



USAID
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WEST BANK/GAZA

PERFORMANCE MONITORING PLAN

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT (THE FLAGSHIP PROJECT)

Contract No. 294-C-00-08-00225-00

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ACRONYMS

CBO	Community-Based Organization
Geo-MIS	Geographic Management Information System
IR	Intermediate Result
M&E	Monitoring and Evaluation
MIS	Management Information System
MoH	Ministry of Health
NGO	Non-Governmental Organization
PA	Palestinian Authority
PMP	Performance Monitoring Plan
USAID	United States Agency for Development
USD	United States Dollar
USG	United States Government

A. Introduction

The purpose of this Performance Monitoring Plan (PMP) is to inform and guide the project team and project stakeholders in collecting and managing high-quality performance information and using it for project management and communications of interim and life-of-project results.

The Palestinian Health Sector Reform and Development Project (the Flagship Project) seeks to strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in the Palestinian Authority's (PA) Ministry of Health (MoH). To support this goal, the Flagship Project works in three component areas: 1) health sector management and reform; 2) clinical and community-based health; and 3) procurement of essential commodities to help achieve USAID development objectives in health and humanitarian assistance. This project will be implemented from September 2008 through September 2013.

Capacity strengthening is a central aspect of this project, and as such, the Flagship Project is using a participatory, locally led approach to implementation. We are supporting our local counterparts in prioritizing their needs and in the development and implementation of institutional development work plans. In all project activities, we are striving to support our partners in a leading role and ensure their buy-in and ownership in the process.

B. Project Results Framework

The Flagship Project results framework, presented in Exhibit I, represents our strategy to achieve the project goal. We will use this framework as a planning, communication, and management tool. It conveys the development hypothesis implicit in our approach to achieving our results, as well as the cause-effect relationships between intermediate results (IRs), project objectives, and the goal.

To achieve the project goal, we are working to achieve three project objectives: improved governance and management practices in the Palestinian health sector (Contract Objective 1.1); improved quality of essential clinical and community-based health services (Contract Objectives 2.1 and 2.2); and increased availability of essential commodities to help achieve USAID development objectives in health and humanitarian assistance (Contract Objective 3.1). To reach of these objectives, we have designed activities to achieve intermediate results in each component. For example, under Objective 1, we are working to strengthen the capacity of MoH to implement reforms needed for improved quality, sustainability, and equity in the Palestinian health sector (IR 1.1) and to strengthen the capacity of NGOs to manage quality health care services (IR 1.2). Similarly, to achieve Objective 2, we are focusing on strengthening capacity of health institutions to deliver quality clinical services (IR 2.1), strengthening capacity of health institutions to provide effective outreach

services in partnership with local community (IR 2.2), and strengthening capacity of health institutions to effectively use communication strategies (IR 2.3).

Collectively, the results in the framework were designed to capture the outputs and outcomes of the tasks and deliverables outlined in the project contract. Additionally, as demonstrated in Exhibit I, the project stretches across three program elements of the F Program Hierarchy for Budgeting and Reporting; specifically, Other Public Health Threats (3.1.5), Maternal and Child Health (3.1.6), Nutrition (3.1.9), and Humanitarian Assistance and Recovery (5.1.2).

C. Approach to Monitoring, Evaluation, Analysis, and Communication

Monitoring and evaluation plays a critical role in understanding, demonstrating, and communicating the results of the Flagship Project and in guiding the management of the contract. It is an essential tool for USAID and project management to make informed decisions. The Flagship Project is a high profile project for USAID/West Bank and Gaza and we fully appreciate the need to show measurable and significant improvements in the Palestinian health system by the project's end. In order to ensure successful outcomes, we are using our M&E system as a management tool to monitor the progress of our planned activities and to serve as an early warning system to alert our team of activities that are not progressing as planned or that are not having the intended result. In this way, our team will be using analysis of M&E data to strategically guide project decision-making and resource allocation.¹

Accordingly, our approach to M&E is guided by the following principles:

Results-oriented. The results framework depicts the project's causal model and is the foundation of our M&E plan. Each of our indicators is linked to a specific result.

Participatory. Performance management is most effective when it involves the entire project team and relevant stakeholders. Technical staff members were involved in the design of the M&E plan, and will be involved in data collection, interpretation, and utilization of M&E data in program implementation. Since they are in direct contact with our partners and data sources, they are well placed to collect, verify, and analyze M&E data, both to contribute to results reporting and program management.

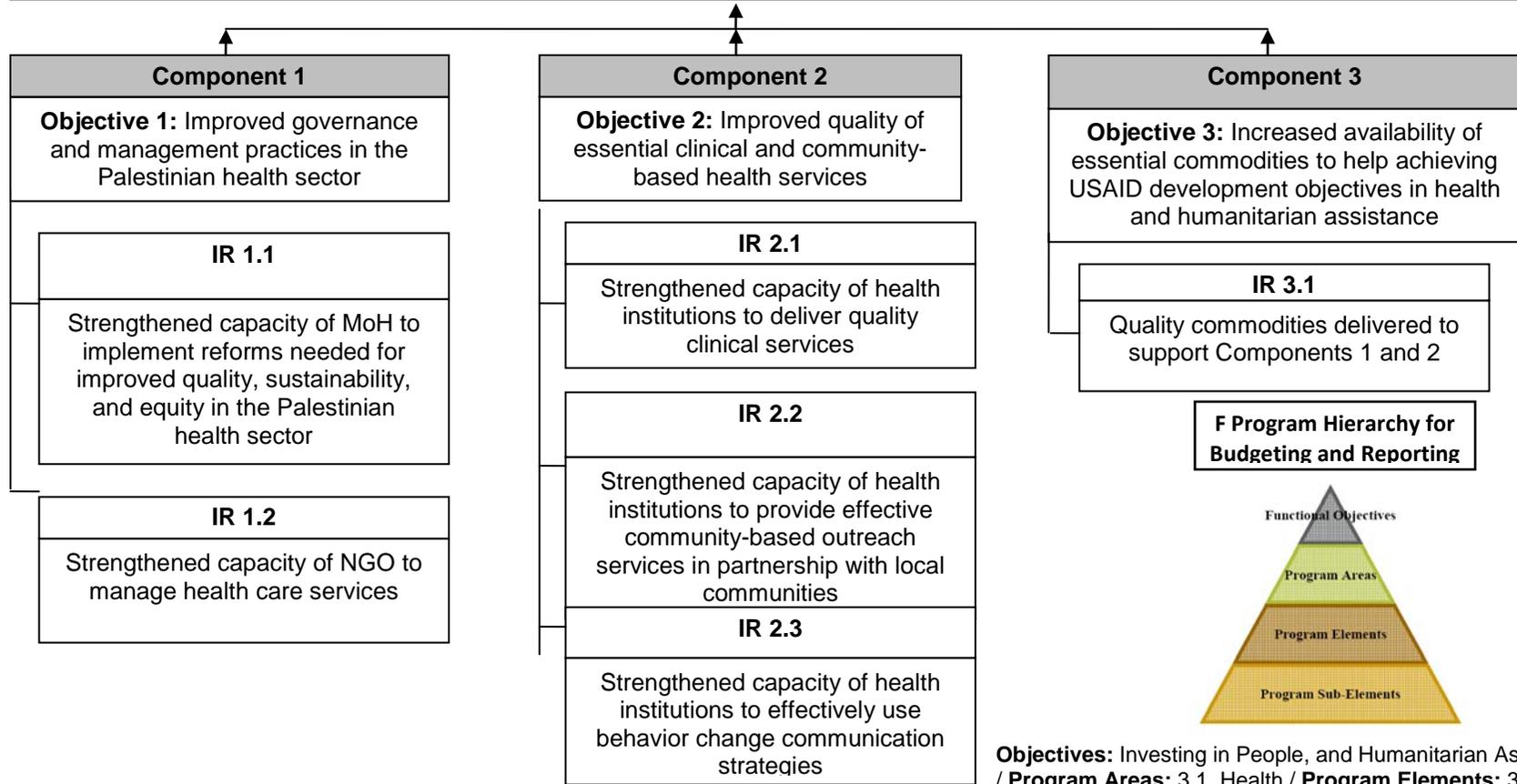
In line with the larger reform goals, strengthening the capacity of the MoH and partners NGOs to collect, analyze, and use M&E information for decision-making is a key goal of the Flagship Project. The MoH highlighted the need to increase its monitoring and evaluation capacity as a priority during consultative meetings with the Flagship Project, and in the health system needs assessment conducted in October

