

Performance Indicators for Diarrhea & Pneumonia Treatment Scale-up

Developed by the Diarrhea & Pneumonia Working Group

Background

The [Diarrhea & Pneumonia Working Group](#) is a global coordinating body focused on accelerating access to treatment for child diarrhea and pneumonia in 10 high-burden countries.¹ Consistent with other global efforts², the Working Group aims to reduce child mortality and morbidity by increasing coverage of ORS, zinc, and amoxicillin to 60-80% by 2015. The Working Group consists of over 20 partners representing NGOs, donors, and the private sector and provides technical assistance, resource mobilization, and monitoring evaluation support to organizations and governments working in the 10 countries. To date, these countries have developed comprehensive, costed national scale-up plans for childhood essential medicines and have made initial progress on resource mobilization, partner coordination and implementation.

Performance Indicator List for Diarrhea & Pneumonia Treatment Scale-up

To measure progress across the 10 countries, the Working Group has endorsed a common evaluation framework—including a set of performance indicators (see Table 1). A Monitoring and Evaluation Subgroup³ led the development process and provide expert technical guidance on methods and tools to measure progress against the performance indicators.

The M&E Subgroup consulted with members from the Working Group as well as other global initiatives (see Table 2). A comprehensive review of indicators from key documents—including global tracking efforts, existing surveys and questionnaires, and relevant literature evaluating the validity of indicators (see Table 3) was also conducted.⁴ The Performance Indicators will be revised as more evidence on the validity and appropriateness of new indicators becomes available.

Using the Performance Indicators

The Performance Indicator List is intended to serve as a basis for discussions at global and country levels around evaluating progress against treatment scale-up and facilitating alignment of M&E efforts across programs. At the **global level**, Working Group members have agreed to incorporate the indicators in their existing and planned M&E frameworks for diarrhea and pneumonia treatment scale-up programs and report results during future meetings of the Working Group. At the **country level**, country stakeholders and governments are encouraged to adapt the Performance Indicators to fit their local country contexts based on available evidence and data sources. Joint M&E and planning efforts can be achieved through existing country coordinating mechanisms and through individual programs.

To help support implementation of the Performance Indicators, the M&E Subgroup will develop a resource toolbox to ensure indicators are being measured using validated and comparable methods (the toolbox will be available by the end of 2013). The M&E Subgroup will also further investigate relevant indicators for future inclusion (e.g., pneumonia treatment coverage, definition of ‘appropriate provider’) as additional evidence becomes available.

Contact Us

For more information, contact Felix Lam, Clinton Health Access Initiative (flam@clintonhealthaccess.org)

¹ Bangladesh, DRC, Ethiopia, India, Kenya, Niger, Nigeria, Pakistan, Tanzania, and Uganda, which account for 60% of the global burden

² Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea (GAPPD), the UN Commission on Life-Saving Commodities for Women and Children, the Every Woman Every Child movement, and Countdown 2015

³ Includes M&E technical experts from various partners, including Abt Associates, CHAI, JSI, MSH, Save the Children, and UNICEF

⁴ During the 2nd quarterly meeting on June 19-20 in New York

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Table 1. Performance Indicators for Diarrhea & Pneumonia Treatment

PERFORMANCE INDICATORS – DIARRHEA TREATMENT						
Indicator number	Indicator	Definition	Metric	Method	Existing sources to leverage	Alignment with other tracking efforts
D.1.	Diarrhea care-seeking	Proportion of children under age five with diarrhea in the previous two weeks who sought care from an appropriate healthcare provider ⁵	Numerator: Number of children under age five with diarrhea in the previous two weeks who sought care from an appropriate healthcare provider Denominator: Total number of children under age five with diarrhea in the previous two weeks	Population-based household survey	DHS MICS	
D.2.	ORS coverage	Proportion of children under age five with diarrhea in the previous two weeks who received ORS	Numerator: Number of children under age five with diarrhea in the previous two weeks who received ORS Denominator: Total number of children under age five with diarrhea in the previous two weeks	Population-based household survey	DHS MICS	Countdown 2015 GAPPD UNCoLSC
D.3.	ORS and zinc combined coverage	Proportion of children under age five with diarrhea in the previous two weeks who received zinc with ORS	Numerator: Number of children under age five with diarrhea in the previous two weeks who received zinc with ORS Denominator: Total number of children under age five with diarrhea in the previous two weeks	Population-based household survey	DHS MICS	GAPPD UNCoLSC
D.4.	ORS and zinc availability	Proportion of healthcare treatment sources with ORS and zinc in-stock on the day of the survey	Numerator: Number of healthcare treatment sources with ORS and zinc in-stock on the day of the survey Denominator: Total number of healthcare treatment sources	Health facility assessment/Retail audit	SPA UNCoLSC Facility Assessment	UNCoLSC
D.5.	National treatment guidelines	ORS and zinc is the recommended first-line treatment for diarrhoea	N/A	Document review	MoH Treatment Guidelines	
D.6.	Zinc OTC status	Zinc is designated as an over-the-counter class drug	N/A	Document review	National Drug Authority	
D.7.	Low-osmolarity ORS registration	At least one L-ORS product registered with National Drug Authorities	N/A	Document review	National Drug Authority	
D.8.	Zinc registration	At least one zinc product registered with National Drug Authorities	N/A	Document review	National Drug Authority	
D.9.	ORS and zinc are included in the Essential Medicines List (EML) and National Procurement List	ORS and zinc are included in the EML and National Procurement list	N/A	Document review	Essential Medicines List National Procurement List	UNCoLSC

