Rationale for including M&E System building in the proposal

With the global momentum to scale up the response to the three main infectious diseases, HIV/AIDS, tuberculosis (TB) and malaria, public health practitioners need to provide various levels of accountability for their activities to several constituencies. It is becoming increasingly important for countries to be able to report accurate, timely and comparable data to national authorities and donors in order to secure continued funding for expanding health programs.

A functional M&E system is one of the cornerstones of a country’s response to fighting a disease, and ensures that:

1. Relevant, timely and accurate data are made available to national program leaders and managers at each level of program and health care system;
2. Selected quality data can be reported to national leaders; and
3. The national program is able to meet donor and international reporting requirements under a unified global effort.

Information to be considered in the Situation Analysis

1. State of the disease burdens, the characteristics of various epidemics, national health system, and resources available for M&E.
2. Description of the national M&E systems for communicable disease control programs, as well as for reproductive health, child and adolescent health and other health related programs; or disease-specific M&E systems.
3. National M&E framework and costed work plan
4. Results of an M&E assessment of the key 12 components of an M&E system:
5. Description of country’s M&E capacity building plan
6. Data quality assessment reports

Some Key Challenges of M&E Systems

- Multiplicity of actors, each with their own monitoring sub-system, that are not integrated into the national M&E system.
- Weak capacity to collect good quality data due to non-standardized definitions for data; duplication of data from multiple registers; and lack of or inappropriate use of tools.
- National routine programme monitoring and linkages between facility-based and community-based services remains weak.
- Difficulty in conducting surveys particularly in capturing hidden, stigmatized and mobile populations.
- Limited skills to extract and aggregate indicator data, and non-submission of consolidated indicators
- Limited disaggregation of data by age, sex, and key populations
- Difficulty in estimating population sizes to inform programme planning and implementation
- Limited documentation of best practices and evidence of how national M&E systems and data are influencing decision-making at the country level
- A dearth of evaluation information and operations research to address questions of efficacy/effectiveness, efficiency, and assess client satisfaction and the main bottlenecks to the scaling-up and impact of HIV interventions.
- Lack of a “data use culture” – data used for funding and or reporting requirements but not for program improvement
- Insufficient understanding of how to use routine data that reflects program causal pathways, not just statutory recording of items

