6. Monitoring and evaluation

As this implementation plan is the first of its kind, a comprehensive M&E system is crucial so that lessons learnt from the implementation are captured and feed back given timely to improve the availability, coverage and quality of services and to increase the demand of the community. Cognizant of the fact that both the utility and the cost of a monitoring and evaluations plan has to be considered; illustrative process indicators that are feasible to collect with in the existing health system are selected. Impact and outcome indicators that will be tracked by DHS, MICS and other sub national and regional levels are included. The following methods will be used:

6.1 Regular and continuous supportive supervision

Program focused supportive supervision will be conducted aiming at improving program management of CCM of common childhood illnesses at all levels. This supportive supervision will be carried out on regular basis by all levels to the next lower level using standard supervision checklist focusing on programme management issues.

FMOH and RHBs/ZHD conducts joint supervision to selected HPs, Woreda health offices and ZHDs twice a year. The team will be composed of 4 people; representatives from FMOH, RHB, ZHD and TWGs at one go. It is estimated that 15 days will be spent by a team on the field. The number of teams to cover regions varies based on the geographic coverage and depicted in the table below.

The Woreda health office staffs conducts such supportive supervision with or with out the involvement of HEW supervisors twice a year. Considering the current trend of a Woreda Health officer assigned to supervise 5 kebeles, 5 staffs are required to cover all kebeles in the Woreda (assuming 25 kebeles exist in a Woreda and 5 kebeles will be supervised by a Woreda staff in 5 days).

Skill reinforcing supportive supervision to the HEWs through the existing HEP supervision using the HEW supervisors on monthly bases. Support will be provided to the HEWs to properly assess, classify and manage common childhood illnesses. The supervision will also assess how the HEWs are counseling the caretakers to ensure treatment compliance, how the HEWs are enhancing the skills of VCHWs and model families on CCM related behavior and how the HEWs are managing supply and equipment. The supervision will be carried out using the adopted checklist for follow up after training.
Note: Supervisions made by HEW supervisors are not costed in this document. It remain a point of further discussion with FMOH.

Feedback will be provided on the spot and written feedback will be kept at both the visited sites and in the supervisors' offices.
The purposed frequency of visits, number of teams and days required for supervision by regions are shown in table below.

Table 6: Frequencies, required number of teams and days for supportive supervision at all levels

National/regional/zonal*			
Region	**Frequency/year**	**Number of teams/region**	**No of supervision days**
Amhara	2	2	15
Oromiya	2	3	15
SNNPR	2	2	15
Tigray	2	1	15

Woreda level**				
Region	**Frequency/year**	**Number of teams/kebeles**	**No of woredas**	**No of supervision days/team**
Amhara	2	5	142	5
Oromiya	2	5	254	5
SNNPR	2	5	135	5
Tigray	2	5	35	5

*4 people per team

** The actual supervision can be done using five Woreda officers in a team covering all kebeles or each Woreda officer may supervise 5 kebeles.

6.2 Recording and reporting

The CCM of childhood illnesses activities will be recorded, reported, analyzed and the information will be used for action at all levels. The following materials should be available for recording and reporting purposes;

- Case management registration books; 0 to 2 months and 2-5 years
- Monthly/quarterly reporting formats
- Family folder
- Supply logbook
- Supervision report note/book
- Referral forms
- Supervision checklist

These materials should help in monitoring and evaluation of the implementation of CCM by providing the necessary information to track progress status of the selected indictors on coverage, availability and quality of service. When possible, specific indicators will be included in the HMIS. See table 9 detailed lists of indicators that will be traced as part of the CCM M&E.

6.3 Review meetings

Regularly conducting review meetings is one of the key monitoring activities that help to review the progress of CCM implementation in larger group by identifying opportunities, challenges and looking for solutions. Experience sharing and dissemination of success stories, good practices and lessons learnt are addressed in such meetings.

Review meetings will be held at national and regional level at least once a year and at Woreda level at least twice in a year involving relevant stakeholders. FMOH, RHBs and Woreda Health offices are responsible to organize review meetings at their respective level. In order to make the review meetings effective and feasible, CCM review meetings will be conducted by integrating with other health review meetings. Panel discussions and special sessions will be held on key issues identified during implementation of the CCM. Proceedings of the reviews are expected to be disseminated to all levels timely.

Table 7: Frequencies and number of participants at different levels in one year

Review meeting	Frequency/year	No of days	No of participants	No of sites
National level	1	2	60	1
Regional level				
Amhara	1	1	85	2
Oromiya	1	1	150	2
SNNPR	1	1	145	1
Tigraye	1	1	45	1

Woreda level				
Amhara	2	2	60	142
Oromiya	2	2	60	254
SNNPR	2	2	60	135
Tigraye	2	2	60	35

6.4 Operational Researches

6.4.1 Baseline information

In the implementation of CCM, having a baseline with information on coverage of access, availability, quality and services utilization is critical to effectively monitor the progress, to evaluate outcomes and for further scale up at national level.

