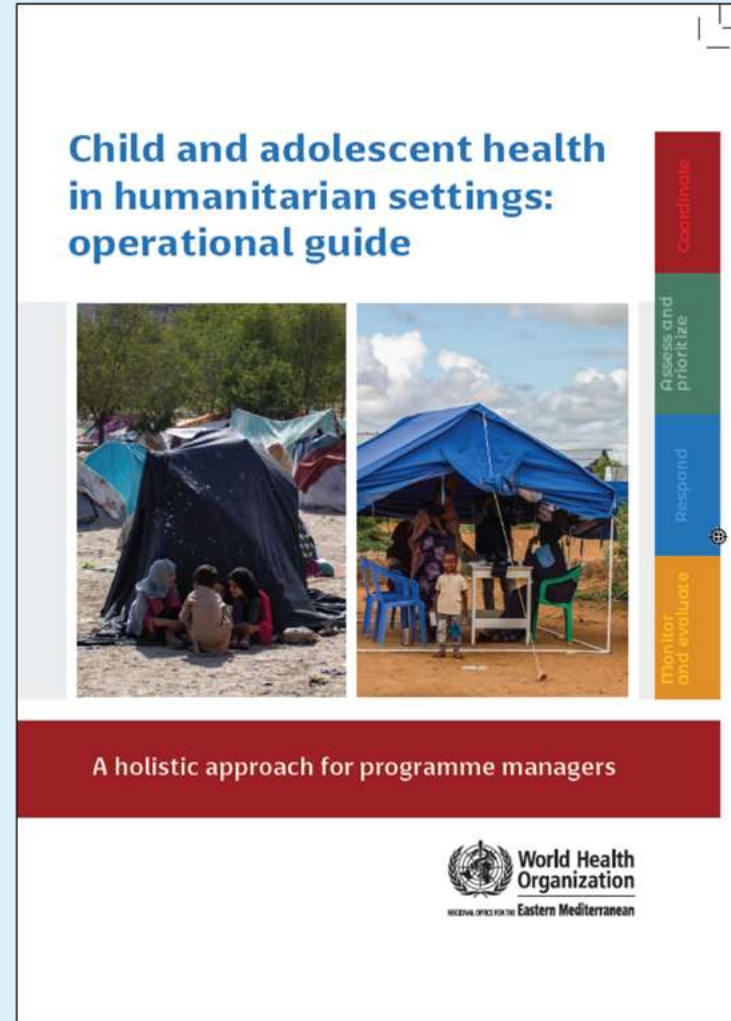