GHAIN SUPPORT TO MONITORING & EVALUATION IN NIGERIA

END OF PROJECT MONOGRAPH

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FOREWORD

Dr. Otto Chabikuli
Chief of Party, GHAIN

The Global HIV/AIDS Initiative Nigeria (GHAIN) comes to an end, it is an opportune time to reflect on its achievements and draw lessons from challenges encountered in order to inform future HIV programming in Nigeria and similar context. The GHAIN program was designed to support the Government of Nigeria's response to HIV/AIDS, particularly in scaling up proven HIV prevention, treatment and care and related interventions. The comprehensive nature of GHAIN's scope and ability to leverage different sources of funding for greater impact made it a very complex program. However, a genuine partnership made GHAIN implementation successful.

Working in close collaboration with stakeholders at the federal, state, local government and community level, GHAIN managed in a relatively short period of time to contribute to increased access to ART and related services in Nigeria. The project's support was channeled mainly through public health facilities and communities in a manner that empowered staff in these facilities and communities to deliver HIV and related services by themselves. The purpose of this monograph is to share the experience of GHAIN implementation with policy makers, program managers, public health practitioners and health care workers.

The achievements and lessons described stand in testimony of the invaluable work of staff in government ministries, GHAIN-supported public health facilities, communities and support groups of people living with HIV (PLHIV) who worked tirelessly to overcome numerous challenges to make HIV services more accessible. None of these achievements would be possible without the United States's PEPFAR funding of the project through the United States Agency for International Development (USAID).

The manuscript benefited tremendously from reviews by experts from the WHO Nigeria office, for which we are grateful.

It is hoped that GHAIN has contributed to lay a solid foundation for a future evidence-based, efficient, sustainable and government owned HIV response in Nigeria.

Otto Nzapfurundi Chabikuli
Chief of Party, GHAIN

LIST OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral
ATM	AIDS, tuberculosis and malaria
CBO	Community-based organization
CD	FHI 360 Country Director
CD4	Clusters of differentiation 4
CLMS	Contraceptives logistics management system
CME	Continuing medical education
COP	Country Operating Plan
CoP	Chief of Party
CSI	Child status index
CSO	Civil society organization
CV	Community volunteer
DBS	Dried blood spots
DCT	Data collection tools
DHIS	District Health Information System
DLHMH	Dr. Lawrence Henshaw Memorial Hospital and Research Centre
DNA	Deoxyribonucleic acid
DPRS	Department of Planning, Research and Statistics
DQA	Data quality assurance
EMR	Electronic medical records
EQA	External quality assurance
FBO	Faith-based organization
FCT	Federal Capital Territory
FGIS	FHI360 Enterprise Geographic Information Systems
FHI	Family Health International (now FHI 360)
FMWA&SD	Federal Ministry of Women Affairs and Social Development
FMOH	Federal Ministry of Health
FOSS	Free and open source
GF	Global Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GF LFA	Global Fund Local Funding Agent
GHAIN	Global HIV/AIDS Initiative Nigeria
GHI	Global health initiatives
GIS	Geographic Information System

GON	Government of Nigeria
GPRS	General Packet Radio Service
HAD-FMOH	HIV/AIDS Division of the Federal Ministry of Health
HAST	HIV/AIDS, sexual and reproductive health, and tuberculosis; the LGA HAST model of service delivery
HCW	Health care worker
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
HMT	Hospital management team
HSS	Health systems strengthening
HTC	HIV testing and counseling
IA	Implementing agency
IBBSS	Integrated Biological and Behavioral Surveillance Survey
IMNCH	Integrated maternal, neonatal, and child health
IP	Implementing partner
IQC	Internal quality control
LAMIS	Lafiya Health Management Information System
LGA	Local Government Area
LMIS	Logistics management information system
M&E	Monitoring and evaluation
MCH	Maternal and child health
MDR-TB	Multidrug-resistant tuberculosis
MIS	Management Information System
MLEG	Multi-centre LAMIS Evaluation Group
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and STDs Control Program (now HIV/AIDS Division of the FMOH)
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-governmental organization
NHMIS	National Health Management Information System
NNRIMS	Nigeria National Response Information Management System
NOMIS	National OVC Management Information System
NOP	National Operational Plan
NPC	National Population Commission
NSF	National Strategic Framework
NTBLCP	National TB and Leprosy Control Program
NTWG	National Technical Working Group
NYSC	National Youth Service Corps
OI	Opportunistic infection
OGAC	Office of Global AIDS Coordinator
OVC	Orphans and vulnerable children
PCR	Polymerase chain reaction

