

M&E Subgroup Indicator Workshop

August 18th, 2015, 10am-4:30pm

Participants: Elizabeth Hazel (JHU), Samantha Herrera (ICF), Dyness Kasungami (MCSP), Michel Pacque (MCSP), Tanya Guenther (Save the Children), Anna Bryant (MCSP), Bill Weiss (USAID), Savitha Subramanian (MCSP), Nick Oliphant (UNICEF), Hannah Taylor (IRC), Vikas Dwivedi (MCSP), Anne Palaia (USAID)

Time	Activities	Notes	Action Items
10:00	Welcome and introductions		
iCCM indicators			
10:15	Overview of iCCM routine indicators and insights from country experiences – <i>Tanya Guenther</i>	<ul style="list-style-type: none"> • See corresponding slide presentation. • This is an opportunity to review and revise the list to a “core” set of minimum indicators that can be feasibly collected in most country settings and that are important for monitoring program performance. 	Dyness will share MCSP Synthesis report this week, in advance of Bill Weiss’ USAID meeting.
10:30	WHO list of 100 indicators and iCCM indicators – <i>Bill Weiss</i>	<ul style="list-style-type: none"> • See corresponding slide presentation. • Generally, CHW reporting doesn’t include cases seen, usually only records of treatments provided. • Density of CHWs - is a helpful metric, but doesn’t tell us anything about the actual distribution • WHO Indicators: post-2015, countries are expected to develop a health investment plan to improve data sources (HMIS, surveys, etc.). Country by country, advocacy for specific indicators still needs to be there. • Quality of Care (QoC) indicators give good opportunities for alignment and disaggregation, etc. For the WHO QoC report from December 2013 meeting, a team of 70 experts gathered to review indicators across MNCH. Came up with a prioritized list of core interventions for MNCH and some cross-cutting areas (availability of medicines, etc.). • iCCM Indicator review under MCHIP has reviewed current status of these indicators in routine information systems. These indicators are largely through a parallel M&E system. 	Vikas shared report (attached)

		<p>Now, the effort is to try and see if we can include these indicators in country health information systems. Are they feasible to collect? Are they important for decision-making?</p> <ul style="list-style-type: none"> • Feasibility of iCCM indicators that can be collected in HMIS – how can we collect these? What is a system to collect them by CHWs? Are these useful for planning or decision making? Standard set of dimensions to include the feasibility of these indicators. • In MCSP countries (Rwanda, Mozambique and DRC) we are planning on supporting the strengthening of iCCM in HMIS and see how the discussions happen at the country level. Adding a new column to the register, introducing new reporting formats, etc. • In the June 2015 meeting to look at QoC framework, the WHO group of experts came up with 8 dimensions that will help in improving QoC. Based on these 8 domains, the team is working on standards for measuring the health facility and health system on each of these domains. Standards are still in progress and they should be shared by sometime in September 2015. Deadline of end of August, by then we will finalize the dimensions we are looking at for indicator testing. MCSP, SNL, MEASURE, MSH all included. Concept note will be shared with the group in early September. • We don't want to overburden the system with too many forms. 	
10:45	<p>Discussion on iCCM indicators & the global Indicator Guide - <i>Dyness Kasungami (facilitator)</i></p> <ul style="list-style-type: none"> • Consensus on vision for indicator list, how to link with other initiatives (e.g. WHO list of 100 indicators) • Discuss criteria to select 	<ul style="list-style-type: none"> • Important to frame this work in the broader health context, not just iCCM or IMCI. Many countries have adopted DHIS2 to various extents. Some countries have data coming in through existing mobile platforms. • CCM and DHIS2: a number of countries do not have DHIS2 community data even when the community platform has been adopted. Reporting is far from complete and reporting rates are not very good. Uganda, for example, is a leader in 	<p>Chairs and Secretariat will reach out to other CCM TF Subgroups.</p> <p>Incorporating other aspects of tracking these indicators.</p>

