Monitoring and Evaluation at the Community Level

A Strategic Review of MEASURE Evaluation, Phase III
Accomplishments and Contributions

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ACRONYMS

CBIS	Community-based Information System
CBO	Community-based Organization
CHIS	Community Health Information System
CLIPR	Community-level Program Information Reporting for HIV/AIDS Programs
CSI	Child Status Index
CTV	Community Trace and Verify Tool
CW	Community Worker
DDU	Data Demand and Use
DHIS	District Health Information System
DQA	Data Quality Assessment
FMWASD	Federal Ministry of Women Affairs and Social Development
FP	Family Planning
GIS	Geographic Information System
HBC	Home-based Care
HEW	Health Extension Worker
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Post
IATT	Interagency Task Team
IPPF	International Planned Parenthood Federation
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MECAT	M&E Capacity Assessment Tool
MESST	M&E Systems Strengthening Tool
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare
NGO	Nongovernmental Organization
OVC	Orphan or Vulnerable Child
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PM&E	Participatory M&E
PRH	Population and Reproductive Health
RDQA	Routine Data Quality Assessment
RH	Reproductive Health
SBA	Skilled Birth Attendant
TWG	Technical Working Group
USAID	United States Agency for International Development
VLDP	Virtual Leadership Development Program

INTRODUCTION

In an effort to bolster gains in health outcomes, funders and national governments have increasingly turned to community-based organizations (CBOs) and community workers (CWs) to provide prevention, primary care, and social support services.[1] This renewed attention to expanding and improving the health and related services that are provided at the community level also requires strengthening the monitoring and evaluation (M&E) systems that are applied at that level.

As a global M&E project, MEASURE Evaluation, Phase III, which ran from September 2008 to August 2014, has contributed to various endeavors aimed at strengthening community M&E (i.e. M&E activities that are concerned with the delivery of services at the community level). The project has worked with international agencies, national governments, service delivery organizations, and community workers to improve the collection and use of community data in a variety of contexts. This strategic review catalogues the project's contributions to community M&E, highlights lessons learned through this work, notes key gaps that require attention, and proposes future work that builds on the project's achievements.

The primary audience for this review is USAID and other stakeholders who are looking to shape future plans and strategic direction of community M&E systems. This review may also be helpful to anyone interested in strengthening community M&E systems and wants to learn about the various tools and approaches developed or used by the MEASURE Evaluation project for doing so.

STRATEGIC REVIEW OBJECTIVES

The objectives of this strategic review are to:

1. Capture and review the work that MEASURE Evaluation, Phase III has done to support M&E at the community level within a framework that links community-level M&E to the broader health information system (HIS) and health system.
2. Document best practices, innovative approaches, and lessons learned from the MEASURE Evaluation, Phase III activities and outline gaps that remain within the global context to inform M&E for community-level health and social service programs.
3. Develop priorities for future support for M&E systems for community-level HIV programs.

SCOPE OF THE STRATEGIC REVIEW

The strategic review covers the main contributions of Phase III of the MEASURE Evaluation Project, which ran from September 2008 to August 2014. The report is not intended to be an exhaustive list of MEASURE Evaluation work at the community level, but rather it is intended to highlight key and innovative project achievements. While previous phases of the project also made important contributions to the field of community M&E, this strategic review does not systematically address those historical efforts. However, a few tools developed in previous phases are mentioned because they are still in use or have been adapted or refined in the current phase.

[1] Foster, A., Tulenko, K., and Broughton E., 2013. Monitoring and accountability platform for national governments and global partners. In developing, implementing, and managing CHW programs. Global Health Workforce Alliance: Geneva, Switzerland. Also, Global Fund, 2014. Community Systems Strengthening Framework: Revised edition, February 2014.

MEASURE Evaluation is a leader with associate awards cooperative agreement. The strategic review includes work conducted under the MEASURE Evaluation leader award, as well as work conducted under associate awards that were in existence when the review was initiated in December 2013: The Population and Reproductive Health (PRH) Associate Award and Kenya's PIMA Associate Award. In this report, the term MEASURE Evaluation is used to refer to Phase III of the project, including the leader and the two associate awards.

With few exceptions, the work that MEASURE Evaluation has undertaken in the realm of community M&E has been in the context of HIV/AIDS programming, with a strong focus on programs targeting orphans and vulnerable children (OVCs). Therefore, the strategic review primarily addresses community M&E as it relates to HIV programs. When appropriate, the review highlights M&E strengthening efforts that encompass other heath areas, which are generally efforts to improve the national community health information system (CHIS).

METHODS

1. **Selection of a conceptual framework**: A framework was needed to help organize and present the work that MEASURE Evaluation has undertaken with regard to community M&E. Several frameworks were reviewed, but they were not deemed appropriate because they were too broad, contained elements not relevant to MEASURE Evaluation's work, or were not a suitable lens for the examining information systems specifically. In the end, the project's own MEASURE Evaluation Framework was identified as best fitting the needs of the review, since all the project's work and contributions align neatly with the framework elements. This framework is presented on page 4.
2. **Desk review**: To identify the activities that directly related to community M&E, we searched the MEASURE Evaluation quarterly reporting system using the following terms: "community-based", "community," "CIS," "CHIS," and "CBIS." Activities that resulted from the search were compiled into an inventory and vetted by MEASURE Evaluation senior staff. Activities were removed or added to the inventory, as applicable. Project directors for PIMA and the PRH Associate Award were also asked to identify relevant activities. The final inventory included 56 activities identified under the leader award: 28 core-funded activities and 28 field-funded activities, plus 4 activities under the PRH Associate Award and 1 activity under the PIMA Associate Award. As part of the desk review, relevant reports, publications, and briefs were examined to obtain more information regarding the various activities.
3. **Activity lead survey**: A 10-question survey was emailed to activity leads of projects identified as having a community-level M&E support component to gather information on activity contributions, lessons learned, best practices, innovations, recommendations, and gaps. Some activity leads were responsible for multiple activities and were requested to complete one form per activity. Through the survey, activity leads were asked whether they felt their activity made a significant contribution to community M&E. Thirty-seven activities were deemed to have done so, and were kept for inclusion in the final review.
4. **Internal discussions among technical experts/activity leads**: Three virtual discussions were held with a total of eight MEASURE Evaluation staff to vet the survey responses; gain greater insight into the community-level work conducted under the project; and discuss in more detail the lessons, recommendations, best practices, and gaps.

5. **Internal database searches:** MEASURE Evaluation's internal results and training databases were searched using the activity codes that were determined to have made community-level M&E contributions during Phase III. Information about relevant training events and project results were extracted and incorporated into the review.
6. **Report writing:** A first draft was circulated for internal review by a small group of knowledgeable staff. Input was then incorporated into a final draft.

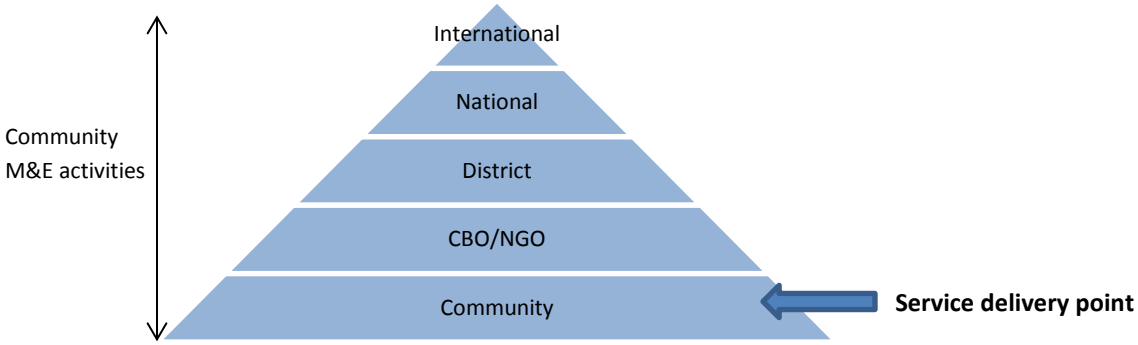
Defining Community M&E

We define community M&E as **M&E activities that are concerned with the delivery of services at the community level**. Services at that level typically involve the use of community or outreach workers to deliver medical or non-medical (i.e., prevention and social) services to community members outside of health facilities; for instance, during household visits or at outreach sites.