PDA	Personal Digital Assistance
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary health care
PLHIV	People living with HIV
PMM	Patient management and monitoring
PMTCT	Prevention of Mother-to-Child Transmission
QA/QI	Quality assurance/quality improvement
RTK	Rapid test kit
SDP	Service delivery point
SFH	Society for Family Health
SMOH	State Ministry of Health
SOPs	Standard operating procedures
SRH	Sexual and reproductive health
TA	Technical assistance
TB	Tuberculosis
TWG	Technical working group
UNAIDS	Joint United Nations AIDS Program
UNGASS	United National General Assembly
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary counseling and testing
WHO	World Health Organization

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INTRODUCTION

At the inception of the Global HIV AIDS Initiative Nigeria (GHAIN) project in 2004, Nigeria's monitoring and evaluation (M&E) system for the national response to the raging HIV epidemic had limited government commitment, weak human resource capacity and data collection tools were not harmonized. Data collection activities were largely vertical, disease-specific, donor-driven and uncoordinated. Data on routine service provision were scarce at all levels (LGA, State and National) and where available, information was not systematically used to manage the performance of HIV programs, thus providing little incentive for health care workers to keep good quality data. Meeting UNGASS reporting requirements was a challenge for the country. The use of computerized/ electronic systems for managing client level and aggregated data in large public health programs was virtually non-existent. Similarly, there was no standardized approach for monitoring and evaluation of health commodities logistics and supply chain management to inform interventions aimed at preventing stock outs and expiry of commodities. It was therefore difficult to manage effectively and account for resources allocated to HIV programs, monitoring the quality of care provided as well as monitor patient level outcomes was a change.

GHAIN'S M&E TECHNICAL ASSISTANCE (TA) STRATEGY

Over the last 7 years, GHAIN supported the Government of Nigeria's (GoN) monitoring and evaluation system for the HIV/AIDS program, including the integration of HIV with other disease control program such as malaria, tuberculosis and reproductive health. The key objectives of the TA provided by GHAIN were:

1. To increase awareness of the importance of M&E in measuring performance of HIV/ AIDS/TB/Malaria programs.

2. To build technical and coordination capacities of government counterparts at national, state and LGA levels.

3. To harmonize and ensure the use of GON M&E tools and methods to strengthen data collection (including electronic software), monitoring of program quality and operational research in line with the NNRIMS.

GHAIN actively supported the Federal Ministry of Health's (FMOH) to integrate at federal, state and LGA levels the M&E systems across three key global health issues, namely HIV/ AIDS, tuberculosis and malaria (ATM) GHAIN's interventions were hinged on five key strategies:

1. Facilitating the implementation of the 'Three-ONES" principle prescribed by UNAIDS/ WHO (2004): ONE national strategic framework (NSF) of action – the policy document; ONE coordinating authority – which is the National Agency for Control of AIDS (NACA), and ONE M&E system for all levels which is the Nigeria National Response Information Management System (NNRIMS) -2007- 2010.

2. Ensuring optimal quality of data

3. Ensuring adequate utilization of data for program improvement

4. Advocacy for the sustainability of M&E efforts

5. Facilitating national efforts to obtain up-to-date information through public health evaluation, research and surveillance activities

PROGRAM ACHIEVEMENTS

Facilitating the implementation of the 'Three-Ones' principle on M&E

GHAIN constantly engaged with the GoN and other implementing partners to ensure the institutionalization of the 'three-ones' principle in the Nigerian M&E system in line with NNRIMS. The aim of the NHMIS support is the institutionalization of a national data flow system that allows data transmission from both the communities and health facilities to the LGA, state and federal levels.

