

# PRACTICAL MANUAL FOR MALARIA PROGRAMME REVIEW (MPR) AND MALARIA STRATEGIC PLAN MID-TERM REVIEW (MTR)



# Practical manual for malaria programme review and malaria strategic plan midterm review

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**PRACTICAL MANUAL FOR  
MALARIA PROGRAMME  
REVIEW (MPR) AND  
MALARIA STRATEGIC PLAN  
MID-TERM REVIEW (MTR)**



# CONTENTS

Foreword .....	iv
Acknowledgements .....	v
List of Tables .....	vi
List of Figures .....	vi
Abbreviations .....	vii
Executive Summary .....	viii
<b>1 INTRODUCTION .....</b>	<b>1</b>
<b>1.1 Malaria programme planning .....</b>	<b>2</b>
<b>1.2 Malaria programme reviews .....</b>	<b>2</b>
<b>1.2.1 The importance of conducting malaria reviews .....</b>	<b>2</b>
<b>1.2.2 Types of malaria programme reviews .....</b>	<b>3</b>
<b>1.2.3 Timing of malaria reviews .....</b>	<b>4</b>
<b>1.3 Duration and leadership of malaria reviews .....</b>	<b>4</b>
<b>1.4 Purpose of this operational guide .....</b>	<b>4</b>
<b>2 CONDUCTING AN MPR AND AN MTR .....</b>	<b>5</b>
<b>2.1 MPR: Aim .....</b>	<b>6</b>
<b>2.2 MPR: Questions to be answered .....</b>	<b>6</b>
<b>2.3 MPR: Objectives .....</b>	<b>6</b>
<b>2.4 MTR: Phases .....</b>	<b>6</b>
<b>2.5 MTR: Aim .....</b>	<b>7</b>
<b>2.6 MTR: Questions to be answered .....</b>	<b>7</b>
<b>2.7 MTR: Objectives .....</b>	<b>7</b>
<b>3 METHODOLOGY: PHASE I – PLANNING .....</b>	<b>8</b>
<b>3.1 Develop the MPR concept note .....</b>	<b>10</b>
<b>3.2 Inform MOH senior management on the planned MPR .....</b>	<b>10</b>
<b>3.3 Hold a stakeholder meeting to build consensus on MPR .....</b>	<b>10</b>
<b>3.4 Appoint a review coordinator and establish an MPR Secretariat .....</b>	<b>10</b>
<b>3.5 Develop MPR protocol .....</b>	<b>11</b>
<b>3.6 Mobilize required resources .....</b>	<b>11</b>
<b>3.7 Identify and map internal and external MPR team members .....</b>	<b>11</b>
<b>MTR: PHASE I – PLANNING .....</b>	<b>11</b>
<b>3.8 Develop the MTR concept note .....</b>	<b>11</b>
<b>3.9 Inform MOH senior management on the planned MTR .....</b>	<b>11</b>
<b>3.10 Hold a stakeholder meeting to build consensus on MTR .....</b>	<b>11</b>

<b>3.11</b>	Appoint a review coordinator and establish an MPR Secretariat	<b>12</b>
<b>3.12</b>	Develop MPR protocol	<b>12</b>
<b>3.13</b>	Mobilize required resources	<b>12</b>
<b>3.14</b>	Identify and map internal and external MTR team members	<b>12</b>

## **4 MPR OPERATIONAL METHODOLOGY:**

<b>PHASE II – THEMATIC DESK REVIEW</b>		<b>13</b>
<b>4.1</b>	Assembling information from reports and documents	<b>14</b>
<b>4.2</b>	Undertaking thematic desk reviews	<b>14</b>
<b>4.2.1</b>	Work stream 1: Epidemiological and entomological impact analysis	<b>14</b>
<b>4.2.2</b>	Work Stream 2: Programme financing analysis	<b>15</b>
<b>4.2.3</b>	Work Stream 3: Programme “capacity to implement” analysis	<b>15</b>
<b>4.2.4</b>	Work Stream 4: Analysis of the attainment of programme outcome targets	<b>16</b>
<b>4.3</b>	Planning external validation of the MPR desk review	<b>18</b>
<b>4.4</b>	Assembling information from reports and documents	<b>19</b>
<b>4.5</b>	Undertaking thematic desk reviews	<b>19</b>
<b>4.5.1</b>	Work stream 1: Epidemiological and entomological impact analysis	<b>19</b>
<b>4.5.2</b>	Work Stream 2: Programme financing analysis	<b>19</b>
<b>4.5.3</b>	Work Stream 3: Programme “capacity to implement” analysis	<b>20</b>
<b>4.5.4</b>	Work Stream 4: Analysis of the attainment of programme outcome/output targets	<b>20</b>
<b>4.5</b>	Planning external validation of the MTR desk review	<b>22</b>

## **5 OPERATIONAL METHODOLOGY: PHASE III – VALIDATION**

<b>5.1</b>	Planning the validation exercise	<b>24</b>
<b>5.2</b>	Prepare a detailed schedule and timeline for the field visits	<b>24</b>
<b>5.2.1</b>	Aim of field visits	<b>24</b>
<b>5.2.2</b>	Focus of field visits	<b>24</b>
<b>5.2.3</b>	Preparations for field visits	<b>25</b>
<b>5.2.4</b>	Field visit at national level	<b>26</b>
<b>5.2.5</b>	Field Visits to district levels	<b>26</b>
<b>5.2.6</b>	Validation visits to health facilities	<b>26</b>
<b>5.3</b>	Conclusion Workshop	<b>26</b>
<b>5.3.1</b>	Aims of the workshop	<b>26</b>
<b>5.3.2</b>	Participants at the workshop	<b>26</b>
<b>5.3.3</b>	Outputs of the workshop	<b>26</b>
<b>5.4</b>	Report writing and national level debrief	<b>27</b>
<b>5.4.1</b>	Aims	<b>27</b>
<b>5.4.2</b>	Drafting final report	<b>27</b>

<b>MTR OPERATIONAL METHODOLOGY: PHASE III – VALIDATION</b>	<b>27</b>
5.5 Planning the validation exercise	27
5.6 MTR workshop	27
5.7 Outputs of the workshop	27
<b>6 OPERATIONAL METHODOLOGY:</b>	
<b>PHASE IV – PROGRAMME STRENGTHENING</b>	<b>30</b>
6.1 Aims	31
6.2 Dissemination: Media event	31
6.2.1 Implementation of the recommendations	31
<b>7 ANNEXES</b>	<b>32</b>
7.1 Annex 1: Suggested initial list of documents for MPR/MTR	33
7.2 Annex 2: Guidance on selection of appropriate sites for field visits	34
7.3 Annex 3: List of potential partners and institutions to consult during the national level validation	35
7.4 Annex 4: Checklist for national level consultations	36
7.5 Annex 5: List of potential partners and institutions for visit during the district level validation	37
7.6 Annex 6: Checklists for district level consultations	38
7.7 Annex 7: Checklists for health facility level consultations	40
7.8 Annex 8: Checklists for community consultations	41
7.9 Annex 9: Guide on debriefing with districts after visits to health facilities	42
7.10 Annex 10: Outline of the MPR/MTR report	43
7.11 Annex 11: Outline of the MTR report	49
7.12 Annex 12: Sample table of contents <i>Aide Memoire</i> for MPR	55

## FOREWORD

The Global Technical Strategy (GTS) for malaria was endorsed by the World Health Assembly (WHA) in 2015; it presents a vision for a malaria-free world. The sixty-sixth session of the Regional Committee adopted the 'Framework for the implementation of GTS in the African region malaria (2016-2030).

The strategy sets ambitious but achievable goals to reduce malaria morbidity and mortality by at least 90% by 2030, compared to a 2015 baseline and aligned to the Sustainable Development Goals (SDGs) and the Africa Agenda 2063. The GTS also aspires to eliminate malaria from at least 10 countries by 2020; at least 20 countries by 2025; and at least 35 countries by 2030 and prevent re-establishment of malaria in all countries that are malaria-free.

All malaria-endemic countries in the African region are on the pathway towards the attainment of a malaria-free future. The post- 2015 period, therefore, presents with opportunities in spite of the obvious to actualizing the set goals.

This practical manual on Malaria Programme reviews (MPR) and Malaria Strategic Plan Midterm Reviews (MTR), is one in a series of manuals aimed to guide member states and stakeholders to ensure evidence-based planning and implementation of malaria programmes , informed by lessons identified in the development and review of national malaria strategic plans over the last decade. The manual provides orientation on the following: guiding principles and processes for effective review of malaria programmes and mid-term review of malaria strategic plans. The manual was originally developed and adopted in a final review meeting organized in Accra, Ghana, in November 2010. Manuals were subsequently field tested in several countries, contributions and feedback at various stages were received from experts working in endemic countries throughout the process, and as well as from partners during four Roll Back Malaria sub-regional network meetings.



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## LIST OF TABLES

**Table 1.** Platforms and channels for disseminating the MPR/MTR report

## LIST OF FIGURES

**Figure 1.** Relationship between MSP, business/operational plans and annual work plans

**Figure 2.** Relationship between malaria planning and programme reviews

**Figure 3.** Timing of different malaria reviews in malaria programmes

**Figure 4.** Estimated duration of the four phases of each program review type

**Figure 5.** Key steps in the MPR planning phase

**Figure 6.** Key steps of the thematic desk review phase

**Figure 7.** The steps and outputs in MPR/MTR phase III

**Figure 8.** Areas of information in the thematic reports to be validated during field visits

**Figure 9.** Focus areas for MPR/MTR field visits

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## LIST OF ABBREVIATIONS

<b>ABER</b>	annual blood examination rate	<b>MOH</b>	ministry of health
<b>ACT</b>	artemisinin-based combination therapy	<b>MOHCC</b>	ministry of health and child care
<b>ANC</b>	antenatal care	<b>MPR</b>	malaria control programme performance review
<b>APR</b>	annual work plan review	<b>MSP</b>	malaria strategic plan
<b>AWP</b>	annual work plan	<b>MTR</b>	mid-term review
<b>BCC</b>	behaviour change communication	<b>NMP</b>	national malaria control programme
<b>CHW</b>	community health worker	<b>NMP</b>	national malaria programme
<b>CM</b>	case management	<b>PMS</b>	programme management support
<b>CP</b>	chemoprevention	<b>PSM</b>	procurement supply management
<b>DHMT</b>	district health management teams	<b>RDT</b>	rapid diagnostic test
<b>DHS</b>	demographic and health survey	<b>SBCC</b>	social and behaviour change communication
<b>DOT</b>	directly observed treatment, short term	<b>SMC</b>	seasonal malaria chemoprevention
<b>DSA</b>	daily subsistence allowance	<b>SMEOR</b>	surveillance, monitoring and evaluation ad operations research
<b>EPI</b>	expanded programmes on immunization	<b>TOR</b>	terms of reference
<b>EPR</b>	epidemic preparedness and response	<b>NMPTWG</b>	national malaria programme technical working group
<b>iCCM</b>	integrated community case management	<b>VC</b>	vector control
<b>IEC</b>	information education communication	<b>WHO</b>	World Health Organization
<b>IMCI</b>	integrated management of childhood illness		
<b>IRS</b>	indoor residual spraying		
<b>IPTi</b>	intermittent preventive treatment in infants		
<b>IPTp</b>	intermittent preventive treatment in pregnancy		
<b>ITN</b>	insecticide-treated net		
<b>LLIN</b>	long-lasting insecticidal nets		
<b>MIS</b>	malaria indicator survey		

## EXECUTIVE SUMMARY

Malaria programme reviews are management tools for the evidence-based appraisal of a country's malaria situation and programme performance in order to strengthen the programme for better results and impact. They evaluate the systems used to deliver interventions, encourage success and propose solutions for bottlenecks and barriers. They are meant to help countries and partners to set or reset the malaria agenda in the medium or short term.

There are three types of malaria programme reviews: malaria comprehensive programme reviews (MPR); malaria strategic plans (MSP); mid-term reviews (MTR) and malaria annual work plan reviews (APR). These reviews are seen as a continuum which leads to effective achievement of the goals and targets set by the malaria strategic plan.

This operational guide is for use in conducting MPRs and MTRs (the guide for APR is in a different document). This guide is laid out in five chapters which provide clear

operational steps to guide the evidence-based review of malaria strategic plans at end-term and mid-term. The purpose of this is to evaluate progress, document lessons, develop or update the malaria programme agenda, and course correct as necessary. This occurs within the context of helping countries advance towards their vision of a malaria-free future.

Chapter 1 covers the background, basis and timing for the different types of reviews. Chapter 2 introduces the MPR and chapter 3 covers the suggested operational methodology for MPR/MTR at phase I: planning. Chapters 4, 5 and 6 respectively cover operational guidelines for phases II, II and IV of the MPR/MTR.

In addition, the annexes contain lists of suggested source documents, checklists and suggested formats for the reports and *Aide Memoire*.

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# 1

## INTRODUCTION

## 1.1 Malaria programme planning

Malaria programme planning is a process of stating, describing or outlining the course of actions to follow for developing a malaria plan. This leads to strategic directions, actions and an accompanying performance framework. There are three types of malaria programme plans (Fig. 1):

- a)** The malaria strategic plan (MSP): This framework includes medium-term targets and high-level activities, a monitoring and evaluation component, and is aligned with the national health sector strategic plan.
- b)** The three-year costed business or operational plan: This informs malaria programme resource mobilization for the first three years of the MSP.
- c)** The detailed annual work plan (AWP): In the AWP, each activity is broken down into tasks for each year of the MSP implementation.

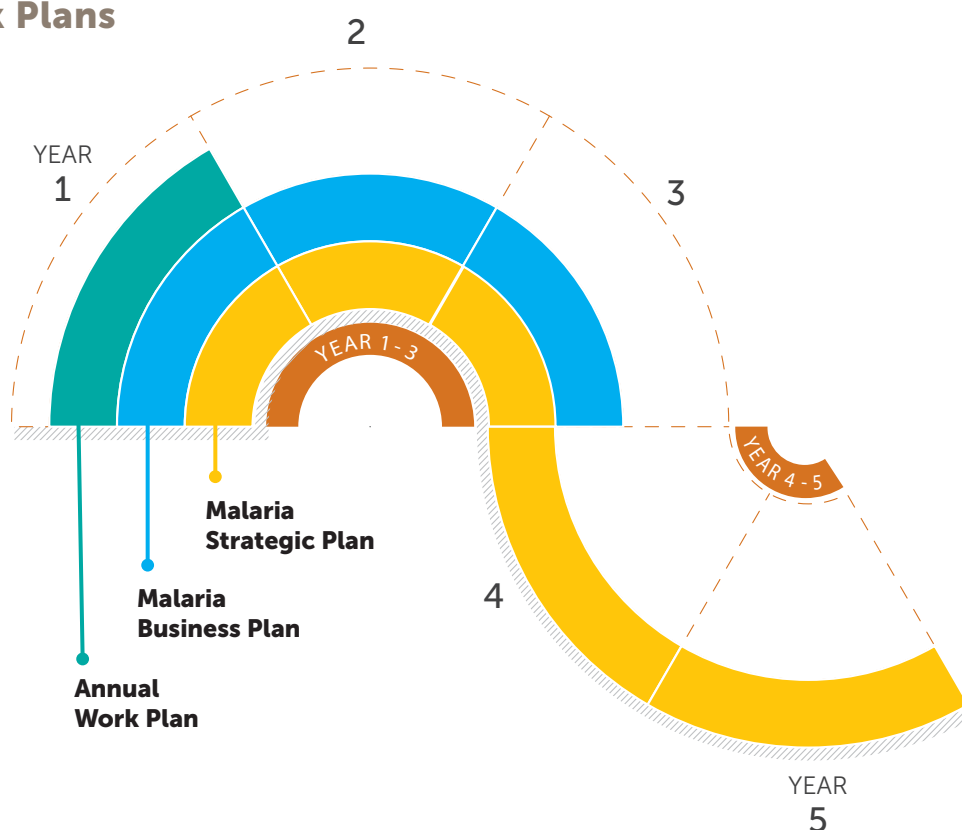
## 1.2 Malaria programme reviews

Malaria programme reviews are management tools for evidence-based appraisal of the malaria situation and programme performance of a country, with the purpose of strengthening the programme for better results and impact. They evaluate the systems used to deliver interventions, encourage success and propose solutions for bottlenecks and barriers. They assist countries and partners in setting or resetting the malaria agenda in the medium- or short-term.

