



## Community conversation to improve PMTCT results in the Lolodorf Health Area



## Report of M&E and Advocacy training workshop.

(Yaoundé: April 18, 19, 20, 2017)

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**Abbreviations:**

**ANC:** Antenatal Consultation

**CBCHS:** Cameroon Baptist Convention Health Services

**DHS:** District Health Service

**FIS:** For Impacts in Social health

**TA:** Technical Assistance

**CBO:** Community Based Organization

**CSO:** Civil Society Organization

**NACC:** National AIDS Control Committee

**PACF:** Positive Actions for Children Fund

**PMTCT:** Prevention of Mother to Child Transmission

**RAF :** Responsable des Affaires Financières

**RDPH:** Regional Delegation of Public Health

## **Introduction:**

For several years now, the CBCHS has been providing TA to all organizations in Cameroon funded by PACF. From the recent supervision conducted by the CBCHS team in all of the PACF grantees, it was realized that there is need to strengthen and equipped once again the capacity of these organizations in M&E and Advocacy since phase one of PACF project has come to an end and some organizations may not be part of the extension phase.

It was in this light that the last training workshop in M&E and Advocacy was organized in Yaoundé on the 18<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup> April, 2017, with five organizations (Reach out, CADFIN, MAJE, IVFCAM and FIS Cameroon) in participation. The aim of the training was to equipped and strengthen the capacity of these organizations to be able to close the programmatic gaps that may likely slow down the implementation of projects in terms of M&E and Advocacy.

Through the implementation of the Project "**Community Conversations to Improve PMTCT results in the Lolodorf Health Area**", FIS saw the need to also strengthen and equipped its staff in the above mention aspects, reason why FIS sent four of its staff (Anicet DIGUI, EKOI Edwin, Michèle BONKOUN and Benoit BISSOHONG B) to also benefit from the training as it will go a long way to improve the M&E and Advocacy approach in FIS henceforth.

## **Main Objective:**

To equipped and strengthen the capacity of PACF grantees to be able to close the programmatic gaps that may likely slow down the implementation of projects in terms of M&E and Advocacy.

## **Specific objectives:**

1. To be able to set up resilient M&E systems
2. To be able to develop, implement and monitor M&E plans
3. Efficiently document and share good practices.
4. To empower CSO's capacity on advocacy
5. To ensure effective interaction with decision-makers and stakeholders in the health domain

## **Expected outcomes:**

1. Resilient M&E systems set
2. M&E plans developed, implemented and monitored
3. Good practices documented and shared
4. CSO's capacity on advocacy empowered
5. Effective interaction with decision-makers and stakeholders in the health domain is ensured

## **Methodology:**

- PowerPoint presentations

- Group work/discussions

## Workshop proper:

### Day One

#### **1. Welcome word:**

The workshop started with a brief welcome word from the co-facilitator (Mr. Abanda Alphonse), followed by a word of prayer from a participant. Next was the introduction of those who were participating for the first time in training workshops organized by ViiV TA Project. After which was the introduction of the facilitators of the workshop in the persons of Mr. Emmanuel Nshom, Mr. Jacques CHIRAC, Madam Fanny EPIE, Mr. FOYEP Eugene and Mr. Alphonse ABANDA as co-facilitator. As a way of self introduction, participants were requested to write their names, organization and function and place in front of them for easy identification.

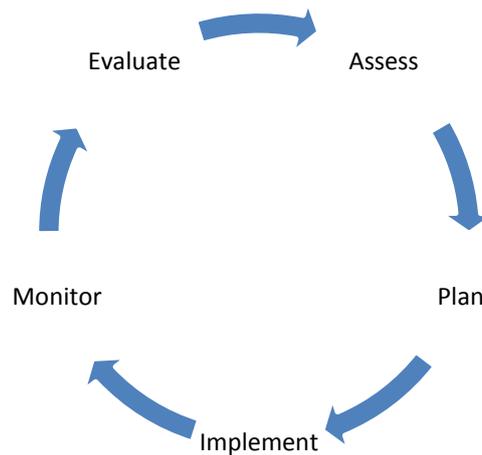


To be able to evaluate participants' levels of understanding a pre-test exercise was conducted by Madam Fanny and that at the end of the training another evaluation will be done to compare performance.