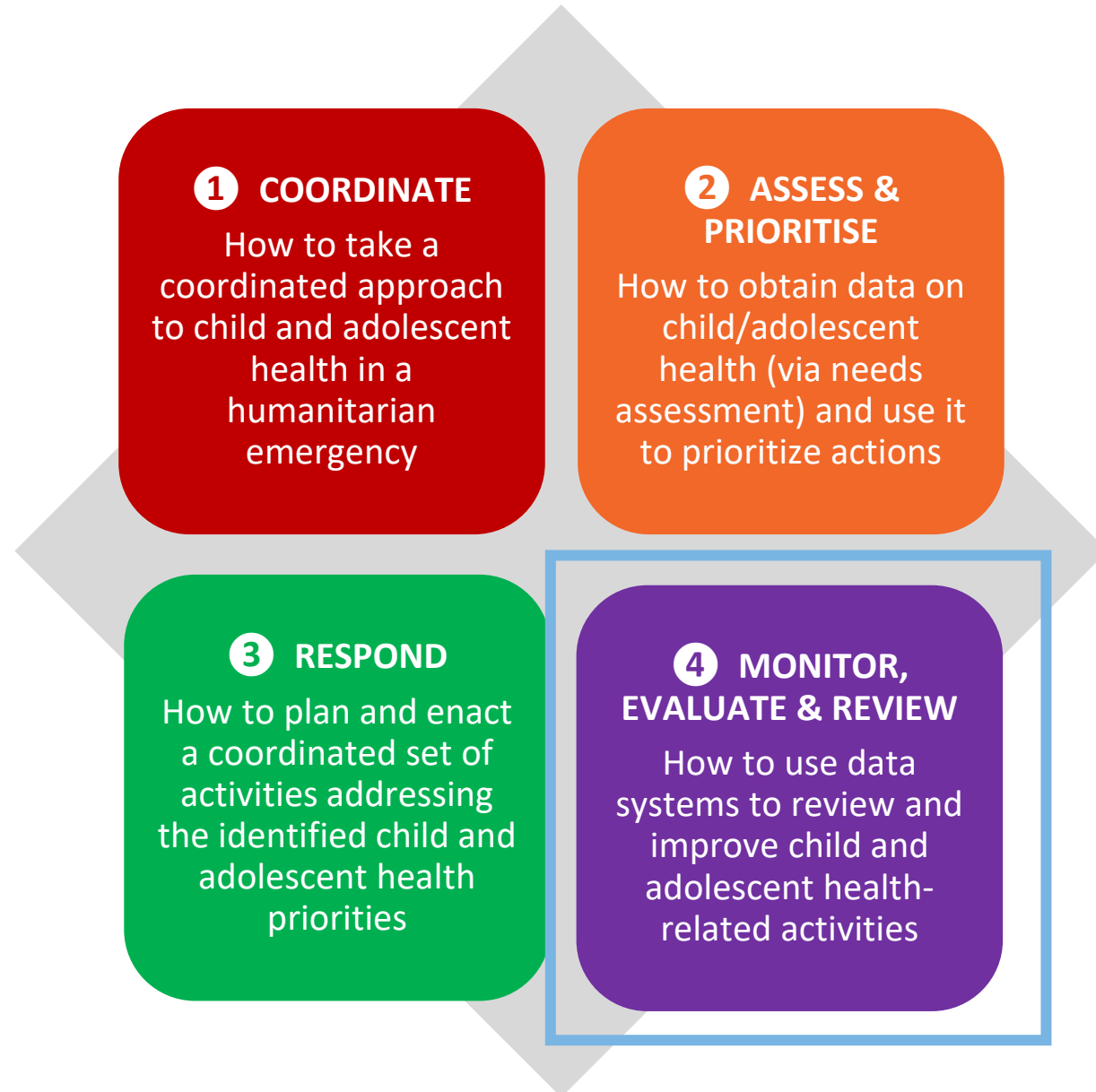Module 4: Monitor, Evaluate and Review

