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# **PERFORMANCE MANAGEMENT PLAN**

**Strategic Objective 8: *Increased Use of Child Survival  
and Reproductive Health Services in Target Areas***

**USAID/Mozambique**

**PERFORMANCE MANAGEMENT PLAN**

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## **SECTION I. INTRODUCTION**

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### **A. BACKGROUND**

The USAID/Mozambique Strategic Objective in health (SO-8) is ***“Increased Use of Child Survival and Reproductive Health Services in Target Areas.”*** SO-8 aims to increase the use of CS/RH services through three intermediate results:

1. Increased access to quality CS/RH services in target areas
2. Increased demand at community level for CS/RH services
3. More accountable policy and management

The purpose of SO-8 is to strengthen the policy and management environment, increase access to proven and effective primary health services, and increase community-level demand for these services by strengthening community participation in managing or influencing the quality of health care services. These three key intervention areas will lead to healthier, stronger families that are more productive, less vulnerable to disease, and contribute more effectively to economic status.

The PMP has been developed through extensive review of documents, interviews with partners and MOH, discussions within the Mission both within the health team and with the program office and other SO teams, and a PMP workshop with USAID/Washington TA.

The Performance Management Plan document is organized as follows:

- ❖ Section I introduces the PMP and provides background information;
- ❖ Section II presents the Results Framework, indicators, logical consistency of the framework, and the critical assumptions underpinning it;
- ❖ Section III describes how the SO-8 Team manages its program for results and covers issues such as responsibilities for various performance management tasks, including data collection, reporting, and analysis;
- ❖ Section IV contains Performance Indicator Reference Sheets for all results-level indicators first tier Intermediate Results, and
- ❖ Section V focuses on next steps and identifies outstanding issues that will be completed at a later date.

### **B. GUIDING PRINCIPLES OF THE PMP**

The Performance Management Plan (PMP) is an important tool for managing and documenting portfolio performance. It enables timely and consistent collection of comparable performance data in order to make informed program management decisions. The principles governing this PMP are based on the Agency’s guidelines for assessing and learning (ADS 203.3.2.2):

***A tool for self-assessment:*** This PMP has been developed to enable the SO-8 team to actively and systematically assess its contribution to USAID/Mozambique’s program results and take corrective action when necessary. At its core are practical tools such as indicator reference sheets and a performance management task schedule. In view of the Mozambique Mission emphasis on synergy among SO Teams, this is an important aspect of PMP assessment.

***Performance-informed decision-making:*** The PMP is designed to inform management decisions. The indicators chosen, when analyzed in combination, will provide data to demonstrate or disprove the basic development hypothesis. Health statistics and surveillance data will provide information at a level of results above the Strategic Objective against which to SO-8 Team’s effectiveness over a long time horizon will be determined.

***Transparency:*** To increase transparency, indicator and data quality assessments have been or will be conducted, and any known limitations documented in the PMP. Efforts were also

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made to ensure that first tier Intermediate Results-level indicators selected can reasonably be attributed to USAID efforts.

***Economy of effort:*** When selecting indicators, efforts were also made to streamline and minimize the burden of data collection and reporting. Data collection for each of the indicators will be reviewed with partners to eliminate duplication to the extent possible. In addition, the principle of “management usefulness” was applied to ensure that only data that would be useful for decision-making would be collected.

***Participation:*** Finally, the PMP has been developed in a participatory manner. Another workshop will be held with implementing partners as soon as they are selected in order to finalize indicators, select process indicators and to discuss data collection. The PMP Performance Indicator Reference Sheets (PIRS) document plans for continued partner involvement in the analysis of performance data.

### **C. BUDGETING FOR PERFORMANCE MANAGEMENT**

The SO-8 team has allocated resources for monitoring and evaluation in all funding mechanisms negotiated to date. There is almost always a trade-off between cost and data quality. This trade-off was taken into consideration when selecting indicators and methods for data collection, and efforts were made to select the most cost-effective yet appropriate approaches. As such, some indicators will draw on ongoing national level data collection efforts (such as the Demographic and Health Survey) while other indicators will require data collection by implementing partners with periodic review and verification by the SO-8 Team and other outside sources. **ADDITIONAL EXPLANATION?**

## **SECTION II. STRATEGIC OBJECTIVE 8 RESULTS FRAMEWORK**

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### **A. GRAPHICAL REPRESENTATION**

SO-8 Team's Strategic Objective, “Increased Use of Child Survival and Reproductive Health Services in Target Areas,” will be achieved through three Intermediate Results, which in turn will be realized through a series of lower-tier Intermediate Results achieved through collaborative activities with implementing Partners. The graphical representation on the following page illustrates this Results Framework.

