

SO 7 Performance Monitoring Plan
Child Survival and Maternal Health

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Office of Sustainable Development
Bureau for Africa

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Results Framework

Adoption of Policies and Strategies for Increased Sustainability, Quality, Efficiency, and Equity of Health Services

IR 7.1 Promote Improved Policies and Strategies for Innovative Health Financing and Organizational Reform

IR 7.1.1

Develop state-of-the-art knowledge and best practices for health care financing.

IR 7.1.2

Develop state-of-the-art knowledge and best practices for decentralizing health care systems and organizational reform

IR 7.2 Promote Improved Policies, Strategies, and Approaches for Child Survival and Maternal Health

IR 7.2.1

Develop improved policies and strategies for areas of special importance (e.g. expanded program on immunization, nutrition, malaria)

IR 7.2.2

Develop effective approaches for increasing health care provider performance at the facility level

IR 7.2.3

Develop effective approaches for improving community approaches to child health

IR 7.2.4

Develop improved policies, strategies, and approaches for essential obstetric care

IR 7.3 Improve Enabling Environment to Design, Manage, and Evaluate Programs

IR 7.3.1

Strengthen African regional and national capacity to plan, manage, and implement health programs

IR 7.3.2

Develop advocacy approaches to increase support for health programs

IR 7.3.3

Increase complementarity of donor resources and expertise

Indicators at a Glance

Indicators at a Glance

SO

1. # of countries with multi-year national immunization plans that follow WHO EPI Standards.
2. # of countries that have action plans to improve the IMCI in health facilities beyond the initial phase of pilot district.
3. # of countries that have incorporated 2 or more key elements of WHO/AFRO's Regional Malaria Control Strategy.
4. # of countries where nutrition activities, including micro-nutrient and other intervention, are integrated into USAID mission-supported programs.
5. # of countries where EOC activities are integrated into USAID mission-supported programs.
6. # of programs adopting 1 or more key elements of AFR/SD recommended health care financing strategies.

IR 7.1

of countries receiving TA from AFR/SD and its partners in formulating organizational and/or financing reform strategies.

IR 7.1.1

of analytic products completed on HCF in Africa.

IR 7.1.2

of analytic products completed on decentralization and/or organizational reform activities in Africa

IR 7.2

of advocacy activities by results package area implemented per year.

IR 7.2.1

% of AFR/SD-funded malaria research projects judged to be of quality
of countries conducting formative research to improve nutrition programs.

IR 7.2.2

of countries with plans for implementing problem solving approaches for child health in more than 4 districts.
of nursing schools where IMCI is introduced to students before graduation.

IR 7.2.3

of countries with workplans for implementing programs that address at least 3 of the 12 WHO/ UNICEF behavior change areas for the home and community.

IR 7.2.4

of EOC approaches tested for effectiveness.

IR 7.3

Continued WHO/AFRO participation in regional leadership activities

IR 7.3.1

of African professionals trained in qualitative research methods needed to improve community approaches to child health.
of Africans trained in nutrition program/policy skill areas.

IR 7.3.2

of advocacy approaches developed.

IR 7.3.3

of donor coordination activities on key AFR/SD PHN issues.

SO Level Indicators

SO Indicator #1

- 1) **Result:** Adoption of Policies and Strategies for Increased Sustainability, Quality, Efficiency, and Equity of Health Services
- 2) **Indicator name:** National Immunization Plans
- 3) **Definition:** Number of countries with multi-year national plans that follow WHO EPI standards. The standards include EPI objectives, delivery strategies, vaccination schedules and vaccine administration, logistics of vaccine management, funding, role of partners, disease surveillance and monitoring and evaluation plans.
- 4) **Unit of measurement:** Cumulative number of countries
- 5) **Rationale:** The regional EPI Planning guide identifies specific policies countries can adopt and implement in order to improve the *quality* and *efficiency* of their EPI. This guide was developed by WHO/AFRO after they realized that country plans did not include the desired information on EPI needs, available resources and financial gaps. The development of national 5 year action plans and annual district micro-plans was recognized as being needed in order to allow various partners who participate in Interagency Coordinating meetings to effectively contribute to the vision, objectives and funding of a sustainable EPI.
- 6) **Data collection:**
 - a) **Source:** WHO/AFRO
 - b) **Method:** Review of annually updated 5 year plans submitted to WHO/AFRO
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** February
 - e) **Responsible position:** EPI Results Package Team Leader
- 7) **Verification:** Annual report from WHO/AFRO

SO Indicator #2

- 1) **Result:** Adoption of Policies and Strategies for Increased Sustainability, Quality, Efficiency, and Equity of Health Services
- 2) **Indicator name:** Integrated Management of Childhood Illnesses (IMCI) Action Plans.
- 3) **Definition:** Number of countries that have action plans to improve the IMCI in health facilities beyond the initial phase of pilot district (usually 2).
- 4) **Unit of measurement:** Cumulative number of countries
- 5) **Rationale:** IMCI is a strategy for bringing *quality* and *efficiency* into the health care system and includes a) training health workers in integrated case management guidelines; b) strengthening health systems, and c) promoting healthy behavior and practices within families and communities. IMCI has been widely accepted by African Ministries of Health and activities for the adaptation of the algorithm, training of trainers, and training in 2 districts per country are underway in over 15 countries in the Region. The issues of scaling up beyond 2 pilot districts have, however, not yet been fully addressed. This will require the adoption of more flexible methods for implementation, allowing for modified training courses, integration into routine supervision systems, etc. The strategy used so far for the pilot districts has been quite expensive, and AFR/SD feels strongly that modified strategies, appropriate to the country context and to the level of available resources, must be developed and implemented if IMCI is to achieve the coverage necessary to affect child health indicators.
- 6) **Data collection**
 - a) **Source:** WHO/AFRO annual reports, BASICS (Flagship or TASC) annual reports
 - b) **Method:** Reviews of annual reports
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Provider Performance Results Package Team Leader
- 7) **Verification:** Discussions with country coordinators at the annual WHO/AFRO meeting on IMCI in Africa.

SO Indicator #3

- 1) **Result:** Adoption of Policies and Strategies for Increased Sustainability, Quality and Efficiency, and Equity of Health Services
- 2) **Indicator name:** National Malaria Control Plans Compliant with Regional Malaria Control Strategy
- 3) **Definition:** Number of countries with malaria control plans incorporating 2 or more of the basic elements of the African Regional Strategy for Malaria Control. The elements of the African Regional Strategy for Malaria Control include:
 - monitoring the therapeutic efficacy of first and second-line anti-malarials;
 - periodic review of national anti-malarial drug policy;
 - development and implementation of national policies for deployment of insecticide-treated mosquito nets;
 - strengthened malaria-related antenatal services;
 - strengthened capacity to recognize and respond to malaria epidemics;
 - development and implementation of community-based approaches to malaria control;
 - defining structures for identifying, implementing, and acting upon the findings of operational research questions;
 - ongoing monitoring and evaluation of malaria control activities.
- 4) **Unit of measurement:** Cumulative number of countries
- 5) **Rationale:** The regional Malaria Control Strategy identifies specific policies that countries can adopt and implement in order to improve the *quality* and *efficiency* of their malaria control programs. Countries that adopt 2 or more elements are likely to have better quality, more efficient malaria control programs.

