Overview of recommended indicators for routine monitoring of iCCM

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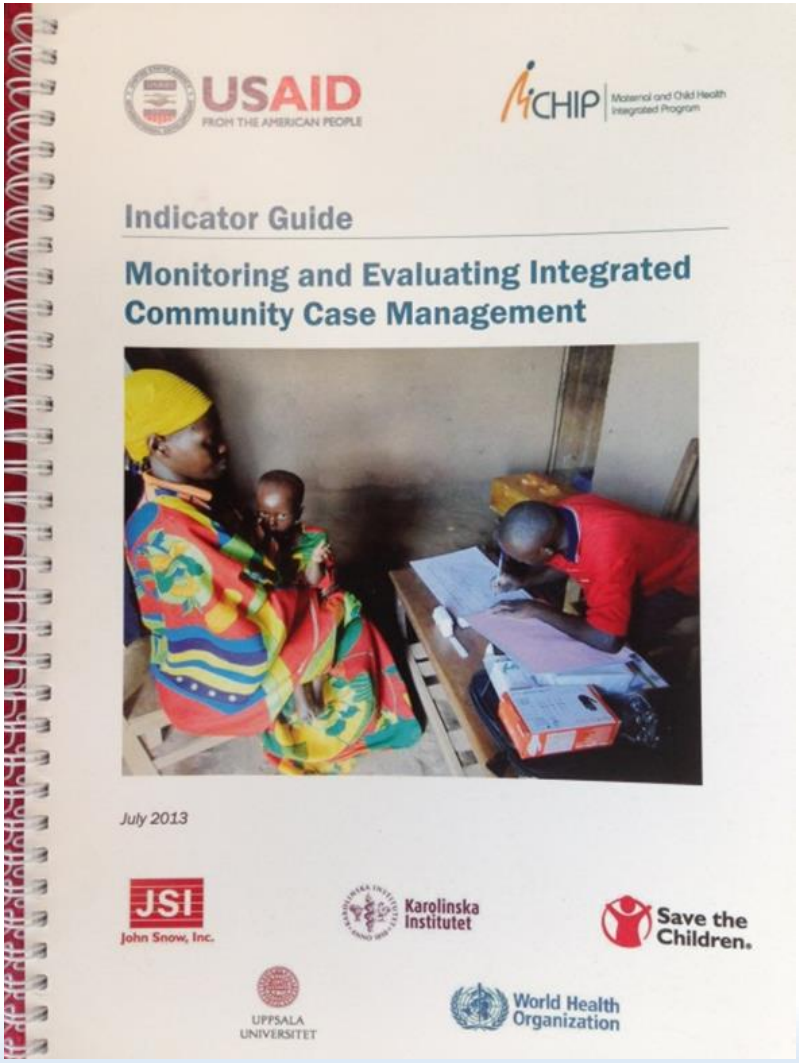
CORE group M&E "Show & Tell"

Dyness Kasungami
Senior Child Health Adviser, Maternal and Child Survival Program

Tanya Guenther
Advisor M&E and HMIS, Save the Children

Background: Indicator Guide for M&E of iCCM

- iCCM Task Force published an Indicator Guide for M&E of iCCM in 2013
- Lists indicators across programme components and phases to "encourage the consistent use of standardized definitions and metrics
- 48 indicators spanning the 8 components of the Benchmark Framework [periodic, routine and special studies]



Background: Indicator Guide for M&E of iCCM

- Many indicators initially adapted from sub-national programs; few had been used by national iCCM programs

- Not intended as a prescriptive set of indicators for all programmes but rather a menu that MOH and partners can use to identify the most appropriate for their programmes and contexts

- Guide was intended to evolve and incorporate experience and learning from national iCCM programs

Review of feasibility of routine monitoring indicators

- Purposive sample of 10 countries implementing iCCM
- Analyzed 18 routine monitoring indicators reviewing 4 types of tools:
  1. CHW tools
  2. Tools used to aggregate and report CHW data
  3. CHW supervisor tools
  4. Tools to aggregate and send information from health facility level to higher levels

Monitoring iCCM: a feasibility study of the indicator guide for monitoring and evaluating integrated community case management

Timothy Roberton,[1] Dyness Kasungami,[2,3,*] Tanya Guenther,[4] and Elizabeth Hazel[1]

