Evaluation Capacity HEALTH CHECK





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- Women's Health West

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The evaluation capacity health check is an adaptation of an existing Evaluation Capacity Assessment Template developed by Kate McKegg of <u>The Knowledge Institute</u>, Nan Wehipeihana of Research Evaluation Consultancy and Kataraina Pipi of FEM

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Evaluation Capacity

Evaluation capacity¹ is the ability of an individual, organisation or collective² to:

- Continuously ask questions about quality and value;
- Collect, analyse, interpret and report on evidence; and
- **Use evidence** to inform decision-making and action.

At an organisational and collective level, a strong evaluative culture³ is characterised by:

- **Self-reflection and self-examination** (i.e. self-evaluation); deliberately looking for evidence on what is going well, using evidence to support or challenge what is being done, and valuing honesty, questioning and genuine dialogue;
- **Evidence based learning:** making time to learn, learning from mistakes and weaker performance and encouraging sharing of knowledge; and
- Encouraging **experimentation and change:** supporting deliberate risk taking, seeking out new ways of 'doing business'

Organisations use monitoring, evaluation and learning (MEL) to understand and improve their work; evaluation capacity is a critical part of enabling organisational MEL.

Introducing the Evaluation Capacity Health Check

The intention of the evaluation capacity health check is to enable organisations, or subsets within it (specific teams/departments) that are responsible for primary prevention activity, to assess their current evaluation capacity. *See section at end for how and why this evaluation capacity health check was developed.*

Overall Structure

This health check assesses evaluation capacity across four areas:



- 1. Definition of evaluation capacity adapted from the Evaluation Capacity Assessment Template developed by Kate McKegg of <u>The Knowledge Institute</u>, Nan Wehipeihana of Research Evaluation Consultancy and Kataraina Pipi of FEM
- 2. Collective is used to refer to multiple organisations coming together around a shared purpose. This may include, initiatives, alliances, partnerships, taskforces etc with or without a formal structure and agreement
- 3. Characteristics of a strong evaluative culture adapted from <u>Mayne Building an Evaluative Culture: The Key to Effective Evaluation and Results</u> <u>Management.</u> Can J Prog Eval 2010:24,2, pg 1-30

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Capabilities Assessed

We have broken down each of the **four areas of the health check** into capabilities:

1 Leadership and Culture	 1.1. Organisational leadership 1.2. Attitude to investigation, learning, risk taking and change within the organisation/team 1.3. Decision making by leaders within the organisation/team
2 Staff Capacity	2.1. Time for strategic thinking and reflection2.2. Experience and skills for MEL2.3. MEL responsibilities within staff roles
3 Systems and structures	 3.1. Outcomes framework and associated indicators 3.2. Information systems 3.3. Stakeholder engagement (including co-design) within MEL activities 3.4. Systematised monitoring, evaluation and reporting 3.5. Systematised learning and outcome sharing processes 3.6. Funding to support the implementation of MEL activities
4 Collective MEL efforts	 4.1. Alignment of outcomes and indicators with the collective MEL effort 4.2. Alignment of data collection tools with the collective MEL effort 4.3. Sharing relevant data with the collective MEL effort 4.4. Participation in the design, implementation and learning of collective MEL systems 4.5. Support from the collective MEL effort to enable participation

The **health check** is presented in table format, with each row listing a capability. Each cell in the table describes what is expected under each category for that particular capability.

The categories are:

- **1. Just beginning** (score of 1)
- **2. Compliant** (score of 2)
- **3. Competent** (score of 3)
- 4. Mature (score of 4)

How to Complete the Check

Who to Involve

Organisations need to consider who they need to be involved in the completion of their organisational evaluation capacity health check. Ideally completing the health check involves a **wide range of perspectives**, including:

- People outside those seen as responsible for MEL efforts (getting beyond the 'usual suspects')
- Different levels from the organisation involved in primary prevention activity, including (but not only) senior management

Consider conducting an information session or activity prior to completing the health check. This will ensure that participants have some level of understanding around:

- What is MEL;
- Why is MEL important; and
- The various roles that need to be involved in MEL.

This could include a discussion or visualisation around what is MEL or a review of key MEL terms (see appendix).

Ideally the health check is NOT completed by one individual in isolation. Even if one or two individuals are responsible for the initial check they should also seek out the opinions of others to discuss and confirm their assessment.

