# Save the Children

The Open University

# 13 Measuring results in the Global Campaign (EVERY ONE)
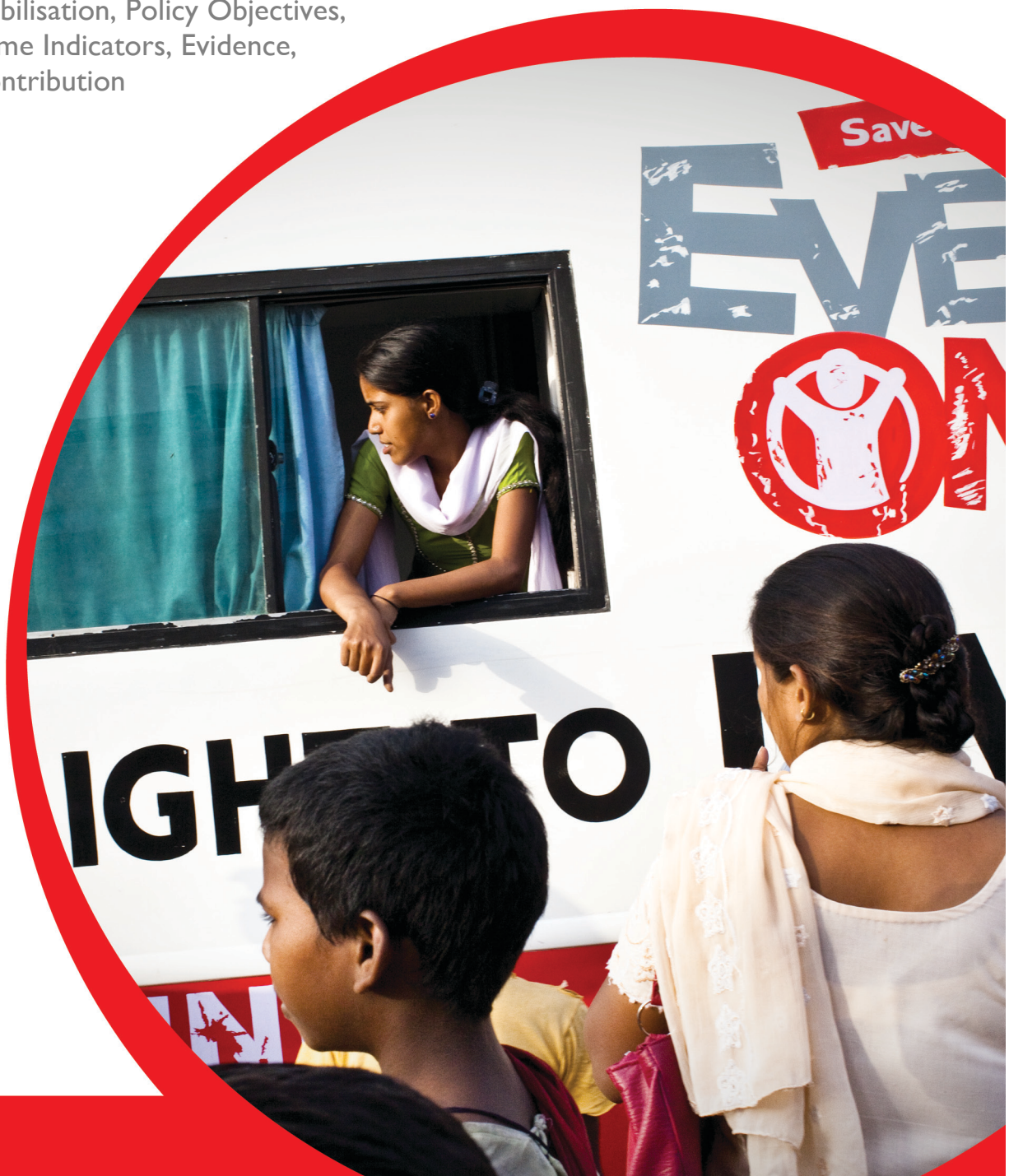
# Introduction

The EVERY ONE Campaign was Save the Children's first Global Campaign and began in 2009/2010, running until 2015 to coincide with the Millennium Development Goals (MDGs[1]). The Campaign has been agreed globally across Save the Children's members and is designed to make a major contribution towards our organisational breakthrough of ending preventable child deaths.