[1]Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, [2]USAID Maternal and Child Survival Program, 1776 Massachusetts Ave, Washington, DC 20036, [3]John Snow International, Boston, MA and [4]Save the Children USA, Westport, CT, USA

*Corresponding author: USAID Maternal and Child Survival Program, 1776 Massachusetts Ave., Washington, DC 20036, USA. E-mail: dyness_kasungami@jsi.com

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Abstract

Most countries in sub-Saharan Africa have now adopted integrated community case management (iCCM) of common childhood illnesses as a strategy to improve child health. In March 2014, the iCCM Task Force published an Indicator Guide for Monitoring and Evaluating iCCM: a 'menu' of recommended indicators with globally agreed definitions and methodology, to guide countries in developing robust iCCM monitoring systems. The Indicator Guide was conceived as an evolving document that would incorporate collective experience and learning as iCCM programmes themselves evolve. This article presents findings from two studies that examined the feasibility of collecting the Indicator Guide's 18 routine monitoring indicators with the iCCM monitoring systems that countries currently have in place. We reviewed iCCM monitoring tools, protocols and reports from a purposive sample of 10 countries in sub-Saharan Africa. We developed a scorecard system to assess which of the Indicator Guide's 18 routine monitoring indicators could be calculated with the given monitoring tools, and at which level of the health system the relevant information would be available. We found that the data needed to calculate many of the Indicator Guide's routine monitoring indicators are already being collected through existing monitoring systems, although much of these data are only available at health facility level and not aggregated to district or national levels. Our results highlight challenge of using supervision checklists as a data source, and the need for countries to maintain accurate deployment data for CHWs and CHW supervisors. We suggest that some of the recommended indicators need revising. Routine monitoring will be more feasible, effective and efficient if iCCM programmes focus on a smaller set of high-value indicators that are easy to measure, reliably interpreted and useful both for global and national stakeholders and for frontline health workers themselves.

Key words: Community health workers; integrated community case management; M&E indicators; monitoring and evaluation; routine monitoring indicators

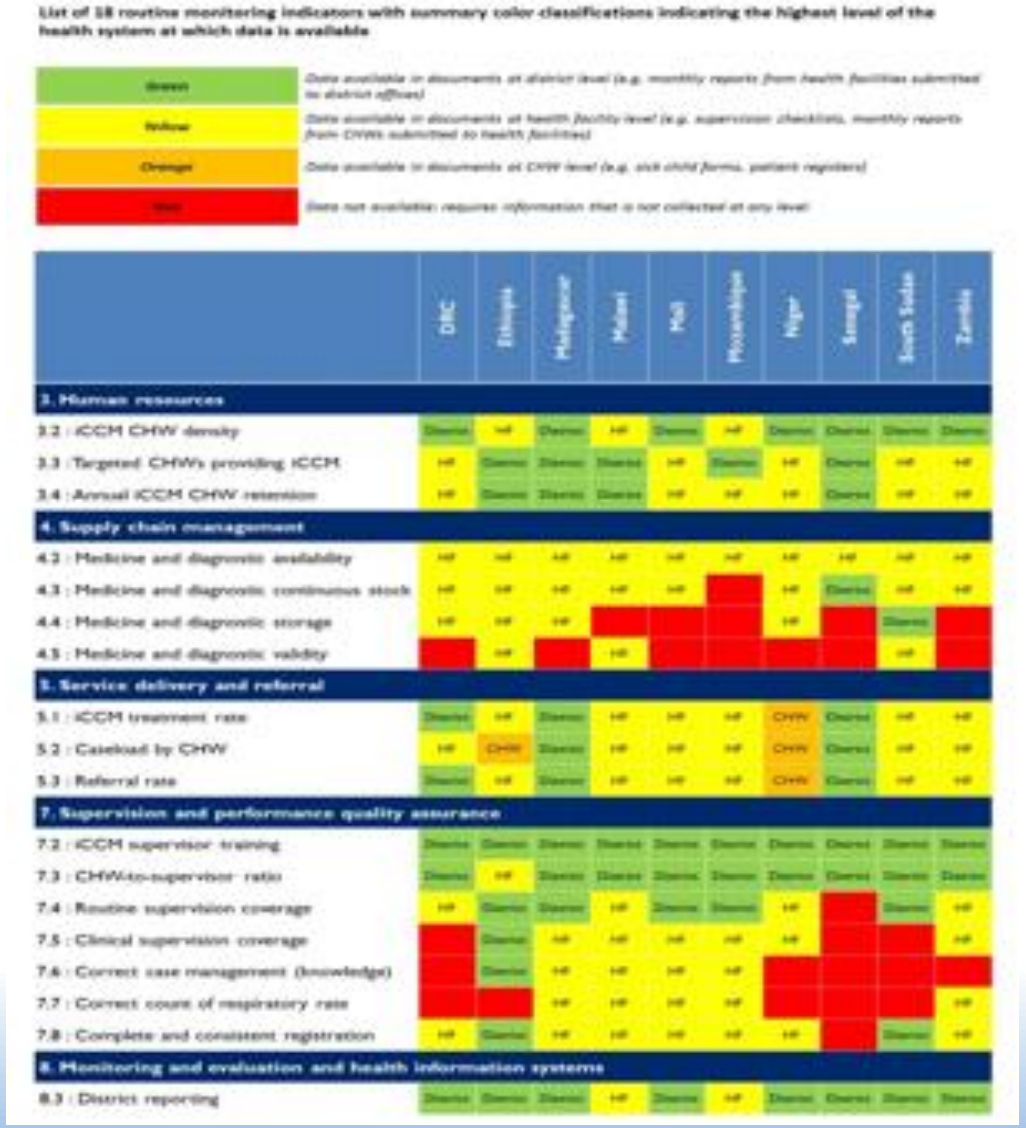
Review of feasibility of routine monitoring indicators (2)

