MONITORING AND EVALUATION STRATEGY

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ACRONYMS

AIDS  Acquired Immune Deficiency Syndrome (Also seen as: Acquired Immunodeficiency Syndrome)
ANC  Antenatal Care
ACT  Artemisinin-based Combination Therapy
ART  Antiretroviral Therapy
ARVs  Anti-retroviral drugs
BCC  Behaviour Change Communication
BHS  Basic Health Staff
BSS  Behavioural Surveillance Survey
DALY  Disability-Adjusted Life Years
DOTS  Directly Observed Treatment - Short course
EOP  Effective Operations Policy
FB  Fund Board
FM  Fund Manager
GP  General Practitioner
HF  Health Facility
HIV  Human Immunodeficiency Virus
HSS  HIV Sera-Surveillance
HYLG  Healthy Years of Life Gained
IEG  Independent Evaluation Group
IEC  Information, Education and Communication
INGO  International Non Governmental Organization
IP  Implementing Partner
IRS  Indoor Residual Spraying
ITN  Insecticide-Treated Net
LLIN  Long Lasting Insecticidal Net
M&E  Monitoring and Evaluation
MDG  Millennium Development Goal
MDR  Multi-Drug Resistance
MOA  Memorandum of Agreement
MOH  Ministry of Health
MIS  Management Information System
MSM  Men who have Sex with Men
NMCP  National Malaria Control Programme
NOP  National Operation Plan
OG  Operational Guideline
OHW  Outreach Health Workers
OI  Opportunistic Infection
PLHIV  People Living with HIV
PMTCT  Prevention of Mother-to-Child Transmission
PPM  Public-Private or Public-Public Mix
PTB  Pulmonary tuberculosis
1 http://www.oecd.org/dac/evaluation/glossaryofkeytermsinevaluationandresultsbasedmanagement.htm
2 http://stats.oecd.org/glossary/download.asp
**3MDG Fund Purpose**

Increased access and availability of (i) essential maternal and child health services for the poorest and most vulnerable in townships supported by the 3MDG Fund; and, (ii) HIV, TB, and malaria interventions for populations and areas not readily covered by the Global Fund.

**Expected Outputs/Results**

(1) Delivery of essential services, with a focus on maternal, newborn and child health, in townships supported by the 3MDG Fund.

(2) Strengthened capacity for delivery of essential MNCH services in townships supported by the 3MDG Fund.

(3) Prioritised HIV, TB and malaria interventions provided to targeted populations or areas not readily covered by the Global Fund.

(4) Prioritised components of the health system strengthened for long term sustainability.

(5) Enhanced health services accountability and responsiveness through capacity development of target communities, civil society organisations and the public sector.

(6) Fund Management demonstrates value for money and cost-effectiveness, generates evidence to inform policy, funding and programming decisions, and strengthens aid effectiveness.

**2. THE CONTEXT**

**2.1 Description of the 3MDG Programme**

The 3MDG-supported programme has three components with a total estimated budget of 300 million United States Dollars.

**Component 1** [Estimated 74% of the 3MDG Fund budget]: Increased availability and accessibility of essential services focusing on maternal, newborn and child health.

This component will adopt a continuum of care – through a range of service providers at township level – that is aligned with national strategies for reproductive and child health. It will prioritise high impact, low cost interventions and integrated delivery of services as close to the beneficiaries as possible, for example, at primary and community level. This will ensure provision of a package of essential health services that will address the main causes of maternal, newborn and child death and illness for poor and vulnerable populations in Myanmar.

The main beneficiaries will be: mothers, newborns and children under five years old in 40 townships. An estimated 6 million people will be targeted.

**Component 2** [Estimated 15% of the 3MDG budget]: Flexible and strategic support for HIV, TB and malaria interventions for populations and geographical areas that are not supported by the Global Fund.

This component will support priority gaps in the national responses for HIV, TB and malaria that are not readily funded by the Global Fund. Priority will be given to vulnerable and marginalized populations, to hard-to-reach areas and to emerging health threats. Complementing and adding value to Global Fund and other donor programmes will be a key guiding principle. This component will also provide technical support for future Global Fund applications. Support will be provided to areas not readily supported by
the Global Fund and support is not limited to Component 1 townships. Geographic areas supported under Component 1 may receive support under Component 2 depending upon the needs and priorities identified.

The main beneficiaries will be: people with HIV, TB and malaria in the selected areas or populations. People who inject drugs, patients with multi-drug resistant TB, the urban poor at risk for TB infection and people living in areas that are at high risk for artemisinin resistance will be targeted.

**Component 3 [Estimated 11% of the 3MDG budget]:** Complementary health systems strengthening to support long-term sustainability.

This component will support complementary health systems-strengthening at central and decentralised levels of the health system to help develop a more effective and a more responsive health system. It aims to support the longer-term sustainability of investment in the maternal, newborn and child health services and communicable disease control components of the 3MDG Fund and to complement existing health systems-strengthening initiatives. Systems-strengthening will also include measures to strengthen voice and accountability and to build related capacity.

Component 3 will strengthen the national Health Management Information System (HMIS) / national capacity in M&E, including research, data quality assurance and supportive supervision; strengthen voice and accountability through beneficiary accountability; and other system elements that are still in development as of May 2013 under Components 1 and 2.

### 2.2 Lessons Learnt in Monitoring and Evaluation from the Three Diseases Fund and the Joint Initiative on Maternal and Child Health

The 3MDG Fund is able to draw on the M&E lessons learnt from the Joint Initiative on Maternal and Child Health (JIMNCH) and the Three Diseases Fund. Some key lessons learnt include:

- Good baseline and subsequent program level population-based surveys are needed, and alignment of Health Information Management System indicators that cover place of childbirth, attendants, type of delivery, and use standard WHO indicators for childhood illness and care-seeking;
- Additional health information strengthening for monitoring purposes;
- Broad definitions of ‘hard-to-reach’ to ensure that poor and vulnerable subgroups have access to services, and that outcomes are monitored with a strong equity focus;
- There was insufficient time since JIMNCH’s commencement to document changes in mortality and morbidity, and this data is not easily captured in current HMIS at regional or township levels;
- Effectiveness was hampered by a lack of coherent articulation of strategy, definitions, and programmatic logic; and
- Three Diseases Fund M&E focused mostly on reporting for accountability purposes. Insufficient attention was paid to learning and using data for programme improvement (e.g., best practice application, ensuring reaching those ‘left behind’). There was no systematic approach to implementing the intent stated in the 3DF Description of the Action with regards to operational
research and programme evaluation. This has resulted in limited understanding of beneficiaries’ needs and experiences, implementation context, and the effectiveness of different programme approaches/components; experience-sharing between partners improved over time but was not sufficiently focused on the improvement of the quality of partner services/interventions; and lack of a 3DF definition or strategy in relation to capacity development means that there is no set point against which the Fund’s achievements in relation to capacity development, and impact on the operating environment, can be evaluated.

