



Quick Country Start-Up Package for Malaria Surveillance, Monitoring, and Evaluation Training

February 2019



USAID
FROM THE AMERICAN PEOPLE



U.S. President's Malaria Initiative

MEASURE
Evaluation

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ABBREVIATIONS

ACT	artemisinin-based combination therapy
DHS	Demographic and Health Survey
DQA	data quality audit
FSTAT	focal screening test and treat
FTAT	focal test and treat
IPTp	intermittent preventive treatment during pregnancy
IRS	indoor residual spraying
LLIN	long-lasting insecticide-treated net
MSF	monthly summary form
NMCP	National Malaria Control Program
PMI	U.S. President's Malaria Initiative
RDT	rapid diagnostic test
RMB MERG	Roll Back Malaria Monitoring and Evaluation Reference Group
SMC	seasonal malaria chemoprevention
SME	surveillance, monitoring, and evaluation
SP	chloroquine and sulfadoxine-pyrimethanine
SWOT	strengths, weaknesses, opportunities, and threats
USAID	United States Agency for International Development
WHO	World Health Organization

1. BACKGROUND

Since 2010, MEASURE Evaluation has offered a suite of trainings to contribute to the strengthening of country-level malaria surveillance, monitoring, and evaluation (SME) systems. These trainings are supported by the United States Agency for International Development (USAID) and the U.S. President’s Malaria Initiative (PMI) and endorsed by the Roll Back Malaria Monitoring and Evaluation Reference Group (RMB MERG). Activities include annual regional malaria SME workshops in English and French, customized country-specific malaria SME workshops, and online malaria SME courses in English and French.

1.1 Annual Regional Malaria SME Workshops

Regional two-week workshops are organized annually with the University of Ghana, School of Public Health (anglophone courses, 2010–present) and the Centre de Recherche en Santé de Nouna (francophone courses, 2011–present). The workshop addresses the rapidly changing landscape of malaria epidemiology and key emerging issues in malaria SME. Week 1 offers 12 modules on SME fundamental concepts, and Week 2 offers 2 concurrent options: Malaria Surveillance (7 modules) and Evaluation Methods for Malaria (5 modules). The teaching approach consists of plenary sessions, group work, data analysis, field visits, and a group presentation.

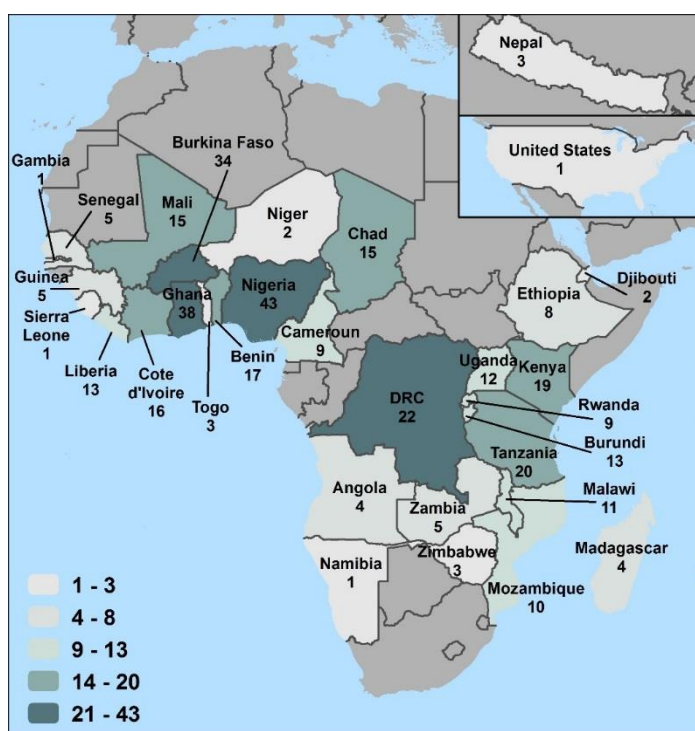


Figure 1. Regional malaria SME workshop participants trained by country, 2010–2018

Objectives of the workshop are to:

- Build skills in malaria SME fundamental concepts and practical approaches for malaria programs
- Discuss programmatic applications of main tools and data systems used to monitor and evaluate programs
- Provide a venue for participants to share and learn from other country experiences to strengthen their SME systems
- Create an alumni group of SME experts

The target audience includes National Malaria Control Program (NMCP) staff, funding and technical partners, staff from nongovernmental organizations and implementing partners, and other malaria professionals. Workshop participants pay tuition and travel. MEASURE Evaluation offers a limited number of competitive fellowships, ranging from two to four fellowships. Between 2010 and 2018, 364 participants were trained from 31 countries (Figure 1). Regional workshops have taken place in Accra, Ghana, and Ouagadougou, Burkina Faso. However, the 2018 francophone session was moved to Grand Bassam, Côte d’Ivoire.

1.2 Country-Specific Malaria SME Workshops

Since 2011, MEASURE Evaluation has offered country-specific malaria SME workshops in seven countries. These workshops provide malaria SME fundamentals and a customized curriculum based on the country's transmission setting and the target audience: malaria control program staff at national and subnational levels.

The teaching approach consists of plenary sessions, group work, data analysis, a field visit tailored to the country's transmission setting, and a final group presentation. Field-support funding is provided by the President's Malaria Initiative to support the the initial design and implementation of these workshops. Alternative funding sources, which vary by country, may be considered for logistics and participant support.

Table 1. Customized workshops, by country

Country	Date Workshops Began	Emphasis	Number of Sessions	Number of People Trained
Kenya	Aug. 2011	M&E in control	2	50
DRC	Sept. 2013	M&E in control	3	83
Senegal	May 2016	SME in pre-elimination	3	69
Madagascar	June 2017	SME fundamentals	Ongoing	28
Mali	July 2017	SME in control	Ongoing	17
Nigeria	Sept. 2017	SME in control	2	56
Liberia	Aug. 2018	SME in control	1	34

1.3 Malaria SME e-learning Courses

MEASURE Evaluation offers a free e-learning course in English and French on malaria SME (<http://www.memalaria.org/>). This course is a useful tool for strengthening individual capacity in malaria SME for those who are not able to attend a regional or country-specific course. It is also recommended as a prerequisite for the regional SME malaria workshops. Between 2012 and 2018, 3044 people have registered for the course, and 767 have completed the course and earned a certificate.

1.4 Need for an SME Training Start-Up Package

After 10 years of implementation, there is a need for MEASURE Evaluation to document the process based on lessons learned and provide countries with a reference document for implementing these trainings. Furthermore, as the project comes to a close, the reference document will serve as a quick start-up guide for future country malaria SME workshop implementation, including step-by-step approaches, practical tools, and trouble shooting.

2. STEPS TO DESIGN AND IMPLEMENT A COUNTRY MALARIA SME WORKSHOP

MEASURE Evaluation recommends seven steps to design and implement an effective malaria SME workshop. Each step will be detailed further in this section.

Figure 2. Seven steps to designing and implementing a malaria SME workshop



2.1 Engage Stakeholders

Step 1: Engage Stakeholders

Engaging key stakeholders as early as possible is a crucial first step in the workshop design and implementation process. This is a time to learn about and understand country-specific needs and identify priorities for individual capacity in malaria SME. Stakeholders from the NMCP, ministry of health, health research institutions, donors, and nongovernmental organizations that are carrying out malaria activities should participate to share various perspectives. This is the time to review curriculum from existing trainings in a country, determine training gaps, and map them to inform the content of the workshop based on priorities. Defining the target audience for the training occurs during this step.

2.2 Come to Consensus on Content

Step 2: Come to Consensus on Content

After stakeholders have identified priorities for a malaria SME training, mapped existing trainings, and defined the audience, a consensus about the workshop content is needed. During this step, stakeholders define specific objectives for the training and agree on the curriculum content. They also agree on the process and timeline for workshop design and implementation. Technical experts are identified to carry out the curriculum design, including key staff to develop modules, review drafted content, create exercises and group work, and organize field work. Suggested stakeholder's meetings to define and agree on content are expected to last two days. See an example agenda in Annex 1.

2.3 Develop Curriculum

Step 3: Develop Curriculum

After stakeholders agree on the content of the workshop, the technical experts can begin developing the curriculum. The technical content is organized into modules. Curriculum development can be done two ways.

One way is to assign technical experts to modules and have them develop the content on their own. This allows technical experts to creatively design their own modules and add the content they want. Technical experts should be given a timeline and parameters to follow, such as an estimated number of slides or estimated length of presentation time. All modules will then need to be formatted into one style and put into the same voice, which takes time and dedication by one to two staff.