The SO level indicator used prior to FY 1999 (number of countries adopting monitoring and evaluation plans for national malaria control programs) reached its target in 1998. This new indicator (national malaria control plans) is thought to better reflect the integration of the Regional Malaria Control Strategy into country policies and programs.

6) Data collection

- a) **Source:** WHO/AFRO and national malaria control plans
 - b) **Method:** Review of WHO/AFRO annual reports
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Malaria Results Package Team Leader
- 7) **Verification:** By examining country malaria control plans available through Ministries or WHO/AFRO.

SO Indicator #4

- 1) **Result:** Adoption of Policies and Strategies for Increased Sustainability, Quality and Efficiency, and Equity of Health Services.
- 2) **Indicator name:** Nutrition Activities Integrated into Mission Programs
- 3) **Definition:** Number of countries where nutrition activities, including micro-nutrient and other intervention, are integrated into USAID mission-supported programs.

AFR/SD recommended interventions include assessments, formative research, training, information dissemination and advocacy, information, education and communication, and monitoring and evaluation to promote and support: 1) exclusive breastfeeding for about 6 months; 2) appropriate complementary feeding and continued breastfeeding for children 6-24 months of age; 3) appropriate feeding practices for HIV+ women; 4) adequate vitamin A intake by women and children; 5) appropriate nutritional case management for women and children (treatment of infections that affect nutrition or require nutrition therapy, such as measles, diarrhea, hookworm, and malaria); 6) prenatal iron-folate supplementation and increased dietary intakes during pregnancy; and 7) use of iodized salt. AFR/SD also encourages feasibility assessments and operations research for new interventions such as multiple micronutrient supplementation for women of reproductive age.

- 4) **Unit of measurement:** Cumulative number of countries
- 5) **Rationale:** It is currently estimated that malnutrition is an underlying cause of nearly two million child deaths each year in Africa. Malnutrition is also an underlying factor in three out of the five major causes of maternal death in Africa, where women face the highest lifetime risks of mortality in the world. The importance of malnutrition to child survival and reproductive health has not been fully appreciated by African policy makers and USAID missions alike. In 1995, a consultative group meeting on nutrition in Africa recommended that AFR/SD undertake a comprehensive advocacy program directed at USAID mission HPN officers and directors, as well as African policy makers and program planners, to inform them of the role of malnutrition in child survival and reproductive health, and to promote a range of cost-effective interventions that can be incorporated into their programs. These advocacy efforts included a number of strategies: 1) research and analysis to identify appropriate interventions; 2) analytic papers, brochures, and e-notes to articulate the issues and appropriate interventions; and 3) country-level nutrition policy analysis and advocacy training and implementation (e.g., using PROFILES software). The goal was that USAID missions incorporate nutrition interventions (as defined in these analytic papers) into their child survival and/or reproductive health portfolios. (Stand alone or vertical nutrition programs were not recommended). This indicator measures the number of USAID missions that have been influenced by AFR/SD information dissemination and advocacy efforts related to nutrition, and have supported (either with their own funds or with AFR/SD seed money) the introduction of AFR/SD recommended nutrition interventions into child survival and/or reproductive health programs.

6) Data collection:

- a) **Source:** Mission R4s, TDYs
- b) **Method:** Review of R4s
- c) **Frequency of collection:** Annual.
- d) **Schedule:** March
- e) **Responsible position:** Nutrition Results Package Team Leader

7. **Verification:** This indicator will be verified through interviews with HPN officers, and through review of consultant SOWs and reports documenting technical assistance provided to USAID programs.

SO Indicator #5

1. **Result:** Adoption of Policies and Strategies for Increased Sustainability, Quality, Efficiency, and Equity of Health Services
2. **Indicator name:** Essential Obstetric Care (EOC) Activities Integrated into Mission Programs
3. **Definition:** Number of countries where EOC activities are included in USAID mission-supported programs.
4. **Unit of measurement:** Cumulative number of countries
5. **Rationale:** This indicator measures a host country's adoption of EOC as a component of its health program. If a Mission results framework includes EOC, that means it is part of a national health strategy or policy.
6. **Data collection**
 - a) **Source:** Staff Quarterly Reports, CA Annual Reports
 - b) **Method:** Review of documents
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Maternal Health Results Package Team Leader
7. **Verification:** Mission R4s

SO Indicator # 6

- 1) **Result:** Adoption of Policies and Strategies for Increased Sustainability, Quality, Efficiency, and Equity of Health Services
- 2) **Indicator name:** Health Care Financing Strategies
- 3) **Definition:** Number of programs adopting one or more key elements of AFR/SD recommended health care financing strategies. Examples of these elements include: public/private partnership, equity (protection mechanisms), resource generation, cost-containment, etc.
- 4) **Unit of measurement:** Cumulative number of countries
- 5) **Rationale:** This indicator measures adoption of policies or strategies that will enhance the efficiency and equity within a health system.
- 6) **Data collection**
 - a) **Source:** Program documents from CAs, country reports from the World Bank, European Union, African Development Bank, UNICEF, WHO.
 - b) **Method:** Review of documents
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Health Care Financing Results Package Team Leader
- 7) **Verification:** R4s, MOH documents.

IR Level Indicators

IR 7.1

- 1) **Result:** Promote Improved Policies and Strategies for Innovative Health Financing and Organizational Reform
- 2) **Indicator name:** Technical Assistance to African Ministries on Organizational and/or Financing Reform
- 3) **Definition:** Number of countries receiving technical assistance from AFR/SD and its partners in organizational and/or financing reform. AFR/SD partners include those whom we fund (MSH, FHI, Abt) and those with whom we collaborate (UNICEF, ADB).
- 4) **Unit of measurement:** Number of countries assisted per year
- 5) **Rationale:** Technical assistance to African Ministries (Health, Finance, Planning) is the primary mechanism for promoting AFR/SD recommended policies and health in health financing and organizational reform.
- 6) **Data collection**
 - a) **Source:** TDY reports, mission R4s
 - b) **Method:** Document review
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Health Care Financing Results Package Team Leader
- 7) **Verification:** Trip reports

