COMMUNITY MATTERS TORONTO
neighbours helping neighbours

HEALTHY LIVING IN ST JAMES TOWN

Community Matters Toronto

January 2015-January 2020

Monitoring and Evaluation Plan

March 2017

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1. Introduction

1.1 Acronyms

1.2 Acronyms

Acronym	*Definition*
CA	Community assistants
CMT	Community Matters Toronto
FGD	Focus Group Discussion
IDI	In-Depth Interview
IEHP	Internationally Educated Health professionals
IT	Information Technology
KAP	Knowledge, Attitude and Practice
M&E	Monitoring and Evaluation MOH
NGOs	Non Governmental Organizations

1.1 Purpose of M&E Plan

The major purposes of this M&E plan are as follow:

- Allows Community Matters Toronto(CMT) to work more effectively and efficiently towards achieving anticipated results based on the set project goal and objectives.
- Ensure greater accountability in the use of existing and allocated resources.
- Organizes plans for data collection, analysis, use and data quality.
- It outlines specific and clear strategies and tools to encourage informed decision making.
- Engages a wider body of people in our organization so that M&E is integrated into part of everyone's job.
- Promotes institutional learning and knowledge sharing/translations.

1.2 [Organization/Project] Overview

We are a neighbourhood organization established to provide a range of services, programs and information to best help newcomers living in the multi-cultural St. James Town neighbourhood adapt to life in Canada.

The phrase "Neighbours Helping Neighbours" best describes our organization.

Our grass-roots approach responds to needs expressed by the community. We believe that a community possesses much of the knowledge and resources to appropriately address its own issues. We supplement with training, organizational tools and general support for neighbours to develop and implement their own responses to issues.

Over the past ten years we have identified and trained Community Assistants, residents who represent the cultural mix of St. James Town. They assist with, design

and deliver programs based on their growing knowledge and networks. We link these neighbourhood networks through strong working partnerships and referrals to other services.

Our responses can be generally categorized under healthy living, employment and education.

Both Community Assistants and neighbours participate by progressing through "learning ladders", programs designed to build self confidence in a new environment, understand different cultures, experience their first Canadian employment and be given a chance to give back.

St. James Town is a one square kilometre neighbourhood of 30000 newcomer and established Canadians. Although well educated, the majority including South East Asian, African, and Latino residents live with low incomes. Mental health is a significant issue.

For the past 5 years we have built a capacity to screen for diabetes, heart health and the risk of stroke and provide nutrition and community referral programs. We have recently completed a Public Health of Canada 2 year diabetes prevention program and regularly provide peer to peer training to support diabetes education programs within the community. We have established a Foreign Trained Health Care professional group which meets regularly to contribute to the community, learn and support each other in the accreditation process. This group will bring expertise to this current project.

This proposal is part of a continuum established to address the high diabetes rates in the community and include cancer screening in context in ways requested by the community. Community Matters is known by the community for its work in this area and for the Community Assistants who help their neighbours. This project is a natural extension of a well-established prevention initiative.

1.3 Project Description

Healthy Living in St. James Town is a replicable, community based, health promotion and disease prevention initiative that will help newcomers in their efforts to assess the risks of diabetes and cancer.

At risk members of the community will be supported by Community Assistants to manage their health condition through improved networks of support and newly established health-tracking tools.

This project will scale up the existing model to address both the community and individual health needs through a holistic approach, working within the newcomer context while addressing the social determinants of health which impact wellbeing including employment, social isolation, self-esteem, language, finances and problem solving.

Key Project Outcomes

1) Short Term Outcomes: St. James Town residents are provided access to and utilize health promotion, chronic disease prevention, early detection and social support resources

2) Medium Term Outcomes:

a. That St James Town residents are provided with and can easily access information and knowledge about healthy living and chronic disease prevention practices
b. That conditions are created that will increase residents' social networks, along with better quality resources that support healthy living and chronic disease prevention
c. That St James Town residents actively participate in healthy living and chronic disease prevention practices

3) Long Term Outcomes: St. James Town residents will demonstrate and embody healthy living and chronic disease prevention practices

Key Activities

Our activities are based on research findings that several chronic diseases with common risk factors can be addressed simultaneously. Our programme integrates the key elements associated with obesity i.e. diet, physical activity and mental health to address prevention of Type 2 diabetes and cancer and heart health simultaneously.

We will target both diet and physical activity, building in social support and the use of well described and established behaviour modification methods. We will use a cumulative approach testing the impact of activities, defining new outcomes based on previous outcomes.

Activities will run simultaneously to address Access, Awareness/Knowledge and Physical and Social support. The specific activities are detailed in the project work-plan

From these activities primary outputs will be delivered. 1) **Health information** in the form of program announcements, health tips and a video will be displayed at various locations throughout the community including schools, recreation centres and apartment lobbies/elevators, 2) A group of **Community Assistants**, in many cases foreign trained health care professionals, will be trained to engage the community, conduct a variety of physical activity, nutrition, screening, support group and accompaniment activities, 3) Conduct and participate in **Community Health Days** raising awareness and providing information on the common risk factors for diabetes and cancer, 4) **Regular** (Weekly) culturally appropriate physical activity, nutrition, screening, and support group **activities** with individual and group follow up and where necessary, accompaniment to activities and appointments, 5) Local **screening** for cancer and administration of the CanRisk Assessment for diabetes with individual follow up and accompaniment where necessary, 6) The creation and administration of consumer **Health Management tools** including online tools such as My Oscar and paper tools such as the Health Passport and 7) **Knowledge Transfer** and advocacy documents including an annual project report for partners and the community, a community Food Strategy and community Physical Fitness strategy addressing the fitness issues of living in a dense urban community.

Activities will be targeted at both the general population of St. James Town and specific groups. Awareness and appropriate Knowledge Transfer activities will be of value to the entire population. The targeted groups will be defined: we will identify 200 families in Junior Kindergarten and Senior Kindergarten at Rose Avenue Public School and cross reference with postal codes to focus on the 2-3 apartment buildings where the majority of those families live. We will do intensive targeted outreach to this group of families and other cultures identified as at risk to participate in this program.

New Canadians living in St. James Town are primarily addressing the issues of employment, education, housing and language. At the same time their physical and mental health is affected as they adapt their nutrition and physical fitness habits to a new culture and a dense environment. Community Matters will intensify its focus on health information and practices in its existing programs. For example, participants in the Public Speaking course will be asked to present information about diet, exercise and health in the workplace.

Residents will participate in a "Practical English" course including health vocabulary, access to health services and how to talk to a doctor about their symptoms and concerns. In another context, when learning computer search or bookmarking techniques, the search and bookmarking may be done on the critical risk factors for cancer amongst women of a specific age.

Recognizing that new Canadians are in the process of adapting to a new lifestyle, they may not be aware of the health practices and perceptions in their new community and country. For example, a diet high in fat and fast food is often associated with prestige and prosperity in certain immigrant populations. We will:

- Identify what cultural behaviours are /neutral/healthy/unhealthy and the triggers leading to unhealthy behaviors, reinforcing them through discussion and self-help groups with a Health Professional from 'back home'

- Support socially isolated new Canadians by using self-help group/Circle approach to mimic the extended family and its benefits and they will address health practices in the context of reported depression, isolation, family issues, financial and foreign culture. Online methods will be considered here to reach those who may be more isolated
- Create activities which are appealing to new Canadians from different cultures such as Bollywood and Belly Dancing classes as a form of physical exercise
- Continue to adopt a Peer to Peer approach using foreign trained health care professionals providing an empathetic and non-judgemental approach supported by Canadian Health care professionals. Health science students will be engaged throughout all phases of the project...
- Work to establish and consolidate participant's relationships with their primary care professionals. Many still rely on health information from a friend, family member or a last minute visit to a drop-in clinic.

Technology will be used both as a form of individual health record management and as a method of providing individual support. Most participants have access to computers in their homes and have a basic knowledge of their use. We will introduce My OSCAR as a method of tracking personal health objectives and accumulating relevant health information. Training for My OSCAR can take place in the community computer training courses so participants can adapt to the technology.

2. Logical Framework

Goal: To contribute to the improvement of healthy living and chronic disease prevention practices of residents in st James town by the end of 2020.

Objectives: 1) To provide access to various forms of health information, services and platform for participation in the various physical, nutrition and self-help support group created in the community. **2)** To provide the necessary support and knowledge for residents of st. James town to actively engage in healthy living and chronic disease prevention practices.

