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# Health Systems Strengthening Project (HSSP)

# South Sudan

*Annual (YR 3) Performance Monitoring Plan*
*October 1st, 2014 – September 30th, 2015*

**September 2014**

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# 1. Introduction

The South Sudan Health Systems Strengthening Project (HSSP) is a five-year USAID/South Sudan-funded project led by Abt Associates, in partnership with Training Resources Group (TRG). HSSP builds on the Republic of South Sudan's commitment to implement the National Health Strategy, which will strengthen the health system overall and provide improved health services in Central Equatoria State (CES) and Western Equatoria State (WES). HSSP will work with the government, development partners, the Ministry of Health, Republic of South Sudan (MOH/RSS), State Ministries of Health (SMOHs), County Health Departments (CHDs), and, Village Health Committees (VHCs) to strengthen the RSS's health system and to foster an enabling environment for improved health service delivery. HSSP will use a systems approach that creates synergies, takes advantage of economies of scale, promotes country ownership, recognizes the transition from emergency relief to sustainable development, and applies innovative technologies to strengthen state and county management of health system functions.

This Annual (Year 3) Performance Monitoring Plan (PMP) describes the performance measures by which HSSP will monitor program implementation and measure achievements in Year 3 against expected outputs and targets, as well as procedures for data collection, data management and analysis, data quality assurance, data reporting, use and dissemination. This annual PMP was developed at the time of development of the workplan, in consonance with all the technical leads and state-level/county partners. In line with HSSP's strong monitoring and evaluation mandate, this annual PMP, along with the Life of Project PMP which describes the core set of indicators to be tracked throughout the project, will encourage learning and accountability both within the project management team and externally between the two project states, counties and lower level institutions.

# 2. Program Description

The overall goal of the South Sudan HSSP is to increase the capacity of CHDs and SMOH to ensure the provision of high quality primary health care services in Western and Central Equatoria States. HSSP comprises three components designed to strengthen the Republic of South Sudan's health system and foster an enabling environment for improved delivery of health services. The three components are:

1. Increased management and leadership capacity in State Ministries of Health (SMOH), County Health Departments (CHDs) and Village Health Committees (VHCs)
2. Strengthened health systems at the state and county levels, with particular attention to health information systems (HIS), financial management and human resources for health (HRH)
3. Increased coordination at the state and county levels

To ensure integration of the three components, key project activities which cut across one or more of the project component will be delivered concurrently and/or will be coordinated for efficiency. Implementation of activities and interventions within and across these three program components is expected to lead to the achievement of the desired program result of improved institutional capacity within State Ministries of Health (SMOHs) and County Health Departments (CHDs) in Central and Western Equatoria to manage and coordinate health service delivery.

The core strategies of the project are: a)The use of an approach that integrates HSSP's three components into one coherent and mutually reinforcing set of project interventions; b) The building of

capacity in the core competencies that SMOH and CHDs need to carry out their functions; c) Ensuring the definition and operationalization of roles and responsibilities at all levels of the health care system; d) Establishment of coordination mechanisms and building the capacity of CHDs to use them; and e) Seeking synergies with other efforts such as the USAID-funded Integrated Health Service Delivery Project (ISDP), partners working with the SMOH and CHD offices, and health systems strengthening projects based in other states, funded by the Health Pooled Fund and the World Bank.

### HSSP Guiding Principles

HSSP's technical and operational implementation approach is organized around the following principles:

- ***Build sustainability through health systems strengthening***. HSSP recognizes and works within an environment with a history of relief conditions and is moving toward a development and sustainability model
- ***Encourage country ownership and invest in country-led plans***. HSSP is working to strengthen the capacity of state, county and village health authorities to take greater ownership of their health system
- ***Promote women, girls and gender equality.*** HSSP has integrated gender related issues into all project components. Gender related monitoring and evaluation indicators have also been included in the project's monitoring and evaluation plan
- ***Strengthen the enabling environment for health system strengthening, with an emphasis on CHDs.*** The CHD is the de-facto 'health district' in South Sudan and therefore is a critical unit in building the health system in the country. Thus, it is essential that project activities target accordingly
- ***Increase impact through strategic coordination and integration.*** Linkages below the county level (to payam, boma and village level), and linkages above the county level to state ministries of health and finally to the central Ministry of Health are vital for the counties' effectiveness. HSSP will strengthen these linkages through Component 3, which focuses on coordination of the CHDs with state ministries of health and the lower level institutions. Attempts will be made to identify clear roles and responsibilities and lines of communication between all the levels, building off any existing communication systems.
- ***Promote learning and accountability through monitoring and evaluation.*** HSSP has a strong monitoring and evaluation mandate and will encourage learning and accountability both within the project management team and, between the project states, counties and lower level institutions