### 1.2.1 The importance of conducting malaria reviews

Reviews within the malaria programmes are an adaptation of public health performance management for malaria programming. <sup>[1]</sup> They enable countries to assess their strategies and activities to strengthen the programme and systems used to deliver interventions against malaria. They allow identification of “what is working” and “what is not” and offer solutions to challenges or bottlenecks to programme implementation.

**Figure 1. Relationship between MSP, Business/Operational Plans and Annual Work Plans**



<sup>[1]</sup> This is based on the classic definition of public health performance management as “the practice of actively using performance data to improve the public’s health ... involves strategic use of performance measures and standards to establish performance targets and goals, to prioritise and allocate resources, to inform managers about needed adjustments or changes in policy or programme directions to meet goals, to frame reports on the success in meeting performance goals, and

## 1.2.2 Types of malaria programme reviews

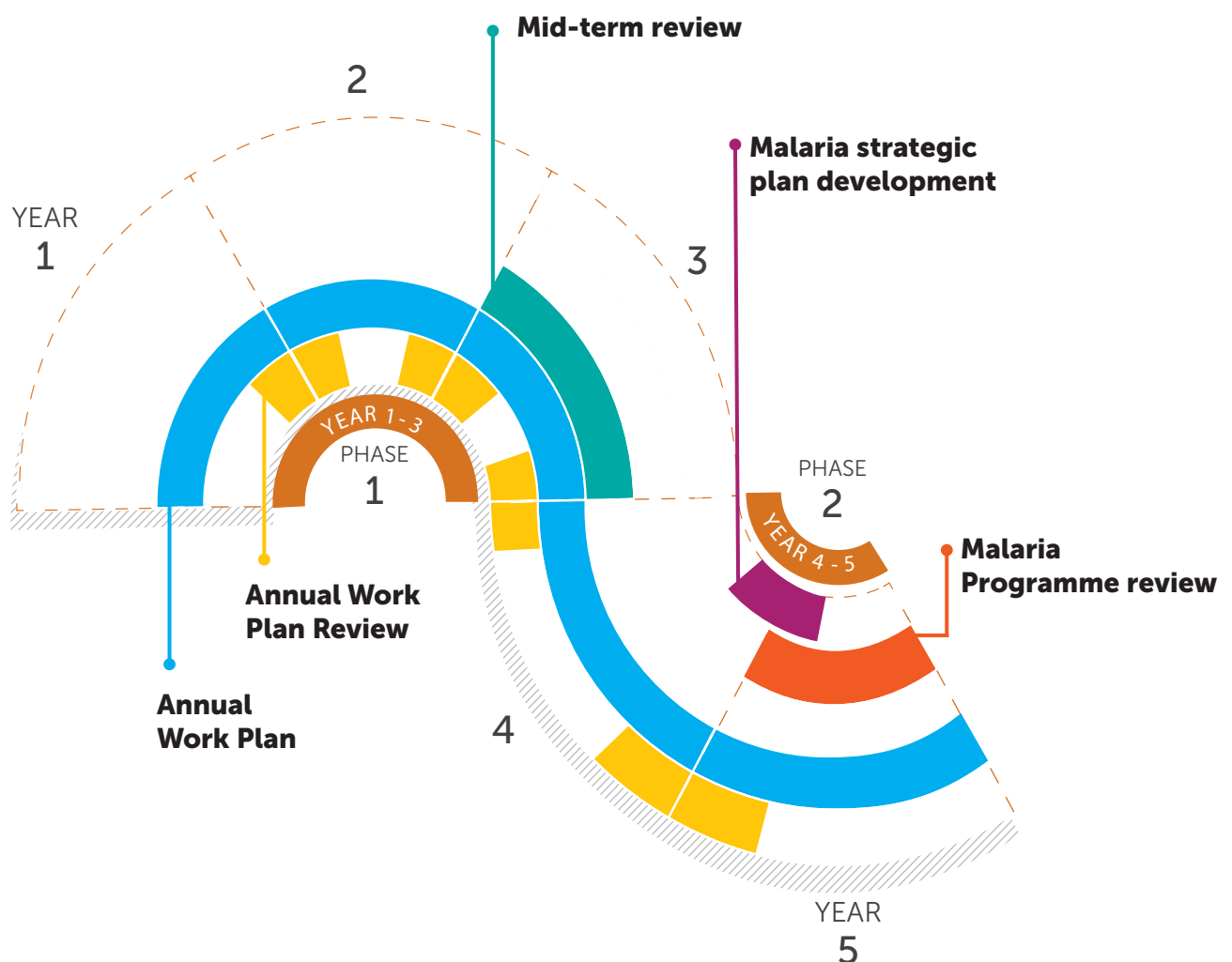
There are three types of malaria programme reviews.

- a)** MPR is a final assessment of programme performance conducted at the end of the malaria strategic plan cycle (end-term evaluation). MPRs inform the development of the next malaria strategic plan.
- b)** MTR is an assessment of the implementation of the malaria strategic plan half way through the duration of the strategic plan. The findings and lessons are used for mid-course revision of the MSP.

**c)** APR is an output level programme stocktaking process aimed at assessing the progress of implementation of the AWP. The outcome of an APR is a set of recommendations for enhanced implementation and impact. The recommendations will be the basis for the development of a new AWP for the ensuing year.

All three types of malaria programme reviews are seen as a continuum which leads to effective achievement of the malaria strategic plan's set goals and targets (Fig. 2).

**Figure 2. Relationship between malaria planning and programme reviews**



### 1.2.3 Timing of malaria reviews

Different reviews are undertaken at different times during malaria programmes (Fig. 3). The timing of the MPR would depend on the duration of the MSP, which is not always five years in all countries.

## 1.3 Duration and leadership of malaria reviews

MPRs are conducted at the end of an MSP, and MTRs are conducted in the middle of the MSP. APRs are conducted at the end of the AWP.

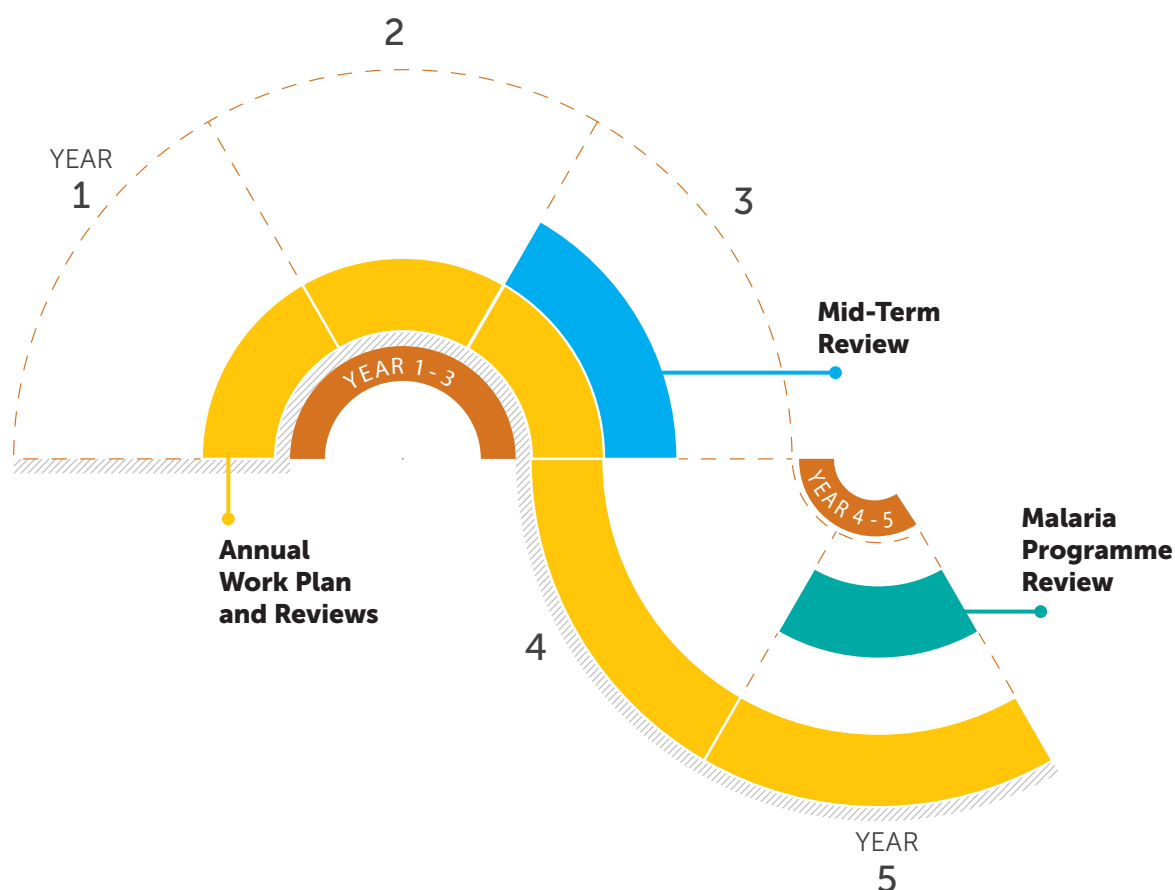
Malaria programme reviews are deliberately led and conducted by the National Malaria Programme (NMP) with the support of in-country partners, stakeholders and in-country consultants. The purpose is to build national capacity for programme reviews and to enhance in-country capabilities for programme monitoring, review, planning and strengthening as a result.

## 1.4 Purpose of this practical guide

The aim of the Practical Guide for MPR/MTR is to provide clear operational steps for evidence-based review of malaria strategic plans at mid-term and end-term. This will enable documentation of lessons learnt, lessons that will be used to develop or revise a medium-term programme strengthening agenda.

Further details of the practical methodology for each of the four phases of the MPR/MTR are presented in sections 2 to 5. This manual deals specifically with the MPR, with the process for the MTR included briefly at the end of each chapter.

**Figure 3. Timing of different malaria reviews in malaria programmes**





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# 2

## **CONDUCTING AN MPRS AND MTRS**

## 2.1 Aim

The aim of an MPR is to undertake evidence-based appraisal of a country's malaria situation and programme performance to strengthen the programme for better results and impact. The MPR is therefore meant to help a country and its partners to set or reset its medium-term malaria agenda based on evidence.

## 2.2 Questions to be answered

The MPR answers the following questions:

- a)** Was the planned impact of the MSP attained? How can impact on malaria burden be enhanced as we move forward?
- b)** Was the financing of the programme optimal? How can programme financing be optimized?
- c)** Was the capacity of the programme to implement planned activities optimal? How can this capacity be further strengthened?
- d)** Were required malaria services delivered optimally to those who needed them? How can malaria service delivery be further enhanced?
- e)** What lessons have been learned in the implementation of the MSP? What are the future programming implications of the lessons?

## 2.3 Objectives

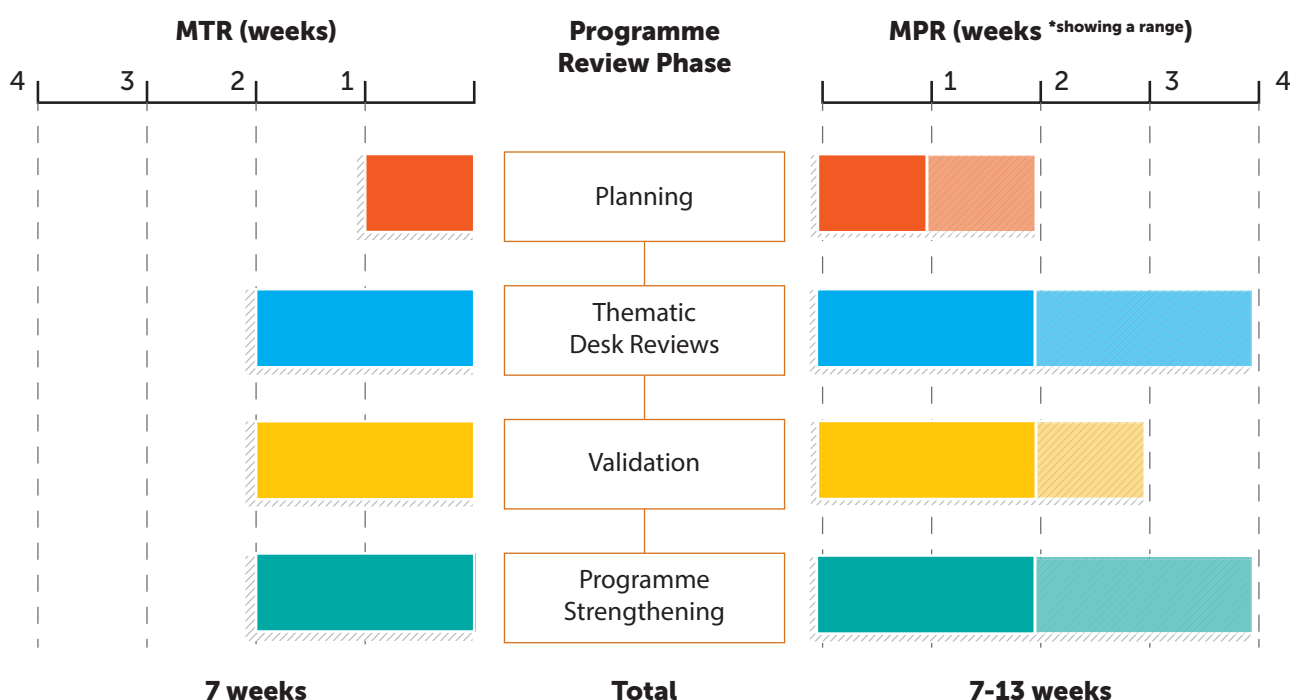
The objectives of MPR are built around the five questions being answered. They are:

- a)** to assess the progress of the national malaria control programme towards the epidemiological and entomological impact targets of the MSP;
- b)** to review the level of financing of the NMP;
- c)** to review the capacity of the national malaria control programme to implement planned activities;
- d)** to review the attainment of programme outcome targets; and
- e)** to define the programming implications of the lessons learned in the implementation of the MSP.

## 2.4 Phases

An MPR or MTR is carried out over four phases (Fig. 4).