Another approach is to have one or two key staff draft all of the modules first and then share them with technical experts to review. This approach, preferred by MEASURE Evaluation, allows one or two people to be responsible for creating all of the modules and have control over all changes, including

technical content, formatting, and voice. This is the most efficient practice and lessens duplication or overlap of module content. It is also the best approach when the timeline is short.

Curriculum development requires dedication from all parties involved. The process and timeline for curriculum development should be agreed on and communicated at the beginning to everyone, with key staff following up periodically to keep the rest of the team on track to meet tasks within the timeline.

2.4 Prepare for Workshop

Step 4: Prepare for Workshop

Preparation is key to a successful workshop. This section provides tips on how to prepare for a workshop, including determining the workshop duration, selecting participants, identifying a venue, developing practical field work and group work assignments, and designing comprehensive evaluation materials.

Workshop Duration

MEASURE Evaluation recommends two weeks to cover malaria SME fundamentals using plenary sessions, group work, data analysis, and a field visit. A third week may be added for specific areas of focus or to apply more practical field work; however, three weeks may be difficult for participants and facilitators to be away from their work and stay focused.

Participant Selection

MEASURE Evaluation recommends 25–30 participants per workshop, which allows individuals to share their experience while ensuring that they receive sufficient quality attention from facilitators. Participant selection can be done in different ways, such as the following:

- **Individual application process:** This requires individuals to complete an application and provide a reference from a supervisor to be considered. Criteria is set beforehand and may include academic background, work experience, SME experience, gender diversity, geographical diversity, and funding. A core team reviews the applications and informs candidates of their acceptance.
- **Participant selection by malaria program:** This method is used when the country malaria program knows exactly who it wants trained, at which level of the health care system, and from where in the country. For example, an NMCP may decide to train all national-level staff during the first training and then extend the second training to subnational-level staff. The NMCP may choose to first train candidates whom they want to become facilitators later. Funding for the workshop may also affect who is selected to participate. Countries may have partners who support certain subnational levels and may choose to fund individuals from those subnational levels.

Venue Identification

Searching for and visiting venues well before the workshop is critical. MEASURE Evaluation suggests visiting three to five venues ahead of time and selecting a site that can accommodate 30 participants and up to 10 facilitators and support staff. It must have a reliable power supply and Internet connection, room space for group work, and quality audiovisual equipment. Breakout rooms for group work are useful but are not required. Tea breaks and lunch should be provided onsite to save time during breaks.

Some venues provide lodging. Full board, which includes lodging and breakfast, is recommended to ensure that all participants stay together. Group work sessions often continue into the evening hours, so

it is important that all participants stay at the same place to continue working. If the training venue does not offer lodging (not a preferred option), transportation will need to be scheduled to and from the training venue, and departures must be communicated to everyone ahead of time.

Field Work Opportunities

Field work offers participants a chance to apply what they are learning in the plenary sessions. The first step is to decide what participants should take away from the field work. This will help create objectives. Identify what kind of opportunities and resources the local community can provide. For example, is there a health research institute nearby to learn from? Can local health workers help identify appropriate health facilities to meet field work objectives? Once the field work plan and objectives are established, follow local protocol. This includes informing key officials and alerting health facility staff accordingly.

Examples of field work include the following:

- Appreciate a malaria surveillance system in a country by following the malaria surveillance data flow from a health facility to the district level to the national level. Annex 5 provides an example of this assignment.
- Conduct malaria surveillance in a low transmission setting by creating a protocol and conducting a case investigation. See Annex 6 for an example.
- Visit a large health research institute and learn how the malaria SME data are collected and analyzed and about the feedback process.

Group Work Assignments

Group work assignments provide an opportunity for participants to practice their newly acquired skills while still receiving feedback and guidance from facilitators.

Examples of work assignments include the following:

- Create an operational malaria SME plan. This plan can be for national, subnational, or institutional programs. Group work instructions are provided in Annex 7.
- Develop a malaria surveillance system using case studies that have different malaria transmission settings. Case studies are useful alternatives in situations in which field work is not available or there is not enough time to go into the field. Case studies must be created ahead of time. Annex 8 provides an example of a group work activity.
- Design an evaluation protocol for a malaria program. Annex 9 provides an example.

Evaluation Materials

MEASURE Evaluation offers several assessment tools to monitor and evaluate the malaria SME regional and country-specific workshops:

- **Module evaluation:** This captures the quality of the content and facilitation of each module and is completed by participants after every module is completed. Facilitators review the feedback at the end of each day and make necessary adjustments immediately. Feedback may provide more information about a subject, clarify a point, adjust timing, or improve logistics.
- **Knowledge assessment:** This assessment is conducted at the beginning (pretest) and end (posttest) of each workshop to track individual progress. It comprises 20 to 30 short answer, multiple choice, and true/false questions developed by facilitators.

- **Peer assessment:** This assessment allows peers to evaluate group work. It can be fun and competitive, and facilitators may decide to award prizes to the top group.
- **Overall workshop assessment:** This assessment is completed individually by participants on the last day of the workshop to assess content, logistics, and the workshop in general. Results from these evaluations allow facilitators to make improvements for future courses.

2.5 Organize a Facilitators' Meeting

Step 5: Organize a Facilitators' Meeting

A team of facilitators is necessary to bring different perspectives and share experiences during the workshop. There is no ideal number of facilitators; instead, it is important that every facilitator contributes and adds value.

Facilitation criteria should be set by stakeholders. Potential facilitators are expected to have prior experience with adult learning, be available for assigned modules and exercises, understand technical content, practice presenting modules before arriving at the facilitators' meeting, present modules and share experiences during the workshop, and participate in and support participants during group work and field visits. Ideally, each module should have two facilitators who have mastered the content and work together. This is a good rule of thumb for coverage in case a facilitator is unavailable at the last minute. Co-facilitators prepare and determine how they want to deliver their module together. We recommend, however, that one facilitator leads and the second serves as a backup to avoid going over the allocated time for the module.

The facilitators' meeting is an opportunity to bring together the team of facilitators and support staff before the workshop begins. The purpose of this meeting and the length will vary, depending on whether this is the first workshop in a country or a reoccurring workshop. Facilitator meetings for first workshops should focus on adult learning and facilitation techniques and mastering technical content. Each facilitator should practice delivering his or her module clearly and within the time allotted and be able to describe how the accompanying exercises or group work will be carried out. Two to three days is suggested for this meeting. Annex 2 provides an example of a facilitators' meeting schedule for a first workshop.

Facilitator meetings for recurring workshops should include discussing evaluation results from the previous workshop and ensuring that new facilitators are familiar with content. It is expected that facilitators already understand the technical content, so practice of modules is not required for everyone. Instead, the meeting should focus on practice for new facilitators, with time for discussion about new or updated content. An example of a facilitators' meeting schedule for a reoccurring workshop is provided in Annex 3. Generally, these meetings are expected to last one to two days.

Facilitators should get a sense of participant expectations and capabilities before the meeting so they can adjust technical content or delivery before the workshop begins.

2.6 Implement Workshop

Step 6: Implement Workshop

This section offers ideas to consider for conducting a successful workshop.

Ceremonies

Opening and closing ceremonies are good opportunities to strengthen and validate the importance of the malaria SME workshop in a country. Community leaders and important health staff should be invited according to protocol. Ceremonies should be planned when officials are available, but they should not take too much time away from the workshop. Closing ceremonies include issuing certificates to participants who have completed the course. Media coverage during ceremonies may also be used to promote the course.

Training Room

Seating should be arranged before the workshop. MEASURE Evaluation prefers setting up the training room in clusters of five to six participants, as shown in Figure 3. This set up encourages group work and collaboration and allows participants to discuss and share experiences. It also allows facilitators to move freely through the room. U-shape and classroom-style arrangements are too formal for this type of workshop.

Technical Content

Facilitators should have all the final technical content available before the workshop begins. The best way to share this information is using flash drives. Final content can also be shared through cloud-based platforms but only if there is access to a strong, reliable Internet connection. Facilitators are responsible for printing necessary materials and arranging the classroom for their modules before they present.

Participants should be given all training materials on flash drives on the first day of the workshop, accompanied by a folder with necessary printed materials, a pen, and a notepad. Examples of printed materials include the final workshop schedule, group work assignments, and module and peer-review evaluations.

Support staff should have easy access to a computer and printer at the venue or bring their own so they are available to prepare flash drives and print materials.

Timing

Facilitators are responsible for presenting their modules in the time available and following the final schedule. It is encouraged to have a timekeeper in the back of the room to alert the facilitator presenting how much time is left in the module. Times for tea breaks and lunches should also be confirmed by the support staff.

