Siaya County
End Line Assessment of Monitoring and Evaluation Capacity

September 2017

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MEASURE Evaluation PIMA

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Cover photo: MEASURE Evaluation PIMA

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ABBREVIATIONS

CHMT	county health management team
ICD	International Classification of Diseases
M&E	monitoring and evaluation
MECAT	Monitoring and Evaluation Capacity Assessment Toolkit
MEval-PIMA	MEASURE Evaluation PIMA
MOH	Ministry of Health
MSC	most significant change
TORs	term of reference
TWG	technical working group

1. INTRODUCTION

This report is a brief synthesis of an end line assessment undertaken to discern and document the capacity of the county health management teams (CHMTs) to perform monitoring and evaluation (M&E) functions in Siaya County, in order to understand the impact of MEASURE Evaluation PIMA (MEval-PIMA) in improving M&E systems at the county level.

The MEval-PIMA project, funded by the United States Agency for International Development, was implemented between December 2012 and June 2016. As part of the project closeout, MEval-PIMA conducted an end-of-project assessment to document achievements and provide lessons learned toward strengthening capacity of the Ministry of Health (MOH) at the national and subnational levels to produce and use high-quality data for decision making and to communicate project results with stakeholders and beneficiaries. Specifically, the end line assessment aimed to accomplish the following:

- Document changes in M&E capacity since the baseline assessments were conducted.
- Document the key drivers of changes in M&E capacity.
- Document MEval-PIMA's contribution to the changes in M&E capacity.
- Document lessons learned in terms of strengthening M&E capacity at individual and organizational levels.

2. BACKGROUND

MEval-PIMA is a five-year project funded by the U.S. Agency for International Development, with the aim of building the M&E capacity of the MOH to identify and respond to information needs at the national and subnational levels. To do this, MEval-PIMA targeted selected national programs and counties to strengthen their M&E systems and their ability to contribute high-quality data to the national health system.

The MEval-PIMA project was awarded in 2012 and has been implemented in 5 national-level programs (National Malaria Control Programme, Reproductive and Maternal Health Services Unit, Community Health Services Unit, Disease Surveillance and Response Unit, and Civil Registration Services) and 24 counties, including Siaya County. A baseline assessment conducted by the MEval-PIMA project team in 17 counties between March and June 2014 revealed gaps in key areas, including the lack of an effective M&E system. The coordination of stakeholders was suboptimal, and there was limited information use to guide planning for activities. There were gaps in ensuring that effective M&E structures were in place and that they were supported by effective guidelines. The baseline also found a major gap in data demand and use; a data use plan was not in place, and information products were not disseminated to stakeholders. The baseline also revealed the need for an effective team to spearhead M&E functions as well as the need to institute a mechanism to coordinate capacity-building activities.

Siaya was one of seven counties to receive technical and financial support from MEval-PIMA for County Health Sector Strategic and Investment Plan development, as per coordinated agreements made among U.S. Government implementing partners and the national MOH. The county had existing work plans and a strategic plan, but it had not begun developing an M&E plan. MEval-PIMA also provided technical and financial support for the development of the County Health Sector Strategic and Investment Plan. MEval-

PIMA supported follow-up data review meetings at least quarterly, which involved cross-county learning and showcasing of best practices around data use and lessons learned from CHMT capacity building and community health information systems. MEval-PIMA's technical assistance in Siaya continued in the review, design, and publication of quarterly county malaria surveillance bulletins and county health sector-side profiles that included malaria indicators. With assistance from MEval-PIMA, the county has developed, validated, and disseminated county health profile tools for promoting data use to inform decision making. The project has also supported annual work planning processes in the county by providing mentorship on indicator definition and on data analysis, interpretation, and use to targeted health facility health records officers. MEval-PIMA also provided financial and technical assistance for the M&E technical working group (TWG) meeting, with the goal of validating guidelines to institutionalize M&E in the health sector.

Finally, through the support of MEval-PIMA, the county has developed and launched its M&E plan and completed the county health profile. MEval-PIMA has provided International Classification of Diseases (ICD)-10 mentorship to select hospitals in Siaya and discussed issues regarding DHIS 2 access and data capture, coding errors, and processes for conducting quality checks for mortality data. MEval-PIMA's strategic approach in Siaya County used the dissemination of baseline findings on key gaps that required intervention to strengthen the M&E capacity of the CHMT and promote the use of data at the community level through dialogue days.

