



Nikat Charitable Association (NCA)

Monitoring and Evaluation (M&E) Manual

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1. Introduction

This Monitoring and Evaluation (M&E) Manual outlines the framework for Nikat Charitable Association's (NCA's) M&E system. It aims to ensure that all programs and activities effectively support female sex workers (FSWs) in Ethiopia, improve program quality, enhance accountability, and demonstrate impact to stakeholders.

The M&E manual aims to provide a strong foundation for NCA's M&E system. By effectively monitoring and evaluating its programs, NCA can ensure that its interventions have a positive and sustainable impact on the lives of FSWs in Ethiopia.

2. M&E Framework

2.1. NCA's Program Goals and Objectives

- **Goal:** To improve the health, safety, and well-being of female sex workers in Ethiopia.
- **Objectives:**
 - **Reduce:** HIV/AIDS and STI transmission rates, including prevalence of cervical cancer, among female sex workers (FSWs).
 - **Increase:** Access to and utilization of sexual and reproductive health services (SRHS), and condom distribution.
 - **Improve:** Economic empowerment opportunities for female sex workers.
 - **Enhance:** Knowledge and skills related to sexual health, HIV prevention, and rights.
 - **Strengthen:** Support networks and community-based organizations for FSWs.
 - **Reduce:** Stigma and discrimination faced by female sex workers.

2.2. Program Theory

NCA's Program Theory:

- **Inputs:** Resources provided (e.g., condoms, lubricants, HIV/AIDS testing kits, training materials, financial assistance for skills training, legal aid support).
- **Activities:** Interventions undertaken (e.g., HIV/AIDS and STI prevention education, peer support groups, vocational skills training, legal aid services, referrals to healthcare and social services, safe space provision, establishing FSWs association).
- **Outputs:** Immediate and tangible results (e.g., number of condoms distributed, number of participants in training programs, number of legal consultations provided, number of referrals made, number of FSWs associations formed).
- **Outcomes:** Changes in knowledge, attitudes, and behaviors (e.g., increased condom use, improved negotiation skills, reduced risk behaviors, increased access to and use of healthcare including SRH and family planning, improved economic empowerment, reduced vulnerability to violence and exploitation).
- **Impact:** Long-term, desired changes (e.g., improved health outcomes, increased economic stability and self-reliance, reduced vulnerability to HIV/AIDS and other STIs, improved social inclusion and empowerment).

2.2. M&E Objectives

- **Monitoring Objectives:**
 - Track program progress against planned activities and outputs.
 - Identify any potential challenges or barriers to program implementation.
 - Collect data to inform program adjustments in real-time.
- **Evaluation Objectives:**
 - Assess the effectiveness of program interventions in achieving desired outcomes.
 - Determine the overall impact of NCA's programs on the target population.
 - Identify areas of program strength and weakness.
 - Generate evidence to support program improvement and future funding applications.

2.3. M&E Indicators

- **Impact Indicators:**
 - HIV prevalence among FSWs.
 - Condom use consistency during sex work/sexual encounter.
 - Knowledge of HIV transmission and prevention among FSWs.
 - Access to and utilization of antiretroviral therapy (ART) among HIV-positive FSWs.
 - Number of FSWs accessing SRHS services (e.g., contraception, STI treatment).
 - Income generation and economic stability among female sex workers.
 - Changes in perceived stigma and discrimination experienced by FSWs.
- **Outcome Indicators:**
 - Participation in HIV prevention programs (e.g., peer education, condom distribution).
 - Completion of vocational training or skills development programs.
 - Membership in support groups/associations or networks for FSWs.
 - Access to legal and social support services.
 - Changes in policies and/or laws affecting FSWs.
 - Changes in knowledge and attitudes regarding sexual health, rights, and legal protections.
- **Output Indicators:**
 - Number of female sex workers reached with services.
 - Number of outreach sessions conducted.
 - Number of training sessions delivered.
 - Number of support groups established and maintained.
 - Number of referrals made to other service providers.
 - Number of awareness-raising campaigns conducted.
 - Number of materials (e.g., condoms, IEC materials) distributed.
 - Number of FSWs associations formed and legally registered.

