

Yakubu Gowon Centre for National Unity and International Cooperation, Abuja



Monitoring & Evaluation (M&E) Bi-Annual Programme Implementation Report (October 2009 – March 2010)

Department of Monitoring and Evaluation

May 2010

ACRONYMS

ACT	Artemisinin Based Combination Therapy
BCC	Behaviour Change Communication
CCM	Country Coordinating Mechanism
DCTs	Data Collection Tools
FCT	Federal Capital Territory
GF	Global Fund
HF	Health Facility
HFWs	Health Facility Workers
NHMIS	National Health Management Information System
LFA	Local Funding Agent
LGA	Local Government Area
LLIN	Long Lasting Insecticide treated Nets
M & E	Monitoring and Evaluation
NMCP	National Malaria Control Programme
PHC	Primary Health Care
PUDR	Progress Update and Disbursement Request
RBM	Roll Back Malaria
SDP	Service Delivery Point
SLOs	State Logistic Officers
SP	Sulphadoxine Pyramethamine
TOR	Terms of Reference
TWG	Technical Working Group
YGC	Yakubu Gowon Centre
ZC	Zonal Coordinator

SEMI -ANNUAL REPORT FOR M&E DEPARTMENTAL ACTIVITIES ROUND 4 QUARTER 20 & 21/ROUND 8 QUARTER 1&2

Background

Yakubu Gowon Centre is a Principal Recipient (PR) of the Global Fund (GF) malaria rounds 4 and 8 grants with the mandate to implement in 18 states and 19 states respectively. The aim of the entire program is to reduce by 50% the Malaria disease burden in Nigeria by the end of the year 2010 using effective control strategies.

As round 4 Grant terminates in June 2010, round 8 Grant commenced on the 1st November 2009 thus running concomitantly for 3 quarters. The R8 is focusing on some key service delivery areas namely Treatment of fever/malaria in children under 5 using ACTs; Distribution of LLINs to population at risk of malaria; providing supportive environment through training of health workers, monitoring and supervision; Creating demand for malaria commodity and services through advocacy and BCC.

The importance of M&E as the epicenter and platform to the success of any programme must be underscored. It is in view of this that, YGC initiated the process of strengthening of its M&E department by employing an M&E Manager, Zonal Coordinators (ZCs), and State Logistics Officers (SLOs). These officers have had their capacities built to effectively and efficiently monitor and evaluate YGC programme implementation at operational levels. This is important in instituting data culture and timely interventions as well as improvement in the quality of data management for evidence based action. Additional steps were also taken to set up a system for data management, dissemination and feedback; timely and complete reporting; as well as strengthening the human and infrastructural capacity of M & E unit at the State, LGA and HFs levels. Ultimately, the M&E unit was able to achieve over 80% of the planned activities for the period, though with some major challenges.

This report covers the period from October 2009 to March 30th 2010.

Activities from October 2009 to March 2010

The round 4 reporting periods covered by this report are quarters 19 & 20 which run concurrently with quarters 1 & 2 of round 8. The major activities in this period were mainly focusing on monthly supervision & quarterly verification of health facilities service, capacity building of relevant officers, advocacy, and review of states/LGA/HFs' consumption/utilization data. Others were compilation of quarterly GF PUDRs and dash board; facilitation of report verification by the LFA and knitting close partnership/collaboration with key players in Malaria Control Programme. The M&E department also updated its work plan and subsequently, embarked on some key activities as shown below:

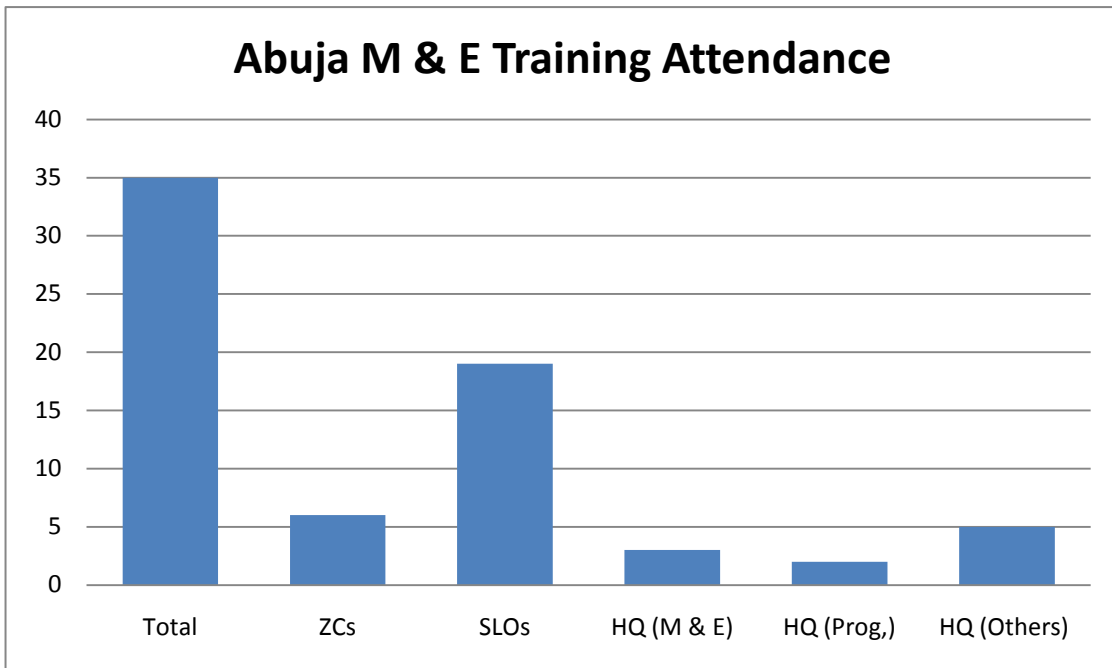
Production of Data Capturing Tools

1. Co- reviewed, printed and distributed 3000 copies of the 000, 001, 002 and 003 harmonized Malaria DCTs to the States, LGAs and HFs as a crucial first step in

engendering quality data management. These resulted in the reduced DCT stock out syndrome to a reasonable extent.

Capacity Building for strengthening M&E.

- 2. Capacity strengthening of 35 YGC senior staff, 3890 relevant HWs at LGA and HF levels, 389 LGA focal persons, and 19 state RBM Managers on fundamentals of M&E/quality data management and its operational applications. This singular strategy has widened the scope of participants’ understanding and importance of M&E which hitherto was very poor and grossly inadequate.



Programme Review.

- 3. In February/March, the department participated actively in the OIG programme review of all GF grants given to YGC. Their findings with regards to M & E showed inconsistency in indicators definitions for rounds 2 & 4, non-submission of rounds 2 & 4 phase 1 PUDRs amongst others. Relevant clarifications were subsequently made on both sides. This served as a platform for better understanding of the dynamics of the GF project, expectations and provided wholistic ways for future project improvement.

The quarterly GF PUDRs and dash board reports were compiled quarterly in readiness for the programme implementation quarterly review by LFA and CCM as required by GF. The Global Fund requires the LFA to carry out quarterly verification of programmatic

and financial progress updates of YGC as a PR. The verification provides a forum for YGC and the LFA to jointly review and agree on reported targets, deliverables, and possible variations. Where there is a need for any planned change/s to the programme, agreement is done consensually, as well as overall assessment of programme performance. The LFA review for both round 4 quarter 20 and round 8 quarter 1 was carried out in February 2010 with an entry and exit feedback meeting with relevant YGC staff.

Integrated Supportive Supervision.

4. YGC M&E facilitated and supported the monthly supportive supervision of service delivery at health facilities by RBM Managers, LGA focal persons, ZCs, and SLOs. A checklist is used to appraise key areas of data quality, routine support supervision, status of ACTs Stock out, Access to IPT services, availability of DCTs, and regularity of support supervision. Of concern however, is the practice of the non returns of DCTs/data except when HFs are visited by the LGA malaria focal persons specifically to collect data (Data pull strategy). More worrisome is the discovery that some of these focal persons do not physically go to the HFs but either request for HF i/c to send data or call for it on phone without any supportive supervision and validation of such reports. Findings generated from this exercise are used to institute appropriate interventions in needed areas.