**Figure 4: Estimated duration of the four phases of each program review type**



## Conducting an MTR

### 2.5 Aim

The aim of an MTR is to undertake evidence-based appraisal of a country's malaria strategic plan at mid-term of the plan. The MTR is, therefore, meant to help a country and its partners to understand to what extent they have gone in implementing the MSP and refocus the implementation of the current malaria strategic plan. This is also an opportunity to refine the malaria strategic plan in order to achieve the set goal of the MSP.

### 2.6 Questions to be answered

**The MTR answers the following questions:**

- a)** How far has the programme delivered on achieving the planned impact of the MSP? How can the impact on the malaria burden be further enhanced during the remaining period of the MSP?
- b)** Was the financing of the programme at mid-term optimal? How can the programme financing be increased and optimized?
- c)** At mid term, are strategic targets and objectives of the existing MSP being met?
- d)** At the mid-term of the malaria strategic plan, was the capacity of the programme to implement planned activities optimal? How can it further be strengthened?
- e)** Were the required malaria services delivered optimally to those who needed them the most? How can malaria service delivery be further enhanced?
- f)** How far has the MSP been implemented? What lessons have been learned in the implementation of the MSP at mid-term? What are the programming implications of the level of implementation and the lessons learnt on the implementation of the MSP during the remaining period to achieve the set goal of the plan?

### 2.7 Objectives

The objectives of the MTR are built around the five questions being answered. They allow the programme to do the following:

- a)** to assess the progress of the national malaria control programme towards the epidemiological and entomological impact targets of the MSP at mid-term;
- b)** to review the level of financing of the NMP at mid-term;
- c)** to review the capacity of the national malaria control programme to implement planned activities at mid-term;
- d)** to review the attainment of programme outcome targets at mid-term; and
- e)** to define the programming implications of the lessons learned in the implementation of the MSP for the remaining period to achieve the set goal of the plan.

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# 3

## **METHODOLOGY: PHASE I – PLANNING**

**Figure 5. Key steps in the MPR planning phase**



**T**he aim of the planning phase of the MPR is to consult and secure consensus on the following among all partners and stakeholders: objectives of the review; cost of the MPR as contained in a draft protocol/proposal; and the source of funding.

This phase should be led and implemented by the NMP. The major steps in this phase are as follows:

- a)** develop MPR concept note;
- b)** inform Ministry of Health (MOH) senior management on the planned MPR;
- c)** appoint a review coordinator and establish an internal secretariat and task team for the MPR;
- d)** hold a stakeholder meeting to build consensus on MPR;
- e)** develop an MPR protocol;
- f)** mobilize the required resources; and
- g)** identify and map internal and external MPR team members.

## 3.1 Develop the MPR concept note

The concept note should be developed in consultation with partners. It should include budget estimates for the activity and used for advocacy and resource mobilization for the MPR with the national malaria partnership.

## 3.2 Inform MOH senior management on the planned MPR

Organize a briefing meeting with the senior management team of the MOH to share the concept note to secure endorsement for the MPR.

## 3.3 Hold a stakeholder meeting to build consensus on MPR

When consensus has been reached with the senior management of MOH, the concept note should be updated to reflect the result of consultations with MOH senior

management. The NMP should then convene a meeting with stakeholders to share the updated concept note and secure buy-in by all the key partners. The outcome of this meeting is a revised concept note.

## 3.4 Appoint a review coordinator and establish an MPR Secretariat

A coordinator should be appointed for the MTR by the NMP in consultation with partners. The coordinator may be an independent consultant. A technical team (MPR Secretariat) is required to manage the day to day implementation of all the four phases of the MPR. This team should be led by the MPR Coordinator. The Programme Manager should therefore identify key persons to be part of this technical team. These key persons should include the following:

- a)** focal persons in the National Malaria Programme (NMP) responsible for all programme areas;
- b)** chairpersons of the various malaria Technical Working Groups (TWGs) or taskforces;
- c)** representatives of development and implementing partners;
- d)** a budget/finance analyst to lead the work on financial analysis; and
- e)** an epidemiologist to provide adequate considerations to epidemiological evaluations.

The technical team should be provided with well-defined terms of reference (TORs). The TORs should reflect the composition of the technical team, the main activities and expected deliverables and the timelines for these processes. Among others, the technical team will be responsible for the following:

- a)** development of the MPR protocol;
- b)** sharing of the MPR protocol with the MOH and partners;
- c)** development of TORs for MPR consultants;
- d)** compilation of MPR library (reports, publications and documents); and
- e)** facilitation of resource mobilization for the MPR.

## 3.5 Develop MPR protocol

The protocol or proposal should consist of the following sections: introduction or background; objectives of the MPR; expected outputs and outcomes; management and coordination of the MPR process; methods and tools to be used; human resource requirements; timelines such as Gantt charts; and references. A detailed budget should be developed as part of the protocol/proposal including a funding gap, if relevant. Once developed, the protocol will be shared with WHO and other partners for technical input(s) before being finalized.

## 3.6 Mobilize required resources

Ideally, funding for the MPR should have been included in the programme AWP. Any shortfall between what is included in the AWP and the MPR protocol/proposal would have been captured as funding gap in the detailed budget. The Programme Manager

and/or MPR Coordinator should convene a resource mobilization meeting. In advance of the meeting, the MPR protocol and budget should be shared with the partners and donors.

## 3.7 Identify and map internal and external MPR team members

In-country technical experts that should constitute the various thematic teams for the MPR should be identified at this stage. Once the earlier processes have been finalized, a request for external technical support for phases II, III and IV of the MPR should be sent to WHO. WHO in collaboration with the NMP will then determine the best mix of technical expertise to support the country, mobilizing them and providing the required support at pre-determined and pre-negotiated times.

## MTR: PHASE I – PLANNING

The aim of the planning phase of the MTR is to consult and secure consensus on the following among all partners and stakeholders: objectives of the review; cost of the MTR as contained in a draft protocol/proposal; and the source of funding.

This phase should be led and implemented by the NMP. The major steps in this phase are as follows:

- a)** develop the MTR concept note;
- b)** inform the MOH senior management on the planned MTR;
- c)** appoint a review coordinator and establish an internal secretariat and task team for the MTR;
- d)** hold a stakeholder meeting to build consensus on MTR;
- e)** develop an MTR protocol;
- f)** mobilize the required resources; and
- g)** identify and map internal and external MTR team members.

## 3.8 Develop the MTR concept note

The concept note should be developed in consultation with partners and should include budget estimates for the activity.

The concept note should be used for advocacy and resource mobilization for the MTR.

## 3.9 Inform MOH senior management on the planned MTR

Organize a briefing meeting with the senior management team of the MOH to share the concept note to secure endorsement for the MTR.

## 3.10 Hold a stakeholder meeting to build consensus on MTR

When consensus has been reached with the senior management of MOH, the concept note should be updated to reflect the result of consultations with MOH senior management. The NMP should then convene a meeting with stakeholders to share the updated concept note and secure buy-in by all the key partners. The outcome of this meeting is a revised concept note.

### 3.11 Appoint a review coordinator and establish an MTR Secretariat

A coordinator should be appointed for the MTR by the NMP in consultation with partners. The coordinator may be an independent consultant. A technical team (MTR Secretariat) is required to manage the day to day implementation of all the four phases of the MTR. This team should be led by the MTR Coordinator. The Programme Manager should therefore identify key persons to be part of this technical team. These key persons should include the following:

- a)** focal persons in the NMP responsible for all programme areas;
- b)** chairpersons of the various malaria TWGs or taskforces;
- c)** representatives of development and implementing partners;
- d)** a budget/finance analyst to lead the work on financial analysis; and
- f)** an epidemiologist to provide adequate considerations to epidemiological evaluations.

The technical team should be provided with well-defined TORs. The TORs should reflect the composition of the technical team, the main activities and expected deliverables and the timelines for these processes. Among others, the technical team will be responsible for the following:

- a)** development of the MTR protocol;
- b)** share the MTR protocol with the MOH and partners;
- c)** development of TORs for MTR consultants;
- e)** compilation of MTR library (reports, publications and documents); and
- f)** facilitation of resource mobilization for the MTR.

### 3.12 Develop MTR protocol

The protocol or proposal should consist of the following sections: introduction or background; objectives of the MPR; expected outputs and outcomes; management and coordination of the MTR process; methods and tools to be used; human resource requirements; timelines (Gantt chart); and references. A detailed budget should be developed as part of the protocol/proposal including a funding gap (if any). Once developed, the protocol will be shared with WHO and other partners for technical input(s) before being finalized.

### 3.13 Mobilize required resources

Ideally, funding for the MTR should have been included in the programme AWP. Any shortfall between what is included in the AWP and the MTR protocol/proposal would have been captured as funding gap in the detailed budget. The Programme Manager and/or MTR Coordinator should convene a resource mobilization meeting. In advance of the meeting, the MTR protocol and budget should be shared with the partners and donors.

### 3.14 Identify and map internal and external MTR team members

In-country technical experts that should constitute the various thematic teams for the MTR should be identified at this stage. Once the earlier processes have been finalized, a request for external technical support for phases II, III and IV of the MTR should be sent to WHO. WHO in collaboration with the NMP will then determine the best mix of technical expertise to support the country, mobilizing them and providing the required support at pre-determined and pre-negotiated times.

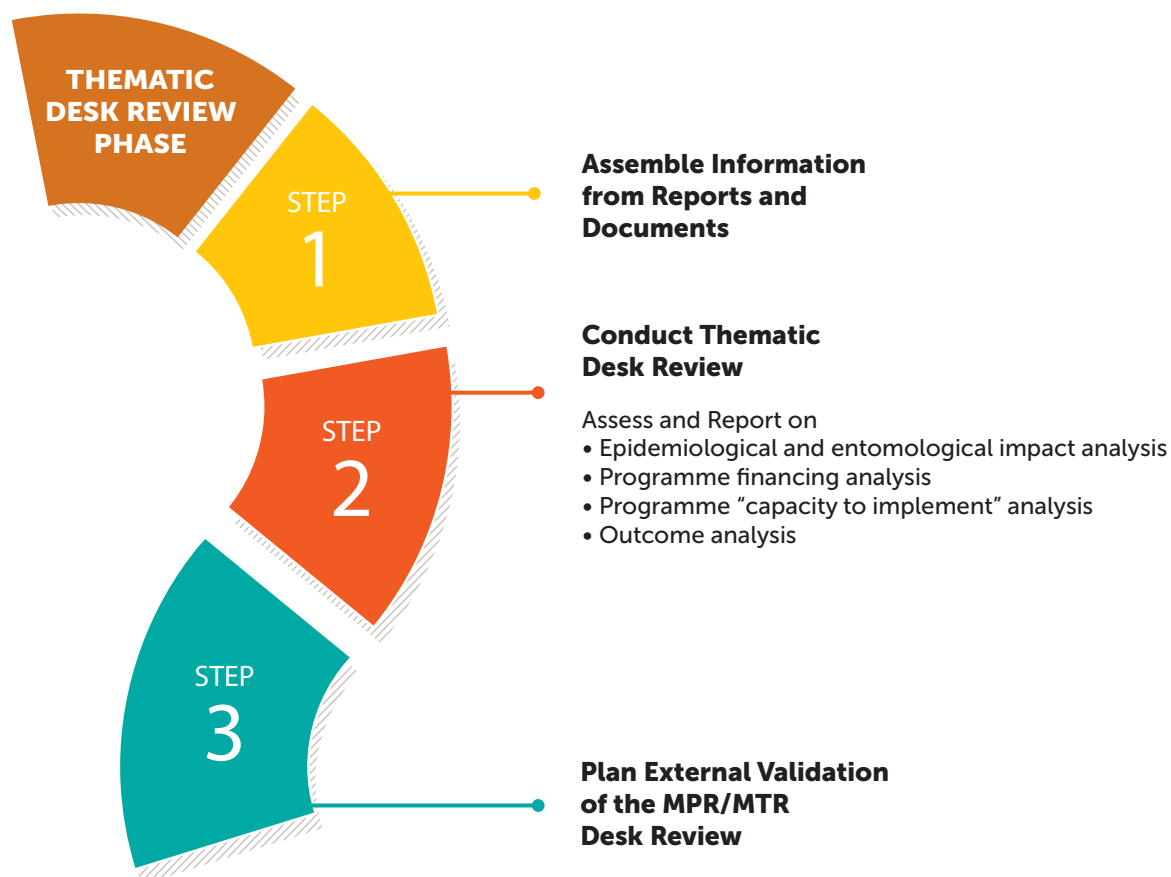


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# 4

## **MPR OPERATIONAL METHODOLOGY: PHASE II – THEMATIC DESK REVIEW**

**Figure 6. Key steps of the thematic desk review phase**



**T**he aim of phase II of the MPR is to conduct a thematic desk review of the MSP. The key steps of phase II include the following:

- 1)** assembling information from reports and documents;
- 2)** undertaking thematic desk review; and
- 3)** planning for external validation (Phase III).

## 4.1 Assembling information from reports and documents

Information to be assembled includes programme implementation reports from both the national and subnational levels routine malaria surveillance, national health statistics, data from sentinel sites, demographic and health surveys (DHS), and malaria indicator surveys (MIS), among others. The availability of information from national and sub-national level structures should be confirmed (Fig. A1).

## 4.2 Undertaking thematic desk reviews

The desk review should be organized along the framework of four strategic analyses: programme epidemiological and entomological impact analysis; programme financing analysis; programme “capacity to implement” analysis; and analysis of the attainment of programme outcome targets.

### 4.2.1 Work stream 1: Epidemiological and entomological impact analysis

**a)** Assessment of progress towards epidemiological impact of the MSP should look at:

- appropriateness of epidemiological impact indicators (inclusion and appropriateness of morbidity and mortality indicators included in the MSP; appropriate phrasing and smartness of indicators);

- inclusion of baselines and targets for each epidemiological impact indicator contained in the MSP;
- progress towards MSP malaria morbidity impact targets;
- changes parasite species distribution; and
- malaria transmission risk map and stratification.

**b)** Assessment of progress towards entomological impact of the MSP should look at:

- appropriateness of entomological impact indicators (inclusion and appropriateness of entomological indicators included in the MSP; appropriate phrasing and smartness of indicators);
- inclusion of baselines and targets for each entomological impact indicator contained in the MSP;
- progress towards MSP entomological impact targets;
- trends of entomological inoculation rate;
- changes in vector behaviour;
- trends of malaria vector bionomics; and
- vector map and species distribution.

**c)** Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

## 4.2.2 Work Stream 2: Programme financing analysis

**a)** Assessment of malaria programme funding landscape should cover:

- trends of budgetary allocation to the health sector within national budget;
- trends of budgetary allocation to malaria programming within health sector;
- trends of partners' financial contribution to malaria programming; and
- trends of financial contributions to malaria from other government ministries and agencies.

**b)** Assessment of malaria expenditure in the context of need-based budget should cover:

- Trends of the proportions of annual budget met or trends of the annual proportional funding gap.
- Proportion of budget (need) funding for the period under

review and proportion of financing gap:

- » <10% financing gap during the period under review then financing level is high;
- » 10–20% financing gap during the period under review then financing level is moderate; and
- » >20% financing gap during the period under review then financing level is low.