Figure 3. Example of a preferred seating arrangement

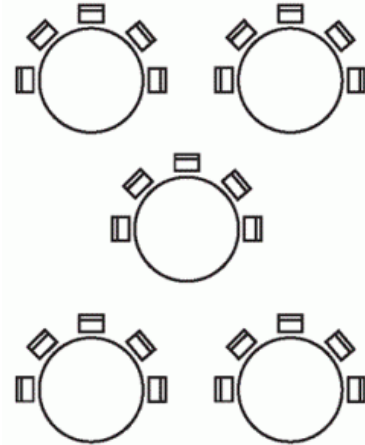


Photo and Video Consent

Consent forms for taking photos or videos during the workshop should be signed by participants, facilitators, and support staff. This provides a clear, upfront understanding that photos may be used for general publicity, such as on a website or in print publications, posters, display materials, and reports. A signed consent form also allows photos to be shared among participants and facilitators. If a participant does not give consent, photos of this participant, including group photos, may not be shared or used for publicity.

Photo Album

An album with contact information for participants, facilitators, and support staff can be compiled to encourage everyone to keep in touch after the workshop.

2.7 Conduct Post-Workshop Activities

Step 7: Conduct Post- Workshop Activities

Analyzing and interpreting the data from the workshop assessments helps inform future workshops and generate recommendations and suggestions for improvement. MEASURE Evaluation also recommends creating a database of workshop alumni, which can be used to draw mentors and experts to support future malaria SME activities worldwide. Finally, an activity report should be written to document workshop achievements.

3. POST-TRAINING FOLLOW-UP

Post-training follow-up is an important way to see how participants are applying the skills and knowledge learned from the workshop to their daily work. Follow-up can be done by country malaria programs, independent consultants, or MEASURE Evaluation. Approaches vary, and this section provides some examples of short-term and long-term follow-up.

3.1 Short term Follow-Up

Short-term post-training follow-up is normally done six months after the workshop through an online survey, email, or phone call. Knowledge assessment questions are asked to see what individuals have retained. Workshop alumni are asked questions about how they are applying the skills they learned during the course and whether their position has changed. Often questions are asked about whether the skills they learned have given them more opportunities in their current position, led to a promotion, or led to a better job. Workshop alumni are more likely to respond at six months compared to longer-term follow-up.

3.2 Medium- and Long-Term Follow-Up

Medium- to long-term follow-up assessments occur one and five years after the workshop and are often used by countries to measure the effectiveness of workshops in improving malaria SME systems. Results identify areas for improvement and can lead to significant modifications to the workshop.

MEASURE Evaluation conducted an independent assessment five years after the first regional malaria SME workshop. Results informed the redesign of the regional SME workshop, offered tracks for malaria surveillance and evaluation methods, and highlighted how training materials were being used by individuals. Results also indicated a need for customized country-specific workshops focused on the specific country needs and transmission settings. Final results from this assessment are available at <https://www.measureevaluation.org/resources/publications/tr-15-120>.

4. TEAM AND EXPERTISE

A team of experts and support staff fully dedicated and committed to the design and implementation of the workshop is necessary. It is useful to have a scope of work with defined roles and responsibilities for each team member. The number of people comprising the team varies and depends on the resources available. MEASURE Evaluation recommends assigning an academic coordinator to oversee the technical aspects of the workshop, including the curriculum and training materials, a workshop coordinator or secretariat to lead logistics and coordination efforts, a team of facilitators to administer the modules, group work, and field visit, and an accountant to ensure that the workshop funds are correctly spent.

Guest facilitators should be invited as needed to present on a specific topic that adds value to the workshop. Selecting guest facilitators is an opportunity to involve new partners to speak about new policies, guidance, or practices in malaria SME. Bringing individuals on board with no clear function or overlapping roles is counterproductive, and individuals should be invited to be a facilitator based on their potential contribution. Examples of guest facilitators who MEASURE Evaluation has used in past workshops include the following:

- An NMCP malaria SME director to share how the malaria SME program operates in a country
- A World Health Organization (WHO) representative presenting new global malaria SME guidance
- A researcher from a health research institute discussing collaborative malaria control efforts between the institute and the malaria program.

Table 2 provides suggested team members and their roles.

Table 2. Suggested team members and roles

Academic Coordinator
<ul style="list-style-type: none">• Designs technical content, including curriculum and training materials• Designs evaluation tools and oversees post-training daily debriefing during workshop implementation
Workshop Coordinator or Secretariat
<ul style="list-style-type: none">• Leads coordination, logistics, and administrative issues during preparation, implementation, and post-workshop• Responsible for communicating to all facilitators and participants• Provides logistical support and coordination for participants, including travel assistance, lodging, local orientation, field trips, and participation payment, if needed.• Compiles all training materials onto flash drives for facilitators and participants• Available during the workshop for additional support (communicating with venue, printing materials, preparing field work, etc.)• One to two people and an accountant
Facilitation Team
<ul style="list-style-type: none">• Responsible for preparing and delivering assigned modules correctly• Leads accompanying exercises or group work activities• Two facilitators per module preferred
Guest Facilitators
<ul style="list-style-type: none">• Provide added value to workshop by presenting a specific topic, sharing new policy guidance, or sharing practical application of malaria SME

5. TIMELINE

Allowing sufficient time to prepare for the workshop is critical to a successful workshop. It helps avoid the last-minute rush, which usually results in unfinished tasks or errors. MEASURE Evaluation suggests mapping the steps highlighted in Section 2 to a timeline to ensure sufficient time for each step. This timeline is intended to be a guide that varies depending on time constraints and funding.

MEASURE Evaluation recommends engaging stakeholders and agreeing on curriculum content early—at least eight weeks before the beginning of the workshop. This establishes a clear road map of what needs to be done and allows sufficient time to develop or update curriculum content.

The amount of time needed to develop or update curriculum content varies greatly. More time is needed to design modules for a first workshop than to update materials for a consecutive workshop. MEASURE Evaluation suggests developing curriculum seven to eight weeks before the workshop. This allows the academic coordinator time to design modules, share them with facilitators for review, incorporate input, and finalize the training materials. This step requires a proactive academic coordinator to remind and follow up with facilitators on their review.

Workshop organization, led by the workshop coordinator, is done concurrently during curriculum development, three to four weeks before the workshop, with more time spent on practical and logistical details.

A facilitators' meeting is recommended the week before the workshop to review and validate the training materials and finalize all technical and logistic issues. If funding is limited, the facilitators' meeting can be done the day before the workshop to save facilitator travel expenses.

Workshop implementation lasts two to three weeks. During this step, facilitators will be carrying out their technical presentations and practical exercises, and the secretariat will be communicating with participants, the venue, and technical staff to ensure a smooth workshop.

Post-workshop activities are necessary to conclude the activity. Immediately after the workshop assessments are analyzed and shared with the facilitation team, a final activity report is written, and all financial activities are reconciled. This process can be done in one month. Annex 10 contains a detailed task list with necessary technical and logistic steps and an estimated timeline needed for a successful workshop. Table 3 provides the steps and time estimates for technical and logistics preparation.

Table 3. Technical and logistic preparation with time estimates

Approximate Time	Step	Specific Tasks
8 weeks before the workshop	1: Engage Stakeholders'	<ul style="list-style-type: none">• Understand country-specific needs and identify key priorities for individual capacity in malaria SME• Map existing trainings available• Define target audience
8 weeks before the workshop	2: Come to Consensus on Content	<ul style="list-style-type: none">• Set specific objectives and content for training• Agree on process, timeline, and personnel for design and implementation
8 weeks before the workshop	3: Develop Curriculum	<ul style="list-style-type: none">• Design technical modules• Identify technical experts for each module• Agree on process and timeline for curriculum development

Approximate Time	Step	Specific Tasks
4–8 weeks before the workshop	4: Prepare for Workshop	<ul style="list-style-type: none"> • Decide on the duration of the workshop, how much time for modules, group work, field work • Review all workshop applicants according to the criteria and work with partners to mutually select workshop participants • Identify a venue—include criteria for lodging, lecture hall, audiovisual equipment, Internet, meals, group work settings • Decide on field work options • Develop group work assignments • Prepare evaluation materials
1 week before the workshop	5: Organize a Facilitators' Meeting	<ul style="list-style-type: none"> • Design facilitator selection criteria with stakeholders. A team of facilitators is necessary to bring different perspectives and share experiences. Guest facilitators can also contribute greatly. • Create facilitator's meeting schedule
2–3 weeks	6: Implement Workshop	<ul style="list-style-type: none"> • Hold opening and closing ceremonies • Make workshop program available to participants • Arrange seating in the meeting room • Make the technical content available to participants (flash drives, hard copies) • Obtain consent forms from participants to take video or photos • Compile photo album for participants, facilitators, and support staff
Immediately after the workshop	7: Conduct Post-Workshop Activities	<ul style="list-style-type: none"> • Analyze workshop assessments • Make final payments to venue, guest facilitators, etc. • Prepare activity report

6. COST CONSIDERATIONS

There is no standard cost for implementing a malaria SME workshop, but MEASURE Evaluation considers several items when creating a budget. First, the number of participants and facilitators must be determined as soon as possible. Once these numbers are set, the workshop coordinator and secretariat can solicit quotes from venues. At least three venues should be considered, factoring in meeting room rental, audiovisual equipment, lodging, tea breaks, and lunch. Travel costs for participants, facilitators, and support staff often make up the bulk of a workshop budget and must be estimated in advance. Training materials, such as flash drives, pens, paper, glue, badges, printing services, ink, and certificate paper, should also be considered. It may be less expensive and ensure better quality to procure some of these items before arriving at the venue, but this is determined case by case. Field work expenses, such as bus rental, gas, security, and entry fees must also be considered when developing the budget. Finally, MEASURE Evaluation suggests considering other additional costs, such as an Internet booster to improve Internet connection, a photographer, media coverage, visas for participants and facilitators, and guest facilitation fees and transportation. Taking these various items into consideration during preparation will help provide a quality workshop at an affordable cost.