The National HIV Technical Working Group (NTWG) was set up in 2004 under the leadership of the NACA. The NTWG main mandate was to co-ordinate multi-sectoral response through the design and implementation of one National Operational Plan (NOP). The membership of the TWG included representatives from NACA, line ministries (Federal Ministry of Health, Federal Ministry of Women Affairs and Social Development, Federal Ministry of Education and the Ministry of Defense), major implementing partners (including FHI/GHAIN, AIDS Relief, Society for Family Health (SFH), Measure Evaluation, Pathfinder International, Hygeia Foundation, African Health Project and PATHS amongst others), donors and multilateral agencies. The TWG meets once every quarter to provide technical leadership on the design and implementation of M&E and research activities.

Through active participation in the NTWG-M&E and its subcommittees, GHAIN M&E team contributed to the implementation of one national M&E strategic framework of action, one coordinating authority and one national M&E system. GHAIN provided technical assistance on the national M&E planning process, the development of national data collection tools (DCT) and data quality assurance (DQA) tools; national surveillance activities and the national health management information system (NHMIS). In recognition of the contribution to the development of M&E tools, the NTWG appointed GHAIN to lead the Management

Key Achievements
- Contributed to the development NOP I (2007 - 2010) and NOP II (2011 - 2015)
- Supported development of Nigeria National Response Information Management System (NNRIMS)
- Supported the harmonization of indicators and the development of over 100 national DCTs
- Led the development of a national guideline and SOP for tool review
- Support GoN in the preparation of UNGASS reports for 2008, 2009 and 2010
- Integrated over 30,000 health facilities into the Nigeria master file of the DHIS which is used for NHMIS data sets
- Incorporated a minimum data set for tracking HIV, TB and Malaria (ATM) into the NHMIS tools through active collaboration with the Department of Planning, Research and Statistics (DPRS)
- Supported the GoN Logistic Management Information System for monitoring drugs and other health commodities
- Integrated lessons learnt from HIV M&E into RH and TB/HIV M&E (Chabikuli et. al, 2009 and Chukwujekwu et. al , 2010)

Information System (MIS) subcommittee from its inception in 2007. The GHAIN project has developed more than 100 different data collection and reporting tools, several of which have been adopted as national tools by the GoN.

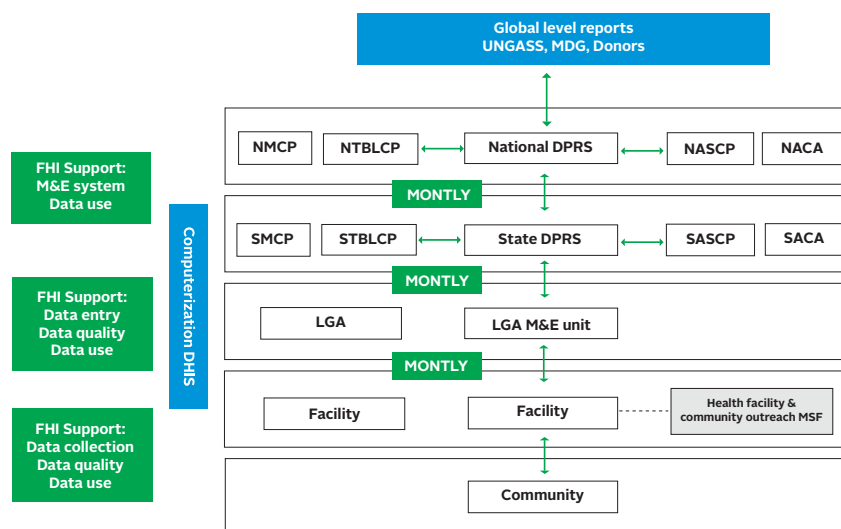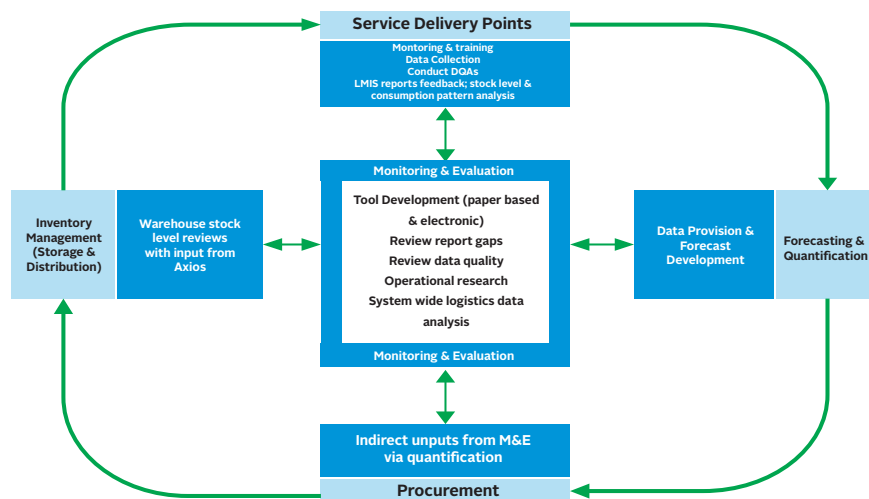Figure 1: National Data Flow and Key National Counterparts