There are three proposed options to obtain the required baseline information:

6.4.2 Review available documents

A number of surveys have been done on coverage of interventions of interest for this implementation plan at different times covering different geographic areas in the country. Some of the available surveys are: ESHE end line household surveys of 2008, the L10K baseline household survey of 2009, the malaria indicator survey of 2007, EDHS 2005 and global estimates. If needed, data from one or a combination of many can be used as a baseline for CCM.

6.4.3 Using the upcoming surveys

The 2010 HEP evaluation that will be undertaken in January-February 2010 can be considered as an opportunity to include some key indicators addressing the required baseline information on CCM.

The Ethiopian DHS 2010, which will be undertaken in September 2010, when most of the CCM training hs been completed at woreda level and the HEWs are ready to commence CCM implementation. Although the timing is not optimal, EDHS could be considered as important opportunity of obtaining the baseline information on CCM

6.4.4 CCM specific household survey

Household survey is a standard approach to obtain information on such type of important community based interventions. However, to establish a baseline by creating a specific CCM household survey demands huge resources in terms of finance, human and time.

Considering the advantages and disadvantages of the above options, the document review method and 2010 HEP evaluation are recommended considering timeliness, cost and availability of documents.

6.4.5 Continuous monitoring

The progress of the CCM of under five children implementation will be monitored using routine reports, supportive supervision and review meetings reports at all levels. Findings which require timely intervention will be dealt in subsequent supportive supervisions and other ways of mitigation mechanism. Key issues will also be presented and discussed during review meetings and other child survival forums. The frequencies of these activities are mentioned in Table 8.

6.5 Evaluation

The outcome of the CCM interventions can be evaluated using different methods at one point in time. HH survey (specific or integrated with other surveys) can be conducted at the end of this CCM implementation plan to compare with the baseline data established in 2010.

Table 8: Summary of schedules for M&E at levels

Activity	National and RHB /ZHD	Woredas, with or with out HEW supervisors	HEW supervisors
Programme focused supportive supervision	Twice a year	Twice a year	
Skill enhancing supportive supervision		Quarterly	Monthly
Review meetings	Once	Twice	Monthly

6.6 Indicators

Table 9 lists the selected indicators for monitoring and evaluation of the CCM implementation. In addition to the below mentioned monitoring indicators from the routine report/activity report/supervision reports, the following indicators will be used to evaluate the implementation of the CCM.

1. Impact indicators from DHS, which includes mortality rate indicators (neonatal, infant, child and under 5 mortality rates)
2. Outcome indicators from DHS and other house hold surveys (HHS), which includes morbidity rate and treatment seeking behavior, from DHS and standard indicators from the HHS

Table 9: CCM monitoring and evaluation activities

Activity	NO	Indicators	Numerator (N) /Denominator (D)	Source	Level	Frequency	Responsibility
Orientation	1	Proportion of Woredas participated in the regional orientation	**N=** Total number of Woredas participated in the regional orientation **D=** Total number of selected (for CCM implementation) rural Woredas	Orientation Report	Region National	Once before June 2002	RHB FMOH
Coordination	2	No of meetings held by the national TWGs	Total number of national TWG meetings conducted , compared to total number of planned meetings based on the TOR of the TWG	Meeting Minutes	National	Annually	FMOH
	3	No of meetings held by the regional TWGs of the respective regions	Total number of regional TWG meetings conducted , compared to total number of planned meetings based on the TOR of the TWG	Meeting Minutes	Regional	Annually	RHB
Training	4	No of Master trainers trained	Total number of trainees participated the national level TOT, compared to total number of planned trainees	Activity (training) report	National	Once before June 2002	FMOH
	5	No of TOT trainers trained	Total number of trainees participated the regional level TOT, compared to total number of planned trainees	Activity report	Regional National	Quarterly	RHBs FMOH
	6	Proportion of HEWs trained on CCM	**N=** Total number of HEWs trained on CCM **D=** Total number of HEWs planned for CCM training	Activity report	Woreda, RHB, National	Quarterly	WorHO, RHB, FMOH
	7	Proportion of HEW supervisors trained on CCM (including CCM supervision)	**N=** Total number of trained HEW supervisors **D=** Total number of HEWs supervisors planned for CCM training	Activity report	Woreda, Region, National	Quarterly	WorHO, RHB, FMOH
	8	Proportion of Woredas with at least one officer who is trained on CCM & CCM supervision (CCM+S)and working in the WorHO	**N=** Total number of Woredas with at least one CCM+S trained officer working in the WorHO **D=** Total number of selected Woredas (for CCM implementation)	Activity report	Woreda, Region, National	Quarterly	WorHO, RHB, FMOH

