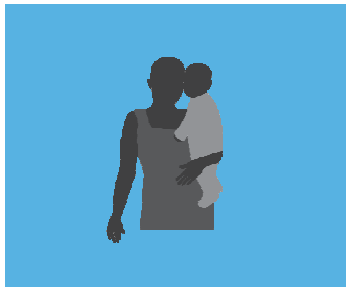


Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa



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Session 25:
**Monitoring and Evaluation for community
programming, including Community
Empowerment and Equity**

Institutionalizing Community Health Conference
Johannesburg, March 27-30, 2017

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Maternal and Child Survival Program

Session Objectives

By the end of the session, participants will have:

- Gained an appreciation for illustrative sets of indicators for community-based service delivery programs (specifically, iCCM) and community capacity building programs
- Adapted a generic conceptual framework to a proposed community health program as represented in a case scenario provided by the facilitators
- Developed a basic monitoring and evaluation plan that could support the community health program represented in the case study provided and that matches the conceptual framework developed from the case study
- Received and provided constructive feedback on a conceptual framework and monitoring and evaluation plans

Structure of Session

Presentation of illustrative cases and illustrative domains and indicators for them

- “Traditional” program on community based service delivery (iCCM)
- “Non-traditional” on community participation and empowerment

Small group work to design a logic model and an M&E system for it, choosing indicators

- Indicators/measures that confirm if a specific component of conceptual framework has been achieved as planned
- Data sources for indicators
- Who will collect and who will organize the data?
- Potential for sustainability of data collection and use

Give and receive feedback to a proposed conceptual framework and M&E system

Problem

High levels of mortality & morbidity; low levels of quality of life, nutritional status

Possible Bottlenecks

Low levels of effective coverage of high impact interventions

Low access to interventions

Low quality of interventions

Low demand for interventions

Low community capacity

Community/Health Systems Domain

Community Support/Empowerment Domain

Possible causes

Inadequate number of CHWs

Poor functioning community referral system

Stockouts of CHW meds

Fragmented or unrepresentative community leadership

Poor capacity for community self-assessment

CHWs poorly trained

High CHW turnover

Low caretaker knowledge of benefits of interventions

Alternative to interventions valued more by caretakers

Low self-efficacy among caretakers for using interventions

Disrespectful care @ hospital

No representation of vulnerable in leadership

Few community resources devoted to health activities

Weak community organizational structures

Possible root causes

Low community confidence in CHW services

Poor training +/- supportive supervision of CHWs

Negative Community beliefs about interventions

Low community engagement in health programming

Poor gender balance in leadership

Little information on health issues

Policy does not allow CHWs to treat illnesses

No standards/guidelines for CHWs

Drug procurement not tied to CHW program needs

Low community self-efficacy

Goal
(Impact)

Reduced mortality & morbidity; low levels of quality of life, nutritional status

Objectives
(Outcomes)

High levels of effective coverage of high impact interventions

Increased access to interventions

Increased quality of interventions

Increased demand for interventions

Increased community capacity

Community/Health Systems Domain

Community Support/Empowerment Domain

Intermediate Results

Increased number of CHWs

Well functioning community referral system

No Stockouts of CHW meds

Unified and effective community leadership

Strengthened capacity for community self-assessment

CHWs well trained

High retention of CHWs

High caretaker knowledge of benefits of interventions

Interventions valued more by caretakers

High self-efficacy among caretakers for using interventions

Respectful care @ hospital

Representation of vulnerable in leadership

Community resources devoted to health activities

Strengthened community organizational structures

Outputs

High community confidence in CHW services

Well-functioning training +/- supportive supervision of CHWs

Positive community beliefs about interventions

High community engagement in health programming

Gender balance in leadership

Adequate information on health issues

Policy that allows CHWs to treat illnesses

Standards / guidelines for CHWs

Drug procurement tied to CHW program needs

High community self-efficacy

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Monitoring & Evaluation and Learning

Monitor indicators at each level of the conceptual framework

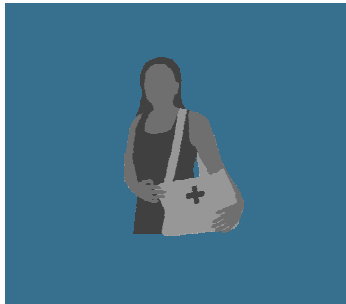
- Track achievement of inputs, outputs, outcomes
- Obtain frequent feedback on both process and content of program
- Adjust program based on both quantitative and qualitative information
- Identify equity issues (person, place, time)

Learning around conversion of inputs, outputs and outcomes

- What worked? What didn't? What would you do differently?
- What is generalizable?
- Issues of equity?

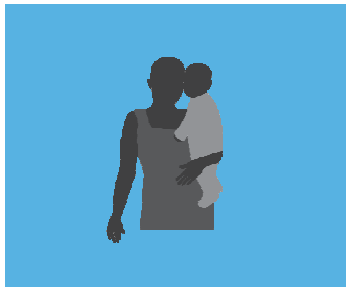
Continually try to refine the framework itself

- Inference around conversion of inputs to outputs, outputs to outcomes
 - ✓ Did things change? Were changes positive or negative?
 - ✓ Evidence of contribution (versus attribution)?
- If results are not achieved, is it because there is
 - ✓ Implementation problem: Key activities were not carried out as planned?
 - ✓ Design problem: Activity mix is not sound or sufficient? (i.e., most significant barriers not addressed or framework itself is inadequate)
- Prospects for sustainability of programming and M&E system?



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