¹ The PMP is utilized as an internal planning mechanism across the Flagship Project. (For instance, the indicators are integrated into the Annual Implementation Plan, with all work plan activities linked to one or more approved indicators and into the Project's web-based project planning and management system (the Mission-approved AIDProject), which will be rolled out within the project and the Mission in February 2010. The Project also draws upon the Geo-MIS and TraiNet for internal review and external communications of performance and results. As a result of this project-wide integration, the PMP indicators, Geo-MIS, and TraiNet are key elements of programmatic review and planning.

and November, 2008. As a result, the Flagship Project adopted a participatory approach by involving its key stakeholders in developing its performance indicators. Capacity-strengthening will continue through the active involvement of the MoH and partner NGOs in the implementation of the M&E plan, especially data collection, analysis, and information dissemination. They will also play a critical role in ensuring data quality. Furthermore, the Flagship Project is working with counterparts at the MoH and partner NGOs to foster decision-making based on analytical data produced through the Project M&E. For instance, the Flagship Project is facilitating the use of data collected by the Project and its partners at the community and facility level to inform decentralized decision-making (i.e., allocation of MoH primary health care resources by local MoH directorates). As such, implementation of the Flagship Project M&E plan will also serve as capacity strengthening for the MoH and its partners in its monitoring and evaluation capabilities. *(For further detail, see Section H below.)* As detailed in Annex B: Indicator Reference Sheets, for relevant indicators, data collection will be conducted by MoH staff with support from Flagship Project staff. Similarly, NGO staff will conduct data collection for those indicators relevant to NGOs.

Exhibit I: Flagship Project Results Framework

Flagship Project Goal
Strengthened institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in the Palestinian Authority's MoH



Objectives: Investing in People, and Humanitarian Assistance / **Program Areas:** 3.1. Health / **Program Elements:** 3.1.5 Other Public Health; 3.1.6 Maternal & Child Health; 3.1.9 Nutrition; 5.1.2 Humanitarian Assistance/Emergency Supplies

Efficient and effective. We have streamlined our systems of measurement so that we are collecting and reporting on the information that is most directly useful for performance management and meets USAID's reporting needs. We have sought to decrease the management burden and cost while meeting our information needs.

We recognize that communications plays a vital role in performance management and decision making. In communicating the Flagship Project's results, we are seeking to share information in a transparent manner that will advance learning and accurately demonstrate the project's results. We are communicating project results as jointly achieved by USAID and Palestinian health institutions and sharing performance information with local partners. We are also carefully communicating limitations in data quality and communicating achievements and attributing results accurately.

D. Critical Assumptions

In designing the Flagship Project M&E system, we focused on indicators within the manageable interest of the project. This approach allows us to measure results that can be attributed to the project. The project's ability to demonstrate improvement in these measures relies on the following basic assumptions:

The development partnership with the PA will remain intact. To achieve our project objectives, we assume that the current development partnership with the PA will remain in place and operational.

Flagship Project will identify appropriate partners meeting USAID anti-terrorism criteria. The project must fully comply with USAID/West Bank and Gaza's Mission Order 21 and anti-terrorism procedures referenced in Section H.22 of our contract, which include vetting of all potential partners and grantees. To accomplish our objectives, we assume that we will be able to identify an appropriate quantity and quality of local organizations that meet the necessary criteria.

The security situation remains stable. The current operating environment is challenging, with transportation restrictions on project personnel and vehicles. Our ability to achieve project results depends on the relative stability of the situation. Should the situation worsen to include sustained periods of fighting, checkpoint closures, or other indicators of a fragile security situation, the project may consider revisions to indicators, targets, or results.

The MoH and partner NGOs will remain committed to reform. To achieve our expected results, we assume that the MoH and partner NGO staff will continue to champion reform; invite ideas for reformed laws, policies, procedures, and protocols from the project; and work collaboratively to implement them.

E. Monitoring and Evaluation System Design

The detailed design of the M&E system is laid out in the indicator reference sheets in Annex B. These sheets spell out the precise definition of each indicator, management utility of tracking the information, unit of measure, method of acquisition, frequency of collection, data source, and project staff member responsible for collecting the

data. By specifying each indicator in detail, we can help to ensure that data are handled consistently throughout the life of the project.

E1. Overview of Indicators, Baselines, and Targets

We have identified life-of-project indicators for each result in the results framework and they are listed in Annex A: Summary Table of Indicators. (Definitions of the indicators can be found in Annex B: Indicators Reference Sheet and linkages between the impact indicator (Indicator 1) and the output/outcome indicators (Indicators 2-21) can be found in Annex C.) The indicators are designed to track implementation of activities against targets, capture project outcomes for learning and communications, and contribute to USAID's performance management and reporting needs. Additionally, we selected indicators that measure results at the project level. We anticipate that the institutional development work plans will include lower-level output indicators and/or milestones to monitor progress within each institution, and these measures will be linked to the project-level indicators and results framework. Moreover, for the grant activities, we anticipate that grantee monitoring and evaluation will include indicators to monitor progress under the grant. These measures will be linked to common grant program indicators that will be identified once grantee M&E plans are designed.

To provide the comprehensive coverage needed for project progress review, troubleshooting, and management, the M&E system will track three main types of performance indicators: *output*, *outcome*, and *impact*. Output indicators track the immediate products and deliverables of the project and provide feedback to managers on project performance to identify areas where implementation strategies may need to be adjusted. Outcome indicators measure the effects, or results, of project outputs, at the project objective level of the results framework. The impact indicator measures the long-term effect of the Flagship Project on the institutional capacities and performance of the Palestinian health sector.

USAID operational indicators. In line with the United States Government (USG) Foreign Assistance Framework and associated operational planning and reporting procedures, we have included two standard indicators from both 3.1.5 and 3.1.6 (which are exactly the same indicators for both sources/elements), and two customized indicators, one from 5.1.2 and the other from both 3.1.5 and 3.1.6, which are listed below and clearly identified in Annex A.

- **Indicator #3:** Number of institutions that have used USG-assisted Management Information System (MIS) information to inform administration/management decisions (*from 3.1.5 and 3.1.6*).
- **Indicator #6:** Number of improvements to laws, policies, regulations, or guidelines related to improved access to and use of health services drafted with USG support (*from 3.1.5 and 3.1.6*).
- **Indicator #21:** Number of professionals trained in technical and management areas (*customized from 3.1.5 and 3.1.6*). (This is customized and will be disaggregated to cover two standard indicators: #21: "Number of people trained in M&E" and #21.1: "Number of medical and para-medical practitioners trained in evidence based clinical guidelines".)
- **Indicator #19:** Value (in USD) of procured commodities delivered, disaggregated by type of commodity, including humanitarian assistance/emergency supplies (*customized from 5.1.2*).