7. POTENTIAL CHALLENGES AND SOLUTIONS

MEASURE Evaluation has encountered many challenges over the years implementing malaria SME workshops. This section describes some of the challenges and provides solutions to overcome them.

7.1 Number of Participants

Knowing the number of participants in advance is helpful when planning a workshop, but sometimes this is not possible, particularly in a workshop in which individuals have to find their own funding.

MEASURE Evaluation recommends setting the participant target at 25–30 participants per workshop and agreeing on the criteria for participant selection as early as possible. This way, workshop organizers and funders can work to reach the target and adjust resources if necessary.

More than 30 participants makes it difficult for participants to get the attention they deserve, and it may be difficult for facilitators to manage a large group. Venues that support a larger number of participants and facilitators are often large halls and take away from the intimate, group work feel of the workshop.

Too few participants is equally challenging. This occurs if a workshop is planned during a difficult time of year or funding falls through. Having too few participants means that workshop costs may be very expensive per individual and may lead to facilitators outnumbering participants.

7.2 Funding Issues

Annual malaria SME workshops that require individual participants to fund themselves are challenging because participants have a hard time securing their funding on time. Often participants indicate in their application that they have funding, but the funding is not secure and falls through at the last minute. This usually yields in a low number of participants attending the workshop and creates problems in logistics and provisions for the amount of participants expected to attend.

Payment delays are also common. Delayed payments may occur from participants to attend the workshop, from stakeholders who want to pay for a workshop but do not yet have the funds to do it, or for services rendered during the workshop, such as paying guest facilitators or workshop venues.

MEASURE Evaluation recommends maintaining strong communication about funding issues and expectations from the beginning and following through with payment schedules.

7.3 Travel Delays

Unexpected travel delays happen for both participants and facilitators. If a participant arrives late, MEASURE Evaluation recommends identifying facilitators to bring the participant up to speed. If the facilitator experiences a travel delay, the co-facilitator is responsible for delivering the module. The facilitation team may also be able to rearrange the schedule, if necessary.

7.4 Venue Issues

Multiple challenges can arise unexpectedly regarding a workshop venue, including lodging and food complaints, power and water outages, Internet connection issues, meeting room problems, audiovisual equipment failures, and uncomfortable seating. Venue issues can disrupt the entire workshop and are always reflected in the workshop evaluation. They can often drag down the overall workshop score.

To address these challenges, it is important to have a secretariat who visits the venue ahead of time to inspect the facilities and maintain regular communication with the venue manager throughout the course.

Often, this can help resolve most issues, including problems related to the meeting room, lodging, and food.

7.5 Field Work Issues

Sometimes participants arrive at health facilities that have not been informed of the field work. Often this is because protocol is not followed correctly or the process of informing the facility has taken longer than intended. MEASURE Evaluation recommends following the appropriate protocol and communication channels necessary and following up the day before the field work to make sure that the information has been passed to health facilities. Participants should also attend the health facilities, accompanied by facilitators from the malaria program, with a letter explaining the field visit.

Transportation issues are also common with field work. MEASURE Evaluation recommends that the secretariat identify enough vehicles for the field work ahead of time, make sure that the vehicles have enough gas, and make sure that the drivers know where the health facilities are located in the communities. One vehicle per group is recommended. Good preparation ahead of time will avoid many transportation issues.

ANNEX 1. EXAMPLE OF STAKEHOLDER'S CONSENSUS MEETING SCHEDULE

First Day of Meeting—[Provide Date]		
Time	Topic	Presenter
9 a.m.	Arrival and registration	Secretariat
9:15–10:30 a.m.	Session 1—Plenary: Introduction	
	• Opening remarks and introduction of participants	NMCP/Partner
	• Presentation of the meeting objectives and expected outputs	NMCP/Partner
10:30–11 a.m.	Tea break	
11 a.m.–1 p.m.	Session 2—Plenary: Country-specific needs in capacity for malaria SME <i>15-minute presentations followed by discussion</i>	
	• NMCP: Malaria control context with focus on key challenges related to SME	NMCP
	• State level: Malaria control context with focus of key challenges related to SME (3 states/10 minutes each)	SMCP
	• Partners: Needs and challenges in SME	Partners
	• WHO: Normative guidance for SME	WHO
1–2 p.m.	Lunch break	
2–3 p.m.	Session 3—Breakout: Brainstorming SME training priorities <i>Create 2 to 3 groups of not more than 5 persons per group. Each group will discuss and agree on key training priorities for SME.</i>	Partners
3–4 p.m.	Session 4—Plenary: Group feedback <i>Each group will present key recommendations—not more than 4 slides.</i>	Partners
4–5 p.m.	Session 5—Plenary: Defining objectives and content of the training <i>Presentation and discussion</i>	
	• Partner experience with SME trainings	Partner
	• Mapping existing in-country trainings related to malaria SME	NMCP/Universities
	• Proposed content of the specific SME training	Partners
5–5:15 p.m.	Wrap up and end of Day 1	NMCP

Second Day of Meeting— [Provide Date]		
Time	Topic	Presenter
9–10 a.m.	Session 6—Breakout: Brainstorming SME training outline <i>Keep the same groups. Each group will discuss and agree on an outline of SME training content. Outline will include proposed modules, exercises, and group work activities.</i>	Partners
10–10:30 a.m.	Session 7—Plenary: Group feedback <i>Each group will present key recommendations—not more than 4 slides.</i>	Partners
10:30–11 a.m.	Tea break	
11–11:30 a.m.	Session 8—Plenary: Discussion on feedback <ul style="list-style-type: none"> Synthesis of recommendations from groups on the objectives on the workshop—For adoption Schedule of the training—Discuss and agree 	Partners NMCP/Partner
11:30 a.m. –1 p.m.	Session 9—Plenary: Process and timeline <i>Presentation and discussion</i> <ul style="list-style-type: none"> Presentation of the process and timeline—Discussion and adoption Selection process of participants—Discuss and agree on key criteria Potential facilitators—Discuss and agree 	Partners NMCP NMCP
1–2 p.m.	Lunch break	
2–3 p.m.	Session 10—Plenary: Logistics <i>Presentation and discussion</i> <ul style="list-style-type: none"> Venue, participant travel, other 	Partners
3–4 p.m.	Session 11—Plenary: Any other issues related to the training <i>Discussion</i> <ul style="list-style-type: none"> Post-workshop follow-up Future training 	NMCP
4–5 p.m.	Session 12—Plenary: Way forward <ul style="list-style-type: none"> Synthesis of all discussion and recommendations Develop action plan and next steps Closing remarks 	Partners Partners NMCP/Partners