### **B. LOGICAL CONSISTENCY OF THE RESULTS FRAMEWORK**

The key premises of this strategic approach are that:

1. Quality is an integral element of access, and services must meet a minimum standard of quality before they are deemed to be available;
2. Clients must understand, value, and seek out quality services; and
3. Policies and management accountability at the central levels must improve to enable more effective and efficient health services and to encourage the use of these services.

By guaranteeing that these fundamental conditions are met, the program will stimulate communities to seek out and successfully use health services and information, and subsequently achieve improved health status.

### **C. CRITICAL ASSUMPTIONS**

The following fundamental assumptions underpin the activities that will be implemented by the SO-8 Team:

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- ❖ The GRM will accelerate public health sector reform through transparent, decentralized management including greater involvement by municipal governments and civil society.
- ❖ The MOH will continue progress in implementing the MOH strategic plan and transforming this into a functioning national program coordination platform through a SWAp mechanism.
- ❖ The GRM continues positive trends in investment in social sectors of health and education.
- ❖ Continued involvement and financial support by other major donors in the sector, including increased participation by other donors in a pooled SWAp fund and programming system.
- ❖ Other major donors will administer support for essential services in remaining provinces.

**Strategic Objective 8**  
**Increased use of child survival and reproductive health services in target areas**

- 8.A % children receiving Vitamin A supplementation**
- 8.B % children fully immunized**
- 8.C % women using modern contraception**
- 8.D % households using ITNs**
- 8.E % of assisted deliveries**

**IR-8.1: Increased access to quality CSRH services in target areas**

- 8.1.A % of communities with an IMCI and RH community health worker
- 8.1.B % of health centers meeting quality assurance standards
- 8.1.C % of women making at least 2 visits to an antenatal care facility

**IR-8.1.1: Primary health services strengthened at the facility level**

- 8.2.1.A % of primary health care facilities fully implementing IMCI
- 8.2.1.B % of counseling sessions with FP clients in which all methods are discussed
- 8.2.1.C % of children diagnosed with malaria who are prescribed correct treatment

**IR-8.1.2: Community health services established and expanded**

- 8.1.2.A % of communities having established CBD system
- 8.1.2.B % of children < 5 appropriately referred to health facility
- 8.1.2.C % of pregnant women seen by TBAs who are referred to health facility for delivery

**IR-8.2: Increased demand at community level for CSRH services**

- 8.2.A % of women desiring to space or limit births
- 8.2.B % of CLCs with annual plans based on prioritized solutions to health problems

**IR-8.2.1: Health knowledge increased and attitudes improved**

- 8.2.1.A % of adults who can name at least one warning sign of maternal complications of pregnancy
- 8.2.1.B % of adults who can name at least two danger signs for children < 5
- 8.2.1.C % of women in target areas exclusively breastfeeding for 6 months

**IR-8.2.2: Awareness of available services increased through promotion**

- 8.2.2.A % of adults who know where to go for child vaccinations
- 8.2.2.B % of adults who know where to go for family planning services

**IR-8.3: More accountable policy and management**

- 8.3.A score for target policies in CS/FP drafted, approved, and implemented
- 8.3.B % of fixed facilities with no stock-outs in the past 3 months

**IR-8.3.1: Policy development process strengthened within the MOH**

- 8.3.1.A level of participation of stakeholders in policy process (score)
- 8.3.1.B extent to which policy formulation is based on sound technical evidence (score)

**IR-8.3.2: Program resource management improved**

- 8.3.2.A % of districts preparing yearly operational plans
- 8.3.2.B % of districts able to implement the new logistics system

## **SECTION III. MANAGING SO-8 FOR RESULTS**

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USAID staff and partners have specific roles and responsibilities in the overall performance monitoring system. The following table outlines these responsibilities for each of the major steps in the monitoring process, which are further discussed in detail in this section:

<b>MAJOR STEPS</b>	<b>RESPONSIBILITY</b>
Collecting performance data	USAID partners; SO-8 Team
Reviewing performance information	USAID partners; SO-8 Team
Reporting performance results ( <i>annual report</i> )	SO-8 Team
Assessing data quality	SO-8 Team
Reviewing and updating the PMP	SO-8 Team
Conducting evaluations and special studies	USAID partners; SO-8 Team

### **A. COLLECTING PERFORMANCE DATA**

**1. Levels of Performance Data** - A PMP measures performance data at three levels:

- ❖ **Goal or Context** indicators are measures that provide a broader perspective on the context within which USAID assistance is being provided. Goal indicators measure results at levels higher than the Strategic Objective.
- ❖ **Results-level** indicators refer to indicators of program results that can be reasonably attributable to USAID efforts and for which USAID is willing to be held accountable. Attribution exists when the causal linkages between USAID activities and measured results are clear and significant. These indicators measure performance against the SO and IR's in the Results Framework and also serve as the basis for performance reporting to USAID/Washington.
- ❖ **Activity-level** indicators refer to indicators that provide useful data for ongoing, continuous management of activities by the SO Team. These indicators generally provide more operational data than results-oriented data. Activity-level data can therefore be used to monitor partner performance. These indicators are drawn primarily from the agreements and work plans agreed upon by USAID and its activity partners. This SO-8 PMP does not reach to the activity level and data on activities will be found in individual managers' files and information systems.

### **2. Data Collection Responsibilities**

Partners provide much of the data that serves as the basis of USAID's results-level monitoring and reporting.

### **B. CONDUCTING EVALUATIONS AND SPECIAL STUDIES**

Performance indicators only "indicate" progress and cannot be used to determine "why" a certain result occurs. Evaluations and special studies are ways in which the SO-8 team can complement routine performance monitoring efforts with more rigorous, in-depth analysis on topics of special interest. Some special studies such as the Demographic and Health Survey and the Knowledge, Practices, and Communication (KPC) surveys provide data for indicators. Potential future evaluations and special studies include:

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Evaluation/Study Subject	Key Research Questions	Date of Study	Estimated Cost
Demographic and Health Survey (DHS)	Establish baselines and evaluate continuing performance of key SO-8 program interventions	Oct, 2005	\$1.2 million
Knowledge, Practices, Communication Survey (KPC)	Establish baselines and evaluate continuing performance of key SO-8 program interventions	Mar, 2005	\$100,000
		Mar, 2007	\$100,000
		Mar, 2009	\$100,000
RFP Evaluation	To review CA implementation plans and to discuss any needed changes	Oct, 2005	?
RFA Evaluations	Mid-term and final evaluations of CA performance in activities under IRs 1 & 2	Jan, 2006 Jan, 2008	?
QUIBB Study	Well-being survey	2005-2006	?
Health Facilities Assessment	Establish baselines for facility-level indicators (e.g., logistics, management)	Mar, 2005	\$250,000?

### C. PORTFOLIO REVIEW

Activity managers individually and the SO-8 Team together will be monitoring performance data during the course of the year. Depending on the results of these reviews, the SO Team may need to adjust its programming and activities. **Meetings will be held with all implementing partners to share the evolution of activity implementation amongst the implementing team. [HOW OFTEN WILL PARTNER MEETINGS OCCUR? EVERY 6 MONTHS, EVERY YEAR?]** Semi-annual performance reviews will provide the opportunity to examine the implementation of activities, the completion of milestones and the achievement of performance results. The Mission will also sponsor an annual portfolio review to evaluate the overall progression of the SO.

