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Health Sector Indicators for **FRAGILE STATES** USAID's Strategic Framework for Africa

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For additional copies or information, contact:

Support for Analysis and Research in Africa (SARA) Project
Academy for Educational Development
1825 Connecticut Avenue, NW
Washington, DC 20009 USA
Tel: 202-884-8000
Fax: 202-884-8447
E-mail: sara@aed.org
Web: http://sara.aed.org

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This document is a work in progress and will be updated as needed, especially as we gain more experience and knowledge in performance measurement within the fragile state context.

USAID Strategic Framework for Africa
Health Sector Working Group

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ACRONYMS

AFR/SD	Bureau for Africa/Office of Sustainable Development (USAID)
ADS	Automated Directives System
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
DHS	Demographic and Health Surveys
DOTS	Directly Observed Treatment, Short Course (TB)
FS	Fragile States
GBV	Gender-Based Violence
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IPT	Intermittent Presumptive Treatment
ITN	Insecticide-Treated Bednets
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Surveys
MOH	Ministry of Health
OGAC	Office of the Global AIDS Coordinator
ORS	Oral Rehydration Solution/Salts
ORT	Oral Rehydration Therapy
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child HIV Transmission
TDS	Transformational Development States
TB	Tuberculosis
SFA	The Strategic Framework for Africa
SSA	Sub-Saharan Africa
TFR	Total Fertility Rate
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

STRATEGIC FRAMEWORK FOR AFRICA INDICATORS FOR THE HEALTH SECTOR

Fragile States

GOAL FS1: Avert and Resolve Conflict

- Number of health activities jointly held by factions in conflict that facilitate a peace building process

Objective FS1.1: Advance Peace Processes

- There are no relevant health indicators

Objective FS1.2: Reinforce African Conflict-Mitigation Capacity

- There are no relevant health indicators

Objective FS1.3: Enhance Protection of Individuals from Physical Violence

- Gender-based violence (GBV)
  a. The proportion of the population that has heard or received information about GBV prevention
  b. Number of health facilities providing services for victims of GBV
  c. Number of incidences reported on GBV
- Landmine and unexploded ordnace (UXO) injuries
  a. The proportion of the population that have heard or received information about landmine and UXO prevention
  b. Number of health facilities providing services for victims of landmine and UXO
  c. Number of incidences reported on landmine/UXO injuries

GOAL FS2: Manage Crises and Promote Stability, Recovery and Democratic Reform

- Under-five mortality rate
- Global acute malnutrition (weight-for-height)

Objective FS2.1: Reintegration of Persons Affected by Crisis

- Number of orphans and vulnerable children (OVC) receiving direct assistance through USAID programs
- Number of beneficiaries of USAID services for physical rehabilitation or psychosocial counseling

Objective FS2.2: Increase Access to Essential Services by Local and National Institutions

- Number of facilities per 100,000 population providing functional basic health services
- Number of users of facilities providing functional basic health services
- Percentage of households with access to safe drinking water

Objective FS2.3: Advanced Participatory Governance

- Number of health projects/activities in which indigenous committees are involved in the decision-making process

Objective FS2.4: Maintain/restore Basic Economic Activity and Livelihoods

- Economic activity related to the health sector is increased: number of socially marketed commodities sold (ITNs, ORS, condoms etc.)
- Percentage of health facilities under Ministry of Health (MOH) in which salaries are paid regularly (on time) as reported by the government

Transformational Development States

Objective 1: Reduce Transmission and Impact of HIV/AIDS

All indicators follow the *Reporting Guidance for Focus and Non-Focus Countries* from the Office of the Global AIDS Coordinator.

Objective 2: Prevent and Control Infectious Diseases of Major Importance

- TB incidence rate
- Under-five mortality (as a proxy indicator for mortality due to malaria)

Sub-Objectives:

Enhance African capacity to prevent and cure TB.

- TB ss+ case detection
- TB ss+ treatment success rate

Increase availability, quality and use of key prevention and treatment interventions for malaria.

- Appropriate and timely treatment of fever
- Households with at least one insecticide-treated bed net (ITN)
- Proportion of women receiving two or more doses of intermittent presumptive treatment (IPT)

Integrated disease surveillance.

- Proportion of outbreaks confirmed by laboratory results among those reported during the past year

Objective 3: Reduce Child Mortality

- Under-five mortality rate (U5MR)
- Underweight prevalence (weight for age)

Sub-Objectives:

Increase availability, quality and use of key prevention and treatment interventions for pneumonia, diarrhea and vaccine-preventable diseases.

- DPT3 vaccination rate
- Appropriate treatment of pneumonia
- Safe drinking water
- Oral rehydration therapy (ORT) use

Increase coverage of appropriate infant and young child feeding, vitamin A supplementation and other micronutrient interventions to prevent malnutrition.

- Exclusive breastfeeding (under 6 months)
- Appropriate infant and young child feeding (IYCF) practices
- Vitamin A supplementation

Objective 4: Reduce Maternal and Newborn Mortality

- Maternal anemia prevalence
- Neonatal mortality rate

Sub-Objective:

Increase availability, quality and use of antenatal care, skilled care at birth, and postpartum/newborn care.

- Antenatal coverage with 3 or more visits
- Skilled attendance at birth
- Tetanus coverage rate

Objective 5: Improve Reproductive Behavior

- Total fertility rate

Sub-Objectives:

Increase use of family planning services and decrease high-risk reproductive health behaviors.

- Contraceptive prevalence rate
- Birth spacing: percentage of births spaced more than 3 years apart
- Births to young mothers

Promote an enabling family planning environment.

- Contraceptive security: couple-years protection (CYP)
- Number of incidences reported on gender-based violence

Cross-cutting component (health systems capacity, youth involvement, and urbanization).

- Number of health activities which build health systems capacity

BACKGROUND

In 2004, USAID adopted a set of reforms related to its strategic management process, indicating a significant shift in how the Agency conducts strategic planning. The revised Chapter 201 of the Automated Directive Systems lays out the new policies that will enable USAID to connect the broad operational goals outlined in the *Policy Framework for Bilateral Assistance (formerly known as the White Paper)*, with the joint USAID/Department of State Strategic Plan. Specifically, the regional bureaus are now charged with leading the development of strategic frameworks and articulating program priorities for each region and providing clear parameters to guide field and Agency operations in the respective regions. The Strategic Framework for Africa (SFA) establishes country and program priorities on which to base recommendations for Agency funding over a five-year and three-year planning period in transformational development states (TDS) and fragile states (FS), respectively. Selection of these priorities are based on analysis of where USAID resources can have the greatest development impact in support of USG policy objectives in transformational development states and where they can have the greatest impact in reducing fragility and in promoting stability in fragile states in Africa. The framework includes goals and objectives for various sectors and sub-sectors, with specific baselines and targets to monitor overall performance of the SFA.

PURPOSE

This document presents key indicators to monitor the progress and performance of health programs in transformational development and fragile states, as per the SFA. It suggests methods for establishing baselines and for setting targets and discusses the limitations and opportunities in regards to data availability and collection methods.