Main findings:

- Countries are already collecting the data needed to calculate many of the routine monitoring indicators
- In general data are most available for human resources, service delivery and referral and M&E and health information systems.
- Data are less available for supply chain management and supervision and performance quality assurance.

Review of feasibility of routine monitoring indicators (3)

- Most data remain only available at the health facility level, not district and national levels.
- Countries may rightfully decide that certain data only needs to be available at the health facility or district level



Review of feasibility of routine monitoring indicators (4)

Suggested next steps:

- Some indicators in their current form may be overly difficult to measure and need revising e.g. supply chain management and performance quality assurance
- Other indicators require up-to-date CHW deployment data. This is currently lacking in many countries but should be feasible.
- Countries should choose 3-5 high-value routine monitoring indicators based upon these criteria: (1) effort required for data collection, aggregation and computation; (2) reliability of measurement and interpretation; and (3) utility for all stakeholders.

Process to Review and Refine iCCM indicators for Routine Monitoring

- The M&E sub group of the global CCM Task Force started a process in Aug 2015 of reviewing the indicators and defining routine data needs at every level of iCCM implementation
- Developed an initial list of indicators and criteria for prioritizing the routine indicators

#	Criteria	Definition
1	**Important for decision-making/actionable**	Captures critical aspect for program performance/linked to action
2	**Feasible in routine systems at scale**	Possible to collect and analyze through routine systems at scale
3	**Experience/use in national HMIS systems**	Indicator has been used in national HMIS and/or large programs at scale
4	**Technical merit/face validity**	Indicator has face validity/measures what it is meant to measure
5	**Contributes independently to set of indicators**	Indicator contributes independently to a group of indicators/does not duplicate

Process to Review and Refine iCCM indicators for Routine Monitoring

- Feedback on list of proposed indicators sought from other CCM TF subgroups and the Steering Committee – representing a wide range of partners supporting iCCM.
- The sub group has proposed a set of 10 indicators in 6 domains to be collected through routine systems:

Human Resources (3)	Service Delivery (3)	Supply Chain (1)
Referrals (1)	Reporting (1)	Clinical coaching (1)

- The sub group urges countries to identify opportunities to include these high value iCCM indicators in the DHIS or other national HMIS.