Figure 2 : LMIS: Monitoring & Evaluation Support to Commodity Logistics Management

Ensuring Optimal Quality of Data

To ensure that routine data obtained from the facilities are of optimum quality, the GHAIN project built the capacity of Implementing Agencies (IAs) on the correct and consistent use of uniform data collection, reporting and data quality assurance (DQA) tools. GHAIN trained at least one staff from each service delivery point on the DQA tools appropriate for that service delivery point. In comprehensive sites i.e. sites providing HIV Testing and Counseling (HTC), Prevention of Mother to Child Transmission (PMTCT), Anti-retroviral

Therapy (ART) and Care and Support, doctors, pharmacists and record officers received training on basic M&E concepts as well as patient management and monitoring (PMM). Standard operating procedures (SOPs) were developed and used to maintain the tracking and reporting of quality service statistics immediately after the training. The familiarization with SOPs was largely achieved through in-service training, retraining, continuous onsite mentoring and monitoring visits which occurred monthly. GHAIN staff provided regular on-site mentoring to facility staff on data validation and DQA. Internally, monthly DQA exercise was conducted by GHAIN staff using a nationally adopted DQA checklist designed to assess data availability, consistency and validity. This allowed assessors opportunity to check for inconsistencies between what is recorded at the sites and the data reported. During the life of project, GHAIN data was also subjected external scrutiny including NACA/SFH led quarterly joint national DQAs, Global Fund Local Funding Agent (GF LFA), USAID and Office of Global AIDS Coordinator (OGAC) data audits.

A system of data transmission was established with strict adherence to timelines from health facilities to government agencies, USAID and other stakeholders.

Figure 3 : GHAIN Data Flow

GHAIN also embarked on the adaptation and development of a number of software applications to support data management, routine reporting and operational research. These include:

1. The District Health Information System (DHIS) for managing aggregated data
2. An electronic medical record (EMR) system branded Lafiya Management Information System (LAMIS)
3. An electronic database for orphans and vulnerable children (OVC) data (branded as KidMap, and now known as National OVC Management Information System – NOMIS – after adoption by GoN as the national OVC database)
4. A DQA tool based on the current national paper based DQA checklist branded as the DQUAL. (see details of these software under software development).

Key Achievements

- System for consistent use of uniform DCTs and DQA tools
- Ensured timely availability of high quality data to technical leads, GoN and donors throughout the life of project

Ensuring adequate utilization of data for program improvement

GHAIN raised awareness of M&E activities including its range of tools, methods and techniques as well as its potential uses. Several meetings were conducted at different levels i) GHAIN in-house monthly meetings; ii) state level meetings; iii) facility level meetings. Standardized performance charts were automatically generated from the DHIS, NOMIS and LAMIS monthly and reviewed. At each level, the aim was to examine trends and discuss root causes for deviation in achievements for specific indicators. Improvement plans were then drawn up and resources re-allocated accordingly to aide performance. For instance, in November 2010 edition of the monthly program performance review meetings held internally, PMTCT team noticed that an under achievement of COP 10 target for 'pregnant women counseled, tested and received results' (12,000) was imminent going by the average monthly achievements. Participants at the meeting agreed on the need for community outreach and deployment of more rapid test kits to facilities as a special strategy. More resources were therefore allocated to support the strategy and new targets assigned to zonal office teams. Subsequently, COP achievements rose from 49,479 in Dec 2010 to 148,000 in March 2011, surpassing the set target three months before close of the COP year. GHAIN monthly program M&E bulletin was another strategy used to provide feedback on program achievements to a wider audience.