Disaggregation. Where appropriate, indicator data will be disaggregated by geographic location, gender, specialization (for instance, doctor, nurse, or administrator), type of facility, target institution, and other criteria. This allows us to analyze project results within these various groups and to match USAID Geo-MIS and operational reporting formats.

Baselines and targets. For most of the indicators, baseline data are indicated in Annex A. The M&E team will be working with partners in collecting data not only for the use of the project but also as part of the capacity building that the project is providing to its partners to strengthen their M&E skills. In setting targets, we have considered available baseline and historical data as well as the planned project activities. We have set ambitious yet realistic annual and life-of-project targets, which will be reviewed each year along with the review of the M&E plan. Any adjustments will be made based on discussions with USAID.

In order to establish the most meaningful and realistic targets for the evaluation of Flagship Project impact, targets for Indicator 1 will be established using baseline data. Analysis of the baseline data will provide an accurate description of the existing context and quantify the scope of change (from that baseline) resulting from planned activities. Within 10 days of completion of the baseline survey, the Project will develop the targets currently missing in the PMP and submit them to USAID for approval.

E2. Data Sources and Collection Methods

Data will be collected on a monthly, quarterly, or annual basis, depending on the indicator. We will obtain indicator data from a variety of sources, including partners, internal project records, surveys, and public records. The specific data source and frequency of collection and reporting for each indicator is identified in Annex A. Generally, they can be grouped in the following three categories:

Primary data collection through assessments, surveys, interviews, and/or focus groups. To measure progress in achieving the project goal, objectives, and the intermediate results, we will work with the MoH and relevant NGOs to collect data from a variety of sources. The primary data sources will include staff at MoH, hospitals, clinics, community-based organizations (CBOs), and the project staff. We will also go to the community to collect information and opinions from clients who have received services from project-assisted facilities and households in project-assisted communities. We will collect data through qualitative surveys, facility assessment tools, structured interview questionnaires, personal interviews, focus groups, and observation.

Primary data from project records. A number of the proposed indicators directly measure outputs of project activities, so data for these can be easily attained from project records. For example, since training is a key project activity, we will systematically track participant numbers and basic demographic facts through sign-in sheets, and we will draw upon these records for data collection. We will compare these to the targets to ensure that we have trained the participants we intended to train. We will also develop and use training evaluation forms to capture qualitative

information on our training courses to measure satisfaction and learning. We will also work with our partners to track changes in knowledge as a result of project-supported training through the use of pre and post knowledge tests, coupled with trainee interviews. We anticipate following-up with a sample of the trainees to examine the extent to which they have applied the knowledge and skills they acquired from the training.

Secondary data from project partners or public records. Data collection on the remaining project indicators requires collaboration with partners. In some cases, the required data are not currently collected by our partners, but it is necessary to work with them to collect this information, which would also have the benefit of improving their overall monitoring and evaluation capability. We agree to work with these partners to establish a means of regularly collecting this data so it will serve our collective purposes for the duration of the project and into the future. We will also build on information collected through surveys and assessments conducted by other local and international organizations, which the project will identify through a thorough review of data reported to MoH. Though we cannot attribute improved health statistics directly to the Flagship Project, it will be important to note if there is any change in these statistics over the five-year project period.

E3. Reporting

M&E data will be included in Geo-MIS monthly reports and in quarterly and annual progress reports. Geo-MIS reporting will present incremental numeric indicator data by month and will link data to location where appropriate. We will also include a brief narrative explanation of notable indicator values. In quarterly and annual reports, we will present indicator data for the reporting period as well as aggregate data by fiscal year. We will explain the quantitative data with a narrative description and additional qualitative data and success stories collected through interviews and focus groups. The final report will contain life-of-project indicator values along with the conclusions drawn from the evaluation activities described in Section G, such as an analysis of project outcomes, project impact, a discussion of best practices and lessons learned, and presentation of success stories.

E4. Organizational Structure and Responsibilities of Project Staff

The Monitoring and Evaluation team is responsible for the development, implementation, and management of the M&E and Geo-MIS systems, as well as TraiNet. This includes data collection, analysis, reporting, and dissemination of results.²

The *chief of party*, who will provides overall oversight and direction of the M&E team, will use the data, information, analysis, and reports to make management decisions.

² During the first 18 months of the project, the M&E Specialist led the performance monitoring and evaluation effort, including establishing clear lines of communication with the senior management and the technical team, who provided her with full support in the PMP development and general progress and results reporting (including to Geo-MIS and TraiNet). Following the expansion of the Flagship Project in October 2009, the project's M&E capacity was also increased. In addition to the recruitment of two program coordinators (reporting to the M&E Specialist), an Acting M&E Advisor was appointed from within the Flagship Project. The M&E Specialist now reports to the Acting M&E Advisor, who is responsible for reporting to the COP and managing the implementation of the PMP. At the time of writing, the Flagship Project was actively recruiting for a long-term M&E Advisor.

The M&E team is structured as follows:

- *M&E advisor* ensures timely monitoring and evaluation of project activities. With the support of the M&E specialist, the M&E advisor informs the chief of party and technical teams about performance progress and issues and makes recommendations so that decisions and/or adjustments to the project are addressed in a timely manner. The M&E advisor will support the implementation of M&E plans, assessment of data needs, design of data collection tools, analysis and reporting of data and ensure it is regularly shared among project staff. The advisor supervises the M&E specialist to inform reporting requirements and project communications products such as success stories, press releases, and quarterly and annual progress reports. The M&E advisor, along with the M&E team, will train in-country counterparts and partners on M&E systems.
- *M&E specialist* manages the M&E system and process and reports to the M&E advisor. She closely cooperates with project technical staff and partners to collect data, and ensures that the necessary data collection tools are developed and available. She analyzes the data to monitor the performance of the project according to the results and targets identified in the plan. The M&E specialist, along with the M&E program coordinators, also conducts data quality reviews. Moreover, the M&E specialist works closely with project's partners to strengthening their monitoring and evaluation capacities. In addition, the M&E specialist works with grantees to develop their M&E plans.
- *M&E program coordinators* ensure data are entered into TraiNet, the mission's Geo-MIS and to the project's M&E database. The coordinators ensure that data are collected and input in a consistent, accurate, and timely manner. The program coordinators, along with the M&E specialist, also conduct data quality reviews.

The M&E team will coordinate with the communication team to report progress, information, results, and successes to USAID as requested and required per the contract. Along with the communication team, the M&E team also communicates progress, information, results, and successes to project partners and various target audiences, as identified in the project's communications and public outreach strategy.

In addition, technical staff members are responsible for primary data collection and entry in the area of his/her activity.

F. Data Quality Plan

To ensure that project M&E data is of the highest possible quality, and to meet USAID data quality standards (see box), we have identified and planned data quality control measures for each indicator, as detailed in the indicator reference sheets in Annex B. Additionally, we will conduct an internal data quality assessment of indicator data following the annual M&E Plan review.

The component leaders and their team members are best placed to provide first-order quality control for the various M&E data elements. Upon collection of data forms and entry into spreadsheets, each component team will examine the quantitative data to identify errors. Should any problem be identified, the component leader is responsible for verifying data against original sources and other forms of verification that may be required, such as cross-verification from alternate data sources.

USAID's Data Quality Standards

Validity – Data should clearly and adequately represent the intended result and reflect no bias

Reliability – Data should reflect consistent collection and analysis methods over time

Timeliness – Data should be sufficiently current and available to be practical for use by management

Integrity – Mechanisms must be in place to reduce the possibility for manipulation of data

Precision – Data should be precise enough to present a fair picture of performance and enable management decision-making

The M&E team is responsible for secondary data quality control, i.e. post data entry. They will tabulate data to identify potential errors, and design a spot-check system to verify data at their sources, e.g. with visits to MoH or NGO partner facilities. When errors are identified early, they can make appropriate corrections by consulting the data source if possible.