Activity	NO	Indicators	Numerator (N) /Denominator (D)	Source	Level	Frequency	Responsibility
Training	9	Proportion of CCM trainings supervised for quality assurance by Master trainers[17]	**N=** Number of CCM trainings supervised by master trainer **D=** Total number of CCM trainings conducted	Activity report	Region, National	Quarterly	RHB, FMOH
Supplies	10	Proportion of HPs with no stock out[18] of any of the essential drugs[19] for CCM on day of supervision	**N=** Number of HP with no stock outs of essential drugs **D=** Total number of HPs supervised	Supervision report	Woreda, Region, National	Quarterly	WorHO, RHB, FMOH
	11	Proportion of HPs with all functional essential equipments[20] for CCM on day of supervision	**N=** Number of HP with all functional essential equipments **D=** Total number of HPs supervised	Supervision report	Woreda, Region, National	Quarterly	WorHO, RHB, FMOH
	12	Proportion of HPs with all essential job aids[21] for CCM on day of supervision	**N=** Number of HP with all essential job aids **D=** Total number of HPs supervised	Supervision report	Woreda, Region, National	Quarterly	WorHO, RHB, FMOH
Supportive supervision	13	Proportion of HPs supervised on CCM[22]	**N=** Number of HP supervised on CCM **D=** Total number of HPs	Supervision report	Woreda, Region, National	Quarterly	WorHO, RHB, FMOH
	14	Proportion of sick children with classifications of **cough**[23] who are assessed correctly	**N=** Number of sick children with classifications of cough who are correctly assessed **D=** Total number of sick children with classifications of cough	Supervision report	Woreda, Region, National	Quarterly Biannually	WorHO, RHB, FMOH
	15	Proportion of sick children with classifications of **cough** who are correctly treated/managed	**N=** Number of sick children with classifications of cough who are correctly treated & managed **D=** Total number of children with classifications of cough	Supervision report	Woreda, Region, National	Quarterly Biannually	WorHO, RHB, FMOH

[17] For assurance of quality while cascading the trainings suggested target is10%, at least 1 training out of 10 should be supervised by master trainer.
[18] Stock out is defined operationally as essential drug not available at the time of visit.
[19] Essential drugs are six; Co-trimoxazole, Amoxicillin, ORS, Coartem, Chloroquine and RUTF.
20 Essential equipments are Watch, ORS mixing jag/bottle or equivalent, cup, thermometer, RDT, RDT reagent, MUAC tape and weighing scale.
[21] Essential job aids are chart booklet, printed standard under 5 registration book, counseling card/Family health card
[22] Supervision by HEW supervisor is considered to be CCM supervision if the checklist prepared for CCM is used during the visit.
[23] Classifications of cough are Severe Pneumonia, Pneumonia and No Pneumonia.

Activity	NO	Indicators	Numerator (N) /Denominator (D)	Source	Level	Frequency	Responsibility
Supportive Supervision	16	Proportion of sick children with classifications of **pneumonia** who had follow up	**N=** Number of sick children with classifications of pneumonia and have follow up **D=** Total number of sick children with classifications of pneumonia	Supervision report	Woreda	Quarterly Biannually	WorHO, RHB, FMOH
	17	Proportion of sick children with classifications of **diarrhea**[24] who are assessed correctly	**N=** Number of sick children with classifications of diarrhea who are correctly assessed **D=** Total number of sick children with classifications of diarrhea	Supervision report	Woreda, Region, National	Quarterly Biannually	WorHO, RHB, FMOH
	18	Proportion of sick children with classifications of **diarrhea** who are correctly treated/managed	**N=** Number of sick children with classifications of diarrhea who are correctly treated & managed **D=** Total number of sick children with classifications of diarrhea	Supervision report	Woreda, Region, National	Quarterly Biannually	WorHO, RHB, FMOH
	19	Proportion of sick children with classifications of **persistent diarrhea & dysentery** who had follow-up	**N=** Number of sick children with classifications of persistent diarrhea & dysentery who had follow-up **D=** Total number of sick children with classifications of persistent diarrhea & dysentery	Supervision report	Woreda, Region, National	Quarterly Biannually	WorHO, RHB, FMOH
	20	Proportion of sick children with classifications of **fever**[25] who are assessed correctly	**N=** Number of sick children with classifications of **fever** who are correctly assessed **D=** Total number of sick children with classifications of fever	Supervision report	Woreda, Region, National	Quarterly Biannually	WorHO, RHB, FMOH
	21	Proportion of sick children with classifications of **fever** who are treated and managed correctly	**N=** Number of sick children with classifications of fever who are treated and managed correctly **D=** Total number of sick children with classifications of fever	Supervision report	Woreda, Region, National	Quarterly Biannually	WorHO, RHB, FMOH
	22	Proportion of sick children with classifications of	**N=** Number of sick children with classifications of malaria & measles with	Supervision report	Woreda, Region,	Quarterly Biannually	WorHO, RHB,

[24] Classifications of diarrhea are Severe Dehydration, Some dehydration, No dehydration, Severe persistent diarrhea, Persistent diarrhea and Dysentery..

[25] Classifications of fever are Very Severe Febrile Disease, Malaria, Fever malaria unlikely, NO Malaria, Severe Complicated Measles, Measles with eye/mouth complication and Measles.

		malaria & measles with eye/mouth complication who had follow-up	eye/mouth complication who had follow-up **D=** Total number of sick children with classifications of malaria & measles with eye/mouth complication		National		FMOH