Understanding poverty reduction impacts with innovative monitoring and evaluation

Monitoring and evaluation systems are often the least addressed component of project design and implementation. Yet such systems have considerable potential for enhancing the impact of projects. What makes for effective monitoring and evaluation?

Only a handful of World Bank projects can provide documented and unambiguous information about their impact on poverty. Project implementation often proceeds without an understanding of the baseline situation of target groups and of the nature of their problems. As a result most of the Bank’s implementation completion reports do not effectively assess or systematically document project lessons. Recently introduced participatory methods for monitoring and evaluation provide rapid assessments, and are used as substitutes for thorough evaluation. But for the most part these methods do not use quantitative methods—stunting efforts to systematically trace a project’s impact on beneficiaries.

Some recent Bank projects, however, include both quantitative and participatory mechanisms for tracking change and project impact. Uganda’s Nutrition and Early Childhood Development Project is one example. The project’s monitoring and evaluation strategy includes random sampling to document the impact of certain components as well as a monitoring, evaluation, and information system that uses ongoing participatory evaluation methods to evaluate inputs and outputs.

The Uganda project is a process-driven, locally prioritized program involving health, nutrition, early childhood education, child care, and savings and income generation. The project is being implemented by a network of nongovernmental organizations (NGOs) contracted by the government to motivate communities and provide information to project participants (box 1). This network is also being used to transmit information to project managers. The project relies on systematic monitoring of inputs and outputs flowing through the organizations implementing the project. In communities, inputs, outputs, and child outcomes are monitored continuously and reported to higher levels of the project’s organizational structure—for example, through the lead NGO and to the district coordinating committee, and finally to the project coordinating office (figure 1).

Because the project covers most of the regions in Uganda, it necessarily involves different levels of organization. But the project coordinating office and the project organization have been kept lean, and community participation in planning and monitoring facilitates bottom-up feedback through established channels. For the most part the layers in the organizational chart play consultative roles, and not every element of the project necessarily goes through
all the layers. This feature is an asset in the monitoring and evaluation system because it ensures transparency and the active involvement of key stakeholders.

Health cards are the main data collection instrument for monitoring project impacts on the final beneficiaries (children). These cards record specific events of each child’s development—such as running weight and height, health and immunization, and preschool attendance.

Taking a randomized approach

In addition to regularly monitoring beneficiaries, the Uganda project tracks its impact through random surveys of children and households—to ascertain the project’s effectiveness and guide the design of its second phase. Using a randomized experimental design, baseline and follow-up surveys assess the impact of:

- Deworming treatments and overall project activities on the cognitive development, health, and nutrition of children under six.
- Caregiver education and a mass media communications program on the knowledge, attitudes, and child-rearing practices of the main caregivers.
- Grassroots management training, income generation activities and savings group formation, and provision of community grants on community welfare.

The deworming treatments are limited to a random subset of parishes to verify that the treatments are effective. The medicine has proven to be safe and effective in clinical settings, but until recently most mass deworming programs were targeted to school-age children. Not enough attention has been paid to mass treatment of preschool

**Figure 1  The project’s implementation and monitoring structure**

![Diagram of the project's implementation and monitoring structure]

**Box 1 Uganda’s Nutrition and Early Childhood Development Project**

Uganda’s Nutrition and Early Childhood Development Project supports the government’s National Programme of Action for Children, which aims to improve the health, nutritional, and cognitive status of children under eight. The project augments the ability of parents and communities to care for children by teaching new child care techniques and creating opportunities to raise incomes.

The $40 million community-based project is delivered through NGOs that are contracted by the government on a competitive basis and work as agents of change in collaboration with district governments. In its first phase, lasting five years (1998–2003), the project will be implemented in 25 of Uganda’s 45 districts. The project has three components:

- An integrated child care intervention package that provides information on good child care practices, including nutrition counseling and monitoring and promotion of children’s growth. Interventions are promoted through community child workers and child fairs, and reinforced by a mass media communications program. In addition, mothers and caregivers who receive child care counseling are encouraged to form microenterprise groups to help improve their livelihoods.

  - Community support grants and innovation grants are provided to communities and women’s groups to foster activities that support children. Such activities may include the creation of center- or home-based child care centers, production of weaning foods, or formation of microenterprises.
  - National support for monitoring and evaluation linked to the mass communications program.

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children, an effort that would yield best practice recommendations. The experimental design is intended to provide such information. In addition, the use of health cards and a rapid review of data will allow the project to scale up this aspect of service delivery by mid-project if it proves to be beneficial to children’s growth.