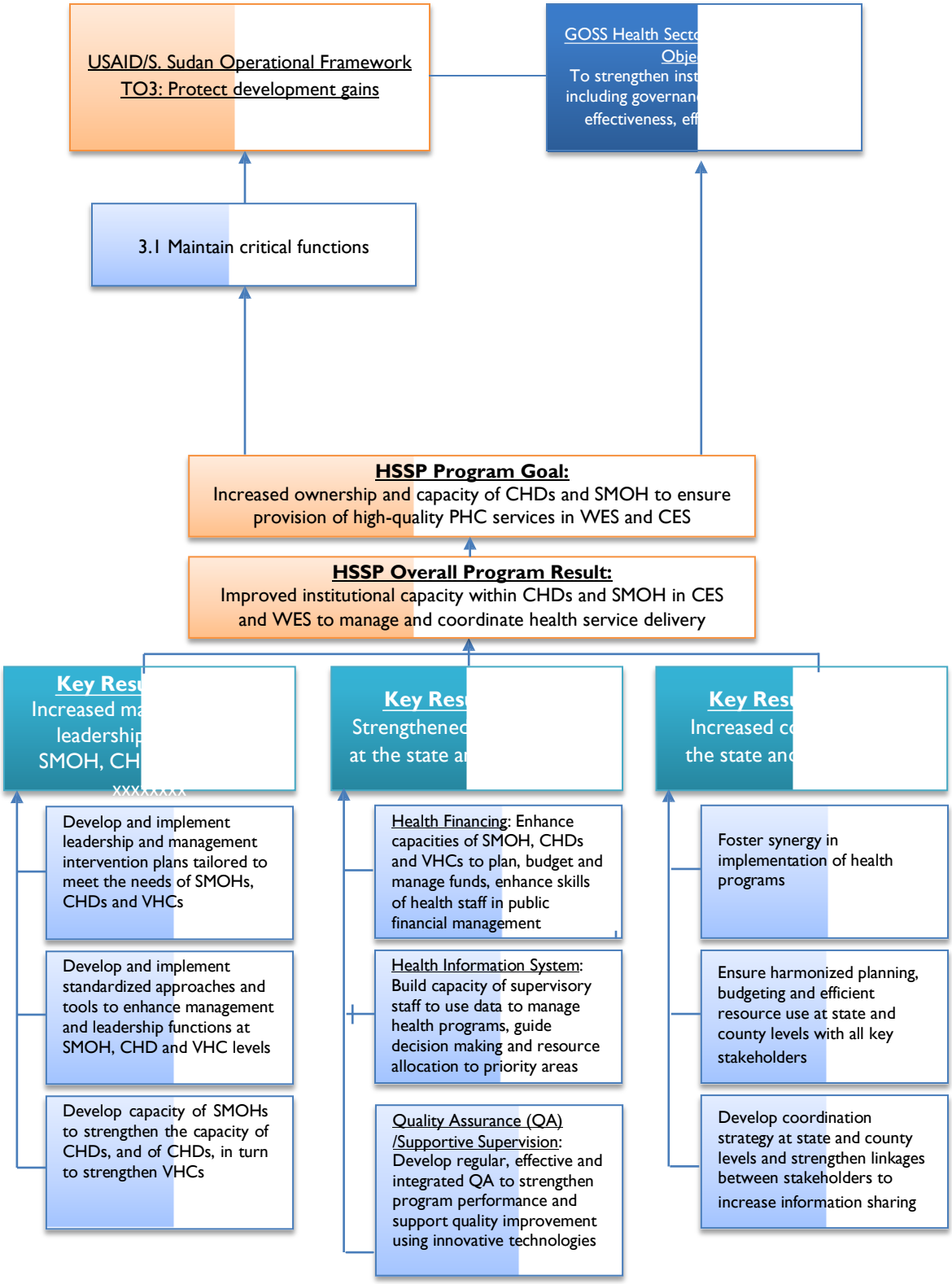
## 3. Results Framework

The HSSP Results Framework illustrates the causal linkages between the project's core set of interventions and its overall goal of increasing ownership and capacity of County Health Departments (CHDs) and State Ministries of Health (SMOHs) in Central and Western Equatoria States (CES and WES, respectively) to ensure provision of high quality primary health care services. The results framework is the basis of all HSSP activities, and depicts how interventions within each of the three

project components contribute to the achievement of key results, which combine to support achievement of the project's overall result of improved institutional capacity within CHDs and SMOHs in CES and WES to manage and coordinate health service delivery.

HSSP directly supports the Government of South Sudan's (GOSS) health sector development plan objective of strengthening institutional functioning in the areas of governance and health system effectiveness, efficiency and equity. HSSP is also clearly aligned with the **new 2014 USAID/South Sudan results framework**, the goal of which is to build the foundation for a more stable and socially cohesive South Sudan. In particular, HSSP is consistent with the Transition Objective 3 (**Protect development gains**). Within this Objective, HSSP contributes particularly to sub-objective 3.1 (Maintain critical functions). While the work on HSSP is consistent with the above transition objective and sub-objective, the work that HSSP will be doing in Year 3 also addresses other key functions related to the health systems – building the enabling environment for improved health service delivery through supporting county and community level planning, budgeting, logistics and coordination; infectious disease surveillance and response through HSSP work in HIS and QA which are critical to protecting the development gains made to date in the country; conflict management skills within the health system through the LM conflict management module. Overall, the work of HSSP contributes to South Sudan's eventual recovery and development.. The HSSP results framework which illustrates these causal linkages is presented in Figure 1 below:

**Figure 1: HSSP Results Framework**



# 4. Performance Indicators

## 4.1 Formulation of Indicators

As part of the work planning process for Year 3 activities, the M&E team supported the technical leads for each of HSSP's components to develop appropriate performance indicators to measure expected outputs and results from planned activities. Wherever possible, gender was incorporated into the formulation of performance indicators. Indicators identified to track re