Figure 4: Monitoring & Evaluation Support to Commodity Logistics Management

Key Achievements

- Instituted monthly state level M&E meetings in all 36 states and the FCT, and the LGA health management committee program performance review meetings in 15 LGAs
- Established the facility Multi-centre LAMIS Evaluation Group (MLEG) to promote cohort data analysis and use as quality improvement tool
- Instituted monthly program performance review meetings within the GHAIN system
- Developed and disseminated GHAIN monthly M&E bulletin to stakeholders

Figure 5 : Monthly M&E bulletin

Advocacy for sustainability of M&E efforts

GHAIN promoted sustainability of M&E efforts by strongly collaborating with GoN on all activities at national and state levels. The institutionalization of routine data management system from local to national level, state monthly data review meetings which promotes interaction between state ministries of health (SMoH) and stakeholders was a key strategy. The state monthly M&E meetings were initially coordinated and solely sponsored by GHAIN with participation by M&E focal persons from GHAIN supported IAs. With repeated advocacy and dialogue, state governments gradually took up the responsibility of coordinating and sponsoring the meetings which now draws participation from other implementing partners as well as international agencies (see table below). However, the extent of ownership demonstrated varies from state to state. GHAIN also carried out joint quarterly DQA exercises and onsite mentoring visits with GoN counterparts as a way of building the capacity of personnel to sustain these activities beyond the life of project.

Table 1: Status of State Monthly M&E review meetings (June 2011).

	Funding support					Participation	
	Fully GHAIN	Fully GoN	Joint (GHAIN & GoN)	Joint (GHAIN & other IPs)	Joint (GHAIN, GoN & other IPs)	GoN & GHAIN only	GoN, GHAIN & other IPs/International Agencies
No. of states	3	7	9	3	14	5	31
Total	36					36	

Key Achievements
- 4,821 M&E focal persons trained on strategic Information
- Joint sponsorship of M&E meetings by GoN and other stakeholders to ensure sustainability
- Participation by other implementing partners and other multilateral agencies

Facilitating national efforts to obtain up-to-date information through public health evaluation, research and surveillance activities

During the life of project, GHAIN ensured collection of high quality routine data that can be used for program/clinical audits, operational research and publications as much as possible. SOP for writing scientific abstracts and papers was developed within the GHAIN system to guide staff. Rigorous internal review contributed to development of various scientific papers and abstracts for international conferences and publication in peer reviewed journals and periodicals thus contributing to global knowledge.

Key Achievements
- Served as the lead technical partner for the first national sero prevalence survey among high risk group namely the IBBSS (FMoH, 2007)
- GHAIN served as the secretary of the national technical committee and secretariat for the 2010 IBBSS
- Provided technical support for the NAHRS-plus survey, HIV drug resistance monitoring survey and Malaria Indicator Survey (MIS)
- Provided technical support in the compilation and validation of the United Nations General Assembly (UNGASS) reports in 2007, 2008, 2009 and 2010 by providing ART patient outcome data from GHAIN-supported sites.
- Over 50 abstracts were presented as posters and oral presentation at various national and international conferences
- 5 scientific papers were published in peer reviewed journals

Software development for data management

GHAIN made significant contributions to the development of electronic M&E resources for the GoN and for internal use by developing various electronic data management software applications. These include the Lafiya Management Information System (LAMIS), the KidMAP/NOMIS and the DQUAL. The project also adapted and customized the District Health Information System (DHIS), the national HMIS database for further use and is in the process of migration to DHIS 2.0 a web-based version of the national HMIS database.