The revised ADS 200 guidance (203.3.7, page 29) requires each SO team to conduct an annual portfolio review. The portfolio review is defined as: "A required systematic analysis of the progress of an SO by the SO Team and its Operating Unit. It focuses on both operational and strategic issues and examines the robustness of the underlying development hypothesis and the impact of activities on results. It is intended to bring together various expertise and points of view to arrive at a conclusion as to whether the program is "on track" or if new actions are needed to improve the chances of achieving results." (ADS 203.3.3). At a minimum, a portfolio review must examine the following:

- ❖ Progress towards SO achievement and expectations regarding future results achievement;
- ❖ Evidence that outputs of activities are adequately supporting the relevant IRs and ultimately contributing to the achievement of the SO;
- ❖ Adequacy of inputs for producing activity outputs and efficiency of processes leading to outputs;
- ❖ Status and timeliness of input mobilization efforts;
- ❖ Status of critical assumptions and causal relationships defined in the results framework, along with the related implications for performance towards SOs and IRs;
- ❖ Status of related partner efforts that contribute to the achievement of IRs and SOs;
- ❖ Status of the operating unit's management agreement and the need for any changes to the approved strategic plan;

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- ❖ Pipeline levels and future resource requirements;
- ❖ SO team effectiveness and adequacy of staffing; and
- ❖ Vulnerability issues and related corrective efforts.

The SO-8 team should consult ADS Tables 203 A, 203 B, and 203 C for ideas on how to improve the portfolio review process.

The following table outlines scheduled SO-8 Team performance reviews: **DECIDE WHAT TYPES OF REVIEW AND COMPLETE THE TABLE BELOW, OR DELETE THE TABLE IF IT IS NOT HELPFUL**

TYPE OF REVIEW	WHEN	PURPOSE
Partner coordination meeting	September (as soon as awarded)	To get partners together for launch of activities. Discuss USAID reporting requirements, indicator issues, etc.
Partner Activity Progress/portfolio Review	Semi-annual	To review with partners the progress of activities and discuss potential changes in approach, data collection, or other programmatic issues
Annual Strategy Meeting	?	To review current progress of activities and their contribution to the overall Mission strategic objectives

### **D. REPORTING PERFORMANCE RESULTS: The Annual Report**

USAID uses performance information not only to assess Operating Unit progress but also as the basis of its resource request for subsequent years and to share knowledge and enhance learning throughout the organization. Like other Operating Units, USAID/Mozambique submits an annual report on its performance against expected results, including both its successes and areas identified for improvement.

The annual report is prepared in accordance with the specific guidance for that year issued by the Agency. The report uses two main sources of information: (a) SO and IR performance indicator data; and (b) the portfolio review process described earlier. The PMP is a key document in preparing for the report since it contains information on all SO and IR performance indicators, including indicator and data quality assessments, responsibilities for data collection and analysis, and the management utility of each indicator. Agency guidance requires that all indicators meet Agency standards for indicator quality and data quality if data are used to support assertions in the report. These standards are described in ADS 203.3.6.5.

**As a means of preparing for the Annual Report, it is expected by USAID/Mozambique that SO-8 will collect success stories from its partners on an annual basis. This should be done in coordination with data collection schedules as determined by the SO-8 team and its partners. Submit at least one story (with photo) with AR submission. A detailed explanation of the format for submission may be found on the web at: [http://207.120.254.106/usaidd/jsp/success\\_story.jsp](http://207.120.254.106/usaidd/jsp/success_story.jsp).**

### **E. ASSESSING DATA QUALITY**

**Data Quality Assessment Procedures:** The SO-8 Team integrates data quality assessment into ongoing activities (e.g., combines a random check of partner data with a regularly scheduled site visit). This minimizes the costs associated with data quality assessment. When conducting data quality assessments, team members use the Data Quality Checklist as a guide (**ANNEX?**).

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Findings are written up in a short memo (as part of the trip report form) and filed in the team's performance management files. If the SO Team determines any data limitations exist for performance indicators (either during initial or periodic assessments), it corrects the limitations to the greatest extent possible. The SO Team documents any actions taken to address data quality problems in the appropriate Performance Indicator Reference Sheet(s). If data limitations prove too intractable and damaging to data quality, the SO Team seeks alternative data sources, or develops alternative indicators.

### **DATA QUALITY ISSUES:**

**Known Data Limitations and Significance (if any):** While indicator specific data limitations have been identified in the performance indicator reference sheets, this section seeks to identify limitations based in data collection and detail the action taken or planned to address these limitations.

