



Report on the Review of Sierra Leone's National Malaria Monitoring and Evaluation Plan 2016–2020

Addendum to the Malaria Programme Review

April 2020



USAID
FROM THE AMERICAN PEOPLE



U.S. President's Malaria Initiative

Report on the Review of Sierra Leone's National Malaria Monitoring and Evaluation Plan 2016–2020

Addendum to the Malaria Programme Review

April 2020

MEASURE Evaluation
University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

This publication has been supported by the President's Malaria Initiative (PMI) through the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AIDOAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of PMI, USAID, or the United States government. TR-20-419

ISBN: 978-1-64232-256-9



USAID
FROM THE AMERICAN PEOPLE



MEASURE
Evaluation

U.S. President's Malaria Initiative

ACKNOWLEDGMENTS

MEASURE Evaluation wishes to thank those who contributed to the review process of the Sierra Leone monitoring and evaluation (M&E) plan and the development of the report. First, we would like to acknowledge the United States Agency for International Development (USAID) and the U.S. President's Malaria Initiative (PMI) for their support for this activity. We are especially appreciative of the invaluable support of the district M&E officers and district malaria focal persons and also the M&E officers at the National Malaria Control Programme (NMCP) and the Directorate of Policy, Planning and Information and other partners for a successful exercise. Special thanks go to the NMCP leadership—Dr. Samuel Smith and Dr. Alhaji Turay—and other NMCP focal persons—Anitta, Musa, Thomas, Yamba, Seppeh, Brenda, Nelson, Ngadi, Wani, Philip, and Johnson, to mention a few. We acknowledge the technical support and guidance provided by MEASURE Evaluation—Dr. Stanley Muoghalu, Dr. Agneta Mbithi, and Dr. Abdinasir Amin—who contributed to the planning, execution, and writing of this report. We appreciate the support of the PMI resident advisors—Dr. Ramlat Jose and Dr. David Schnabel—toward the PMI implementing partners.

Finally, we would like to thank our colleagues at ICF, Cindy Young-Turner and Mylene San Gabriel, for editing, graphics, and formatting support. We thank MEASURE Evaluation's knowledge management team at the University of North Carolina at Chapel Hill for editorial, design, and production support.

Cover: Review of the National Malaria Monitoring and Evaluation Plan. Photo by Nelson Fofana.

Suggested citation: MEASURE Evaluation. (2020). Report on the Review of Sierra Leone's National Malaria Monitoring and Evaluation Plan 2016–2020: Addendum to the Malaria Programme Review. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina

CONTENTS

Acknowledgments	3
Abbreviations	6
Background	7
Justification.....	8
Objective	9
Methodology	10
Findings from the Review.....	13
Introduction	13
Description of the Program, Including Problem Statement and Frameworks	13
Indicators, Including Definitions	14
Data Sources and Reporting Systems	15
Strategies for Demonstrating Program Outcome/Impact	15
Plans for Dissemination and Use of Information	15
Analysis of Data Quality Constraints and Potential Solutions	15
Implementation Plan	16
Recommendations	17
Conclusion.....	18

Figures

Figure 1. Basic M&E framework from the national malaria M&E plan 14

Tables

Table 1. Suggested outline of an SME plan 11

Table 2. Availability of the elements of a SME plan in the current malaria M&E plan 13

Table 3. Numerical summary of the indicators 14

ABBREVIATIONS

M&E	monitoring and evaluation
MPR	malaria program review
NMCP	National Malaria Control Programme
PMI	U.S. President's Malaria Initiative
PHU	peripheral health unit
SLMSP	Sierra Leone Malaria Strategic Plan
SME	surveillance, monitoring, and evaluation
USAID	United States Agency for International Development
WHO	World Health Organization

BACKGROUND

The Sierra Leone Ministry of Health and Sanitation's National Malaria Control Programme (NMCP) developed and launched the Sierra Leone Malaria Strategic Plan (SLMSP) 2016–2020, which was based on recommendations from the malaria program review (MPR) 2013, the recognition of the impact of malaria interventions, and the Sierra Leone Health Sector Recovery Plan 2015–2020. The SLMSP has guided the implementation of key malaria interventions as Sierra Leone continues to strengthen the country's effort in the fight against malaria.