How to Involve

Ideally the health check is completed using some form of **discussion**, rather than relying on email responses or one person completing the tool in isolation. Existing team meetings or other reflective gatherings of staff may provide a good opportunity to complete the tool.

Completing the health check is an **opportunity** to

- Reflect internally on the organisation's own evaluation capacity;
- Prompt discussions around different areas of MEL; and
- Ensure organisational needs are included in any planned collective capacity strengthening.

Ways that the health check could be completed include:

- Large staff forum using interactive software that allows for live voting by individuals or small groups;
- Completion by individual teams which is then collated into an organisational version; and/or
- Informal discussions with staff before leads complete draft assessment which is then reviewed and validated by a larger group.

Before You Start

Before starting your health check:

- Ensure all participants **have a copy** of the health check, either an individual paper copy or can view it on a screen large enough to read the text in each row;
- Provide an **overview of the health check structure** the four main areas it considers, the capabilities within each area;
- Agree on **what perspective** you are completing the health check from (whole-of-organisation or a particular subset such as a team or department);
- **Explain the process** that will be used to consider each capability area and decide which category to place the organisation in.

During the Check

Consider each capability in turn; circle the category that best matches the current state of the organisation and write the corresponding score in the final column of the table. At the end of each table there is a place to enter the total score for that area and a notes/comments box to record any key discussions or rationale for the categories chosen.

You may find that your organisation does not exactly fit the description in each category, or that you fall between two categories. In that case, choose the category that **most closely matches** your current situation, and feel free to put further notes or comments on this in the comments box at the end of each section.

If it proves impossible to match your organisation to a category then you can award a half score (e.g. if you feel you are midway between compliant and competent you award a score of 2.5 of that capability).

The tool should take **no more than 1.5 hours** to complete, depending on how many people you have involved and their familiarity with MEL. If you find that a capability (one row) is taking you more than 10 minutes to assess, you may wish to move onto the next row and come back at the end to complete it. It may be that you require someone else to provide input on that capability, or that the capability has sparked discussions beyond the scope of the tool (e.g. discussions on why things are the way they are; frustrations with particular things etc).



Evaluation Capacity Health Check

Introduction

This evaluation health check⁴ allows you to check the 'evaluation health' of your overall organisation, or of a particular subset (e.g. team or department) within it across four areas:



1. Leadership and Culture

To what extent does the organisational culture and leadership expect/'demand' monitoring, evaluation & learning (MEL)?



2. Staff Capacity

To what extent do the people within the organisation have the skills, experience and time/space to 'do' MEL?



3. Systems and structures

To what extent do organisational systems and structures enable and support MEL?

4. Collective MEL Efforts

To what extent is the organisation able to support and lead collective MEL efforts?

From what perspective are you completing this health check?

- Whole of organisation
- Subset of organisation e.g. particular team, department etc

Other (specify)

As you work through this health check, keep your perspective in mind.

- The first three areas of the Health Check (1 Leadership and Culture; 2 Staff Capacity; 3 Structures and Systems) focus on capacity within your **chosen perspective** (whole of organisation or subset) unless otherwise noted
- The fourth area (4 Collective MEL efforts) is primarily intended to be completed from the perspective of your organisation participating within multi-organisational efforts (with some allowance for alternative approaches; see notes at top of this section for more information)

4. See appendix for more detail of the development and adaptation of this tool

About You

1. Which of the following best describes your organisation?



2. Has your organisation/team been involved in collective MEL efforts before?

e.g. a cross-organisational or collective impact initiative with a shared measurement framework.

Yes
No
I don't know

The following pages present the capabilities to be assessed under each of the four areas. For each capability (the rows in the table), select the category that **best describes** the current situation within your team/ organisation. and write your score at the end of the row. The potential scores are; **just beginning** (score of 1), **compliant** (score of 2), **competent** (score of 3) and **mature** (score of 4). Each cell in the table describes what is expected under each category for that particular capability.

You may not exactly fit the description in each cell, or feel you fall between two categories. In that case, choose the category that **most closely matches** your current situation, and feel free to put further notes or comments on this in the comments box at the end of each section.



1 Leadership and Culture

To what extent does the organisational culture and leadership expect/'demand' monitoring, evaluation & learning (MEL)?