### Suggested activities and performance results for strengthening the 12 components of an M&E System

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<tr>
<th>Component</th>
<th>Activities</th>
<th>Performance results</th>
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| 1. Organisational structures with M&E functions | - Define for each organisation its specific authority and responsibility with respect to M&E and the processes for shared decision-making among organisations.  
- Establish a national M&E technical working group. Define its scope of work, membership criteria and procedures for meeting, making decisions and communicating its decisions.  
- Develop and implement a national strategy for human capacity development to support data collection, management, analysis and use.  
- Assess and track the overall performance of the M&E system on a regular basis. | - Job descriptions for M&E staff; adequate number of skilled M&E staff.  
- Well-defined organisational structure, including a national M&E unit; M&E units or M&E focal points in public, private and civil society organisations; written mandates for planning,  
- Routine mechanisms for M&E planning and management, for stakeholder coordination and consensus building and, for monitoring the performance of the M&E system |
| 2. Human capacity for M&E                       | - Define a national strategy for human capacity development for M&E that projects human resources needs and focuses on pre-service and in-service training, professional development and professional standards.  
- Coordinate M&E training, technical assistance, and training and technical assistance providers. | - Defined skill set for individuals and organisations at national, sub-national, and service-delivery levels.  
- Work force development plan, including career paths for M&E.  
- Costed human capacity building plan.  
- Supervision, in-service training and mentoring. |
| 3. Partnerships to plan, coordinate, and manage the M&E system | - Compile an inventory of organisations involved in M&E  
- Establish a mechanism for coordination and communication among organizations involved in M&E  
- Set-up management mechanisms that will allow the national M&E technical working group to effectively support the stakeholders. | - National M&E Technical Working Group  
- Mechanism to coordinate all stakeholders.  
- Local leadership and capacity for stakeholder coordination.  
- Routine communication channel to facilitate exchange of information among stakeholders. |
| 4. National, multi-sectoral M&E plan | - Institutionalise coordinated M&E planning procedures for key M&E stakeholders, including periodic M&E assessments and performance monitoring linked to the National AIDS Strategic Plan. 
- Dedicate staff time and resources to align the national M&E plan to the monitoring and evaluation of the country’s broader development plans. 
- Organise a training programme to rollout the implementation of the national M&E plan. | - The national disease-specific M&E plan is explicitly linked to the National Strategic Plan and describes the implementation of all 12 components of a national disease-specific M&E system. 
- The national disease-specific M&E plan adheres to international and national technical standards for disease-specific M&E. 
- A national disease-specific M&E system assessment has been completed and recommendations for system strengthening have been addressed in a revised national M&E plan. |
| 5. Annual, costed, national M&E work plan | - Establish and maintain a planning unit to lead and oversee the Joint Annual Programme Review 
- Coordinate a workshop of stakeholders to develop the work plan, cost activities and assign responsibility for implementation of each activity. 
- Establish and maintain a unit with responsibility for managing and coordinating financial resources for M&E. | - The M&E work plan contains activities, responsible implementers, timeframe, activity costs and identified funding. 
- Resources (human, physical, financial) are committed to implement the M&E work plan. 
- The M&E work plan is updated annually based on performance monitoring. |
| 6. Advocacy, communication and culture for M&E | - Develop an advocacy and communication strategy for disease specific M&E that outlines activities and provides resources to encourage national investment in the M&E system and evidence-based decision-making. 
- Develop advocacy materials addressing the utility of M&E and specific actions points 
- Establish and maintain a communications infrastructure for M&E-related information, including a dedicated communications team or unit with responsibility for the timely production and distribution of useful M&E information targeted at key audiences. | - The national disease-specific communication strategy includes a specific M&E communication and advocacy plan. 
- M&E is explicitly referenced in national disease-specific policies and the National Strategic Plan. 
- M&E materials are available that target different audiences and support data sharing and use. |
| 7. Routine program monitoring | - Develop, distribute and maintain standardised tools and clear operational guidance for data collection, analysis and reporting. Provide training on the tools and guidance for all appropriate individuals/organisations. 
- Produce a clear plan for timely collection of high-quality data as part of the Health Information System 
- Assess existing information technology systems; fill gaps in skills and equipment (e.g., hardware and software). 
- Implement regular assessments of the quality of programme monitoring data, including data from the Health Information System using an existing standard tool | - Data collection strategy is explicitly linked to data use. 
- Clearly defined data collection, transfer, and reporting mechanisms, including collaboration and coordination among the different stakeholders. 
- Essential tools and equipment for data management (e.g., collection, transfer, storage, analysis). |
| 8. Surveys and surveillance | - Conduct regular strategic planning for defining evidence-informed data needs and the role of surveys and surveillance in addressing these needs.  
- Develop and implement a strategy for the management of data collection efforts focused on surveys and surveillance and for data sharing, which respects security and confidentiality concerns.  
- Conduct health facility surveys (e.g. Site based facility surveys, Service Availability Mapping Surveys); Vital Registration; population based surveys (e.g. MICS, DHS and DHS+, AIS, BSS, PLACE, SAVVY)  
- Protocols for all surveys and surveillance based on international standards.  
- Specified schedule for data collection linked to stakeholders’ needs, including identification of resources for implementation.  
- Inventory of disease specific surveys conducted.  
- Well-functioning biological surveillance system. |
| 9. National and sub-national databases | - Establish procedures through which data can be obtained and managed in alignment with government policies, data flows, and the design of the national disease-specific databases.  
- Establish a technical working group including representatives from the various sectors in charge of collecting and compiling disease-specific data to guide and harmonise databases and to assure quality of data management and data sharing procedures.  
- Linkages between different relevant databases to ensure data consistency and to avoid duplication of effort.  
- Well-defined and managed national database to capture, verify, analyse, and present programme monitoring data from all levels and sectors. |
| 10. Supportive supervision and data auditing | - Establish national standards and procedures for data quality assurance in accordance with international standards. Agree on data quality standards with relevant sectors and organisations, including consensus on standardised protocols and tools for data audits and assessments.  
- Support a data auditing unit for oversight of auditing and audit reports.  
- Organise regular meetings between external data auditors and internal staff responsible for data quality  
- Guidelines for supervising routine data collection at facility- and community-based service delivery levels.  
- Routine supervision visits, including data assessments and feedback to local staff.  
- Periodic data quality audits.  
- Supervision reports and audit reports. |
| 11. Evaluation and research | - Organise a national workshop with relevant individuals and organisations to agree on priority questions for evaluation and research as part of a national agenda-setting process.  
- Establish procedures for implementation of the national evaluation and research agenda  
- Establish ethical procedures for evaluation and research and implement a mechanism for ensuring adherence.  
- Maintain a regularly updated national inventory of evaluation and research studies  
- Establish a mechanism for sharing evaluation and research findings, including the synthesis and interpretation of programmatic implications of the findings.  
- Organise an annual national conference to discuss the implications of evaluation and research findings.  
- Inventory of completed and ongoing country-specific evaluation and research studies.  
- Inventory of local evaluation and research capacity, including major research institutions and their focus of work.  
- National evaluation and research agenda.  
- Ethical approval procedures and standards.  
- National conference or forum for dissemination and discussion of disease-specific research and evaluation findings. |
| 12. | Data dissemination and use | - Develop and implement guidelines on data confidentiality and data release with explicit decision-making processes and authorities  
- Develop a decision calendar to identify key points in the year when critical decisions are made and data are needed.  
- Develop and implement a communication strategy and plan for M&E products tailored to different audiences  
- Conduct an analysis of barriers to data use using existing tools. | - Disease-specific National Strategic Plan and the national M&E plan include a data use plan.  
- Information products tailored to different audiences and a dissemination schedule.  
- Evidence of information use (e.g., data referenced in funding proposals and planning documents). |

