

## **Handouts—Module 3**

### **The Team Challenge and Measurable Result**

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## THE CHALLENGE MODEL

Mission/Priority Health Area:

Vision:

Measurable result:

Obstacles and root causes

Priority actions

Current situation:

Challenge:

[ How will we achieve our desired result in light of the obstacles we need to overcome? ]

## USING THE CHALLENGE MODEL

### STEP 1

#### **Review your organizational mission and strategic priorities**

With your team, agree on a common understanding of your organization's mission and strategic priorities. This understanding will help shape your vision within the context of your organization's priorities.

### STEP 2

#### **Create a shared vision of the future**

With your team, imagine what you and others envision when your team has made its contribution to improvements in your organization's strategic priorities. This shared vision will inspire the team to face each new challenge.

### STEP 3

#### **Assess the current situation**

With your team, scan your internal and external environments within the context of your organization's priorities. Consider such factors as the prevalence of the physical rehabilitation problem, government policies, and current interventions. This will help you form an accurate picture of the conditions that can affect your team's progress toward your shared vision.

### STEP 4

#### **Agree on one measurable result**

Based on your organization's priorities and your current situation, define a measurable result that can be achieved within the time frame of this ICRC-LDP. This desired measurable result is what will drive your work together and allow you to monitor and evaluate your progress toward achieving it.

Your team will most likely need to adjust the result as you gain more information about the current situation and the obstacles you need to overcome.

### STEP 5

#### **Identify the obstacles and their root causes**

Make a list of obstacles that you and your team will have to overcome to reach your stated result. Consider gender equity issues, access issues for persons with disabilities, and the four broad categories into which most obstacles fall: policies and procedures; providers; equipment, infrastructure, and supplies; clients and communities. Use a root cause analysis tool to make sure you are addressing the causes and not just the symptoms.

### STEP 6

#### **Define your key challenge**

State what your team plans to achieve (your measurable result) in light of the root causes of the obstacles you have identified. (It helps to begin your challenge statement with: "How will we...?")

### STEP 7

#### **Develop an Action Plan**

Develop an Action Plan that lists the priority actions needed to meet your challenge. Include estimates of the human, material, and financial resources needed and the time line for implementing your actions.

### STEP 8

#### **Implement your plan, monitor progress, and evaluate results**

Work together as a team to implement the plan. Regularly monitor your progress toward your measurable result and, at the end, evaluate your result.

## DEVELOPING **SMART** RESULTS

To meet the SMART criteria, results must be:

<b>S</b> SPECIFIC	The result is clear enough so that others can understand what it will look like when it is accomplished.	<input type="checkbox"/> Does your result have an indicator of what will change over time? <input type="checkbox"/> Is your result limited to 1 to 2 indicators?
<b>M</b> MEASURABLE	Progress towards the result can be measured using numbers, rates, proportions or percentages.	<input type="checkbox"/> Does the result state a baseline value for the indicator? <input type="checkbox"/> Does it state a target value for the indicator? <input type="checkbox"/> Is the indicator expressed in numbers as well as in percentages?
<b>A</b> APPROPRIATE	<input type="checkbox"/> Is the result aligned with the strategic priority of your organization and your team?	
<b>R</b> REALISTIC	<input type="checkbox"/> Can your team achieve this result with your current activities and resources?	
<b>T</b> TIME-BOUND	<input type="checkbox"/> Does your result have a start date and an end date?	

Example of a SMART result for an improvement project whose priority area is preventing the spread of HIV & AIDS:

*Between January and July 2012, the number of fully functioning voluntary counseling and testing sites in the district will increase by 50%, from 6 to 9.*

By looking at the measurable result, you will see that it is Specific, Measurable, and Time-bound.

Start and end dates: *Between January and July 2012* (Time-bound)

Indicator: *the number of fully functioning voluntary counseling and testing sites in the district* (Specific)

Percent, baseline, target: *will increase by 50%, from 6 to 9.* (Measurable)

By looking at data sources and discussing their situation, team members would be able to confirm that it was Appropriate and Realistic.

## NUMERATORS AND DENOMINATORS FOR INDICATORS

### What are Numerators and Denominators?

The numerator and the denominator represent two groups of people, events, or documents that you compare.

The numerator is a subgroup of the denominator. (An example is provided below.)

When you put the numerator over the denominator, you create a fraction ( $X/Y$ ) that you can use to calculate percentages, proportions, and other rates to show how things are changing.

- **The numerator** is the actual number of people or events that exhibit a particular trait.  
Example: The number of women attending antenatal clinics in Makumba District who receive counseling and testing services.
- **The denominator** is the total number of possible people or events that exhibit that trait  
Example: The total number of women attending antenatal clinics in Makumba District.

