STRENGTHENING THE MONITORING AND EVALUATION SYSTEM OF THE MEDICINES AND HEALTH SERVICES DELIVERY MONITORING UNIT

BY

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MAKSPH/CDC M&E MEDIUM-TERM FELLOWS

2013
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Declaration

I, Martin Lukwago and Hope Fortunate Achiro, do hereby declare that this end-of-project report entitled “Strengthening the Monitoring and Evaluation System of the Medicines and Health Services Delivery Monitoring Unit” has been prepared and submitted in fulfillment of the requirements of the M&E Medium-term Fellowship Program at Makerere University School of Public Health and has not before this been submitted for any academic or non-academic qualifications.

Martin Lukwago (Fellow)        Hope Fortunate Achiro (Fellow)
Signature                        Signature
........................................  ........................................
Date                              Date
........................................  ........................................

Dr. Diana Atwine, Director – MHSDMU (Institutional mentor)

Signature  .................................................................

Date  .................................................................

Mr. Ibrahim Lutalo, Academic Supervisor

Signature  .................................................................

Date  .................................................................
Fellow’s role in project implementation

Both fellows were involved in the project together from the start to the end. Implementation roles were never at any one time divided but the fellows complimented each other during all the stages of the project implementation.
Acknowledgements

We would like to express our special thanks of gratitude to our academic mentor Mr. Ibrahim Lutalo as well as our institutional mentors Dr. Diana Atwine and Dr. Gloria Sseruwagi who gave us guidance throughout this wonderful project that has equipped us with a lot of skills. We are really thankful to them.

Secondly we would also like to thank our institution (MHSDMU), MAKSPH staff and fellows who helped us a lot in finishing this project within the limited time. We made this project not only for certificates but to also increase our knowledge.

THANKS AGAIN TO ALL WHO HELPED US.
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CDC</td>
<td>Center for Disease Control</td>
</tr>
<tr>
<td>MAKSPH</td>
<td>Makerere School of Public Health</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<tr>
<td>NMS</td>
<td>National Medical Stores</td>
</tr>
<tr>
<td>MUK</td>
<td>Makerere University Kampala</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MHSDMU</td>
<td>Medicines and Health Services Delivery Monitoring Unit</td>
</tr>
<tr>
<td>MGD</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>GAVI</td>
<td>Global Alliance for Vaccine and Immunization</td>
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</tbody>
</table>
Operational definitions

Activity: A specific action or process undertaken over a specific period of time by an organization to convert resources to products or services to achieve results.

Data: Information collected by a researcher or program implementer.

Evaluation: A systematic and objective assessment of an on-going or completed project or program.

Goal: The higher-order objective to which a project or program is intended to contribute.

Impact: A result or effect that is caused by or attributable to a project or program.

Monitoring: The performance and analysis of routine measurements to detect a change in status.

Objective: A statement of the condition or state one expects to achieve.

Outcome: Specific changes in events, occurrences, or conditions, such as attitudes, behaviors, knowledge, skills, status, or level of functioning, that are caused by or attributable to outputs or program activities.

Output: A tangible, immediate, and intended product or consequence of an activity within an organization’s manageable interest.

Performance Indicator: A particular characteristic or dimension used to measure intended changes.

Project: An individually planned undertaking designed to achieve specific objectives within a given budget and time frame.
Abstract

Issue: The Medicines and Health Services Delivery Monitoring Unit is mandated to monitor and evaluate the entire health sector in Uganda. However there was no structured plan in the monitoring of the implementation of its activities, and we therefore strengthened the M&E system by developing the relevant tools, documenting the M&E plan and operationalizing some parts of the plan at MHSDMU.

Project description: This project was implemented within MHSDMU's M&E department. The top management and all heads of departments were interviewed and all staff at the Unit were engaged in focus group discussions. Data was collected on all activities undertaken, performance indicators and the scope of the M&E plan. A total of 8 interviews, 5 focus group discussions and 5 staff meetings were held to collect data using interview and FGD guides and checklists.

Project outcomes: Relevant M&E tools were developed that led into the documentation of the plan. Aspects of the M&E plan including data entry and storage and storage of physical items were operationalized.

Lessons learnt: The project strengthened the M&E system of MHSDMU through better planed and coordinated implementation of its programs following a well-structured plan, and actual tracking and measurement of all its activities through the development of relevant M&E tools.

Recommendations: The outcomes suggest a need to fully operationalize the M&E plan and develop an Information Management System in order to provide feedback.
Introduction

The importance of health for economic growth and reduction of poverty is reflected in the Millennium Development Goals (MDG). Three out of the eight goals refer directly to health while one additional goal refers to access to affordable drugs in developing countries. Improving the indicators in the sector has however been hampered by multi-level governance challenges. “Corruption in the health sector is a concern in all countries, but it is an especially critical problem in developing and transitional economies where public resources are already scarce” thus if coupled with other related practices denies the poorest and most vulnerable access to health care contributing greatly to high mortality rates (Vian, 2002).

Preventing health sector corruption is a complex and difficult task. A number of processes were identified as having a high inherent risk of corruption. These are; Provision of services by medical personnel, Human resources management, Drug selection and use, Procurement of drugs and medical equipment, Distribution and storage of drugs, Regulatory systems, and Budgeting and pricing among others.