In November 2009 and January 2010, Data verification was done in 142 HFs in 18 states. The essence of this is to authenticate the veracity of reported data and to institute data culture in all aspect of programme implementation. However, poor data culture, funding, infrastructure and management due to attitude, lack of commitment, weak coordination and supervision respectively at the sub-national levels were some of the findings. In addition, inadequate technical skills, low staff capacity, non adherence to stipulated data flow pathway/timelines, limited understanding of DCTS and non availability of and non adherence to malaria treatment policies and guidelines in most of the HFs were common occurrence. These issues are been addressed.

Advocacy and Sensitization for right orientation to M&E and Data culture.

5. Zonal M&E Stakeholders' workshops was planned and implemented in all the zones as sensitization/advocacy strategy to get the buy-in and M&E operational ownership by key stakeholders. Six participants were invited from each of the YGC 18 supported states and FCT. These targeted stakeholders were the Honourable Commissioners (HC) for State Ministries of Health, Local Government & Chieftaincy Affairs and their PHC Directors. The workshop and interactions were found to be very useful in terms of familiarization with the concepts of M&E, sensitization on the need for data demand by policy makers for evidence based decisions making and planning. It also provided opportunity for them to understand the vital role expected of them in the institutionalization of improved funding for M&E, accountability, sustainability and engendering public trust using data with integrity. The major gain is the gradual

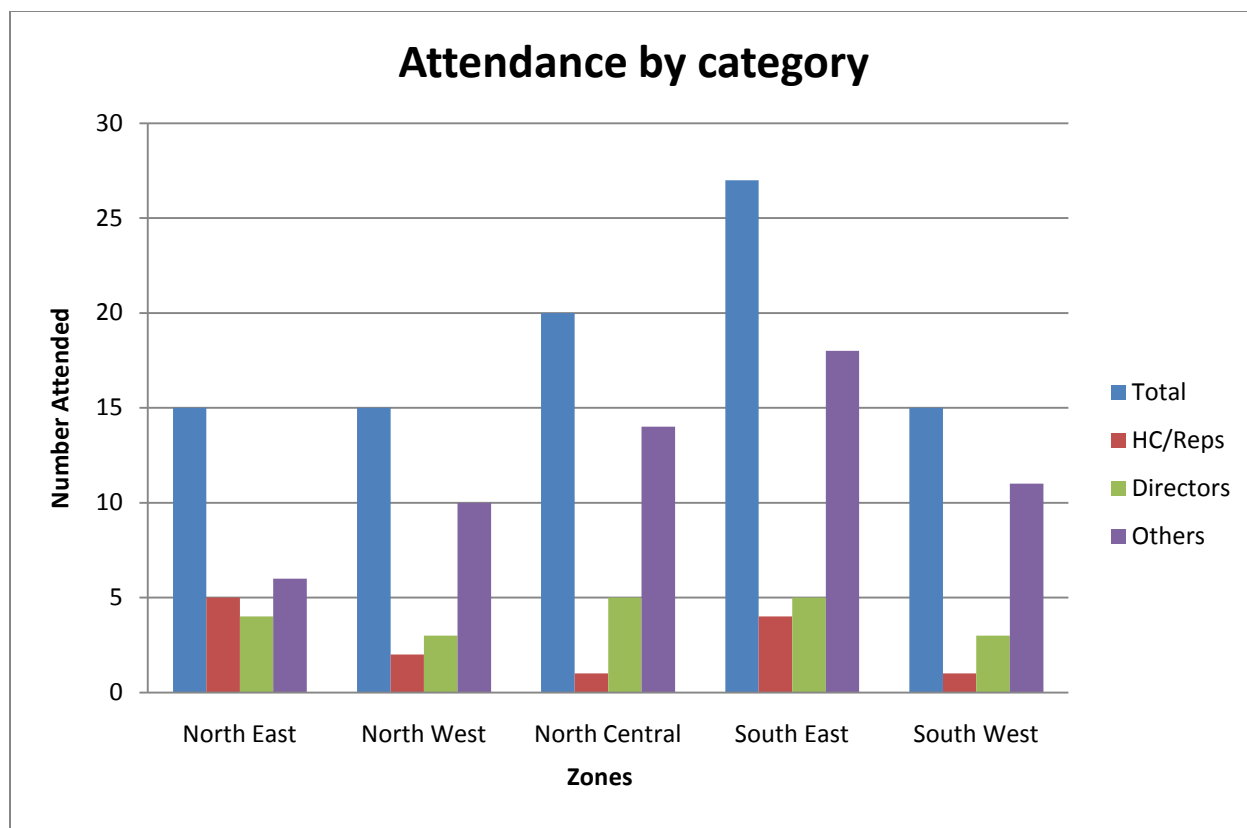
acceptance of M&E as being fundamental to the success of any programme and the extraction of commitment from them.