Routine Indicators: Human Resources

1. **Under-five catchment population per CCM site:** # of children under five per CCM site
2. **iCCM program coverage for target population:** Percentage of target population (target communities) with access to iCCM services
3. **CHW to supervisor ratio:** Ratio of CHWs deployed for CCM to CCM supervisors

Measurement notes:

- Data collected/updated annually
- Countries to define eligibility of target communities for iCCM
- Requires information on CHW and CHW supervisor training and deployment and population data for target communities

Routine Indicators: Service Delivery

1. **Case load by CHW:** Number of cases seen by CHW over reporting period

2. **CCM treatment rate:** Number of ** cases treated by CHWs treated per 1,000 children under five in target areas in a given time period
   a) RDT+ Malaria
   b) Suspected Pneumonia (cough or difficulty breathing with a high respiratory rate for age)
   c) Diarrhea (can report ORS, zinc and ORS+zinc)
   d) Severe Acute Malnutrition
   e) Moderate Acute Malnutrition

   Recommended by nutrition experts for collection where CHWs are treating SAM and MAM

3. **RDT positivity rate:** Percentage of fever cases presenting to CHW who were tested with RDT and received a positive result

Measurement notes:

- CCM treatment rate indicators enable routine assessment of utilization in iCCM target areas. Should be examined in comparison with the expected number of cases to draw inferences about estimated coverage of CHW treatment

Routine Indicators: Supply Chain

1. **Medicine and diagnostic availability**: percentage of CCM sites with all key CCM medicines and diagnostics in stock on last day of reporting period
   - low osmolarity ORS and zinc supplements for diarrhea
   - amoxicillin for pneumonia
   - ACTs and RDTs (where appropriate) for fever/malaria in malaria-endemic countries
   - others required by program (tailor to each country's needs)

Measurement notes:

- SC group recommends countries work toward capturing continuous stock availability (% of CHWs with no stockouts in the past month) to gain a more complete picture of product availability
- Countries may opt to identify 1-2 items as 'tracers' to limit reporting burden and focus attention

Routine Indicators: Referrals

1. **Referral rate:** number of cases referred per 100 cases seen by CHW

Measurement notes:

- Reasons for referral will often include danger signs or stock-outs
- No 'benchmark' value exists; countries need to establish range and follow-up to determine reasons behind low or high values
- Does not capture how well CHWs identify danger signs, whether referrals are made correctly, nor whether the referred child is actually taken to a health facility for care
- Special studies are recommended to better understand referral

Routine Indicators: Reporting

- **Reporting level:** percentage of expected iCCM reports received during time period

Measurement notes:

- Disaggregate by level (CHW, health facility, district)
- Does not provide information on the timeliness or quality of the data nor whether the data are being used by district, facility staff or CHWs to inform decision-making about CCM programs.
- Countries using DHIS2 may be able to track whether reports were received by reporting date
- Periodic data quality audits are recommended to evaluate data quality and identify areas for improvement

Routine Indicators: Clinical Coaching

- **Clinical coaching/mentorship**: percentage of CHWs who received coaching/mentorship activities* during reporting period;
  - * - *to be defined locally*'

Measurement notes:

- Definition of clinical mentorship, coaching and/or supervision will need to be determined by countries.
- Clinical mentorship, coaching and/or supervision activities are those that review and discuss the CHW quality of services and quality and accuracy of data completeness
- Does not provide information on the quality of the mentorship, coaching or supervision, nor does it indicate whether the treatment of the sick child was considered appropriate

Next Steps

- M&E subgroup is close to finalizing indicator reference sheets that provide detailed information on definition, rationale, data sources and methods, interpretation and caveats.
- Will disseminate online and through meetings, conferences, workshops etc.
- Working to develop supporting tools (e.g. sample registers and reports; DHIS2 dashboards and visualization aids)
- Collaborating with other global initiatives to harmonize recommended indicators at community level (Global Data Collaborative, Global Fund, etc)
- Please send your comments on these recommended indicators to Dyness at dkasungami@jsi.com

For more information, please visit

www.mcsprogram.org

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Maternal and Child Survival Program

Monitoring Integrated Community Case Management (iCCM): a Feasibility Study of the Indicator Guide for Monitoring and Evaluating iCCM

Dyness Kasungami, Timothy Roberton, Tanya Guenther and Elizabeth Hazel
USAID's Maternal and Child Survival Program / JSI, Johns Hopkins University, Save the Children

Monitoring Integrated Community Case Management (iCCM): Background

- The iCCM Task Force published an Indicator Guide for monitoring and evaluating (M&E) of iCCM in 2013; the Guide provides indicators across program components and phases to "encourage the consistent use of standardized definitions and metrics"
- Many indicators were initially adapted from sub-national programs; few had been used to monitor national iCCM programs
- The Guide was not a prescriptive set of indicators for all programs, but a menu that MOHs and partners can pick from for their programs and contexts
- The Guide is intended to evolve, incorporating experience from national iCCM programs

