



AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF REHABILITATION MEDICINE
BACHELOR OF SCIENCE IN PHYSIOTHERAPY

END OF TRIMESTER EXAMINATIONS JANUARY TO APRIL 2025

UNIT CODE: PHT 431

UNIT NAME: MONITORING AND EVALUATION

DATE: 14th APRIL 2025

TIME: 9am-11am

INSTRUCTIONS

1. All students will have two (2) hours to complete the examination
2. Attempt all questions as per the instruction
3. It is the student's responsibility to report any page and number missing in this paper.
4. Check that the paper is complete
5. Total number of pages is 7 including the cover.
6. Read through the paper quickly before you start.

SECTION A. ANSWER ALL QUESTIONS (30 MARKS)

Q1. Which type of monitoring focuses on understanding the feelings of the individuals who are meant to benefit from the project?

- a) Context monitoring
- b) Financial monitoring
- c) Beneficiary monitoring
- d) Compliance monitoring

Q2. A formative evaluation is typically conducted:

- a) After the program has been completed.
- b) During the creation and execution of a program.
- c) Only when a program is well-established.
- d) Several years after a program's official end date.

Q3. Which type of evaluation primarily measures the effort and direct outputs of programs or interventions?

- a) Needs Assessment
- b) Outcome Evaluation
- c) Process Evaluation
- d) Impact Evaluation

Q4. An impact evaluation aims to determine:

- a) Whether the program is operating as planned.
- b) The short-term changes resulting from the program.
- c) The long-term results and net effects of the program.
- d) The needs and gaps that the program should address.

Q5. Which of the following is a key benefit of Monitoring and Evaluation (M&E) in health system management?

- a) Eliminating the need for stakeholder participation.
- b) Providing regular feedback on project performance and enabling corrections.
- c) Ensuring projects never require adjustments.
- d) Focusing solely on financial aspects of healthcare delivery.

Q6. Monitoring differs from Evaluation in that Monitoring:

- a) Is conducted only at specific program milestones.
- b) Provides in-depth analysis of program results.
- c) Keeps track of activities and maintains oversight
- d) Considers results at the outcome and impact level.

- Q7. Evaluation considers program results at the:
- output level
 - input level
 - outcome and impact level
 - activity level
- Q8. Which of the following is NOT a component of an M&E system?
- Measurable objectives
 - Analysis of data
 - Ignoring external factor e.g. government policy
 - Collection of data based on indicators
- Q9. The first step in planning a project M&E system is to:
- Select key indicators.
 - Assess the existing readiness and capacity for monitoring and evaluation.
 - Plan monitoring, communication, and reporting.
 - Set baselines and plan data collection.
- Q10. What is the purpose of an M&E plan?
- To create confusion among stakeholders.
 - To serve as a roadmap that guides the entire M&E process for a program.
 - To avoid data collection.
 - To complicate data analysis.
- Q11. Conceptual frameworks are useful because they:
- Show how different aspects e.g. activities and outputs in a project connect to each other.
 - Explain the challenges of a project.
 - Focus on external factors like policy.
 - Avoid the use of diagrams.
- Q12. A key question addressed by conceptual frameworks is:
- How to make stakeholders happy
 - Who are the direct and indirect beneficiaries of the intervention? (Correct Answer)
 - How to enhance human capital
 - What is the budget for office supplies?
- Q13. The purpose of a conceptual framework includes:
- Analyzing assumptions about causal relationships.
 - Clarifying the assumptions about causal relationships upon which the program is based.
 - serving the stakeholders of the program.
 - identification of indicators.

Q14. A results framework shows:

- a) How to avoid measuring desired outcomes.
- b) The causal relationships that link the incremental achievement of intermediate results to the comprehensive program impact.
- c) The relationships between different program activities.
- d) The costs associated with program inputs.

Q15. Strategic objectives in a results framework represent:

- a) Long-term aims.
- b) Outcomes or short-term achievements to be realized before long-term aims.
- c) Program inputs.
- d) Specific program activities.

Q16. A logical framework (Logframe) provides:

- a) A report of project activities.
- b) A structured table or matrix that gives a standardized overview of a program.
- c) A random collection of data points.
- d) An unstructured narrative of project events.

Q17. A Logic Model identifies and illustrates:

- a) Random relationships between project components.
- b) The linear relationships from program inputs, processes, outputs, and outcomes to their impact.
- c) The chaotic interactions of various factors.
- d) The disconnected elements of a project.

