

Monitoring and Evaluation Capacity Assessment Toolkit

INTRODUCTION

Worldwide, the use of health system data to guide decisions on how resources are allocated is rising rapidly, and ministries of health and national health programs are seeking ways to ensure that the quality of health system data is reliable. As a result, data collection, collation, reporting, and use are increasingly under scrutiny, and efforts to strengthen health information systems (HIS) must focus on improved health program monitoring and evaluation (M&E), beginning with standardized baseline capacity and performance assessments. To help meet this need, MEASURE Evaluation, the flagship M&E and HIS strengthening project of the United States Agency for International Development, and its Kenya associate award, MEASURE Evaluation PIMA, have developed a process and toolkit to conduct a standard baseline assessment of M&E capacity. The design of this assessment is framed by the “12 Components” approach used by the Joint United Nations Programme on HIV/AIDS (UNAIDS) to strengthen M&E systems worldwide (UNAIDS, 2009; UNAIDS, 2010). First used in Kenya by MEASURE Evaluation PIMA to set baselines for beneficiary national programs and 17 target counties, the toolkit has since been adapted for use in assessments in other countries to help health management and development professionals make decisions, monitor progress, and design capacity-building interventions for sustained HIS improvements.

ABOUT THIS TOOLKIT

The Monitoring and Evaluation Capacity Assessment Toolkit (MECAT) is a set of tools to guide organizations¹ through a process that assesses an organization’s current M&E capacity, identifies gaps, and indicates areas to strengthen the organization’s capacity for improving the M&E system.

MECAT is useful at the national, subnational, and programmatic levels to gain insight into numerous aspects of M&E capacity:

- Understand current M&E capacity

¹ Organizations in this context could be a national health program, such as a national malaria control program, or a subnational unit, such as a county health management team.

- Determine gaps
- Identify and prioritize interventions to strengthen M&E
- Guide organizational decision making
- Design capacity-building interventions
- Monitor progress in M&E capacity-building efforts
- Identify current M&E system technical and financial independence

MECAT can give an organization insight into its capacity to conduct M&E activities and assess the capabilities of individual staff members to carry out M&E functions. MECAT uses standardized tools to assess capacity to undertake and accomplish M&E activities, by measuring the status, quality, and sustainability of current M&E activities. The results are useful for guiding and prioritizing the steps an organization needs to take to strengthen the capacity of its M&E system.



Table 1. The MECAT process tools and methods

MECAT-specific tool	Method	Target	Questions addressed
Excel-based group assessment workbook	Participatory group assessment	M&E organizations	<ul style="list-style-type: none"> • What is the status of M&E activities? • What is the capability in M&E capacity areas?
Excel-based individual assessment workbook	Individual self-assessment	M&E staff	
Desk review guidance	Desk review	Organizational documentation	<ul style="list-style-type: none"> • What are the objectives and expectations for the organization's M&E? • What is the organization's capacity for M&E? • How well is the organization performing against its objectives and expectations for M&E?
Key informant interview guide	Key informant interviews	M&E stakeholders and program and other technical staff	

PURPOSE AND DESCRIPTION

MECAT's assessment process uses four methods: (1) participatory group assessment; (2) individual self-assessment; (3) key informant interviews; and (4) a desk review. With this approach, organizations can accurately assess program and individual strengths and weaknesses and plan the ways to strengthen the M&E capabilities. Table 1 summarizes these four methods and the tools associated with each step, as applicable. The MECAT user guide provides details on the assessment process and the use of these tools.

MECAT tools are standardized indicators of capacity to carry out discrete M&E activities. The group assessment offers the option to capture M&E capacity data at two points in time, allowing organizations to more easily observe changes. The results the tools generate are compiled and analyzed, and then evaluated in four dimensions: status, quality, technical autonomy, and financial autonomy (definitions below). These findings indicate gaps and areas of strength and weakness in M&E capacity. The results guide decision makers in the development of a capacity-building action plan.

Status. This dimension indicates whether an element, such as an M&E plan, exists.

Quality. This dimension indicates the degree of quality that a specific task or deliverable meets according to established norms.

Technical autonomy. This dimension indicates an organization's **internal** capacity to accomplish tasks in the 12 capacity areas.

Financial autonomy. This dimension indicates an organization's ability to financially support its undertakings on key tasks in the 12 capacity areas.

DASHBOARDS

MECAT results appear as dashboards that summarize the data from the group assessment and individual assessment tools and display graphs that can guide action plan development to strengthen M&E operations. Baseline, midline, and end line assessments allow organizations to monitor progress or change in capacity over time.

The following figures are examples of MECAT dashboards comparing MEASURE Evaluation PIMA's end line assessment of the National Malaria Control Programme in 2017 with its baseline assessment in 2013 (MEASURE Evaluation PIMA, 2017).