In this session I will be looking at how we monitor progress of the Global Campaign Strategy and goals. In order to do this you will learn about our Global Campaign Strategy, the Global Outcome Indicators that are used to track progress and how you can design Monitoring and Evaluation frameworks for your campaigns in-country, with clear advocacy objectives and indicators. I will also discuss types of evidence to gather, how to report and some of the challenges involved.

It is recommended that you first work through Session 10 Monitoring and evaluating advocacy.

# Learning Outcomes for this session

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

1. Understand Save the Children's Global Campaign to 2015.

2. Understand and list the Global Campaign Outcome indicators used to monitor our Global Campaign Strategy.

3. Explain the definitions of each of the Global Campaign Outcome Indicators.

4. Design an M&E framework for your Campaign and Advocacy work in your country with clear objectives and relevant indicators (including Global Outcome Indicators).

5. Identify types of evidence to gather and how to report.

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[1] **In 2000, world leaders developed the Millennium Development Goals – eight targets set to eradicate global poverty and human suffering by 2015.**

# 1 Save the Children's Global Campaign

## 1.1 How do we define a global campaign?

Campaigning is a set of organised activities designed to influence government and other institutional policies and practices, social norms and behaviour to achieve positive and lasting changes for children's lives, based on the experience and knowledge of working directly with children, their families and their communities. It is an approach that uses a broad set of tools to create and mobilise pressure in order to build a wide-ranging movement for social change. One of these tools is popular mobilisation.

A global campaign is a collective influencing effort to achieve change, which we can only do by working together at the international and national level, through coordinated strategies and activities.

Advocacy is a key strategy for a Campaign and is central to Save the Children's Theory of Change, described in Session 1 Introduction to the course and Monitoring & Evaluation in Save the Children.

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### A global campaign should:

- Reflect the full Theory of Change – build partnerships; be the innovator; be the voice; achieve sustainable results at scale

- Define change objectives to deliver against organisational breakthroughs

- Create an enabling environment for change by engaging publics and campaign champions

- Use decision making moments, at global and national level, to drive commitments

- Work with others in partnership to drive implementation

- Build momentum through stories of impact and robust evaluation that captures and applies campaign learning

- Apply children's rights as a conceptual framework – universality, agency and accountability

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We will address the points above which are relevant to Monitoring and Evaluation for Save the Children's Global Campaign, EVERY ONE, in the following sections.

## 1.2 Save the Children's Global Campaign 2010 – 2015 "EVERY ONE"

Although the EVERY ONE Campaign started in 2009/2010, in 2012, following a mid-term review, the campaign strategy was refreshed (see new Strategy on onenet - https://onenet.savethechildren.net/whatwedo/global_campaigns/everyone/Pages/About.aspx) to reflect our learning and the changing global situation on child mortality. The Campaign Breakthrough and Goal, shown below in **Figure 1**, were agreed in 2012.
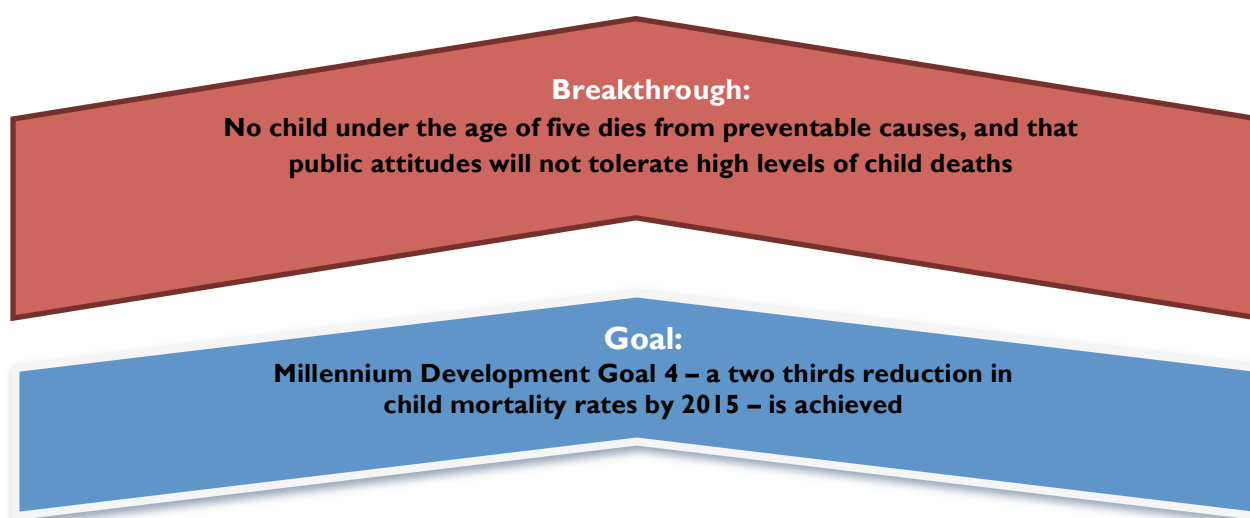
**Breakthrough:**
**No child under the age of five dies from preventable causes, and that public attitudes will not tolerate high levels of child deaths**

