M&E Subgroup Teleconference
Friday, October 16 at 9am EST

Participants: Michel Pacque, Dyness Kasungami, Anna Bryant, Savitha Subramanian, Hannah Taylor (IRC), Tanya Guenther, Bill Weiss, Vikas Dwivedi, Kristen Bell

| Agenda Item | Notes | Action Items |
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| Feedback on the CCM data needs questions and next steps<br><br>Any further inputs on the excel spreadsheet (attached and on Google Drive)<br><br>Agree on next steps (prioritize, identify data sources, indicators and data elements) | • We received feedback from Michel Pacque– if you haven't provided feedback yet, please do so. We are waiting to see if there is feedback from anyone else.<br>• CHW Frequency:<br>  ○ Could add another row that adds expected cases based on the size of the CHW catchment population<br>  ○ Utilization could be dependent on the popularity of the CHW<br>• Expected numbers of cases of diarrhea/malaria/pneumonia per child per year were used in Nick's Routine Monitoring paper for the Journal of Global Health supplement – could be a useful reference.<br>• Overstock/stock supplies: better managed at the facility or higher level. Sometimes expired stock is not counted as stock, or we could have it as a separate indicator? Worth discussing further.<br>• In many countries the onus is on the patient to return to the CHW to follow-up, rather than the CHW seeking out the patient. TRAction project is doing some research on this "three-day follow-up."<br>• Original set of indicators was heavily based on the project level. Going forward, we need to be thinking in terms of iCCM programs operating at scale within existing government systems.<br>• We will revisit framework needs to find out what should be reported through a national HMIS. What is appropriate to document through routine vs. what is better suited as a period CHW assessment, given that we don't want to overload the routine system?<br>Facility level:<br>• Referral: are CHWs making the appropriate referrals? Are the referrals compliant in terms of tracking? Can link to facility-level data if and | Tanya will add columns for source of data (routine capture, other data sources etc) and circulate for feedback in advance of the next meeting. |

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| | when they get there through special studies<br>• Case load: were the caregivers and patients provided treatment or referrals? Generally, CHWs report on the cases they've treated more than the total cases they've seen, although that data is available in the register and could be gathered through register review.<br>• Reporting: qualitative reporting. Are the reports filled out adequately? Looking at how the report data flows from the CHWs up. Assessing data quality is something that can be done periodically and aspects incorporated into supervision.<br>• CHWs implement more than just iCCM, and it would be helpful to look at opportunities for better Integration across the monthly reports<br>• A mortality/outcomes audit should be considered on a periodic basis to supplement data on what happened to cases managed by CHWs, cases referred, etc.<br>• Next steps are to review data needs and identify data sources | |
| Preparation of research questions for the CCM M&E subgroup<br><br>Brainstorm on questions<br><br>Identify someone to start compiling list to circulate over email | • On previous calls the group discussed generating a list of M&E research questions similar to what the demand creation group has developed.<br>• One starting point would be to look at the list from the Demand Greation Subgroup that Nick and Tanya commented on in terms of areas of common interest for the M&E group and to review the CHNRI questions reported in the JOGH supplement. We may be able to review existing data sets for answers to these questions or identify opportunities to follow common protocols in our program areas.<br>• At next meeting can brainstorm questions and identify someone to take the lead in preparing the list of questions. | Bill will report back during next call |