#### **Presentations:**

At this juncture, it was time for serious issues as the first presenter (Mr. Nchom) took to the rostrum to present "The Essentials of M&E" in which he laid much emphasis on the following; **Programme cycle, Monitoring, Evaluation, Indicator, Target and Impact.**

- Program Cycle** is a sequence of events in M&E that starts from Assessment, Planning, Implementation, Monitoring and finally Evaluation.



### PMTCT Generic Training Package

**b. Monitoring** is the routine process of data collection and measurement of progress toward objectives. It involves counting what we are doing; it involves routinely looking at the quality of services. It means to watch for what is on or behind schedule and what is/ or not progressing as expected i.e. checking on how project activities are progressing – Observing (systematic and purposeful observation). Monitoring is the regular collection and analysis of information to assist in; Timely decision-making, ensuring accountability and providing the basis for evaluation and learning. The following are some methods to carry out monitoring, Reports

- Visits
- Checklist
- Meetings
- Complaints

A good monitoring system ensures that program interventions stay on course by checking that;

- The program activities are implemented
- Measuring the progress towards objectives
- Identifying problems as they come up
- Identifying strengths that can be built on
- Adapting to changing circumstance

Summarily, from the various definitions, three things come out from monitoring:

1. A systematic and continuous process
2. Requires the collection and analysis of information to assist in decision making
3. A tool that indicates the performance of a project/program

### **Types of monitoring**

Four types of Monitoring were identified which include;

**Physical progress monitoring:** A common practice of monitoring that focuses on continuous review and surveillance of activities and results of a program. In particular, overseeing the planned versus the actual performance, collecting relevant information and the rescheduling of activities and resources

**Impact monitoring:** A measure of changes which show whether the conditions of the target group and its environment have changed in a significant way as a result of the program intervention

**Financial monitoring:** Monitoring the actual expenditure patterns against planned budgets and implementation schedules

**Assumption Monitoring:** Rare but necessary where program may be collaborating with agencies which are not directly answerable to its management. It involves assessment of the conditions that might exist if the program is to succeed but which are not under the direct control of the program

**c. Evaluation:** It is the episodic assessment of the change in targeted results that can be attributed to the project intervention. It is an assessment at one point in time that concentrates specifically on whether the objectives of the program have been achieved and what impact has been made. It attempts to link a particular output or outcome directly to an intervention after a period of time has passed. Evaluation involves service providers because some selected sites are visited in the assessment process.

To answer to the question as to why do we do evaluation, it was said that; Evaluation provides service providers with useful information that can be used for service improvement. **Formative evaluation** allows for adjustments to be made and **Summative evaluation** enables lessons to be learned and impact appraisal.

**d. Indicator** is a measurable characteristic or variable that represents project progress. At the facility, indicators are recorded in the site register and monthly reporting forms. It is used to describe a situation that exists and to measure changes or trends over time. Health indicators enable us to analyze the present situation, make comparisons, and measure changes over time.

**e. Target** is an objective that is time limited and can be measured. Targets are set for a baseline and are successively measured over time. E.g. **90% of PLWHIV know their status by 2020.**

Targets are embedded in objectives and the quality of a good indicator is; **SMART** i.e. Specific, Measurable, Attainable, Realistic and Time bound.