Child and adolescent health in humanitarian settings: operational guide

The four interconnected programmatic action areas of the operational guide

❶ COORDINATE
How to take a coordinated approach to child and adolescent health in a humanitarian emergency

❷ ASSESS & PRIORITISE
How to obtain data on child/adolescent health (via needs assessment) and use it to prioritize actions

❸ RESPOND
How to plan and enact a coordinated set of activities addressing the identified child and adolescent health priorities

❹ MONITOR, EVALUATE & REVIEW
How to use data systems to review and improve child and adolescent health-related activities

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Monitor and evaluate

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Monitor, evaluate and review

- **Monitoring, evaluation and review are essential to effective humanitarian action**

- This section builds on the previous sections:
  - Coordination (action area 1)
  - Assessment and prioritization (action area 2)
  - This module will specify how you monitor, evaluate and review the activities in the response (action area 3)

NEEDS ASSESSMENT & ANALYSIS

PREPAREDNESS

STRATEGIC PLANNING

PREPAREDNESS

RESOURCE MOBILIZATION

PREPAREDNESS

IMPLEMENTATION & MONITORING

OPERATIONAL PEER REVIEW & EVALUATION

PREPAREDNESS

COORDINATION

INFORMATION MANAGEMENT
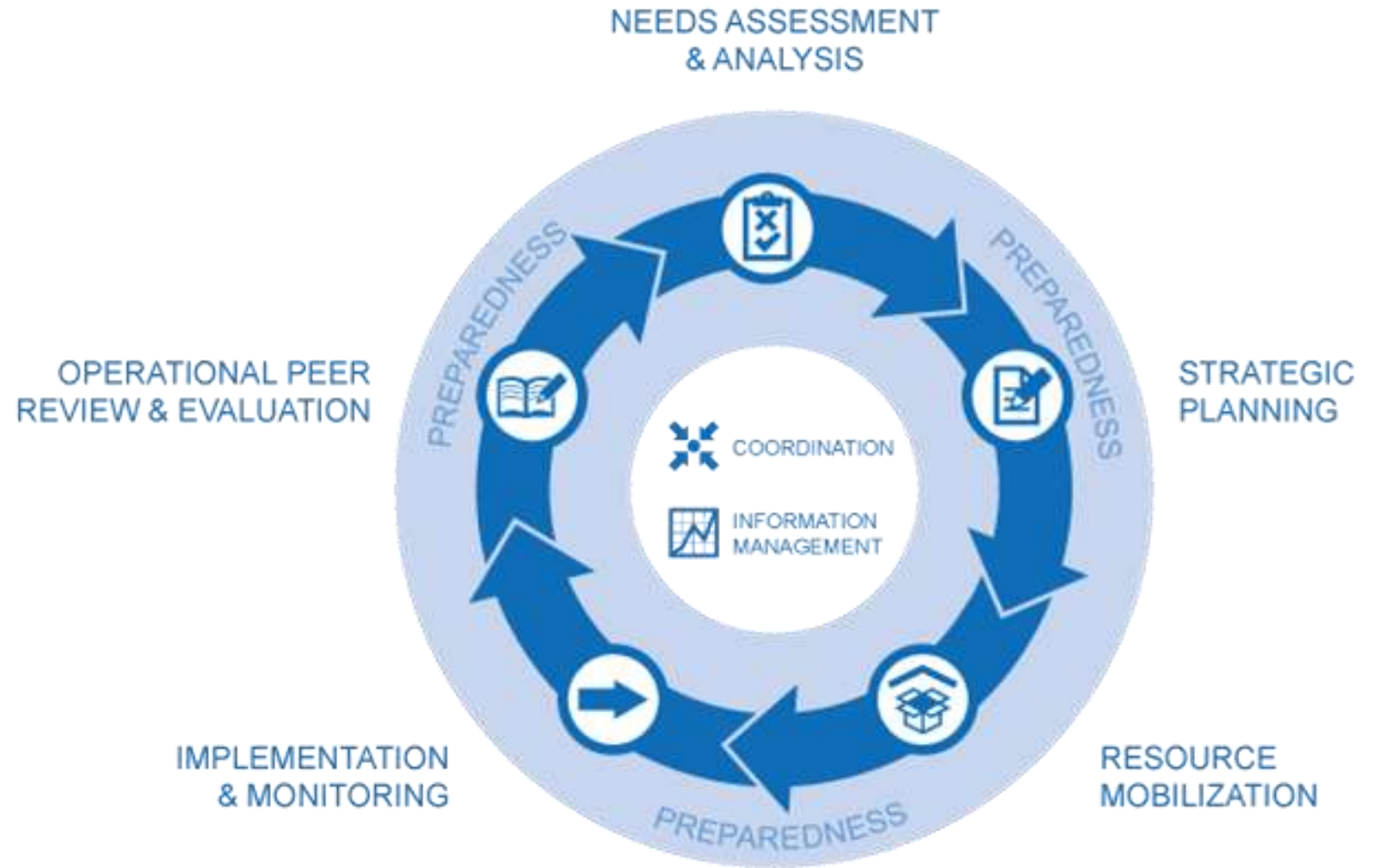
1. Develop a monitoring and evaluation plan

Develop a monitoring and evaluation plan

- **Assign a lead agency** within the RMNCAH/CAH working group or collaborate with the health cluster's M&E lead to create a comprehensive plan

- Integrate **agency-level data** when possible, these can aid internal M&E and quality improvement

- Using some of this detailed data for regional and national monitoring:
  - Improves overall **data completeness**
  - Encourages **collaboration**
  - Highlights **success stories**

Monitoring and evaluation - Key indicators

- Key indicators provide a **framework that identifies priorities, determines planning figures and coordinates across sectors**
- This helps **sectoral responses** to reinforce each other and **support the population's own capacity** to meet their needs
- Key indicators **outline the quality of assistance** that should be attained, adjusted to the emergency context
- Example: access to education for children and adolescents in emergencies

Inter-Agency Network for Education in Emergencies (INEE) Foundational Standards for education in emergencies

These foundational standards formulate the **basis of indicators** that could be used to monitor and evaluate education interventions in emergencies

It can guide the **integration of nurturing care** for all children into humanitarian action

Foundational Standards Domain

Community Participation | **Coordination** | **Analysis**

Standard 1 Participation
Community members participate actively, transparently, and without discrimination in analysis, planning, design, implementation, monitoring and evaluation of education responses.

