Data Workshop on Monitoring and Evaluation of PC-NTD Programmes DAY 5

Brazzaville, 12 – 16 August, 2024

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

Developing an M&E Framework

Papa Mousa DIOP
CHAI

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

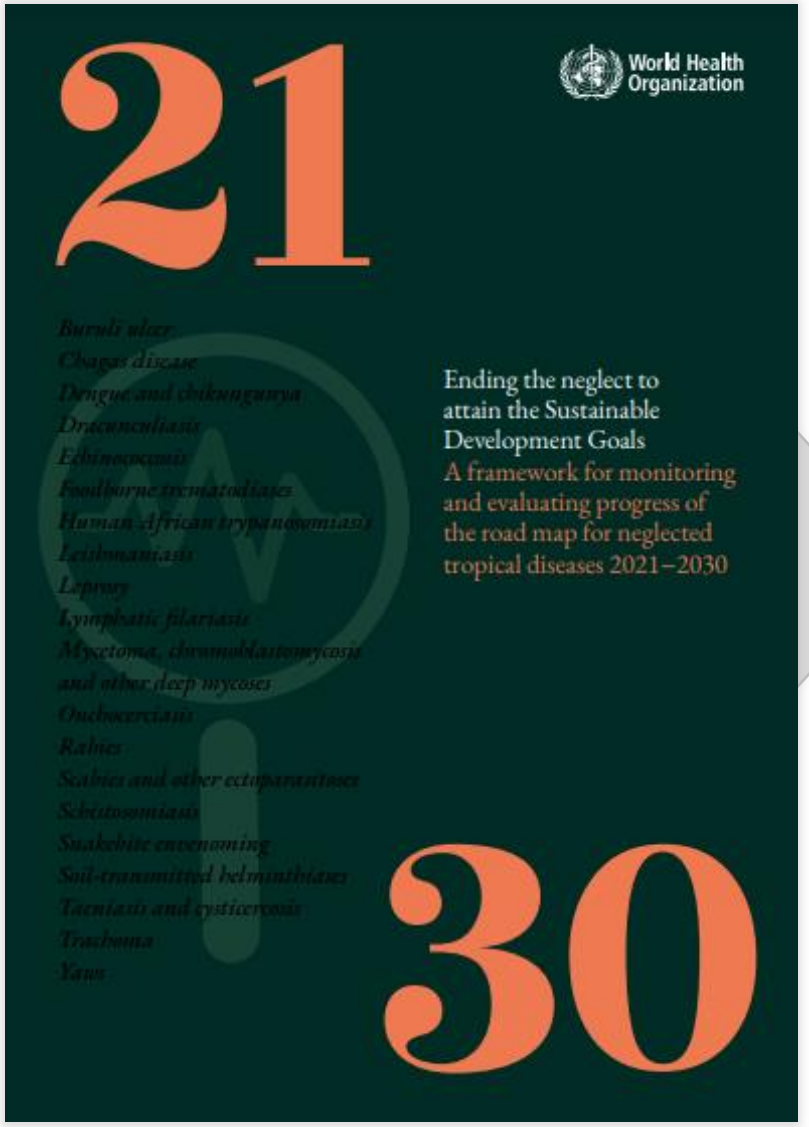
NTD Master Plan M&E Framework Development: *A Practical Guide*

16 August 2024

Gitanjli Kumar

Overview

Why have an M&E framework for NTD Master Plans?



"[Countries should assume] leadership in designing and implementing adequate monitoring and evaluation in order to efficiently track progress towards the targets in their own contexts. This includes identifying health information system resources, defining indicators aligned with global targets, identifying data sources, managing data, developing information products, and disseminating, reporting and using data to inform decisions at multiple levels within the country."

An M&E framework helps you understand what you need to measure and when and how to go about it

Data sources
Where is our information coming from?

Data collection and reporting
How and when are we capturing the information we need?

Data management
Where are we storing our data?

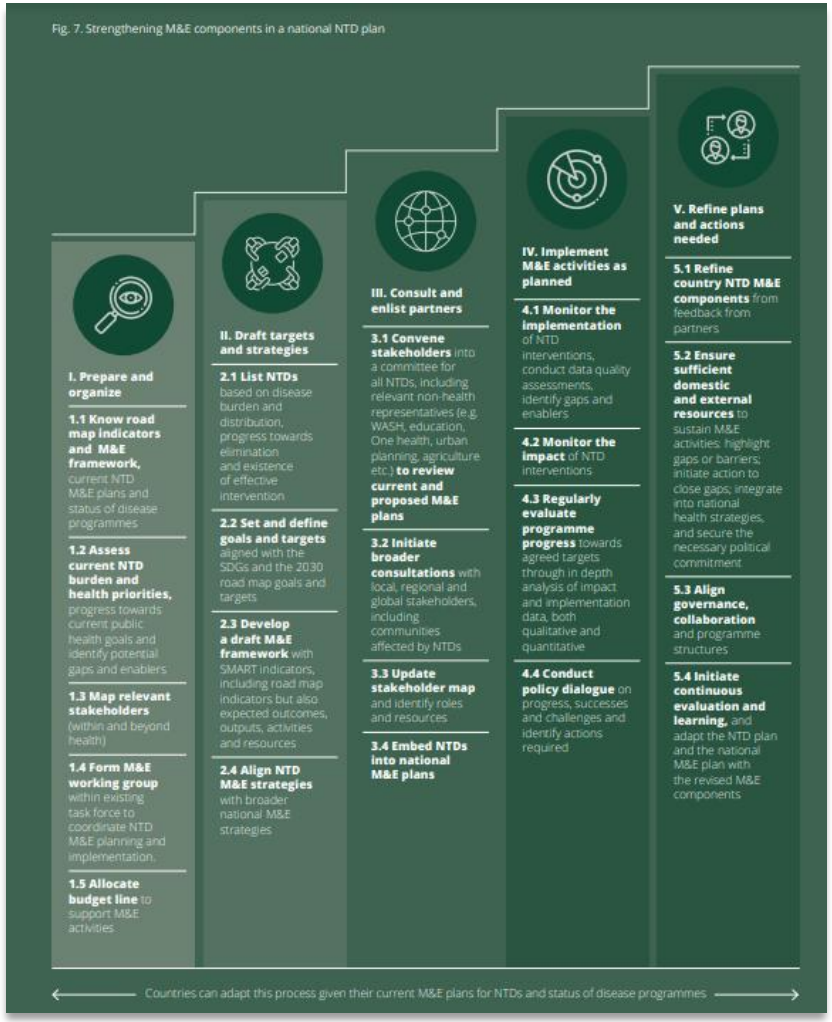
Data quality
How and when are we checking our data to make sure it is sound?

Data use
When are we using our data? In what format? For what purpose?

Roles and responsibilities
Who is doing what?

Lessons learned

Process outlined in Road Map M&E Framework



COMPETING PRIORITIES. NTD programs and partners have many demands on their time. Aligning with strategic planning timelines and having M&E champions helps ensure time is carved out for M&E plans.

UNDERSTANDING OF "THE WHY". To generate buy-in for development and use of an M&E plan, it is important that stakeholders understand how the plan will help them track progress and make decisions.

AVOIDING WHEEL REINVENTION. There are many NTD M&E resources already in use. The M&E plan should aim to bring visibility and leverage existing indicators and tools as much as possible.

CONSIDERING FEASIBILITY. M&E plans should balance ambition with a realistic assessment of what is possible. Indicator selection, target setting, and documented processes should be attainable to facilitate use.

AIMING FOR 'IN USE' NOT PERFECT. An M&E plan that is being used to drive data collection, quality, and data use for decision-making is the end goal. M&E plans can be updated based on lessons learned.

CHAI is compiling a living resource of supporting tools and templates to serve as a practical guide to country-led M&E plan development process

INDICATOR BANK

- **WHAT IS IT:** A pre-populated indicator bank containing common indicator metadata and recommendations on inclusion.
- **USE CASE:** Program M&E leads can use automatically generate a preliminary framework for customization by stakeholders.
- **OTHER FUNCTIONS:** Once indicators have been selected, will generate a list of data elements required to calculate those indicators within a database.

WORKSHOP GUIDANCE

- **WHAT IS IT:** A step-by-step guide for (1) the program M&E lead on how to prepare for the development workshop and (2) for workshop participants on selecting indicators, setting targets, and deciding on processes.
- **USE CASE:** Program M&E leads can use as a starting point for planning and developing materials to conduct M&E plan development and validation workshops.

TEMPLATE BANK

- **WHAT IS IT:** A repository of de-identified examples of (1) M&E plan development and validation workshop agendas and materials; (2) examples of M&E Plans table of contents and sections drafts; (3) examples of concept notes and materials from use of M&E plans for data review.
- **USE CASE:** Program M&E leads and other stakeholders can use as building blocks for developing their own M&E plans and supporting resources.

What challenge is this meant to address?

- COMPETING PRIORITIES.
- "THE WHY"
- AVOIDING REINVENTION
- CONSIDERING FEASIBILITY
- AIMING FOR 'IN USE'

This guide is pulling from existing resources

The aim of this resource is to allow NTD programs to spend more time on the "so what?" rather than the "how?"

HOW?

- …should we structure the M&E framework development process?
- …should we reference standardized guidance that already exists for recommended indicators and M&E processes?
- …can we efficiently develop a first draft of an M&E framework and plan that draws on global guidance as well as existing processes?

SO WHAT?

- Vision for using the M&E framework to help use our data to make strategic decisions going forward.
- Selection of indicators most critical to assessing theory of change and the impact of our Master Plan strategic goals.
- Processes that needs to be put in place to ensure this resource is used regularly.

INTRODUCTION TO THE GUIDE

The guidance document will walk the M&E lead through the process of preparing for and leading an M&E framework development work

The M&E lead can use this guidance in whole or in part, depending on preference and needs.

Section 1. Groundwork		Section 2. Workshop	Section 3. Finalization
Target Users	Program M&E lead		
Format	Step-by-step guidance for M&E lead		
Purpose	Prepare for M&E framework and plan development workshop		
Section Contents	1. What is the purpose of the groundwork? 2. What are the steps in the groundwork? 3. What materials are needed to complete the groundwork? 4. Using the indicator bank to prepare draft M&E framework 5. Using the templates to prepare draft for M&E plan		

Using the Indicator Bank

Step 2. Compile indicators currently in use by the NTD program

- **Objective:** One of the key benefits of framework should serve as an importa what indicators the program is using, being reported to.
- **If the NTD program has not complete** the Indicator Bank can be used to com listed in the next slide. Based on the f JAP / TEMF indicators will auto-popul
- **If the NTD program has already comp** reviewed for completeness and can be the "Program Indicators" sheet.

Indicator	Disease	
Proportion of IUs that achieved effective therapeutic coverage	LF	Proportion of IUs achieved effecti

Using the Template Guidance

Step 1. Review and edit the sample table of contents to match program needs

Contents

Example table of contents for an M&E plan

What does the indicator bank help you accomplish?

The indicator bank is designed to do the following:

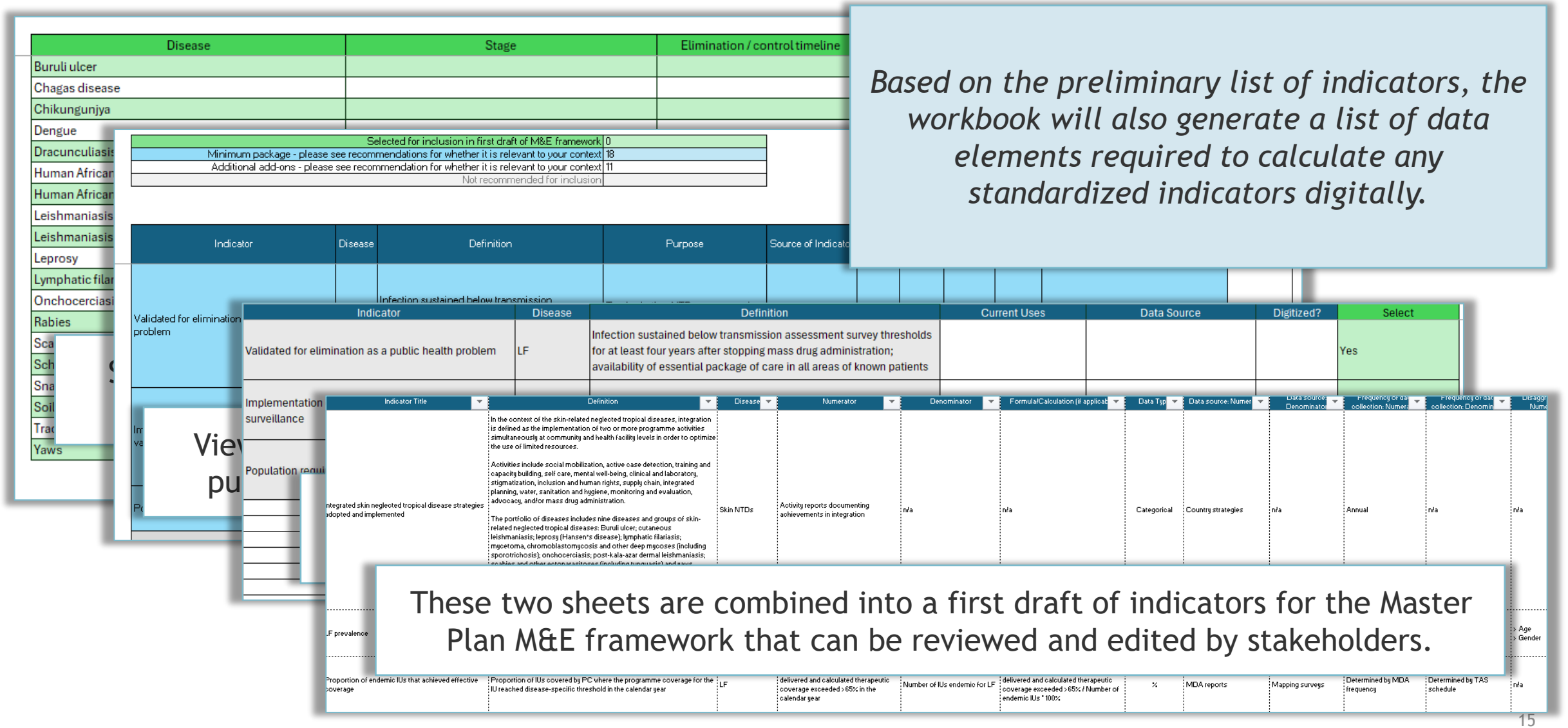
1. Collate standardized guidance for key indicators (e.g., 2030 Road Map indicators) into a format that can be easily mapped against indicators already used in country.

2. Provide a simple format for creating a living ‘data dictionary’ for all indicators currently used by the NTD program, even if they are not included in the Master Plan M&E framework.

3. Automatically transform first draft of indicator list and standardized guidance into an easy-to-use format for group work during the framework development workshop.

4. *Optional: Create a list of data elements necessary for inclusion in HMIS or NTD data repositories in order to calculate and review indicators prioritized for inclusion in the framework.*

Indicator bank (Excel tool)



Based on the preliminary list of indicators, the workbook will also generate a list of data elements required to calculate any standardized indicators digitally.

These two sheets are combined into a first draft of indicators for the Master Plan M&E framework that can be reviewed and edited by stakeholders.

Thank you!

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MINISTÈRE DE LA SANTÉ ET
DE L'ACTION SOCIALE

Sénégal :
Mise en place et utilisation du cadre de suivi et d'évaluation (S&E)

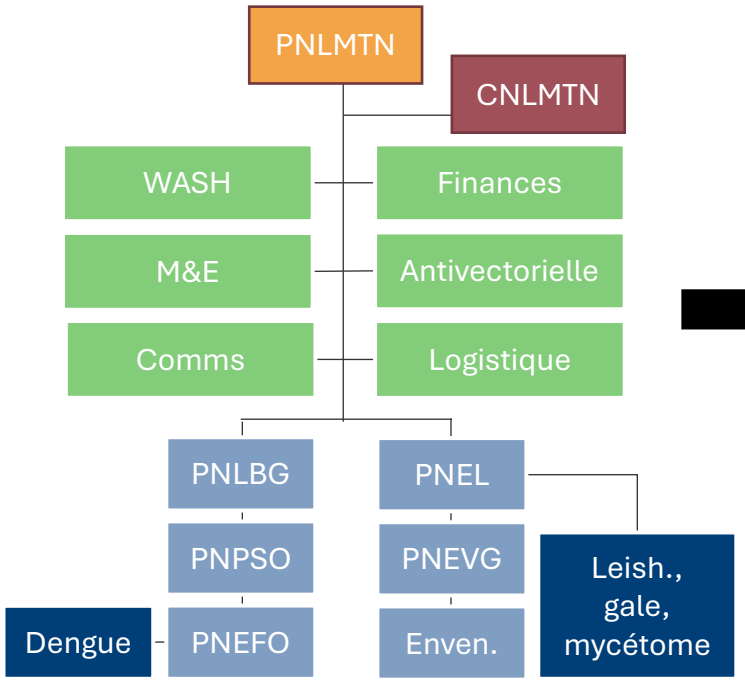
Brazzaville, août 2024

LE PNMLMTN a mis en place un dispositif de S&E pour guider la mise en œuvre du plan stratégique national (PSN) 2022-2025)

Par la mise en place d'un cadre et d'un plan de S&E, le PNLMTN et ses partenaires visaient a :

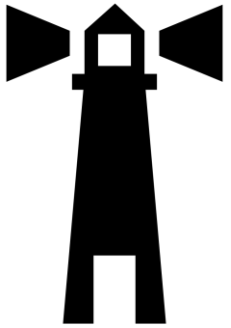
1. Soutenir la mise en œuvre des activités du PSN
2. Mesurer les progrès accomplis dans la mise en œuvre des stratégies de lutte contre les MTN du PNLMTN
3. Renforcer les efforts pour atteindre les objectifs de contrôle et d'élimination des MTN

La mise en place du cadre de suivi et d'évaluation était motivé par la nécessité **d'harmoniser la compréhension des différents indicateurs MTN et mettre en place un système unifié pour suivre l'atteinte des objectifs du PSN.**



Plusieurs programmes spécifiques avec # indicateurs ⟶ besoin de **S&E**. Un plan et un cadre permettraient d'assurer un **suivi régulier afin de revoir et de réadapter** les stratégies.

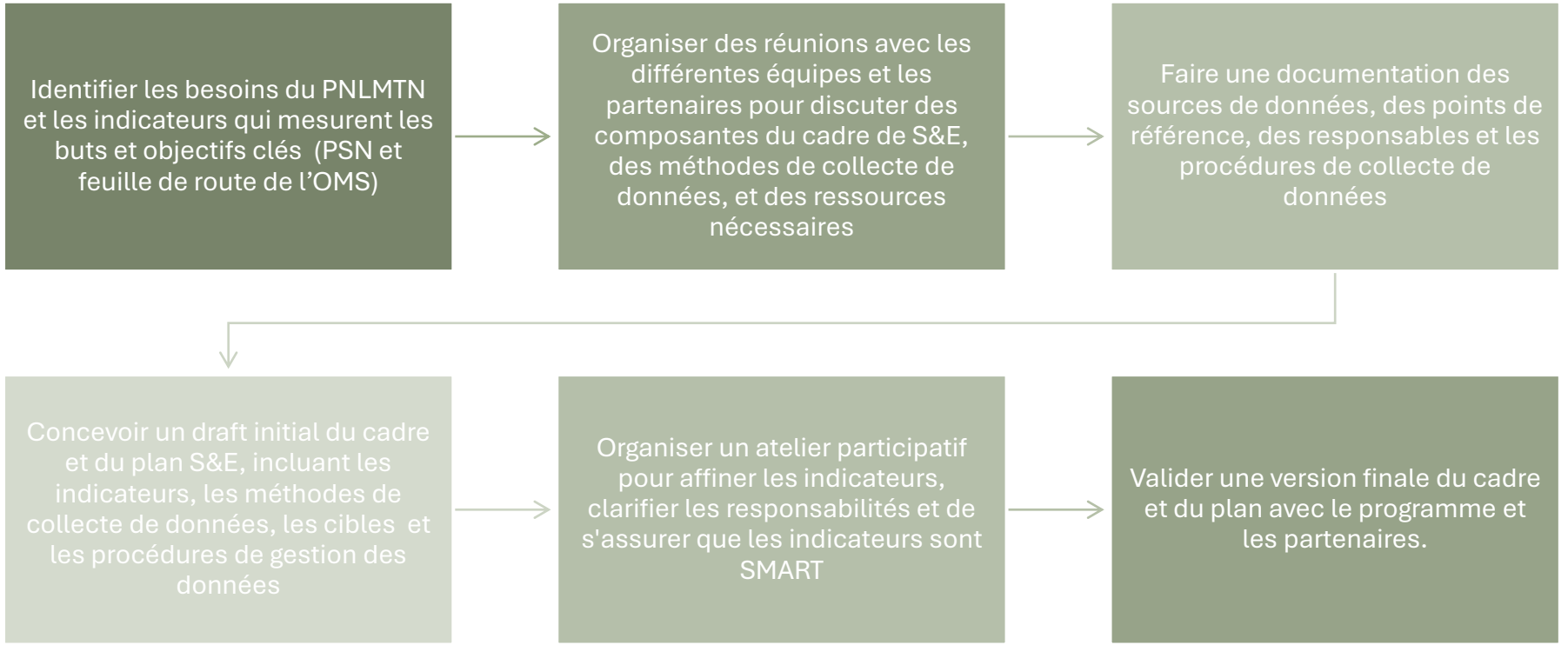
Indicateur et description
Mode de calcul
Source des données
Fréquence de collecte
Responsable
Données de base
Cibles



Elaboration, validation et adoption d'un plan et d'un cadre de S&E facilitant l'intégration des stratégies

L'élaboration du plan et du cadre S&E a été un processus inclusif impliquant à la fois les autres secteurs et les partenaires de mise en œuvre.

Programme National de Lutte contre les Maladies Tropicales Négligées



Points forts	Points a améliorer	Leçons apprises
• La collaboration intra et intersectorielle • L'implication des partenaires techniques et financiers • Le caractère participatif du processus • La mise en place d'une task force (PNLMTN et CHAI) pour faciliter l'élaboration	• Améliorer le timeline de l' élaboration et la validation des documents • Difficultés d'avoir les données pour certains indicateurs d'impact mesurer sur une base annuelle	• L'importance du travail en équipe, la coordination, et la collaboration intersectorielle • Le choix des indicateurs doit être bien réfléchi et tous SMART pour qu'on puisse les mesurer pendant et à la fin du PSN • Importance de la mise en place du cadre et du plan de S&E • Harmonisation de la formulation des indicateurs dans le plan stratégique et plan S&E

L'utilisation du cadre et du plan S&E a permis d'harmoniser le suivi des objectifs du PNLMTN.

- Le PNLMTN utilise le cadre de S&E pour le suivi périodique des indicateurs pour apprécier la pertinence des stratégies de lutte adoptées par le PNLMTN et de les réajuster au besoin.
- Récemment, le cadre de S&E a été utilisé pour réaliser l'évaluation a mi-parcours du PSN afin d'évaluer les performances du PNLMTN.
- Les résultats de l'utilisation du cadre de S&E sont :
  - Une planification éclairée du travail
  - L'adaptation de nouvelles stratégies pour l'avenir
  - Le ciblage de flux de données particuliers pour améliorer la qualité de rapportage
  - L'analyse des données pour guider la prise de décision
  - L'harmonisation du suivi de la mise en œuvre du PSN

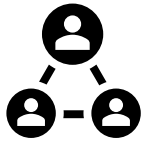
Points forts	Points a améliorer	Leçons apprises
• La replanification des interventions en fonction des résultats observés pour atteindre les objectifs à long terme • La visibilité sur l'etat d'avancement de la mise en œuvre du PSN • L'utilisation des résultats dans le plaidoyer	• Difficulté d'influer sur les indicateurs des autres secteurs • Ajuster la fréquence du rapportage sur certains indicateurs en fonction de la capacité de collecter les données	• Mettre a jour le cadre S&E avant de procéder à une évaluation à mi-parcours • Un cadre de S&E mis a jour facilite l'evaluation a mi-parcours du PSN

Le plan et le cadre de S&E ont été conçus pour une utilisation durable en vue d'une prise de décision fondée sur des données.