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| 4. | Percentage of trained CHD and VHC staff with a clear understanding of overall institutional roles and responsibilities (disaggregated by gender) | ***Definition***: The percentage of trained CHD and VHC staff that are knowledgeable about the roles and responsibilities of their institution's level within the health system and the relationships between the different levels<br><br>***Unit of measure***: Percentage<br><br>***Numerator***: Number of trained CHD and VHC staff with a clear understanding of overall institutional roles and responsibilities<br><br>***Denominator***: Number of CHD and VHC staff trained<br><br>***Disaggregation***: Gender (Male, Female) | Outcome | 0 | 60% | Program records | Pre- and Post-training assessment | Annually | Leadership & Management Specialist,<br><br>M&E Specialist | LOP |

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| 5. | Percentage of trained CHD and VHC staff who demonstrate leadership and management skills on the job (disaggregated by gender) | ***Definition***: Percentage of trained CHD and VHC staff who demonstrate leadership and management skills on the job including planning, supervision of service providers, effective communication, budget monitoring, use of data for decision-making, supportive supervision, etc.<br><br>***Numerator***: Number of CHD and VHC staff trained who demonstrate leadership and management skills on the job<br><br>***Denominator***: Number of CHD and VHC staff trained<br><br>***Unit of measure***: Percent<br><br>***Disaggregation***: Gender (Male, Female) | Outcome | 0 | 60% | Program records | Post-training assessment/survey, observation | Semi-Annually | Leadership & Management Specialist,<br><br>M&E Specialist | LOP+YR3 |
| 6. | Percentage of trained CHDs and SMOH managers using at least 2 leadership and management tools in course of their work (disaggregated by gender) | ***Definition***: Percentage of trained CHDs and SMOH managers using at least 2 leadership and management tools (e.g. *work plans, job descriptions, performance evaluation forms, supervision checklist)*in their work<br><br>***Unit of measure***: Percentage<br><br>***Numerator***: Number of CHD and SMOH managers trained in leadership and management principles using at least 2 leadership and management tools in course of their work | Outcome | 0 | 80% | CHD and SMOH administrative records, observation/mentoring checklist | Post-training assessment, mentoring visits, document reviews | Semi-Annually | Leadership & Management Specialist,<br><br>M&E Specialist | LOP+YR3 |

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| 11. | Existence of Citizens Report Card for use by CHDs and VHCs to obtain client feedback on effective access to health services | ***Definition***: Existence of Citizens Report Card (i.e. survey instrument) for use by CHDs and VHCs to obtain client feedback on effective access to health services<br><br>***Unit of measure***: N/A<br><br>***Disaggregation***: N/A | Output | 0 | N/A | Program records | Program monitoring | Annually | Leadership & Management Specialist,<br><br>M&E Specialist | LOP |
| 3.1 | Number of support tools developed and distributed for PHCC/U and VHC/BHC level | Number of support tools developed and distributed for PHCC/U level | Output | 0 | 3 | Program records<br><br>Actual tools developed/ modified | Direct count of the actual documents developed/ modified | Quarterly | Leadership & Management Specialist, | YR3 |
| 3.2 | Number of LM facilitators trained | ***Definition***: The number of LM facilitators trained in leadership and management principles and approaches to improve committee performance | Output | 0 | 160 | Program records, Training registers | Program monitoring | Quarterly | Leadership & Management Specialist,<br><br>M&E Specialist | YR3 |
| **Component 2: Strengthened Health Systems at State and County levels, with particular attention to HIS, Financial Management, and Quality Assurance** | | | | | | | | | | |
| **Health Financing** | | | | | | | | | | |
| 12. | Number (and percentage) of CHD annual Budgets approved by SMOH | The number and percentage of county health departments who have their annual budgets approved by the SMOH | Outcome | 0 | 6 Counties 37.5% | CHD admin record | Program monitoring | Quarterly | Leadership & Management Specialist,<br><br>M&E Specialist | LOP+YR3 |

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| 13. | Number (and percentage) of CHDs with evidence of collaboration with county offices in planning and budgeting* (disaggregated by state) | ***Definition:*** The number of CHDs with evidence of collaboration mechanisms between CHDs and county offices, i.e. that the county offices involves the CHDs in planning and budgeting and there is documentation of the communication and feedback between the CHD and the county office | Outcome | 0 | 50% | Correspondence between county offices and CHDS and other admin records e.g letters, emails, reports, minutes of meetings etc | Program monitoring | Annually | Health Financing Advisor,<br><br>M&E Specialist | LOP+YR3 |
| 14. | Number of CHDs submitting monthly financial reports to the county commissioner's office using local government PFM reporting templates. (disaggregated by state). | ***Definition:*** The number of CHDs submitting monthly financial reports to the county commissioner's office using local government PFM reporting templates | Outcome | 0 | 9 (56%)<br><br>CES:4, WES:5 | CHD admin records | Document reviews | Monthly | Health Financing Advisor,<br><br>M&E Specialist | LOP+YR3 |
| 15. | Number (and percentage) of CHDs submitting financial reports within the statutory period prescribed in the local government PFM Manual | ***Definition***: The number (and percentage) of CHDs submitting financial reports within the statutory period prescribed in the local government PFM Manual. | Outcome | 0 | 6 (38%)<br>CES:4<br>WES:2 | CHD admin records | Program monitoring | Quaterly | Health Financing Advisor,<br><br>M&E Specialist | LOP+YR3 |
| 16. | Number of SMOH and CHD staff who have completed all appropriate modules of PFM training relevant to their roles (disaggregated by gender) | ***Definition***: The number of SMOH and CHD staff who completed all modules of PFM training | Output | 0 | 40 (M:28, F:12) | Program records, Training records | Program monitoring | Quarterly | Health Financing Advisor,<br><br>M&E Specialist | LOP+YR3 |

