

Notes from iCCM M&E meeting - January 12, 2016

Participants: Tanya Guenther, Save the Children; Nick Oliphant, UNICEF; Vikas Dwivedi MCSP/JSI; Jennifer Luna MCSP/ICFI; Debra Prosnitz, ICFI, William Weiss, USAID ; Michel Pacque, MCSP/JSI, Serge Raharison, MSCP/JSI; Savitha Subramanian, MCSP/JSI; Dyness Kasungami, MCSP/JSI, Jane Briggs (MSH), Sarah Andersson (JSI)

Time	Topic	Notes
10:00-11:30	<p>Overview of meeting</p> <p>Perspectives (e.g. from supply chain sub-group): Sarah Anderson</p> <p>Update from Savitha on DHIS2 work</p>	<ul style="list-style-type: none"> • Aim is to reach consensus on list of priority indicators for routine systems that are feasible to collect and integrate into national HMIS/DHIS2 system. Builds on iCCM indicator work and learning since the release of the iCCM indicator guide and looking forward to the GF iCCM scale-up meeting in Nairobi February 2016 (presents an opportunity to refocus on integration and use of priority routine indicators). Requires renewed effort to engage with staff from M&E units/HMIS in MOH, district level program managers, etc. • Priority is to have indicators that are responsive to country program needs – so strike a balance between standardized indicators relevant for all/most programs for program and promote country-specific indicators that are most important for that setting; • Article released on review of iCCM routine indicators in HPP; recommends prioritizing a smaller list of routine indicators likely to be feasible within large scale iCCM programs. Many of the indicators require deployment data, which is very difficult for countries to maintain (this is really critical since it affects so many indicators and may argue in favor establishing National Master CHW Lists through georeferenced censuses of CHW/CCM that could be periodic (e.g. every 3 years midpoint and end of 5 year plan) or rolling (e.g. as new CHWs are deployed they are mapped and added to the National Master CHW List) and added to the HMIS/DHIS2. Others are collected through supervision checklists, which is problematic as visits are infrequent and data quality is poor. Countries often try and collect everything presented in an indicator ‘menu’ – there is a need to present and reinforce a prioritized list of indicators that results in well-monitored programs. • SC group reviewed and provided input on what would be the most 1-2 critical indicators to collect as part of a national HMIS/DHIS2. The indicators in the SC group related to medicine storage and expiry information are difficult to collect routinely – these may not be good candidate indicators for routine indicators. The most concise indicator is the number of iCCM sites with no stock-outs of key commodities. Also may want to look at whether CHWs are doing their reporting/management of stocks etc. The other aspects, while important, could be collected through other means on a more periodic basis and not necessarily included as part of HMIS. • The google drive document was meant to help us think through information needs and data use needs,

		<p>it became more expansive and looked beyond routine data. We are trying to come back and refocus on the routine data, the managerial questions at each level, and what dashboards/data us tools can facilitate the use of the data to strengthen programs.</p> <ul style="list-style-type: none"> • DHIS2 and eLMIS have two separate purposes/type of data; DHIS2 is service delivery focused and eLMIS is more supply chain focused. Trying to link data for a small set of indicators (13 UN commodities) between the two systems in countries (e.g. Tanzania). A lot of interoperability system issues to overcome (different reporting frequencies, different codes for HFs, etc). eLMIS is usually for making monthly decisions about resupply so important for warehouses, pharmacies, etc, which is why the data systems are often parallel; not meant to replace eLMIS with DHIS2, but the systems should interface. DHIS2 will collect / store some basic information on stock-outs of tracer commodities. In Malawi, c-stock commodity data will be made interoperable with DHIS2. • Conducted a review of DHIS2 within 14 countries based on status of iCCM roll-out – main questions were to look at what data on iCCM are collected, what levels data were entered, whether mHealth data collected and at what scale, and some of the challenges. Will prepare a brief on the results. 8/14 countries have ‘full roll-out’ of DHIS2, 2 partial, 2 not rolled out, and 2 in pilot implementation (but definition of ‘full’ vs. ‘partial’ used by DHIS2 is not clear. There are issues with indicator definition, etc and use various ways of ‘naming’ the indicator. Data entered at different levels in each country, some at community unit level (Kenya), and others at district/zonal level.
11:30-12:30	<p>Overview of promising criteria for indicator prioritization & group discussion Output: scoring criteria</p>	<ul style="list-style-type: none"> • Group reviewed criteria used by other groups and reached consensus on a set of 5 criterion for selection of routine indicators:

