

Monitoring and Evaluation

Session organizers:

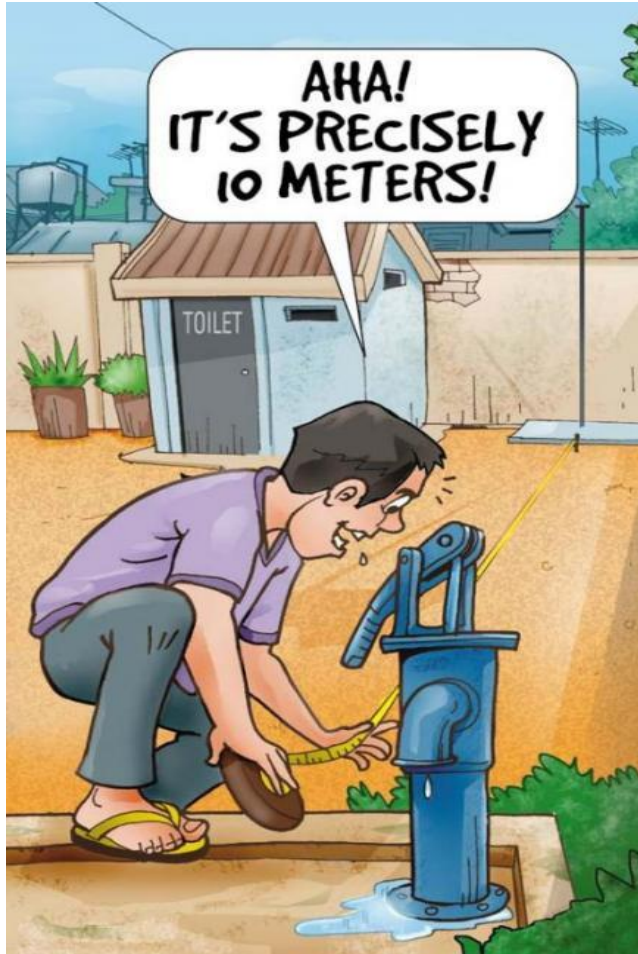
- Tanya Guenther
- Nick Oliphant
- Serge Raharison

Tuesday, March 4

iCCM 2014

**Integrated Community Case Management (iCCM):
Evidence Review Symposium**
3-5 March 2014, Accra, Ghana

Monitoring in practice



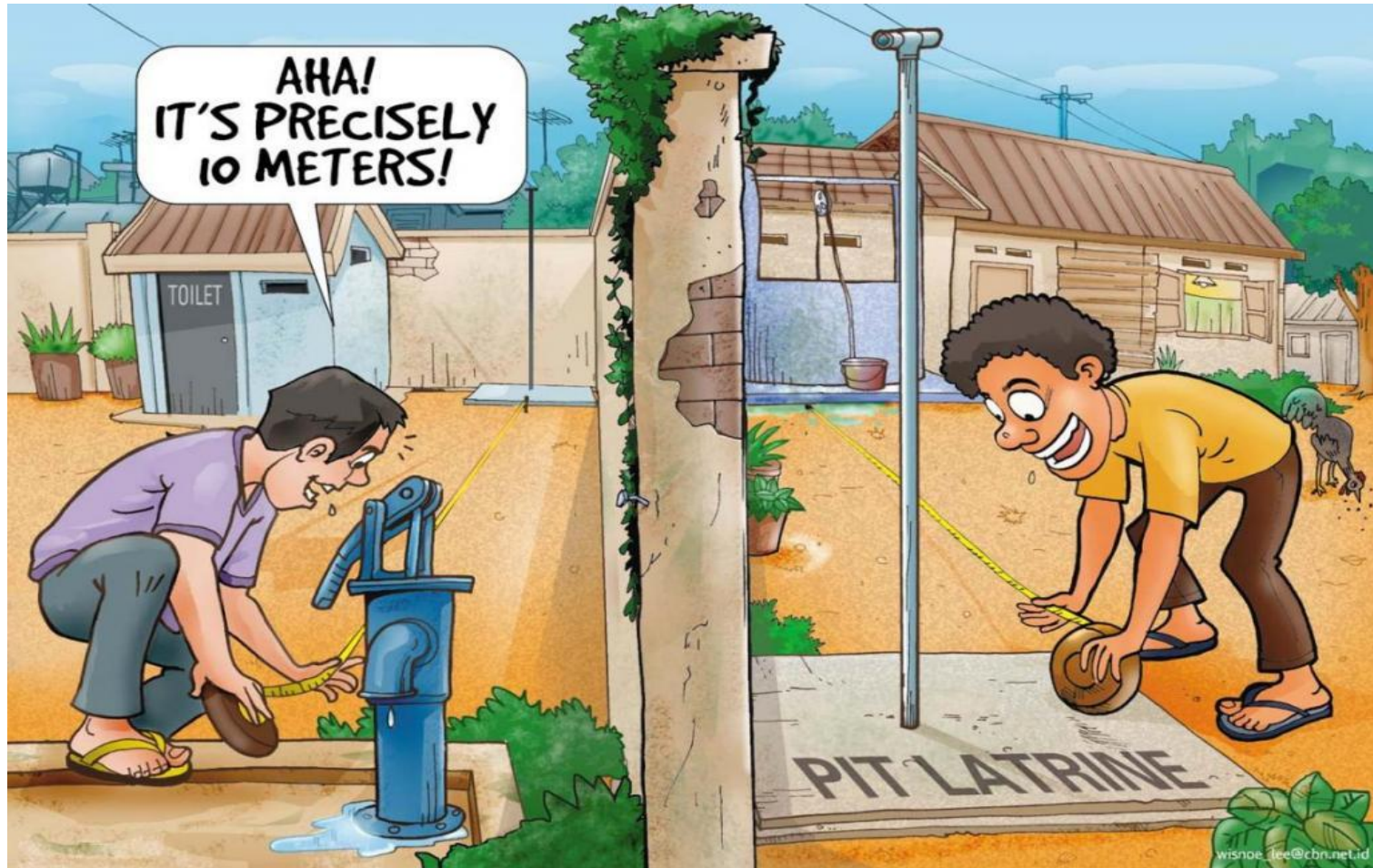
- Decide what information we need
- Define measurement methods
- Collect data
- Analyze data to ensure our program/project is on track