INTRODUCTION

USAID uses the term Fragile States (FS) to refer generally to a broad range of those states that are on the downward spiral toward crisis, some that are recovering from conflict and crisis, and others that have failed. However, the distinction among these states is not always clear in practice, as FS rarely travel a predictable path of failure and recovery; the labels may mask sub-state and regional conditions (insurgencies, factions, etc.) that could be important contributing factors in conflict and fragility. It is more important to understand how far (and how quickly) a country is moving from or toward stability, rather than it is to categorize a state as failed or not.

The FS framework is built on a long-term vision for Africa's future: **Fewer states in Africa are fragile**. This vision is supported by a medium-term goal: **Democratic practice, non-violent resolution of conflict and equitable economic recovery increase security, political, economic and social stability in sub-Saharan African countries vulnerable to, in and emerging from crisis.**

USAID seeks to promote the conditions necessary for development through the following two operational goals for which progress should be made within three years: **(1) Avert and resolve conflict; and (2) Manage crisis and promote recovery, stabilization and democratic reform.** Each of these operational goals is supported by the following objectives:

Objective 1.1 Advance Peace Processes

Objective 1.2. Reinforce African Conflict-Mitigation Capacity

Objective 1.3. Enhance Protection of Individuals from Physical Violence

Objective 2.1. Reintegrate Persons Affected by Crises

Objective 2.2. Increase Access to Essential Services Provided by Local and National Institutions

Objective 2.3. Advance Inclusive Governance

Objective 2.4. Maintain/Restore Basic Economic Activity and Livelihoods

This section describes the health indicators that contribute to the FS goals and objectives. It discusses the general standards and criteria used for selecting the indicator, rationale, target-setting methods, data sources, and other program monitoring issues

specific to fragile states. The FS indicators are specific to the areas of USAID intervention. Since they are mostly new indicators, baseline data is not yet available.

Selection Criteria for Health Indicators Especially for Fragile States

The following criteria were used to select/develop health indicators for monitoring the goals and objectives of Fragile States:

1. Health initiatives are viewed as catalysts and/or supportive for peace and stability in fragile states;
2. Innovative and practical principles in programming beyond the traditional public health field are required for effective health interventions in fragile states;
3. Improved access, especially equitable access by all segments of the population, contributes to stability and peace;
4. Functional cooperation among health workers and the inclusion of all communities in the health planning and policy process contributes to peace and stability;
5. Documentation and research are essential to building the credibility of the indicators selected for monitoring and evaluation in fragile states.

Fragile States Indicators

Goal FS1: Avert and Resolve Conflict

Description: Health activities can achieve their epidemiological objectives as well as serve as a catalyst around which communities work. These indicators measure how well USAID programs utilize methods that bring communities together, as well as the equity of a basic health service.

Fragile States

GOAL FS1: Avert and Resolve Conflict

Health activities bringing together factions in conflict

Objective FS1.1: Advance Peace Processes

There are no relevant health indicators

Objective FS1.2: Reinforce African Conflict-Mitigation Capacity

There are no relevant health indicators

Objective FS1.3: Enhance protection of individuals from physical violence

1. Gender-based violence (GBV):

   1a: The proportion of the population that has heard or received information about GBV prevention;

   1b: Number of incidences reported on GBV;

   1c: Number of health facilities providing services for victims of GBV.

2. Landmine/unexploded ordnance (UXO) injuries:

   2a: The proportion of the population that have heard or received information about landmine and UXO injury prevention;

   2b. Number of health facilities providing services for victims of landmine and UXO injuries;

   2c. Number of incidences reported on landmine/UXO injuries.

GOAL LEVEL INDICATOR

Fragile States
Goal FS1: Avert and Resolve Conflict
Name of Objective Indicator: Health activities jointly held by factions in conflict that facilitate a peace building process.
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: Number of health activities jointly held by factions in conflict that facilitate a peace building process. Qualifying health activities may include vaccination days, health committees, health facility construction projects, health workshops and seminars, and youth health education programs.
Data Source: Project documents
Method of Calculation: Count of health activities
Unit of Measure: Number
Frequency of Measurement: Annual
Disaggregated by: Regional/district
OTHER
Rationale: Conflict leads to divisions among population groups and a fragmented society. Health activities geared towards facilitating a peace-building process can help resolve, lessen, or contain the spread of hostility between the contending groups. Health initiatives that address peoples' basic health care needs and human rights have the potential of promoting peace across communities. For example, health based activities, such as immunization days, can bring together people from diverse communities and present opportunities to promote peace. Health services provided without discrimination by a group of health professionals from different communities can further contribute to peace and stability. A health activity has a productive purpose and creates a "safe space" where the regular contacts across different groups (e.g., ethnic or religious groups) promote dialogue and may avert or resolve the conflict. The creation of such opportunities that benefit all groups can make these groups more comfortable with each other and create reciprocity. Other activities could focus on bringing together health professionals from different communities to jointly provide health services, or to participate in trainings. This could also create a dialogue that acts as a catalyst in the process towards peace and reconciliation. Local health personnel in conflict situations can be trained in good practices and attitudes that help promote opportunities for peace-building across the communities in which they work. This indicator measures health activities that create opportunities for reducing tensions among groups in conflict zones, so as to avert or resolve conflict.
Strengths: • This indicator measures health activities which can help build peace directly in context where conflicts or other problems occur. • Information is easy to obtain, because the backgrounds of participants in the health activity and the location of the events can be identified.
Limitations: • It is difficult to quantify and attribute specific changes in volatility to the health initiatives (and not to the wider peace process in the country or post-war fatigue felt by the population) as the main contributors of these changes. • It may difficult to monitor cross-community contacts in the context of health activities.

Target Setting Methodology: This is a new indicator, thus no baseline data has been collected. However, existing information, including that obtained from any emergency programs in communities, can help to establish a baseline. In setting targets for this indicator, country complexities should be considered.			
INDICATOR VALUES			
Year	**Target**	**Actual**	**Notes**
Baseline 2002	-	0	This is a new indicator, hence no data has been collected; baselines can be set at 0.
Third Year	-	-	Quantitative and/or qualitative targets can be set, depending on a country's crisis phase.