Community M&E is intended to track, understand, and ultimately improve the quality and reach of services that are provided by CBOs and CWs to communities. While the services being monitored and evaluated are provided at the community level, the M&E activities themselves can be implemented anywhere along the continuum from the community to the international level (Figure 1). Examples of M&E activities deemed to be community M&E include:

- The development of national indicators for a CHIS
- Supportive supervision by CBO staff to improve the quality of data collected by outreach workers
- The use of community data by donors to inform strategic programming

Figure 1: Community M&E

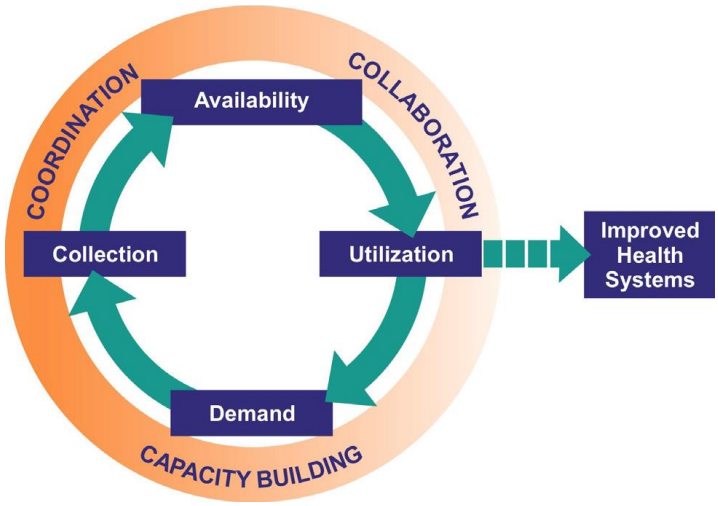


In this report, we use the term **CHIS** to refer specifically to the collection of data on medical services provided at the community level, outside of health facilities, that are intended to be linked to the formal health management information system (HMIS).

CONCEPTUAL FRAMEWORK

MEASURE Evaluation's community M&E efforts are reviewed within the context of the MEASURE Evaluation Framework. The "framework [depicted below] emphasizes a cycle of generating demand for information, improving data collection, making data more available, and facilitating the use of information to inform decisions. This information-use cycle, nested within a larger context of capacity building, coordination, and collaboration, aims to improve health systems and, ultimately, health outcomes."[2]

Figure 2: MEASURE Evaluation Framework



MEASURE Evaluation's contribution to community M&E are presented in six sections that correspond to the elements of the framework:

1. Collaboration and coordination (global and national)
2. Capacity for M&E among CBOs and frontline workers
3. Data collection, analysis, and management processes
4. Availability of quality data
5. Data use
6. Demand for data

A final chapter then discusses the lessons learned from this work, gaps identified, and opportunities for future work to continue strengthening community M&E systems.

[2] https://www.cpc.unc.edu/measure/our-work/index.html

CATALOGUE OF MEASURE EVALUATION'S CONTRIBUTIONS

ELEMENT 1. COLLABORATION AND COORDINATION

MEASURE Evaluation's coordination efforts with regard to community M&E have included global-level and country-level coordination. This work has been done through technical working groups (TWGs), communities of practice, and the joint implementation of specific M&E activities with diverse stakeholders. The collaboration and coordination work that the project has been involved in cuts across all elements of MEASURE Evaluation's conceptual framework.

Global-level Coordination

At the global level, MEASURE Evaluation's coordination work around community M&E has focused on strengthening HIV M&E systems, especially those relating to OVC programs.

Technical Working Groups

MEASURE Evaluation's involvement in the **Interagency Task Team (IATT) on Children affected by AIDS** and close collaboration with the **OVC TWG of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)** has resulted in the development of various tools, guidance materials, and research reports, including:

- OVC Survey Toolkit[3]
- Revised guidance on use of the Child Status Index (CSI), updated manual, and new training manual[4]
- Social Systems Strengthening M&E Framework[5]
- Adapted M&E systems strengthening tool (MESST) for OVC programs[6]
- Case studies of OVC M&E systems across various countries[7]

By working closely with key stakeholders in these TWGs, MEASURE Evaluation was able to recognize global M&E priorities and information gaps around OVC programming, understand the diverse data needs of donors and service delivery organizations, mobilize support and develop technical solutions to meet these M&E challenges. Continuous collaboration with TWG members during the elaboration process ensured that the outputs (tools and guidance materials) were acceptable and useful to a diverse group of stakeholders.

Technical Consultative Meetings

In 2009, MEASURE Evaluation organized an expert technical consultation, bringing together international stakeholders to set an agenda for strengthening information systems for community-based HIV programs. A number of recommendations emerged from this meeting, as outlined in the meeting

[3] http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit
[4] http://www.cpc.unc.edu/measure/publications/fs-12-75
[5] Pending publication – to be posted on MEASURE Evaluation site
[6] Not published
[7] http://www.cpc.unc.edu/measure/publications/sr-14-105a (Kenya)
http://www.cpc.unc.edu/measure/publications/sr-14-105b (Tanzania)
http://www.cpc.unc.edu/measure/publications/sr-14-105c (Zambia)

report.[8] Some of the recommendations were subsequently addressed by MEASURE Evaluation, such as developing a limited list of critical community HIV indicators[9] and developing a framework to understand the continuum of information needs from the community to the donor level, which was done for OVC programs.[10]

Communities of Practice

Through the **Child Status Net** community of practice, MEASURE Evaluation fosters collaboration and coordination by linking OVC professionals around the globe and enabling the open exchange of M&E-related information. The website provides a forum for learning and sharing best practices, indicators, and data collection tools for monitoring and evaluating child-focused programming.[11] MEASURE Evaluation's main role in managing the site is to disseminate research, share information and resources, host webinars, and promote dialogue around current M&E challenges. As of June 2014, Child Status Net had 407 members and had received 3,325 visits.

MEASURE Evaluation has also used communities of practice and online fora to obtain feedback from a wide range of HIV/AIDS, health and social welfare experts with regards to the development of indicators and M&E tools. These approaches were used to solicit feedback during the elaboration of the HIV Community Indicators, the OVC Survey Toolkit, and the Social Service Systems Strengthening M&E Framework (all of which will be discussed in more detail under Element 3). Similarly, the **Data Use Net** community of practice listserv was used to obtain diverse opinions on data use practices and barriers at the CBO level. This approach to garnering input proved time intensive, but it was an effective means to assess the feasibility and usefulness of applying the M&E tools in diverse program settings.

Country-level Coordination

At the country level, coordination and collaboration are essential to all M&E activities in which MEASURE Evaluation is involved. MEASURE Evaluation has set up, led, or participated in TWGs in seven countries specifically to strengthen M&E systems for community-based programs (Table 1.1.). Again, most of these TWGs have focused on M&E issues related to HIV/AIDS and OVC more specifically, but in Ethiopia, Kenya, and Mali, MEASURE Evaluation was involved in working groups dealing with the broader national CHIS. Key stakeholders in these TWGs include national government entities (such as the Ministry of Health [MOH], National Aids Control Program, and Department of Social Welfare), U.S. Government, and other funding agencies as well as service delivery organizations.

[8] http://www.cpc.unc.edu/measure/publications/ws-10-15
[9] http://www.cpc.unc.edu/measure/our-work/hiv-aids/indicators-for-community-hiv-programs-2012/view
[10] http://www.cpc.unc.edu/measure/publications/ja-14-177
[11] http://childstatus.net

Table 1.1: Countries where MEASURE Evaluation Has Participated in TWGs around Community M&E

Country	Health Area
Côte d'Ivoire	CHIS (HIV)
Ethiopia	CHIS
Kenya	CHIS
Mali	CHIS
Nigeria	OVC M&E
Rwanda	OVC M&E
Tanzania (mainland and Zanzibar)	OVC M&E

These TWGs have been instrumental in achieving results in countries where they operate. Examples include the following:

- In Tanzania, the OVC M&E TWG in Mainland and the OVC M&E TWG in Zanzibar, with MEASURE Evaluation as secretariat, introduced in an assessment of the OVC M&E system, including a special information, communication and technology (ICT) assessment of the data management system. The TWG provided coordination that did not previously exist across ministries, departments, and other stakeholders, and resulted in a more coordinated approach to M&E of community programs. Following the assessment, the group developed a national OVC M&E system strengthening plan that was then costed and will be used to advocate for a stronger, sustainable M&E system.
- In Ethiopia, the formal multi-partner TWG under the leadership of the MOH guided the design and operationalization of CHIS in the country. MEASURE Evaluation provided the technical leadership for the operationalization of CHIS guidelines and training procedures.
- In Nigeria, MEASURE Evaluation worked through the OVC M&E TWG to engage a wide range of stakeholders in the design and production of indicators and M&E tools for OVC programs. Ensuring that the stakeholders had a role in the development of the tools and that the government had a strong leadership role in the process reduced competing data demands and the tendency to create parallel data collection systems. MEASURE Evaluation also felt that strong advocacy for the use of the tools among service delivery organizations and other donors was an important step in the uptake of the tools in Nigeria.