EDIT OR DELETE TABLE AS NEEDED

<b>Data Collection Limitation</b>	<b>Action Planned to Address Data Limitation</b>
Validity and reliability of data	If possible, provide TA to improve
Lack of consistent terms	If possible, standardize data collection forms for uniformity of terms used and data tracked
Lack of objective evaluation criteria	If possible, conduct retreat with implementing partners to discuss and determine evaluation criteria
Integrity as data or records might have been manipulated	If possible, perform spot checks and independent evaluation to valid data provided by partner agencies
Self-reported data may under or over report "socially-desirable" results	This bias is an inherent limitation of most survey research methodologies. While it is difficult to counteract, triangulation with other sources of data will provide points of reference for the estimation of over/under reporting and it would be expected that levels of bias introduced will not vary greatly over time, thus allowing for less biased trend analysis.

**Date of Future Data Quality Assessments:** At a minimum, data quality assessments will be performed at an interval of three years from the date of the most recent data assessment for all indicators to be reported to USAID/W, as per the ADS.

**Procedures for Future Data Quality Assessments:** The SO-8 M&E officer (TBD), along with the activity manager will perform site visits, monitor databases and other M&E systems and evaluate, using different tools such as data checklists, interviews with providers and clients as well as semiannual meetings with contractors, cooperating agencies and national/international partners.

### **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING**

**Data Analysis:** In generally, data analysis will be done by the contractor, cooperating agency or national/international partner responsible for carrying out the activity as identified in the performance indicator reference sheets. Appropriate PHN staff will also be involved in the review, analysis and validation of the data compiled and presented to the Mission. Should there be any discrepancies in the data provided by sentinel surveillance, surveys and service statistics, the SO-8 M&E team will perform triangulation of data to better understand the dynamics of data

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disparity. Activities carried out to ensure data accuracy will be captured in the data quality assessment sheets. User-friendly raw data will also be provided to other partners, as appropriate, should additional secondary data analysis be requested.

**Presentation of Data:** Data will be presented in a variety of tools including tables, graphs and charts. Key findings will be summarized in power point presentation, brochures and posters [additional medium?]. The data will be presented at national dissemination workshops sponsored by USAID as appropriate.

**Review of Data:** Initially those responsible for the data collection for performance indicators (as identified in the PMP within the individual performance indicator data sheets) will review the data with the appropriate contractor, cooperating agency, or partner responsible for data consistency and quality (generally at intervals of 6 months).

**Reporting of Data:** Data will be reported in annual reports, budget justifications, annual strategy meeting presentations, mission strategy/portfolio reviews and other external USAID presentations.

### **F. REVIEWING AND UPDATING THE PMP**

The PMP serves as a “living” document that the SO-8 team uses to guide its performance management efforts. As such, it is updated as necessary to reflect changes in strategy and/or activities. PMP implementation is therefore not a one-time occurrence, but rather an ongoing process of review, revision, and re-implementation. The PMP is reviewed and revised at least annually and as necessary. This is done during the Annual Strategy Meeting and portfolio review. When reviewing the PMP, the SO Team considers the following issues:

- ❖ Are the performance indicators measuring the intended result?
- ❖ Are the performance indicators providing the information needed?
- ❖ How can the PMP be improved?

If the SO Team makes major changes to the PMP regarding indicators or data sources, then the rationale for adjustments are documented. For changes in minor PMP elements, such as indicator definition or responsible individual, the PMP is updated to reflect the changes, but without the rationale.

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**G. OVERALL PERFORMANCE MANAGEMENT TASK SCHEDULE (To be completed at a later date with partners)**

PERFORMANCE MANAGEMENT TASKS	FY 2004				FY 2005				FY 2006				NOTES
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	
<b>COLLECT PERFORMANCE DATA: RESULTS-LEVEL INDICATORS</b>													
<b>SO-8: Increased Use of Child Survival and Reproductive Health Services in Target Areas</b>													
8.A: % of children (12-59 months) receiving vitamin A supplement in the past 6 months													
8.B: % of children (< 2 years) who have received all 8 vaccinations													
8.C: % of women (15-49 years) using modern contraception													
8.D: % of households using ITNs													
8.E: % of deliveries performed in a health facility													
<b>IR-8.1: Increased access to quality CS/RH services in target areas</b>													
8.1.A: % of communities with an IMCI and an RH community health worker													
8.1.B: % of health centers meeting quality assurance standard													
8.1.C: % of pregnant women making at least 2 visits to an antenatal care facility													
<b>Sub IR-8.1.1: Primary health services strengthened at the facility level</b>													
8.1.1.A: % of PHC centers fully implementing IMCI protocols													
8.1.1.B: % of FP counseling sessions where all methods are presented													
8.1.1.C: % of children < 5 appropriately treated for malaria													
<b>Sub IR-8.1.2: Community health services established and expanded</b>													
8.1.2.A: % of communities having established CBD systems													
8.1.2.B: % of children < 5 appropriately referred to health facilities													
8.1.2.C: % of pregnant women seen by TBAs and referred to facility for delivery													

