Save the Children

The Open University

Monitoring, Evaluation, Accountability and Learning (MEAL)

14 Measuring Results in Health and Nutrition

Keywords: Health, Nutrition, HIV and AIDS

Introduction

Save the Children's health and nutrition programmes seek to facilitate and promote sustained improvements in the health and nutritional status of children and women, with special attention given to the needs of vulnerable populations. In partnership with host countries, leading global development organisations and communities, Save the Children works to ensure that children, their mothers, and other caregivers have access to and use key health and nutrition services and adopt healthy behaviours. We use evidence-based interventions to address the major causes of illness, death and malnutrition, and continue to develop innovative strategies to deliver these services most effectively to as many people as possible, especially in resource-poor and emergency situations. Through our Global Campaign, EVERY ONE, our global and national level advocacy, and partnerships, Save the Children is able to inform and influence policies and programmes, and to increase funding to serve more children. Our thematic focus areas are maternal and newborn health and nutrition, child health and nutrition, adolescent sexual and reproductive health, emergency health and nutrition, HIV and AIDS and other health interventions, such as community-based sanitation services supported by Hunger and Livelihoods interventions. Together, the Health & Nutrition Global Initiative and the EVERY ONE campaign support countries in each aspect of the full theory of change toward achieving the 2015 Goal, Strategic Objective and Breakthrough and track key indicators of progress towards these by looking at key priority areas. The reports on our global health and nutrition indicators also help in decision making by providing a strong evidence base for programming and advocacy efforts.

Learning Outcomes for this session

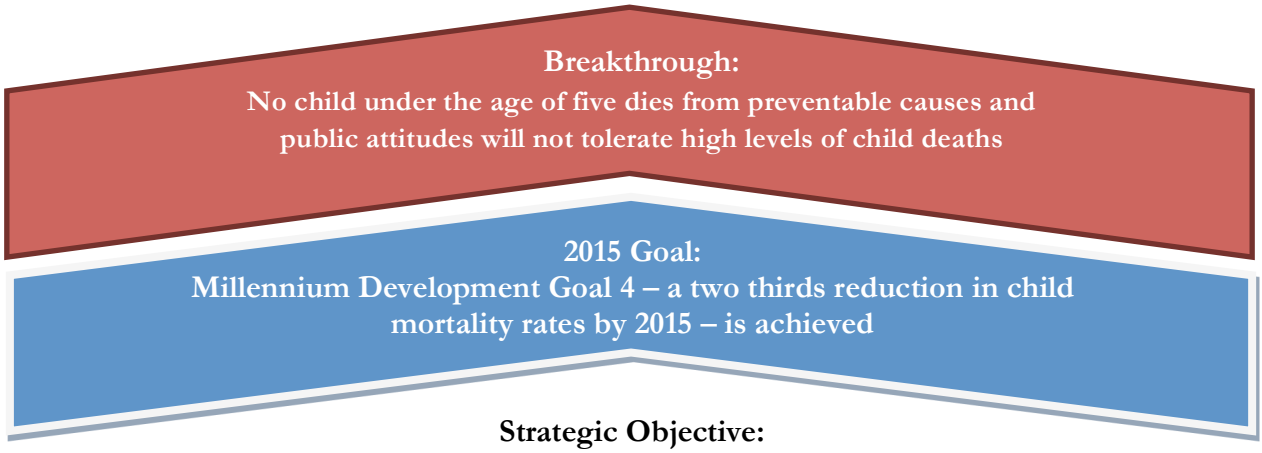
Knowledge and Understanding

When you have studied this session, you should be able to:

1. Understand the thematic link to the global strategy and breakthrough.
2. List the thematic indicators.
3. Have a general understanding of definitions.
4. Select appropriate data sources for reporting on global indicators.

1 Overview of global initiative strategy objective and breakthrough

The Save the Children Health & Nutrition Global Initiative is a globally agreed effort designed to make a major contribution towards our organisational breakthrough of ending preventable child deaths. Together the Health & Nutrition Global Initiative and the EVERY ONE campaign support countries in all aspects of the full Theory of Change toward achieving the 2015 Goal, Strategic Objective and Breakthrough listed in the figure below.