OBJECTIVE FS1.3: Enhance Protection of Individuals from Physical Violence

Description: Health programs target some vulnerable populations with specific issues related to violence, primarily through health education and referral services. These indicators measure USAID's response to gender-based violence (GBV) and to landmines or unexploded ordnances (UXOs). In tracking progress for this group of indicators, a stepwise cascading method that reflects the different programming levels, and that separates providing assistance from having impact, is used. In this method, the following steps are used for each indicator (GBV and landmines/UXOs):

Step 1: The number of facilities addressing these issues

Step 2: The number of incidences reported

Step 3: The proportion of the population that has heard or received information on each issue

OBJECTIVE LEVEL INDICATORS

Fragile States
Goal FS1: Avert and Resolve Conflict
Objective FS1.3: Enhance protection of individuals from physical violence
Description: These indicators measure USAID's response to gender-based violence (GBV) and landmines or unexploded ordnances (UXOs).
Name of Indicator: Information About Gender-based Violence Prevention
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: Proportion of the population that has heard of or received information on GBV prevention. Information sources may include visual or oral productions, printed materials, radio broadcasts, or theater groups.
Data Source: Program records (which can be qualitative assessments, small surveys and key informant interviews) can be used to establish the size of the target audience, and census data can be used to determine the size of the target population in the catchment area reached by the program specific local and regional media outlets.
Method of Calculation: • Number of people who have heard or received information about GBV prevention / Total population in the target area. x 100
Unit of Measure: Percentage
Frequency of Measurement: Annual
Disaggregated by: Regional/district and sex
OTHER
Rationale: The purpose of this indicator is to capture the awareness about GBV in the community, and program efforts at creating opportunities to enhance individual knowledge about GBV. Specific issues of GBV can occur during conflict and can continue into the post-conflict periods. Consequently, experts in conflict situations have agreed that vulnerable groups, and the communities in which they live, need to be sensitized about the issue of GBV prevention. Some examples of information in GBV prevention messages could include the availability of confidential counseling services and safe places, the rights of victims, sensitization of the devastating effects of GBV, negotiation skills for situations, and information on educational or skill trainings that are available for victims. The indicator measures one aspect of GBV prevention efforts the level of knowledge about GBV prevention in society, which is one part of the process of changing harmful attitudes and promoting individual safety.

Strengths:

- When disaggregated by sex and region, this indicator informs program and policy makers on the ability of GBV prevention messages to reach all groups in a society.
- It can be used for advocacy in creating awareness of GBV.

Limitations:

- Receiving information about GBV prevention is not the same as understanding it and changing behavior accordingly.
- This indicator can only assess the short-term successes of information dissemination.

Target Setting Methodology:

There is little existing data for the baseline. Country program managers could start by establishing output goals before the GBV prevention campaigns begin. The goals may depend on the objectives of the program, advocacy, audience, and prominence of the issue. Different levels of GBV program support or policies exist in different countries. If there is no policy or political support for programs to deliver GBV messages to the public, then programs can begin by seeking political support for starting a program. Where programs exist, data can be collected in a baseline year, and targets set, depending on the baseline and other relevant factors.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline	-	-	The baseline may be set from existing data; if there are no data, baselines can be set at 0.
Third	-	-	Targets can reflect the baseline, local expert opinion and other situational complexities.

Fragile States
Goal FS1: Avert and Resolve Conflict
Objective 1.3: Enhance protection of individuals from physical violence
Description: These indicators measure the USAID response to gender-based violence (GBV) and landmines or unexploded ordnances (UXOs).
Name of Indicator: Gender-based Violence Services
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: The number of health facilities providing services to victims of gender-based violence (GBV). The qualifying services include referral social services and/or health services such as psychosocial counseling, STI treatment, and maternal and reproductive health services.
Data Source: Facility-based surveys, program records on types of services, and Ministry of Health (MOH) records on the number of facilities within a region/district.
Method of Calculation: Count
Unit of Measure: Number of facilities
Frequency of Measurement: Annual
Disaggregated by: Regional/district and rural/urban
OTHER
Rationale: In Fragile States the main purpose of health programs is to increase access to services. Geographic proximity has been used as one of the approaches to reflect the degree of difficulty in reaching or obtaining specialized health services. An increased number of health facilities providing services to gender-based violence victims signifies increased chances of access to services by vulnerable groups, including women and children. It also serves as a good proxy for evaluating gender-based physical violence prevention programs. In the case of fragile states, this indicator measures access to facilities that provide a range of services to gender-based violence victims within a geographic area.
Strengths: • This indicator can be used to help governments and donors to track the progress of improving the GBV services and for advocasy that increae or improves gender-based violence prevention services.
Limitations: • Provides no information about the geographical distribution of the service delivery facilities within the region/district. • An accurate list of health facilities offering GBV services may be hard to obtain. • This indicator measures access to GBV services; it does not measure use of the services.
Target Setting Methodology: Setting targets for this indicator will require an initial facility-based survey to establish the baseline. Targets should reflect the baseline data, the crisis situation in the country, and other factors as listed in the annex.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline 2002	-	-	Some countries already collect information related to this indicator, which can be analyzed to set baselines. However, if there are no data available, specific baselines are set at 0.
Third Year	-	-	Targets can be set based on baseline data, expert opinion, the country's crisis phase, and on other relevant factors.

Fragile States
Goal FS1: Avert and Resolve Conflict
Objective FS1.3: Enhance protection of individuals from physical violence
Description: These indicators measure the USAID response to gender-based violence (GBV) and to landmines or unexploded ordnances (UXOs).
Name of Indicator: Gender-based Violence Incidences
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: The number of all incidences on GBV reported at service delivery points by soldiers, civilians, and other humanitarian groups.
Data Source: Facility-based surveys, program records, surveillance surveys in war zones, personal accounts, small surveys, and key informants.
Method of Calculation: Count; where census data is available, provide the number per 10,000.
Unit of Measure: Number of incidences
Frequency of Measurement: Annual
Disaggregated by: Region/district and sex
OTHER
Rationale: A major rationale for determining the number of GBV victims during and after crisis is to provide an indication of how many of these crimes are committed, their intensity by region, and the ethnic and class composition of the affected population. Knowledge about the numbers and distribution of GBV incidences can provide guidance to health programs for targeting program activities, and can assist in planning the scale-up of intervention efforts. Given that specialized programs are required for GBV victims (such as counseling and STI treatment), knowing where to allocate resources is crucial to address the problem. An increase in GBV incidences among certain ethnic groups may indicate a problem of ethnic cleansing. This indicator is intended to measure the intensity of GBV and the program efforts aimed at increasing an individual's safety from GBV.
Strengths: • Measuring incidence rates from facility data is a relatively simple calculation. • Facility data can be collected frequently and can be easily analysed by program personnel to enable them to make informed decisions on appropriate interventions. • Data collected from the pre- and post-war populations can demonstrate program progress.
Limitations: • Under-reporting due to reluctance of victims to report incidences, or unreliable data collected during times of conflict affect the accuracy of the indicator.
Target Setting Methodology: Clear and robust systems should be established for reporting GBV incidences within both military and civilian populations. However, for countries in crisis, such systems often do not exist. To collect a baseline, count the estimated number of incidences in the baseline year for intervention zones. Targets can then be set based on local opinions and situational complexities.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline 2002			Where no baseline data is available, conduct a baseline survey.
Third Year			Targets can reflect the baseline, local expert opinion and other situational complexities.

