



M&E Framework Development

NTD Data Use Resource Hub

Acknowledgements

We extend our sincere appreciation to the **National NTD programs from seven countries (Benin, Burkina Faso, Ethiopia, Kenya, Nigeria, Senegal, and South Sudan)** for their unwavering cooperation, leadership, and commitment to public health.

We also thank our **in-country implementing partners** for their vital collaboration, operational expertise, and dedication to delivering impactful interventions on the ground. This work would simply not be possible without their collective support—each contribution has been essential to driving progress and improving lives across affected communities

We acknowledge the generous support of the **Gates Foundation (GF)** and the **Children's Investment Fund Foundation (CIFF)**, whose funding has been instrumental in advancing our shared mission to combat neglected tropical diseases (NTDs).

Lastly, we also acknowledge the **World Health Organization's ESPEN platform** for hosting these resources and making them accessible to the global health community, further strengthening transparency, coordination, and knowledge-sharing across regions.



NTD DATA USE RESOURCE HUB

Background: Data use support provided to 6 NTD programs

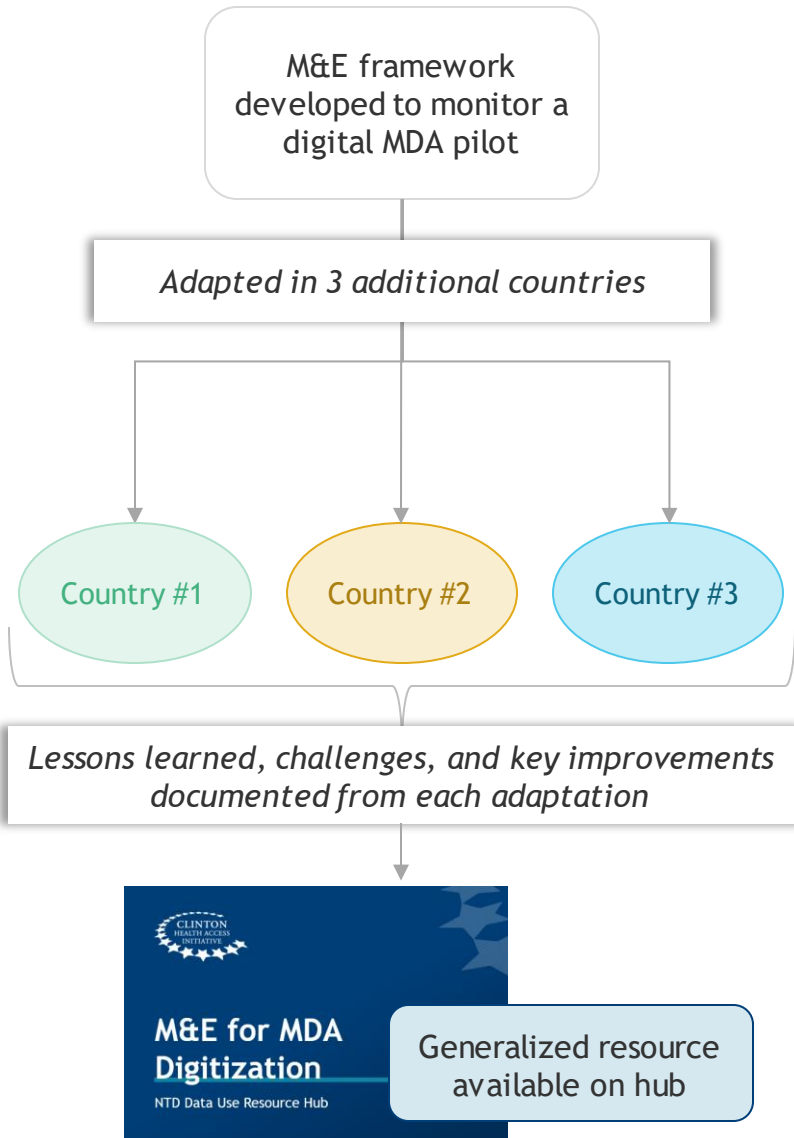
- In **2021**, CHAI started providing support to **Kenya, Benin** and **Nigeria** (Kano) NTD program (2021-2024) with support from BMGF to accelerate elimination of PC-NTDs by:
 - Improving sustainable **access to timely and high-quality information** across relevant levels of the health system.
 - **Capacitating programs to routinely use data and generated analytics** such as modeling, integrating it within existing processes and structures.
- In **2022**, the support was expanded to all ARISE countries including **Burkina Faso, Ethiopia, Senegal, and South Sudan*** (2022-2025) with support from CIFF and BMGF.
- CHAI staff conducted in-depth country landscaping in 6 countries to identify the specific NTD program data use gaps that were undermining campaign and intervention effectiveness.
- Based on this work, CHAI staff worked in concert with NTD programs and key implementing partners to develop customized solutions to address these key challenges.

- Direct support to 6 countries
- 15 staff embedded in country
- August 2021 - December 2025



**CHAI has no in-country presence in South Sudan. Support consisted of sharing cross-country lessons and deepening engagement through other in-country partners.*

The NTD Data Use Resource Hub: Customized solutions → generalized guidance



- While solutions were developed for the specific goals and challenges of individual NTD programs supported through the BMGF/CIFF investment, the work revealed **significant overlaps between countries in impactful solutions**.
- Throughout implementation, **CHAI teams actively shared and adapted guidance, templates, and best practices** - showcasing the transferability of learnings and resources across countries.
- To enable broader uptake beyond grant-supported countries, these resources were **standardized and paired with concise “how-to-use” guides** to facilitate adaptation by other NTD programs.
- The tools are designed to **complement existing resources** from the WHO and key NTD partners, with a focus on bridging the gap between technical tools and day-to-day program operations.
- **Emphasis is placed on practicality and usability:** organizing planning meetings, structuring data review discussions, and improving access to and use of routine data without overburdening NTD program staff.

Available resources and intended users

- These tools are designed for NTD program teams—**particularly program managers and M&E officers**—who want to strengthen data use to inform decision-making.
- These resources are designed to help programs **address existing challenges in how they organize, review and use data** for planning and decision-making.
- Each resource includes a brief usage guide to support customization and integration into existing workflows accompanied by generalized templates for adaptation.

Available resources in Hub

Creating data-driven, integrated work plans

Integrating microplanning ahead of MDA

Developing NTD data systems and repositories

Digitizing MDAs with standard XLS forms

Developing MDA digitization M&E plans

Implementing data quality support tools

Conducting effective data review meetings

Developing M&E frameworks for NTD Master Plans

The WHO's Roadmap M&E Framework outlines key best practices for managing NTD data. Resources included in the Hub are designed to help programs put those best practices into action.

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Implementing data quality support tools

Conducting effective data review meetings

Developing M&E frameworks for NTD Master Plans

Data collection



- Integrated and standardized disease-specific and cross-cutting indicators and data collection tools
- Mainstreamed into health management information system/integrated disease surveillance and response
- Disaggregated by age, gender and location
- Recorded and reviewed on the same day that collected
- Reported to the next level in a timely manner
- Supervised collection of data
- Digital health platform used for collection

Data storage and aggregation



- Mainstreamed into health management information system/integrated disease surveillance and response
- Secured with defined users and access
- Updated at regular intervals

Data validation



- Validated at multiple levels with feedback on data quality
- Triangulated from various sources
- Checked for internal and external consistency
- Routine (e.g., during supportive supervision) and period exercises (e.g., coverage evaluation surveys, data quality audits) conducted

Data analysis



- Viewed through the lens of person, time, place to answer 4/5 Ws: “what, where, when, why and how?”
- Analysed at multiple levels (community, health facility, district, national, regional, global)
- Advanced analyses used to fill public health data gaps

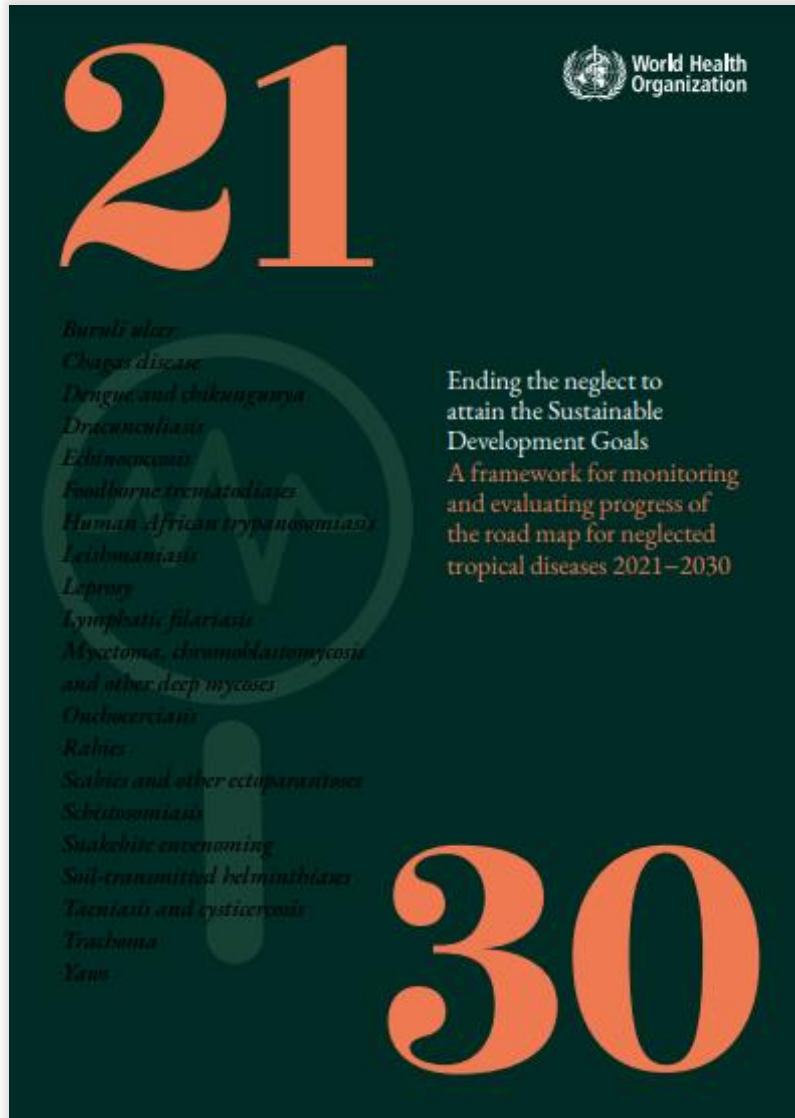
Monitoring progress towards targets



- Progress measured with attention to geographical areas, population groups and trends over time
- Progress analysed as to how and why targets are being achieved or not achieved to inform decisions

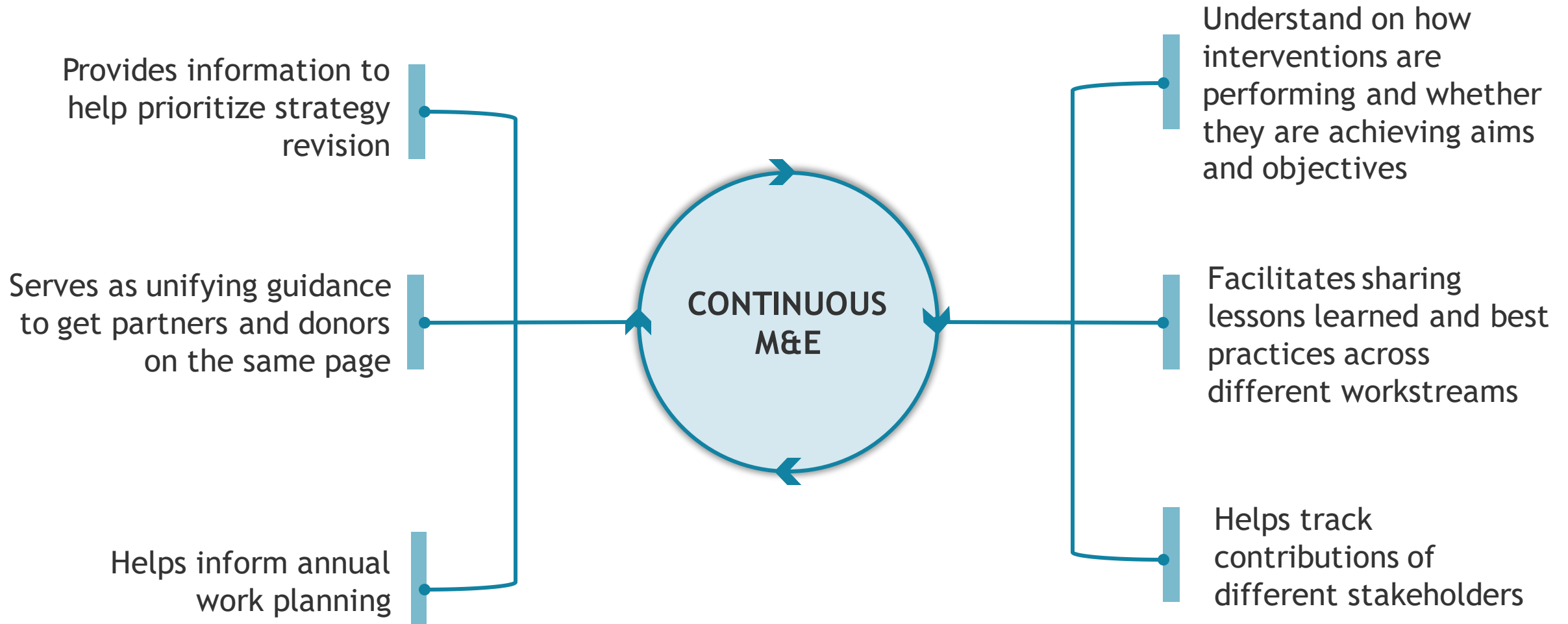
Introduction

Why have an M&E framework?