**c)** Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

## 4.2.3 Work Stream 3: Programme “capacity to implement” analysis

**a)** Assessment of rate of implementation of planned MSP activities should cover:

- Objective-level implementation rate: proportion of the planned activities implemented (fully, partially and not) under each objective. The implementation rate is:
  - » high if >90% fully implemented;
  - » moderate of 75–90% of activities fully implemented; and
  - » low if <75% fully implemented.
- MSP-level implementation rate: Proportion of planned MSP activities implemented (fully, partially and not). The implementation rate is:
  - » high if >90% fully implemented;
  - » moderate if 75–90% of activities fully implemented; and
  - » low if <75% fully implemented.
- Explain enabling and constraining factors.

**b)** Assessment of the status of implementation of the recommendations of last MTR should cover:

- Proportion of recommendations fully implemented.
- Proportion of recommendations partially implemented.
- Proportion of recommendations not implemented.
- MPR or MTR recommendations implementation rates are:

- » high if >90% fully implemented;
- » moderate if 75–90% of recommendations fully implemented; and
- » low if <75% fully implemented.

- Explain enabling and constraining factors.

**c) Report of analysis should cover:**

- findings;
- conclusions; and
- recommendations.

## 4.2.4 Work Stream 4: Analysis of the attainment of programme outcome targets

This work stream should cover the overall assessment of programmatic outcomes. The review should focus on the levels of attainment of outcome targets in the following programme areas: vector control; chemoprevention; case management; procurement supply management; social behaviour change communication; epidemic preparedness and response; surveillance, monitoring and evaluation; and operational research. It also includes analysis of the functionality of the management support system.

The levels of attainment of vector control (VC) outcome targets are outlined below.

**a) Vector control outcome indicators and targets should cover:**

- Appropriateness of VC outcome indicators (inclusion and appropriateness of VC indicators included in the MSP; appropriate phrasing and smartness of indicators).
- Inclusion of baselines and targets for each VC outcome indicator contained in the MSP.
- Progress towards MSP VC outcome targets:
  - » trends of indoor residual spraying (IRS) outcome indicators and targets, and programming implications;
  - » trends of long-lasting insecticidal net (LLIN) outcome targets and programming implications; and
  - » status of Larval Source Management interventions.
- Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

**b) Level of attainment of chemoprevention (CP) outcome targets should cover:**

- Appropriateness of the CP policy.
- Appropriateness of CP outcome indicators (inclusion and appropriateness of VC indicators included in the MSP; appropriate phrasing and smartness of indicators).
- Inclusion of baselines and targets for each CP outcome indicator contained in the MSP.
- Progress towards MSP CP outcome targets:
  - » intermittent preventive treatment in pregnancy (IPTp);
- gap between antenatal care (ANC1) coverage and IPTp1 and reasons for the gap; and
- IPTp3 coverage and gap between IPTp1 and IPTp3 coverages and the reasons for the gap;
  - » Intermittent preventive treatment in infants (IPTi); and
  - » Seasonal malaria chemoprevention (SMC).
- Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

**c) Level of attainment of case management (CM) outcome targets should cover:**

- Appropriateness of the CM diagnosis and treatment policy.
- Appropriateness of CM outcome indicators (inclusion and appropriateness of CM indicators included in the MSP; appropriate phrasing and smartness of indicators).
- Inclusion of baselines and targets for each CM outcome indicator contained in the MSP.
- Progress towards MSP CM outcome targets:
  - » trends of the proportion of suspected malaria cases tested;
  - » trends of annual blood examination rate (ABER);
  - » trends of the proportion of test positives that received artemisinin-based combination therapy (ACTs); and

- » trends of management of severe malaria according to policy.
- Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

**d)** Level of attainment of procurement supply management (PSM) outcome targets should cover:

- Appropriateness of the PSM mechanisms and processes.
- Appropriateness of PSM outcome indicators (inclusion and appropriateness of PSM indicators included in the MSP; appropriate phrasing and smartness of indicators).
- Inclusion of baselines and targets for each PSM outcome indicator contained in the MSP.
- Progress towards MSP SPM outcome targets:
  - » trends of commodity stockouts (RDTs, antimalarials and LLINs);
  - » procurement indicators such as timeous delivery; and
  - » quality trends such as post-market surveillance of antimalarials; loss rate.
- Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

**e)** Level of attainment of social and behaviour change communication (SBCC) outcome targets should cover:

- Appropriateness of the SBCC policy.
- Appropriateness of SBCC outcome indicators (inclusion and appropriateness of SBCC indicators included in the MSP; appropriate phrasing and smartness of indicators).
- Inclusion of baselines and targets for each SBCC outcome indicator contained in the MSP.
- Progress towards MSP SBCC outcome targets:
  - » proportion of targeted population utilizing correct malaria prevention and control interventions; and

- » proportion of people in the targeted population reached through SBCC.
- Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

**f)** Level of attainment of epidemic preparedness and response (EPR) outcome targets should cover:

- Appropriateness of the EPR policy.
- Appropriateness of EPR outcome indicators (inclusion and appropriateness of EPR indicators included in the MSP; appropriate phrasing and smartness of indicators).
- Inclusion of baselines and targets for each EPR outcome indicator contained in the MSP.
- Progress towards MSP EPR outcome targets:
  - » epidemics detection outcome targets;
  - » timely epidemic response outcome targets; and
  - » timely post-epidemic evaluation outcome targets.
- Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

**g)** Level of attainment of Surveillance, Monitoring and Evaluations and Operations Research (SMEOR) outcome targets should cover:

- Appropriateness of the SMEOR policy, mechanisms, processes and systems.
- Appropriateness of SMEOR outcome indicators (inclusion and appropriateness of SMEOR indicators included in the MSP; appropriate phrasing and smartness of indicators).
- Inclusion of baselines and targets for each SMEOR outcome indicator contained in the MSP.
- Progress towards MSP SMEOR outcome targets:
  - » reporting timeliness and completeness targets;
  - » level of adoption and adaptation of technology to SMEOR; and

- » level of prioritization of operations research and collaboration with research institutions.
- Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

**h) Functionality of programme management support (PMS) system should cover**

- Availability of policies and guidance:
  - » availability of legislative framework for malaria control and
  - » existence of malaria manual.
- Appropriateness of programme structure/management systems:
  - » placement of NMP within the MOH hierarchy.
- Availability and viability of programme governance and coordination:
  - » oversight and guidance;
  - » linkages within the Ministry of Health and Child Care (MOHCC);
  - » linkages with other key stakeholders; and
  - » programme monitoring mechanisms.
- Availability and viability of partnership and donor coordination mechanisms:
  - » partnerships;
  - » supporting systems; and
  - » coordination.
- Delivery of appropriate inputs, outputs or services:

- » availability of up to date MSP and

- » availability of up to date M&E plan and implementation guidelines.

- Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

## 4.3 Planning external validation of the MPR desk review

The NMP should finalize plans for the MPR phase III including logistics for the arrival of external validators. The MPR Technical Team should develop a plan for the entire duration of the validation exercise. They should also develop power point presentations with which to brief the external team.

The MPR agenda and the result of the MPR internal review should be shared with the external team well in advance. In addition, the NMP will maintain prior communication with in-country partners at central level and selected sub-national (regional/provincial/district) levels to ensure their participating in phase III of the MPR.

The NMP Manager should also nominate one person or committee to coordinate all MPR logistics. This coordination should include the following: administrative aspects; information updates; transportation to and from the venues; hotel accommodation bookings/reservations; daily subsistence allowance (DSA); and arranging equipment (computers, printers and photocopiers, LCD Projector), supplies and secretarial services.

## MTR: OPERATIONAL METHODOLOGY FOR PHASE II– THEMATIC DESK REVIEW

The aim of phase II of the MTR is to conduct a thematic desk review of the MSP. The key steps of phase II include the following:

- a) assembling information from reports and documents;
- b) undertaking thematic desk review; and
- c) planning for external validation (Phase III).

### 4.4 Assembling information from reports and documents

Information to be assembled includes mainly programme implementation reports from both the national and subnational levels, routine malaria surveillance reports, national health statistics, data from sentinel sites, demographic and health surveys (DHS), and malaria indicator surveys (MIS), among others. The availability of information from national and sub-national level structures should be confirmed (Fig. A1).

### 4.5 Undertaking thematic desk reviews

The desk review should be organized along the framework of four strategic analyses: programme epidemiological and entomological impact analysis; programme financing analysis; programme “capacity to implement” analysis; and analysis of the attainment of programme outcome targets.

#### 4.5.1 Work stream 1: Epidemiological and entomological impact analysis

**a)** Assessment of progress towards epidemiological impact of the MSP should look at

- appropriateness of epidemiological impact indicators
- progress towards MSP malaria morbidity impact targets;
- changes parasite species distribution; and
- malaria transmission risk map and stratification.

**b)** Assessment of progress towards entomological impact of the MSP should look at

- appropriateness of entomological impact indicators

- progress towards MSP entomological impact targets;
- trends of entomological inoculation rate;
- changes in vector behaviour;
- trends of malaria vector bionomics; and
- vector map and species distribution.

**c)** Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

#### 4.5.2 Work Stream 2: Programme financing analysis

**a)** Assessment of malaria programme funding landscape should cover:

- budgetary allocation to the health sector within national budget;
- budgetary allocation to malaria programming within health sector;
- partners’ financial contribution to malaria programming; and
- of financial contributions to malaria from other government ministries and agencies.

**b)** Assessment of malaria expenditure in the context of need-based budget should cover:

- Trends of the proportions of annual budget met or trends of the annual proportional funding gap.
- Proportion of budget (need) funding for the period under review and proportion of financing gap:
  - » <10% financing gap during the period under review then financing level is high;
  - » 10–20% financing gap during the period under review then financing level is moderate; and
  - » >20% financing gap during the period under review then financing level is low.

**c)** Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

### 4.5.3 Work Stream 3: Programme “capacity to implement” analysis

- a)** Assessment of rate of implementation of planned MSP activities should cover:
- Objective-level implementation rate: proportion of the planned activities implemented (fully, partially and not) under each objective. The implementation rate is:
    - » high if >90% fully implemented;
    - » moderate if 75–90% of activities fully implemented; and
    - » low if <75% fully implemented.
  - MSP-level implementation rate: Proportion of planned MSP activities implemented (fully, partially and not). The implementation rate is:
    - » high if >90% fully implemented;
    - » moderate if 75–90% of activities fully implemented; and
    - » low if <75% fully implemented.
  - Explain enabling and constraining factors.
- b)** Assessment of the status of implementation of the recommendations of last MPR should cover:
- Proportion of recommendations fully implemented.
  - Proportion of recommendations partially implemented.
  - Proportion of recommendations not implemented.
  - MPR or MTR recommendations implementation rates are:
    - » high if >90% fully implemented;
    - » moderate if 75–90% of recommendations fully implemented; and
    - » low if <75% fully implemented.
  - Explain enabling and constraining factors.
- c)** Report of analysis should cover:
- findings;
  - conclusions; and
  - recommendations.

### 4.5.4 Work Stream 4: Analysis of the attainment of programme outcome/output targets

This work stream should cover the overall assessment of programmatic outputs and some outcomes. The review should focus on the levels of attainment of output/outcome targets in the following programme areas: vector control; chemoprevention; case management; procurement supply management; social behaviour change communication; epidemic preparedness and response; surveillance, monitoring and evaluation; and operational research. It also includes analysis of the functionality of the management support system.

- a)** Level of attainment of vector control output/outcome indicators and targets should cover:
- Appropriateness of VC outcome/outcome indicators
  - Inclusion of baselines and targets for each VC outcome indicator contained in the MSP.
  - Progress towards MSP VC outcome targets:
    - » trends of indoor residual spraying (IRS) output/outcome indicators and targets, and programming implications;
    - » trends of long-lasting insecticidal net (LLIN) output/outcome targets and programming implications; and
    - » status of larval source management interventions.
  - Enablers and constrainers.

Report of analysis should cover:

- findings;
  - conclusions; and
  - recommendations.
- b)** Level of attainment of chemoprevention (CP) output/outcome targets should cover:
- Appropriateness of the CP policy.
  - Appropriateness of CP outcome indicators
  - Inclusion of baselines and targets for each CP output/outcome indicator contained in the MSP.
  - Progress towards MSP CP outcome targets:
    - » intermittent preventive treatment in pregnancy (IPTp):
      - gap between antenatal care (ANC1) coverage and IPTp1 and reasons for the gap; and
      - IPTp2 coverage and gap between IPTp1 and IPTp2



coverages and the reasons for the gap;

» Intermittent preventive treatment in infants (IPTi); and

» Seasonal malaria chemoprevention (SMC).

• Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

**c)** Level of attainment of case management (CM) output/outcome targets should cover:

- Appropriateness of the CM diagnosis and treatment policy.
- Appropriateness of CM outcome indicators
- Progress towards MSP CM outcome targets:
  - » trends of the proportion of suspected malaria cases tested;
  - » trends of annual blood examination rate (ABER);
  - » trends of the proportion of test positives that received artemisinin-based combination therapy (ACTs); and
  - » trends of management of severe malaria according to policy.
- Enablers and constrainers.

Report of analysis should cover

- findings;
- conclusions; and
- recommendations.

**d)** Level of attainment of procurement supply management (PSM) output/outcome targets should cover:

- Appropriateness of the PSM mechanisms and processes.
- Appropriateness of PSM output/outcome indicators
- Inclusion of baselines and targets for each PSM outcome indicator contained in the MSP.
- Progress towards MSP SPM outcome targets:
  - » trends of commodity stockouts (RDTs, antimalarials and LLINs);
  - » procurement indicators such as timeous delivery; and

» quality trends such as post-market surveillance of antimalarials; loss rate.

• Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

**e)** Level of attainment of social and behaviour change communication (SBCC) output/outcome targets should cover:

- Appropriateness of the SBCC policy.
- Appropriateness of SBCC output/outcome indicators
- Inclusion of baselines and targets for each SBCC outcome indicator contained in the MSP.
- Progress towards MSP SBCC outcome targets:
  - » proportion of targeted population utilizing correct malaria prevention and control interventions; and
  - » proportion of people in the targeted population reached through SBCC.
- Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

**f)** Level of attainment of epidemic preparedness and response (EPR) output/outcome targets should cover:

- Appropriateness of the EPR policy.
- Appropriateness of EPR output/outcome indicators
- Inclusion of baselines and targets for each EPR outcome indicator contained in the MSP.
- Progress towards MSP EPR targets:
  - » epidemics detection targets;
  - » timely epidemic response targets; and
  - » timely post-epidemic evaluation targets.
- Enablers and constrainers.

Report of analysis should cover:

- findings;

- conclusions; and
- recommendations.

**g)** Level of attainment of surveillance, monitoring and evaluations and operations research (SMEOR) output/outcome targets should cover:

- Appropriateness of the SMEOR policy, mechanisms, processes and systems.
- Appropriateness of SMEOR output/outcome indicators
- Inclusion of baselines and targets for each SMEOR outcome indicator contained in the MSP.
- Progress towards MSP SMEOR output/outcome targets:
  - » reporting timeliness and completeness targets;
  - » level of adoption and adaptation of technology to SMEOR; and
  - » level of prioritization of operations research and collaboration with research institutions.
- Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

**h)** Functionality of programme management support (PMS) system should cover:

- Availability of policies and guidance:
  - » availability of legislative framework for malaria control and
  - » existence of malaria manual.
- Appropriateness of programme structure/management systems:
  - » placement of NMP within the MOH hierarchy.
- Availability and viability of programme governance and coordination:
  - » oversight and guidance;
  - » linkages within the Ministry of Health and Child Care (MOHCC);
  - » linkages with other key stakeholders; and
  - » programme monitoring mechanisms.