Fragile States
Goal FS1: Avert and Resolve Conflict
Objective FS1.3: Enhance protection of individuals from physical violence
Description: These indicators measure the USAID response to gender-based violence (GBV) and to landmines or unexploded ordnances (UXOs).
Name of Indicator: Information About Landmine and UXO Prevention
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: The proportion of the population that has heard or received information about landmine and unexploded ordnance (UXO) prevention. Information sources could be a range of visual or oral productions, including printed materials, radio broadcasts, and theater groups.
Data Source: Population-based surveys; data from health facilities in war zones.
Method of Calculation: • $\frac{\text{\# of people who have heard or received information about landmines/UXO prevention}}{\text{Total population in target area}} \times 100$
Unit of Measure: Percentage
Frequency of Measurement: Annual
Disaggregated by: Region/district, and type of landmine/UXO
OTHER
Rationale: Many countries at war, civil strife, and those in post-conflict situations are contaminated with landmines and UXOs. Increased awareness is linked to improvement in personal safety. Agencies working in these mine-polluted countries can educate people living and working in these areas on how to protect themselves from the risks posed by landmines/UXOs, and thus enhance personal safety. Trainings on landmine/UXO safety precautions could be developed and become an integral part of the occupational health and safety strategies. This indicator measures the effectiveness of prevention and response efforts towards raising awareness about landmine and UXO safety, to prevent or ameliorate their effects on individuals and society. The indicator reflects the magnitude of public awareness campaigns aimed at increasing knowledge about personal safety around landmines and UXOs.
Strengths: • This indicator is a direct measure of personal safety awareness about landmines and UXOs. • For fragile states, the media-coverage on landmines/UXOs can be tracked yearly and across conflict zones. • This indicator gauges the short-term successes of information dissemination tactics and efforts to improve individual safety from landmines/UXOs.
Limitations: • May require special facility or population-based surveys that need additional resources. • Conducting surveys in conflict situations may be difficult or may not be feasible. • Receiving information about landmine/UXO prevention is not the same as understanding it and changing behavior accordingly.
Target Setting Methodology: The target for media coverage should be based on program goals that have been set, the country's conflict phase (i.e. in conflict or post-conflict), and other relevant factors.

INDICATOR VALUES			
Year	**Target**	**Actual**	**Notes**
Baseline 2002	-	-	If awareness programs exist, conduct a baseline survey; if no programs exist, baselines can be set at zero.
Third Year	-	-	Targets can be set based on expert opinion, on the country's crisis phase, and on other relevant factors.

Fragile States
Goal FS1: Avert and Resolve Conflict
Objective FS1.3: Enhance protection of individuals from physical violence
Description: These indicators measure the USAID response to gender-based violence (GBV) and to landmines or unexploded ordnances (UXOs).
Name of Indicator: Landmine and UXO Treatment Services
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: The number of health facilities providing services for victims of landmine and unexploded ordnance (UXO) violence. The qualifying services include rehabilitation and/or health services such as psychosocial counseling.
Data Source: Facility-based surveys, program records on types of services, and Ministry of Health records on the number of facilities within a region/district.
Method of Calculation: Count
Unit of Measure: Number of facilities
Frequency of Measurement: Annual
Disaggregated by: Regional/district and rural/urban
OTHER
Rationale: In fragile states, the main purpose of health programs is to increase access to services. Geographic proximity has been used as one of the approaches to reflect the degree of difficulty in reaching or obtaining specialized health services. This indicator measures access to facilities that provide a range of services to landmine and UXO victims within a geographic area. It also serves as a proxy for evaluating landmine removal efforts.
Strengths: • This indicator can be used to help governments and donors track the progress of improving services to landmine victims.
Limitations: • Provides no information about the geographical distribution of the service delivery facilities within the region/district. • An accurate list of health facilities offering landmine/UXO victim services may be hard to obtain. • This indicator measures access to landmine/UXO victim services; it does not measure use of the services.
Target Setting Methodology: Setting targets for this indicator will require an initial facility-based survey to establish the baseline. Targets should reflect the baseline data, the crisis situation in the country, and other factors as listed in the annex.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline 2002	-	-	Some countries already collect information related to this indicator, which can be analyzed to set baselines. However, if there are no data available, specific baselines are set at 0.
Third Year	-	-	Targets can be set based on baseline data, expert opinion, the country's crisis phase, and on other relevant factors.

Fragile States
Goal FS1: Avert and Resolve Conflict
Objective FS1.3: Enhance protection of individuals from physical violence
Description: Health programs target some vulnerable populations with specific issues related to violence, primarily through health education and referral services. These indicators measure the USAID response to landmines or unexploded ordnances (UXOs).
Name of Indicator: Landmine/UXO Injuries Incidences
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: The number of all incidences of landmine/unexploded ordnance (UXO) injuries reported at service delivery points by soldiers, civilians, and other humanitarian groups.
Data Source: Facility-based surveys, program records, surveillance surveys in war zones, and personal accounts.
Method of Calculation: Count; where census data is available, provide an annual rate per 10,000 people.
Unit of Measure: Number
Frequency of Measurement: Annual
Disaggregated by: Region/district and sex

OTHER

Rationale:

An important rationale for determining the number of landmine/UXO incidences during and after a conflict or war is to provide an indication of the intensity of the problem by region. This information can be used to guide program planning for activities aimed at zones with high incidences and for scale-up of intervention effort. Specialized programs, which include services for counseling, awareness, and rehabilitation, are required for landmine/UXO victims; thus, it is important to know where and how often they occur. This indicator is a measure of the intensity of the landmine/UXO problem that threatens an individual's safety.

Strengths:

- Measuring incidence rates is a simple calculation that allows program personnel to perform their own analyses to guide management decisions.
- Data collected from the pre- and post-war populations can demonstrate program progress.

Limitations:

- The accuracy and reliability of the indicator is affected by underreporting, as many landmines/UXO injuries may not be recorded during armed conflicts.

Target Setting Methodology:

To determine a baseline, count of the number of incidences in the initial year in the conflict zone. Targets can then be set based on expert opinion, political will and security, and crisis phase.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline	-	-	In most cases no baseline data are available; thus, a baseline survey could be conducted.
Third Year	-	-	Targets can be decided by local experts depending on several factors, including political will to address the problem and crisis phase.

Fragile States

GOAL FS2: Manage Crises and Promote Stability, Recovery and Democratic Reform

1. Under-five mortality rate
2. Global acute malnutrition (weight-for-height)

Objective FS2.1: Reintegration of persons affected by crisis

1. Number of orphans and vulnerable children (OVC) receiving direct assistance through USAID programs
2. Number of beneficiaries of USAID services for physical rehabilitation or psychosocial counseling

Objective FS2.2: Increased access to essential services provided by local and national institutions

1. Number of facilities per 100,000 population providing functional basic health services
2. Number of users of facilities providing functional basic health services
3. Percentage of households with access to safe drinking water

Objective FS2.3: Advance participatory governance

1. Number of health projects/activities in which indigenous committees are involved in the decision-making process

Objective FS2.4: Maintain/restore basic economic activity and livelihoods

1. Economic activity related to the health sector is increased: number of socially marketed commodities sold (ITNs, ORS, condoms, etc.)
2. Percentage of health facilities under Ministry of Health (MOH) in which salaries are paid regularly (on time)

Goal FS2: Manage Crises and Promote Stability, Recovery and Democratic Reform

Description: Indicators are intended to be measures of access, use, and equity of health services. Measurements should be disaggregated by wealth quintile, ethnicity, or other groups in conflict where possible. Deteriorating indicators may be a "warning" of destabilization. Improving indicators should be indicative of increased stability.

