



Monitoring & Evaluation (M&E) for Effective STH and Schistosomiasis Programs

COR-NTD Breakout Session 1C, New Orleans, 2018

Chairs: Dr Suzy Campbell, Associate Director, Evidence Action
Dr Lynsey Blair, Head of Programmes, Schistosomiasis Control Initiative

Session aims:

1. To highlight cost-effective, feasible country-led M&E strategies
2. To elicit and refine operational research gaps and suggest methods/studies towards addressing these

M&E for effective STH & schistosomiasis programs

1:00pm Welcome from Chairs and session aims

Presentations

1:05pm Dr Rubina Imtiaz: “Engaging country partners with innovative strategies and frameworks for STH control and elimination”

1:20pm Dr Fiona Fleming: “M&E frameworks to help achieve global targets for schistosomiasis and STH control”

1:35pm Dr Suzy Campbell, on behalf of Dr Ajay Khera: “M&E activities in the largest STH deworming program in the world”

1:50pm Mr Collins Okoyo: “Evaluation, and next steps, from five years of Kenya’s national school-based deworming program”

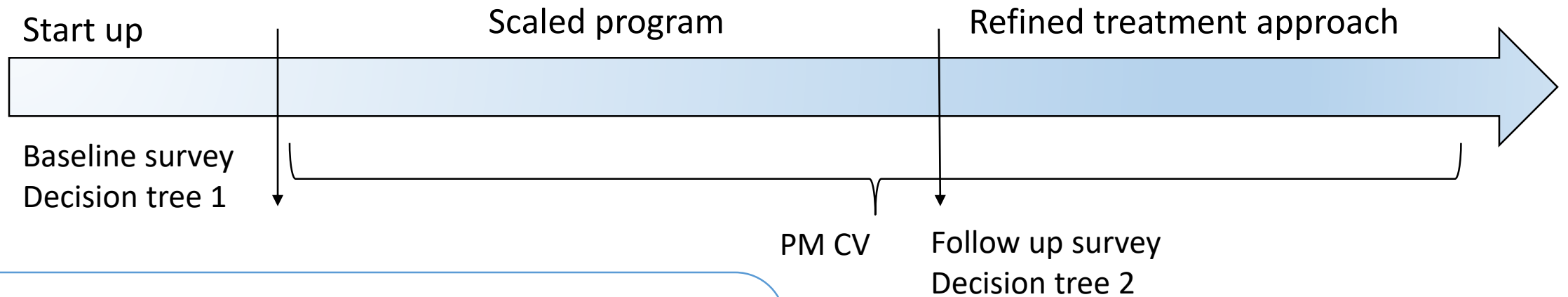
2:05pm Audience questions to presenters

2:30pm Coffee break

3:00pm Facilitated group discussions

3:40pm: Groups report back

3:55pm Wrap up and close



Performance Monitoring

- Data quality
 - Cost relative to implementation
 - Consistent definitions
 - Trend analysis
- What do countries need to measure progress over time, using low-cost, innovative technology, during programs at scale?**

Epidemiological monitoring → evaluation strategy?

- Timelines
 - P & IOI
 - Metrics
 - Age cohorts
- What methodology is needed for evidence-based decision-making after successive years of high-coverage MDA?**
- What metrics are needed for the “end point”?**

Capacity/resourcing/sustainability

- How to quantify?
 - How to build?
- What are the tools needed to understand the gaps?**

Summary of group work

- Goals beyond 2020 ideally need to expand beyond achieving coverage
- Need for refined STH & SCH goals beyond 2020
- Revised, rigorous M&E frameworks are now required to better track program progress and impact in reducing morbidity
 - Going forward, more countries will need to conduct impact evaluations and use these data towards decision-making
 - Mapping refinements, progress in identifying and responding to district-level disease information and/or hotspots
 - Standardised guidance for countries on decision-making points, & refining goals
- Evidence gaps in program & impact (disease) data to guide decisions effectively: evidence-informed direction setting
- Recognition that M&E must be responsive to capacity & maturity of national programs

Summary of group work

- Lack of evidence-based guidance in a number of areas eg sample size calculations 30% very different from 5% or 1%
 - Need statistical rigour, standard epidemiological methods for trends analysis, cluster sampling (capacity in country)
- Cost of M&E programs ~10% of overall program cost. Don't apply the 10% rule
- Ultimate aim: shrink the intervention map: need advice on rapid, less-precise measures eg LQAS to make assessments and set thresholds
- Definitions of what to do at very low morbidity levels eg reduce MDA or “test and treat” or move program to health centres (would this work?)
- Sustainability: need to devote M&E resources towards this
- Existing evidence shortfalls: eg no evidence, no guidance and no success criteria for concept of interruption of transmission. This makes it very hard to develop relevant M&E strategies: hence, tiers

Thank you!