- Availability and viability of partnership and donor coordination mechanisms:

- » partnerships;
- » supporting systems; and
- » coordination.

- Delivery of appropriate inputs, outputs or services:

- » availability of up to date MSP and
- » availability of up to date M&E plan and implementation guidelines.

- Enablers and constrainers.

Report of analysis should cover:

- findings;
- conclusions; and
- recommendations.

## 4.6 Planning external validation of the MTR desk review

The NMP should finalize plans for the MTR phase III including logistics for the arrival of external validators. The MTR technical team should develop a plan for the entire duration of the validation exercise. They should also develop power point presentations with which to brief the external team.

The MTR agenda and the result of the MTR internal review should be shared with the external team well in advance. In addition, the NMP will maintain prior communication with in-country partners at central level and selected sub-national (regional/provincial/district) levels to ensure their participating in phase III of the MTR.

The NMP Manager should also nominate one person or committee to coordinate all MTR logistics. This coordination should include the following: administrative aspects; information updates; transportation to and from the venues; hotel accommodation bookings/reservations; daily subsistence allowance (DSA); and arranging equipment (computers, printers and photocopiers, LCD Projector), supplies and secretarial services.

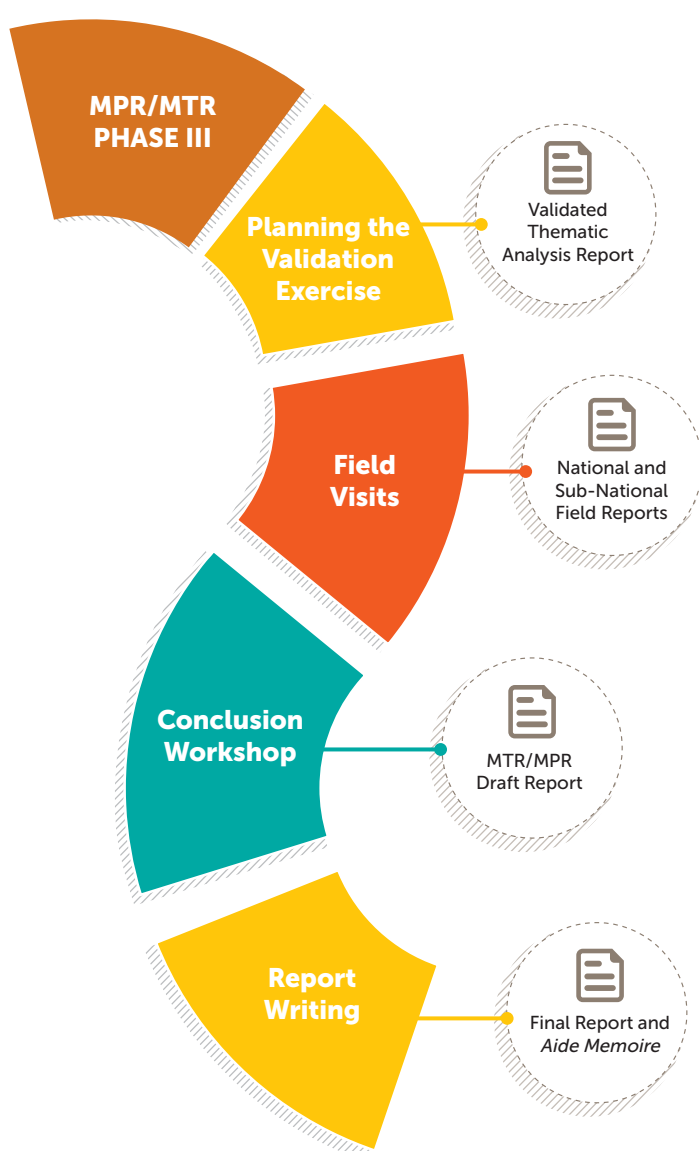
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# 5

## **OPERATIONAL METHODOLOGY: PHASE III – VALIDATION**

The aim of this phase is to validate and build upon the thematic review reports through national level consultations and sub-national field visits. The outcome of this process will be a finalised MPR/MTR report and *Aide Memoire* (in case of MPR) (Fig. 7).

**Figure 7. The steps and outputs in MPR /MTR phase III**



## 5.1 Planning the validation exercise

The MPR/MTR secretariat and task team should ensure that appropriate plans are in place for the validation phase of the MPR/MTR. The planning should include the following:

- advocacy to national and sub-national partners and stakeholders including districts and intended locations for site visits should be carried out;
- preparation of the required logistics for the field visits;
- selection of proposed sites for the field visits (guidance on selection of appropriate sites is provided in Annex 2); and
- organization of a meeting/workshop to brief/orient the external reviewers and agree on the process.

## 5.2 Prepare a detailed schedule and timeline for the field visits

### 5.2.1 Aim of field visits

The aims of the field visits are

- To mobilize relevant health sector and non-health sector partners to support implementation of the MSP that will result from the MPR process.
- To validate some of the information contained in the thematic reports, especially in relation to the areas shown in Figure 8.
- To assess the level of programme management support for malaria control at district level.

### 5.2.2 Focus of field visits

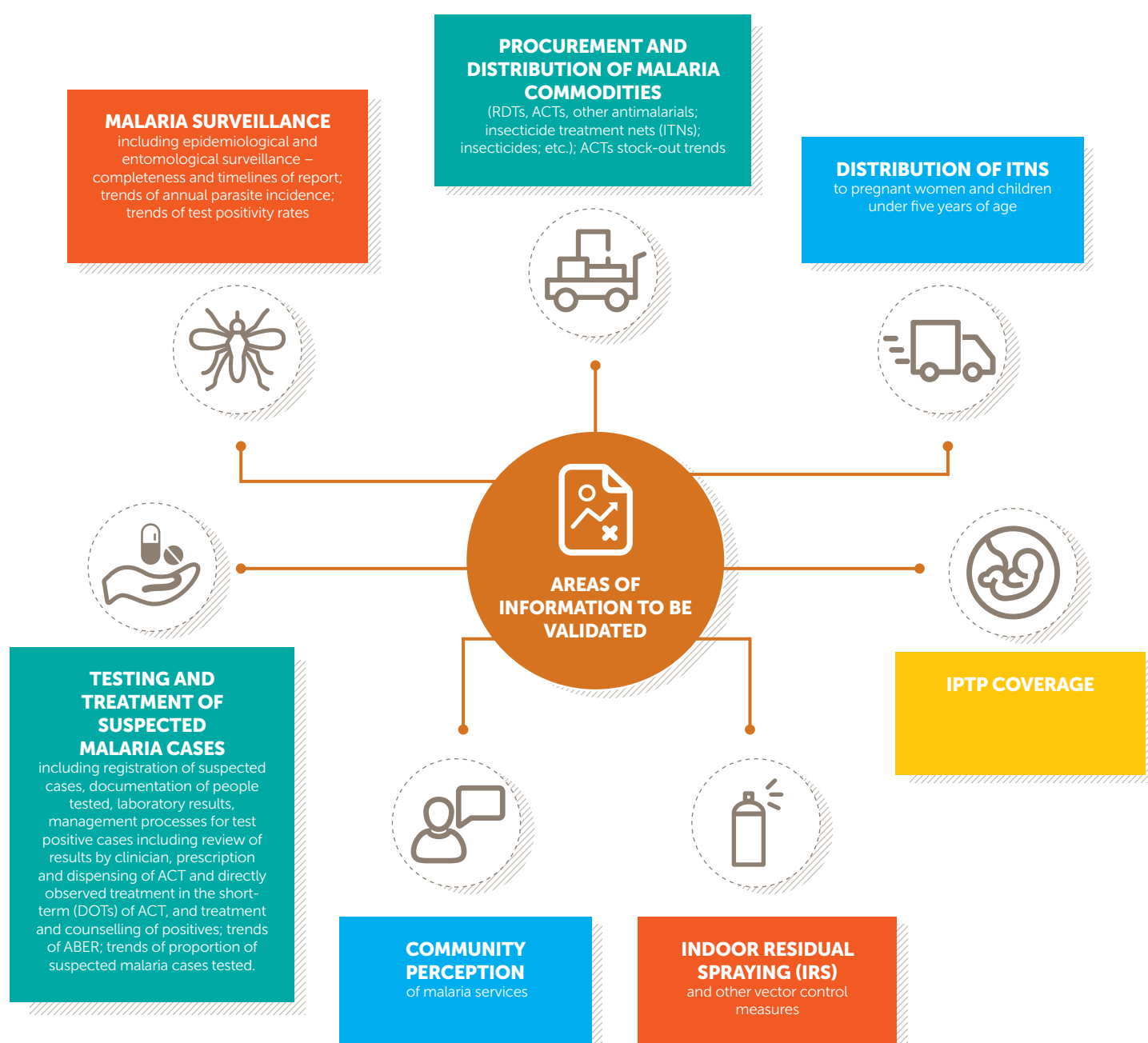
To ensure effectiveness during field visits, the focus needs to be clear. Several focus areas have been defined for the aims of each field visit (Fig. 9).

### 5.2.3 Preparations for field visits

The MPR/MTR Secretariat should facilitate field visits by ensuring that:

- appointments are made for the field visits at national and district levels;
- teams are set up for field visits – consideration should be given to setting up different teams as follows: national level consultations and drafting of final report; district level consultations;
- logistical arrangements are confirmed for field visits including hotel reservations and transport arrangements; and
- plans are made for conclusion retreat of the team at the end of the field visits – this includes hotel reservations and plans for debriefing of senior management in the MOH and stakeholders.

**Figure 8. Areas of information in the thematic reports to be validated during field visits**



### 5.2.4 Field visit at national level

A list of potential partners, institutions, establishments, etc. to be visited during the national level validation is provided in Annex 3. A checklist that can be adapted and applied for this exercise is provided in Annex 4. It is essential that feedback is provided at the end of each visit.

### 5.2.5 Field Visits to district levels

A list of potential partners, institutions, establishments, etc. to be visited during the district level validation is provided in Table A5. A checklist that can be adapted and applied for district visit is provided in Table A6. At the end of the visit to each district, it is essential that feedback be provided to the appropriate health team at this level.

### 5.2.6 Validation visits to health facilities

The health facilities to be visited should have been selected by the health team at the district selected for visit. This should be done before the validation team arrives. Health facilities should be selected to reflect the following diversities in each district:

- the diversity of access: easy to reach or hard to reach areas;
- the diversity of development: urban or rural areas;
- the diversity of programme performance: good or poor performing;
- the mix of health facilities in the district: public, private or faith-based; and
- the mix of levels of care: Community (CHWs), dispensary/health post, health centre, and comprehensive health centre or district hospital.

The checklists to be used for consultation with specific sections of the health facility are contained in Table A7. For consultations

with communities (CHWs and community leaders) see Table A8. It is essential that feedback is provided at the end of each visit to a health facility (Table A9).

## 5.3 Conclusion workshop

The MPR/MTR secretariat should develop a preliminary report of the review and convene a workshop to analyse and incorporate the findings from the internal thematic desk review and the field visits into a draft MPR/MTR report.

### 5.3.1 Aims of the workshop

The aims of the conclusion workshop are

- to develop a draft MTR/MPR report based on an analysis of the findings from the field visits and the validated internal thematic review r0.....eports and
- to prepare for debriefing with MOH senior management and stakeholders.

### 5.3.2 Participants at the workshop

Participants to the workshop should include

- all key stakeholders including those involved in the desk review;
- the internal review team; and
- the external review team.

### 5.3.3 Outputs of the workshop

The intended outputs of the conclusion workshop are

- a draft version of the MTR/MPR report (using the report outline in Table A10, with drafting already started by reporting team

- while field consultations were in progress);
- PowerPoint presentations for MOH senior management and stakeholders; and
- *Aide Memoire* (outline in Table A11) for signature by Minister and heads of key agencies and partners.

- to debrief MOH senior management and policy-makers.

## 5.4.2 Drafting final report

The MPR/MTR drafting team should produce a validated final report based on the findings from the reviews. For the MPR, this should include development of a signed *Aide Memoire*. An outline of the report and the *Aide Memoire* is provided in Annexes 10 and 11, respectively. Debriefing of MOH senior management and finalization of MTR/MPR report involves:

- using a draft *Aide Memoire* and PowerPoint presentation to brief MOH senior management;
- receiving senior management's inputs on findings, conclusions and recommendations including on the *Aide Memoire*; and
- based on inputs, finalizing the MTR/MPR report, PowerPoint presentation and *Aide Memoire*.

## 5.4 Report writing and national level debrief

### 5.4.1 Aims

The aims of the report writing and national debrief are:

- to finalize the MTR/MPR report and

## MTR OPERATIONAL METHODOLOGY: PHASE III—VALIDATION

The aim of this phase is to validate and build upon the thematic review reports through national level consultations and sub-national field visits. The outcome of this process will be a finalised MTR report and the related presentations. This guide proposes that for the MTR review of the implementation is the focus. And, unless deemed necessary, there is no need to do field visits. The required information should be informed by implementation reports.

## 5.5 Planning the validation exercise

The MTR secretariat and task team should ensure that appropriate plans are in place for the validation phase of the MTR. The planning should include the following:

- advocacy to national and sub-national partners and stakeholders should be carried out;
- preparation of the required logistics;
- organization of a meeting/workshop to brief/orient the external reviewers and agree on the process.