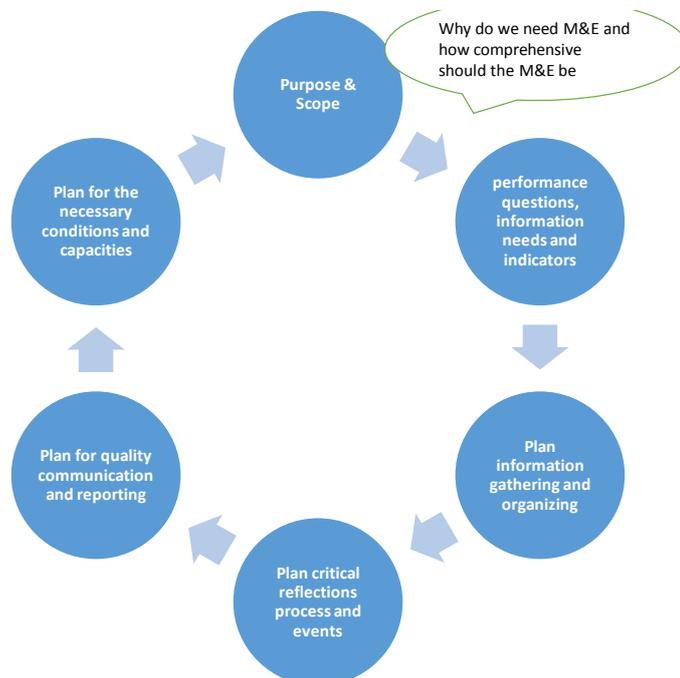
- f. **Impacts** are long term accomplishment of a project/program. For instance a statement like; 90% of PLWHIV who are on ART are virally suppressed by 2020 depicts the impact of an intervention



To buttress the above presentation on the essentials of /concept of M&E, it was time for the second facilitator in the person of Mr. Jacques CHIRAC to substantiate the notion of "M&E as a system and to develop M&E frame work".

**M&E system as a system** is defined as the **set of planning, information gathering and synthesis, reflection, and reporting processes**, along with the **necessary capacities** required for the outputs of M&E to make valuable contributions **to decision making and learning**. This system passes through **inputs, Processes and outputs**.

Setting up an M&E system involves **six steps** that need to be dealt with **twice** – generally at initial design and in detail at start-up.



The purpose is an anticipated outcome that is intended or that guides your planned actions while scope is the state of the environment in which a situation exists. In the case of M&E system, to define the scope of the M&E system by the following questions must be asked: *What level of funding is potentially available? What level of participation in M&E by primary stakeholder and partner organization is desirable and feasible? How detailed does the M&E information have to be, either in terms of*

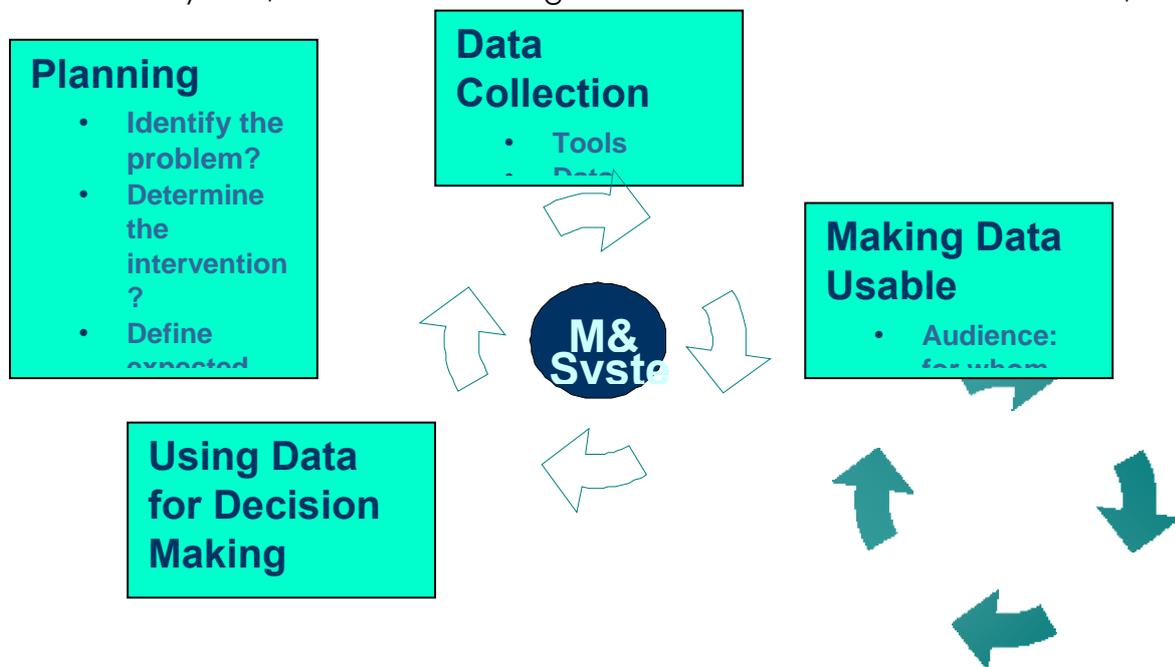
quantitative or qualitative data? What sort of baseline study is desirable and feasible? What are the current M&E capacities among primary stakeholder and partner organizations, and how will this effect M&E activities?

