## Step 6: Plan for Monitoring and Evaluation (M&E)

The following illustrative indicators are examples of useful indicators for measuring project implementation and effects, with suggested data sources.

*Caregivers:*

* Proportion of caregivers with children under five who believe that childhood pneumonia can be treated with amoxicillin. (Evaluation- omnibus survey or nationally representative survey)
* Proportion of caregivers with children under five who know the signs and symptoms of childhood pneumonia. (Evaluation- omnibus survey or nationally representative survey)
* Number of cases of pneumonia in children under five where care was sought from a qualified provider (Evaluation- service statistics)
* Proportion of caregivers who seek care for childhood pneumonia. (Evaluation- DHS or nationally representative survey)
* Proportion of caregivers of children under five who report that their spouse, mother-in-law, extended family encouraged them to seek treatment for childhood pneumonia or to use amoxicillin to treat childhood pneumonia. (Evaluation- omnibus survey or nationally representative survey)
* Proportion of caregivers of children under five who report that they know where to seek treatment from a qualified provider for childhood pneumonia. (Evaluation- omnibus survey or nationally representative survey)
* Proportion of caregivers of children under five who report that they can afford treatment from a qualified provider for childhood pneumonia. (Evaluation- omnibus survey or nationally representative survey)

*Providers:*

* Number of clinical providers trained (primary/refresher) on (updated) guidelines for correct treatment of pneumonia in children under five. (Monitoring- program statistics)
* Number of clinical or retail providers prescribing amoxicillin for suspected childhood pneumonia. (Monitoring - mystery client survey)
* Number of households visited by trained community health workers related to childhood pneumonia. (Monitoring- provider self-reported data)
* Number of referrals made by non-clinical providers for childhood pneumonia. (Monitoring- provider self reported data; referral cards)
* Proportion of non-clinical and clinical providers who can accurately report the correct treatment for pneumonia in children under five (Evaluation- provider self reported data or survey)

The Diarrhea and Pneumonia working group has endorsed an **overall list of performance indicators** for diarrhea and pneumonia treatment scale–up. These indicators should be incorporated into M&E plans for childhood pneumonia programs.

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| **PERFORMANCE INDICATORS – PNEUMONIA TREATMENT** |
| **Indicator** | **Definition** | **Metric** | **Method** | **Existing sources to leverage** | **Alignment with other tracking efforts** |
| **Pneumonia care-seeking** | Proportion of children under age five with suspected pneumonia in the previous two weeks who sought care outside the home | **Numerator:** Number of children under age five with suspected pneumonia in the previous two weeks who sought care outside the home**Denominator:** Total number of children under age five with suspected pneumonia in the previous two weeks | Population-based household survey | DHSMICS | Countdown 2015GAPPD |
| **Availability of nationally recommended antibiotic for pneumonia treatment** | Proportion of appropriate healthcare treatment sources with the nationally recommended antibiotic(s) in-stock on the day of the survey | **Numerator:** Number of appropriate healthcare treatment sources with nationally recommended antibiotics in-stock on the day of the survey**Denominator:** Total number of appropriate healthcare treatment sources | Health facility assessment/Retail audit | UNCoLSC Facility Assessment | UNCoLSC |
| **Amoxicillin recommended as the first- or second-line treatment for pneumonia in national guidelines** | Amoxicillin is the first or second-line treatment for pneumonia in national guidelines | N/A | Document review | National Treatment Guidelines |   |
| **Policy allowing local community-based provider to dispense nationally recommended antibiotics for pneumonia** | There is a policy allowing local community-based provider to carry and dispense the nationally recommended antibiotics for treating pneumonia | N/A | Document review | MoH policy | Countdown 2015 |
| **Registration of the pediatric formulation of the nationally recommended antibiotic** | At least one pediatric formulation of the nationally recommended antibiotic for pneumonia treatment registered with the National Drug Authorities | N/A | Document review | National Drug Registry | UNCoLSC |
| **Appropriate pediatric antibiotic formulation for pneumonia is included in the Essential Medicines List (EML) and National Procurement list** | Pediatric formulations for the nationally recommended antibiotics for treating pneumonia are included in the EML and National Procurement list | N/A | Document review | Essential Medicines ListNational Procurement List | UNCoLSC |

In addition to the indicators listed above, demand generation efforts – messages, strategies and media channels – should be evaluated for impact. There are two fundamental questions for evaluating demand generation efforts:

1. Is exposure to messaging and demand generation efforts resulting in behavior changes – both increased knowledge and use of Amoxicillin for childhood pneumonia? And,
2. Is the market working for everyone? Meaning, are all segments of caregivers being reached? For example, this should measure whether all socio-economic quintiles, populations in rural areas, ethnic/racial/religious/language groups are being reached.

The following are illustrative indicators focused on **demand generation and behavior change** that should parallel the performance indicators above:

| **Indicator** | **Definition** | **Metric** | **Method** | **Exsting Sources to leverage** | **Alignment with other tracking efforts** |
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| **Pneumonia care-seeking** | Proportion of caregivers of children under age five (CU5) with pneumonia in the previous two weeks who sought treatment from a qualified provider | **Numerator:** Number of caregivers of children under five with symptoms of pneumonia in the previous two weeks who sought treatment from a qualified provider.**Denominator:** Total number of caregivers with children under age five that had symptoms of pneumonia in the previous two weeks | Population-based household survey | DHSMICS |   |
| **Amoxicillin availability**  | Proportion of healthcare treatment sources with amoxicillin in-stock on the day of the survey, exposed to messages | **Numerator:** Number of healthcare providers/staff of pharmacies/drug shops, exposed to messages, with amoxicillin in-stock on the day of the survey**Denominator:** Total number of healthcare providers/staff of pharmacies/drug shops exposed to messages | Health facility assessment/Retail audit | UNCoLSC Facility Assessment | UNCoLSC |
| **Perceived Availability of Amoxicillin** | Proportion of caregivers of CU5 exposed to messages, who report they know where to buy pneumonia treatment /amoxicillin  | **Numerator:** Number of caregivers of CU5 exposed to messages, who report they know where to buy amoxicillin **Denominator:** Total number of caregivers of CU5 exposed to messages. | Population-based survey, program evaluation survey or communication impact evaluations. | Program baseline or endline surveys. | UNCoLSC |