At the end of the workshops, YGC successfully secured the commitment of the states to provide:

- A supportive environment for quality service delivery, motivation of staff to collect good quality data and to ensure timely reporting by the HFs, LGAs and state RBM staff, Infrastructural support to YGC field officers and to collaborate with them in carrying out monitoring & supervision at state, LGA and HF facility levels
- Support YGC in follow up on findings from supervision and data verification reports
- A budget line and improved funding for malaria control

The chart below shows the category of participants that attended the workshop in the 5 zones as at end of March 2010.



Management Information System

6. Strengthening the information management/M&E systems at all levels ideally requires a functional and efficient database that can facilitate improved data management and use of information across all levels. Consequently, YGC is supporting the National Malaria Control Programme to design and develop a robust database to enhance institutional capacity for effective data management. A TOR was developed, reviewed and finalized and is the basis on which an EOI was advertised. This served as an initial process of engaging qualified and experienced data base consultant/s to develop and install the database with the following expected outputs:
 - a. To support informed strategic decision-making by providing quality data which help managers and health workers, at all levels of the health system, in programme planning and management;
 - b. To monitor the performance of the health services and provide periodic evaluation towards agreed targets;
 - c. To monitor Malaria disease trends and control.

The importance of the use of electronic data processing and transfer at the state level cannot be over-emphasized as a formidable platform to improve the quality and

timeliness of data reporting. To achieve this, YGC is providing IT facilities - computers, printers, internet facilities in the 19 state RBM offices. This hopefully, reinforced with relevant trainings, will enhance institutional capacity for the optimal use of the DHIS malaria database when it is finally installed and put to use.

A system is now in place to regularly appraise field activities. The Zonal Coordinators and State Logistics Officers are required to submit fortnightly/quarterly reports using a standardized format as a way of monitoring and instituting timely measures where applicable. This streamlined reporting format is made to align with the programmatic deliverables as contained in the grant performance framework. So far, this has enhanced the quality of reporting from the zones and states. Furthermore, the SLOs apart from providing logistics support, also serve as monitoring officers for YGC commodities management chain and supply in relation to health indicators and deliverables.

Programmatic Results for Round 4 phase 2.

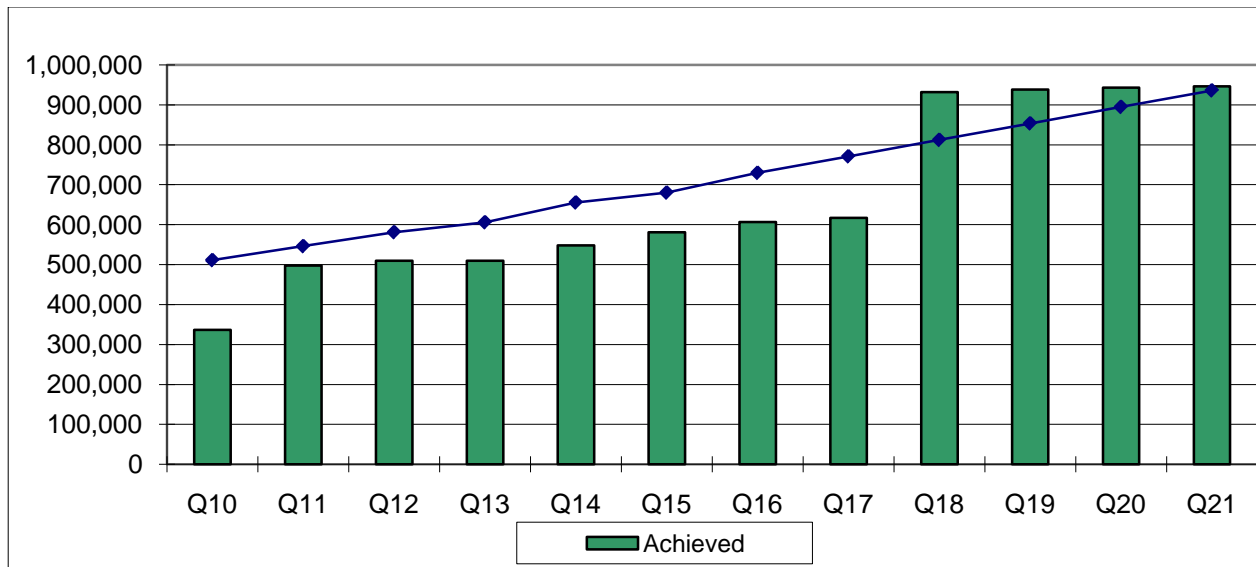
7. States' Consumption/utilization data are reviewed after retrieval from the various levels. These data are critically and objectively scrutinized through data cleaning, validation and use in furthering the improvement of data quality. Programmatic results are tracked and reported on quarterly basis in line with programme objectives and indicators. Details of results are found below:

Indicator 1: Number of Health facilities reporting "No stock-out" of ACTs for one week within the last 3 months.

Result: *Only about 44% of the sites visited reported 'No Stock out' of ACTs for one week within the last three months.*

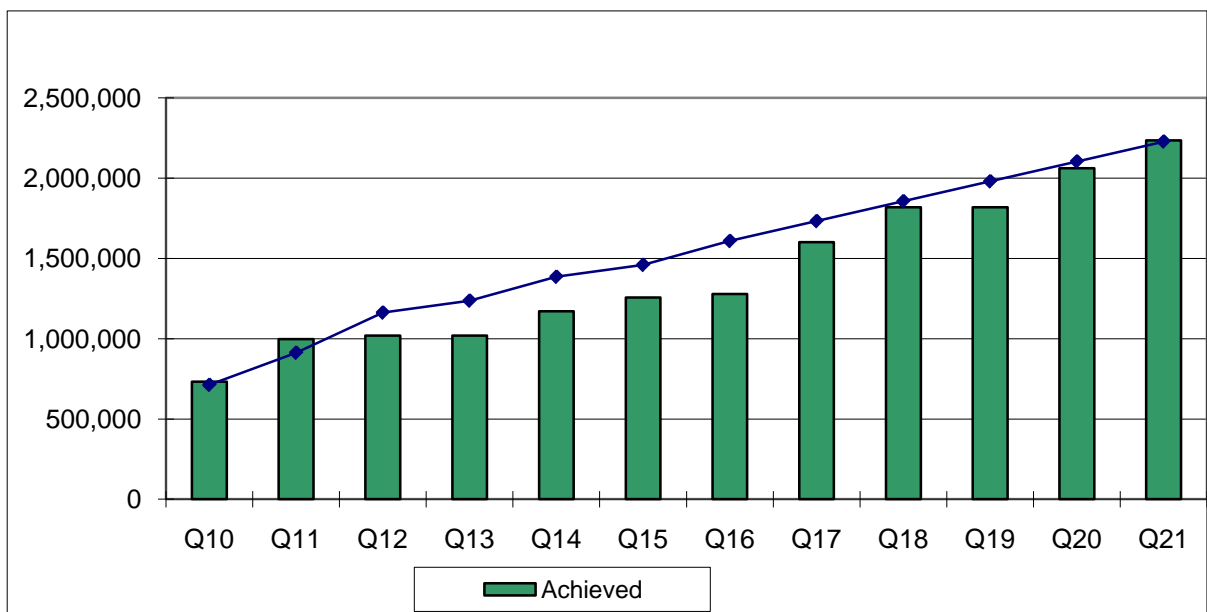
Indicator 2: Number of Bed Nets distributed to pregnant women.