To answer these questions, there are steps to follow which are;

- Step 1. Identifying performance questions
- Step 2 Identifying information needs and indicators
- Step 3 Knowing what baseline information you need
- Step 4 Which data collection methods to use, by whom and how often
- Step 5 Identifying the necessary practical support for information gathering
- Step 6: Planning the Presentation, Communication and Use of M&E Data

### Stages in M&E System

In the M&E system, there exist four Stages which are interwoven as seen below;



The quality of an M&E system is assessed using the following criteria;

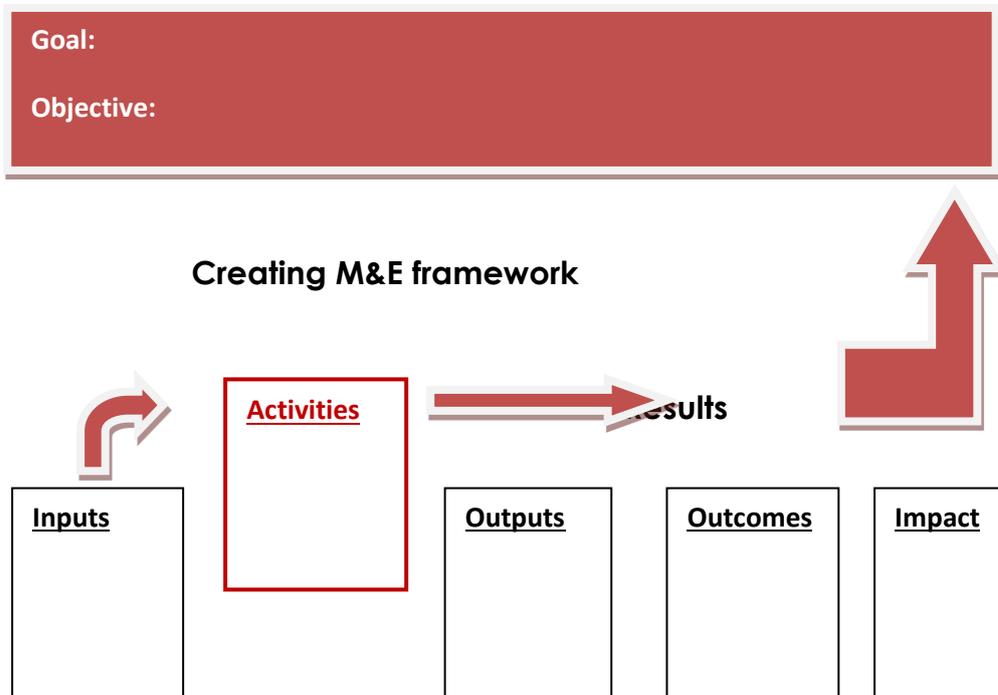
- **Utility** – Here, the M&E system will serve the practical information needs of intended users.
- **Feasibility** – Here, the methods, sequences, timing and processing procedures proposed are realistic, prudent and cost effective;
- **Propriety** – Here, the M&E activities will be conducted legally, ethically and with due regard for the welfare of those affected by its results.
- **Accuracy** – Here, the M&E outputs will reveal and convey technically adequate information.

### M&E Framework

An M&E framework is simply a big loop or a map which shows how logically one moves **from project goal to objectives to activities**. It then shows how the

outcomes of those activities will contribute back to the main project goal and objectives. A framework shows why a project's planning decisions make sense.