OBJECTIVE LEVEL INDICATORS

Fragile States
Goal FS2: Manage Crises and Promote Stability, Recovery, and Democratic Reform
Name of Goal Indicator: Under-five Mortality Rate
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: Number of deaths among children under age five in a given year per 1,000 live births in that same year.
Data Source: Estimates based on household surveys data are obtained directly (using birth history, as in DHS) or indirectly (Brass method, as in MICS).
Method of Calculation: • $\frac{\text{Number of deaths among children under age 5 in that specified cohort}}{\text{Total number of children under age 5 in that specified year}} \times 1{,}000$
Unit of Measure: Rate
Frequency of Measurement: Annual
Disaggregated by: Region/district and sex
OTHER
Rationale: Under-five mortality rate (U5MR) is indicative of the health status of a population; relative difference in U5MR can signify disparity in accessibility and unequal distribution of resources across communities. Geographical differences in U5MR may reflect different concentrations of vulnerabilities, which may serve as a warning sign of destabilization. Furthermore, depending on the causes of vulnerability and the phase of the crisis (during and post crisis), disparities in the degree of infrastructure destroyed and in the number of health workers remaining can result in varying U5MR among different groups. This indicator serves as a direct measure of the health status of the population, a reflection of the social, economic and environmental conditions in which children (and others in society) live. Therefore, the under-five mortality rate serves as a proxy for identifying those regions that are more vulnerable than others for targeted interventions aimed at promoting equity among communities.
Strengths: • Measures actual population health status that can be used to identify vulnerable groups in select places for program interventions, especially if the USAID program is not national. • Reliable survey instruments are available (e.g. DHS and MICS), which can provide quality and consistent data for monitoring purposes, and which can be used to evaluate trends over time, towards evaluating the probable impact of intervention programs. • Data on U5MR is more timely and complete than data on adult mortality, to assess the health status of a population.

Limitations:

- Unlike total fertility rate (TFR), U5MR is not a very precise measure of program impact because of the strong influence of other contributing factors, such as economic conditions or food supply.
- In general, the frequency of the demographic surveys occurs every five years.
- Surveys estimating deaths require large samples because incidences are uncommon, and hence render the surveys a costly exercise to be conducted annually or at a program level.

Target Setting Methodology:

Use the DHS datasets for each sub-region to establish the baseline for those countries with data. Regional annual rates of change can be used to estimate targets for countries with only one data point. However, for those countries where U5MR has been increasing, the target should be to halt and reverse the trend. For countries that have shown even slight progress, targets should be based on the observed rates of change or on the expected results, as observed in peer countries. Trend analysis shows that although on average fragile states have lower U5MR than TDS in the region, their rates are increasing by about 1.2 percent per year, while in TDS they are declining. Thus, the target for fragile states can be set using the rate of decline of about 1% per year observed in TDS.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline 2002	-	161.8	Use existing population-based surveys (DHS) for the baseline. Conduct trend analysis to establish the baseline figures for each country.
Third Year	157		The Working Group set targets based on expert opinion and on the observed trend.

Fragile States
Goal FS2: Manage Crises and Promote Stability, Recovery, and Democratic Reform
Name of Goal Indicator: Acute Malnutrition (weight-for-height)
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: The percentage of children under 5 whose Z scores are below minus two standard deviations (-2 SD) from the median of the reference population in terms of weight-for-height.
Data Source: Population-based surveys (national and/or regional), including DHS
Method of Calculation: • $\frac{\text{Number of children under 5 whose Z scores are below minus two standard deviations (-2 SD) from the median of the reference population in terms of weight-for-height}}{\text{Total number of all children under 5 in the target area}} \times 100$
Unit of Measurement: Percentage
Frequency of Measurement: Annual
Disaggregated by: Region/district and sex
OTHER
Rationale: High levels of malnutrition represent failure to receive adequate nutrition in the recent period preceding the survey, or seasonal variations in the food supply, both of which are common-place in countries affected by crisis. Factors that cause malnutrition among children during peacetime, including household food insecurity, insufficient health services, and unsanitary environments, are often exacerbated during conflict. Health initiatives that are geared towards improving the nutritional status of children can be implemented across conflict lines, which will then promote social interaction of different groups and promote stability. Programs can identify subgroups of children in different communities that are at risk of malnutrition and provide their families with assistance including food supplementation. This indicator measures the effects of exposure to the factors that cause malnutrition amongst the regions. Differences in nutritional status among different groups can also serve as a proxy for regional differences in conflict concentration. Improvements in the nutritional status of young children may reflect household, community, and national investments to improve family health, and developments in overall crisis management and stability. In an emergency, the SPHERE indicator of the rate of deaths among children under 5 per 10,000 people per day (U5 deaths/10,000/day) will be used.
Strengths: • This nutritional status indicator is corrected relatively quickly and program progress can be evaluated effectively. • Data only requires weight and height, and may be easier to obtain than are other nutrition indicators which require information on age.
Limitations: • Data may not be available for regions where conflict is intense. • It will be difficult to attribute progress in nutritional status to a specific intervention, given that assistance of food aid programs during emergencies also contributes to the observed outcomes.
Target Setting Methodology: Use trend line from the DHS datasets for each sub-region to establish the baseline. The annual rates of change are then used to estimate the targets for fragile states. However, for countries without DHS or any other comparable data, an initial small survey should be conducted to determine the prevalence of acute malnutrition in the population of children targeted in a base year. Then use annual changes observed in sub-regional/peer countries to set targets for these countries as well.

INDICATOR VALUES			
Year	**Target**	**Actual**	**Notes**
Baseline 2002	-	-	Baseline can be based on trend analysis where possible; otherwise, conduct a baseline survey in the catchment areas.
Third Year	-	-	The working group did not set a target; a target can be based on local expert opinion and on other relevant factors.

OBJECTIVE FS2.1: Reintegration of Persons Affected by Crisis

Description: These indicators measure equitable access of entire populations to basic services, as well as those coming out of the conflict with special needs.