**Goal:**
**Millennium Development Goal 4 – a two thirds reduction in child mortality rates by 2015 – is achieved**

**Figure 1: Breakthrough and Goal of the Global Campaign**

I have outlined the Campaign's global strategic objectives below. These objectives identify how we will work towards our breakthrough until 2015. The mid-term review also identified a set of internal issues, activities and priorities that Save the Children needs to carry out and address internally, in order to aid the progress of the Campaign. These fall under Strategic Objective three, below. A full list of sub-objectives are also provided in the strategy document.

## Global 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 MDG 4

| Strategic Objectives |
|---|
| 1. Governments, with other stakeholders, commit and take steps to ensure that every child has access to and uses quality, essential health care services and practices |
| 2. Governments, with other stakeholders, commit and take steps to ensure that every child has the nutrition they need to survive and thrive |
| 3. We will pursue internal changes to help ensure the effective delivery of our external objectives |

### 1.3 How the Campaign works with the Health and Nutrition Global Initiative

The Global Campaign works closely with Save the Children's Health and Nutrition Global Initiative to achieve the same breakthrough and goal.

Whereas the Global Campaign focuses on Campaigning, the Global Initiative in Health and Nutrition was set-up in 2013 to progress programme work towards achieving the same goal and breakthrough. The Global Initiative will work to address factors that determine the use of high-impact services and practices in the countries where we work and to ensure clarity, coherence and impact in our health and nutrition programme work. This will be achieved through the following: providing a clear strategic framework; developing signature programmes; increasing funding for Health and Nutrition work; capturing, disseminating, and applying learning; and through good monitoring and evaluation.

For further details on the Monitoring and Evaluation of the Health and Nutrition Global Initiative and the Global Outcome Indicators being tracked under this initiative, please see Session 14 Measuring results in Health and Nutrition.

## 2 Understand and list the Campaign Global Outcome indicators used to monitor our Global Campaign Strategy.

### 2.1 The complete Monitoring and Evaluation framework for the Global Campaign

Progress towards the breakthrough, goal and strategic objectives of the Global Campaign (and shared by the Global Initiative) will be monitored through a complete set of indicators listed in the Campaign's Monitoring and Evaluation framework (also available on onenet).

As you can see, the complete framework includes a mixture of outcome, output and process indicators, which will require data to be collected from partners, governments, Save the Children operational programmes, Save the Children members, as well as from secondary sources. At least half of the indicators in the framework will be tracked by the central Global Campaign Team through external sources, whilst indicators for strategic objective 3 (above) will be monitored through an Annual Staff Survey.

For the remaining indicators, we will be asking countries to monitor those relevant to their domestic campaigns and these are clearly marked in the complete framework. I will explore these in more detail in the following section.

Indicators monitored by the Health and Nutrition Global Initiative will be explored in detail in Session 14 Measuring results in Health and Nutrition.

## 2.2 Campaign and Advocacy specific indicators

The indicators specifically related to our campaign and advocacy work are outlined in the tables below. These indicators will relate more directly to your campaign strategies and plans and the campaign and advocacy work that you are carrying out in countries.