Input	Activity	Output	Outcomes	Impact
Amount of fund, number of community assistants, volunteers and equipments used to invest on healthy living project	1) Preparation and dissemination of **health information** in the form of program announcements, health tips and a video that will be displayed at various locations throughout the community including schools, recreation centres and apartment lobbies/elevators, 2) A group of **Community Assistants**, in many cases foreign trained health care professionals, will be trained to engage the community, conduct a variety of physical activity, nutrition, screening, support group and accompaniment activities,. 3) Conduct and participate in **Community Health Days** raising awareness and providing information on the common risk factors for diabetes and cancer,	1. Number of residents exposed to CMT 's health information kit in St James town 2.# of community assistants and residents trained and deployed in various healthy living activities 3.# of foreign professional trained and assisted 4. # of people engaged in physical ,nutrition, self help group activities 5#of people screened for cancer and diabetes 6# of people engage in and use	1.Percentage of residents in St James town who are provided access to and utilize health promotion, chronic disease prevention, early detection and social support resources 2.Percentage of residents of St James who are provided with and can easily access information and knowledge about healthy living and chronic disease prevention practices 3. Conditions are created that will increase residents'	

	4) Regular (Weekly) culturally appropriate physical activity, nutrition, screening, and support group **activities** with individual and group follow up and where necessary, accompaniment to activities and appointments, 5) Local **screening** for cancer and administration of the Can Risk Assessment for diabetes with individual follow up and accompaniment where necessary 6) The creation and administration of consumer **Health Management tools** including online tools such as My Oscar and paper tools such as the Health Passport 7) **Knowledge Transfer** and advocacy documents including an annual project report for partners and the community, a community Food Strategy and community Physical Fitness strategy addressing the fitness issues of living in a dense urban community.	health management tools such as my Oscar and health pass port 7.# of St James residents actively use the digital platform created for them in the social media.	social networks, along with better quality resources that support healthy living and chronic disease prevention 4. Percentage of St James Town residents actively participate in healthy living and chronic disease prevention practices 5. Percentage of St. James Town residents who will demonstrate and embody healthy living and chronic disease prevention practices	

3. Indicators

Levels	Input	Activity	Output	Outcomes	Impact
Indicators	- Half a million CAD allocated for healthy living project -Seven? community assistant and four support staff (volunteers)hired and deployed for healthy living project - Seven? computers, one professional camera and one recorder purchased and office space secured	-Number of health information kits produced and displayed -Number of trainings conducted for community assistants ,IEHP and residents - Number of screening sessions organized -Number of campaign organized on community health days -Number of culturally appropriate nutrition physical activities organized -Number of health management tools developed	1. Number of residents exposed to CMT 's health information kit in St James town 2.# of community assistants and residents trained and deployed in various healthy living activities 3.# of foreign professional trained and assisted 4. # of people engaged in physical ,nutrition, self help group activities 5#of people screened for cancer and diabetes 6# of people engage in and use health management tools such as my Oscar and health	1.-% of residents in St James town who are provided access to and utilize health promotion, chronic disease prevention, early detection and social support resources 2.__% of residents of St James who are provided with and can easily access information and knowledge about healthy living and chronic disease prevention practices 3. # of conditions created that increased residents' social networks, along with better quality resources that support healthy living and chronic disease prevention 4. % of St James Town residents actively participated in healthy living and chronic disease	St. James Town residents demonstrated and embodied healthy living and chronic disease prevention practices

			pass port 7.# of St James residents actively use the digital platform created for them in the social media.	prevention practices 5. Percentage of St. James Town residents who demonstrated and embodied healthy living and chronic disease prevention practices	

4. Data Flow and Use

4.1 Data Flow

Indicator	Collection →	Compilation →	Storage →	Analysis →	Reporting →	Use →
- *Half a million CAD allocated for healthy living project*	*CMTs M&E officer will collect this data from the organization's financial documents at the beginning of the project and every quarter*	*Keep record of partners contribution* *Data of similar nature aggregated together*	*The data stored in a computer in a data base developed for this purpose*	*-Analysing data using pie charts in Epi Info soft ware*	*This information will be reported to the governing body of the organization, the board, the community, concerned government bodies and donor agencies*	*-The information is useful to take decisions on reallocation of resources.* *-It is also important for estimation of next budget and design of new project* *-Crucial for reprogramming of activities*
Seven? community assistant and four support staff (volunteers)hired and deployed for healthy living project	*CMT 's M&E officer will collect this data from the institution's human resource documents at the beginning of the project*	*Make inventory and register number of employees* *Disaggregate data based on level of education.*	*The data stored in a computer in a data base developed for this purpose.*	*-Use photographs and graphs for meaningful analysis* *-Analysing data using Epi Info*	*This information will be reported to the governing body of the organization (the office, the board, General assembly),concerned government bodies, donor agencies*	*The information is useful to determine the number and quality of staff and providing assignment accordingly* *It is also useful to*

						take immediate action at times of staff turnover and design of new project
-Seven? computers, screening equipments, kitchen wares., one professional camera and one recorder purchased and office space secured?	*CMT's M&E officer will collect this data from the organization's purchase documents ,registry and inventory documents at the beginning of the project*	*Make inventory and registry of production materials*	*The data stored in a computer in a data base developed for this purpose*	*-Analysing data using tables in Epi Info*	*This information will be reported to the governing body of the org(the, office, the board,),concerned government bodies, ,donor agencies*	*The data is helpful to make sure that the necessary materials are available and functional. If not decisions will be made for maintenance or purchase of new equipments*
-Number of health information kits produced and displayed	*CMTs M&E officer will collect this data from the org's meeting minutes and from monthly reports every month*	*Counting and registering number of health information materials produced and displayed*	*The data stored in a computer in a data base developed for this purpose*	*Entering data, register them using Epi Info*	*The data will be reported to management team of CMT*	*Data can be used to provide supportive supervision towards performance improvement of the production*

-Number of trainings conducted for community assistants ,IEHP and residents	*CMT's M&E officer will collect this data from regular reports at the beginning of the project and at every quarter*	*By making inventory and registering numbers and type of trainings organized segregated by age ,sex and places*	*The data stored in a computer in a data base developed for this purpose*	*-Use photographs and maps for meaningful analysis* *-Analysing data using Epi Info*	*The data will be reported to management team of CMT*	*Information is useful for M&E and for getting balanced feedback* *-Helpful to understand the views of trainees and providing them with more space for discussion* *-Advocate for additional resources*
- Number of screening sessions organized	*CMT's M&E officer will collect this data from M&E team reports at the beginning of the project and at every quarter*	*By making inventory and registering numbers of screening conducted segregated by age ,sex and places*	*The data stored in a computer in a data base developed for this purpose*	*-Use photographs and tables for meaningful analysis* *-Analysing data using Epi Info*	*The data will be reported to M&E , management team of CMT*	*-Helpful to understand for proper allocation of resources* *-Advocate for additional resources*
-Number of campaign organized on community health days *-*	*CMT's M&E officer will collect this data from the community assistants engaged in the campaign*	*Registering number of campaigns and activities conducted*	*The data stored in a computer in a data base developed for this purpose*	*Analysing data using tables in Epi Info and photographs*	*This information will be reported to the governing body of the org(the, office, the board, community),concerned government bodies, donor agencies*	*This data improve our intervention by maximizing our reach or focusing in a specific areas of intervention*

Number of culturally appropriate nutrition physical activities organized	*CMT's M&E officer will collect this data from the community assistants engaged in the campaign*	*Registering number of culturally appropriate activities organized*	*The data stored in a computer in a data base developed for this purpose*	*Analysing data using photographs ,tables in Epi Info*	*This information will be reported to the governing body of the org(the, office, the board,) community, concerned government bodies, donor agencies*	*This data improve our intervention by maximizing our reach or focusing in a specific areas of intervention*
-Number of health management tools developed	*CMT's M&E officer will collect this data from the community assistants ,staff engaged in social media activities*	*Registering number of health management tools developed*	*The data stored in a computer in a data base developed for this purpose*	*Analysing data using tables in Epi Info*	*This information will be reported to the governing body of the org(the, office, the board,) community, concerned government bodies, donor agencies*	*This data improve our intervention by maximizing our reach using various online and offline options*
Number of residents exposed to CMT 's health information kit in St James town	*CMT's M&E officer will collect this data with the help of data collectors every quarter*	*Making a questionnaire and entering data systematically by bringing similar information together*	*The data stored in a computer in a data base developed for this purpose*	*Analyse data using charts, maps, graphs in Epi Info*	*This information will be reported to the governing body of the org(the, office, the board), community, concerned government bodies, donor agencies*	*Helpful for the org to monitor information dissemination plan and take immediate and effective decision* *-Important for donors to make sure effective and efficient use of resources*

.# of community assistants ,IEHP and residents trained and deployed in various healthy living activities	*CMT's M&E officer will collect this data from the attendance sheet immediately after the trainings*	*By bringing similar information together*	*The data stored in a computer in a data base developed for this purpose*	*Analyse data using charts, maps, graphs in Epi Info*	*This information will be reported to the governing body of the org(the, office, the board), community, concerned government bodies, donor agencies*	*Helpful for the org to take immediate and effective decision* *-Important for donors to make sure effective and efficient use of resources*
# of people engaged in physical ,nutrition, self help group activities	*CMT's M&E officer will collect this data from the community assistants engaged in the campaign*	*Registering number of culturally appropriate activities organized*	*The data stored in a computer in a data base developed for this purpose*	*Analysing data using photographs ,tables in Epi Info*	*This information will be reported to the governing body of the org(the, office, the board,) community, concerned government bodies, donor agencies*	*This data improve our intervention by maximizing our reach or focusing in a specific areas of intervention*
#of people screened for cancer and diabetes	*CMT's M&E officer will collect this data from community assistant reports every time after screening*	*By making inventory and registering numbers of people engaged in the screening segregated by age ,sex and places*	*The data stored in a computer in a data base developed for this purpose*	*-Use photographs and tables for meaningful analysis* *-Analysing data using Epi Info*	*The data will be reported to M&E , management team of CMT*	*Information is useful for M&E and for referral* *-Helpful to understand for proper allocation of resources* *-Advocate for additional resources*