An estimated 10-25% of public procurement costs is lost to corruption (WHO 2008). This results from under-financed and badly managed systems, poor record-keeping and ineffective monitoring and accounting mechanisms. Large quantities of drugs and medical supplies are stolen from central stores and individual facilities, and diverted for resale for personal gain in private practices or on the black market (Ferinho and Lerberghe, 2004). This involves a variety of practices such as record falsification, dispensing drugs to “ghost patients”, or simply pocketing the patient’s payment.

At the launch of the Uganda Self-Assessment Report and Program of Action in 2008, it was reported that corruption had influenced death and poverty
levels in Uganda. Wastage and leakage in the pharmaceutical sub-sector through drug theft, expiry, and poor prescription practices was highlighted. Uganda as a country has adopted a pursuant approach towards fighting corruption in the health sector. In doing this, the country has seen corrupt officials in the health sector taken to court, including health ministers who were in charge of the GAVI funds; large financial resources earmarked by the donor countries for fighting AIDS, malaria and tuberculosis. On 14 January 2008, the Daily Monitor reported the arrest of three health workers from Gulu Regional Referral hospital who had stolen drugs worth 72 million Uganda shillings. On 17 January 2008, the New Vision and the Monitor publications both ran stories of 10 doctors and nurses who had taken medicines from Mulago, a National referral hospital, and had been arrested and directed to hand back the medicines.

MHSDMU was instituted as a part of this pursuant strategy and its findings confirmed the high levels of corruption in the health sector. The Unit has contributed towards the marked reduction in loss of health public funds and drugs or medical supplies.

**Background**

The Medicines and Health Services Delivery Monitoring Unit (MHSDMU) was established by a Presidential directive in 2009, and its broad remit is to improve health services for the population of Uganda by monitoring the management of funds, essential medicines and service delivery within the sector.

MHSDMU envisions a healthy and socio-economically productive Ugandan population supported by an effective and responsive health care system. It operates to monitor and support an effective and accountable national health
care system that provides affordable quality health care to the population of Uganda.

With a goal to strengthen the efficiency and accountability of Uganda’s health care system by 2016, MHSDMU’s strategic objectives are;

1. To monitor health care service delivery in Uganda
2. To strengthen health care systems in Uganda
3. To increase citizenship ownership of health services in Uganda

Strategies
In order to achieve the above, a number of strategies are being deployed for each objective.

Objective 1: To monitor health care service delivery in Uganda
The strategy is Routine health facility and institution based monitoring exercises and supervision. Different service delivery parameters are monitored and include, Out Patient, In-patient, Theater, Maternity, Laboratory, Medical Supplies Special clinics/projects, Human Resource, Finance & Administration for facilities. For institutions, training facilities, programs, trainers and enrolment are some of the parameters assessed to ensure quality of the health work force.

Objective 2: To strengthen health care systems in Uganda
The strategies include:

a. On-site Training – capacity gaps are identified from results of the facility monitoring exercise and immediate training in the area conducted. The 2 main recurring gaps have been in finance and medical supplies management and accountability. The trainings have thus mostly been in these areas and are guided by the auditors/accountants and pharmacists respectively.
b. **Appraisal of health sector program plans and Policies** – this involves review of old and new Policies and guidelines, Proposals, Plans, Budgets including policy statements and implementation strategies.

c. **Conducting Audits** – Various kinds of audits are regularly scheduled and include Financial Audits to confirm proper usage of resources and evaluate Value for money, Human resource audits, medicines supply chain audits and infrastructure and equipment audits or evaluations.

d. **Advocacy** – strengthening systems in the health sector cannot be done without a motivated work force and equipped facilities. The Unit advocates for improved standards for the health workers including resolving of salary issues, work place challenges like lack of uniforms and accommodation among others. It also advocates for equipping of facilities lacking critical equipment as identified during monitoring visits.

e. **Stakeholder engagement** – After every monitoring and evaluation exercise in a facility, institution or district, meetings are held with the leaders and in some cases community dialogue sessions are organized. These result in resolution of challenges identified by the appropriate stakeholders and escalation of those that cannot be addressed at the lower levels to a higher level.

**Objective 3: To increase citizenship ownership of health services in Uganda.**

The strategies include;

a. **Community Sensitization and dialogue sessions** – This targets both local leaders and communities to create awareness about availability of health services and their role in improving service delivery. This is done through mass media platforms, the Internet, social media as well as organization of different categories of meetings.
b. **Advocacy** – This targets the leaders at various levels to get buy in and support for implementation of programs that improve service delivery.

c. **Improve community feedback mechanisms**—communities are supported to give feedback on service delivery in order to affect a bottom up approach. This feedback is followed and responses communicated.
MHSDMU mandate

HR
- Pay roll
- Daily attendance monitoring/Absenteeism
- Bonding
- Staffing levels

Finance & accountability
- NMS
- District health accounts audit
- PHC audits
- Dev’t funds

Legal & Investigations
- Policy reviews
- Cases under investigated
- Community courts
- Court cases
- Files at police
- Engage with DPP

MHSDMU mandate

Health programs/Projects
- LLIN
- Cancer
- mTrac
- E-Health
- Yellow fever

Service delivery
- District leaders meetings
- HF functionality
- Routine monitoring trips
- Stake holders’ meetings
- Community dialogues

Infrastructure & Equipment
- Infrastructure mgt & audit
- Equipment inventory mgt and audit
- Vehicle inventory mgt and audit

Medicines
- NMS
- Facility drug mgt & training
- Facility drug account audit
- Stock mgt
- Community dialogue

District health leaders meetings
- HF functionality
- Routine monitoring trips
- Stake holders’ meetings
- Community dialogues
- Vehicle inventory mgt and audit
Figure 1: Showing the scope of MHSDMU’s work

The framework shown above briefly outlines the scope of MHSDMU work. In order to effectively monitor and evaluate the health sector, MHSDMU identified 7 key areas of focus that include Human Resources management, Finance and accountability, Medicines management, Infrastructure & Equipment, Service delivery, Legal & Investigations, and Health programs/projects. However, the activities outlined under the 7 areas do not conclusively define the scope, as there are a number of ad-hoc assignments that come in that always do require urgent interventions.