	<p>indicators: who else needs to be included in the discussion e.g. other subgroups, community health experts etc.</p> <ul style="list-style-type: none"> • Develop detailed 6 month workplan to review and refine recommendations for routine indicators 	<p>this area, as is Rwanda. Data collection was happening in parallel. Often there is no report-back with district managers, etc. We need to keep in mind who is using the data, when are they using it and where are they using it.</p> <ul style="list-style-type: none"> • Who else do we need to include in this discussion? • Development of questions: the group took the time to think through questions that might arise when developing an iCCM program. SEE LIST OF QUESTIONS • Approach: This should be outlined succinctly to help interpret what is being looked for. What are the questions and what do we need to provide to answer these questions? What are the questions that must be asked to inform those decisions? What data/information needs to answer those questions? Also need to develop an action threshold for an indicator. • The group agreed to develop questions for each level of care or program management to guide the selection of core set of indicators. 	<p>Get the complete set of questions, involve other subgroups, prioritize the set of questions, then talk about exact mechanism at next M&E meeting.</p> <p>Provide a scoring system and have members rate. Then aggregate and come up with an initial set of core indicators. Will probably be two weeks. Will give people another two weeks to respond.</p> <p>September: Get list of questions finalized at next meeting. October- November: Prioritize questions, develop criteria. Then, match questions and criteria.</p> <p>December: face-to-face meeting to pull everything together: propose set of candidate indicators.</p>
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1:00-1:30	LUNCH		
Dashboards and data use			
1:30	Examples of dashboards and data use – <i>Nick Oliphant</i>	<ul style="list-style-type: none"> • See attached presentation • Uganda’s planned timeline for developing dashboards by integrating DHIS2 data and other data sources. Should be intended for use at every level of the health system. 	
2:00	<p>Discussion on dashboards/data use</p> <ul style="list-style-type: none"> • Any examples from other partners • Discussion of development of menu of templates/other resources for countries • Develop workplan for further development 	<ul style="list-style-type: none"> • Dashboard types: some are a “superficial” look at iCCM, while others are a deeper “systematic” look at iCCM performance (for malaria, pneumonia, diarrhea, respectively) • Dashboard use: should also have a system of checks and balances in place, to ensure the data isn’t modified to produce a certain result in the dashboard. • Start with themes (e.g. BNA – platforms and programs; HR; Supply Chain; Demand Generation; Service Delivery; Management Action Tracker; Data Quality) and then work up a prototype for different levels • Work on a menu of options, and contribute feedback for ideas generated with Uganda, Malawi, etc. • Timeline for Uganda: HISSP contract starts in a couple weeks, will work on interoperability (pulling in all different data sources in order to visualize) piece. Six-month timeline for dashboards, maybe less. • Global Dev Lab is doing this sort of work for a dashboard in 	<p>If any participants want to start thinking through dashboards for various countries the partners are working in, feel free!</p> <p>Nick will provide updates on Uganda and Malawi prototypes.</p>

		Liberia (HMIS, logistic management system, etc.), as well as Rwanda.	
MCSP DHIS2 and HMIS mapping			
3:00	Update on DHIS2 mapping and MCSP's HMIS review of child health indicators – <i>Savitha Subramanian</i>	<ul style="list-style-type: none"> • We are working to determine the status of DHIS2 and if and what iCCM indicators are included in various countries. What is the status of indicators on community health, etc. Are any countries using mHealth? Which agencies are supporting the development, and what partnership opportunities exist? • Hopefully completed by mid-September. Will be a helpful reality check of where countries are. • Focused on African countries, because of Global Fund money and iCCM programs. • Data frequently has restrictions to get user rights and view, creating a bottleneck for use. Kenya and Senegal have data available, but it is usually old. • Hoping to start exercise of reviewing the routine HMIS in September which will also involve support to some countries to improve data quality and data use. In two countries, we are looking at how to measure routinely the additional coverage and quality related to iCCM. Reviewing countries where iCCM is being rolled out. Once it is rolled out, we can change the reporting to proportional coverage between facility and community case management. • Cost effectiveness: what was the cost of saving the child's life at the facility or community level? Not initially included in the scope, but something to consider nonetheless. 	<p>A brief based on the mapping results would be useful to develop and share</p> <p>Tanya will share CIDA report results for Malawi and Mozambique.</p>
3:15	Feedback and brainstorming on how to analyze and use the information from the DHIS2 and HMIS mapping	<ul style="list-style-type: none"> • With DHIS2 it is very easy to add indicators to HMIS, but we should be working backwards to find out which ones are really required. 	
3:30-3:45	BREAK		
Dissemination opportunities			
3:45	Group discussion on opportunities and	<ul style="list-style-type: none"> • CCMCentral has been the main way to disseminate at this 	Nick O is hoping to do

	platforms for dissemination and sharing of M&E resources	<p>point. We have struggled to get these resources down to the country level.</p> <ul style="list-style-type: none"> • Opportunity to engage with DHIS2 academies (University of Oslo) and convince them to use iCCM data as the examples that they work through in their training sessions. Nick to find out/follow up. • Through different partners, we are trying to harmonize our support for DHIS2. • At DHIS2 users regional meetings, who funds/organizes? • Mapping CHWs – UNICEF and others are geolocating CHWs and developing thematic maps (e.g. geographic accessibility; distribution of CHWs etc.) and Master CHW Lists. Both the maps and Master CHW List useful for planning, emergency preparedness, and emergency response. The Master CHW List could be used for HR planning (e.g. training) and integrating CHWs as administrative units within DHIS2 under their parent facility. The maps have obvious use cases. Could be used in combination with high res maps of modelled disease incidence (e.g. Malaria Mapping Project) but would be good to conduct the mapping and develop thematic maps for different countries in a consistent and comparable way. MOHs are very interested and need support to execute and build institutional capacity to maintain and sustain. Data set should be open and available to the public if the Ministry agrees and would be a huge public good. 	<p>some GIS mapping for geographic access and accessibility of services. Wants to partner with other interested agencies with funding or technical support. Please reach out if you are interested in this work. Niger, Sierra Leone, gearing up to start on Liberia. Uganda and Malawi are on the lists.</p> <p>Nick to follow up with Oslo about iCCM in the DHIS2 Academies</p> <p>Nick to share notes from the latest DHIS2 experts academy held in Geneva.</p>
4:30	Wrap-up and next meeting		