



MINISTRY OF PUBLIC HEALTH AND SANITATION

MONITORING AND EVALUATION FRAMEWORK FOR DIARRHOEA DISEASE MANAGEMENT AT HEALTH FACILITIES

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FOREWORD

Diarrhoeal disease is among the top five commonest causes of mortality in children under five years. The current prevalence rate is 16.6% (KDHS, ICF Macro 2009), while the case fatality rate stands at 21%. This high fatality is unacceptable for a preventable disease. The “Policy Guidelines for Control and Management of Diarrhoea in Children Under five years” was launched in 2010, based on recommendations of WHO/UNICEF 2004, Joint statement on treatment and prevention of diarrhoeal disease (WHO/UNICEF, 2004). This policy provides a framework within which all stakeholders can participate in supporting control activities for diarrhoeal disease, both at the facility, as well as in the community.

Many factors have contributed to the stagnation of the prevalence of diarrhoeal disease, specifically the decline in the utilization of ORT Corners, reallocation of ORT Corner space and declining health care worker skill in diarrhoeal disease management. A number of facilities have the corners, however they are not functional. An rapid assessment done by the Division of Child & Adolescent Health and USAID MCHIP showed lack of functionality in many ORT corners, and as such, the need for operational guidelines to address these gaps. This is the rationale for the ORT Corner operational guidelines. Subsequently there arose a need to monitor diarrhoea case management at the operational level, and this has led to the need for an M&E framework, to enable all actors to support quality management of diarrhoeal disease at the operational level.

This matrix will provide the definitions of indicators for provision of quality services at ORT Corners, and thus guide service improvement at the district and facility level. It links with the Division’s M&E framework by highlighting indicators that address ORT Corner functionality. The matrix/framework will assist managers, supervisors and health care workers at all levels to monitor the quality of diarrhoeal disease at ORT Corners. It borrows heavily from indicators found in various MOH registers. It is important to note that review meetings on indicators in this matrix, will go a long way in boosting monitoring of progress in diarrhoeal disease, among other child survival and development activities/program areas .

Evolution of diarrhoea management may change and thus a need for revising this document; however, this is a starting point, for any further work on diarrhoeal disease, and it should guide all stakeholders in Child Survival and Development, as they all strive to support activities leading to achievement of the targets of Millenium Development Goal #4.



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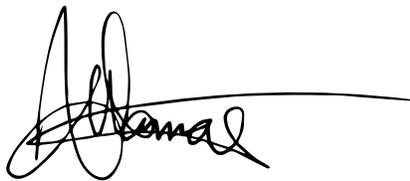
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BACKGROUND

Diarrhoea disease is one of the greatest killers of children under five years of age, contributing to 16.6% of all cause mortality in Kenya (KDHS, 2008/09). It is only second to pneumonia and neonatal causes. It also forms 3% of all causes of neonatal mortality according to the corroborated figures of 2008 (CHERG, 2010). Current estimates of child mortality as per KDHS, ICF Macro, 2009, are: Neonatal mortality rate or 31/1000 live births, Infant mortality rate of 52/1000 live births and an under five mortality rate of 72/1000 live births. In 2003 KDHS the figures were NMR-33/1000 live births, IMR-67/1000 live births and UFMR-115/1000 live births. However, despite this decline in rates, prevalence of diarrhoea has remained stagnant. This is causing major challenges towards reduction of child mortality, and thus realization of the target of Millenium development goal #4, i.e. reduction of child mortality by two thirds its value in 1990, by the year 2015.

In 2004, WHO and UNICEF published recommendations for diarrhoea disease management (WHO/UNICEF, 2004), requiring use of Zinc and Low osmolarity ORS. Current evidence supports the effectiveness of Zinc and ORS in saving children's lives (Munos, 2010, Fischer-Walker, 2010). Kenya has adopted these recommendations as per the policy guidelines for control and management of diarrhoea in children below five years (MOPHS-DCAH, 2010). Management of the sick child with diarrhoea follows the WHO IMCI adapted protocols (WHO, 1997). The mainstay of treatment is oral rehydration therapy, given at the facility (at ORT Corners) and at home/community. Among the factors that have contributed to the stagnation of the prevalence, is the decline in functional ORT Corners. In order to reduce mortalities due to diarrhoea, revitalization of ORT Corners is critical, and thus the ORT Corner operational guidelines.

