

Monitoring and Evaluation of Health Programmes in Nigeria for Effective Result

Kola Oyediran and Stephanie Mullen
MEASURE Evaluation

Abstract

Monitoring and Evaluation is critical for understanding how a public health programme works. If the intervention is effective, M&E provides important information about implementation to guide scaling up in other settings. If the intervention is not effective, M&E can identify whether this is due to failure to implement the intervention as intended. Thus, M&E is considered as a critical management tool to determining the effectiveness of health programmes in different contexts. The paper highlights how programme components (inputs, process, outputs, outcomes and impact) links with M&E activities. It describes the generic 8 steps required in the implementation of public health programmes or interventions M&E activities. Despite the sound benefits that could be derived from proper implementation of the M&E system, the paper presents some factors responsible for poor implementation of the M&E system in Nigeria. The factors include: lack of funding, vertical system as a result of disease sub-system which is hindering good coordination and collaboration among key players of health sector, poor data quality, weak human capacity and poor culture of evidence based decision-making. The paper surmises that the M&E of health programmes in Nigeria is improving rapidly but is still at an emerging stage.

Background

In a climate where budgets for public health programmes are dwindling yearly and are thinly stretched, determining the effectiveness of health interventions in different contexts is absolutely essential to ensuring that scarce funds go as far as possible in achieving health outcomes¹. Since the late 1980's, health projects have increasingly focused on monitoring and evaluation (M&E). This focus was stimulated by the desire of public health programme managers and planners to be judicious in their use of scarce funds, and by the desire of donors, multilateral aid agencies, and international non-governmental organizations for greater transparency and accountability.

Public health programmes at all levels, whether they consist of multiple integrated projects or a single programme including public and private sectors, should conduct monitoring and evaluation interventions. The purpose of M&E interventions is to inform implementers, programme designers and all key stakeholders on programme progress towards achieving the desired objectives as well as indicate the impact that the project is having on the intended population^{2, 3}. It identifies programme's weaknesses and strengths, areas of the programme that need revision, and areas of the programme that meet or exceed expectations.

While some donors or funding organizations require some type of evaluative process, the greatest beneficiaries of an evaluation is the community of people which host the public health interventions. By closely examining health interventions, an organization can design programmes and activities that are effective, efficient, and yield optimal results for the community.

Definitions

Monitoring is a continuing function that aims primarily to provide the management and leading stakeholders of an ongoing health intervention with early indications of progress, or lack thereof, in the achievement of results. Monitoring helps health policy makers or programme managers of an organization track achievements by a regular collection of information to assist making timely decisions, ensure accountability, and provide a basis for evaluation and learning.

Evaluation is the systematic and objective assessment of an on-going or completed project, programme, or policy, and its design, implementation and results. The aim is to determine the relevance and fulfillment of objectives, efficiency, effectiveness, impact, and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision

making process of recipients and donors as well as government.

M&E of Programme Components

In many efforts, overburdened and undertrained field staff tend to collect data on input and process indicators but neglect the fundamental evaluation question: what would have happened if there had been no intervention (a counterfactual event that is not observed)? Input, process and output indicators are important because they allow programme managers and planners to document the health intervention process. However, evaluating programmes are essential to find out whether, for example, health education workshops have an effect on risky sexual behavior. The focus must shift from “inputs” (e.g., investment naira) and “outputs” (e.g., number of trained health workers trained) to “outcomes” produced directly because of health programme investments (e.g., delay in age at sex debut). The field of programme monitoring and evaluation provides the tools to focus on outcomes. Programme evaluation uses randomized experimental policy trials and, when interventions are not randomly assigned, appropriate statistical tools to evaluate the effects of an intervention^{4, 5}. Below is a table depicting the linkage between programme components and M&E.

Table 1: M&E of Programme Components

<p>Inputs The financial, human, and material resources used for the development intervention. <i>Technical Expertise, Equipment Funds</i></p>
<p>Activities/Processes Actions taken or work performed. <i>Training workshops conducted</i></p>
<p>Outputs The products, capital goods, and services that result from a development intervention. <i>Number of people trained, Number of workshops conducted</i></p>
<p>Outcomes The likely or achieved short -term and medium-term effects or changes of an intervention’s outputs. <i>Increased skills, Increased reproductive health practices or behaviours (increase contraceptive prevalence rate, reduction in HIV new infections)</i></p>
<p>Impacts The long-term consequences of the program, maybe positive and negative effects. <i>Improved standard of living, thus, improved in health outcomes (e.g. declining maternal mortality)</i></p>

Steps in planning for Monitoring and Evaluation

Steps for designing a monitoring and evaluation system depend on what is being monitored and evaluated. Below are some general steps required to implement public health M&E activities:

- Identify who will be involved in design, implementation, and reporting. Engaging stakeholders helps ensure their perspectives are understood and feedback is incorporated.
- Clarify scope, purpose, intended use, audience, and budget for monitoring and evaluation.
- Develop the questions to answer what you want to learn as a result of health intervention. Areas and

examples of questions include:

- **Relevance:** Do the objectives and goals match the problems or needs that are being addressed?
 - **Efficiency:** Is the project delivered in a timely and cost-effective manner?
 - **Effectiveness:** To what extent does the intervention achieve its objectives? What are the supportive factors and obstacles encountered during the implementation?
 - **Impact:** What happened as a result of the project? This may include intended and unintended positive and negative effects.
 - **Sustainability:** Are there lasting benefits after the intervention is completed?
- Develop an M&E framework that shows the pathway from the immediate results of your programme (inputs, processes, outputs) to the outcomes (both short and medium-term) and impact on your target population
 - Select indicators. Indicators are meant to provide a clear means of measuring achievement, to help assess the performance, or to reflect changes.
 - Determine the data collection methods. Examples of methods are: document reviews, service statistics, surveys, focus groups, observations, key informants and surveillance.
 - Analyze and synthesize the information obtained. Review the information obtained to see if there are patterns or trends that emerge from the process.
 - Interpret these findings, provide feedback, and make recommendations. The process of analyzing data and understanding findings should provide the opportunity to make recommendations on how to strengthen on-going health programmes, and adjustments that may need to be made.
 - Communicate the findings and insights to stakeholders and decide how to use the results to strengthen the programme or intervention efforts.

Challenges of M&E in Nigeria

Like many countries, Nigeria public health's M&E is weak. Thus availability of quality data for decision making has become a major problem. In addition, data is not readily available because appropriate forms and registers are not routinely supplied to health facilities and in many cases, service statistics are not communicated from the health

facility to the national level through appropriate data flow. Data quality control mechanisms are generally not in place. While it is possible to get minimal service data from the public health sector, the same cannot be said of the private sector in Nigeria. A key to successful M&E implementation is a comprehensive M&E Plan that highlights what data is need to be collected, how best to collect the data, and how to use the results of data⁶. In Nigeria, several M&E plans have been developed but not all aspects have been implemented. For instance, programme areas within the health sector still have their disease specific M&E systems creating vertical M&E interventions that make coordination and data sharing difficult, and increases the burden of data collection on the service providers. Funding for M&E interventions is often lacking even for the basic training of health care staff to fill in registers and forms properly not to mention carrying out more advanced monitoring and evaluation interventions. Weak human capacity to implement effective and efficient M&E system in the country is another barrier to having good quality data available for decision-making about patient care or management of health facilities. Having said the above, the Nigeria M&E system is evolving and issues of refining and building human capacity have become a priority for the government and other stakeholders. MEASURE Evaluation is currently collaborating with OAU and ABU in organizing short-term M&E workshops to bridge the human capacity gaps especially among practicing professionals. The long-term objective of the collaboration is to have an M&E track integrated into the master of public health programmes at the two Universities within the next 12-months.

Conclusion

The public health professional's ultimate goal is aimed at improving the health outcome of the community members. To reach this goal, we must devote our skill -- and our will -- to monitor and evaluate the effects of public health interventions. However, since the targets of public health actions have expanded beyond infectious diseases to include chronic diseases and the social contexts that influence health disparities, the task of monitoring and evaluation has become more complex. Developing a responsive M&E system remains the answer in order to ensure that amidst the complex transition in public health, the public health professionals will remain accountable and committed to achieving measurable health outcomes.

Overall, M&E of health programmes in Nigeria is improving rapidly but still developing due to attendant problems such as lack of funding, vertical

system as a result of disease sub-system, poor data quality, weak human capacity and poor culture of evidence based decision-making.

References

1. U.S. Centres for Disease Control and Prevention (CDC). "Framework for Programme Evaluation in Public Health", 1999. Available in English at <http://www.cdc.gov/eval/over.htm>
2. USAID. "Performance Monitoring and Evaluation – TIPS # 3: Preparing an Evaluation Scope of Work", 1996 and "TIPS # 11: The Role of Evaluation in USAID", 1997, Centre for Development Information and Evaluation. Available at http://www.dec.org/usaaid_eval/#004
3. MEASURE Evaluation. A Trainer's Guide to the Fundamentals of Monitoring and Evaluation for Population, Health, and Nutrition Programmes. MEASURE Evaluation Manual Series No. 5. Chapel Hill, NC: MEASURE Evaluation project, Carolina Population Center; 2002. (<http://www.cpc.unc.edu/measure/publications/html/ms-02-05.html>, accessed 28 July 2011).
4. Legovini, Arianna. 2010. "Development Impact Evaluation Initiative: A World Bank–Wide Strategic Approach to Enhance Development Effectiveness." Draft Report to the Operational Vice Presidents, World Bank, Washington, DC.
5. Savedoff, William, Ruth Levine, and Nancy Birdsall. 2006. "When Will We Ever Learn? Improving Lives through Impact Evaluation." CGD Evaluation Gap Working Group Paper, Center for Global Development, Washington, DC. <http://www.cgdev.org/content/publications/detail/7973>.
6. Marsh, David. 1999. Results Frameworks & Performance Monitoring. A Refresher by David Marsh (ppt) <http://www.childsurvival.com/tools/Marsh/sld001.htm>