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| 17. | Number (and percentage) of CHDs conducting bottom-up planning and budgeting** (disaggregated by state) | ***Definition***: The number (and percentage) of CHDs that involve the Payam, who in turn involve the Boma/VHCs, in planning and budgeting, and who have documentation of the communication and feedback between the CHD and the Payam, and between the Payam and the Boma/VHCs | Outcome | 0 | 6 (37.5%) CES:4, WES:2 | Correspondence between CHDs and Payams and Boma and other admin records e.g. letters, emails, reports, minutes of meetings etc. | Document reviews | Annually | Health Financing Advisor, M&E Specialist | LOP+YR3 |
| 18. | Number (and percentage) of CHDs with evidence of collaboration with SMOHs in planning and budgeting* (disaggregated by state) | ***Definition***: The number (and percentage) of CHDs with evidence of collaboration mechanisms between CHDs and SMOHs, i.e. that the SMOH involves the CHDs in planning and budgeting and there is documentation of the communication and feedback between the SMOH and CHD | Outcome | 0 | 8 (50%) CES:4 WES:4 | Correspondence between SMOH and CHDs and other admin records e.g. letters, emails, reports, minutes of meetings etc. | Document reviews | Annually | Health Financing Advisor, M&E Specialist | LOP+ YR3 |
| 19 | Number (and percentage) of County Health Departments (CHDs) that have County Legislative Council approved activity plans and budgets' (disaggregated by state) | ***Definition***: The number and percentage of county health departments that have county legislative council approved activity plans and budgets | Outcome | 0 | 8 (50%) CES:3 WES:5 | CHD Admin records, Program records | Program monitoring | Annually | Health Financing Advisor, M&E Specialist | LOP+ YR3 |
| 20 | Number (and percentage) of CHD that receive county level transfers against approved budgets (disaggregated by state | The number and percentage of county health departments that receive the approved budgetary amounts approved budgets from the county level | Outcome | 0 | 8 (50%) CES:3 WES:5 | CHD Admin records, Program records | Program monitoring | Annually | Health Financing Advisor, M&E Specialist | LOP+ YR3 |

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| 3.3 | Proportion(number) of CHDs that meet requirements for release of funds. (disaggregated by state | ***Definition***: The number (and percentage) of CHD who meet requirements for release of funds (i.e. practice correct procedures in planning and budgeting, procurement, accounting, record keeping and reporting)<br><br>***Unit of measure***: Number, Percentage<br><br>***Numerator***: Number of CHD staff who met requirements for release of funds<br><br>***Denominator***: Number of CHD<br><br>***Disaggregation***: State (WES, CES) | Outcome | 0 | 40% | Supervision/mentoring checklist<br><br>Program records | Program monitoring | Quarterly | Health Financing Advisor,<br><br>M&E Specialist | YR3 |

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| 3.4 | Proportion (number) of CHDs submitting Accountability reports to the CTMCs (disaggregated by state) | Percentage (number) of CHD staff submitting accountability reports to the CTMCs<br><br>***Unit of measure***: Number, Percentage<br><br>***Numerator***: Number of CHD staff submitting accountability reports to the CTMCS<br><br>***Denominator***: Number of CHDs<br><br>***Disaggregation***: State (WES, CES) | Outcome | 0 | 40% | Program records | Program monitoring | Quarterly | Health Financing Advisor,<br><br>M&E Specialist | YR3 |
| 3.5 | Number of SMOH/CHD Staff trained in preparing Accountability reports for the CTMCs/STMC | ***Definition***: The number of SMOH and CHD level staff trained in preparing accountability reports for the CTMCs | Output | 0 | 30 | Program records, Training records Program monitoring | Program monitoring | Quarterly | Health Financing Advisor,<br><br>M&E Specialist | YR3 |
| 3.6 | Number of SMOH and CHD finance staff trained to use Guidelines for County Planning and Budgeting for Fiscal Year 2015 – 2016, as well as the mandated budget preparation process and format | ***Definition***: The number of SMOH and CHD level staff trained to use guidelines for County Planning and Fiscal Year 2016-2016.as well as the mandated budget preparation process and format | Output | 0 | 30 | Program records, Training records Program monitoring | Program monitoring | Quarterly | Health Financing Advisor,<br><br>M&E Specialist | YR3 |
| 3.7 | Number of participants who have benefited from the planning and budgeting Coaching/Mentoring sessions conducted at the SMOH and CHDs (disaggregated by state) | ***Definition***: The number of SMOH and CHDs who benefited from planning and budgeting coaching/mentoring sessions (disaggregated by State) | Output | 0 | 25 | Coaching/mentoring checklist | Program monitoring | Quarterly | Health Financing Advisor,<br><br>M&E Specialist | YR3 |
| 3.8 | Number (and percentage) of CHDs that have developed at | ***Definition***: The number (and percentage) of CHDs financial | Outcome | 0 | 8<br>50% | CHD admin record | Program monitoring | Annually | Health Financing | YR3 |