3. 3MDG FUND M&E STRATEGY

3.1 Purpose of 3MDG Monitoring and Evaluation

The ultimate purpose of monitoring and evaluation (M&E) is to support learning and the application of data to continuously improve upon the relevance, effectiveness, efficiency, impact and sustainability of the 3MDG-supported programme. Hence, data use is a central element of the Fund’s M&E system. The Fund requires a results oriented system of monitoring and reporting in order to provide information to the 3MDG Fund Board and Steering Committee on the results and progress of the Fund, in addition to supporting learning throughout the Fund.

Supporting the 3MDG Fund as a learning organization requires: the promotion of a culture of transparency, mutual accountability and evidence-based learning; creating opportunities for sharing of data and experiences and efficient knowledge management. This is part of good governance.

Figure 1: Core and Supporting Structures of the 3MDG Fund
The 3MDG Fund is accountable to the Fund Board and Steering Committee, but also to other partners and beneficiaries. The Fund Management Office is responsible for the monitoring aspect of the M&E strategy (including collecting information for the planned evaluations) and accountable to the Fund Board. The Fund Board contracts an outside agency, the Independent Evaluation Group (IEG), for designing and implementing the Evaluation component of the M&E strategy. As the IEG is still under negotiation, this M&E strategy only outlines the monitoring aspects of the strategy, and provides space for the evaluation strategy to be developed, where relevant.

**Principles of the Monitoring and Evaluation Strategy**

The 3MDG Fund M&E strategy is formulated in accordance with the United Nations Evaluation Group (UNEG) norms and standards as well as the OECD/DAC evaluation principles. Thus, the strategy will respond to accountability, organisational learning and advancing knowledge through evidence-based results reporting. The strategy has four levels of analysis and includes: 1) National level 2) Component level 3) Partner, Community and Patient level and 4) the 3MDG Fund.

The 3MDG Theory of Change and Evaluation Strategy is to be defined by the Independent Evaluation Group (IEG). The Evaluation Strategy will be published by December 2013 and made available at [www.3mdgfund.org](http://www.3mdgfund.org).

The monitoring strategy is further developed in the current document. The evaluation component will be further developed once the IEG has defined the strategy.

### 3.3 Independent Evaluation Group (IEG)

The IEG evaluates the impacts of the Fund through designing and implementing specific evaluations of different components of the Fund as well as of the Fund as a whole. Routine monitoring and evaluation will be done by the Fund Manager, and therefore this is out of the scope of the services of the IEG. The IEG will be required to provide a review of proposed programme evaluations and data collection tools and methods (particularly surveys) so that this routine information can support data requirements for the overall 3MDG Fund evaluation.

The IEG is responsible for establishing an evaluation framework by December 2013. The framework:

1) Articulates the theory of change of the 3MDG Fund, in support of the programme logframe
2) Identifies key questions for evaluation, including whether the interventions have had an impact and whether the implementation of the programme has been successful.
3) Includes the differential impact of interventions on the poor and other vulnerable groups, including in-depth analysis of what works (or doesn’t) to reach the hard-to-reach, poorest and most vulnerable
4) Establishes robust methodological approaches to address the evaluation questions and processes for quality assurance of data collection and analysis.

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3 This means that, for the time being – until the Evaluation Strategy will be finalised, the reference to the M&E strategy in this document should be understood as being mainly the Monitoring strategy.
5) Considers options for rigorous impact evaluation of this complex programme, through setting of appropriate counterfactuals.

The IEG will assess the 3MDG M&E data collection systems and proposed data collection tools and methods (particularly baseline surveys) so that data supports required information for evaluations. This will include a review of the protocols for each partner evaluation. IEG will conduct the Mid-Term and Final Evaluations, including assessment of programme, financial and management issues, in addition to impact evaluation and other special studies.

3.4 Tailoring Monitoring and Evaluation to the needs of 3MDG Programme Components
The M&E focus and approach is tailored to the specific needs and context of each of the 3MDG programme components.

As Component 1 represents the bulk of the 3MDG support, it also represents the bulk of the M&E efforts and is comprehensive in scope.

M&E of Component 2 focuses primarily on: regular assessment of programmatic needs for targeted populations and geographic areas; ensuring sound routine monitoring and accountability of supported programmatic activities; and, addressing gaps in M&E coordination/collaboration and special studies (i.e., surveys and programme evaluation/operational research).

M&E for Component 3 focuses mainly on in-depth capacity assessments and evaluating system-strengthening interventions, including assessing the engagement of civil society. Component 3 supports the building of capacity of and supports the Ministry of Health and Department of Health in M&E.

The 3MDG Fund Description of Action (2012) emphasizes that equal attention should be given to both the achievement of desirable outcomes and the quality of the process leading to these outcomes. This means that the following human rights principles underpin the 3MDG programme: non-discrimination; equality; participation; accountability; and transparency. Specific M&E activities are focused on assessing whether these principles are indeed adhered to in the planning, implementation and results-based management of the 3MDG programme.

4. The 3MDG M&E SYSTEM AND ORGANISATION
The “3MDG monitoring and evaluation (M&E) system” refers to the different system components which need to be functional at the national, sub-national and service delivery levels to provide the data needed: (1) to guide the planning, coordination, and implementation of the 3MDG programme linked to the relevant national health programme responses; (2) to assess the effectiveness and efficiency of the 3MDG-supported programme; and, (3) to identify areas for programme improvement. This also includes collection and reporting of M&E data to ensure accountability to programme beneficiaries, as well as to those providing financial resources for the 3MDG programme. Accountability includes showing that funding and inputs lead to effective and accountable services, increased utilisation of services and, ultimately, better health outcomes. Funding will also need to demonstrate that programmes and interventions are cost-effective and make optimal use of resources available.
The specific data needs of the donor consortium (represented by the Fund Board), the Fund Management Office (FMO), the different Partners are identified through collaborative consultations and aligned as much as possible with the data needs of the respective national health programme responses.

Monitoring is defined as a continuous process of collecting and analysing information in order to make evidence-based or informed decisions. Monitoring is a systematic, evidence-based and quality oriented exercise where specific, measurable attainable and reliable, time-bound indicators (SMART) demonstrate progress. The 3MDG’s monitoring functions will be:

- Results oriented, to report on progress against the logical framework and provide routine information and research results required for the evaluation;
- Measures changes in beneficiary participation;
- Ensuring that lessons learnt, research and evaluation findings are used to improve national programmes and coordination; and
- Promote, build capacity in and ensure decision-making based on monitoring and research data at all levels.

The reporting and monitoring function fulfills the accountability requirements described in the Description of Action and in the Memorandum of Understanding of the 3MDG Fund signed by donors and UNOPS.

