



Riverside Community  
Health Project

# **Riverside Community Health Project Monitoring and Evaluation Plan**

**February 28th 2008**

# 1. Introduction

This document outlines the Monitoring and Evaluation (M&E) plan and systems for Riverside Community Health Project (RCHP). It sets out the M&E framework and methodology for how we at RCHP review and measure our activities and how we report on performance against strategic objectives. First some background on RCHP.

RCHP is an incorporated charity based in a library building at the heart of Benwell in Newcastle upon Tyne. The Project had its origins in an innovative multi-discipline child health project set up in the 1980s. We now work with local residents in the inner west wards of the city (Benwell, Scotswood, Elswick, Fenham, Cruddas Park, Arthurs Hill and Moorside) using a community development approach to tackle issues that relate to health in the broadest sense.

The Project has had a sustained presence in the west end of Newcastle for over 25 years. This longevity, consistency of service and commitment to the area and its people has meant that there is strong community trust in RCHP and our work.

We have a core staff of 15 delivering a wide range of activities aimed at building the health of the community which makes us one of the largest voluntary projects in the West End of the city.

We have a set of 7 key social business objectives that underpin our work which are:

- To be directed by the needs of our community
- To be strategically placed as a champion and key service provider for health in the west end of Newcastle
- To build, support and maintain a core group of staff with the skills, abilities, knowledge and enthusiasm to achieve our wider objectives
- To build and maintain a competent and effective board of Trustees
- To achieve a financial income mix – public, private and charitable

- To identify and become established within secure premises that offer longer term stability
- To achieve longer term financial sustainability.

We are constantly reviewing our work to ensure it meets the needs of the community and works alongside the range of other projects and initiatives operating in the west end, thereby increasing impact and capacity. We also seek to maximise opportunities so that we can maintain a leadership position and can take a strong role in the development of strategy and policy in relation to health and well being of the community in the west end.

This M&E plan outline shows how we review and report on our work.

The Plan comprises four sections.

- What we do and what we want to achieve
- What to monitor and evaluate
- How we monitor and evaluate
- When we monitor evaluate and report

## **2. What we aim to achieve & what we do**

The first step in this M&E plan is to discuss the goal and strategic objectives of RCHP – essentially what we aim to achieve; the key activity areas of our work and the key target groups with whom we prioritise our work within the community.

### **Our Goal and strategic objectives**

RCHP is involved in a wide range of activities that all work towards achieving a clear set of objectives. RCHP has a mission statement that guides all of our plans and activities and presents the overall goal of our work:

*‘Riverside Community Health Project works according to community development principles to improve the health and well-being of disadvantaged communities by acting with others to ensure appropriate service provision’*

So our overall goal is to **improve the health and well-being of disadvantaged communities in the west end of Newcastle** alongside other support agencies.

More particularly we seek to improve the health and well being of three specific groups within these communities, notably children, parents and women. Our specific objectives with respect to these three groups are as follows:

**Strategic Objective 1: *To support children to raise their aspirations, make informed choices, and improve their life chances***

We will achieve this through supporting children from disadvantaged communities to:

- Influence the provision of services that affect them.
- Achieve increased confidence.
- Maximise the opportunities that exist for them or could exist in the future.

**Strategic Objective 2: *To support parents to counter disadvantage***

We will achieve this through:

- Increasing the capacity of families to take up development opportunities to improve their own health and the well being of their communities
- Developing and/or influencing the provision of services that will support parents in their role
- Supporting parents in the community to identify and build on common experiences for acting on and improving their prospects for good health and well being
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**Strategic Objective 3: *To support women from diverse communities to counter disadvantage and influence decisions that will affect them and their families and communities***

We will achieve this through supporting women to:

- Identify and address common experiences of disadvantage

- Take up opportunities to improve their own health
- Take up opportunities to improve the health and well-being of their communities
- Influence the provision of services that affect them

We seek to achieve these objectives through the direct delivery and facilitation of a wide range of activities and opportunities for the local community. These areas of work and opportunities include:

- Provision of an easy access point the community on issues of family health and well being
- Information and awareness raising about services
- Facilitate people's access to services
- Direct learning
- Facilitated learning
- Experiential learning (through events and opportunities)
- Access to resources - space, equipment, crèche, people
- Support people to have their voices heard and taken into account
- Strategic partnering and networking for development and delivery of services

These services, activities and opportunities are delivered by and through three core teams at RCHP - 'BME Communities', 'Families and Children' and 'Women'. They are delivered at our centre at Atkinson Road, out into the community through schools, community centres and in some cases we take our activities directly to people in their homes. This is summarised overleaf in Table 1 and captured further in Annex 1.

