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

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

Low levels of effective coverage of high impact interventions

Low access to interventions

Low quality of interventions

Low demand for interventions

Low community capacity

Possible Bottlenecks

Community/Health Systems Domain

- Inadequate number of CHWs
- Poor functioning community referral system
- Stockouts of CHW meds
- 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
- Low community confidence in CHW services
- Poor training +/- supportive supervision of CHWs
- Negative Community beliefs about interventions
- Policy does not allow CHWs to treat illnesses
- No standards/guidelines for CHWs
- Drug procurement not tied to CHW program needs

Community Support/Empowerment Domain

- Fragmented or unrepresentative community leadership
- Poor capacity for community self-assessment
- No representation of vulnerable in leadership
- Few community resources devoted to health activities
- Weak community organizational structures
- Low community engagement in health programming
- Poor gender balance in leadership
- Low community self-efficacy
- Little information on health issues

Possible causes

Possible root causes

Low community capacity

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

High levels of effective coverage of high impact interventions

Increased access to interventions

Increased quality of interventions

Increased demand for interventions

Increased community capacity

Increased number of CHWs

Well-functioning community referral system

No Stockouts of CHW meds

CHWs well trained

High retention of CHWs

High caretaker knowledge of benefits of interventions

Respectful care @ hospital

Interventions valued more by caretakers

High self-efficacy among caretakers for using interventions

Positive community beliefs about interventions

High community confidence in CHW services

Well-functioning training +/- supportive supervision of CHWs

Drug procurement tied to CHW program needs

Policy that allows CHWs to treat illnesses

Standards / guidelines for CHWs

High community self-efficacy

High community engagement in health programming

Gender balance in leadership

Adequate information on health issues

Unified and effective community leadership

Strengthened capacity for community self-assessment

Representation of vulnerable in leadership

Community resources devoted to health activities

Strengthened community organizational structures

Drug procurement tied to CHW program needs

High community engagement in health programming

Gender balance in leadership

Adequate information on health issues

Increased community capacity

Objectives (Outcomes)

Intermediate Results

Community/Health Systems Domain

Community Support/Empowerment Domain

Goal (Impact)
Reduced mortality & morbidity; low levels of quality of life, nutritional status

High levels of effective coverage of high impact interventions

Increased access to interventions
Increased quality of interventions
Increased demand for interventions
Increased community capacity

Objectives (Outcomes)

Intermediate Results

Community/Health Systems Domain
- Increased number of CHWs
- Well-functioning community referral system
- CHWs well trained
- High retention of CHWs
- Interventions valued more by caretakers
- High self-efficacy among caretakers for using interventions
- Respectful care @ hospital
- No Stockouts of CHW meds
- High caretaker knowledge of benefits of interventions

Community Support/Empowerment Domain
- Unified and effective community leadership
- Strengthened capacity for community self-assessment
- Representation of vulnerable in leadership
- Community resources devoted to health activities
- Strengthened community organizational structures
- 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

Outputs

Policy that allows CHWs to treat illnesses
Standards / guidelines for CHWs
Drug procurement tied to CHW program needs
High community self-efficacy

Adequate
information on
health issues

Goal (Impact)
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?