

## Framework for Monitoring and evaluation at country level of the HTSP integration into routine newborn and child health

Key focus areas of interest	HTSP integration selected indicators	Definition proposed	Desired Output-performance level	Expected impact (outcomes)	Sources of information	Data collection techniques (& reporting)	Frequency
Integrated or isolate Materials (Policy, protocols, curriculum, guidelines ..) developed/adapted for HTSP integration to routine essential newborn and child health programs	# and type of integrated or isolate materials developed/adapted in use for HTSP integration to NCH activities	Curriculum, policy document, guidelines and job aids integrated or isolated elaborated to promote the HSTP integration to NCH	At least the generic PPT Advocacy tool, the training Manuel, the methodological guide and the supervisory check least be adapted and used	Enabling environment improved with HTSP Policies and protocols and guide lines available and being used for integration of HTSP into child health programs	records from MOH facilities and offices	Review of existing g reports and records	Annually
Knowledge generation among target beneficiaries (mostly child bearing women 15-29 years old) through conference, media campaign and social mobilization, provider-client interaction	Percentage of target child bearing women NCH clients knowledgeable about the benefits of HTSP (at service delivery sites)	Proportion of target child bearing women NCH clients who know the health benefits for the mothers and children of 3-5 years birth-birth interval, the health risks of shorter birth-birth interval <2 years and early pregnancy <18years old	At least 80% of child bearing women NCH clients involved	Increased in demand for FP for Birth Spacing and longer stay in the of FP users	List of target child bearing women client of NCH at Health facilities of administrative authority files	In-depth interview of selected child bearing women NCH clients randomly selected from the lists	Annually

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Building Capacity of newborn and child health service providers through training, supervision, coaching	Percentage of target newborn and child health providers trained able to promote use the 3 key educational messages and the HTSP materials developed to promote HTSP integration to child health activities	Proportion of NCH providers who know the 3 key HTSP educational messages, can use the PPTs advocacy presentation and the methodological guide for effective integration of HTSP into NCH services	At least 80% of trained providers	Increased quality HTSP services	Reports from training, form supervision and facility periodic reports	Compilation of data from training & supervision reports Compilation routine data	Quarterly
Increasing length of stay in the FP program of child bearing women NCH client and FP users	Percentage of FP users with optimal length of stay in the FP program (at least 2 years)	Proportion of women among FP users who are continuously using their methods of choice for at least 2 for Birth Spacing	At least 80% of child bearing women NCH client within each NCH facility	Increased in birth spacing pattern in the target community	Routine data collected at FP service delivery sites & DHS study	Routine data from periodic report and Population based studies of FP	Quarterly and every five years