So in summary in monitoring and evaluating our work we are looking at a wide range of **activities** that get delivered by our three teams. The '**outputs**' from these activities hopefully help our three primary target group participants, of children parents and women, to make change and improvement in their lives, the type of changes that we have identified in the **strategic objectives** we have set. If this has been achieved then RCHP is fulfilling **its mission** of

helping to improve the health and well-being of disadvantaged communities in the west end of Newcastle.

### 3. What we Monitor and Evaluate






RCHP captures what it has achieved through both its monitoring and evaluation systems.

**Monitoring** is about checking whether our work is 'on track' – it is about looking at the activities of RCHP and what outputs are achieved as a result of these activities. Have things been implemented as we planned? How many people from which part of the community have used the services? What worked and what did not, and why? Monitoring involves the regular collection of data on a day to day basis for all activities by all project staff.

**Evaluation in the first instance is about outputs**– have the outputs we planned to achieve actually been delivered by the activities undertaken. Have activities been delivered both effectively (*we are doing the right things*) and efficiently (*we are doing things in the right way*)? If not, why not? If outputs were achieved, was this done according to plan both cost-wise and target-wise? Evaluation usually involves collecting data periodically at the end of an activity or set of activities when implementation is complete.

**Outcome of our work to our clients** is about looking beyond outputs at the results or benefits –it helps to ask the question 'so what'? What have been the *anticipated* and *actual* benefits that have come about as a result of what we have done at RCHP? What has RCHP support meant for those who have used our services - have they benefited? do their problems still remain?, or have other issues - positive or negative, intended or unintended arisen, and if so, can we say why?

**Table 1: Summary of RCHP's Objectives and Activities**

<p><b>Overall Mission/Goal</b></p> <p>To improve the health and well-being of disadvantaged communities by acting with others to ensure appropriate service provision'</p> <p>This is achieved through RCHP achieving its strategic objectives .....</p>	
<p><b>Strategic Objectives</b></p> <p><b>To achieve the following 3 objectives</b></p> <ul style="list-style-type: none"> <li>▪ To help children to raise their aspirations, make informed choices, and improve their life chances</li> <li>▪ To help parents to counter disadvantage</li> <li>▪ To help women to counter disadvantage and influence decisions that will affect them, their families and their communities</li> </ul> <p>These are achieved through RCHP helping children parents and women to gain the following from the outputs of RCHP activities</p>	
<p><b>Outcomes</b></p> <p>RCHP's activities have helped children, parents and women to increase their...</p> <ul style="list-style-type: none"> <li>▪ Access to resources,</li> <li>▪ Confidence levels,</li> <li>▪ Awareness of opportunities,</li> <li>▪ Networks (know WHO),</li> <li>▪ Levels of participation especially in decision making.</li> <li>▪ Knowledge/ understanding of opportunities /services available</li> <li>▪ Achievements (educational qualifications)</li> </ul>	
<p><b>Outputs</b></p> <ul style="list-style-type: none"> <li>▪ No attending Workshops</li> <li>▪ No attending Events</li> <li>▪ No of children using Crèche facilities</li> </ul>	
<p><b>Key Areas of Work</b></p> <ul style="list-style-type: none"> <li>▪ Provision of an easy access point the community on issues of family health and well being</li> <li>▪ Information and awareness raising about services</li> <li>▪ Facilitate people's access to services</li> <li>▪ Direct learning</li> <li>▪ Facilitated learning</li> <li>▪ Experiential learning (through events and opportunities)</li> <li>▪ Access to resources - space, equipment, crèche, people</li> <li>▪ Support people to have their voices heard and taken into account</li> <li>▪ Undertaking strategic partnering for development and delivery of services</li> </ul>	

To be able to monitor and evaluate what we do at RCHP we have selected **key indicators** and targets by which to measure our work and performance. Indicators are the things that we choose to measure to assess / indicate whether or not something has happened or a changed as a result of our intervention. Annex 1 shows the key activity output area's outputs and outcome monitoring and evaluation indicators and how we provide evidence against these indicators.

## 4. How we Monitor & Evaluate

This section outlines the systems we use to monitor evaluate and report on our work at RCHP. First it is useful to understand our work and planning cycles

Operationally at RCHP our work with clients is delivered on what we call a term by term basis which roughly reflects the school terms. So Term 1 runs from September through to December, Term 2 from January through to March/April (Easter) and Term 3 from April to end of June followed by summer holiday activities through from the end of June to September.

