Lessons learned from a global approach to strengthening monitoring and evaluation efforts in national TB programs

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Background
- Because national TB programs (NTPs) are under intense pressure from governments and donors to show results, their monitoring and evaluation (M&E) systems and capacity must be strengthened.

Intervention
- The USAID-funded TB CARE I program, through its implementers, Management Sciences for Health (MSH) and KNCV Tuberculosis Foundation, initiated a global, multi-year approach to strengthening NTP M&E systems in 16 countries.
- This approach included the four components shown in Figure 1.

Results and lessons learned

Baseline needs assessment
- Respondents indicated that the NTP needed to give greater attention to:
  - evaluation;
  - electronic recording and reporting;
  - data quality assessment;
  - operations research; and
  - providing feedback to provincial and district TB offices.

In-person M&E workshop
- Participants were highly satisfied and recommended that the workshop be extended and repeated.
- When asked to rate the content on utility and clarity, participants scored 75% of the sessions 85% or higher.
- Participants wanted more opportunities to share country experiences and strategies for resolving common M&E issues.

Mini M&E plans
- 81% (13/16) of the participating countries developed mini M&E action plans (see the plans’ priority areas in Figure 2).
- 85% (11/13) of the country teams successfully implemented these plans.
- Participants reported that the workshop plus the focused mini M&E action plans led to improvements in their M&E systems. For example, five countries established feedback systems and six countries conducted staff trainings on data quality and use.

Virtual trainings
- Virtual trainings were partially successful.
- More than 75% of the M&E officers visited the learning site during the first session but attendance dropped to ~33% in the last session.
- Less than half of those who visited the learning site actively contributed to the discussions.
- Key challenges included poor internet connectivity and ‘silent observers’.

Conclusions
- In-person M&E trainings, coupled with targeted systemic interventions, led to improvements in NTP M&E systems.
- Rather than attempting to solve all of the identified problems at once, M&E challenges were prioritized and addressed with targeted interventions.
- To enhance the success of future virtual trainings, facilitators should develop strategies to encourage participant interaction and use a training platform that can function with slow internet connectivity.

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Figure 1: TB CARE I’s two-year approach to strengthening national TB programs’ M&E systems

Baseline assessment of M&E systems and the knowledge and skills of M&E officers from NTPs and TB projects

Three-day in-person M&E workshop to
• Address key issues raised in the baseline assessment
• Share approaches for resolving common M&E problems
• Develop country plans to address specific issues

Mini M&E plan development, integration into country work plans, and implementation

Virtual trainings on data quality and use

Figure 2: Areas prioritized in the national TB programs’ mini M&E plans

Electronic recording and reporting 5%
M&E skill-building 10%
Feedback to provincial and district TB offices 42%
Data quality 32%
Data use 11%

Workshop participants conducting an exercise to identify and prioritize their M&E needs.