Information is the backbone of MHSDMU’s operations. The Unit derives most of its work through interaction with the community. It also carries out routine monitoring and evaluation of the performance of health facilities and health sector institutions countrywide and makes relevant interventions. The other main activities of The Unit include investigations in respect of criminal matters arising in the health sector, forensic financial audits, medical supplies audits, and infrastructure and equipment inventory and evaluations. MHSDMU also organizes trainings to support and build capacity of health workers in various aspects of their work, for instance, medicines management and financial accountability. The challenges faced by health workers are addressed through relevant stakeholders even as sensitization and advocacy of health workers’ rights is pursued. At national and district levels, MHSDMU monitors and evaluates programs and projects/interventions in the sector to ensure value for money and inform planning.

MHSDMU’s achievements in the year 2012/13

Monitored

- 239 health facilities, including 12 hospitals, in 13 districts
Conducted

- Financial audits which unearthed mismanagement of Shs. 8,076,823,197 UGX
- Human resource audits and enabled 369 health workers to access the payroll
- Research on the HMIS capacity, specifically computer inventory, in 85 districts
- 10 community dialogue and sensitization campaigns

Recovered

- Shs. 873,220,000 UGX through refunds and court cases
- Stolen equipment and kits worth Shs. 148,000,000 UGX

Generated

- 67 criminal cases and secured 20 convictions

Trained

- Six districts in proper medicines management

Closed

- One Illegal training school for nurses

Exposed and Halted

- Shoddy work not demonstrating value for money
- Four unqualified personnel impersonating as health worker

A full list of MHSDMU’s achievements for the year 2013 can be found on the next page.
### Table 1: MHSDMU ACHIEVEMENTS IN FY 2012-2013

<table>
<thead>
<tr>
<th>HEALTH SYSTEM BLOCK</th>
<th>MHSDMU ACTIVITY</th>
<th>2013</th>
<th>ACHIEVEMENT</th>
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<tbody>
<tr>
<td>Service Delivery</td>
<td>Monitoring and supervision of facilities</td>
<td></td>
<td>Monitoring activities were carried out in 12 districts of which 13 hospitals and 239 health centers were visited</td>
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<tr>
<td></td>
<td>Promoting Patient Safety and Adherence to Quality Procedures</td>
<td></td>
<td>Various cases of medical negligence (criminal or administrative) were received and forwarded for action to the respective offices like the Uganda Medical Council and the Police.</td>
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|                     | Unearthing & Stopping Unqualified Personnel/ quacks: |     | ✔ MHSDMU investigated a case regarding an MoH official who was impersonating as an engineer. The person had been employed by MOH as a Principal engineer the case is before court.  
  ✔ An individual was arrested in Yumbe for carrying out operations behind his drug shop, and yet he is not a qualified health worker. One such operation led to the death of a woman. He was fined 5,000,000/=.
  ✔ Dr. Kish Kayangwe a former in-charge Kitwe HCIV was also arrested for impersonation as a medical doctor and was convicted.
  ✔ Another quack was arrested treating patients in their homes and the matter is in court. |
| Mosquito Distribution | Net Distribution |     | MHSDMU is deeply involved in the planning of the national (mass) mosquito net distribution exercise. Our role is that of monitoring the exercise and supporting other stakeholders to ensure transparency and equitable distribution. |
| Medicines, Vaccines & Technologies | Management of Medicines & related Supplies |     | ✔ MHSDMU worked with Blood Bank to secure release of blood testing kits that were stuck at Customs office in URA 
  ✔ Recovered HIV testing kits worth 20,000,000/= in Tororo CRB 1216/2012. One of the suspects pleaded guilty and was fined 2,000,000/= while the rest are still undergoing trial in Tororo magistrate court. 
  ✔ Recovered an assortment of laboratory kits worth 36,000,000/= from MED TECH (E.A) LTD. The suspects were charged in Makindye court. 
  ✔ Recovered an assortment of laboratory kits and HIV testing kits worth 70,000,000/= from a school lab shop along William street. |
- Helped reduce stock outs: The incidence of drug stock outs has decreased due to continuous engagement of NMS in streamlining its operations. All health centres visited in 2013 had most of the essential medicines in stock.
- Provided training in drug management: MHSDMU’s drug audits in several health facilities and hospitals have led to discovery of poor drug managements systems and recommendations have been made to the concerned officials. These include health center in charges, store managers, hospital directors and district health officers. The MHSDMU team identifies the problems but most importantly conducts onsite teaching in drug inventory, requisition and issue formats and dispensing logs. Follow-up has shown that there has been improvement in drug management in the areas visited.
- Intercepted a consignment of 5000 doses of Fluconazole expired medicines that had been cleared by URA onto the market despite rejection by NDA.
- Recovered 4 solar panels that had been stolen from Kiryandongo Hospital.
- Recovered all the theatre equipment that had gone missing in Bukasa HCIV in Kalangala District.
- Recovered an X-ray machine worth 20,000,000/= stolen from Atutur Hospital in Kumi district and taken to a private clinic called Awoja Medical Center. Two health workers are on interdiction and the case is before DPP.
- Recovered a double cabin that was stolen from Kapchorwa district and found in garage in Mbale.
- Recovered two motorcycles and two solar panels belonging to Kapochorwa health department.
- Tasked the Sironko district leadership to return the double cabin they had taken from the DHOs office.