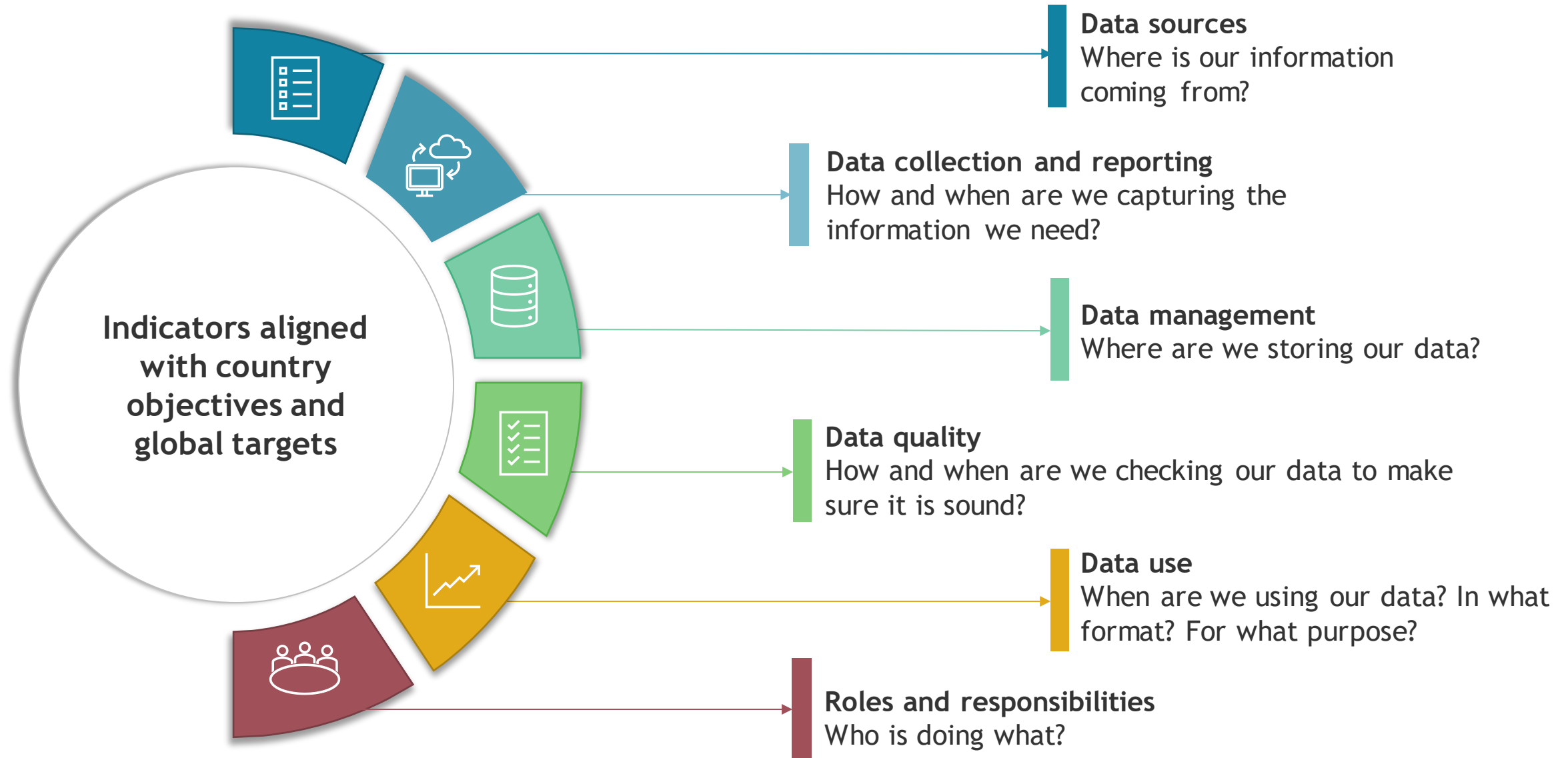


“[Countries should assume] leadership in designing and implementing adequate monitoring and evaluation in order to efficiently track progress towards the targets in their own contexts. This includes identifying health information system resources, defining indicators aligned with global targets, identifying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

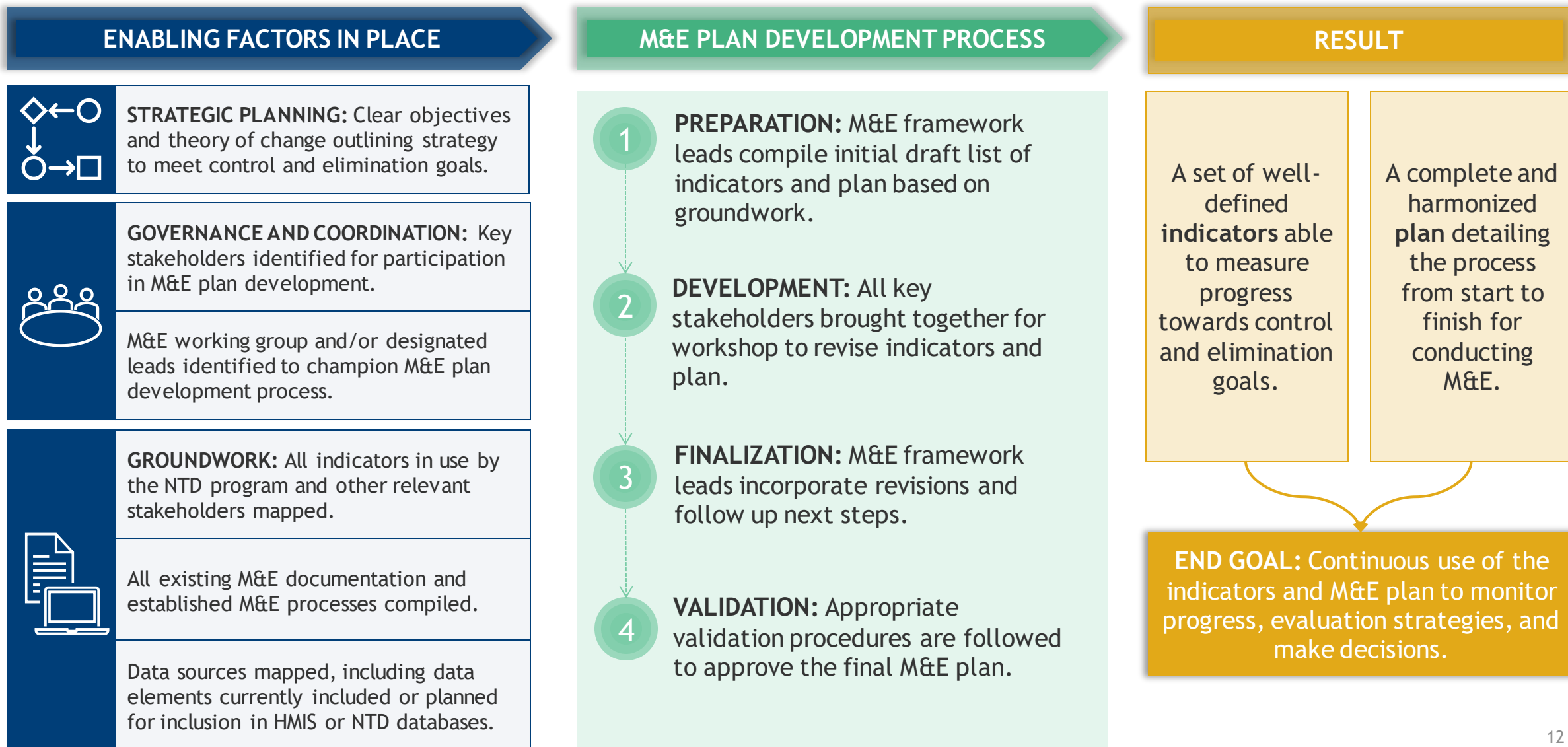
How does M&E help the NTD program?



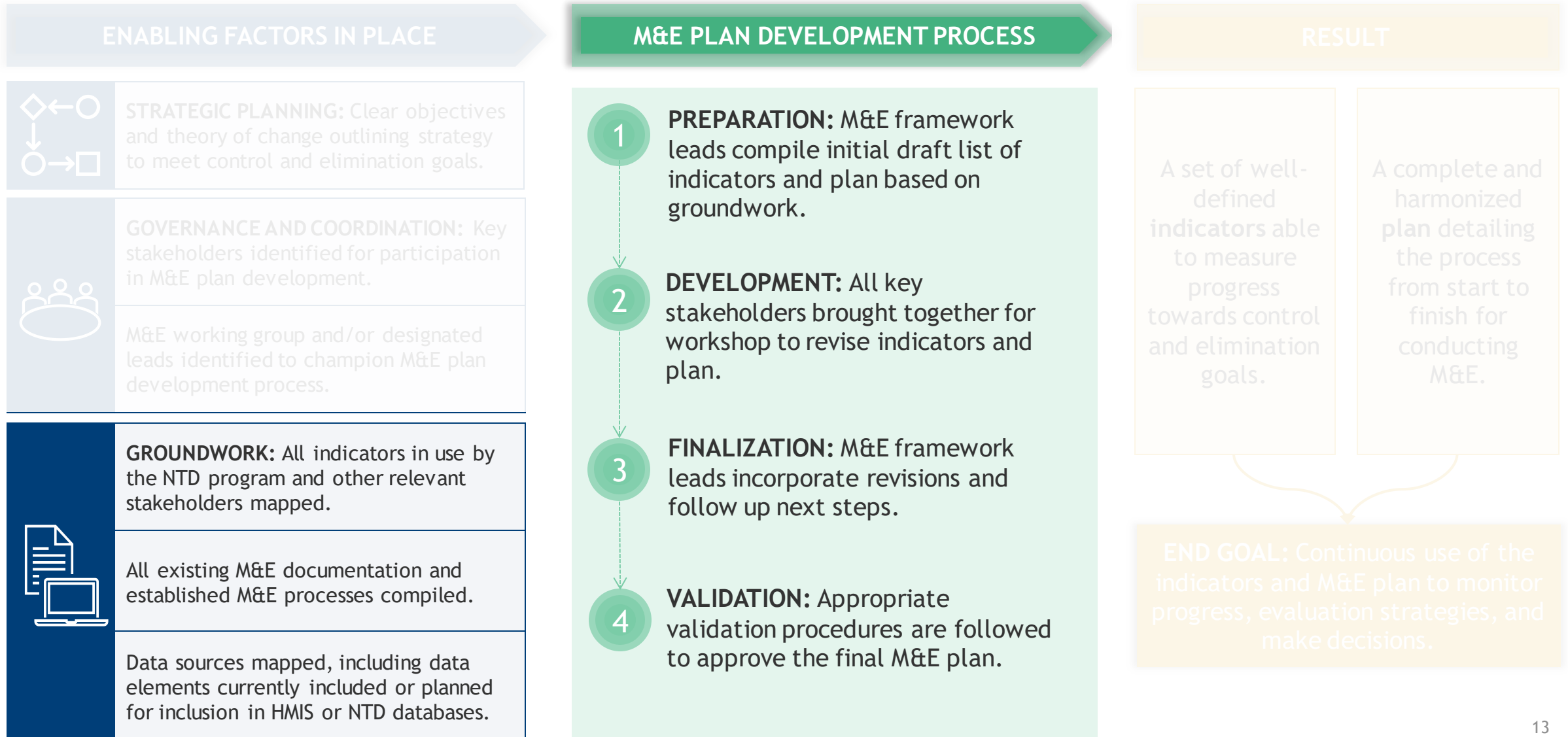
Developing and using an M&E framework creates a shared, systematic approach to collecting high-quality data using it for high-quality decisions



How does the M&E framework fit within the larger strategic planning and data use process?