Strategic Objective:
By 2015 we will have influenced changes in policy and its implementation that expand coverage of services and practices which dramatically accelerate sustainable and equitable progress towards MDG4

The Global Initiative and the EVERY ONE Global Campaign

The Global Initiative on Health and Nutrition supports the core programme functions under the EVERY ONE campaign, by:

- addressing factors that affect the use of high impact services and practices in the settings where we work
- ensuring clarity and coherence in our health and nutrition programme strategic framework, interventions, approaches, and metrics
- convening a process to identify signature programmes in health and nutrition that exemplify the full Theory of Change
- capturing, disseminating, and applying learning across our programmes
- ensuring that technical staff have access to state-of-the-art information for improved health and nutrition
- supporting efforts to mobilise resources to support improved and expanded programmes
- developing and applying metrics for assessing the quality and impact of our health and nutrition programmes.

For additional information about the EVERY ONE campaign, read Session 13 Measuring Results in the Global Campaign (EVERY ONE).

2 What indicators are we tracking in Health and Nutrition?

As of 2013, there are 5 mandatory indicators and 1 optional indicator for country programmes to report on, which track the progress and outcomes of our health and nutrition work.

Some of these indicators were previously reported under the EVERY ONE campaign; as of 2014, the below indicators will be reported under the Health and Nutrition Global Initiative. Note that these indicators may be revised as we learn from country programmes on the challenges involved in data gathering and reporting. Pay special attention to the highlighted terms!

1. **Health Workers:** #/% of health care workers who complete pre-service or in-service training in defined list of priority child health and nutrition topics using standardised curricula.
2. **Use of life-saving interventions (curative):** number of cases of malaria, pneumonia and diarrhoea among children under five treated through Save the Children supported activities or facilities. The list of high impact life-saving interventions that will be counted is as follows: (1) anti-malarial treatment (U5s), (2) Antibiotic treatment for pneumonia (U5s), (3) oral rehydration and continued feeding for diarrhoea (U5s), (4) successful treatment for acute malnutrition in non-declared emergency settings.
3. **Use of life-saving interventions (preventive):** number of children U5 accessing high impact preventive interventions through Save the Children supported activities or facilities (based on proxies tested in 2011: (1) skilled attendance at birth or (2) DPT3/Penta-3 immunisation))
4. **Households with under-5s benefiting from social transfers:** number of households with under-5s receiving a social transfers product (food, NFI, cash, voucher) designed to protect, restore or grow the household asset base through Save the Children supported activities. ***Note that this indicator may transfer to a possible Hunger and Livelihoods global initiative during 2014. Further guidance will be forthcoming.***
5. **Use of HIV services (preventive)**: Number and % of young people at higher risk of HIV reached by Save the Children supported prevention programmes who show care seeking behaviour by utilising key preventive services in those same settings.
6. **Comprehensive knowledge (Optional):** % of targeted children in Save the Children project area (programme participants) who can correctly identify ways of preventing the transmission of HIV and who reject major misconceptions about HIV transmission.

Link to WHO Categories of Health Workers - http://apps.who.int/globalatlas/docs/HRH/HTML/Dftn.htm

Physicians - generalists and specialists.

Nursing and midwifery personnel - professional nurses, professional midwives, auxiliary nurses, auxiliary midwives, enrolled nurses, enrolled midwives and other personnel, such as dental nurses and primary care nurses. Traditional birth attendants are not counted here, but as community/traditional health workers (see below).

Skilled attendant - an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns.

Dentistry personnel - dentists, dental assistants, dental technicians and related occupations.

Pharmaceutical personnel - pharmacists, pharmaceutical assistants, pharmaceutical technicians and related occupations.

Laboratory health workers - laboratory scientists, laboratory assistants, laboratory technicians, radiographers and related occupations.

Environment and public health workers - environmental and public health officers, environmental and public health technicians, sanitarians, hygienists, district health officers, public health inspectors, food inspectors, malaria inspectors and related occupations.

Community and traditional health workers - community health officers, community health-education workers, community health aides, family health workers, lady health visitors, health extension package workers, traditional and complementary medicine practitioners, community midwives, traditional birth attendants and related occupations.

Other health workers - Includes a large range of other cadres of health service providers such as medical assistants, dieticians and nutritionists, occupational therapists, operators of medical and dentistry equipment, optometrists and opticians, physiotherapists, podiatrists, personal care workers, psychologists, respiratory therapists, speech pathologists, and medical trainees and interns.