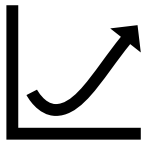
Programme National de Lutte contre les Maladies Tropicales Négligées

Utilisations clés du cadre et du plan S&E

- **Apprentissage et adaptation :** En surveillant régulièrement les données, le PNLMTN peut identifier ce qui fonctionne bien et ce qui doit être amélioré. Cela permet d'adapter les stratégies, méthodes et interventions.



- **Redevabilité et transparence :** Le cadre et le plan S&E servent d'outil de redevabilité et de transparence vis-à-vis des autres secteurs et des PTF en fournissant des indicateurs clairs et des résultats documentés.



- **Prise de décision** : Le cadre et le plan S&E offrent une approche structurée de la collecte et de l'analyse des données, donnant l'accès à des informations de qualité.

Impacts attendus du cadre et du plan S&E

- **Amélioration de l'efficacité :** Le PNLMTN peut suivre systématiquement les progrès réalisés vers ses objectifs et apporter les ajustements nécessaires pour la réalisation de ses objectifs à long terme.

- **Optimisation des ressources :** Le cadre et le plan S&E assure que les ressources sont utilisées pour réaliser les activités essentielles à l'atteinte des résultats.

- **Engagement et soutien accrus des parties prenantes :** Un système de S&E bien fonctionnel génère des informations qui peuvent être partagées avec les parties prenantes. Démontrer l'impact des résultats peut aider à obtenir le soutien et la collaboration continus des partenaires.

- **La durabilité :** En affinant et en adaptant en fonction des résultats du S&E, le programme devient plus résilient aux changements tels que la raréfaction des financements, les politiques ou les besoins de la communauté.

Et maintenant ?

- *Sélectionner et paramétrer dans DHIS2 les indicateurs clés du cadre de S&E*
- *Passer à l'échelle la digitalisation de la collecte des données de traitement de masse*
- *Systématiser la revue semestrielle des données et l'actualisation du cadre de S&E*
- *Elaborer des plans d'action pour résoudre les difficultés identifiées grâce au cadre de S&E lors de la revue à mi-parcours du PSN*
- *Utiliser le cadre pour l'evaluation finale et comme Baseline pour l'élaboration du prochain plan stratégique*

Pour conclure

Programme National de Lutte contre les Maladies Tropicales Négligées

Le suivi et l'évaluation doivent faire partie intégrante de la conception ainsi que de la mise en œuvre du plan stratégique de lutte contre les MTN.

Adaptations to standard M&E tools for enhanced decision making

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World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

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Adaptations to Standard M&E Tools for Enhanced Decision Making

SCT, CES, and DQA

Erica Shoemaker, Senior MERLA Specialist, RTI International

ACKNOWLEDGMENTS

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Current and former RTI colleagues who helped develop these adaptations.

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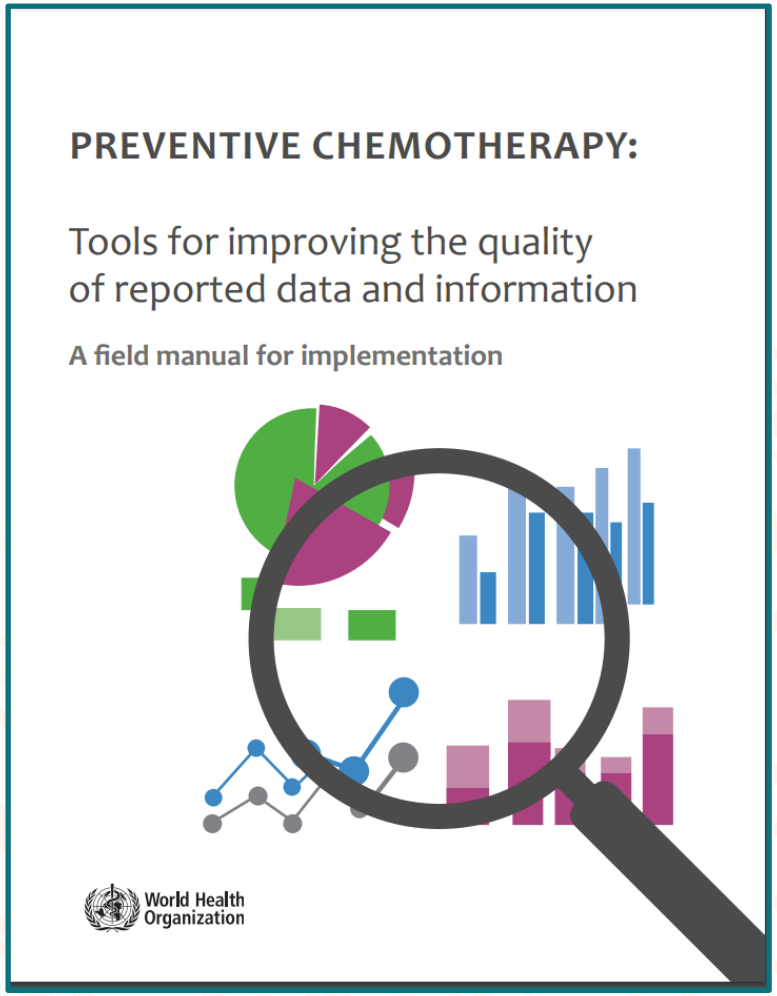
Supervisors’ Coverage Tool (SCT)

Supervisors' Coverage Tool (SCT) Summary

PURPOSE	To CLASSIFY coverage as above/below threshold
ADMINSTRATIVE LEVEL	Supervision area
SAMPLE SIZE	20 individuals
TIMING	During the MDA or immediately after
DATA USE	Improve coverage during current round of MDA



World Health Organization. (2019). Preventive chemotherapy: tools for improving the quality of reported data and information: a field manual for implementation. World Health Organization. https://apps.who.int/iris/handle/10665/329376. License: CC BY-NC-SA 3.0 IGO

Table 3.4: Decision rules table

Disease	Survey population	Target coverage threshold	Decision rules: based on no. of people covered out of 20 people sampled[1]		
			Good coverage	Cannot conclude coverage is good	Inadequate coverage
Lymphatic filariasis	Everyone	≥ 65%	16–20	11–15	0–10
Onchocerciasis	Everyone	≥ 80%	19–20	14–18	0–13
Soil-transmitted helminthiases and schistosomiasis	School-age children (5–14 years)	75%	18–20	13–17	0–12
Trachoma	Everyone	> 80%	19–20	14–18	0–13

Rationale for SCT Adaptations

- Address the unique circumstances faced by ‘last mile’ districts
- Take advantage of the ongoing MDA to adapt implementation and improve coverage
- Collect data to improve future rounds of implementation

Expanded Demographics

Implementation Adaptations

Additional Questions

Rapid Decision Making

Expanded Demographics and Additional Questions

Demographics

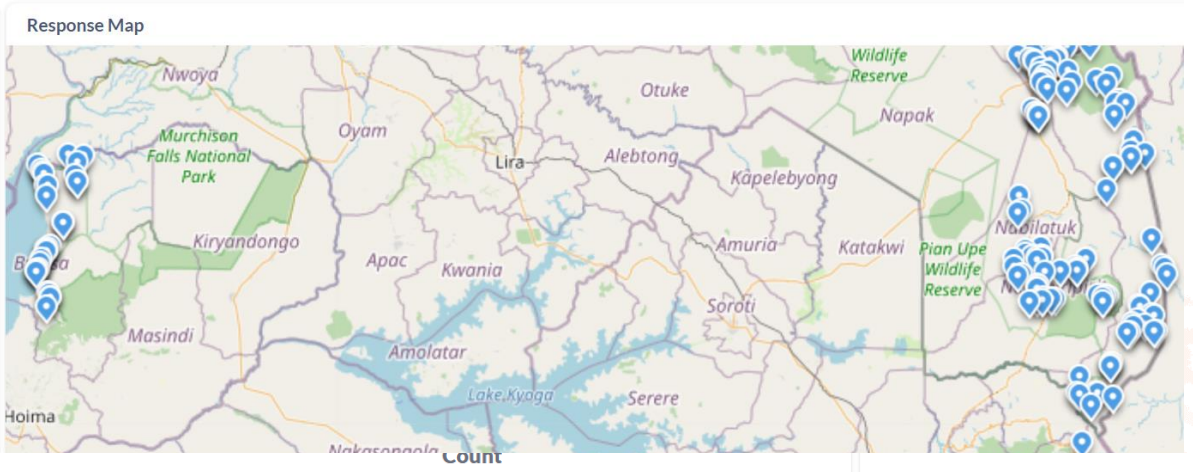
- Religion
- Martial status
- Ethnicity
- Occupation
- Education

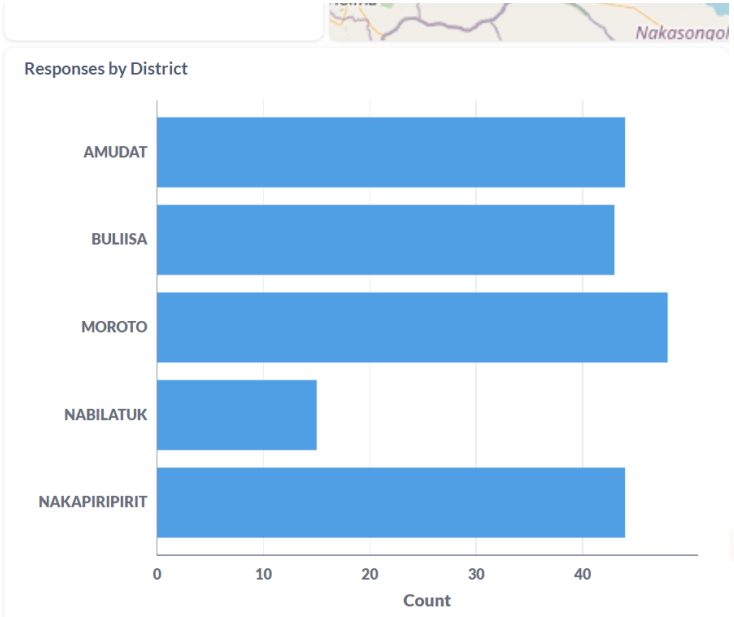
Additional Questions

- Never treatment
- Disability status
- Gender equity
- New MDA strategies
- Social mobilization

Implementation Adaptations

- Electronic Data Capture (EDC)
- Dashboards
- GPS data collection



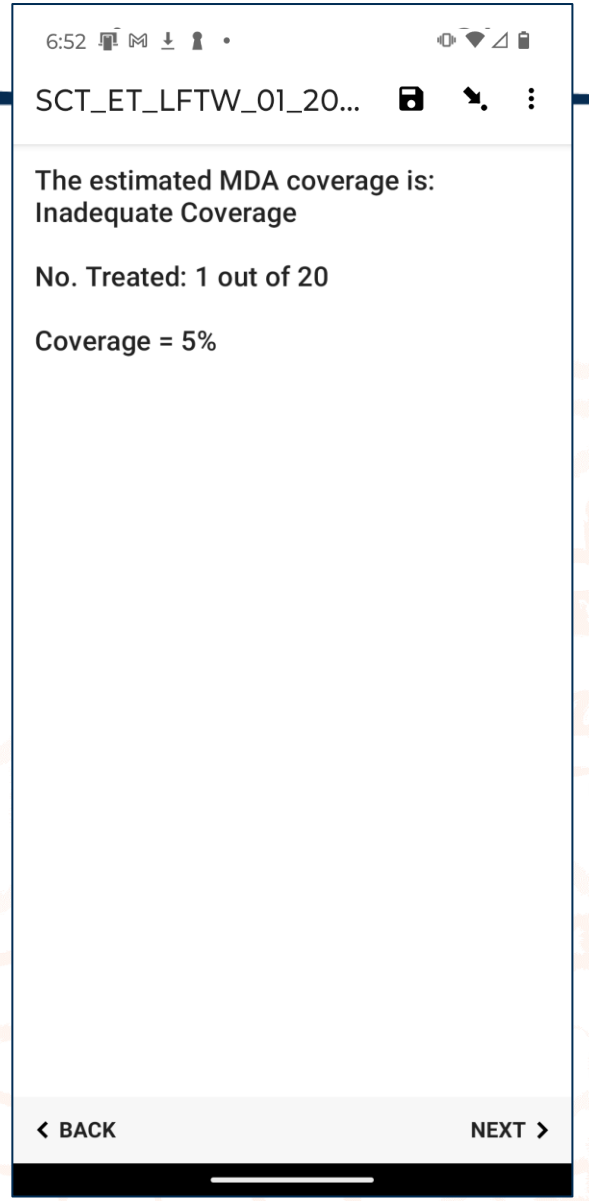


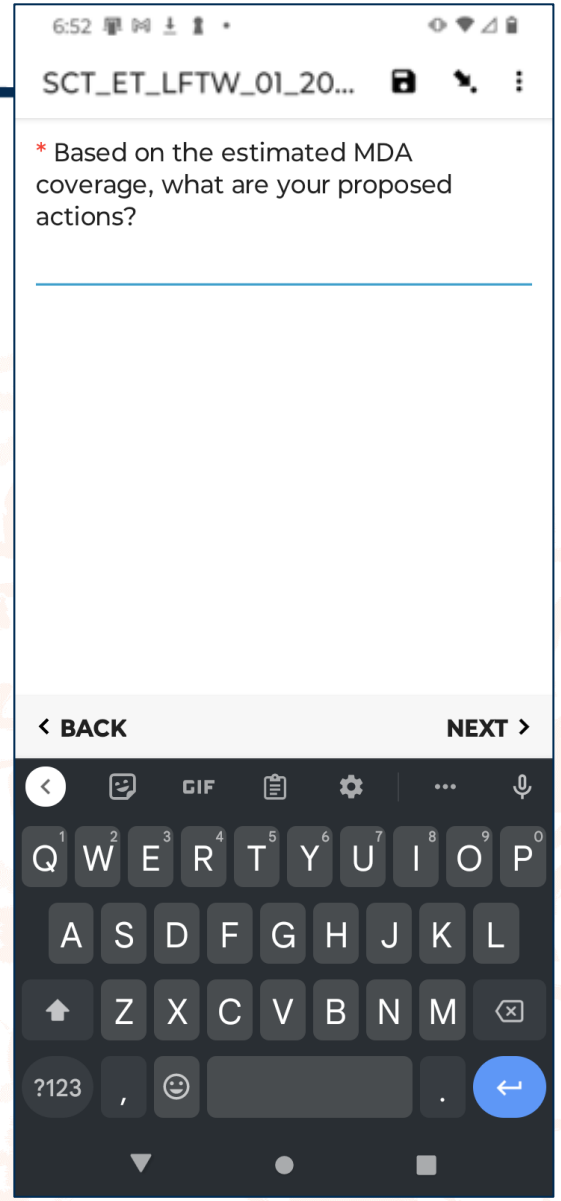
Supervision Area Coverage

Supervisor	Supervision Area	Treated Num	Coverage Per	Sup Actions
Okot Kenneth	Belemit	18	90	More VHT supervision
Achuma Richard	Atedeoi	18	90	Treat those who missed
Loremo Michael	Naregei	18	90	The few who missed we're at kraals in nauut. There for some drugs should be le
Emmanuel Ssegawa	Loroo	0	0	Bring a mobile team to this trading center and treat everyone.
TINDYEBWA Christine	Kichooke	13	65	VHTs are moving in those places today
Achuma Richard	Lokwaechom	18	90	Re sensitised, encouraged and treated those who had missed treatment
Napeyok Rosemary	Morukakero	18	90	Follow up sick clients and administer medication when they are stable.
OGWETHA KEVIN	PONDIGA	18	90	VHTS to continue to house holds where people have missed treatment.

Rapid Decision Making

- Immediate feedback on decision rules
- Record supervisors' proposed actions
- Dashboards are easily shared with decision makers at all levels





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Adapted Coverage Evaluation Survey (ACES)

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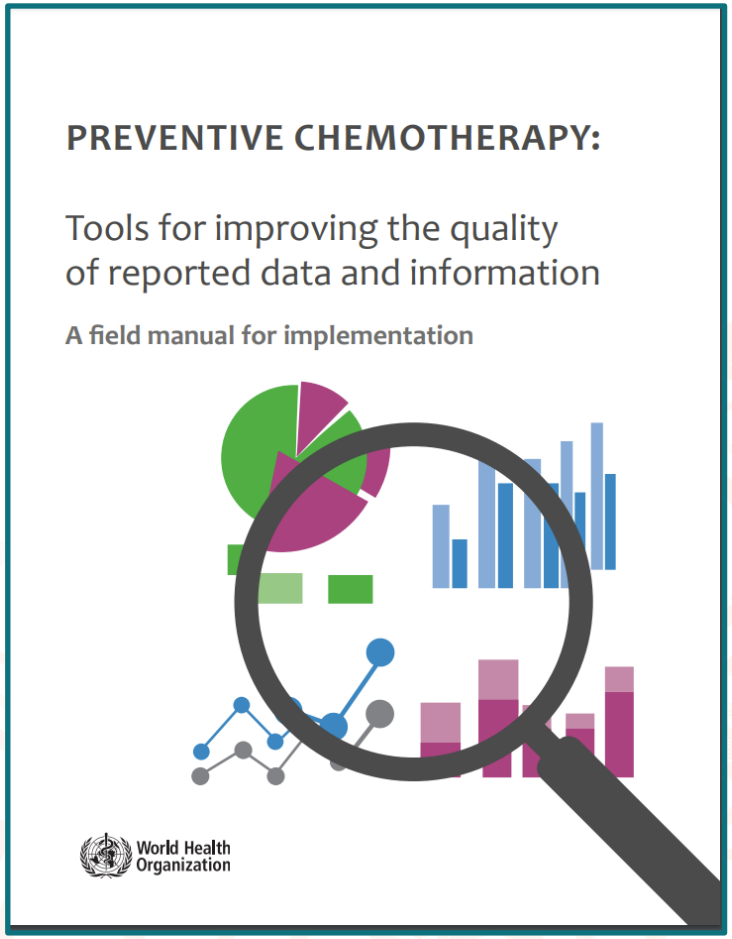
Standard Coverage Evaluation Survey Summary

PURPOSE	To VALIDATE reported coverage (obtain statistical point estimate)
ADMINSTRATIVE LEVEL	Implementation unit (district)
SAMPLE SIZE	~1700 individuals
SITES VISITED	30 villages/clusters
TIMING	Within 6 months of MDA



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Rationale for Adaptations to the CES

- Address the unique circumstances faced by ‘last mile’ districts
- Evaluate MDA strengthening approaches from most current round of MDA
- Collect targeted data to inform new MDA strategies

Additional Questions

Disease Measure

Unique Sampling Methodologies

Qualitative Data Collection

Additional Survey Questions

Standard CES questionnaire adapted to include questions on:

- Historical treatment status (Never treated)
- Mobile and migrant populations
- Socioeconomic status, access to WASH, and education/literacy
- MDA interventions

Data analyzed by age, sex, education, occupation and other areas of interest

Provides country programs with targeted information specific to country needs.

Unique Sampling Methodologies

Inclusion of additional, purposively selected clusters based on:

- Low reported MDA coverage
- High disease prevalence
- Known areas of migratory populations

Data analysis examined differences between purposively selected clusters and other surveyed areas

Provides the flexibility to survey areas of interest, instead of relying on random selection.

Disease Measure

Inclusion of disease testing during the CES

- TF grading for trachoma
  - Graders previously certified by Tropical Data
  - Standard Tropical Data questionnaire
- What are the characteristics of ‘positive’ individuals?

Data analysis examines differences between those with disease and those without and their behaviors

Provides information on the link between treatment history and disease status

Qualitative Data Collection

Understand local challenges and context through KIIs and FGDs

- Knowledge of the disease and vector control strategies
- Perception of personal/family risk for disease
- Knowledge and attitudes on MDA distribution

Identify community solutions

Conduct thematic analysis of transcripts

Provides detailed information that compliments or enhances the quantitative data

Data Quality Assessments (DQA)

DQA: Adapted to investigate stock issues in Uganda

Traditional DQA tool was implemented in Uganda to assess for data quality.