This toolkit is designed to facilitate the groundwork and M&E plan development processes



Toolkit resources

Process guidance (this resource)

- **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.

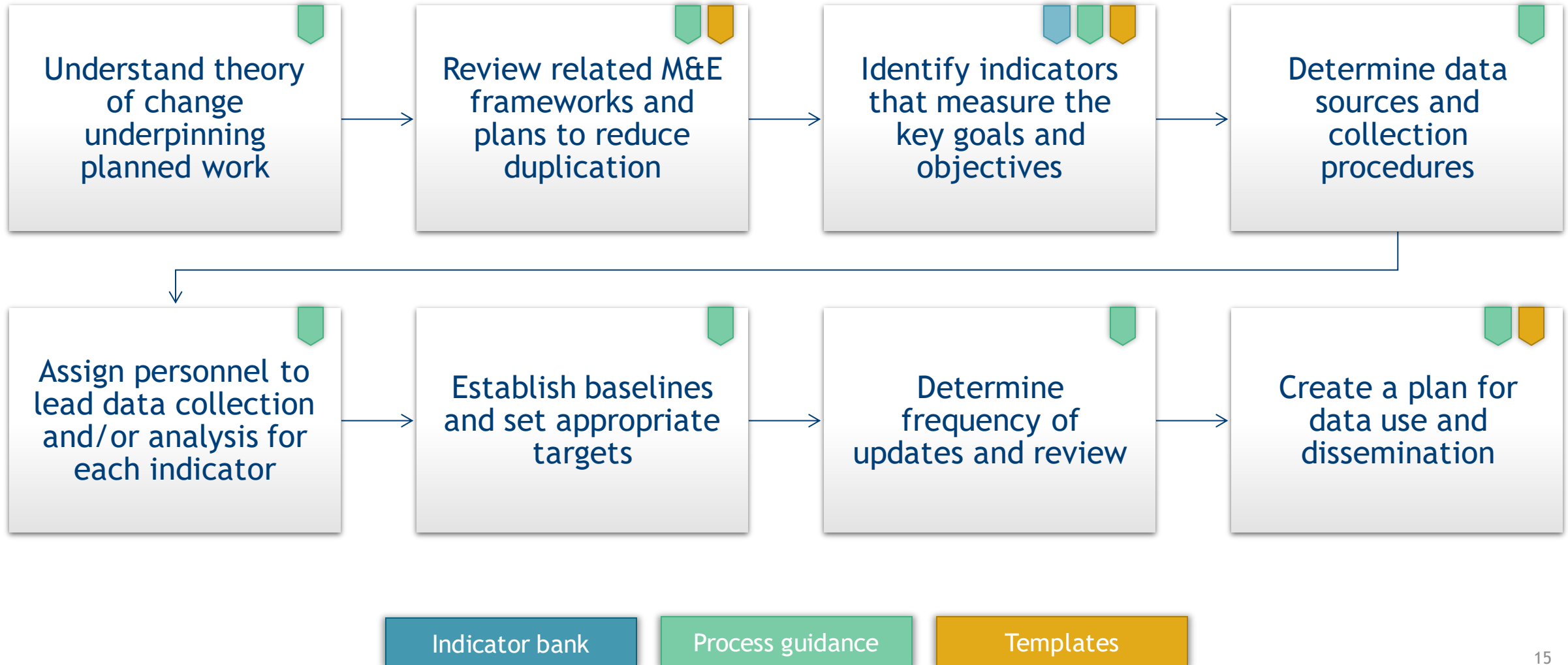
Indicator bank

- **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.

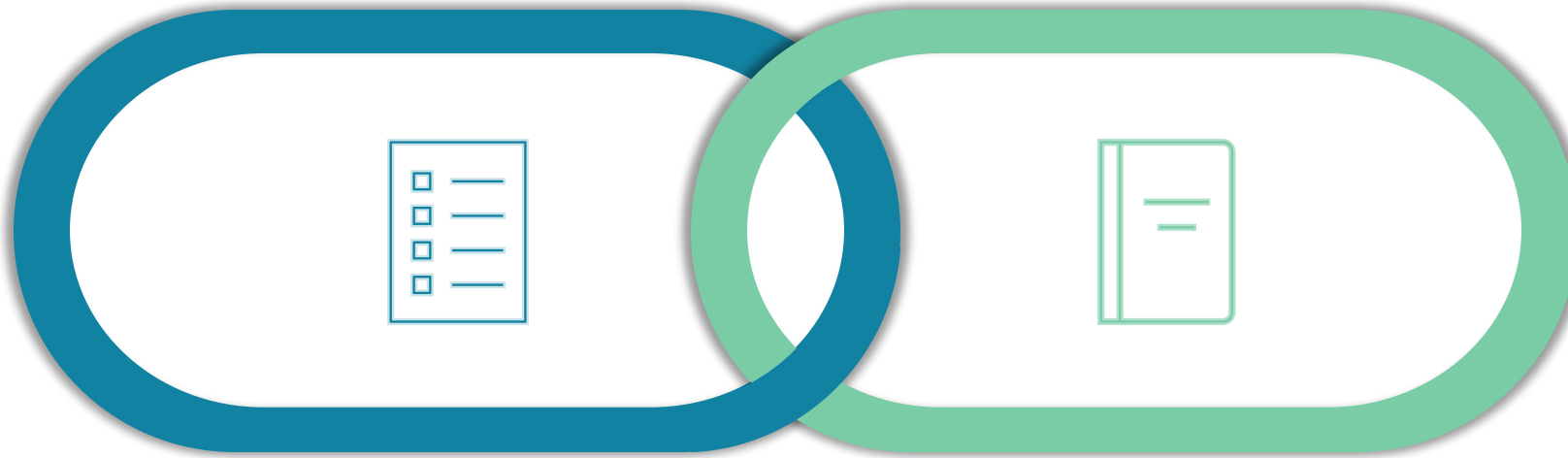
Template bank

- **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.

How can the toolkit be used to aid the groundwork and M&E workshop process?



What are the target outputs that come out of this process?



M&E FRAMEWORK

Streamlined set of well-constructed indicators designed to assess whether the strategies described in the Master Plan are advancing progress against control and elimination targets.

M&E PLAN

A concise document laying out (1) processes to collect, manage, and analyze the data necessary to calculate the indicators in the M&E framework and (2) how the NTD program will use this data to make decisions.

How to Use this Guidance

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



Section 1. Groundwork	
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	<ol style="list-style-type: none">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 framework5. Using the templates to prepare draft for M&E plan

Section 2. Workshop	
Target Users	Workshop participants
Format	Slide deck to be used to structure workshop
Purpose	Guide effective and efficient review of M&E framework and draft
Section Contents	<ol style="list-style-type: none">1. What is the purpose of the workshop?2. How were the drafts developed?3. Suggestions for review4. Small group work5. Documenting next steps

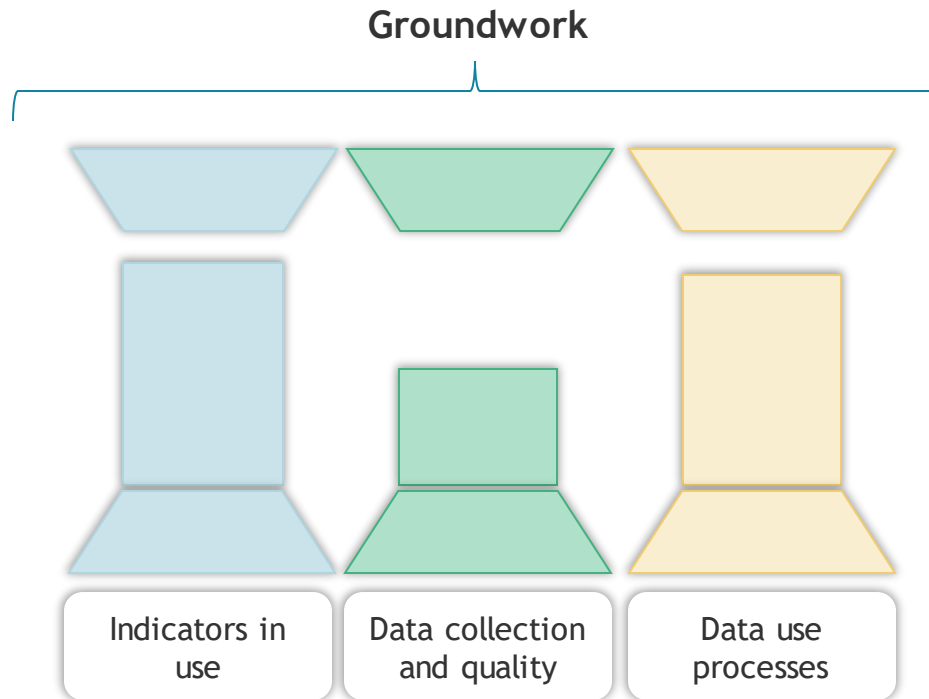
Section 3. Finalization	
Target Users	Program M&E lead
Format	Step-by-step guidance for M&E lead
Purpose	Reconcile comments and finalize draft for validation
Section Contents	<ol style="list-style-type: none">1. Timelines and goals for finalization and validation2. Considerations about where the framework should be housed

Key templates available

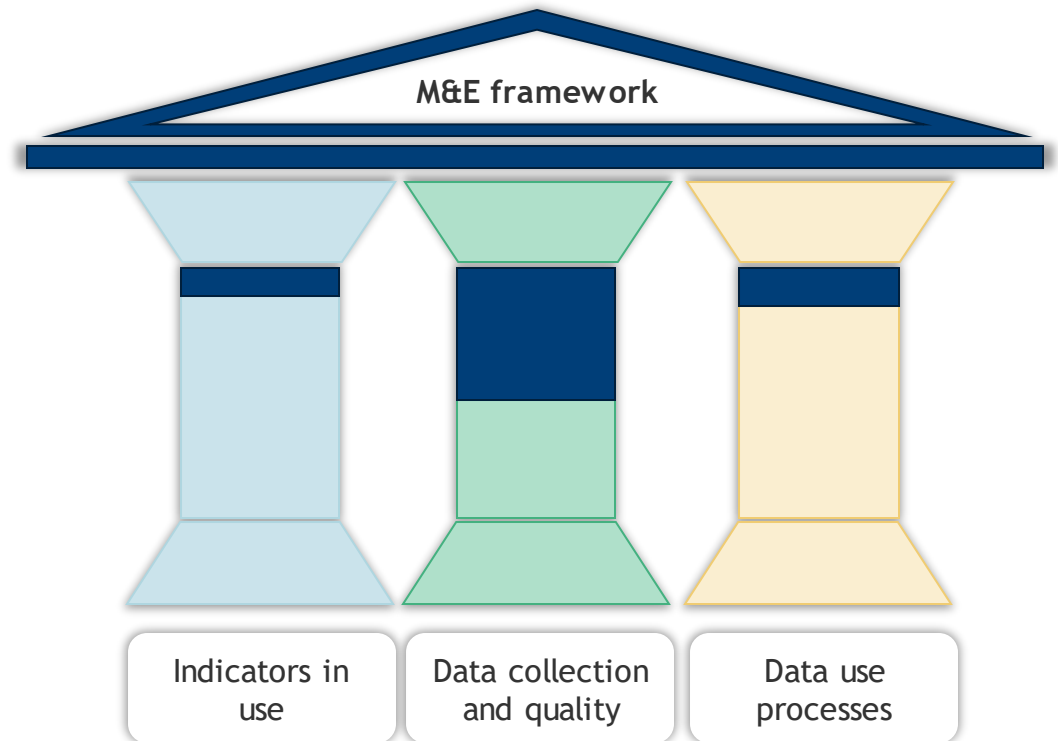
- [Agenda template for development workshop](#)
- [Indicator selection template](#)
- [Example M&E plan draft](#)

Groundwork

In developing the M&E framework, the NTD program should avoid reinventing the wheel - as such it is important to go into the workshop with a clear understanding of indicators and M&E processes currently in use.

