptable or what we 'expect to see', whereas getting a first division is what we would 'like to see' and finally, to get a first-class distinction is what we would 'love to see'.

These progress markers are analogous to milestones and targets for indicators and their periodicity, source and the person/agency responsible for gathering information is assigned accordingly.

The PPM of the example project, is presented below after adding the its behavioural outcomes and related progress markers.

Expected Results	Indicators	Periodicity	Source	Baseline	Milestone 1 (Year 2)	Milestone 2 (Year 3)	Milestone 3 (Year 5)	Responsibility
Impact Ensuring universal access to maternal health services for achievement of MDG-5	MMR	Annual	Sample Registration Survey	200	MMR to be brought down by 5% from the baseline value in the target area	MMR to be brought down by 10% from the baseline value in the target area	MMR to be brought down by 25% from the baseline value in the target area	MEL Manager
Outcome Improved status of women's health in the target project area	Number of women who are reporting serious health problems related to childbirth	Annual	HH Structured Interview, PAS	30%	27%	20%	10%	Designated Research Agency
	Number of women who are consuming iron rich/fortified foods or supplements	Annual	HH Structured Interview, PAS	5%	8%	15%	30%	Designated Research agency

Developing PMP Example

Output 1. Women with increased access to obstetric care	Number of births which are attended by skilled health professionals	Annual	HH Structured Interview, PAS	70%	75%	80%	90%	Designated Research Agency
	Number of women who benefited under the JSY scheme	Annual	HH Structured Interview, PAS	40%	45%	50%	60%	Designated Research Agency
	Number of PHCs with referral services for complicated pregnancy	Annual	CHC/PHC Register Audit, PAS	2 out of 30 PHCs have referral transport support	5 out of 30 PHCs have referral transport support	10 out of 30 PHCs have referral transport support	20 out of 30 PHCs have referral transport support	Designated Research Agency
	Number of women with access to safe abortion services	Annual	HH Structured Interview, PAS	5%	10%	15%	25%	Designated Research Agency
2. Increased capacity of the community to demand for rights and entitlements under government health programmes	Number of VHCs formed which are capable of demanding entitlement under the national government	Annual	Project MIS	Out of 500 intervention villages, none have VHCs	Out of 500 intervention villages, none have VHCs	Out of 100 intervention villages, none have VHCs	Out of 250 intervention villages, none have VHCs	MEL Manager

Developing a Performance Monitoring Plan

health programme	Annual	VHC Representative IDIs, PAS	Zero	50	100	250	Designated Research Agency
Number of VHCs which are capable of registering complaints with the health department in case any entitlement under the government health programme is not received	Annual	VHC Representative IDIs, PAS	Zero	50	100	250	Designated Research Agency
3. Increased awareness and knowledge about important MCH practices and contraception methods	Annual	HH Structured Interview, PAS	15%	20%	25%	50%	Designated Research Agency
	Annual	HH Structured Interview, PAS	30%	35%	45%	70%	Designated Research Agency

two temporary methods of contraception	Progress Marker	Periodicity	Source	Expect to See					
4. Participatory formulation of AIP in consultation with VHCs	District wise AIP planning			State government officials including VHC representative, AIP development meetings					
Output(Practice Level Change)					Like to See				
							Love to See		
					Inputs of VHC representatives are taken while developing an AIP		Representative of VHC is included in the executive body which develops the district level AIP		

Developing a Performance Monitoring Plan

To sum up, in this sub module, the practitioner has learnt to develop a PMP, which is a plan to monitor and manage results, by following a step-by-step process.

3. ENSURING QUALITY OF MONITORING DATA

It is said that the quality of project monitoring is as good as the quality of data collected. It is very important to collect good quality data so that the programme management team and other important decision makers can trust it and make use of it for tracking and improving the programme. Good quality data should be accurate, complete, consistent (across different sources), timely, useful, precise, and accessible. Robust data quality assurance mechanisms and regular data auditing ensures the veracity of the monitoring data.

DATA QUALITY ASSURANCE

For data quality assurance, systems, document protocols and guidelines for ensuring monitoring data quality are developed throughout the various project stages. Checks and procedures are also defined right across the various stages viz., designing of monitoring formats, translation of monitoring formats, during data collection, data entry or digitization etc.

Key aspects that should be included while developing a data quality assurance plan are listed below:

1. Listing quality assurance mechanisms to be followed at all project stages.
2. Assigning roles and responsibilities for data collection, data auditing and deciding their frequency.
3. Conducting concurrent data auditing and investigating the reasons for data variance if any.
4. Calibration of the monitoring and reporting formats to check their precision, and translation, while ensuring they are not biased in any way.
5. Validation of data and data cleaning systems.
6. Conducting training to build the capacities of the data collection team and to maintain consistency in the way the tools are administered.
7. Defining roles and responsibilities for data collection and data auditing.
8. Defining data quality benchmarks and action to be taken in case the= collected data falls below these benchmarks.

DATA AUDITING

As part of quality assurance, it is also necessary to devise the plan for conducting data auditing. Data auditing is an exercise by means of which the veracity of data is checked. Data auditing is done primarily using two techniques-one, by conducting spot-checks and two, by conducting backchecks.

In spot-checks, the data quality auditor is present at the time when the data collector is collecting data. In this way, real time feedback can be provided to the data collector on tool administration or other related issues.

Spot-checks done during the starting phase of data collection help to assess how survey tools are being administered by the data collectors. In backchecks, the data auditor goes to a randomly selected sample of respondents from whom data has been collected by the main survey team. It is suggested that there should be a separate team for conducting back-checks, and these should be conducted immediately, i.e., on the very next day of the data collection. Both data sets are then matched to find if there is any variance between the two sets.

This helps in gauging the quality of the data being collected, and based on this, improvement or rectification measures are taken up as and when required. At the same time, it is important to keep in mind that mostly factual questions should be used as part the backcheck tool so that the possibility of variance due to different responses by the respondent or any other external factor is at a minimum. Triangulation with other data sources is also useful for auditing the quality of the data.

ASSIGNMENT

In your own words, state the process of developing performance monitoring plan

REFERENCES/FURTHER READING

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