IR 7.1.1

- 1) **Result:** Develop State of the Art Knowledge and Best Practices on Health Care Financing
- 2) **Indicator name:** Analytic Products on health care financing
- 3) **Definition:** Number of analytic products (analysis of issues, synthesis of best practices, tools) produced on health care financing in Africa. Topics may include: resource generation - prepayment, risk sharing, mutuels, health management organizations, employer provided care, tax base, sector investment program financing, community-based approaches; cost containment and efficiency promotion - reallocation of budgets, improved management of drugs, management autonomy, effective referral systems, technical and allocative efficiency; equity - means-testing, targeting, rational exemption approaches; public/private partnership – legal, regulatory and judicial reforms, contracting, public-private relationship enabling structures, incentives and subsidies.
- 4) **Unit of measurement:** Number of products per year
- 5) **Rationale:** This is a simple output indicator that measures the number of analytic products that are produced to develop the state of the art knowledge and best practices in health care financing.
- 6) **Data collection**
 - a) **Source:** CA reports
 - b) **Method:** Document Review
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Health Care Financing Results Package Team Leader
- 7) **Verification:** Review of products in file

IR 7.1.2

- 1) **Result:** Develop state-of-the-art Knowledge and Best Practices for Decentralizing Health Care Systems and Organizational Reform
- 2) **Indicator name:** Analytic Products on Decentralization/Organizational Reform
- 3) **Definition:** Number of analytic products (analysis of issues, synthesis of best practices, tools) produced on decentralization and/or organizational reform activities. Examples of topics include performance measurement, organizational restructuring, and resource allocation strategies under decentralization, including equity protection.
- 4) **Unit of measurement:** Number of products per year
- 5) **Rationale:** This is a simple output indicator that measures the number of analytic products that are produced to develop the state of the art knowledge and best practices in decentralization and organizational reform.
- 6) **Data collection**
 - a) **Source:** CA reports
 - b) **Method:** Document review
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Results Package Team Leader
- 7) **Verification:** Review of products in file

IR 7.2

1) **Result:** Promote Improved Policies, Strategies, and Approaches for Child Survival and Maternal Health

2) **Indicator name:** Advocacy Activities

3) **Definition:** Definition: Number of advocacy activities by results package area implemented per year. Examples of general advocacy activities include: repackaging materials for targeted audience, TDYs on specific results package related issues, e-notes, getting issues on agendas, developing and using briefing packets.

Examples of Malaria-specific advocacy activities are:

- Activities as part of the multi-disciplinary research and policy area of combination therapy for malaria treatment in Africa: USAID, both AFR and G have taken a major role in the full investigation and exploratory implementation of this promising but controversial malaria intervention. The activity comprises coordination meetings of the research and policy team with WHO/TDR, RPM, CDC, CHANGE and USAID; research planning and dissemination meetings; participation in TDR Task Force meetings; field site oversight visits; and review of research findings for advocacy.
- Activities centered on the important advocacy and dissemination issue of malaria in pregnancy. The activity comprises re-establishment and function of the malaria in pregnancy network, meetings of research and program persons, liaison between malaria and safe motherhood communities and the malaria and HIV/AIDS communities, and participation in meetings to coordinate and guide the research program on this issue.
- Activities to coordinate research strategy development and implementation around the issue of nutrition and malaria. The activity comprises meetings, research coordination, strategy development, and liaison between the nutrition and malaria communities.
- Advocacy documents produced and disseminated in all areas relevant to malaria.
- Correspondence to inform USAID missions, partners, CAs and the international community, including participation in research, planning and policy and coordination meetings.

4) **Unit of measurement:** Number of activities per year

Rationale: Advocacy activities are required to move our research and analysis to the policy arena. SO 7 has thus built in all of its results packages, strong advocacy and communication components to mobilize support for the various approaches, tools, and strategies it recommends for the maternal and child health sector in Africa.

5) **Data collection**

- a) **Source:** Staff Quarterly Reports, CA Annual Reports
- b) **Method:** Advocacy Tracking Tool
- c) **Frequency of collection:** Annual.
- d) **Schedule:** December
- e) **Responsible position:** Results Package Team Leaders

6) **Verification:** Review of source reports.

IR 7.2.1
(#1)

- 1) **Result:** Develop Improved Policies and Strategies for Areas of Special Importance (expanded program on immunization, malaria, and nutrition).
- 2) **Indicator name:** Quality of Malaria Research Activities
- 3) **Definition:** Number of AFR/SD-funded malaria research projects judged to be of quality /Total number of AFR/SD-funded malaria research projects. A research activity will be judged to be of quality if it meets the following criteria:
 - The research question must be relevant to the African malaria situation.
 - The research activity must be progressing according to schedule.
 - The research activity must build African capacity to plan, manage, and/or implement malaria prevention and control programs.
 - The research activity must be technically sound.
- 4) **Unit of measurement:** Percent
- 5) **Rationale:** Because AFR/SD does not primarily support research, the limited amount of funding available to support research should go to research projects that are of high quality and that are likely to translate into improved policies, strategies and approaches to improve health outcomes.
- 6) **Data collection**
 - a) **Source:** Semi-annual reports from partners, site visits, examination of research workplans and proposals, and periodic review of AFR/SD-funded research activities by a panel of malaria research experts.
 - b) **Method:** Document review and site visits.
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Malaria Results Package Team Leader
- 7) **Verification:** AFR/SD malaria research activities are developed within the context of the AFR/SD malaria analytic agenda – a document describing AFR/SD malaria research priorities as identified by malaria researchers in Africa and worldwide. Additional components of quality will be verified through:
 - Relevance to Africa – verified by AFR/SD analytic agenda and through discussion with African malaria experts and researchers.
 - Proceeding according to schedule- verified by comparing research projects' annual reports with annual (or project) work plans.
 - Contribution to African capacity building will be verified through examination of each research partners' annual reports.

- Technical soundness will be verified through a) initial screening and peer review of research proposals and b) periodic reviews of research activities by a panel of malaria research experts.

IR 7.2.1
(#2)

- 1) **Result:** Develop Improved Policies and Strategies for Areas of Special Importance (expanded program on immunization, malaria, and nutrition).
- 2) **Indicator Name:** Research to Improve Nutrition Programs
- 3) **Definition:** Number of countries conducting formative research to improve nutrition programs (for example, for improved nutrition counseling about infant feeding).
- 4) **Unit of measurement:** Cumulative number of countries
- 5) **Rationale:** The nutrition interventions recommended by AFR/SD (see SO Result Indicator Sheet) all require local adaptation to take into consideration available foods and resources and cultural beliefs and practices, and they require sustained behavior changes by women and other care givers. It is well-accepted (by WHO, USAID, and others) that formative research is needed in order to develop locally adapted feeding recommendations as well as to develop effective behavior change strategies. AFR/SD has supported the development, testing, and dissemination of field tools to facilitate the implementation and use of formative research for several of the recommended nutrition interventions, and it has supported capacity building in Africa to insure that formative research methods are utilized in various programs (e.g., IMCI, other programs). This indicator measures the degree to which these efforts - tool development and dissemination and capacity building - have resulted in formative research to improve nutrition programs in Africa.
- 6) **Data collection**
 - a) **Source:** TDY reports, research reports,
 - b) **Method:** Review of documents
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Nutrition Results Package Team Leader
- 7) **Verification:** Research reports

IR 7.2.2
(#1)

- 1) **Result:** Develop Effective Approaches for Increasing Health Care Provider Performance at the Facility Level.
- 2) **Indicator Name:** Problem-Solving Approaches
- 3) **Definition:** Number of countries with plans for implementing problem solving approaches for child health in more than 4 districts.
- 4) **Unit of measurement:** Cumulative number of countries
- 5) **Rationale:** Evaluation of joint quality improvement and case management activities in Niger has shown the value added of introducing team problem-solving processes in health facilities (BASICS and QAP). Similarly, AVSC experience with *the Client-Oriented, Provider Efficient Services (COPE)* methodology for reproductive health has shown that similar techniques, including client flow analysis and team self-assessment, have improved clinic performance and client satisfaction. The organization work at health facility level is key for the success of IMCI, given the multiple services that each child and caretaker must receive. It is clear that centralized norms for improvement can only go so far and that each health facility team, however small, is best placed to undertake context-specific problem-solving, with some facilitative supervision or coaching.