As most of the indicators will be context-specific, we only expect country programmes and members to monitor and report on the indicators that are **relevant to their context and Save the Children's programme or campaign work in a particular country**.

All countries do not have to monitor and report on all of the indicators below. Only **four indicators** have been chosen for **Global Reporting**; these are bolded in **Table 1** below and explored in detail in the following section, 2.3.

**Table 1: Campaign and Advocacy Indicators of the Global Campaign**

| Breakthrough and Goal Indicators |
| --- |
| • Progress against MDG4 (on/off track)<br>• U5 Mortality Rate<br>• Maternal mortality ratio<br>• Nature of public and political opinion on Child Survival Issues |
| **Indicators for Strategic Objective 1** |
| • **Costed National Plans in place that address maternal, newborn and child mortality in priority countries.**<br>• **Amount of national resources allocated and spent on MNCH in priority countries**<br>• Per capita total expenditure on health in priority countries<br>• General government expenditure on health as a % of total government expenditure in priority countries<br>• % change in out of pocket expenditure in priority countries<br>• Numbers of health-workers per 1,000 people in priority countries (per wealth quintile and geography dependent on context)<br>• % of live births attended by skilled health personnel in priority countries<br>• Agreed strategy, commitment, policy or bill to remove demand-side obstacles to health care (including financial barriers) in priority countries.<br>• **Agreed strategy, commitment, policy or bill to strengthen human resources for health (ie: for the training of health workers) in priority countries** |
| **Indicators for Strategic Objective 2** |
| • **Agreed strategy, commitment, policy or bill to address malnutrition equitably in priority countries (for example, through national stunting targets or by signing up to the SUN Initiative)**<br>• Costed National Plan or programme for government to address nutrition and protect nutritional outcomes in priority countries (for example – to resource a minimum package of direct nutrition interventions or through targeted high-impact interventions, through national social protection mechanisms, or through a plan within the Ministry of Agriculture).<br>• Global stunting target is secured. |

## 2.3 What are the Global Outcome Indicators for the Global Campaign?

As you have read in previous sessions, the Global Outcome Indicators are the set of indicators which Save the Children has agreed to monitor globally each year to track progress towards our thematic strategies and breakthroughs.

The four indicators highlighted in the boxes above and repeated again in the following box, have been selected as the Global Outcome Indicators for the Global Campaign until 2015. They have been kept necessarily broad so you can apply them to your national advocacy and campaign strategy, and objectives in your country.

These four indicators have been chosen to track key outcomes (or results) we want to achieve by 2015 in all the countries taking part in the Global Campaign and in particular in the Campaign Priority Countries[2]. We believe these outcomes will contribute towards the achievement of our breakthrough.

It is mandatory that Campaign Priority Countries report on the four Global Outcome Indicators, in so far as these are relevant to their country-specific campaign plans and strategies. We would also like to strongly encourage all other countries (including Save the Children members) to incorporate the indicators into their campaign and advocacy plans and strategies and report on these where relevant.  We will elaborate on this more on this in the following section.

**The four Global Outcome Indicators for the Global Campaign:**

> 1. **Costed National Plans are in place that address maternal, newborn and child mortality.**
> 2. **Amount of government resources allocated and spent on MNCH or primary health care.**
> 3. **Agreed strategy, commitment, policy or bill to strengthen Human Resources for Health.**
> 4. **Agreed strategy, commitment, policy or bill to address malnutrition equitably.**

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[2] The Campaign has 10 Priority Countries – Nigeria, Indonesia, Pakistan, Afghanistan, Sierra Leone, India, Mexico, Bangladesh, Kenya and Ethiopia. These have been chosen in terms of having either high child mortality rates or sheer numbers of children dying before 5 years of age and where SC can have an impact by 2015.

**Activity 1 (Exploratory, 5 minutes):**

What Campaign issues are you already working on and which indicators in the Global Campaign Monitoring and Evaluation Frame-Work are you a) already monitoring and reporting on and b) could you monitor?

Which of the 4 Global Campaign Outcome Indicators are relevant for your country context? How could you tailor the indicator to your context?