Result: *The cumulative target was 936,177 and 946,642 was achieved indicating 101% achievement*



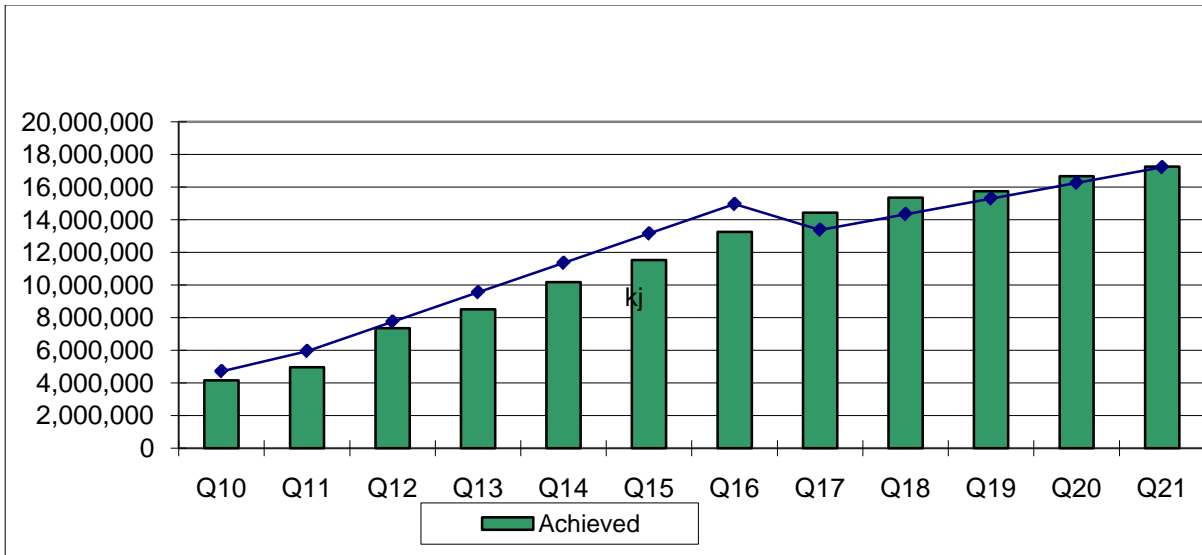
Indicator 3: Number of Bed Net distributed to Children under Fives

Result: *The cumulative target was 2,227,342 and 2,233,808 was achieved depicting 100% achievement.*



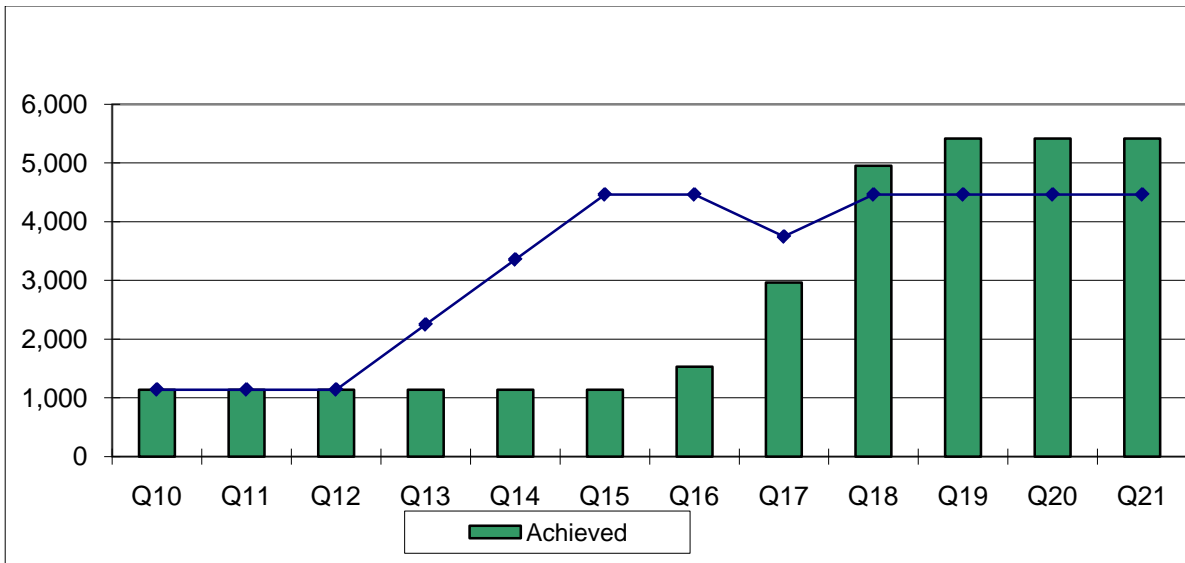
Indicator 4: Number of Children under Five treated appropriately within 24 hours of onset of fever.