## 5.6 MTR workshop

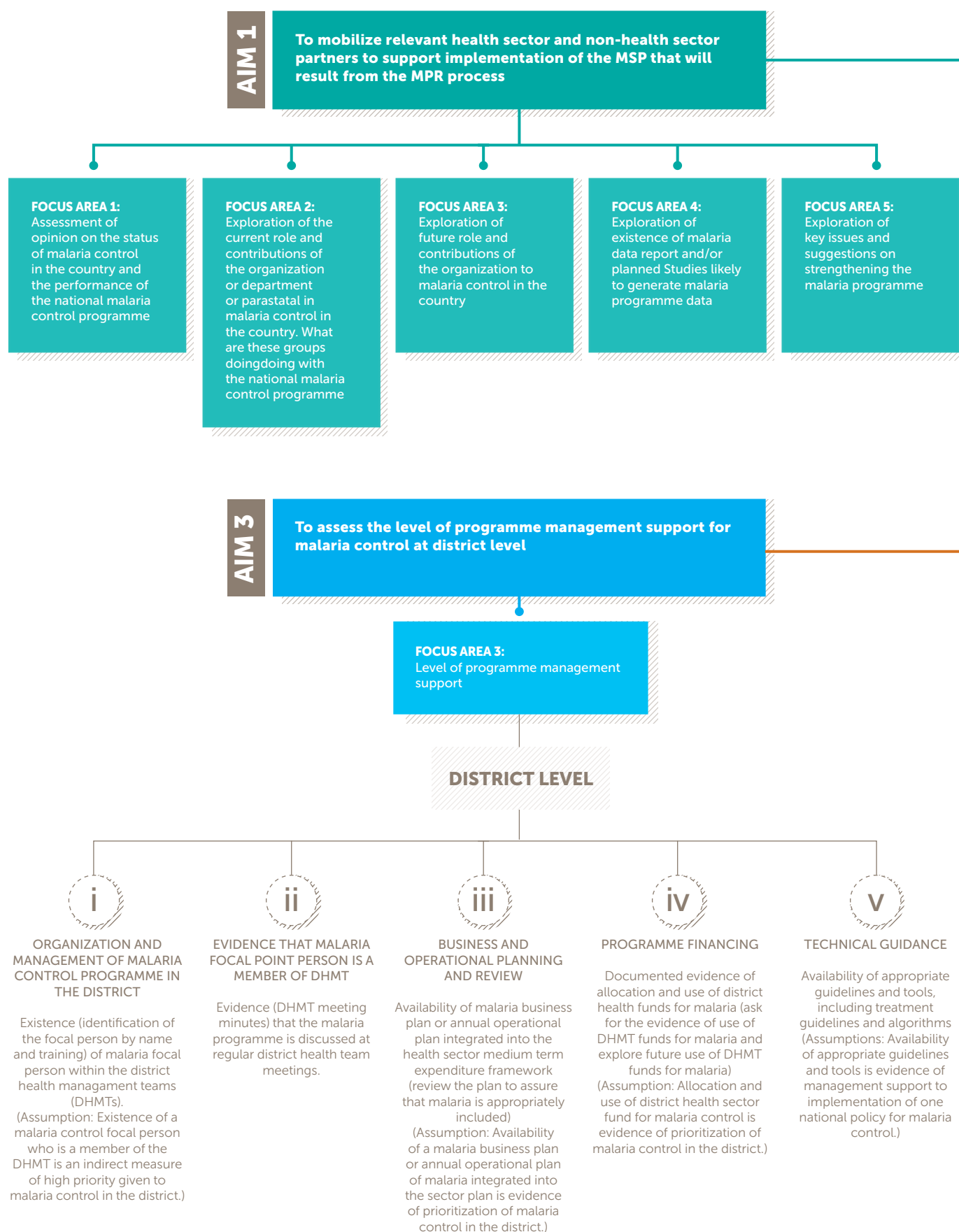
The main tool for discussing and validating the information gathered about implementation of the malaria strategic plan at mid-term will be a workshop which will gather all the stakeholders in implementation of the programme and the external reviewers. As a result the MTR Secretariat will make sure that the list of people to attend the meeting is made in good time to ensure that all levels of implementation are represented including the national, regional and district levels. Key partners should be represented in this meeting as well as key donors and district and community level leaders, where possible.

## 5.7 Outputs of the workshop

The outputs of the workshop are:

- a draft version of the MTR report (using the report outline in Table A10);
- PowerPoint presentations for MOH senior management and stakeholders;

**Figure 9. Focus areas for MPR field visits**





## AIM 2

To validate some of the information contained in the thematic reports especially in relations to strategic thematic areas

**FOCUS AREA 6:**

Malaria surveillance including epidemiological and entomological surveillance

**HEALTH FACILITY LEVEL**

- **MEDICAL RECORDS:** Availability of file copies of all monthly reports for the last 2 years; and
- **LAB/MEDICAL RECORDS:** Trends of annual test positivity rates over the last 5 years.

**DISTRICT LEVEL**

- **MEDICAL RECORDS:** Annual trends of completeness of reports;
- **MEDICAL RECORDS:** Annual trends of timelines of report;
- **MEDICAL RECORDS:** Trends of annual parasite incidence in the last 5 years.

**FOCUS AREA 7:**

Procurement and distribution of malaria commodities

**HEALTH FACILITY LEVEL**

- **STORE:** RDTs stock-out in last 3 months;
- **STORE:** ACTs stock-out in last 3 months;
- **STORE:** ITNs stock-out in last 3 months.

**FOCUS AREA 8:**

IPTp coverage

**HEALTH FACILITY LEVEL**

- **ANC:** Gap between ANC1 attendants and number of pregnant women given IPTp1 and reasons for the gap; and
- **ANC:** Gap between number of pregnant women given IPTp1 and number given IPTp2 and the reasons for the gap.

**DISTRICT LEVEL**

- **ANC:** Trends of IPT1 coverage;
- **ANC:** Trends of IPTp2 coverage;
- **ANC:** Gap between ANC1 coverage and IPTp1 and reasons for the gap;
- **ANC:** Gap between IPTp1 and IPTp2 coverages and the reasons for the gap.

**FOCUS AREA 9:**

Testing and treatment of suspected malaria cases

**HEALTH FACILITY LEVEL**

Review/describe process at health facility level for

- **OPD/LAB:** Registration of suspected cases;
- **LAB:** Documentation of people tested and laboratory results;
- **OPD:** Management of test positive cases including review of results by clinician;
- **OPD:** Counselling of positives; and
- **OPD:** Prescription and dispensing of ACT and DOTs of ACT

Review capacity of the health facility to test all suspected cases:

- **LAB:** Trends of ABER over the last 5 years;
- **LAB:** Annual trends of proportion of suspected malaria cases tested; and
- **IPD:** Trends of management of severe malaria according to policy – review in-patient register and case record of at least two malaria cases, and describe the management and outcomes including reasons for particular outcome.

$ABER = 100 \times (\text{Number of people receiving parasitological test [Microscopy and RDT]} / \text{District Total Population})$

**FOCUS AREA 10:**

Distribution of ITNs

**HEALTH FACILITY LEVEL**

- **ANC:** Gap between number of pregnant women attending ANC1 and the number of given ITNs and the reasons for the gap; and
- **EXPANDED PROGRAMMES ON IMMUNIZATION (EPI):** Gap between number of children receiving measles vaccine and the number of children given ITNs and the reasons for the gap.

**DISTRICT LEVEL**

- Clarification of vector control policy being implemented in the district;
- Availability of ITNs in stock;
- Estimate effective crop of ITNs within the populace (ITNs less than 3 years since distribution) and calculate effective ITN administrative coverage (total effective ITN crop/[2 x total population at risk]);
- Regularity of IRS - confirm dates of last IRS, target (whole district or part of it) and the coverage achieved outcome; and
- Estimate effective insecticide coverage.

**FOCUS AREA 11:**

Community availability and perception of malaria services

**COMMUNITY HEALTH WORKER (CHW) LEVEL**

- Role in malaria control – diagnosis and treatment including use of RDTs; vector control; IEC/BCC; others
- Reporting lines and submission of data
- Supervision
- Remuneration
- Any other issues

**COMMUNITY LEVEL**

- Place of malaria in the community perception of priority diseases in the community;
- Knowledge of malaria symptoms;
- Knowledge of appropriate action to take when malaria symptoms occur;
- Knowledge of malaria prevention interventions;
- Impact of payment for malaria services on the programme;
- Suggestions on how to improve malaria services.

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# 6

**OPERATIONAL  
METHODOLOGY:  
PHASE IV—  
PROGRAMME  
STRENGTHENING**

## 6.1 Aims

The aims of phase IV are:

- to disseminate findings and recommendations of the MTR/MPR and
- to implement the recommendations of the MTR/MPR.

## 6.2 Dissemination: Media event

The MPR/MTR report should be disseminated through a media event involving the MOH, senior management, stakeholders at all levels and mass media. Activities should include:

- media presentation of the findings, conclusions and recommendations;
- signing of *Aide Memoire* (for MPR) by the MOH and heads of key stakeholders and partners; and
- distribution of report and excerpts of the MTR/MPR.

### 6.2.1 Implementation of the recommendations







In order to implement the recommendations, the following are required:

- secure MOH approval/signature of the final MPR/MTR report;
- disseminate the approved MTR/MPR report;
- update MSP and M&E plan; and
- produce and disseminate updated MSP/M&E Plan.

The potential platforms and channels for dissemination of the NMP documents are provided in Table 1.

The production and dissemination of the revised or new MSP must not be an end in itself. The malaria programme in collaboration with partners should use the existing coordination mechanisms to operationalize the updated plans. This should include the holding of annual review and planning meetings, and the development of annual work plans and reports. In addition, all stakeholders and partners should be part of the process of developing the plans to ensure effective support for implementation. These include those in the public sector, such as policy-makers, planners, and government line ministries such as the Ministry of Finance and Ministry of Environment; the private sector; NGOs; academic and research institutions; and leaders at the community level.

**Table 1. Platforms and channels for disseminating the MPR/MTR report**

Channel of dissemination	Documents		
	MPR/MTR report	MSP	M&E Plan
 Press release	✓	✓	✓
 Newspaper/articles	✓	✓	✓
 MOH & central services	✓	✓	✓
 Partners	✓	✓	✓
 Provinces	✓	✓	✓
 Districts	✓		



**ANNEXES**

## ANNEX 1: SUGGESTED INITIAL LIST OF DOCUMENTS FOR MPR/MTR

This library should include the following documents among others:

- a) Strategic plans
- b) Annual work plans
- c) Reports of semi-annual and/or quarterly reviews, meetings and conferences
- d) Policies and guidelines
- e) Funded project proposals
- f) Reports of previous malaria programme reviews and recommendations
- g) Surveillance reports, including sentinel sites
- h) Malaria programme implementation reports including annual programme reports
- i) Reports of national surveys (MIS, MICS, DHS, Health Facility surveys)
- j) Socioeconomic reports, such as UNDP Human Development Reports
- k) Malaria programme research proposals and reports
- l) Published papers on malaria in the country
- m) Partners' annual reports
- n) National health policy
- o) MTEF document
- p) National Health Account document/Review of Health Expenditure document
- q) Other NMP documents: M&E plan, communication plan, IVC plan, etc.

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## ANNEX 2: GUIDANCE ON SELECTION OF APPROPRIATE SITES FOR FIELD VISITS

The MPR/MTR proposal should consider which sites will be visited during Phase III of the review. The sites chosen should include:

- areas of high, moderate and low transmission;
- areas of high and low programme performance/coverage;
- areas with urban and rural populations;
- areas with poor and wealthy populations;
- easy and hard to reach populations; and
- any areas of particular interest given local initiatives, research, etc.

The number of provinces or districts to be visited will, however, be limited by resource availability and the ability to organize travel.

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## ANNEX 3: LIST OF POTENTIAL PARTNERS AND INSTITUTIONS FOR VISIT DURING THE NATIONAL LEVEL VALIDATION

### Central-Level Actors to Consult

Health related departments	Areas for validation
Health planning	Information systems (malaria data collection, analysis and dissemination); Health budget; Planning; Service organization; Partnerships; Human resources
Pharmaceutical management	Procurement and Supply Chain Management
Laboratories	Training; Lab services; Quality assurance/control; reference laboratory
Maternal and child health	Malaria in pregnancy; child health (immunization); Integrated Management of Childhood Illnesses (IMCI); Integrated Community Case Management (iCCM)
Community health	Integrated Community Case Management; Community Health Workers
Environmental health and vector control	Indoor residual spraying; Integrated vector management
Health promotion	Behaviour change and communication
Disease prevention and control	Surveillance
Health private sector associations (doctors, nurses, midwives)	

Non-health sectors	Areas for validation
Finance and economic planning	Overall health sector financing; Domestic financing of malaria and prioritization of malaria in the development agenda; National Health Accounts; Disease specific accounts (if relevant)
Local government or equivalent	Malaria service delivery and community mobilization
Agriculture and water management	Impact of malaria on agro-productivity; insecticide resistance; impact on vector populations; malaria awareness and mitigation
Transport	Vehicle allocation and maintenance for health sector
Education	School health and malaria control in schools including curriculum development
Infrastructure	Malaria prevention and mitigation measures associated with infrastructure development
Labor	Malaria policies to protect staff from malaria; malaria treatment
Defense	Malaria prevention and treatment in the military services
Research and Academic Institutions*	Malaria applied and operational research, curriculum development, capacity building, collaboration with national malaria programmes

\*May include private or non-governmental institutions

## ANNEX 4: CHECKLIST FOR NATIONAL LEVEL CONSULTATIONS

### Checklist for national level consultations

Aim of consultation	Focus areas of the consultation
To mobilize relevant health sector and non-health sector partners to support implementation of the MSP that will result from the MPR process	<input type="checkbox"/> Assess opinion on the status of malaria control in the country and the performance of the national malaria control programme
	<input type="checkbox"/> Explore the current role and contributions of the organization or department or parastatal in malaria control in the country. What are these groups doing with the national malaria control programme? <hr/> <hr/> <hr/> <hr/>
	<input type="checkbox"/> Explore the future role and contributions of the organization to malaria control in the country
	<input type="checkbox"/> Explore the existence of malaria data report and/or planned studies likely to generate malaria programme data
	<input type="checkbox"/> Explore key issues and suggestions on strengthening malaria programmes



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## ANNEX 5: LIST OF POTENTIAL PARTNERS AND INSTITUTIONS FOR VISIT DURING THE DISTRICT LEVEL VALIDATION

Although the focus is often on public health services, visiting faith-based organizations, non-governmental organizations, and private sector providers during the field visits can enrich the findings of the MPR.

The secretariat should communicate with the relevant provincial, state and/or district offices of the selected sites to inform them of the MPR, schedule the visits, and define the logistical support required of them. Preparation of sites should be done early to ensure that individuals relevant to the

consultations will be available. The choice of field validation sites may be refined during the course of the MPR, e.g. according to the findings of the thematic reviews.

The secretariat will take the lead in preparing sites, organizing transportation and lodging for the external review team. The state, province and/or districts selected may be asked to generate a brief site profile for the field visit (with information on malaria epidemiology, programme structure, interventions and their coverage).

## ANNEX 6: CHECKLIST FOR DISTRICT LEVEL CONSULTATIONS

### Checklist for validation visits during MPR/MTR – District Level

Aim of field visit	Focal issues
To validate some of the information contained in the thematic reports, especially in relation to strategic thematic areas	<p><b>MEDICAL RECORDS/SURVEILLANCE:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Annual trends of completeness of monthly reports from health facilities over the last 5 years. For each year, calculate number of monthly reports received ÷ number of monthly reports expected x 100% and review the trends.</li> <li><input type="checkbox"/> Annual trends of timeliness of report over the last 5 years. For each year, calculate number of monthly reports received on time ÷ number of monthly reports expected x 100% and review the trends.</li> <li><input type="checkbox"/> Document the percentage of expected monthly reports from all health facilities each year that were received on time at district level.</li> <li><input type="checkbox"/> Trends of annual parasite incidence over the last 5 years. For each year, calculate the API (number of positive-tested ÷ population at risk x 100 000)</li> </ul>
	<p><b>DISTRICT PUBLIC HEALTH NURSE IN CHARGE OF ANC AND MEDICAL RECORDS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Trends of IPTp1 coverage over the last 5 years. For each year, calculate number of IPTp1 cases ÷ number of pregnant women (PW) in population x 100% and review trends.</li> <li><input type="checkbox"/> Trends of IPTp2 coverage over the last 5 years. For each year, calculate number of IPTp2 cases/number of PW in population x 100% and review trends.</li> <li><input type="checkbox"/> Trends of gap between IPTp1 and IPTp2 coverages and the reasons for the gap over the last 5 years. For each year, calculate number of PW given IPTp1 minus number of PW given IPTp2 and review trends.</li> <li><input type="checkbox"/> Trends of gap between ANC1 coverage and IPTp1 and reasons for the gap over the last 5 years. For each year, calculate number of PW attended ANC1 minus number of PW given IPT1 and review trends.</li> </ul>
	<p><b>DISTRICT VECTOR CONTROL OFFICER/ INCHARGE OF ITN DISTRIBUTION AND/OR IRS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clarification of vector control policy being implemented in the district.</li> <li><input type="checkbox"/> Availability of ITNs in stock: Calculate average monthly number of ITNs distributed last year (for routine distribution at ANC and EPI clinics – total for last year divided by 12) and determine if there is enough in stock to last for 3 months.</li> <li><input type="checkbox"/> Estimate effective crop of ITNs within the populace (ITNs less than 3 years since distribution) and calculate effective ITN administrative coverage (<math>100 \times 2 \times \text{total effective ITN crop} \div \text{total population at risk}</math>) – this is an estimate of ITN coverage of population at risk and assumes everyone sleeps under an ITN if they have access to one.</li> <li><input type="checkbox"/> Regularity of IRS: confirm dates of last IRS, target (whole district or part of it) and the coverage achieved outcome.</li> <li><input type="checkbox"/> Estimate effective insecticide coverage: <math>100 \div \text{population at risk} \times [(\text{population at risk} \times \text{ITN administrative coverage} \div 100) + \text{number of people in households sprayed}]</math></li> </ul>

## ANNEX 6: CHECKLIST FOR DISTRICT LEVEL CONSULTATIONS

continued...