Additionally, we understand that USAID will be conducting data quality assessments periodically (at least once every three years) on operational indicator data. To prepare for such reviews, we will conduct an internal data quality review each year following the M&E plan review, using a form adapted from USAID's data quality assessment form.

G. Evaluation Plan

The evaluation plan highlights our approach to systematically collect and analyze information regarding the outputs, outcomes, and impact of the Flagship Project. The precise definition of each indicator is detailed in the indicators reference sheets (see Annex B). We will collect both quantitative and qualitative data to tell the story of the project's outcome and overall impact.³ This information will provide insights and conclusions about the effectiveness of project activities, validate the project development hypothesis, identify factors in the development context that may have had an impact on the achievement of results, and provide information to USAID about potential improvements for future programming. Below, we describe the purpose, rationale, type of evaluation, methodology, frequency, and estimated dates for our evaluation activities.

Purpose. The purpose of this evaluation activity is to determine whether the Flagship Project's interventions have strengthened institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services. The Flagship Project will work with MoH and other donors to promote a consistent definition of health sector reform.

As part of its larger evaluation plan, the Flagship Project will also assess the overall impact that the project had on quality of care, management of the public health

³ The Flagship Project plans to begin the collection of baseline data for the impact indicator (#1) a month after the approval of the PMP.

system, and governance (as in our contract, Section C.2) by measuring impact of our reform and development activities in terms of five key criteria for health system performance (and as used the MoH Palestinian Health System Assessment (Section 4):⁴ equity, access, efficiency, quality and sustainability.

To best represent the impact of project interventions (which are based on the MoH's prioritization of its health systems needs in the Palestinian Health System Assessment and its institutional development plan), the primary reference for the development of the impact indicator for the Flagship Project was the MoH logical framework of health system performance indicators, provided in the MoH Health Systems Assessment Report. The Flagship Project concluded that this health sector indicator framework is the most relevant framework for the MoH (as the main project partner) and the West Bank (as the project site).

The impact indicator (described in Annexes A-C, see *Indicator 1*) will be a composite index of five sub-indicators, focused on impact within the aforementioned five health system performance criteria. The weighted score of the five sub-indicator results will be used to indicate the overall impact of the Flagship Project.

Type and methodology. To collect data on output, outcome, and impact indicators, we will rely heavily on project and partner records, interviews, and surveys.⁵

In addition, the design of the impact assessment will define and measure the impact chain at two levels: at the community and institution levels (MoH and NGO). Whereas the ultimate goal is to strengthen the institutional capacities of the health system, the various outcomes resulting from implementing the project activities should act in concert to be effective to reach that goal. The final impact will be reflected as a chain reaction and combined effect of all activities as illustrated by changes in key indicators.

Each of the five sub-indicators will be measured through distinct assessment methodologies (described in detail in Annex B), including secondary data collection, qualitative surveys, and project and partner records. Data collection and analysis will be carried out by an independent firm to ensure objective evaluation of sub-indicator and overall impact indicator results.

In as much as possible, secondary data will be used to establish baseline value for the various variables of the impact indicator. If needed, baseline assessments will be conducted to establish benchmark values for those impact variables missing baseline values. The surveys will be carried out by the independent firm that will work with the project team to finalize tools and ensure that they will capture the data needed for the impact analysis.

Note that the M&E team will conduct key informant interviews and focus groups with beneficiaries (MoH and NGO partners, health care staff, patients, and target

⁴ The Palestinian Health System Assessment was implemented by the MoH in December 2008, with the support of the Flagship Project.

⁵ As noted above, the impact assessment will focus on analyzing changes in quality, access, equity, efficiency, and sustainability in Palestinian health care services as a result of Flagship Project interventions. To capture the impact of such interventions, in addition to aforementioned methodologies, we will also use: facility survey that will capture information about management and delivery of health care services; and qualitative survey that assesses health care services from multiple points in the delivery process, including client, provider, and management.

communities) to supplement information acquired through the assessments with success stories in order to provide more detailed, anecdotal and visible evidence, and on the ground impact.

Frequency and estimated dates for evaluation activity. The impact assessment baseline will be conducted as soon as possible. The overall impact assessment will be conducted in year 5 (tentatively scheduled for three months prior to project closeout).⁶

H. Capacity Strengthening in Monitoring and Evaluation

During a consultative meeting and the health system needs assessment, the MoH has expressed the need for capacity strengthening support in monitoring and evaluation. As such, the M&E team provides technical assistance to the Ministry in meeting their monitoring and evaluation needs. On November 20, 2008, the Flagship Project held an introductory meeting with staff of the MoH's M&E department. The purpose of the meeting was two-fold: to involve the MoH in the development of the Flagship Project's M&E plan, and to learn of what assistance the project could provide to the MoH M&E department. Based on the discussions, the Flagship Project will provide a series of trainings and workshops related to M&E in areas highlighted by the Ministry. These may include capacity strengthening in developing M&E systems, improving data collection, strengthening analysis to inform decision-making, and strengthening reporting and disseminating results.⁷

The Flagship Project will also work to strengthen the capacity of NGO partners and other project-related institutions in monitoring and evaluation. As partners are identified, the M&E team will work with project technical staff to assess the monitoring and evaluation capacity of each institution. As such, the project will work to build partner capacity to design monitoring and evaluation plans, collect, and report necessary data through one-on-one support as well as group trainings.

As noted above (in Section C), the key stakeholders will be fully involved in the implementation of the M&E plan by contributing to data collection for the majority of Flagship Project indicators.⁸ In addition to involving stakeholders in data analysis for relevant indicators, the Flagship Project will report on indicator results on both a regular and ongoing basis, including – for instance – during the monthly Technical Steering Meetings (between the MoH and the Project) and through the technical team's work with their stakeholder counterparts.

⁶ As approved by USAID, the Flagship Project will not conduct an interim impact assessment (e.g., prior to year 5), since an external midterm assessment of the project will be conducted through USAID.

⁷ In response to the MoH's prioritization of M&E during the health systems assessment, one of the 18 modules of the MoH Institutional Development Plan (IDP) focuses on strengthening the Ministry's capacity to collect and utilize performance monitoring data and evaluation data. This module (IDP Module 18) provides a detailed plan identifying the methodology and approach that the Ministry is adopting to build its M&E system, with the Flagship Project support. (During a recent review of the IDP by the MoH, the responsibility for the Module implementation was shifted from the Internal Inspection Department to the Planning and Policy Department.) Progress against Module 18 plans is reported in the Flagship Project quarterly reports and measured as part of Indicator 5 (see Annexes A and B).

⁸ For example, the MoH will be responsible for providing secondary data for Indicators #1-7, 10, 13, 17, and 18.