The monitoring and Evaluation matrix will therefore logically serve as an adjunct to the Guideline, to enable health managers and HCWs collect data, review and do simple analysis. The reviews will assist them prepare appropriate action plans, based on the *root causes* of challenges, and thus formulate high impact actions/solutions, leading to progress monitoring at all levels.

OBJECTIVES OF THE MONITORING & EVALUATION MATRIX

1. To provide a framework for monitoring and evaluating diarrhoea management at ORT Corners for use at all levels of the health care.
2. To define the measurable indicators, and standardize the Inputs and outputs for quality case management of the sick child with diarrhoea at ORT Corner in all facilities.
3. To provide a supervision format and tool for diarrhoeal disease monitoring at all health levels.
4. To provide key thematic areas for performance of care giver exit interviews by County and District supervisors, in order to ensure quality of care in messages given during counseling.

Target Audience: Health care workers, Health program managers & Supervisors of service delivery e.g. HMT, DHMT, County Health authorities, National level staff and Organizations working to address mortality reductions in child survival and development.

The document contains instructions on various definitions used in the Oral rehydration therapy Guidelines. The definitions extend to those indicators and calculations found in checklists and tools in the guidelines.

MONITORING AND EVALUATION MATRIX/Framework

Table 1: Instructions and Code book.

ITEM	OPERATIONAL DEFINITION
Community Level:	Level 1-Community
Health Facility Level	Level 2-Dispensary
	Level 3-Health Centre
	Level 4-Sub District & District Hospital
	Level 5-Provincial Hospital
Supervisors designation:	Refers to the professional title, e.g. Provincial Clinical officer, district Public Health Nurse, District nutrition officer.
Quarter: 1-2- 3 and 4.	Quarters are defined according to the GOK financial Year.
Valid diarrhoea disease trainings/ sensitizations are listed as:	
	1 IMCI Trainings
	2 Enhanced diarrhoeal disease management
	3 Current Diarrhoeal Policy and associated Guidelines
	4 Diarrhoeal disease treatment Algorithms
ORT CORNER COMMODITIES	1 Chlorine for water treatment
	2 Oral rehydration solution sachets
	3 Zinc Tablets
	4 Vitamin A
	5 Antibiotics: ER-Erythromycin; CP-Ciprofloxacin; CH-Chloramphenicol: ME-Metronidazole
ORT Corner Minimum Package of Equipment	List found in the ORT Operational Guideline document.
ORT CORNER REGISTER	The official MOH register for recording ORT data/information
Correctly filled	Correctly filled means that the fields in the tool are filled with valid information as per the instructions specific for that field. Choose 10% of all randomly selected register entries out of the previous month's recordings.
Completely filled	Completely filled means that ALL the fields have documented information. Choose 10% of all randomly selected register entries/ out of the previous month's recordings.
Diarrhoeal disease Job Aids:	Job Aids include: ORT Corner Orientation Package, MNCH Flow Chart
	Diarrhoea Treatment Algorithm/Wall Charts, IMCI Chart Booklet
	ORT Corner Job Aid and Mother Child Health Booklet
Health Facility Challenges:	The priority challenges need to be identified based on a root causes, and with the noble intention of narrowing down to the ones which will have the highest impact on diarrhoeal disease management at the facility level.
Time frame for action.	Actual start and end date should be specified.
Age in weeks	Age in Weeks of an infant expressed over 52 weeks in a year (weeks/52)

Age in Months	Age in Months of a baby since birth expressed over 12 months of a year.
Serial Number	Number given to the child as they are seen at the ORT Corner
Out Patient Number	Number given to the child as they are seen at the main facility entry point
Residence	Refers to the place of physical stay or the nearest locator details
Duration of diarrhea	Indicate whether the number of days(either less than or greater than 14days) the child has passed diarrhoea
Dehydration status	Recorded as per the IMCI classification of none, some & severe dehydration
Recommended Home fluids (RHF)	Refers to Uji (porridge), yogurt, vegetable, meat& fish soups,
Vitamin A (200,000/100,000 IU)	Indicate if Yes given, write 1=if 100,000IU,2=if 200,000IU and 3=if No, and 4=If not applicable.
Antibiotics	Indicate Name of antibiotic, if Yes. Fill all fields.
Admitted	Refers to children with diarrhoea admitted into this same facility
Referred	Indicate the child with diarrhoea referred to another facility at the next level
Discharged	Refers to children with diarrhoea who are successfully treated for diarrhoea at the ORT Corner and allowed home
Died of Diarrhoea with dehydration	Children who have succumbed to dehydration due to diarrhoeal disease