Health management and support workers - other categories of health systems personnel, such as managers of health and personal-care services, health economists, health statisticians, health policy lawyers, medical records and health information technicians, ambulance drivers, building maintenance staff, and other general management and support staff.

3 Key terms and definitions

Activity 1 (Exploratory)

Before we go on to the definitions of and reporting on these indicators, please take a look at the previous section, where you will see some highlighted terms and write down your answers to the below questions. What do these terms mean to you?

As you reflect on these categories, consider some of the challenges you might encounter while trying to collect information on these groups. Is data on these groups readily available? What could be some of the challenges related to collecting data on children and youth at risk? Who collects the data on health workers in your country?

Some explanations are provided at the end of the session.

Health Workers - The WHO defines health workers as "all people whose main activities are aimed at enhancing health. They include the people who provide health services – such as doctors, nurses, pharmacists, laboratory technicians – and management and support workers such as financial officers, cooks, drivers and cleaners." (WHO, *World Health Report*, 2006.) As each country has a different health system and categories of health workers, as you plan a programme, and think about reporting, you are encouraged to clearly identify which categories of health workers are targeted for training in the standardised packages promoted by the EVERY ONE campaign. Please study the text box for a comprehensive overview of categories of health workers.

An intervention which is 'SC-supported' - refers to an intervention which is made possible through any of the following types of support provided by Save the Children or its implementing partners:

- direct provision of substantial technical and/or financial support for training and capacity building of duty-bearers e.g. technical assistance to government departments; organisational capacity building for a facility providing services to children
- direct provision of services
- substantial community mobilisation
- substantial rehabilitation of a facility

You will need to use your discretion when determining whether the support provided by Save the Children is substantial. A general guideline is to assess whether or not the intervention in question could have been provided to an acceptable standard without Save the Children's technical/financial/material input.

- **'Significant contribution' refers to situations where there is good evidence that Save the Children's activities have contributed to increased access to services or increases in national coverage of interventions and is defined by the following criteria:**
  - Situations where Save the Children has played a leadership role in national partnerships that have informed and influenced policies, strategies and programmes including clinical guidelines and national training curricula and/or resulted in increased funding for health, nutrition or livelihoods programming which have led to increased coverage of specific interventions for MNCH.
  - AND/OR direct interventions for which Save the Children has provided significant direct technical and financial support in multiple districts or states (covering >10% of the national population) such as support for the training of a facility and/or community workers, provision of essential supplies or commodities, community mobilisation, behaviour change communications, quality improvement, and facility rehabilitation. Country offices must be able to substantiate any claim to significant contribution through documentation of programme or advocacy work.

Where Save the Children has "significant contribution" to national coverage we should also provide data at the national level.

Key HIV preventive services – *Key preventive services* will include any one of the following:

- Sexually Transmitted Infection (STI) diagnosis, treatment and follow-up
- HIV Testing & Counselling
- Sexual Health (including condoms, counselling and peer support)
- Family Planning/Reproductive Health (including FP and dual protection)
- Prevention of Mother to Child Transmission (PMTCT)

