The CQUIN Learning Network
Annual Meeting

The CQUIN M&E Community of Practice
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Ministry of Health and Child Care, Zimbabwe

February 13-15
Maputo, Mozambique

HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

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Outline

- Introduction
- Community of Practice
  - CoP Formation
  - Procedures and goals
  - Progress to date
- M and E Framework
- Next steps

Introduction

- Conceptualized during the CQUIN Launch Meeting in March 2017

  – Breakout session discussion revealed a need for an M&E committee to focus on issues of M&E systems (paper vs. electronic), indicators, and the future of M&E for DSD

- Community of Practice (CoP) participants are Monitoring & Evaluation experts who share an interest or concern about M&E for DSD
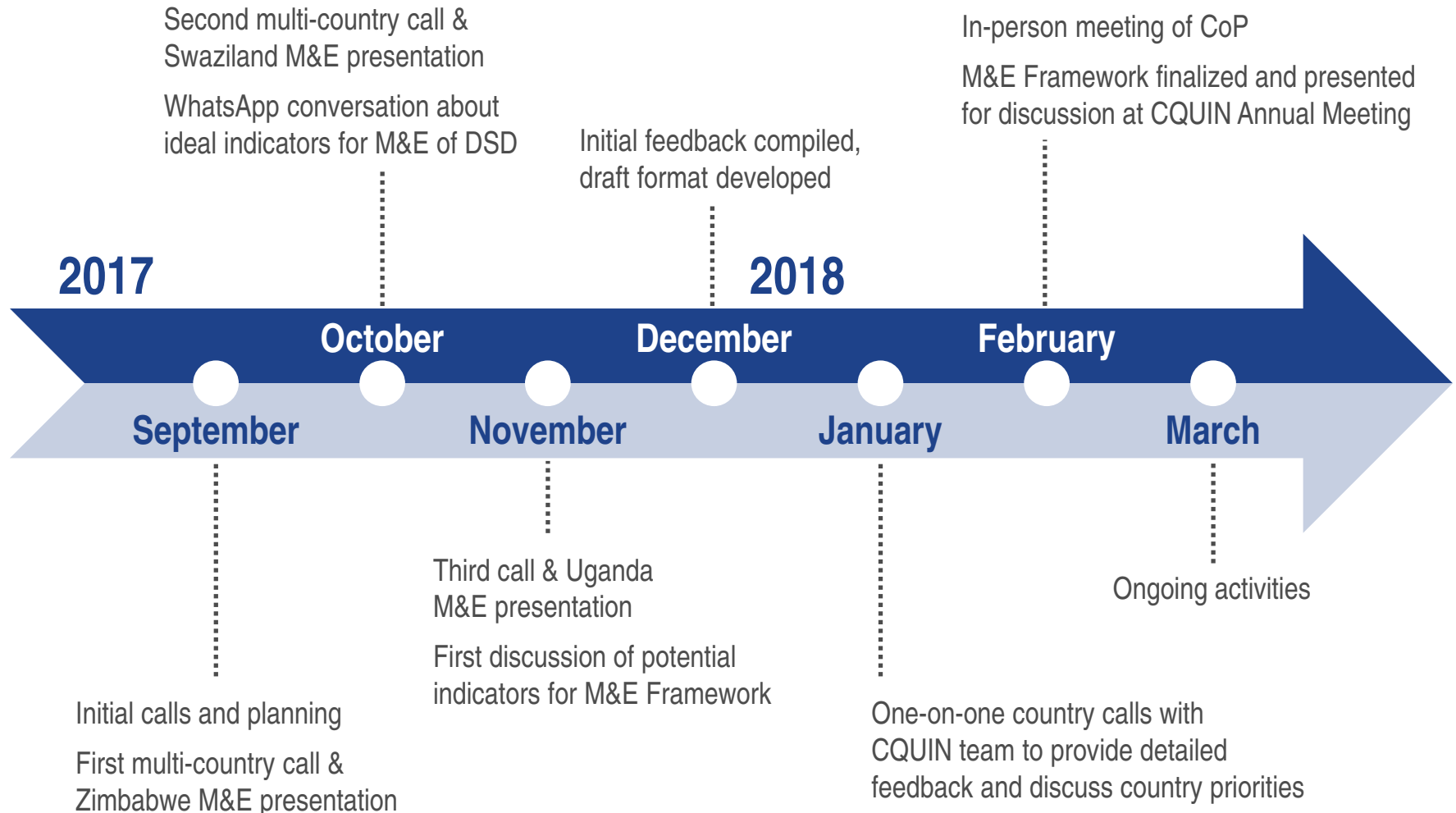
CoP Formation