3. METHODS

The end line assessment was conducted in a five-day workshop setting using three participatory data collection tools. Respondents for this exercise were program managers and program officers, including M&E officers and data managers from Narok County.

Data on the M&E capacity of the county department of health (DoH) were collected using the group assessment tool in MEASURE Evaluation's Monitoring and Evaluation Capacity Toolkit (MECAT),[1] that was administered at the baseline. This tool assesses 12 capacity areas that are necessary for sustainable M&E capacity of organizations. Data from the MECAT was used to compute the organizational capacity index (OCI), to demonstrate change in capacity.

In addition, an interview guide, based on two rapid evaluation methods—most significant change (MSC) and outcome mapping (OM)—was used to collect qualitative data, to explain the observed changes in capacity (if any) and explore the set of conditions to be fulfilled in order to achieve the desired changes. The MSC approach[2] was used to identify significant changes in capacity along five domains that formed the basis of MEval PIMA's intervention to address gaps in M&E capacity that were identified at the project's inception. The outcome mapping method was used to map desired outcomes conditions for the sustainability of the gains made in strengthening M&E capacity. Facilitators administered both the MECAT and the qualitative

[1] https://www.measureevaluation.org/pima/m-e-capacity/me-capacity

[2] MSC is a participatory monitoring approach that enables the identification of desired outcomes without using defined indicators. The MSC approach involves analyzing actual events to draw meaning from them as a means to evaluate the impact of a project and to improve future planning and implementation. We used MSC to understand what program officers viewed as the most significant changes in the five domains listed in Section 3.1. Participants were guided through facilitated individual, group, and plenary sessions to identify and prioritize the most significant changes within the five domains since the baseline assessments were conducted.

tools in a series of plenary and group discussions to identify expected changes in behavior. In addition, the individual competency-based assessment, also used during baseline, was administered to individual participants for them to self-assess their M&E competencies.

3.1. Five MSC Domains

Five broad domains were selected to guide the discussion on changes in M&E capacity, based on the MEval PIMA project's mandate and findings from the baseline assessment. Participants were asked to identify the significant changes towards strengthening M&E capacity in the following domains:

- **Domain 1. Strengthening structure and mechanisms for M&E coordination.** Capacity building in this domain focused on strengthening structures and mechanisms for M&E coordination involved in building and supporting M&E process, policies, guidelines, and coordination of stakeholders and resources. This domain maps to many of the elements in the organizational, partnerships and governance, county M&E plan, and annual costed M&E work plan capacity areas of the MECAT group assessment.
- **Domain 2. Availability of good-quality data.** Capacity building in this domain focused on improving, developing, and printing data collection and reporting tools; training on proper coding for ICD-10; strengthening surveillance systems; and supporting the research agenda. This domain maps to many of the elements in the routine monitoring, surveys and surveillance, and supervision and auditing capacity areas of the MECAT group assessment.
- **Domain 3. Promoting data use practices.** The capacity-building domain of promoting data use focused on interventions to improve data use plans, promote and use data analysis tools, convene data review meetings and other data-sharing forums, and develop information products. This domain maps to some of the elements in the data demand and use and the advocacy, communication, and cultural behavior capacity areas.
- **Domain 4. M&E leadership.** The capacity-building domain of development of M&E leadership competencies focused on ownership, involvement, partnerships, and coordination for M&E as well as advocacy for the resources needed to support programs using M&E data. This domain maps to some of the elements in the advocacy, communication, and cultural behavior and the evaluation and research capacity areas.
- **Domain 5. Building capacity of staff in M&E.** The domain for building capacity of MOH staff in M&E focused on developing training curricula, conducting trainings, mentoring county staff, and evaluating programs. This domain maps to the human capacity for M&E capacity area.