Review of iCCM Routine Indicators in 10 Countries

Methods

A purposive sample of 10 countries from sub-Sahara Africa at various stages of ICCM scale-up

- Remotely reviewed four types of tools: used by CHWs, used to aggregate and report data from CHWs, used by CHW supervisors to record data during supervision visits, and used to aggregate and send information from health facility level to higher levels in the health system
- Analyzed and color-coded the availability of data to calculate the Guide's 18 routine monitoring indicators

Results

- Countries are already collecting the data needed to calculate many of the routine monitoring indicators
- In general, data is most available for human resources, service delivery and referral and M&E and health information systems
- Data is less available for supply chain management and supervision and performance quality assurance
- Although countries are collecting the data, most remains only available at the health facility level, not district and national levels
- Countries may rightfully decide that certain data only needs to be available at the health facility of district level

Recommendations

- In their current form, some indicators may be overly difficult to measure and need revising (e.g. supply chain management and performance quality assurance)
- Other indicators require up-to-date CHW deployment data, which is currently lacking in many countries but should be feasible
- Countries should choose 3-5 high-value routine monitoring indicators based upon these criteria:
  - Effort required for data collection, aggregation and computation
  - Reliability of measurement and interpretation
  - Utility for all stakeholders

Next Steps

- The M&E subgroup of the global CCM Task Force has proposed 12 indicators to be collected through routine health information systems, and 6 through special studies
- The subgroup urges countries to identify opportunities to include these high value iCCM indicators in the DHIS2 or other national HMIS

List of 18 routine monitoring indicators with summary color classifications indicating the highest level of the health system at which data is available

Green	*Data available in documents at district level (e.g. monthly reports from health facilities submitted to district offices)*
Yellow	*Data available in documents at health facility level (e.g. supervision checklists, monthly reports from CHWs submitted to health facilities)*
Orange	*Data available in documents at CHW level (e.g. sick child forms, patient registers)*
Red	*Data not available: requires information that is not collected at any level*

	DRC	Ethiopia	Madagascar	Malawi	Mali	Mozambique	Niger	Senegal	South Sudan	Zambia
3. Human resources										
3.2 : iCCM CHW density	District	HF	District	HF	District	HF	District	District	District	District
3.3 : Targeted CHWs providing iCCM	HF	District	District	District	HF	District	HF	District	HF	HF
3.4 : Annual iCCM CHW retention	HF	District	District	District	HF	HF	HF	District	HF	HF
4. Supply chain management										
4.2 : Medicine and diagnostic availability	HF	HF	HF	HF	HF	HF	HF	HF	HF	HF
4.3 : Medicine and diagnostic continuous stock	HF	HF	HF	HF	HF		HF	District	HF	HF
4.4 : Medicine and diagnostic storage	HF	HF	HF				HF		District	
4.5 : Medicine and diagnostic validity		HF		HF					HF	
5. Service delivery and referral										
5.1 : iCCM treatment rate	District	HF	District	HF	HF	HF	CHW	District	HF	HF
5.2 : Caseload by CHW	HF	CHW	District	HF	HF	HF	CHW	District	HF	HF
5.3 : Referral rate	District	HF	District	HF	HF	HF	CHW	District	HF	HF
7. Supervision and performance quality assurance										
7.2 : iCCM supervisor training	District	District	District	District	District	District	District	District	District	District
7.3 : CHW-to-supervisor ratio	District	HF	District	District	District	District	District	District	District	District
7.4 : Routine supervision coverage	HF	District	District	HF	District	District	HF		District	HF
7.5 : Clinical supervision coverage		District	HF	HF	HF	HF	HF			HF
7.6 : Correct case management (knowledge)		District	HF	HF	HF	HF				
7.7 : Correct count of respiratory rate			HF	HF	HF	HF				HF
7.8 : Complete and consistent registration	HF	District	HF	HF	HF	HF	HF		District	HF
8. Monitoring and evaluation and health information systems										
8.3 : District reporting	District	District	District	HF	District	HF	District	District	District	District

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