<table>
<thead>
<tr>
<th>Human Resources for Health</th>
<th>Recovery of stolen equipment</th>
</tr>
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<tbody>
<tr>
<td>Health Worker Audits</td>
<td>Recovered 4 solar panels that had been stolen from Kiryandongo Hospital.</td>
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<td>Recovered all the theatre equipment that had gone missing in Bukasa HCIV in Kalangala District.</td>
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| Uniform Drive | On behalf of MoH, MHSDMU collected personal data for all government health workers in the country for the purposes of making uniforms. This data has been submitted to NMS and uniforms are being made. |

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<thead>
<tr>
<th>Leadership, Stewardship and Governance</th>
<th>Systems strengthening and Institutional Capacity Building</th>
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<tr>
<td></td>
<td>MHSDMU together with MOH and Mulago hospital have agreed to form monthly round table discussions to specifically review and address the problems of Mulago hospital.</td>
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<tr>
<td></td>
<td>MHSDMU has been instrumental in coordinating meetings with regulators in the health sector like Uganda Nurses and Midwifery Council and Ministry of Education to streamline licensure of nurses/midwives and training institutions.</td>
</tr>
</tbody>
</table>
Presentations of the findings in the health facilities, best medical practices and medico legal issues were made to forums of health workers – Jinja School of Nursing and Midwifery, Hoima, Arua, and Jinja Regional Referral hospitals, Mityana, Adjumani, Kagadi, Moyo, Koboko, Kiryandongo and Yumbe hospitals, districts officials: Jinja, Arua, Yumbe, Adjumani, Kalangala, Buvuma, Hoima, Kibaale, Kiryandongo, Moyo, and Mityana.

| Organising Community Dialogue Sessions | ✓ In response to complaints received a team was sent to Lyantonde district following a petition by the community. Many allegations of medical negligence were levied against a one Dr. Kizza, both sides were given an opportunity to present and in the end the doctor apologized to the community. In one particular case, he promised to handle it individually with the complainant. The community accepted his apology and forgave him.  
✓ In Kabarole district, there were allegations of extortion and payment for X-ray services at the hospital. A meeting was held between health workers and the community and currently there are no longer complaints in this regard.  
✓ Other issues were resolved through the same approach in Kaliro, Kitagata, Kasese and Kabale. |
| Health Management Information Systems | Ghost Health centers | MHSDMU collaborated with other health stakeholders to clean up the health center inventory to weed out all the ghost facilities in the country.  
Equipment inventory | ✓ Inventory of equipment in various health facilities has been conducted and the culture of periodic inventory has been inculcated into all the health centers and hospitals visited.  
✓ At the newly constructed China-Uganda Friendship Hospital in Naguru, inventory of the all the equipment was done by MHSDMU together with the hospital staff. There is a list they can now refer to periodically. |
| Health Financing | Financial Auditing | ✓ Financial audits have been conducted in 12 districts, 13 hospitals and 239 health centres.  
✓ We have also enabled people to streamline the financial systems and refund monies previously mismanaged. |
Literature review

Monitoring

Monitoring is the regular tracking of inputs, activities, outputs, outcomes, and impact of development activities at the project, program, sector and national levels. It provides information by which management can identify and solve implementation problems and assess progress towards project’s objectives (Jaszczolt, 2009).

Monitoring as a continuing function that uses the systematic collection of data on specified indicators to inform management and the main stakeholders of an ongoing program/project of the extent of progress and achievements (Guijt, 2008).

Evaluation

Evaluation is the systematic and objective assessment of an on-going or completed operation, programme or policy, its design, implementation and results. Evaluations should provide credible and useful information to enable the incorporation of lessons learned into the decision-making process (Jaszczolt, 2009).

Evaluation usually refers to infrequent in-depth studies that seek to understand changes in a certain situation as a result of a development effort, primarily in order to assess overall merit (Patton, 1997).

Evaluation relates to longer-term objectives and aims to establish a summary of activities that have taken place, whether these activities have achieved their desired objectives, and the extent to which they have had an impact on the lives of the intended beneficiaries (Estrella & Gaventa, 1998).
Monitoring and Evaluation

Monitoring and Evaluation is the systematic process of gathering, processing, analyzing, interpreting, and storing data and information thereby setting into motion a series of managerial actions for the purpose of ascertaining the realization of set objectives and goals.

M&E is mainly used for control, accountability and symbolic protection, and relies on formal result-based approaches which emphasize ‘measurement’ of results, in a form defined by, and acceptable to, external funding agencies (Watson, 2006)

M&E systems and their importance to organizations

The value of M&E does not come simply from conducting M&E or from having such information available, rather the value comes from having information to help improve performance.