Conchility	Just beginning	Compliant	Competent	Mature	SCORE
Capability	(score of 1)	(score of 2)	(score of 3)	(score of 4)	JCORE
1.1 Organisational Leadership* * Even if you are completing this Health Check from the perspective of an organisation subset (team/department), please assess this capability for the overall leadership of the organisation	• Any monitoring, evaluation or regular review of project or program performance is done by individuals with little or no encouragement or support available.	• At least some organisational leadership recognizes the need to comply and ensure that this is achieved	 Organisational leaders: Want regular performance review of projects and programs and encourage stakeholders to participate Understand different approaches to MEL including valuing both quantitative (numerical) & qualitative (non- numerical) data 	 Organisational leaders: Share a clear vision for performance, results, improvement and development. Demonstrate a commitment to learning and model an insatiable curiosity to improve Understand and value the need for different MEL data and approaches for different types and scale of activities 	
1.2 Attitude to investigation, learning, risk taking and change within the organisation/ team	 Any questioning of the status quo is seen as adverse New ideas are discouraged, and looking outward for learning is viewed with suspicion 	 Investigation, learning and risk taking are generally limited to 'have to's' to be compliant with external requirements 	 Regular review of project and program performance is championed by some, but is not part of the culture of the organisation Some hesitancy with risk taking and change 	 Regular review of project and program performance is seen as a challenging adventure Information and ideas are constantly being explored and sought out Risk taking is encouraged - there is a 'no blame' culture 	
1.3 Decision making by leaders within the organisation/ team	• Decision making by leaders is not informed by appropriate MEL data	• Appropriate MEL data exists but is rarely used to inform decision making by leaders	• Appropriate MEL data is used to inform decision making by some leaders and/or some of the time	 Appropriate MEL data is systematically used by leaders to inform decision making The use of this evaluative data by leaders is informed by consultations with staff and the community 	
Total Score for Lead	lership and Culture: (should be between 3 ar	nd 12)		



2 Staff Capacity

To what extent do the people within the organisation have the skills, experience and time/space to 'do' MEL?

Capability	Just beginning (score of 1)	Compliant (score of 2)	Competent (score of 3)	Mature (score of 4)	SCORE
2.1 Time for strategic thinking and reflection	 Very little time for strategic thinking and reflection, most of the work is in responding to immediate needs 	• Some time for strategic thinking and reflection but this stretches resources and takes people away from responding to immediate needs	• Strategic thinking and reflection is informal and irregular, but can be completed without taking people away from responding to immediate needs	• Strategic thinking and reflection processes are formalised and performed regularly without taking staff away from dealing with immediate needs	
2.2 Experience and skills for MEL	 Staff have no or very little MEL experience or skills No or very limited opportunities for staff to further develop their MEL skills 	• Staff are interested in evaluative thinking and practice, but skill development is often not prioritised and ad-hoc e.g. occasional training opportunities	 Some staff are trained in some areas of MEL skills There are periodic opportunities available for staff to further develop their MEL skills e.g. regular seminars and training opportunities 	 There are experienced staff able to undertake evaluative work and studies for the organisation There is an embedded process of continual learning and improvement of MEL skills e.g active internal communities of practice 	
2.3 MEL responsibilities within staff roles	• Very few if any roles have MEL responsibilities built into them	• MEL responsibilities are included in some staff roles	• MEL responsibilities are included in most staff roles	• MEL responsibilities are included in all staff roles	
Total Score for Staf	f Capacity (should be b	netween 3 and 12)			



3 Systems and Structures

To what extent do organisational systems and structures enable and support MEL?