Standard 2 Resources
Community resources are identified, mobilised and used to implement age-appropriate learning opportunities.

Standard 1 Coordination
Coordination mechanisms for education are in place and support stakeholders working to ensure access to and continuity of quality education.

Standard 1 Assessment
Timely education assessments of the emergency situation are conducted in a holistic, transparent and participatory manner.

Standard 2 Response Strategies
Inclusive education response strategies include a clear description of the context, barriers to the right to education and strategies to overcome those barriers.

Standard 3 Monitoring
Regular monitoring of education response activities and the evolving learning needs of the affected population is carried out.

Standard 4 Evaluation
Systematic and impartial evaluations improve education response activities and enhance accountability.

Monitoring and evaluation from the minimum standards of education (INEE)

Analysis Standard 3: Monitoring

Regular monitoring of education response activities and the evolving learning needs of the affected population is carried out.

- Ensure **continuous monitoring** of education response activities
- Monitor to **ensure safety** of everyone in education
- **Involve vulnerable groups** in monitoring activities
- **Systemic collection of disaggregated data** to inform responses
- **Analysing and sharing education data** with stakeholders

Analysis standard 4: Evaluation

Systematic and impartial evaluations improve education response activities and enhance accountability.

- Conducting **systematic and impartial evaluations** of education activities
- **Involving all stakeholders**, including community representatives
- **Sharing evaluation findings and lessons learned** to inform advocacy programs and policies, in a form understandable to all, including community members

Key actions – Monitoring and evaluation plan

Plan development: work with the health sector's agency lead to create a cohesive M&E plan for child and adolescent health, share joint assessments and consider academic partnerships

Data review: evaluate current data collection methods across health services, encompassing health status and risks, health resources and service availability, and health system performance

Key indicator selection: choose standardized key indicators to monitor implementation of priority CAH activities, considering population and age disaggregation

Reporting structure agreement: agree on reporting units (e.g. mobile clinics, field hospitals) and reporting pathways, and frequency of submission, analysis, report generation and dissemination

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For more details please refer to the operational guide

Key indicators – Monitoring and evaluation plan

Creation of a **CAH-focused monitoring and evaluation plan** by the health cluster/sector, with clear indicators

Early warning surveillance reports received from health facilities each week

Regular production of an **overall health information report** by the lead health actor

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2. Improve health information systems

Early warning systems

- Emergencies increase risk of spread of communicable diseases
- Early warning systems are essential to **respond to emerging diseases and deteriorating conditions**
- Crucial **addition to regular surveillance systems**
- Will track **up to 10 priority conditions** such as cholera, dengue, Ebola, malaria
- Data is collected from specific facilities to **track spread and severity**

WHO Electronic Early Warning, Alert, and Response System (EWARS) in emergencies

- "EWARS" in a box contains all **equipment to establish surveillance and response activities**

- Designed **for difficult and remote field settings** without reliable internet or electricity

- Includes 60 mobile phones, laptops and a local server **to collect, report, and manage disease data**

- Single kit can support surveillance for **50 fixed or mobile clinics, serving around 500,000 people**

- Deployed during an emergency as an **adjunct to the national disease surveillance system**

- After the emergency, **EWARS should re-integrate back into the national system**

Child and adolescent health integration into EWARS

- A **rapid assessment** precedes the implementation of EWARS, to tailor recommendations to the emergency context

  - This includes **assessing affected populations**, focusing on vulnerable groups such as children and adolescents

  - It also includes identification of **major risk factors**, such as child malnutrition

- **Indicators for CAH** should be determined, e.g.:

  - Proportion of unvaccinated cases among measles cases in children <5

  - Integration of Early Childhood Development (ECD) activities into existing ECD programs and activities

- EWARS employs **standardized definitions and alert thresholds**, adaptable to emergency settings, e.g. for suspected poliomyelitis/AFP: any child <15 years with AFP OR any paralytic illness in a person of any age if poliomyelitis is suspected

- EWARS also includes **system-generated alerts for increasing trends**

# Health Resources and Services Availability Monitoring System (HeRAMS)

- Aims to **ensure that core information on essential health resources and services is readily available to decision makers** at country, regional, and global levels

- Involves **support of countries on the standardizing and continuously collecting, analyzing, and disseminating information** on essential health services and resources

- **Rapidly deployable and scalable for emergency response and fragile countries**; can integrate into routine health information systems

- HeRAMS has **information on CAH**, such as:

  - Information, education, and communications (IEC) for child caretaker, promotion of exclusive breastfeeding and referral of sick children
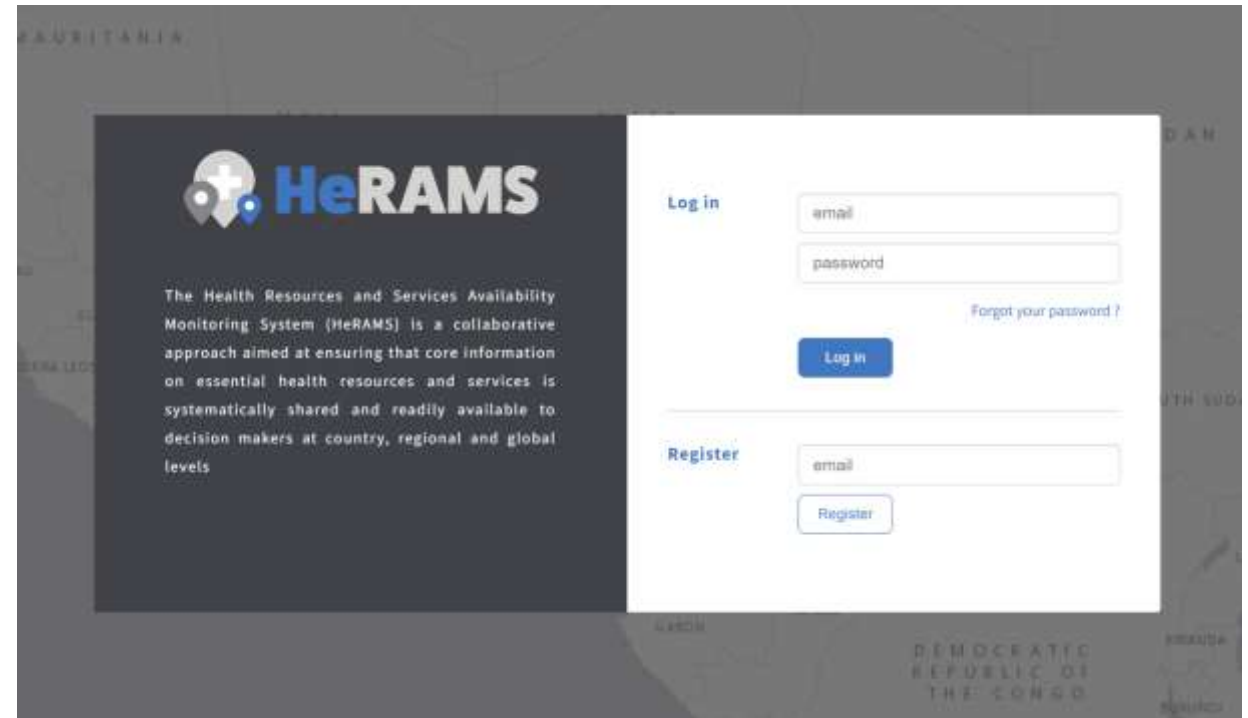
Multi-cluster / sector Initial Rapid Needs Assessment (MIRA)

- MIRA is a **joint needs assessment tool** for sudden onset emergencies

- Besides using MIRA for needs assessment, it can also be used for **M&E activities and analysis**