ANNEX 2. EXAMPLE OF FIRST-TIME FACILITATORS' MEETING SCHEDULE

First Day of Meeting—[Provide Date]		
Time	Topic	Presenter
9–9:15 a.m.	Arrival and registration	Secretariat
9:15–9:30 a.m.	Session 1—Plenary: Introduction <i>Presentation and discussion</i>	
	• Opening remarks and introduction	NMCP
9:30–9:45 a.m.	• Presentation of the facilitator meeting objectives and expected outputs	Partners
9:45–10 a.m.	• Presentation of the malaria SME workshop objectives and expected outputs	NMCP
10–10:30 a.m.	• Overview of participants profiles and their expectations	NMCP
10:30–11 a.m.	Tea break	
11 a.m.– 12:30 p.m.	Session 2—Plenary: Overview of malaria SME workshop content <i>Presentation and discussion</i>	
	• Proposed modules	Partners
	• Proposed agenda with assigned facilitators	NMCP
12:30–1:30 p.m.	Lunch break	
1:30–3:30 p.m.	Session 3—Breakout: Module review <i>Individually and among co-facilitators</i>	
	• Review module slides	Partners
	• Review exercises	
	• Review references	
	• Identify roles for each facilitator	
	• Questions and feedback	Partners
3:30–5 p.m.	Session 4—Plenary: Adult learning and facilitating techniques <i>Presentation and discussion</i>	
	• MEASURE Evaluation experience—include ice breakers	Partners
	• Country experience—include ice breakers	NMCP
5–5:30 p.m.	Wrap up and end of Day 1	NMCP
Second Day of Meeting—[Provide Date]		
Time	Topic	Presenter/Facilitator
9–10:30 a.m.	Session 5—Plenary: Practice modules 1–3 <i>Presentation, discussion, and feedback</i>	
	• Co-facilitators will present slides, explain how the exercises will be implemented, and receive guidance on technical content and facilitation techniques	Facilitator
10:30–11 a.m.	Tea break	
11 a.m.– 2:30 p.m.	Session 6—Plenary: Practice modules 4–6 <i>Presentation and discussion</i>	
	• Co-facilitators will present slides, explain how the exercises will be implemented, and receive guidance on technical content and facilitation techniques	Facilitator
12–1:30 p.m.	Lunch break	
1:30–5 p.m.	Session 7—Plenary: Practice modules 7–10 <i>Presentation, discussion, and feedback</i>	
	• Co-facilitators will present slides, explain how the exercises will be implemented, and receive guidance on technical content and facilitation techniques	Facilitator
5–5:30 p.m.	Wrap up and end of Day 2	NMCP

ANNEX 3. EXAMPLE OF FACILITATORS' MEETING SCHEDULE FOR REOCCURRING WORKSHOPS

First Day of Meeting—[Provide Date]		
Time	Activities	Facilitator
9–9:15 a.m.	Opening remarks and introduction of participants	Facilitator
9:15–9:30 a.m.	Presentation of the facilitators' meeting objectives and schedule	Facilitator
9:30–10 a.m.	Presentation of the malaria SME malaria workshop objectives and expected outputs	Facilitator
10–10:30 a.m.	Overview of participants' profiles and their expectations	NMCP
10:30–10:45 a.m.	Tea break	
10:45–11:15 a.m.	Facilitator meetings and experience sharing from other countries	Facilitator
11:15 a.m.–12 p.m.	Discussion of new and updated content <ul style="list-style-type: none"> • Update modules • Share experiences from countries' national workshops • New resources 	Facilitator
12–1 p.m.	Presentation and discussion on workshop logistics <ul style="list-style-type: none"> • Group work • Field visit • Recreational activities • Security 	Facilitator
1–2 p.m.	Lunch break	
2–3 p.m.	Reflection on the performance of the facilitation from 2011 to 2017	Facilitator
3–4:30 p.m.	<ul style="list-style-type: none"> • Sharing modules for review • Individual review of modules by facilitator 	Facilitator
Second Day of Meeting—[Provide Date]		
Time	Activities	Facilitator
9–10:30 a.m.	Individual presentations of module changes (show only slides containing changes) <ul style="list-style-type: none"> • 15 minutes per facilitator 	Facilitator
10:30–11 a.m.	Tea break	
11 a.m.–12 p.m.	Individual presentations of module changes (show only slides containing changes) <ul style="list-style-type: none"> • 15 minutes per facilitator 	All facilitators
12–1 p.m.	Module presentations by facilitators <ul style="list-style-type: none"> • 30 minutes per facilitator (20 minutes for presentation/10 minutes for feedback) 	
1–2 p.m.	Lunch break	
2–5 p.m.	Module presentations by facilitators <ul style="list-style-type: none"> • 30 minutes per facilitator (20 minutes for presentation/10 minutes for feedback) 	All facilitators
5–5:30 p.m.	Finalize all module revisions	Facilitator
5:30 p.m.	Workshop closing remarks	Facilitator

ANNEX 4. EXAMPLE OF APPLICATION PROCESS TEMPLATES

National Malaria Surveillance, Monitoring, and Evaluation Workshop

Application Form

Instructions

Please type information directly into this form. Completed applications in PDF form, including required completed supplemental statements, should be received by Date. Send the completed application by e-mail directly to:

Name, Title:

Phone number:

Email address:

Please be certain that the following materials are sent:

Application with funding form and statement

Reference

Incomplete applications will not be considered.

Title

Mr.

Mrs.

Ms.

Dr.

Surname (Family Name): _____

First and other name: _____

Gender:

Female

Male

Current position/job title: _____

Institutional affiliation: _____

Institutional mailing address: _____

Business telephone: _____ **Home telephone:** _____

E-mail address: _____ **Nearest airport:** _____

Country of citizenship: _____ **City and country of birth:** _____

Country of legal permanent residence: _____ **Date of birth:** _____
(Day/Month/Year)

Post-secondary education (*Begin with most recent and include relevant short-term technical or professional training.*)

<u>Dates</u>	<u>Institution attended</u>	<u>Major subject</u>	<u>Degree completed</u>

Relevant work experience (*Begin with most recent employment and include all current jobs. Attach additional information on a separate page, if necessary.*)

<u>Dates</u>	<u>Position/title</u>	<u>Employer</u>	<u>City/country</u>

Describe your current malaria SME duties and responsibilities at the SMEP. Include duties and duration.

List all your SME experiences, the name of the program, your role, the location, and the duration.

No. of years working professionally: _____

Have you ever prepared an SME plan, alone or with colleagues, before attending this workshop?

Yes No Other comment: _____

Have you been involved in the implementation of *monitoring* activities before attending this workshop?

Yes No Other comment: _____

Have you ever worked on an *impact evaluation*, in other words, an evaluation to measure “cause and effect” of the program?

Yes No Other comment: _____

For how many years have you been doing SME in your work?

Years of SME experience: _____

What knowledge and skills do you hope to gain from this workshop? *(Please list at least three objectives.)*

1: _____

2: _____

3: _____

What is your experience with data analysis? Provide an example of when you conducted data analysis and which software program you used.

Are you familiar with Microsoft Excel? Provide an example of when you used it.

For our records, please tell us how you heard about this workshop.

One reference (separate form) must be submitted in support of your application. The reference form should be filled in by your current or previous supervisor at your place of work or your academic supervisor. Please list below the name of the referee you have selected. **Reference should be received by Date**

Name _____ Position/Institution _____

Request reference date _____

Please describe your relevant education, research, and/or work experience, and indicate how participation in the workshop will benefit your future work. (250 word maximum).

PLEASE TYPE

I (Name) certify that the above information is true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application, withdrawal of offer of admission or, if a fellowship has been awarded, for the termination of the fellowship.

Date of birth: _____

(Day/Month/Year)

National Malaria Surveillance, Monitoring, and Evaluation Workshop

Reference Form

CONFIDENTIAL

TO BE COMPLETED BY APPLICANT

Name of applicant: _____

The candidate named above has applied for the *National Malaria Surveillance, Monitoring, and Evaluation Workshop*. The workshop has been designed to build the capacity of professionals with skills in malaria surveillance, monitoring, and evaluation. It would be helpful to us to have your evaluation of the applicant on the questions listed below during the candidate selection process. **Under no circumstances should the completed form be returned to the applicant.** References should be received by **DATE** at the following email address:

Name, Title:

Phone number:

E-mail address:

TO BE COMPLETED BY REFEREE

1. How long have you known the applicant? _____
2. How well and in what capacity do you know the applicant?
3. Please rate the applicant in terms of each of the following (*one checkmark for each row*):

	Exceptional	Well above average	Above average	Average	Below average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English language ability (if not a native speaker of English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What are the applicant's special academic/professional strengths and weaknesses?

5. What opportunities will the applicant have to apply workshop experience to ongoing activities in his or her current institution?

6. Has the applicant shown noteworthy qualities of leadership in the organization and execution of research projects or other work? If so, please cite examples.

7. Please describe one or two projects relevant to the workshop in which the applicant has participated and indicate his or her role in those projects.

8. Do you recommend the applicant for this malaria surveillance, monitoring, and evaluation (SME) workshop?

<input type="checkbox"/> Recommend highly	<input type="checkbox"/> Recommend
<input type="checkbox"/> Recommend with reservation	<input type="checkbox"/> Do not recommend

9. Any additional comments?

I (*Name*)_____certify that the above information is true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application, withdrawal of offer of admission or, if a fellowship has been awarded, for the termination of the fellowship.

Date: _____

Position/Title: (*Please print*)_____

Complete Telephone and E-mail Address

ANNEX 5. EXAMPLE OF FIELD WORK—APPRECIATING A MALARIA SURVEILLANCE SYSTEM

Field Work Assignment

Objectives

This field work will provide participants with the opportunity to appreciate how the malaria surveillance, monitoring, and evaluation (SME) system works at the health facility and how data are generated and reported to the district, state, and national levels. This activity provides a practical experience using some of the SME techniques covered in this workshop. Each group will visit one health facility.

