

Meeting Notes - M&E sub-group of the iCCM Global Taskforce

October 22, 2014

Attendees: *Serge Raharison, Tanya Guenther, Savitha Subramanian, Vikas Dwivedi, Yolanda Barbera, Colleen Walls, Geoffrey Namara, Nick Oliphant, Debra Prosnitz, Kirsten Unfried, Theresa Diaz, Nick Oliphant, Geoffrey Namara, Elizabeth Hazel, Dyness Kasungami.*

Summary of main decisions and action items:

- 1. Establish sub-group for DHIS2 and routine monitoring.**
 - Interested people to let Serge, Tanya & Nick know over email and a call will be arranged shortly.
- 2. Create forum to identify main measurement issues and share resources/tools**
 - MCSP to explore use of CCM Central for this purpose and share updates and also see how to link to OR sub-group; in meantime, people encouraged to reach out to people on the M&E sub-group with measurement issues and share resources over email;
- 3. Establish sub-group for review of iCCM indicators**
 - Interested people to let Serge & Tanya know over email and a call will be arranged shortly.
- 4. Identify countries where we can collaborate on M&E support – starting with GF countries**
 - MCSP (Dyness) to circulate table of countries with their GF status to group to identify where they are working so we can coordinate M&E support
- 5. Hold quarterly meetings of the larger group; sub-groups will meet more frequently and report back to larger group**
 - Next meeting of large group will be scheduled over email for January 2015
- 6. Face-to-face meeting to be discussed further on next call**

Detailed notes below:

Quick summary of work of M&E subgroup to date

- Developed indicator guide, work that started in 2010, indicator list was initially published in Nov 2012 iCCM supplement in the AJTMH and the full guide was launched in March 2014 at the CCM symposium in Accra
- Sub-group also collected M&E tools and some of these were compiled and are available on the CCM Central website
- Members of the iCCM subgroup also participated preparing lessons learned for M&E for the CCM evidence review, preparing a lessons learned brief, list of tools and a paper published in the JOGH iCCM supplement (available online)

Brainstorming on areas of work for M&E subgroup

a. Integration of CCM reporting into HMIS

- Progress on this front has been slow, but starting to pick up pace as more countries have adopted iCCM and formalized their programs and indicators; more countries are using the flexible DHIS2 as a platform. Work being done in Ghana, Uganda, but not widespread enough. DHIS2 is rapidly evolving, needs groups to advocate. One problem that will arise is data entry, point of entry is still the district level, need to modify fields to allow for CHWs
- UNICEF is working closely with University of Oslo and there is interest from NGO side, through PSI, to advocate for use of DHIS2 for program data and to link in data from the private sector
- Would like to set up a subgroup to explore these issues; express interest over email to Serge, Tanya with Nick and we organize a side call to discuss DHIS2. Group could also discuss developing recommendations around a minimum indicator set that should be part of HMIS

b. Measuring adherence to medications

- UNICEF has been struggling to measure adherence; had discussions in Uganda about asking in household surveys about number of days continued to use treatment. However, numbers are small and need to look at those that have completed the treatment so would be interested in other methods to assess adherence.
- IRC had similar problems; found that social desirability affects the response. They have found that the only approach that has given more realistic figures is following up patients on the last day of their treatment to determine whether they have completed the treatment. Routine data collection will not work, need to use well trained, small number of staff, so would do this as part of operations research/special study.
- Next steps would be to create a list of measurement issues that people are struggling with; not just adherence, so that people can share tools and methods for measurement
- It could be possible to set up a forum on iCCM website; will need to request inputs and updates; create listserv; good area to link for OR subgroup as well

c. Continued analysis of routine data across multiple countries

- A small team linked to the CCM evidence review analyzed routine data from 18 CCM programs that has been developed into a paper for the JOGH; important to think about how to better leverage routine data since we have so much of it and it is often unused and not pulled together;
- proposal to put together a coalition of interested organizations to look at routine data; look across countries over time to do further analysis;
- initial step would be to develop an analysis plan, outlining the research questions; data sources, who needs to be involved and how would the data be used and disseminated
- Suggestions were made to: 1) identify ways to bring together country teams including MOH to learn together; build skills; would want to focus on those countries with national programs and 2) prepare a 1-2 page guide for program managers to do their own analysis of data
- These discussions can be carried forward in the same group looking at DHIS2

d. Review/update of iCCM indicators

- Indicator guidance was developed several years back and a lot has been learned since then and this group presents a good opportunity to reflect back on experiences to date and consider what updates are needed;
- Would like to identify a subgroup of people who are interested to review and reflect on the indicator guide; group would discuss how to approach this review and share with the larger group; want to be ensure that countries and MOH are involved in this revision process

e. Global fund iCCM indicators and country support

- The GF's new funding mechanism supports iCCM platform, including M&E and training and development of tools, not just on malaria but also pneumonia and diarrheal disease. Countries are preparing concept notes including all of these elements. GF asked to update indicators, since were only focussed on malaria. A small group recommended a short list of indicators for iCCM, did not develop new indicators but adapted the ones they had for malaria to include pneumonia and diarrhea. Can share what has been recommended with the group.
- There is a need for M&E people to be directly involved in the development of the M&E framework to support countries that are applying or have been approved (Approved: Uganda, Zambia; Submitted: Ethiopia, Ghana, South Sudan and Nigeria; Waiting to submit: Malawi, Kenya, Burundi, Cote d'Ivoire and Burkina Faso).

f. Other

- Interested to link up and work together to support M&E iCCM in specific countries: those that are receiving funding from GF for iCCM could be priority targets; those with WHO RAcE funds might be in need
- MCSP (Dyness) to develop a table of countries and map out who is supporting which countries and identify a few areas to work together.