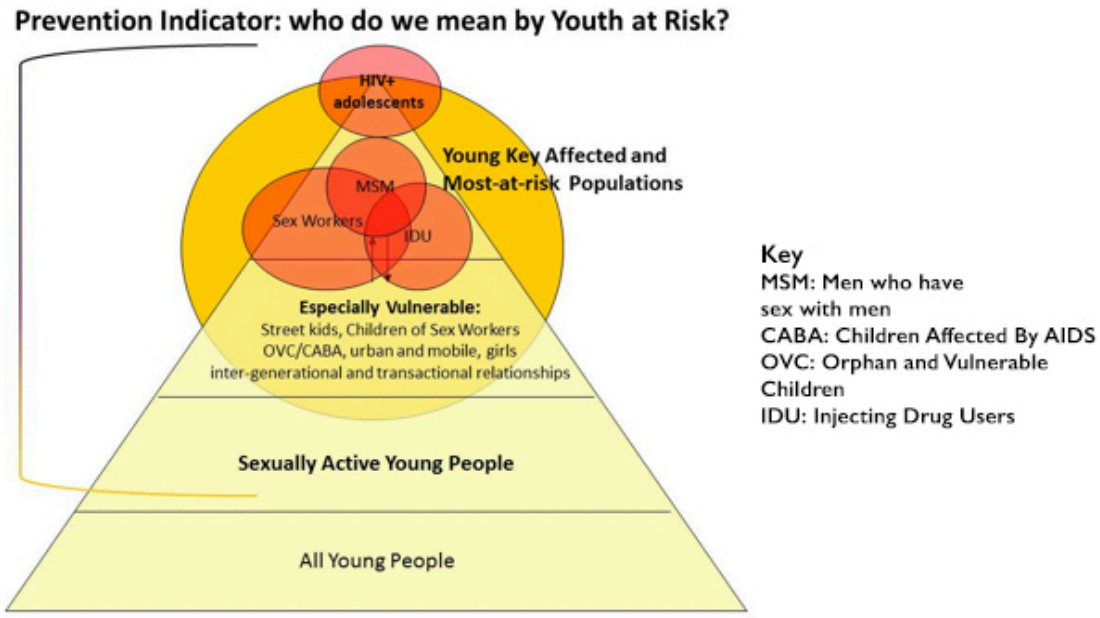
- Harm reduction services, including needle exchange if relevant
- Positive health, dignity and prevention (support for disclosure, prevention in discordant relationships, prevention during home based care)
- Other combination prevention programming designed to be responsive to local epidemic contexts (country offices are asked to provide an explanation on the reporting form)

Comprehensive knowledge of HIV prevention – giving correct answers to all 5 questions to both correctly identify ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission. The five questions are:

- Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?
- Can a person reduce the risk of getting HIV by using a condom every time they have sex?
- Can a healthy-looking person have HIV?
- Can a person get HIV from mosquito bites?
- Can a person get HIV by sharing food with someone who is infected?
- The two last questions can be modified if not contextually appropriate, and then two alternative questions on common misconceptions should be added. This must be explained in an accompanying note. Country offices are to report on interviews with a sample of children, randomly selected from various programme sites that represent different target groups' characteristics, so that the samples are as representative as possible for our work. Data collection shall be done in the same sites every year/each time, and can be undertaken by SC programme staff or SC partners, if public data is not available or relevant.

Children and youth at risk of HIV - For the purpose of the health and nutrition indicators, the following groups of children and youth are considered:

1. Children and youth living with HIV
2. Children and youth among key affected populations: young people selling sex, young men having sex with men, young drug users (injecting and non-injecting).
3. Especially vulnerable young people: Orphans and vulnerable children/youth, street children and youth, children of sex workers, urban and mobile youth on the move for livelihood, girls in intergenerational and transactional relationships
4. All sexually active young people in generalised epidemic settings



4 The rationale for measuring each indicator and the use of such data

Health Workers

Increasing the number of trained health workers is essential to improve both access to, and the quality of, high impact interventions that contribute to reducing child mortality. Measuring the number of health workers trained in standardised, evidence-based packages, as well as Save the Children's contribution to these trainings, will help demonstrate progress towards saving lives of children under five. However, it is important to note that to be effective, trained workers must be supported with essential supplies and supportive supervision. This indicator is unable to capture whether such support is being provided.

You will need to identify which key high-impact training packages are being supported through the EVERY ONE campaign and report the number of health workers completing training in those packages at national and sub-national (for example, Save the Children project or intervention areas) levels. To be included, packages must follow a standardised curriculum that is nationally endorsed and/or in line with international training packages (i.e. WHO, UNICEF, etc). In addition, training packages must include clear objectives and the minimum duration should be at least one full day. Orientation sessions or isolated sessions should not be included in this indicator. As you identify and describe the available training packages, you should work with partners to track the number of individuals completing training each year.

Training packages that may be reported will fall under the following general areas:

- Management of acute malnutrition
- Promotion of recommended infant and young child feeding practices
- Case management of childhood illness
- Antenatal Care
- Basic/Comprehensive Emergency Obstetric Care
- Essential Newborn Care (ENC)/Postnatal Care (PNC)
- Prevention of Mother-to-Child Transmission of HIV (PMTCT)
- Family Planning
- Health systems management topics
- Basic training (pre-service)
- Other

This information will be used to track progress in increasing availability of health workers trained to deliver high impact interventions and highlight Save the Children's contribution.