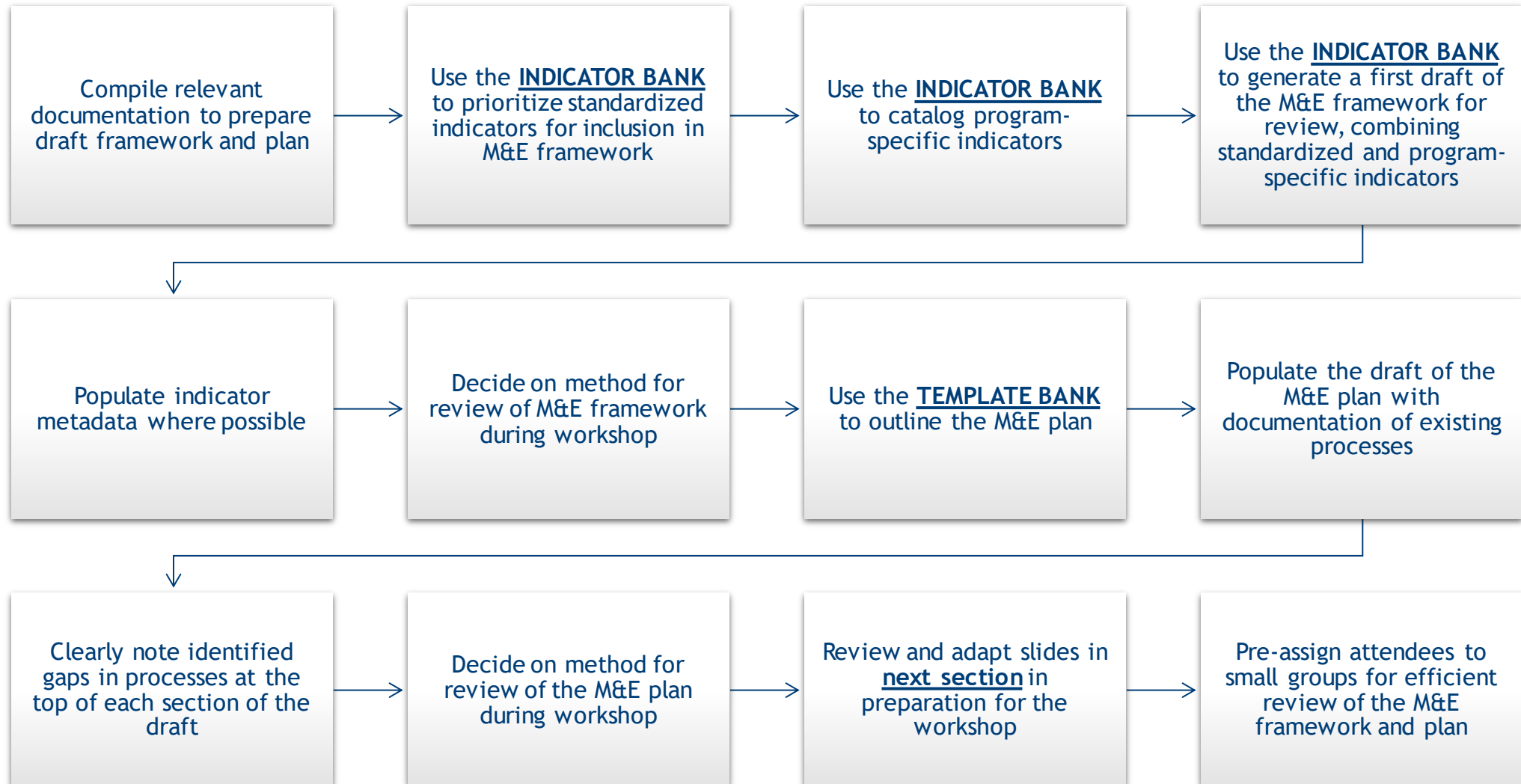


The purpose of the groundwork is to understand how much of the **foundation** of a strong M&E framework is already in place...



...so that the framework development process prioritizes **filling the gaps** rather than starting from scratch

Groundwork steps




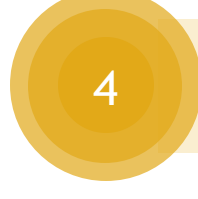


Step 1. Compile your materials

- Gather the following materials:
 - Indicators:
 - List of indicators used by the program or by disease focal persons
 - List of indicators included in HMIS or NTD data repositories
 - ALMA scorecard indicators
 - Indicators included in any disease-specific strategies
 - List of NTD-related indicators included in any health sector frameworks
 - List of NTD-related indicators used by other divisions within the MoH (e.g., zoonotic disease, vector control, etc.)
 - List of NTD-related indicators used by other ministries (e.g., MoE if school-based deworming, etc.)
 - Any external reporting frameworks the NTD program is accountable to (e.g., drug donation reporting, etc.)
 - M&E processes:
 - Any official M&E guidelines or processes documents used by the NTD program or disease focal persons
 - SOPs governing data collection, reporting, and access
 - Data quality procedures, tools, and timing
 - Standardized agendas or tools used to guide data use for decision-making

Step 2. Prepare to use the Indicator Bank

The indicator bank is designed to do the following:

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

Groundwork: Using the Indicator Bank

Step 3. Open the Indicator Bank

- Start with the “Intro Page”
- Use the dropdowns under “Stage” and “Elimination / control timeline” columns to populate the country situation for each NTD.
- This will trigger macros throughout the indicator bank workshop to filter for relevant indicators.

Disease	Stage	Elimination / control timeline		Elimination / control timeline
Buruli ulcer				
Chagas disease	0. Not endemic			0. Not endemic / Eliminated
Chikungunya	1. Endemicity unknown			A. During NSP
Dengue	2. Endemic, service delivery not started			B. After NSP
Dracunculiasis	3. Endemic, service delivery started, but not at scale			
Human African trypanosomiasis (gambiense)	4. Endemic, service delivery at scale			
Human African trypanosomiasis (rhodesiense)	5. Under surveillance / eliminated			
Leishmaniasis (cutaneous)				
Leishmaniasis (visceral)				
Leprosy				
Lymphatic filariasis				
Onchocerciasis				
Rabies				
Scabies and other ectoparasitoses				
Schistosomiasis				
Snakebite envenoming				
Soil-transmitted helminthiasis				
Trachoma				
Yaws				

Groundwork: Using the Indicator Bank

Step 4. Review standardized indicators and select candidates for framework

- **Objective:** This pre-work will help ensure that no time is spent during the workshop “reinventing the wheel”. There are many standardized indicators that are already in use by NTD programs that should form the foundation of the M&E framework.
- The “Prioritization Page” of the Indicator Bank contains a list of standardized, widely used indicators. Based on the answers in the “Intro Page”, each indicator will be color-coded to indicate whether it is recommended for inclusion based on the elimination / control stage. In the “Recommendation” column, there will also be a short explanation detailing why or why not each indicator is recommended.
- The M&E framework leads should review the list and select “Yes” or “No” in the “Select” column, which will mark the indicator for inclusion in an editable format to be reviewed during the workshop. M&E leads are able to overwrite any recommendation guidance and select any indicators for inclusion based on the needs of their individual program.
- In addition, the M&E leads should select “Yes” or “NO” in the “Program” column. This will trigger the indicator to autopopulate in the next step and reduce burden for the M&E leads.

Indicator	Disease	Definition	Purpose	Source of Indicator	Identical Indicator Included				Recommendation	Select
					JAP	TEMF	Dossier	Program		
Validated for elimination as a public health problem	LF	Infection sustained below transmission assessment survey thresholds for at least four years after stopping mass drug administration; availability of essential package of care in all areas of known patients	Track whether NTD programme is on track to received certification of LF elimination as a public health problem	WHO Roadmap	n/a	n/a	X	<>	Include if program is on track to submit dossier within lifespan of Master Plan.	

Groundwork: Using the Indicator Bank

Step 5. Supplement the recommended list with indicators used by program

- **Objective:** One of the key benefits of an M&E framework is to ensure harmonization of efforts. The M&E framework should serve as an important point of reference for the entire NTD program to understand what indicators the program is using, how they are defined, what the data source is, and who they are being reported to.
- The “Program Indicators” page will be automatically populated with any indicators marked as “Program” indicators in the previous step.
- **If the NTD program has not completed an indicator mapping:** Use the “Program Indicators” sheet of the Indicator Bank can be used to complete this task. Types of documents that should be reviewed are listed in the next slide. Based on the filters set in the “Intro Page” of the Indicator Bank, Roadmap and JAP / TEMF indicators will auto-populate into this list.
- **If the NTD program has already completed an indicator mapping:** The list of indicators should be reviewed for completeness and can be copy/pasted into the Indicator Bank.
- Finally, the M&E leads should indicate “Select” for any program-specific indicators they want to include in the first draft of the M&E framework.

Indicator	Disease	Definition	Current Uses	Data Source	Digitized?
Proportion of IUs that achieved effective therapeutic coverage	LF	Proportion of IUs where MDA was delivered that achieved effective programme coverage (>65%)	> JRF completion > JRSM completion		

Groundwork: Using the Indicator Bank

Step 6. Populate known metadata values for program-specific indicators

- **Objective:** Where possible, populate metadata from program-specific indicators.
- Based on the indicators selected on the “Prioritization Page” and “Program Indicator” worksheets, populate the “Workshop Template” sheet with the selected list of indicators and metadata for standardized indicators.

Indicator
Indicator description
Numerator
Denominator
Data source
Reporting frequency
Lead

- The categories to the left should be filled for each indicator. If any category cannot be completed, inclusion of the indicator should be reviewed.
- Define how the indicator will be calculated and where the data will be coming from.
- Determine and define roles and responsibility for the reporting of each indicator to ensure accountability.

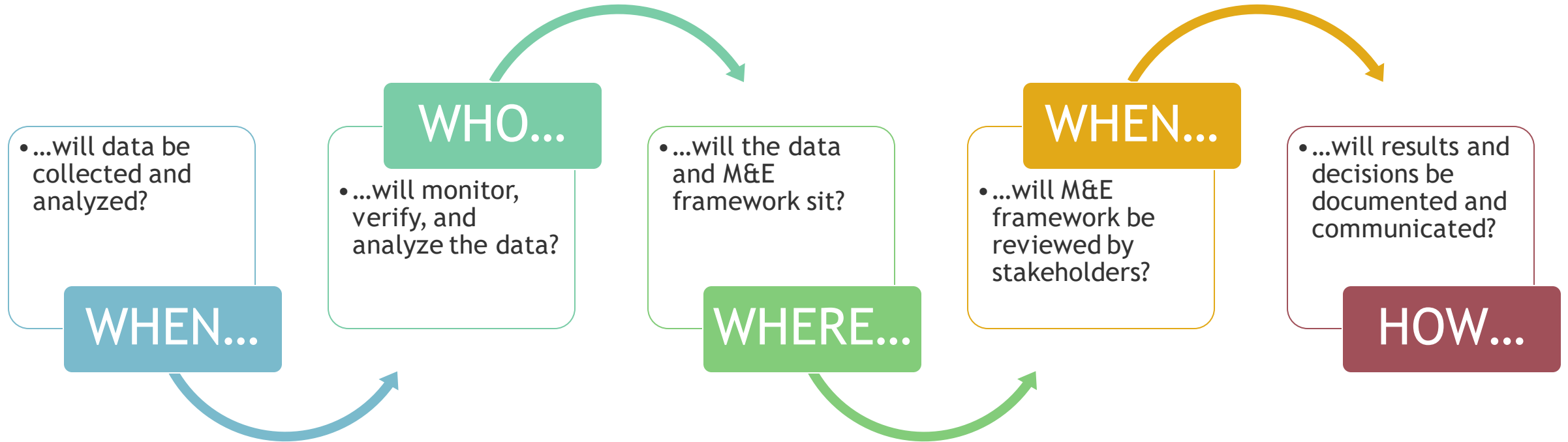
Step 7. Prep draft list of proposed indicators for workshop

- **Objective:** Present workshop participants with an editable first draft to review.
- Based on the options below, select and prep a format for review during the workshop.