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PERFORMANCE MANAGEMENT TASKS	FY 2004				FY 2005				FY 2006				NOTES
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	
<b>IR-8.2: Increased demand at community level for CS/RH services</b>													
8.2.A: % of women desiring to limit or space births													
8.2.B: % of CLCs with annual plans based on prioritized solutions to health problems in their respective communities													
<b>Sub IR-8.2.1: Health knowledge increased and attitudes improved</b>													
8.2.1.A: % of adults who can name at least one sign for maternal complication													
8.2.1.B: % of adults who can name at least two danger signs for child illness													
8.2.1.C: % of women exclusively breastfeeding for 6 months													
<b>Sub IR-8.2.2: Awareness of available services increased through promotion</b>													
8.2.2.A: % of adults who know where to go for child vaccinations													
8.2.2.B: % of adults who know where to go for													
<b>IR 8.3: More accountable policy and management</b>													
8.3.A: # of target policies in CS/FP drafted, approved, and implemented													
8.3.B: % of fixed facilities with no stock-outs in the past 3 months													
<b>Sub IR-8.3.1: Policy development process strengthened within the MOH</b>													
8.3.1.A: Involvement of stakeholders in policy process (score)													
8.3.1.B: Policy formulation based on sound technical evidence (score)													
<b>Sub IR-8.3.2: Program resource management improved</b>													
8.3.2.A: % of districts preparing yearly operational plans													
8.3.2.B: % of districts able to implement the new logistic system													

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PERFORMANCE MANAGEMENT TASKS	FY 2004				FY 2005				FY 2006				NOTES
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	
<b>COLLECT PERFORMANCE DATA: ACTIVITY-LEVEL &amp; CONTEXT INDICATORS</b>													
Gather activity data/partner progress reports													
Gather contextual data													
<b>CONDUCT EVALUATIONS &amp; SPECIAL STUDIES</b>													
Demographic and Health Survey													
Knowledge, Practices, and Communications Survey													
Health Facility Assessment??													
Contractor (RFP) Evaluation													
PVO (RFA) Evaluation													
QUIBB??													
Annual Strategy Meeting													
Annual Report Review													
<b>REPORT PERFORMANCE RESULTS</b>													
Budget Justification													
Annual Report													
<b>ASSESS DATA QUALITY</b>													
Assess data quality													
<b>REVIEW &amp; UPDATE PMP</b>													
Review PMP and update if necessary													

**SECTION IV. PERFORMANCE INDICATOR REFERENCE SHEETS**

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Performance Indicator Reference Sheets (PIRS) are maintained for each **results-level** indicator and are found in Annex I. If current results-level indicators are refined and/or additional indicators developed, the SO-8 Team will create new indicator sheets based on this template. Each reference sheet is fully consistent with the guidance (mandatory and suggested) contained in ADS 200 and provides information on:

- ❖ Indicator definition, unit of measurement, and any data disaggregation requirements;
- ❖ USAID data acquisition method, data sources, timeline for data acquisition, and USAID staff responsible for data acquisition;
- ❖ Plans for data analysis, review, and reporting;
- ❖ Any data quality issues, including any actions taken or planned to address data limitations; and
- ❖ Notes on baselines, targets, and data calculation methods.

A complete table of performance data (baselines, targets, and actuals) for all **results-level** indicators is found at the end of this section.

**Note on Baselines and Targets**

Indicators do not yet have a baseline and need to be updated as they are defined. At a minimum, targets must be set for 2004 and 2005 (remember the 9 month rule...come Jan 1<sup>st</sup> and your targets are “locked in”).