This opportunity was leveraged to:

- Create an **add on tool** for health facility **stock cards**
  - → Collected some quality information on medication stocks and distribution at the district level without doing a full DQA

- Provide **supportive supervision** during the DQA visit
  - → Team engaged SDPs around findings and brainstormed potential solutions at the time of the interview
  - → This engaged the lowest level providers in action planning and gave findings on the spot for rapid data dissemination and use

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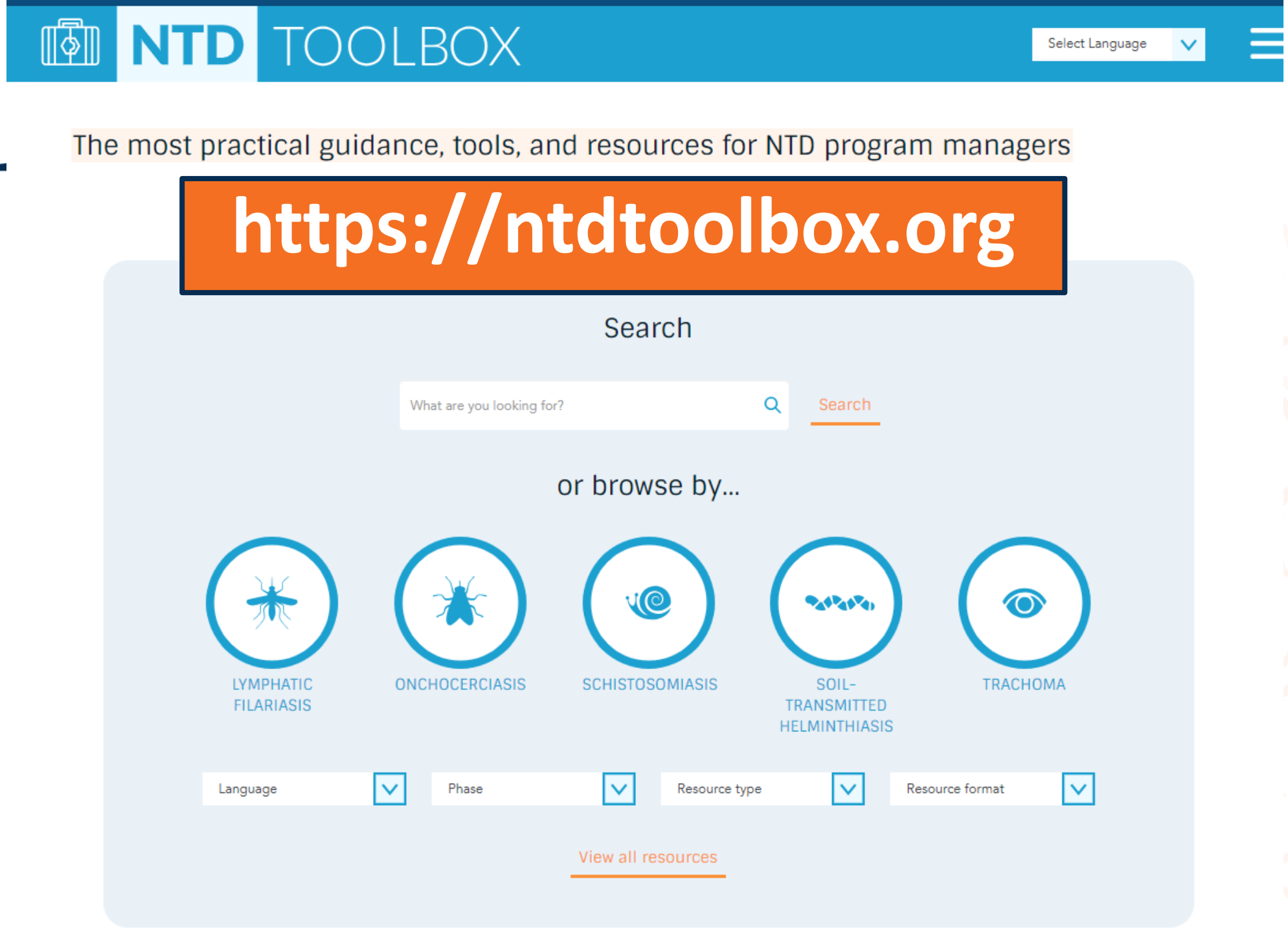
NTD Toolbox


NTD TOOLBOX
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The most practical guidance, tools, and resources for NTD program managers
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SOIL-TRANSMITTED HELMINTHIASIS
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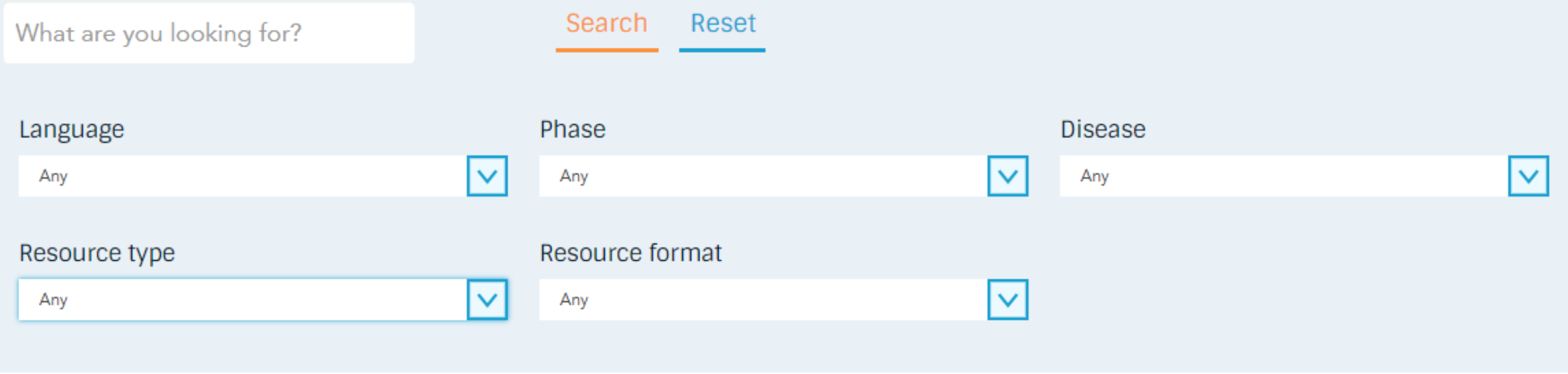
Language
Phase
Resource type
Resource format
View all resources

NTD Toolbox Resources



- **Job aids/checklists**
- **Training materials**
- **Technical briefs**
- **WHO Guidance**

Featured

Navigating the Path to Elimination: Lessons from Lymphatic Filariasis and Trachoma Dossiers

2024 | Molly Brady, Jeremiah Ngondi, Nandini Pillai, Alexis Serna

English

Mobilizing Domestic Resources for Neglected Tropical Diseases: Highlights from Colombia, Guatemala, and the Philippines

2022 | Jose L. Gonzalez, Richard Killian, Maria Francisco

English

Guide to Improving MDA Using Qualitative Methods

2021 | Elizabeth Fitch, Alison Krentel, Kevin Bardosh, Beth Sutherland, Alyssa Jordan, and Margaret Baker

English

Reaching the Criteria to Stop Onchocerciasis Mass Drug Administration: Ethiopia, Nigeria, and Uganda Pave the Way

2021 | Upendo Mwingira, Alyssa Jordan, Moses Katabarwa, Frank Richards

English

Microplanning manual to guide implementation of preventive chemotherapy to control and eliminate neglected tropical diseases

2022 | World Health Organization and Pan American Health Organization

English, Español

Improving NTD Outcomes through Gender Equity and Social Inclusion: Ethiopia

2023 | Sara Pappa, Elena Ghanotakis, Hirpa Miecha

English

Thank you!

Country experience with Data Quality Assessments (DQAs): Togo

Judith Patchali Patchali
Togo MOH

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

RÉPUBLIQUE TOGOLAISE

SUIVI ET L'EVALUATION DES PROGRAMMES DE CONTRIBUTION DE PARTENARIAT POUR LA LUTTE CONTRE LES MALADIES TROPICALES NEGLIGEES: **Expérience du Togo sur la mise en Œuvre des Evaluations de la Qualité des Données MTN**

Brazzaville, Congo du 12-16 août 2024

Présenté par: PATCHALI P'niwè Judith

Unité suivi évaluation, PNMTN-TOGO sous coordination Dr GNOSSIKE

Plan de présentation

- Introduction
- Expérience DQA MTN au Togo
- Initiatives pour améliorer la qualité des données MTN
- Leçons apprises
- Défis et perspectives
- Conclusion

Introduction

- Elimination ou l'éradication des maladies tropicales négligées → qualité des données demeure un défi majeur pour le suivi des progrès

- Malgré moyens++ et méthodes de contrôle de qualité des données mis en place, les données transmises au niveau national ne sont pas toujours de bonnes qualités

- Le PNMTN via HDI: la formation en 2017 sur l'outil DQA MTN considéré comme un précieux moyen pour résoudre les problèmes de qualité des données

- Suite à cette formation, plusieurs DQA ont été mise en œuvre au Togo avec d'importants résultats obtenus.

Qu’est-ce que le DQA

1. C’est un outils utilisé par ++ programmes pour évaluer la qualité des données d’une intervention menée d’une période définie;

2. Évalue la capacité des systèmes à collecter et à rapporter des données de bonnes qualités pour les MTN/TDM en rapport avec:

- la vérification des données
- l’ évaluation du système de gestion des données

Expérience DQA MTN au Togo

Objectifs

- Apprécier la capacité des systèmes de gestion des données MTN aux différents niveaux : Central (Programme), Intermédiaire (DRS), périphérique (DPS, FS);

- Vérifier la qualité des données transmises au niveau des différents sites échantillonnés ;

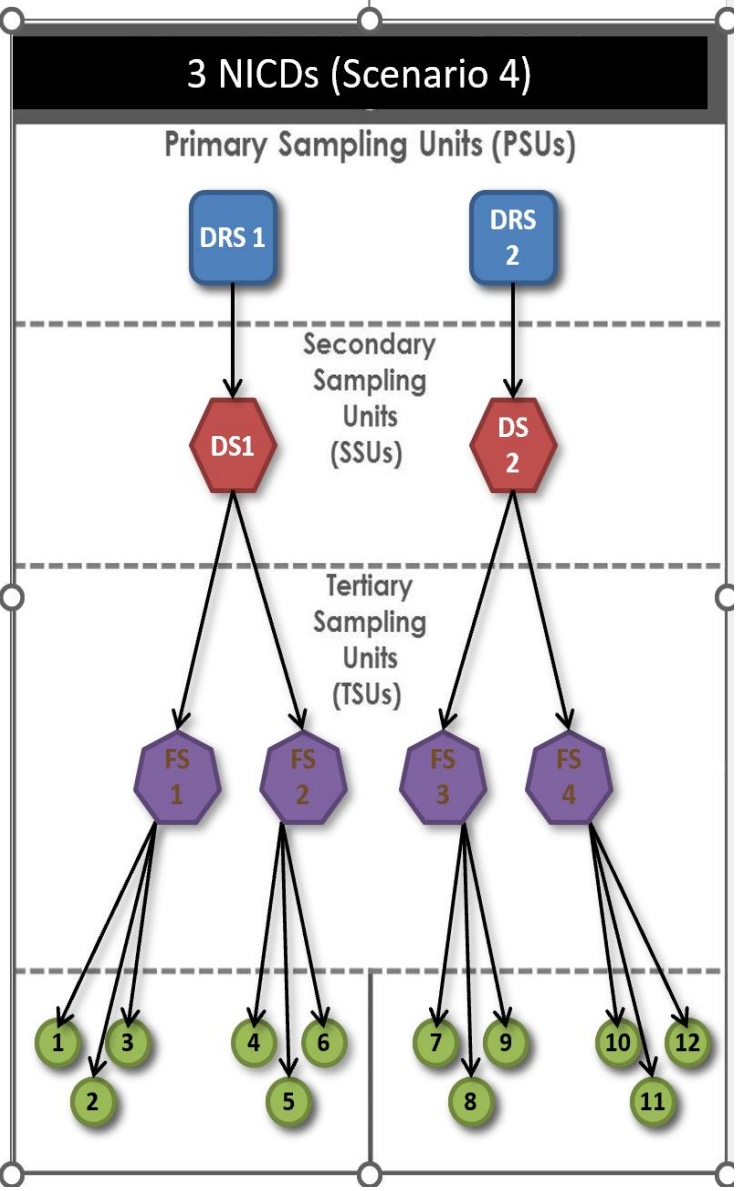
- Identifier les domaines du système de gestion des données du TDM qui nécessitent une amélioration ;

- Formuler des recommandations et élaborer un plan d'amélioration de la qualité des données des TDM

Expérience DQA MTN au Togo

- **2017:** 1er DQA national dans 2 régions (Plateaux, Centrale)
- **2018:** 2ème DQA national dans 2 régions (Kara, et Savanes)
- **2019:** DQA régionales
- **2022:** 3ème DQA national dans 2 regions (Plateaux et Kara)

Expérience DQA MTN au Togo: Méthodologie

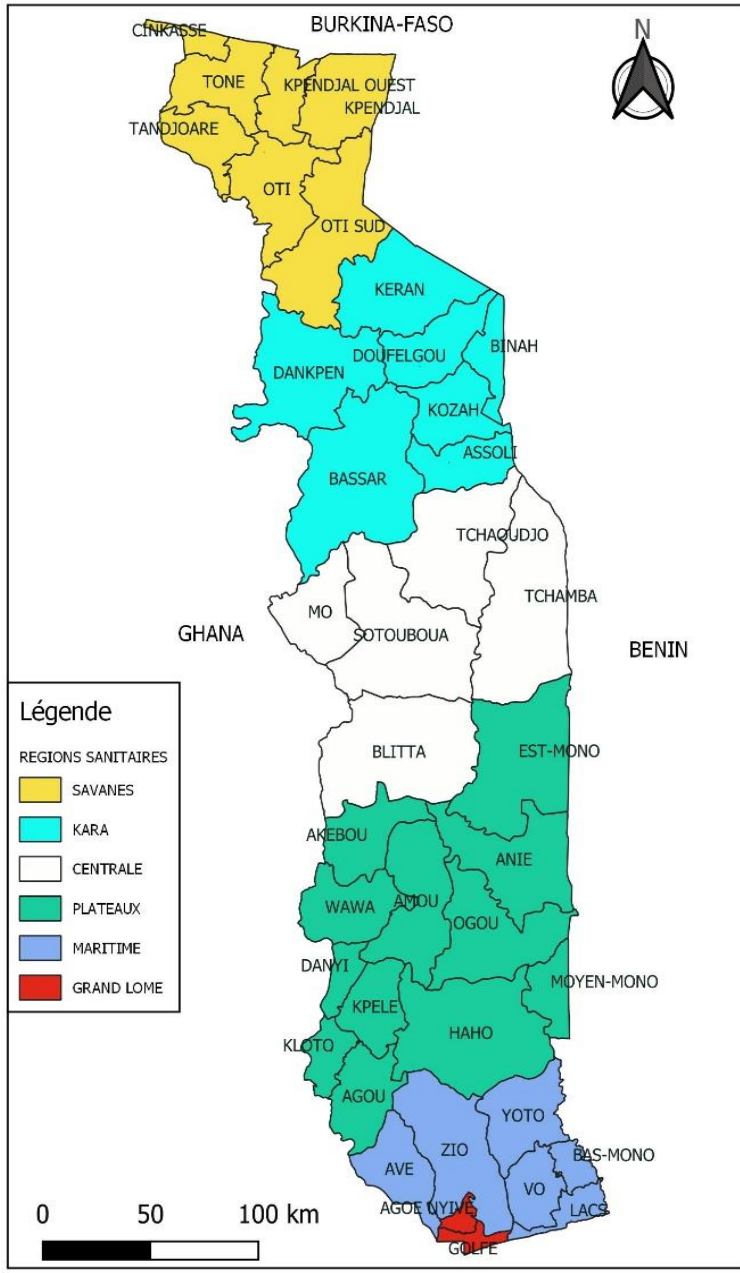


- Sélection des sites DQA: Togo, 3 niveaux intermédiaires de cumul des données=Sélection de 2 régions sanitaires **(DQA national)**, 1district/région, 2 FS/district et 3 villages/FS (12 points de prestation de service);

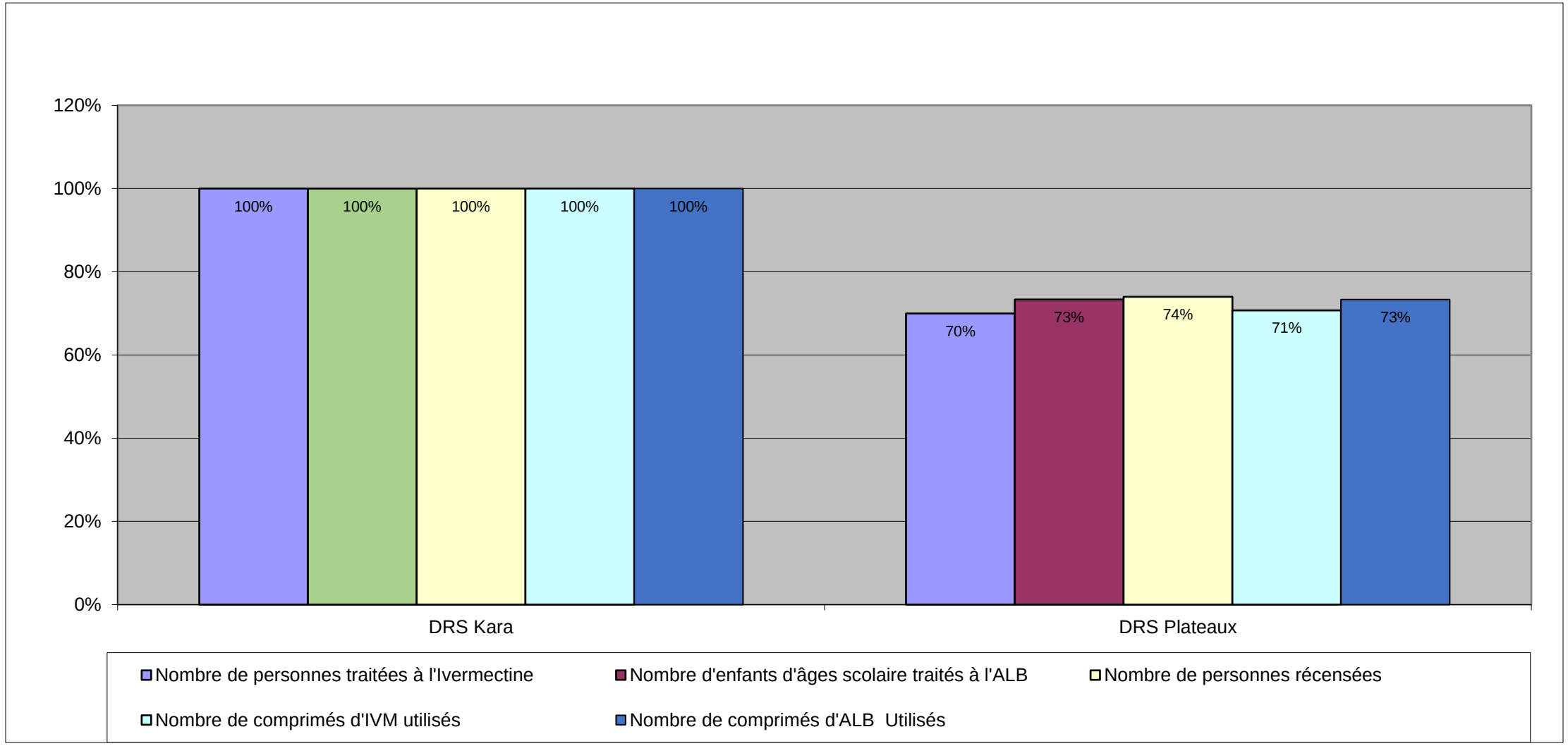
- Choix des indicateurs:4 à 5

- Outils (3types): points de prestation de services; DRS& DS; Unité S&E au niveau national

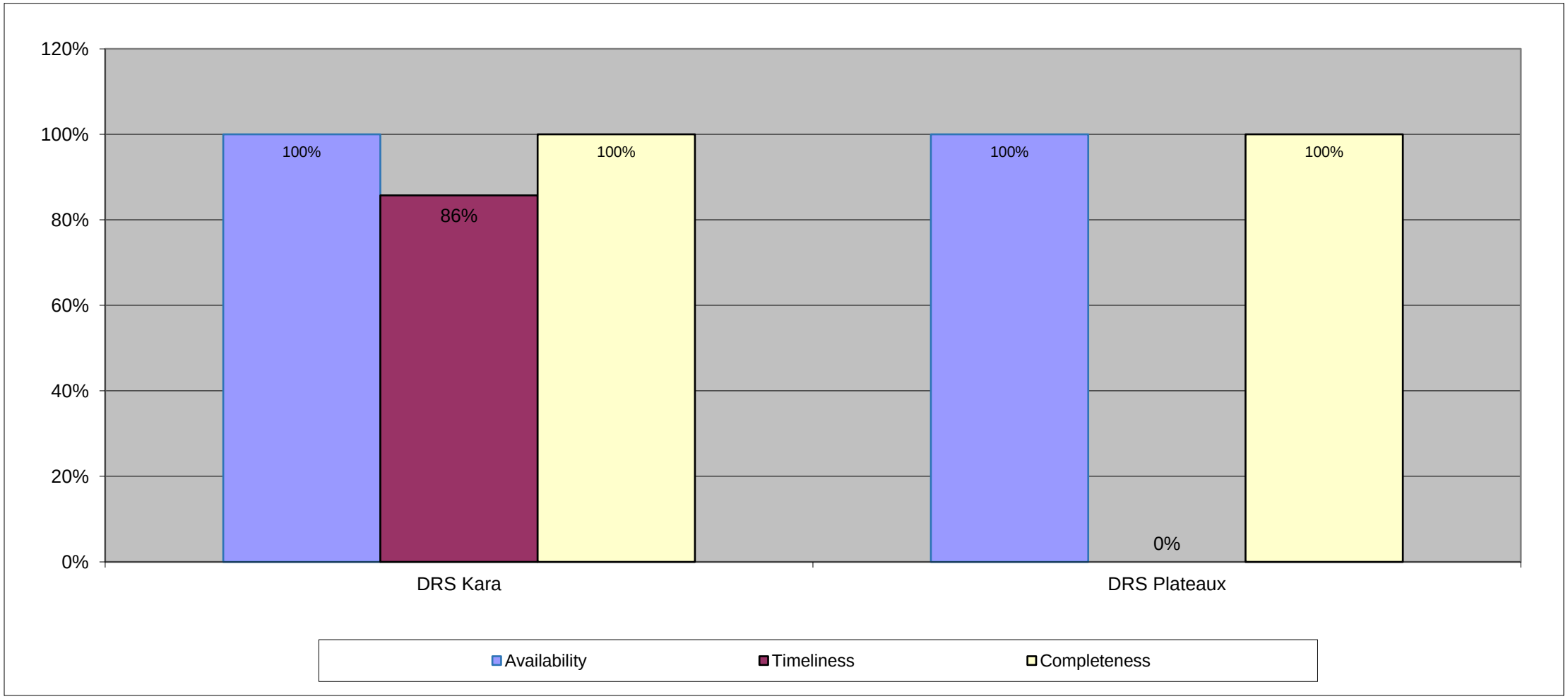
-Techniques: Entretien, observation et la revue documentaire



Résultats du DQA: vérification des données

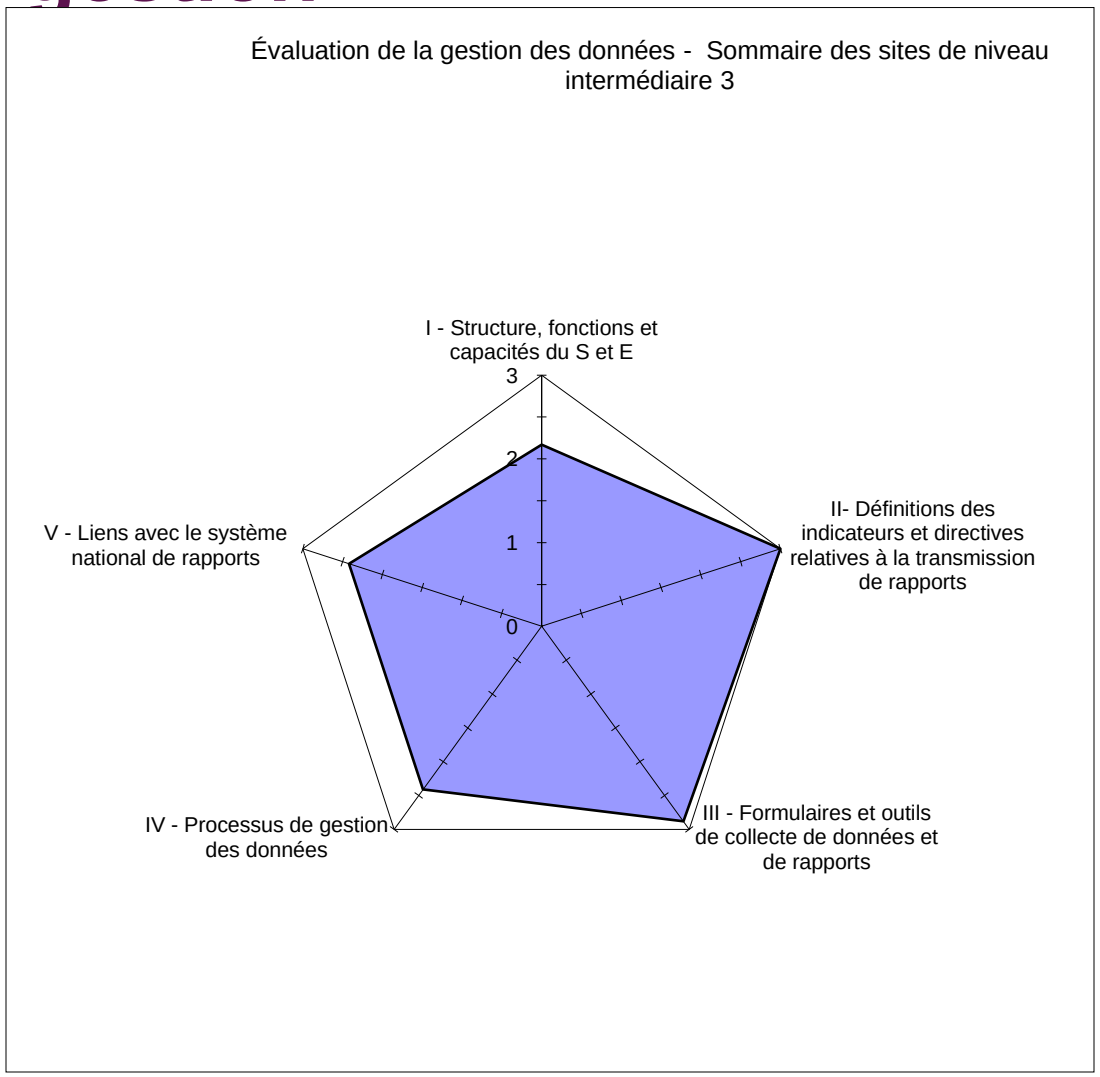


Résultats du DQA: Performance du système de transmission des rapports



Tous les rapports districts sont disponibles, complets mais non soumis à temps.

