



Session 4

Global Health and Care Strategy: Progress on monitoring and evaluation framework

Chair: Dr. Lasantha Kodithuwakku, *The Sri Lanka Red Cross Society*
Speakers: Ms. Agnes Madaras, *Health Advisor, Danish Red Cross*
Ms. Ethel Kaimila, *Malawi Red Cross Society*
Dr. Patricia David, *American Red Cross*

Abbreviations: OVC (Orphans and vulnerable children); PMER (Planning, Monitoring, Evaluation and Reporting); MDGs (Millennium Development Goals); CBFA (Community Based First Aid)

The session was introduced by **Dr. Lasantha Kodithuwakku** of the Sri Lanka Red Cross Society.

Presentation 1: Framework for Global Monitoring of the Health and Care Strategy 2006–2010, Ms. Agnes Madaras, Health Advisor, Danish Red Cross

The Stockholm Group was tasked to follow up on the Framework for Global Monitoring of the Health and Care Strategy in a series of discussions in 2007 and made recommendations to the Health and Care Department of the International Federation.

Some of the issues that arose concern:

- The short time frame, 2008 being already half-way through the duration of the strategy;
- The implementation of the framework could be compromised due to the lack of availability of both human and financial resources located in monitoring and evaluation;
- Where the responsibility for implementing the practical aspects of the framework lies vs whether the staff or volunteers have the skills and/or level of education. Tasks such as the collection, compilation, analysis and dissemination of information and monitoring quality assurance are carried out

at local or regional level. There may be other limitations if, for example, volunteers do not have the literacy skills to gather information at grass-roots level.

Recommendations made by the group include:

- The process of monitoring and evaluation must be implemented urgently, allowing for retrospective collection of relevant data since 2006, at low cost and with a minimum extra workload;
- Rather than implementing a complex system, monitoring and evaluation could be carried out through the collection of examples of good practices from reports that have been prepared since 2006. These good practices are based on each of the six strategic directions outlined in the strategy. A reporting template could be developed to collect 'good practices' experiences.
- A minimum list of Planning, Monitoring, Evaluation and Reporting (PMER) indicators based on the Millennium Development Goals (MDGs) and health outcome indicators could form the basis.
- A 'focal point' in the Health and Care department would serve as a contact point for monitoring and evaluation activities.

Presentation 2: HIV Global Alliance: Utilising Indicators at Country Level, Ms. Ethel Kaimila, Malawi Red Cross Society

Since 2000, the Malawi Red Cross Society has been implementing the Integrated HIV and AIDS Programme in 15 out of 28 districts in the country. By 2010 they aim to reach 20,000 people living with HIV; they currently reach nearly 5000. The National Society partners with the National Aids Commission, a number of other National Societies and the International Federation, and works in alignment with the HIV Global Alliance. The programme therefore operates through the principles of 'seven ones', based on the need for single and unified plans and systems.

The Malawi Red Cross Society has used the HIV Global Alliance Indicators to track the performance and impact of the Integrated HIV and AIDS Programme. They have found the indicators helpful in determining the National Society's contribution to the national response. The indicators fall into four main categories:

- Prevention: indicators such as % of participants who can show another person how to use a condom;
- Care, treatment and support: indicators such as % of orphans and vulnerable children (OVC) attending school on a regular basis;
- Stigma and discrimination: indicators such as % of discrimination reports followed-up with appropriate action;
- Capacity building: indicators such as the number of volunteer hours mobilized.

A clear monitoring framework is used to collect data and feedback in the program implementation.

Using the HIV Global Alliance Indicators, the Malawi Red Cross Society has identified the importance of training and retraining volunteers in reporting and monitoring which are also required by national government. They have found that it is possible to adapt the HIV Global Alliance Programme framework at country level with the establishment of a PMER unit which supports effective PMER across the HIV section. Difficulties to overcome in the future include that the PMER unit is becoming overloaded. There are insufficient resources to revise the system.

Presentation 3: Harmonization of different Health and Care training initiatives, Dr. Patricia David, American Red Cross

Since it is volunteers who collect much of the data used for monitoring and evaluation, it is pertinent to talk about volunteer training in this session. In different discussions, the need for a harmonized approach to training is highlighted. A 'master plan': with multiple programmes and their training contents is put together in order to have an overall picture of training available to volunteers and how this may overload National Societies. The plan is to help building a consistent set of skills among volunteers, avoid either duplication and identification of gaps in training, reduce the training burden on National Societies and conserve resources.

The first step is to identify and agree on the skills that training needs to develop in volunteers. A set of core competencies was proposed:

- An ability to engage with the community;
- Basic communication skills;
- Basic first aid skills;
- Principles and values;
- Understanding of the National Society background and role.

A matrix has been developed which illustrates a possible training strategy. The plan is broken into four sections, each of which builds upon the last:

- Background: education, life experience, personality;
- CBFA (Community Based First Aid training): engaging with the community, basic first aid skills, basic communication skills, Principles and values, and National Societies' values and knowledge;
- Specific training: Modules include 'Health in Emergencies', 'HIV Prevention', and 'Hygiene Promotion';
- Team leader training: Modules could include 'Advanced community and assessment skills', 'Adult education and training techniques', and 'Supervision skills'.

The speaker concluded by inviting feedback from the Forum on the proposed core competencies and the possible use of a harmonized strategy in other National Societies.

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