Recommended	Acceptable	Avoid
<ol style="list-style-type: none">1. Load sheet into a cloud-based spreadsheet service (e.g., Google Sheets, Microsoft Excel Online).2. Set protections to “comment only.”3. Instruct workshop participants to leave comments on any cell they wish to change or remove.4. M&E lead reconciles changes during and post-workshop. <p>THIS IS RECOMMENDED FOR OPTIMAL VERSION CONTROL AND TRACEABILITY OF CHANGES.</p>	<ol style="list-style-type: none">1. Divide indicators into multiple, discrete worksheets targeted for each small group. NB: It is not recommended the same indicator is reviewed by multiple groups.2. Set protections to “comment only.”3. Instruct workshop participants to leave comments on any cell they wish to change or remove.4. M&E lead reconciles changes post-workshop. <p>THIS IS RECOMMENDED WHEN CONNECTIVITY WILL NOT ALLOW REAL-TIME EDITING.</p>	<ul style="list-style-type: none">• Distributing multiple copies of the Excel worksheet to different groups - this will create major version control issues.• Not instructing participants to clearly note the changes they wish to see made (either in comments or by using red text / strike through) - this will impede M&E leads from being able to reject changes and comments.

Step 8. Understanding the purpose of the M&E Plan

The M&E plan accompanying the indicator framework should aim to describe the following:



Step 9. Review and edit the sample table of contents to match program needs

Contents

1. Introduction	3
1.1. Current NTD Situation	3
1.2. Summary of NTD Master Plan 2023 – 2027 Strategic Agenda	3
2. M&E Plan Overview	4
2.1. Objectives of the M&E Plan	4
2.2. Funding for the M&E Plan	4
2.3. M&E Framework for NTD Master Plan 2023 – 2027	4
2.4. Data Sources.....	4
2.5. Evaluation Plan.....	4
3. M&E Plan Implementation.....	5
3.1. Data Collection	5
3.2. Data Management and Analysis.....	5
3.3. Data Quality and Validation	5
3.4. Coordination Mechanisms	5
3.5. M&E Plan Review	5
3.6. Results Dissemination and Data Use.....	5

Example table of contents for an M&E plan

Step 10. Populate draft with pre-existing information

- The M&E leads should use the documents compiled in step one to pre-populate a draft M&E plan for review during the workshop.

PLAN SECTION	PROMPTS FOR DRAFT
Data sources	What source of data are currently used? For different diseases?
Data collection	Who collects the data? What is the flow? Routine v. campaign?
Data management	Where is data stored? In what format? Who has access?
Data quality	How is data quality assessed? What is the process for DQAs?
Data analysis	Who analyzes the data? Is it calculated automatically via a repository?
Dissemination	How often is data disseminated? In what format? To whom?
Data use	When is data used for decision making? For what purpose? How is this tracked?
Updates	When will updates be made to the framework and plan?
Coordination	What is the current M&E coordination structure?
Funding	What does the Master Plan allocate for M&E?

TIPS

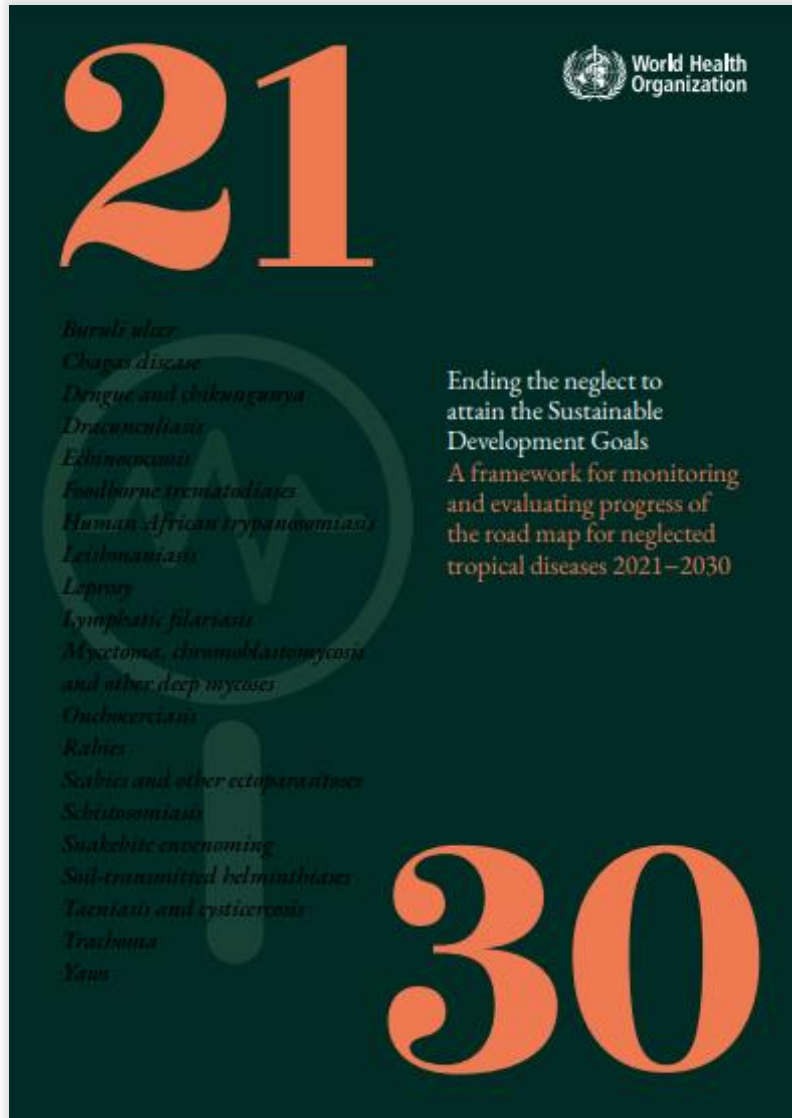
- In the interest of brevity, M&E leads should reference and link to existing documentation where possible, rather than replicating in the draft.
- Like the indicator list, aim to use a cloud-based service so that participants can edit in real-time.
- Require participants to use track changes.
- Include a note at the top of each section of the draft that clearly flags where the gaps are in that section and request participants aim to prioritize filling those in during review.

Agenda Overview (*targeted for one day workshop*)

	Topic	Time
Morning Session 1	Introduction to the process (30 minutes) <ul style="list-style-type: none"> • What is the purpose behind developing the M&E framework and plan? • What are the objectives of today's workshop? • How were the preliminary drafts put together? • How will work be structured today? 	9.00 - 9.30
Morning Session 2	Best practices for indicator and process review (1 hour)	9.30 - 10.30
Tea Break		10.30 - 11.00
Group Work 1	Indicator review (2 hours)	11.00 - 1.00
Group Work 2	Identifying next steps and responsible parties to finalize indicators (30 minutes)	1.00 - 1.30
Lunch Break		1.30 - 2.30
Group Work 3	M&E plan review (1.5 hours)	2.30 - 4.00
Group Work 4	Identifying next steps and responsible parties to finalize M&E plan (30 minutes)	4.00 - 4.30
Wrap Up	Next steps, process, and timelines (30 minutes)	4.30 - 5.00

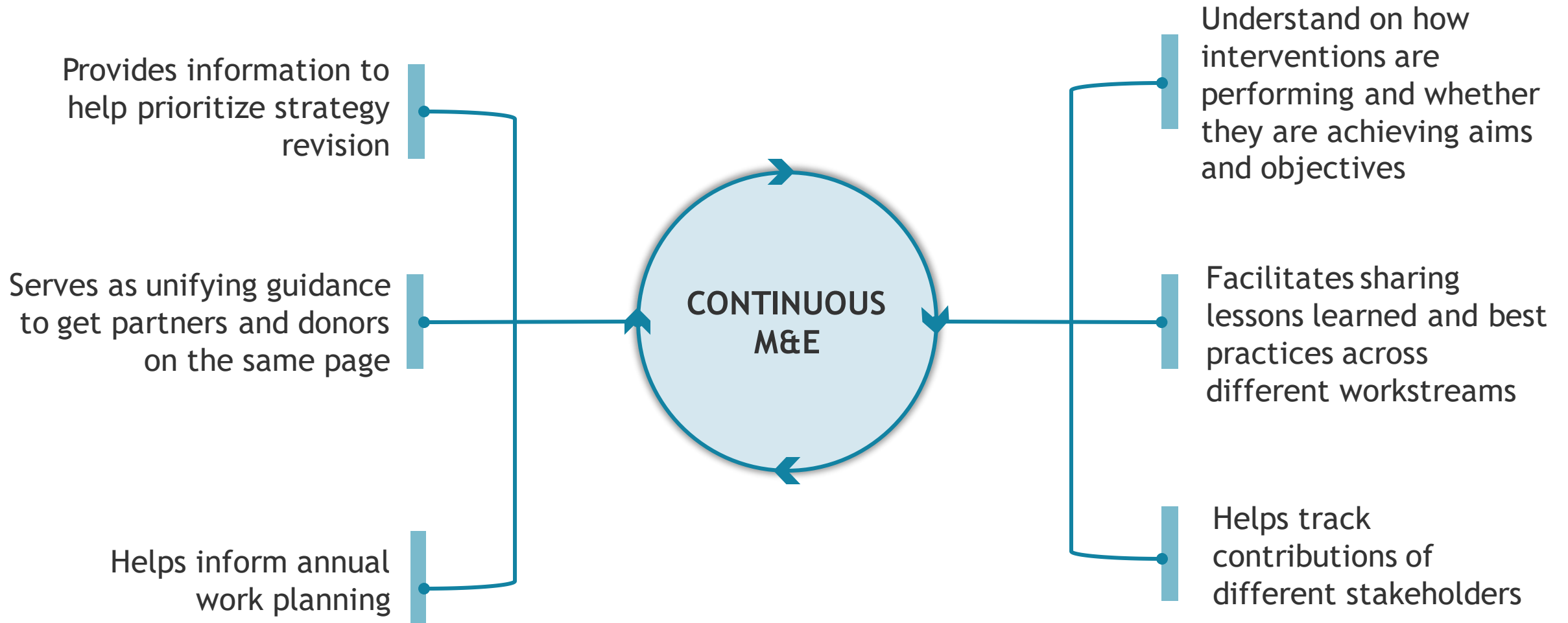
Development Workshop: Introduction

Why have an M&E framework?

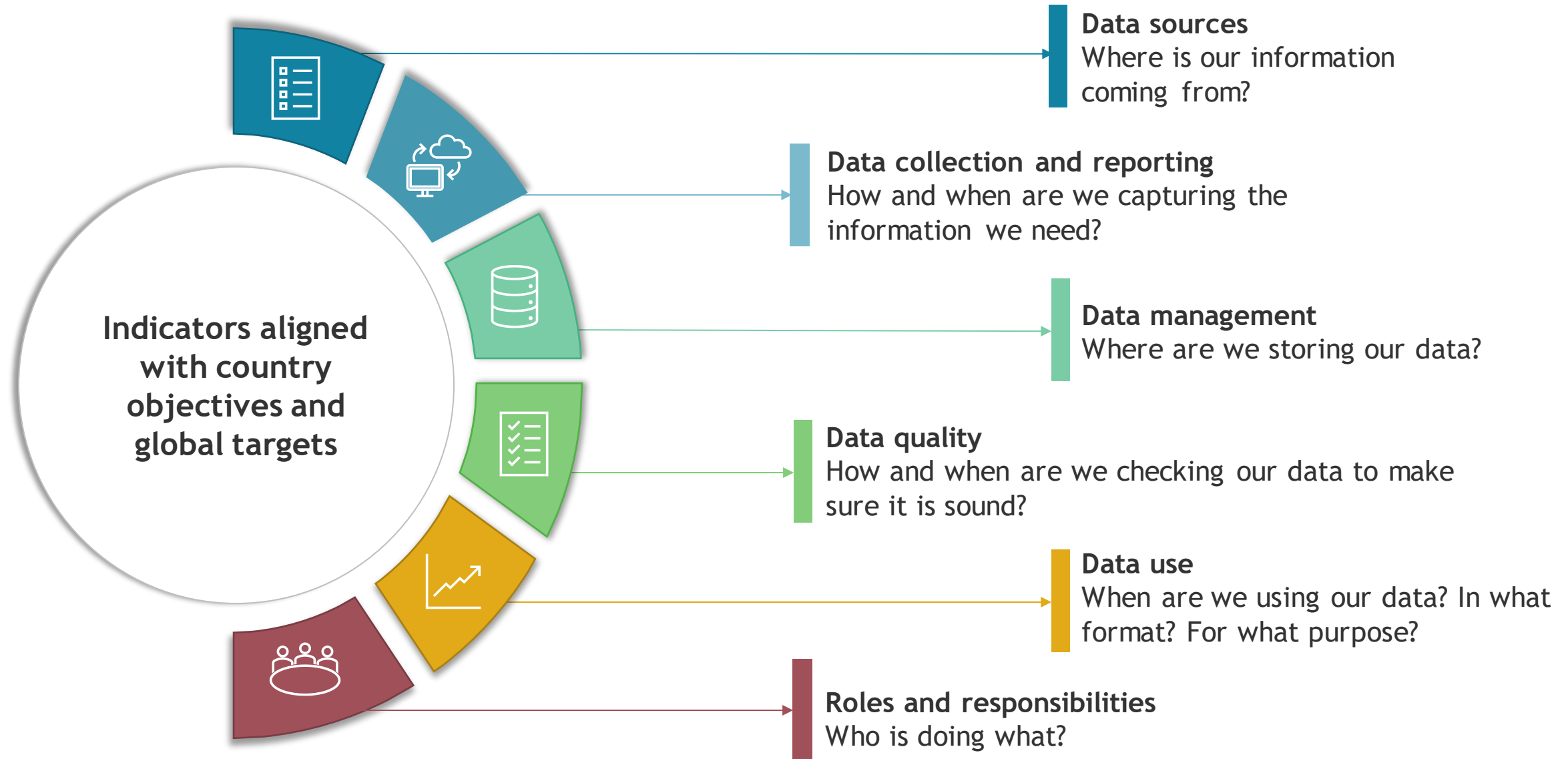


“[Countries should assume] leadership in designing and implementing adequate monitoring and evaluation in order to efficiently track progress towards the targets in their own contexts. This includes identifying health information system resources, defining indicators aligned with global targets, identifying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

How does M&E help the NTD program?