# of people engage in and use health management tools such as my Oscar and health pass port	*CMT's M&E officer will collect this data from reports of community assistants and from the web*	*Registering number of people using health management tools*	*The data stored in a computer in a data base developed for this purpose*	*-Use photographs and maps for meaningful analysis* *-Analysing data using Epi Info*	*This information will be reported to the governing body of the org(the, office, the board), concerned government bodies, donor agencies*	*Helpful to strengthen project and look for other innovative ways of reaching targeted audiences*
.# of St James residents actively use the digital platform created for them in the social media.	*CMT's M&E officer will collect this data from social media platforms*	*Using numbers of visitors and comments*	*The data stored in a computer in a data base developed for this purpose*	*-Use photographs and graphs for meaningful analysis* *-Analysing data using Epi Info*	*This information will be reported to the governing body of the org(the, office, the board), concerned government bodies, donor agencies*	*Helpful to strengthen project and look for other innovative ways of reaching targeted audiences*
-% of residents in St James town who are provided access to and utilize health promotion, chronic disease prevention, early detection and social support resources	*CMT M&E officer will collect this data from internal reports and through questionnaire, FGD and IDI at the end of every year and the end of the project*	*Making a questionnaire and entering data systematically by bringing similar information together*	*The data stored in a computer in a data base developed for this purpose*	*Analyse data using charts, maps, graphs in Epi Info*	*This information will be reported to the governing body of the org(the, office, the board) community, concerned government bodies, donor agencies*	*Government will use it for healthy living and chronic disease prevention policy decision making* *Donors will decide to fund or not to fund the project* *-to avoid duplication of efforts* *CMT for improving services*

.__% of residents of St James who are provided with and can easily access information and knowledge about healthy living and chronic disease prevention practices	*CMT's M&E officer will collect this data from internal reports and through questionnaire, FGD and IDI at middle and the end of the project*	*Making a questionnaire and entering data systematically by bringing similar information together*	*The data stored in a computer in a data base developed for this purpose*	*Analyse data using charts, maps, graphs in Epi Info*	*This information will be reported to the governing body of the org(the, office, the board) community concerned government bodies ,donor agencies*	*Government will use it for healthy living and chronic disease prevention policy decision making* *Donors will decide to fund or not to fund the project* *-to avoid duplication of efforts* *CMT for improving services*
# of conditions created that increased residents' social networks, along with better quality resources that support healthy living and chronic disease prevention	*CMT's M&E officer will collect this data from internal reports and through questionnaire, FGD and IDI at middle and the end of the project*	*Making interview and FGDs and entering data systematically by bringing similar information together*	*The data stored in a computer in a data base developed for this purpose*	*Analyse data using theme*	*This information will be reported to the governing body of the org(the, office, the board) community concerned government bodies ,donor agencies*	*Government will use it for healthy living and chronic disease prevention policy decision making* *Donors will decide to fund or not to fund the project* *-to avoid duplication of efforts*

						CMT for improving services
% of St James Town residents actively participated in healthy living and chronic disease prevention practices	*CMT's M&E officer will collect this data from reports of CAs and partner organizations every month*	*Registering number of residents participating in each physical and nutrition ,self help activities*	*The data stored in a computer in a data base developed for this purpose*	*-Use photographs and tables for meaningful analysis* *-Analysing data using Epi Info*	*This information will be reported to the governing body of CMT(the, office the board,),Community concerned government bodies, donor agencies*	*Helpful to strengthen program such as by maximizing participation depending on funds*
Percentage of St. James Town residents who demonstrated and embodied healthy living and chronic disease prevention practices	*CMT's M&E officer will collect this data from internal reports and through questionnaire, FGD and IDI at the end of every year and the end of the project*	*Making interview ,questionnaire and entering data systematically by bringing similar information together*	*The data stored in a computer in a data base developed for this purpose*	*Analyse data using charts, maps, graphs in Epi Info*	*This information will be reported to the governing body of CMT(the, office, the board,),concerned government bodies ,donor agencies*	*Government will use it for policy decision making* *Donors will decide to fund or not to fund the project* *-to avoid duplication of efforts* *-CMTfor improving*

						services
St. James Town residents demonstrated and embodied healthy living and chronic disease prevention practices	*CMT's M&E officer will collect this data from internal reports and through questionnaire, FGD and IDI at the end of every year and the end of the project*	*Making interview and questionnaire and entering data systematically by bringing similar information together*	*The data stored in a computer in a data base developed for this purpose*	*Analyse data using charts, maps, graphs in Epi Info*	*This information will be reported to the governing body of CMT(the, office, the board,),community, concerned government bodies, donor agencies*	*Helpful to make objective decision on what worked well and what didn't.*

4.2 Data Use Plan

Indicator	Uses	Stakeholders	Mechanism	Format	Next Steps
Half a million CAD allocated for healthy living project	*To advocate for additional resources* *-To reallocate unused resources* *-shape donors decisions*	*-CMT ,community members ,partners and donors*	*-Writing and sending out quarterly reports*	*Use logical organization, direct and simple languages and use pie charts to show contributions of each donor.*	*Follow up on liquidation and request of next fund after reporting the previous one on a quarterly basis*

Seven? community assistant and four support staff (volunteers)hired and deployed for healthy living project	*-To improve program intervention* *-Best use of the community assistants, volunteers staff depending on their numbers and quality of their expertise* *-To take action if there is attrition*	*Program staff* *Executive board, St James community* *-Donor*	*Writing and sending out quarterly reports*	*Use logical organization, direct and simple languages.*	*Monitor and take corrective measures when there is attrition*
-Seven? computers, screening equipments, kitchen wares., one professional camera and one recorder purchased and office space secured?	*Improve and ensure quality of services through purchase or maintenance of proper equipment*	*-Program staff* *-partners, donor*	*Writing and sending out reports at every quarter*	*Use logical organization, direct and simple languages*	*Regularly Monitor function of equipment*
-Number of health information kits produced and displayed	*-To improve program intervention* *-keep staff on learning mode* *-Make decision about best use of resources*	*Program staff of CMT* *Production team CMT*	*Writing and sending reports every quarter*	*Use charts and tables*	*-Make sure all residents are covered with the information with close follow up*

-Number of trainings conducted for community assistants ,IEHP and residents	*To reach more workers supporting the community.* *-To make effective use of meagre resources*	*-residents* *-community assistants* *-volunteers*	*Writing and sending reports every time after training*	*Use charts , tables and photographs, video and website*	*Encourage people's participation*
- Number of screening sessions organized	To increase access to screening services	-residents	*Writing and sending reports every time after screening*	*Use charts , tables and photographs, video and website*	*Identify area of focus* *Strengthen referral system*
-Number of campaign organized on community health days -	To maximize reach through coordinated campaign	-residents Community assistants partners	*Writing and sending reports every time after the campaign*	*Use charts , tables and photographs, video and website*	*To select, common and resounding theme*
Number of culturally appropriate nutrition physical activities organized	To convey culturally appropriate messages in the nutrition and physical activity events	-residents -community assistants -volunteers	*Writing and sending reports every time after the events*	*Use charts , tables and photographs, video and website*	*To refocus attention depending on the need of each communities*
-Number of health management tools	*-Encourage*	*-Community members*		*using photographs and*	*Continues*

developed	*participation of residents* *-Best use of resources* *-Improve quality of online resources*	*-partners* *-community assistance*	*Writing and sending out reports*	*charts, web infos*	*encouragement of residents in using health management tools*
Number of residents exposed to CMT 's health information in St James town	*-Increase residents awareness* *-Advocate for more resources for healthy living*	*-residents* *-partners*	*Writing and sending out reports*	*Photographs and slide presentation*	*Monitor exposed readers and viewers, browsers* *Review progress and manage unexposed community members*
.# of community assistants ,IEHP and residents trained and deployed in various healthy living activities	*Build local capacity*	*-residents* *-CAs* *-IEHP* *Partners*	*Writing and sending out reports*	*Use charts , tables and photographs, video and website*	*Identify gaps and conduct more training* *Improve coordination*

# of people engaged in physical ,nutrition, self help group activities	*Increase positive habits of healthy living*	*residents* *-CAs* *-IEHP* *Partners*	*Writing and sending out reports*	*Use charts , tables and photographs, video and website*	*Indentify more engaging and innovative activities*
#of people screened for cancer and diabetes	*To understand problems of cancer and diabetes in community and refer them to other services*	-residents	*Writing and sending reports every time after screening*	*Use charts , tables and photographs, video and website*	Identify area of focus Strengthen referral system
# of people engage in and use health management tools such as my Oscar and health pass port	*-Encourage residents for use of innovative tools* *-Best use of resources* *-Improve quality of online resources*	*-Community members* *-partners* *-community assistance*	*Writing and sending out reports*	*using photographs and charts, web infos*	*Continues encouragement of residents in using virtual platforms*
.# of St James residents actively use the digital platform created for them in the social	*-Encourage participation of residents*	*-Community members* *-partners*	*Writing and sending out*	*using photographs and charts, web infos*	*Continues encouragement of residents in using health*

media.	*-Best use of online resources* *-Improve quality of online resources*	*-community assistants*	*reports*		*management tools on the web*
-% of residents in St James town who are provided access to and utilize health promotion, chronic disease prevention, early detection and social support resources	*-Share negative and positive findings for learning* *-To improve intervention and design new program if necessary*	*-Residents* *-Donors* *-CA staff* *-health providers* *-school administration* *-Parent groups* *Government officials,* *-professional colleagues* *-Policy makers Funding agencies*	*Writing and sending out reports*	*Use of charts, graphs and power point presentation*	*Devise knowledge translation mechanisms*
.__% of residents of St James who are provided	*Share negative and*	*Residents*	*Writing and sending out*	*-Use tables and charts*	*Devise knowledge*

with and can easily access information and knowledge about healthy living and chronic disease prevention practices	*positive findings for learning* *-To improve intervention and design new program if necessary*	*-Donors* *-CA staff* *-health providers* *-school administration* *-Parent groups* *Government officials,* *-professional colleagues* *-Policy makers Funding agencies*	*reports*		*translation mechanisms*
# of conditions created that increased residents' social networks, along with better quality resources that support healthy living and chronic disease prevention	*To gain financial and political as well as social support* *-To improve program intervention* *-To advocate for additional resources* *-Lobby for policy changes*	*Residents* *-Donors* *-CA staff* *-health providers* *-school administration* *-Parent groups* *Government officials,* *-professional colleagues*	*Writing and sending out reports*	*-Use tables and charts*	

