Responses to questions posed during the webinar but not addressed due to time constraints:

Q. How has SMILER changed CRS’s capacity to engage in strategies that deploy mixed methodologies (i.e. quantitative and qualitative approaches)?
   a. It is a good point – the need for both quantitative and qualitative approaches. SMILER can include both since the data source for some indicators may be exercises like focus group discussions and other qualitative methods. So when designing the M&E system, using SMILER, qualitative approaches might be called for. And, as heard from Emily’s presentation, qualitative methods are extensively used as part of the learning agenda.

Q. How is the extent of data collection at the beneficiary level optimized with service delivery and data quality?
   a. High quality data at the service delivery level is essential for the M&E system. Those who collect data at that service delivery level will be more likely to collect high quality data if they see that the data are actually used, if they are part of the discussion on the meaning of the data and how they affect the direction of the project.

Q. How does learning in MEAL differ from Knowledge Management?
   a. MEAL is Monitoring, Evaluation, Accountability and Learning. In order to perform activities related to each, people need access to relevant information through a good system to manage the knowledge.

Q. Who and who forms the working group and the number?
   a. Project staff together can decide on who is best positioned to be part of the M&E working group. It is usually the M&E staff who are in the group, but should also include managers and perhaps some technical staff. There is no recommendation on number, but they need to be able to function effectively as one group.

Q. How has SMILER impacted the development of PMEPs (and indicators used) in the design of new, future projects? Related, how have new business development staff/operations been impacted by SMILER?
   a. Those who have participated in a session to develop the details of the M&E system have a good understanding of how complicated the system can get with too many indicators. They may be more careful, with new projects, as the indicator table is being designed. I don’t know this for sure, but suspect that will be the case. The business development staff know about SMILER and it is described, in the proposal, in the narrative M&E section.

Q. How often you interacted with the donor (ex USAID if a USAID project) when developed this system and process? Did they support it?
   a. We did not interact with donors when developing the SMILER. It grew out of our realization that there was no useful guide to develop the M&E system for routine monitoring. SMILER is endorsed by TOPS, which is a USAID supported program that
provides support to Food for Peace awardees. Newly funded FFP projects are now required to submit an M&E plan for annual monitoring (routine monitoring) and CRS is using SMILER as part of that plan.

Q. What techniques/tools are employed if, after reviewing the learning-to-action plans, further investigation is indeed required?
   a. The tools tend to be quantitative – asking a broad array of participants, staff and partners questions about a particular issue. Note Emily’s description of the CCFLS centers and why participants were not bringing local food to the cooking demonstrations. Key informant interviews and focus group discussion methods could be employed.

Q. Did you use tool with community partners? If so, how did its use facilitate orgs ability to work better together as well as provide more focused data?
   a. Absolutely, community partners are using the SMILER-designed tools. We find that if the data-gathering and report forms are clear, if people get the training and support needed to collect and report on data, they are more likely to do so. In the past, partners and community groups have complained that they are unclear on what they are being required to do; they submit reports that contain bits and pieces of information because the requirements of the system were never made clear to them. They are partners in implementation so should be part of the process to review and test tools in the early stages.

Q. How do you handle the piloting timeline of the tools with the project implementation and deliverables requirements?
   a. This can be challenging. We report on what we have at the time the report is due. Many of the reporting for the first year is on activities to get the project up and running, but some data are required. In your report, include a section on the M&E system and where you are in the process. (We did not discuss the detailed implementation plan during our presentation, but this is part of M&E and included in deliverables)

Q. How can stakeholders grievances be managed in the collection data in project sites
   a. The “A” in MEAL is accountability to participants. CRS requires all projects to establish a system where participants can express their concerns to staff and partners.

Q. What kind of information systems do you use to aggregate and disseminate the data collected?
   a. Some projects use data entry clerks to enter the information in a data base. In the Mawa example used, information from the Health Promoter is entered into the data base. CRS country programs may use different programs (excel, SQL as examples) to aggregate and analyze. Other projects are using hand-held devices and data are entered into a cloud. CRS has a platform, called evaluate, that is being used by many programs.
Q. What is an estimate cost of developing this system SMILER?
   a. The initial cost of the SMILER session is related to the week-long session – bringing staff together to develop the first draft. Past the development of the system, as you heard from the Mawa example, there is much work to do to finalize, roll out, and manage over time.

Q. Have you used SMILER for a results based finance (payment by results) project? If so how does the M&E system and SMILER process differ from traditional grant based funding?
   a. SMILER would support results based finance because you are developing data-gathering form and report formats directly related to the identified results (strategic objectives, intermediate results, or other terms). SMILER would not alter the approach, but would bring more clarity to the process of identifying progress towards results.

Q. Is this mobile devise compatible, especially with field work that may be remotely located?
   a. There are challenges when connectivity is poor and/or regarding devices is difficult. These things need to be considered when planning to use mobile devices.

Q. Could you advise on how to ensure M&E system is institutionalized in an organizational environment where M&E never existed
   a. Individuals can make a difference; they can work in their own project to ensure that there is a good M&E system. But to institutionalize M&E, leadership has to be committed and support the effort with policies and procedures and also with budget. Donors are more demanding about on M&E – they want to know that the project they will fund will make a difference. This demand from the donors can help make the business case to the agency leadership. Second, we need to be accountable to the beneficiaries, and there is a role for M&E in accountability not only to the beneficiaries but to all stakeholders. There is a very strong business case to be made.

Q. The Smiler system and tools are very project specific, how does CRS M&E system look at organization/agency-wide impact?
   a. SMILER is project specific. Others in CRS are looking at agency-wide impact indicators and as they are developed would have to be included in the SMILER process.