Fragile States
Goal FS2: Manage Crises and Promote Stability, Recovery, and Democratic Reform
Objective: FS2.1: Reintegration of persons affected by crisis
Name of Indicator: Number of beneficiaries of USAID Services for Physical Rehabilitation or Psychosocial Counseling
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: The total number of people affected by conflict who are beneficiaries of USAID-supported health services for physical rehabilitation or psychological counseling. The beneficiaries may include ex-combatants, their families, and others affected by conflict.
Data Source: Facility-based reports and surveys on services provided; program documents.
Method of Calculation: Count
Unit of Measure: Number
Frequency of Measurement: Annual
Disaggregated by: Region/district, sex, and type of services
OTHER
Rationale: Reintegration programs often focus on economic reintegration, providing food, allowances and skill training. Yet, ex-combatants and their families may also require other types of support, including physical rehabilitation or psychosocial counseling to rebuild their lives and to be successfully reintegrated into the community. For ex-combatants, the transition to peacetime can be stressful and difficult, and there is a need for interventions to address the psychological as well as physical transition in order to promote stability. This indicator measures the accessibility and distribution of rehabilitation services that are directly related to the reintegration of persons affected by conflict.
Strengths: • This indicator can be used to help governments and donors track progress made in providing rehabilitation services in the country.
Limitations: • Provides no information about the geographical distribution of the beneficiaries of the service within the region/district. • Requires a health management information system, which countries affected by conflict may not have.
Target Setting Methodology: Conduct a survey to establish the baseline, and then set targets mainly based on the country's conflict phase.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline 2002	-	-	Conduct a baseline survey.
Third Year			Determine targets based on the current baseline levels, the conflict situation, and expert opinion.

Fragile States
Goal FS2: Manage Crises and Promote Stability, Recovery, and Democratic Reform
Objective: FS2.1: Reintegration of persons affected by crisis
Name of Indicator: Number of Orphans and Vulnerable Children (OVC) Receiving Direct Assistance Through USAID Programs
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: The number (direct count) of children aged 0-17 years who have lost one or both parents and those facing unique vulnerabilities such as fear; also the children who are living and working in the streets due to armed conflict and who are receiving direct assistance through USAID programs. Direct assistance refers to the provision of direct (one-on-one) services to the user by USAID and its program implementers.
Data Source: Program documents, household surveys, and special studies.
Method of Calculation: Count
Unit of Measure: Number
Frequency of Measurement: Annual
Disaggregated by: Region/district, rural/urban, and sex
OTHER
Rationale: Many children become orphans and others are made vulnerable due to armed conflict and other societal crises. These effects on children may include fear, trauma, instability, and insecurity; these children may also become child soldiers or sex slaves, or they may face social problems that make it difficult for them to be reintegrated into society. The programs assisting the reintegration of children affected by conflict should identify and build on non-harmful traditional belief systems, social structures and practices, which will, in turn, encourage the development of an integrated society that is less likely to have future conflicts. This indicator measures progress of OVC programs towards increasing access and use of services, a key effort towards building an integrated and stable society.
Strengths: • An important strength is the potential use of this indicator to help governments and donors to track progress in terms of increasing access of OVC services and integrating OVCs into society.
Limitations: • Provides no information about the type of assistance given to specific age groups. • Duration of assistance may vary depending on the stability of these children.
Target Setting Methodology: The Office of the Global Aids Coordinator (OGAC) has set target guidelines, which include factors of the estimated numbers of OVC in the catchment areas, the crisis situation in country, and the level of funding.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline 2002	-	-	Use the information collected annually for OGAC reporting or conduct a baseline survey.
Third Year	-	-	Targets can be set based on current program resources, previous trends of results from comparable programs and expert opinions.

OBJECTIVE FS2.2: Increased Access to Essential Services Provided by Local and National Institutions

Description: These indicators measure geographic coverage, as well as the authority of local government institutions to provide basic health services.

OBJECTIVE LEVEL INDICATORS

Fragile States
Goal FS2: Manage Crises and Promote Stability, Recovery, and Democratic Reform
Objective: FS2.2: Increased access to essential services by local and national institutions
Name of Indicator: Number of Facilities per 100,000 Population Providing Functional Basic Health Services
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: Number of facilities per 100,000 population providing functional basic health services. Functional refers to a reliable and adequate drug supply and adequate numbers of staff trained to provide proper treatment and referral services to higher level services. The facilities may include hospitals, health centers, health posts, and health stations.
Data Source: Ministry of Health data on all facilities providing basic health services; program documents on the service delivery infrastructure; census data on the size of population in the catchment area.
Method of Calculation: • $\frac{\text{Number of facilities providing functional basic health services within a catchment area}}{\text{Total population in a catchment area}} \times 100{,}000$
Unit of Measure: Rate
Frequency of Measurement: Annual
Disaggregated by: Region/district, rural/urban
OTHER
Rationale: Human experiences of conflict, flight, and displacement in war-torn countries introduce factors that program planners must consider as they work towards meeting the objective of increasing access to essential services and in attempting to achieve stability in the all sectors including the protection of health for persons affected by conflict. These factors may include loss of infrastructure and essential services and access to supplies for basic needs. Therefore, in the recovery process, the measurement of physical access of the population to health facilities and staff can be a valuable marker of health system capacity when geographic shifts of population (due to conflict or crisis) have occurred. This indicator measures geographic/physical access of basic health services and gives a crude measure of the density and equality of distribution of functioning health service delivery points in a country. Equity in access to services among communities may help reduce tensions which can lead to conflict.
Strengths: • Advocacy to create awareness of the need for improved service delivery is useful. • This indicator can be used to help governments and donors track progress in terms of improving the service delivery environment for the country. • The indicator gives a ratio of service delivery points per population.

Limitations:

- Provides no information about the geographical distribution of the service delivery facilities within the region/district.
- Governments may not have an accurate list of functional health facilities offering health services (as service points may exist on paper, but not at the actual field site), especially in conflict-torn countries.
- This indicator can only measure the availability of facilities providing services and does measure service use.

Target Setting Methodology:

The objective set for this indicator is increased physical accessibility, which is unlikely to occur for all communities in the short-term. Set targets that represent improvement based on the conflict situation in the country, and on other relevant factors.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline 2002	-	-	Conduct a baseline survey.
Third Year	-	-	Determine targets based on the current baseline levels, the conflict situation, and expert opinion.

Fragile States
Goal FS2: Manage Crises and Promote Stability, Recovery, and Democratic Reform
Objective FS2.2: Increased access to essential services by local and national institutions
Name of Indicator: Number of Users of Facilities Providing Functional Basic Health Services
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: Total number of users of facilities providing functional basic health services disaggregated by economic status, sex, conflict populations, youth, and/or IDP/returnee/stable where possible. Functional refers to a reliable and adequate drug supply and adequate numbers of staff trained to provide proper treatment.
Data Source: Facility based surveys, Ministry of Health or program documents on the service delivery infrastructure, and census data on population size in the catchment area.
Method of Calculation: Count
Unit of Measure: Number
Frequency of Measurement: Annual
Disaggregated by: Region/district, rural/urban, socioeconomic status, conflict populations, youth, sex, and/or IDP/returnee/stable.
OTHER
Rationale: Health facilities are often destroyed during conflict, and other security threats can leave routine basic health services unavailable. However, in post-conflict situations, programs should work towards improving service delivery systems, including re-activating any existing public or private clinics and staffing them, so as to be able to provide routine services. This indicator measures progress towards increasing access and use of basic health services and provides a broad sense of government commitment to improve access to health care to all populations, which will contribute to increasing stability.
Strengths: • When disaggregated, data on access to services by population sub-groups can be especially useful for program management.
Limitations: • While it may measure the accessibility to services among the general population, it may not reflect accessibility of these services to particular populations in need. • The indicator does not measure the scope of health service delivery in terms of geographical distribution, referral systems, transport or cultural and economic accessibility issues.
Target Setting Methodology: Conduct an initial facility-based survey to establish the baseline. Then, depending on the country's conflict phase, set realistic targets for the catchment areas.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline 2002	-	-	Conduct a baseline survey.
Third Year	-	-	Determine targets based on the current baseline levels and experts knowledge.