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| | least 1 costed workplan during the financial year | year. | | | | | | | Advisor,<br><br>M&E Specialist | |
| 3.9 | Number of SMOH and CHD staff trained to prepare and submit financial reports using PFM Manual (disaggregated by state) | ***Definition***: The number of SMOH and CHD staff trained to prepare and submit financial reports using PFM Manual (disaggregated by state). Quality reports reflect actual expenditure in relation to the approved budget, based on MoFEP financial guidelines and hinged on appropriate documentation (e.g. approved requisition forms, receipts etc). Reports must also be understandable. | Output | 0 | 8 (50%)<br>CES:6,<br>WES:2 | Program records,<br>Training records | Program monitoring | Quarterly | Health Financing Advisor,<br><br>M&E Specialist | YR3 |
| 3.10 | Number (and percentage) of State assemblies and county legislative councils which have benefited from financial management training (disaggregated by state) | ***Definition***: The number (and percentage) of state assemblies and county legislative councils which have benefited from financial management training (disaggregated by state). This financial management include : planning, budgeting, procurement and accounting | Output | 0 | 8 (50%)<br>CES:6,<br>WES:2 | Program record | Program monitoring | Quarterly | Health Financing Advisor,<br><br>M&E Specialist | YR3 |
| 3.11 | Number (percentage) of SMOH and county budgets printed and distributed. (Disaggregated by state) | ***Definition***: The number (and percentage) of SMOH and County budgets printed and distributed | Outcome | 0 | 50%<br>CES:6,<br>WES:2 | SMOH<br><br>CHD admin records | Program monitoring | Quarterly | Health Financing Advisor,<br><br>M&E Specialist | YR3 |
| **Health Information Systems** | | | | | | | | | | |
| 21 | Number of CHD and SMOH staff trained by the program to use health information for decision making | ***Definition***: The number of CHD and SMOH staff trained by the program to use health information for decision making | Output | 0 | 50<br>M;40<br>F:10 | Program records, Training records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | LOP+YR3 |

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| | (disaggregated by gender) | e.g. budget request, advocacy, | | | | | | | | |
| 22. | Number of CHDs submitting timely HMIS monthly reports to SMOH* (disaggregated by state) | ***Definition***: The number (and percentage) of CHDs submitting HMIS monthly reports to SMOH on or before the set submission deadline | Outcome | 0 | 16 (100%) CES:6, WES:10 | DHIS data completeness report | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | LOP+YR3 |
| 23. | Number (and percentage) of CHDs and SMOHs using DHIS/HMIS data for developing annual health plans* (disaggregated by state | ***Definition***: The number of CHDs and SMOHs using DHIS/HMIS data for developing annual health plans | Outcome | 0 | 18 (100%) CES:7, WES:11 | CHD and SMOH Admin records, annual health plans | Document reviews | Annually | HIS Advisor, M&E Specialist | LOP+YR3 |
| 24. | Number of instances in which DHIS/HMIS data was used by SMOHs for decision making (disaggregated by state) | ***Definition***: The number of documented instances where DHIS/HMIS data was used by SMOH staff for decision making e.g. budget request, advocacy | Outcome | 0 | 10<br>5 per SMOH | Bulletins Documented action plans during M&E TWG meetings | Document reviews | Semi-annually | HIS Advisor, M&E Specialist | LOP |
| 25. | Number of instances in which DHIS/HMIS data was used by CHDs for decision making (disaggregated by state) | ***Definition***: The number of documented instances where DHIS/HMIS data was used by CHD staff for decision making e.g. budget request, advocacy | Outcome | 0 | 64 (4 per CHD) | Bulletins Documented action plans during quarterly review meetings | Document reviews | Semi-annually | HIS Advisor, M&E Specialist | LOP+YR3 |
| 26. | Number of SMOH and CHD staff trained on data quality methodology (disaggregated by state and gender) | ***Definition***: The number of state level staff trained in Routine Data Quality Assessment (RDQA) | Output | 0 | 4 staff trained in data quality review as part of supportive servision process | CHD Admin records | Document reviews | Semi-annually | HIS Advisor, M&E Specialist | LOP+YR3 |

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| 27. | Percentage of routine SS visits conducted during the year that incorporate data quality reviews (disaggregated by state) | ***Definition***: The percentage of routine SS visits conducted during the year that incorporates data quality reviews<br><br>***Unit of measure***: Percentage<br><br>***Numerator***: Number of SS visits conducted with DQA reviews<br><br>***Denominator***: Number of SS routine visits expected during the year<br><br>***Disaggregation***: State (CES, WES) | Output | 0 | 75% | Program records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | LOP+YR3 |
| 28. | Number of data quality review reports showing improvement in data quality (disaggregated by state) | ***Definition***: The number of RDQA reports showing improvement in data quality | Outcome | 0 | 10 (CES:4, WES:6) | Program records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | LOP+YR3 |
| 29. | Number of quarterly M&E meetings held at the state level with county health departments to review data and priority health issues (disaggregated by state) | ***Definition***: The number of quarterly meetings held by M&E working groups at the state level with county health departments to review data and priority health issues | Output | 0 | 4 (2 each for CES and WES) | SMOH and CHD admin records, meeting notes | Document reviews, Program monitoring | Quarterly | HIS Advisor, M&E Specialist | LOP+YR3 |
| 30. | Number of quarterly M&E meetings held at the county level to review data and priority health issues (disaggregated by state) | ***Definition***: The number of quarterly meetings held by M&E working groups at the county level to review data and priority health | Output | 0 | 10 CES:4, WES:6 | CHD admin records, meeting notes | Document reviews, Program monitoring | Quarterly | HIS Advisor, M&E Specialist | LOP+YR3 |
| 3.12 | Number of CHDs with an HMIS Monthly Bulletin | ***Definition***: The number of CHD with HMIS monthly bulletin. | Output | 0 | 4 CHD level bulletins produced (two for each state) | CHD records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |

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| 3.13 | Number of months HMIS bulletin is received by at least one PHCC/PHCUs in county | ***Definition***: The number of months the CHD HMIS bulletin is received by at least one PHCC/PHCU. This should be done before the deadline of submission. | Outcome | 0 | 4 months (i.e., at least once per quarter) | CHD records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |
| 3.14 | Number of CHD-level action plans for HIS improvement resulting from quarterly review meetings. | ***Definition***: Number of CHD-level action plans for HIS improvement resulting from quarterly review meetings. | Outcome | 0 | 4 quarterly M&E working group action plans at the CHD levels | CHD records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |
| 3.15 | Number of SMOH and CHD Staff trained as part of HSSP efforts in HIS Strengthening | ***Definition***: Number of SMOH and CHD Staff trained as part of HSSP efforts in HIS Strengthening, with emphasis on the use of DHIS. | Output | 0 | 2 SMOHs trained<br><br>4 CHDs trained | Program records, Training records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |
| **Quality Assurance and Supportive Supervision** | | | | | | | | | | |
| 31. | Number of CHD staff trained in Quality Assurance using appropriate SS tools approved by the MOH * (disaggregated by state, gender) | ***Definition***: The number of CHD staff trained Quality Assurance and usage of appropriate SS tools approved by MOH | Output | 0 | 32 (CES:16, WES:16) | VHC Admin documents/ records, Program records | Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | LOP+YR3 |
| 32. | Percentage of facilities with complete QSCs submitted to SMOHs on a quarterly basis following facility SS visits<br><br>(Disaggregated by county and state | Percentage of facilities with complete QSCs submitting to SMOHs on quarterly basis following facility SS visit<br>Unit of measure/A | Outcome | 0 | 8<br><br>CES:4<br>WES:4 | Program records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | LOP |

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| 33. | Number of trained CHD teams conducting mHealth-driven QA visits (disaggregated by State) | Number of trained CHD teams conducting mHealth-driven QA visits (disaggregated by State) | Outcome | 0 | 2 Counties each per SMOH | Program records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | LOP |
| 3.16 | Number of counties with a minimum of one CHD staff trained in QA using appropriate SS tools (disaggregated by state, gender, thematic area) | ***Definition***: The number of counties with a minimum of one CHD staff trained in QA using appropriate SS tools | Output | 0 | 16 (CES:6, WES:10) | Program records, training records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |
| 3.17 | Percentage of CHD staff conducting independent supportive supervision visits with timely submission of QSC reports. | ***Definition***: The percentage CHD staff submitting timely QSC reports (within one week) after conducting of independent supportive supervision visits<br><br>***Unit of measure***: Percentage<br><br>***Numerator***: The percentage CHD staff submitting timely QSC reports<br><br>***Denominator***: Number of independent supportive supervision visits conducted in the quarter<br><br>***Disaggregation***: State (CES, WES) | Outcome | 0 | 25% | Program records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |
| 3.18 | Percentage of counties receiving HSSP funds on a quarterly basis to independently carry out SS visits (Disaggregated by state) | ***Definition***: The percentage of counties receiving HSSP funds on to conduct an independent supportive supervision visits (Disaggregated by state). | Outcome | 0 | 50% | Program records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |

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| | | ***Unit of measure***: Percentage<br><br>***Numerator***: Number of counties receiving HSSP funds on that quarter<br><br>***Denominator***: Number of counties<br><br>***Disaggregation***: State (CES, WES) | | | | | | | | |
| 3.19 | Percentage of facilities with complete QSCs submitted to SMOHs on a quarterly basis following facility SS visits (Disaggregated by county and state). | ***Definition***: The percentage of facilities with complete QSCs submitted to SMOHs on quarterly basis following SS visits<br><br>***Unit of measure***: Percentage<br><br>***Numerator***: Number of facilities with complete QSCs submitted to SMOHs<br><br>***Denominator***: Number of facilities<br><br>***Disaggregation***: State (CES, WES) | Outcome | 0 | 50% | Program records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |
| 3.20 | Percentage of facilities with complete QSCs entered into DHIS following SS Visits.<br><br>(Disaggregated by county and state) | ***Definition***: The percentage of facilities with complete QSCs entered in to DHIS.<br><br>***Unit of measure***: Percentage<br><br>***Numerator***: Number of facilities with complete QSC & entered in to DHIS<br><br>***Denominator***: Number of facilities | Outcome | 0 | 5% | Program records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |

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| | | ***Disaggregation***: State (CES, WES) | | | | | | | | |
| 3.21 | Proposal for pilot initative for mHealth-supported SS visits approved by SMOH and USAID. | ***Definition***: Existence of proposal for pilot initiative for mHealth-supported SS visits approved by SMOH and USAID. | Outcome | 0 | 1 | Program records | Program monitoring | Annual | HIS Advisor, M&E Specialist | YR3 |
| 3.22 | Number of trained CHD teams conducting mHealth-driven QA visits (disaggregated by State) | ***Definition***: The number of trained CHD teams conducting mHealth-driven QA visits. | Outcome | 0 | 2 counties (1 per state) | Program records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |
| 3.23 | Percentage of facilities where QA visits were conducted on a quarterly basis by CHDs using mHealth technology (Disaggregated by county, state, and quarter) | ***Definition***: The percentage of facilities conducting QA visits on quarterly basic by CHD using mHealth technology.<br><br>***Numerator***: facilities where QA visits were conducted on a quarterly basis by CHDs using mHealth technology<br><br>***Denominator***: Number of facilities in counties in which the mHealth technology pilot was rolled out.<br><br>***Disaggregation***: State and county (CES, WES) | Outcome | 0 | 75% | Program records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |
| 3.24 | Scale up Feasibility report finalized | ***Definition***: Existence of a finalized scale up feasibility report | Outcome | 0 | 1 | Program records | Program monitoring | Annually | HIS Advisor, M&E Specialist | YR3 |