DHIS

GHAIN is the leading technical partner in providing the GoN with technical assistance on the roll-out of the DHIS software. The DHIS is open source software developed by Health Information System Programme and adopted by FMoH in 2006. GHAIN transitioned to
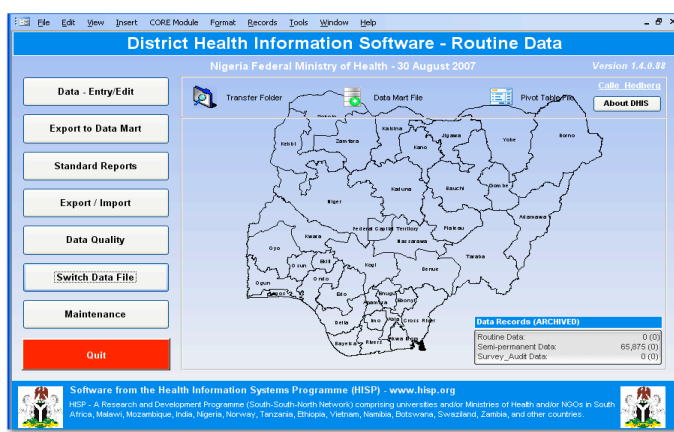
Figure 5: Control panel of DHIS 1.4

DHIS in 2007 and it became the primary medium for routine collection, collation, analysis and storage of aggregate level data from facilities and service delivery points for all national programmes (including HIV, TB, Malaria, RH/FP, and LMIS). Authorities across all 36 states of the federation and the FCT use DHIS in the collection, management and transmission of routine service data from a range of public health program areas. The software is capable of supporting. GHAIN supports the implementation of DHIS by providing technical assistance, capacity-building and infrastructural upgrade. This effort resulted in the effort resulted in the adoption of DHIS version 1.4 as the national platform for NHMIS data management under the GF R8 grant for HSS in 2009. Similarly, after a thorough technical assessment of the DHIS, USG partners in Nigeria (USAID, CDC and DoD) also adopted version 2.0 of the DHIS as the reporting platform for all their implementing partners in January 2011.

LAMIS

The LAMIS was developed to enhance patient management and monitoring. The software captures patient level medical records and information related to HIV care and treatment, TB treatment, screening for cancer of the cervix and cardiovascular disease monitoring. During the life of project, LAMIS was deployed in 14 GHAIN-supported HIV comprehensive centers spread across the six geopolitical zones of the country. In two of these facilities (FMC Jalingo, Taraba state and Dr Lawrence Henshaw Memorial Hospital Calabar, Cross River state) the LAMIS was customized to automate the process of sample registration all
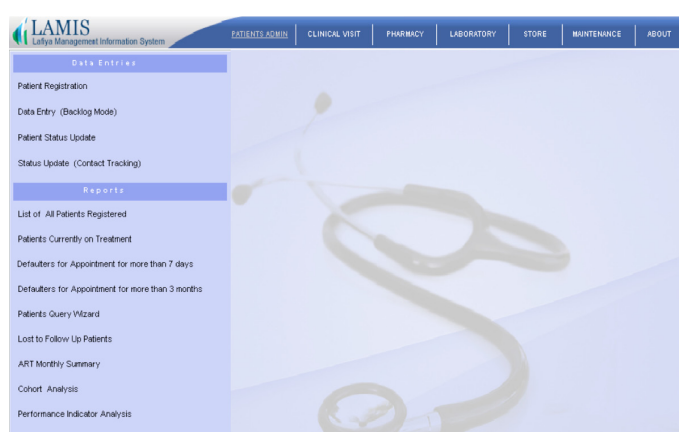

Figure 6: Screenshot of LAMIS

through to results documentation in the DNA PCR and MDR TB labs respectively.

As at April 2011, more than 65,000 patients had been registered with about a million patient encounters documented. The software was deployed internationally to FHI360 supported services in Rwanda in July 2010. There has also been growing interest for it amongst other IPs in Nigeria. GHAIN project also supported the GoN in implementing its strategy to

decentralize ART refill services to primary health care PHCs. In order to facilitate this, a LAMIS mobile application was developed and piloted in Cross River state. Using the LAMIS mobile application installed on a personal digital assistant (PDA) phone, patients' drug refill records are captured at the PHCs and the data is transmitted to and synchronizes with a LAMIS desktop application located in a 'hub' (secondary health care facility) via GPRS (General Packet Radio Service). This makes it possible to capture and review patients' data electronically, in remote facilities with limited power supply. This device is also capable of generating defaulters' list for tracking.