Even in the absence of a formal M&E TWG, MEASURE Evaluation has emphasized a collaborative and participatory approach to planning and implementing M&E activities with local partners.

Element 2. Capacity for M&E among CBOs and Frontline Workers

One of MEASURE Evaluation's focuses is "strengthening the technical, leadership, and organizational capacity of in-country individuals and organizations to identify data needs and collect, analyze, and use appropriate data to meet those needs to achieve and sustain results."[12] Almost all of the work that MEASURE Evaluation does involves capacity building and mentoring.

MEASURE Evaluation, Phase III worked to improve the capacity of individuals in collecting, managing, and using community-level data through training workshops and targeted technical assistance.

[12] From the MEASURE Evaluation website: http://www.cpc.unc.edu/measure/our-work/capacity-building/capacity-building

Training

MEASURE Evaluation developed and implemented various training workshops to address country-specific community M&E needs. Over the last 6 years, more than 25,500 individuals have been trained in various aspects of community M&E in 8 countries (Table 2.1).

A large portion of these training activities focused on improving data collection, usually in the context of rolling out new indicators and tools, and to improve the quality of data for reporting purposes.

Illustrative examples of curricula covered during training workshops include:

- Training on data collection, analysis, and use; evaluation of quality of health and community-based data (Côte d'Ivoire)
- Community health information system scale up (Ethiopia)
- mHealth training for community peer educators (Jamaica)
- RDQA implementation (Mozambique)
- Child Status Index implementation (Nigeria)
- National OVC M&E system step-down training (Nigeria)
- Master training in M&E for community-based programs (Rwanda)
- M&E for community-based programs (Tanzania)
- GIS for community-based programs (Tanzania)
- Participatory M&E (Tanzania)
- M&E of Health Programs of Southeast Asia (Thailand)
- M&E tools and data use for community outreach programs (Vietnam)

Some of the trainings were aimed at increasing M&E capacity more broadly among CBO, frontline workers and subnational staff working with community-based programs. M&E knowledge and skills at this level was found to be quite low and data use practically non-existent. MEASURE Evaluation trainings aimed at teaching basic M&E skills and concepts such as developing M&E plans, conducting data quality checks, improving documentation and filing systems, and strengthening procedures for reporting, and how to use the data generated. In addition, CBO staff across several countries participated in the **Virtual Leadership Development Program (VLDP)** supported by the PRH Associate Award.[13] MEASURE Evaluation, however, did not systematically collect evidence of improved systems or improved capacity resulting from these trainings.

2.1: Number of People Trained on Community M&E, by Year* and by Country

	Year 2	Year 3	Year 4	Year 5	Year 6	Grand Total
Côte d'Ivoire	68					68
Ethiopia		3,343	2,308	11,798	7,314	24,763
Jamaica				36		36
Mozambique	29				27	56
Nigeria	100	125	43	200	56	524
Rwanda		7				7
Tanzania	36		7	197		240
Thailand				22		22
Vietnam		111	53			164
Grand Total	233	3,586	2,411	12,231	7,397	25,858

Source: MEASURE Evaluation training database, March 7, 2014
*No M&E trainings were reported for Year 1 (FY09) of the project.

[13] Exact numbers were not available.

Targeted Technical Assistance

MEASURE Evaluation fosters capacity building for community M&E through direct technical assistance to national and local institutions. Project staff worked with local stakeholders, such as CBO staff and MOH M&E staff, to increase their capacity to manage, report, analyze, and use data. Examples include the following:

- In Thailand, MEASURE Evaluation worked with two CBOs to review their M&E plans, assess their strengths and weakness, and harmonize the plans with the national HIV information system.
- In Kenya, MEASURE Evaluation worked with stakeholders to develop an M&E Framework and Operations Manual for the Division of Community Health Services.
- In Côte d'Ivoire, supervisory visits by MEASURE Evaluation conducted in 15 social centers improved capacity of OVC M&E focal points, thereby improving data entry rates in the OVC database.
- In Tanzania, MEASURE Evaluation supported the development of several M&E plans and capacity building plans for service delivery organizations, based on data quality assessment (DQA) findings.
- In Lesotho, MEASURE Evaluation data demand and use (DDU) technical leadership collaborated with Pact in February 2013 to pilot test a DDU training curriculum for nongovernmental organizations (NGOs) and to revise PACT's draft Data Demand and Use Operational Policy and data use work plan.
- In Ethiopia, MEASURE Evaluation provided technical assistance to strengthen supportive supervision of the CHIS carried out by government health managers.[14]

Assessing M&E Capacity

As described in the previous section, much work was conducted to increase the capacity of organizations and individuals to monitor and evaluate community programs. However, there were only limited attempts to assess M&E capacity and track improvements in capacity for community M&E.

One exception was the use of the M&E Capacity Assessment Tool (MECAT)[15] in Kenya to assess the M&E capacity of the Community Health Services Division, which is responsible for implementing the M&E framework for the national community health strategy. The MECAT is an organizational self-assessment that expands upon the 12 Components M&E System Assessment Framework, with specific questions for each component in order to calculate a summary score for capacity against the performance elements outlined by the 12 Components Framework. Findings from this assessment were used to develop a capacity building plan, and the project staff work closely with the Division to establish and reflect upon the benchmarks within this plan. The team in Kenya also developed an individual self-assessment tool to be used for assessing M&E technical skills.[16] These tools are also being used with county health management teams throughout Kenya.

[14] http://www.cpc.unc.edu/measure/publications/sr-14-98
[15] Pending publication
[16] Pending publication

ELEMENT 3. DATA COLLECTION, MANAGEMENT, AND ANALYSIS PROCESSES

During Phase III, MEASURE Evaluation developed a variety of tools for data collection, helped define community-level indicators, strengthened data management and reporting systems, and also more broadly worked to strengthen national community-based information systems.

Tools

Below is a list of tools that were developed or adapted by MEASURE Evaluation for the purpose of improving community M&E.

Child Status Index: CSI was developed during Phase II for use by CBOs and has been used in at least 17 countries and translated in to multiple languages. In Nigeria, the CSI was even adapted by Federal Ministry of Women's Affairs and Social Development and incorporated into the national M&E OVC framework. MEASURE Evaluation continued to improve the tool during Phase III, reviewing its use in the field and publishing guidance explaining when the tool should and should not be used.[17]

Child Status Index
https://www.cpc.unc.edu/measure/tools/child-health/child-status-index
Purpose: Case management (primary), monitoring, and program planning (not targeting or evaluation). CSI is a simple, cost-effective, comprehensive high-inference tool to be used by low-literate (and often volunteer) community caregivers to capture a child's status and well-being across 12 factors.
Additional information: CSI has been used in at least 17 countries. Its core purposes are to build rapport, assess the holistic needs of vulnerable children, develop an individualized approach, monitor outcomes (rather than just inputs), and identify urgent situations. CSI use requires trained information collectors. Scores should not be aggregated across factors, geographic areas, or levels; the tool is for local use.
Includes: manual, CSI domains, CSI made easy document, CSI pictorial version, CSI record form, CSI usage assessment (1 and 2), overview of CSI studies, clarification statement regarding CSI use

Community HIV Program Indicators: The collaborative effort that MEASURE Evaluation led to develop the community HIV program indicators was highlighted under Element 1, but the indicators themselves deserve separate mention.

Community HIV Program Indicators
Field test results report
Community HIV Program Indicator PowerPoint
Purpose: To harmonize PEPFAR and Global Fund community program indicators; improve technical merit of community indicators; highlight emerging indicators that would fill gaps in knowledge about community programs
Includes: 7 field-tested (Kenya and Vietnam) indicators re: prevention services (3), prevention materials (2), care services (1), testing and linkages (1); 12 recommendations from the field tests

Community-level Program Information Reporting for HIV/AIDS Programs (CLIPR): A beta version of CLIPR, which can be used by both CBOs and health systems, was posted on the MEASURE Evaluation website during Phase III. The tool is intended to help set up and strengthen community-level information systems. Between 2012 and 2013, Module 1, the most downloaded section, was downloaded 596 times. MEASURE Evaluation does not systematically track when the tool is used by other organizations but knows, for example, that EGPAF used it in developing its community-based programs/information systems a few years ago and that it has also been used in Haiti for the development of their community-based information system (CBIS).