**B. ACTIVITY-LEVEL INDICATORS**

Activity level indicators are contained in the agreements and/or work plans agreed between the SO-8 Team and each of its partners. The purpose of these indicators is mainly to monitor operational progress on a relatively frequent basis. Depending on the activity, this is either monthly or quarterly. The agreements for each activity should be consulted for more detail on the specific indicators for each activity.

**C. CONTEXT INDICATORS**

In addition to results-level and activity-level measures, several context indicators were identified in the PMP development process. These indicators provide information on reality above the level of the SO in the country at large. The context indicators identified to date are as follows:

Level	CORRESPONDING CONTEXT INDICATORS
Target Provinces/National	Total Fertility Rate (TFR)
Target ProvincesNational	Infant Mortality Rate (IMR)
Target Provinces/National	Under 5 Mortality Rate (U5MR)
Target Provinces/National	Maternal Mortality Rate (MMR)

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## **D. SYNERGY INDICATORS**

### **Issues that need to be discussed with the other SO teams as they begin to solidify their own indicators**

SO-6 indicators related to water and sanitation.

8.1.2.D: % of population with access to an improved water source (SO-6)

8.1.2.E: % of population with access to improved sanitation facilities (SO-6)

SO-9 linkages with logistics, PMTCT, etc.

8.3.2.B: % of fixed facilities with no stock-outs in the past 3 months (SO-9)

8.?? % of exclusive breastfeeding (SO-9)

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**E. SO-8 SUMMARY PERFORMANCE DATA TABLE**

INDICATOR		Year							
		Base	2004	2005	2006	2007	2008	2009	2010
<b>SO-8: Increased Use of CS/RH Services in Target Areas</b>									
8.A: % of children (12-59 months) receiving vitamin A supplement in the past 6 months	Target								
	Actual								
8.B: % of children 12-23 months fully immunized	Target								
	Actual								
8.C: % of women (15-49 years) using modern contraception	Target								
	Actual								
8.D: % of households using ITNs	Target								
	Actual								
8.E: % of deliveries performed in a health facility	Target								
	Actual								
<b>IR-8.1: Increased Access to Quality CS/RH Services in Target Areas</b>									
8.1.A: % of communities with an IMCI and an RH community health worker	Target								
	Actual								
8.1.B: % of health centers meeting quality assurance standards	Target								
	Actual								
8.1.C: % of women making at least 2 visits to antenatal care facility	Target								
	Actual								
<b>Sub IR-8.1.1: Primary health services strengthened at the facility level</b>									
8.1.1.A: % of PHC centers fully implementing IMCI protocols	Target								
	Actual								
8.1.1.B: % of FP counseling sessions where all methods are presented	Target								
	Actual								
8.1.1.C: % of children < 5 appropriately treated for malaria	Target								
	Actual								
<b>Sub IR-8.1.2: Community health services established and expanded</b>									
8.1.2.A: % of communities having established CBD systems	Target								
	Actual								
8.1.2.B: % of children < 5 appropriately referred to health facilities	Target								
	Actual								
8.1.2.C: % of pregnant women seen by TBAs and referred to facility for delivery	Target								
	Actual								

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INDICATOR	Year								
	Base	2004	2005	2006	2007	2008	2009	2010	
<b>IR-8.2: Increased Demand at Community Level for CS/RH Services</b>									
8.2.A: % of women desiring to limit or space births	Target								
	Actual								
8.2.B: % of CLCs with annual plans based on prioritized solutions to health problems in their respective communities	Target								
	Actual								
<b>Sub IR-8.2.1: Health knowledge increased and attitudes improved</b>									
8.2.1.A: % of adults who can name at least one sign for maternal complication	Target								
	Actual								
8.2.1.B: % of adults who can name at least two danger signs for child illness	Target								
	Actual								
8.2.1.C: % of women exclusively breastfeeding for 6 months	Target								
	Actual								
<b>Sub IR-8.2.2: Awareness of available services increased through promotion</b>									
8.2.2.A: % of adults who know where to go for child vaccinations	Target								
	Actual								
8.2.2.B: % of adults who know where to go for family planning services	Target								
	Actual								
<b>IR-8.3: More Accountable Policy and Management</b>									
8.3.A: # of target policies in CS/FP drafted, approved, and implemented (milestone/score)	Target								
	Actual								
8.3.B: % of fixed facilities with no stock-outs in the past 3 months	Target								
	Actual								
<b>Sub IR-8.3.1: Policy development process strengthened with the MOH</b>									
8.3.1.A: Involvement of stakeholders in policy process (score) protocols	Target								
	Actual								
8.3.1.B: Policy formulation based on sound technical evidence (score)	Target								
	Actual								
<b>Sub IR-8.3.2: Program resource management improved</b>									
8.3.2.A: % of districts preparing yearly operational plans	Target								
	Actual								
8.3.2.B: % of districts able to implement the new logistic system	Target								
	Actual								