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| 3.25 | Finalized Addendum LM QSC list | ***Definition***: Existence of a finalized Addendum LM QSC<br><br>***Unit of measure***: Number, Percentage<br><br>***Numerator***: N/A<br><br>***Denominator***: N/A<br><br>***Disaggregation***: State (CES, WES) | Outcome | 0 | 1tool | Program records | Program monitoring | Annually | HIS Advisor, M&E Specialist | YR3 |
| 3.26 | Number of CHD supervisory staff trained on additional LM Elements in QSC | ***Definition***: The number of CHD supervisory staff trained on additional LM Elements in QSC | Output | 0 | 16 | Program records, training records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |
| 3.27 | Percentage of Addendum LM QSC tools entered into database. (Denominator = No. of main QSC tools entered into DHIS database | ***Definition***: The percentage of Addendum LM QSC tools entered in to DHIS Database.<br><br>***Unit of measure***: Percentage<br><br>***Numerator***: Number of Addendum LM QSC tools entered in to DHIS<br><br>***Denominator***: Number of main QSC tools entered in to DHIS database<br><br>***Disaggregation***: State (CES, WES) | Outcome | 0 | 50% | Program records | Program monitoring | Quarterly | HIS Advisor, M&E Specialist | YR3 |
| **Component 3: Increased Strategic Coordination and collaboration at the State and County levels** | | | | | | | | | | |
| 34. | Number of CHDs supported in revising existing coordination mechanisms and tools (disaggregated by state) | The number of CHDs supported in revising existing coordination mechanisms and tools | Output | 0 | 16<br><br>CES:6<br><br>WES:10 | Program records | Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | LOP |

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| 35. | Number of existing coordination mechanisms and tools revised by CHDs with program support* | The number of existing coordination mechanisms and tools revised by CHDs with program support | Output | 0 | 6 | Program records | Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | LOP |
| 36. | Number of instances in which the strategic coordination framework is used by county coordinating units to establish a system or process to strengthen collaboration (e.g. joint planning, budgeting, trainings, SS, etc.) (disaggregated by state) | ***Definition***: The number of documented instances in which the strategic coordination framework is used by state and county coordinating units to establish a system or process to strengthen collaboration (e.g. joint planning, budgeting, trainings, SS, etc.) | Outcome | 0 | 6 instances (3 for each state) | MOH Admin documents/ records | Document reviews, Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | LOP+YR3 |
| 37. | Number of coordination units managed by CHDs* (disaggregated by state) | ***Definition***: The number of coordination units managed by CHDs (disaggregated by state) | Output | 0 | 12 (CES:4, WES:8) | CHD Admin documents/ records, Program records | Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | LOP+YR3 |
| 38. | Number of CHDs meeting routinely and recording outcomes of those meetings* (disaggregated by state) | ***Definition***: The number of CHDs meeting routinely and recording outcomes of those meetings | Output | 0 | 12 (CES:4, WES:8) | Meeting minutes, CHD Admin documents/ records | Document reviews, Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | LOP+YR3 |
| 39 | Number of on-site support visits by MOH(RSS) Directorate of Planning and Coordination to SMOHs (disaggregated by state) | ***Definition***: The number of on-site support visits by MOH(RSS) Directorate of Planning and Coordination to SMOHs (disaggregated by state) | Output | 0 | 4 on-site support visits (2 in CES, 2 in WES) | MOH Admin documents/ records, Program records | Document reviews, Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | LOP+YR3 |
| 40. | Number of instances in which actions are taken by MOH (RSS) to address or remove identified barriers to collaboration (disaggregated by state). | ***Definition***: Number of documented instances in which actions are taken by MOH (RSS) to address or remove identified barriers to collaboration at state or county levels | Outcome | 0 | 4 on-site support visits (2 in CES, 2 in WES) | MOH Admin documents/ records | Document reviews, Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | LOP+YR3 |

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| 41. | Number of effective formal coordination committees functioning at the state and county level, on/about project completion* (disaggregated by state) | Number of effective formal coordination committees functioning (i.e. meeting regularly with evidence of minutes of meetings) at the state and county levels | Outcome | 0 | 12<br>CES:6<br>WES:6 | Program records, SMOH, CHD admin records | Program monitoring, document reviews | Semi-annually | M&E Specialist<br><br>Coordination and Network Specialist | LOP |
| 3.28 | Number of CHD coordination committees trained on how to use data for decision making | ***Definition:*** Number of CHD coordination committees trained on how to use data for decision making. | Output | 0 | 16 | Program records | Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | YR3 |
| 3.29 | Number of CHDs trained on the skills of writing good coordination minutes and reports | ***Definition:*** Number of CHDs trained on the skills of writing good coordination minutes and reports | Output | 0 | 16 | Program records | Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | YR3 |
| 3.30 | Number of inter-CHD learning forums convened to share learning experiences across CHDs. | ***Definition:*** Number of inter-CHD learning forums convened to share learning experiences across CHDs. | Output | 0 | 4 | Program records | Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | YR3 |
| 3.31 | Number of Quarterly mentoring and coaching reports produced | ***Definition:*** Number of Quarterly mentoring and coaching reports produced | Output | 0 | 24 | Program records | Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | YR3 |
| 3.32 | Number of minutes of the joint MOH/RSS and SMOH consultative meetings | ***Definition:*** Number of minutes of the joint MOH/RSS and SMOH consultative meetings | Output | 0 | 8 | Program records | Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | YR3 |