*The denominator you choose should:*

- be relevant to the intervention you are implementing.
- include only units (e.g., people, clinics, households) that could be affected by your intervention.

### How do you use numerators and denominators?

If you simply count the number of women who received HIV counseling and testing in the past 6 months, and find that the number is 280, it is difficult to know if that is a significant achievement.

But you can know if this is a significant achievement if you know that 300 women attended antenatal clinics in Makumba District in the 6 months. If you know that, then you know that 80% percent of those women received counseling and testing services.

(280 out of 300 women, or  $280/300 = .80 = 80\%$ ).

If the total number of women attending antenatal clinics in Makumba District was 600, then only 40% of those women received counseling and testing services

(280 out of 600 women, or  $280/600 = .40 = 40\%$ ).

The numerator remains the same (280), but the denominator (either 300 or 600 in these cases) provides information on the scope of the result.

As you can see, different denominators can have dramatic effects on the results!

## ELEMENTS OF A MONITORING AND EVALUATION PLAN

<b>1. INDICATOR</b>	An indicator is a measurement of progress towards a result. Each indicator should be stated using clear terms that are easy to understand, and should measure only one thing at a time. If there is more than one thing to measure in the indicator, it should be restated as separate indicators.
<b>2. INDICATOR DEFINITION</b>	Provide a detailed definition of the indicator and the terms used, to ensure that different people at different times would collect identical types of data for that indicator, and measure it the same way. When possible, include a numerator and denominator with the description of how the indicator measurement will be calculated.
<b>3. BASELINE</b>	Collect the measurement of indicators of the situation before activities begin. This provides the starting point for tracking changes in the indicators over the life of an Action Plan.
<b>4. DATA SOURCE</b>	Specify the data source for each indicator. Examples of data sources include facility records, surveys, Websites, published research, and health information systems (HIS). Consider the pros and cons of each source (accuracy, availability, cost, etc.) to ensure access to the data.
<b>5. DATA COLLECTION METHOD</b>	Specify the method or approach for collecting data for each indicator: For primary data (data that teams collect themselves), note the type of instrument needed to gather the data (e.g., structured questionnaire, direct observation form, scale to weigh infants). For indicators based on secondary data (data from existing sources), give the method of calculating the indicator.
<b>6. FREQUENCY OF DATA COLLECTION</b>	Note the timing of data collection for each indicator: Depending on the indicator, this may be monthly, quarterly, annually, or less frequently. Baseline data are collected for each indicator before activities begin.
<b>7. RESPONSIBILITY FOR COLLECTING DATA</b>	Identify who is responsible for data collection. Responsibility should be assigned to a specific office, team, or individual.

## COMMON DATA SOURCES

1	<b>POLICY OR GOVERNMENTAL PROGRAM LEVEL</b>	<ul style="list-style-type: none"> <li>■ Official documents and records (legislative and administrative documents)</li> <li>■ National budgets or other accounts</li> <li>■ Policy inquiries</li> <li>■ Websites</li> </ul>
2	<b>SERVICES LEVEL</b>	<ul style="list-style-type: none"> <li>■ Facility records (service statistics, HMIS data, financial data)</li> <li>■ Inventories or facility assessment surveys</li> <li>■ Provider performance or competency assessments, training records, quality-of-care data</li> <li>■ Client visit registers</li> </ul>
3	<b>POPULATION LEVEL</b>	<ul style="list-style-type: none"> <li>■ Government census</li> <li>■ Vital registration systems (birth and death certificates)</li> <li>■ Sentinel surveillance systems</li> <li>■ Household or individual surveys</li> </ul>
4	<b>INDIVIDUAL LEVEL</b>	<ul style="list-style-type: none"> <li>■ Case surveillance for specific diseases</li> <li>■ Medical records</li> <li>■ Interview data (e.g., client exit interviews)</li> <li>■ Observation of provider-client interactions</li> </ul>

## MONITORING AND EVALUATION PLANNING WORKSHEET

INDICATOR	INDICATOR DEFINITION	BASELINE	MO 1	MO 2	MO 3	MO 4	MO 5	MO 6	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY	RESPONSIBILITY
	What is the definition of the numerator?  What is the definition of the denominator?	What is the value of the indicator the month before beginning ICRC-LDP activities?							What goal have you set for the value of the indicator by the end of ICRC-LDP activities?	Where will we get the data to measure this indicator?	How often will we collect the data?	Who is the person responsible for data collection?
		Numerator										
		Denominator										
		Percent										





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