- It facilitates **inter-agency collaboration** to establish a common understanding of the situation and its likely evolution

- Humanitarian actors utilize MIRA's findings to develop a **plan, mobilize resources, and monitor the situation**

- MIRA directs the development of **subsequent needs assessments and analysis** (often more detailed and operational)

- MIRA provides an **evidence base for response planning**

Figure 2: Coordinated assessment approach and phases
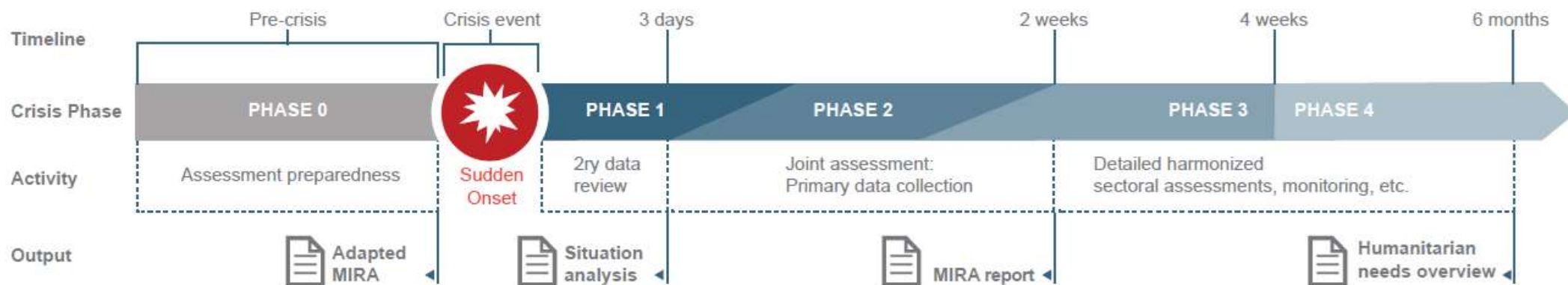
Impact of emergencies on health information systems

- **Routine health information systems and data flow are usually disrupted during emergencies**

- Adaptation is necessary to **reflect the needs and capacities** during the emergency

- Emphasize the importance of **data sharing and promoting its use at local, district, and national levels**

- Encourage health managers to **consult the lead monitoring and evaluation agency** for support if they lack the time or analytical skill to review data effectively