M&E supports organizations in policy making especially budget decision making, performance budgeting and planning. Agencies and organizations have benefitted a lot from M&E in management of their activities through the proper identification of the most efficient use of available resources and implementation difficulties, and enhances transparency and supports accountability relationships by revealing the extent to which the organization has attained its desired objectives (Mackay, 2007).

According to WHO, every country needs to have a strong monitoring and evaluation system in place as the foundation for national health sector strategic planning. It should cover and guide the implementation of all major programmes and health systems activities. The system should not only
address the need for better data, but it should be central to ensuring effective management and accountability (WHO, 2010)

Many countries have embraced M&E, and by May 2006, as many as 20 countries in Latin America were working on strengthening their M&E systems. In Eastern Europe, countries ran to embrace M&E as all European Union candidates were required to strengthen their M&E system.

Good monitoring and Evaluation systems became a condition for developing countries seeking international grants. The initiatives of international donors such as the World Bank are having a strong influence on borrower countries particularly those that are dependent on international aid. Donor emphasis on achievement of the MDGs is necessitating a similar focus of accountability and an analysis of each country’s M&E system, particularly the adequacy of available performance indicators (Mackay, 2007).

Organizations therefore need fully functional Monitoring and Evaluations systems to determine the relevance and fulfillment of objectives as well as efficiency, effectiveness, Impact (overall Goal) and sustainability of the project. To support proper implementation of their activities, create a common language, measure their outputs as well as using the information and feedback to critically reflect on its operations.

**Statement of the problem**

The health sector is an important pillar of social and economic development as four out of the eight millennium development goals refer directly to health and access to affordable drugs in developing countries. In April 2001, African Union heads of state met and pledged to set a target of allocating at least 15% of their annual budget to improve the health sector. At the same time, they urged donor countries to "fulfill the yet to be met target of 0.7%
of their GNP as official Development Assistance (ODA) to developing countries”. Both government and donors have committed huge amounts of funds to the sector however these have in many instances been abused through corruption, embezzlement and misappropriation. In an article published on the 11th December, 2012 in the New vision, the IGG reported that Uganda’s health sector is the most corrupt in the East African region. It noted that the sector is fraught with bribery and absenteeism, effectively undermining the population’s health and realization of the Millennium Development Goals.

MHSDMU was set up as a strategic intervention to strengthen government monitoring of the sector, address the challenges identified and make appropriate interventions with relevant stakeholders. The unit has been in existence for 4 years with an initial focus on addressing major bottlenecks as documented in the MHSDMU annual reports 2010 and 2011. They include fraud, corruption, illegal nursing school, under staffing, medical supplies theft and mismanagement, and absenteeism among others. The focus has now shifted to systems strengthening through collaborative efforts with stakeholders in the health sector as stated by The Director in her foreword in MHSDMU’s Annual Report 2011.

In order to fulfill its objectives, the Unit recognized the need to address any gaps in internal structures especially in the Monitoring & Evaluation department. MHSDMU was not effectively monitoring and evaluating its internal performance, and its reporting mechanism was inadequate. This was mainly caused by identified gaps including:

a. Weak internal M&E of operations

The Unit has rapidly changing and varied needs which require different activities, indicators and timelines. This makes them hard to routinely
monitor and schedule evaluations in a pre-set format. This therefore requires a robust and regularly updated plan & system. The M&E system cycle needs to be completed more frequently than for most programs.

The man-power required to deliver on the above was lacking in the Unit. The M&E department comprised only 2 personnel to cater to all M&E functions including Tool design, Data collection, entry, Validation, Analysis, report writing and dissemination. Additionally, what has been demonstrated as the Unit’s strength i.e. the multi-disciplinary nature of the cadres of staff has posed a challenge. The Unit consists of doctors, pharmacists, lawyers, auditors, surveyors, I.T officers, M&E officers among others. This implies that there is a skills gap among the non- M&E staff in M&E expertise.

Some of the Tools for M&E for both external monitoring exercises but especially internal monitoring exercises were not comprehensive in content thus missing out key indicators. There was therefore an inadequate progress measurement mechanism in place. These needed to be reviewed and refined.

b. The lack of a comprehensive M&E plan

The Unit as required by standing orders develops Annual & quarterly work plans, undertakes quarterly Monitoring and Evaluations and submits reports and accountability. However, these plans were not comprehensive and did not address all the program areas and activities of the Unit. This resulted into lack of uniformity & consistency in implementation, scheduling of monitoring and evaluation sessions and dissemination of results.

c. Lack of proper storage system

As illustrated in the Scope of Work framework the Unit has huge document requirements as a result of its multiple programs. Some operations for example police investigations require unique storage facilities for documents
and Exhibits to maintain the Chain of Evidence. The numerous facility based monitoring exercises which are conducted using questionnaires and the various audits result in large numbers of documents. There was insufficient physical space, pellets and shelving for the above mentioned storage needs and also lack of a registry system to ease retrieval. Additionally, there was no comprehensive database making analysis and report time consuming and laborious.

d. Data underutilization;

The Unit did not have any data entrants thus the responsibility for entry of the huge data collected was the responsibility of the two (2) M&E officials. This resulted in a huge backlog implying that an opportunity was missed in using this data to inform immediate decision making & planning.