### Checklist for validation visits during mpr/mtr – District Level continued...

Aim of field visit	Focal issues
<p>To assess the level of programme management support for malaria control at district level</p>	<p><b>DMOH AND/OR MALARIA FOCAL PERSON</b></p> <ol style="list-style-type: none"> <li>1. Organization and management of malaria control programme in the district               <ul style="list-style-type: none"> <li><input type="checkbox"/> Existence (identification of the focal person by name and training) of malaria focal person within the DHMT.</li> <li>(Assumption: Existence of a malaria control focal person who is a member of the DHMT is an indirect measure of high priority given to malaria control in the district.)</li> </ul> </li> <li>2. Evidence that malaria focal point person is a member of DHMT               <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence (DHMT meeting minutes) that malaria programme is discussed at regular district health team meetings.</li> </ul> </li> <li>3. Business and operational planning and review               <ul style="list-style-type: none"> <li><input type="checkbox"/> Availability of malaria business plan or annual operational plan integrated into the health sector medium term expenditure framework (review plan the plan to assure that malaria is appropriately included.)</li> <li>(Assumption: Availability of a malaria business plan or annual operational plan of malaria integrated into the sector plan is evidence of prioritization of malaria control in the district.)</li> </ul> </li> <li>4. Programme financing               <ul style="list-style-type: none"> <li><input type="checkbox"/> Documented evidence of allocation and use of district health funds for malaria (ask for the evidence of use of DHMT funds for malaria and explore future use of DHMT funds for malaria.)</li> <li>(Assumption: Allocation and use of district health sector fund for malaria control is evidence of prioritization of malaria control in the district.)</li> </ul> </li> <li>5. Technical guidance               <ul style="list-style-type: none"> <li><input type="checkbox"/> Availability of appropriate guidelines and tools:                   <ol style="list-style-type: none"> <li>i. Treatment guidelines</li> <li>ii. Treatment algorithms</li> </ol> </li> <li>(Assumptions: Availability of appropriate guidelines and tools is evidence of management support to implementation of one national policy for malaria control.)</li> </ul> </li> </ol>

## ANNEX 7: CHECKLISTS FOR COMMUNITY CONSULTATIONS

### Checklist for validation visits during MPR/MTR – Community Level

Aim of field visit	Focal issues
<p>To validate some of the information contained in the thematic reports especially in relations to strategic thematic areas</p>	<p><b>FOCUS 11: Community availability and perception of malaria services</b></p> <p>At CHW level:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explore CHW perception of his or her role in malaria control <ul style="list-style-type: none"> <li>- Diagnosis and treatment including use of RDTs;</li> <li>- Vector control;</li> <li>- IEC/BCC; and</li> <li>- Others</li> </ul> </li> <li><input type="checkbox"/> Explore/confirm the CHW reporting lines, periodicity of reporting and compliance of the CHW.</li> <li><input type="checkbox"/> Explore/interrogate the mechanisms in place for supervision of the CHW, the regularity and adherence to it by supervisors.</li> <li><input type="checkbox"/> Interrogate how CHW is remunerated.</li> <li><input type="checkbox"/> Explore any other issues that may be important to the CHW and in relation to malaria control in the community.</li> </ul> <p>At community level – meeting with community members:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explore community perception of the place of malaria as a priority disease in the community.</li> <li><input type="checkbox"/> Explore community members' knowledge of malaria symptoms and signs.</li> <li><input type="checkbox"/> Explore community members' knowledge of appropriate action to take when malaria symptoms occur.</li> <li><input type="checkbox"/> Explore community members' knowledge of malaria prevention interventions.</li> <li><input type="checkbox"/> Interrogate community members on payment for malaria services – whether it exists or not and the impact of payment for malaria services on access to malaria services.</li> <li><input type="checkbox"/> Collate suggestions by community members on how to improve malaria services.</li> </ul>

## ANNEX 8: GUIDE TO DEBRIEFING DISTRICTS AFTER VISITS TO HEALTH FACILITIES

### Guide to debriefing districts after visits to health facilities

Topic	Objectives
Review and discussion of findings	<ul style="list-style-type: none"><li>• Describe observed strengths and weaknesses of service delivery and support systems, taking one system at a time.</li><li>• Discuss the findings with participants and reach consensus.</li></ul>
Consensus on conclusions	<ul style="list-style-type: none"><li>• Describe the conclusions based on the findings; organize this by each service delivery and support system. Start with the strengths and end with the weaknesses.</li><li>• Discuss the conclusions with participants and reach consensus</li></ul>
Consensus on recommendations	<ul style="list-style-type: none"><li>• Describe the recommended action points for improved impact on malaria burden based on the conclusions. Start with actions currently in place that should be maintained and end with new action points.</li><li>• Discuss the recommendations, especially the feasibility of its implementation and appointed responsible individuals.</li></ul>

## ANNEX 9: OUTLINE OF THE MPR/MTR REPORT

### EXECUTIVE SUMMARY

#### 1. Introduction

- Definition of MPR
- Objectives of the MPR

#### 2. Key findings, conclusions and recommendations

I. Progress towards the epidemiological and entomological impact targets of the MSP

- Findings
- Conclusions
- Recommendations

II. Financing of the NMP

- Findings
- Conclusions
- Recommendations

III. Capacity of the NMP to implement planned activities

- Findings
- Conclusions
- Recommendations

IV. Effectiveness of the health system in delivering malaria services

*i. Level of attainment of vector control outcome targets:*

- Findings
- Conclusions
- Recommendations

*ii. Level of attainment of chemoprevention outcome target:*

- Findings
- Conclusions
- Recommendations

*iii. Level of attainment of malaria diagnosis and treatment targets:*

- Findings
- Conclusions
- Recommendations

*iv. Level of attainment of procurement supply*

*Management (PSM) outcome targets:*

- Findings
- Conclusions
- Recommendations

*v. Level of attainment of advocacy, social mobilization and social and behaviour change communication (SBCC) outcomes:*

- Findings
- Conclusions
- Recommendations

*vi. Level of attainment of epidemic preparedness and response (EPR) outcomes:*

- Findings
- Conclusions
- Recommendations

*vii. Level of attainment of surveillance monitoring and evaluation and operational research (SMEOR) outcome targets:*

- Findings
- Conclusions
- Recommendations

*viii. Functionality of programme management support system:*

- Findings
- Conclusions
- Recommendations

#### 3. Programming implications of the lessons learned in the implementation of the MSP

I. Lessons learned

II. Future strategic directions recommended

## ANNEX 10: **OUTLINE OF THE MPR/MTR REPORT** continued...

### CHAPTER 1: INTRODUCTION

#### 1.1 Background

- 1.1.1 Geography, climate and malaria transmission
- 1.1.2 Demography

#### 1.2 The national health system and the national malaria control programme

- 1.2.1 Organization of the health system
- 1.2.2 National Malaria Control Programme
- 1.2.3 The National Malaria Strategic Plan
  - under review
  - Vision
  - Mission
  - Goal
  - Objectives

#### 1.3 The MPR

- 1.3.1 Definition
- 1.3.2 Justification
- 1.3.3 Objectives
- 1.3.4 Methodology of the MPR

#### 1.4 Outline of the document

### CHAPTER 2: ASSESSMENT OF PROGRESS TOWARDS EPIDEMIOLOGICAL AND ENTOMOLOGICAL IMPACT

#### 2.1 Findings

- 2.1.1 Progress towards epidemiological impact of the MSP
  - MSP epidemiological indicators and targets
    - » What are the MSP impact indicators and targets?
    - » Are the indicators appropriately phrased and smart? Are there appropriate morbidity and mortality indicators and targets and baselines?
  - Progress towards MSP malaria morbidity impact targets
  - Progress towards MSP malaria mortality impact targets
  - Changes parasite species distribution
  - Malaria transmission risk map and stratification
- 2.1.2 Progress towards entomological impact of the MSP
  - MSP entomological indicators and targets
    - » What are the MSP impact indicators and targets?
    - » Are the indicators appropriately phrased and smart? Are the entomological indicators, targets and baseline appropriate?
  - Progress towards MSP entomological indicators
  - Trends of malaria vector bionomics
  - Vector map and species distribution
  - Trends of entomological inoculation rate
  - Changes in vector behaviour

#### 2.2 Conclusions and recommendations

- 2.2.1 Conclusions
- 2.2.2 Recommendations

## ANNEX 10: **OUTLINE OF THE MPR/MTR REPORT** continued...

### CHAPTER 3: REVIEW PROGRAMME FINANCING

#### 3.1 Findings

##### 3.1.1 Malaria programme funding landscape analysis

- Trends of budgetary allocation to the health sector within national budget;
- Trends of budgetary allocation to malaria programming within health sector;
- Trends of partners' financial contribution to malaria programming; and
- Trends of financial contributions to malaria from other government ministries and agencies.

##### 3.1.2 Malaria Expenditure Analysis in the context of need-based budget

- Trends of the proportions of annual budget met or trends of the annual proportional funding gap
- Proportion of budget (need) funding for the period under review and proportion of financing gap (<10% financing gap during the period under review then financing level is high; 10–20% financing gap during the period under review then financing level is moderate; >20% financing gap during the period under review then financing level is low)

#### 3.2 Conclusions and recommendations

##### 3.2.1 Conclusions

##### 3.2.2 Recommendations

### CHAPTER 4: REVIEW OF THE CAPACITY OF THE NMP TO IMPLEMENT PLANNED ACTIVITIES

#### 4.1 Findings

##### 4.1.1 Rate of implementation of MSP activities

- Objective-level implementation rate: proportion of the planned activities implemented (fully, partially and not) under each objective – Implementation rate: high if >90% fully implemented; moderate if 75–90% of activities fully implemented; low if <75% fully implemented.
- MSP-level implementation rate: Proportion of planned MSP activities implemented (fully, partially and not) – Implementation rate: high if >90% fully implemented; moderate if 75–90% of activities fully implemented; low if <75% fully implemented.
- Explain enabling and constraining factors

##### 4.1.2 Status of implementation of the recommendations of last MPR or MTR

- Proportion of recommendations fully implemented
- Proportion of recommendations partially implemented
- Proportion of recommendations not implemented
- MPR or MTTR recommendations implementation rate: high if >90% fully implemented; moderate if 75–90% of recommendations fully implemented; low if <75% fully implemented.
- Explain enabling and constraining factors

#### 4.2 Conclusions and recommendations

##### 4.2.1 Conclusions

##### 4.2.2 Recommendations



ANNEX 10: **OUTLINE OF THE MPR/MTR REPORT** continued...**Review of NMCP's Capacity to Implement Planned Activities**

MSP OBJECTIVES	DESCRIPTIONS	PERCENTAGE OF ACTIVITIES FULLY IMPLEMENTED	PERCENTAGE OF ACTIVITIES PARTIALLY IMPLEMENTED	PERCENTAGE OF ACTIVITIES NOT IMPLEMENTED	TOTAL NUMBER OF ACTIVITIES
<b>Objective 1:</b>	Number of planned activities				
	Percentage of total				
<b>Objective 2:</b>	Number of planned activities				
	Percentage of total				
<b>Objective 3:</b>	Number of planned activities				
	Percentage of total				
<b>Objective 4:</b>	Number of planned activities				
	Percentage of total				
<b>Objective 5:</b>	Number of planned activities				
	Percentage of total				
<b>Objective 6:</b>	Number of planned activities				
	Percentage of total				
<b>Objective 7:</b>	Number of planned activities				
	Percentage of total				
<b>TOTAL FOR MSP</b>	Number of planned activities				
	Percentage of total				

## ANNEX 10: **OUTLINE OF THE MPR/MTR REPORT** continued...

### CHAPTER 5: REVIEW OF THE EFFECTIVENESS OF THE HEALTH SYSTEM IN DELIVERING MALARIA SERVICES

#### 5.1 Level of attainment of vector control outcome targets

##### 5.1.1 Findings

- Vector control outcome indicators and targets
  - » What are the MSP VC outcome indicators and targets?
  - » Are the indicators appropriately phrased and smart? Are the VC outcome, indicators, targets and baseline appropriate?
- Progress towards MSP VC outcome indicators
  - » Trends of IRS outcome indicators and targets and programming implications
  - » Trends of LLIN outcome targets and programming implications
  - » Status of Larval Source Management interventions
- Enablers and constrainers

##### 5.1.2 Conclusions and recommendations

- Conclusions
- Recommendations

#### 5.2 Level of attainment of chemoprevention outcome targets

##### 5.2.1 Findings

- Chemoprevention (CP) outcome indicators and targets
  - » What is the CP policy?
  - » What are the MSP CP outcome indicators and targets?
  - » Are the indicators appropriately phrased and smart? Are the CP outcome, indicators, targets and baseline appropriate?

