Monitoring and Evaluation Framework for EMBED

Theory of Change

Project Goal:
Reduce mortality and morbidity caused due to dengue in the intervention areas

INPUTS

- Slum/Village prioritization, resource mapping and clustering
- Provider and outlet listing
- Placement of trained human resource
- BCC tools and resources
- BCC sessions at cluster level
- Community awareness drives
- Demonstration sessions at UHND/VHND
- Ward members engagement and community action
- Orientation of HCPs, Urban ASHAs and Ojhas
- Availability of mosquito repellent products to the last mile
- Liaising with Government for services
- M&E system

KEY STAKEHOLDERS AND EXPECTED OUTPUTS

KEY STAKEHOLDERS

- 30,000 Urban 15,000 Rural Households across 200 slums and 100 Villages
- 50 HCPs Urban 25 rural
- 200 UHND and 100 VHNDs
- 200 Urban ASHAs and 100 Rural ASHAs
- 50 Urban Schools, 25 Rural Schools
- 200 Urban Community Volunteers, 100 Rural Volunteers
- 200 outlets / stores across 400 slums
- ## water Stagnation Points
- Government functionaries at ward and district level

OUTPUTS

Output 1
- 200 slums and 100 Village mapped
- Around 1,500 clusters Urban and 750 Clusters in Rural identified for BCC
- Approx. 6,000 BCC Urban and 3,000 rural sessions conducted per year
- Approx. 800 UHNDs and 400 VHNDs utilized for dissemination of information and services per year
- At least one community action demonstrated across the intervention slums/Villages with the support of ward or Panchayat members
- Number of larva Survey at Household level

Output 2
- 50 HCPs Urban 25 HCPs Rural, 200 Urban ASHAs and 100 Rural ASHA's, 50 Schools in Urban and 25 Schools in Rural, ## CVs Mapped, orientation 2 times in a year.

OUTCOMES

At the Individual and HH level
- Improved knowledge on prevention and treatment for malaria and dengue
- Improved health seeking behavior for prevention and treatment for malaria and dengue

At the Community level
- Improved community engagement and action for prevention and control of malaria and dengue

At the Service Provider level
- Improved knowledge and prescription practices and referral at the RHCP level
- Improved knowledge, diagnosis and management practices among Urban ASHAs
- Improved knowledge and referral practices among Ojhas/local healers
- Increase Number of Malaria and Dengue testing

IMPACT

- Reduction in morbidity and mortality due to Dengue and Malaria in intervention slums
- Reduction in Number of Dengue Malaria Cases

ASSUMPTIONS
Supplies of RDT, Medicines, Bed Nets, IRS are available and regular

fhindia Family Health India

embed Elimination of Mosquito Borne Endemic Diseases

Elimination of Mosquito Borne Endemic Diseases

What we want to achieve ?

Indicators to Measure Progress

Objective 1

Knowledge

- % of men and women have exposure to information on prevention and appropriate treatment seeking behavior for dengue and malaria

- % of men and women with appropriate knowledge on dengue and malaria – transmission, signs and symptoms, prevention, treatment

Attitude

- % of men and women who perceive dengue and malaria as diseases that can lead to the death

Behavior

- % of household who use at least one measure i.e. bed net/mosquito repellent-fast card or good knight) for prevention from dengue and malaria

- % of men and women who demonstrate appropriate health seeking behavior in case of fever at the individual or household level

- % of household that have indoor residual spray (IRS) at least one time in the past 12 months

Community Action

- % of UHND/VHND sites providing key messages on malaria and dengue to attendees during the malaria season i.e. May - October

- % Ward members facilitating action for prevention and control of malaria and dengue during malaria season i.e. IRS, placement of Gambusia fish, distribution of ITNs, fogging, cleanliness drives, prevention of water stagnation

Objective 2

HCPs

- % of listed HCPs oriented on standard protocol for diagnosis, correct treatment and referral of malaria and dengue

- % of listed HCPs reporting correct knowledge on standard protocols for early diagnosis, correct treatment and timely referral of malaria and dengue

Urban ASHA

- % of Urban ASHAs oriented on standard protocol for correct treatment and referral of malaria and dengue