[17] http://www.cpc.unc.edu/measure/publications/fs-12-75/at_download/document

Community-level Program Information Reporting for HIV/AIDS Programs (Global)
https://www.cpc.unc.edu/measure/tools/hiv-aids/clpir/clpir.html
https://www.cpc.unc.edu/measure/tools/hiv-aids/clpir
Purpose: To improve information systems for community-level programs by supporting harmonized monitoring and reporting systems that capture indicator data from programs
Additional information: Beta version available through MEASURE Evaluation website
Includes: introduction document; Module 1: Illustrative Program Indicators, Data Collection Tools and Indicator Reference Sheets for Prevention, HBC, and OVC Programs; Module 2: Rapid Situation and Needs Assessment; Module 3: Indicator Harmonization; Module 4: Indicator Rollout

Community Trace and Verify (CTV) Tool: The CTV tool was developed through MEASURE Evaluation/Tanzania for OVC programs implemented by CBOs in response to the need for a community-level DQA tool and shortcomings of the trace-and-verify methodology. The tool is being used as an annual DQA tool to assess changes over time. Although it is an OVC tool, it could be adapted for other topics, and its use could also be replicated in other geographic areas.

Community Trace and Verify Tool
https://www.cpc.unc.edu/measure/publications/ms-13-63
Purpose: Supervision tool that provides programs with a way to verify that OVCs who are reported as being provided with services by CBOs actually receive services. It is a short 10-minute survey of caretakers that covers the minimum package of OVC services.
Additional information: Uses lot quality assurance sampling (LQAS) methodology and pass-fail scoring; encourages participatory M&E as a low-literacy tool (community identifies priorities and establishes progress indicators, CBO assists with regular monitoring)
Includes: implementation protocol (Tanzania), questionnaires (all respondents, children 0–5 years, children 6+ years, OVCs at vocational school), tabulation plan

Family Planning/Reproductive Health Indicators Database: MEASURE Evaluation also contributed to the development of a database of family planning and reproductive health indicators, including community-level indicators.

Family Planning (FP) and Reproductive Health (RH) Health Indicators Database
http://www.cpc.unc.edu/measure/prh/rh_indicators
Purpose: To provide a comprehensive listing of the most widely used indicators for evaluating FP/RH programs in developing countries. Specifically, the database provides a menu of indicators to be used selectively, and adapted as needed, as part of the evaluation of national programs, regional programs, and country projects.
Additional information: This is a dynamic site, updated as needed as FP/RH research and programming changes and evolves. Although all of the core indicators by cross-cutting or specific programmatic areas have been identified, not all of the indicator guidance has been developed. The guidance will be uploaded to the database when it becomes available.
Includes: overview (database use, indicator selection & use, frameworks – conceptual & results), cross-cutting indicators, specific programmatic area indicators, glossary, feedback

M&E Systems Strengthening Tool (MESST) adapted for OVC programs[18]: MESST[19] was originally developed by MEASURE Evaluation using the UNAIDS 12 Components Framework[20] to understand the system through which data are generated, aggregated, and reported in order to assess their quality; to

[18] Not published
[19] http://www.unaids.org/en/media/unaids/contentassets/documents/document/2010/2_MERG_Strengthening_Tool_12_Components_ME_System.pdf
[20] http://www.unaids.org/en/media/unaids/contentassets/documents/document/2010/20080430_JC1769_Organizing_Framework_Functional_v2_en.pdf

focus stakeholder attention on actionable gaps in M&E systems that relate to data collection and indicator reporting; and to complement ongoing efforts to strengthen M&E more broadly. The tool was adapted for OVC programs through MEASURE Evaluation/Rwanda during Phase II. During Phase III, MEASURE Evaluation adapted the tool for use by the national OVC program in Tanzania. The tool was then used in Tanzania Mainland and Zanzibar to inform two national OVC M&E systems strengthening plans that were costed and used to advocate for stronger M&E systems and to prioritize M&E activities.

OVC Survey Toolkit: MEASURE Evaluation led a collaborative effort to develop a global toolkit that could be used by a wide variety of organizations, including CBOs, to assess OVC outcomes. The OVC Survey Toolkit has been piloted in Nigeria and Zambia, and rolled out in Zambia, as well as adapted by others globally.

OVC Survey Toolkit
https://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit
Purpose: Planning and evaluation—standardized measures of child and HH/caregiver outcomes (well-being)
Includes: manual, questionnaires (caregiver/household, child 0–9 years, child 10–17 years), study protocol template, data analysis guidance, core OVC program impact indicators, fact sheet

Reference guide on using geographic information system (GIS) for M&E of community-based programs: MEASURE Evaluation developed a guidance document that presents community mapping strategies and how to use them to support M&E and program decision-making for community-based programs. The reference guide was still in press when this report was prepared.

Referral System Assessment and Monitoring Toolkit: MEASURE Evaluation developed a toolkit to assess and monitor referral systems within a country's health system. The toolkit was developed to assist health and program managers in obtaining and using information regarding the performance of referral systems. It can be adapted to any type of referral system and can be used to track referrals between the community and health facilities or between different organizations.

Referral System Assessment and Monitoring Toolkit (Global)
http://www.cpc.unc.edu/measure/publications/ms-13-60
Purpose: To assist health and program managers in obtaining and using information regarding the performance of referral systems
Additional information: The tool has two components:
1. **Referral System Assessment** to obtain an in-depth examination of how well referral processes and mechanisms are functioning at a given point in time. The assessment can also be used to evaluate interventions when applied repeatedly.
2. **Referral System Monitoring** to generate routine data on the frequency and completion of referrals across services.

Includes: background, instructions (selection, adaptation, use of tools + analysis, interpretation, use of info), referral systems assessment tools (instrument, checklist, decision calendar), referral systems monitoring tools (client referral form, referral register for initiating service , referral register for receiving service, referral reporting form, indicator reporting form)

Country-specific Tools

In addition to the more broadly applicable tools mentioned above, there are several country-specific examples of MEASURE Evaluation developing tools to strengthen elements of country data management and reporting systems. Some worth noting include the following:

In **Jamaica,** MEASURE Evaluation piloted an **mHealth data collection system** in which community peer educators use mobile phones to collect routine M&E data at the community level. The data are then

uploaded, automatically aggregated, and reported to the Regional Health Authority and the national M&E system. The mHealth data collection and reporting system has been found to improve data quality, timeliness, and availability. A report (in production) will provide more generalizable information about using mHealth to improve data collection at the community level.

In **Ethiopia,** as part of MEASURE Evaluation's CHIS work, the project helped to establish a **tickler file system** at health posts for managing appointments and tracing defaulters the CHIS and to institute **Family Folders** to promote family-centered healthcare and to bring various parallel information systems into a single family-oriented system.

Tickler File System (Ethiopia)
https://www.cpc.unc.edu/measure/publications/ja-13-161
Purpose: To easily separate out the household numbers of clients who needed follow-up services
Additional information: The Tickler Box has 12 slots for 12 months of the year. The Health Cards of the clients who need follow-up are put in the month's slot according to the month when the follow-up service is due. With this system the health extension workers are now able to review the cards of the clients who should be followed up during the current month and accordingly communicate with them either through community volunteers or house visits. If at the end of the month the health cards are still remaining in that month's slot, the health extension workers know the clients who have defaulted; therefore they can take appropriate measures to get to those clients.

Family Folders (Ethiopia)
https://www.cpc.unc.edu/measure/our-work/health-information-systems/family-folder-system-guides-health-workers-in-ethiopia
Purpose: To keep information on household identification, family members, and household characteristics, such as availability of latrine, hand washing, waste disposal, drinking water facilities, and long-lasting insecticide-treated nets in one place (at the health post) along with Health Cards and Integrated Maternal and Child Care Cards

Examples of Community Information Systems Strengthening

In some countries, MEASURE Evaluation's mandate was to more broadly strengthen community information systems at a national scale. The overall system strengthening activities cut across numerous elements of the framework with data collection, collaboration, and capacity building in particular being central to these efforts. However, because there was a notable emphasis on the generation of data, these activities are discussed here, under Element 3 of the Framework. Below we list the countries where these community information system strengthening activities took place and provide a quick overview of the key aspects of the work.

Bangladesh: MEASURE Evaluation supported the MOH and the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) in the development of tools to streamline community-level data collection. The tools included a community skilled birth attendant (SBA) register, a community SBA reporting tool, an online reporting tools for community clinics (general, newborn/child care and nutrition, maternal care and family planning, and community mobilization), a pregnancy registration handbook for Family Welfare Assistants at the community level, and a revised general patient register for health at the community clinic.

Côte d'Ivoire: MEASURE Evaluation assisted the national OVC program to conduct an OVC data collection evaluation, which led to the revision of paper-based data collection tools and development of an OVC database in collaboration with the U.S. Centers for Disease Control and Prevention. As part of this process, MEASURE Evaluation developed an OVC data management procedure manual, including rapid data quality assessment during supervision, feedback bulletin, community-level HIV data collection tools, and training modules. In addition, MEASURE Evaluation contributed to the development of

harmonized community-level indicators and tools for their collection. Project staff helped create a decentralized M&E unit to assist the CBO in the implementation of M&E activities. This led to increased availability and quality of community data at the central level for the HIV national report.

