National Malaria Prevention and Control
Monitoring and Evaluation Plan 2008-2010

Presentation to MACIS Fresh Air Workshop,
By Dr. Ebony Quinto, M&E Specialist, NMCP
April 2, 2008, Hotel Africana.
Presentation outline

• Some definitions
• Implications of increased funding on M&E
• From Malaria control to elimination
• The M&E plan
• Coordination within NMCP
• Challenges relevant to CSOs
• Implementation modalities: Buy in by CSOs
• Way forward.
Reminder on definitions

- Monitoring: Routine tracking of inputs, process and outputs
- Evaluation: Periodic assessment of change in targetted results at outcome and impact level.
- Indicator: quantifiable measurement for tracking progress over time: Quality, quantity, time etc.
- Good indicator: Measurable, valid, reliable, sensitive
- Log Frame: is a graphic representation of the main components of a programme or project
Preamble

- Recent international and national efforts to scale-up the response to Malaria, TB and HIV/AIDS, with implications for type of M&E data needed to be collected and assessed.

- Multiple initiatives taking place simultaneously: MDGs, GFATM, World Map MAP etc. Billions of dollars invested, expectations of short-term results is high.
Implications for rapid scale-up

- Increased emphasis on coverage and quality of services

- Multiplying no. potential indicators required by more comprehensive programmes

- May need much more detailed information on specific indicators

- May arise possible discrepancies between donor, national and substantial data needs

- Need to strengthen linkages with HMIS
Implications 2

- Linking financial tracking to programme monitoring to assess costs of service delivery etc
- Standardization of measurement instruments to enable internal/cross country comparisons
- Develop means to monitor absorptive capacity
- Monitor other critical service delivery support systems
- Monitor epidemics and the responses to them
From Malaria Control to elimination

1st
programme re-orientation

2nd
programme re-orientation

- SPR < 5%
- <1 case / 1000 pop. at risk
- zero local cases

3 years

WHO certification

Prevention of re-introduction

Control

Pre-elimination

Elimination
M&E at country level

- Demonstrates progress in achieving outcomes and impact in control efforts.

- Contributes to more efficient use of data and resources by ensuring indicators and sampling methodologies are comparable over time & reducing duplication

- Encourages coordination and communication between different stake holders

- Need for country capacity building to track coverage and measure impact and utilize this information to account to our citizens and donors alike.
### HSSP II indicators by 2009/10

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target Range</th>
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<tbody>
<tr>
<td>Pregnant women completing IPT2</td>
<td>33% to 85%</td>
</tr>
<tr>
<td>HH with at least one LLIN</td>
<td>15% to 85%</td>
</tr>
<tr>
<td>HH with at least 2 LLINs</td>
<td>10% to 60%</td>
</tr>
<tr>
<td>U5 who slept under a LLIN in previous night</td>
<td>85%</td>
</tr>
<tr>
<td>Pregnant women sleep in nets previous night</td>
<td>85%</td>
</tr>
<tr>
<td>Districts covered by IRS</td>
<td>85% by IRS, 15 Districts</td>
</tr>
<tr>
<td>U5 receiving correct treatment within 24 hrs.</td>
<td>85%</td>
</tr>
<tr>
<td>↓U5 In-patient case fatality rate</td>
<td>From 3% to 2%</td>
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Goal and Objectives

To provide a framework for obtaining reliable information to determine progress in malaria control and inform programme improvement decisions

<table>
<thead>
<tr>
<th>To guide collection, processing, analysis and use of malaria data</th>
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<tbody>
<tr>
<td>To guide the periodic documentation of planned activities, outputs and measure expected outcomes and impact</td>
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<tr>
<td>Provide a comprehensive list of indicators to guide implementers</td>
</tr>
<tr>
<td>Outline key actions for implementation of malaria M&amp;E in Uganda.</td>
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</table>
Some indicators: Impact

- Under five, all-cause child mortality
- Proportion of deaths attributable to malaria for children under five from nationally representative sample
- Proportion of deaths attributable to malaria among children under five in a defined population
- Laboratory confirmed malaria cases in health facilities
- Percentage of OPD visits attributed to malaria
- Number of in-patient malaria cases
- Number of in-patient malaria deaths
Some indicators: Outcome

- **ITNs**
  - No HH with at least 1 LLIN
  - No of U5 who slept under an LLIN

- **IRS**
  - Proportion of targeted population protected by IRS

- **Case Management**
  - Proportion of children under five years old with fever in the last 2 weeks who received treatment with any anti-malarial within 24 hours of onset of fever

- **IEC/BCC**
  - Proportion of people aware of malaria prevention measures
Some indicators: Outputs

- **ITNs**
  - Number of insecticide-treated nets (ITNs) distributed, by target group
  - Number of insecticide-treated nets (ITNs) Sold
- **IRS**
  - Number of districts covered by IRS
- **IPT**
  - Number of pregnant women receiving IPT (1, 2 or 3)
- **Case Management**
  - Number of uncomplicated malaria cases treated within public and NGO Health facilities
  - Number of children under 5 years of age treated with ACT within 24 hrs at community level using the home based management of malaria fever strategy
Some indicators: Process

- Guidelines
- Procurement
- Distribution
- Insecticide procurement
- Personnel trained
- Studies carried out
- ACT procurement, distribution
- CSO coordination meetings
- Radio spots, teachers trained in LLIN use
Data Sources 1

- Health Management Information System
- Home Based Management of Malaria
- Integrated Disease Surveillance and Response
- Sentinel Site Surveillance
- Demographic Surveillance (DSS) site
- Population surveys
- Demographic and Health Survey (DHS)
- The Malaria Indicator Survey
- Other Household Surveys
Data Sources 2