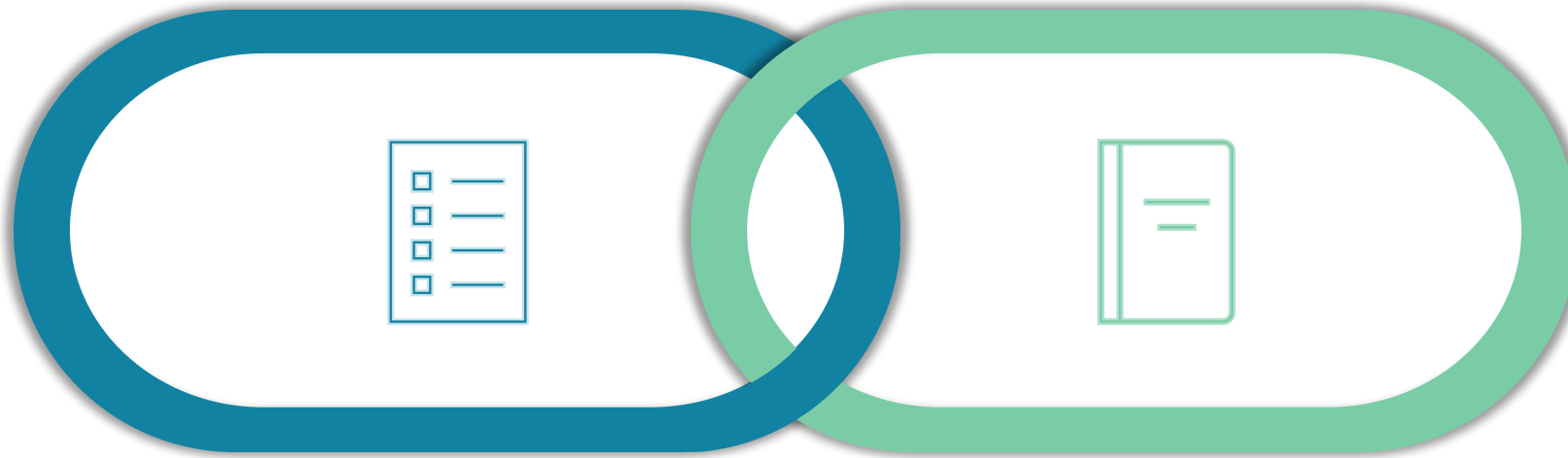


Developing and using an M&E framework creates a shared, systematic approach to collecting high-quality data using it for high-quality decisions



Today's objectives are to review the draft M&E framework and plan

The first drafts of the M&E framework and plan were developed based on (1) standardized, widely used indicators and processes and (2) program-specific indicators and processes.



M&E FRAMEWORK

Streamlined set of well-constructed indicators designed to assess whether the strategies described in the Master Plan are advancing progress against control and elimination targets.

M&E PLAN

A concise document laying out (1) processes to collect, manage, and analyze the data necessary to calculate the indicators in the M&E framework and (2) how the NTD program will use this data to make decisions.

Development Workshop: Considerations for Review

How will the Master Plan M&E framework be used?

Program Reviews

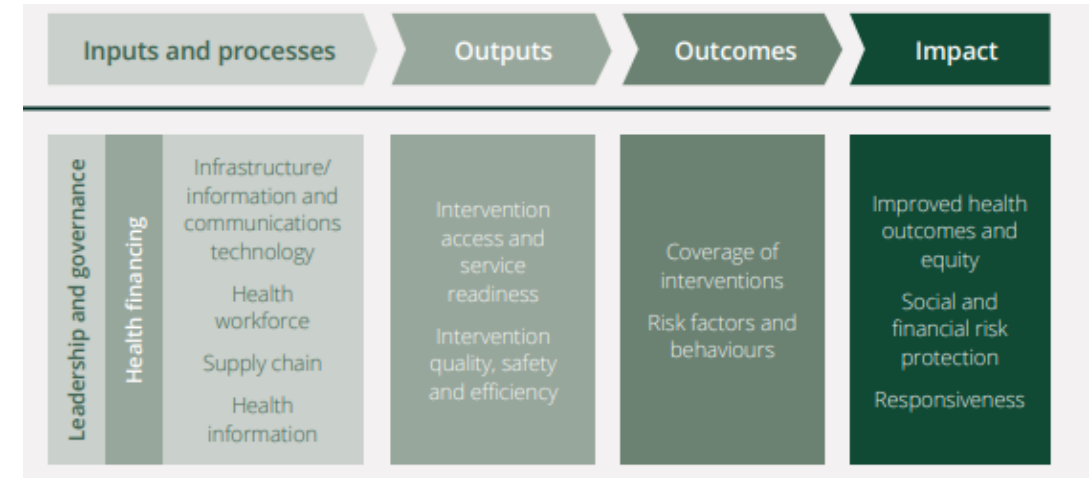
- M&E framework should guide high-level programmatic reviews - with indicators providing a snapshot of progress towards elimination and control goals.
- These reviews should focus on **impact-level** progress - e.g., decreases in prevalence, incidence, morbidity, and mortality - which will serve as bellwethers for whether the Master Plan strategy is achieving its goals.

Routine Monitoring

- It is recommended that M&E programs establish centralized and accessible dashboards capturing the indicators in the M&E framework. Individuals and disease-specific meetings can use these dashboards to review relevant indicators and understand their contributions to progress.

Guiding principles for selecting indicators for the M&E framework

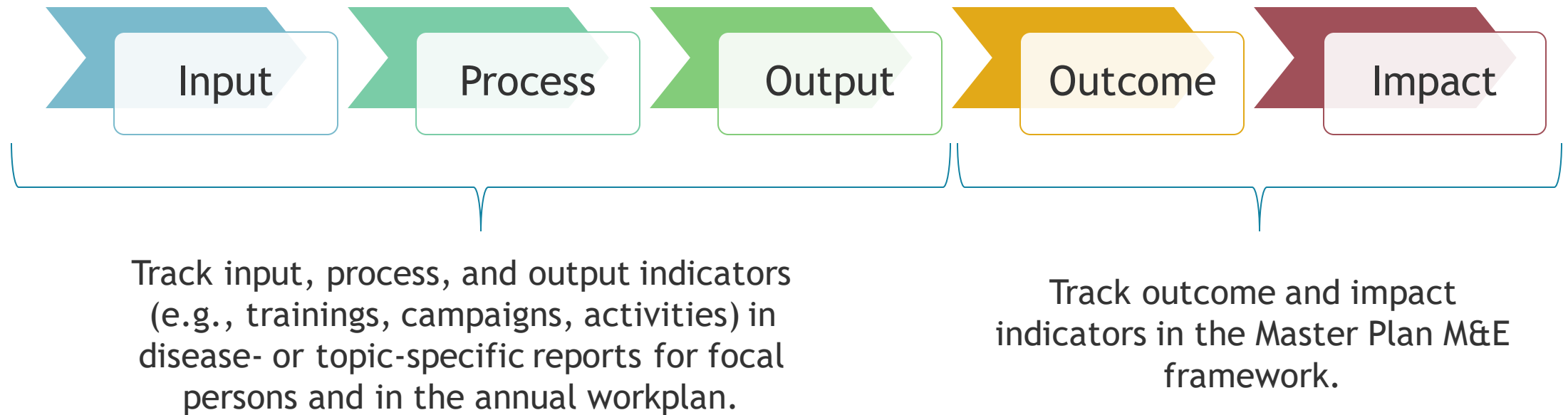
- Developing the M&E framework relies on ensuring every **priority activity and objective** described in the Master Plan is clearly linked to the overall **theory of change** underpinning the strategy.
- The example on the right is from the 2030 Roadmap and provides an illustrative framing of broad categories of inputs, outputs, outcomes and processes.
- Understanding how the priority activities and objectives described in the Master Plan fits within a theory of change is important for two reasons:
 - Understanding the impact that each activity is geared towards will help narrow down the list of indicators for the M&E framework to only the most critical.
 - Isolate the key cross-cutting input and processes that underpin many of the different pathways to impact across different disease areas for inclusion.



How to select think about what indicators should be included in the M&E framework



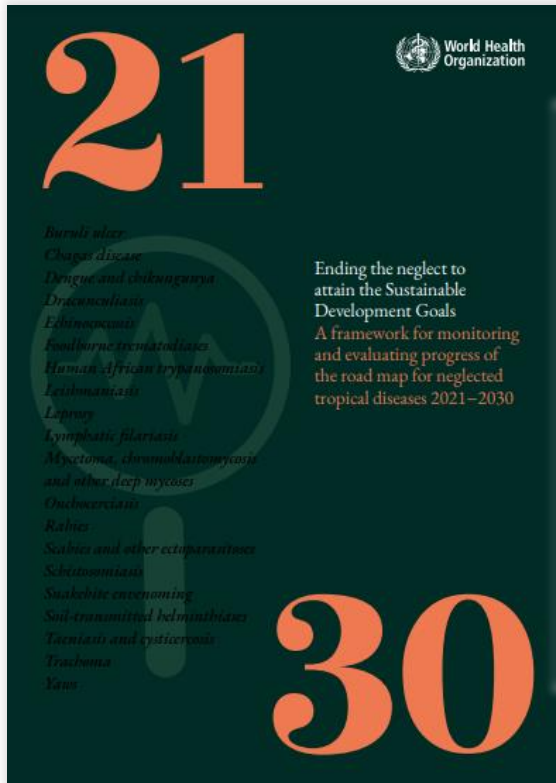
- Where does this sit on the pathway to change?