- % Urban ASHAs reporting knowledge on standard protocols for early diagnosis, correct treatment and timely referral of malaria and dengue

Ojhas/Local Healers

- % listed Ojhas/local healers oriented on correct knowledge and timely referral for management of malaria and dengue

Components of M&E framework

M&E Framework will have three components:

- *MIS* will focus on analysis and use of data for continuous monitoring of coverage, quality and timeliness in implementation of activities and delivery of outputs

- *Concurrent Monitoring and supportive supervision visits* will help in measuring intermediate results and provide feedback for mid-course corrections

- *Evaluation* (Base line and End line) will measure the outcomes with respect to sustainable change in behaviors and practices and contribution to reduction in mortality and morbidity related to Malaria and Dengue

Indicators to be monitored – MIS and Concurrent Monitoring

Objective 1

MIS	Concurrent Monitoring and supportive supervision visits
1. **Mapping and listing of project slums** • Location and number of households and household clusters • Number of HCPs, Urban ASHAs, Ojhas / Local healers • Number of Anganwadi Centres, Sub-health centers • Number of Drug Stores, Kirana stores, Paan / bidi shops 2. **Chaupals (Group Communication Sessions)** • Number of clusters covered with BCC sessions • Number of men and women participated 3. **Communication Van** • Number of slum reached • Number of men and women exposed to audio-visual messages 4. **UHNDs/VHNDs** • Number of UHNDs where information and services provided for prevention and control of malaria and dengue 5. **Ward members-initiated action** • Number of slums where ward members-initiated actions for prevention and control of malaria and dengue • Type of action	**Knowledge** 1. % of men and women who have exposure to messages on prevention and treatment of malaria and dengue; by source 2. % of men and women with correct knowledge on prevention and treatment for malaria and dengue **Behavior** 1. % of men and women demonstrate health seeking behavior for prevention and treatment for malaria and dengue 2. % of households using measures for protection from mosquitos (bed net, modern mosquito repellent) 3. Children under 5 years of age slept under bed net the previous night during the dengue/malaria season 4. Pregnant women slept under bed net the previous night during the malaria season 5. % of households covered by IRS during the dengue/malaria season 6. % of people who availed information and services from UHNDs for dengue and malaria

Objective 2

MIS	Concurrent Monitoring and supportive supervision visits
1. Number of HCPs oriented on early diagnosis, correct and complete treatment and referral of malaria and dengue 2. Number of ASHAs oriented on early diagnosis, correct and complete treatment and referral of malaria and dengue 3. Number of Ojhas (local healers) oriented on identification of suspect and referral of malaria and dengue cases	1. % of HCPs with correct information on early diagnosis, correct and complete treatment and referral of malaria and dengue 2. % of Urban ASHAs with correct information on early diagnosis, correct and complete treatment and referral of dengue and malaria. 3. % Ojhas/local healers with correct information on suspect and referral for dengue and malaria.

fhindia
Family Health India

embed
Elimination of Mosquito Borne Endemic Diseases

Elimination of Mosquito Borne Endemic Diseases

Methodology

- MIS
  - Tablet/Phone -based MIS for accurate and real-time reporting
  - Data reported by District Coordinator on a monthly basis to HQ FH India

- Concurrent Monitoring and supportive supervision visits
  - To be collected by staff of Monitoring Partner and supervisors to ensure objectivity
  - Respondents from men and women from the sampled household and health care providers
  - Data collection by using Structured Questionnaire on the knowledge, behavior and practices to prevention, diagnosis and treatment of malaria and dengue.
  - Qualitative data will be collected using Focus Group Discussions (FGD) and In-Depth Interviews (IDI) to identify facilitators and barriers for improving knowledge, behavior and practices on Malaria and Dengue.
  - Monthly service uptake data to be collected from the district and reported to FH India once every six months with concurrent monitoring report
    - Blood slides examined
    - Slide positivity rate
    - Pf %
    - Annual blood examination rate
    - Annual Parasitic Index (API)

Timeline

- MIS
  - Monthly
- Concurrent Monitoring
- Supportive supervision visits – routine visits

Thank You