Kenya: MEASURE Evaluation supported CHIS strengthening and national scale up. The project is supporting the team in Kenya to roll out new data collection tools meant to improve the collection, management, and use of community health data; implement a capacity building action plan; develop an mHealth platform for use at the community level; and implement structured learning visits to share lessons learned and best practices in CHIS programming.[21]

Ethiopia: Working to support the efficient functioning of health programs has been a cornerstone of MEASURE Evaluation's work in Ethiopia. This included the operationalization and scale-up of Ethiopia's CHIS, which organizes information on individuals and families—information related to vaccines, family planning, maternal and child health, HIV treatment and support, and other services—and makes it available all in one place. During the design phase, a pilot was done to inform which options were feasible and practical. After the scale-up, a qualitative assessment was done to inform how various features of CHIS were helping health extension workers (HEWs) deliver the health extension program service packages and to identify factors that need attention for strengthening the system.

Haiti: MEASURE Evaluation worked with the Haiti MOH and other partners to develop a CBIS for HIV programs and helped harmonize and standardize the information that NGOs collect and report by developing data collection tools, reporting forms, and relevant training materials. The team implemented supportive supervision activities to improve capacity and data quality.

Nigeria: In 2008, MEASURE Evaluation supported the Nigerian government in conducting the National Situational Analysis and Assessment (SAA) for OVC.[22] To help fill information gaps and make further programmatic and policy decisions for the OVC response, MEASURE Evaluation also completed several secondary analyses that used data from the SAA. Furthermore, MEASURE Evaluation played a key role in helping draft the original National Plan of Action for OVC in coordination with other stakeholders, and supported the development of a functional OVC M&E system, and helped Nigeria's Federal Ministry of Women Affairs and Social Development (FMWASD) harmonize and implement a national OVC M&E plan, including training M&E staff in the use of the National OVC Management Information System, an electronic database for reporting data on OVCs. MEASURE Evaluation worked with OVC stakeholders, most notably FMWASD, to strengthen their capacity to collect, analyze, and use strategic information for OVC programs.

Rwanda: MEASURE Evaluation staff supported the development of the national M&E framework for the OVC National Strategic Plan, developed data collection tools for key OVC indicators, worked closely with M&E staff and OVC M&E stakeholders to formally develop and document the OVC M&E system. For example, MEASURE Evaluation adapted the MESST based on the 12 Components Framework[20] for use in OVC programs, conducting an overall OVC M&E system assessment and developing a systems strengthening multi-year costed operational plan based on assessment results.

[21] http://www.slideshare.net/measureevaluation/building-information-systems-for-community-programs
[22] http://pdf.usaid.gov/pdf_docs/PNADT691.pdf

ELEMENT 4. AVAILABILITY OF QUALITY DATA

Through capacity building, systems strengthening efforts, and the application of tools that were developed through the project (described under Elements 2 and 3), MEASURE Evaluation has contributed to the increased production of community-level data. Data availability, however, implies not only that data are collected, but also that they are easily accessible to stakeholders and data users.

MEASURE Evaluation has supported efforts to increase the availability and quality of community-level data by 1) developing solutions to make data accessible in a user-friendly format, and 2) supporting partners to implement data quality improvement interventions. The project has also contributed to increasing the availability of information around the overall functioning of M&E systems by conducting assessments and case studies to document the strengths and weaknesses of these systems.

Data Availability

Data can be made more accessible through data management systems, analyses, dashboards, report preparation, and dissemination activities. MEASURE Evaluation has made fewer contributions to M&E systems in this regard. Some examples of activities supported by MEASURE Evaluation include the following:

- Supporting the roll out of the Family Folders and the Tickler System in Ethiopia. These simple filing systems have been very successful in making data easily accessible to community workers. They facilitate the retrieval of client information and organize it in such a way that community workers can easily know what type of services clients need, where to locate clients, when they are due for services, and when follow-up is needed.
- Also in Ethiopia, MEASURE Evaluation developed an electronic application that links the data generated through CHIS to the mainstream HMIS. In this way, data generated in the community are available and accessible to district and regional health managers.
- MEASURE Evaluation developed a dashboard mockup for the OVC survey toolkit, so that national programs can upload their data and instantly see analyzed results. The project also developed a data analysis guide for the toolkit that is available online.
- An OVC database in Côte d'Ivoire was developed in collaboration with CDC and deployed in 31 social centers to facilitate OVC data management. MEASURE Evaluation supported formative supervision to assist M&E focal points in these social centers to manage the data and use the OVC database.

Tool Development for Improved Data Quality

In addition to making data available, MEASURE Evaluation has worked to improve the quality of community-level data to produce sound evidence on which decisions can be based. The main data quality strengthening efforts by the project are described below.

Adapting DQA methods to community-level data. Drawing on the project's extensive experience implementing MEASURE Evaluation DQA tools, project staff adapted these methods and successfully applied them at the community level. The flexibility of DQA methods and tools allowed them to be used to assess and improve quality for different types of community data across a range of projects and contexts. For example:

- In Rwanda, MEASURE Evaluation remodeled DQA tools and procedures for community-level data quality assessments.[23]
- In Nigeria, MEASURE Evaluation participated in National Joint DQAs to assess the capacity of CBOs to collect data on delivery of OVC services.
- In Tanzania, the project conducted repeat DQA annually to assess impact of the project's M&E capacity building activities, to inform the type of capacity building support needed, and to provide information on reporting accuracy. DQAs showed measureable improvements in quality of M&E plans, performance of M&E units, and data validity when comparing later rounds with the first round, which was used as a baseline.

MEASURE Evaluation also worked with the International Planned Parenthood Federation (IPPF) to improve data quality and uniformity in the reporting of 30 global program indicators, as well as to improve data quality more generally among IPPF Membership Associations, which provide sexual and reproductive health help, advice, services, and supplies, by adapting the Routine Data Quality Assessment (RDQA) tool for use by IPPF Membership Associations and developing a user's guide.[24] The RDQA approach to evaluating data quality was selected by IPPF because of its flexible nature and its usefulness in identifying weaknesses in data quality flow.

CTV tool to verify data. An innovative approach to improving data quality was implemented by the project in Tanzania, with the creation of the CTV tool (described in Element 3) to verify the number of OVC program beneficiaries and the types of services being provided. The tool was used annually to assess improvements in data quality and to help inform capacity building plans.

Supportive supervision in Haiti. As part of the project's CHIS-strengthening activities in Haiti, MEASURE Evaluation established a process for the implementing partner's M&E staff to provide supportive supervision on data collection and reporting to NGO sub-grantees. As part of this work, MEASURE Evaluation developed a supervisor's guidebook and provided training to strengthen the supervisory capacity of the implementing partner's M&E staff. MEASURE Evaluation explored these supportive supervision activities in Haiti and developed a case study: *Supportive Supervision in Monitoring and Evaluation with Community-based Health Staff in HIV Programs: A Case Study from Haiti.*[25] Findings from interviews and direct observations suggest that the supportive supervision project was successful in improving data quality at the community-level through consistent use of supervision tools and regular provision of feedback on staff performance.

Decentralized M&E units and OVC database in Côte d'Ivoire. In Côte d'Ivoire, MEASURE Evaluation helped create a decentralized M&E unit to assist CBOs in the implementation of M&E activities, which led to an improvement in the availability and quality of community-level HIV data at central level. MEASURE Evaluation also supported the national OVC program to conduct formative supervision to assist M&E focal points of social centers in data management and use of the OVC database, which was innovative for the program and improved OVC data availability at social centers and at the central level.

Assessments and Case Studies

Research, including assessments, case studies, and evaluations makes information available about the functioning of community M&E systems. These studies improve the body of knowledge around best

[23] Tool not published
[24] http://www.cpc.unc.edu/measure/publications/ms-14-84
[25] https://www.cpc.unc.edu/measure/publications/sr-13-83

practices in community M&E and help identify specific interventions for strengthening systems in specific countries. During Phase III, MEASURE Evaluation conducted a several studies around community M&E, including the following.

Case studies of OVC M&E systems.[26] MEASURE Evaluation conducted case studies of OVC M&E systems in Zambia, Tanzania, and Kenya to document how OVC M&E systems are developed, implemented, and used as well as to identify successes and challenges of such systems. Findings from the case studies will help highlight best practices around OVC M&E systems.