KidMAP

GHAIN supported the implementation of an LGA-wide OVC program in a number of states by working through umbrella community based organizations (CBOs). As part of the support, GHAIN developed KidMAP, an electronic data management software to capture and manage data of children enrolled into the OVC program. KidMAP has an in-built data quality analysis mechanism to ensure high quality data. Records of enrollees, including the child status index (CSI) scores at enrollment and at follow-up survey as well as the type of services provided, are captured and maintained in the database. Data are used to track service delivery, monitor child status and well-being; data can also be analyzed and results used to improve services, planning and coordination of OVC program activities.
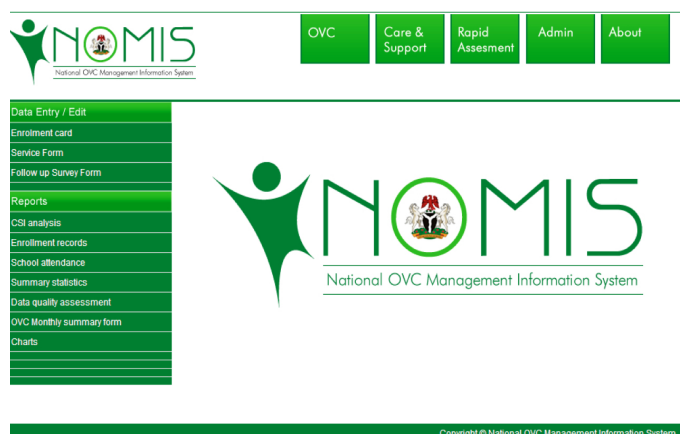

Figure 7: Screenshot of the KidMAP

Figure 8: Screenshot of the NOMIS

At the request of the Federal Ministry of Women Affairs and Social Development (FMWASD), the KidMAP was further customized and adopted as the National OVC Management Information System (NOMIS). Currently, the software is being used to manage the records of over 35,000 OVC.

DQUAL

The search for systems that will continuously improve data quality and ease DQA exercise resulted in the development of the DQUAL, an electronic data quality assessment tool designed to facilitate monitoring of the quality of program data. The software was designed based on the national DQA checklist which assesses data availability, data consistency and data validity with a GIS component for location validation.
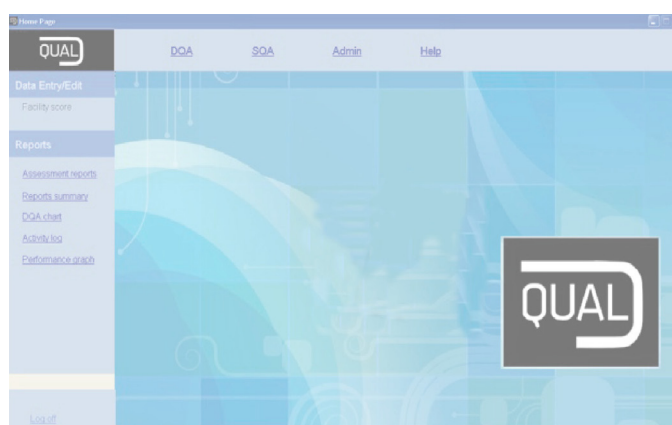

Figure 9: Screenshot of the DQUAL

FGIS

FHI360 Enterprise Geographic Information Systems (FGIS), a web-based mapping application framework was designed to aid access to spatial data by program and technical leads. The website, presently available on FHI360 intranet, displays two broad modules; a locator and an indicator map with basic GIS overlay and legend editing functions available for non-GIS users.

Figure 10: Screenshot of FGIS website

In keeping with its guiding principle of building local capacity, GHAIN ensured that software development efforts were carried out by indigenous Nigerian staff thus ensuring that the expertise for ongoing technical support for all these electronic applications exists in-country. These systems were also developed with a preference for drawing on free and open source (FOSS) software development resources to ensure sustainability.

Key Achievements
- Adoption of DHIS 1.4 as national platform for managing NHMIS data under GF R 8 grant for HSS
- Adoption of DHIS 2.0 by USG partners as the reporting platform for their implementing partners
- Successful hand over of the NOMIS to GoN as the software for managing OVC data
- 67 CBOs trained on KidMAP (NOMIS)
- Deployed the LAMIS in 14 comprehensive HIV centers; 4 tertiary and 10 secondary health facilities
- DQUAL in use in for DQA activities in facilities supported by 8 FHI zonal offices
- Use of GIS to inform scale up of ART services in Cross River State.