The SLMSP follows the guiding principles of the broader National Health Sector Strategic Plan 2010–2015, the Sierra Leone Health Recovery Plan 2015–2020, the National Ebola Strategy for Sierra Leone 2015–2017, and the Basic Package of Essential Health Services 2010 (revised 2015). Among these principles are universal coverage with proven malaria interventions; equity, equality, and nondiscrimination; participation and accountability; and the right to the health elements of availability, accessibility, acceptability, adequacy, quality, and contiguous expansion of interventions.

The national malaria monitoring and evaluation (M&E) plan 2016–2020 was developed alongside the SLMSP. The malaria M&E plan 2016–2020 is aligned to the SLMSP 2016–2020 and contains priority indicators that the NMCP uses to monitor and evaluate the implementation of the intervention strategies and track the performance of the malaria program.

JUSTIFICATION

In 2019, the NMCP, in collaboration with Roll Back Malaria partners led by the World Health Organization (WHO), began a detailed review of the performance of the malaria program through a consultative stakeholder engagement process. The goal was to review the performance of malaria control in Sierra Leone to identify achievements and weaknesses for the improvement of interventions to achieve set targets. One key recommendation highlighted during the review of thematic areas of the MPR was the need to look at the current malaria M&E plan 2016–2020 and examine the appropriateness of the indicators. In concurrence with this recommendation were the findings from the June 2019 M&E capacity assessment at the national and district levels involving the NMCP and selected districts. The M&E capacity assessment found that indicators were not in line with the standardized indicator definitions, and that some key surveillance, monitoring, and evaluation (SME) activities were missing from the current costed M&E plan (MEASURE Evaluation, 2019).

To address this concern, the NMCP and its partners reviewed the national malaria M&E plan and developed recommendations for the next malaria M&E plan in preparation for the next national malaria strategy 2021–2025. The review of the malaria M&E plan provided ample time for the NMCP to plan for other key activities, such as household registration and mass distribution of long-lasting insecticidal nets. With funds from the United States Agency for International Development (USAID) and the U.S. President's Malaria Initiative (PMI), MEASURE Evaluation provided technical guidance to the NMCP during this process to ensure that the review of M&E plan captured emerging needs and challenges and that the plan is aligned with key documents, such as the following:

- Malaria SME workshop guidance documents¹
- *WHO Malaria Surveillance, Monitoring & Evaluation: A Reference Manual* (WHO, 2018a)
- WHO core indicators (WHO, 2018b)

¹ This refers to materials from Anglophone Regional Workshop on Surveillance, Monitoring and Evaluation of Malaria Control Programs, held on June 24–July 5, 2019, at the University of Ghana School of Public Health, Legon, Accra, Ghana.

OBJECTIVE

The objectives of the M&E plan review were as follows:

- To review the existing malaria M&E plan 2016–2020
- To provide recommendations for developing a well-aligned comprehensive national M&E plan in preparation for the national malaria strategy 2021–2025
- To build consensus on the understanding of a specific, measurable, relevant, attainable, and time-based (“SMART”) and actionable malaria M&E plan
- To contribute to the MPR

METHODS

The national malaria M&E plan was reviewed in a workshop setting. The activity consisted of a desk review of the existing national malaria M&E plan 2016–2020 through a participatory multi-stakeholder consultative approach. The national malaria M&E plan was compared with the suggested outline of an SME plan (Table 1),² containing essential such as material from the malaria SME workshop guidance documents, the WHO SME reference manual, and the WHO core indicators. Using the suggested SME plan outline and other guidance documents, workshop participants deliberated on the eight main elements of the SME plan outline, focusing on the following:

- Availability of the element of the SME plan, by asking the question “Was this element available in the current M&E plan?”
- Relevance of the element of the SME plan, by reviewing details of the element to determine relevance, and asking the question “Did this element contain all relevant information as seen in the suggested SME plan outline?”
- Gaps that were identified
- Suggestions for improving the M&E plan

Workshop participants were district M&E officers and district malaria focal persons from PMI-supported districts; M&E officers and other technical officers (e.g., for case management, social and behavior change communication, vector control, partnerships) at the NMCP; M&E officers from the Directorate of Policy, Planning and Information, the Directorate of Drugs and Medical Supplies, and the Directorate of Reproductive and Child Health; M&E personnel of Roll Back Malaria partners, including PMI implementing partners; and partners from the health management information system/M&E technical working group. Participants were divided into groups, and plenary discussions were used to reach consensus. Presentations, SME plans of countries like Ghana, Nigeria, and Kenya, and other SME resource materials were provided to aid the review process. The workshop was held from October 30 to November 2, 2019.