PAST AND FUTURE USES OF MECAT

MECAT has been used in several countries to assess M&E capacity and to make capacity-building action plans. The Kenya Ministry of Health and 17 counties in Kenya used MECAT to assess M&E capacity of individual health programs and county M&E systems. The five programs assessed in Kenya were the Division of Community Health



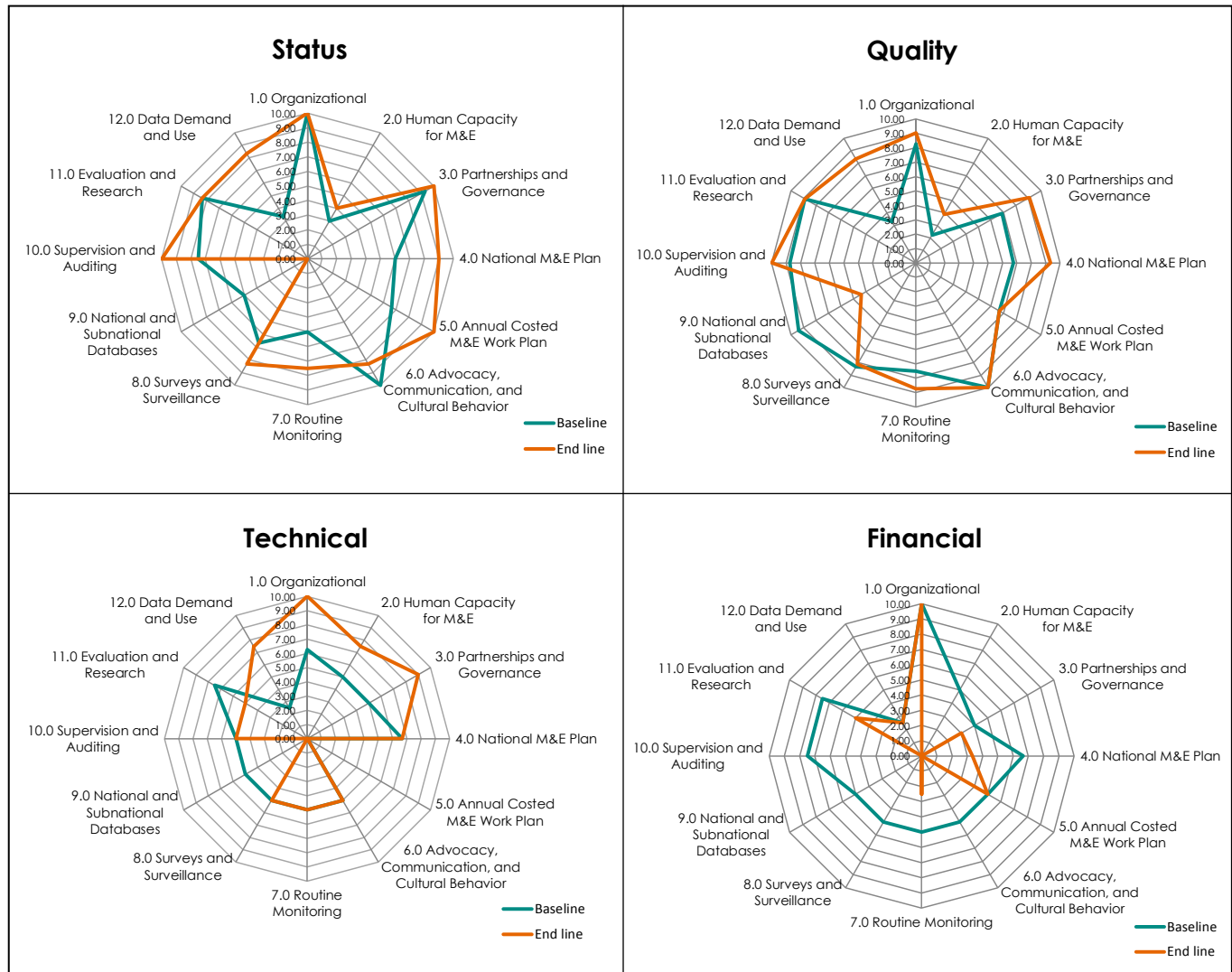
Services, the Division of Malaria Control, the Division of Reproductive Health, the Division of Disease Surveillance and Response, and the Division of Civil Registration and Vital Statistics. The results guided action plans to improve M&E capacity, and Kenya used MECAT in a follow-up assessment to measure progress on capacity-building action plans.

In the Democratic Republic of the Congo, MEASURE Evaluation used MECAT to conduct M&E capacity assessments of three provincial teams. Using the results, the

provincial teams were able to identify bottlenecks in the M&E system and develop M&E capacity-building plans to address gaps. With support from MEASURE Evaluation, the provincial teams are implementing these plans. Additionally, MEASURE Evaluation used MECAT in Zambia to pilot-test the integration of more gender-specific questions in the tool.

MECAT can be used for health programs in HIV, nutrition, and noncommunicable diseases, among other topics, to gain a better understanding of M&E capacity

Figures 1–4. Dashboard examples





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for these programs. The experiences with MECAT in Kenya, the Democratic Republic of the Congo, and other countries will inform future versions of the toolkit. Additional information is available on the MEASURE Evaluation website, here: <https://www.measureevaluation.org/pima/m-e-capacity>. Questions can be directed to measure@unc.edu.

REFERENCES

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