DISCUSSION

One of the major achievements of the GHAIN project was the establishment of a resourceful and robust M&E system that was capable of ensuring continuous availability of reliable data that fed into the national system and used up to UNGASS level. Beyond generating quality data for reporting purposes, internal and external systems were also set up to promote regular data interpretation and use to guide program implementation and quality improvement. This level of success in HIV programming is unusual in developing countries where M&E remains a challenge and the SI budget in HIV/TB/Malaria program is usually less than 5%. Arguably, the success was recorded under a parallel system, but it is still in keeping with emergency phase of responses. What is needed now and should be advocated for is an integrated government owned system.

The single most important factor responsible for the huge achievement of GHAIN M&E system is the substantial resources committed to the establishment and support of the structures and processes that made it functional. With such resource, the system was able to attract highly qualified personnel and invested in software development that added value significantly to the quality of M&E products. The range of products, including hard tools softwares offered a strong basis for performance improvement, quality improvement and cost- benefit analyses.

In the background of the level of investments that resulted in this success, an expected concern will be that of ownership and sustainability on the part of government. However, the GHAIN project also demonstrated that government is reluctant in embracing new innovations only where there is complete lack of awareness on the value of M&E, its products and use. The GHAIN project was able to demonstrate that by deliberately creating demand for M&E products through repeated advocacies, consultations and collaboration with key stakeholders in the implementation of M&E activities, issues of sustainability can be addressed over time. This is evident in the gradual transitioning of the funding for the state monthly M&E meetings from 100% sponsorship by GHAIN to a status of full sponsorship by GoN in 7 states and joint sponsorship with GHAIN and/or other IPs in 26 states. Similarly, in recognition of the value added to OVC programming by the use of KidMap, the FMWASD on July 7, 2011 adopted and launched the NOMIS (built on the platform of KidMap) as the national database for managing data on vulnerable children services. The introduction of the LAMIS in 14 comprehensive HIV care centers initially attracted very little interest and

support from facility managements. However, the establishment of the MLEG meeting in all LAMIS sites created a forum for showcasing the relevance of an electronic medical record system in HIV programming. With repeated advocacy, 9 facility staff that were initially hired by GHAIN to support LAMIS data entry in 5 of the LAMIS sites were eventually absorbed into the payroll of GoN, as LAMIS administrators.

The approach used in under the GHAIN M&E system and achievements reached clearly indicates that monitoring and evaluating public health interventions in developing countries program requires a lot of human and financial resources. There is the need for government and donor agencies to consider allocating more resources to M&E activities beyond the usual 5% of total budget. However, more cost effective results are achievable through an integrated approach at the national level, leveraging of resources across projects, as well as better collaboration and coordination among donors and implementing partners.

CONCLUSION

Significant achievements have been recorded in the last 7 years of implementing the GHAIN project. The fundamental issue to address has been the weakness of existing M&E systems. The solution to the problem lies not in setting up new or parallel systems, but in strengthening existing systems through advocacy, effective coordination of core M&E routines and resources, and collaboration among key stakeholders under the leadership of GoN counterparts. Integration of disease M&E through leverage of funds for ATM disease control is highly recommended.

No government builds M&E systems because of perceived intrinsic merits, but because such systems directly support core government activities or at least provide information to demonstrate transparency and accountability to stakeholders. Therefore, M&E efforts should not only be directed at setting up systems for generating and collecting data for specific program reporting, but also at building and strengthening systems for maintaining long term data collection, analysis and use for informed decision making. Only when the utilization of M&E information is mainstreamed into core government processes, can it be said to be institutionalized and likely to be sustained over time.

GHAIN's M&E system was designed to ensure availability of quality M&E information and to promote consistent utilization of M&E information, and sustainability. Going forward, it is recommended that these strategies be sustained, but with some modifications in the approach to implementation to put the GoN in the lead. The GoN should be provided with the necessary technical support and assistance to better coordinate M&E efforts by all stakeholders. There is also need to encourage better collaboration amongst IPs.

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