	-Build body of lesson and best practices	*-Policy makers Funding agencies*			
% of St James Town residents actively participated in healthy living and chronic disease prevention practices	*To gain financial and political as well as social support* *-To improve program intervention* *-To advocate for additional resources* *-Lobby for policy changes* *-Build body of lesson and best practices*	*Residents* *-Donors* *-CA staff* *-health providers* *-school administration* *-Parent groups* *Government officials,* *-professional colleagues* *-Policy makers Funding agencies*	*Writing and sending out reports*	*-Use tables and charts*	*Continuously communicate results to media organizations*
Percentage of St. James Town residents who demonstrated and embodied healthy living and chronic disease prevention practices	*To gain financial and political as well as social support* *-To improve program intervention*	*Residents* *-Donors* *-CA staff* *-health providers*	*Writing and sending out reports*	*-Use tables and charts*	*Continuously communicate results to media organizations*

	-To advocate for additional resources *-Lobby for policy changes* *-Build body of lesson and best practices*	*-school administration* *-Parent groups* *Government officials,* *-professional colleagues* *-Policy makers Funding agencies*			
St. James Town residents demonstrated and embodied healthy living and chronic disease prevention practices	*To gain financial and political as well as social support* *-To improve program intervention* *-To advocate for additional resources* *-Lobby for policy changes* *-Build body of lesson and best practices*	*Residents* *-Donors* *-CA staff* *-health providers* *-school administration* *-Parent groups* *Government officials,* *-professional colleagues* *-Policy makers Funding agencies*	*Writing and sending out reports*	*-Use tables and charts*	*Continuously communicate results to media organizations*

4.3. Audience Analysis

Audience Analysis

Audience	Audience Background (knowledge, experience, etc.)	Audience Demographic Characteristics	What information is required? (audience needs and interests)	Why is the information required?	When is the information required?	How will the information be communicated? (format)
External Audience						
St James town residents	*The 18 slab high rise apartments were built in the late 1960's for an estimated adult's only population of 13,000.*	*St. James Town is a one square kilometre neighbourhood of 30,000 newcomers and established Canadians* *a community of over 60 cultures with a heavy South Asian and African population. Currently there is a large Nepali community as well as Korean refugees adding to the mix.*	*-residents need all information regarding thier health as they are integrating themselves in a new culture*	*-residents make use of the information for their personal health benefits advocacy of more resources, lobby for active participation, new approaches and design as well as planning of similar or different interventions in their neighbourhoods*	*-Information is required throughout the life style of the project*	*The information is communicated through community assistants, information kits, health management tools, through written reports, final evaluation workshop, through field visit by the M&E team of CMT*

Funding Agencies	*-*	*Based in Ontario*	*The Information needed by government agency include among others are use of finance, human resources ,information and service provided and, results achieved as per goal and objectives of the project and lessons learned*	*Agency needed the information to know about whether the allocated resources for healthy living project is properly utilized or not.* *Whether or not the intervention is reached to the intended target and bring about the intended result as well as lessons learned for future intervention*	*-Information is required every quarter annually and at the end of the project*	*-The information will be communicated through written reports with other visual aids if necessary*
Partners	*Private sector, NGOs, Government agencies, health services, educational institutions*	*Based in Ontario*	*Basically these partner organizations needs information related to our budget, activities and final results of our intervention*	*The organizations need the information to avoid duplication of efforts, to replicate best practices and for proper use of available resources.* *-They use the information as well for monitoring and evaluation of health y*	*-Information is required at the beginning of the project, every quarter and at the end of the project.* *-*	*-The information will be communicated through written reports with other visual aids*

				living-		
Internal Audience						
CMT *Management team* *Program staff*	*The management team of CMT is responsible for the management of any programs of the organization including healthy living project.*	*The team heading health, education and employment projects*	*The management team needed all the information that comes out of the M&E process*	*The information is needed for smooth implementation and improvement or reconsideration of program interventions and for any decision making.*	*The information is needed almost every month*	*Information presented through oral presentation and in written form*

5. Data Quality

5.1 Data Quality Management Plan

Name of Indicator	Data Quality Issues	Actions Taken or Planned to Address this Limitation	Additional Comments
Half a million CAD allocated for healthy living project	*Data may not be recorded accurately and in a timely manner that resulted in change of currency and affect the smooth implementation of the program*	*Bring in qualified data collector and provide enough training before data collection, storage and analysis*	
Seven? community assistant and four support staff (volunteers)hired and deployed for healthy living project	*Frequency of Collection of such data might possibly affect the validity of the data and may deter the concerned body from taking timely action*	*Frequently updating the data will help decision makers to take timely action*	
-Seven? computers, screening equipments, kitchen wares., one professional camera and one recorder purchased and office space secured?	*The time and accuracy of the data collected may not give the true picture of possession of equipment of the organization*	*Continues update of data is important to check whether equipments are properly working at the time of data capturing. There is also need to*	

		check last update of data before using it.	
-Number of health information kits produced and displayed	*Categorization and proper counting of health info kits and other items will possibly affect the consistency of the data to be collected*	*Proper taxonomy, archiving and training will somehow address the problem. Standard formats to be used for health info produced and made available*	
-Number of trainings conducted for community assistants ,IEHP and residents	*Probably inconsistent figures comes up whenever data collected*	*Ensuring accuracy and reliability of data that should involves appropriate education and training and timely and appropriate communication of data definitions to those who collect data.*	
- Number of screening sessions organized	*Information received from the field may not be accurate and timely*	*Randomly select at least 10% of the information and check the result in time. This can be done through field visit and telephone calls in a timely manner.*	
-Number of campaign organized on community health days -	*Bringing all the campaign events together may be difficult to understand they type and quality of data collected*	*Classifying the type of events conducted will address the problem*	

Number of culturally appropriate nutrition physical activities organized	*The knowledge assessment will be done in English language, which is translated from English to other languages and this translation may result in cultural reinterpretation and as a result the validity of the data may be affected*	*In order to address this problem cultural appropriate language can be used. Questionnaires have to be retranslated back to original language to check as well as hold continuous real time discussion with data collectors. Pretesting questionnaire and providing training to data collectors is also crucial.* *Using both qualitative and quantitative method also address the problem in a great deal*	
-Number of health management tools developed	*Bringing all the health management tools together may be difficult to understand the type and quality of data collected*	*Classifying the type of tools developed will address the problem*	
Number of residents exposed to CMT 's health information in St James town	*Most of the time assessing attitudes of people on sensitive topics like health using questionnaire is very difficult just because survey questionnaire does not allow to build relationship between interviewer and interviewee .And as a result reliability of data is in question.*	*Asking same question in different forms at different section of the questionnaire will help to assess whether there is discrepancy between the two results. Using both qualitative and quantitative method can solve the problem again*	
.# of community assistants ,IEHP	*Information received from the field may not be accurate and timely*	*Randomly select at least 10% of the information*	

and residents trained and deployed in various healthy living activities		*and check the result in time. This can be done through field visit and telephone calls in a timely manner.*	
# of people engaged in physical ,nutrition, self help group activities	*Information received from the field may not be accurate and timely*	*Randomly select at least 10% of the information and check the result in time. This can be done through field visit and telephone calls in a timely manner.*	
#of people screened for cancer and diabetes	*Information received from the field may not be accurate and timely*	*Randomly select at least 10% of the information and check the result in time. This can be done through field visit and telephone calls in a timely manner.*	
# of people engage in and use health management tools such as my Oscar and health pass port	*Information received may not be accurate and timely*	*Randomly select at least 10% of the information and check the result in time. This can be done through field visit and telephone calls in a timely manner.*	
.# of St James residents actively use the digital platform created for them in the social media.			
-% of residents in St James town who are provided access to and utilize health promotion, chronic disease prevention, early detection and social support resources	*Informants of KAP assessment may not report accurately probably due to misunderstanding of the question,*	*This can be addressed through pretesting ,providing training to data collectors and by not paying or paying them after the end of the data*	