Résultats du DQA région: évaluation du système de gestion



- 3 domaines faibles++
- Seuls les PF MTN sont seul à gérer les données des MTN, pas de contrôle QD.
- Il n'est pas mis en place un cahier de réception et transmission des rapports des différents niveaux.
- Les rapports élaborés pour les TDM évalués ne sont pas imprimés et signés pour être archivés dans un classeur.
- Les dates de réception des rapports, décision à prendre en cas de retard dans la réception ou autres aspects ; feed-back faits lors de la validation des rapports non documentés

Résultats du DQA région: Synthèse

- **Points forts en lien avec la vérification des données**
  - La complétude des rapports est à 100%;
  - Disponibilité de tous les rapports
- **Points faibles en lien avec la vérification des données**
  - Le faible taux de promptitude des rapports (0% - 86%)
  - Les données rapportées different des données recomptées (Sur et sous rapportage des données);

Résultats du DQA région

Points forts en lien avec l'évaluation des systèmes

- Synthèse régionale des rapports de districts et les données validées étaient disponibles en version électronique.

- Les rapports étaient analysés et envoyés par le point focal.

- Les membres de l'ECR (2 dans la Kara et 4 dans les Plateaux) étaient formés sur le processus du TDM.

- Les outils standards de collecte étaient disponibles et utilisés.

- Le circuit de transmission des rapports des TDM était bien connu.

- La disponibilité du personnel qualifié chargé de la collecte et la validation des données;

Résultats du DQA: Points faibles en lien avec l'évaluation des systèmes

- Les domaines de capacité du système de Santé (2.1); gestion des données et liens avec le système national de rapports (2.4) ont le plus besoin d'amélioration. Les raisons sont:
  - La non disponibilité des rapports physiques au niveau des régions et districts (archivage);
  - Insuffisance dans la notion de double saisie pour le contrôle de qualité
  - Les écarts constatés dans les données envoyés non documentés.
  - Le non retour de feed-back sur les erreurs constatées sur le rapportage ;
  - Les données présentes dans le rapport narratif sont différentes de celles de la base nationale validée (plateaux) ;
  - Les actions prises par les DPS/DRS n'étaient mentionnées nulle part ;
  - Pas de procédure formelle pour les rapports en retard;

Résultats du DQA DS et FS: Points faibles en lien avec l'évaluation des systèmes

- Au niveau district, les aires fonctionnelles qui nécessitent le plus d'amélioration concernent le processus de gestion des données et les formulaires et outils de collecte des données

- Au niveau FS et villages; les aires fonctionnelles I (structures et fonctions) et IV (Processus de gestion des données) qui ont enregistré des contreperformances

Résultats du DQA: Réunion de restitution et de validation des données

- Restitution des résultats à tous les niveaux en présence des premiers responsables de la structure et des personnes chargées de la gestion et de la compilation des données.

- Ce cadre d'échanges, est l'occasion pour les évaluateurs et les évalués de faire des propositions techniques du plan d'action visant à améliorer les insuffisances relevées.

Initiatives pour améliorer la qualité des données MTN

- Institution de la pré validation des données au niveau de tous les districts;
- Révision des outils de collecte et de rapportage des données TDM;
- Élaboration d’un guide de remplissage des outils;
- Elaboration d’un guide prenant en compte les délais de transmission des données TDM;
- Mise en place des procédures de vérification et de validation des données

Leçons apprises

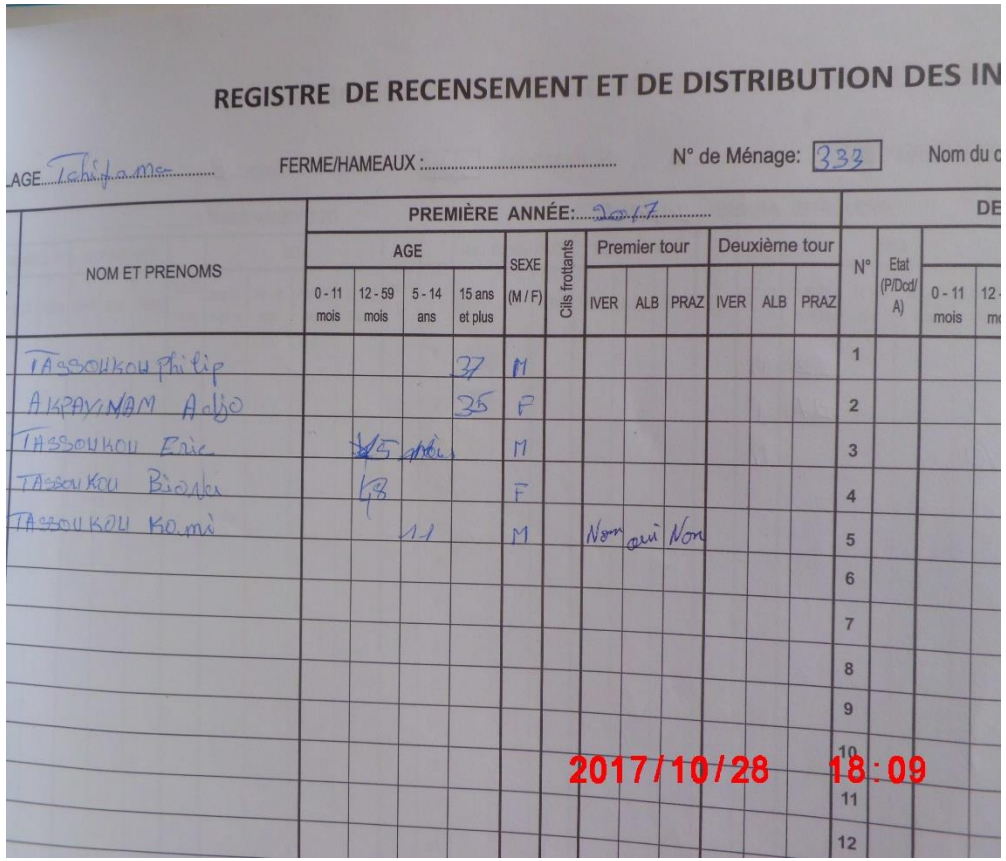
- La réalisation du DQA permet à chaque acteur de la mise en œuvre de s'auto apprécier et de prendre conscience;
- Les données dépouillées par les ASC et celles saisies par le RFS ne sont pas toujours cohérentes (non ou faible implication des RFS dans le dépouillement);
- Les registres de recensement qui sont censés être avec le RFS se retrouvent souvent chez les ASC;
- L'intégration du DQA par les régions et les districts dans leur activité de supervisons permet d'améliorer la qualité des données;
- Les directives écrites pour la transmission des rapports à différents niveaux et des cahiers de transmission de rapports= éléments d'amélioration de la qualité;
- La présence d'un gestionnaire des données est nécessaire;
- Le suivi de la mise en ouvre des recommandation des DQA à chaque niveau +++ dans l'amélioration de la qualité des données;

Défis et perspectives

- Appropriation et mise en oeuvre du DQA au niveau DS et region
- Données cohérentes à tous les niveaux de la pyramide
- Amélioration du système d’archivage de données à tous les niveaux
- La saisie systématique des données validées dans le Dhis2 par les points focaux districts
- Maintien des ressources formés si possible à leur poste pour la conduite du DQA de façon régulière

Conclusion

- La mise en œuvre du DQA est un bon exercice qui a permis au Togo d'améliorer la qualité de ses données.
- A chaque niveau, les points forts et des points à améliorer sont relevés avec élaboration d'un plan d'action et des recommandations
- Le suivi de la mise en œuvre de ces recommandations permet d'améliorer la qualité des données



REGISTRE DE RECENSEMENT ET DE DISTRIBUTION DES IN

LAGE Tchifama FERME/HAMEAUX : N° de Ménage: 333 Nom du c

N°	NOM ET PRENOMS	PREMIÈRE ANNÉE: 2017												DE			
		AGE				SEXE (M / F)	Cils frottants	Premier tour			Deuxième tour			N°	Etat (P/Dcd/A)		
		0 - 11 mois	12 - 59 mois	5 - 14 ans	15 ans et plus			IVER	ALB	PRAZ	IVER	ALB	PRAZ			0 - 11 mois	12 -
1	TASSOUKOU Philip				37	M								1			
2	AKPAVINAM Adjo				35	F								2			
3	TASSOUKOU Eric		~~12~~ 5	~~mois~~		M								3			
4	TASSOUKOU Biaka		8			F								4			
5	TASSOUKOU Kamà			11		M		Non	oui	Non				5			
6														6			
7														7			
8														8			
9														9			
10														10			
11														11			
12														12			

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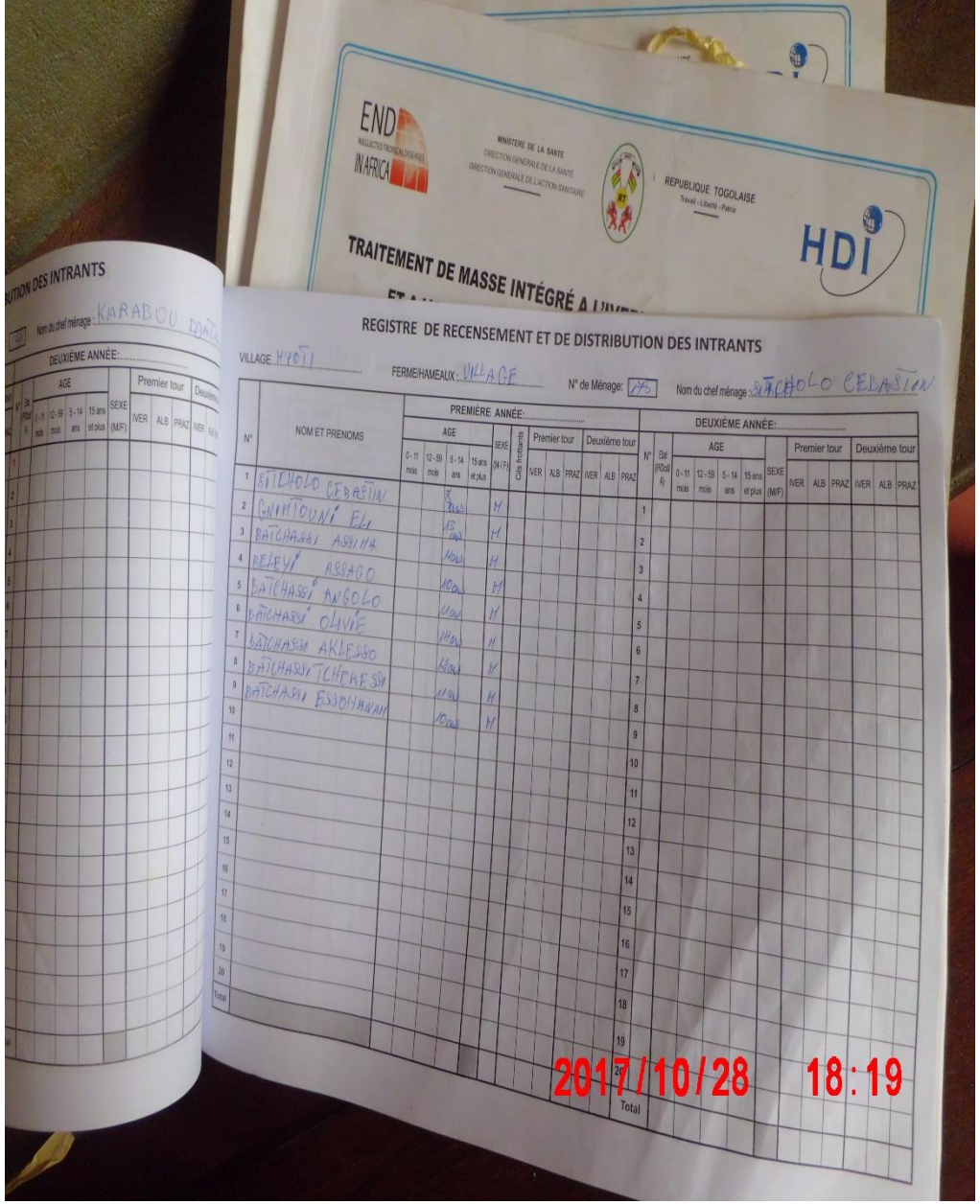

END NEGLECTED TROPICAL DISEASES IN AFRICA

MINISTERE DE LA SANTE
DIRECTION GENERALE DE LA SANTE
DIRECTION GENERALE DE L'ACTION SANITAIRE

REPUBLIQUE TOGOLAISE
Travail - Liberté - Patrie

HDI

TRAITEMENT DE MASSE INTÉGRÉ A LIVE

UTION DES INTRANTS

Nom du chef ménage: KARABOU DAÏ

DEUXIÈME ANNÉE:

N°	AGE				SEXE (M/F)	Premier tour			Deuxième tour		
	0-11 mois	12-59 mois	5-14 ans	15 ans et plus		IVER	ALB	PRAZ	IVER	ALB	PRAZ
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Total											

REGISTRE DE RECENSEMENT ET DE DISTRIBUTION DES INTRANTS

VILLAGE KPOTI FERME/HAMEAUX: VILLAGE N° de Ménage: 175 Nom du chef ménage: SICHOLO CEBASTIN

N°	NOM ET PRENOMS	PREMIÈRE ANNÉE:												DEUXIÈME ANNÉE:											
		AGE				SEXE (M/F)	Cils frottants	Premier tour			Deuxième tour			N°	Etat (P/Dcd/A)	AGE				SEXE (M/F)	Premier tour			Deuxième tour		
		0-11 mois	12-59 mois	5-14 ans	15 ans et plus			IVER	ALB	PRAZ	IVER	ALB	PRAZ			0-11 mois	12-59 mois	5-14 ans	15 ans et plus		IVER	ALB	PRAZ	IVER	ALB	PRAZ
1	SICHOLO CEBASTIN		15 mois			M								1												
2	GNAMTOUNI ELI		15 mois			M								2												
3	BATCHASSI ASSIHA		30 mois			M								3												
4	BELEVI ASSAGO		10 mois			M								4												
5	BATCHASSI ANGOLO		10 mois			M								5												
6	BATCHASSI OLIVIE		10 mois			M								6												
7	BATCHASSI AKLESSO		10 mois			M								7												
8	BATCHASSI TCHERESI		10 mois			M								8												
9	BATCHASSI ESSOHANAM		10 mois			M								9												
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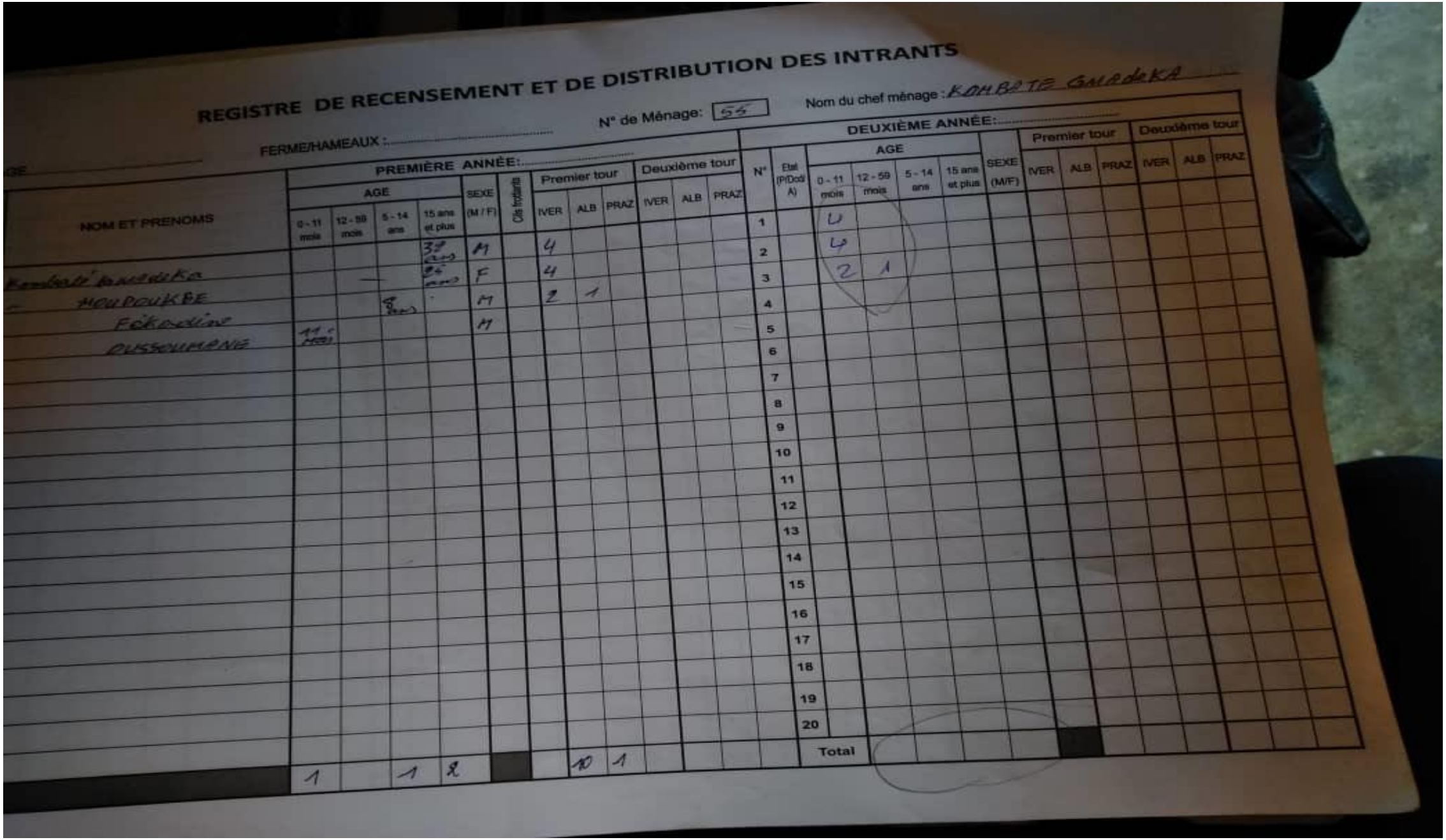

REGISTRE DE RECENSEMENT ET DE DISTRIBUTION DES INTRANTS

FERME/HAMEAUX :..... N° de Ménage: 55 Nom du chef ménage : KOUBETE GAOUDAKA

NOM ET PRENOMS	PREMIÈRE ANNÉE: AGE 0 - 11 mois	AGE 12 - 59 mois	AGE 5 - 14 ans	AGE 15 ans et plus	SEXE (M / F)	Cas tropicana	Premier tour IVER	Premier tour ALB	Premier tour PRAZ	Deuxième tour IVER	Deuxième tour ALB	Deuxième tour PRAZ
Koubété Gaoudaka				37 ans	M		4					
MOUDOUKBE				84 ans	F		4					
Fékadine			8 ans		M		2	1				
OUSSOUMANE	11 mois				M							
	1		1	2			10	1				

N°	Etat (P/Dcd/A)	DEUXIÈME ANNÉE: AGE 0 - 11 mois	AGE 12 - 59 mois	AGE 5 - 14 ans	AGE 15 ans et plus	SEXE (M/F)	Premier tour IVER	Premier tour ALB	Premier tour PRAZ	Deuxième tour IVER	Deuxième tour ALB	Deuxième tour PRAZ
1		0										
2		4										
3		2	1									
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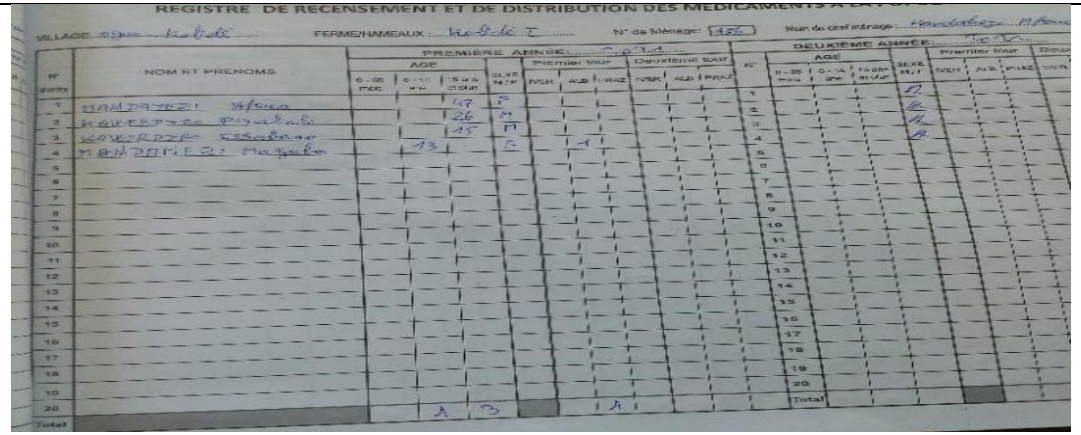
DQA: volet vérification des données

Evaluation DQA à la DRS Plateaux

Recomptage des données à l' USP OGOU KOILDE



Mauvais cumul des données par les ASC

MERCI A TOUS NOS PARTENAIRES

MERCI A TOUS

USAID FROM THE AMERICAN PEOPLE

Act to End NTDs WEST

fhi THE SCIENCE OF IMPROVING LIVES

HDI

Country experience with Data Quality Assessments (DQAs): Cote d'Ivoire

Mama Djima Adam
MOH Côte d'Ivoire

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

Increasing MDA coverage through the use of high-quality timely data: Nigeria

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

Coffee Break

Real time data for decision making: Adapted Supervisors Coverage Tool (SCT) in Ethiopia

Wasihun Toli,
Ethiopia, RTI International

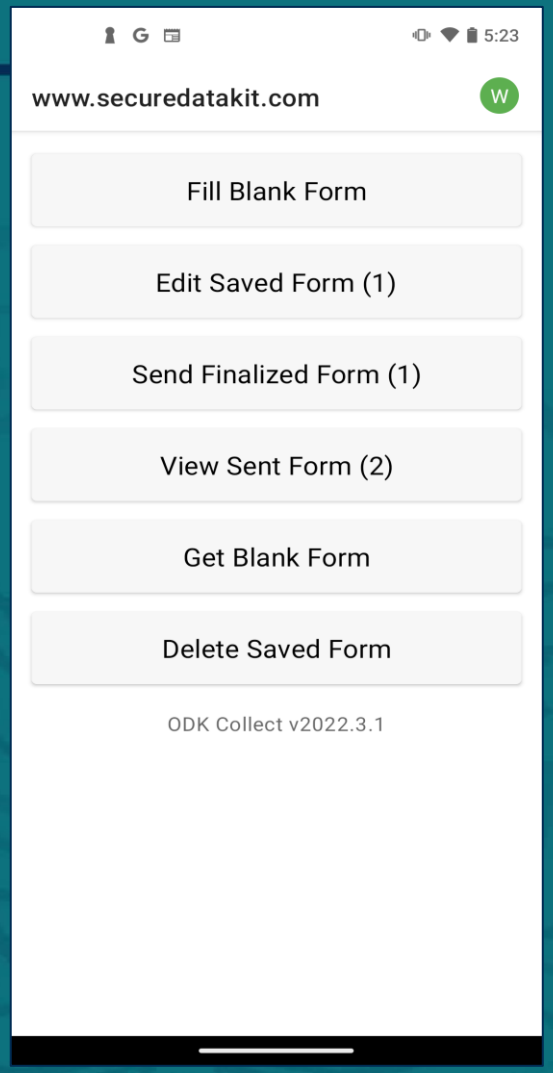
World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

ACT TO END NTDS | EAST

Real Time Data for Decision Making:

Adapted Supervisory coverage tool (SCT) using Electronic data capture (EDC) in Ethiopia