Assessing the use of mHealth to improve patient follow-up at the community level.[27] In Mozambique, MEASURE Evaluation conducted a study related to the use of mHealth to improve the follow-up of defaulted antiretroviral therapy patients. More specifically the study examined the feasibility of using mobile telephone technology to facilitate communications between the treatment facility and the community workers who locate treatment patients who are overdue for pharmacy pickups or needed consultations. Preliminary results from this study revealed that mHealth is only appropriate if correct paper procedures are in place and community workers have access to and the ability to use cell phones.

Assessing community care for vulnerable children within an integrated home based care (HBC) and OVC program. Conducted in Mozambique, this study aims to examine the process of integrating HBC for persons living with HIV and OVC support services into the scope of a single community worker. One of the main lessons from this assessment is that forms for reporting are not organized in a way that can be used for case management.

CHIS assessment in Mali. In June 2013, MEASURE Evaluation was asked to assess how community health data were collected and reported. Results showed that data collected at the community level were reported inconsistently, were of poor quality, and were not being integrated into the national health information system (Système Local d'Information Sanitaire). The results of the assessment were presented to the Minister of Health and his cabinet in November 2013 and used to advocate for a system strengthening and implementation plan based on these findings.

Assessment of the vulnerability index in Uganda. In July 2012, at the request of USAID/Uganda, MEASURE Evaluation conducted an assessment to determine the value of a vulnerability index tool developed by the Uganda Ministry of Gender, Labor, and Social Development, through the PEPFAR OVC TWG in Uganda, used to identify vulnerable households and ascertain levels of vulnerability. The assessment found that the tool could be improved to better capture critically vulnerable children and by providing guidance on scoring and implementation.

Assessment of the national OVC system in Rwanda. MEASURE Evaluation adapted the 12 Components Framework and the MESST tool to identify the strengths and weaknesses of the national OVC M&E system. Results were used in developing a multi-sectoral OVC M&E system strengthening operational plan.

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[26] http://www.cpc.unc.edu/measure/publications/sr-14-105a (Kenya)
http://www.cpc.unc.edu/measure/publications/sr-14-105b (Tanzania)
http://www.cpc.unc.edu/measure/publications/sr-14-105c (Zambia)

[27] http://www.cpc.unc.edu/measure/publications/wp-13-139

Evaluating the impact of community-based interventions on schooling outcomes among OVC in Lusaka, Zambia.[28] This study evaluates the impact of a community-based program implemented by a Zambian NGO on educational outcomes among OVCs in Lusaka, Zambia

CHIS case study in Ethiopia.[29] In early 2013, MEASURE Evaluation/Ethiopia prepared a case study to understand how the national CHIS was working, and specifically to better understand in what ways the CHIS was helping HEWs improve service delivery. Overall, the case study highlighted that CHIS is improving data quality and information use at the health posts and has contributed to better supervision, staff motivation, and better targeting of family-oriented services. Having access to integrated information on a family allows HEWs to tailor their service and health messages because they can easily see an entire family's needs. The study findings allowed the Federal Ministry of Health to understand which aspects of their system was working effectively and where additional reinforcement was needed.

ELEMENT 5. DATA USE

With regards to community-level M&E, MEASURE Evaluation's data use efforts have focused primarily on data use among CBOs.

Understanding Data Use Practices and Constrains Among CBOs

Under Phase III, MEASURE Evaluation undertook two activities aimed at better understanding the dynamics and factors influencing the use of data for decision-making among CBO staff. Both activities resulted in concrete recommendations for promoting and facilitating data use at this level.

To better understand the common constraints to data collection and use facing CBOs, MEASURE Evaluation conducted a series of in-depth interviews with CBO staff in six countries. The results were synthesized into a report, *Strengthening Health Service Delivery by Community-Based Organizations—The Role of Data,*[30] that lays out many of the barriers and gaps that CBOs face within the realm of community-level M&E and data use as well as recommendations and resources to foster data-based decision-making among CBOs. Some of the findings and recommendations were specific to the type of CBO (i.e., country-wide, umbrella coordinating organization; regional, multi-branched organization; and community-level, single-site organization), but others more generally applied across the categories. Select key barriers included the following:

- **Data demand:** CBOs prioritize service delivery over M&E and sometimes do not have the technical capacity or time to focus more on M&E. Often key stakeholders within CBOs do not understand the importance of data and how they can be used for planning, improving service delivery, or advocating for funding.
- **Data collection:** Data collectors often lack experience and M&E skills, but organizations do not usually set aside funds to train staff in M&E. Low literacy of data collectors can also be a problem as can data collectors who are not community members (i.e., in such cases the community might not be willing to share information).

[28] http://www.cpc.unc.edu/measure/publications/wp-09-110
[29] http://www.cpc.unc.edu/measure/publications/ja-13-161
[30] https://www.cpc.unc.edu/measure/publications/fs-11-42

- **Data availability and access:** Smaller CBOs often do not have the infrastructure or capacity to share data beyond reporting requirements, and they usually are not aware of other similar data that might be available. Further, data from routine health information systems are often not available, up-to-date, reliable, or accessible by CBOs.
- **Data use:** The data that donors ask CBOs to collect do not always align with the information CBOs need to make internal program and service delivery decisions. Data collected by volunteers can be of poor quality or late, so even if they are available, program managers are unsure how to use them.

In December 2011, MEASURE Evaluation moderated a discussion via Data Use Net, entitled *Strategies to Increase Data Use at the Community Based Organization Level*, which targeted organizations working with people living with HIV.[31] Based on the discussion, it was apparent that organizations do take steps to encourage data use, and that simple data collection and management tools, technical capacity, participatory approaches, and coordinated efforts among stakeholders at multiple levels all facilitate data use.[32] Key points from the discussion to encourage data use included: (1) ensure that information is relevant for CBOs, (2) create an information culture, (3) use a team approach, and (4) identify constraints to data use.

Participatory M&E Approach to Data Use

In Tanzania, MEASURE Evaluation implemented a participatory M&E (PM&E) approach that focused on communities using data for accountability. In the Tanzania context, the approach is meant to involve community members in: (1) identification of unmet OVC needs in their communities, (2) improvement of community referrals between health and social services, and (3) community program planning and implementation. The approach includes a facilitated one-day meeting that includes village leaders, ward leaders, Most Vulnerable Children Committee members, and community volunteers involved in service delivery. Using a participatory a low-literacy tool called the "Growing Tree Community Score Card and Planning Matrix," the group engages in discussions, group scoring, voting, and determining action points. Groups involved in the pilot reported that the approach improved stakeholder engagement, understanding of key issues, and their ability to express those issues. In collaboration with Pact, MEASURE Evaluation has rolled out the PM&E approach to an additional 20 groups in 2 additional wards in Tanzania.

Technical Assistance and Capacity Building for Data Use

MEASURE Evaluation has also provided limited support to build the capacity of stakeholders to use community-level data. Examples include the following:

- MEASURE Evaluation instituted routine peer review and data use meetings among NGOs and CBOs using the OVC reporting system in Haiti, which helped stimulate the use of data for decision-making.
- In Kenya, MEASURE Evaluation facilitates data use at the community level by supporting the community health committee to conduct dialogue days and action days. During dialogue days, held quarterly, key health indicators are reviewed in order to identify community needs to

[31] https://www.cpc.unc.edu/measure/networks/datausenet/strategies-to-increase-data-use-by-community-based-organizations

[32] https://www.cpc.unc.edu/measure/networks/datausenet/strategies-to-increase-data-use-by-community-based-organizations/Data%20Use%20Net%20Summary.pdf

improve health and develop actions. On action days, key actions as determined during the dialogue days are implemented.

- MEASURE Evaluation conducted an OVC DDU training workshop in March 2012 in Zanzibar, Tanzania. Participants learned DDU basics, data analysis and interpretation skills, and mapping as a decision support tool, and were introduced to QGIS software. Teams used existing country OVC data to analyze the situation and diagnose problems, and identify priority information needs. Final outcomes from the workshop were country-level team Action Plans that will be supported by ongoing MEASURE Evaluation technical support.
- MEASURE Evaluation tested a new data use curriculum with one of USAID's implementing partners providing OVC services in Lesotho, and found it to be applicable to the NGO level.
- MEASURE Evaluation ran a series of data use workshops in Nigeria with a variety of stakeholders from the national and subnational levels to determine directions for secondary analysis of the OVC situation assessment and analysis.
- MEASURE Evaluation supported the development of several M&E plans and capacity building plans for service delivery organizations working at the community level, based on DQA findings in Tanzania. Use of findings from the DQA led to focusing training and on-the-job mentoring on identified weaknesses.