	cultural misinterpretation, as well as may be the respondents get paid in exchange of their answer to the questions. The above factors greatly affect the validity and reliability of the data.	*collection*	
.__% of residents of St James who are provided with and can easily access information and knowledge about healthy living and chronic disease prevention practices	*Most of the time assessing chronic diseases using questionnaire is very difficult just because survey questionnaire does not allow to build relationship between interviewer and interviewee .And as a result reliability of data is in question.*	*Asking same question in different forms at different section of the questionnaire will help to assess whether there is discrepancy between the two results. Using both qualitative and quantitative method can solve the problem again*	
# of conditions created that increased residents' social networks, along with better quality resources that support healthy living and chronic disease prevention	*May be difficult to secure accurate consistent and precise data as participation and networking can be interpreted differently at different levels*	*The use of data definitions, extensive training, standardized data collection (procedures, rules, edits, and process) and integrated/ interfaced systems facilitate consistency, accuracy and precision of data.*	
% of St James Town residents actively participated in healthy living and chronic disease prevention practices	*Most of the time assessing chronic diseases using questionnaire is very difficult just because survey questionnaire does not allow to build relationship between interviewer and interviewee .And*	*Asking same question in different forms at different section of the questionnaire will help to assess whether there is discrepancy between the two results. Using both qualitative and quantitative method can solve the problem again*	

	as a result reliability of data is in question.		
Percentage of St. James Town residents demonstrated and embodied healthy living and chronic disease prevention practices	*Skill and enthusiasm of data collectors vary from place to place in handling open ended questions. This may result in getting inconsistent data on similar issues.*	*This can be addressed through proper training and triangulation of methods that would result in checking same thing using different approaches.*	

6. Evaluation

Evaluation is the periodic assessment of the relevance, performance, efficiency, and impact (both expected and unexpected) of the project in relation to stated objectives..

Evaluation of our project has two major dimensions:

1. Internal evaluation (by our M&E team).

• An *Process evaluation* is undertaken by project management during implementation as a first review of progress and an ongoing likely effect of the project. It is intended to identify project design problems, and is essentially an internal activity undertaken for project Management.

• *External evaluation,* a similar process undertaken by external independent consultant at the end of our project. It includes an assessment of the project's effects and its potential sustainability.

• The impact evaluation is usually undertaken several years after final disbursement, and measures changes attributable to the project in terms of both direct and indirect causality. This is normally undertaken by national authorities or donor agencies. (9)

Process Evaluation

Process evaluation is used here to refer a type of evaluation focus on assessing how well CMT has been implemented and to adjust communication activities and tasks to meet the program behavioural objectives. It examines the operation of the program, including which activities are taking place, and assesses the performance of the people involved in the implementation and who is reached through the activities. Process evaluation assesses whether inputs and resources have been allocated or mobilized and whether activities are being implemented as planned.

It involves on-going evaluation of the implementation process, identifying program strengths, weaknesses and areas that need improvement. It includes assessment of whether messages are being delivered appropriately, whether health information and

services are being provided to St James town residents, Data from process evaluation can be used in at least three ways:

• Making decisions about refining the strategic objectives, activities, behaviours, and so on.

• Documenting and justifying how resources have been spent.

• Making a compelling case for continued or additional funding

Outcome Evaluation

Outcome evaluation is used to assess the effectiveness of healthy living project in meeting its stated behavioural objectives. Outcome evaluation considers the consequences (intended and unintended) of the program. **Outcome evaluation** requires more time, resources, and methodological rigor.

Outcome indicators

Outcome indicators measure the effects expected from CMT. Generally, these changes in selected key behaviours are achieved in the last stages of the implementation plan or halfway through the implementation of the program. In summary, outcome indicators are defined by the behavioural results specified from the very outset; for example:

Impact Evaluation

Impact evaluation is usually most resource-intensive of the evaluation types to design and implement. Using rigorous research designs (usually experimental or quasi-experimental), it determines with as much certainty as is allowed whether the campaign affected the outcomes measured. This type is often referred to as the "gold standard" of evaluation because it yields the most definitive answer to the question of whether the campaign produced its intended outcomes and results.

Impact evaluation

It is very difficult to assess impact of healthy living project as it evaluates how changes in key behaviours promoted by healthy living intervention.

Impact evaluation requires preliminary information collected at the beginning of the health sector.

Impact Indicators

Impact indicators should address questions such as the following:

• Does healthy living project achieved intended goals, and to what extent?

• Does healthy living project impact vary across different groups of intended audiences, geographic areas, and over time?

• Are there any unintended effects of our intervention, either positive or negative?

• How effective are the healthy living interventions in comparison with other interventions?

Questions impact

• Are changes in outcomes due to the intervention?

• Did communities with the project have better results than communities without the project?

• Did people with greater exposure to the program experience better results than people with little or no exposure?

How will the data be obtained*?*

In order to measure whether the stated objectives has been achieved or not, both qualitative and quantitative research designs will be used. The qualitative method will help to get deep and detail information regarding some specific issues that cannot addressed by considering only the quantitative methods.

- **Quantitative Method**

KAP (Knowledge, Attitude and Practice) survey will be conducted in targeted town by considering the appropriate sampling techniques. The sampling size will be proportionate with the number of promotion materials and services provided in st James town.

- **Qualitative Method**

In order to get detail information, in-depth interview and focus group discussions will be held with residents, community assistants and partner organizations. Purposive sampling technique will be applied since it will help to select respondents based on their abilities.

Data collection tools

Evaluation data collection tools

In order to collect the required quantitative data, a semi-structured interview checklist on the basis of the objectives and verifiable indicators will be developed.

In case of the qualitative data, to conduct the individual in-depth interview, a semi-structured interview guide line will be developed considering the objectives of the study. In order to carry out the focus group discussion also, discussion points will be outlined based on the objectives.

Evaluation Research Design

We've just said that evaluation is about measuring change. The best approach to measuring change is to do **a good solid baseline and periodic follow-up data collection. A** standard evaluation research design in which data is collected at three points in time within the communities involved in the intervention. The same data is collected each and every time at the beginning, in the middle and at the end of our project. The result of such an evaluation research design allows program managers to determine the changes that have taken place in our target areas during the time of the project. Putting in place comparison sites is very important while evaluating healthy living project.

Baseline data

Since we do not have relevant secondary data, we must conduct baseline survey prior to the intervention or immediately after the commencement of our project. Detail TOR will be prepared for the commencement of the baseline survey

7. Reporting Plan

Monitoring and evaluation reports are valuable sources of information that can form the basis for decision-making and learning at the programme or project level. They constitute part of the institutional memory on programmes and projects that can be easily retrieved and used by managers and development partners. This is especially true when the basic information on relevance, performance and success is extracted from the reports and entered into a computerized database, to facilitate the retrieval of information and contribute to trends analysis. Reports can be divided in to monitoring reports and evaluation reports.

MONITORING REPORTS

Reports must be prepared for all monitoring actions: field visits and stakeholder meetings, including bipartite and tripartite reviews. In addition, periodic and terminal reports must be prepared for all programmes and projects regardless of budget and duration. These reports should serve as inputs to CMT activities as well as to any evaluation exercises that will be conducted.

Our monitoring reports include an assessment of the relevance and performance of healthy living project. They should identify early signs of potential problems or success. Based on such an assessment, monitoring reports contain practical recommendations on how to solve problems or let continue initial gains.

EVALUATIONS REPORTS

Our evaluation reports focus on how issues pertaining to relevance, performance and success were, or continue to be, addressed as substantive concerns during the formulation, implementation and post-implementation stages. Our evaluation reports contain the following core elements: findings, conclusions, recommendations and lessons learned.

Data element	Information Product	Recipient	Date
Inputs (resources, such as staff, funds,	Information packed in the form of written	Mostly for internal audiences such as	Routinely reported from the start of the

materials, facilities and supplies)	reports that contains funds, material and human resource	management and community assistant team, board members	project to the end of the project
Activities (information and services,)	Information packed in the form of written reports that contains information on how the various activities of healthy living initiative with the active participation of residents and partners	Mostly for internal audiences such as management and community assistants, board members	Routinely reported from the start of the project to the end of the project
(immediate results, such as number of information kit produced and displayed and number of residents exposed to such materials	Information packed in the form of written reports using graphs, charts etc that depicts the number of health info distributed to the number of residents who can read , listen and watch them	Mostly for internal audiences such as management and community assistants, board members	Routinely reported from the start of the project to the end of the project
Knowledge, attitudes and behaviour and practice of residents towards their healthy living	Written reports of KAP assessment with the help of visual aids such as photographs, slides etc oral presentation,	Majorly for internal and external audiences such as CMT, Donors, government bodies and residents themselves	The end of the project 2020
St James residents embodied and demonstrated healthy living and chronic disease prevention practices	Written reports of the impact of the project with the help of visual aids	Mostly for internal and external audiences such as CMT ,government partners and others	End of the project and beyond

Reporting Form

No	Outline	Description
1	Executive summary	Concisely states the most important and useful findings of the report
2	Introduction	States the scope of the evaluation (its purpose, audience and key questions)
3	Background	Explains the setting, target population and basis of the program
4	Methodology	Describes how the evaluation was carried out
5	Findings or results	Presents findings about program performance, outcomes and impact
6.	Conclusions	States the evaluator's interpretation of findings
7.	Recommendations	Proposes action, based on conclusions
8.	Lessons learned	Describes implications for similar programs in different settings or for our own program's future activities
9.	Annexes	Offers additional material that explains evaluation methods, data collection instruments, schedules, persons interviewed documents reviewed, statistical tables and list of acronyms