Keep your answers in mind as you work through the following sections.

*Issues learners should bear in mind:*

What you are campaigning and advocating for in your country may fit broadly into the indicators but be much more specific. This is to be expected and we would like you to tailor indicators to reflect your reality, whilst contributing your experience and results to help us monitor the sets of outcomes that we have chosen globally.

Always choose a realistic number of indicators to monitor, keeping in mind that they require regular data collection and analysis, which is covered in the following sections.

## 3 Definitions of the four Global Outcome Indicators for the Global Campaign

Now I am going to go through each of the four indicators in a bit more detail.

### Global Outcome Indicator 1:

*Costed National Plans are in place that address maternal, newborn and child mortality*

This indicator requires you to track whether there is a Costed National Plan in place in your country that includes strategies, interventions (including services) with the necessary corresponding budget to address maternal, newborn and child mortality.

In most cases you will already have a national plan in place for health. Whether the national plan is adequate in terms of addressing maternal, newborn and child mortality will require some initial analysis. The Campaign is aiming for all countries to introduce national health plans which sufficiently prioritise and address the causes of maternal, newborn and child mortality. Ideally, national health plans should include strategies to expand access to life-saving health information, commodities, services and facilities along a continuum of care: from reproductive to maternal, newborn and child health.

These plans should support the strengthening and expansion of health systems. This would include removing barriers to access, with services for women and children being free at the point of use where countries choose, and recruiting, training and deploying additional skilled health workers to improve the health of women and children.

The way in which a national health plan addresses child survival may differ from country to country; similarly, the priorities may differ. In one country the plans may aim to increase the number of trained midwives and in another the priority may be to resource a minimum package of direct interventions for children in the 0-5 age group and for pregnant and breastfeeding mothers. Plans have to be tailored for specific country contexts and priorities.

However, for all countries monitoring this indicator, two aspects need to be met:

1.  The National Plan includes child survival as a specific priority, and proposes priority actions and services to increase child survival

    **and**

2.  The plan is fully costed, i.e. there is a specific budget allocated for the implementation of all priority actions and services to increase child survival.

## Global Outcome Indicator 2:

*Amount of government resources allocated and spent on MNCH or primary health care*

This indicator requires you to monitor how much your government allocates to and spends on primary health care or on maternal, newborn and child health (MNCH) as part of its health budget. It is suggested that as well as tracking the actual amounts it is also useful to track the proportionality of the overall health budget spent on MNCH.

Although there is not a universal target of percentage spent on MNCH specifically, heads of state in Africa met from 26-27 April 2001, at a summit, to address the exceptional challenges of HIV/AIDS, tuberculosis and other infectious diseases. At this meeting, the governments committed to allocating at least 15% of their total annual government budgets to the health sector (please see the information in the following link – http://www.ppdafrica.org/docs/policy/abuja-e.pdf) The target of 15% of total government expenditure spent on health became known as the Abuja target and many governments are making this commitment to work towards it.

In terms of tracking government resources allocated and spent on MNCH or primary health care specifically, the Commission on Information and Accountability for Women's and Children's Health 2011 report, *Keeping Promises, Measuring Results,* highlighted the importance of tracking domestic expenditure on reproductive, maternal, newborn and child health.

For many countries domestic spending exceeds official development assistance flows, especially when out-of-pocket expenditures are considered. Recent evidence on domestic spending on reproductive, maternal, newborn and child health in many countries is not always readily available. This is because in many countries expenditure is not always categorised in a way that allows specific tracking of an issue or sub-sector like MNCH.

However, several international agencies, including WHO and UNFPA, are working with countries to develop this data in different regions. Countdown is also working with its partners to support countries and the international community in improving the tracking of both external and domestic resources for MNCH as part of the Accountability Agenda follow-up process.

Save the Children has produced a guide on budget tracking that may help you track MNCH allocations and expenditures in your country. Many countries are using this guide and developing their own tools in their EVERY ONE Campaign work.