AFRSD plans to continue to support the expansion of problem-solving methodologies to all countries engaged in IMCI. This requires a multi-pronged approach at regional, sub-regional and country levels, with efforts to engage as many partners as possible, and especially African institutions, in spreading a "culture" that empowers local teams and fully supports the improvement of quality within decentralized health systems.

6) **Data collection**

- a) **Source:** Reports from AVSC, QAP, and BASICS/Flagship Projects
 - b) **Method:** Review documents
 - c) **Frequency of collection:** Annual
 - d) **Schedule:** December
 - e) **Responsible position:** Provider Performance Results Package Team Leader
- 7) **Verification:** Trip reports, proceedings of country presentations given at regional meetings.

IR 7.2.2
(#2)

- 1) **Result:** Develop Effective Approaches for Increasing Health Care Provider Performance at the Facility Level.
- 2) **Indicator name:** Nursing School Curricula
- 3) **Definition:** Number of nursing schools where IMCI is introduced to students before graduation.
- 4) **Unit of measurement:** Cumulative number of nursing schools
- 5) **Rationale:** There is general consensus on the importance of reaching health providers during their basic training. The need for costly in-service training can thus be reduced, and full advantage taken of an activity (pre-service training) that is already funded and ongoing. Services will benefit, since new graduates will be able to function appropriately immediately, rather than having to wait for additional on-the-job training. This indicator measures the adaptation and inclusion of the IMCI approach as part of the nursing curriculum.
- 6) **Data collection**
 - a) **Source:** Reports from nursing schools and trip reports from supervision visits.
 - b) **Method:** The agencies providing technical help to the schools will be collecting the relevant information, making review of reports possible.
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Provider Performance Results Package Team Leader
- 7) **Verification:** Visits to training schools.

IR 7.2.3

- 1) **Result:** Develop Effective Approaches for Improving Child Health Care in the Home and the Community
- 2) **Indicator Name:** Behavior Change Strategies
- 3) **Definition:** Number of countries with workplans for implementing programs that address at least 3 of the 12 WHO/UNICEF behavior change areas for the home and community. These behavior change areas include: 1) exclusive breastfeeding for at least 4 months; 2) supplemental feeding starting at 6 months; 3) adequate micronutrients for children; 4) immunization; 5) sleeping under insecticide-treated mosquito nets; 6) psycho-social development; 7) continued feeding during illnesses; 8) appropriate home treatment for illnesses; 9) timely care-seeking outside the home; 10) appropriate follow-up and referral; 11) personal hygiene and sanitation; and 12) ante-natal care, TT2 vaccine and appropriate care during delivery, ante and post-partum for pregnant women. The workplans will follow inter-agency guidelines, as articulated in *Guide for Community IMCI*.
- 4) **Unit of measurement:** Cumulative number of countries
- 5) **Rationale:** The WHO/UNICEF definition of IMCI includes targeting household practices for child and maternal health as well as health facility performance. USAID is fully supportive of this approach, since changes in the health status of children and mothers cannot be brought about if practices in the home are not addressed. Countries need to assess current community approaches and IEC activities to see how to build on additional elements of the IMCI 12 behavior change areas. Strategies and workplans are needed both for national level and also for district levels and NGO involvement.
- 6) **Data collection**
 - a) **Source:** UNICEF and WHO country and consultant reports, BASICS / Flagship country and trip reports.
 - b) **Method:** Review of documents,
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Community Approach to Child Health (CATCH) Results Package Team Leader.
- 7) **Verification:** Review of workplans, presentations at regional meetings, field visits for strategy assessment.

IR 7.2.4

- 1) **Result:** Develop Improved Policies, Strategies, and Approaches for Essential Obstetric Care
- 2) **Indicator Name:** Testing EOC Approaches for Effectiveness
- 3) **Definition:** Number of EOC approaches tested for effectiveness.
- 4) **Unit of measurement:** Cumulative number of approaches
- 5) **Rationale:** New approaches can only be recommended after they have been tested for effectiveness. This indicator, thus, measures progress towards finalizing new approaches for EOC services.
- 6) **Data collection**
 - a) **Source:** CA reports
 - b) **Method:** Review of document
 - c) **Frequency of collection:** Bi-annual.
 - d) **Schedule:** Every other December
 - e) **Responsible position:** Maternal Health Results Package Team Leader
- 7) **Verification:** Mission R4s

IR 7.3

- 1) **Result:** Improve Enabling Environment to Design, Manage, and Evaluate Health Programs
- 2) **Indicator name:** Continued WHO/AFRO participation in regional leadership.
- 3) **Definition:** The indicator will be rated “yes” each year if WHO/AFRO participates in all activities listed below:
 - all Multilateral Initiative on Malaria (MIM) meetings;
 - all Roll Back Malaria (RBM) meetings;
 - annual Malaria Task Force Meetings;
 - Roll Back Malaria Interim Secretariat for Africa (RBM/AIM)
- 4) **Unit of measurement:** Yes/no
- 5) **Rationale:** This indicator is intended to monitor WHO/AFRO’s *continued* leadership in malaria control in Africa as there are no other appropriate regional entities able to provide such leadership. Continued leadership of WHO/AFRO encourages national level programs to undertake proper management and monitoring of their activities according to international standards.
- 6) **Data collection**
 - a) **Source:** WHO/AFRO annual report, Multilateral Initiative on Malaria (MIM), Roll Back Malaria (RBM), Malaria Task Force and RBM/AIM-21 conference participant lists.
 - b) **Method:** Review of source material.
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Malaria Results Package Team Leader
- 7) **Verification:** Data can be verified by examining conference reports and proceedings, WHO/AFRO annual reports, AFR/SD staff trip reports, and interviews with conference organizers.

Due to the changing environment for malaria support in Africa, the list of specific meetings or other essential activities may change from year to year. Relevant changes will be listed under the indicator description for each year.