Capability	Just beginning (score of 1)	Compliant (score of 2)	Competent (score of 3)	Mature (score of 4)	SCORE
3.1 Outcomes framework and associated indicators	 Any monitoring or evaluation is based on inputs and outputs There are no indicators to measure program or organisational outcomes 	• Outcomes are measured infrequently and/or solely for compliance purposes, and are not used as a framework to reflect on the performance of the program or organisation	 Outcomes are measured regularly and are used to reflect on the performance of the program or organisation Standardised program indicators exist or are in development 	 Desired outcomes have been negotiated with stakeholders, are clearly stated, linked to a theory of change, and are supported by resources to facilitate their delivery Measurement of outcomes can be compared with standard measures and are used to drive program and organisational development 	
3.2 Information systems	 Information is collected by paper and not referred to again 	 Information is collected and extracted to be compliant with requirements 	 Information is recorded, stored and extracted, and is used to reflect on performance of people and programs 	 All key information is recorded, stored and can be extracted to inform monitoring, evaluation and reporting by stakeholders, staff and management 	
3.3 Stakeholder engagement (including co-design) within MEL activities <i>E.g. involvement in</i> MEL designs, data collection, data analysis, sense- making and learning activities (beyond contributing data e.g. co-design of questions and data collection process; training and support of community members to implement MEL activities)	 Stakeholder engagement in MEL activities virtually never occurs There is little or no expectation or processes to support stakeholder engagement in MEL activities 	 Stakeholder engagement: Only occurs when mandated; and/or Is predominately used as endorsement of things already decided rather than true engagement There is limited expectation or established process to support stakeholder engagement 	 Stakeholder engagement occurs in at least some MEL activities at least some of the time There are established and functional systems and processes to support stakeholder engagement (e.g. guidelines around selection of stakeholders and reimbursement for time) 	 Stakeholder engagement: Is expected to be considered for all MEL activities Occurs in most/ all MEL activities most/all of the time Has supporting systems and processes, which are regularly reviewed and updated 	

Capability	Just beginning	Compliant	Competent	Mature	SCORE
capability	(score of 1)	(score of 2)	(score of 3)	(score of 4)	
3.4 Systematised monitoring, evaluation and reporting	 Any monitoring, evaluation and reporting is ad hoc and goes no further than the direct manager There is no guidance, process or support to inform the choice of evaluation design 	 Monitoring, evaluation and reporting are compliant with standards There is limited guidance or support to inform the choice of evaluation design 	 The performance of staff, activities, programs, projects, systems and processes are regularly reviewed, evaluated and reported There is guidance and support to inform the choice of evaluation design <i>e.g.</i> <i>evaluation policy</i> <i>and guidance,</i> <i>dedicated staff</i> <i>member(s) to</i> <i>provide advice</i> 	 Accountability is clear and exercised throughout the organisation Regular reviews, evaluations and reports are used to maximize learning and development Guidance and support to inform the choice of evaluation design are regularly reviewed and updated 	
3.5 Systematised learning and outcome sharing processes <i>E.g. scheduled time</i> for reflective practice (ongoing or at periodic time points e.g. mid and end point of a program), ways to engage staff not directly involved in the program in reflections; support and guidance, sharing of results at network meetings or conferences	 There are no processes to support internal learning and sharing of MEL data There is no sharing of externally relevant MEL results 	 Processes to support internal learning and sharing of MEL data are occasional or ad-hoc e.g. only occur when there is leftover funding or when a crisis occurs There is limited sharing of relevant MEL results externally 	 There are established internal processes to support learning and sharing (see examples at beginning of row) Staff are able to seek permission to share relevant MEL results externally 	 Internal processes to support learning and sharing are regularly reviewed and updated Staff are actively encouraged to share MEL results externally 	
3.6 Funding to support the implementation of MEL activities <i>E.g. reimbursements</i> for focus group participation; venue hire for learning forums, attendance at conferences	• There is never funding to support the implementation of MEL activities	• Funding for the implementation of MEL activities is occasional and ad-hoc e.g.when there are leftover funds at the end of an initiative or only when a funder requires it	• There is funding available to support MEL activity implementation but it is sometimes insufficient or needs to be 'fought for'	 Funding to support implementation of MEL activities is seen as non- negotiable Adequate funding allocations are routinely included in program budgets and funding bids 	

Total Score for Systems and Structures: (should be between 6 and 24)



4 Collective MEL Efforts⁵

To what extent is the organisation able to support and lead collective MEL efforts?

This section is primarily designed to be completed from the perspective of your organisation participating within multi-organisational efforts.

However this approach may not suit all organisations, who may not (yet) be engaged in collective MEL efforts or may be such a large organisation that whole-of-organisation MEL activities may be considered 'Collective MEL'. From what perspective are you completing this section of the health check?