The baseline survey is conducted before services are delivered to communities. A follow-up survey of the same households occurs two years later. These surveys provide additional information on the educational and socioeconomic background of the people who attend the quarterly child day fairs. Moreover, the surveys allow for an assessment of the project’s effects on the cognitive development of young children. Finally, the baseline and follow-up surveys include households outside the subdistricts included in the initial project—providing an additional control to assess the project’s impact.

Household and community questionnaires are the main instruments for this evaluation. Modules in the questionnaires include socioeconomic characteristics, knowledge, attitudes and practices, anthropometric data, child health, and a locally adapted means of assessing the cognitive development of children. In addition, the community surveys cover demographic information, economic information, infrastructure, local agricultural conditions and practices, and education and health services.

**Ongoing participatory evaluation**

Ongoing participatory evaluation is closely linked to participatory planning at the local level. Supported by locally recruited facilitators and technical support staff, the project mobilizes groups of mothers and parents to initiate child care sensitization, education, and capacity-building activities, as well as small-scale local projects based on small grants to communities and matching community contributions. Three manuals were developed for facilitators to use in the participatory planning process (box 2). The manuals follow a sequence corresponding to the project’s planning and implementation process.

Lead NGOs and community-based organizations, together with the project coordinating office, are key actors in the design

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**Box 2 The project’s participatory planning manuals**

To facilitate participatory planning and implementation, Uganda’s Nutrition and Early Childhood Development Project developed three manuals for project facilitators. The first, *Issues Facing Our Children*, aims to enhance the skills of community facilitators and provide basic tools for planning, data collection, and data analysis when dealing with local project participants. The manual explains the project, with a focus on diagnostic analysis of young children. In addition, the manual explains techniques such as gender analysis, livelihood analysis, social maps, and welfare and well-being rankings. It also provides diagrams and analysis relating stages of children’s growth to specific needs, services, and opportunities, as well as formats for synthesizing and reporting analyses.

The second manual, *Problems Facing Our Small Children*, builds on the knowledge gained in applying the first manual. The second manual focuses on analysis of the problems and conditions identified in the first stage and on how to help communities plan activities that might address these problems. It provides techniques such as problem tree analysis; preference and pair-wise ranking to prioritize, compare, and discuss opportunities, problems, and solutions; and feasibility analysis for proposed solutions and reporting formats.

The third manual, *On the Road to Improved Child Care Practices*, focuses on planning the implementation and management of projects, and on developing participatory monitoring and evaluation systems. It provides techniques for articulating community objectives—taking a 5- or 10-year perspective—and harmonizing them with those of agencies, NGOs, central planners, and community-based organizations involved in the project, deciding on needed resources (internal and external), determining timing and deadlines, setting indicators and benchmarks, and defining roles, responsibilities, and accountability at the community level.

The three stages addressed in the manuals are to be followed by actually implementing local projects and activities, evaluating results, and defining next steps.
and operation of the ongoing participatory evaluation system (see figure 1). The project coordinating office is responsible for designing and supervising the system, and for links and interactions with high-level stakeholders. Four regional arms of the project coordinating office, known as national technical assistance groups, are responsible for training each district’s lead NGOs in monitoring and evaluation. The lead NGOs, in turn, train community-based organizations. Through their monitoring and evaluation, district coordinating committees play a facilitating role in coordination, feedback, and communication, interacting primarily with the lead NGOs and their monitoring and evaluation units.

The ongoing participatory evaluation system has two types of information flows. The first is top-down and concerns the design, preparation, and training required for the system’s operation. The second is bottom-up and involves the collection of data and information—followed, at different levels, by systematization, analysis, and synthesis. One of the main purposes of the system is to facilitate timely interaction with decisionmakers at different levels, so that they can respond quickly to signals from the lower levels of the implementation structure.

To achieve manageable and efficient information flows, the project has clearly defined points for review, consolidation, synthesis, and further reporting. At the lower level of the structure, the monitoring and evaluation units of the lead NGOs collect and synthesize data obtained from community-based organizations and communities. They then report to the higher-level consolidation point in the system, the project coordinating office, which then reports to higher-level stakeholders and decisionmakers.

Benefits of proactive monitoring and evaluation

Complementary and ongoing participatory monitoring and evaluation, including a quantitative evaluation design, offer two clear benefits in the fight against poverty. First, ongoing participatory evaluation enables just-in-time inputs into management decisions at the local and central levels. Such inputs promote better management and more responsive alignment of project inputs to achieve project objectives. The dynamic nature of most projects during implementation requires a responsive mechanism so that inputs are adjusted to changing environments—while also providing a means to verify impact on beneficiaries as it occurs.

Second, the quantitative methods used in household and community surveys are important for assessing a project’s impact and for verifying the determinants of that impact. Such assessment and verification is especially essential during a project’s midterm review, when inputs can be realigned as needed. Such efforts can also provide more information for the next phase of the project.

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