**Justification/Rationale**

The inefficient monitoring and evaluation of the implementation of MHSDMU’s programs in turn affects the performance of its roles. Monitoring and Evaluating implementation of program activities provides information for decision making and planning which can prevent negative trends or/and the lessons learnt used to improve trends. The project sought to strengthen the M&E system of the Unit which if achieved would result into result oriented implementation and information driven decision making and planning. The roles would be clearly defined roles and measurable thus preventing duplication and improving outputs. Reports would thus be timely and their dissemination to stakeholders improved. This can in turn garner understanding and support for the unit better positioning it to achieve targeted outcomes.
The proposed project was implemented to address the identified problems to a large extent.

**MHSDMU M&E System**

![MHSDMU M&E System Diagram](image)

**Figure 2: New strengthened and functional M&E system at MHSDMU**

**Project objectives**

**General objectives**

To strengthen the monitoring and evaluation system of the medicines and health services delivery monitoring unit
Specific objectives

i. To develop a comprehensive M&E plan by November 2013

ii. To operationalize the M&E plan

Methodology

The fellows employed a participatory approach to strengthen the M&E system. A team of 7 members was constituted to implement the project at MHSDMU and it included:

i. Dr. Diana Atwine – Director MHSDMU (Institutional mentor)

ii. Dr. Gloria Sseruwagi – Assistant Director Research

iii. Mr. Albert Ajuna – Head of Department M&E

iv. Mr. Kayiwa Joshua – Statistician

v. Mrs. Judith Kayonga – Principal IEC officer

vi. Miss Hope Achiro Fortunate – Fellow

vii. Mr. Martin Lukwago – Fellow

First, a situation analysis of the current system was done to identify the loopholes and the main challenges in the system with consultations from all staff at MHSDMU. The top management and all heads of departments were interviewed and all staff at the Unit were engaged in focus group discussions. Five focus group discussions using FGD guide and 5 meetings were conducted to engage senior management, heads of departments, and all staff members. Eight interviews were conducted using interview guides and self-administered questionnaires to collect data about the system. Responses were analyzed and documented, and these formed the basis of the problem statement.
Problem analysis proceeded using a list of documented challenges in order to identify the priority problems that had to be addressed. This exercise was non discriminative and it involved all staff at MHSDMU.

**Table 2: Problem Identification matrix**

<table>
<thead>
<tr>
<th>Problems identified</th>
<th>Priority problems selected</th>
<th>Counter measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Poor record keeping</td>
<td></td>
<td>Improve records management. (filing, shelving, SOPs)</td>
</tr>
<tr>
<td>2. Insufficient documentation of activities &amp; non-defined indicators</td>
<td></td>
<td>Identify all activities &amp; indicators</td>
</tr>
<tr>
<td>3. Lack of M&amp;E appreciation &amp; Capacity</td>
<td></td>
<td>Sensitization &amp; Training staff</td>
</tr>
<tr>
<td>4. Lack of M&amp;E plan</td>
<td></td>
<td>Document M&amp;E plan</td>
</tr>
<tr>
<td>5. Underutilization of data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Multiple information sources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Data not entered</td>
<td></td>
<td>Develop data screens &amp; Hire data entry assistants</td>
</tr>
<tr>
<td>8. Poor physical data storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Lack of a database</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Poor / inadequate tools</td>
<td></td>
<td>Reviewed tools</td>
</tr>
<tr>
<td>11. Rapid changing needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Lack of a server</td>
<td></td>
<td>Develop an MIS (purchase server, build database)</td>
</tr>
</tbody>
</table>

As shown in table 2, a list of 12 main challenges was analyzed and 6 were given priority and thus addressed. The main challenge that was identified was
to document the M&E plan which in the end will streamline how activities will be planned and implemented.

After identifying the priority problem to solved, objectives analysis was done, again involving senior management in a brainstorming session. A review of the strategic direction was done and documented, new strategies, & performance indicators developed and relevant M&E tools developed.

**Project Achievements/ Outputs**

The Project achieved its set objectives as outlined below;

1. **Revised program strategic direction**

The goal, vision, mission and objectives were reviewed, and the scope and strategies were defined.

<table>
<thead>
<tr>
<th></th>
<th>Old</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision</strong></td>
<td>A healthy Ugandan population supported by an effective and responsive health care system.</td>
<td>A healthy and socio-economically productive Ugandan population supported by an effective and responsive health care system</td>
</tr>
<tr>
<td><strong>Mission</strong></td>
<td>To monitor, support and sustain a national health care system that is efficient in operation; which provides affordable, high quality health care and is cognizant of the right to health and dignity of the people of Uganda.</td>
<td>To monitor and support an efficient and accountable national system that provides affordable quality health care to the Ugandan population.</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Raising the bar in health care</td>
<td>To strengthen the efficiency and accountability of Uganda's health care system by 2016</td>
</tr>
</tbody>
</table>
| **Objectives** | i. Better health: monitoring services in order to help people stay healthy and able to access the best possible healthcare when they need it.  
   ii. Better systems: monitoring and supporting the performance of | i. To monitor health care service delivery in Uganda  
   ii. To strengthen health care systems in Uganda  
   iii. To increase citizenship ownership of health services in Uganda |
the health care system to improve health service delivery.

iii. Better value: monitoring health services to ensure their efficiency, sustainability and quality contributing to the wider economy and national progress.