3.2. Data Analysis

Scores obtained from the MECAT group assessment at end line were analyzed to compute an organizational capacity index score, and changes between baseline and end line were used to document achievements toward strengthening the M&E capacity of Siaya County. The organizational capacity index was calculated by first summing the possible scores for the 12 M&E capacities for the status and quality dimensions. The financial and technical autonomy dimensions were excluded because the effect of these measures was not unidirectional, and the presence or absence of these dimensions could affect the performance of Siaya County either positively or negatively. Technical and financial autonomy require long-term investment and depend on

the status and quality dimensions. The organizational capacity index was then computed by dividing the actual score of the 12 M&E functions under the two dimensions of status and quality by the total maximum possible score. Individual assessment data were analyzed to understand changes in human capacity for M&E from baseline to end line. The MSC data were analyzed to understand what the program identified as the MSCs resulting from the changes in the M&E system since baseline. The outcome mapping data were used to understand the threats to the changes made to the M&E system and to propose recommendations to mitigate these threats.

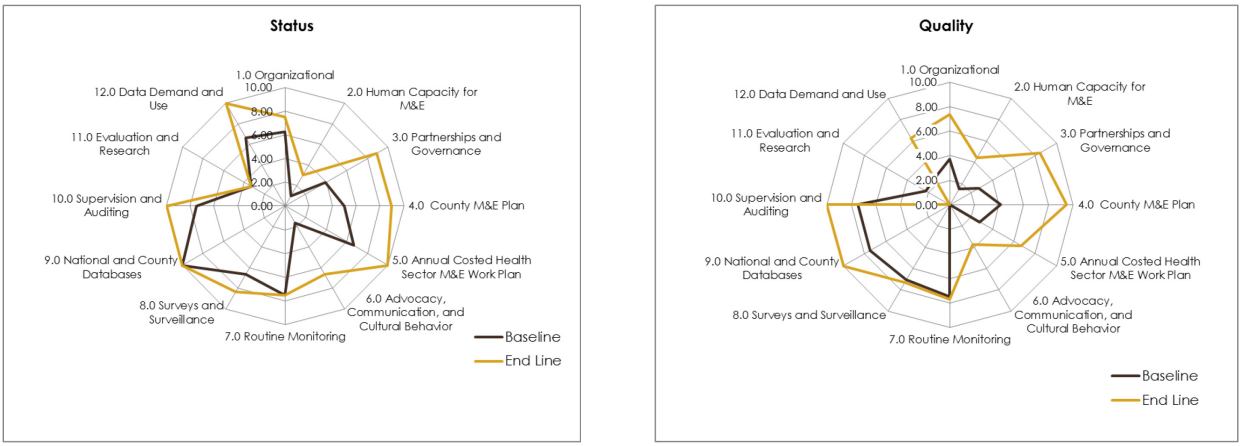
4. RESULTS

4.1. Overall Performance

Figure 1 shows specific changes in the 12 M&E capacity areas in the 2017 end line evaluation (gold), compared to the 2013 baseline evaluation (brown), and by four dimensions. These dimensions are as follows:

- **Status:** Whether a given element exists, such as a county M&E plan
- **Quality:** Whether the element conforms to established quality norms
- **Technical autonomy:** The extent to which a program can develop and execute the element on its own
- **Financial autonomy:** The extent to which a program can develop and execute the element using its own resources

Figure 1. Overall dashboard depicting Siaya County's scores in all the 12 capacity areas of M&E as measured by the MECAT group assessment at baseline and at end line