- Health Facility Surveys
- Pharmaco-vigilance
- Verbal Autopsy Survey and Verbal Autopsy Validation Study
- ITN monitoring System

- Indoor Residual Spraying Monitoring System
- The National Composite Malaria Data Base
- Activity and Performance Reports
- Supervision Reports
## Linkages with HMIS on Malaria Control

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Clinical malaria cases at OPD</strong></td>
<td></td>
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<tr>
<td><strong>Number of suspected malaria cases tested by microscopy</strong></td>
<td></td>
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<tr>
<td><strong>Number of confirmed malaria cases at OPD</strong></td>
<td></td>
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<tr>
<td><strong>Number of malaria in pregnancy cases at OPD</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Number of in-patient malaria in pregnancy cases</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Number of clinical in-patient malaria cases</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Number of confirmed in-patient malaria cases</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Number of malaria deaths</strong></td>
<td></td>
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<tr>
<td><strong>IPT 1, IPT 2 and antenatal attendance</strong></td>
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</table>
Malaria M&E data flow diagram

- **District Health Service Areas**
  - **HSDs**
    - **Health Facilities**
      - **Communities**
        - **Household**
  - **UBOS and other Partners**
    - **H/H Surveys**
    - **MIS**
    - **DHS**

- **MOH/Resource Centre**
- **TWG—SMT—HPAC**
- **MOFPED**

- **DSS & Other studies**
M&E duties and Expected Outputs

- Data Quality Assurance
- Establish and maintain malaria data base
- Establish functional linkages with relevant partners involved in Malaria M&E including MOH HMIS and IDRS
- Analyze and Interpret programmatic, outcome and impact data
- Prepare and regularly update the national malaria profile
- Provide feedback, prepare quarterly monitoring reports and annual malaria reports & reviews
- Develop sub-national level M&E capacity
- Serve as secretariat for M&E sub-committee
## Coordination within NMCP: Duties & Roles

<table>
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<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tr>
<td><strong>M&amp;E, Research SMO</strong></td>
<td>Team leader M&amp;E Unit; Research coordination; Drug Efficacy; Pharmaco-vigilance</td>
</tr>
<tr>
<td><strong>M&amp;E Specialist</strong></td>
<td>Data Base Management; M&amp;E plan implementation; M&amp;E Systems strengthening; Partnerships; periodic reports &amp; Capacity Building</td>
</tr>
<tr>
<td><strong>SMO M&amp;E</strong></td>
<td>Linkages with HMIS/IDSR; Strengthening HMIS/IDSR; Sentinel Sites/DSS; MIS/DHS FP.</td>
</tr>
<tr>
<td><strong>Data Manager</strong></td>
<td>Data entry/Cleaning, Assisted periodically by Clerks; Updating ITN data base; Maintain notice board</td>
</tr>
<tr>
<td><strong>Program Officers</strong></td>
<td>Activity/Monthly/Quarterly reports; Participate in sheet updates; Linkage with line partners</td>
</tr>
<tr>
<td><strong>Partners/CSO</strong></td>
<td>Regular data sheet updates and reports (Agreed format)</td>
</tr>
<tr>
<td><strong>Districts</strong></td>
<td>Implementation/ Complete-Timely reporting</td>
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Implementation modalities

- The three ones:
  - One strategic plan under which all partners work and contribute
  - One coordination mechanism to ensure maximum synergy and avoidance of duplications: One NMCP Operational plan, HPAC, Technical Working groups
  - One M&E plan to measure progress and assess impact: Incorporate MACIS M&E plan
Challenges

- Lack of M&E facilitation, equipment and space
- Poor floor of data from Partners: Patriotism, transparency, capacity, tools, consultation, collaboration, coordination
- Lack of: shared vision, shared mission, teamwork, leadership, management, respect
- Lack of effective supervision
- Weakened District Health Systems: Lack of Coordination/Power relations/tendency to bypass local authorities
- Poor quality services (Stock outs, personnel etc)
How CSOs can buy in

- Align project objectives & activities with National Malaria Strategic Plan, choose appropriate indicators (see definitions) for monitoring progress.

- Facilitate (budget), equipment and house M&E.

- Streamline data flow systems between partners and Districts and the Programme.
  - Monthly activity logo with planned activity, achievements (numbers), challenges, innovations to overcome, lessons learnt; quarterly reports, annual reports with success stories, photographs etc).

- Organize a well planned in-house training of staff on data management and support supervision for quality assurance; management of malaria composite data base
Next Steps 2

- Regular surveys to capture community based information
- Disaggregation of data by age and sex to continue
- Routine Monitoring for continuous quality improvement
- Periodical Evaluations, learning and decision making
Next Steps 3

- Capacity Development/ Strategic planning
  - Building technical abilities, behaviors, relationships and values
    - I.E Clarity, commonality and commitment to purpose.
  - Enable stakeholders enhance performance to achieve development objectives over time.
  - Strengthening the processes, systems and rules that shape collective and individual behaviors/people’s ability to play new developmental roles/and to adapt to new demands and situations.

- Building Consensus/ Consultation/ shared visions/ Shared missions/clear roles
Leadership and Management in Health Systems

OVERALL ACTIONS TO STRENGTHEN HEALTH SYSTEMS

LEADERSHIP AND MANAGEMENT STRENGTHENING FRAMEWORK

- Adequate number of managers
- Appropriate competences
- Functional support systems
- Enabling working environment

Improved health services and sector goals e.g. MDGs