Please refer to the documents in the following links for more information:

The Budget Tracking Tool developed by SC UK and used in Sierra Leone – http://www.savethechildren.org.uk/resources/online-library/sierra-leone-health-and-sanitation-budget-tracking-2012

The main guide – http://www.savethechildren.org.uk/resources/online-library/health-sector-budget-advocacy-guide-civil-society-organisations

## Global Outcome Indicator 3:

### *Agreed strategy, commitment, policy or bill to strengthen Human Resources for Health*

You may be advocating to your government to strengthen Human Resources for Health (HRH). As part of your analysis of your National Plan for MNCH discussed in the first indicator, you may have come across/advocated for strategies to strengthen HRH.

Save the Children considers strengthening HRH of such significant importance for achieving the breakthrough in Child Survival to merit it worthy of additional monitoring. As you know, implementing supportive policies and programmes for reproductive, maternal, newborn and child health depends on adequate human resources, i.e. having a sufficient number of health workers in place.

Addressing the human resource crisis for reproductive, maternal, newborn and child health is a major call to action in the Global Strategy for Women's and Children's Health. The Second Global Forum on Human Resources for Health in 2011 called on all stakeholders to combat the human resource crisis by adopting supportive policies (for example, on innovative skills mix approaches, deployment and retention schemes and training of health workers), improvements in health workforce information systems and predictable long-term investments in health workforce development.

This requires you to monitor your government's progress in addressing HRH, for instance, through:

✓ Agreeing a particular HRH strategy

✓ Making a policy commitment

✓ Adopting a particular policy

✓ Passing a legislative bill

✓ Implementing a new policy or programme strategy

✓ Allocating additional budget for health workforce training, deployment and retention

In some countries this may mean that you are asking the government to increase the number of health workers trained and deployed. For instance, you may be asking the government to increase and deploy the number of midwives in a particular geographical area. You may also be advocating for the inclusion of a particular technical issue related to child survival (Kangaroo Mother Care, for example) in health worker training.

The indicator has been left necessarily broad so you can identify what the indicator means in your country and context and tailor the monitoring and reporting accordingly. We will provide further guidance on tailoring the monitoring and reporting to your country context in the following sections.

## Global Outcome Indicator 4:

*Agreed strategy, commitment, policy or bill to address malnutrition equitably*

This indicator requires you to monitor your government's progress in addressing malnutrition in an equitable manner. This means that you monitor what your government does to address malnutrition for instance, through:

✓ Agreeing a particular malnutrition strategy

✓ Making a policy commitment

✓ Adopting a particular policy

✓ Passing a legislative bill

✓ Implementing a new policy or programme strategy

✓ Allocating additional budget for interventions addressing malnutrition

✓ Committing to a stunting target

✓ Signing up to the SUN initiative

The word "equitably" is of particular importance. This means that the strategy, policy commitment, or bill has to address malnutrition for sections of the population who currently have higher rates of it. These could be children living in a particular part of the country, or children belonging to a specific age group, or children of economically poorer communities.

To ensure that the policy changes or commitments you are advocating for will address malnutrition for sections of the population that have higher rates, you will need to analyse data in the first instance, disaggregated by region, age or economic class, for example.

In some countries you may be asking the government to commit to a certain target on stunting at the national level and also commit to monitoring stunting rates at sub-national levels in order to monitor whether stunting rates are decreasing in an equitable manner across the country. In another country we may be asking that the government signs up to the Scaling Up Nutrition (SUN) Initiative. More information is provided in the following link – http://scalingupnutrition.org/about. This initiative involves national leaders committing to prioritising efforts to address malnutrition, such as: support for exclusive breastfeeding up to 6 months of age as well as continued breastfeeding, together with appropriate and nutritious food, up to 2 years of age; the fortification of foods; micronutrient supplementation; and the treatment of severe malnutrition.

The indicator has been left necessarily broad so you can identify what the indicator means in your country and tailor your monitoring and reporting accordingly. We will provide further guidance on tailoring the monitoring and reporting to your country context in the following sections.

# 4 Design an M&E framework for your Campaign and Advocacy work in your country

## 4.1 Country Advocacy Objectives and Plans for the Global Campaign

It is important that you ensure you set clear Campaign objectives in your country and that you develop a strategy and plan to achieve these objectives. Clear objectives are a **necessary first step** in designing your Monitoring and Evaluation framework.