Our organisation's current capability to engage in collective MEL efforts with multiple organisations

Our organisation's potential capability to engage in collective MEL efforts with multiple organisations (i.e. readiness perspective)

Our organisation is very large (e.g. council) so are completing this section considering 'Collective MEL efforts' to be our whole-of-organisation MEL activities

Capability	Just beginning (score of 1)	Compliant (score of 2)	Competent (score of 3)	Mature (score of 4)	SCORE
4.1 Alignment of outcomes and indicators with the collective MEL effort <i>E.g.</i> where relevant, organisation uses the same indicator as the collective MEL effort to assess its own performance	 No alignment between organisational outcomes and indicators and those from collective MEL efforts 	 Very limited and ad-hoc alignment of organisational outcomes and indicators to collective outcomes and indicators; alignment only occurs when mandated 	 Organisational outcomes and indicators are systematically and regularly reviewed and aligned (or replaced with the collective outcome or indicator) where relevant and possible 	 Organisation embeds consideration of collective MEL efforts (current and planned) within internal quality improvement processes 	
4.2 Alignment of data collection tools with the collective MEL efforts <i>E.g. program feedback</i> <i>survey includes</i> <i>standardised</i> <i>questions as other</i> <i>programs</i> <i>implementing a</i> <i>similar program with</i> <i>the same target group</i>	 No alignment between organisational data collection tools and data collection tools from collective MEL efforts 	 Organisational data collection tools only aligned when mandated 	• When collective MEL efforts establish collective data collection tools, organisational data collection tools are systematically aligned (or replaced with the collective data collection tool) relevant and possible	• When organisations review their own MEL system and design new strategies they include consideration of collective MEL data collection tools	

5. Collective MEL efforts are considered to be where multiple organisations have come together for a particular **purpose** (e.g. to reduce violence against women) and as part how they are going about achieving that purpose, are engaging in collective MEL efforts (e.g. collecting data on common indicators, utilising standardised data collection processes, having formal process to share, reflect and make changes based on the data emerging etc)

Capability	Just beginning (score of 1)	Compliant (score of 2)	Competent (score of 3)	Mature (score of 4)	SCORE
4.3 Sharing relevant data* with the collective MEL effort * Data may include operational, strategy, program and project data. E.g. contribution of organisational data to agreed shared indicators	 Never share relevant organisational data with collective MEL efforts (unable and/or unwilling to) Process to seek approval and/or extract and share relevant data with collective MEL efforts do not exist 	 Only share relevant organisational data with collective MEL efforts when mandated to (e.g. funder requirement) Process to seek approval and/or extract and share relevant data with collective MEL efforts are unclear, informal and/ or very difficult 	• Formal processes to seek approval and extract and share relevant organisational data with collective MEL efforts are established, documented and functional. This includes processes to review data quality and 'clean' the data prior to sharing it	• Formal processes to seek approval and extract and share relevant organisational data with collective MEL effort are regularly reviewed and updated	
4.4 Participation in the design, implementation and learning of collective MEL systems <i>E.g. engaged in</i> processes to define the common indicators and data sources or design of common data collection tools; active participation or leading of cross-organisational learning events e.g. data sharing and reflection forums	• No organisational participation in collective MEL systems	 Organisation participates in collective MEL systems only when mandated Participation generally passive rather than active contributor to the design, implementation or learning from the collective MEL system 	• Organisation actively contributes to the design, implementation and learning processes of the collective MEL system	• When organisations review their own MEL system and design new strategies they use the learnings emerging from the collective MEL system to shift their approach	
4.5 Support from the collective MEL effort to enable participation <i>E.g. There are</i> physical resources to support organisational involvement (e.g. data sharing manual, online systems for data sharing and viewing collective results); there is a dedicated (paid) person at the collective level to support participation etc	• There are no processes or resources within the collective effort to support organisational participation in the collective MEL system	• There is only ad- hoc and limited support from the collective effort for organisations to participate in the collective MEL system	• There are established processes, and some resources in the collective effort, to support periodic organisational participation in the collective MEL system e.g. when specific funding is obtained	 There are established processes and sufficient resources in the collective effort, to support ongoing organisational participation in the collective MEL system Processes and resources are regularly reviewed and are meeting the evolving needs of organisations and the collective effort 	

Total Score for Collective MEL efforts (should be between 5 and 20)

5 Health Check Feedback

5.1 How easy did you find it to complete this health check?

	Very difficult
	Difficult
	Neither easy or difficult
	Easy
	Very easy
5.2	How many people were involved in completing this health check?
	One person
	2-5 people
	6-10 people
	More than 10 people
5.3	Were senior management involved in completing this health check?
	No
	Yes

Any comments/questions/reflections arising from conducting the health check:

Next Steps

Considering the results of your evaluation capacity health check, and how your organisation best learns and engages with change processes, what are your **top three priorities** for an evaluation capacity strengthening plan?