² The suggested outline for an SME plan was used as a guide. It is important to note than not every plan will conform to this outline. Some will include other elements, and some will omit elements; other plans will rearrange the order of the plan. Table 1 illustrates the essential elements of an SME plan.

Table 1. Suggested outline of an SME plan

S/no.	Element	Details for determining relevance
I	Introduction	<ul style="list-style-type: none"> A. Background information B. Description of how it was developed <ul style="list-style-type: none"> - Justification and objectives - Purpose of the plan - Consensus process - Stakeholders involved - List of activities C. Resources allocated D. Review of the SME system <ul style="list-style-type: none"> - Strengths, weaknesses, opportunities, and threats analysis
II	Description of the program , including problem statement and frameworks	<ul style="list-style-type: none"> A. Definition of the problem/problem statement <ul style="list-style-type: none"> - What is the nature of the problem and what does it seek to address? B. Conceptual framework C. Goals and objectives <ul style="list-style-type: none"> - Program goal - Objectives and results to achieve D. Program description <ul style="list-style-type: none"> - Interventions - Geographical scale - Target population - Duration E. Logical framework/results framework
III	Indicators , including definitions presented in an indicator matrix or indicator reference sheets	<ul style="list-style-type: none"> A. Selection of indicators based on: <ul style="list-style-type: none"> - Conceptual and logic frameworks - Strategic information needed for decision making at appropriate levels (national, state, local) - Country and health partners' requirements - Existing data - Funding B. Presented in two ways: <ul style="list-style-type: none"> - Indicator matrix: A table presenting indicators, including information on data source, frequency, and who is responsible - Indicator reference sheets: Detailed sheets describing each indicator, how to measure it, assumptions, and interpretation considerations (may be included as appendices)
IV	Data sources and reporting systems , including management and roles and responsibilities	<ul style="list-style-type: none"> A. Sources of data for each indicator B. Framework for data collection, processing, analysis, and reporting system C. Data collection tools <ul style="list-style-type: none"> - Patient records or registers - Survey instruments (standard operating procedures and questionnaires) - Commodity management forms (e.g., rapid diagnostic tests) - Others D. Management <ul style="list-style-type: none"> - Roles and responsibilities of each group or member of the system
V	Strategies for demonstrating program outcome and impact , including program M&E plans	<ul style="list-style-type: none"> A. A methodology for measuring program outcome and impact (the evaluation) B. Protocols for special studies <ul style="list-style-type: none"> - Data for results to compare: within the program and to other programs

S/no.	Element	Details for determining relevance
VI	Plans for dissemination and use of information	<ul style="list-style-type: none"> A. Data users B. Databases for information storage C. Dissemination methods <ul style="list-style-type: none"> - Reports (schedule and audience) - Media - Conferences - Publications - Others?
VII	Analysis of data quality constraints and potential solutions	<ul style="list-style-type: none"> A. Control mechanisms and methods and analysis of data quality B. Obstacles <ul style="list-style-type: none"> - Plan implementation - Production of quality data C. Solutions
VIII	Implementation plan (i.e., SME action plan or road map—should include budget and timeline)	<ul style="list-style-type: none"> A. Competencies needed to implement the plan B. SME action or road map For each activity, this plan should include: <ul style="list-style-type: none"> - Activities to be undertaken - Calendar/timeframe - Persons responsible - Activity costs C. Budget for implementation

(Adapted from the presentation, Designing and Implementing a SME Plan for Malaria Programs)

FINDINGS FROM THE REVIEW

The national malaria M&E plan 2016–2020 was developed to align with the national malaria strategy 2016–2020. The malaria M&E plan was used for monitoring malaria strategic interventions. However, the malaria M&E plan remained in draft copy and was not printed and disseminated to all stakeholders.