In an M&E plan, the framework is like a picture. If the M&E plan is for HIV/PMTCT, the framework is a picture we use to illustrate that story as seen below;



### Data collection

The term data refers to raw, unprocessed information while information, or strategic information, usually refers to processed data or data presented in some sort of context. There are two categories of data; **Qualitative/quantitative** and **Individual/aggregate** data.

Collecting data is only meaningful and worthwhile if it is subsequently used for evidence-based decision-making. To be useful, information must be based on quality data, and it also must be communicated effectively to policy makers and other interested stakeholders. M&E data need to be manageable and timely, reliable, and specific to the activities in question. Additionally, the results need to be well understood. The key to effective data use involves linking the data to the decisions that need to be made and to those making these decisions.

The objective of this section was for participants to be able to; define data, Discuss data collection tools, Demonstrate Data flow, Discuss DQA /Data use/Data feed most important part of monitoring and evaluation.

**Importance of data collection:** Collection of data is important because; it enables feedback and report to stakeholders (health facilities, funding organizations, government, service users) facilitates meaningful supervision, enables evidence-based planning and ensures judicious use of resources.

The important sources of data collection are; **Registers** (ANC, Maternity, Laboratory, IWF or under-five, VCT, C&T etc.), **monthly reporting form**. Tools design to collect data takes into account the Principles of “Three Ones”

- One national plan
- One national coordination authority
- One national M&E plan

For data to flow from its source to where it should be exploited especially in PMTCT, it should pass through; Community (health facility), DHS, RDPH and NACC as seen on the diagram below;



Highlights were also made on the different roles that the different stakeholders are suppose to perform for there to be smooth data flow from its source to its destination.

The data collection system is appropriately inclusive i.e. it represents the *complete* list of eligible persons. Information pertaining to these persons is complete; there are no missing variables as well as missing entries under each variable. Monitoring provides regular feedback to *compare* what was planned to actual events by tracking: costs, personnel, and implementation time, and organizational development, economic and financial results. The importance of data feedback is to; Maintains interest & ownership of M&E stakeholders, Validates M&E budget, results, Motivates partners & participants for improved data collection and data quality as well as Increases collective stock of knowledge.

**NB:** Before the end of the day, Mr. Nchom elaborately explained to participants the different steps to access and use of “SALES FORCE” which is an online program for PACF and its grantees can communicate in distance. To access the site you have to Login using your password and then go to your project for details.



## Day Two:

Day two started with a word of prayer followed by the debriefing of the previous day's understanding of all what was done. Each participant was given the flow to explain at least one thing he/she understood in day one.

After which was the first item on the day's agenda which presented by Jacques CHIRAC on "**SOP (Standard Operating Procedure) for Data Quality Audit**". He defined "**Standard Operating Procedure**" as a document which describes the regular recurring of operations relevant to the quality of the investigation carried out.

The purpose of a SOP is to carry out the operations correctly and always in the same manner. A SOP should be available at the place where the work is done. **Data quality** on the other hand is defined as the correctness, accuracy and completeness of data.

**Impact of Data Quality:** Data quality is said to be poor, if there is missing or inaccurate data in the database. Audits also allow for monitoring of data quality as data-entry technicians are trained, new software is installed and databases are upgraded.

**Data Quality Audit Standards;** Data must be traceable to its original source, so that it can be corrected throughout the system. Databases should have records of all changes to data, so that root causes can be identified as the fault of specific individuals or software updates.

**Data Quality Audit Tools:** Data quality can be audited by converting a database to a flat file. The information is stored in a sequential file and then analyzed for completeness and accuracy. Audits can also be done by statistical sampling, selecting data records at random or periodic intervals. Database logging can be turned on to track all changes to a database, allowing an audit of who corrects data and how often it is corrected. Also Data quality audit standards, data quality audit tools were discussed.



### **M&E plan**

The next item in the agenda was the elaboration of M&E plan by Mr. Nchom. He explains the purpose of M&E plan in organizations. However, he stressed that there is not a single M&E plan for an organizations but for individual projects.

Here, participants were to be able to elaborate and know the purpose for an M&E plan using a prep repaired template (**see template in annex**)

### **Documenting Good Practices: from Innovative to good practices**

Shortly after, Mr. CHIRAC came back to present the different steps to document good practices/lessons learned from innovative to good practices and the difference between the terms.