Element 6. Demand for Data

During Phase III, several missions requested that MEASURE Evaluation support community M&E work, an indication of the countries' demand for data. Table 6.1 shows how the demand for community data evolved over the course of the project, as evidenced by field-funded activities specific to community M&E. Many field-funded community M&E activities were initiated in the first year of the project, but there was continued demand for new community M&E activities over the course of the project, and new demand from missions such as Bangladesh, Mozambique and Uganda.

Table 6.1: Field-funded MEASURE Evaluation Activity Codes by Start Date of Community-level Work

Country	Activity Code	Start of Community-level Work	
		Year*	Quarter
Côte d'Ivoire	3CI-3	1	3
Nigeria	3NG-1	1	3
Côte d'Ivoire	3CI-4	1	4
Haiti	3HT-1	1	4
Rwanda	3RW-2	1	4
Tanzania	3TZ-1	1	4
Kenya	3KE-4	3	1
Ethiopia	3ET-2	3	2
Tanzania	3TZ-6	3	2
Mali	3ML-2	3	4
Nigeria	3NG-3	3	4
Bangladesh	3BD-2	4	3
Kenya	3KE-5	4	3
Rwanda	3RW-7	4	3
Rwanda	3RW-5	5	1
Tanzania	3TZ-5	5	1
Mozambique	3MZ-3	5	3
Uganda	3UG-2	6	1

*Year 1 is equivalent to FY09

CONCLUSIONS: LESSONS LEARNED AND OPPORTUNITIES

MEASURE Evaluation has made significant contributions to improving community M&E systems and practices, primarily concerning M&E for client management and for reporting on service provision for HIV and OVC programs, and to a lesser degree for CHIS systems that collect information at the community level across multiple health areas. This report outlines the many contributions that the project has made. These contributions have spanned across all elements of the MEASURE Evaluation Framework. Most of this effort has been related to the collection of data; whether it be through collaboration efforts, capacity building, the generation or adaptation of tools, or the implementation of assessments, the focus has decidedly been on the production of data and information. Less work has been done by the project in terms of improving data availability and data use and these are areas that will require more attention as community M&E systems get scaled up.

During this review of the project's contributions, lessons learned and potential opportunities for further work were identified. Themes that emerged during that process include:

- The need for a comprehensive project strategic approach that is based on unifying framework and coordinates efforts and contributes to a learning agenda;
- The distinction between tools and approaches used for managing client services and reporting on those services, and the tools and approaches used to strengthen an information system;
- The need for a more comprehensive understanding of the information needs around community services, including who the decision-makers and users of the data are, and the type of information required at various levels of the reporting system to support decisions;
- The need for coordination and collaboration at all levels from the community where services are provided to the global level where these services are appraised;

These themes are discussed more comprehensively below.

Community M&E Framework and Strategic Approach

Under Phase III, MEASURE Evaluation did not establish community M&E (or CHIS) as a specific technical area for the project's activities. As a result, there was not a strategic approach to the work that was done; instead activities responded to requests from the field or to PEPFAR's reporting needs. In addition to making this review easier, if activities had been organized into a portfolio of activities, they could have been easily accessed by those seeking to learn from others' work or to coordinate efforts.

Recommendations

Define a strategic approach and learning agenda for community M&E systems: This review was unable to answer some important questions with regards to community M&E systems - such as what constitutes a strong community information system, or how best to integrate community M&E into a national information system - because there was not a clear plan for collecting and documenting this information through the project's work. Project activities, which were focused mainly on generating data for reporting, were not designed to answer these broader questions, and seldom were best practices or lessons learned documented along the way. Moving forward, a strategic approach is needed to help prioritize project activities and to organize the work in such a way that contributes not only to strengthening community M&E systems, but also to a concrete learning agenda. MEASURE Evaluation Phase IV presents an opportunity to help develop and guide such a strategic approach in collaboration with USAID.

Create a knowledge management system for community M&E: This review highlighted that there was not an easy way to identify the project's community M&E activities or to capture the lessons learned, best practices, and success stories from those activities. Nor was there much sharing of experiences across activities. For example, the review of capacity building efforts showed that training curricula had not been shared broadly, yet some of these curricula (e.g. M&E of Health Program implemented in Thailand) are well suited for adaptation to other areas or contexts. There is also room to better share community M&E tools, developed with field support, and system building approaches implemented in various countries both within the project and more broadly. A Knowledge Management System would catalogue all the community M&E activities, organize them into searchable categories, and make resources more readily available. In addition, a portfolio leader could actively engage with activity leads to identify best practices, lessons learned, and success stories and help disseminate these experiences. Activity leads could then search the catalogue to find activities that are similar to their needs and learn from what others have done and refine, adapt, and apply that knowledge to their own situation.

Levels of Intervention: Client management and Information Systems

MEASURE Evaluation's community M&E activities can be grouped into two categories: those that are targeted at the client-level to strengthen client management and reporting and those that are targeted at all levels within a reporting system to strengthen the information system as a whole. In general, the core-funded, OVC-related activities fall into the former category, and field-funded activities into the latter. The distinction is important because the direct beneficiaries of the activities, the approaches to the activities, and the scale and complexity of the activities and the reporting systems varies.

Recommendations – Client-Management Focused

Build community information systems with the community in mind. At the center of a community M&E system are the community members who need and receive services, and the frontline workers who provide them. A community M&E system should be designed so that it primarily serves to strengthen the provision of services at this level. Limited reporting data should be collected through community workers and only if they serve to verify, support, and improve the work carried out by the community workers. In other words the reporting data should have a clearly defined decision-making and management purpose beyond mere reporting. M&E tools and approaches used at the community level should facilitate client management and tracking, and data for reporting should be easily extracted from these tools. If additional information is needed regarding service provision at the community level, special studies should be considered, and may ultimately provide better quality data than a system that burdens CW with excess routine data collection.

Keep data collection simple and meet the needs of community workers: To ensure better tool design, we need improved understanding of how frontline workers can and do use data to improve service provision in different contexts. Important progress has been made in understanding the CW information needs for OVC programs (less for other health areas), and a series of tools were developed to support the client management process for OVC. From this experience some clear recommendations emerged with regards to tool development and data management at the community level as presented below.

- Make tools simple and clear
- Limit the amount of data collected
- When designing or adapting data collection tools, more attention should be given to the information needs of community workers and CBOs themselves, rather than including only indicators that are to be reported up

- Involve community-level actors in the development of the data collection and data management tools to ensure that the tools are appropriate for their level of education and data management capacity
- Coordinate and discuss information priorities with diverse stakeholders to avoid parallel data collection systems
- Allow adequate time for input and revisions and quality pilot tests
- After the tool has been implemented multiple times, assess tool use and use the results to revise use recommendations.

Promote data use at the community level: MEASURE Evaluation has done a substantial amount of work to develop tools and data collection systems for community M&E, but less has been done to promote the use of those data. Community-level data are often collected for reporting purposes only, and the community workers responsible for collecting the data often do not use them and are not given actionable feedback based on their reports. Important barriers to data use, such as lack of resources and low M&E skills, exist among CW and CBO. However, MEASURE Evaluation has seen that with adequate mentoring, support and supervision, community workers can and do use data effectively. Intensive and frequent supportive supervisions and jointly organized data use activities, such as dialogue days in Kenya and participatory M&E efforts in Tanzania, had some success in promoting use of information. Making data available in an appropriate format is also crucial to data use at the community level. Low-tech, innovative storage and filing solutions of paper forms, such as the family folders used in Ethiopia, can help make data readily accessible by community workers or others and successfully led to improved use of information. These experiences should be replicated in other contexts and the feasibility of doing so documented.

Assess the quality of services provided. Data collection efforts at the community level often focus on measuring whether services exist and how frequently they are used. However, there are few measures of the quality of services delivered at this level. With community workers taking on increasing responsibility for health and social services provision, finding and testing solutions to efficiently assess quality at this level is needed.

Recommendations – CHIS Focused

Develop guidance for integrating community information into the national HMIS: Often there are two types of providers of community-based health services: those who are directly associated with the health system (usually associated with the lowest level of health facility) and those who are associated with an organization that is not affiliated with the health system. The service statistics of both these types of providers should be incorporated into the national HMIS in order for a full picture of the health services to be realized. Many health information systems are working on mechanisms to incorporate the community-level information (e.g. Kenya). Guidance on the importance of integrating all services regardless of provider, how to standardize, integrate and aggregate reporting in the HMIS, and how to use this information is needed. This is already being done in some settings and an assessment of such systems would be useful for developing guidance materials.