Result: *The cumulative target was 17,205,947 and 17,230,108 was achieved indicating 100% achievement*



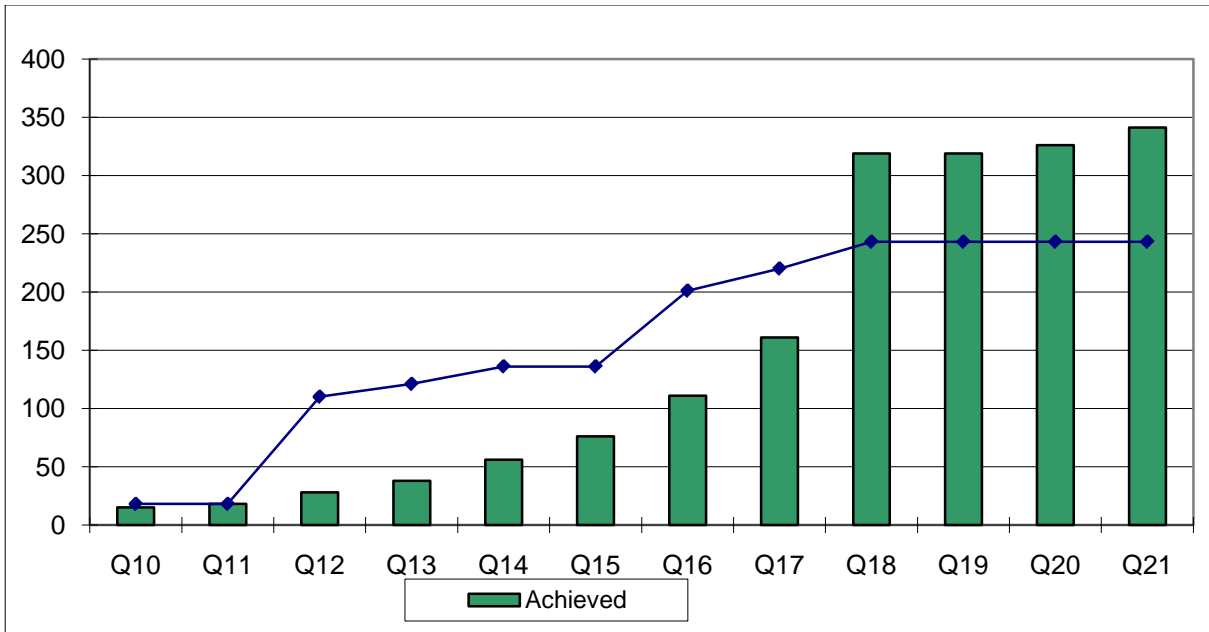
Indicator 5: Number of health care workers trained on case management and prevention.

Result: *The cumulative target was 4464, and 5418 was achieved indicating 121% achievement*



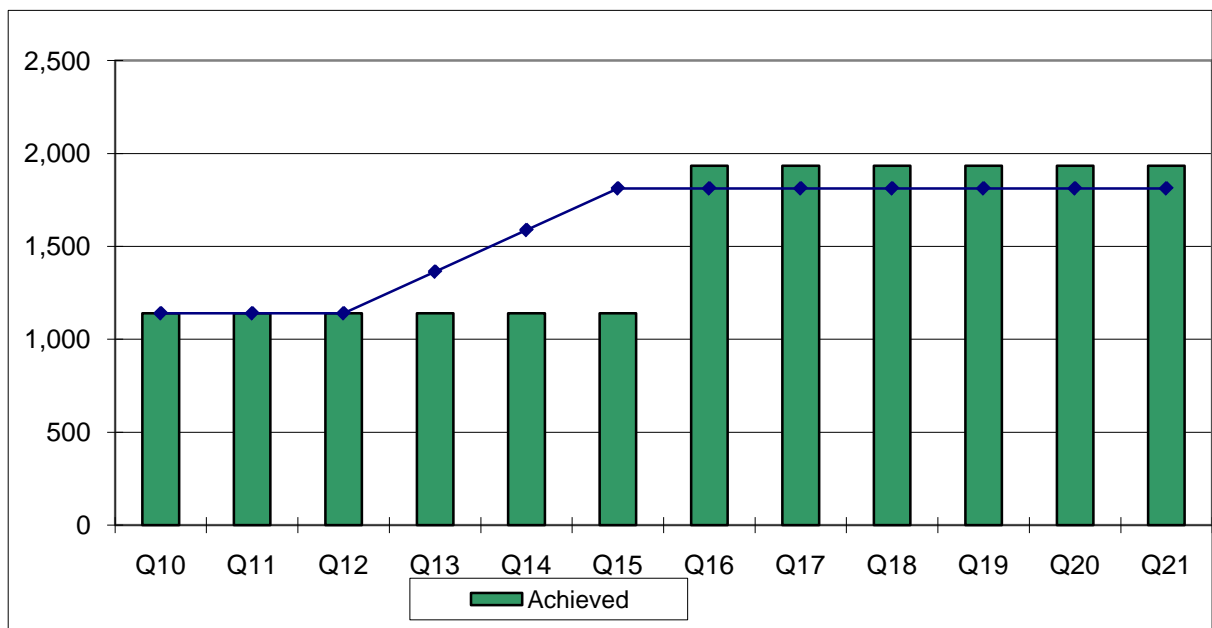
Indicator 6: Number of advocacy visits conducted at National/state levels.