- Innovative practice; this is a practice that starts somewhere in a smaller scale.
- Good practice is innovative practice that has been tested and it work in other context
- Best practice is good practice that covers a very large scale cutting across different contexts and it worked.
- Models are more of designs
- Blueprint is when models (designs) are replicated over a wider spectrum.

**Importance of documenting good practices:** Documenting good practices avoid wasting resources on reinventing the wheel by learning from others under comparable circumstances.

**Exercise/group discussions:** At this juncture, participants were divided into groups according to organizations. Here, a template was shared for each organization to fill the relevant information with respect to any good practice used in any project that led to the improved results. **FIS** on its part chose the practice of “Mamam Lumiere” in the PACF project.



Just immediately after the exercise, it was time for restitution of results. The result of FIS was restituted by Michele. **(See annex for template)**



Last on days two items in the agenda was the presentation on the different types of supervision by Fanny EPIE. From her presentation, we were made to know that supervision is an activity enabling groups or individuals to make progress in complex conditions through directing, managing, overseeing & coaching. It is an activity that takes place at all levels, not just a position of authority.

### **Types of supervisions**

The following are different styles of supervision;

Autocratic supervision (*The autocratic leadership style allows managers to make decisions alone without the input of others*),

Democratic supervision (*Leadership values the input of team members and peers, but the responsibility of making the final decision rests with the leader*) &

Casual (laissez-faire) supervision (*A laissez-faire leader lacks direct supervision of employees and fails to provide regular feedback to those under his supervision*)

Facilitative or supportive supervision (*It refers to the transfer of knowledge, attitude and skills between a supervisor and a supervisee*)

However, of all the different types mention, the recommended type is facilitative supervision.



Presentation on types of supervision

## **Day Three**

Day Three started just with an opening prayer without any previous report giving the dense work for the day on advocacy by Mr. FPYEP Eugene.

### **ADVOCACY**

Day Three was basically consecrated only for the basic notions of advocacy and to Empower CSO capacities on advocacy to ensure effective interaction with decision-makers and stakeholders in health domain.

Advocacy was defined as the deliberate process of informing and influencing decision-makers in support of evidence-based change. The different aspects that were studied as far as Advocacy is concerned are; Types of Change that advocacy can bring, making the difference between advocacy and other disciplines, determining an advocacy issue, setting goals and objectives, Prioritizing problems and root causes for advocacy, exercises on worksheet to Identifying decision makers and

influencers and several other examples, Developing advocacy objectives, Crafting an advocacy message (exercises to be done at our different organizations), identifying Advocacy messengers, Implementation of advocacy skills and tactic, Lobbying and Face-to-face meetings, Tips for Lobbying & Face to Face Meetings, Examine opposition and obstacles, To overcome opposition, Determine resources, assets and gaps, Make allies and develop partnerships, Monitoring and documenting advocacy interventions.

**NB:** It should be noted that several exercise were done in day three.

**Developing capability statements :** This was the last presentation of the day on developing capacity statements of our organization. The first thing to do is;

1. **Clarify who you are** i.e. Type of organization (CSO, Association, CBO, and NGO etc), legal status, geographical coverage, vision, mission, objectives and activities/domain of interventions.
2. **What we do?** Here, you talk of current experiences, past achievements and key achievements.
3. **Our partners;** All partners who contribute in one way or the other should be mentioned.

### **Difficulties:**

- Presentation were in some cases too long and boring
- Too much suffocation of presentations making it difficult fir coherent understanding.

### **Recommendations:**

- Participants should be able to implement what they have acquired in their respective organizations
- Participants should be able to develop, implement and monitor M&E plans
- Efficiently document and share good practices.
- Participants should ensure effective interaction with decision-makers and stakeholders in their respective projects

### **Conclusion**

Giving that that PACF project has come to an end, this last minute training was very imperative since it will equip and reinforce capacities of organizations in the areas that ware wanting (M&E and Advocacy).

### **Annexes:**

All presentations