II. A comprehensive M&E Plan documented

In order to document the M&E plan, the following activities were accomplished;

a. The strategies for accomplishing the objectives were refined and documented.
b. The multiple Activities undertaken under the various programs were identified and documented.
c. Indicators for the documented activities were identified and Targets were set
d. An M&E log frame was developed for the Unit generally and for the various departments too.
e. Data management plan was developed.
f. Data collection tools reviewed for the different activities to capture all identified indicators

III. Capacity building

The capacity of staff in M&E has generally been improved. The fellows cascaded the M&E expertise learnt during their training down to all staff at the Unit. This was done through conducting training of all staff at MSDMU in 2 sessions. The appreciation of M&E has thus greatly improved in the Unit.
New staff (5 data entrants) in the M&E department were recruited as management appreciated the need for immediate data entry.

Funding has been awarded based on a scale up proposal written by the fellows to further recruit extra staff in the M&E department i.e. 2 M&E officers & 2 programmers.

IV. Data management streamlined
Processes for Data capture, entry, storage, analysis and use were streamlined.

V. Backlog of Data entered and Utilized
The huge backload of data collected during implementation of different programs and activities was entered and analyzed. The results were used in the 2012/13 Annual report of the Unit.

VI. General storage
Filling of documents was improved and a checklist/Registry developed. A room was re-assigned for storage and shelves and pellets procured and installed. Documents and exhibits were organized in the new storage facilities.

Scale up and Sustainability
1. To Develop a Management Information System

The fellows wrote a concept note which has received funding for:

- Procuring a server to enable development of a data base
- Hiring 2 programmers to develop software for a customized database for MHSDMU
- Hiring 2 M&E officers to run the system in collaboration with the IT department
2. Computerized exhibits’ Registry and Store Protocols – the database developed will ease storage and retrieval of exhibits to maintain the chain of evidence and potentially improve case prosecution results.

3. A new comprehensive Strategic Plan is being developed as a direct result of discussions with staff during documentation of the M&E plan. This team is composed of the M&E fellows.

4. Operationalization of All Aspects of the M&E Plan

5. scheduling of M&E trainings in the Unit’s Continuous Professional Development program to ensure sustained capacity building
6. Documentation & dissemination of SOPs

7. Publish and launch the M&E system handbook

Lessons learnt

Documentation of an M&E plan, the resultant development of M&E tools and operationalization of the plan improves implementation of program activities by providing information for decision making, planning and re-strategizing.

Challenges, Conclusions and Recommendations

Challenges
i. Lack of a comprehensive strategic plan
ii. Lack of sufficient funding
iii. Inadequate staff at initiation to support full project implementation
iv. Short implementation timeframe
Conclusions
The project realized its intended objectives. Activities were identified from the objectives and strategies, and the performance indicators developed that will track these activities. A logical framework detailing the outputs expected and the targets was fully developed which fed into the development of the M&E plan.

Major parts of the system that were found critical for a functional operational M&E system like the storage, data collection and analysis among others were operationalized.

The intended outcomes were realized from project implementation with the documentation of the M&E plan and operationalizing part of it.

Recommendations
The outcomes suggest a need to fully operationalize the M&E plan and develop an Information Management System in order to provide feedback
References

### Appendices

#### Appendix 1: Snapshot of the strategies and outcomes developed in the M&E plan

<table>
<thead>
<tr>
<th>Goal</th>
<th>General Strategic Objectives</th>
<th>Specific Strategic objectives</th>
<th>Strategy</th>
<th>Implementing Dept/Unit</th>
<th>Expected Health Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>To strengthen the efficiency and accountability of Uganda's health care system by 2016</td>
<td>1.0 To monitor health care service delivery in Uganda</td>
<td>1.1 To monitor and evaluate medical supplies management chain</td>
<td>1.1.1 Routine facility-based monitoring exercises</td>
<td>Medical, M&amp;E, Litigation</td>
<td>Increased accountability for medical supplies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.1.2 Medical supplies audit</td>
<td>Medical, M&amp;E, Litigation</td>
<td>Increased accessibility to medical supplies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.1.3 Responding to reports</td>
<td>Medical, M&amp;E, Litigation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.1.4 Inspect medical supplies outlets</td>
<td>Medical, M&amp;E, Litigation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.1.5 Establish, implement and maintain an information management system</td>
<td>IEC, M&amp;E, Management</td>
<td>Continual process improvement that is supported by a robust IT and MIS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.1.6 Develop and implement an effective internal M&amp;E system</td>
<td>M&amp;E</td>
<td>Consistent service delivery that achieves set targets</td>
</tr>
<tr>
<td>1.2 To monitor and evaluate clinical service delivery</td>
<td></td>
<td></td>
<td>1.2.1 Routine facility-based monitoring exercises</td>
<td>Medical, M&amp;E</td>
<td>Improved clinical services at facilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.2.2 Responding to reports</td>
<td>Medical, M&amp;E</td>
<td>Improved accessibility to clinical services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Medical, M&amp;E</td>
<td></td>
</tr>
<tr>
<td>1.3 To monitor the availability and functionality of infrastructure and/or equipment in the health sector</td>
<td></td>
<td></td>
<td>1.3.1 Routine facility-based monitoring exercises</td>
<td>Medical, M&amp;E, Management</td>
<td>Improved level of infrastructure in the health sector</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.3.2 Inventory audit</td>
<td>Medical, M&amp;E, Management</td>
<td>Improved use and availability of equipment within the health sector</td>
</tr>
</tbody>
</table>

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## Appendix 2: Sample key performance indicators developed in the M&E logical framework