8. Appendices8.1 Indicator Information Sheets

Indicator Protocol Reference Sheet Number: I
Name of Indicator: *Half a million CAD allocated for healthy living project*
Result to Which Indicator Responds: expenses for health program development and dissemination training and provision of various services helpful to mitigate diabetes and cancer in St James Community.
Level of Indicator: INPUT
Description
Definition: The amount of money allocated for the hiring of staff, purchase of equipment, development of health promotion materials ,service provision to bring about desired attitudinal and behavioural change among St James residents in Toronto Canada.
Unit of Measurement and Desegregations: The amount of money earmarked is in Canadian dollar.
Plan for Data Acquisition
Data Collection Method: Quantitative data will be collected by going through financial documents of donors and implementing organization that is CMT
Data Source: The data sources are the financial documents of CMT and donor agencies. The MOU signed between the donors and implementing agencies can also be possible data sources.
Frequency and Timing of Data Acquisition: Data can be acquired mainly at the beginning of the project and at the beginning of every quarter till the end of the project.
Individual Responsible: Mainly CMT M&E team is responsible for data collection and coordination through deploying data collectors.
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: Data may not be recorded accurately and in a timely manner that resulted in change of currency and affect the smooth implementation of the program.
Actions Taken or Planned to Address this Limitation: Timely report is needed to avoid unnecessary devaluation of currency. Hire qualified data collector and provide enough training before data collection, storage and analysis.
Internal Data Quality Assessments: Data needed to be checked every month by M&E officer and report and discrepancies of currency?
Plan for Data Analysis, Review & Reporting
Data Analysis: Data need to be analysed using pie charts in epi info frequently before use.
Review of Data: Data needed to be reviewed at least every month to check whether there is the required amount of money available at the time of implementation of a specific activity.
Using Data : This information will be reported to the governing body of CMT (the,office, the board),concerned government bodies, donor agencies. The information is useful for CMT and donors to take decisions on reallocation and request of resources .It is also important for estimation of next budget and design of new project.
This sheet was last updated on: Other notes / comments:
March 2017

Indicator Protocol Reference Sheet Number: 2
Name of Indicator: *Seven? community assistant and four support staff (volunteers)hired and deployed for healthy living project*
Result to Which Indicator Responds: Adequate health professionals mainly internationally educated once are trained and deployed along with volunteers and support staff for the effective production of health information and providing services important for healthy living and chronic disease prevention practices
Level of Indicator: INPUT
Description
Definition: Seven? health experts along with support staff and volunteers like accountant, , M&E officers etc will be on board to produce quality health information products and services.
Unit of Measurement and Desegregations: foreign educated health professionals will be deployed to healthy living project. Equal chances will be given to male and female while engaging both professionals and support staff with encouragement for female applicants.
Plan for Data Acquisition
Data Collection Method: This data is collected mainly at the beginning of the project and almost every month till the end of the project.
Data Source: The data source for this information is human resource document and pay roll. Minutes of hiring bodies of the institute as well as reports of human resource can also be possible data sources.
Frequency and Timing of Data Acquisition: Data can possibly be collected immediately after recruitment of staff members and almost every month until the end of the project.
Individual Responsible: Mainly CMT M&E team is responsible for data collection and coordination..
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: Frequency of Collection of such data might possibly affect the validity of the data and may deter the concerned body from taking timely action
Actions Taken or Planned to Address this Limitation: Frequently updating the data (at least once in every month) will help decision makers to take timely action.
Internal Data Quality Assessments: Set up internal reporting mechanisms every week to check presence and performance of employee.
Plan for Data Analysis, Review & Reporting
Data Analysis: -Use photographs and graphs for meaningful analysis data based on age, qualification and gender using Epi Info.
Review of Data: Data need to be checked or reviewed on monthly basis to take corrective measures. The organization have probation period of 45? days to check performance of employee and have put in place performance improvement plan.
Using Data: This information will be reported to the governing body of the organization (the, office, the board,) communities, concerned government bodies, (, donor agencies to determine the number and quality of staff and providing assignment accordingly. It is also useful to take immediate action at times of staff turnover and design of new program.
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 3
Name of Indicator: -*Seven? computers, screening equipments, kitchen wares., one professional camera and one recorder purchased and office space secured?*
Result to Which Indicator Responds: The equipment purchased and used will help to maintain the production of quality health promotion materials and enable to provide quality services to residents in St James town.
Level of Indicator: INPUT
Description
Definition: Computers needed to be there for professionals and one professional camera need to be purchased with adequate office space enough for all staff to properly produce quality health promotion and display them for residents.
Unit of Measurement and Desegregations: The number of equipment purchased and made available.
Plan for Data Acquisition
Data Collection Method: At the beginning of the project and almost every month until the end of the project through inventory
Data Source: Documents ,registry and inventory documents of the org
Frequency and Timing of Data Acquisition: Data will be collected at the beginning of the project and almost every month.
Individual Responsible: CMT M&E officer will collect this data from the institute's purchase and existing property
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: The time and accuracy of the data collected may not give the true picture of possession of equipment of the organization
Actions Taken or Planned to Address this Limitation: Continues update of data is important to check whether equipments are properly working at the time of data capturing. There is also need to check last update of data before using it.
Internal Data Quality Assessments: Frequent (at least once in a month) inventory and check up of equipment of the organization
Plan for Data Analysis, Review & Reporting
Data Analysis: -Analysing data using tables in Epi Info
Review of Data: Data needed to be internally updated at least every month to make sure that equipments are functioning properly.
Using Data: This information will be reported to the governing body of CMT (the, office, the board), concerned government bodies, donor agencies to make sure that the necessary materials are available and functional. If not decisions will be made for maintenance or purchase of new equipments.
This sheet was last updated on: Other notes / comments:
March,2017

Indicator Protocol Reference Sheet Number: 4
Name of Indicators: Number of health information kits produced and displayed
Result to Which Indicator Responds: Strong capability of developing health information and display them in public spaces like schools, community centres libraries etc.
Level of Indicator: ACTIVITY
Description
Definition: Number and type of information kit developed in different formats with a view to pass information important for healthy living and chronic disease prevention amongst residents of St James town.
Unit of Measurement and Desegregations: Number of health information developed in various forms such as text, posters, announcements, photographs ,video and audio
Plan for Data Acquisition
Data Collection Method: Data will be collected by making inventory of health information materials developed and displayed in relation to healthy living project.
Data Source: materials printed and photographs ,audio and video products, web pages etc
Frequency and Timing of Data Acquisition: Data can be collected every month.
Individual Responsible: CMT M&E team is responsible
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: Improper categorization and counting of materials developed and produced will possibly affect the consistency of the data to be collected
Actions Taken or Planned to Address this Limitation: Proper taxonomy, archiving and training will somehow address the problem. Standard formats to be used in the development of materials.
Internal Data Quality Assessments: Make monthly inventory of materials developed in various formats.
Plan for Data Analysis, Review & Reporting
Data Analysis: Entering collected data, register them ,categorize them and analyse them using Epi Info
Using Data : The data will be reported to production and management teams of CMT to provide supportive supervision towards performance improvement.
This sheet was last updated on: Other notes / comments:
March 2017

Indicator Protocol Reference Sheet Number: 5
Name of Indicator: *Number of trainings conducted for community assistants ,IEHP and residents*
Result to Which Indicator Responds: Community assistants, mostly from internationally educated professionals ,and residents get trained to implement health living project and effectively address diabetes and cancer problems in St James town.
Level of Indicator: ACTIVITY
Description
Definition: The number of community assistants, IEHP and residents trained and engaged in health promotion and service provision activities in relation to the implementation of healthy living project.
Unit of Measurement and Desegregations: Number of training organized.
Plan for Data Acquisition
Data Collection Method: Data will be collected every month
Data Source: The data source for this information is report collected on monthly basis from attendance sheet ,training reports.
Frequency and Timing of Data Acquisition: Data can be collected on at the beginning of the project, monthly and at the end of the project.
Individual Responsible: CMT's M&E Team can collect these data from training organizers
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: Probably inconsistent figure comes up whenever data collected.
Actions Taken or Planned to Address this Limitation: Ensuring accuracy and reliability of data that should involves appropriate education and training and timely and appropriate communication of data definitions to those who collect data.
Internal Data Quality Assessments: Make sure that all data collectors are trained, and make frequent checkups of data (at least every month)
Plan for Data Analysis, Review & Reporting
Data Analysis: -Use photographs and graphs for meaningful analysis -Analysing data using Epi Info
Review of Data: As there will be continuous improvement of training, data needed to be updated at least every month.
Using Data: The data will be reported to M&E, production and management team of CMT to M&E team for getting balanced feedback.
This sheet was last updated on: Other notes / comments:
March 2017