Q18. In the context of healthcare, linking national strategic plans to M&E ensures:

- a) That every step contributes to improving health systems.
- b) Health care delivery can be localized.
- c) Government can take charge of healthcare services especially in less developed countries.
- d) Populations in developed countries could access healthcare delivery.

Q19. Linking national strategic plans in health systems to monitoring and evaluation (M&E) and the Millennium Development Goals (MDGs), involves all EXCEPT;

- a) Align goals
- b) Indicators
- c) Evaluation frameworks
- d) Engage some stakeholders

Q20. What are the typical components included in a results chain?

- a) Inputs, activities, outputs, outcomes, impacts, and process measures.
- b) Inputs, activities, outputs, outcomes, impacts, and cost measures.
- c) Inputs, activities, outputs, and outcomes.
- d) Inputs, activities, and outputs.

- Q21. In M&E, an indicator is best described as:
- A complex mathematical equation.
 - A way to see if things are going according to plan, measuring real results against expected outcomes.
 - A list of program activities.
 - A stakeholder opinion.
- Q22. What does the acronym SMART stand for in the context of M&E indicators?
- Simple, Meaningful, Achievable, Relevant, Tangible
 - Specific, Measurable, Achievable/Attributable, Relevant/Realistic, Timely
 - Strategic, Manageable, Actionable, Reliable, Thorough
 - Standard, Methodical, Accurate, Responsive, Testable
- Q23. Activity indicators document or record:
- Measurable results of the activities.
 - The number of activities conducted and/or completed.
 - The long-term changes in the condition of the problem.
 - Resources invested in a project.
- Q24. Outcome indicators describe:
- The money spent on a project.
 - The number of staffs employed.
 - The intermediate changes or short-term and medium-term effects of an intervention.
 - The number of training events completed.
- Q25. In the context of health systems, advocacy means:
- Ignoring healthcare interventions.
 - Focusing on stakeholder issues.
 - Making sure the government is involved in advocacy activities
 - Taking actions that support, recommend, or defend a cause or group.
- Q26. Communication channels for M&E advocacy include:
- Face-to-face communication, printed materials, radio messaging, and online platforms.
 - Making sure the government is funding the communication activities.
 - Obscuring information.
 - Solely relying on face to face communication.
- Q27. A key characteristic of operation research is that:
- It addresses general health issues.
 - It is collaborative.
 - Publication alone is a valid indicator of success.
 - It addresses those problems that are under the control of managers.

Q28. What is a key reason for using evaluation research in health system management?

- a) Assessing the effectiveness of health interventions in achieving intended goals.
- b) Providing empirical evidence to stakeholders.
- c) Both a and b
- d) None of the above.

Q29. What type of data collection methods should be used in an evaluation design?

- a) Only quantitative data collection methods.
- b) Only qualitative data collection methods.
- c) Both quantitative and qualitative data collection methods.
- d) No data collection methods.

Q30. What do outcome measures assess in a program?

- a) The specific changes expected from the program, focusing on intended outcomes.
- b) How well a program is carried out, including adherence to plans and service quality.
- c) The financial aspects of the program implementation and overall cost-effectiveness.
- d) The resources needed to carry out activities.

SECTION B ANSWER ALL QUESTIONS (20 MARKS)

Q31. a) Describe the purpose and timing of formative evaluations. How do they differ from summative evaluations? (2 marks)

b) List the six-health system building blocks identified by the WHO. (3 marks)

Q32. a) Explain how monitoring and evaluation (M&E) can promote gender equity in health system management. Provide at least two examples of gender and equity interventions. (3 marks)

b) What role does M&E play in social protection interventions within health system management? Give two examples of social protection interventions. (2marks)

Q33. a) what is the role of evaluation research in healthcare delivery. (3 marks)

b) Differentiate between quantitative and qualitative evaluation measures, (2marks)

Q34. a) Describe the purpose of "process indicators" in evaluation. What do they evaluate? (2 marks)

b) briefly describe three key components typically included in a results chain. (3 marks)

SECTION C ANSWER ONLY ONE QUESTION (20 MARKS)

Q35 a). Describe the steps in monitoring and evaluation plan (10 marks)

b) Explain how you could apply the Donabedian Model to improve the healthcare delivery (10 marks)

Q36. A) Describe the steps in developing monitoring and evaluation frameworks according to UNHCR Guidelines, (2003). (10mks

b) Explain the importance of monitoring and evaluation frameworks in health care delivery in Kenya (10 marks)

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