Please remember that a good campaign objective is the specific change that you can bring about that contributes to reaching your goal. It should identify who needs to do what by when. It should focus on a specific action that an institution (such as a national government) can take. You are encouraged to prioritise your Campaign Objectives and limit them to no more than four. To prioritise, decide which change objective will have most impact for children and what change is most feasible in your country context.

The **objectives** should meet the following criteria:

- SMART: Specific, Measurable, Achievable, Realistic and Time-bound.

- Evidence-based and underpinned by our programme knowledge and expertise

- Aligned to the agreed 2013 – 15 EVERY ONE Strategy and thematic strategies as described in proceeding sections

- Tailored to your national policy and political environment

In section 4.1 of session 10 Monitoring and evaluating advocacy it is explained how to create good advocacy objectives that are SMART. Please read this session now if you have not already done so.

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### Activity 2 (SAQ, 10 minutes):

Taking any existing advocacy objectives that you have and analyse them against the above criteria. If you don't have any existing objectives, think of what one may look like:

- How SMART is the objective? How can it be improved?

- How can we use our programme evidence to advocate for the change?

- Is it aligned to the EVERY ONE objectives in 2.1?

- Are there specific objectives that speak to your country context?

- Is the objective good enough to steer Monitoring and Evaluation?

Feedback for this exercise is at the end of the session.

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### 4.2 Monitoring and Evaluation framework for your EVERY ONE Campaign Plan

Once you have identified your Campaign advocacy objectives and worked up a strategy and plan of work as explained in Session 10 Monitoring and evaluating advocacy, then you will need to develop a Monitoring and Evaluation framework for your strategy.

You can use a range of tools, such as a Logical framework and outcome mapping for example. Whichever method you use it will be useful to **specify the following** outlined in **Table 2** for your EVERY ONE Campaign and Advocacy objectives. These are all described in detail in Session 10 and in the other sessions.

**Table 2: Aspects of a Monitoring and Evaluation frame-work**

| | |
|---|---|
| **Develop a theory of change** | Described as the underlying logic of your initiative, a representation of how SC is expected to achieve results and an identification of the underlying assumptions made. |
| **Define your intermediate and medium-term outcomes** | See Session 10, section 4.2. |
| **Define your indicators** | To measure progress of your objectives. There are many indicators you can choose. See Session 10. |
| **Choose your indicators (including Campaign and Advocacy Specific Indicators and the four Campaign Global Outcome Indicators)** | See Session 10, section 4.3 for a wide range of indicators. Choose relevant indicators from the Campaign Monitoring and Evaluation framework and choose which of the Campaign's Global Outcome Indicators are relevant to your country strategy and plan (see section 3) and include them. Tailor if necessary. |
| **Set a baseline** | See Session 10, section 4.5. |
| **Define your data collection methods** | See Session 10, section 4.4. |
| **Plan your review and evaluation strategy** | See Session 10, section 4.7. |

## Activity 3 (SAQ, 10 minutes), if not done in Session 11:

Take one of your advocacy objectives from the previous activity in 4.1 and complete **Table 3.** Think about the outcomes and outputs you want to see in relation to your objective and use the indicator menus in the general section as well as the ones discussed for the Global Campaign and list appropriate indicators. You can also fill in the activities. The data collection columns can be left blank for now as we will return to this.

**Table 3: Monitoring and Evaluation table**

| Objective | Outcomes | Outcome Indicators | Data collection | | Outputs | Output Indicator | Data collection | | Activities linked to the outputs |
|---|---|---|---|---|---|---|---|---|---|
| | | | Frequency | Data source (means of verification) | | | Frequency | Data source (means of verification) | |
| | | | | | | | | | |
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| | | | | | | | | | |

# 5 Identify types of evidence to gather and how to report on progress

## 5.1 Types of Evidence

There are many types of evidence and data you can gather to track the progress of your Advocacy Objectives and for your Global Outcome Indicators. Please refer to the material in Session 10 Monitoring and evaluating advocacy, for more information.