Evaluation is defined as the assessment of planned, on-going or completed interventions to determine their relevance, efficiency, effectiveness, impact and sustainability, with a view to improve ongoing and future programme performance. The evaluation strategy will be defined by the IEG, as indicated above.

The M&E system for the 3MDG programme is based on global standards/best practice in M&E. It addresses:

1) human capacity, partnerships and planning for M&E;
2) data collection needs and procedures, quality assurance mechanisms and data analysis requirements; and,
3) support for data dissemination and for using data at all relevant levels for (a) programme planning and resource allocation, policy development and programme improvement; and, (b) accountability towards programme beneficiaries and donors.

Although set up in the first place to ensure proper monitoring and evaluation of the 3MDG programme, the 3MDG M&E strategy aims at the same time to align itself to the national sector M&E strategy and strengthen aspects of the national M&E capacity and system. In the medium-term, the 3MDG M&E strategy should be part of the sector M&E strategy.

The M&E budget allocation is aimed at 5-10% of the total 3MDG programme budget as per widely endorsed recommendations.

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The approaches for the 3MDG programme and M&E system are based on the principles for increasing aid effectiveness\(^6\) by:

- ensuring harmonisation with the initiatives of other donors outside the 3MDG Fund;
- adhering to country ownership, alignment and mutual accountability;
- increasing stewardship and management capacity of public health authorities at all levels;
- building capacity of civil society organisations and users of health services to hold service providers to account;
- building on lessons learnt;
- system-strengthening for sustainability;
- linking 3MDG programme monitoring to existing data collection and reporting systems;
- using M&E results and processes more effectively for operational planning and reflective learning;
- establishing mechanisms for participation of all relevant actors in the planning, implementation and M&E of programmes/services; and
- critical assessment of the performance of the 3MDG Fund management, with a view to ensure accountability, transparency and value for money.

As a well-functioning M&E system is crucial for generating credible data about the 3MDG programme, the 3MDG M&E plan also includes benchmarks for assessing M&E progress and identifying any challenges in order to take timely corrective action where needed. The 3MDG operational planning is ongoing. Hence, this M&E strategy will be updated (as needed) according to the 3MDG operational plan. To ensure the M&E strategy remains relevant/appropriate to 3MDG and programme and national response needs, further adjustments will be made based on revisions (if any) in the 3MDG operational plan and/or relevant National Strategic Plans for Disease Control and/or associated National M&E Plans during the 3MDG implementation period.

### 4.1 M&E ORGANISATION

#### 4.1.1 Organisational structures with M&E functions

**Goal:**

To establish and maintain a network of organisations/M&E focal points responsible for M&E at the national, sub-national, and service-delivery levels in support of the 3MDG programme and linked to the national M&E system(s).

**Importance for the 3MDG programme:**

For the 3MDG M&E system to function effectively (i.e., support programme planning and improvement and ensure accountability), the various organisations that implement 3MDG-supported programmes need to work together under the leadership of the Fund Manager and in alignment with the national M&E system(s). Deliberate efforts are made to strengthen already existing sector mechanisms for M&E planning and coordination of relevant health and development programmes at the national, sub-national and service delivery levels. Progressively, the role of the DoH in M&E the sector performance will be strengthened as well as the HMIS.

**Organisation and implementation:**

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\(^6\) Paris Declaration [add full reference]
The FMO will establish an M&E team and the Fund Board will appoint an M&E focal point(s) within the Fund Board structure to address M&E related issues on behalf of the Board. The Fund Board will create an M&E sub-committee to address M&E technical issues within the Fund Board. The FMO will lead the implementation of an M&E community of practice (CoP) to provide a forum for M&E learning and professional development (see section 12: Data Dissemination and Use).

3MDG grants will require an M&E structure and plan to exist within a partner organization in order for funding to be granted. Sufficient budgets and detailed work plans need to be established with the Fund Manager to ensure this is achieved.

**Activities:**

**Component 1:**
Advocacy for the inclusion of M&E as a key structure within an organization, training in M&E fundamentals and M&E systems to partners, the establishment of M&E job descriptions, plans and budgets for partners, the inclusion of routine monitoring, research and evaluation in grants, and the establishment and implementation of an M&E technical working group under the Technical Strategy Group (TSG).

**Component 2:**
Training in M&E fundamentals and M&E systems to partners, the establishment of M&E job descriptions plans and budgets for partners, advocacy for the inclusion of research and evaluation in grants, the ongoing implementation of M&E technical working groups under the TSGs for HIV, TB and Malaria and the

**Component 3:**
Strengthening of the Epidemiology Unit within the DOH that includes networks with other partners, which will advise other institutions, agencies and units within the system in national routine data collection and analysis of data. The above team will play a lead role in strategy and policy formulation as well as in the promotion of and support of the decentralization strategy as it pertains to data collection and reporting. The Fund will encourage the establishment of a transparent ethical review process within the DOH for all research.

**M&E benchmarks:**
There is leadership and commitment (in terms of financial and human resources) to ensure M&E system performance at the following levels: the Fund Board, the Fund Management Office, different government and partner levels.

- There is a well-defined organisational structure for M&E functions within (a) the 3MDG Fund, and, (b) the respective national disease control programmes/health system including a M&E team/unit; written mandates for planning, coordinating and managing the M&E system(s); well-defined M&E roles and responsibilities for key individuals and organisations at all levels.

- Routine mechanisms are established and functioning for M&E planning and management, for stakeholder coordination and consensus building and, for monitoring the performance of the M&E system.

- Key organisations involved in 3MDG programme implementation have effective leadership for M&E, specific job description(s) for M&E staff, adequate numbers of skilled M&E staff, and a defined career path in M&E.

- Key organisations achieve their annual work plan objectives for M&E.
4.1.2. Human capacity for M&E

**Goal:** To ensure adequate skilled human resources at all levels of the M&E system in order to complete all tasks defined in the annual costed 3MDG M&E work plan.

**Importance for the 3MDG programme:**
For the 3MDG M&E system to function, adequate human resources are required to implement programming monitoring and evaluation activities. The Fund will emphasize adequate human resource budgets for M&E staff as well as training, skills building and mentorship in M&E, both through the provision of technical assistance, formal training and mentorship opportunities.

**Activities:**
The creation of job descriptions that adequately reflect M&E skills and duties are required at all levels of the Fund. Adequate human resource planning and budgeting are required. Advocacy by the Fund Board, Fund Manager and technical partners for the creation of M&E capacity building plans at the national level.

Identification of skills and duties for M&E staff at all levels of the Fund will result in the creation of M&E job descriptions and human resource budgets. Skills development in programme planning and training in M&E is needed to ensure adequate understanding of senior management, programme staff and M&E staff in the function of M&E within an organizational structure. A national M&E capacity building plan should be established within the first two years of the Fund. The Fund will support training, mentorship and skills building through various activities such as formal trainings/workshops, establishment of an M&E community of practice, mentorship opportunities, on the job training and other participatory approaches to M&E skills development. The FMO will work with capacity building organizations to develop and provide M&E training to implementing partners.