4.2 Use of life-saving interventions (curative and preventive)

The majority of deaths in children under five globally are often caused by illnesses for which highly effective and affordable preventive and curative interventions are available. Scaling up access to and use of these low-cost, high-impact interventions could save millions of lives each year and is essential to reaching the Millennium Development Goal on (state specifically which one). These indicators provide data on both access and use of selected high-impact interventions that have a documented impact on child survival. To report on these indicators, you will have to identify which of the key high-impact interventions you are working on and provide a count of cases of children under 5 receiving those interventions in SC intervention areas (sub-national levels).

Here is the list of high-impact, life-saving interventions to count for curative interventions:

#	Life-Saving Intervention	Description
1*	Antimalarial treatment	Number of children under five with confirmed or presumptive malaria (fever or history of fever) who received treatment with an effective anti-malarial (in areas with malaria).
2*	Antibiotic treatment for pneumonia	Number of children under five with presumptive pneumonia (cough and fast/difficult breathing) who received an effective antibiotic
3*	Oral rehydration for diarrhoea	Number of children under five with diarrhoea who received ORS
4*	Successful treatment for severe acute malnutrition	Number of children under five treated for severe acute malnutrition who reach the standard discharge criteria after treatment. This is not to be collected for declared emergency responses (to avoid duplication with the humanitarian indicators).
*Note: Indicators #1-4 will be reported as 'cases' given that a child may present with multiple illnesses simultaneously and may also experience more than one episode of any given illness during the reporting period.		

For preventive interventions, you will need to provide a count of children under five receiving the preventive intervention in Save the Children intervention areas (i.e. sub-national levels). *This is not to be collected for declared emergency responses (to avoid duplication with the humanitarian indicators).*

#	Life-Saving Intervention	Description
Preventive Interventions		
1	Skilled attendant at birth	Number of live births attended by a skilled provider. In cases where countries are unable to report on skilled attendance at birth, the number of institutional births should be reported as a proxy.
2	DPT3/ Penta-3 immunisation	Number of children under one year of age who received DPT3/Penta-3 vaccine

Data will be aggregated to provide a total number of under-five cases of malaria, pneumonia, diarrhoea and malnutrition that received a life-saving treatment through SC-supported programmes and to highlight access to and use of high-impact, life-saving interventions that EVERY ONE campaigns support. However, interpretation will not be straightforward if counts are used, as true access can only be measured through coverage from population-based surveys. As a result, the EVERY ONE campaign will also track progress towards coverage targets at the national level using Countdown data. **Session 10** Monitoring and evaluating advocacy has more information on use of national data.

4.3 Households with under-5s benefiting from social transfers

Social cash or food transfers aim to mitigate poverty and vulnerability to address the underlying drivers of child hunger and mortality. Safety nets and social cash/food transfers are an important approach to help poor families access energy and a nutritious diet for their children. They are also a key strategy in reducing child hunger. This indicator is designed to capture social transfers distributed through Save the Children-supported programmes. Social transfers target the poorest households and should prioritise children under the age of 5 and pregnant women. As a minimum standard, social transfers should enable households to provide the minimum calorie requirements of each member (i.e. 2100 kcal per person, per day).

All households receiving social transfer products designed to protect, restore or grow the household asset base will be counted for this indicator. Social transfer products may include but are not limited to the following:

- Conditional Cash Transfer
- Unconditional Cash Transfer
- Voucher Transfer
- Cash for Public Works
- Food for Public Works
- Food for Assets

It is recommended you use the Household Economy Approach (HEA) to assess the coverage of calories requirement and the level of food gap. HEA disaggregates analysis by wealth groups in order to capture issues of equity in hunger.

Save the Children will use this data to report on the following global outcome statement:

> Save the Children supported activities have reached x of the poorest households with children under 5 years in countries with social cash or food transfers designed to protect, restore or grow household assets enabling them to meet the minimum food requirements of all members.

4.4 Use of HIV services (preventive)

This indicator is intended to measure a behaviour change outcome and is a proxy measure of protective practice that goes beyond knowledge and awareness. The focus will be on children and youth at higher risk of exposure to HIV infection in a range of epidemic contexts as defined in the definitions section above.

It is recommended that the following information is provided in the report:

For the numerator: Relevant information from projects being implemented at the country office level.

For the denominator: Accurate estimates of the target population reached by the programme being reported.