⁵ An appropriate healthcare provider is defined as any person legally able to carry and provide ORS and zinc according to the country's guidelines

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PERFORMANCE INDICATORS – PNEUMONIA TREATMENT						
Indicator number	Indicator	Definition	Metric	Method	Existing sources to leverage	Alignment with other tracking efforts
P.1.	Pneumonia care-seeking	Proportion of children under age five with suspected pneumonia in the previous two weeks who sought care from an appropriate health care provider ⁶	Numerator: Number of children under age five with suspected pneumonia in the previous two weeks who sought care from an appropriate health care provider Denominator: Total number of children under age five with suspected pneumonia in the previous two weeks	Population-based household survey	DHS MICS	Countdown 2015 GAPPD
P.2.	Availability of nationally recommended antibiotic for pneumonia treatment	Proportion of appropriate healthcare treatment sources with the nationally recommended antibiotic(s) in-stock on the day of the survey	Numerator: Number of appropriate healthcare treatment sources with nationally recommended antibiotics in-stock on the day of the survey Denominator: Total number of appropriate healthcare treatment sources	Health facility assessment/Retail audit	SPA UNCoLSC Facility Assessment	UNCoLSC
P.3.	Amoxicillin recommended as the first or second-line treatment for pneumonia in national guidelines	Amoxicillin is the first or second-line treatment for pneumonia in national guidelines	N/A	Document review	National Treatment Guidelines	
P.4.	Policy allowing local community-based provider to dispense nationally recommended antibiotics for pneumonia	There is a policy allowing local community-based provider to carry and dispense the nationally recommended antibiotics for treating pneumonia	N/A	Document review	MoH policy	Countdown 2015
P.5.	Registration of the pediatric formulation of the nationally recommended antibiotic	At least one pediatric formulation of the nationally recommended antibiotic for pneumonia treatment registered with the National Drug Authorities	N/A	Document review	National Drug Registry	
P.6.	Appropriate pediatric antibiotic formulation for pneumonia is included in the Essential Medicines List (EML) and National Procurement list	Pediatric formulations for the nationally recommended antibiotics for treating pneumonia are included in the EML and National Procurement list	N/A	Document review	Essential Medicines List National Procurement List	UNCoLSC

⁶ An appropriate healthcare provider is defined as any person legally able to carry and provide antibiotics according to the country's guidelines

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Table 2. Partners and Initiatives Consulted

Organization	Name
Diarrhea & Pneumonia Working Group	
Abt Associates	Emily Sanders
Bill and Melinda Gates Foundation	Julia Bosch, Saul Morris
Clinton Health Access Initiative	Felix Lam
FHI360	Camille Saade
Johns Hopkins University	Christa Fischer Walker
John Snow Inc.	Alexis Heaton, Savitha Subramanian
MDG Health Alliance	Leith Greenslade
PSI	Martin Dale
Save the Children	Tanya Guenther
SIAPS	Jane Briggs
UNICEF	Mark Young, Bissie Tarekegn
Other global initiatives	
UN Commission on Life-Saving Commodities (SCT)	Paul Pronyk
UN Commission on Life-Saving Commodities (Rec 7)	Meg Galas
UNICEF Statistics and Monitoring	Holly Newby, Liliana Carvajal

Table 3. Key Sources and Citations Reviewed

Source	Lead agency
Global indicators for child health	
Countdown to 2015	Multi-agency
Global Action Plan for Pneumonia and Diarrhea (GAPPD)	WHO, UNICEF
UN Commission on Life-Saving Commodities	UNICEF
Commission on Information and Accountability for Women's and Children's Health	WHO
Existing data sources and surveys	
Demographic and Health Survey (DHS)	MEASURE DHS
Service Provision Assessment (SPA)	MEASURE DHS
Service Availability and Readiness Assessment (SARA)	WHO
Multiple Indicator Cluster Survey (MICS)	UNICEF
Measuring medicine prices, availability, affordability and price	WHO, HAI
Toolkit on the Correct Use of Pediatric Zinc	Abt Associates, USAID SHOPS
Logistics Indicators Assessment Tool (LIAT)	JSI, USAID DELIVER
Drug Management Childhood Illness (DMCI)	MSH, USAID
Community Drug Management Assessment Tool	MSH, USAID
Monitoring and evaluation surveys for ORS/Zinc scale-up	CHAI
Monitoring and evaluation surveys for CCM	Save the Children
Relevant literature	
Fischer Walker CL, Fontaine O, Black RE (2013) Measuring Coverage in MNCH: Current Indicators for Measuring Coverage of Diarrhea Treatment Interventions and Opportunities for Improvement. PLoS Med 10(5): e1001385. doi:10.1371/journal.pmed.1001385	
Campbell H, el Arifeen S, Hazir T, O'Kelly J, Bryce J, et al. (2013) Measuring Coverage in MNCH: Challenges in Monitoring the Proportion of Young Children with Pneumonia Who Receive Antibiotic Treatment. PLoS Med 10(5): e1001421. doi:10.1371/journal.pmed.1001421	
Hancioglu A, Arnold F (2013) Measuring Coverage in MNCH: Tracking Progress in Health for Women and Children Using DHS and MICS Household Surveys. PLoS Med 10(5): e1001391. doi:10.1371/journal.pmed.1001391	