**M&E benchmarks:**
- Defined skill set for individuals and organisations at national, sub-national, and service-delivery levels.
- Work force development plan, including career paths for M&E.
- Costed national / sector M&E capacity building plan established and funded.
- Standard curricula for organisational and technical capacity building.
- Local and/or regional training capacity, including links to training institutions.
- Supervision, in-service training and mentoring.
- Established M&E Community of Practice will engage M&E staff supported by the Fund

4.1.3 Partnerships to plan, coordinate, and manage the M&E system

**Goal:** To establish and maintain partnerships among 3MDG stakeholders who are involved in planning, coordinating and/or managing the 3MDG M&E system linked to the national M&E system(s)

**Importance for the 3MDG programme**
In order to ensure information is shared and opportunities for collaboration and learning are established, a clear partnership network must be supported by the Fund. Based on the Three One's principles, a national coordination mechanism will be established and implemented for each of the three Components supported by the Fund. As of late 2012, HIV is currently the only disease with a functioning national M&E technical working group, which reports to the Technical Strategy Group (TSG).
The promotion of partnerships will enable data flow, as well as joint opportunities for research and evaluation.

**Activities:**
Advocacy for establishing mechanisms to coordinate stakeholders from all relevant sectors and levels of the system and allocation of budget to support the participation of a wide range of actors is required. Defining membership, institutional links and establishing terms of reference for the various M&E technical working groups is required.

Component 1 and 2: The Fund will work with the National Programmes to support the creation of and implementation of national M&E technical working groups. These groups will provide a forum for improving the national M&E response and will be multi-sectoral in nature. These groups will be lead by the national programmes with support of UN agencies and these working groups will report to the Technical Strategy Groups, which then in turn report to the Country Coordination Mechanism (CCM). The Fund, in partnership with the DOH, will establish a learning and coordination network with partners (including partners directly supported by the Fund, development partners, UN agencies and other stakeholders) that will focus on lessons learnt, skills building coordination and professional development as related to the implementation of activities supported by the Fund. The long term vision for the Fund will be to build the capacity of the DOH, strengthen the HMIS, and jointly develop a sector performance assessment framework (to be used by all partners). The Fund will also support the networking of CBOs in the area of M&E in local languages, through community based forums and newsletters. The Fund will establish a virtual community of practice focusing on M&E.

Component 3: Carrying out sustained M&E advocacy activities with various stakeholders and ensuring the broader dissemination of M&E related findings. The Fund will work to support the development of a clear mandate and resourcing for M&E technical working groups, including institutional recognition of their recommendations and activities, and support the functioning of an HSS working group within the DOH. The Fund will work to strengthen research and evaluation. By December 2013, a strategy for strengthening community engagement in M&E will be established as part of the broader Beneficiary Accountability Strategy, which is currently in development.

**M&E benchmarks:**
- Mechanism to coordinate all stakeholders functioning.
- DOH leadership and capacity for stakeholder coordination strengthened.
- Routine communication channel to facilitate exchange of information among stakeholders.

### 4.2 IMPLEMENTATION

**4.2.1 3MDG M&E Strategy linked to the national M&E plans**

**Goal:** To develop and regularly update the 3MDG M&E Strategy including identified data needs, standardised indicators, data collection procedures and tools, and roles and responsibilities for implementation of a functional 3MDG M&E system aligned to the national M&E systems.

**Importance for the 3MDG programme:**
The 3MDG Fund will support the national programmes in maternal and child health, HIV, TB and Malaria and work towards strengthening the national health information system to ensure timely and accurate information. The 3MDG Fund will align its indicators with the national strategic plans and strengthen national coordination mechanisms. The Fund will utilize and support the use of national reporting channels and support national institutions such as the Department of Medical Research and University of Public Health. The Fund will also work with community based organisations to strengthen community feedback in areas of quality of service and accountability. The Fund will strive to align reporting periods with the Ministry of Health reporting periods.

Activities:
Implementing partners must be encouraged to use agreed standardized M&E terminology, planning and performance monitoring frameworks. All partners must have access to the national strategic plans and corresponding M&E plans. Planning processes must be participatory and include members of civil society and the communities reached by 3MDG interventions. FMO staff must be dedicated and trained in the use of national strategic plans.

Component 1: Creation of the national M&E plan to include:
- Clear indicator guidelines
- M&E work plan and budget
- Roles and responsibilities of all stakeholders need to be clearly defined
- Data use plan established
- Data quality assurance plan created
- Research and evaluation agenda established
- Creation and implementation of relevant data policies, strategies and laws

Component 2:
Broad dissemination and training/mentorship in existing M&E plans, updating and the establishment of clear research and evaluation priorities and agendas.

Component 3:
The Fund will focus on capacity building of MoH / DoH in M&E, the strengthening of the HMIS and the development of the single sector performance assessment framework. The FMO must be engaged during the creation and implementation of national M&E plans to ensure the Fund remains aligned with the national strategies. Engage in the implementation of Health Systems Strengthening plans and corresponding M&E plans.

The 3MDG Fund M&E Strategy will be reviewed on an annual basis and will include participation from a broad range of stakeholders.

M&E benchmarks:
- Broad-based participation (including beneficiaries/affected communities) in developing and revising the 3MDG M&E Strategy.
- The 3MDG M&E Strategy is explicitly linked to the national M&E plan(s).
- Single health sector performance assessment framework established and used by all stakeholders.
- National HMIS and M&E capacity strengthened
- The 3MDG M&E Strategy adheres to international and national technical standards for M&E.
− Regular M&E system assessments have been completed and recommendations for system strengthening have been addressed.

4.2.2 Annual costed 3MDG M&E work plan linked to the national M&E work plan(s)

**Goal:** To develop an annual costed 3MDG M&E work plan, including the specific and costed M&E activities of all relevant stakeholders, including the IEG, and identified sources of funding.

**Importance for the 3MDG programme:**
An annual costed M&E plan that has been developed with implementing partners and relevant stakeholders will be used to coordinate and assess progress of M&E implementation throughout the year. Partners must have clearly defined roles and responsibilities and activities identified in the plan.

**Activities:**
As of early 2013, there are no existing annual costed M&E plans for maternal and child health or Malaria. M&E work plans for HIV, TB and reproductive health need to be updated as of 2013. The first priorities of the Fund will be to establish M&E plans for all funded priority areas, and then support the national programmes to develop annual costed work plans. The first two years of the fund will focus on a participatory approach to planning and advocating with the national programme for organizational structures and adequate human resources to implement M&E activities.