- Initial calls and planning begun September 2017
- Ministries of Health selected country representative cadres
- Four CQUIN Countries sending a total of 15 participants
  - Mozambique, Swaziland, Uganda, Zimbabwe
- Welcoming new participants at any time

Procedures and Goals

- Virtual meetings held monthly with ongoing communication between meetings
  - Multi-country conference calls
  - WhatsApp group for periodic updates on CoP activities and meeting coordination
- Participating countries share experience with M&E of DSD
- Participants decide on an output of the CoP
  - Co-created tool to address challenges of M&E for DSD

Progress to Date

Second multi-country call & Swaziland M&E presentation

WhatsApp conversation about ideal indicators for M&E of DSD

Initial feedback compiled, draft format developed

In-person meeting of CoP

M&E Framework finalized and presented for discussion at CQUIN Annual Meeting

2017

2018

October

December

February

September

November

January

March

Third call & Uganda M&E presentation

First discussion of potential indicators for M&E Framework

Ongoing activities

Initial calls and planning

First multi-country call & Zimbabwe M&E presentation

One-on-one country calls with CQUIN team to provide detailed feedback and discuss country priorities

February In – Person Meeting of CoP Participants

CoP Co-Created Tool:
M&E Framework

- Provides recommendations for indicators
  - Numerator & Denominator
  - Record Type
  - Data Source
  - Mode of Collection and Frequency of Reporting
  - Disaggregations
- CQUIN M&E Framework recommendations are from the perspective of Ministries of Health, designed to be used by countries scaling up DSD

Iterative Process

- Reviewed and discussed proposed indicators

- Discussed priorities and feasibility

- Considered how differences between countries could impact recommendations
  - M&E systems (paper vs. electronic; different tools)
  - DSD models (DSDM) being offered
  - Eligibility criteria for DSDM
  - among others

Step 1: Initial Discussions

- Considered outside recommendations to spur discussion

- Brainstormed "ideal" indicators without being constrained by feasibility

Step 2: First Draft of Framework

	Uptake		
No.	Measure	Is this data currently available?	level of priority/interest (1=lowest; 3=highest)
1	Number of clients eligible for non-mainstream DSDM during reporting period	Partly - Some elements are available	3
2	Number of clients registered for non-mainstream DSDM during reporting period	Partly - Some elements are available	3
3	Number of facilities newly providing non-mainstream DSDM during reporting period		2
4		Yes - All elements are available	
5		No - No elements are available Partly - Some elements are available	

- Discussions focused on priority and feasibility
- Added new indicators as they were suggested

Step 3: Refining the Framework

		Clinic Record Type	Numerator	Denominator	Data Source	Mode of collection	Sample	Frequency	Disaggregations

Healthcare Worker Experience

No.	Measure	Clinic Record Type	Numerator	Denominator	Data Source	Mode of collection	Sample	Frequency	Disaggregations	Source of the Measure	MOH Level of Priority/Interest (1=lowest; 3=highest)	Notes
2.1	Overall HCW satisfaction with DSD services provision	n/a	Composite	n/a	Questionnaire	MOH survey	A sample of facilities (all patients/HCW)	annually	By DSD model type, facility level, months facility has offered DSD, region, cadre	Adapted from Ehrenkranz et al. *JIAS* 2018 (in press)	2	Perhaps conduct 1 year after DSD roll-out
2.2	HCW KAP around DSD services provision	n/a	Composite	n/a	Questionnaire	Research study	A sample of facilities (all patients/HCW)	periodic	By DSD model type, facility level, months facility has offered DSD, region, cadre	Custom	3	Uganda already uses a pre- and post-test for knowledge gain, but does not capture attitudes. End of training survey captures this. Not being captured in the national system (only # trained, cadres, challenges reported by training team) Yes, we actually wish to see this, but the feasibility of this is difficult. How will the question be asked?
												Note the alternative method for measuring HCW burden: 7.7, which calculates burden as time spent providing care, rather than

- Indicator definitions further refined, details added
- In-depth discussions about feasibility, data use

Step 4: Gather Outside Feedback

- Discuss with CQUIN members at M&E breakout session
- Further refine recommendations

Future of the M&E CoP

- Continuing to share ideas and experiences as M&E systems are updated

- Ongoing activities to improve M&E for DSD

Thank you