

Implementing the Monitoring and Evaluation Capacity Assessment Toolkit in Central America

Adjustments and Lessons Learned



Introduction

Worldwide, the use of health system data to guide decisions on how resources are allocated is rising rapidly. Ministries of health and national health programs are seeking ways to ensure that the quality of health system data is reliable. As a result, data collection, collation, reporting, and use are increasingly scrutinized, and efforts to strengthen health information systems (HIS) must focus on improved health program monitoring and evaluation (M&E). To help meet this need, MEASURE Evaluation and its Kenya associate award, MEASURE Evaluation PIMA (both funded by the United States Agency for International Development and the United States President's Emergency Plan for AIDS Relief), developed the Monitoring and Evaluation Capacity Assessment Toolkit (MECAT).¹

The MECAT was used in Kenya to set baselines for beneficiary national programs and 17 target counties. Since then, it has been adapted for use in other countries to help health management and development professionals make decisions, monitor progress, and design capacity-building interventions for sustained HIS improvements. Recently the toolkit was implemented in four Central American countries—Guatemala, Honduras, Panama, and El Salvador—to assess each country's capacity for M&E of HIV programs.

Adapting the MECAT

Before the toolkit could be implemented in Central America, it had to be adapted. This was accomplished in two waves:

1. Before the facilitators were trained

- Translated the group assessment and user guide into Spanish
- Added questions about measuring the HIV treatment cascade for key populations

¹ MEASURE Evaluation PIMA (MEval-PIMA). (2017). Monitoring and Evaluation Capacity Assessment Toolkit. Nairobi, Kenya: MEval-PIMA. Retrieved from <https://www.measureevaluation.org/pima/m-e-capacity/me-capacity>.

2. During the facilitator training

- Corrected the translation to Central American Spanish usage
- Decided on the responsible parties or “organization”²
- Added questions about collecting and analyzing data disaggregated by linguistic and ethnic groups (as priority populations)
- Changed some answer choices or question structures to reflect the local context

The toolkit was translated into Spanish before the facilitators were trained. During the training, the Spanish was fine-tuned to Central American Spanish, taking note of local idioms. It was important to identify the responsible organizations/unit of analysis for the assessment, considering that the toolkit was being implemented in four countries, each with its own, distinct M&E infrastructure. In addition to identifying the unit of analysis to align with the different M&E infrastructures, some questions and answer choices were changed. For example, if a country did not have an M&E technical working group or if its budget cycle did not match that of the tool, questions in the MECAT needed to be revised accordingly.

Adapting the MECAT Methods

The workshop structure that the original MECAT called for was also adapted. The following workshop structure was followed in all four countries:

² The term “organization” identifies the target group or entity being assessed, whether it is a countrywide health program, subnational health program, hospital, health clinic, implementing partner organization, local nongovernmental organization, or other type of organization.

- Six working groups—two capacity areas³ per group
- Breakouts and plenaries added
- Workshop time reduced from three days to two
- Desk review documents provided at the workshop

Rather than have the workshop participants work as a single large group to complete the tool in sessions over three days, in each country the facilitators broke the participants up into six groups and asked each group to focus on two capacity areas over two days of sessions. The participants were assigned to their groups based on their job descriptions, to ensure that they would be knowledgeable about their assigned capacity areas. At the end of the workshop, each group presented its results in plenary for discussion.

Lessons Learned

The MECAT underwent multiple changes for the Central American implementation. Adjusting the toolkit to the context of each country with the help of the facilitators was extremely important for country ownership. Additionally, in the workshop for each country, the facilitators were local and had primary responsibility for leading the sessions, with MEASURE Evaluation providing support as needed. That promoted country ownership, too.

The implementations of the toolkit in Central America differed from the implementations in Kenya, because they focused solely on HIV/AIDS programs. This points to the MECAT's flexibility, in that it can be used to assess the entire M&E system of a program or a specific health area—HIV/AIDS, as in Central America, or tuberculosis or some other domain. The tool as implemented in Central America had

³ The MECAT's capacity areas for Assessment are drawn from this source: Joint United Nations Programme on HIV/AIDS (UNAIDS). (2009a). 12 Components Monitoring & Evaluation System Assessment. Geneva, Switzerland: UNAIDS. Retrieved from https://www.unaids.org/sites/default/files/sub_landing/files/1_MERG_Assessment_12_Components_ME_System.pdf



Participants in the Panama MECAT workshop work on their assigned capacity areas
Photo: Veronica Caridad Varela, MEASURE Evaluation

several questions added that were HIV/AIDS program-specific. Thus, for future implementation as-is, the adapted tool would also need to be used to assess HIV/AIDS programs.

Because participants found some MECAT questions open to interpretation and said that more detail was needed to answer others, a glossary was created. This glossary was provided to all participants for reference on relevant questions and was deemed beneficial in all countries.

Conducting a thorough desk review before the workshops ensured that all needed documents were available—both electronically and as hard copies—to help participants answer the MECAT's questions. This ensured that each workshop could run smoothly and allowed all questions to be answered fully.

Perhaps the most significant lesson learned is that there are many ways to implement the tool. Although the method and some questions were adapted for the Central America implementation, the MECAT still produced a useful and reliable assessment of M&E capacity, with each capacity area and its elements measuring what they originally were intended to measure.