As Myanmar emerges from decades of isolation, increased focus on planning and the establishment of viable financial management systems are a priority. The creation of a Fund Flow Mechanism that strengthens the national financial system will be a significant feature of the Fund over its five-year implementation period. Training in costing and the establishment of unit costs and value for money assessments will be vital in the first years of the Fund. Improvements to the Fund Flow Mechanism and the ultimate transfer of responsibility of resource management will depend upon several important internal and external factors beyond the control of the Fund. The FMO will work with partners during the first few years of the Fund to establish an M&E work plan that is participatory in nature and reflects the needs of implementing partners. This may then serve as a model for developing and implementing national M&E work plans.

In early 2013, the Ministry of Health developed a multi-sectoral strategy and work plan for implementing the Commission on Information and Accountability for Women’s and Children’s Health, of which Myanmar is a member. Key elements of this work plan included strengthening the M&E system, including the HMIS, establishing a national household health survey plan, and improved mechanisms for data sharing and reporting. The Fund will support the MOH in the implementation of this strategy.

**M&E benchmarks:**
− The 3MDG M&E work plan contains activities, responsible implementers, timeframe, and activity costs and identified funding endorsed by all relevant stakeholders.
− The 3MDG M&E work plan explicitly links to the national M&E work plan(s).
− Resources (human, physical, financial) are committed to implement the M&E work plan.
− The 3MDG M&E work plan is updated annually based on performance monitoring.
− The 3MDG M&E work plan is used for coordination and assessing progress of M&E implementation throughout the year.
4.3 SCOPE OF M&E ACTIVITIES/RESPONSIBILITIES

4.3.1 Advocacy, communications, and culture for M&E

Goal: To ensure knowledge of and commitment to the 3MDG M&E system and the national M&E system(s) among policymakers, programme managers, programme staff, and other relevant stakeholders.

Importance for the 3MDG programme:
Information provided by partners will support a broader understanding of the utility of M&E for programme planning and improvement and resource allocation.

Activities:
The 3MDG Fund Communications Strategy includes a discussion on the role of M&E and evidence-based decision making. M&E advocacy should be included in all job descriptions and be a key activity of the FMO staff.

Key standard operation procedures for M&E must be developed by the FMO for the 3MDG Fund. The annual Fund work plan must include activities for M&E and a corresponding budget. Dissemination of M&E information, targeting various stakeholders, will follow the strategies and timelines within the 3MDG Communications Strategy. Responsibility for M&E communication between the Fund Board, the FMO and implementing partners needs to be clearly defined. M&E champions at all levels are identified and are supported by the Fund to engage in trainings and advocacy related activities.

M&E benchmarks:
- 3MDG M&E is explicitly referenced in the national M&E plan(s).
- ‘M&E champions’ among high-level officials are identified and are actively endorsing M&E actions.
- The 3MDG Fund has a specific M&E communication and advocacy plan.
- M&E advocacy activities are implemented according to the M&E advocacy plan.
- M&E materials are available that target different audiences and support data sharing and use.

4.3.2 Routine programme monitoring

Goal: To produce timely and high quality routine programme monitoring data.

Importance for 3MDG programme:
For the 3MDG M&E system to function effectively (i.e., support programme planning and improvement and ensure accountability), the various organisations that implement 3MDG-supported programmes need to work together under the leadership of the Fund Manager and in alignment with the national M&E system(s) to report data. The availability of timely and accurate information is vital in ensuring the relevance of Fund and the activities it supports.

Activities:
The Fund will support the development of national data collection, analysis and reporting guidelines, and will only implement Fund specific M&E data collection, analysis and reporting guidelines that are based on the national strategies on data collection, reporting and data quality assurance when insufficient information is provided in the national M&E plans and M&E system. Data management processes and procedures will be established for the Fund. Standards, schedules and responsibilities for
sharing and reporting programme data are aligned with key partners such as the Global Fund and the national programmes. Recommendations from external Data Quality Assurance conducted on the 3DF and its partners will be implemented under the Fund.

The Fund will support a ‘menu’ of qualitative assessment methodologies and tools for implementing partners in their routine assessment of programmes. The Fund will provide training, mentorship and support in implementing these qualitative assessment activities for partners supported by the Fund. The use of most-significant change methodology, positive deviance methodology, patient feedback, mystery client technique, World Café, and participatory observation and other mixed methods will be supported by the Fund. On-going support will be provided by an external technical assistance body and they will work closely with the FMO and partners to ensure learning plans are achieved and quality assessment is conducted.

Monitoring products will include:

- Routine bi-annual progress reports on results achievement including:
  - Narrative information on inputs, outputs and outcomes, both qualitative and quantitative in nature
  - Data on indicators related to the specific components
  - Updated results frameworks and M&E plans and budgets
  - Financial data. The FMO produces certified financial figures for the preceding year. The Fund will implement a Value for Money Framework which will provide value for money information to partners and donors annually.
  - Beneficiary accountability information will be provided to partners and donors as part of the Beneficiary Accountability Framework that will be developed by December 2013.

- Field visit by the FMO to 100% of projects and data quality assurance and programmatic monitoring with all partners. The FMO will strengthen its routine programmatic monitoring in addition to its data quality assurance practices. This information will then be triangulated with routine reporting, evaluations and special studies to provide a more comprehensive picture of partner performance. The Fund will focus on accountability, but also strengthening data use and learning as a key function of M&E.

- Routine forums for learning with partners and case studies

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<tr>
<th>Product</th>
<th>Responsible organization</th>
<th>Date of submission</th>
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<tr>
<td>Technical Progress Report</td>
<td>Partners</td>
<td>By 1 or 15 February and 1 or 15 August each year to FMO</td>
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<td>6 monthly Financial Report</td>
<td>Partners</td>
<td>By February 1 or 15 and 1 or 15 August each year to FMO</td>
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<tr>
<td>Progress Report and Annual Report</td>
<td>Fund Manager</td>
<td>By 30 April and 30 September each year to Fund Board</td>
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7 Dependent upon the contract and Component funded.
The Fund will develop an online reporting tool during the first two years of the Fund. This will improve document and knowledge management practices within the Fund.

Component 1 will require an additional support during the initial phases of the Fund. Advocacy with the Ministry of Health in establishing routine data collection, analysis and reporting will need to be conducted, including the involvement of civil society in reporting. The Fund will establish a Log Frame, which will include key indicators to measure performance. However, the FMO will also collect and analyse additional Core Indicators that partners are required to report to the FMO, but will not be included in the Log Frame. The long term vision for the Fund will be to support the MOH/DOH to establish a sector performance assessment tool that includes maternal and child health and disease programmes.

Component 2 will require strengthened aggregate reporting at the State/Regional level and with the Central Level. Increased focus will be on the compilation and analysis of data from all levels and sectors engaged in the response. The Fund will establish a Log Frame and the FMO will also collect and analyse additional Core Indicators that partners are required to report to the Fund. These additional indicators will be based on the national M&E plans.