**Key implementing partners to be considered**

- National program managers and project leaders for HIV, tuberculosis (TB) and malaria  
- M&E officers and coordinators  
- Donor agencies  
- Technical and implementing partners  
- Non Governmental Organizations (NGOs)

**Suggested checklist for M&E activities in GF Proposals**

- The proposal has earmarked the recommended 5% to 10% of the grant to M&E systems strengthening  
- The proposal includes regular and standardized assessments of the 12 components of a functional HIV monitoring and evaluation system  
- The proposal includes systematic, and evidence-based activities to build M&E capacity at all levels  
- The proposal includes indicators which will allow monitoring of the health sector program objectives and their various Service Delivery Areas; related key activities; and results based on recommended standardized tools and guidance  
- The proposal includes components to strengthen the vital registration system and improve planning and budgeting for surveys including the accurate capture of and focus on denominators  
- The proposal includes support for the systematic assessment of the quality of monitoring and reporting data via Data Quality Audits (DQA) and/ or Routine Data Quality Assessments (RDQA)  
- The proposal includes activities to strengthen knowledge about key populations including information on size estimates and age, sex and geographical disaggregation  
- The proposal includes activities to develop a coordinated national evaluation and research agenda to avoid duplication of effort and ensure studies produce actionable results for improving the response  
- The proposal includes operations research (see technical guidance on "Operations Research"), cost-effectiveness, and evaluations and reviews of the national responses and their programs,  
- The proposal includes activities to facilitate the production of strategic information
Sources of additional M&E Guidance and Tools:


- Organizing Framework for a Functional National HIV Monitoring and Evaluation System  

- HIV Indicator Registry [wwwindicatorregistry.org](http://www.indicatorregistry.org), that serves as a global repository of indicators on HIV and AIDS.

- Core Indicators for National AIDS Programmes - Guidance and Specifications for Additional Recommended Indicators  

- Monitoring and evaluation guides for indicators related to programmes in the health sector  
  [http://www.who.int/hiv/pub/me/en/](http://www.who.int/hiv/pub/me/en/)

- Joint WHO/UNICEF/UNAIDS reporting tool for a core set of indicators to monitor progress in the health sector  


- The Global Fund, Data Quality Audit Tool, Aug 2008  


- [http://www.globalhivmeinfo.org/AgencySites/Pages/MERG%20UNAIDS%20ME%20Reference%20Group.aspx](http://www.globalhivmeinfo.org/AgencySites/Pages/MERG%20UNAIDS%20ME%20Reference%20Group.aspx)