ANNEX A. Summary Table of Indicators¹

No.	Indicator Description	GIS code	Type* (S/C/M)	Output/ Outcome	Baseline	Targets						Data source	Method of collection	Frequency
						FY08	FY09	FY10	FY11	FY12	LOP**			
Project Goal: Strengthened institutional capacities and performance of the Palestinian health sector														
1	Score on impact assessment		M	Impact	TBD	N/A	N/A	Baseline	TBD ²	N/A	TBD	MoH/NGO staff and records, patients, and communities	Combination of tools that will feed into the overall score	Baseline and Year 5.
	<i>1.1 Distribution of targeted specialized PHC and SHC services per capita.</i>		M	Impact	TBD	N/A	N/A	Baseline	TBD	N/A	TBD	Project records, MoH/NGO records, and Palestinian National Bureau of Statistics.	Acquisition of secondary data.	Baseline and Year 5.
	<i>1.2 Percentage of community-clinic boards reporting increased participation in planning and policy-making for health care services provided in their community.</i>		M	Impact	TBD	N/A	N/A	Baseline	TBD	N/A	TBD	Project records, community-clinic board members, and MoH directorate staff	Self-assessment	Baseline and Year 5.
	<i>1.3 Percentage improvement in efficiency in management and delivery of MoH health care services at facilities equipped with the project-provided Health Information System (HIS).³</i>		M	Impact	TBD	N/A	N/A	Baseline	TBD	N/A	TBD	Project records, MoH departments provided with the HIS	Review of reports generated by the HIS and HIS on-line self-assessment completed by users.	Baseline and Year 5.
	<i>1.4A Percentage of satisfaction of clients with the quality of services received at the health facility.</i>		M	Impact	TBD	N/A	N/A	Baseline	TBD	N/A	TBD	Project records, clients at project-assisted	Satisfaction assessment	Baseline and Year 5.

¹ Progress against these indicators will be reported in the quarterly reports, in which an expanded table will be provided to capture actual results against the target numbers provided above.

² In order to establish the most meaningful and realistic targets, impact targets will be established using baseline data. Analysis of the baseline data will provide an accurate description of the existing context and quantify the scope of change (from that baseline) resulting from planned activities. Within 10 days of completion of the baseline survey, the Project will develop the targets currently missing in the PMP and submit them to USAID for approval.

³ This score of this indicator will be derived from the weighted results of four sub-indicators.

No.	Indicator Description	GIS code	Type* (S/C/M)	Output/ Outcome	Baseline	Targets						Data source	Method of collection	Frequency
						FY08	FY09	FY10	FY11	FY12	LOP**			
												MoH/NGO health facilities		
	1.4B Percentage of satisfaction of providers with the quality of services provided at their health facility.		M	Impact	TBD	N/A	N/A	Baseline	TBD	N/A	TBD	Project records, staff at project-assisted MoH/NGO health facilities	Satisfaction assessment	Baseline and Year 5.
	1.5 Percentage improvement in performance of MoH/NGO staff who have completed project-assisted leadership development program.		M	Impact	TBD	N/A	N/A	Baseline	TBD	N/A	TBD	MoH/NGO staff	Review of project records and strategic plan milestones, self-assessment, and guided interviews.	Baseline and Year 5.
Objective 1: Improved governance and management practices in the Palestinian health sector														
2	Percentage of drafted laws, policies, regulations, or guidelines related to improved access to and use of health services adopted with USG support through the Flagship Project		M	Outcome	Zero	Zero	50%	50%	50%	50%	50%	MoH/NGO	Records review	Annually
3	Number of institutions that have used USG-assisted (through the Flagship Project) MIS information to inform administration/ management decisions (F Indicator)		OP_STD 3.1.5 3.1.6	Outcome	Zero	Zero	Zero	5	9	14	14	MoH	Records review	Annually
4	Number of individual patient records stored in the USG-supported MIS (through the Flagship Project)		M	Outcome	Zero	Zero	Zero	60,000	170,000	340,000	340,000	MoH	Records review	Annually
5	Percentage of planned Institutional Development Plans activities implemented		M	Outcome	Zero	Zero	80%	80%	80%	80%	80%	MOH/NGO	Records review	Quarterly
IR 1.1 Strengthened capacity of MoH to implement reforms														
6	Number of improvements to laws, policies, regulations,		OP_STD 3.1.5	Output	Zero	5	10	11	7	5	34		Records review	Annually

No.	Indicator Description	GIS code	Type* (S/C/M)	Output/ Outcome	Baseline	Targets						Data source	Method of collection	Frequency
						FY08	FY09	FY10	FY11	FY12	LOP**			
	or guidelines related to improved access to and use of health services drafted with USG support, through the Flagship Project (F Indicator)		3.1.6									MoH		
7	Number of MoH institutions receiving capacity-strengthening support		M	Output	Zero	40	100	200	300	402	402	MoH	Records review	Annually
IR 1.2 Strengthened capacity of NGO to manage health care services														
8	Number of eligible NGOs receiving capacity-strengthening support		M	Output	Zero	15	20	25	30	30	30	Project records	Records review	Quarterly
9	Number of grants awarded to selected NGOs		M	Output	Zero	Zero	15	15	15	8	53	Project records	Records review	Quarterly
Objective 2 Improved quality of essential clinical and community-based health services														
10	Number of clients benefiting from health services at targeted health care facilities following project inputs		M	Outcome	Zero	Zero	80,000	100,000	140,000	180,000	500,000	MoH/NGO and project records	Records review	Annually
11	Number of participants in community health promotion activities		M	Outcome	Zero	Zero	100,000	500,000	300,000	100,000	1,000,000	Project and partners staff and Project records	Records review	Annually
12	Percentage of target audience in project-assisted communities reached by BCC messages		M	Outcome	Zero	Zero	50%	65%	70%	80%	80%	Project staff and partners, and BCC modules target groups	Records review and tailored survey	Annually
IR 2.1 Strengthened capacity of health institutions to deliver quality clinical services														
13	Percentage of health care facilities assisted to provide improved quality of services		M	Output	Zero	10%	30%	50%	70%	100%	100%	Project staff and MoH/NGO	Records review	Quarterly
14	Number of protocols and job aids developed and/or updated		M	Output	Zero	Zero	10	25	10	5	50	Project staff and partners	Project records	Quarterly
R 2.2 Strengthened capacity of health institutions to provide effective community-based outreach services														
15	Number of communities assisted to implement community-based activities		M	Output	Zero	9	37	67	92	100	100	Project and partner community records	Records review	Quarterly

No.	Indicator Description	GIS code	Type* (S/C/M)	Output/ Outcome	Baseline	Targets						Data source	Method of collection	Frequency
						FY08	FY09	FY10	FY11	FY12	LOP**			
IR 2.3 Strengthened capacity of health institutions to effectively use behavior change communication strategies														
16	Number of BCC modules developed		M	Output	Zero	4	7	4	Zero	Zero	15	Project records	Project records review	Quarterly
Objective 3: Increased availability of essential commodities to help achieving USAID development objectives in health and humanitarian assistance														
17	Number of people benefiting from services introduced or enhanced as a result of USG-procured medical equipment, through the Flagship Project		M	Outcome	Zero	Zero	10,000	20,000	50,000	120,000	200,000	MoH/NGO	Records review	Annually
18	Number of facilities benefiting from USG-funded medical equipment		M	Outcome	Zero	Zero	60	70	75	80	80	MoH/NGO Project Records	Records review	Annually
IR 3.1 Quality commodities delivered to support Components 1 and 2														
19	Value (in USD) of procured commodities delivered – disaggregated as followed (19.1-5):		M 5.1.2	Output	Zero	0.5 Million	17 Million	3 Million	1 Million	0.5 Million	22 Million	Procurement database	Database review	Quarterly
	19.1 Total amount USD of medical disposables/ supplies provided.						0.5 Million							
	19.2 Total amount USD of pharmaceuticals provided.						2 Million							
	19.3 Total amount USD of medical equipment delivered.					0.5 Million	10.5 Million							
	19.4 Total amount of USD of MIS hardware, software, and support provided.						4 Million							
	19.5 Total amount of USD of humanitarian assistance/ emergency supplies provided.							0						
Cross-cutting														
20	Percentage of trainees applying skills/knowledge acquired during USG-funded training, through the Flagship Project		M	Outcome	Zero	Zero	40%	55%	65%	80%	80%	Trainee	Tailored survey	Annually

No.	Indicator Description	GIS code	Type* (S/C/M)	Output/ Outcome	Baseline	Targets					Data source	Method of collection	Frequency
						FY08	FY09	FY10	FY11	FY12			
	<i>trained in administration/ management topics</i>						150	100					

* S: Standard, M: Management, C: Customized per USAID guidance.