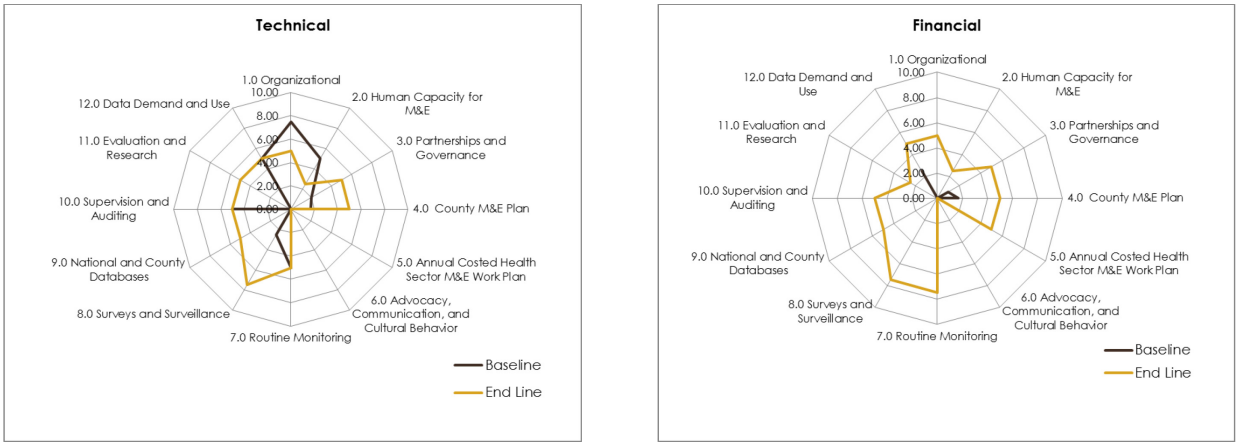


Figure 2: Siaya county OCI at baseline and at end line

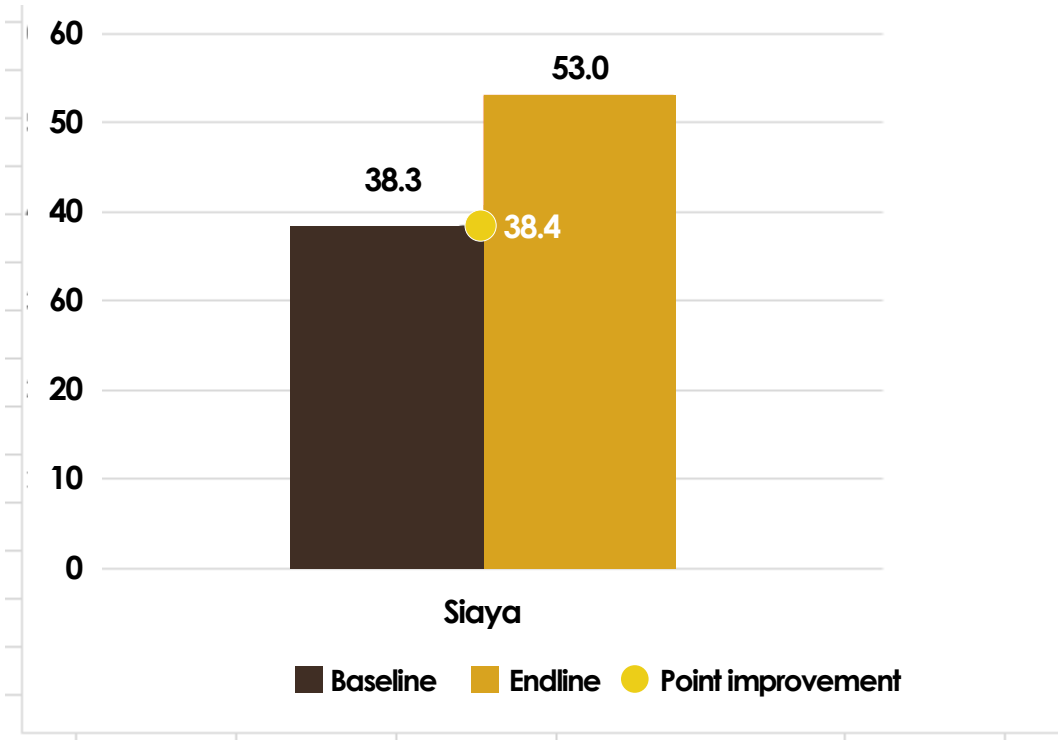


Figure 2 shows that, overall, Siaya's organizational capacity index improved, from 38 percent at baseline to 53 percent at end line. The county particularly improved in the capacity areas of county M&E plan; annual costed health sector M&E work plan; partnerships and governance; and advocacy, communication, and cultural behavior. The areas of data demand and use and supervision and auditing showed some improvement.

4.2. Findings from the qualitative data on Most Significant Changes

This section describes the key findings from the qualitative data across the five capacity-building domains.