- Progress towards MSP CP outcome indicators
  - » IPTp
  - » Gap between ANC1 coverage and IPTp1 and reasons for the gap
  - » IPTp3 coverage and gap between IPTp1 and IPTp3 coverages and the reasons for the gap
  - » IPTi
  - » SMC
- Enablers and constrainers

##### 5.2.2 Conclusions and recommendations

- Conclusions
- Recommendations

#### 5.3 Level of attainment of case management outcome targets

##### 5.3.1 Findings

- Case management (CM) outcome indicators and targets
  - » What is the CM diagnosis and treatment policy?
  - » What are the MSP CM outcome indicators and targets?
  - » Are the indicators appropriately phrased and smart? Are the CM outcome, indicators, targets and baseline appropriate?
- Progress towards MSP CM outcome indicators
  - » Trends of the proportion of suspected malaria cases tested
  - » Trends of ABER
  - » Trends of the proportion of test positives that received ACTs
  - » Trends of management of severe malaria according to policy
- Enablers and constrainers

##### 5.3.2 Conclusions and recommendations

- Conclusions
- Recommendations

## ANNEX 10: **OUTLINE OF THE MPR/MTR REPORT** continued...

### **5.4 Level of attainment of procurement supply management outcome targets**

#### 5.4.1 Findings

- PSM outcome indicators and targets
  - » What are the PSM mechanism and processes?
  - » What are the MSP PSM outcome indicators and targets?
  - » Are the indicators appropriately phrased and smart? Are the PSM outcome, indicators, targets and baseline appropriate?
- Progress towards MSP PSM outcome indicators
  - » Trends of commodities (RDT, antimalarials and LLINs) stockouts
  - » Procurement Indicators – timely delivery
  - » Quality Trends – post-market surveillance of antimalarials; loss rate
- Enablers and constrainers

#### 5.4.2 Conclusions and recommendations

- Conclusions
- Recommendations

### **5.5 Level of attainment of social and behaviour change communication outcome targets**

#### 5.5.1 Findings

- SBCC outcome indicators and targets
  - » What is the SBCC policy?
  - » What are the MSP SBCCC outcome indicators and targets?
  - » Are the indicators appropriately phrased and smart? Are the SBCC outcome, indicators, targets and baseline appropriate?
- Progress towards MSP SBCC outcome indicators
  - » Proportion of targeted population utilizing

correct malaria prevention and control interventions

- » Proportion of people in the targeted population reached through BCC

- Enablers and constrainers

#### 5.5.2 Conclusions and recommendations

- Conclusions
- Recommendations

### **5.6 Level of attainment of epidemic preparedness and response (EPR) outcome targets**

#### 5.6.1 Findings

- EPR outcome indicators and targets
  - » What is the EPR policy?
  - » What are the MSP EPR outcome indicators and targets?
  - » Are the indicators appropriately phrased and smart? Are the EPR outcome, indicators, targets and baseline appropriate?
- Progress towards MSP EPR outcome indicators
  - » Detection of epidemics
  - » Timely response to epidemics
  - » Evaluation of epidemics
- Enablers and constrainers

#### 5.6.2 Conclusions and recommendations

- Conclusions
- Recommendations

### **5.7 Level of attainment of SMEOR outcome targets**

#### 5.7.1 Findings

- SMEOR outcome indicators and targets
  - » What is the SMEOR policy/system?
  - » What are the MSP SMEOR outcome

## ANNEX 10: OUTLINE OF THE MPR/MTR REPORT continued...

- indicators and targets?
  - » Are the indicators appropriately phrased and smart? Are the SMEOR outcome, indicators, targets and baseline appropriate?
- Progress towards MSP SMEOR outcome indicators
  - » Timeliness and completeness of reporting
  - » Adaptation of technology to SMEOR
  - » OR prioritization
- Explain enabling and constraining factors
  - Delivery of appropriate inputs, outputs or services
    - » Availability of up to date MSP
    - » Availability of up to date M&E plan and implementation guidelines

### 5.7.2 Conclusions and recommendations

- Conclusions
- Recommendations

### 5.8.2 Conclusions and recommendations

- Conclusions
- Recommendations

## 5.8 Functionality of programme management support system

### 5.8.1 Findings

- Availability of policies and guidance
  - » Availability of legislative framework for malaria control
  - » Existence of malaria manual
- Appropriateness of programme structure/management systems
  - » Placement of NMP within the MOH hierarchy
- Availability and viability of programme governance and coordination
  - » Oversight and Guidance
  - » Linkages within the MOHCC
  - » Linkages with other key stakeholders
  - » Programme monitoring mechanisms
- Availability and viability of partnership and donor coordination mechanisms
  - » Partnerships
  - » Supporting systems
  - » Coordination

## CHAPTER 6: PROGRAMMING IMPLICATIONS OF THE LESSONS LEARNED IMPLEMENTING THE MSP

### 6.1 Lessons learned implementing the MSP

### 6.2 Future strategic directions

## ANNEX 11: OUTLINE OF THE MTR REPORT

### EXECUTIVE SUMMARY

#### 1. Introduction

- Definition of MTR
- Objectives of the MTR

#### 2. Key findings, conclusions and recommendations

- I. Progress towards the epidemiological and entomological impact targets of the MSP
  - Findings
  - Conclusions
  - Recommendations
- II. Financing of the NMP
  - Findings
  - Conclusions
  - Recommendations
- III. Capacity of the NMP to implement planned activities
  - Findings
  - Conclusions
  - Recommendations
- IV. Effectiveness of the health system in delivering malaria services
  - i. Level of attainment of vector control outcome targets:
  - ii. Level of attainment of chemoprevention outcome target:
  - iii. Level of attainment of malaria diagnosis and treatment targets:
  - iv. Level of attainment of procurement supply management (PSM) outcome targets:
  - v. Level of attainment of advocacy, social mobilization and social and behaviour change communication (SBCC) outcomes:
  - vi. Level of attainment of epidemic preparedness

- and response (EPR) outcomes:
- vii. Level of attainment of surveillance monitoring and evaluation and operational research (SMEOR) outcome targets:
  - viii. Functionality of programme management support system:

#### V. Conclusions and Recommendations

#### 3. Programming implications of the lessons learned in the implementation of the MSP

- i. Lessons learned
- ii. Future strategic directions recommended

## CHAPTER 1: INTRODUCTION

### 1.1 Background

- 1.1.1 Geography, climate and malaria transmission
- 1.1.2 Demography

### 1.2 The national health system and the national malaria control programme

- 1.2.1 Organization of the health system
- 1.2.2 National Malaria Programme
- 1.2.3 The National Malaria Strategic Plan under review
  - Vision
  - Mission
  - Goal
  - Objectives

### 1.3 The MTR

- 1.3.1 Definition
- 1.3.2 Justification
- 1.3.3 Objectives
- 1.3.4 Methodology of the MTR

### 1.4 Outline of the document

## ANNEX 11: **OUTLINE OF THE MTR REPORT** continued...

### CHAPTER 2: ASSESSMENT OF PROGRESS TOWARDS EPIDEMIOLOGICAL AND ENTOMOLOGICAL IMPACT

#### 2.1 Findings

##### 2.1.1 Progress towards epidemiological impact of the MSP

- MSP epidemiological indicators and targets
- Progress towards MSP malaria morbidity impact targets
- Progress towards MSP malaria mortality impact targets
- Changes parasite species distribution
- Malaria transmission risk map and stratification

##### 2.1.2 Progress towards entomological impact of the MSP

- MSP entomological indicators and targets
- Progress towards MSP entomological indicators
- Trends of malaria vector bionomics
- Vector map and species distribution
- Trends of entomological inoculation rate
- Changes in vector behaviour

#### 2.2 Conclusions and recommendations

##### 2.2.1 Conclusions

##### 2.2.2 Recommendations

### CHAPTER 3: REVIEW PROGRAMME FINANCING

#### 3.1 Findings

##### 3.1.1 Malaria programme funding landscape analysis

- Trends of budgetary allocation to the health sector within national budget;
- Trends of budgetary allocation to malaria programming within health sector;

- Trends of partners' financial contribution to malaria programming; and
- Trends of financial contributions to malaria from other government ministries and agencies.

##### 3.1.2 Malaria Expenditure Analysis in the context of need-based budget

- Trends of the proportions of annual budget met or trends of the annual proportional funding gap
- Proportion of budget (need) funding for the period under review and proportion of financing gap (<10% financing gap during the period under review then financing level is high; 10–20% financing gap during the period under review then financing level is moderate; >20% financing gap during the period under review then financing level is low)

#### 3.2 Conclusions and recommendations

##### 3.2.1 Conclusions

##### 3.2.2 Recommendations

### CHAPTER 4: REVIEW OF THE CAPACITY OF THE NMP TO IMPLEMENT PLANNED ACTIVITIES

#### 4.1 Findings

##### 4.1.1 Rate of implementation of MSP activities

- Objective-level implementation rate: proportion of the planned activities implemented (fully, partially and not) under each objective – Implementation rate: high if >90% fully implemented; moderate of 75–90% of activities fully implemented; low if <75% fully implemented.
- MSP-level implementation rate: Proportion

## ANNEX 11: OUTLINE OF THE MTR REPORT continued...

of planned MSP activities implemented (fully, partially and not) – Implementation rate:  
high if >90% fully implemented; moderate of

75–90% of activities fully implemented; low if <75% fully implemented.

- Explain enabling and constraining factors

### Review of NMCP's Capacity to Implement Planned Activities

MSP OBJECTIVES	DESCRIPTIONS	PERCENTAGE OF ACTIVITIES FULLY IMPLEMENTED	PERCENTAGE OF ACTIVITIES PARTIALLY IMPLEMENTED	PERCENTAGE OF ACTIVITIES NOT IMPLEMENTED	TOTAL NUMBER OF ACTIVITIES
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	Percentage of total				
<b>Objective 2:</b>	Number of planned activities				
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<b>Objective 3:</b>	Number of planned activities				
	Percentage of total				
<b>Objective 4:</b>	Number of planned activities				
	Percentage of total				
<b>Objective 5:</b>	Number of planned activities				
	Percentage of total				
<b>Objective 6:</b>	Number of planned activities				
	Percentage of total				
<b>Objective 7:</b>	Number of planned activities				
	Percentage of total				
<b>TOTAL FOR MSP</b>	Number of planned activities				
	Percentage of total				

## ANNEX 11: OUTLINE OF THE MTR REPORT continued...

- 4.1.2 Status of implementation of the recommendations of last MPR or MTR
- Proportion of recommendations fully implemented
  - Proportion of recommendations partially implemented
  - Proportion of recommendations not implemented
  - MTR recommendations implementation rate: high if >90% fully implemented; moderate if 75–90% of recommendations fully implemented; low if <75% fully implemented.
  - Explain enabling and constraining factors

### 4.2 Conclusions and recommendations

- 4.2.1 Conclusions
- 4.2.2 Recommendations

## CHAPTER 5: REVIEW OF THE EFFECTIVENESS OF THE HEALTH SYSTEM IN DELIVERING MALARIA SERVICES

### 10.1 Level of attainment of vector control outcome targets

- 10.1.1 Findings
- Vector control outcome indicators and targets
  - Progress towards MSP VC outcome indicators
    - » Trends of IRS outcome indicators and targets and programming implications
    - » Trends of LLIN outcome targets and programming implications
    - » Status of Larval Source Management interventions
  - Enablers and constrainers
- 10.1.2 Conclusions and recommendations
- Conclusions
  - Recommendations

### 5.2 Level of attainment of chemoprevention outcome targets

- 5.2.1 Findings
- Chemoprevention (CP) outcome indicators and targets
  - Progress towards MSP CP outcome indicators
    - » IPTp:
      - › Gap between ANC1 coverage and IPTp1 and reasons for the gap
      - › IPTp2 coverage and gap between IPTp1 and IPTp2 coverages and the reasons for the gap
    - » IPTi
    - » SMC
  - Enablers and constrainers
- 5.2.2 Conclusions and recommendations
- Conclusions
  - Recommendations

### 5.3 Level of attainment of case management outcome targets

- 5.3.1 Findings
- Case management (CM) outcome indicators and targets
  - Progress towards MSP CM outcome indicators
    - » Trends of the proportion of suspected malaria cases tested
    - » Trends of ABER
    - » Trends of the proportion of test positives that received ACTs
    - » Trends of management of severe malaria according to policy
  - Enablers and constrainers
- 5.3.2 Conclusions and recommendations
- Conclusions
  - Recommendations



## ANNEX 11: OUTLINE OF THE MTR REPORT continued...

### 5.4 Level of attainment of procurement supply management outcome targets

#### 5.4.1 Findings

- PSM outcome indicators and targets
- Progress towards MSP PSM outcome indicators
  - » Trends of commodities (RDT, antimalarials and LLINs) stockouts
  - » Procurement Indicators – timely delivery
  - » Quality Trends – post-market surveillance of antimalarials; loss rate
- Enablers and constrainers

#### 5.4.2 Conclusions and recommendations

- Conclusions
- Recommendations

### 5.5 Level of attainment of social and behaviour change communication outcome targets

#### 5.5.1 Findings

- SBCC outcome indicators and targets
  - » What is the SBCC policy?
  - » What are the MSP SBCCC outcome indicators and targets?
  - » Are the indicators appropriately phrased and smart? Are the SBCC outcome, indicators, targets and baseline appropriate?
- Progress towards MSP SBCC outcome indicators
  - » Proportion of targeted population utilizing correct malaria prevention and control interventions
  - » Proportion of people in the targeted population reached through BCC
- Enablers and constrainers

#### 5.5.2 Conclusions and recommendations

- Conclusions

- Recommendations

### 5.6 Level of attainment of epidemic preparedness and response (EPR) outcome targets

#### 5.6.1 Findings

- EPR outcome indicators and targets
- Progress towards MSP EPR outcome indicators
  - » Detection of epidemics
  - » Timely response to epidemics
  - » Evaluation of epidemics
- Enablers and constrainers

#### 5.6.2 Conclusions and recommendations

- Conclusions
- Recommendations

### 5.7 Level of attainment of SMEOR outcome targets

#### 5.7.1 Findings

- SMEOR outcome indicators and targets
- Progress towards MSP SMEOR outcome indicators
  - » Timeliness and completeness of reporting
  - » Adaptation of technology to SMEOR
  - » OR prioritization
- Enablers and constrainers

#### 5.7.2 Conclusions and recommendations

- Conclusions
- Recommendations

### 5.8 Functionality of programme management support system

#### 5.8.1 Findings

- Availability of policies and guidance
  - » Availability of legislative framework for malaria control
  - » Existence of malaria manual

## ANNEX 11: **OUTLINE OF THE MTR REPORT** continued...

- Appropriateness of programme structure/ management systems
  - » Placement of NMP within the MOH hierarchy
- Availability and viability of programme governance and coordination
  - » Oversight and Guidance
  - » Linkages within the MOHCC
  - » Linkages with other key stakeholders
  - » Programme monitoring mechanisms
- Availability and viability of partnership and donor coordination mechanisms
  - » Partnerships
  - » Supporting systems
  - » Coordination
- Delivery of appropriate inputs, outputs or services
  - » Availability of up to date MSP
  - » Availability of up to date M&E plan and implementation guidelines

### 5.8.2 Conclusions and recommendations

- Conclusions
- Recommendations

## CHAPTER 6: PROGRAMMING IMPLICATIONS OF THE LESSONS LEARNED IMPLEMENTING THE MSP

### 6.1 Lessons learned implementing the MSP

### 6.2 Future strategic directions

## ANNEX 12: **SAMPLE TABLE OF CONTENTS AIDE MEMOIRE FOR MPR**

### 1. Purpose

1. Purpose of MPR
2. Definition/purpose of the *Aide Memoire*

### 2. Background

1. Objectives of the MPR
2. Methodology of the MPR

### 3. Key findings

1. Assessment of progress towards the epidemiological and entomological impact targets of the MSP
2. Review of the financing of the NMP
3. Review of the capacity of the NMP to implement planned activities
4. Review of the effectiveness of the health system in delivering malaria services
  - i. Level of attainment of vector control outcome targets
  - ii. Level of attainment of chemoprevention outcome targets
  - iii. Level of attainment of malaria diagnosis and treatment targets
  - iv. Level of attainment of procurement supply management (PSM) outcome targets
  - v. Level of attainment of advocacy, social mobilization and social and behaviour change communication (SBCC) outcomes targets
  - vi. Level of attainment of epidemic preparedness and response (EPR) outcomes targets
  - vii. Level of attainment of surveillance monitoring and evaluation and operational research (SMEOR) outcome targets
  - viii. Functionality of programme management support system

### 4. Programming implications of the lessons learned in the implementation of the MSP

1. Lessons learned
2. Future strategic directions recommended

### 5. Commitment

1. Statement of commitment
2. Signatures of government and key partners