Make sure to achieve a balance between output, outcome, and impact indicators



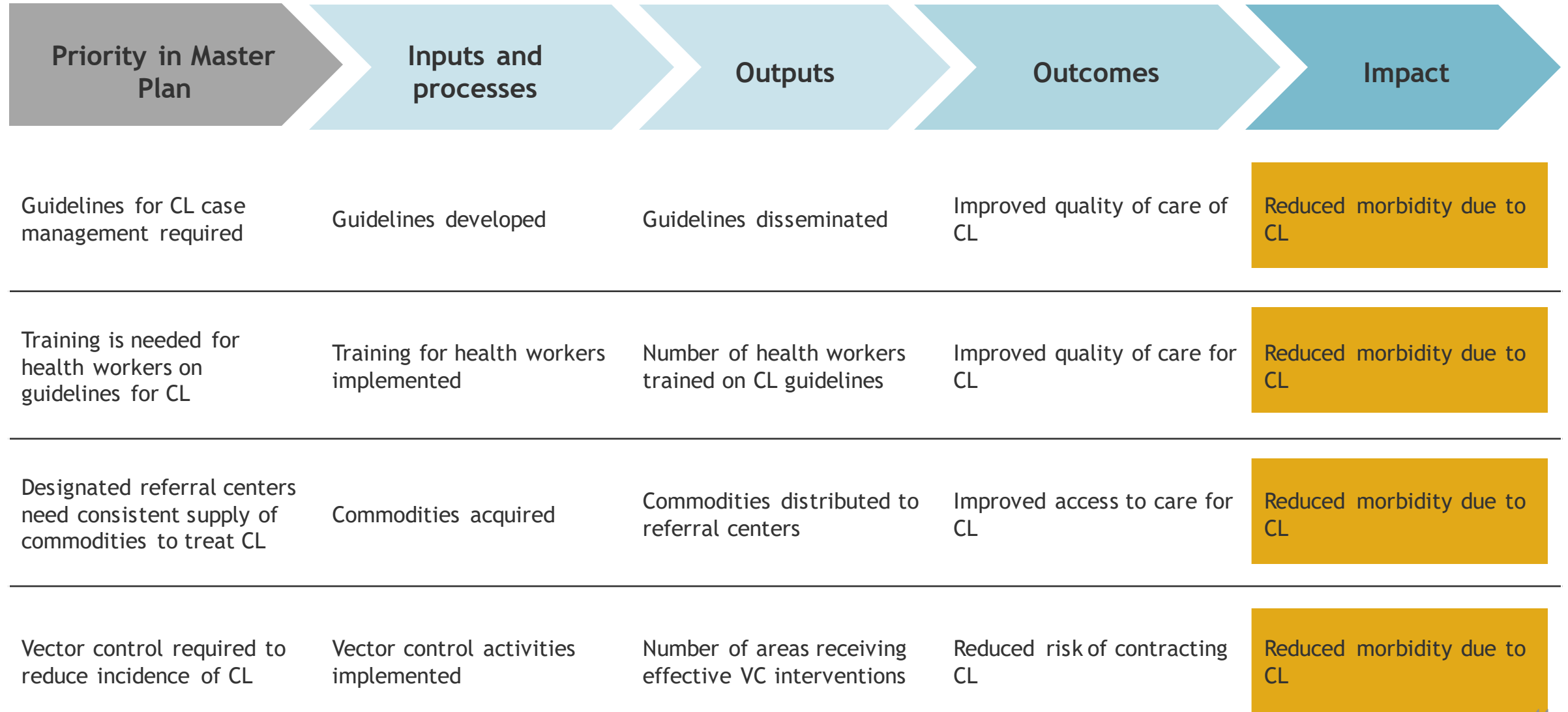
- Output indicators are useful for assessing what has been done (e.g., geographic coverage of MDA) but outcome and impact indicators (e.g., change in disease prevalence) are critical to determine if what is being done is making progress towards the overall goals.



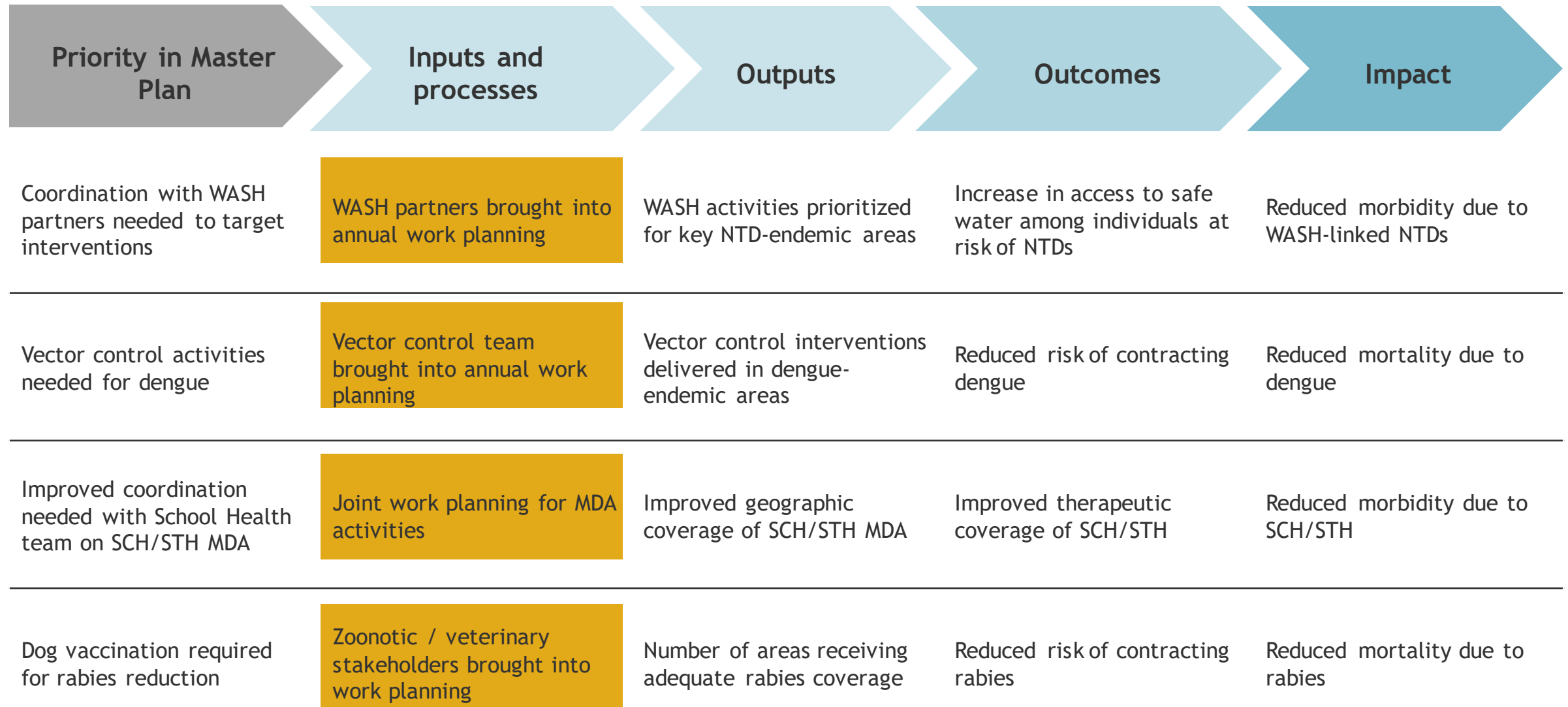
“The M&E framework shifts the approach to monitoring and evaluation towards:

- i. impact orientation,
- ii. holistic, cross-cutting approaches and
- iii. monitoring and information systems defined and established by the country to primarily meet the needs for evidence based decision-making and reporting, aligned with national policies.”

EXAMPLE: How mapping activities and consequences can isolate the key impact indicators for inclusion in the Master Plan M&E framework



EXAMPLE: How mapping activities can help understand the priority input/process indicators for inclusion



What is the universe of indicators?

Agreed-upon definitions

- The most critical impact indicator for all NTDs have been defined in the 2030 roadmap.
- For PC-NTDs, technical guidance, JAP, and TEMF define critical indicators for assessing progress towards elimination.
- Global guidance on other disease areas helps flag key disease-specific indicators.

Country customization necessary

- For indicators related to integration, operating models, enablers, and other factors of how NTD programme functioning contribute to elimination, there is a need for countries to define indicators on their own.
- SWOT / gap analysis conducted as part of master plans should lead to most indicators.

Small group work

- **Group composition:** Groups will be divided based on disease area of focus to focus specifically on those indicators. Program staff and stakeholders who work across disease areas and/or focus heavily on enabling environment factors (e.g., leadership, governance, M&E, advocacy) will be placed in a group to review cross-cutting indicators.
- **Work to be done:**
 - Identify the activities and objectives related to your disease or functional area in the Master Plan
 - Map what impact / outcome each activity is trying to achieve as shown in the examples
 - Review the suggested indicators in the preliminary framework - do these capture the overarching goals for the disease area?
 - If yes: Begin discussing what realistic targets are
 - If no: What indicator(s) need to be added? Prepare a justification for why these are needed - are these impact indicators?
 - If any of the indicators are flagged that they require customization, please follow instructions to list out the key steps or components that need to be answered.

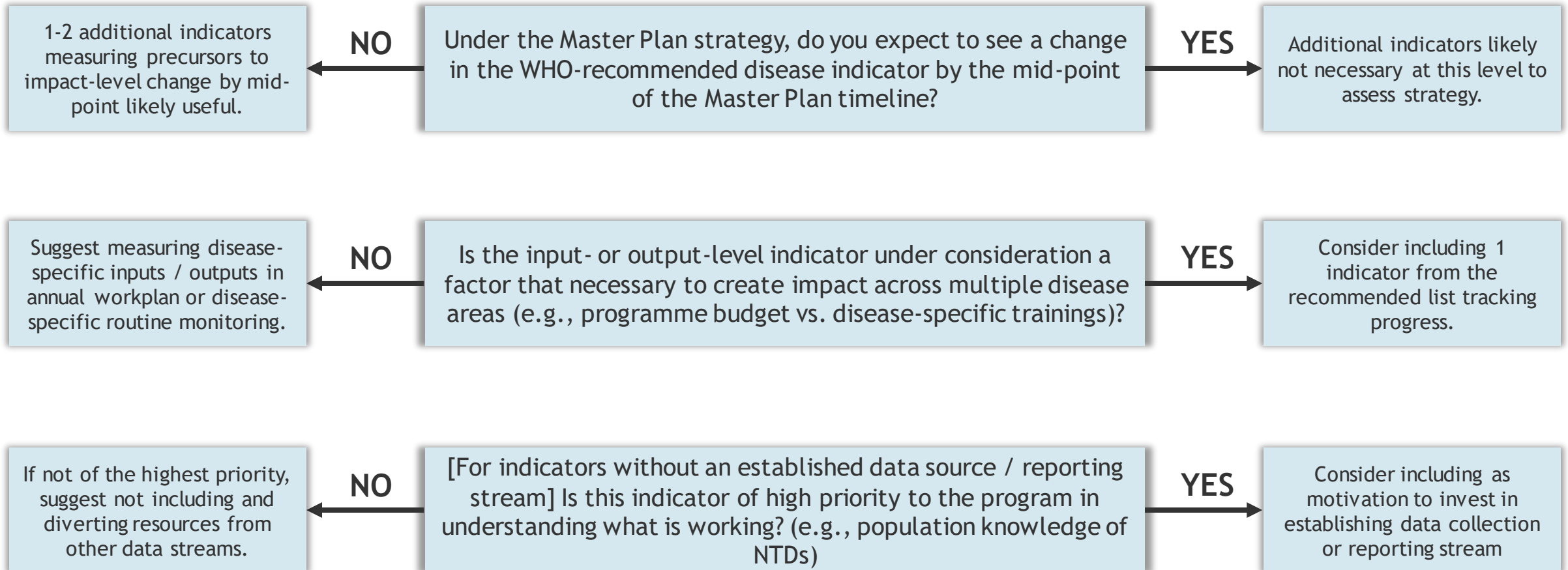
Keep a list of all indicators considered for inclusion or discussed in your small group work and think about how you use them in your disease-specific work.



The Master Plan M&E Framework will not be a comprehensive list of every indicator used by the program and staff. Indicators not included in this framework are still used in other contexts.

Annual work plan	Post-activity data review	Routine monitoring
<ul style="list-style-type: none">• Perfect place for input and output indicators like:<ul style="list-style-type: none">• Guidelines, policies, resources developed• Number of people trained• MDA geographic coverage• Number of treatments delivered for CM-NTDs	<ul style="list-style-type: none">• Input and output indicators (e.g., number of people trained, number of drugs distributed)• Data quality indicators (e.g., timeliness, report completeness, etc.)	<ul style="list-style-type: none">• Disease-specific output and some outcome indicators - particularly those disaggregated to look at specific geographic areas, age groups, morbidity status, etc.

Selecting indicators is an art not a science. A few questions to guide your thinking about what input / output / outcome indicators should make into the Master Plan framework.



Development Workshop - Small Group Work

Guiding principles for group work

- **Focus on review of indicators, rather than adding indicators:** The indicators in the M&E Framework were decided upon in the Master Plan.
 - **NB:** The M&E Framework does not need to include every indicator relevant to NTDs. Rather, it is a focused group of (1) impact/outcome indicators and (2) specific output indicators related to the overarching Master Plan strategy. Indicators that are not included in the Master Plan M&E Framework can still be included in annual workplans, disease-specific reports, and the Integrated Database.
 - **NB:** The M&E Plan contains a specific provision for updating the M&E Framework over the course of the Master Plan 2023-2027 as deemed necessary. If the program determines more indicators need to be added, they can be incorporated over this time period.
- **Set a time limit for discussion of each indicator:** Every indicator needs to be reviewed and validated. If the group gets stuck on a single indicator, flag it for discussion by the larger group.
- **Highlight where new data collection processes will be needed:** It is not expected that every indicator has an existing data collection stream, given this is a new strategy. Make sure to flag the indicators where a data collection process needs to be put in place, which can then be identified in the annexes of the M&E Plan.