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| 3.33 | Percentage of HSSP-procured equipment in working order | ***Definition:*** Percentage of HSSP-procured equipment in working order.<br><br>***Unit of measure***: Percentage<br><br>***Numerator***: HSSP –procured equipment in working order<br><br>***Denominator***: All Procured equipment | Outcome | 0 | 80% | Program records | Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | YR3 |
| 3.34 | Number of staff provided with computer training | ***Definition:*** Number of staff provided with computer training | Output | 0 | 48 | Program records, Training records | Program monitoring | Quarterly | M&E Specialist<br><br>Coordination and Network Specialist | YR3 |

# 5. Monitoring Plan

## 5.1 Data Sources and Data Collection Procedures

Data will be collected from a number of sources, such as program documents/records, including training records, coaching/mentoring records, supportive supervision reports; SMOH and CHD administrative documents/records, state and county coordinating units' administrative documents/records, etc. Methods of data collection will include routine program monitoring, document reviews, etc. Data collection tools will be developed for routine program monitoring and data will be collected at regular intervals – quarterly for most indicators, and semi-annually for some indicators. Data for indicators to measure one-time activities, e.g. development of tools for health stakeholder mapping, development of HRH strategic plan, development of supportive supervision operational guidelines, etc. will be collected only once. The M&E Specialist will oversee all project data collection and will be responsible for data verification. The HSSP M&E team will also work closely with the SMOHs and CHDs to collect required data at the state and county levels, and contribute to strengthening the M&E capacity of SMOH and CHD staff. To the extent possible and wherever applicable, HSSP data collection system will complement South Sudan's HIS to minimize duplication of effort.

## 5.2 Data Management and Analysis

The project will develop and maintain an electronic database which will be stored over a web-based portal. This will allow for easy access, improve transparency and ensure timely and complete quarterly and annual reporting of project activities and performance indicators. Where applicable, data will be further analyzed and transformed into meaningful results for reporting and dissemination to the client and other stakeholders.

## 5.3 Data Quality Assurance

The M&E Specialist will conduct regular data quality assessment and audits, investigating any inconsistencies in the data with the sources. The M&E Specialist will be responsible for ensuring data validity, reliability, precision, integrity and timeliness to facilitate accurate reporting of results to the client and other stakeholders. Data quality assessments and data verification will be built into each stage of the project's monitoring process. Appropriate corrective measures will be taken whenever there are deficiencies in the standards of data quality.

## 5.4 Reporting, Data Use and Dissemination

The M&E Specialist will oversee regular reporting of results and will be responsible for generating quarterly and annual reports to the client and other stakeholders, including the MOH, SMOHs and

CHDs. Routine monitoring of results will facilitate timely updates on project activities and management of project performance, inform decision making and promote learning and accountability. The M&E Specialist will also provide feedback to SMOHs, CHDs and other partners feeding data into the project's M&E system to update them on how data are used and to encourage regular and accurate reporting. HSSP achievements, including qualitative data on the project's achievements will also be communicated and disseminated externally through success stories, communication briefs, etc. via various communication channels, including the project's website.

# 6. Annex

## 6.1 M&E YR 3 Work plan

| Activity | Expected Output(s) | YR 2 | YR 3 | | | |
|---|---|---|---|---|---|---|
| | | YR 2 Q4 | YR 3 Q1 | YR 3 Q2 | YR 3 Q3 | YR 3 Q4 |
| | | JUL-SEP | OCT-DEC | JAN-MAR | APR-JUN | JUL-SEP |
| Define indicators for YR 3 activities | List of indicators linked to YR 3 activities | X | | | | |
| Develop Annual (YR 3) PMP | Annual (YR3) PMP | X | X | | | |
| Update list of core indicators | Updated list of core set of indicators to be tracked throughout the life of the project | X | X | | | |
| Update Life of Project PMP | Updated Life of Project PMP | X | X | | | |
| Design data collection tools for program monitoring | Program data collection tools for each program component | | X | | | |
| Revise routine Program Monitoring and Data Collection process | Routine Program Monitoring and Data Collection manual | | X | X | | |
| Upadate indicator performance tracking database | Updated indicator performance tracking database | | X | X | X | X |
| Joint review of MTE data collection tools with selected MTE team | Reviewed MTE data collection tools | | | X | | |
| MTE data collection, analysis and production of report | MTE report | | | X | | |
| Develop and finalize MTE briefing books | MTE Briefing book | | | X | | |
| Conduct data quality assessment and audit for each counties | Data quality assessment and audit conduted | | X | X | X | X |
| Quarterly Reporting on Program Progress | Quarterly Reports on Program Progress shared with technical team | | X | X | X | X |
| Annual Reporting on Program Progress | Annual Reports on program progress shared with technical team | | | | | X |