Result: *The cumulative target was 243, while 341 was achieved, indicating 140% achievement.*



Indicator 7: Number of Role Model Mothers trained on symptom identification and home management of malaria.

Result: *The cumulative target was 1812, while 1934 was achieved, indicating 107% achievement.*



Major Challenges

1. YGC M&E department needs additional staff to be efficient in fashioning out a functional system that can deliver the YGC organizational deliverables in line with GF requirement and expectations.
2. Non availability of and non adherence to malaria treatment policies and guidelines at some HFs thus militating against improved malaria service delivery.
3. The Harmonized DCTs are different from that used for R4; this created some confusion at the point of use. Within the reporting period, commodities are yet to be supplied for R8 thus militating against the use of the harmonized forms. These are however being addressed by appropriate trainings and enlightenment programme.
4. Low M&E capacities at the state, LGA and health facility levels often compromised the quality of work and data generated. High turn over rate of trained staff particularly, at HF levels as this impact negatively on quality service delivery.
5. Overdependence on limited grant resources for HWs capacity building, monitoring and supervision activities at all levels as well as weak political and financial support from the states and Local governments, poses a major threat to effective and sustainable program monitoring and management.
6. Long period of ACTs stock-out is eroding the gains already made. This is a major threat as patients are reverting to the use of C/Q and other anti - Malarial monotherapy. Worse still, patients are boycotting the public HFs for the private.

Future Plans

The current strategy employed to ensure that quarterly targets in line with the performance framework are met is premised on:

1. Working as a team with other departments to institutionalize effective monitoring strategy for commodity tracking by SLOs/IPs as well as regular supportive supervision and quarterly data verification at all levels. A follow up response and feedback mechanisms will be strengthened. Additionally, M&E plans for data collection on commodity management, supply and demand side would be developed to reflect the functioning of the health system.
2. Co planning and implementation of close out of round 4 project and National Malaria Indicator Survey. A draft plan and budget has been finalized and will be shared with partners for consensual implementation.
3. Support the development of a user friendly template/database to track commodity supply and utilization both nationally and at YGC. The latter will be complimented by standard M&E SOPs which will be deployed and use at the HFs as a guide.
4. In partnership with NMCP and other partners, the M&E training manuals will be reviewed to make it current and more user- friendly. This will be used in addition to other manuals where applicable, in the Quarterly Phased training of state RBM managers and select HWs on programme management and monitoring.
5. Preparation, compilation and dissemination of fortnightly, monthly, quarterly and annual reports with a structure for appropriate and timely interventions. Best practices

will be shared in seminars/workshops. Support will be provided for the state monthly malaria coordination and technical review meetings for all relevant staff and IPs.

6. Advocacy for funding commitment to policy makers, using data as a motivation for a change of attitude to data culture and management.
7. Development of an operational Research and Programme evaluation agenda to identify optimal strategies for programme interventions/technologies.
8. Institutionalization of a yearly DQA as a means of appraising data quality and M&E efficiency.

Conclusion:

In conclusion, the M&E department despite monumental challenges has been able to achieve more than 90% of scheduled activities and is now better positioned to provide YGC with evidence based data for action.