Wasihun Toli, MERLA Manager, RTI International

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RTI INTERNATIONAL

ACKNOWLEDGMENTS

- The leadership from Ethiopia FMOH across all MDA activities
- Regional Health Bureau in Benishangul Gumuz
- USAID's Act to End NTDs | East program, led by RTI International

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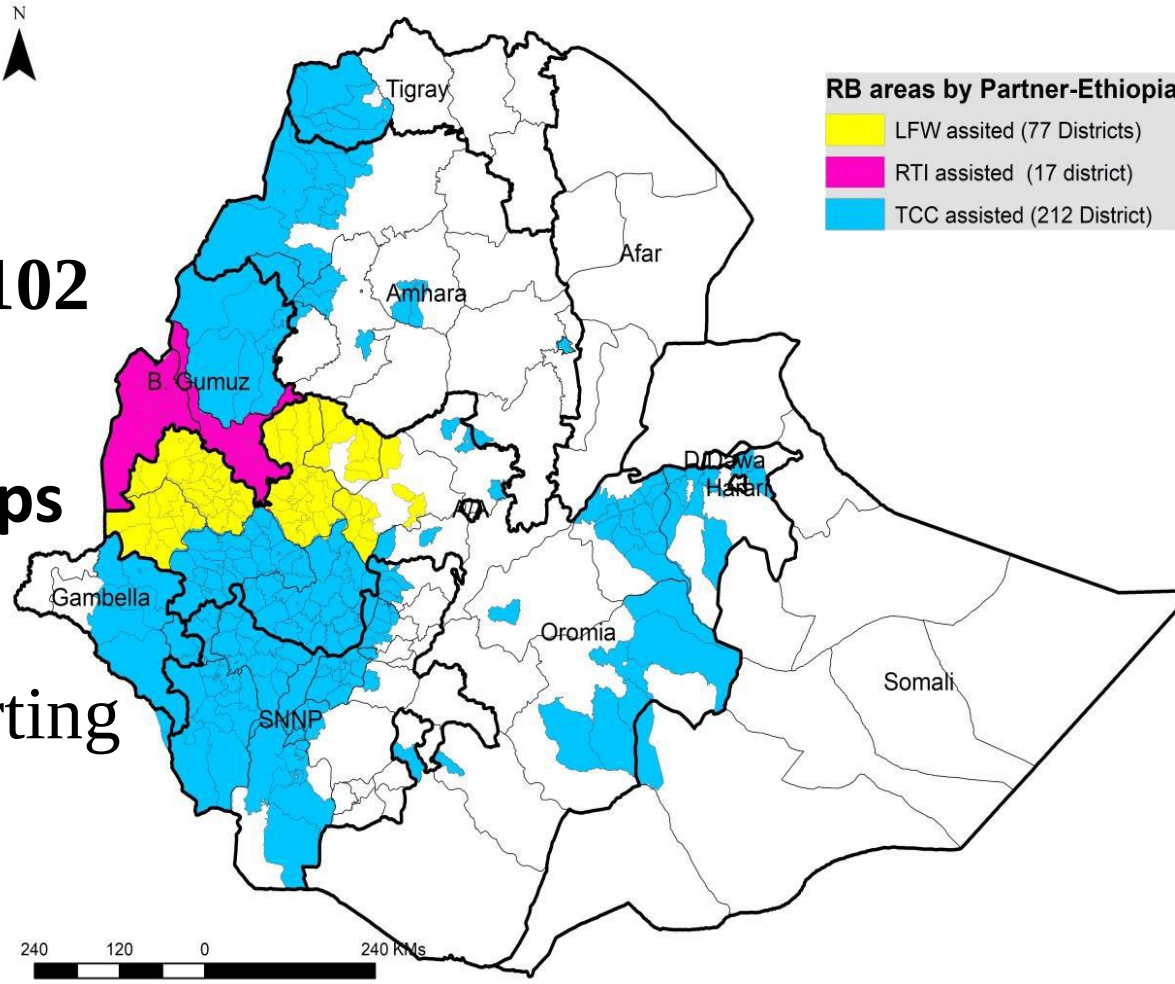
Act to End NTDs EAST

RTI INTERNATIONAL

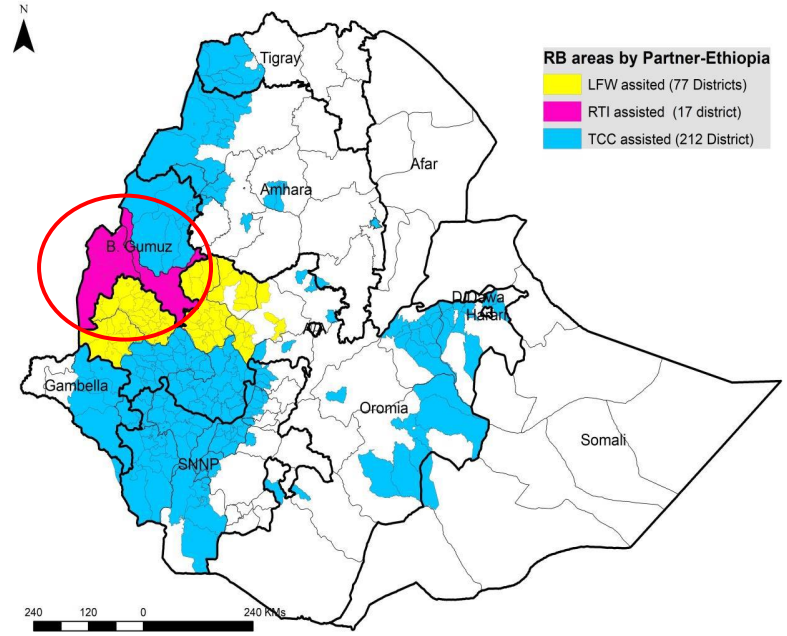
Overview of Onchocerciasis in Ethiopia

- Total population: **117,271,469**
- Population at risk for OV (2024): **23,830,102**
- Act|East supports for **94 districts + 3 camps**
- RTI, TCC & LFTW are the partner supporting OV elimination.



Overview of OV in the Benishangul Gumuz Region

- OV MDA conducted in 17 woredas and 3 refugee camps
- Treatment for OV began in 2013
- Treatment impact assessments were not done
- Parts of the region are difficult to access because insecurity
- Some parts of the region have mining areas with large mobile community.



Difficult to provide adequate supervision during the MDA

Adapted SCT for enhanced supervision and real time data for decision making

- Ethiopia has used paper-based SCTs for manh years; however,
  - Delayed report and
  - Delayed action were common challenges
- In 2023, the following SCT adaptations were implemented
  - EDC platform for near real time availability
  - Dashboards that are easily shared with decision makers
  - Additional questions to ensure inclusive MDA distribution
    - Martial status, education, occupation, disability status

Implementation of the SCT using EDC

Where:

- In 5 selected woredas of Asossa Zone- BG region- Ethiopia

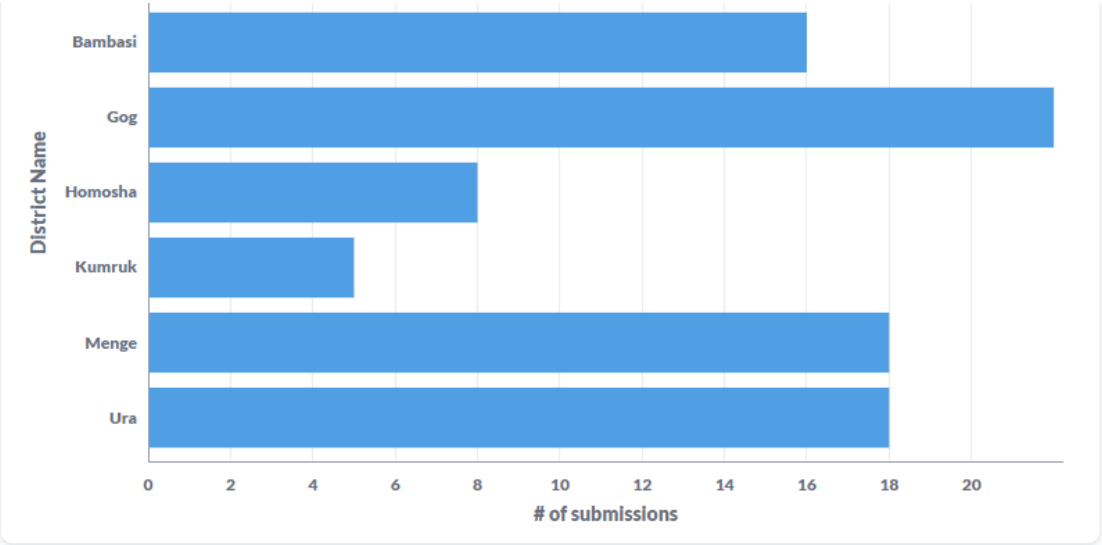
Who:

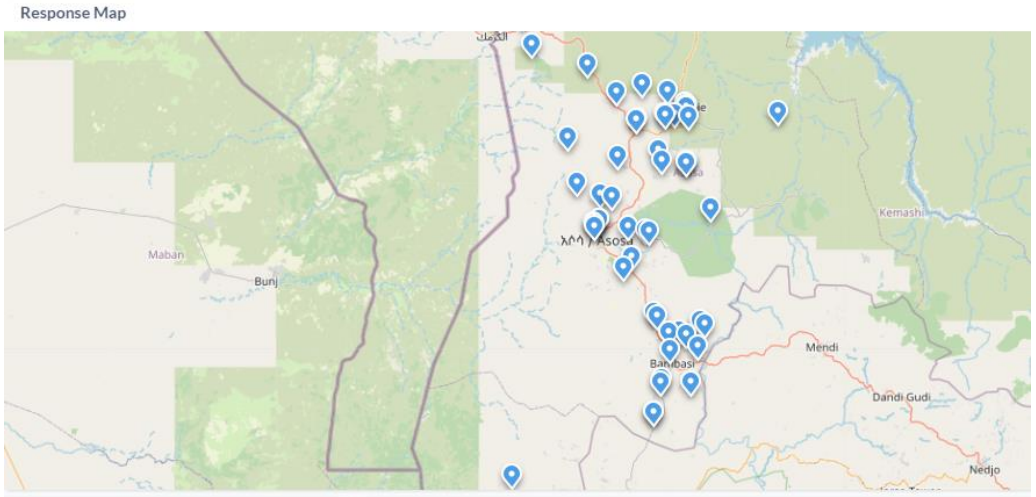
- Selected supervisors who have previous exposure to both ODK and OV MDA supervision
- Personal phone used by health center and woreda health office supervisors
- Supervisors were oriented on the SCT questions at the end of MDA training

Monitoring:

- RTI in country, HQ and RHB leaders and NTDs focal points had access to the server and SCT dashboard
- Report sent to the regional MDA taskforce on daily basis

SCT dashboards allow decision makers to monitor results in real time



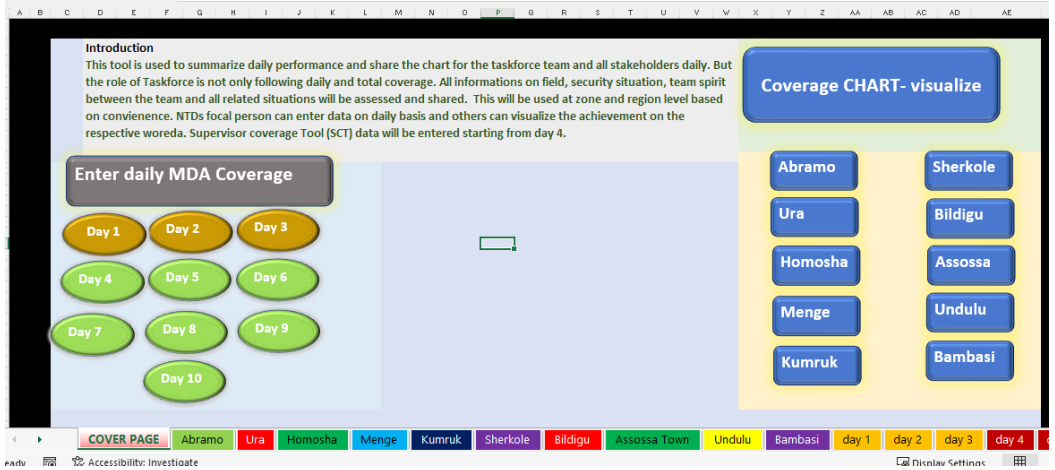


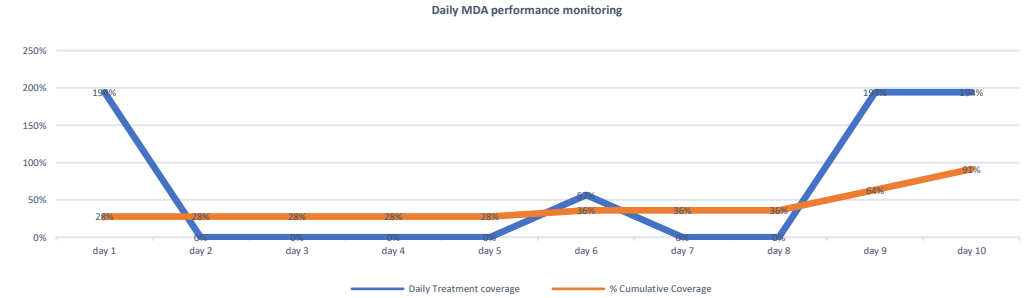
Supervision Area Coverage

Today	Recorder	Supervisor	Region	District	Disease Label	Participants Count	Hh Absent	Treated Num	Coverage Per	Coverage Good	Coverage Inadequate	Coverage Bad
January 1, 2024	12			5	Oncho	20	0	18	90	0	1	0
January 1, 2024	13			4	Oncho	20	1	17	85	0	1	0
January 2, 2024	17			5	Oncho	20	0	16	80	0	1	0
January 2, 2024	32			1	Oncho	20	0	18	90	0	1	0
January 2, 2024	19			3	Oncho	20	0	18	90	0	1	0
January 3, 2024	32			1	Oncho	20	0	17	85	0	1	0

Adapted SCT integrated into the existing daily data monitoring strategy

- Data is aggregated daily into the data monitoring tool
- Starting on Day 4, SCT results are also entered
- Regional health bureau, zone health departments meet daily to any updates.
- Results are communicated to local supervisors by phone and telegram.





S. N	List of District	Target	Daily Target	Total persons	Coverage in %	Total Number	Total Number	% Coverage	Total Number of SCT Planned in the woreda	No of SCTs done with Good coverage SCT (19-20)	Nof kebeles with cannot conclude-Coverage Good) SCT- (14-18)	No of kebeles with with inadequate coverage SCT (0-13)
1	Abramo		0		#DIV/0!			#DIV/0!				
2	Ura		0		#DIV/0!			#VALUE!				
3	Homosha		0		#DIV/0!			#VALUE!				
4	Menge		0		#DIV/0!			#DIV/0!				
5	Kumruk		0		#DIV/0!			#DIV/0!				
6	Sherkole		0		#DIV/0!			#DIV/0!				
7	Bildigu		0		#DIV/0!			#DIV/0!				
8	Assossa Town		0		#DIV/0!			#DIV/0!				
9	Undulu		0		#DIV/0!			#DIV/0!				
10	Bambasi		0		#DIV/0!			#DIV/0!				
					#DIV/0!			#DIV/0!				
		0	0	0	#DIV/0!	0	0	#DIV/0!				

Almost all woredas had supervision areas that required intervention during the MDA

		# Supervision Areas			
Woreda	Total # Supervision Areas	Good Coverage	Cannot Conclude	Inadequate Coverage	% of Supervision Areas with "cannot conclude" or "inadequate" coverage (requires action)
Bambasi	25	22	3	0	12%
Homosha	10	5	4	1	50%
Kumruk	8	5	2	1	38%
Menge	19	18	1	0	5%
Asosa town	5	5	0	0	0%
Oura	23	20	3	0	13%

MDA Adaptations to address areas of low coverage

- Relocate supervisors to under supervised areas
- Start mop-up activities
- Send additional medication to address stock issues.

Photo credit: Hirpa Abdi (RTI _ Ethiopia) Zonal NTDs focal providing feedback to the district supervisors in Asossa zone_BG region

Successes

- Identification of low coverage and under supervised areas.
- Access to results that are easily communicated to supervisors daily.
- Use of tool has contributed to improved coverage.

Lessons and Challenges

- Limiting the number of questions included in the tool is important for keeping the interviews short.
- Lack of mobile network in some remote areas leads to delayed reporting.
- Interruption of daily monitoring activities in some woredas due to competing activities.

Next steps

- Continue to advocate for the importance of the adapted SCT for program improvement.
- Build in additional time during the MDA training to ensure supervisors are properly trained on the tool.
- Include as part of review meeting discussion to identify any barriers for utilization.

Photo credit: Hirpa Abdi (RTI _ Ethiopia) _ SCT/EDC orientation in Asossa_BG

Thank you!

Coverage Evaluation Surveys: Niger

Working Group Discussion

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases



CES in districts conducting biannual trachoma MDA in Niger

Aug 12-16, 2024

This presentation is made possible by the generous support of the American people through the United States Agency for International Development (USAID).

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Outline

I. Trachoma epidemiological situation in Niger
II. Persistent and recrudescent trachoma
III. USAID Trachoma Learning Agenda and Deep Dive
IV. Enhanced MDA strategies
V. Results from MDA and CES
VI. Next Steps

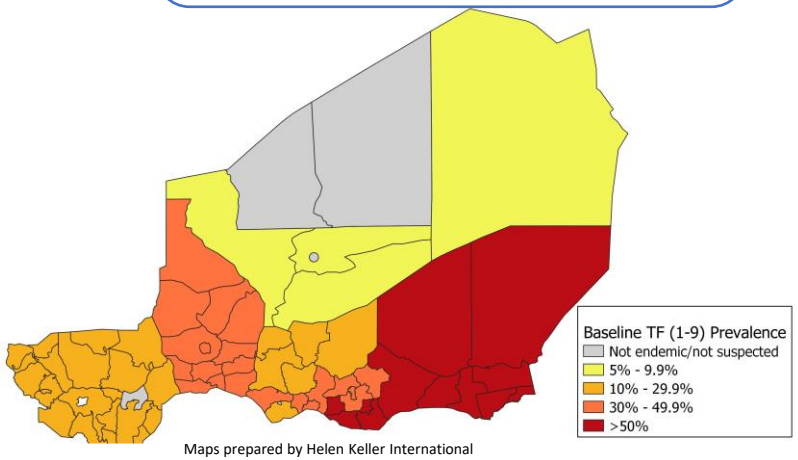
Trachoma Endemicity – Baseline and Current

Baseline (1999 – 2018)

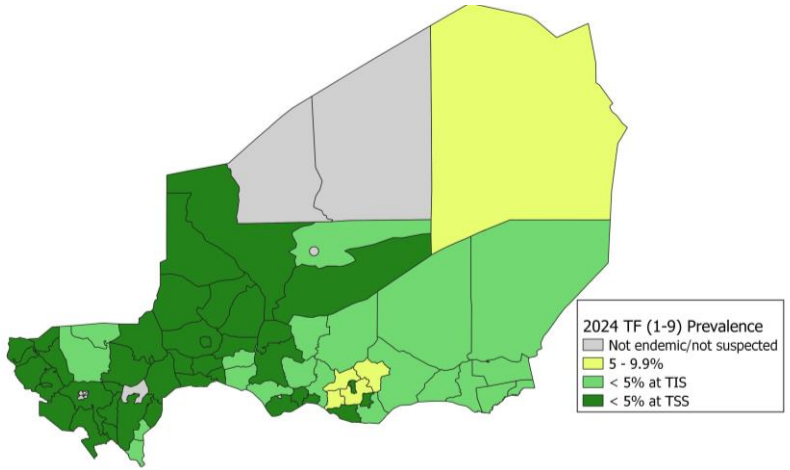
- 62 of 72 districts endemic for trachoma
- MDA started in 2002

2024

- 56 full HDs have reached the threshold required to stop MDA
- 38 HDs with TF $_{1\text{-}9}$ <5% at TSS



Maps prepared by Helen Keller International
Administrative boundaries not authoritative



Enhanced MDA strategies in Niger in districts with persistent or recrudescent trachoma

Persistent and Recrudescent Trachoma

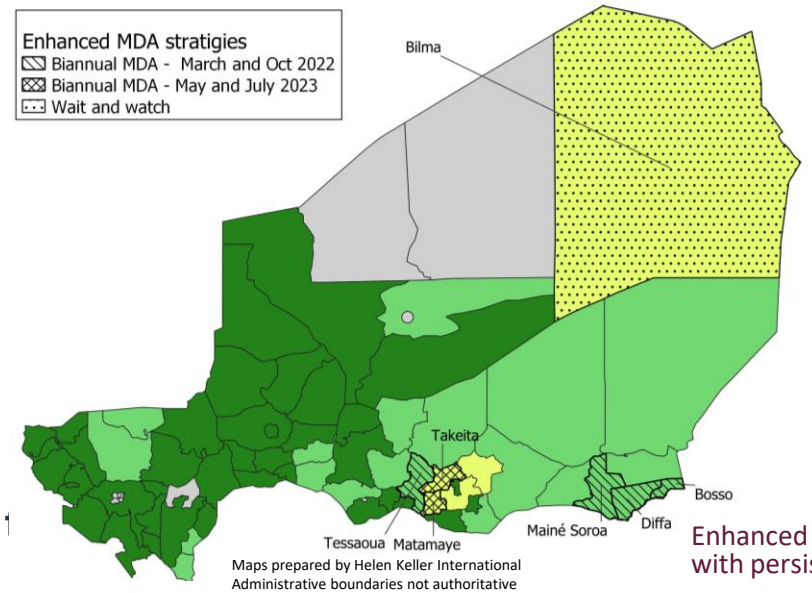
Number of Districts			
TF_{1-9} ≥5% at baseline	TF_{1-9} <5% at TIS	Persistent (TF_{1-9} ≥5% at TIS ≥2x	Recrudescent (TF_{1-9} ≥5% at TSS)
62	56*	25	9

Potential contributing factors:

- High Baseline TF_{1-9}
- MDA coverage
- Survey quality
- Insecurity and population movement
- Redistricting
- Poor WASH access

Enhanced MDA strategies

Biannual MDA	"Wait and watch"
• Four persistent HDs in March and October/November 2022 (Diffa, Bosso, Mainé, Tessaoua1) • Two recrudescent HDs (Matameye3, Takeita1) in May and July 2023	• One persistent HD (Bilma) where TF was just over 5% during all three TIS conducted since 2017.