Table 3: ORT Register data summary sheet

ORT REGISTER DATA SUMMARY SHEET (refers to consolidated information from source MOH documents, including the Under Five register, the ORT register). SICK CHILD DIARRHOEAL DISEASE INDICATOR AS PRESENTED IN THE MOH REGISTERS REFERENCE-MOH 204A, ORT CORNER REGISTER. <i>Data is collected and summarized monthly in the ORT register.</i>	Facility Name:	
	Facility Code:	
	Sub County:	
	Month:	

		*Num	*Den	No.	Proportion (%)
1	Total number of sick children seen at the facility during the month				
2	Total number of sick children presenting with diarrhoea disease at the facility.				
3	Number & Proportion diarrhoea classified as with no dehydration				
4	No & proportion classified as diarrhoea with some dehydration				
5	No & proportion classified as diarrhoea with severe dehydration				
6	Number & proportion of children with diarrhoea managed as per Plan B in the last month.				
7	Number & proportion of children with diarrhoea managed as per Plan A in the last month.				
8	Number & proportion of children with diarrhoea managed as per Plan C in the last month.				
9	Number & Proportion of children with blood in stool				
10	Number & Proportion of children with diarrhoea prescribed both ORS and Zinc				
11	Number & Proportion of children with diarrhoea prescribed ORS,Zinc and Vitamin A				
12	Number & Proportion of cases of diarrhoea prescribed ORS alone				
13	No & Proportion of care givers provided with counseling				
14	Total number of children with diarrhoea & severe dehydration admitted				
15	Number & proportion of children with severe diarrhoea discharged				
16	Number & proportion of children with severe dehydration referred				
17	Number & Proportion of female children with diarrhoea seen				
18	Number & Proportion of male children with diarrhoea seen				
	*As per the detailed Monitoring and Evaluation matrix attached in Annex (IX) of the ORT Guideline.				

Sources include- Out Patient under five register (MOH 204A register), CWC register MOH 511, Supervision reports, Surveys and rapid assessments and the ORT Register. Indicator numerators & denominators are defined in Table (4) M&E framework / Matrix.

Table 4A: Supervision Checklist for Service Providers

Questionnaire Code:	
County Name:	Health Facility Level:
Sub County Name:	Supervisor's Name:
Health Facility Name:	Supervisor's Designation:
Health Facility Code:	Date Of Supervision:
Quarter date:	

	SECTION I: INFRASTRUCTURE	Response-Indicate: Yes, No or N/A.	Numbers	Remarks
1	Does this facility have an ORT Corner? If No, go to <u>Section VI</u> and ask HMT to plan on establishing one. If Yes, Proceed to Qn2.			
2	If Yes, is there a minimum equipment package at the ORT Corner? (Refer to equipment checklist)-if No, make remarks & assist facility to action plan			

	SECTION II: HUMAN RESOURCE	Response-Indicate: Yes, No or N/A	Numbers	Remarks
1	Does the facility have a staff assigned to work at the ORT Corner? If Yes go to Qn 2, If No, go to Section VI_& ask HMT to plan for one.			
2	Are the staff trained or sensitized on:			
	Integrated Management of childhood illness (IMCI), if Yes, How many?			
	Enhanced Diarrhoeal disease management (EDDM), If Yes, How many?			
	Diarrhoea disease Policy & Guideline Sensitizations, If Yes, How many staff members?			

SECTION III: COMMODITIES AND SUPPLIES		RESPONSE-Indicate: YES, No or N/A						
1	Has the facility experienced Stock outs for ORT Corner commodities in the last 3 months? If Yes, go to Qn 2,							
2	Has the facility experienced stock out for the following commodities in the last 3 months? If Yes, go to Qn3.	ZINC	ORS	VIT A	*ANTIBIOTICS			
					E	C	ME	CP
					R	H		
3	Does the facility have bin cards for stock control of the following ORT Corner commodities, If Yes, go to Qn4							
4	Is the Bin card upto date for the following commodities?							

SECTION IV: DOCUMENTATION AND REPORTING		Indicate Yes, No or N/A	Remarks
1	Does the Facility have an ORT Corner Register? If Yes, go to Qn2, If No-go to Section VII and Action Plan.		
2	Is the ORT Corner Register *completely filled?		
3	Is the ORT Corner Register *correctly filled?		
4	Has facility monthly diarrhoeal disease data been summarized and displayed graphically or using charts?		