<table>
<thead>
<tr>
<th>Specific objectives</th>
<th>Strategy</th>
<th>Key Performance Indicators</th>
<th>Contributing Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 To monitor and evaluate medical supplies management chain</td>
<td>1.1.1 Routine facility-based monitoring exercises</td>
<td>1.1.a Number of health facilities monitored</td>
<td>Medical, M&amp;E</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1.b Number of meetings held with health workers to address findings</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1.c Number of district leaders meetings held to address findings</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1.d Number of staff accommodation evaluations done</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1.2 Medical supplies audit</td>
<td>1.1.e Number of medical supplies audits performed</td>
<td>Medical</td>
</tr>
<tr>
<td></td>
<td>1.1.3 Responding to reports</td>
<td>1.1.f Number of reports verified and acted upon</td>
<td>IEC, M&amp;E</td>
</tr>
<tr>
<td></td>
<td>1.1.4 Inspect medical supplies outlets</td>
<td>1.1.g Number of medical supplies outlets inspected</td>
<td>Medical, M&amp;E, Litigation</td>
</tr>
<tr>
<td>1.2 To monitor and evaluate clinical service delivery</td>
<td>1.2.1 Routine facility-based monitoring exercises</td>
<td>1.2.a Number of health facilities monitored</td>
<td>Medical, M&amp;E</td>
</tr>
<tr>
<td></td>
<td>1.2.2 Responding to reports</td>
<td>1.2.b Number of reports verified and acted upon</td>
<td>IEC, M&amp;E</td>
</tr>
<tr>
<td>1.3 To monitor the availability and functionality of infrastructure and/or equipment in the health sector</td>
<td>1.3.1 Routine facility-based monitoring exercises</td>
<td>1.3.a Number of health facilities monitored</td>
<td>Medical, M&amp;E</td>
</tr>
<tr>
<td></td>
<td>1.3.2 Inventory audit</td>
<td>1.3.b Number of inventory audits performed</td>
<td>Management, Medical, Audit</td>
</tr>
<tr>
<td>2.1 To develop capacity of health workers in medical supplies management and accountability</td>
<td>2.1.1 On-site Training</td>
<td>2.1.a Number of health workers trained on medical supplies management and accountability</td>
<td>Medical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.1.b Number of trainings conducted in medical supplies management and accountability</td>
<td>Medical</td>
</tr>
</tbody>
</table>
### Appendix 3: Snapshot of the developed M&E logical framework

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Activity</th>
<th>Indicator</th>
<th>Target</th>
<th>Means of verification</th>
<th>Assumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 Facilities monitored</td>
<td>1.1.1.1 Design appropriate tools to collect data on all indicators</td>
<td>Number of tools developed</td>
<td>All relevant tools developed</td>
<td>Tools developed</td>
<td>Additional staff within the department</td>
</tr>
<tr>
<td></td>
<td>1.1.1.2 Carryout head count on all human resource in the outlets</td>
<td>Filled had count forms, list of all outlets visited</td>
<td>All Medical supplies outlets visited</td>
<td>Head counts forms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1.1.3 Coordinate the collection of data on all indicators</td>
<td>Number of indicators monitored</td>
<td>Data routinely collected on all performance indicators</td>
<td>Data collected</td>
<td>Availability of funds, Willingness of staff</td>
</tr>
<tr>
<td></td>
<td>1.1.1.4 Ensure timely reports are produced and disseminated to all stakeholders</td>
<td>Number of reports written</td>
<td>One report to be written and disseminated at the end of every field visit</td>
<td>Field reports, Approved work plans</td>
<td>Availability of funds</td>
</tr>
<tr>
<td></td>
<td>1.1.1.5 Coordinate data entry and analysis</td>
<td>All data entered and easily retrieved from a database</td>
<td>All data collected is entered and analysis on time</td>
<td>A database of all data collected</td>
<td>Willingness and commitment by staff</td>
</tr>
<tr>
<td></td>
<td>1.1.3 Action taken on reports</td>
<td>Proportion of reports acted on</td>
<td>All reports verified and followed up</td>
<td>Reports and feedback summary reports, Activity reports</td>
<td>Availability of funds, commitment by staff</td>
</tr>
<tr>
<td></td>
<td>1.1.4 Medical supplies outlets inspected</td>
<td>Number of tools developed</td>
<td>All relevant tools developed</td>
<td>Tools developed</td>
<td>Additional staff within the department</td>
</tr>
<tr>
<td></td>
<td>1.1.4.2 Coordinate the collection of data on all indicators</td>
<td>Number of indicators monitored</td>
<td>Data routinely collected on all performance indicators</td>
<td>Data collected</td>
<td>Availability of funds, Willingness of staff</td>
</tr>
<tr>
<td>1.2.1 Facilities monitored</td>
<td>1.1.1.1 Design appropriate tools to collect data on all indicators</td>
<td>Number of tools developed</td>
<td>All relevant tools developed</td>
<td>Tools developed</td>
<td>Additional staff within the department</td>
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<td></td>
<td>1.1.1.2 Carryout head count on all human resource in the outlets</td>
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<td>All Medical supplies outlets visited</td>
<td>Head counts forms</td>
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<td>Data routinely collected on all performance indicators</td>
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<td>Availability of funds, Willingness of staff</td>
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<tr>
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<td>1.1.1.4 Ensure timely reports are produced and disseminated to all stakeholders</td>
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<td>One report to be written and disseminated at the end of every field visit</td>
<td>Field reports, Approved work plans</td>
<td>Availability of funds</td>
</tr>
</tbody>
</table>