As you collect the data and report on this indicator, please keep in mind that a clear explanation of data sources and how denominators were calculated is critical to data quality. The data will be used to assess change in behaviour reflecting the ability of young people to access key HIV preventive services as a result of their contact with Save the Children programming.

4.5 Comprehensive knowledge (Optional)

Correct and accurate information about the routes of HIV transmission is a critical first step in ensuring that a child/young person is able to protect themselves from HIV infection. This indicator contributes to the assessment of progress towards universal knowledge about HIV transmission. Rejection of misconceptions is equally important, not least to address misconceptions contributing to stigma and discrimination. As many of our programmes are implemented and reported with a strong element of cross-thematic collaboration, education-based HIV prevention programmes should also report on this indicator to capture increases in knowledge as a result of Save the Children programmes.

To report on this indicator, you must randomly select a sample of children from various programme sites that represent different target groups' characteristics for interviews. In this way, the samples will be as representative as possible of the range of beneficiaries with whom we work. Data collection shall be done in the same sites every year/each time, and can be undertaken by Save the Children programme staff or Save the Children partners if public data from Demographic and Health Survey (DHS), World Health Organization (WHO), UN agencies or government survey sources is not available or relevant.

Programme participants are asked the following questions:

- Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?
- Can a person reduce the risk of getting HIV by using a condom every time they have sex?
- Can a healthy-looking person have HIV?
- Can a person get HIV from mosquito bites?
- Can a person get HIV by sharing food with someone who is infected?

The two last questions can be modified if not contextually appropriate to your country or programme. Two alternative questions on common misconceptions should be added. This must be explained in an accompanying note.

Some alternative questions may also be used with younger children where discussion of sexual transmission may be less appropriate:

- Can HIV be transmitted by cutting yourselves on a dirty knife or other sharp items?
- Can HIV be transmitted by blood transfusion or an open bleeding wound?
- Do you think a person can get infected with the virus that causes AIDS through supernatural means (such as witchcraft)?
- Can a person get HIV by sharing the same drinking glass as someone who is infected?
- Can a person get HIV by sharing the same toilet seat as someone who is infected?
- Can a person get HIV by hugging or shaking hands with someone who is infected?

The data will be used to assess to what extent knowledge about HIV is increasing over time and where specific intervention or programming is required. The data will also be used to analyse Save the Children's programme results in comparison with official national statistics as reported to UNAIDS.

4.6 General overview of data collection timing and data sources

The table below provides an overview of the data collection methods and data sources for each of the indicators. Please study the table carefully and reflect on the implications might be for collecting this data in the field.

You'll find some of the common implications in the next section.

Indicator:	Data collection timing	Data sources
1. **Health Workers:** #/% of health care workers who complete pre-service or in-service training in defined list of priority child health and nutrition topics using standardised curricula.	Collect routine data on trainings and aggregate them annually.	Intervention level: Save the Children training records. National: Save the Children and partner training records (MOH, international agencies, etc.).
2. **Use of life-saving interventions (curative):** number of cases of malaria, pneumonia and diarrhoea among children under five treated through Save the Children supported activities or facilities. The list of high impact life-saving interventions that will be counted is as follows: (1) anti-malarial treatment (U5s), (2) Antibiotic treatment for pneumonia (U5s), (3) oral rehydration and continued feeding for diarrhoea (U5s), (4) successful treatment for acute malnutrition in non-declared emergency settings.	Collect routine data on these key interventions and submit annually.	Intervention level: Save the Children and partner programme records; sub-national HMIS.
3. **Use of life-saving interventions (preventive):** number of children U5 accessing high-impact preventive interventions through Save the Children supported activities or facilities (based on proxies being tested in 2011: (1) skilled attendance at birth or (2)DPT3/Penta-3 immunisation))	Collect routine data on these key interventions and submit annually.	Intervention level: Save the Children and partner programme records; sub-national HMIS.
4. **Households with under-5s benefiting from social transfers:** number of households with under-5s receiving a social transfers product (food, NFI, cash, voucher) designed to protect, restore or grow the household asset base through Save the Children supported activities.	Collect continuously for relevant projects.	Intervention level: Project records of social transfers. National level: Government service data.
5. **Use of HIV services (preventive)**: Number and % of young people at higher risk of HIV reached by Save the Children supported prevention programmes who show care seeking behaviour by utilising key preventive services in those same settings.	Collect annually.	Service utilisation data should reflect use of services as a result of our interventions. The actual services can be provided by work we support, or by other sources. We are seeking a non-duplicating total (individuals should only be counted once, even if multiple services are used). Data may be collected through project-based data or other population-based data in geographies relevant to Save the Children work