There are specialist organisations such as Countdown, that monitor key health policy and health system indicators across countries and are critical to the scale-up of essential reproductive, maternal, newborn and child health interventions. Selected indicators cover the continuum of care and the six health system building blocks (leadership and governance, health systems financing, access to essential medicines, health information systems, health workforce and health service delivery).

You can find the Countdown resources in the following link – http://www.countdown2015mnch.org/

The profiles for your particular country can be useful. In particular, the information on country policies and financing can be a good starting point.

## 5.2 When and how to collect evidence

Documenting your advocacy activities and evidence of progress on objectives should be conducted in an ongoing manner throughout the year. You should set up a system to track and record information on media coverage and for citations of Save the Children's work and research (particularly where Save the Children may be quoted or mentioned in relation to a policy commitment or having influenced a process). For more on sources and methods of evidence collection, please see Session 10.

The release of government data, such as information on budgetary allocations and expenditures, follows a set timetable in countries; it is important that you are aware of these timetables. Organisations such as Countdown also have their own timetable for publishing data.

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### Activity 4 (SAQ, 10 minutes):

You should now return to the table in self-assessment activity 3 and complete the table by filling in the column for **Data Collection** – thinking of the frequency and data source for your indicator.

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### 5.3 Reporting Requirements for Global Outcome Indicators

Save the Children has a set Country Annual Reporting process each year and guidance and templates are available on Onenet – https://onenet.savethechildren.net/tools/cap-car/Pages/default.aspx

You are advised to set up your own country-level Monitoring and Evaluation framework for the EVERY ONE Campaign (see section 4) and collect monitoring data on an ongoing basis against your objectives. This will help you to manage your Campaign Plan in-country as well as report on the Global Outcome Indicators for the EVERY ONE Global Campaign (see section 3) at the annual reporting stage.

Even though the global reporting process takes place on an annual basis, we strongly encourage you to keep in regular contact with the Global Campaign Team and share any significant results and case studies during the course of the year.

When we collect data and evidence about what is happening as a result of our advocacy and campaign activities on a routine basis, it makes it easier to modify our advocacy activities and strategies as needed.

# Summary

1. The Global Campaign EVERY ONE has refreshed its strategy in 2013 to run to 2015. It has a comprehensive Monitoring and Evaluation framework for the strategy with 4 new Global Outcome Indicators for country programmes to track where relevant.

2. It is important to set up a Monitoring and Evaluation framework for your Global Campaign in much the same way as you would for any other programme. Some things may be different for the Monitoring and Evaluation of a Campaign and Session 10 on the Monitoring and Evaluation of advocacy works through many of the challenges involved.

3. One of the most critical points is to have clear Country Advocacy Objectives for your Campaign with clear Campaign Plans, against which you will identify indicators and decide what type of evidence to gather.

4. Please consider which of the 4 Global Outcome Indicators are relevant for you and prepare to establish a baseline (if you don't have one already).Please also prepare to track the indicators, gather evidence on an ongoing basis and ensure you keep documentation as to Save the Children's role and contribution to any results.

# Answers to Self-Assessment Question (SAQ) Activities for Session 13

### Activity 2 (SAQ, 10 minutes):

*Compare your advocacy objectives and your suggested improvements with the following:*

By 2015 the Government of Ethiopia and donors have allocated the necessary resources to fully fund the National Nutrition Programme. This objective can be improved by specifying the amount of necessary resources and what fully-funded means.

Donor funding secured to increase the number of community health workers to 30,000 (in line with the current target for the basic package of health services [BPHS]). This can be improved by specifying when a baseline could be included by, indicating a starting point of x to 30,000. And, it could specify whether this is nationwide or for a particular province.

### Activity 3 (SAQ, 10 minutes):

How difficult did you find it to complete this framework? Are there terms you are not sure of or was it difficult to think of indicators?

Please refer to the resources in Session 10 for more ideas on indicators or make a note to look at some of the external resources available on Onenet.

### Activity 4 (SAQ), 10 minutes):

How difficult did you find this? Are there terms you are not sure of or was it difficult to think of types of evidence, when they would be available and where you would go to get them?

Please refer to the resources in Session 10 for more ideas on appropriate evidence and some of the challenges involved in data collection. Also, make a note to look at some of the external resources available on Onenet.

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