- Highlight the critical role of **collecting data to inform action and decision-making** during emergencies
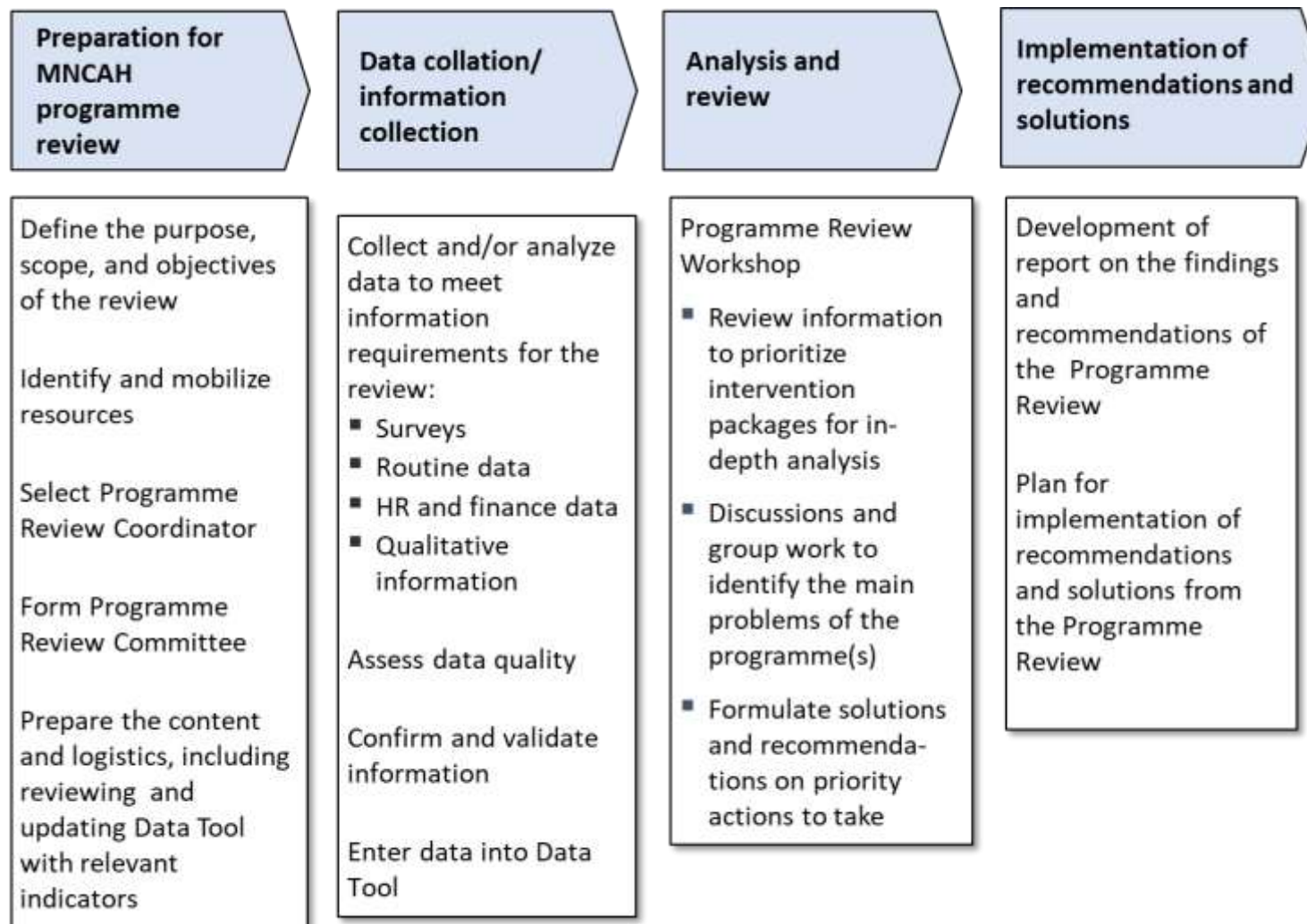
Programme reviews for maternal, newborn, child and adolescent health (MNCAH)

- A programme review for MNCAH is:
  - A process for assessing mid- and/or end-term **country progress in improving MNCAH**
  - Conducted on periodic basis as part of **regular programme planning and implementation cycle**
  - Most useful if **coordinated with other ongoing review and planning activities**
  - Ideally **incorporated into existing strategic and annual plans and processes**
  - Using a **continuum of care approach**, covering all life stages (pre-pregnancy, pregnancy, childbirth, newborn, childhood, adolescence, post-reproductive), and all levels of the health system (household, community, health facilities, referral facilities)
- Aim: to **assess how well national and subnational MNCAH programme(s) implemented their plans and identify successes, lessons learned and good practices**

> **These principles constitute the fundamental aspects of program review, adaptable for utilization in humanitarian settings with adjustments**
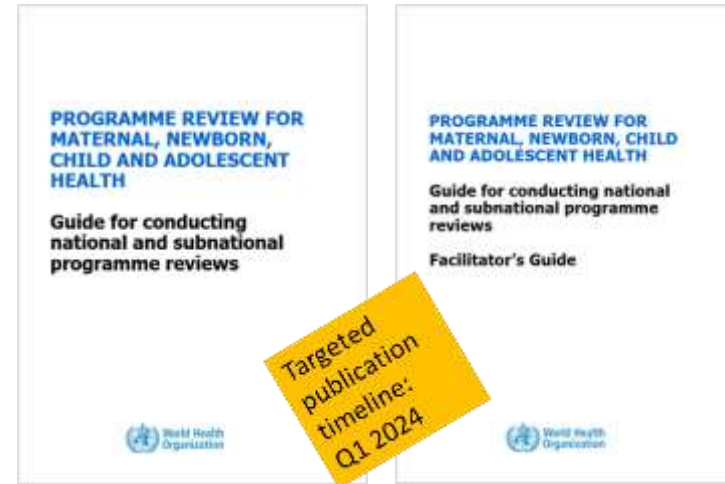
MNCAH programme review - activity flow