**SECTION V. NEXT STEPS**

<b>NEXT STEPS</b>	<b>RESPONSIBILITY</b>	<b>COMPLETE BY:</b>	<b>COMPLETED?</b>
Review and revise PIRS to reflect correct target areas (e.g. Zambezia, Nampula, Gaza, others?) as soon as negotiations with MOH are completed	SO-8 Team	ASAP	
Meet with consultant to discuss management roles and responsibilities and ensure that specific roles/responsibilities are elaborated in the appropriate PDs <ul style="list-style-type: none"><li>• who will manage the PMP</li><li>• who will be responsible for collecting data for specific indicators</li></ul>	SO-8 Team	March	
Discuss/decide whether a QUIBB survey is needed/affordable. Need to consult with MOH about their plan for continued implementation of the survey	SO-8 Team	March	
Finalize indicators <ul style="list-style-type: none"><li>• definitions</li><li>• types of disaggregation</li><li>• baselines &amp; targets</li><li>• Annual Report indicator? What year?</li><li>• Data collection information</li></ul>	SO-8 Team	March	
Create Excel spreadsheet for Indicator summary table	SO-8 Team	March	
Include PMP elements into RFA/RFPs <ul style="list-style-type: none"><li>• data collection</li><li>• assist SO-8 in conducting quality assessments</li><li>• annual submission of success stories with photos</li><li>• partner meetings</li></ul>	SO-8 Team	March	
SO-8 team meeting to review the status of PMP	SO-8 Team	March (3 <sup>rd</sup> week)	
Input PMP task schedule and other relevant lists into Microsoft Project	SO-8 Team	March	
Complete performance management task schedule	SO-8 with partners	April	
Develop synergy indicators with other SOs and incorporate into PMP	SO-6, SO-9, others?	April	
Determine baselines and targets for results-level indicators (SO, IR, Sub IR) <ul style="list-style-type: none"><li>• Baselines for all indicators</li><li>• Ultimate targets for all indicators</li><li>• Year-end targets for all indicators (minimum of 2 years out, but go further if it makes sense)</li></ul>	SO-8 with partners	June	
Discuss indicators and collection methods with partners including a PMP briefing/PPT (Mark will provide PMP slideshow for SO-8 team to adapt to partner audience)	SO-8, M&E specialist, and partners	September	
Develop and finalize lower-level indicators (Sub IRs and Activity-level) with partners	SO-8 with partners	September	

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<b>NEXT STEPS</b>	<b>RESPONSIBILITY</b>	<b>COMPLETE BY:</b>	<b>COMPLETED?</b>
Conduct Data Quality Assessments (DQAs) for all indicators. SO-8 team will prioritize DQAs based on reporting requirements for the upcoming Annual Report. <ul style="list-style-type: none"><li>• Select Annual Report indicators to report on this year</li><li>• Conduct DQAs for those indicators first (refer to pp. 24-34 of PMP Toolkit) then document the DQA and file</li><li>• Complete other DQAs</li></ul>	SO-8 Team	September	
<b>ARE WE MISSING ANYTHING?</b>			

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## **SECTION VI. ANNEXES**

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**ANNEX I.** Performance Information Reference Sheets (PIRS) for all results-level indicators (SO, IR, Sub IR). *Activity-level and synergy indicators should be added here as they are developed.*

**ANNEX II.** Summary Matrix of Indicators (Excel spreadsheet)