Enhanced MDA strategies in Niger in districts with persistent or recrudescent trachoma

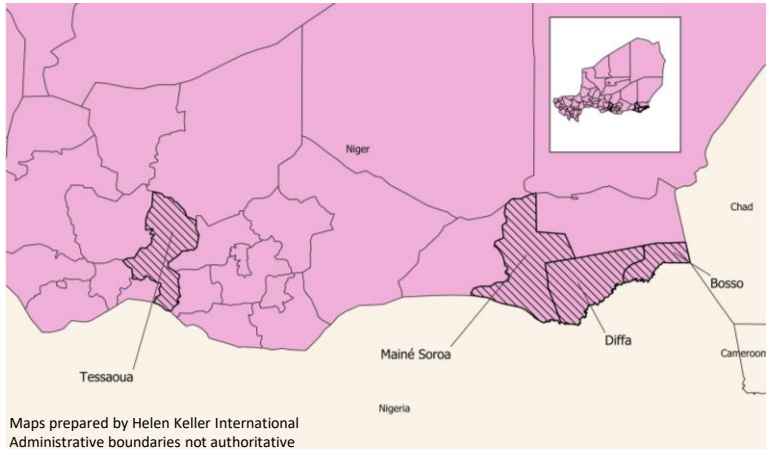
Enhanced MDA strategies

- Continued emphasis on **program delivery improvements**:
  - Sub-district MDA data analysis
  - Supervisors Coverage Tool
  - Mobile strategy for hard-to-reach populations
  - Improved population estimates
  - Liaising with UNHCR re: refugees

Photo Credit: Helen Keller International/Act | West

Enhanced MDA strategies in Niger in districts with persistent or recrudescent trachoma

Persistent Districts – Biannual MDA 2022



- MDA conducted in March 2022 and Nov 2022 targeting approx 946,525 people each round

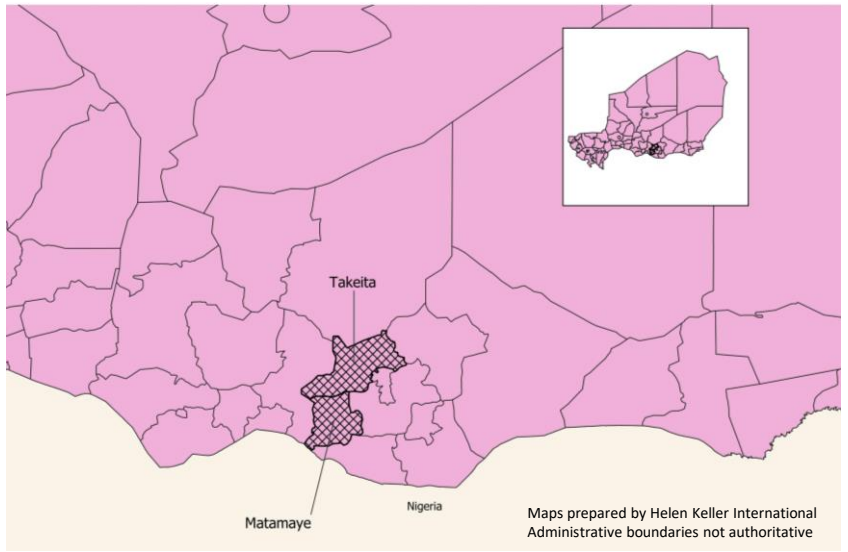
District	Baseline TF_{1-9} % (Year)	Number of TIS with TF_{1-9} ≥5%	TF_{1-9} % prior to biannual MDA (Year)
Bosso	37.0% (2005)	3	11.5% (2019)
Diffa	37.0% (2005)	3	11.5% (2019)
Mainé Soroa	54.8% (1999)	3	8.9% (2021)
Tessaoua	62.0% (2005)	3	6.68% (2021)

- High baseline prevalence
- Insecurity
- Population movement

Recrudescent Districts – Biannual MDA 2023

District/EU	Baseline TF_{1-9} % (Year)	Number of TIS $TF_{1-9} \geq 5\%$	Number of TSS $TF_{1-9} \geq 5\%$	Most recent TF_{1-9} % (Year)
Matameye 3	63% (2005)	3	1	6.3% (2022)
Takeita 1	35.0% (2005)	2	1	9.08% (2022)

- MDA conducted in May 2023 and July 2023 targeting 202,096 individuals in Matameye 3 and 176,316 in Takeita 1
  - High baseline prevalence
  - Insecurity
  - Population movements - Nigeria



CES Methodology

- WHO Coverage Sample Builder (CSB) used to determine the number of clusters and households to be surveyed.
- Probability proportional to size estimated with segmentation
- In each EU, 30 clusters were randomly selected by the CSB, and 10 or more additional clusters were chosen to compensate for any sampling deficit.
- At cluster level (village), interviewers drew up a list of households with the help of community relays and village authorities. Households were selected on the basis of list A or list B supplied by the CSB.
- The study population - those present or absent during the MDA campaign in March 2022 or November 2022 (1st survey) and May and July 2023 (2nd survey).

Result

- Period: Dec22/Janv23 and November 2023
- Survey in all clusters (except N°12 Mainé - population in conflict/displaced zone)
  - Substitution of 14 clusters, including 11 in red zones and 3 with a lost population.
- 8,777 people surveyed
- Data collection through tablets and ODK/Ona platform
- Analysis - Stata, Excel, R

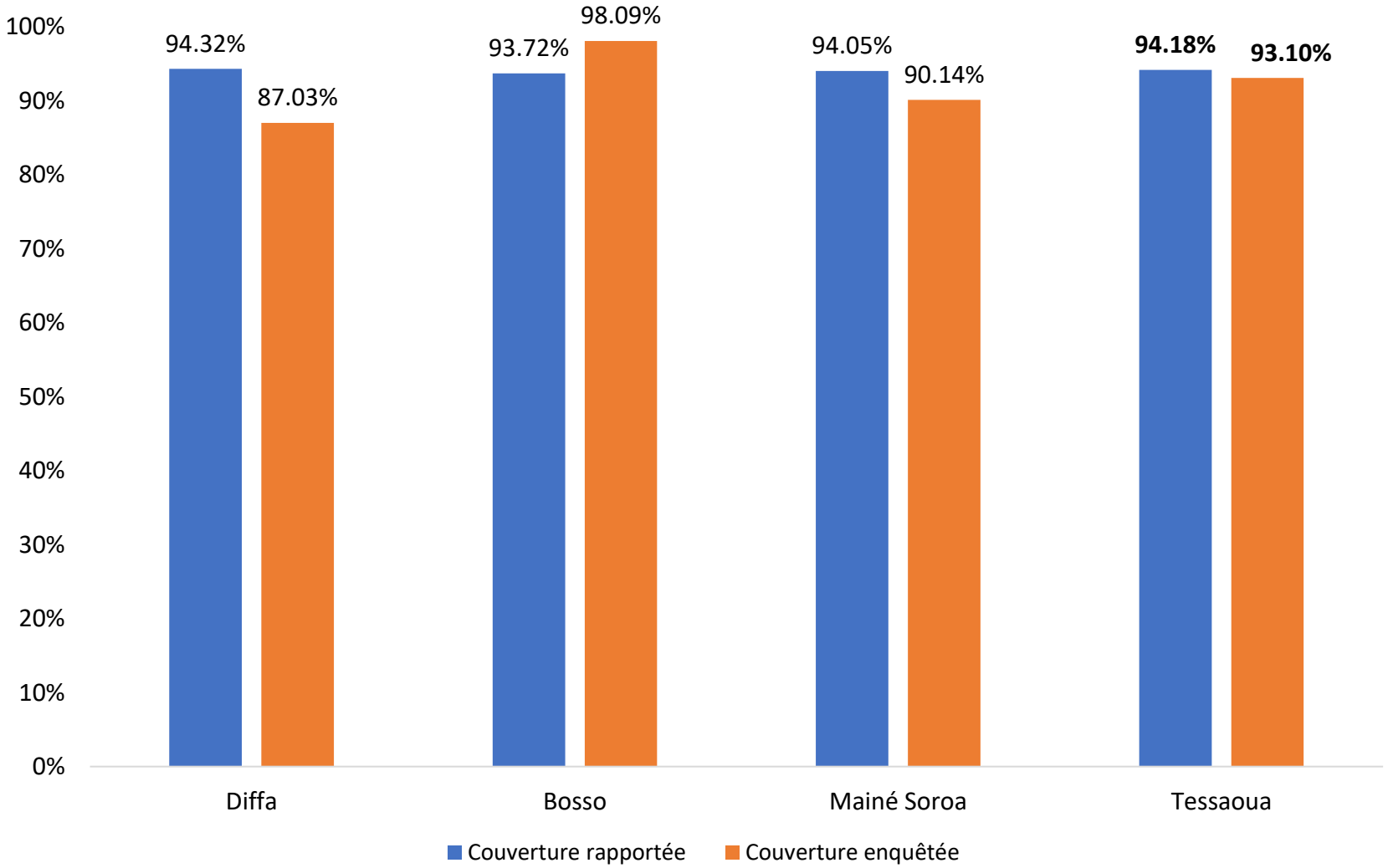
Coverage survey results

	Nb surveyed	Treated - R1		Treated - R2		Both rounds		Treated at least once		Not treated either round	
		N	%	N	%	N	%	N	%	N	%
TOTAL	8,777	7546	86.0%	7652	87.2%	7207	82.1%	7991	91.0%	786	9.0%

Reported vs Surveyed Coverage

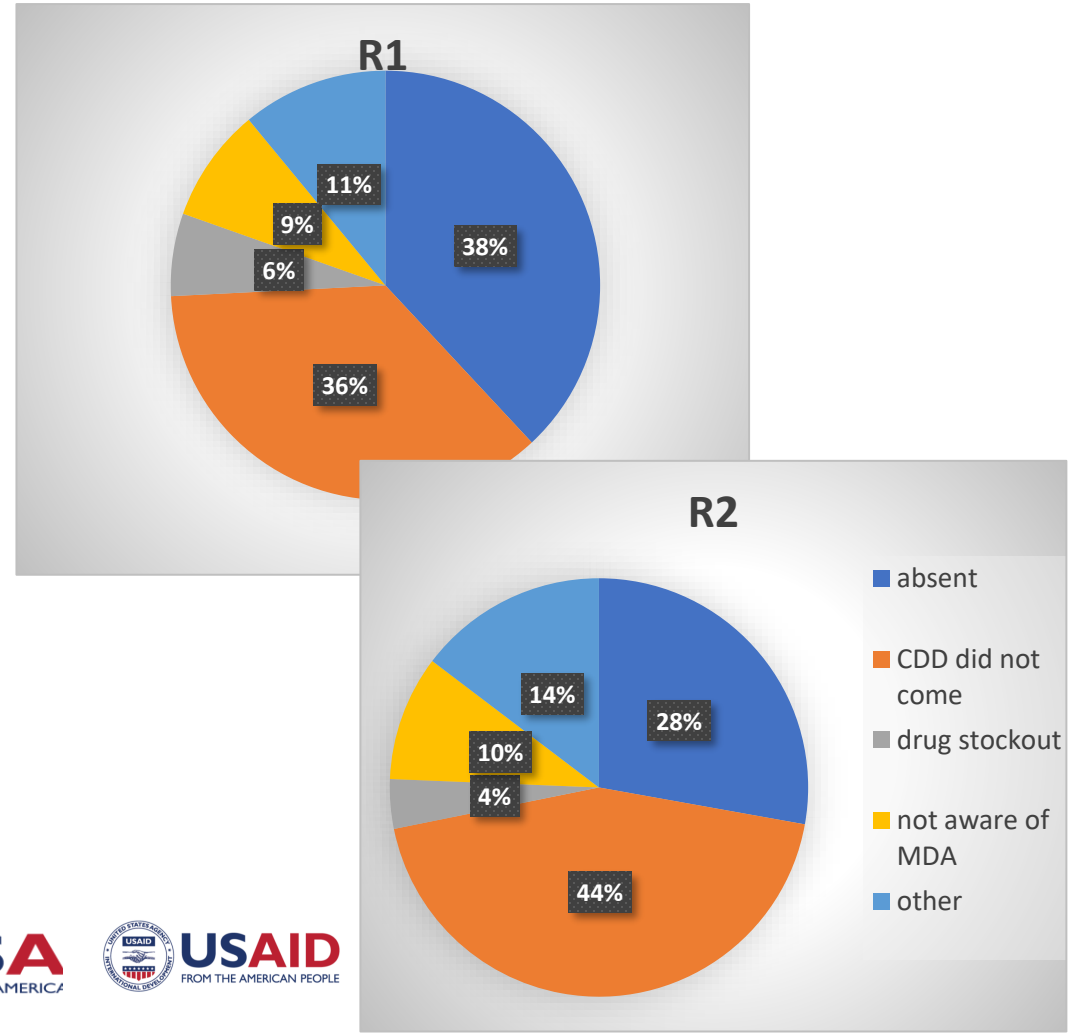
HDs / EU	MDA R1			MDA R2			Survey Period
	Period	Reported Coverage	Surveyed Coverage (95% CI)	Period	Reported Coverage	Surveyed Coverage (95% CI)	
Tessaoua EU1	Mar 2022	87.42%	87.85% (85.77-89.67%)	Dec 2022	94.18%	88.74% (86.74-90.47%)	Jan 2023
Diffa		95.42%	83.83% (82.15-85.38%)		94.32%	82.33% (80.61-83.93%)	
Bosso		96.67%	97.31% (96.24-98.09%)		93.72%	96.83% (95.7-97.68%)	
Mainé Soroa		95.36%	81.78% (79.5-83.86%)		94.05%	85.76% (83.68-87.62%)	
Matameye EU3	May 2023	79.23%	90.58% (89.01-91.95%)	Jul 2023	80.57%	92.54% (91.12-93.75%)	Oct 2023
Takeita EU1		80.03%	85.81% (83.77-87.64%)		83.08%	78.58% (76.24-80.74%)	

Comparaison des couvertures TDM TR au 2e tour par DS (%)

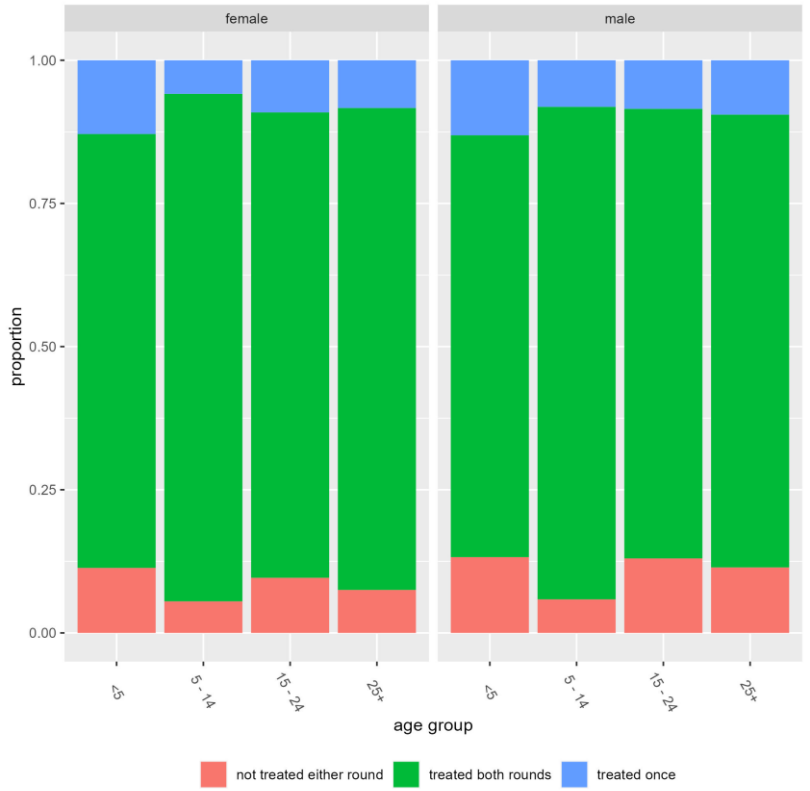


Biannual MDA Coverage Survey

Reasons for non-treatment



Proportion treated by age group and sex

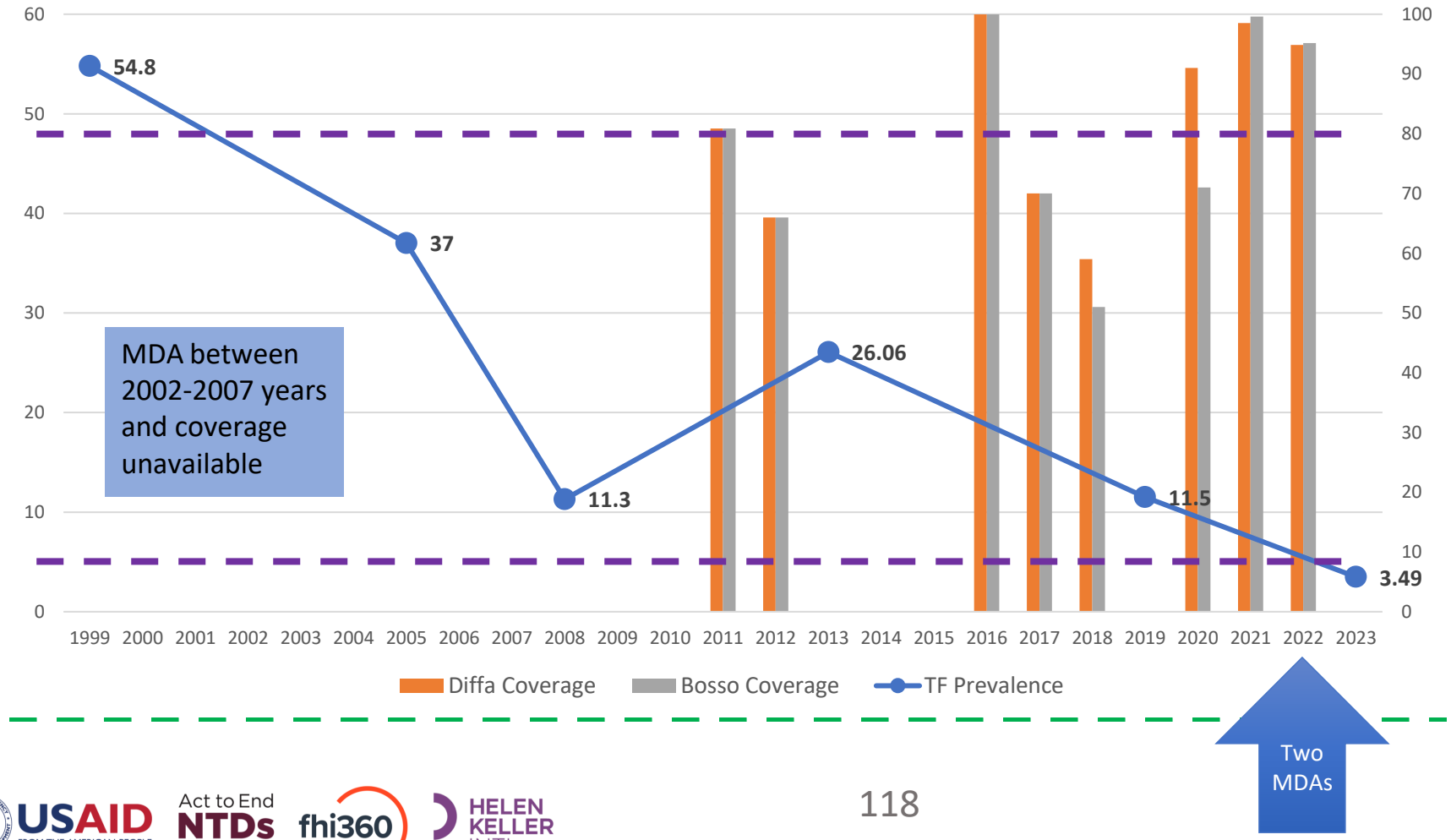


CES results – Characteristics of non-treated individuals

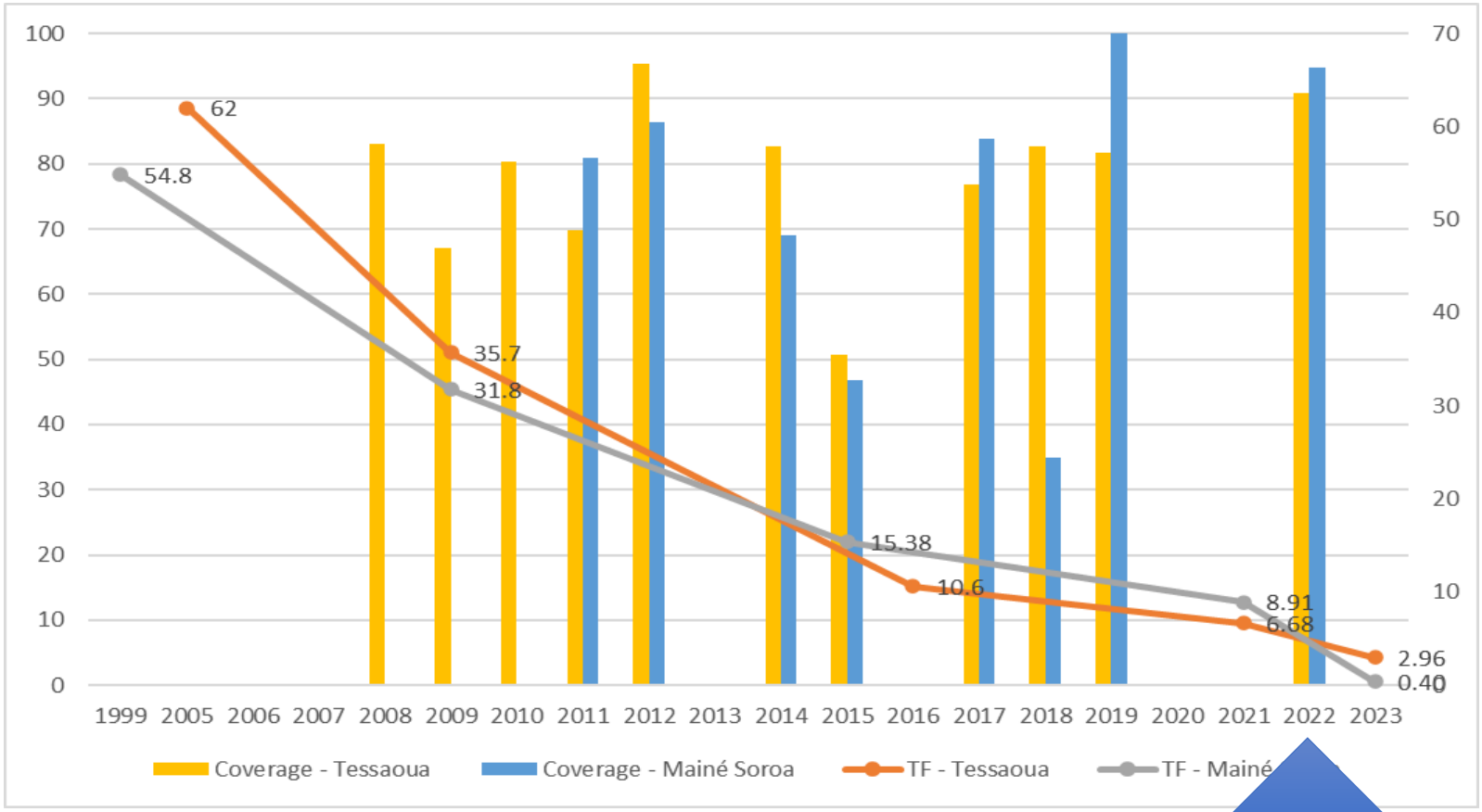
EU	Number surveyed (%)	% not treated either round	p value
TOTAL	**8607**	**8.32%**	
District			
Bosso	1301 (15.1%)	2% (1.34 - 2.96)	<0.001
Diffa	2053 (23.9%)	11.2% (9.89 - 12.67)	
Maine Soroa	1246 (14.5%)	11.56% (9.86 - 13.49)	
Tessoua	1128 (13.1%)	7.36% (5.93 - 9.08)	
Matameye EU3	1582 (18.4%)	4.55% (3.6 - 5.73)	
Takeita	1297 (15.1%)	12.41% (10.69 - 14.36)	
Sex			
Female	4330 (50.3%)	7.29% (6.54 - 8.12)	<0.001
Male	4274 (49.7%)	9.36% (8.51 - 10-28)	
Age			
<5	1300 (15.1%)	8.54% (7.1 - 10.2)	<0.001
5-14	2968 (34.5%)	5.69% (4.9 - 6.6)	
15-24	1442 (16.8%)	11.23 (9.67 - 13.1)	
25+	2897 (33.7%)	9.46% (8.43 - 10.6)	
Education			
Primary or less	6002 (69.7%	8.61% (7.92 - 9.36)	0.051
Literate/Koranic School	2068 (24.0%)	7.11% (6.06– 8.32)	
Middle or higher	537 (6.2%)	9.68% (7.38 – 12.58)	

USA FROM THE AMERICA

TF_{1-9} Prevalence and Reported Coverage by Year - Diffa and Bosso



TF_{1-9} Prevalence and Reported Coverage by Year - Tessaoua and Maine Soroa



What do coverage surveys tell us about the biannual MDA strategy

- Preliminary evidence that the biannual MDA strategy is having its intended effect
  - <10% not reached at least once
  - Bosso, Diffa, Tessaoua, Maine Soroa all reported $TF_{1\text{-}9}$ < 5% at TIS in 2023
- Certain populations have higher rates of non-treatment
- Absenteeism and CDD not coming account for almost 2/3 of the reasons for non-treatment

Coverage Evaluation Surveys: Uganda

Working Group Discussion

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

ACT TO END NTDS | EAST

Adapted CES for Enhanced Decision Making in Uganda

Joyce Achan, MERLA Manager, RTI International

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RTI INTERNATIONAL

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

The leadership from the Uganda MOH on all CES activities

USAID's Act to End NTDs | East program, led by RTI International

District Local governments of Moroto and Nabilatuk

This presentation is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of Act to End NTDs | East, led by RTI International in partnership with The Carter Center, Fred Hollows Foundation, Light for the World, Sightsavers, Results for Development, Save the Children, and WI-HER under cooperative agreement No. 7200AA18CA00040 and do not necessarily reflect the views of USAID or the United States Government.