In comparing the M&E plan with the essential elements of an SME plan, the review found that six out of eight elements were either present or implied in the current M&E plan. Specifically, the M&E plan contained these elements: introduction, description of the program, indicators, data sources and reporting systems, analysis of data quality constraints and potential solutions, and implementation plan. Strategies for demonstrating program outcome and impact, and plans for dissemination and use of information were missing from the M&E plan (Table 2).

Table 2. Availability of the elements of an SME plan in the current malaria M&E plan

S/no	Element of an SME plan	Was this element available in the current M&E plan?
I	Introduction	Yes
II	Description of the program , including problem statement and frameworks	Yes
III	Indicators, including definitions (presented in indicator matrix or indicator reference sheets)	Yes
IV	Data sources and reporting systems , including management/roles and responsibilities)	Yes
V	Strategies for demonstrating program outcome and impact , including program evaluation plan	No
VI	Plans for dissemination and use of information	No
VII	Analysis of data quality constraints and potential solutions	Yes
VIII	Implementation plan (i.e., SME action plan or road map—should include budget and timeline)	Yes

Specific findings from the review of the SME plan elements are described in the following sections.

Introduction

Findings from the review indicated that the introduction of the M&E plan contained the same information as was observed in the SLMSP. However, there was no description of the existing M&E system in Sierra Leone, including the strengths, weaknesses, opportunities, and threats analysis. There was no justification and objectives of the M&E plan. The purpose of the M&E plan was not stated. The introduction also lacked a clear malaria epidemiological stratification that would have guided the malaria control interventions and the M&E system.

Description of the Program, Including Problem Statement and Frameworks

Findings from review showed that this element provided a great deal of information on the program description, detailing the goal and objectives, interventions, and duration of the SLMSP. However, clearly defined target populations and geographical scale were noted to be missing. The M&E plan did not define the problem (problem statement) or demonstrate the conceptual framework. There was a logical

framework, a basic M&E framework connecting program inputs to processes, outputs, outcomes, and impact (Figure 1).

Figure 1. Basic M&E framework from the national malaria M&E plan



Source: National malaria M&E plan 2016–2020

Indicators, Including Definitions

The malaria performance framework and indicator matrix contained 33 impact and outcome indicators and 31 output indicators. The output indicators were linked to each objective of the SLMSP (Table 3).

Table 3. Numerical summary of the indicators

Indicator	Total #
Impact and outcome indicators	33
Output indicators	31
Objective 1a: All suspected malaria cases have access to confirmatory diagnosis	9
Objective 1b: All malaria cases received effective treatment	7
Objective 2a: Provide access to 100% of the population at risk with preventive measures by 2017	2
Objective 2b: To protect at least 80% of pregnant women and children under one year with IPT 3 by 2020	3
Objective 3: To provide knowledge to the population such that at least 80% practice malaria prevention and treatment measures by 2018	4
Objective 4: By 2020, at least 95% of health facilities report routinely on malaria program performance	4
Objective 5: By 2020, maintain and strengthen capacity for program management, coordination, and partnership to achieve malaria program performance at all levels	2

For these indicators to meet the characteristics of a good indicator, they should be reliable, precise, measurable, timely, and programmatically relevant. During the plenary session, participants noted that some indicators did not meet the criteria, making it difficult to track program implementation. When compared against the WHO malaria SME reference manual, some indicators were not in line with standard international indicator definitions. The impact and outcome indicators were observed to be grouped together, making the difference between impact indicators and outcome indicators unclear.

Some indicators that were listed as a standalone indicator instead of being a disaggregated component are as follows:

- Annual parasite index; annual parasite index (<5yrs); annual parasite index (>5yrs); annual parasite index (males); annual parasite index (females)
- Slide positivity rate; slide positivity rate (<5yrs); slide positivity rate (>5yrs); slide positivity rate (males); slide positivity rate (females)

In addition, some indicators were reported as being no longer monitored during the implementation period:

- Percentage of community health workers supervised by peripheral health unit (PHU) staff and partners
 - Numerator: Number of community health workers supervised by PHU staff and partners
 - Denominator: The number of community health workers
- Percentage of PHU and hospital staff supervised by NMCP using supervisory checklist from national/NMCP to district level
 - Numerator: Number of PHU and hospital staff supervised by NMCP using supervisory checklist from national/NMCP to district level
 - Denominator: Targeted number of PHU and hospital staff in the district.