When reviewing suggested indicators for inclusion, consider the following questions:

- The M&E lead has prepared a preliminary list of indicators for consideration for inclusion.
- What question will this indicator answer?
- What decision will we make based on the answer?

Creating new indicators and customizing existing indicators

S

Specific: The indicator definition must be clear about what is being measured and how the data will be collected.

M

Measurable: The indicator must be quantifiable. The definition should not be open to interpretation.

A

Attainable: The indicator should be possible to achieve within the program parameters (e.g., budget, timeline).

R

Relevant: The indicator should be appropriate for the context and program being evaluated.

T

Time-bound: The indicator should be time-specific.

Each indicator included in the framework must be accompanied by information on how, when, and who will collect the data as well as baseline and targets

Indicator
Indicator description
Numerator
Denominator
Data source
Reporting frequency
Lead
Baseline
Targets

- The categories to the left should be filled for each indicator. If any category cannot be completed, inclusion of the indicator should be reviewed.
- Define how the indicator will be calculated and where the data will be coming from.
- Determine and define roles and responsibility for the reporting of each indicator to ensure accountability.
- Verify that a baseline is available for each indicator. Progress cannot be measured if the starting point is unknown.
- Target setting will take time and require consensus building. Appropriate targets balance striving for ambitious progress and being realistic about what is achievable.

Indicator	Disease	Type	Indicator Description	Numerator	Denominator	Data Source	Reporting Frequency
Overall Impact							
Percentage reduction in proportion of people requiring NTD interventions	Multiple	Impact	Number of people requiring interventions against NTDs (2022)-Number of people requiring interventions against NTDs (year) / Number of people requiring interventions against NTDs (2022) * 100%	Number of people requiring interventions against NTDs (2022)- Number of people requiring interventions	Number of people requiring interventions against NTDs (2022)	CRVS, Population-based surveys	Annual

Group work: (1) Review each indicator assigned and answer the following questions (2) Leave comments with suggested changes



Indicator	<ul style="list-style-type: none"> Consider the overall number and balance of indicators
Disease	<ul style="list-style-type: none"> Are all terms in the indicator descriptions clearly defined? Is more specificity needed? <ul style="list-style-type: none"> NB: Ensure terms like “functional”, “in use”, “adopted” are clearly defined.
Description	
Numerator / Denominator	<ul style="list-style-type: none"> Is the denominator clearly specified? This will be key for indicators where “Number of endemic ILIs” will be different for different disease areas
Data Source	<ul style="list-style-type: none"> Is the data needed to measure this indicator currently collected? <ul style="list-style-type: none"> NB: For new indicators, especially for Pillars 3 & 4, data collection procedures may not be in place yet and should be agreed upon and included in the M&E Plan Annexes
Future Data Source	
Reporting Frequency	<ul style="list-style-type: none"> How often is new data available for this indicator?
Lead	<ul style="list-style-type: none"> Who should be responsible for ensuring actual values of this indicator are populated?
Baseline / Targets	<ul style="list-style-type: none"> Are these baselines and targets correct?

Each indicator should also be accompanied by targets: what are some best practices for target setting?



1

BALANCE FEASIBILITY AND AMBITION. Targets should be realistic to achieve, but also be informed by transformative strategies included in the Master Plan. Use historical improvements and/or achievements from similar settings to get a barometer for what is possible.

2

INCORPORATE UNCERTAINTY. For some diseases and indicators, the current baseline will not be known, which can make it difficult to set targets. While tip 1 (looking at comparators) can help with this, another tactic that can be used is folding the uncertainty into the target - e.g., break out a target into two values - one for areas where the value is known and one for where it is not.

3

BEYOND YES / NO TARGETS. For some input and process indicators, the end goal is to move from a “no” to a “yes” (e.g., guidelines are in place, data is being used regularly for decision-making). However, it can be useful to break the targets down into milestones between the “no” and the “yes” so that progress can be ascertained year-over-year.

Development Workshop - M&E Plan Review

The M&E Plan will house the M&E framework and add context and implementation guidance



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- What are the categories of data sources? How are they currently updated?
- How will routine and non-routine data be collected, stored, and analyzed?
- How will data quality be reviewed?
- Who will lead populating actuals in the framework?
- When will the framework be reviewed? How will results be disseminated? What actions will they inform?

Example table of contents for an M&E plan

Group work guiding principles

- **Focus on filling in the gaps:** The M&E lead has flagged gaps in the draft of the M&E plan that should be filled by disease and activity focal persons involved in these processes.
- **Linking to existing documentation is sufficient - there is no need to rewrite sections that already exist:** If M&E processes are documented and current, it is sufficient to add the process or tool into an Annex (or, if too lengthy, link to it).
- **Focus on the process of using the M&E framework and how it will guide decision-making:** Information on data sources and background can be more easily gleaned from existing documents.
- **Set a time limit for discussion of each section:** Every section needs to be reviewed and validated. If the group gets stuck on a single section, flag it for discussion by the larger group.

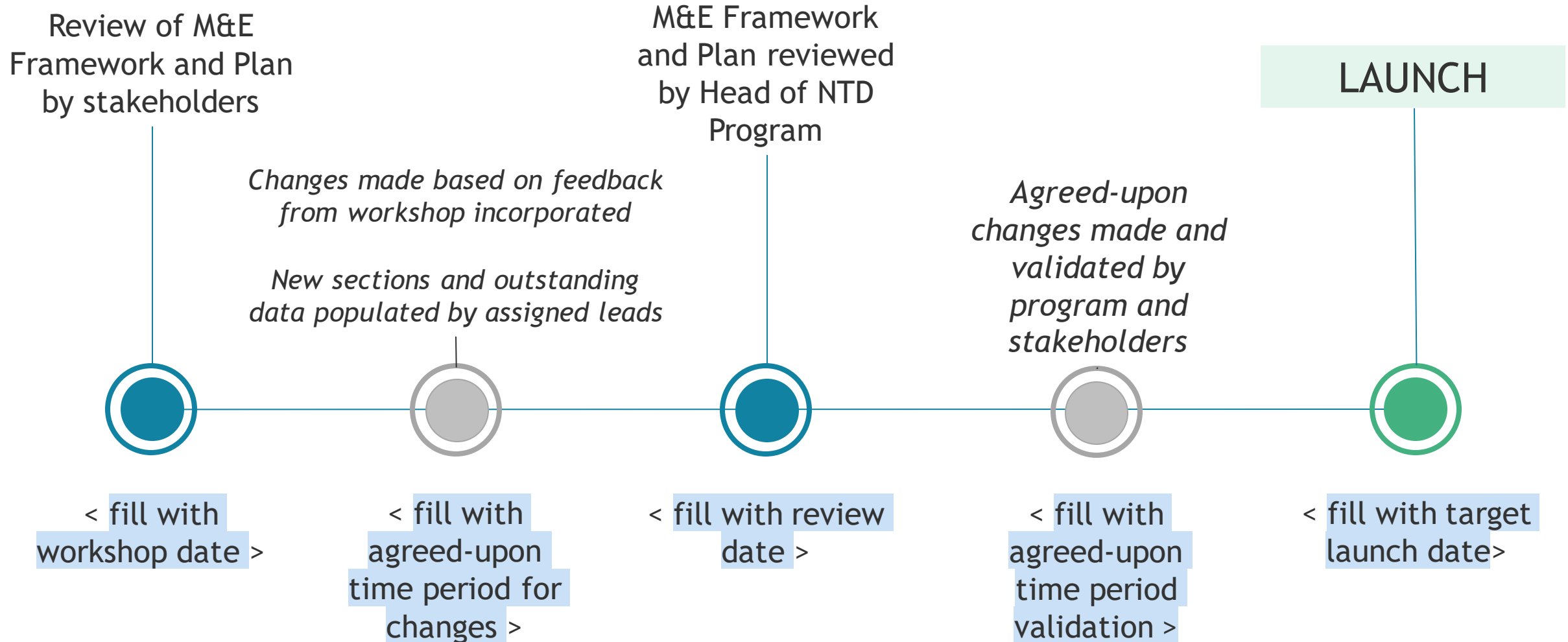
Development Workshop: Next Steps

Action item organization

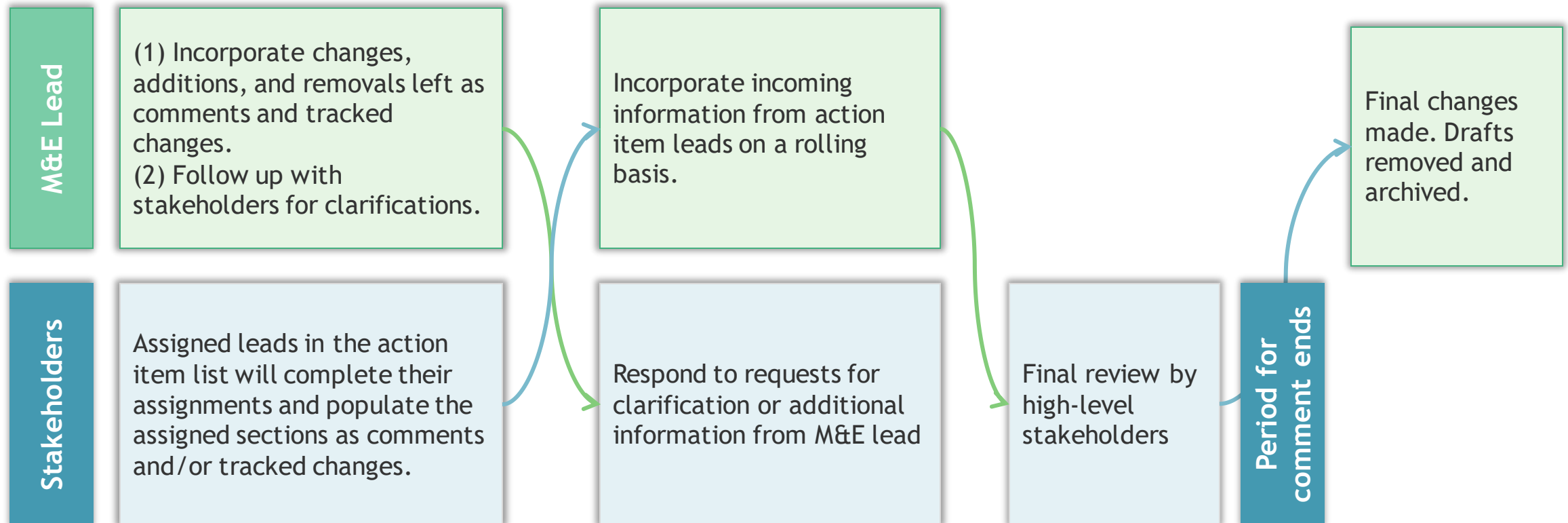
- If there are any gaps in your assigned indicators for review in the M&E framework - e.g., baseline data is outstanding, data sources need to be established, etc. - please add that item to the shared action item list. Be sure to assign the person responsible for addressing the gap and a timeline within which they will address the outstanding item. The M&E lead will follow up if these items are not addressed within the agreed upon time period.
- The same holds for your small group section of the M&E plan. Please list any gaps in the action item list below.

Action Item	Indicator / Plan	Lead	Timeline
Baseline data needs to be populated	Indicator: Mortality due to snakebite	Snakebite Lead	Two weeks
Section on data quality assessment processes needs to be added	Plan: Section 3.1 Data Quality	M&E Lead	Two weeks

Proposed timeline of next steps



Finalization process



Finalization guidance

- **Set clear deadlines for final comments and changes.** Communicate with stakeholders before changes must be submitted. Once these deadlines have been reached, remove permissions to leave comments or edit for all stakeholders to prevent additional comments and changes coming in.
- **Use “TBD” as needed.** The M&E framework and plan should be living documents. Rather than hold up finalization and use of these resources while waiting for outstanding information, mark items as “TBD”, “forthcoming”, “in development” where necessary and set timelines within the plan for updates.
- **Consider housing the framework and plan in an accessible online space.** This could be a “wiki” format, within a document repository of an NTD database, a shared drive, etc. This is to encourage use of this document as a living resource.

Thank you!



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