To be adjusted to emergency contexts as appropriate

Preparation for MNCAH programme review	Data collation/ information collection	Analysis and review	Implementation of recommendations and solutions
Define the purpose, scope, and objectives of the review Identify and mobilize resources Select Programme Review Coordinator Form Programme Review Committee Prepare the content and logistics, including reviewing and updating Data Tool with relevant indicators	Collect and/or analyze data to meet information requirements for the review: ▪ Surveys ▪ Routine data ▪ HR and finance data ▪ Qualitative information Assess data quality Confirm and validate information Enter data into Data Tool	Programme Review Workshop ▪ Review information to prioritize intervention packages for in-depth analysis ▪ Discussions and group work to identify the main problems of the programme(s) ▪ Formulate solutions and recommendations on priority actions to take	Development of report on the findings and recommendations of the Programme Review Plan for implementation of recommendations and solutions from the Programme Review

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WHO materials to support an MNCAH Programme Review

- Programme review for maternal, newborn, child and adolescent health: guide for conducting national and subnational programme reviews

- Programme review for maternal, newborn, child and adolescent health: guide for conducting national and subnational programme reviews: **facilitator's guide**

- Maternal, newborn, child and adolescent health programme review data tool

Key actions – Improve health information systems
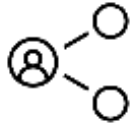
Collaboration and information sharing

- RMNCAH/CAH working group cooperates with the health cluster lead to improve health information services for CAH

Indicator alignment and system adaptation

- Agree on indicators used and adapt or develop suitable health information system for the emergency context

Early warning system

- Establish or modify early warning systems to detect and respond to communicable disease outbreaks

Data utilization and protection
- Analyze and disseminate health surveillance information timely, utilize supplementary data for decision-making, and ensure data protection measures

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For more details please refer to the operational guide

Key indicators – Improve health information systems

✓ RMNCAH/CAH working group provides leadership to the health cluster to **improve the health information system (including early warning systems),** and regularly disseminates reports to partners

✓ **Early warning surveillance reports** received from health facilities each week

✓ Conduct regular **health information reports addressing CAH priorities**, including analysis and interpretation of epidemiological data disaggregated by age, coverage and use of health services. Make sure this does not only cover surviving, but also thriving (as nurturing care)

For more details please refer to the operational guide

Resources – Monitoring and evaluation

- IASC Operational Guidance for Coordinated Assessments in Humanitarian Crises (2012)

- Health Cluster Guide: Practical Implementation at Country Level (2009)

- Guideline: Common Operating Datasets in Disaster Preparedness and Response (2010)

Tools – Monitoring and evaluation

1. Global Health Cluster tools – Health Cluster

2. EWARS: a simple, robust system to detect disease outbreaks – World Health Organization (WHO) Emergencies

3. Health information system (HIS) toolkit – UNHCR, the UN Refugee Agency (2010)

4. Health information system (HIS) toolkit reference manual – UNHCR, the UN Refugee Agency (2010)

5. Multi-sector initial rapid assessment (MIRA) – Inter-Agency Standing Committee (2015)

6. Rapid risk assessment of acute public health events – World Health Organization (WHO) (2012)

7. Multi indicator cluster surveys (MICS) – UNICEF

8. Health Resources Availability Monitoring System (HeRAMS) – World Health Organization (WHO) Humanitarian Health Action

9. Strategic Tool for Assessing Risk – A comprehensive toolkit for public health risk assessment (in press)

10. 3W/4W/5W – who, what, where, when, for whom – United Nations Office for the Coordination of Humanitarian Affairs

11. Service Availability and Readiness Assessment (SARA) – World Health Organization (WHO) (2015)

12. Child protection rapid assessment toolkit – Global Protection Cluster, Child Protection Working Group (2012)

13. dhis2 – District Health Information Software, version 2 is free health information system software

14. Newborn health in humanitarian settings: field guide – United Nations Children's Fund (UNICEF) and Save the Children (2018) - *(See annexes of the field guide for newborn assessment tools)*

Thank you

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