**Refer to the detailed Monitoring and Evaluation matrix attached in Annex (IX) of the ORT Guideline.*

	SECTION V: COMMUNICATION /MESSAGING AT ORT CORNER	Indicate: Yes, No or N/A	Remarks
1	Are the following materials available at the ORT Corner? If No, plan for their provision.		
	Diarrhoea disease treatment algorithm/Wall Chart		
	ORT Corner operational Guidelines		
	ORT Corner Guideline Orientation Pack		
	IMCI Chart Booklet		
	ORT Corner Job Aid		
	Policy Guidelines on Control & Management of Diarrhoea in children <5years		
2	Does facility display IEC materials with WASH messages at ORT Corners?		
3	Does facility display IEC materials with WASH messages at waiting Bays?		
4	Does the Facility conduct Health education talks to care givers at Waiting bays? If Yes, go to Qn 5, if No, assist HMT to action plan		
5	Does it have scheduled health education talks? If Yes, go to Qn6.		
6	Do the scheduled Health Education talks contain Topics/Themes on diarrhoeal disease? <i>Verify if schedule has diarrhoea related topics.</i>		

	SECTION VI: DIARRHOEAL DISEASE MANAGEMENT-observe at least 1 session in Progress. Observe at least one child per the health care worker in the facility supervised.	Indicate: Yes, No or N/A	REMARKS
1	Has the Health care worker classified the sick child correctly as per IMCI classification? Note: use the entry point into service to get this information.		
2	Are children being given the correct diarrhoea treatment?		

Table 4B: Supervision Checklist- Action planning on Facility Challenges & Gaps.

Supervisor’s documentation–Diarrhoea case management gaps and challenges at facility A.

	SUPERVISORS COMMENTS/REMARKS:- HEALTH FACILITY CHALLENGES, GAPS AND ACTION PLAN.
Qn1	What Challenges does the facility face in case management of sick children with diarrhoea at the ORT Corner (GAPS) and what are the priority solutions to these? <i>(Fill this information in the following spaces/table. A supervisor can add more space depending on the challenges, but prioritization of at most three is important).</i>

	HEALTH FACILITY CHALLENGES: <i>(Prioritization is based on the root causes, and the actions that will have the highest impact on Diarrhoeal disease management at the facility).</i>	Suggested Action or Solution	Time Frame-dd/mm/year	Responsible person
1				
2				
3				
4				
5				
6				
7				
8				

Table 5: MONITORING AND EVALUATION Framework/MATRIX

PROPER

NO	RESULT AREAS	ACTIVITIES	OUTPUTS	INDICATORS	INDICATOR DEFINITION	SOURCES	FREQUENCY
1	Infrastructure strengthening	Provision of ORT corner space	Designated space for an ORT Corner provided.	Number of facilities with ORT corners	Actual Numbers	Supervisory reports	Quarterly
		Provision of equipment and apparatus for ORT corners	ORT corners equipped*- check list found in ORT guideline.	Number of ORT corners equipped based on the minimum package	Actual Numbers	Sensitization Reports	Quarterly
2	Human Resource	Assignment of staff to ORT Corners	ORT corner staffed	Number of facilities with at least a staff running the ORT corners	At least 2 people trained/sensitized on ORT per facility	Supervision Reports.	Quarterly
		Capacity building of ORT corner staff	ORT corner staff sensitized on Diarrhoea management	Percent of ORT corner staff sensitized on Diarrhoea management	Num: No. of ORT staff sensitized Den: Total staff assigned to ORT corner	Supervision Reports.	Quarterly
3	Commodities and supplies	Continuous supply of ORT commodities and supplies	Commodities and supply stock maintained	Percent of facilities reporting no stock outs for ORS in last 3 months.	Num: Number of facilities reporting no ORS stock outs for ORS in last 3 months; Den: Total number of facilities with ORT Corners.	Facility Stock out report.	Quarterly
				Percent of facilities reporting no stock outs for Zinc in the last 3 months.	Num: Number of Facilities reporting no Zinc stock outs for ORS in last 3 months; Den: Total number of facilities with ORT Corners.		Quarterly