4.2.1. Domain 1: Strengthening Structures and Mechanisms for M&E Coordination

As shown in Figure 1, the capacity areas of county M&E plan and partnerships and governance demonstrated significant improvement, primarily because the county had a recently developed and approved an M&E strategic plan and an accompanying annual work plan containing an M&E framework with indicators, targets, and budget. The county's efforts in developing the M&E plan were led by the recently formed county TWG, mainly composed of the CHMT as well as M&E stakeholders in the county. The MSC reported in strengthening structures and mechanisms for M&E coordination was the formation of the M&E TWG in Siaya. The TWG provided a forum for discussing and giving feedback on M&E issues (e.g. oversight of programmatic TWGs) and enabled partner coordination. In addition, Siaya's M&E plan provided a tool for resource mobilization, developing experiential knowledge of M&E, and tracking the progress of annual work plans. MEval-PIMA served as secretariat member and advised on the operations of and terms of reference (TORs) for the TWG as well as provided training on international standards, experiential mentoring, and financial support.

4.2.2. Domain 2: Availability of Quality Data

At end line, routine monitoring capacity in Siaya remained the same compared to baseline, and there appeared to be an increase in performance in survey and surveillance. The county's surveys and surveillance activities were regularly updated in hardcopy, but the tracking of these activities depended on stakeholder interest. Supervision and auditing showed considerable improvement, however, as evidenced by the implementation of guidelines and tools for supportive supervision that included feedback and action plans adapted from the national supervision checklist.

The MSC regarding data availability was the increased availability of data collection tools at end line, compared to baseline. This was driven by county government efforts and increased access to DHIS 2. Siaya's improved reporting rate of data was another MSC identified by participants and was driven by the county's requirement to have good reporting rates.

4.2.3. Domain 3: Promoting Use of Data

Although the county did not have a specific communication strategy, Siaya included its M&E strategies and products in its County Health Sector Strategic Plan and received support for M&E activities from county health leadership as well as identified champions who strongly advocated for M&E in the county. The county also ensured the dissemination of information products to stakeholders and MOH data users and producers through bulletins; reports; information, education, and communication materials; the county website; and materials provided to MOH staff. Due to budgetary constraints, dissemination was done on an on-demand basis only.

The county reported significant positive change, particularly in data and demand use capacity. This was partly due to the implementation of a data plan spearheaded by a committed M&E team as well as improved use of data for resource mobilization and allocation driven by structural and administrative (targets and performance monitoring) requirements in the county. MEval-PIMA served in mentorship and advisory roles in data management, data use plan development, and use of data in evidence-based decision making.

4.2.4. Domain 4: Development of M&E Leadership Competencies

The county lacked an M&E unit and relied on staff who were not adequately trained to carry out tasks related to data quality assessment. Despite this, the M&E TWG, under the leadership of the county health records and information officer, had clear TORs and managed to hold regular quarterly meetings with the program teams as well as with the thematic TWGs.

A significant change in Siaya County was improved M&E knowledge and skills for resource mobilization through advocacy due to a realized need for prioritizing planning and repackaging information to convince decision makers to allocate limited resources. Siaya's partner coordination and collaboration also improved because of a proactive TWG and a supportive CHMT leadership that encouraged sustainability of M&E activities. In addition, MEval-PIMA provided technical assistance in developing a county health profile and a partner engagement matrix and provided financial support for TWG forums.

4.2.5. Domain 5: Building Capacity of Staff in M&E

Despite the lack of a standard curriculum for organizational and technical capacity building in M&E across the three counties that were included in the end line assessment, Siaya's annual work plan and strategic plan included the number of health managers to be trained in leadership skills and a costed capacity-building plan, although it was an integrated plan and not specific to M&E. The county had a training committee that vetted and approved trainings to avoid duplication, but these were not specifically used for M&E. Siaya's poor performance in evaluation and research may be explained by the fact that the county lacked a research agenda specific to the health sector and the lack of a structured inventory, register, or database relevant to the county to assist with research and evaluation.

Siaya's specific positive change was in the capacity of staff to upload data and perform simple analysis as well as improved in skills in reporting vital statistics. Most staff gained better understanding of key health indicators and coding of morbidity and mortality using ICD-10. The county also reported increased demand for skilled M&E officers, making the posts competitive. MEval-PIMA provided mentorship, on-to-job training, continuing medical education at health facilities, and ICD-10 training for training of trainers and health workers.