Component 3 will focus on strengthening the Health Information Management System (HMIS) and human resource capacity to provide accurate and relevant information in a timely manner. Partnerships with the WHO and the MOH Department of Planning will need to be strengthened.

Each implementing partner must have its own monitoring system to monitor their own activities for activities funded by 3MDG Fund using indicators derived from the national strategies for each disease along with indicators developed by the project itself. Partners will develop costed M&E plans, monitor and ensure quality of M&E activities and routinely report to the Fund. The relevant partner staff at the project/area level are responsible for collecting information from the grassroots health workers, mobile and health facilities, laboratories and other service delivery points as identified within their log frame. Partners also must utilize and apply programming monitoring indicators that are not reported to the Fund, but that are used for programmatic monitoring and improvement. Partners at the field level process, collate, compile, manage and report data to the partner headquarter offices. Data from various project sites are compiled using partner developed formats and systems, and are reported to the Fund in a standard template provided by the Fund. Partners are required to routinely share raw data with Township Health Authorities using the national reporting formats. The M&E unit (or person) in each partner organisation provides technical guidance, supervision and support for its own data collection, analysis and reporting to its field staff and within the headquarters. M&E training for staff should be included in partner budgets, as well as external support as listed in Section 2: Human Resource Capacity for M&E. Partners are responsible to maintain the quality of data and their own M&E systems. The long term vision for the Fund is to minimize reporting channels and support the MOH/DOH in strengthening capacity in reporting to the Fund. The MOH/DOH will be supported to include data from all partners implementing projects and act as the data hub for information for the Fund. This process will be a phased approach over the life of the Fund.

Partners are required to report indicators as defined by the national programmes and international best practice both to the Fund and the National Programmes. Partners are required to report to the FMO
based on their contract agreements. The Fund will organize meetings with partners to agree on data to be collected routinely for project management and improvements, and establish 3MDG Fund Indicator Guidelines if the national M&E plan does not provide sufficient definitions. The Fund will work with the M&E technical working groups to ensure national guidelines reflect best practice.

The Fund will use tools recommended by MEASURE Evaluation\(^8\) to conduct data quality assurance assessments with partners. Assessments will be conducted on existing information technology systems and gaps and skills will be addressed through learning plans and the provision of technical assistance and training. The quality of this routine data quality assurance will be verified by the Independent Evaluation Group.

Component 3 will support strengthening and regular assessments of the quality of information from the HMIS.

The 3MDG Fund Beneficiary Accountability Framework will be established by late 2013. This framework will outline the engagement of civil society and beneficiaries in routine monitoring activities and patient feedback.

Annex 6 outlines the Value for Money Framework, which will be incorporated into the 6 month and annual reports.

**M&E benchmarks:**
The 3MDG data collection strategy is explicitly linked to data use and learning.
- There are clearly defined data collection, transfer, and reporting mechanisms, including collaboration and coordination among the different stakeholders.
- Essential tools and equipment for data management (e.g., collection, transfer, storage, analysis) is functional.
- Routine procedures are in place for data transfer from implementing partners to the Fund Management Office and to the national M&E system(s).
- There are well-defined and managed 3MDG databases to capture, verify, analyse, and present programme monitoring data from all levels including data and other relevant information on health needs, programmatic data, continuum of care, finances.
- Data transfer from implementing partners to the Fund and the national M&E system are complete, timely and of good quality.
- Feedback mechanisms for regular informing implementing partners of their performance and comparing performance between implementing partners are in place and feedback is provided timely.

4.3.3 Evaluation and Research

**Goals:** To identify key evaluation and research questions, coordinate studies to meet the identified needs, and enhance the use of evaluation and research findings. To produce timely and high quality data from surveys, surveillance and qualitative assessment.

Importance for the 3MDG programme:
For the 3MDG M&E system to function effectively (i.e., support programme planning and improvement and ensure accountability), the various organisations that implement 3MDG-supported programmes need to work together under the leadership of the national programme with the support of the Fund Manager to align the national M&E system(s). The availability of programme impact and outcome related information, as well as qualitative assessment findings are vital to assess the relevance of the Fund and its activities.

Activities:
The Fund will develop with partners the creation of a 3MDG Fund evaluation and research agenda that aligns with the national strategies and national research priorities and agendas, but also recognizes the importance of smaller scale operational research and evaluation, in particular community and patient feedback. The FMO will engage with existing technical partners within Myanmar, as well as external partners such as Mahidol University, South-East Asia Public Health Education Institutes Network and other research institutions to develop the capacity of implementing partners within Myanmar in research and evaluation. The Department of Medical Research will support the implementation of research funded by 3MDG. Community-based operational research will be supported by relevant technical assistance partners. The Fund will engage various technical experts in the areas of impact evaluation (which will be conducted by the IEG) and qualitative assessment, expertise will be sought to engage technical specialists in the area of community feedback and operational research.

The Fund will work with other donors to support and meet the unmet research needs of the national programmes in the areas of surveillance and operational research.

The Fund will establish a pool of funding specifically for research and evaluation. The Fund aims to facilitate and strengthen operational research and evaluation in Maternal and Child Health, HIV, TB and Malaria, and Health Systems Strengthening and to strengthen the research capacity of key organisations and individuals in Myanmar. Research funding will be targetted more effectively and provide clearer signals to researchers about the specific current and future information needs.

In line with the above objectives, the 3MDG Fund will prioritize research proposals which:
- are policy-relevant research activities that have been identified by the TSGs
- focus on operational research issues addressing national programmatic gaps
- are submitted by institutions which have less developed evaluation and research capabilities, in particular community based organisations
- target neglected and highly vulnerable population groups
- are part of a broader research programme contributing to fill unaddressed national research gap(s) and promote innovation in research and evaluation

The Fund will support evaluations and research as identified in costed M&E work plans and those identified as priorities within the national research agendas established by each TSG. The M&E strategy will be updated as the Fund establishes the Independent Evaluation Group and further develops Component 3.

M&E benchmarks:
Protocols for all surveys and surveillance are based on international standards.

- Specified schedule for data collection linked to stakeholders’ needs, including identification of resources for implementation.
- Inventory of relevant surveys conducted.
- Well-functioning biological surveillance system.
- Well-functioning behavioural surveillance system, including on cultural practices.
- Inventory of completed and ongoing country-specific evaluation and research studies.
- Inventory of local evaluation and research capacity, including major research institutions and their focus of work.
- National evaluation and research agenda.
- Ethical approval procedures and standards.
- Guidance on evaluation and research standards and appropriate methods.
- National conference or forum for dissemination and discussion of evaluation and research findings.
- Evidence of use of evaluation and research findings (e.g., referenced in planning documents).