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Act to End NTDs EAST

RTI INTERNATIONAL

Challenges specific to Moroto and Nabilatuk

Adapted CES was conducted in Moroto and Nabilatuk in August 2023

- Areas of persistent or recrudescent transmission
- Home to mobile and migrant populations
- Lack of information on specific populations that may be missed during MDA: women of reproductive age, children, and youth

Nomadic pastoralist communities in *Ateker* corridor

Source: Humanitarian policy group: https://www.preventionweb.net/files/24285_24285literaturereviewrread1.pdf

Survey Objectives

i. To validate reported preventive Chemotherapy (PC) coverage for MDA held in June 2023.

ii. Identify environmental and individual factors associated with the results achieved during MDA

iii. Describe the characteristics of sub-populations who were not offered or did not swallow medicines during MDA

iv. Measure coverage in specific sub-populations

v. To understand relationship between receiving treatment, coverage and trachoma prevalence by examining eyes

Adaptations

Additional questions

- Ethnicity
- Never treatment questions
- WASH
- School attendance
- Location where drugs were received

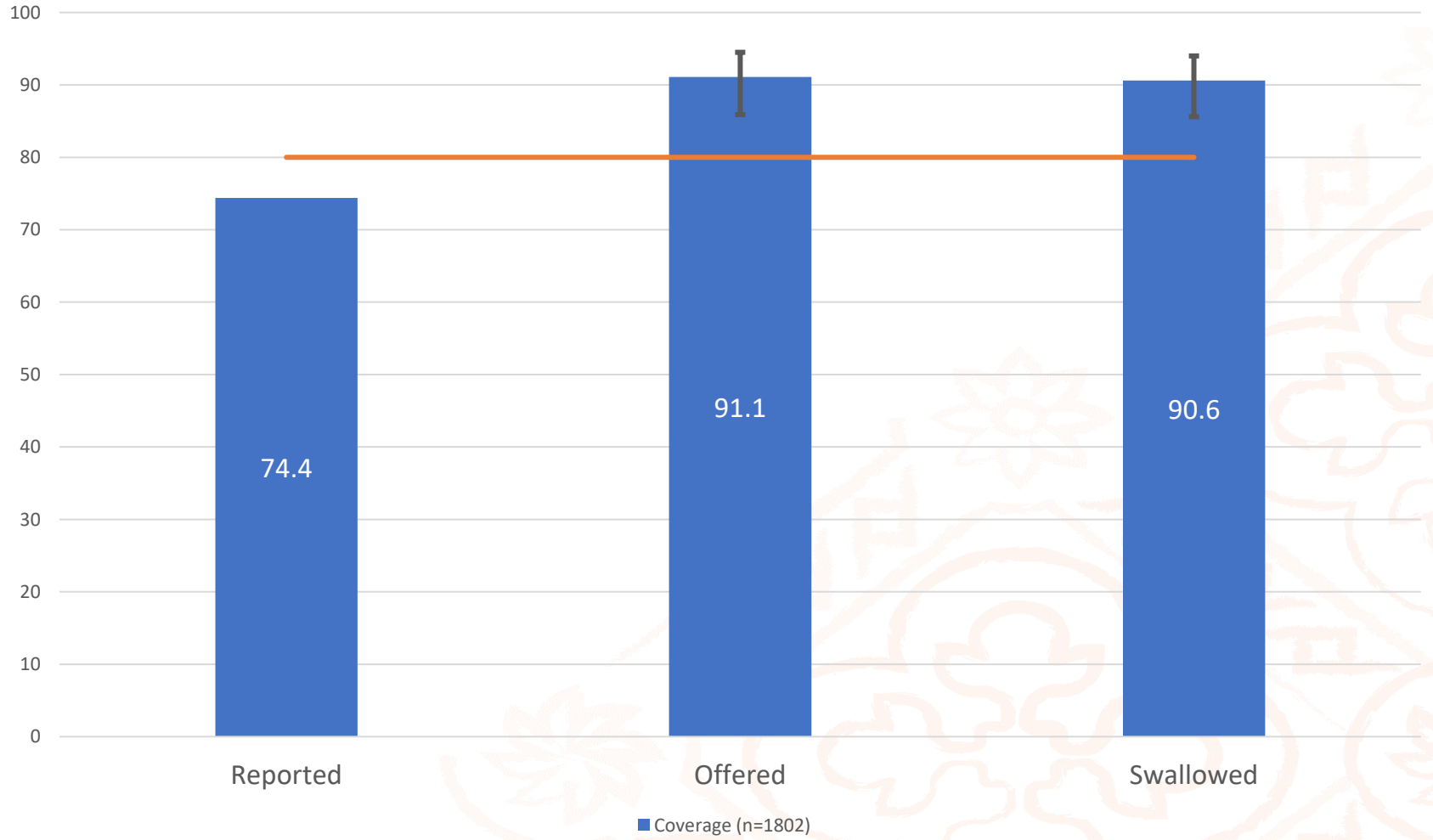
Unique sampling – inclusion of additional clusters

- Clusters with kraals purposively selected (5 from each district)

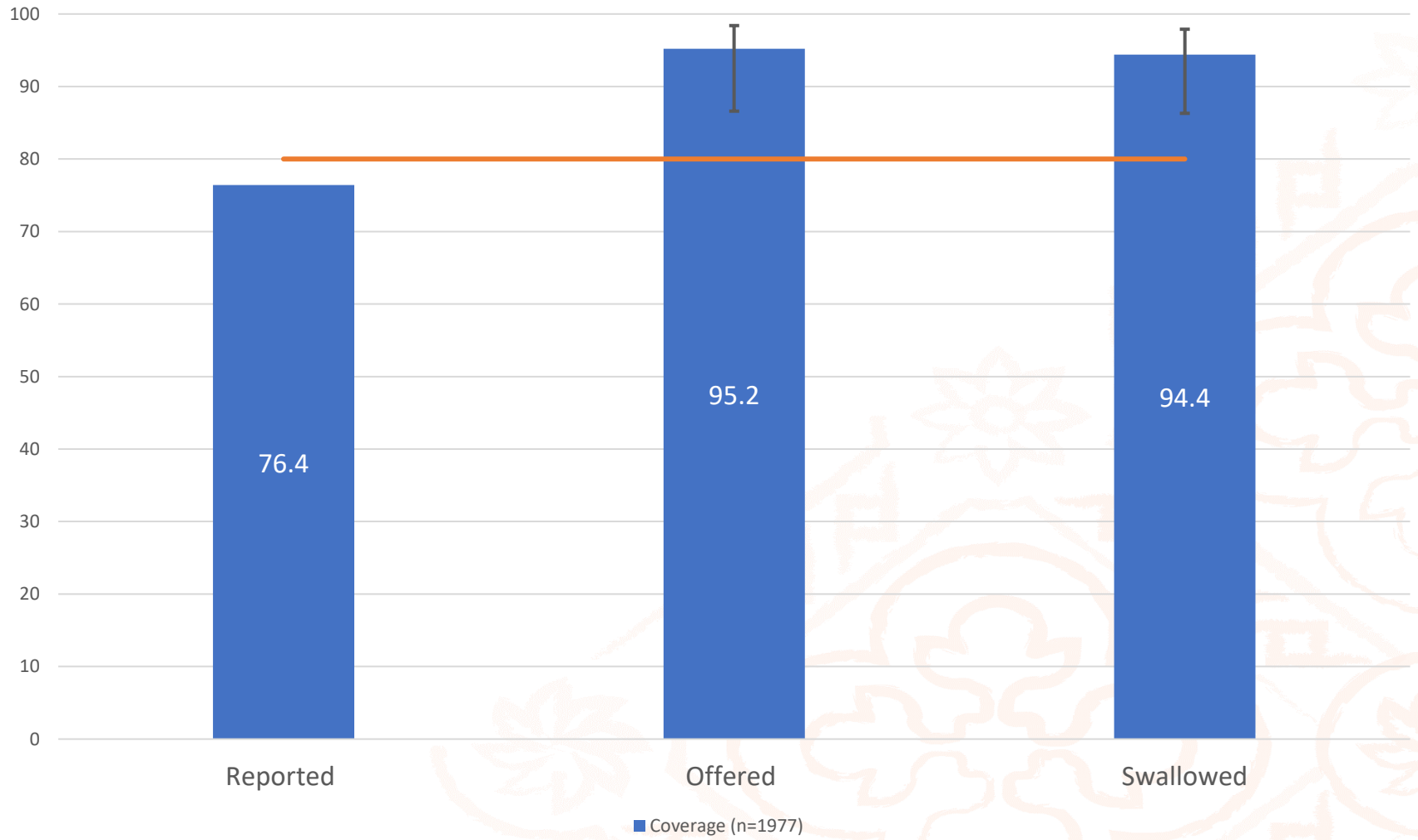
Disease measure

- TF grading of children 1-9 years of age
- Graders previously certified through Tropical Data

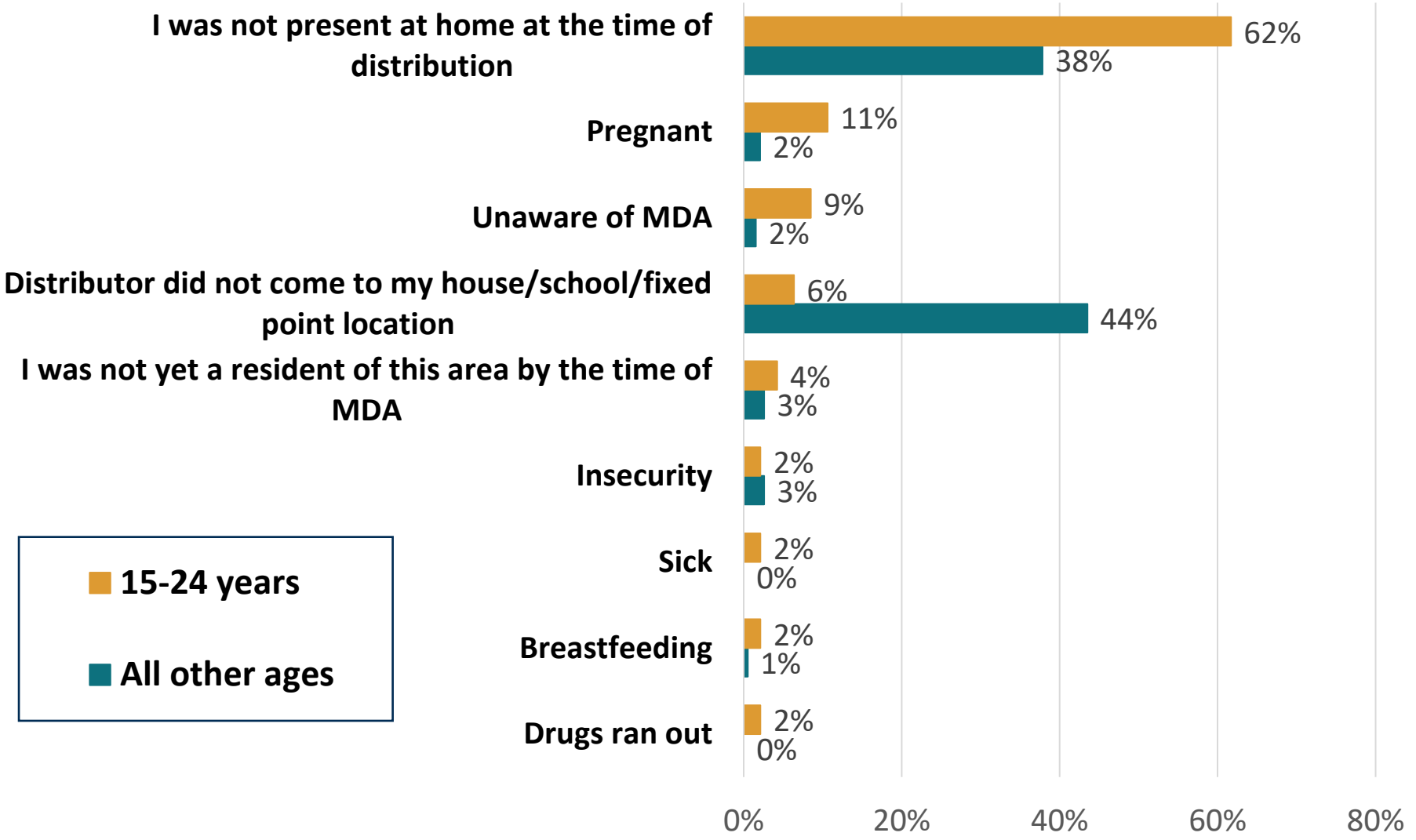
Surveyed coverage higher than reported coverage in Moroto



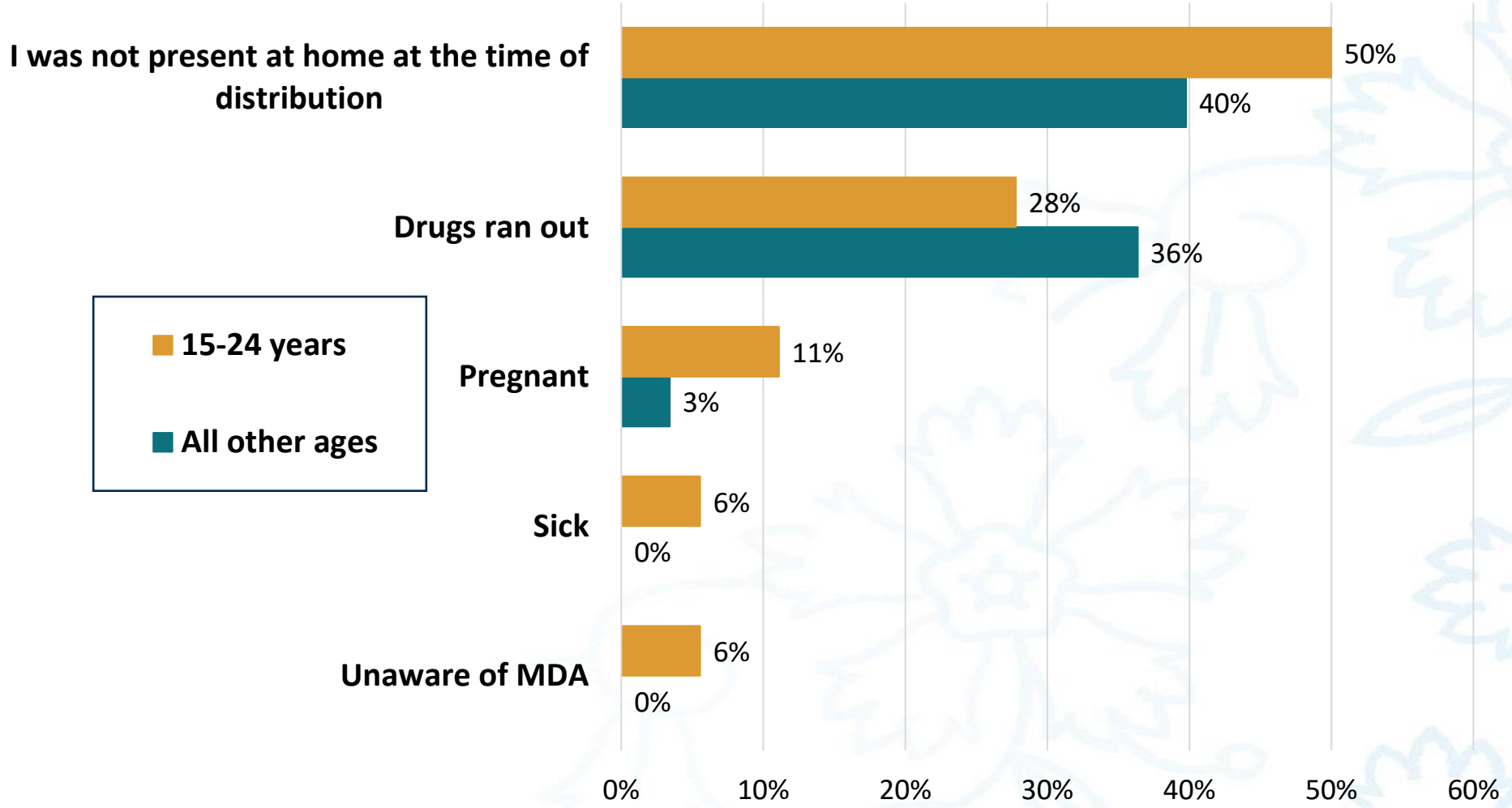
Surveyed coverage higher than reported coverage in Nabilatuk



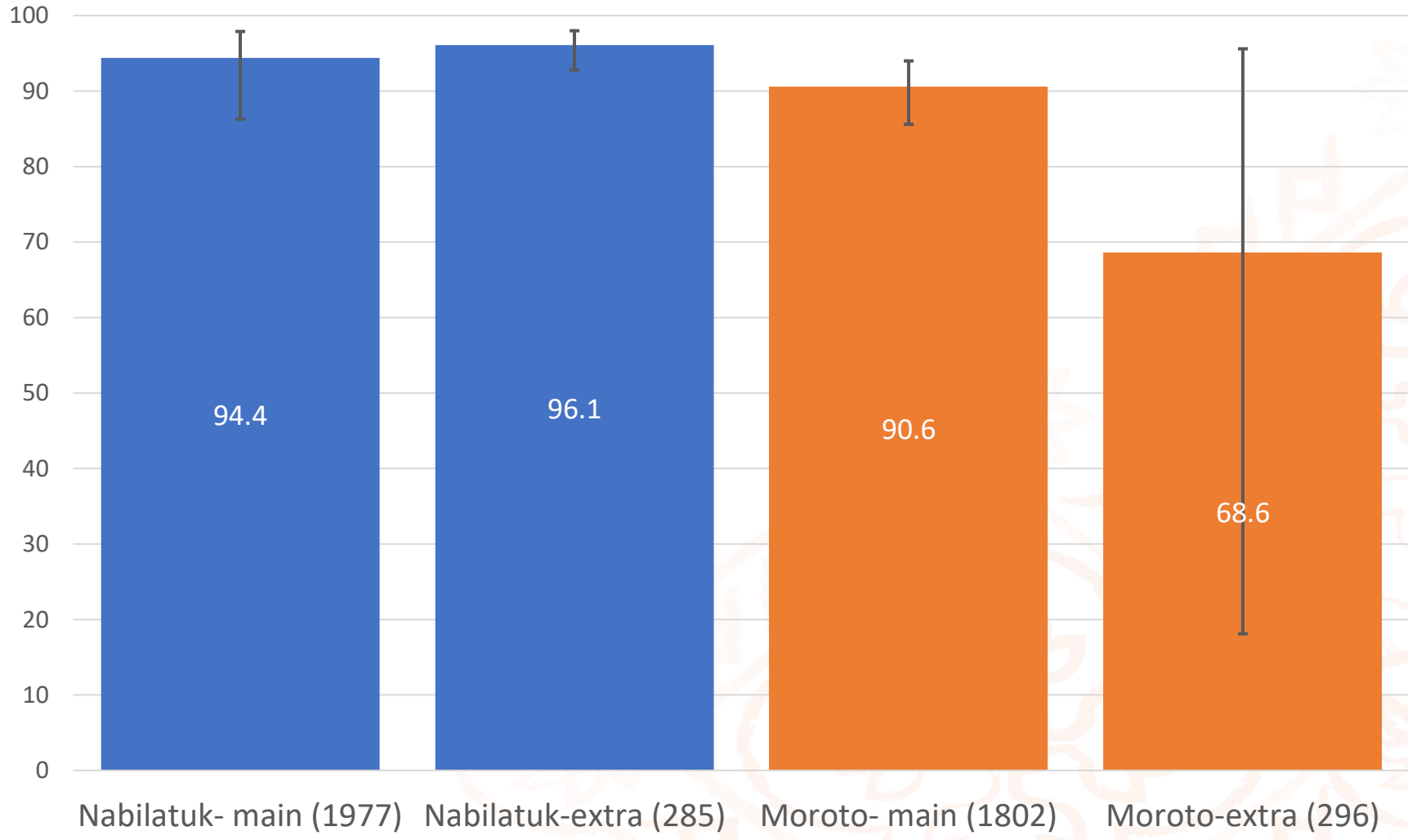
Youth report "not present at home" as reason for not taking MDA in Moroto



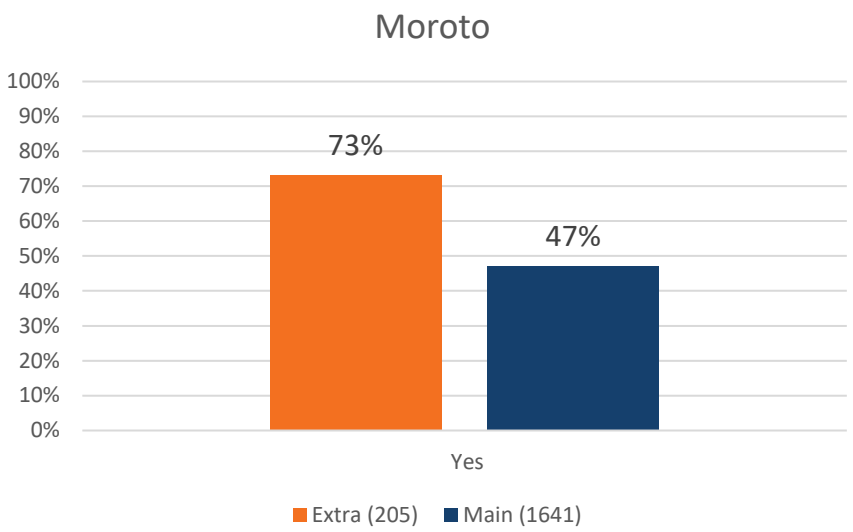
Youth report "not present at home" as reason for not taking MDA in Nabilatuk



Similar coverage between the random sample and purposively selected kraals in Nabilatuk; **lower coverage** in kraals in Moroto



Did you receive, or were offered, the drug in a kraal, settlement, or mobile community?