Your response can include both content and skill areas as well as ways of learning (e.g. mentoring, internal or external skills training, networking meetings, facilitated peer buddy/peer groups etc)

Priority 1:

What it is

Why it is a priority to include in the evaluation capacity strengthening plan

What is your preferred approach(es) to how this capacity could be strengthened (if known)

Priority 2:

What it is

Why it is a priority to include in the evaluation capacity strengthening plan

What is your preferred approach(es) to how this capacity could be strengthened (if known)

Priority 3:

What it is

Why it is a priority to include in the evaluation capacity strengthening plan

What is your preferred approach(es) to how this capacity could be strengthened (if known)

Appendix

Development of the Health Check

In 2019 HealthWest identified a need and opportunity to strengthen the evaluation capacity of partner agencies engaged in primary prevention activities in the West and Inner North West of Melbourne. HealthWest contracted consultant Judy Gold to assist in this process. The ultimate intention of this process was to develop an evidence-based and feasible evaluation capacity strengthening plan for the region to implement in 2020.

To assess current organisational evaluation capacity, Judy identified an existing Evaluation Capacity Assessment Template developed by Kate McKegg of <u>The Knowledge Institute</u>, <u>Nan Wehipeihana</u> of Research Evaluation Consultancy and <u>Kataraina Pipi</u> of FEM. Judy adapted this tool to suit the local context. This adaptation included adding an additional area to assess capacity for collective monitoring, evaluation and learning (MEL) efforts.

The draft health check was subsequently refined based on input from multiple stakeholders including Anna Vu (HeathWest), Melissa Collins (INWPCP), Tove Anderson (WHW), Emma Thomas (consultant) and participants at the Evaluation Capacity Health Check Workshop hosted by HealthWest, INWPCP and WHW on October 24th 2019. The health check was further refined after initial testing with three organisations in West and Inner North West of Melbourne.

Any questions or comments about the health check can be sent to Anna Vu anna.vu@healthwest.org.au

MEL Resources

Assessing Individual Evaluation Capabilities (beyond the scope of this health check)

- MECAT individual assessment tool
- Assess individual skills against the competency framework of the Australian Evaluation Society

Managing Evaluations & Shared Measurement Systems

- Better Evaluation Website <u>Manage Evaluation</u>, particularly <u>decide who will conduct the evaluation</u> and <u>define ethical and quality evaluation standards</u>
- NSW Health Commissioning Evaluation Services: A Guide
- NPC Blueprint for Shared Measurement

Collective MEL Efforts in the West and Inner North West of Melbourne

- Inner North West Primary Care Partnership Social Inclusion Measurement Project <u>full report</u> and <u>summary report</u>
- <u>INCEPT 2.0</u>, an online, interactive collective evaluation resource to provide consistent measures and approaches to shared data collection around preventing family violence and all forms of violence against women, and gender equity
- <u>Preventing Violence Together</u> partnership, including the <u>Shared Measurement and Evaluation Framework</u>: <u>Implementation Plan and online dashboard</u>

Key MEL Terms

Note: This was the working list of MEL terms used to ensure common language at the workshop to develop and refine the Evaluation Health Check.

Qualitative data	Non-numerical data (e.g. text, photos)
Quantitative data	Numerical data (numbers)
Activities	Actions (things we do) during a project or program
Inputs	Things we need to implement activities
Outputs	The immediate results from activities; what has been produced or delivered
Outcomes	The intended changes from a project or program
Goal	The desired long term outcome of a project or program
Monitoring	Ongoing assessment of progress towards intended outputs
Evaluation	Assessment of project or program effectiveness; if the project or program has achieved its intended outcomes
Learning	The transformative process of taking in information that—when internalized and mixed with what we have experienced—changes what we know and builds on what we do
Indicator	A measure of progress to what we are trying to achieve
Shared Measurement	When multiple organisations use the same indicators or data collection tools to measure progress towards common outcomes

Additional notes:	



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