		<table border="1"> <thead> <tr> <th>#</th> <th>Criteria</th> <th>Definition</th> <th>Core?</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Important for decision-making/actionable</td> <td>Captures critical aspect for program performance/linked to action</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Feasible in routine systems at scale</td> <td>Possible to collect and analyze through routine systems at scale</td> <td>Yes</td> <td></td> </tr> <tr> <td>3</td> <td>Experience/use in national HMIS systems</td> <td>Indicator has been used in national HMIS and/or large programs at scale</td> <td>No</td> <td></td> </tr> <tr> <td>4</td> <td>Technical merit/face validity</td> <td>Indicator has face validity/measures what it is meant to measure</td> <td>Yes</td> <td></td> </tr> <tr> <td>5</td> <td>Contributes independently to set of indicators</td> <td>Indicator contributes independently to a group of indicators/does not duplicate</td> <td>Yes*</td> <td>Assessed for those indicators that perform well on first 4 criteria</td> </tr> </tbody> </table>	#	Criteria	Definition	Core?	Comments	1	Important for decision-making/actionable	Captures critical aspect for program performance/linked to action	Yes		2	Feasible in routine systems at scale	Possible to collect and analyze through routine systems at scale	Yes		3	Experience/use in national HMIS systems	Indicator has been used in national HMIS and/or large programs at scale	No		4	Technical merit/face validity	Indicator has face validity/measures what it is meant to measure	Yes		5	Contributes independently to set of indicators	Indicator contributes independently to a group of indicators/does not duplicate	Yes*	Assessed for those indicators that perform well on first 4 criteria
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1:00-3:00	Score indicators against criteria (group work) Output: preliminary list of indicators for further discussion with CCM TF	<ul style="list-style-type: none"> Group reviewed list of routine indicators and applied selection criteria as best as possible. Outputs and notes on the discussion provided as an attachment. Opportunity at upcoming GF meeting in February to share the outputs of the indicator review process and obtain feedback on indicator recommendations from GF countries Looking for opportunities to integrate; rationalization of what is already in the system Need to develop generic versions of indicator definitions, list of data elements to be included in registers and reports, and mock dashboards. Mock-up dashboards will help us further refine the indicators and our recommendations – could work with Uganda country office/HISP office (working now on dashboards); Malawi also possibility 																														
3:00-4:00	Wrap up discussion AOB (e.g. prep for Nairobi, process for identifying implementation research questions, HSR Symposium 2016)	<ul style="list-style-type: none"> Vikas shared information on MCSP indicator feasibility testing; possibility to include some iCCM indicators in some countries for testing; Vikas will share the concept note HSR Symposium 2016: UNICEF will have satellite session (half day/full day) on district health systems strengthening, resilience and community health systems – could touch base on interoperability; proposing series of organized sessions – one on district health systems strengthening, social determinants, community health systems (debate style in context of 2030); Consider sharing the Health Policy and Planning article using the perspective of looking at journey from pilot projects to systems at scale for iCCM routine monitoring. UNICEF planning to host another iCCM evidence symposium in Q3 2017; in the future it would be 																														

better to just convene a satellite session on iCCM or broader community health systems as part of the Health Systems Research Symposium that is held every 2 years (this year it is in Vancouver but unfortunately we can't do it this year because we need more time for iCCM studies to be completed, so we have to wait to do our own symposium in 2017 and integrate with HSR in 2018);

- UNICEF is also conducting a Cochrane style systematic review of iCCM; RAcE project conducting its endline and evaluations in 2016 and data ready for 2017 so could contribute. **Nick to share more information as it becomes available.**
- Need to think through the research questions for the M&E sub-group; will ask people to submit # research questions; send email and then give people up to end of February; also will review global CNHRI questions; demand generation; nutrition sub-group questions to identify linkages/overlap.
- Steering committee from iCCM taskforce should review the draft indicators and indicator selection criteria before Nairobi; need to clean up what we have and have them respond; present what we are recommending; what still needs more discussion/further analysis; **Tanya to consolidate and share.**
- Anticipate implications for countries – identifying need for TA, timeline for securing TA;