Develop guidance for integrating community health and non-health reporting: Community services are often siloed by health program (e.g., malaria or family planning) and by sector (e.g., social service, education, food security, health). As a result, each program or sector has its own mechanism for aggregating and reporting service statistics which adds to the data collection burden of the CW and CBOs who often work across sectors. Furthermore, decision makers at the community- and district-level

often need to make decisions based on a variety of information for client management and to assess program impact. The Kenya Community-Based Program Activity Reporting (COBPAR) system is one attempt to integrate HIV-related service provision information at the lowest level of aggregation and decision-making. The core- funded OVC work has also contributed to efforts for integrating data from different sectors at the community and national levels. Developing guidance for how best to manage and approach integration, based on these experiences, would be useful. An integrated system could help reduce the burden of data collection for CW and CBOs and make sense from a client-focused perspective.

Align routine reporting tools with client management tools used by community workers. National data collection efforts meant to monitor community-based programs should align with the data collection tools designed for use by community workers for client management rather than the other way around. Data needed to understand the reach and impact of these community programs are best obtained through other means such as surveys, assessments, observation or in-depth interviews rather than through routine data collection.

Thoroughly pilot and use technology cautiously at the community level. The benefits of using technology, mobile phones in particular, to improve reporting and data use are not conclusive based on the project's experience. In Jamaica, mobile phones improved reporting by outreach workers. In Mozambique, however, one study found that community workers were not well prepared to use cell phones for better tracking of default patients. Mobile phones can help get key data to and from the community level, but the amount of data that can be pushed through mobile technology will depend on connectivity, the types of phones available and human capacity to use mobile technology. Smart phones offer the best solution for data visualization, but they are not widely available in resource poor settings, and SMS restrict the amount of information flow. More research is needed to identify how mobile phones can be used as a feedback mechanism.

Provide intensive supervision, mentoring, feedback, and skill reinforcement to frontline data collectors and users. Because M&E capacity at this level tends to be so low, these mentoring interventions are crucial to building a strong community M&E system and producing reliable and quality data. Case studies from Haiti and Ethiopia indicated that frequent supportive supervision was successful in improving the quality of data collected by frontline workers, as well as increasing the sense of ownership in the process. Greater understanding of the data and concrete decision-making by community workers was also achieved in Kenya after program staff worked closely with community workers to implement dialogue days.

Coordination and Collaboration at All Levels

Across all community M&E activities, MEASURE Evaluation staff noted that coordination and collaboration resulted in consensus building, harmonization, and stakeholder buy-in, which are critical factors in the successful implementation of community M&E activities. Stakeholder participation can take time and patience, but the extra investment is worthwhile so that all stakeholders are in agreement as to what to measure and how to proceed.

Recommendations

Participate in TWG and coordinating mechanisms with stakeholders. Participation in high-level TWGs at the global and national levels has allowed MEASURE Evaluation to uncover key M&E gaps for community M&E and to determine how the project can best contribute to meeting these information

needs with technical solutions. Strong TWGs with buy-in from key partners, decision-makers, and funders are critical in moving an M&E agenda forward, producing and disseminating useful materials and guidance, testing new approaches and tools, and finding solutions to challenges. While MEASURE Evaluation has been active in collaborative efforts related to M&E of OVC programs, the project has not had the same level of involvement in international TWGs covering community health issues other than HIV. As a result, MEASURE Evaluation has contributed far less to strengthening community M&E systems in those other areas The advantages of coordination, as gleaned from MEASURE Evaluation's experience, are described below.

- Involving stakeholders in the elaboration of community M&E plans and tools helps ensure that diverse interests and information needs are taken into consideration, and that the plans and tools are relevant to, and valued by, a larger audience.
- Communication and exchanges among key stakeholders can bring to light duplicative efforts and highlight areas where efforts are best combined, and where there is a need for harmonization.
- Working with national-level stakeholders and coordination across sectors at the national level is essential to ensure that the M&E interventions align with national M&E plans and are responsive to country-led agendas.
- Involving staff at all levels of the health system is recommended to ensure that the tools and M&E approaches are feasible and responsive to their needs.
- Having donors represented is an important element in successful collaboration within M&E working groups. Because donors are influential in determining which community data are collected and which M&E interventions are funded, it helps to have them participate in discussion on information needs, indicator selection, and the pros and cons of different M&E approaches.

The establishment of, and technical support to, formal TWGs is recommended to foster and institutionalize that level of coordination. This coordination should emphasize the reduction of data collection burden among frontline workers. Because of low literacy and unfamiliarity with data overall, the collection and reporting of information can be particularly burdensome and time consuming for CW. The harmonization of tools and M&E systems can be important factors in allowing CW to focus on service delivery, improve the quality of the data they do collect, and have time to study and interpret and use that information.

Consider forming multi-sectorial M&E working groups at the global level. For OVC programs, national-level TWGs (such as the one in Tanzania) have been successful in bringing together stakeholders across sectors to work toward an integrated M&E system. However, this has not been the case at the international level, where more cross-sectorial coordination could be beneficial. Also, there is a need for greater coordination across health areas with the aim of fully integrating M&E at the community level and eliminating the multiple vertical reporting systems that create burdens on community workers and CBOs.

Understanding Needs for Community Information

A routine information system should meet the information needs of various stakeholders, yet limit data collection to that which is necessary. In order to design the reporting system properly, and include the pertinent data, it is necessary to have a good understanding what information will be used by whom and for what purpose.

Recommendations

Document the information needs around community services needed at different levels of the system. Additional research is needed to understand data use needs with regards to community data across different levels of the health system, and in particular among the community volunteers themselves. Assessments that identify decision-making priorities at each level of the health system and map out what community data are needed (and in what format) at each of these levels to facilitate decision-making by stakeholders should be a prerequisite to M&E planning. A clear understanding of how the data generated by each tool can be useful to different stakeholders would help target data use trainings or interventions.

MEASURE Evaluation recently developed a framework for understanding the types of information that are needed for OVC programs and provides guidance on how information generated through situational analyses, program monitoring or evaluations, for example, could be used. While the document provides a good overview of the uses of various OVC data, a more detailed examination of the exact types of decisions regarding community services is needed to inform the development of routine information systems. Furthermore, beyond OVC, there is limited understanding of how community data ought to be used by different users and at different levels of the system.

As a result, these diverse information needs are not all taken into account when developing tools, M&E plans, system strengthening strategies, capacity building plans, etc. Although the information needs will necessarily vary by country and by program, there is certainly room for some additional research to understand what community information that is most beneficial at each level. Such research should identify:

- The types of decisions around community services that are made at each level of the reporting and management system
- What and how much data are needed at each level to support those decisions
- What level of disaggregation is most useful
- How data are best presented to facilitate the types of decisions that need to be made at that level
- The capacity that exists at each level to analyze, interpret, and make decision based on data
- The resources (including human, financial, and technological resources) that exist at each level to manage and analyze data and to prepare and share reports.

This information should be used to develop M&E plans that clearly outline data collection efforts, roles and responsibilities at each level of the M&E system, and capacity building and data use strategies. Aligning the M&E plans of the CBO, NGO, and national programs is also recommended to make sure that the information is flowing as intended and reaching the right people in a format that facilitates its use. A realistic assessment of the capacity and resources available for analyzing and using data would help avoid the collection of data that cannot and will not be used.

Plan for capacity building for community M&E at all levels of the health system. Since data on community services are intended to be used throughout the health system, all levels need to understand how to manage, analyze, and interpret the data as they are received, and what their specific role is in supporting the overall community M&E system. In designing trainings, not only do we need to ensure that the content is appropriate for the level of implementation, but also that the materials and messages are suited to the education and skill level of the intended audience. This is particularly important in community M&E trainings where frontline workers tend to have poor literacy rates and

limited experience working with data. The project could build on its past experience to provide guidelines for training community workers in M&E. It would also be worthwhile investigating how best to deal with this challenge when conducting step down (or cascading) trainings.

Make data available in such a way that it can be easily used. Collecting data does not equate to data availability. Although MEASURE Evaluation has helped to increase the quantity of community-level data collected by developing tools, improving human and organizational capacity, and strengthening community M&E systems, data availability still needs to be improved in terms of both reaching the right people and being presented in appropriate formats to facilitate its use. The use of technological solutions such as web-based databases and dashboards should be developed to increase data availability and push data to users. Ideally, these dashboards will generate different output for different types of users and decision-makers (e.g., CBO program coordinator versus national-level M&E officer) based on pre-identified information needs. The integration of select community data into HMIS and the district health information system (DHIS) can help data flow better to all levels of the health system and reach a wider audience. However, it is important to consider the skill level of the persons who are intended to use the data, dashboards or reports.

MEASURE Evaluation Phase 3, has worked to strengthen community-level M&E systems through various, often disparate activities. This review has helped glean a better picture of the project's overall contribution to community M&E, and has highlighted lessons learned, approaches that are worthy of replication, and areas that require additional attention in the future.

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