4	Documentation and reporting	Distribution of ORT registers to facilities with ORT corners	ORT registers availed	Percent of facilities with ORT registers	Num: Number of facilities with ORT registers; Den: Total number of facilities with ORT Corners.	Supervision Reports.	Quarterly
		Analysis of monthly diarrhoeal data	Monthly Diarrhoea summary data analyzed	Percent of facilities with ORT corners displaying diarrhoea data graphically	Num: Number of facilities displaying diarrhoea data graphically; Den: Total number of facilities with ORT Corners.	Supervision Reports.	Monthly
		Distribution of IEC materials with WASH messages at ORT corners and waiting bays	IEC materials with WASH messages availed	Percent of Facilities with IEC materials with WASH messages displayed	Num: Number of facilities with WASH messages displayed in ORT corners and waiting bays; Den: Total number of Facilities.	Supervision Reports.	Quarterly
5	Communication /Messaging	Provision of health information on diarrhoea to caregivers in health facilities	Health talks on diarrhoea conducted	Percent of Facilities conducting health education talks with diarrhoea themes.	Num: Number of facilities with ORT corners reporting conducting health talks Den: Total number of Facilities.	Facility health education schedules	Monthly
		Provision of Job aides on diarrhoea management	Diarrhoea management Job aides availed	Percent of facilities with diarrhoea management job aides	Num: Number of facilities with diarrhoea management job aides; Den: Total number of facilities.	Supervision Reports.	Quarterly

6	Diarrhoeal Disease management	Assessment of dehydration status of the sick child with diarrhoea	Children with diarrhoea assessed according to IMCI guidelines	Percent of sick children with diarrhoea classified for dehydration according to IMCI Proportion should be for a specific classification	Num: Number of sick children with diarrhoea assessed and classified; Den: Total number of children with diarrhoea seen.	ORT register	Monthly
		Treatment of the sick child presenting with diarrhoea	ORS prescribed to sick children presenting with diarrhoea	Percent of children sick with diarrhoea prescribed ORS	Num: Number of children sick with diarrhoea prescribed ORS; Den: Total number of children sick with diarrhoea seen.	ORT register	Monthly
			Zinc prescribed to sick children presenting with diarrhoea	Percent of children sick with diarrhoea prescribed Zinc	Num: Number of children sick with diarrhoea prescribed Zinc; Den: Total number of children sick with diarrhoea seen.	ORT register	Monthly
	Diarrhoeal Disease management	Treatment of the sick child presenting with diarrhoea	Both ORS and Zinc prescribed to sick children presenting with diarrhoea	Percent of children sick with diarrhoea prescribed both ORS and Zinc	Num: Number of children sick with diarrhoea prescribed ORS and Zinc; Den: Total number of children sick with diarrhoea seen.	ORT register	Monthly

6	Diarrhoeal Disease management	Treatment of the sick child presenting with diarrhoea	Vitamin A prescribed to sick children with diarrhoea	Percent of children sick with diarrhoea prescribed Vitamin A	Num: Number of children sick with diarrhoea prescribed Vitamin A Den: Total number of children sick with diarrhoea seen.	ORT register	Monthly
		Recording of treatment outcomes in Sick children with diarrhoea	Diarrhoeal diseases managed	Proportion of children with diarrhoea admitted	Num: Number of children with diarrhoea admitted; Den: Total number of children seen.	ORT register	Monthly
				Proportion of children admitted with diarrhoea discharged	Num: Number of admitted children treated for diarrhoea discharged; Den: Total number of children with diarrhoea admitted into the ward.	ORT register	Monthly
				Proportion of children with diarrhoea referred	Num: Number of children with diarrhoea referred; Den: Total number of sick children with diarrhoea seen.	ORT register	Monthly

The diarrhoea disease monitoring and evaluation framework works within indicators that are available in MOH registers. These indicators are consolidated in the ORT registers, and hence the basis for a framework.

An important area which should be considered during M&E is that touching on information from the care giver. This area is by consensus thought to serve as an area of operational research.

The critical information to be collected includes: 1.Counseling provided on giving more fluids, 2.Care giver knowledge on how to prepare ORS, 3.Care giver knowledge on how to give ORS (in correct amounts, timing and duration), 4.Care giver knowledge on how to give correct dosages of Zinc, 5.Whether child has been given first dose of antibiotic by healthcare worker, 6.Care giver knowledge on when to seek treatment immediately and 6.Caregiver practices and attitudes in managing diarrhoea disease

These are areas that can be delved into more objectively through operational research studies.

This framework will be updated from time to time depending on the changing circumstances of child survival. It is also important to note that an ORT register shall form a critical aspect of monitoring of Diarrhoea disease management at ORT Corners, in all health facilities, and at all health care levels. Service linkage s with the community services through the community strategy are envisaged to form a critical component that it is hoped will inform evolution of this M&E section of the document.

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