

CCM Task Force M&E meeting

March 7th, 2016 at 10:00am EST

Participants: Tanya Guenther (Save the Children), Nick Oliphant (Unicef), Dyness Kasungami(JSI/MCSP), Debra Prosnitz, Bill Weiss (USAID), Jane Briggs (MSH), Elizabeth Hazel , Anna Bryant (JSI/MCSP), Sarah Lackert (JSI/MCSP)

Agenda Item	Notes	Action Items
Global Fund Nairobi Regional Meeting (Nick Oliphant)	<ul style="list-style-type: none">• The Global Fund Nairobi Meeting purpose was to bring experts from global regional and country level to share knowledge across countries for continued progress.• The meeting also aimed to improve Global Fund grants for iCCM programming on the ground• Overview session- 1st Session: Framing iCCM within the lens of the Global Fund and looking at the Global Fund grants• 2nd Session Implementation Planning• 3rd Session- Supply Chain Management• 4th Session- Adopting an M&E framework• 5th Session- Mobilizing Resources• 6th Session- Interactive Workshop• Reflections: The high points were that it was not all about looking at iCCM but shifting the conversation to about how to leverage Global Fund money for malaria and how to position iCCM in broader framework of IMCI.• For each session they were well organized and it was difficult to get a lot of country delegations together, but for each of the sessions the countries could take away a few key insights to prepare their own implementation of GF grants and broader iCCM grants in country.• There were four or five areas that will help them go forward and they will be fleshed out while talking about how they will implement GF grants.	<ul style="list-style-type: none">• Share the presentations from the meeting and upload to CCM Central and synthesis plan/ strategies• Nick will share HMIs with planning group and this group as well

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| | <ul style="list-style-type: none">• Challenges: There were a lot of countries and a lot of to squeeze into three days. Another challenge is planning and taking nuggets of wisdom and experience trying to actually work those in and scrutinize these plans to see how they can fit in.• Talking more about iCCM and system strengthening rather than just malaria and GF grants.• Managed to change the conversation from us against them to trying to work together.• The Nairobi meeting and the Ghana evidence symposium and all talks were centered around countries except when it came to time to discuss.• Moving forward it's a challenge to keep people for longer but if we can keep them for 5 days once a year and hold a good program review that might be worth it and it would reduce the number of meetings.• Interesting interaction between French and English speaking – no solution to that but seems to be an ongoing challenge.• We are limited in terms of engaging country people if you do not have language skills since you learn more from engaging others than an official presentation.• We made the assumption that most countries would be further along with implementing programs but in fact many countries have not even started getting the GF money so that is sort of the learning around how you can actually integrate the program.• The talk was not as strong since it was still not implemented in many countries (more theoretical).• The assumption was that we were leveraging GF money to scale up national level programs in a few countries but having the principal / sub recipients in conversations with country people---these are operating as additional NGO covering an X number of districts the number of government people varies in different countries• South Sudan- very clear complaint of the MOH is that the coordination is not as strong and activities are not aligned. This creates a learning point that we have to take forward when we | |
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	<p>integrate.</p> <ul style="list-style-type: none"> • We should pursue in more detail for M&E, in general people are favorable of focusing on a smaller number of priority indicators. • In general people appreciated discussions around M&E and integrating the indicators. • We must make it a priority to really integrate indicators because we can see that many of them are not integrated. • Annual quarterly CH program reviews- WHO is really happy to see that to build on existing meetings that already occur to really look at data and try to tease out these points. The WHO also suggested using a more formal annual review process. • Ensuring the needs are met for community health HMIS technical working group – well accepted and it acknowledged that probably we could have in terms of influencing to see that the iCCM indicators are being integrated. • One of the suggestions to our proposed list of indicators was that we should consider 1 or 2 specifically looking at quality looking at the routine system and look at negative how many children are in the negative and how to treat. 	
Indicators and feedback	<ul style="list-style-type: none"> • No feedback from steering committee, the few that responded did not have additions to the indicators but appreciated that we are moving this forward. • We have to be clear and share criteria as well because people will see gaps in list of indicators and whole point of coming with a short list of indicators • If people have indicators it would be a value for them to be able to propose any other indicators and how data has been collected and for those to be accepted as possibilities. • We have already shared a list of indicators with countries at the last meeting so now what we are now trying to achieve is the consensus at least with the critical people and organizations and those formally publishing the indicators because we have already said we are reviewing the indicator guide (shorter document). 	<ul style="list-style-type: none"> • Share indicators with people from WHO to get further feedback • Dyness will look at the request for TA and see if there is any country that requested specific TA around M&E