Fragile States
Goal FS2: Manage Crises and Promote Stability, Recovery, and Democratic Reform
Objective FS2.2: Increased access to essential services by local and national institutions
Name of Indicator: Access to Safe Drinking Water
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: The proportion of households/population with access to safe drinking water (including piped water and water from protected springs, boreholes, and sanitary wells, as well as adequate household storage and, if necessary, disinfection).
Data Source: Household surveys
Method of Calculation: • $\frac{\text{Number of households that have access to safe drinking water in the catchment area}}{\text{Total number of households in the catchment area}} \times 100$ The total population with access to safe water is calculated by multiplying the number of households with access to clean water by the average household size.
Unit of Measure: Percentage
Frequency of Measurement: Annual
Disaggregated by: Region/district
OTHER
Rationale: To rehabilitate communities affected by conflict, it is crucial that measures be taken immediately after the cessation of the conflict to restore or establish humanitarian infrastructure at the local level. During conflict, water and sanitation systems may become dysfunctional because of structural damage, a lack of maintenance, or a dwindling numbers of professional operating personnel. Developing specific health initiatives in the rehabilitation process that help leaders identify key issues, or that involve local people, can inspire the community to strive for a better tomorrow. Partnerships created during the implementation of rehabilitation projects can improve the sustainability of these projects and facilitate stability in the community. This indicator can be referred to as a "community indicator" which reflects the economic, environmental, and social situation of the area, in addition to its exposure to infectious diseases. It is a measure of the effects of program efforts to ensure adequate and equal distribution of services across neighborhoods. This indicator is also an Agency Common Indicator.
Strengths: • Provides a direct measure of populations for targeted intervention. • It is easy to estimate and obtain data, since households are surveyed and not individuals.
Limitations: • It may be difficult to count households during times of conflict or crisis.
Target Setting Methodology: To establish a baseline, use existing household data from various sources or collect new baseline data from the population in the target community. Targets can be based on local opinion and program resources. Surveys may be able to collect statements from the local populations to determine what they define as suitable access to clean water, in order to help guide program planning.

INDICATOR VALUES			
Year	**Target**	**Actual**	**Notes**
Baseline 2002	-	-	Use existing household data or collect new baseline data.
Third Year	-	-	Determine targets based on the current baseline levels and on experts knowledge.

OBJECTIVE FS2.3: Advance Participatory Governance

OBJECTIVE LEVEL INDICATOR

Fragile States
Goal FS2: Manage Crises and Promote Stability, Recovery, and Democratic Reform
Objective FS2.3: Advance Participatory Governance
Description: The following indicators are applicable to states going into, or coming out of crisis, and not to states in crisis.
Name of Indicator: Community Involvement in Decision-making
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: Number of health projects/activities in which indigenous committees are involved in the decision-making process. Civil society embraces institutionalized groups such as religious organizations, trade unions, and co-operatives; local organizations such as community associations, sports groups, NGOs, and credit societies; and other social movements and networks.
Data Source: Project records; project surveys; press reports; focus group interviews.
Method of calculation: Count
Unit of Measure: Number
Frequency of Measurement: Annual
Disaggregated by: Region/district, and rural/urban
OTHER
Rationale: The inclusion of local people in health planning and policy decision-making processes on health issues that affect them brings reconciliation and creates a cohesive society which will contribute to the overall goal of peace and stability. Local participation also ensures that multiple perspectives and complexities are fully captured in the project implementation stage. Indeed, in pre- and post-conflict situations, people are often divided across community lines, and the process of building on local skills and knowledge, rather than replacing it or giving hand-outs, can lead to sustainable change. This is because it ensures that the action and change is relevant to the needs and priorities of local people, ensuring trust and rapport across communities, and between implementers and locals. Hence, a health care initiative that promotes a participatory approach by direct involvement of indigenous communities will facilitate the management of change in crisis situations and will foster collaboration in problem solving among stakeholders for sustainability. Furthermore, involving local people in decision-making regarding their healthcare delivery decisions brings reconciliation and contributes to stability and to the long-term goals of development. This indicator captures progress towards equality and democratic management structures in a country. Local participation in the decision-making process provides indigenous people with opportunities to disagree with the policies of the central government or of the dominant group. This indicator also signifies transparency in government. Allowing the local population to participate in health policy decisions gives them a sense of ownership in solving their own problems and also facilitates respect for their government. It therefore reflects the receptiveness of the government to work with community groups and adds to the legitimacy of government institutions.
Strengths: • The indicator aims to directly take account of civil society, as well as of decentralized policy decision making.
Limitations: • Participatory evaluation is extremely demanding of stakeholders' time and resources. • The level of real civil society participation may be difficult to confirm. • Attendance records of policy committees may need to be consulted.

Target Setting Methodology:
Baseline data may not be available to assist in developing targets. Hence, establish a baseline year for the program for each set objective against which targets are determined. The targets should be practical and must be based on expert judgments or on some rationale drawn from existing conditions. A baseline survey can also be conducted on a sample of existing health projects to determine how many of them have involved local peoples' participation in their decision-making process. The targets then can be set depending on the baseline level. For example, if few projects have happened prior to the baseline year then targets may be modest. Once events start to occur, targets should be set progressively higher. The information can be disaggregated by region/district or rural urban residence.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline 2002	-	-	Use existing data or conduct a baseline survey.
Third Year	-	-	To be determined in each country and taking into consideration the current baseline levels.

OBJECTIVE FS2.4: Maintain/Restore Basic Economic Activity and Livelihoods

Description: Indicators are intended to measure the sales of basic health commodities, and the relation of the health sector to employment and the viability of the economy. While this objective focuses on recovery after conflict, these indicators can also measure the stability of countries vulnerable to conflict.

Many international organizations responding to emergency situations in conflict countries have been involved in dealing not just with immediate, but also with the long term consequences of war. The impact of a crisis in society goes beyond the immediate health effects. The economic and social systems are disrupted, famine and epidemics may follow, and resources are diverted to military rather than to health goals – all of which make war a public health problem. Hence, any steps taken towards re-building the economy should include reestablishing the social systems, including the health sector. The indicators presented below are used as proxy measures to basic economic restoration through the re-building of the social systems in conflict and post-conflict situations.