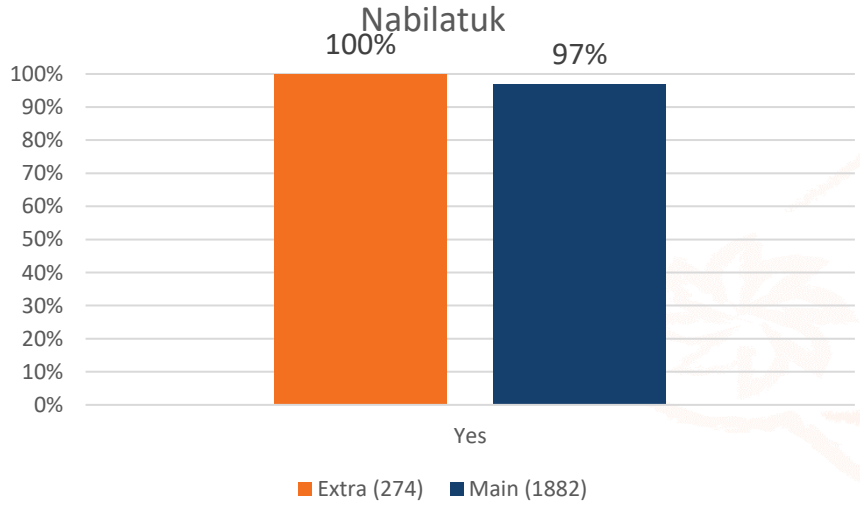


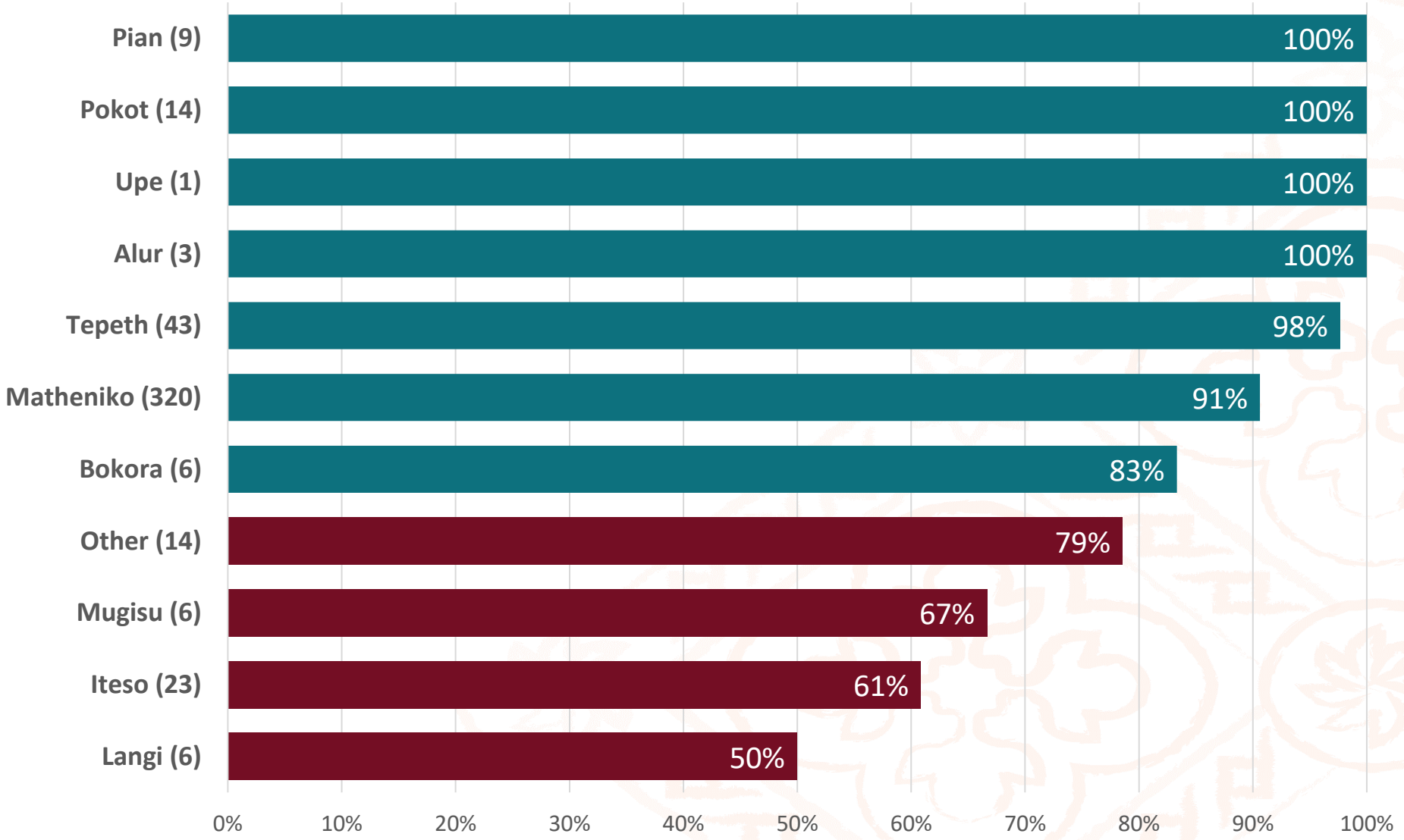
Photo credit: RTI Act | East Program

Most people from the purposively selected clusters received medication in a mobile community.

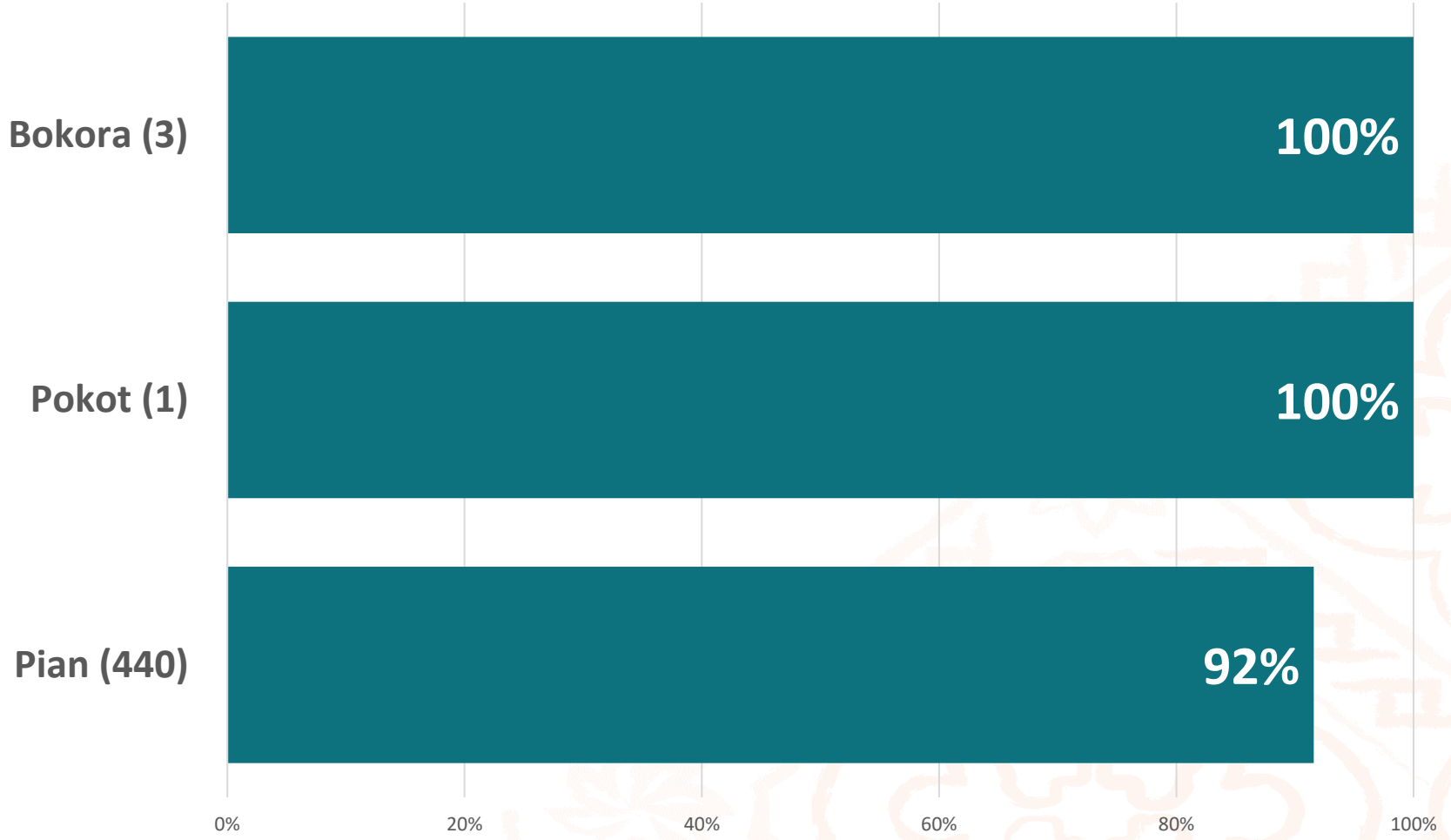
TR Prevalence in Children 1-9: increased odds for children that do not attend school, were not treated during the MDA, and live in Moroto.

Potential risk factors		Number of Children Examined	Children with TF	Proportion with TF	Univariate analysis			Multivariate analysis		
					Odds Ratio	95% CI	p-value	Odds Ratio	95% CI	p-value
Age (per year increase)					**0.8**	0.6-0.9	0.003	**0.7**		0.002
Sex	Male	917	11	1.2%	1.0					
	Female	889	15	1.7%	1.4	0.6-3.1	0.387			
Ethnicity	Others	81	1	1.2%	1.0					
	Pian	1055	5	0.5%	0.4	0.0-3.3	0.381			
	Tepeth	83	3	3.6%	3.0	0.3-29.5	0.346			
	Matheniko	587	17	2.9%	2.4	0.3-18.2	0.401			
Attended school	Yes	496	1	0.2%	1.0					
	No	1,310	25	1.9%	**9.6**	1.3-71.2	0.027			
District	Nabilatuk	1054	5	0.5%	1.0					
	Moroto	752	21	2.8%	**6.0**	2.3-16.1	<0.001	**3.6**	1.1-9.2	0.034
Treated	Yes	1,683	14	0.8%	1.0					
	No	123	12	9.8%	**12.9**	5.8-25.5	<0.001	**8.4**	3.1-23.2	<0.001
Access to water source	< 30 minutes	1117	5	0.4%	1.0					
	>30 min upto 1 hour	430	11	2.6%	**1.8**	0.7-2.8	0.001	**6.9**	2.3-20.7	0.001
	1 hour or more	259	10	3.9%	**2.2**	1.1-3.3	<0.001	**5.0**	1.5-16.1	0.007
Latrine	Present	443	5	1.1%	1.0					
	None	1363	21	1.5%	1.4	0.5-3.7	0.529			

Moroto's sample was widely **Matheniko women**, with a larger variety than Nabilatuk. Several of these ethnic groups **did not reach adequate coverage** (80%)



Nabilatuk Sample was widely Pian Women, but all minority identifying ethnicities had adequate coverage



Recommendations for Future MDAs

Photo credit: RTI Act | East Program

- **Rigorous data quality checks during MDA.**
- **Targeting youth to be CDDs and reach out to other youth**
- **Reaching out to kraals**
  - One Health integration with veterinary personnel
  - Include kraal leaders in sensitization and advocacy
- **Integration of TT screening, case finding, and surgeries**
- **Joint collaborations with partners during micro planning**
- **Cross border collaborations and synchronized/joint MDA**

World Health Organization

African Region

THANK YOU
MERCI BEAUCOUP
OBRIGADO

ESPEN

EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

Wrap up Day 3

Burkina Faso team

- Dr Brahima Traore
- Dr Nikiema Sombénéwindé Alex Bienvenu
- Dr Nassa Christophe

Rapport de la 3ème journée

Les travaux de la troisième :

Débuté par une introduction de l'équipe des facilitateurs sur les objectifs et l'agenda de la journée. Le rapport de la deuxième journée fut présenté par l'équipe du Mali à la suite de l'introduction.

Au cours de cette journée ,4 sessions ont été déroulées :

Session 1 : les bases de données sur les MTN :

- Présentation sur les types de bases de données intégrée sur les MTN utilisées dans la gestion des données : (i) CNID (BDIM), (ii) CHIP/ESPEN, (iii) DHIS2 et (iv) Base de données sur Excel

Travaux des groupes sur les bases de données :

(i) Quelles sont les forces et les faiblesses relatives aux bases de données sur les MTN qui ont été discutées ?

(ii) Quel modèle souhaiteriez-vous mettre en œuvre et (iii) pourquoi ?

Rapport de la 3ème journée

Session 2: Partage des données ESPEN avec les API :

- Les API servent à partager les données avec d'autres applications comme CHIP, DHIS2, Excel.
- La présentation a été suivi d'une démonstration d'importation de données disponibles sur ESPEN avec Excel en utilisant les API
- **Échanges:** Nécessité de former les acteurs car nouveauté pour les programmes nationaux, demande des clés d'accès API: transmission d'une demande à ESPEN, examen et réponse

Restitution des travaux de groupe de la session 1 sur les forces et les faiblesses des bases de données sur les MTN

- Les forces et les faiblesses de chacune de ces bases ont été passées en revue par les différents groupes. Il ressort qu'elles sont toujours utiles pour la gestion des données MTN à l'exception de la base CNID qui ne répond pas efficacement aux besoins des pays

Rapport de la 3ème journée

Session 3 : Intégration des données des pays sur DHIS2 (1/2)

- Intégration des données MTN dans le système national de l'information sanitaire, pour une durabilité plus accrue de la lutte contre les MTN

- Avantages :
  - ✓ suivi des progrès,
  - ✓ mobilisation des ressources,
  - ✓ réduction de la charge de travail des équipes de suivi et évaluation, etc

- Défis :
  - ✓ le financement,
  - ✓ l'implication des parties prenantes,
  - ✓ la qualité des données,
  - ✓ l'intégration de toutes les données MTN

Rapport de la 3ème journée

Session 3 : Intégration des données des pays sur DHIS2 (2/2) :

- Rôles des partenaires :
  - ✓ appui technique et financier,
  - ✓ appui à la coordination avec les parties prenantes
- Expériences des pays sur l'intégration des données MTN dans le DHIS2 :
  - ✓ Kenya,
  - ✓ Rwanda,
  - ✓ Burkina Faso
  - ✓ Ghana
- Points de discussions : Durabilité, intégration des données historiques et existence de modèles standards

Rapport de la 3ème journée

Session 4 : ESPEN Collect:

- ✓ services ESPEN lance en 2018,
- ✓ utilisé dans 31 pays
- ✓ 200 enquêtes déjà réalisées

- Comment utiliser ESPEN Collect : soumission de requête, examen des requête, assistance (formation, conception des formulaires et de tableau de bord) collecte des données, suivi et élaboration des EPIRF
- Points forts : soutien des partenaires, accessibilité aux pays, disponibilité des experts des maladies
- Points faibles : personnel limité, insuffisance dans l'appui des pays,

Travaux de groupe sur ESPEN Collect : modèle de soutien, ce qui fonctionne bien et ce qui ne fonctionne pas bien, appréciation du service d'assistance aux enquêtes

- La journée a pris fin aux environs de 17 heures

Lunch break

Compte rendu succinct par pays reflétant le questionnaire : République Démocratique du Congo

Cameroun Team

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

Résumés / Questionnaire

Rapports des Données sur les MTN

- **Changements dans la soumission du JAP :**
  - La RDC mettra un accent particulier sur la ponctualité dans la soumission du JAP ainsi que sur la complétude et la qualité des informations soumises. Une réponse rapide sera apportée lorsqu'il est nécessaire de fournir des clarifications ou des informations supplémentaires.
  - Délai de soumission pour les différents rapports :
    - **JRF** : Dans les 3 mois suivant la mise en œuvre du dernier cycle MDA et au plus tard le 31 mars de l'année suivante.
    - **JRSM** : Au moins 9 mois avant la première date de MDA prévue.
    - **EPIRF** : Dès la fin d'une enquête spécifique, conformément aux recommandations de l'ESPEN.
- **Utilisation du Portail JAP :**
  - La RDC utilise déjà tous les aspects du JAP.
- **Analyse SWOT :**
  - **Forces :**
    - Navigation simple et fluide.
    - Mise à jour en temps réel du statut des soumissions.
    - Récupération complète des rapports.
    - Surveillance collaborative renforcée.
  - **Faiblesses :**
    - Absence de colonne sous-district pour le traitement focal de la schistosomiase.
    - Impossibilité de télécharger les fichiers en mode hors ligne.
    - Le canevas actuel du JAP ne reflète pas les nouvelles directives de l'OMS pour la schistosomiase.
    - Absence d'une colonne de décision sur l'EPIRF.
  - **Menaces :**
    - Forte dépendance aux ressources externes pour la mise en œuvre des TDM et des enquêtes.

Résumés / Questionnaire

Prévisions des Médicaments et des Commodités

- **Défis de Prévision :**
  - Aucune information spécifique n'est considérée comme difficile à obtenir lors de l'élaboration d'une prévision triennale.
  - Aucun indicateur n'est perçu comme incertain ou difficile à prévoir.

Résumés / Questionnaire

Intégration du S&E pour les MTN-PPC dans le SNIS

- **Logiciels Utilisés :**
  - **DHIS2, base de données NDT, Excel** : Utilisés pour la collecte des données de traitement, de morbidité, et des enquêtes. Ces systèmes génèrent les éléments nécessaires pour remplir le JAP.
- **Intégration avec le SNIS :**
  - Le système national d'information sanitaire et les partenaires d'appui sont les principales parties prenantes pour l'intégration.
- **Indicateurs MTN dans le SNIS :**
  - La RDC dispose d'une liste vérifiée d'indicateurs MTN pour les MTN-PPC, incluant des traitements MDA et des données de morbidité. Toutefois, le pays ne se repose pas uniquement sur le SNIS pour compléter les formulaires annuels de rapport.
- **Impact du S&E sur le Soutien Gouvernemental :**
  - L'intégration des indicateurs MTN dans le SNIS a eu un impact positif sur le soutien gouvernemental aux MTN.
- **Support et Intégration des Données Historiques :**
  - Besoin de mise à l'échelle de l'intégration des données dans le DHIS2 pour toutes les provinces, avec un renforcement des capacités et des équipements informatiques.
  - La RDC n'a pas prévu d'intégrer des données historiques dans le SNIS, mais pourrait envisager l'importation des données historiques de l'ESPEN via leurs API.

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EXPANDED SPECIAL PROJECT
FOR ELIMINATION OF
NEGLECTED TROPICAL DISEASES

Brief country readouts of reflecting Questionnaire: Sierra Leone

Sierra Leone Team

World Health Organization
African Region

UHC/UCN
Universal Health Coverage/Communicable and noncommunicable Diseases

Data Workshop on Monitoring and Evaluation of PC-NTD Programmes

Questionnaire for Reflection

Sierra Leone Team

World Health Organization
African Region

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Summaries / Questionnaire

Forecasting Medicines and Commodities

- **Challenges in Forecasting:**
  - The most challenging aspect for Sierra Leone when forecasting a three-year MDA is accounting for population changes within the country.
  - Another challenge is unforeseen donor challenges in funding, which could affect the reliability of forecasts.

- **Uncertain Indicators:**
  - Indicators such as target population, reverse logistics, and coverage attainment are considered most uncertain or difficult to predict during the forecasting process.

Summaries / Questionnaire

Reporting NTD Data

- **Change in Submission Approach:**
  - Sierra Leone plans to transition to using an online, stand-alone document for JAP submissions, moving away from email submissions.
  - They have been uploaded to the portal but will begin doing so to streamline the process.

- **SWOT Analysis Findings:**
  - **Strength:** The JAP provides a clear opportunity for drug quantification.
  - **Weakness:** Pre-population of the JAP affects the accuracy due to population changes.
  - **Threat:** Delays in JAP approval can disrupt the timeline of activities.

Summaries / Questionnaire

Integration of M&E for PC-NTDs into HMIS

- **Current Database and Software Use:**
  - Sierra Leone uses an Excel workbook for government and the Neglected Information System (NIS) by Helen Keller International to manage their NTD data.
  - Data types collected include MDA data, people treated, survey data, health facility data, and MMDP data. The software can generate JAP reports.

- **HMIS Integration:**
  - Sierra Leone's HMIS is DHIS2-based, and key stakeholders involved in integrating NTD indicators include NTD supporting partners like WHO, HKI, and Sight Savers.

Summaries / Questionnaire

Integration of M&E for PC-NTDs into HMIS

- **NTD Indicators in HMIS:**
  - They have existing NTD indicators for PC-NTDs, including morbidity, MDA treatments, and MMDP. The government fully relies on the HMIS for annual reporting forms (JRF, EPIRF, TEMF).
  - Data is also collected in parallel to the HMIS.
- **Government Support and Impact:**
  - Integration of NTD indicators into HMIS has not yet significantly impacted government support for NTDs; the response was neutral.
- **Historical Data Integration:**
  - Plans are in place to integrate historical data into the HMIS through engagement meetings with all districts and soliciting support from partners. They are open to importing historical data from the ESPEN Data repository using APIs.

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Permanent Working Group Structure on M&E for PC-NTDs

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M&E Technical Committee

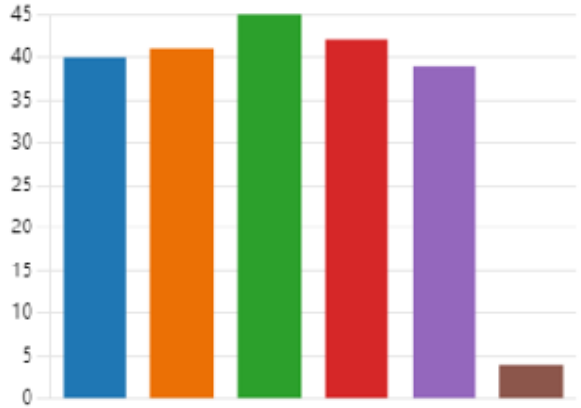
ESPEN is proposing the establishment of a M&E technical committee in response to persistent challenges of delayed treatment data submission and the misalignment between reported data and information within country health systems.

How important do you think it is to have a formal coordination structure for sharing M&E experiences and learning from each other among NTD stakeholders?

Extremely important	45
Somewhat important	8
Neutral	2
Somewhat not important	0
Extremely not important	0

What key areas should this working group focus on to be effective? (Select all that apply)

Standardizing data collection an...	40
Providing training and capacity ...	41
Facilitating regular sharing of be...	45
Coordinating cross-country M&...	42
Addressing data quality and acc...	39
Other	4



Objective and key focus areas

Objective: Establish an ongoing, dedicated group focused on the global harmonization of M&E tools and processes with significant representation from major implementers to offer sustained advice and support.

The creation of a M&E Technical Committee is not just a procedural step; it represents a fundamental shift towards fostering a unified approach to data management across the spectrum of NTD interventions.

It is suggested that such a group could focus on 5 key areas while remaining flexible enough to adapt to a rapidly changing requirements of NTD programs.

1. Standardizing data collection and reporting methodologies
2. Coordinating cross-country M&E efforts
3. Providing training and capacity building
4. Addressing data quality and accuracy issues
5. Facilitating regular sharing of best practices

Value added

The establishment of such a group underscores WHO/AFRO's commitment to enhancing coordination mechanisms within the African region.

This approach not only aims to improve the quality and reliability of NTD data but also to elevate the effectiveness of interventions through improved decision-making and resource allocation.

The value of setting up a M&E Technical Committee lies in its potential to standardize data practices, ensuring that major implementers are not just participants but key contributors to the development of global data standards.

By centralizing efforts to harmonize data collection, analysis, and reporting methodologies, the working group aims to overcome the fragmented nature of current data practices, facilitating more coherent and effective responses to NTD challenges.

Next steps

The M&E Technical Committee will need to:

1. Consolidate feedback from participants on the M&E Technical Committee roles, responsibilities and objectives.

2. Officially form the M&E Technical Committee with clear roles, responsibilities, and objectives.

3. Establish technical small working groups focusing on identified priority topics (i.e. harmonization demographics, DQA, etc.) and schedule regular meeting to work on these topics intended to develop blueprint documents on the concerned topics.

4. Schedule regular meetings to monitor the progresses of the individual working groups, discuss updates, challenges, and strategic directions for global data practices.

5. Release blueprints on the priority topics.

6. Revise the reports and blueprints developed by technical groups and disseminate them.

7. Develop an annual report on the working group's activities and its impact on PC-NTD programs globally.

8. Prepare and organize an Annual M&E Workshop

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Closing Remarks

Dr Elizabeth Juma
ESPEN Team Lead

End of the Workshop

Thank you
Merci beaucoup
Muito obrigado

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