Examples of Quantitative and Qualitative Indicators

Quantitative Indicators	Qualitative Indicators
<ul style="list-style-type: none"> Number of female sex workers (FSWs) reached Number of condoms distributed Number of participants in training programs Number of legal consultations provided Number of referrals made to healthcare services Number of clients accessing safe space services Rates of HIV/STI testing and treatment among FSWs Changes in income levels among program participants Changes in knowledge and attitudes related to HIV/AIDS and sexual health Number of FSWs associations formed and registered 	<ul style="list-style-type: none"> Client (FSWs) satisfaction with NCA's services Perceived changes in risk behaviors (e.g., condom use, negotiation skills, breaking free from substance abuse or addiction) Barriers to accessing services Success stories and case studies Client testimonials Changes in perceived safety and empowerment among participants/FSWs

2.4. M&E Framework Matrix

Indicator	Data Source	Data Collection Method	Frequency	Responsible Party
Outputs				
Number of FSWs reached through outreach	Outreach records, attendance logs	Counting, registration forms	Monthly / Quarterly	PE, Outreach Worker
Number of condoms distributed	Distribution records	Counting, stocktaking	Monthly	PE, Outreach/Clinic Worker
Number of health check-ups/screenings provided	Clinic records	Medical records review	Monthly / Quarterly	Nurse/Clinic Staff
% of FSWs with increased knowledge of HIV/STI prevention	Pre- and post-training surveys, knowledge assessments	Questionnaires, interviews	Before/After training	M&E Officer / PE/Outreach Worker
Number of FSWs participating in skill training	Training attendance sheets	Counting, COC result, participant lists	After each training	PE, Outreach worker/Trainer
Outcomes				
% of FSWs reporting consistent condom use	Follow-up surveys, client feedback	Questionnaires, interviews	Quarterly / Annually	M&E Officer / PE/Outreach Worker
% of FSWs accessing health services (STI treatment, family planning)	Clinic records, service utilization data	Data extraction, record review	Quarterly	Health Staff
% of FSWs reporting reduced instances of violence/harassment	Safety audits, incident reports, client testimonials	Surveys, interviews, focus groups, PRRP	Annually	M&E Officer / Social Worker
Impact (Longer-term)				
HIV/STI prevalence rates among FSWs in the target area	Public health data, partner organization data	Data analysis, secondary data review	Every 2-3 years	M&E Officer / Program Manager
Changes in FSWs' income levels or economic stability	Longitudinal surveys, economic assessments	Questionnaires, interviews, PRRP	Annually/ Mid-term / End-line	M&E Officer/ Program Manager
Perceptions of stigma and discrimination towards FSWs	Community surveys, qualitative studies	Surveys, focus groups, PRRP, interviews	Mid-term / End-line	M&E Officer / Researcher

3. Data Collection Methods

3.1. Quantitative and Qualitative Data Collection Methods

- **Quantitative methods:**
 - Surveys (baseline, periodic, and end-line).
 - Key informant interviews with program staff, partners, and community leaders.
 - Program records and data (e.g., service utilization records, financial records).
 - Statistical analysis of relevant health data (e.g., HIV prevalence rates).
- **Qualitative methods:**
 - In-depth interviews with female sex workers.
 - Focus group discussions with female sex workers.
 - Observation of program activities.
 - Case studies of successful program participants.
 - Document review (e.g., policy documents, media reports).

3.2. Routine Data Collection

- Client registration forms
- Service delivery records (e.g., number of condoms distributed, attendance registers for training)
- Program activity logs
- Referral forms
- Safe space usage logs

3.3. Data Collection Tools

a) Client Registration Form:

- Basic demographics (age, location, etc.)
- Contact information (phone number, preferred method of contact)
- Date of initial contact with NCA

Sample Client Registration Form (See Annex a)

- **Client ID:** (Unique identifier for each client)
- **Date of Registration:**
- **Full Name:** (Optional, use pseudonym for confidentiality)
- **Age:**
- **Level of education:**
- **Other skills/talent:**
- **Location:** (Current residence/work area)
- **Contact Information:** (Phone number, preferred method of contact - if provided)
- **Referral Source:** (How did the client hear about NCA?)
- **Services Requested:** (Check all that apply: HIV/AIDS testing, counseling, condoms, legal aid, vocational training, etc.)
- **Signature/Thumbprint:** (Client's consent to receive services)

b) Service Delivery Records:

- Type of service provided (e.g., condom distribution, counseling, legal aid)
- Date and time of service delivery
- Service provider
- Quantity of items distributed (e.g., condoms, lubricants)

Sample Service Delivery Record (See Annex b)

- **Client ID:**
- **Date of Service:**
- **Type of Service:** (e.g., Condom distribution, counseling session, legal consultation, referral)
- **Service Provider:** (Name of staff member)
- **Quantity/Duration:** (e.g., Number of condoms distributed, duration of counseling session)
- **Notes:** (Any relevant observations or client concerns)

c) Training Attendance Register:

- Participant names
- Date and time of training sessions
- Topics covered

Sample Training Attendance Register (See Annex c)

- **Training Title:**
- **Date & Time:**
- **Participant Name:** (Client ID or pseudonym)
- **Attendance:** (Present/Absent)
- **Topics Covered:**

d) Referral Form:

- Client information
- Date of referral
- Service referred to (e.g., healthcare clinic, legal services)
- Name of referral agency
- Reason for referral

Sample Referral Form (See Annex d)

- **Client ID:**
- **Date of Referral:**
- **Reason for Referral:** (e.g., Need for medical care, legal assistance, mental health support)
- **Referral Agency:** (Name and contact information of the agency)
- **Date of Referral to Agency:**
- **Follow-up Date:**
- **Outcome of Referral:** (If known, e.g., Appointment scheduled, services received)

e) Safe Space Usage Log:

- Number of clients visiting the safe space
- Services utilized (e.g., resting area, counseling, meals)
- Date and time of visits

Sample Safe Space Usage Log (See Annex e)

- **Date:**
- **Time of Arrival:**
- **Time of Departure:**
- **Services Utilized:** (e.g., Rest area, meals, showers, counseling)
- **Number of Clients:**
- **Children who received safe space service**
- **Observations:** (Any notable events or client interactions)

f) Surveys:

- Baseline, midterm, and endline surveys to assess knowledge, attitudes, behaviors, and service utilization.
- Utilize standardized questionnaires or develop specific tools based on program needs.

Sample Client Satisfaction Survey (Kobo ToolBox may be used for survey)

- **Client ID:**
- **Date of Survey:**
- **How satisfied were you with the following services?** (Use a Likert scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)
 - Condoms and other supplies
 - Counseling services
 - Training programs
 - Legal aid services
 - Referrals to other services
- **Were your concerns and needs addressed?** (Yes/No)
- **What could NCA do to improve its services?** (Open-ended question)

g) Focus Group Discussions:

- Explore client perspectives, experiences, and needs in more depth.
- Utilize trained facilitators and moderators.

Sample Focus Group Discussion Guide

- **Topic:** (e.g., Experiences with HIV/AIDS prevention, challenges faced by FSWs, needs and priorities)
- **Key questions:**
 - What are the biggest challenges you face in your work?
 - What are your experiences with accessing healthcare services?
 - What are your experiences with accessing protection?
 - How can NCA better support your needs?
 - What are your suggestions for improving program services?

h) Key Informant Interviews:

- Conduct interviews with key stakeholders (clients, community leaders, police, hotel/bar owners, healthcare providers) to gather in-depth information.

Sample Key Informant Interview Guide

- **Informant:** (e.g., Community leader, FSWs association leader, healthcare provider, law enforcement officer)

Key questions:

- What are the major health and social issues facing FSWs in this community?
- What are the existing support services available to FSWs?
- What are the barriers to accessing these services?
- What are your recommendations for improving support for FSWs in this community?

i) Case Studies:

- Document individual client stories to illustrate program impact.

4. Data Management and Analysis

4.1. Secure and Confidential Data Storage

- Utilize secure, password-protected electronic and/or physical files.
- Ensure data is stored in accordance with relevant data protection regulations.

4.2. Data Entry and Cleaning

- Establish clear data entry procedures.
- Conduct regular data cleaning to ensure accuracy and consistency.

4.3. Data Analysis and Reporting

- Regular data analysis to track progress, identify challenges, and inform program adjustments.
- Utilize appropriate software (e.g., SPSS, Excel, Stata) for data analysis.
- Conduct quantitative and qualitative data analysis using appropriate methods.
- Develop data visualizations (charts, graphs) to present findings effectively.
- Develop clear and concise reports for internal and external stakeholders.
- Disseminate findings to relevant audiences through presentations, publications, and workshops (e.g. during PRRP sessions).

4.4. Data Quality Assurance

- Ensure data accuracy and completeness through rigorous data collection protocols and regular data quality checks.
- Implement appropriate data entry and management systems.
- Train data collectors and supervisors on data collection and quality assurance procedures.
- Conduct regular data quality audits.

5. Data Use

5.1. Use of M&E Findings

- Inform program planning, implementation, and adaptation.
- Identify areas for improvement and make necessary adjustments to program activities.
- Advocate for policy and programmatic changes to improve the lives of FSWs.
- Share lessons learned with other organizations working with vulnerable populations.

5.2. Purposes of Using M&E Findings

- **Program Improvement:**
 - Identify areas for program adjustments and improvements.
 - Inform decisions about resource allocation and service delivery.
 - Track progress towards achieving program goals.
- **Accountability:**
 - Demonstrate program effectiveness to donors and other stakeholders.
 - Ensure transparency and accountability in program implementation.
- **Advocacy:**
 - Generate evidence to support policy change and advocacy efforts.
 - Raise awareness about the needs and challenges faced by female sex workers.

