

**Dr. Lara Ho**

Health Coordinator, Côte d'Ivoire, International Rescue Committee



Lara Ho PhD, RN, is the health coordinator for the International Rescue Committee Côte d'Ivoire Program. She heads the health team that provides support and capacity building to local NGOs and government structures providing health services in a post-conflict environment. Previously, she conducted community-based research with rural First Nations in Canada. Dr. Ho received her PhD in International Health from Johns Hopkins Bloomberg School of Public Health and her AB in History and Science from Harvard College. She has lived in China, Mongolia, Canada, Tanzania, and Côte d'Ivoire. Dr. Ho is a member of the board of directors of the non-profit organization Friends of Mongolia.

**Cleaning Up the house – a large NGO tries to unify its health indicators**

Abstract:

Objectives

By the end of the session, the participants will be able to:

- - Identify three key steps in the process of identifying organization-wide indicators
- - Identify two factors that promote organization buy-in, and two factors that discourage it
- - Identify three features of an information system that promote use of data for decision-making

Background

Most large companies in the industrialized world use a limited set of metrics to monitor performance, but this practice is less common in the humanitarian world. Few groups have organization-wide databases. Even when they do, the diversity of settings and donors makes it difficult to agree on a set of indicators common to all programs.

Intervention

The IRC began defining a set of minimum indicators in 2004 to improve quality and accountability. The indicators were progressively reduced from 26 down to 3. The IRC has hired a database specialist and set up an on-line information system to collect and analyze data for decision-making at the local, national, and international level. The database is accessible to any field manager with internet access, and can be analyzed off-line. The total cost has been under \$100,000.

Results

By 2009, the system included over 700 individual reports from countries. In the last quarter of 2008, 16 countries reported out of 17 eligible. Two reports have been produced. Data quality was initially poor but has been improving with feedback. There has been great variability in results between countries and within countries, some of which cannot be explained by differences in context. Utilization rate for health facilities are lower than previously estimated. There has been little access of the database from field sites; most analysis is being done centrally.

Lessons learned

The key lesson learned is that a minimum indicator system is feasible, but requires

adequate resources to carry out successfully. It is imperative to restrict the scope, at least initially, to a handful of indicators. The system has had positive effects: serving to uncover with data management, and engendering greater collaboration internally. Hurdles remain, particularly with local use of data. Organizational commitment and electronic tools have brought improvements, but are not substitutes for capacity-building at the local level.