Monitoring in practice

- Apply standardized indicators and measurement methods across programs



Monitoring in practice



iCCM 2014

**Integrated Community Case Management (iCCM):
Evidence Review Symposium
3-5 March 2014, Accra, Ghana**

A photograph of a hallway with a glowing sign that says "INFORMATION". The sign is illuminated from within, casting a warm glow. The hallway is dark, and a single light fixture is visible on the ceiling. The sign is mounted on a dark wall and is slightly curved.

INFORMATION

**“We are drowning in
information but starved for
knowledge.” - John Naisbitt**

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iCCM 2014

**Integrated Community Case Management (iCCM):
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3-5 March 2014, Accra, Ghana**

Session objectives

Share experiences and discuss:

- How routine monitoring systems have been developed for iCCM and integrated with other systems,
- How data from different sources have successfully been used for decision-making at national and subnational levels
- How innovative approaches have been developed and applied to improve data quality and use.

Lessons learned

- 1. Coordination and leadership by Ministry of Health** to develop an overarching framework and rational plans for M&E is necessary to prevent parallel systems and optimize available M&E resources
- 2. Prioritization of a limited number of valid indicators** that reflect the determinants for achieving high coverage according to a theory of change and are tied to specific targets and actions is an essential step for a functional routine reporting system.
- 3. Integration of community treatment data into HMIS and LMIS** is rarely straightforward and can be a lengthy process involving many partners.

Lessons learned

- 4. Placing end users at the center of tool development and testing** is often overlooked, leading to sub-optimal or non-functional data collection systems.
- 5. Use of existing resources and standards** can help avoid the tendency to re-invent indicators, reporting tools and other M&E system elements that others have already developed and tested.
- 6. Triangulation** with other data sources and data quality audits should be built in to M&E plans from the beginning to guide interpretation of routine data.

Lessons learned

7. **Building capacity for data use** by CHWs, health workers and program managers requires concerted efforts and culture change. Further work is needed to better integrate data use skill development into existing training and supervision plans.
8. **Innovations** such as rapid SMS for CHW reporting should be coordinated through the Ministry of Health and linked to plans for integrating iCCM treatment data into HMIS or other platforms.

Overview of the presentations



Overview of the presentations

Laura Miller	Sierra Leone	Integrating CCM data into HMIS and triangulating routine and survey data
Anthony Oforu	Ghana	Integrating community data into DHIS2
Martin Dale	South Sudan	iCCM monitoring in low HR capacity settings
Tiyese Chimuna	Malawi	Improving data quality and use for iCCM
Bogoba Diarra	Mali	Use of multiple data sources for decision-making
Nick Oliphant	Global	Highlights of way forward - linking to innovations in M&E for iCCM and the tool sessions

Enjoy!