Evolution of a Multiuniversity Monitoring and Evaluation Technical Working Group


Background: Monitoring and evaluation (M&E) of large-scale government and donor investments is essential for tracking quality improvement, documenting lessons learned, and measuring returns on investment. M&E becomes particularly salient when interventions are also large in scale and unproven, as is the case with the Medical Education Partnership Initiative (MEPI). Through the Principal Investigators’ Council, MEPI institutions observed that many schools faced similar challenges in M&E and that there was a need for more collaboration across programs. In response, an M&E Technical Working Group (TWG) was established in 2012, more than two years after the onset of MEPI, to facilitate interaction across the 13 MEPI institutions. The TWG was composed of M&E leads from each school, with technical support from the MEPI Coordinating Center (George Washington University and the African Center for Global Health and Social Transformation), the University of Nairobi, and the University of Washington.

Innovations: The M&E TWG leadership facilitated seven webinars starting in March 2013, during which each institution gave a 20-minute presentation describing the M&E activities. During the three months of the webinar series, it became clear that there was a need for in-person discussion and additional technical assistance to help move the M&E activities of MEPI forward. With support from the Office of the U.S. Global AIDS Coordinator, a two-day workshop was held in August 2013 with 39 M&E staff from 17 African and U.S. academic institutions. The objectives of the workshop were to build M&E skills and capacity, share experiences, identify MEPI evaluation needs, and develop a work plan for the M&E TWG. Cross-cutting themes for evaluation emerged, and a subgroup was formed for each of five themes: (1) retention of physicians in rural areas, (2) information communication technology and eLearning, (3) local innovation, (4) research and curriculum development, and (5) partnerships.

Outcomes: Through the activities conducted by the M&E TWG, a number of observations have emerged. First, although almost all the institutions had functional program M&E strategies in place and monitoring was occurring, assessing the impact of the program was universally a challenge. Second, although each of the MEPI schools had its own individual work plans and unique activities, common cross-cutting topics were identified at the workshop and formed the basis for cross-institutional evaluation of MEPI. Finally, a functioning M&E TWG is likely to be essential for optimizing the impact of the M&E activities of MEPI.

Comment: The TWG was successful in garnering support across schools because of the buy-in and ownership generated via its participatory approach. The addition of the TWG to the coordinating center in support of evaluation activities increased the pace of knowledge sharing across the consortium. Nevertheless, challenges still remain, including lack of resources of the TWG lead institution (both financial and time), difficulty in coordinating across multiple sites in numerous countries and time zones, and the formation of the TWG two years into the duration of the grant. Working through these challenges over the remainder of the MEPI program will be vital. MEPI schools must continue to collaboratively assess the impact of the MEPI program and disseminate this information to key stakeholders across the continent to ensure that successful efforts are sustained beyond the funding period.

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The Ghana Emergency Medicine Collaborative

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Background: A disproportionate percentage of the 5.8 million annual injury-related deaths occur in low- and middle-income countries because of poor emergency care.1 A deficit in the human resources for health infrastructure needed to address this issue is particularly acute in Sub-Saharan Africa. The authors report a process of introducing emergency medicine (EM) training programs in Ghana using funding from the Medical Education Partnership Initiative (MEPI).