6. **Comprehensive knowledge (Optional):** % of targeted children in SC project area (programme participants) who can correctly identify ways of preventing the transmission of HIV and who reject major misconceptions about HIV transmission.	Data should preferably be collected annually. If not possible, countries are expected to map out when prevention data will be collected, and communicate this to the Global initiative. An update on the global outcome indicator will be presented every year. Preferred timing: for shorter projects (e.g. 1-2 years) – baseline and endline expected; for longer term projects (e.g. 3-5 years) – baseline, midterm and endline expected.	May be project based data. Surveys will then be conducted with small random sample of children in selected and representative number of project sites. The number of sites, and children asked, will depend on the size and scale of the programme, but the same sites will be monitored throughout the strategy period. If Save the Children is a key player in a given geographical location, population based data collected in that geographical area for national data collection purposes can be used (e.g. DHS, or for UNGASS UNAIDS reporting/ Millennium Development Goal indicators), as long as these data are gender and age disaggregated. It is preferable to use such data where possible, which may also provide Save the Children a good opportunity to interact with local officials and quality control government data.

5 Challenges in data collection and implications for Total Reach count

As you may have found in your exploratory activity in the previous section, there are a number of implications and potential challenges to collecting accurate data on these indicators. Here are some of the challenges that we have frequently encountered, as well as guidance on some of these issues, to help you during the planning and reporting process. Please go through the table and compare your own ideas on the challenges that may occur during data collection for the indicators reviewed in this session. Consider the following questions:

1. How might the data collection, analysis and reporting requirements for the health and nutrition indicators overlap with the Total Reach process? Will double counting be an issue? Why or why not?
2. Were any of the challenges you thought of also listed below? Does your programme or office already have solutions in place for dealing with these challenges? If so, what are they?

If you have not yet experienced a data collection and reporting cycle, please find a colleague who has worked on this and discuss with them the process, challenges and solutions to any issues that have come up. If you have any questions or suggestions on how to resolve some of these issues, connect with your country office thematic advisors or Global Initiative contact persons according to the latest updated contact list available in your office.

Be sure to study Session 11 Total Reach if you are going to be involved in data collection or reporting for your programme.

Indicator	Implications for data collection and total reach count	Possible solutions for data collection and accurate total reach count
Health Workers	• Numbers of staff trained by agencies other than the MOH may be difficult to obtain in some cases, as trainings are not always tracked at the national level. • Some health workers may be trained in more than one package	• You will need to establish systems on country level to extend tracking of key trainings beyond those implemented directly by Save the Children • Total number of health and nutrition workers trained will need to be adjusted for double counting
Use of life-saving interventions (curative)	• Data from routine sources such as hospital records are often inaccurate and unreliable in many countries; tracking trends over time with such data will be very difficult to interpret and should be approached with extreme caution • Potential double counting is an important limitation to the indicator and we will not be able to aggregate these data to provide an overall number of children under-five benefiting from at least one high impact intervention. • Interpretation is a challenge for several of the life-saving interventions currently listed. While it is always positive to see increases in number of skilled deliveries and immunisations, interpreting trends for cases treated is more complicated. For example, increases in numbers of children treated for malaria could mean improved care-seeking, identification and coverage of cases, or that the burden of disease has increased. Decreases could be positive if they reflect improved diagnostics (like availability of rapid diagnostic tests) or that preventive interventions have lowered the burden of disease. Conversely, decreases could be negative if they reflect drug stock-outs or poorer care-seeking.	• Be sure to consult the session on Total Reach • Be sure to triangulate treatment numbers with available data on coverage, disease prevalence, and other key context in order to interpret this indicator.
Use of life-saving interventions (preventive)	• Data from routine sources are often inaccurate and unreliable in many countries; tracking trends over time with such data will be very difficult to interpret and should be approached with extreme caution	• Due to double-counting this indicator will be based on a one preventive service as a proxy for children reached through preventive interventions and therefore will underestimate the total number of children accessing SC-supported preventive services.

