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TRIP REPORT

REPORT OF THE TRIP TO THE ...

BASICS

PN-ABY-079

**WHO/AFRO WORKSHOP ON
CONSULTANCY PROCESS**

Lilongwe, Malawi

August 21-26, 1995

Dr. Rose Macauley

**BASICS Technical Directive: 000 AF 53 020
USAID Contract Number: HRN-6006-C-00-3031-00**

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LIST OF ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival Project
CDC	Centers for Disease Control
MCPM	Malarial Control Program Manager
PHC	Primary Health Care
RD	Regional Director, World Health Organization
RMCS	Regional Malaria Control Strategy
USAID	U.S. Agency for International Development
WHO/AFRO	World Health Organization/Africa Regional Office
WHO	World Health Organization

EXECUTIVE SUMMARY

As part of the World Health Organization/Africa Regional Office's (WHO/AFRO) effort to improve the technical capacity in the region, the Regional Office organized a six-day meeting from August 21 -26, 1995, with two purposes: 1) to upgrade the skills of selected National Malaria Control Program Managers so that they can serve as consultants for other countries in the region; and 2) to prepare for the upcoming Anglophone Program Managers' workshops on monitoring and evaluation.

The stated objectives of the meeting were:

1. To upgrade the skills of participants in the consultancy process and to brief them on WHO consultancy procedures;
2. To familiarize participants with issues related to planning, monitoring and evaluation of malaria control activities;
3. To brief participants on recent developments concerning the Regional Malaria Control Strategy (a progress report and recommendations of the malaria control programs, plans of action for 1995 and for 1996-2001, new instructions on drug sensitivity surveillance, etc.); and
4. To finalize the preparation of workshops for Malaria Control Program Managers in Kenya (September 25-30, 1995) for East Africa, in Zimbabwe (October 2-7, 1995) for Southern Africa, and in Ghana (October 23-28, 1995) for West Africa.

The meetings were conducted in both plenary session and small working group sessions to enable participants to share their experiences and to facilitate greater discussions of topics presented.

The meetings started with a formal opening which was attended by representatives from USAID/Malawi, the local WHO office, and the Malawian Ministry of Health. Following a welcoming remark by the Malawian Minister of Health, the WHO Representative read a letter on behalf of the WHO Regional Director (RD). The RD's letter highlighted the progress made in malaria control in the African region since 1991 and emphasized the need to have a pool of technically trained personnel in the region who will support other WHO member states. The RD's letter further stressed the crucial role of international partners in combatting malaria and commended the active contributions of USAID in this endeavour as well as the continual technical support provided by CDC and the BASICS project.

During the first three days of the meeting, participants were briefed on the status of malaria control programs in the region as well as technical updates pertaining to policy, planning, monitoring and evaluation of malaria control programs. During these discussions, participants established ground rules for "good consultants" and for "good consultancies," using their own

experiences. Participants also practiced writing and negotiating terms of reference as the consultants and employers.

Sixteen National Malaria Control Program Managers and WHO epidemiologists from 15 English-speaking countries participated in both workshops (see Appendix A for a list of participants and facilitators).

BACKGROUND

Despite efforts being made to control the disease, malaria remains the most important tropical disease in sub-Saharan Africa with an estimated 300-500 million cases and two million deaths annually. With a Regional Malaria Control Strategy (RMCS) now available, various countries have developed National Malaria Control Plans in accordance with the RMCS. Unfortunately, very little has been achieved in terms of mortality and morbidity reduction.

In response to the slow pace in reducing malaria related mortality and morbidity in the region, WHO/AFRO has developed a framework which outlines six-years (1996-2001) of regional accelerated malaria control activities (WHO/AFRO, 1995). The regional framework focuses on responding to community needs and on supporting community efforts at district, provincial, and central levels. The framework outlines three important principles.

1. ***Integration of malaria control in disease control.*** An integrated approach will be the basis for planning as well as monitoring and evaluation of activities. The integration will particularly focus on child survival programs (control of diarrheal diseases, acute respiratory infections, and measles).
2. ***Strengthening of community roles.*** Because 70-80 percent of malaria cases are managed at community levels, it will be critical that activities focus on community level efforts.
3. ***Strengthening partnership for malaria control.*** The regional framework sets partnerships between WHO/AFRO and its cooperating partners (National Program Managers, non-governmental organizations, bilateral and multinational agencies and other United Nations agencies) at both regional and country levels.

The regional framework also indicates that WHO/AFRO will embark on a systematic and intensified malaria control strategy. In that light, countries targeted for initial accelerated activities were chosen based on specific selection criteria.

PURPOSE OF TRIP

The purpose of the trip was to work with colleagues from WHO/AFRO, the Centers for Disease Control and Prevention (CDC) in Atlanta and USAID/Africa Bureau, in a two-part meeting for Malaria Control Program Managers from English speaking African countries. While the first part of the meeting was aimed at up-grading the skills of selected Malaria Program Managers in consultancy procedures, the second part aimed at preparing Program Managers for workshops on monitoring and evaluation.

TRIP ACTIVITIES

As a facilitator, the BASICS Technical Officer assisted Malaria Control Program Managers in identifying the critical elements to be considered in accessing a consultant and in planning and providing a consultancy. Being one of two facilitators who participated in the Francophone Program Managers' monitoring and evaluation workshop, the Technical Officer played a leading role in taking the prospective consultants through a process of revising and adapting the existing materials for the up-coming Anglophone monitoring and evaluation workshops.

In addition, the author held separate meetings with the CDC representative and WHO/AFRO staff to further explore areas for technical collaboration and coordination between their agencies and the BASICS project.

