

REPORT

Process of Developing “A Conceptual Framework For Building Capacity in Monitoring and Evaluating Roll Back Malaria in Africa”

Nathan Bakyaïta and Graham Root.

1. Background

The RBM Monitoring and Evaluation Reference Group (MERG) recognises the need for country capacity in RBM M&E to be strengthened and wishes to identify specific country level M&E capacity development needs and how best these needs may be met through the subregional RBM networks and existing institutions with comparative advantage in this area of work.

The Malaria Consortium was contracted by MACRO International to develop “A Conceptual Framework for Building Capacity in Monitoring and Evaluating Roll Back Malaria in Africa”. Annex 1 gives the Terms of Reference, scope of work and expected products. One of the key products is a report summarising the development process. One of the expectations of the work, was that consensus would be achieved among key partners and particularly of WHO/AFRO. Hence, their active involvement was sought.

2. Process of developing the Framework

1. Consultations with the Capacity Building Task Force of the MERG to agree on the TORs and scope of work (March/April 2004).
2. Review of Existing reports (AFRO M&E Country Support Missions, NMCP Annual Reports, RBM Needs Assessments etc). These reports were availed by WHO/AFRO. (April-June 2004)
3. Development of capacity needs assessment tool in both French and English (June 2004).
4. Presentation of the progress on developing the framework document to both the Harare (July 2004) and Dakar (August 2004) meetings followed by administering the capacity needs assessment tool to all countries represented. The responses were analysed and summarised.
5. Meeting with WHO/AFRO in Harare (October 2004) to review the draft document and gain consensus on presentation to the 4th MERG meeting.
6. Presentation of the Draft to the 4th MERG meeting in New York (November 2004)
7. Feedback and comments from MERG (December 2005)
8. Incorporating comments from MERG in final version of report (January 2005)
9. Submission of final document to MACRO International and MERG (February 2005)

3. Key Outcomes of the Processes

1. Consultations prior to commissioning the work

Other MERG members who are part of the Capacity Development Taskforce (WHO/AFRO, WHO/HQ, USAID, UNICEF, and Wellcome Trust/KEMRI) were consulted during the formulation of the TORs and scope of work. The final version of the TORs are attached as Annex 1 in the report.

2. Review of Existing Reports and Preparation of first draft

The AFRO M&E Country Support Missions conducted in 2003 aimed at assessing M&E systems within countries, facilitating the establishment of M&E networks and building capacity in data management. To facilitate this process, WHO/AFRO developed an extensive checklist that was administered to all the countries and used to generate reports.

Missions reports from Angola, Benin, Burkina Faso, Cote d'Ivoire, Ethiopia, Eritrea, Ghana, Guinea Conakry, Kenya, Malawi, Mali, Mozambique, Nigeria, Senegal, Tanzania, Togo, Uganda and Zambia were reviewed. The reports provided an extensive review of country M&E systems including the potential role of other institutions and country level partners in supporting RBM M&E. Some of the capacity needs and ways of addressing them were highlighted in the reports.

Using the findings of the country assessments and other reports and tools developed by WHO/HQ, WHO/AFRO, MEASURE Evaluation, Malaria Consortium, etc, a draft working document was prepared addressing the TORs. (See bibliography in conceptual framework of all the documents reviewed.) It was agreed by members of the taskforce that given the existing documentation and planned WHO/AFRO meetings on RBM M&E in Harare and Dakar (see below), that it would be unnecessary and inappropriate to carry out country visits.

3. Development of the Checklist for assessing National Level RBM M&E Capacity

After reviewing the country reports, we developed a checklist for assessing capacity. The checklist was adapted from the WHO/AFRO checklist but only focusing on assessment of existing human, institutional and health system capacity for M&E within the NMCPs. The countries were also requested to suggest areas in which capacity strengthening was required (See Annex 2. Checklist for Assessing National Level RBM M&E Capacity Needs.)

4. WHO/AFRO M&E Meetings

At the WHO/AFRO M&E meetings in Harare (July 2004) and Dakar (August 2004), we presented the framework and also solicited for their cooperation in filling the checklist. The presentations were made in both English and French. The checklist was administered to representatives of the 22 countries, namely Angola, Benin, Burkina Faso, Cameroon, Djibouti, Ethiopia, Ghana, Guinea Conakry, Kenya,

Madagascar, Malawi, Mali, Mozambique, Nigeria, Niger, DR Congo, Senegal, Tanzania, Togo, Uganda, Zambia, and Zimbabwe. (See Annex 3. Tabulated country responses of M&E needs assessment).

5. WHO/AFRO and Malaria Consortium Meeting Harare

The writing of the report was done jointly by the Malaria Consortium and WHO/AFRO. In October 2004, we held a meeting with the M&E team in WHO/AFRO to review the draft report and gain consensus on the final version that was presented at the MERG meeting in November 2004, in New York.

6. MERG Meeting New York

A summary presentation of the document was made at the MERG meeting. Most of the comments raised during the meeting and after have been incorporated in the document.

The MERG recommended that the report should be circulated for final comments by members of the Capacity Development Task Force and other members of the MERG. In addition a meeting of the Capacity Development Task Force to chart a way forward should be scheduled as soon as possible. The chair of the task force should set a tentative date and call a meeting for this process to go ahead.

Conclusion and Next Steps

The “Conceptual Framework for Building Capacity in Monitoring and Evaluating Roll Back Malaria in Africa” was developed through a consultative process involving the MERG Task Force on Capacity Building and other MERG members. In particular, significant input was sought and received from WHO/AFRO. Such an approach meant the work had to be scheduled around activities and dates that were already fixed by WHO/AFRO. After review of more than 20 country reports and administering a needs assessment tool to 22 countries, the capacity building needs have been identified and ways of addressing the needs suggested. The next step is to circulate the report widely and to develop a work plan for implementing the recommendations.