Other observations in relation to indicators were as follows:

- There were no input and process indicators in the current M&E plan that could assist in tracking the implementation process.
- Selected indicators did not follow the logical framework.
- There were no indicators for malaria entomological surveillance.

Data Sources and Reporting Systems

Data sources were captured in the M&E plan and explained in the indicator matrix. Data collection and data flow were described. Sections on data analysis and data use were not provided, even though malaria data were being used. Although not exhaustive, the M&E plan documented the roles and responsibilities as part of the monitoring plan.

Strategies for Demonstrating Program Outcome/Impact

The current M&E plan did not mention the strategies or evaluation plan for demonstrating program outcome/impact. As agreed during the plenary session, the evaluation plan should also contain the plan for a mid-term review of the strategy and aligned SME plan, and resources should be allocated for these strategies.

Plans for Dissemination and Use of Information

Although some indicators targeted this element, a dissemination and use plan was not included in the M&E plan. This element is crucial for providing feedback to stakeholders. When developing the next SME plan, all potential stakeholders and their reporting data needs should be considered.

Analysis of Data Quality Constraints and Potential Solutions

Data quality was factored into the M&E plan, but the information was not adequate to address possible constraints and suggest potential solutions. For example, the data quality improvement strategies were missing.

Implementation Plan

The M&E plan did include an SME road map or action plan. The costed budget focused only on the M&E unit, however, and not the M&E plan for the SLMSP.

RECOMMENDATIONS

The key recommendations from the review process are as follows:

- Begin the development of the next SME plan alongside the development of the next malaria strategy. The malaria surveillance component need to be considered a core intervention in line with the global Malaria strategy.
- Consider stakeholder buy-in from the onset, during, and at the end of the SME plan development. Both existing and new stakeholders need to be included.
- Clearly state the SME plan's goal, objectives, and purpose.
- Define the problem statement.
- Review program indicators and identify their data sources. Indicators should be linked to a logical framework, and standard indicators should be used.
- Apply necessary guidance documents to ensure a robust SME plan.

CONCLUSION

This M&E plan review process has helped identify gaps and solutions to improve the SME plan for program implementation. Specifically, the review has provided an opportunity for the NMCP and its partners to understand the importance of an SME plan as a living document and the need to align it to the strategic interventions covering all objectives. Each strategy under each thematic area should have an M&E component. Costing of the SME plan should focus on all M&E components of all thematic areas, not just the M&E unit. Although the NMCP developed a M&E plan, it remained in draft phase, and it is imperative that, in the future, partners support the NMCP and the Ministry of Health and Sanitation in the development process of the SME plan, and that they ensure the finalization of SME plan and support the printing and dissemination of the documents to all stakeholders.

REFERENCES

MEASURE Evaluation. (2019). *Capacity of Sierra Leone's National Malaria Control Programme for monitoring and evaluation: Baseline assessment*. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina. Retrieved from <https://www.measureevaluation.org/resources/publications/tr-19-389>

World Health Organization (WHO). (2018a). *Malaria surveillance, monitoring & evaluation: A reference manual*. Geneva, Switzerland: WHO. Retrieved from <https://www.who.int/malaria/publications/atoz/9789241565578/en/>

World Health Organization (WHO). (2018b). *Global reference list of 100 core health indicators (plus health-related SDGs)*. Geneva, Switzerland: WHO. Retrieved from <https://www.who.int/healthinfo/indicators/2018/en/>

MEASURE Evaluation

University of North Carolina at Chapel Hill

123 West Franklin Street, Suite 330

Chapel Hill, NC 27516 USA

Phone: +1 919-445-9350

measure@unc.edu

www.measureevaluation.org

This publication has been supported by the President's Malaria Initiative (PMI) through the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AIDOAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of PMI, USAID, or the United States government. TR-20-419

ISBN: 978-1-64232-256-9



USAID
FROM THE AMERICAN PEOPLE




MEASURE
Evaluation

U.S. President's Malaria Initiative