6. Roles and Responsibilities

- **NCA Staff:**
 - Implement data collection activities.
 - Ensure accurate and timely data entry.
 - Participate in data analysis and interpretation.
 - Use data to inform program decisions.
- **M&E Officer/Focal Point:**
 - Oversee the M&E system.
 - Develop and implement data collection tools.
 - Train staff on data collection and use.
 - Conduct data quality checks.
 - Prepare M&E reports.
- **External Evaluator (if applicable):**
 - Conduct independent evaluations of program effectiveness.
 - Provide technical assistance and capacity building.

7. Ethical Considerations

- **Confidentiality and Privacy:**
 - Ensure the confidentiality of all participant data.
 - Obtain informed consent from all participants prior to data collection.
 - Clearly communicate data privacy and confidentiality procedures to participants.
- **Vulnerability:**
 - Be mindful of the vulnerabilities of FSWs and ensure their safety and well-being throughout the M&E process.
 - Create a safe and supportive environment for data collection.
- **Stigma Reduction:**
 - Avoid any language or practices that may stigmatize FSWs.
 - Use respectful and non-judgmental language throughout all M&E activities.

8. Reporting Frequency and Audience

- **Regular Monitoring Reports:**

- Frequency: Monthly, quarterly, as needed.
- Audience: Program staff, management, donors.
- **Evaluation Reports:**
 - Frequency: Annually, as needed.
 - Audience: Donors, stakeholders, policymakers.

9. Budget, Plan Review, Capacity Building and Sustainability

9.1. M&E Budget

- Allocate sufficient resources for data collection, analysis, and reporting activities.
- Consider costs for training, data entry software, and external evaluation services.

9.2. M&E Plan Review and Updates

- Regularly review and update the M&E plan to reflect changes in program activities, priorities, and the external environment.
- Conduct periodic reviews of the M&E system to ensure its effectiveness and efficiency.

9.3. Capacity Building

- Provide ongoing training and capacity building opportunities for staff on M&E skills (e.g., methodologies, data collection, and data analysis).
- Build the capacity of community-based organizations (e.g., associations of FSWs) to participate in M&E activities.
- Foster a culture of learning and continuous improvement within NCA.

9.4. Sustainability

- Integrate M&E into the program's planning and budgeting processes.
- Ensure that the M&E system is sustainable in the long term.

10. Change History of the M&E Manual

This first version M&E manual reflects the existing situation at present. NCA may need to revise it if any future changes in its specific programs, target population, and context require it do so. Any major changes that NCA makes in the Manual have to be clearly recorded. Recording changes in the Manual is essential for maintaining transparency and providing a clear historical record of how and why the M&E procedures have evolved. This documentation also helps staff understand current procedures and assists in training new employees. Consistent updates also foster accountability and facilitate better decision-making. Thus, document the any changes or revisions to the Manual as follows:

New Ver. No.	Effective Date	Significant Changes (and section of Manual changed)	Previous Ver. No. and date

Annex – Various Data Collection Forms

a) Client Registration Form

Client ID: (Unique identifier for each client)		
Date of Registration:		
Full Name: (Optional, use pseudonym for confidentiality)		
Age:		
Level of education:		
Other skills/talent:		
Location: (Current residence/work area)		
Contact Information: (Phone No, preferred method of contact - if provided)		
Referral Source: (How did the client hear about NCA?)		
Services Requested: (Check all that apply)	HIV/AIDS testing	
	Counseling/Health Education	
	Condoms	
	Legal aid	
	Vocational training	
	Safe space/DIC	

Signature/Thumbprint: _____
(Client's consent to receive services)

b) Service Delivery Record

S/N	Client ID	Date of Service	Type of Service (e.g., condom distribution, counseling, legal consultation, referral)	Quantity/ Duration (e.g. No. of condoms distributed, duration of counseling session)	Service Provider (Name of staff member/PE)	Notes (Any relevant observations or client concerns)

c) Training Attendance Register

Training Title: _____

Date(s): _____ Time: _____

Topics Covered: _____

S/N	Participant Name (Client ID or pseudonym)	Attendance (Present/Absent)	Notes

d) Referral Form

S/N	Client ID	Date of Referral	Reason for Referral (e.g., Need for medical care, legal assistance, mental health support)	Referral Agency (Name and contact information of the agency)	Date of Referral to Agency (when to go there)	Follow-up Date	Outcome of Referral (If known, e.g., Appointment scheduled, services received)

e) Safe Space Usage Log

Date	Time of Arrival	Number of Clients	Number of Children	Services Utilized (e.g. rest area, cooking, showers, washing clothes, meals, counseling)	Time of Departure	Observations (Any notable events or client interactions)