Task

The specific tasks for the visit will include preparation for the field visit and the actual field visit. Note that the field visit will be a form of supportive supervision with a focus on the SME process and data quality, reporting, and use—NOT healthcare delivery. However, an understanding of how the facility provides care will help better understand the SME processes.

Preparation for the field visit (Date)

This is a very important stage and therefore all members of the group should be fully engaged. It will help participants understand that any outreach activity deserves thorough preparation to define strategies and approaches to meet defined objectives efficiently. Note that you have a very short time in the facility (maximum of 1 hour, 30 minutes). The output of this preparatory activity will be a well-outlined field visit protocol, which will include the following:

- Clearly defined objectives of the visit for your group
- Clearly defined expected outputs for your group
- Defined strategy and approach to fully meet your objectives
- Outlined potential challenges and mitigation strategy
- Collated list of background information (e.g., monthly data sets and data validation rule analysis feedback for selected indicators in past six months) and documents (including data quality audit [DQA] checklist)
- List of questions to ask the staff at the health facility—these should be targeted to your intervention
- List of materials you expect to see and review during your visit
- Roles identified for each group member

Health facility visit (Date)

As indicated above, the visit will be a form of supportive supervision, so we expect the group to provide feedback to the facility staff before leaving. In addition to what you have outlined in your protocol, we expect all groups to cover the following:

- Review the appropriate register (last month of the fully used register) for your intervention.
 - Assess the last 20 fever cases received for suspected malaria.
- Review the data quality at the health facility.
 - Are the necessary tools available?
 - Are the cells completely filled out?

- Does each month start on a new page?
- Do the data in the monthly summary form (MSF) correspond to the data in the register?
- Is the filled MSF signed?
- For the month under review, are values for selected data elements the same in the relevant registers, MSF, and that reported in the DHIS?
- How are the data managed?
- What data analysis is being done?
- How are data being used?
- Review information on commodity tracking (RDT, ACT, SP), if applicable to your intervention

Report on the visit (Date)

We expect the groups to report back in plenary with their findings, observations, and potentially some recommendations. The report will be in PowerPoint format only. In addition to other points your team might want to include, the report should include the following:

- Description of the situation at the health facility
 - Population covered
 - Number of health facility personnel
 - Is any staff dedicated for completing the registers?
 - Are there malaria-related charts on the walls?
 - How do you validate your data in the MSF?
 - Is there consistency in recorded data in registers and MSF, as well as reported in DHIS?
 - Did any persons from the district, state, or national levels carry out a supervisory visit to your health facility in the last one month?
 - Malaria situation
 - SME system specific to your intervention
- Description of the activities at the health facility related to your group's intervention
- Description of data analysis and use
- Potential data challenges that can inform your intervention
- Suggestions or recommendations for improvement

Documents to be provided:

- Supervision tools
- DQA tools
- Health management information system registers and summary forms

Guidance expected from facilitators:

- Provide selected months for DQA.
- Select indicators for DQA based on thematic groups as applicable.
- Provide groups with tools and guide the design and development of the plan for the supportive supervisory visit.

ANNEX 6. EXAMPLE OF FIELD WORK—CONDUCTING MALARIA SURVEILLANCE IN A LOW TRANSMISSION SETTING

Field Work Assignment

Objectives

This field work focuses on malaria surveillance strategies for pre-elimination in low transmission settings. It provides participants with the opportunity to conduct supportive supervision in a health facility, identify a malaria case, and conduct a case investigation.

Prepare for the field visit

Preparation for the field visit is important and requires all group members to be fully engaged. Each group will have a very short time in the facility (maximum of 1 hour, 30 minutes), so the groups should define strategies and approaches in advance to meet their defined objectives. The output of this preparatory activity will be a well-outlined field visit protocol, which will include the following:

- Clearly defined objectives of the visit for your group
- Clearly defined expected outputs for your group
- Defined strategy and approach to fully meet your objectives
- Outlined potential challenges and mitigation strategy
- Collated list of background information (e.g., monthly data sets and data validation rule analysis feedback for selected indicators in past six months) and documents (including data quality audit [DQA] checklist)
- List of questions to ask the staff at the health facility—these should be targeted to your intervention. As a group, decide who will ask each question in advance.

Conduct supervision of health facility and document an index malaria case

Groups will be assigned to one health facility. Supervisory visits observe how health facility staff adhere to malaria case management procedures. Focus on how health facility staff are detecting malaria cases and assessing data quality. Document at least one malaria case to conduct an investigation later.

- Report on the quality of malaria case management at the health facility level
 - Identify the flowchart of malaria case management: Evaluate the last 10 suspected malaria cases
 - Look at the quality of how data are managed in the health facility, including:
 - The use of data collection tools
 - Concordance between health facility reports and recorded data
 - Management of community data
 - Management of inputs
 - Analysis and use of data within the facility
 - Share your suggestions and recommendations for improvement with health facility staff

Conduct a malaria case investigation on the selected malaria case identified above using the malaria case investigation form available on your flash drive

Groups will practice the focal test and treat (FTAT) method in the identified case's (index case) household, followed by the focal screening test and treat (FSTAT) method in five neighboring

households. Groups will use current national surveillance forms to conduct a complete investigation and response to the identified malaria case.

Groups are responsible for providing the following:

- Summary of how the investigation was conducted in a few lines
- Summary of the investigation results
- Any recommendations to share with the health facility staff and the health district

Documents to be provided:

- Supervision tools
- Case investigation forms
- FTAT and FSTAT policies and procedures
- DQA tools
- National Health Management Information System registers and summary forms

Guidance expected from facilitators:

- Select health facilities.
- Provide groups with tools and guide the design and development of the plan for supportive supervisory visit and case investigation.

ANNEX 7. EXAMPLE OF GROUP WORK-CREATING AN OPERATIONAL SME PLAN

SME Fundamentals Group Work Assignment

Objectives:

Develop an abridged operational surveillance, monitoring, and evaluation (SME) plan

1. Groups will be given a short presentation by a facilitator on the elements of a SME plan on the first day of the week. This will include the following:
 - **Introduction**
 - **Description of the program** (including problem statement and frameworks)
 - **Indicators** (including definitions, presented in indicator matrix or indicator reference sheets)
 - **Data sources and reporting systems** (including management and roles and responsibilities and data quality management plan)
 - **Plans for demonstrating program outcome and impact** (including monitoring plan and evaluation plan)
 - **Plans for dissemination and use of information**
 - **Implementation plan** (SME action plan or road map—should include budget and timeline)
2. Each group will be assigned one malaria intervention area (LLIN, IRS, case management, IPTp, SMC, etc.) to develop an abridged SME plan step-by-step, developing a problem statement, SMART (specific, measurable, appropriate, realistic and limited in time) objectives, frameworks, indicators and data sources, etc. They will have a country's SME plan as a guide. This group work activity is intended to provide participants with an opportunity to develop and strengthen the SME skills they learned throughout the SME fundamentals sessions during the first week.
3. The participants will be organized into groups of four to five individuals for the one-week project. Groups are expected to work on this activity during scheduled afternoon group work sessions and during evenings, if necessary. Facilitators will be available during afternoon group work sessions for technical assistance. Each group will select a leader and a presenter for the feedback session. Participation from all group members is required.

Daily Schedule: Below is the schedule and outline for this group work assignment.

Date	Tasks
Monday	<ul style="list-style-type: none"> • Assign groups—Facilitators will assign the groups and a specific malaria intervention. • Review group work schedule, standard key aspects of an SME plan, and template.
Tuesday	<p>Develop operational SME plan</p> <ul style="list-style-type: none"> • Decide on the scope of your program: <ul style="list-style-type: none"> – National vs. subnational vs. local level – General population and subpopulation • Indicate the name of your program and list your group members in the PowerPoint template. • Analyze the strengths, weaknesses, opportunities, and threats (SWOT) of the program focusing on the selected intervention. • State the specific public health problem that your program wants to address. • Develop a conceptual framework for the problem that your program addresses. It must be comprehensive to incorporate all the factors that may contribute to the problem. • State the goals and the objectives for the program, linking them to your problem statement. Remember that the objectives should be SMART.
Wednesday	<ul style="list-style-type: none"> • Identify two to three indicators (at least one outcome indicator) that will be used for the remainder of the presentation and complete an indicator reference sheet for each indicator. • Summarize the selected indicators in an indicator matrix. • Choose one or two interventions for your SME plan. Interventions must be related to your goals and objectives and respond to your problem. • Develop a results framework, logical framework, or logic model to present your program. • Complete the chosen framework by linking the overall objective of the program with the interventions to be implemented. • State the main and specific objectives of your SME operational plan.
Thursday	<ul style="list-style-type: none"> • Choose the appropriate data sources that will be used for each indicator and rate the validity or reliability of the source of the information for each indicator. • Describe your surveillance approach. • Describe your data dissemination and use plan. • Describe how you would evaluate your SME plan. • List possible constraints for implementing your SME plan. • List lessons learned in the process of creating your SME plan. • Finalize the presentation.
Friday	<p>As a group, present the proposed SME plan, using the PowerPoint template as a guide. Participation from all group members is required.</p>

ANNEX 8. EXAMPLE OF SURVEILLANCE GROUP WORK— DEVELOPING A SURVEILLANCE SYSTEM USING CASE STUDIES

Track 1: Malaria Surveillance Group Work Assignment

Objectives:

Design a surveillance system using the concepts and methods learned at the workshop. Make sure the surveillance system is based on a surveillance question identified by the group.