Indicator Protocol Reference Sheet Number: 6
Name of Indicator: - Number of screening sessions organized
Result to Which Indicator Responds: number of screening access created on diabetes ,CVD related and cancer in St. James town Residents
Level of Indicator: OUTPUT
Description
Definition: X number of diabetes, CVD and cancer tests conducted in relation to healthy living project
Unit of Measurement and Desegregations: Number of tests conducted
Plan for Data Acquisition
Data Collection Method: *will collect this data from at the beginning ,every month and end of the project*
Data Source: from the register sheet of the organization
Frequency and Timing of Data Acquisition: Every month ,annually and at the end of the project
Individual Responsible: CMT M&E officer
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: Information received from the field may not be accurate and timely
Actions Taken or Planned to Address this Limitation: Randomly select at least 10% of the information and check the result in time. This can be done through field visit and telephone calls in a timely manner.
Internal Data Quality Assessments: Monthly verification of data at CMT with the source document
Plan for Data Analysis, Review & Reporting
Data Analysis: Analysing data using tables in Epi Info
Review of Data: Data needed to be reviewed and verified at least every month
Using Data : This information will be reported to the governing body of the org (the, office, the board) the community, concerned government bodies ,donor agencies to improve our project intervention by maximizing our reach or focusing in a specific areas of intervention
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 7
Name of Indicator: Number of campaign organized on community health days
Result to Which Indicator Respond provide access to information and services to st James town residents.
Level of Indicator: OUTPUT
Description
Definition: There will be x number of events organized on community days for information dissemination and service provision.
Unit of Measurement and Desegregations: Number of events organized on community days for information dissemination and service provision.
Plan for Data Acquisition
Data Collection Method: at the beginning, every month and end of project.
Data Source: Reports of community assistants and partner organizations
Frequency and Timing of Data Acquisition: every month
Individual Responsible: CMT M&E officer
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: May be difficult to secure accurate consistent and precise data as participation can be interpreted differently at different levels
Actions Taken or Planned to Address this Limitation: *Classifying the type of events conducted will address the problem*
Internal Data Quality Assessments: monthly verification of data
Plan for Data Analysis, Review & Reporting
Data Analysis: -Use photographs and graphs for meaningful analysis -Analysing data using Epi Info.
Review of Data: Data needed to be reviewed and verified at least every month.
Using Data: This information will be reported to the governing body of the org (the, office, the board) the community, concerned government bodies, donor agencies
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 8
Name of Indicator: Number of culturally appropriate nutrition physical activities organized
Result to Which Indicator Responds: access to information and services in a culturally appropriate way
Level of Indicator: OUTPUT
Description
Definition: X number of residents in James town will get access to information and services in culturally appropriate way.
Unit of Measurement and Desegregations: Number of physical and nutrition activities organized to reach residents of St James town in their diabetes and cancer information and service need
Plan for Data Acquisition
Data Collection Method: every month and end of project
Data Source: Reports of each community assistants at every month
Frequency and Timing of Data Acquisition: Every month
Individual Responsible: CMT M&E officer
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: *The knowledge assessment will be done in English language, which is translated from English to other languages and this translation may result in cultural reinterpretation and as a result the validity of the data may be affected*
Actions Taken or Planned to Address this Limitation: *In order to address this problem cultural appropriate language can be used. Questionnaires have to be retranslated back to original language to check as well as hold continuous real time discussion with data collectors. Pretesting questionnaire and providing training to data collectors is also crucial. Using both qualitative and quantitative method also address the problem in a great deal*
Internal Data Quality Assessments: Monthly field supervision and monthly verification of data
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified at least every month.
Using Data : This information will be reported to the governing body of the org the, office, the board, community, concerned government bodies, donor agencies
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 9
Name of Indicator: Number of residents exposed to CMT 's health information in St James town
Result to Which Indicator Responds: knowledge and awareness of residents of St James on diabetes and cancer issues
Level of Indicator:, OUTCOME
Description
Definition: X number of residents in St James town will develop their knowledge of diabetes ,CVDs and cancer
Unit of Measurement and Desegregations: percentage of residents who have aquired new information on diabetes,cancer and CVDs
Plan for Data Acquisition
Data Collection Method: Data will be collected annually and at the end of the project through questionnaire, FGD and IDI
Data Source: Internal report and direct from the field using questionnaire, FGD and IDI
Frequency and Timing of Data Acquisition: annually and end of the project
Individual Responsible: CMT M&E team
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: *Most of the time assessing attitudes of people on sensitive topics like health using questionnaire is very difficult just because survey questionnaire does not allow to build relationship between interviewer and interviewee .And as a result reliability of data is in question.*
Actions Taken or Planned to Address this Limitation: *Asking same question in different forms at different section of the questionnaire will help to assess whether there is discrepancy between the two results. Using both qualitative and quantitative method can solve the problem again*
Internal Data Quality Assessments: Data needed to be verified time and again
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, maps, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified frequently
Using Data : This information will be reported to the governing body of the org the, office the board, community, concerned government bodies, donor agencies to monitor project and take immediate and effective decision as well as for donors to ensure effective and efficient use of resources
This sheet was last updated on: **Other notes / comments:**
March ,2017

