

Designing and implementing a monitoring and evaluation framework for seasonal malaria chemoprevention

Background

To prevent malaria in those most vulnerable in areas with highly seasonal malaria transmission, the World Health Organization (WHO) recommends seasonal malaria chemoprevention (SMC). This involves administering monthly courses of sulfadoxine-pyrimethamine and amodiaquine (SPAQ) to children 3–59 months during the peak malaria transmission season. SMC is a safe, cost-effective and feasible intervention that can prevent up to 75 percent of malaria cases among eligible children.^[1]

Malaria Consortium has been a leading partner in scaling up SMC across the Sahel region of west Africa since 2013. This year, our SMC programme will reach over 12 million

children in Burkina Faso, Chad, Nigeria and Togo. To assess its performance, we monitor and evaluate the quality of delivery, coverage, efficacy, safety, drug resistance, impact and cost through routine programme data as well as regular post-cycle and end-of-round household surveys. SMC programme monitoring and evaluation (M&E) data also support governments and partners in decision-making and priority-setting.

To our knowledge, there has been no systematic attempt to draw together data from across all elements of our SMC programme to allow for comprehensive M&E. In response to this gap, we are currently developing an M&E framework for SMC with standardised indicators.

Study objective

The SMC M&E framework is intended to facilitate appraisal of the quality of programme delivery, and assess the relationships between different aspects of implementation (inputs, processes and outputs) and the expected results (outcomes and impacts). It simultaneously accounts for external factors (affecting programme implementation, results, and collection and interpretation of programme data) where feasible and appropriate.

Methods

Malaria Consortium first conducted extensive reviews of the operational aspects of our SMC programme, data sources and collection methods, as well as a review of conceptual frameworks of the impact of health programmes.

We then defined an overarching programme aim, reflective of the purpose of SMC and anticipated changes.

Next, we identified programme objectives and associated indicators — all designed to be SMART (specific, measurable, achievable, realistic and timely) in nature — and specified expected results and changes in relation to different components of the SMC intervention. These ranged from procurement and supply management to training and supervision of community distributors, engagement of target communities and SPAQ administration.

Finally, we defined specifications of each indicator to show what is being measured; how, where, by whom, when and at what unit of analysis it is measured; and how data will be utilised.

To date, we have identified seven objectives — addressing programme coverage, fidelity and quality; knowledge, attitudes and perceptions of caregivers; supply and demand of programme commodities; use of data for decision-making; and safety — and 71 indicators (including contextual factors).

Although we designed the M&E framework to encourage a standardised approach to M&E, in some cases, we adapted or added indicators to reflect the context in individual countries.

Results

This framework is being developed and adapted for use by Malaria Consortium. It will be continuously revised as the programme evolves and based on contextual needs (e.g. the global coronavirus pandemic) to inform programme design and implementation. It also has value as a tool to help to inform debates about standardising the approach for tracking performance of SMC programmes at regional and global levels.

The full M&E framework, including the objectives, indicators and specifications, is due to be published in a peer-reviewed publication in 2021.

Reference

1. Meremikwu MM, et al. Intermittent preventive treatment for malaria in children living in areas with seasonal transmission. Cochrane Database of Systematic Reviews, 2012; (2).

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