- We need this sort of consultation even if it takes a little longer because we are not present in every country and the success of making sure these indicators are used depends on the buy in.
- Other key organizations or groups that we should be targeting?
- Trying to get these indicators in DHIS2 they are sort of different indicators around there in CH that could inform iCCM. We still need to advocate to get those indicators. Who and how can we engage?
1. We can use our contacts that are working in the data collaborative with USAID and WHO and Unicef that are trying to harmonize work on health data globally, one of those groups is focused on those using DHIS2. We can try to infiltrate that group using iCCM as an example.
 2. WHO has a global review that we could, use for the upcoming DHI Academy?
 3. Dashboard? They can use iCCM as an example.
 4. Primary health care performance initiative and opening the black box of what's happening in performance/ quality of care and performance monitoring. The community worker piece could be very interesting, routine IHMS for the healthcare collaborative
Reach out to the Gates Foundation
 5. Diarrhea pneumonia working group
- There are still columns that have comments, nuances that need to be shared in relation to all of these indicators
 - Maybe we can have 3-4 countries where we can target high level M&E people to get their feedback?
 - In order to target these people we can use support from this group and filter in through our channels for countries that still have a window of opportunity to integrate indicators, in the review process of HMIS or starting this soon to set up a schedule as to where our regional/country support is to plan ahead and be ready to provide a few target in a few specific countries.

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| | <ul style="list-style-type: none">• We could focus some efforts and look at technical support in addition to global efforts• We can look at 1 or 2 countries where we can take this set of indicators and see how they can fit and how they can be used• We need feedback from actual implementation moving forward• Over the next couple of weeks as we look at the feedback from countries to look at a couple of candidates, possibly Nigeria.• There is a data quality assessment in Mozambique but results have not yet been disseminated.• WHO has created this facility routine quality assessment tool kit and created an app that has been piloted in Malawi• It would be interesting if there was a contact person or someone who could come onto the subgroup or give a quick presentation on this.• In the meantime Carol could explain how the toolkit works right now it's in an excel file – she will share document since it has not been made into an app yet.
• Next meeting: It would be interesting to hear from some of the groups in the larger projects on updates in order to have an idea of what's happening on NEP: National Evaluation Platform. Just to identify some other groups that could potentially give some updates of well.• Use of data for decision making—join forces depending on the country with supply chain management and how does that feed into data platforms and how is the data used in district/national level.• Try to kick off some of the workplan via email to have a discussion at the next meeting about what we have discussed over email and have some updates at the next teleconference• For the activities for the workplan we need to add a column and provide some progress on that and then say whether we are taking this activity forward and what would be the next steps and then what needs to be dropped or re-presented. | |
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	<ul style="list-style-type: none"> • Landscape analysis on DHIS2 that Savita had been working on – next steps would be to share with the whole group, Dyness will get responses this week if not Ellie next week will try to finalize it and then share. 	
Next steps	<ul style="list-style-type: none"> • Start workplanning via email to have a discussion at the next meeting about what we have discussed over email and have some updates at the next teleconference. • Review the year 2015- identify updates and see what continues on into 2016 • Share indicators with people from WHO to get further feedback • Share the presentations from the meeting and upload to CCM Central and synthesis plan/ strategies • Nick will share HMIs with planning group and this group as well • Dyness will look at the request for TA and see if there is any country that requested specific TA around M&E 	