From a planning perspective RCHP begins the financial year on April 1<sup>st</sup> with four operational 'quarters' as indicated in diagram overleaf. Management accounting and reporting take place on a quarterly basis. The Board/Management committee has a review meeting in Spring and a planning meeting the Autumn. At the Spring meeting the board considers the immediate end of year results and considers what end of year 'outcome evaluation' should be undertaken. At the Autumn meeting the Board considers the results from the outcome evaluation for the previous year and takes this into account in planning the next year. The first two quarters in any year involve preparing reports on the previous year and previewing the next. Quarters 3 and 4 are about planning for the next financial and operational year.

M&E activities are undertaken throughout the year in line with, and to support this annual planning and reporting cycle at RCHP. Different aspects of monitoring and evaluation are undertaken at different times of the year and these are noted below for each quarter as follows:

The key steps involved in the monitoring and evaluating procedures are outlined below and are summarised in Diagram 1 overleaf.

**Quarter 1 April to end of June** - In this quarter we:

- Monitor activities as they are run throughout this period. If an activity ends in this quarter an end of project evaluation will be undertaken.
- Review all the activities undertaken in the previous year, pulling together M&E data from these activities, pulling together case studies and undertaking any other specific impact assessment evaluation work

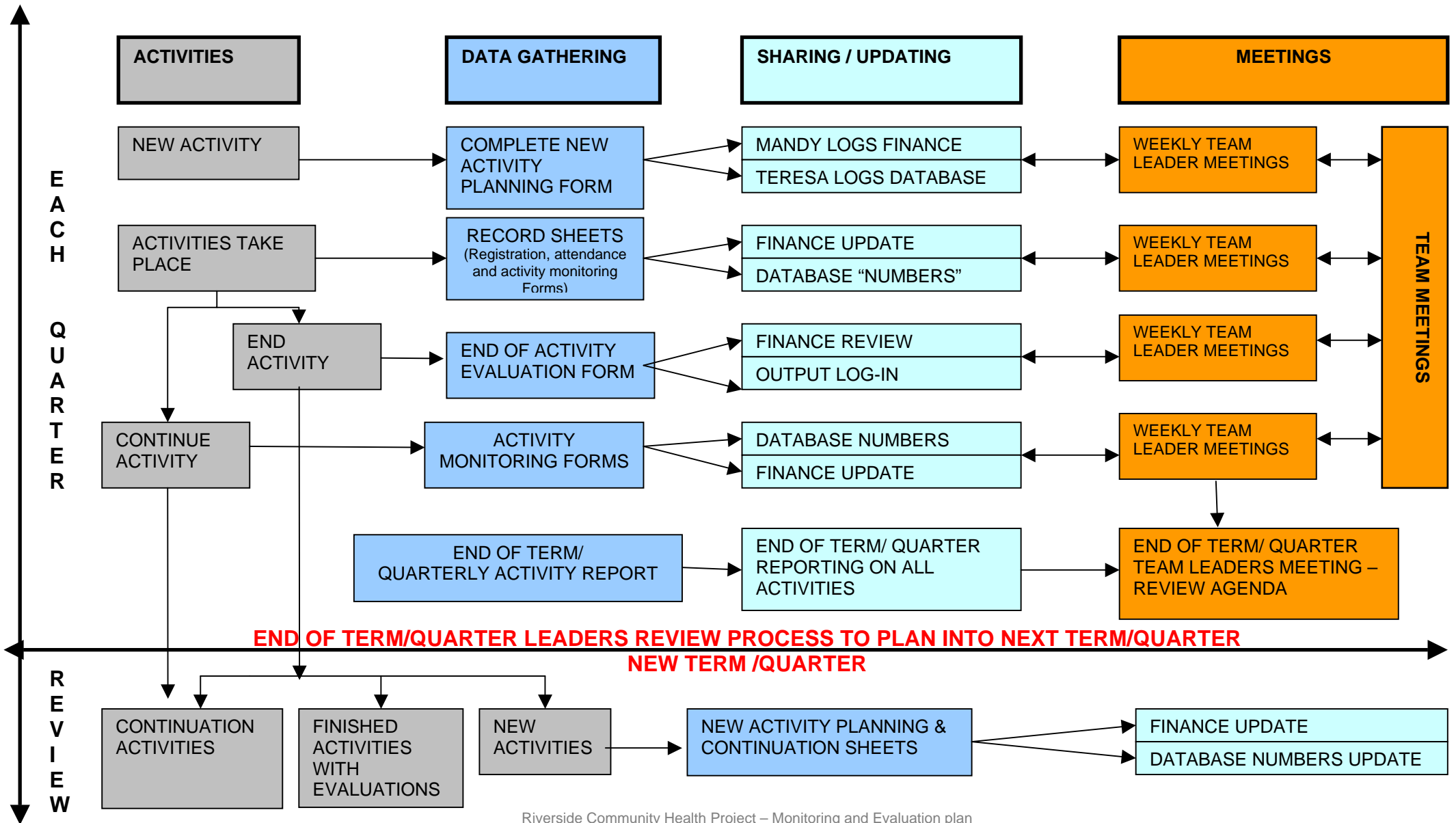
**Quarter 2 July to end of September** - In this quarter we continue to:

- Monitor activities as they are run throughout this period. If an activity ends in this quarter an end of project evaluation will be undertaken.
- Pull together M&E data from the previous year activities, case studies and undertaking any other specific impact assessment evaluation work for the annual reporting to the Board. The October board meeting reviews 3 things: 1) evaluation of previous year's work; 2) monitoring of current April to September work and 3) uses this information to start planning for next year.

**Quarter 3 –October to end of December** - In this quarter we:

- Monitor activities as they are run throughout this period. If an activity ends in this quarter an end of project evaluation will be undertaken.
- Use the M&E reports from the previous year to inform planning for the next year

**Diagram 1: Monitoring & Evaluation Data: Gathering & Sharing At RCHP**



**Quarter 4 – Jan to end of March** - In this quarter we:

- Monitor activities as they are run throughout this period. If an activity ends in this quarter an end of project evaluation will be undertaken.
- Begin to review which activities will be ending in March and hence will need specific evaluation undertaken.
- Spring board meeting needs to approve selection of projects that will receive more detailed evaluation.

If we keep this annual timeframe in mind we can then look at what happens from an M&E point of view on a term to term basis – looking at the key documents that need to be completed at what times and then how they are recorded in the system. The key monitoring process is captured in Annex 2. The key forms referred to below are listed in the Annexes 3 to 8.

The key steps are:

1. When a new project/activity is proposed at RCHP we need to complete a **New Activity Planning Form** (see Annex 3) which presents the key elements of a project. This must be approved by a team leader and at the team leaders meeting. This is then logged onto RCHPs electronic data system.
2. When a person first comes to RCHP and wants to take part in an activity then they must first complete a **Client Registration form (Annex 4)**. This form will include details requested by specific funds, for example SureStart. These details are entered into the database.
3. At and after an activity session takes place this form **Activity Attendance Form (Annex 5)** should be completed. Details from this form and the attendance sheet should be logged onto the database system and given to the team leader so that they can report on activities at team leader management meetings.
4. For those activities which run over between quarters a one page **Activity Continuation Sheet** should be completed (see Annex 6).

5. When a project or a series of activities end, then the project leader should undertake an 'end of activity evaluation' with the participants. This will be undertaken either through a discussion with the participants and/or a simple questionnaire. **End of Activity Evaluation Form** (see Annex 7).
6. At the end of each quarter the 3 team leaders should put together a summary report for each of their main activity /project areas. This should be delivered to the team leaders meeting as a **Team Leaders Quarterly Activity Report**. This will be accompanied by summary activity evaluation sheets (see Annex 8).
7. At the end of the year the Board /management team /team leaders will select a number of projects /activities and or target groups for which a specific outcome evaluation or case study profile should be undertaken. **An Evaluation Guidance Note (See Annex 9)** gives support to staff on how to undertake more detailed evaluation of their work.

## 5. How we Report

We report upon our work through a variety of mechanisms – both internally and externally. Internally information is shared with and amongst staff primarily through team meetings, team leader meetings and review days. Reporting to the local community and external stakeholders is achieved through:

- Posters and publicity displayed in the Centre
- Projects and networks in the West End of Newcastle
- Users and management committee members
- Referring professionals
- Leaflets and posters in community settings - community centres, GP surgeries, clinics, libraries, CABx, advice centres
- The RCHP Website
- The media – newspapers radio etc

## Annexes

1. Monitoring & Evaluation Indicators
2. Monitoring Procedures Overview
3. New Activity Planning Form (this is an example, one each for the main groups: children; parents; community; and women.
4. Client Registration Form (plus Photo Consent Form)
5. Activity Attendance Form
6. Activity Continuation Form
7. Team Leaders Quarterly Activity Report
8. End of Activity Evaluation Form
9. Evaluation Guidance Note

(See separate document: Monitoring & Evaluation Annexes)