IR 7.3.1
(#1)

- 1) **Result:** Strengthen African Regional and national capacity to Plan, Manage and Implement Health Programs
- 2) **Indicator name:** Qualitative Research Training
- 3) **Definition:** Number of African professionals trained in qualitative research methods (such as, participatory rapid assessment [PRA] techniques or ethnographic methods) needed to improve community approaches to child health. The target is a range.
- 4) **Unit of measurement:** Number of people trained each year
- 5) **Rationale:** Both participatory rapid assessment techniques and ethnographic work are required in order to develop appropriate strategies for community approaches and communications for child and maternal health. There are a limited number of African researchers in these domains, despite a growing demand for these skills. Developing a cadre of African professionals that can work directly with programs should improve the orientation and impact of the programs, and reduce the costs of technical assistance, now often being provided from outside the continent.
- 6) **Data collection**
 - a) **Source:** Reports from training centers (CAFS, CERPOD, etc.) and from Projects that will support training initiatives in this field (Flagship, FHA, PCS, etc.).
 - b) **Method:**
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Provider Performance Results Package Team Leader
- 7) **Verification:** Site visits to training centers. Discussions with consultants giving technical assistance for curriculum development, training, and follow-up.

IR 7.3.1
(#2)

- 1) **Result:** Strengthen African Regional and national capacity to Plan, Manage and Implement Health Programs
- 2) **Indicator name:** Nutrition Program Training
- 3) **Definition:** Number of Africans trained in nutrition program/policy skill areas. "Trained" means that they have attended and completed a short-course (about 2 weeks) developed and

implemented by an AFR/SD-supported activity. Training can be pre-service, in-service, or distance learning. Target is a range.

- 4) **Unit of measurement:** Number of people trained per year.
- 5) **Rationale:** The need to increase African capacity in nutrition program-related skills has been expressed in a number of regional and international fora and meetings, including the International Congress on Nutrition (1992); CRHCS/ECSA nutrition experts meetings (1992, 1995, 1996), and the 1994 Bellagio Declaration and Initiative for improving program-related nutrition training and research. AFR/SD has responded to this need through a variety of activities aimed at developing program-related nutrition skills through capacity development and training in these areas: 1) formative research to improve feeding practices; 2) nutrition policy advocacy and analysis; 3) nutrition program monitoring and evaluation; and 4) district, health facility, and community level approaches to assessment, analysis, and action for nutrition. In order to sustain the capacity development process, AFR/SD has promoted the use of participatory approaches to developing training modules/materials as well as to implementing the training itself. AFR/SD has also supported regional meetings to reflect on issues of importance for nutrition, in order to identify new priorities for future capacity-building and training activities (e.g., the regional initiative for capacity building in community nutrition in West Africa; the African Nutrition Leadership Initiative). In all instances, the skills being developed through these training exercises relate directly to the AFR/SD recommended interventions for nutrition.
- 6) **Data collection**
 - a) **Source:** Training workshop reports and participants list.
 - b) **Method:** Review of source document.
 - c) **Frequency of collection:** Annual.
 - d) **Schedule:** December
 - e) **Responsible position:** Nutrition Results Package Team Leader.
- 7) **Verification:** Visits to training institutions, review of training materials produced, interviews with trainers.

IR 7.3.2

- 1) **Result:** Develop Innovative Advocacy Approaches to for Health Programs
- 2) **Indicator name:** Approaches for Advocating for Health Programs
- 3) **Definition:** Number of advocacy approaches developed. These can include: innovative repackaging of materials for policy audiences (including computer model presentation, e-notes, issues brochures, etc.); using new channels to reach policy-makers with advocacy materials (such as mass-media, public relations, policy champions/advocacy groups) and; using standard advocacy channels, such as written press, in new ways.
- 4) **Unit of measurement:** Cumulative number of advocacy approaches
- 5) **Rationale:** Creating an enabling environment to support health requires new ways of reaching decision-makers with advocacy information/materials. Each message must be presented clearly to specific audience, and, to increase the impact, should reach the decision-makers through multiple channels that s/he considers important and reliable. For this reason, it is crucial to harness new tools to deliver appropriate messages through new uses of old channels and through approaches that are new and attention-getting.
- 6) **Data collection**
 - a) **Source:** SARA project
 - b) **Method:** Interviews and document review
 - c) **Frequency of collection:** Annual
 - d) **Schedule:** December
 - e) **Responsible position:** SARA Dissemination Manager
- 7) **Verification:** Products in file and documented in annual report

IR 7.3.3

- 1) **Result:** Increase Complementarity of Donor Resources and Expertise
- 2) **Indicator name:** Donor coordination initiatives
- 3) **Definition:** Number of donor coordination activities on key AFR/SD PHN issues. Examples of common activities include:
 - Co-sponsoring of donor coordination meetings
 - Participation in donor coordination working groups
 - Development of multi-donor regional workplans
 - AFR/SD support for multi-donor country workplans

Malaria-specific activities include:

- Joint planning with DfID and other partners for RBM and WHO/AFRO.
 - Participation in donors meetings for WHO/AFRO, RBM, and TDR.
 - Work with USAID missions around donor coordination in-country for malaria.
 - Participation in formal and informal communication links with World Bank, DfID, the EU, GTZ, Italian Aid, and JICA around malaria in Africa.
 - Participation in consultative, review or planning teams of other donors such as World Bank or DfID.
 - Participation in research or technical meetings called by other donors.
- 4) **Unit of measurement:** Number of activities per year
 - 5) **Rationale:** The coordination of donor inputs is essential to the achievement of AFR/SD results in Africa. USAID's comparative advantage in most technical areas is in the provision of technical assistance for program design, planning, implementation, evaluation and operations research. USAID also helps with policy dialogue and the development of technical norms / tools in some technical domains, as well as NGO community-level activities in limited geographic areas. The complementary contributions of other donors are needed to ensure adequate supplies and funding for the local costs of running health services. The contributions of all parties will only be effectively used if consensus exists on policies, strategies, and programming. USAID needs, therefore, to be active at regional, sub-regional, and country levels to ensure that common understandings and frameworks exist for the different technical areas (e.g. EPI, IMCI, Reproductive Health, HIV/AIDS, and Maternal Mortality interventions), as well as for the health systems issues.
 - 6) **Data collection**
 - a) **Source:** AFR/SD reports, CA reports, report from UNICEF, WHO, the World Bank and other donor agencies. Donor and Ministry of Health workplans.

- b) **Method:** Document review.
- c) **Frequency of collection:** Annual.
- d) **Schedule:** December
- e) **Responsible position:** Results Package Team Leaders

7) **Verification:** Comparison of policy statements, policies, and workplans of different donor agencies

Plan for Monitoring People-Level Impact

SO 7 plans to monitor people-level impact by measuring **use of maternal and child health services** or **improved practices**. It is hoped that if the SO 7 recommended policies and strategies are adopted and implemented, we will see changes at the ultimate beneficiary level, the mothers and children in the client countries.