** LOP: Life of Project target: The planned value of a performance indicator at the end of the project.

INDICATOR REFERENCE SHEETS

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in the PA's MoH.
Indicator 1: Improved score on impact assessment.

DESCRIPTION

Precise Definition(s): Assessment refers to the rating of the level of performance on a representative range of health system performance criteria. Score refers to the actual points achieved on the rating scale. Impact refers to the long-term effect of the Flagship Project on the institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in terms of quality, access, equity, efficiency, and sustainability. The assessment is based on the evaluation of the following criteria of health system performance (referred henceforth as sub-indicators):

- **Equity:** measures the impact of the Flagship Project procurement of health commodities on the equity of Palestinian citizen access to primary and secondary health care services delivered by the MoH and relevant NGO partners. *(Indicator 1.1)*
- **Access:** measures the impact on increased access through assessing community participation in planning and policy making in health care governance and delivery. *(Indicator 1.2)*
- **Efficiency:** measures the impact Increased access to data for better decision-making (e.g., health information system) on efficiency of governance and management of the MoH. *(Indicator 1.3)*
- **Quality:** measures the impact on quality of health care services provided by the MoH and relevant NGO partners through client/provider assessment of quality of health care services provided (PHC and SHC). *(Indicator 1.4)*
- **Sustainability:** measures the impact of management training and leadership development across the health sector on sustainability of reform efforts. *(Indicator 1.5)*

Unit of Measure: Numeric score.

Disaggregated by: Assessment sub-indicators (e.g., equity, access, efficiency, quality and sustainability).

Justification & Management Utility: Assessment will help determine progress toward achieving Flagship Project goal.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: A variety of methods, identified per sub-indicator.

Data Source(s): MoH/NGO staff and records, community-clinic boards, national statistics, and clients being served at project-assisted facilities.

Frequency and Timing of Data Acquisition: Baseline and at the end of the project in Year 5.

Estimated Cost of Data Acquisition: The cost will be medium, as the project will subcontract a research firm to design the assessment, collect and verify the data, analyze data, and prepare reports and presentations.

Responsible Individuals at the Project: M&E Advisor and M&E team.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: 2010.

Known Data Limitations and Significance (if any): Data limitations are identified per sub-indicator.

Actions Taken or Planned to Address Data Limitations: Actions are identified per sub-indicator.

Date of Future Data Quality Assessments: TBD following completion of baseline assessment.

Procedures for Future Data Quality Assessments: TBD following completion of baseline assessment.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: Tabulations, cross-tabulations, and other statistical analysis as appropriate.

Presentation of Data: Narrative, tables, charts, graphs

Review of Data: Baseline and at final assessment in Year 5.

Reporting of Data: Baseline report, midterm impact assessment report and final impact assessment report.

OTHER NOTES

Notes on Baselines/Targets:

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	N/A	N/A	
2010	Baseline		
2011	TBD	TBD	In order to establish the most meaningful and realistic targets, targets will be established using baseline data. Within 10 days of completion of the baseline survey, the Project will develop the targets currently missing in the PMP and submit them to USAID for approval.
2012	N/A	N/A	
2013	TBD	TBD	

THIS SHEET LAST UPDATED ON: 19/03/2010

Impact Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in the PA's MoH.

Indicator 1: Improved score on impact assessment.

Indicator 1.1 (EQUITY): Distribution of targeted specialized PHC and SHC services per capita.

DESCRIPTION

Precise Definition(s): "Specialized PHC and SHC services" refer to advanced diagnostic and treatment services (relative to the PHC or SHC facility level) introduced or enhanced as a result of USG-procured medical equipment (as measured in Indicator 19.3). The definition of specialized PHC services will be based on the Essential Package of PHC Services (developed by the MoH, with Flagship Project support), which lists the specialized PHC services that are mandated to be available at the relevant clinic level. As a result of USG response to MoH requests for medical equipment (through the Flagship Project), specialized SHC diagnostic and treatment services introduced, strengthened, or supported will include:

1. Magnetic Resonance Imaging (MRI) services
2. Catheterization laboratory (or "cath lab") services
3. Computerized Tomography (CT) Scanner services
4. Lithotripsy services
5. Mammography services
6. Radiography and Computerized Radiography (CR) services
7. Hospital diagnostics
8. National biomedical equipment testing
9. Medical scope services
10. Surgical services (e.g., orthopedics, neurology, spine, heart, etc.)
11. Operating services
12. Intensive care unit (ICU) services for adults and neo-natals
13. Pediatric care services
14. Oncology (e.g., linear accelerators) services
15. Dialysis services
16. Emergency department services
17. Burns unit services
18. Blood bank services
19. Ophthalmology services
20. Rehabilitation services
21. Medical waste treatment services

(Assessment of PHC services will focus on PHC clinic level 3 and 4 because specialized PHC services are available only at these clinic levels, compared to levels 1 and 2.) "Per capita" refers to distribution per unit of population. Relevant PHC and SHC facilities are identified in Indicators 13 and 18.

Unit of Measure: Number.

Disaggregated by: Geographic location, type of facility (MoH/NGO), PHC clinic level, specialized service type for SHC, and type of medical equipment.

Justification & Management Utility: This indicator measures the impact of the Flagship Project procurement of health commodities on the equity of Palestinian citizen access to specialized primary and secondary health care services delivered by the MoH and relevant NGO partners.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Acquisition of secondary data.

Data Source(s): Project records, MoH/NGO records, and Palestinian Central Bureau of Statistics.

Frequency and Timing of Data Acquisition: Baseline and at the end of the project in Year 5.

Estimated Cost of Data Acquisition: Medium. Collection and verification of data and production of analytical reports will require moderate project resources.

Responsible Individuals at the Project: M&E Advisor and M&E team.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: 2010.

Known Data Limitations and Significance (if any): Accuracy of secondary data cannot be controlled.

Actions Taken or Planned to Address Data Limitations: The source of the data must always be checked. The Flagship Project's HIS team will work closely with relevant MoH and NGO staff to collect and provide reliable data.

Date of Future Data Quality Assessments: TBD.

Procedures for Future Data Quality Assessments: Lessons learned about data quality from the baseline exercise will be applied by the survey contractor for the midterm and final assessment exercises.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The subcontractor will analyze the data to produce reports at baseline and Year 5.

Presentation of Data: Tables, charts, graphs with analysis narrated in reports.

Review of Data: Baseline and at final assessment in Year 5.

Reporting of Data: Baseline report, midterm impact assessment report and final impact assessment report.

OTHER NOTES

Notes on Baselines/Targets:

IMPACT INDICATOR VALUES

Year	Target	Actual	Notes
2009	N/A	N/A	
2010	Baseline		
2011	TBD	TBD	See Indicator 1.
2012	N/A	N/A	
2013	TBD	TBD	

THIS SHEET LAST UPDATED ON: 19/03/2010

Impact Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in the PA's MoH.

Indicator 1: Improved score on impact assessment.

Indicator 1.2 (ACCESS): Percentage of community-clinic boards reporting increased participation in planning and policy-making for health care services provided in their community.