In summary, from baseline to end line, Siaya County showed impressive performance in developing and implementing a county M&E plan as well as a costed M&E work plan and showed improved performance in coordinating M&E partnerships and stakeholders in the county. The county also showed more financial and technical autonomy in these achievements, except for technical independence in developing the costed M&E plans, primarily relying on MEval-PIMA for their development.

5. DISCUSSION

The end line assessment revealed that Siaya's capacity in M&E, particularly in the development of M&E leadership competencies and in strengthening structures and mechanisms for M&E coordination, has shown general improvement. This improvement has resulted from facilitating local leadership through M&E TWGs with relatively good representation of the CHMT, including relevant M&E stakeholders in the county in the TWGs, holding regular quarterly meetings, and providing consistent leadership in M&E activities in the county. Compared to the baseline, Siaya had updated and structured inventories of the main stakeholders working in the county with some mechanisms in place for communicating about M&E activities, although the county lacked a specific communication strategy.

The substantial success in dissemination of M&E information was not only because the county was developing information products but was also credited to the advocacy role of champions and advocates for M&E and improved ownership of M&E information products. For example, the county's M&E TWG members were represented in subcommittees of other TWGs, therefore increasing the reach of the information products and encouraging the inclusion of M&E as a regular agenda item. Data review meetings and learning forums organized by MEval-PIMA also promoted evidence-based decision making and sharing of M&E information. MEval-PIMA's provision of technical mentorship and role in building networks among counties and relevant partners was also helpful. These enabled significant changes in better resource mobilization for M&E activities as well as better stakeholder coordination in the county, resulting in better technical autonomy in implementing and costing M&E work plans by the county.

The continued poor performance in human capacity, however, was because of low prioritization of M&E in the county's budgeting agenda and a lack of innovation in mobilizing resources for M&E functions. Like most other counties, Siaya did not have a standardized M&E training curriculum, and thus staff did not have clearly defined or adequate M&E skills. The lack of fully developed M&E units in the county meant that M&E TWGs guided M&E functions and emerged as the local leadership for M&E. The key M&E leadership in Siaya remained relatively stable, and most of the participants in the end line assessment had also been part of the baseline assessment and involved in the development of the M&E plan. This may explain why the county performed favorably in most capacity areas, compared to Narok and Kakamega counties, which were also part of the end line assessment. A significant finding across all three counties that has been noted generally over the years of the project is a limited understanding of the role and importance of gender in M&E across counties, and this is an important area that needs to be addressed to strengthen overall M&E performance.

6. RECOMMENDATIONS

Although Siaya made remarkable progress between the baseline and end line assessments, the biggest threat to the sustainability of these gains is low prioritization of M&E in the county budgeting process and inadequate funding for M&E activities, such as printing data collection and reporting tools. Other threats include frequent staff turnover, partner turnover, and the challenge in aligning interests and competing priorities of partners. Other elements that are linked to these threats are weak delegation of tasks (lack of standalone units), insecurities around data governance, and the fear of potential change of leadership (political and health management).

Participants in end line assessment offered recommendations on reducing these threats and sustaining success, as follows:

- Develop sector-wide partnerships through the CHMT, including with line ministries and departments, liaise with national programs, collaborate with county and national governments, donor agencies and involve these partners in progress reviews and planning.
- Prioritize program-based budgeting to ensure budgetary requirements within the allocation of county resources, to ensure that various M&E activities are allocated adequate resources.
- Create linkages with local training institutions through the CHMT for continuing skills building by developing continuing professional development accreditation, collaborate in developing M&E curriculum, and develop a refresher course in M&E for continuing skills development and mentorship.
- Work closely with the county public service board through the CHMT to develop a career path for the M&E cadre, including developing clear TORs and job descriptions for M&E staff and motivating staff by developing a reward system such as through sponsorships, scholarships, and promotions.
- Support wide dissemination of guidelines and other policy documents among staff and stakeholders to improve data governance and establish resource mobilization strategies with interested partners.

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