People-Level Indicator #1

- 1) **Result:** Increased use of child and maternal health services.
- 2) **Indicator name:** DPT3 Coverage
- 3) **Definition:** An estimate of the proportion of children between the ages of 12 and 23 months who have been vaccinated with DPT3 before their first birthday.
- 4) **Unit of measurement:** Percent
- 5) **Rationale:** This is a standard, internationally recognized indicator for immunization programs. Since a child has to be taken to the health facilities three times to be vaccinated for DPT3, this is a good indicator of service utilization. It is hoped that increased number of countries implementing multi-year plans that follow WHO/EPI standards (see SO indicator 1), will lead to more children being vaccinated with DPT3 and measure the SO's impact at the people-level.
- 6) **Data collection**
 - a) **Source:** National Health Management Information Systems
 - b) **Method:** Administrative estimates
 - c) **Frequency of collection:** Annual
 - d) **Schedule:** February
 - e) **Responsible position:** EPI Results Package Team Leader
- 7) **Verification:** WHO/AFRO reports

People-Level Indicator #2

- 1) **Result:** Increased use of child and maternal health services.
- 2) **Indicator name:** Treatment of fever (presumptive malaria) among children
- 3) **Definition:** Percentage of children under five years of age with fever who are treated at home with an anti-malarial drug (according to national policy) or brought to a health facility within 48 hours after fever began

Definition of appropriate treatment may depend on national policy or program emphasis. USAID/Malawi, for example, is tracking the percent of children with fever receiving the first-line drug within 48 hours of the onset of fever.

- 4) **Unit of measurement:** Percent
- 5) **Rationale:** The act of treating a child at home or taking him/her to a health facility measures improved behavior on the part of the caretaker. This is a standard agency indicator recommended by an inter-agency working group for all programs that have malaria activities, and is especially relevant for Africa, where 80% of the malaria deaths occur. It is hoped that increased number of countries implementing the malaria control plans that follow recommended guidelines (see SO indicator #3) will lead to behavior change and improved practices at the people-level.
- 6) **Data Collection:**
 - a) **Source:** Demographic and Health Surveys (DHSs)
 - b) **Method:** Household or facility-based survey
 - c) **Frequency of collection:** Every four years
 - d) **Schedule:** March
 - e) **Responsible person:** Malaria Results Package Team Leader

- 7) **Verification:**

People-Level Indicator #3

- 1) **Result:** Increased use of child and maternal health services
- 2) **Indicator name:** Births attended by trained personnel
- 3) **Definition:** Proportion of births attended by trained health personnel.

G/PHN and the Safe Pregnancy Indicators Subcommittee both exclude traditional birth attendants (TBAs), trained or untrained. The Common Indicators Working Group (CIWG) for maternal health indicators defined trained health personnel to include all persons with midwifery skills, including trained auxiliary health personnel/birth attendants, who can manage normal deliveries and diagnose and refer obstetric complications.

- 4) **Unit of measurement:** Percent
- 5) **Rationale:** This indicator is used as a global performance indicator by G/PHN and is also recommended by the Common Indicators Working Group for all agency units with activities addressing maternal health. The indicator measures “use” of maternal health services since the pregnant women seek out the trained health personnel for delivering their babies.
- 6) **Data Collection:**
 - a) **Source:** Population-based surveys.
 - b) **Method:** This indicator is best calculated from a survey, since vital registration systems are lacking in most developing nations. Where health information systems are comprehensive, administrative estimates are also possible based on reported deliveries divided by estimated births.
 - c) **Frequency of collection:** Every four years.
 - d) **Schedule:**
 - e) **Responsible Person:** Maternal Health Results Package Team Leader
- 7) **Verification:** Demographic and Health Survey Reports

Evaluation/Impact Assessments

FY 1997

1) Assessment of AFR/SD Grant to UNICEF, April 1997

The purpose of the assessment was to: 1) measure the progress made in achieving the goals and objectives of the grant; 2) identify factors which facilitated or constrained achievement of grant objectives; and 3) suggest possible future collaborative activities for UNICEF and USAID on improving effectiveness and sustainability of immunization activities in Africa.

The assessment included 1) a desktop audit of grant activities using mutually agreed upon sustainability criteria; 2) country visits to Guinea, Mali, Tanzania and Uganda to assess the impact USAID-UNICEF partnership had had on EPI programs; and 3) a review of findings of the desk audit and field visits. The findings and recommendations are documented in *Desktop Assessment of USAID Grant to UNICEF for EPI in Eighteen Countries in Africa, April 1997*.

2) Mid-Term Assessment of the Sustainable Approaches to Nutrition in Africa (SANA), September 1997

SANA carried out a mid-project assessment in May-August, 1997 to determine whether the project was being implemented to reach its stated objectives and expected outcomes in a way that is consistent with the Bellagio Global Initiative to Address Unmet Training and Research Needs in Nutrition.

SANA hired an external consultant, Dr. F. James Levinson, Nutrition Professor, Tufts University School of Nutrition Science and Policy, to conduct the assessment. The assessment looked into the following questions:

- How well has SANA done in identifying potentially effective means of working with African institutions to achieve its objectives and outcomes?
- How well has SANA implemented the specific activities identified?
- How should SANA focus its attention and efforts for the remaining years of the project?

The assessment methodology included a combination of oral and written communication with project staff and African counterparts, and a thorough review of all project documents. The recommendations from the mid-term review can be found in the report *The Sustainable Approaches to Nutrition in Africa (SANA) Project Mid-Term Review, September 1997*.

FY 1998

1) Assessment of Investments

The SARA Project assessed key SO 7 activities implemented during 1992 – 1998, going back to the pre-Strategic Plan period and the beginning of the Health and Human Resources for Africa (HHRAA) Project. The purpose of the assessment was to: a) identify what had worked to further policy and program improvements; b) describe what lessons were gained from applying the research to policy and program needs; and c) guide future planning within the Bureau.

The 42 activities assessed were a sample of a much larger number of activities supported by AFR/SD through the HHRA Project and SO 7. The assessment represented both large and small activities and ones that have been supported over several years and others that were completed within short periods of time.

The assessment was conducted on the basis of written documentation and interviews with key staff at AFR/SD and implementing agencies and included both inputs and outcomes of activities. The findings are documented in *Assessments of USAID (HHRAA-AFR/SD) Investments in Public Health and Basic Education, 1992 – 1998*.

2) Review of EPI in the African Region, October 1998

The Task Force on Immunization initiated an external review of WHO/AFRO's expanded program on immunization in Africa in April 1998. The purpose of the review was to assess AFRO's capacity to manage and lead its expanded (with polio) program in sub-Saharan Africa. The assessment methodology included desk audits, field visits, and interviews. The findings and recommendations are documented in *Review of EPI in the African Region, October 1998*.