DISCUSSIONS

Following a formal opening of the workshop by the Malawian Minister of Health, participants and facilitators spent the first three days discussing critical steps in a consultancy process. The meeting was conducted in both plenary sessions and small work group discussions. During the plenary sessions, selected facilitators and participants made presentations on various topics which were discussed in more detail in the small working groups. Presentation topics included the following:

1. **Regional Malaria Control Strategies (RMCS)**
These presentations focused on the framework for accelerating implementation of the RMCS; progress made in implementing the strategy; objectives of malaria control in Africa for the period 1996-2001; and categorization of countries according to the level of development in their national malaria control programs in order to facilitate the required support for implementing the strategy.
2. **Planning Malaria Control Interventions**
This presentation outlined the elements of a good planning process including policy and strategy formulation, and monitoring and evaluation. This presenter preferentially focused

on the differences between an ideal plan and a practical plan, the principal actors to be involved in the process of planning and implementation of the plan, and how the plan should be integrated with other PHC programs.

3. Monitoring And Evaluation Of Malaria Control Programs

This presentation attempted to identify the weaknesses in the evaluation component of many malaria control programs. The presenter pointed out that the most common weaknesses seen in national programs are the “undefined and ill-defined indicators as well as the failure to develop indicators” based on the specific program objectives. He added that most national malaria control programs focus only on monitoring the outcome indicators and not on monitoring the process indicators which are important for tracking program sustainability.

The presenter emphasized the need for supporting agencies to ensure that consultants assist a host country program to consider the various indicators (process, outcome and impact) in their plan. In order to facilitate easy comparisons of progress among the various national malaria control programs, there was a consensus that the working groups identify a minimum number of indicators that can be monitored and used to track progress.

4. Terms And Conditions For A Consultancy

After a brief introduction of terms and conditions for a consultancy, participants were asked to determine whether providing a short-term consultancy was an effective mechanism for improving malaria control programs and to identify the characteristics of an effective consultancy. Participants identified the following as qualities of an effective consultancy:

- a. Effective communication among the three parties (the country requesting consultancy, the coordinating or sponsoring agency, and the consultant);
- b. Clear and specific terms of reference;
- c. The consultant has the appropriate qualifications and experience for the task and he or she is sensitive to the local situation; and,
- d. The consultant understands that he or she should facilitate and not dictate.

In the last two years there has been a tremendous staff turnover in the CDC malaria unit. There seems to be very little communication between the outgoing and incoming staff. Consequently, the BASICS pProject must orient CDC staff about the objectives and activities of the project each time there is a change. Situations at CDC seem to have settled down and the current staff may be in place for a number of years. During discussions with the current CDC staff (Chief of the Parasitic Disease Division), we both agreed that there is a need for a one day meeting of staff from the two institutions involved in malaria control activities. This meeting will also provide an opportunity for the two agencies to further explore complementary areas for assisting WHO/AFRO with implementing accelerated malaria control activities.

CONCLUSIONS

The meeting provided an excellent opportunity for Malaria Control Program Managers to deliberate on the entire consultancy process. They also discussed when to consider getting a consultant, how to access one, how to get the maximum benefit of a consultancy and how to provide an effective consultancy. It was clear through the discussions that some Program Managers see a consultant as a person coming to the host country to respond to the supporting donor agency's needs. It is hoped that at least the participating Program Managers will make better use of consultancies and be able to provide effective consultancies to their colleagues.

The second part of the meeting (preparation for monitoring and evaluation workshops) was very tedious and frustrating. Although the workshop materials were very useful during the workshop for Francophone Program Managers, having the materials translated by a non-technical person completely changed the value of the materials. The author encouraged WHO/AFRO staff to have a professional trainer review and revise the materials.

FOLLOW-UP ACTION REQUIRED

1. BASICS should obtain professional trainers to review the materials and give WHO/AFRO feedback.
2. BASICS should assist WHO/AFRO with the up-coming monitoring and evaluation workshop by providing a trainer/facilitator, if CDC cannot provide one.

APPENDIX

PARTICIPANTS

- | | | |
|-----|---------------------------|---------------|
| 1. | Dr. Shiva Murugasampillay | Zimbabwe |
| 2. | Dr. A. Y. Mgeni | WHO/Swaziland |
| 3. | Dr. M. K. Cham | Gambia |
| 4. | Dr. D. Alamerew | Ethiopia |
| 5. | Dr. A. J. Oloo | Kenya |
| 6. | Dr. E. Mpeka | Uganda |
| 7. | Dr. J. Namboze | WHO/Uganda |
| 8. | Dr. M. W. Marero | Tanzania |
| 9. | Dr. Ahmed Koffi | Ghana |
| 10. | Dr. (Mrs.) L. K. Sadiq | WHO/Nigeria |
| 11. | Prof. J. Wirima | Malawi |
| 12. | Dr. P. Kazembe | Malawi |
| 13. | Mr. C. Ziba | Malawi |
| 14. | Mr. P. Chindamba | Malawi |

FACILITATORS

- | | | |
|----|----------------------|--|
| 1. | Dr. E.H. Benzerrouge | Regional Advisor for malaria |
| 2. | Dr. Yao Kassankogno | Epidemiologist, malaria unit |
| 3. | Mr. Octave Moumpala | Technical Officer, Malaria Unit |
| 4. | Dr. A. E. Afari | WHO/AFRO Malaria Field Coordinator |
| 5. | Dr. Ravaonjanahary | Regional Advisor on Vector Biology and control |
| 6. | Dr. Brian L. Sharp | South Africa |
| 7. | Dr. J. P. Clark | USAID/Washington |
| 8. | Dr. T. Ruebush | CDC, Atlanta |
| 9. | Dr. R. Macauley | BASICS/Washington |

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A USAID-financed project administered by
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