4.3.4. Information management and data flow

Goal: To develop and maintain national and sub-national databases and knowledge management systems that enable stakeholders to access relevant data for policy formulation and programme management and improvement.

Importance for the 3MDG programme: Strengthening of the Health Management Information System (HMIS) is a key function of Component 3.

The Ministry of Health (2007) conducted an assessment of the health information system and indicated that mechanisms for policy making and coordination exist, and good intersectoral collaboration at the lower levels is a strength of the current system. Therefore, the Fund will focus on further strengthening HMIS related coordination and collaboration. The Ministry also reported that there is weak legal provision for collecting and compiling data at all levels, poor quality of statistics generated, poor supervision in collecting and compiling of data, minimal use of information in decision making at all levels, lack of feedback mechanisms for data reliability and representativeness, insufficient supplies and equipment, communication and transportation facilities and poor collaboration with the private sector in collection, compilation, analysis and dissemination of information.9

Activities:
Data collected, aggregated and reported to measure indicators flow through a data management and reporting system that begins with the recording of an encounter between a client and a program staff member, a commodity distributed, or a person trained. Data are collected on source documents (e.g. patient records, client intake sheets, registers, training registers, commodity distribution logs, etc.) Through the data management and reporting system, the data from source documents are aggregated and sent to a higher level (e.g. a district, a partner or principal recipient or a sub-partner or a sub-recipient) for further aggregation before being sent to the next level, culminating in aggregation at the highest level of a program (e.g. the M&E Unit of a National Programme, the FMO). Figure 1 illustrates a

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simplified data flow of data through the data management and reporting system that includes service
delivery points, townships and national DOH M&E Unit to the Fund Management Office. Data quality
assessments must be conducted with the utmost adherence to the ethical standards of the country.
Though assessment personnel may require access to personal information (e.g. medical records), this
should not be shared with non-assessment staff or disclosed in any way during the conduct of the
assessment.

Component 1: A phased approach to data collection will be implemented in Component 1 townships.
Ideally, all data will flow through the Township, via Districts, up to the State and Region level, and be
submitted to the Fund with the support of the Central level. All partners at the Township level will need
to coordinate and compile data at the township level. The Fund will report data to donors as per the
agreed log frame timelines. Operational support and capacity building in finance, logistics and
data/information management needs to be provided at the Township level. The Central level, and State
and Regions will then work with the FMO to conduct data quality assurance using the Fund’s data
quality assurance tools. Initially, the Fund will need to secure six monthly reports from partners in the
field and compile the data through parallel systems; however, this function should be transferred to the
Township level during the life of the Fund. The FMO, in partnership with the MOH/DOH, then becomes
responsible for ensuring data quality, providing capacity building and forums for learning to partners
rather than data compilation at the Township level. The Fund will engage with the State and Regional
levels to request information and feedback on data, and encourage the Central level in dialogue with the
State and Regional levels. The DOH at all levels and community partners will work in partnership with
the FMO to conduct data quality assurance with partners implementing 3MDG projects and the Central
level and the FMO will work together to provide technical support to the State and Regions.

Component 2: The Fund will build on lessons learnt during 3DF and increasingly focus on the role of the
national programmes to compile and report data. The Fund will work with the Global Fund and other
donors to align data flows and reporting systems to ensure alignment with the priorities, needs and
capacity of the national programmes.

Component 3: Support to strengthening the HMIS and data use is a key element of Component 3. As
this Component is developed, the M&E strategy will be updated accordingly.
Within the FMO, there is a need for a strong Integrated Management System (ERP)\textsuperscript{10, 11} in order (1) to link the multiple flows of information (including but not limited to cost accounting and financial information) (2) to enable the elaboration and revision (learning process) of standard costs/unit costs (for budget elaboration and for assessment of potential efficiency gains), and (3) to allow linking financial data to outputs and outcomes. Moreover, this system should not be limited to the 3MDG specific data but should encompass all available Township information:

- Township baseline assessment + M&E framework with targets
- Township needs assessment
- Township integrated health plan
- Township integrated budget per funding source
- Actual expenditure by funding source
- Partner specific work plans
- Partner specific budgets
- Partner specific M&E framework with baseline and targets
- Partner financial statements

\textsuperscript{10} Enterprise Resource Planning : « the purpose of ERP is to facilitate the flow of information between all business functions inside the boundaries of the organization and manage the connections to outside stakeholders »

\textsuperscript{11} It is now common for small and medium businesses to use ERP systems (even companies whose annual turnover does not exceed U.S. $2 million).
• Partner level of achievement of targets

**M&E benchmarks:**
- Database(s) designed to respond to the decision-making and reporting needs of different stakeholders.
- Linkages between different relevant databases to ensure data consistency and to avoid duplication of effort.
- Well-defined and managed national database(s) to capture, verify, analyse, and present programme monitoring data from all levels and sectors.

### 4.3.5 Supportive supervision and data auditing

**Goal:** To monitor data quality periodically and address any obstacles to producing high-quality data (i.e., data that are valid, reliable, comprehensive, and timely).

**Importance for the 3MDG programme:**
In order for the Fund to report accurate and reliable data, and to inform decision making, the data quality assurance is required. The FMO will use MEASURE Evaluation tools, which have been endorsed by partners including the World Bank, Global Fund, WHO, UNAIDS and USAID, the objectives of the data quality assurance are to:

- **VERIFY** rapidly 1) the quality of reported data for key indicators at selected sites; and 2) the ability of data-management systems to collect, manage and report quality data.
- **IMPLEMENT** corrective measures with action plans for strengthening the data management and reporting system and improving data quality.
- **MONITOR** capacity improvements and performance of the data management and reporting system to produce quality data.\(^\text{12}\)

The IEG will conduct data verification and review quality assurance processes conducted by the FMO.

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Tuberculosis or Malaria. In the context of HIV, the DQA relates to component 10 (i.e. Supportive supervision and data auditing) of the “Organizing Framework for a Functional National HIV M&E System”.

Two versions of the DQA Tool have been developed: (1) The Data Quality Assessment Tool for Auditing provides guidelines to be used by an external audit team to assess a Program/project’s ability to report quality data; and (2) The Routine Data Quality Assessment Tool is a simplified version of the DQA for auditing, allows Programs and projects to assess the quality of their data and strengthen their data management and reporting systems. A standard operation procedure will be developed to include detailed policies and procedures for data quality assurance, including a consensus on terminology, a clear process for partner selection and feedback mechanisms.

Activities:
The 3MDG Fund will use tools recommended by MEASURE Evaluation\textsuperscript{13} to conduct data quality assurance assessments. Assessments will be conducted on existing information technology systems and gaps and skills will be addressed through learning plans and the provision of technical assistance and training.

Component 1: The Fund will encourage and work with the Central level and State and Regions to conduct data quality assurance in partnership with the FMO. The Fund will encourage supportive supervision initiatives proposed by partners that align with international best practice.