FY 1999

1) USAID/DFID Joint Evaluation of Investments in WHO/AFRO Malaria Unit, July 1999

The purpose of the evaluation is to determine the impact of USAID's investments in WHO/AFRO malaria unit (US\$ 2.7 million over a 6 year period) and DFID's investments (approximately \$US 2 million over 3 years). Evaluation questions to be addressed include:

- Did the inputs into WHO/AFRO accomplish what they were set out to accomplish?
- How has WHO/AFRO been able to provide technical leadership and country support for malaria control?
- How effective have monitoring and evaluation strategies and activities been? Regionally? Nationally?
- How effective was the operational research small grant program?
- What role does AFRO play in national coordination mechanisms?

- What is AFRO's capability to support national malaria programs in antimalarial drug policy development and effective clinical management of malaria?
- What has been the quality and outcome of AFRO support to the development of drug policy at multi-country and national levels?
- What has AFRO's contribution been to the system and network for monitoring drug sensitivity in Africa?
- How has WHO/AFRO contributed to national capability for effective clinical management of malaria using appropriate guidelines?
- What progress has been made on development of a regional strategy for community-based interventions?
- What is the role of inter-country and national consultants including amount and quality of their activities and the level of customer satisfaction?

The evaluation methodology will include a participatory approach by including key partners from USAID, DfID/Malaria Consortium and WHO/AFRO, along with additional technical experts, to aid in the documentation of program outcomes, identification of challenges and objectives not realized, determination of lessons learned and recommendations for future activities. The evaluation methodology will be participatory and will consist of 4 components: 1) independent studies carried out on 3 specific topics (monitoring and evaluation, operations research, and country coordination mechanisms); 2) field visits to countries where WHO/AFRO feels it has been successful and where it has met considerable challenges; 3) review of documents, reports, and health data over the grant period; 4) focus group discussions and strategic exercises with key stake-holders. Documentation will be available from AFR/SD malaria RP team after August 1999.

1) WHO/AFRO and UNICEF Grant Performance on IMCI

Details are being developed.

FY 2000

1) USAID Bureau for Africa HIV/AIDS Program and Portfolio Evaluation

The purpose of this evaluation is to conduct a comprehensive review of USAID mission, REDSO, and USIAD/AFR HIV/AIDS programs and approaches. Such an undertaking has never taken place. Given the spread of the HIV/AIDS epidemic in Africa, its complexity, and the difficulty in containing it, there is a critical need to pause and reflect on:

- What approaches mission have used to prevent and mitigate the epidemic;
- What approaches have been successful;
- Which ones need to be scaled up
- How new advances in HIV/AIDS programming and technology have been incorporated into USAID programs
- What key programming approaches are missing from USAID's programs

The goal of this evaluation is to map out existing programs, to identify how programs can be improved, to identify how programs can be scaled up and the required additional resources, and how to better coordinate USAID's programs with other donor and host country efforts.

The evaluation strategy is to use a participatory approach with USAID missions and officers, as well as with host country and donor representatives. The evaluation will consist of 6 components: 1) country assessments of HIV/AIDS programs (FHI) 2) collection of financial and programmatic data from a variety of sources (UNAIDS, missions, etc) to provide background on programs 3) collection of USAID program information from CSPs, R4s, CNs/TNs, from mission documents, etc 4) field visits to selected countries to further assess innovative programs and obstacles 5) focus group discussions with HIV/AIDS experts and stakeholders in the US and in Africa on what needs to be done, how to overcome obstacles, etc. and 6) identification and dissemination of recommendations to improve USAID programming.

2) USAID/AFR Child Survival Portfolio Review

This evaluation will look closely at the Bureau's child survival portfolio, especially focusing on malnutrition status, immunization coverage and malaria prevention and control. Further details are being developed. Sample countries may be chosen either on a geographic basis or funding level.

FY 2001- 2003

To be determined.

Glossary

- Adoption:** A formal (written) indication that an institution embraces a policy or strategy as part of its mandate.
- Advocacy:** Advocacy consists of different strategies aimed at influencing decision-making at the organizational, local, provincial, national and international levels. OR
- Advocacy is putting a problem on the agenda, providing a solution to that problem, and building support for acting on both the problem and solution.
- Advocacy is an action directed at changing the policies or programs of any type of institutions.
- Approaches:** An approach is the method, plan, or procedure used to accomplish a given task. As such, it is the earliest stage of a process that leads to the development of concrete policies and programs.
- Best Practices:** A practice that can be institutionalized, has measurable results and is practical, feasible and replicable. For example, on-the-job-training (OJT).
- Capacity Building:** A set of activities and actions that assists the receiving institution or individual to enhance their ability, competence, and aptitude to plan, implement, and evaluate programs or policies.
- Case Fatality Rate:** The percentage of the number of persons diagnosed as having a specified disease who die as a result of that illness.
- COPE:** Client Oriented, Provider-Efficient services. It is a self-assessment approach and set of tools designed to manage and improve quality of care in health care delivery sites.
- Financing Strategy:** Strategies that match services/processes within the health system with appropriate financing and management options.
- Cost-Effective:** The **cost** (in monetary terms) of producing a **unit of effect** (such as reduction in diarrhea cases) through some **intervention** (such as a hygiene program). *Environment, Health and People*, EHP Project, Spring 1997
- Efficiency:** This concept refers to the optimal utilization of resources and has the following three dimensions: allocative, technical, and economic. Each dimension is defined below.

Allocative Efficiency: A health system is allocatively efficient when the marginal social benefit of the last unit of service it produces is equal to its marginal social cost. Alternatively stated a system is allocatively efficient if its resources are employed in those areas whose products/services provide relatively higher returns to the goals set by the system. For instance, investments in primary health care are believed to generate higher returns in terms of reduction in morbidity and mortality than investments in curative care. And thus, it would be allocatively more efficient to invest in primary health care than in curative care.

Technical Efficiency: A system is technically efficient when it produces the maximum level of output/service for a given set and level of inputs.

Economic Efficiency: A system is economically efficient when it uses input combinations that permit it to produce a given level of services at least cost.

Effectiveness: A system is effective if it is organized and its resources are arranged in such a way that it achieves its stated objectives. Cost effectiveness refers to the process of achieving a stated objective in the least costly manner.

Enabling Environment: The sum of the conditions necessary to ensure and encourage that policies and strategies can be developed, reviewed, tested, adopted, and evaluated in constructive ways. This includes those conditions and actions that serve to reduce barriers to the review and adoption of policies, as well as those that proactively work to create positive conditions supporting the further evolution of the given policy and/or strategy. It is about an environment (and its component parts) that empowers or permits a policy or strategy to evolve.

Equity It is the degree to which interventions or desired outcomes are distributed according to demonstrable need among geographic areas and various population groups (for example, rural and urban, gender groups, etc.).