OBJECTIVE LEVEL INDICATORS

Fragile States
Goal FS2: Manage Crises and Promote Stability, Recovery, and Democratic Reform
Objective FS2.4: Maintain/Restore Basic Economic Activity and Livelihoods
Name of Indicator: Sales of Socially Marketed Commodities
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: Percentage increase in the number of socially marketed commodities sold in that year. The increased number of insecticide treated bednets (ITNs), oral rehydration solutions (ORS), condoms, and contraceptives are examples of the qualifying economic activities related to the health sector.
Data Source: Records of social marketing programs
Method of calculation: • $\frac{\text{Total number of commodities sold in catchment area in a given year}}{\text{Previous year's total number of commodities sold in catchment area}} \times 100$
Unit of Measure: Percentage increase of ITNs, ORS, condoms or contraceptives
Frequency of Measurement: Annual
Disaggregated by: Region/district
OTHER
Rationale: Economic and social systems are often disrupted during conflict, mainly because economic resources are diverted from social services, including health, to military needs. The general health service delivery disruption is often accompanied by reductions in health care expenditure (Kalipeni 1998; Cliff 1993). However, as countries gain stability, people start to participate in economic activities, including purchases of health care needs and other services, such as HIV and malaria prevention. Consequently, sales of ITNs, condoms and other socially marketed items increase. This indicator signifies the restoration of the economic activities related to the health sector. It is also indicative of the ability of the people affected by conflict to pay for their health needs, which is partly a reflection of the ability to earn a livelihood. Disparities across regions/districts/communities within the country also signify the differences in the economic activities in the health sector, according to conflict status.
Strengths: • Spending on health commodities is directly linked to the objective of restored economic activity and livelihoods.

Limitations:

- Social marketing products tend to be purchased by individuals with higher socio-economic means.
- Only reflects a small segment of health activity.
- Sales of commodities do not reflect use.

Target Setting Methodology:

Social marketing programs may have performance data and growth targets. Baselines should be established if data is available, and a market analysis or local expert opinion can be examined as to what increases are feasible.

INDICATOR VALUES

Year	Target	Actual	Notes
Baseline 2002	-	-	Establish the baseline.
Third Year	-	-	To be determined in each country, taking into consideration the baseline levels.

Fragile States
Goal FS2: Manage Crises and Promote Stability, Recovery, and Democratic Reform
Objective FS2.4: Maintain/Restore Basic Economic Activity and Livelihoods
Name of Indicator: Salaries Paid Regularly (on time)
Geographic Focus: Fragile States
DESCRIPTION
Precise Definition: Percentage of health facilities under the Ministry of Health (MOH) in which salaries are paid regularly (on time according to specific country payment schedule). Usually refers to monthly payments.
Data Source: Surveys of public health institutions; government records; key informant interviews.
Method of calculation: • $\frac{\text{Number of government health facilities where salaries are regularly paid}}{\text{Total number of government health facilities}} \times 100$
Unit of Measure: Percentage
Frequency of Measurement: Annual
Disaggregated by: Region/district, and rural/urban
OTHER
Rationale: In conflict situations, health facilities' supplies are destroyed and payment of personnel salaries is often interrupted. When countries have undergone the loss of physical and human infrastructure, it is often possible to promote the rebuilding of those sectors through the training and employment of health personnel and the regular payment of their salaries. Through regular provision of salaries, people will have a sense of control in their livelihood and will be able to start meeting their basic needs. Regular payment of salaries also reflects government stability and commitment and the ability to make the payments, and can reflect a return to normalcy. This indicator measures the efforts made by the government to support its health care providers by making reliable salary payments, which enables them to purchase basic needs and can provide a measure of the government's level of stability. This also contributes to the restoration of economic activities in populations affected by conflict.
Strengths: • This measures one component of the livelihood of public sector health workers.
Limitations: • Data may be difficult to obtain and the accuracy of the indicator is affected by the reliability of the reporting.
Target Setting Methodology: The ultimate goal is for all staff to be paid regularly (100 percent). However, local conditions will dictate what may be possible. Missions may wish to consult or negotiate targets with the host country.
INDICATOR VALUES

Year	Target	Actual	Notes
Baseline 2002	-	-	Conduct a sample survey to determine baseline.
Third Year	-	-	To be determined in each country, based on expert opinions.

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Annexes

ANNEX I: General Indicator Target Setting Criteria

Any one or a combination, of the following should be considered when setting targets for indicators in general:

1. The expected level of USAID and other donor funding in the program areas, and types of input interventions supported.
2. USAID expectations of program-specific benchmarks and progress.
3. A country's political commitment to promoting health for its people.
4. Lessons learned from the previous year's targets and past trend data.
5. Achievements in other peer countries within the region that have similar characteristics. The country's geographic location within the region (Eastern, Western, or Southern Africa) and population size are used to define a peer country.
6. Health status disparities within the country and across countries.
7. Judgments of program implementers and technical area experts.
8. The phase of the crisis (during or post-conflict, or failed state) and vulnerability levels.
9. The available human capacity.

ANNEX II: Notes on Data Quality

Data Quality Challenges with Surveys

For all surveys, the following challenges may be relevant:

- Validity: The survey may not adequately represent the intended population because of design flaws, sampling errors, or bias.
- Integrity: The data may have been manipulated in design, collection, or analysis phases for personal or political gain. Have certain subpopulations been deliberately underrepresented ?
- Precision: The data are not sufficiently precise to determine whether the reported change represents change in the population, or just "noise" in the data.
- Timeliness: The data are not available frequently enough to inform USAID's decision points, or the data are not current enough to measure recent changes.

Data Quality Challenges with Other Government Documents

- Validity: Written procedures do not match behavior.
- Precision: Documentation is not detailed enough.

Data Quality Challenges with Facility and Service Statistics

- Integrity: Records have been manipulated.
- Validity and Reliability: Incomplete coverage/reporting or some data have been entered incorrectly.

Data Quality Challenges with Assessments of Providers and Services

- Validity: Failure to use consistent definitions/terms or objective evaluation criteria; Potential for different types of bias (e.g., in a self-rating instrument, the rater might tend toward higher ratings).
- Reliability: Changing definitions/terms/evaluation criteria over time.

ANNEX III: List of Country Classifications

Draft, Subject to Revision, For Internal Use Only

Country Programs Aimed at Transformational Development	Country Programs Addressing Fragility	Country Programs Dominated by Foreign Policy Concerns
Benin	Angola	Djibouti
Botswana	Burundi	Nigeria
Burkina Faso	Central African Republic	
Cameroon	Chad	
Cape Verde	Democratic Republic of Congo	
Equatorial Guinea	Congo	
Gambia	Cote d'Ivoire	
Ghana	Eritrea	
Guinea-Bissau	Ethiopia	
Kenya	Guinea	
Lesotho	Liberia	
Madagascar	Rwanda	
Malawi	Sierra Leone	
Mali	Somalia	
Mauritania	Sudan	
Mozambique	Togo	
Namibia	Uganda	
Niger	Zimbabwe	
Rwanda		
Sao Tome and Principe		
Senegal		
South Africa		
Swaziland		
Tanzania		
Uganda		
Zambia		

U. S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523
Tel: (202) 712-0000
Fax: (202) 216-3524
www.usaid.gov