DESCRIPTION

Precise Definition(s): "Community-clinic boards" refers to an organized voluntary body that includes representatives from the community and the health facility, formed with the Flagship Project support. "Planning and policy-making" refers to the process of governance and management of services provided by the PHC facility. "Health care services" refers to preventative and treatment services provided at PHC facilities receiving project input. "Community" refers to communities receiving project input as per Indicator 15. The number of community-clinic boards established through the Flagship Project will also be identified in Indicator 15. [This sub-indicator on access is designed to better evaluate Flagship Project support for the MoH reform efforts. Since the MoH's first two sub-indicators for access (with the first system element: governance) focused on increased participation in health planning and management (e.g., "Increased tendency to widen/broaden participation in planning" and "Local community participation in planning and policy-making is still inadequate"), this sub-indicator for access (1.2) is designed to measure the MoH's responsiveness to community participation. Citizen access to health services is evaluated in the sub-indicator for equity (1.1).]

Unit of Measure: Percentage.

Disaggregated by: Geographic location, level of PHC facility, gender, and date of community-clinic board formation.

Justification & Management Utility: This indicator will measure the participation of communities in governance of health facilities. The participation of community-clinic boards in governance is crucial for reform as their increased capacity to strategically identify, advocate for, and plan for improved community health services drives and sustains the larger public health reform initiative.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Self-assessment with community-clinic boards and guided interviews with MoH directorate staff

Data Source(s): Project records, community-clinic board members, and MoH directorate staff

Frequency and Timing of Data Acquisition: Baseline and at the end of the project in Year 5.

Estimated Cost of Data Acquisition: Medium. Development of the tools, training in tool administration, collection and verification of data, and production of analytical reports will require moderate project resources.

Responsible Individual at the Project: M&E Advisor and M&E team.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: 2010.

Known Data Limitations and Significance (if any): Since qualitative self-assessments will be used, results may be influenced by interviewee and interviewer bias.

Actions Taken or Planned to Address Data Limitations: Training of interviewers will take this into consideration. In addition, a guideline for completing the assessment will be attached for the reference of the interviewee.

Date of Future Data Quality Assessments: TBD

Procedures for Future Data Quality Assessments: Lessons learned about data quality from the baseline exercise will be applied by the survey contractor for the midterm and final assessment exercises.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The subcontractor will perform statistical analysis of the data to produce survey reports at baseline and Year 5.

Presentation of Data: Tables, charts, graphs plus narrative in reports.

Review of Data: Baseline and at final assessment in Year 5.

Reporting of Data: Baseline survey report, midterm impact assessment report, and final impact assessment report.

OTHER NOTES

Notes on Baselines/Targets:

IMPACT INDICATOR VALUES

Year	Target	Actual	Notes
2009	N/A	N/A	
2010	Baseline		
2011	TBD	TBD	See Indicator 1.

2012	N/A	N/A
2013	TBD	TBD

THIS SHEET LAST UPDATED ON: 19/03/2010

Impact Indicator Reference Sheet

Project Goal: *Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.*

Indicator 1: Improved score on impact assessment.

Indicator 1.3 (EFFICIENCY): Percentage improvement in efficiency in management and delivery of MoH health care services at facilities equipped with the project-provided Health Information System (HIS).

This score of this indicator will be derived from the weighted results of the following four sub-indicators:

- Number of drug prescription errors prevented by the HIS.
- Number of HIS transactions within different HIS modules.
- Percentage of HIS users who report increased efficiency of their decision-making and planning as a result of the HIS.
- Change in MoH expenditures as a result of HIS as captured by the HIS.

DESCRIPTION

Precise Definition(s): Improvement in efficiency refers to positive change in efficiency of MoH health care management and delivery at facilities provided with the HIS (as identified in Indicator 3) as a result of HIS-supported decision-making and planning. "Drug prescription errors" refers to the prescription of contraindicated drug(s) to a patient with co-existing medical condition, allergy or potential drug-to-drug interaction. "Prevented" refers to the HIS block of such prescriptions as a result of stored patient records. "HIS transaction" refers to each unit of work executed by each single user. "HIS modules" are categories of HIS users within and across MoH facilities (e.g., clinicians, human resources, etc.). Weighting of sub-indicator results will be decided following the baseline and during the establishment of targets.

Unit of Measure: Percentage.

Disaggregated by: Geographic location, HIS module, and HIS user profession and department.

Justification & Management Utility: This indicator measures the impact of the HIS provided through the Flagship Project on the decision-making and planning capacity at the MoH facilities equipped with the system (identified in Indicator 3) through improving rapid and continual access to accurate and comprehensive data on management and delivery of health care services. Improved decision-making and planning will increase the efficiency of health care governance, management, and delivery.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Review of reports generated by the HIS and HIS on-line self-assessment completed by users.

Data Source(s): Project records, HIS, and MoH departments provided with the HIS

Frequency and Timing of Data Acquisition: Baseline and at the end of the project in Year 5.

Estimated Cost of Data Acquisition: Medium. Development of the tools, training in tool administration, collection and verification of data, and production of analytical reports will require moderate project resources.

Responsible Individual at the Project: M&E Advisor, M&E team, and HIS team.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: 2010.

Known Data Limitations and Significance (if any): Since a qualitative self-assessment will be used, results may be influenced by interviewee and interviewer bias.

Actions Taken or Planned to Address Data Limitations: Design of the online tool will take this into consideration. In addition, a guideline for completing the assessment will be attached for the reference of the HIS user.

Date of Future Data Quality Assessments: TBD

Procedures for Future Data Quality Assessments: Lessons learned about data quality from the baseline exercise will be applied by the survey contractor for the midterm and final assessment exercises.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The Flagship Project will analyze the data to produce reports at baseline and Year 5.

Presentation of Data: Tables, charts, graphs with analysis narrated in reports.

Review of Data: Baseline and at final assessment in Year 5.

Reporting of Data: Baseline survey report, mid-term impact assessment report and final impact assessment report.

OTHER NOTES

Notes on Baselines/Targets:

IMPACT INDICATOR VALUES

Year	Target	Actual	Notes
2009	N/A	N/A	
2010	Baseline		
2011	TBD	TBD	See Indicator 1.
2012	N/A	N/A	
2013	TBD	TBD	

THIS SHEET LAST UPDATED ON: 19/03/2010

Impact Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Indicator 1: Improved score on impact assessment.

Indicator 1.4 (QUALITY): Percentage of satisfaction of clients/providers with the quality of services provided at their health facility.

This indicator will have two separate scores reported from the following two sub-indicators:

1.4a Percentage of satisfaction of clients with the quality of services received at the health facility.

1.4b Percentage of satisfaction of providers with the quality of services provided at their health facility.

DESCRIPTION

Precise Definition(s): "Quality of services" is defined as relevancy, effectiveness, and efficiency of health services provided, in relation to international best practices applicable to the Palestinian context. Client satisfaction will evaluate health services received. Provider satisfaction will evaluate the health services provided by the facility. Clients/providers will rank their experience from negative to positive assessment. Health care facilities are those receiving project input, as per Indicators 7, 8, and 13.

Unit of Measure: Percentage.

Disaggregated by: Project records, MoH/NGO facility, service provided [PHC, SHC, Emergency, Rehabilitation (NGO only)], and geographic location.

Justification & Management Utility: This measure indicates quality of health care available at MoH/NGO health facilities (as identified in Indicators 7, 8, and 13) from the perspective of clients and providers. The Flagship Project identifies three principal dimensions that indicate service quality in health care: relevancy, effectiveness, and efficiency. Using a conceptual tri-part framework from multiple perspectives enables the Flagship Project to describe a holistic picture of quality of health care services at project-assisted facilities.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Satisfaction assessment

Data Source(s): Staff and clients at project-assisted MoH/NGO health facilities

Frequency and Timing of Data Acquisition: Baseline and at the end of the project in Year 5.

Estimated Cost of Data Acquisition: Medium. Development of the tools, training in tool administration, and collection and verification of data from facilities will require moderate project resources.

Responsible Individual at the Project: The M&E Advisor and M&E team.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: 2010.