Households with under-5s benefiting from social transfers	• This indicator captures project or programme output and as a result there are many limitations to interpretation or use. The indicator does not provide information about the quality or effectiveness of programmes distributing social cash or food transfers. Further it does not provide information about the distribution of social transfers as compared to need (i.e. coverage). • an increase or a decrease in the number of households receiving social transfers is substantially context-dependent not automatically a positive or negative trend.	• You will need to design a project/programme specific MEAL system to assess coverage and impact. Finally, an increase in cash transfers provided may be good (i.e. more people have access to these) or bad (more people need these as the situation has worsened). • You should be careful when setting targets and interpreting data on this indicator.
Use of HIV services (preventive)	• Services will need to be carefully analysed so as they are not double counted with other preventive health services.	• Consult Total Reach session on how to best do this.
Comprehensive knowledge (Optional)	• May be challenging to collect data annually. • Smaller programmes undertaking sampled surveys will not have "scientific randomised processes" for collection of data. • The emphasis on sexual transmission may be less appropriate to younger populations aged 10-14. This may be addressed by including some non-sexual modes of transmission in the set of questions asked.	• The questions on misconceptions would need to be selected/adapted locally which will be in line with the MDG/UNAIDS indicator definition. • See examples in the "measurement" section. Recognising the need for cultural sensitivity, you should still strive to include questions on sexual transmission as often as possible, as this is core knowledge also for non-sexually active children.

Summary

Now that you have studied this session, you should understand the definitions of key terms related to tracking and reporting on global indicators for health and nutrition.

You can now list the thematic indicators and know what the data sources are, as well as common challenges and implications for reporting on the indicators.

You should understand how thematically targeted interventions contribute to the progress in achieving global breakthrough and strategy.

While this session did not cover details of collecting data for all health and nutrition interventions, we would encourage you to review available resources on topics of your specific interest.

In conjunction with other sessions in this module, you are now equipped to contribute to Save the Children's efforts in improving maternal and child health and nutrition.

Resources

The following resources are available for use in measuring results and planning for quality health and nutrition programming. Additional resources are available on OneNet.

This website contains tools that apply to multiple technical areas that can be used to improve decision-making in the health sector. -

http://www.cpc.unc.edu/measure/tools

Community Health Worker Assessment and Improvement Matrix (CHW AIM): A Toolkit for Improving Community Health Worker Programmes and Services. - Tool for conducting assessment and improvement in community health worker practice. –

http://www.who.int/workforcealliance/knowledge/toolkit/54/en/index.html

Monitoring and evaluation tools needed for quality integrated community case management of childhood illnesses (ICCM) programme. –

http://www.ccmcentral.com/?q=node/360

For countries that have PMTCT programming, the following resources might be of use. - MNCH guidance for GFATM

GF MCH Integration_Draft 2.3

WHO resources

Toolkit, expanding and simplifying treatment for pregnant women living with HIV - The toolkit is a collection of assessment tools and checklists that describe the key considerations to taken into account when transitioning to Option B/B+. The toolkit provides a roadmap to support the planning and implementation of Option B/B+, and to help countries scale up interventions and programmes more effective to achieve the goals of the Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive. -

http://www.who.int/hiv/pub/mtct/iatt_optionBplus_toolkit/en/index.html

Measuring the impact of national PMTCT programmes: Towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive. A short guide on methods. –

http://www.who.int/hiv/pub/mtct/national_pmtct_guide/en/index.html

Guidance on prevention of mother-to-child transmission of HIV and infant feeding in the context of HIV. July 2010. –

http://www.who.int/hiv/pub/mtct/PMTCTfactsheet/en/index.html

Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. Recommendations for a public health approach (2010 version). –

http://www.who.int/hiv/pub/mtct/antiretroviral2010/en/index.html

Standard foreign assistance indicators measure outputs that are directly attributable to the U.S. Government's programmes, projects and activities (e.g. training teachers), as well as outcomes and impacts to which the U.S. Government contributes but are not due solely to U.S. Government-funded interventions (e.g. changes in health outcomes due to a combination of interventions by the USG, host country and other donors.) While not the sum total of all indicators tracked by individual bureaus, offices, and missions across State and USAID on an ongoing basis, this standard set of indicators allows for the consolidation of certain key results to provide Congress and the public a picture of what is being achieved with foreign assistance resources. –

http://www.state.gov/f/indicators/

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