The work will be performed in groups of four to five. Groups will be defined the afternoon of the first day of the workshop. It is recommended that groups are formed according to shared themes, interests, and mixed thematic and statistical experience.

Groups will identify a surveillance question and design a surveillance system based on an assigned case study. Each group will receive a different case study. Groups will identify the transmission setting in the case study according to World Health Organization (WHO) guidelines, propose system steps, data flow, and data use. They will also highlight strengths and weaknesses of the proposed system and create appropriate tools.

Groups will be expected to work on this activity during scheduled group work sessions and evenings, if necessary. Facilitators will be available during group work sessions for technical guidance. Each group will select a leader and a presenter for the feedback session. Participation from all group members is required.

Daily Schedule

Below is the schedule and outline for this group work assignment.

Date	Tasks
Monday	1. Assign groups—Facilitators will assign the groups. 2. Review group work schedule and materials. 3. Hand out case study.
Tuesday	1. Identify a surveillance question.
Wednesday	1. Identify the transmission setting in the case study and design a surveillance system. 2. Propose system steps, data flow, and data use in PowerPoint. 3. Highlight strengths and weaknesses of system.
Thursday	1. Create appropriate tools. 2. Complete surveillance system. Facilitators will be available to answer questions.
Friday	Present your group work. Participation from all group members is required.

Case study #1:

The National Malaria Control Program (NMCP) in “Mayatoka” is working hard to reach WHO classification for pre-elimination status for malaria. National parasite prevalence has decreased from 3 percent in 2012 (Demographic and Health Survey [DHS]) to 1.2 percent in 2014 (DHS). Incidence rates have also decreased in many regions but vary by district. The most recent data by district show:

2016 Incidence Rates in Mayatoka	Number of Districts
<5 per 1,000	26
5–15 per 1,000	23
>15 per 1,000	27

Current intervention strategies in the country include malaria case management (diagnosis and treatment), routine distribution of long-lasting insecticide-treated nets (LLINs), and intermittent preventive treatment during pregnancy (IPTp). Seasonal malaria chemoprevention (SMC) is the newest intervention available in four eligible districts.

Tasks:

- Identify a surveillance question based on this case study and design a surveillance system that will put Mayatoka on track to reach pre-elimination.
- Identify the transmission setting according to WHO guidelines.
- Propose system steps, dataflow, and data use.
- Create appropriate data collection tools.
- Highlight strengths and weaknesses of the proposed system.
- How can we evaluate the surveillance system?

Case study #2:

Malaria deaths have reduced from 379 in 2000 to 2 in 2016 due to the scale up of malaria control and prevention activities in “Ferries’ Island.” In 2003, the malaria treatment guidelines for uncomplicated malaria were changed from chloroquine and sulfadoxine-pyrimethanine (SP) to artemisinin-based combination therapies (ACTs), a more effective drug. These ACTs were made available for free in all public health facilities, increasing access to treatment. Rapid diagnostic tests (RDTs) were also made widely available in 2007. Universal access of LLINs and several rounds of indoor residual spraying (IRS) have contributed to the successful control and reduction of the malaria burden, shifting from malaria control to pre-elimination.

Ferries’ Island is a well-known travel destination for tourists, and many locals travel back and forth from the mainland for work and to visit family. A successful malaria surveillance system will include this mobile population.

Tasks:

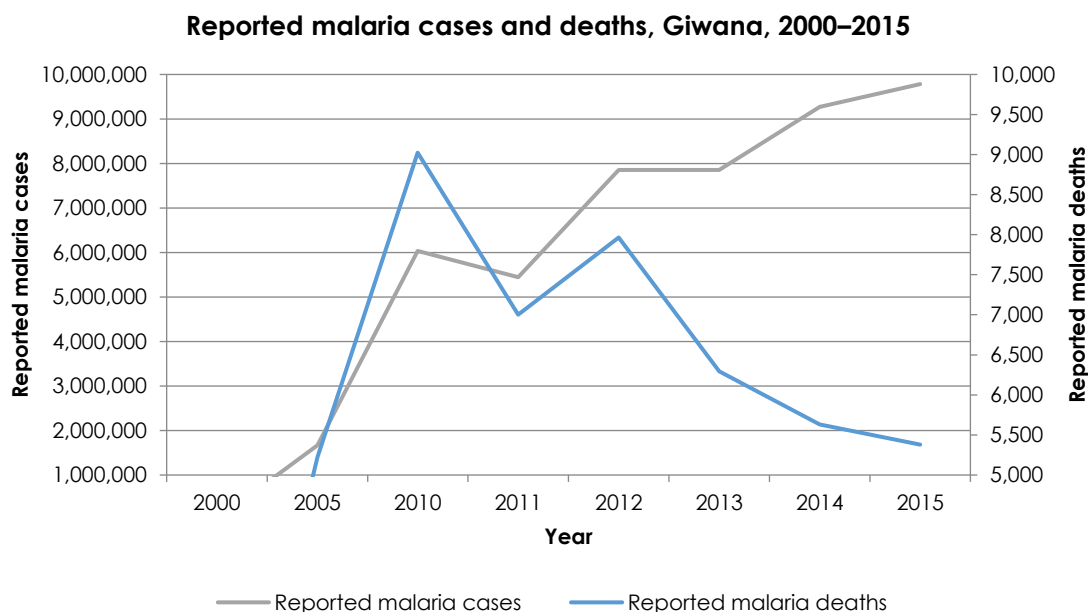
- Identify a surveillance question based on this case study and design a surveillance system that will eliminate malaria in Ferries’ Island.
- Identify the transmission setting according to WHO guidelines.
- Propose system steps, data flow, and data use.
- Create appropriate data collection tools.

- Highlight strengths and weaknesses of the proposed system.
- How can we evaluate the surveillance system?

Case study #3:

There has been a rise of malaria control and prevention interventions in “Giwana” since 2005. Policies such as free ITNs for all, National Malaria Control Program-recommended IRS, IPTp for pregnant women given during antenatal visits, and SMC in eligible zones have been adopted by the country. National parasite prevalence according to RDTs has decreased from 76.1 percent in 2010 (DHS) to 61.4 percent in 2014 (Malaria Indicator Survey).

According to the 2016 World Malaria report, malaria deaths have reduced every year since 2012; despite all of the malaria control and prevention interventions, malaria cases continue to increase in Giwana, as shown in the graph.



Tasks:

- Identify a surveillance question based on this case study and design a surveillance system for malaria control in Giwana following the objectives of surveillance you have learned in this course.
- Identify the transmission setting according to WHO guidelines.
- Propose system steps, data flow, and data use.
- Create appropriate data collection tools.
- Highlight strengths and weaknesses of the proposed system.
- How can we evaluate the surveillance system?

ANNEX 9. EXAMPLE OF EVALUATION GROUP WORK— DESIGN AN EVALUATION PROTOCOL FOR A MALARIA PROGRAM

Evaluation Methods for Malaria Group Work Assignment

Objective:

Prepare an evaluation proposal using the concepts and methods learned at the workshop. Make sure that the evaluation proposal is based on evaluation questions you are planning to conduct or currently implementing.

The work will be performed in groups of four to five. Facilitators will form the groups on the first day of workshop in the afternoon, taking into consideration participants' interest. It is recommended that groups are formed according to shared themes, interests, and mixed thematic and statistical experience. Each group will work on a specific malaria control intervention.

Groups will develop a proposal for evaluating the malaria intervention. The groups should convincingly justify the proposed evaluation design in terms of scientific rigor and practical feasibility. The proposed evaluation design should have internal validity and seek external validity.

Outline of the proposal

Groups will present the results of their work on the last day of the workshop.