Essential Obstetric Care: Essential obstetric care includes surgical obstetrics (caesarian section, hysterectomy, laceration repairs, etc), anesthesia, blood replacement, medical treatment for obstetric problems, manual procedures, monitoring of labor and neonatal special care (thermal regulation, resuscitation, optimal breastfeeding, eye and cord care). EOC includes management of problem pregnancies and referral for such problems as anemia, pre-eclampsia and prolonged labor. EOC also includes early detection and treatment to prevent the progression of problems to avoid emergencies.

Decentralization: A policy and planning process whereby governments redefine the relative placement of authority, budgetary control, responsibility for personnel within the public and private sectors in their nation, as well as to define the roles and responsibilities of each actor. The degree and nature/form of decentralization will vary from country to country. "Rational" decentralization refers to a process which includes thorough planning that considers the positive, negative, and unintended consequences of various alternatives and continues to evaluate the evolution of a given policy and to respond to findings. OR

The process of devolution of planning, management, and evaluation authority and responsibility to lower levels of a system.

Health Care Financing: The array of alternatives (actual and potential) for generating, allocating and managing resources for the health sector, and assessment of each alternative's impact on provider and consumers behavior.

Health Sector Reform: This term refers to any mix (singular or multiple) of reforms undertaken by a nation that affects the organization of, payment for, delivery of, and/or planning/monitoring/evaluation of health services. Reforms can focus on financing of services, technical reforms (how health services are chosen, packaged, and delivered and quality improved), organizational reforms (e.g., decentralization), personnel reform (with the civil service), pharmaceutical reforms, and data monitoring/use. "Health sector" reform is most commonly associated with large scale financing and organizational changes in the system. Reforms aim to change, transform, and ameliorate the status quo.

Integrated Management of Childhood Illnesses: It is a strategy for bringing appropriate, affordable health care within the reach of vulnerable children. It includes a) training health workers in integrated case management guidelines; b) strengthening health systems, and c) promoting healthy behavior and practices within families and communities.

Means-Testing: The process of assessing ability to pay for a given set of goods or services based on income and/or wealth.

Organizational Reform: Those changes proposed that would alter/improve the way in which health services are delivered and by which persons delivering the services are organized. This includes re-definitions of where and who controls decision making about how services are delivered (e.g., decentralization, private sector development, hospital autonomy), how services are bundled

(e.g., integration issues), and how people working in the system relate to one another (e.g., team issues, civil service reform, various roles of different professionals).

Policy: A stated plan or course of action designed to influence and determine decisions, actions, and other matters. Policies can include the delineation of sequencing of events, required inputs, and desired ends.

Program: Programs include any USAID results package activities or discernable country health programs, locally or donor funded.

Quality of Care: Quality of health care services refers to their delivery according to accepted protocols or standards. The elements of the health care system examined to monitor quality are (1) provider performance and (2) support systems (training, supervision, logistics, information systems).

Tool: An instrument that allows program managers or health care providers to better implement their programs.

Strategy: A scheme, inclusive of multiple components, required to implement a policy or a program.

Sustainability: It is the ability of host country entities (community, public and/or private) to assume responsibility for programs and/or outcomes without adversely affecting the ability to maintain or continue program objectives or outcomes.

SO 7 Data Table

Performance Indicators	Baseline		1997		1998		1999		2000		2001		2002		2003		Comments
	Value	Year	Planned	Actual													
SO: Adoption of Policies and Strategies for Increased Sustainability, Quality, Efficiency, and Equity of Health Services																	
1. National Immunization Plans	8	96	12	15	18	27	36		41								Targets adjusted in 1998 because of overachievement
2. IMCI Action Plans	0	97	-	-	3	3	5		7		9		12		15		
3. National Malaria Control Plans	0	97	0	0	0	0	8		12		17		25		30		
4. Nutrition Activities	0	96	4	4	9	9	11		13		14		15		16		
5. Essential Obstetric Care Activities	0	97	-	-	1	1	2		3		4		5		6		
6. Health Care Financing Strategies	0	97	-	-			3		6		9		12		15		
IR 7.1 – Promote Improved Policies and Strategies for Innovative Health Financing and Organizational Reform																	
1. TA to Ministries on Organizational and/or Financing Reform	0	97	-	-	6	6	6		10		12		12		12		
IR 7.1.1 Develop State-of-the-Art Knowledge and Best Practices on Health Care Financing																	
Analytic Products on Health Care Financing							3		1		1		1		1		
IR 7.1.2: Develop State-of-the-Art Knowledge and Best Practices for Decentralizing Health Care Systems and Organizational Reform																	
Analytic Products on Decentralization/ Organizational Reform									1		1		1		1		
IR 7.2 – Promote Improved Policies, Strategies, and Approaches for Child Survival and Maternal Health																	
Advocacy Activities																	
>Provider Performance	0	97	-	-	5	5	5		5		5		5		5		
>CATCH	0	97	-	-	4	4	5		5		5		5		5		
>EPI	0	97	-	-	7	7	7		4		4		4		4		
>Nutrition	0	96	3	3	6	6	4		4		4		4		4		
>Malaria	-	-	-	-	30	30	35		35		40		40		45		
IR 7.2.1 – Develop Improved Policies and Strategies for Areas of Special Importance (expanded program on immunization, malaria, and nutrition).																	

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SO 7 Data Table

Performance Indicators	Baseline		1997		1998		1999		2000		2001		2002		2003		Comments
	Value	Year	Planned	Actual													
1. Quality of Malaria Research Activites	-	-	-	-	100	100	100		100		100		100		100		
2. Formative Research to Improve Nutrition Programs	0	96	3	3	8	8	11		13		14		15		16		
IR 7.2.2 – Develop Effective Approaches for Increasing Health Care Provider Performance at the Facility Level																	
1. Problem-Solving Approaches	0	98	-	-	-	-	2		4		6		8		10		
2. Nursing School Curricula	0	97	-	-	2	2	4		7		10		13		15		
IR 7.2.3 – Develop Effective Approaches for Improving Child Health Care In the Home and the Community																	
Behavior Change Workplans	1	97	-	-	1	1	6				12				18		
IR 7.2.4 Develop Improved Policies, Strategies, and Approaches for Essential Obstetric Care																	
Testing EOC Approaches for Effectiveness	0	98	-	-	-	-	2				3				4		
IR 7.3 – Improve Enabling Environment to Design, Manage, and Evaluate Health Programs																	
Leadership of WHO/AFRO Regionally for Malaria Control					Yes	Yes	Yes										
IR 7.3.1 – Strengthen African Regional and National Capacity to Plan, Manage and Implement Health Programs																	
1. Qualitative Research Training on Community IMCI					50	50			150						300		
2. Nutrition Program Training	0	96	15-25	22	40-60		40-60		40-60		40-60		40-60		40-60		
IR 7.3.2 – Develop Innovative Advocacy Approaches to Increase African Support for Health Reforms																	
Approaches for Advocating Support for Health Programs																	
IR 7.3.3 – Increase Complementarity of Donor Resources and Expertise																	
Donor coordination initiatives																	
> Malaria	-	-	-	-	17	17	25		25		30		30		35		