Indicator Protocol Reference Sheet Number: 10
Name of Indicator: .Number of community assistants ,IEHP and residents trained and deployed in various healthy living activities
Result to Which Indicator Responds: creating support system for residents to increase their knowledge on diabetes, CVDs and cancer and provide access to services
Level of Indicator: OUTCOME
Description
Definition:. X number of residents in St James town will have positive attitude towards community assistants and support groups while receiving information and services on their healthy living
Unit of Measurement and Desegregations: percentage of residents providing real and acceptable support to resisents of St James town
Plan for Data Acquisition
Data Collection Method: Data will be collected annually and at the end of the project through questionnaire, FGD and IDI
Data Source: Internal report and direct from the field using questionnaire, FGD and IDI
Frequency and Timing of Data Acquisition: annually and end of the project
Individual Responsible: CMT M&E team
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: *Information received from the field may not be accurate and timely*
Actions Taken or Planned to Address this Limitation: *Randomly select at least 10% of the information and check the result in time. This can be done through field visit and telephone calls in a timely manner.*
Internal Data Quality Assessments: Data needed to be verified time and again
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, maps, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified frequently
Using Data : This information will be reported to the governing body of the org(the, office, the board,community,concerned government bodies, donor agencies to monitor the project and take immediate and effective decision as well as for donors to ensure effective and efficient use of resources
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 11
Name of Indicator: Number of people engaged in physical ,nutrition, self help group activities
Result to Which Indicator Responds: residents of St James town exercised healthy living through acquiring knowledge on diabetes,cancer and CVDs and get access to activities relevant to their health .
Level of Indicator: OUTCOME
Description:
Definition:. X number of residents exposed to various physical activities and healthy nutrition demonstrations as well as on self help groups.
Unit of Measurement and Desegregations: percentage of residents who have enough knowledge on diabetes CVDs and cancer and take action to prevent them
Plan for Data Acquisition: end of year and end of project
Data Collection Method: Data will be collected at the end of the year and project through questionnaire, FGD and IDI
Data Source: Internal report and direct from the field using questionnaire, FGD and IDI
Frequency and Timing of Data Acquisition: Annually and end of the project
Individual Responsible: CMT M&E team
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: *Information received from the field may not be accurate and timely*
Actions Taken or Planned to Address this Limitation: *Randomly select at least 10% of the information and check the result in time. This can be done through field visit and telephone calls in a timely manner.*
Internal Data Quality Assessments: Data needed to be verified time and again
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, maps, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified frequently
Using Data : This information will be reported to the governing body of the org(the, office, the board) community, concerned government bodies, donor agencies to monitor the project and take immediate and effective decision as well as for donors to ensure effective and efficient use of resources .Government will use it for community based policy decision making. Donors will decide to fund or not to fund the project ,to avoid duplication of efforts CMT for improving services
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 12
Name of Indicator: Number of people screened for cancer ,CVDs and diabetes
Result to Which Indicator Responds: Residents know about their risk of cancer and diabetes and get screened
Level of Indicator: OUTCOME/ IMPACT
Description
Definition: x number of residents in St James town will get screened for diabetes ,CVDs and cancer.
Unit of Measurement and Desegregations: Number of residents screened for cancer, diabetes and CVDs
Plan for Data Acquisition
Data Collection Method: Annually and end of project through survey and qualitative research
Data Source: Regular internal reports and through questionnaire, FGD and IDI
Frequency and Timing of Data Acquisition: Annually and the end of the project
Individual Responsible CMT M&E team
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: *Information received from the field may not be accurate and timely*
Actions Taken or Planned to Address this Limitation:. *Randomly select at least 10% of the information and check the result in time. This can be done through field visit and telephone calls in a timely manner.*
Internal Data Quality Assessments: Data needed to be verified time and again
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, maps, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified frequently.
Using Data: To stakeholders that include, program staff, CMT governing bodies (board), community, government offices, donors to make objective decision on what worked well and what didn't.
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 13
Name of Indicator: Number of people engage in and use health management tools such as my Oscar and health pass port
Result to Which Indicator Responds: Residents know about their risk of cancer and diabetes and increased concern for their health
Level of Indicator: OUTCOME/ IMPACT
Description
Definition: x number of residents in St James town will be aware of diabetes ,CVDs and cancer.
Unit of Measurement and Desegregations: Number of residents having knowledge about cancer, diabetes and CVDs
Plan for Data Acquisition
Data Collection Method: Annually and end of project through survey and qualitative research
Data Source: Regular internal reports and through questionnaire, FGD and IDI
Frequency and Timing of Data Acquisition: Annually and the end of the project
Individual Responsible CMT M&E team
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: *Information received from the field may not be accurate and timely*
Actions Taken or Planned to Address this Limitation:. *Randomly select at least 10% of the information and check the result in time. This can be done through field visit and telephone calls in a timely manner.*
Internal Data Quality Assessments: Data needed to be verified time and again
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, maps, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified frequently.
Using Data: To stakeholders that include, program staff, CMT governing bodies (board), community, government offices, donors to make objective decision on what worked well and what didn't.
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 14
Name of Indicator: Number of St James residents actively use the digital platform created for them in the social media.
Result to Which Indicator Responds: Residents know about their risk of cancer and diabetes and increased concern for their health
Level of Indicator: OUTCOME/ IMPACT
Description
Definition: x number of residents in St James town will be aware of diabetes ,CVDs and cancer.
Unit of Measurement and Desegregations: Number of residents having knowledge about cancer, diabetes and CVDs
Plan for Data Acquisition
Data Collection Method: Annually and end of project through survey and qualitative research
Data Source: Regular internal reports and through questionnaire, FGD and IDI
Frequency and Timing of Data Acquisition: Annually and the end of the project
Individual Responsible CMT M&E team
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance:
Actions Taken or Planned to Address this Limitation:.
Internal Data Quality Assessments: Data needed to be verified time and again
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, maps, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified frequently.
Using Data: To stakeholders that include, program staff, CMT governing bodies (board), community, government offices, donors to make objective decision on what worked well and what didn't.
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 15
Name of Indicator: -Percentage of residents in St James town who are provided access to and utilize health promotion, chronic disease prevention, early detection and social support resources
Result to Which Indicator Responds: Residents have access to and practice healthy behaviour
Level of Indicator: OUTCOME/ IMPACT
Description
Definition: percentage of residents in St James town who have access to health services in the area of diabetes ,CVDs and cancer *and use them*
Unit of Measurement and Desegregations: Percentage of residents having access to health services related to cancer, diabetes and CVDs and effectively use them for their healthy living
Plan for Data Acquisition
Data Collection Method: Annually and end of project through survey and qualitative research
Data Source: Regular internal reports and through questionnaire, FGD and IDI
Frequency and Timing of Data Acquisition: Annually and the end of the project
Individual Responsible CMT M&E team
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: *Informants of KAP assessment may not report accurately probably due to misunderstanding of the question, cultural misinterpretation, as well as may be the respondents get paid in exchange of their answer to the questions. The above factors greatly affect the validity and reliability of the data*
Actions Taken or Planned to Address this Limitation:. *This can be addressed through pretesting ,providing training to data collectors and by not paying or paying them after the end of the data collection*
Internal Data Quality Assessments: Data needed to be verified time and again
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, maps, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified frequently.
Using Data: To stakeholders that include, program staff, CMT governing bodies (board), community, government offices, donors to make objective decision on what worked well and what didn't.
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 16
Name of Indicator: -Percentage of residents in St James town who are provided with and can easily access information and knowledge about healthy living and chronic disease prevention practices
Result to Which Indicator Responds: Residents have access to information and knowledge for their healthy living
Level of Indicator: OUTCOME/ IMPACT
Description
Definition: percentage of residents in St James town who have access to health information and knowledge in the area of diabetes ,CVDs and cancer
Unit of Measurement and Desegregations: Percentage of residents having access to health information and acquire knowledge related to cancer, diabetes and CVDs and effectively
Plan for Data Acquisition
Data Collection Method: Annually and end of project through survey and qualitative research
Data Source: Regular internal reports and through questionnaire, FGD and IDI
Frequency and Timing of Data Acquisition: Annually and the end of the project
Individual Responsible CMT M&E team
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance: *Most of the time assessing chronic diseases using questionnaire is very difficult just because survey questionnaire does not allow to build relationship between interviewer and interviewee .And as a result reliability of data is in question.*
Actions Taken or Planned to Address this Limitation:. *Asking same question in different forms at different section of the questionnaire will help to assess whether there is discrepancy between the two results. Using both qualitative and quantitative method can solve the problem again*
Internal Data Quality Assessments: Data needed to be verified time and again
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, maps, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified frequently.
Using Data: To stakeholders that include, program staff, CMT governing bodies (board), community, government offices, donors to make objective decision on what worked well and what didn't.
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 17
Name of Indicator: - Number of conditions created that increased residents' social networks, along with better quality resources that support healthy living and chronic disease prevention
Result to Which Indicator Responds: Residents have access to self help group and access quality resources for their healthy living
Level of Indicator: OUTCOME/ IMPACT
Description
Definition: percentage of residents in St James town who have access to self help group and quality resources in the area of diabetes ,CVDs and cancer
Unit of Measurement and Desegregations: Number of residents having access to self help groups for networking and access to quality services related to cancer, diabetes and CVDs and effectively
Plan for Data Acquisition
Data Collection Method: Annually and end of project through survey and qualitative research
Data Source: Regular internal reports and through questionnaire, FGD and IDI
Frequency and Timing of Data Acquisition: Annually and the end of the project
Individual Responsible CMT M&E team
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance:. *May be difficult to secure accurate consistent and precise data as participation and networking can be interpreted differently at different levels*
Actions Taken or Planned to Address this Limitation:. *The use of data definitions, extensive training, standardized data collection* *(procedures, rules, edits, and process)* *and integrated/ interfaced systems facilitate consistency, accuracy and precision of data.*
Internal Data Quality Assessments: Data needed to be verified time and again
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, maps, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified frequently.
Using Data: To stakeholders that include, program staff, CMT governing bodies (board), community, government offices, donors to make objective decision on what worked well and what didn't.
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 18
Name of Indicator: - Percentage of St James Town residents actively participated in healthy living and chronic disease prevention practices
Result to Which Indicator Responds: Residents have actively participated in practicing healthy living *and chronic disease prevention*
Level of Indicator: OUTCOME/ IMPACT
Description
Definition: percentage of residents in St James town who have active participation in activities created for them
Unit of Measurement and Desegregations: Percentage of residents actively participating in healthy living activities related to cancer, diabetes and CVDs and effectively
Plan for Data Acquisition
Data Collection Method: Annually and end of project through survey and qualitative research
Data Source: Regular internal reports and through questionnaire, FGD and IDI
Frequency and Timing of Data Acquisition: Annually and the end of the project
Individual Responsible CMT M&E team
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance:. *Most of the time assessing chronic diseases using questionnaire is very difficult just because survey questionnaire does not allow to build relationship between interviewer and interviewee .And as a result reliability of data is in question.*
Actions Taken or Planned to Address this Limitation:. *Asking same question in different forms at different section of the questionnaire will help to assess whether there is discrepancy between the two results. Using both qualitative and quantitative method can solve the problem again.*
Internal Data Quality Assessments: Data needed to be verified time and again
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, maps, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified frequently.
Using Data: To stakeholders that include, program staff, CMT governing bodies (board), community, government offices, donors to make objective decision on what worked well and what didn't.
This sheet was last updated on: Other notes / comments:
March ,2017

Indicator Protocol Reference Sheet Number: 19
Name of Indicator: Percentage of St. James Town residents demonstrated and embodied healthy living and chronic disease prevention practices
Result to Which Indicator Responds: Residents have actually embodied healthy living and chronic disease prevention behaviours and practiced them in their lives.
Level of Indicator: OUTCOME/ IMPACT
Description
Definition: percentage of residents in St James town who practiced healthy behaviour
Unit of Measurement and Desegregations: Percentage of residents effectively practicing in healthy living activities related to cancer, diabetes and CVDs
Plan for Data Acquisition
Data Collection Method: End of project through survey and qualitative research
Data Source: Regular internal reports and through questionnaire, FGD and IDI
Frequency and Timing of Data Acquisition: The end of the project
Individual Responsible CMT M&E team /External evaluater
Location of Data Storage: Data will be stored electronically at the M&E unit in a database with the help of the IT department.
Data Quality Issues
Known Data Limitations and Significance:. *Skill and enthusiasm of data collectors vary from place to place in handling open ended questions. This may result in getting inconsistent data on similar issues.*
Actions Taken or Planned to Address this Limitation:. *This can be addressed through proper training and triangulation of methods that would result in checking same thing using different approaches*
Internal Data Quality Assessments: Data needed to be verified time and again
Plan for Data Analysis, Review & Reporting
Data Analysis: Analyse data using charts, maps, graphs in Epi Info
Review of Data: Data needed to be reviewed and verified frequently.
Using Data: To stakeholders that include, program staff, CMT governing bodies (board), community, government offices, donors to make objective decision on what worked well and what didn't.
This sheet was last updated on: Other notes / comments:
March ,2017

8.2 Target Setting Worksheet

Indicator:	Year One			Year Two			Year Three			Notes:
	Baseline	Target	Actual	Baseline	Target	Actual	Baseline	Target	Actual	

8.3 Members of M&E Team

Monitoring and evaluation is most successful when everyone in our organization has an established role in M&E. To help initiate this process, CMT has established M&E team drawn from concerned departments of the organization.

Team Member	Role / Responsibility
Margaret Cohan	Chair person
Chris	Member
Sisay Abebe	Member
surabi	Member
Said	Member
shabana	Member

8.4 Costing for M&E

Key M&E Activities (Survey, Focus Group, Data Base Development, M&E Plan Development, Dissemination, Data Quality Assessment)	**Salaries**	**Consultant**	**Travel**	**Meetings**	**Documentation**	**Dissemination**	**Other Direct Costs e.g. computers software**	**Activity Subtotal**
M&E Activity 1								
M&E Activity 2								
Total								