Component 2: The Fund will encourage and work with the Central level and State and Regions to conduct data quality assurance in partnership with the FMO. The Fund will actively engage the multi-sectoral M&E TWGs to partner with the FMO in conducting data quality assurance.

Component 3: The Fund will actively support the Central level in establishing and building capacity in supportive supervision and data quality assurance.

M&E benchmarks:
\begin{itemize}
  \item Guidelines for supervising routine data collection at facility- and community-based service delivery levels.
  \item Routine supervision visits, including data assessments and feedback to local staff.
  \item Periodic data quality audits.
  \item Supervision reports and audit reports
\end{itemize}

4.3.6 Data dissemination, use and learning

**Goal:** To disseminate and use data from the M&E system to guide policy formulation and programme planning and improvement, including value for money (VfM).

**Importance for 3MDG programme:**
The guiding 3MDG communications principles relevant to M&E include:

- 3MDG’s communications strategy intends to inform all levels of Myanmar’s society and the international community in a transparent, open and clear way.
- Realising importance of presenting the Fund’s progress through a broad diversity of communications channels to help inform the large range of interested stakeholders.
- High level advocacy to ensure the programme’s objectives and the needs of the beneficiaries remain in the minds of decision makers (the government, the international community and all levels at the Department of Health).
- The Fund and its implementing partners are accountable to those receiving services. Partner communication of the Fund’s message must also remain consistent with that of the donor’s objectives. Beneficiaries need to be aware of the services and quality of what they should expect from the Fund and its partners.

Effective communication and data use are important to the Fund and decision makers in order to:

- Build public trust, awareness, visibility and availability of the Fund and its initiatives, activities and results.
- Regular and targeted dissemination of information to external stakeholders
- Advocacy with a message of partnership on behalf of the Fund and the health of the people the Fund will support, including with key influencers
- Support to the Fund’s Board, donors and partners to develop and maintain relationships, linking into national and regional dialogue and process on the transition of Myanmar and related development policies
- Use of communications channels to inform defined external target groups through ‘push’ (press statements, website, newsletters, reports etc.) and ‘pull’ activities (events, activities, and merchandising). Internal messaging to staff to ensure consistent statements of objectives and discussion.
- Public understanding and expectation of 3MDG’s services and standards, with the ability to feedback information back.
- Management 3MDG’s brand guided by clear visibility guidelines.

**Activities:**
The 3MDG Communications Strategy will be implemented as a component to effectively manage the Fund. 3MDG will draw upon existing resources, relationships, and networks to the maximum extent possible and create new resources as needed.

The Fund will clearly identify data use procedures and policies for programme planning, programme improvement and resource allocation. Effective communication tools will include: a more user-friendly data driven platform on website, a secure area to access Fund Board related information, the establishment of Communities of Practice (CoP), including one for M&E and one for Communications, and the Fund will support the M&E and Communications Technical Working Groups through the TSGs.
The Fund manager will create and use standard formats for data tabulation and reporting and follow national M&E guidelines. The Fund will engage in qualitative assessment and will share reports publicly. The Fund will support national programme annual review processes, in addition to 3MDG HIV, TB and malaria annual reviews, and support the effective implementation of M&E and Communications TSGs. The Fund will also establish an M&E CoP. The CoP will be created to promote knowledge sharing and learning for M&E for partners supported by the 3MDG Fund in Myanmar. Its members can include 3MDG Fund staff and partners working in monitoring and evaluation units, staff with monitoring and evaluation duties in their current job, including project and programme managers, members of evaluation associations, individual evaluation professionals, beneficiaries of 3MDG’s assistance, members of the 3MDG Fund Board and elements of civil society.

The 3MDG M&E CoP will focus on: relationship building, collaboration, knowledge sharing and learning, knowledge capture and storage, formulating M&E policy, implementing an M&E framework, planning and designing evaluations, implementation of evaluations and using data and information.

The Fund will also facilitate M&E forums for sharing and communicating technical and programmatic information. These forums will:

- Provide a forum for sharing best practice among 3MDG Fund grantees and stakeholders;
- Producing and distributing new informational resources highlighting the outcomes;
- Identifying "best practice" models in dissemination and utilization conducted by grantees;

The Fund will provide assistance with:

- Providing tailored onsite technical assistance support to grantees upon request;
- Peer review of log frames, evaluation plans and other M&E tools;
- Assisting grantees in developing in-depth dissemination and utilization plans;
- Providing assistance to grantees in planning and conducting evaluations of their dissemination and utilization outcomes;
- Facilitating development of case stories for 3MDG grant outcomes.

The Fund will also routinely update information on its website to include:

- Results and best practice in programme implementation;
- Establishing and maintaining a series of discussion lists that can be accessed by a wide range of audiences interested in learning more about specific areas of M&E;
- Results from research and evaluation

The 3MDG Fund is a learning organization. The Fund will support the collection, analysis and use of data for local decision making. The emphasis is on data collection, ensuring data quality, centralizing data for analysis and central use of data for decision making. Introducing regular peer review (between facilities, health authorities, townships) to review performance is a strong and effective methodology to improve local data use and decision making based on evidence, while learning from best practices. Feedback from the Fund to partners will be systematized. This is essential as part of improving performance. The Fund will implement a strong and coherent approach to improving lesson-learning. Formal relations and planned spaces for communicating preliminary and final findings of work will facilitate feedback to ensure that research agendas remain aligned with current and future interests and needs. Improving the communication of research outputs and findings through mechanisms that promote and strengthen professional relationships between researchers and policymakers, such as holding seminars and events.
and providing support for the publication and dissemination of findings. Efforts should be made to improve the expertise among researchers within the DOH/MOH and the Department of Medical Research (who are the main interlocutors between policy and research): on research skills, academic qualifications or experience and evidence use. External technical assistance will be accessed to improve learning within the Fund.

M&E benchmarks:

– The National Strategic Plan(s) and the national M&E plan(s) include a data use plan.
– 3MDG Fund supported projects and townships have M&E plans that include a data use plan.
– There is an explicit plan for 3MDG data use and for supporting learning at all levels of the Fund.
– Active membership in the M&E CoP.
– Routine updating of information on the 3MDG website.
– Analysis of data needs and data users.
– Data use calendar to guide the timetable for major data collection efforts and reporting requirements.
– Timetable for reporting.
– Standard format for reporting and data tabulation.
– Information products tailored to different audiences and a dissemination schedule.
Evidence of information use (e.g., data referenced in funding proposals and planning documents)
Annexes

Annex 1. Logframe for the 3MDG Fund

Annex 2. Evaluation Strategy
To be defined by the Independent Evaluation Group

Annex 3. M&E Operational Guidelines on Data Collection, Analysis and Reporting
Under development

Annex 4. M&E Capacity Building Plan
Under development

Annex 5. Value For Money Framework
Under development