The presentation should include the following elements of the evaluation proposal:

- Title
- Brief general background: about the country and the main health problems that the program will address
- Description of the program or intervention: name, brief description of its objectives, components of the intervention, target areas and target groups, key outcomes, targeting rules or participant selection criteria, start date, duration, implementing plan or timeline, implementing agency, funding
- Program or intervention theory of change
- Evaluation questions and justification: Why are those questions important for the program or intervention or policy makers?
- Evaluation design:
 - Type of evaluation: impact evaluation
 - Evaluation design: experimental, quasi-experimental, or non-experimental
 - Description of the intervention, identifying the intervention or beneficiary group if experimental or quasi-experimental
 - Define the control and comparison group if experimental or quasi-experimental
 - The proposed design should establish the validity of its intervention effect estimates by how it addresses the following:
 - Confounding factors
 - Spillover effects
 - Contamination
 - Maturity: Timing of intervention implementation and for outcomes to change

- Sampling design: discussion
- Qualitative component, if included
- External validity of evaluation design
- Strengths and limitations of the evaluation design
- Data collection or collation plan
 - Data sources: baseline, follow-up and endline surveys, longitudinal or cross-sectional
 - Instruments: questionnaires, unit of observation, respondents, thematic content of instruments
 - Timing of data collection or collation
- Data analysis plan
 - Describe your data analysis strategy—Type of analysis, models, estimation of the effect of your intervention
 - Define your outcome variable
 - Define your predictor
 - Highlight the challenges
- Expected results
- Deliverables (reports to be prepared)
- Dissemination and communication plan
- Timeline
- Budget if possible

Daily schedule

Below is the schedule and outline for this group work assignment. Facilitators will be available to work with you throughout the process.

Date	Tasks
Monday	Assign groups—Facilitators will assign the groups. Review group work schedule and materials.
Tuesday	Identify malaria-related evaluation questions.
Wednesday	Design the theory of change, outline the protocol.
Thursday	Work on the details of the protocol. Follow all necessary steps and prepare the presentation.
Friday	Present final evaluation protocol. Each group will have 30 minutes for the presentation, followed by a maximum of 15 minutes for questions and discussion. All members of the group must present. Groups will prepare their presentations using PowerPoint.

ANNEX 10. EXAMPLE OF A TECHNICAL AND LOGISTICS TASK LIST

7 Months Before the Training			
Technical Tasks	Estimated Days	Logistics	Estimated Days
<ul style="list-style-type: none"> <input type="checkbox"/> Review and update the scope of work/subcontract with the training partner. Identify training and academic coordinators from the training partner. <input type="checkbox"/> Receive and review budget for the next workshop from training partner. Provide feedback for revision, if needed. Training partner calculates cost per participant for workshop. The target is 25–30 participants per workshop. <input type="checkbox"/> Inform in-country USAID mission of intentions to hold workshop in country and invite them to participate if interested and available. 	2–3	<ul style="list-style-type: none"> <input type="checkbox"/> Create application materials for the workshop (online application form, online reference form, and brochure). Include prices, application due dates, and workshop dates. Make sure that application forms are usable (participants can save their data directly into the PDF) before sending them out. <input type="checkbox"/> Disseminate application materials to individuals and groups. Send personal emails to USAID/PMI contacts, previous participants and applicants, and other field contacts. Add application materials to appropriate websites. <input type="checkbox"/> Identify someone to check and respond to inquiries 	3–5
4–5 Months Before the Training			
Technical Tasks	Estimated Days	Logistics	Estimated Days
<ul style="list-style-type: none"> <input type="checkbox"/> Finalize any subcontracts. <input type="checkbox"/> Draft and review the facilitators' meeting objectives and schedule. <input type="checkbox"/> Review course materials to identify gaps and make suggested revisions before the facilitators' meeting. <input type="checkbox"/> Update curricula. This includes updates from the latest World Malaria Report, new guidance documents, new publications, changes to malaria landscape in-country adaptations, adding or changing modules, etc. <input type="checkbox"/> Update exercises, group work, references, etc. <input type="checkbox"/> Discuss guest facilitator opportunities. Identify individuals or organizations that may add value to the course. 	5–10	<ul style="list-style-type: none"> <input type="checkbox"/> Advertise course. Disseminate reminders through websites, newspapers, etc. <input type="checkbox"/> Review and collate applications as they come in. <input type="checkbox"/> Identify and tour at least two potential workshop venues, checking Internet, communication, audiovisual equipment, space for group work, lighting, security, etc. <input type="checkbox"/> Identify at least two options for lodging and meals for facilitators and participants. <input type="checkbox"/> Order supplies for participants and facilitators. This may include brochures, pens, folders, flash drives. Order enough flash drives and certificate paper for participants and facilitators. 	5–10

2–3 Months Before the Training

Technical Tasks	Estimated Days	Logistics	Estimated Days
<ul style="list-style-type: none"> <input type="checkbox"/> Complete necessary procurement procedures, including contracts and payments. <input type="checkbox"/> Finalize training materials and share via Dropbox with partners (curricula, exercises, group work, new references, etc.). 	3–5	<ul style="list-style-type: none"> <input type="checkbox"/> The deadline for applications should fall in this period. Review and score applications using the worksheet created for this purpose. Applicants should be grouped into funded and non-funded. This allows you to determine whether there are enough funded applicants to hold the workshop. <input type="checkbox"/> Have training partner review and score applicants separately. Combine scores using Excel document. Select applicants. <input type="checkbox"/> Select participants. Usually it is best to select a few more than the target to ensure that all spots are filled. <input type="checkbox"/> Inform fellows of their awards by letter. <input type="checkbox"/> Make sure that training partner begins logistic planning process with participants for flights, visas, lodging, etc. 	10

1–1.5 Months Before the Training

Technical Tasks	Estimated Days	Logistics	Estimated Days
<ul style="list-style-type: none"> <input type="checkbox"/> Finalize training materials. <input type="checkbox"/> Share final evaluation materials with academic coordinator. Clarify who at the training partner will be responsible for distributing and collecting evaluation forms and who will enter the data. <input type="checkbox"/> Discuss any plans for an excursion over the weekend. <input type="checkbox"/> Create welcome speech for opening ceremony. 	2–3	<ul style="list-style-type: none"> <input type="checkbox"/> Check in with training partner regularly. Schedule weekly or bimonthly meetings to ensure that everything is on track. <input type="checkbox"/> Order medical evacuation insurance if necessary. <input type="checkbox"/> Confirm security plans. 	2

At the Training

Technical Tasks	Estimated Days	Logistics	Estimated Days
<ul style="list-style-type: none"> <input type="checkbox"/> Meet with facilitation team to review results of previous year, if necessary. <input type="checkbox"/> Participate in facilitators' meeting. Academic Coordinator leads the meeting. <input type="checkbox"/> Give welcome speech at opening ceremony. <input type="checkbox"/> Assign timekeeper from facilitation team to keep training on schedule. <input type="checkbox"/> Review module evaluation results daily. Check in with facilitation team daily to discuss any problems or areas for improvement. <input type="checkbox"/> Collect electronic versions of the assessments before leaving the workshop. 	10–15	<ul style="list-style-type: none"> <input type="checkbox"/> Meet with coordinators upon arrival. <input type="checkbox"/> Obtain written consent from all participants and facilitators to take pictures and videos for use on website. <input type="checkbox"/> Inform participants of 6-month and 1-year follow-up to see how they have used the knowledge and skills gained at the training. Ask them to respond when contacted. <input type="checkbox"/> Create album of participants and facilitators to keep in touch. <input type="checkbox"/> Share flash drives as little as possible to avoid viruses. 	10–15

Immediately After Training Ends

Technical Tasks	Estimated Days	Logistics	Estimated Days
<ul style="list-style-type: none"> <input type="checkbox"/> Review all evaluation forms (including overall workshop evaluation, pre- and post-evaluation, module evaluation, and peer assessment results). <input type="checkbox"/> Meet with training partner staff to review results of evaluations and the workshop as a whole. 	2	<ul style="list-style-type: none"> <input type="checkbox"/> Set dates for the next workshop. <input type="checkbox"/> Finalize album and share with participants and facilitators. <input type="checkbox"/> Archive final curriculum (all modules, exercises, group work presentations, evaluations, pictures, etc.). 	3

Within 2 Months After the End of the Training

Technical Tasks	Estimated Days	Logistics	Estimated Days
<ul style="list-style-type: none"> <input type="checkbox"/> Write and finalize the activity report. <input type="checkbox"/> Make final payments to contracts, as necessary. 	5–8	<ul style="list-style-type: none"> <input type="checkbox"/> Create "Save the Date" cards for colleagues to share at conferences or meetings for the next workshop. Suggested events include APHA, ASTMH, MIM, RBM MERG meetings, etc. Most of these occur in the fall, so prepare in advance. 	2

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