Known Data Limitations and Significance (if any): Since qualitative self-assessments will be used, results may be influenced by interviewee and interviewer bias.

Actions Taken or Planned to Address Data Limitations: Training of interviewers will take this into consideration. In addition, a guideline for completing the assessment will be attached for the reference of the interviewee.

Date of Future Data Quality Assessments: Baseline and at the end of the project in Year 5.

Procedures for Future Data Quality Assessments: Lessons learned about data quality from the baseline exercise will be applied by the survey contractor for the midterm and final assessment exercises.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The subcontractor will analyze the data to produce survey reports at baseline and Year 5.

Presentation of Data: Tables, charts, graphs with analysis narrated in reports.

Review of Data: Baseline and at final assessment in Year 5.

Reporting of Data: Baseline survey report, mid-term impact assessment report and final impact assessment report.

OTHER NOTES

Notes on Baselines/Targets: TBD

IMPACT INDICATOR VALUES

Year	Target	Actual	Notes
2009	N/A	N/A	
2010	Baseline		
2011	TBD	TBD	See Indicator 1.
2012	N/A	N/A	
2013	TBD	TBD	

THIS SHEET LAST UPDATED ON: 19/03/2010

Impact Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Indicator1: Improved score on impact assessment.

Indicator 1.5 (SUSTAINABILITY): Percentage improvement in performance of MoH/NGO staff who have completed project-assisted leadership development program.

This score of this indicator will be derived from the weighted results of the following four sub-indicators:

- Number of milestones accomplished in Change Initiative Strategic Plans developed by each Change Agent.
- Percentage of Change Agents satisfied with the implementation of their Change Initiative Strategic Plans.
- Percentage of employees supervised by the Change Agents satisfied with the implementation of Change Initiative Strategic Plans.
- Percentage of supervisors of the Change Agent satisfied with the implementation of the Change Initiative Strategic Plans.

DESCRIPTION

Precise Definition(s): Improvements in performance refers to the impact of the leadership development training on the individual performance of MoH/NGO staff, as included in Indicator 21.12. As noted above, this will be measured via quantitative measurement of strategic plans, self-assessment by trainee, and observations from their supervisor and supervisees. "Change Agents" are the MoH/NGO staff trained in leadership development by the Flagship Project. "Change Initiative Strategic Plans" is the planning framework developed to guide the Change Agent in his/her implementation of a self-selected reform initiative. Satisfaction of trainee, supervisor, and employees will be measured through a guided qualitative assessment, with "satisfied" defined as the range from "satisfied" to "highly satisfied". The weighting of the sub-indicator results will be decided following the baseline and during the establishment of targets.

Unit of Measure: Percentage

Disaggregated by: Geographic location, type of institution (MoH, NGO), trainee department, trainee level, and trainee gender.

Justification & Management Utility: This indicator demonstrates that the building of leadership capacity for institutional change supports the sustainability of reform efforts.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Review of strategic plan milestones, self-assessment, and guided interviews.

Data Source(s): Project records and MoH/NGO staff

Frequency and Timing of Data Acquisition: Baseline and at the end of the project in Year 5.

Estimated Cost of Data Acquisition: Medium. Development of the tools, training in tool administration, collection and verification of data, and production of analytical reports will require moderate project resources.

Responsible Individuals at the Project: Training Program Officer, M&E Advisor and M&E Team.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: 2011.

Known Data Limitations and Significance (if any): Since qualitative self-assessments will be used, results may be influenced by interviewee and interviewer bias.

Actions Taken or Planned to Address Data Limitations: Training of interviewers will take this into consideration. In addition, a guideline for completing the assessment will be attached for the reference of the interviewee.

Date of Future Data Quality Assessments: TBD

Procedures for Future Data Quality Assessments: Lessons learned about data quality from the baseline exercise will be applied by the subcontractor for the midterm and final assessment exercises.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The subcontractor will perform statistical analysis of the data to produce survey reports at baseline and Year 5.

Presentation of Data: Tables, charts, graphs plus narrative in reports.

Review of Data: Baseline and at final assessment in Year 5.

Reporting of Data: Baseline survey report, mid-term impact assessment report and final impact assessment report.

OTHER NOTES

Notes on Baselines/Targets:

IMPACT INDICATOR VALUES

Year	Target	Actual	Notes
2009	N/A	N/A	
2010	Baseline		
2011	TBD	TBD	See Indicator 1.
2012	N/A	N/A	
2013	TBD	TBD	

THIS SHEET LAST UPDATED ON: 19/03/2010

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in the PA's MoH.

Objective 1: Improved governance and management practices in the Palestinian health sector.

Indicator 2: Percentage of drafted laws, policies, regulations, or guidelines related to improved access to and use of health services adopted with USG support.

DESCRIPTION

Precise Definition(s): Drafted laws, policies, regulations, or guidelines related to improved access to and use of health services: including those related to governance, human resource management, health financing, or health service delivery. USG support includes direct project assistance in drafting as well as advisory and capacity building support related to revising laws, policies, regulations, or guidelines. If MoH and NGOs "adopt" these, it means that they have institutionalized them and are using them. The total number of laws, policies, regulations or guidelines is captured in indicator 6.

Unit of Measure: Percentage.

Disaggregated by: MoH/NGO, health system function (procurement, health finance, human resources, etc.)

Justification & Management Utility: Reforming policies, regulations, and guidelines is a key component of health sector reform, and this measures the project's success in facilitating reforms at the central level. National reforms are critical for addressing sustainability, equity, and access of/to services. More improvements are not necessarily better than fewer. Adoption is considered as an outcome measure, as adoption supports institutionalization and sustainability of reforms.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Flagship staff in contact with MoH and NGO will obtain or provide documentation of use and institutionalization.

Data Source(s): MoH and NGO

Frequency and Timing of Data Acquisition: Annually.

Estimated Cost of Data Acquisition: Low.

Responsible Individual at the Project: Component 1 Director and the M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2010.

Known Data Limitations and Significance (if any): It is not the number that is important; it is the relevance of adoption of the drafted law, policy, regulation, or guideline to health sector reform that is of significance. Attribution of adoption and implementation to project support could be difficult to prove.

Actions Taken or Planned to Address Data Limitations: There will be a narrative included in the reporting of this indicator that will provide the context on the significance of the adoption/use to the improvement of governance and overall health sector reform.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: The M&E Specialist will conduct an annual internal data audit to confirm that there is adequate documentation in the M&E files to support the significance of the revision and attribution to the project's efforts.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Number and narrative.

Review of Data: Annually.

Reporting of Data: Annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Other Notes: The Targets were set through projecting future trends and in acknowledgement of the lengthy process required to facilitate adoption of new policies, regulations or guidelines, which takes time for rolling out and institutionalization which is a process of reform and capacity building. The Flagship project assumes that the adoption of laws developed during the implementation year may not be adopted during the same year due to the lengthy legislative process.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		
2010	50%		
2011	50%		
2012	50%		
2013	50%		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Objective 1: Improved governance and management practices in the Palestinian health sector.

Indicator 3: Number of institutions that have used USG-assisted MIS System Information to inform administration/management decisions. (F Indicator)

DESCRIPTION

Precise Definition(s): Institutions refer to MoH departments, and project supported MoH health facilities. Management Information System (MIS) refers to the new health information systems that assist in improving service delivery and resulting outcomes for persons receiving medical services. Administration and management decisions refer to decision made based on data generated by the system.

Unit of Measure: Number.

Disaggregated by: Department/facility name, facility service provided (PHC, SHC), location.

Justification & Management Utility: Supporting MoH Health Information system is one of the key issues addressed by the project in supporting the MoH to implement health sector reforms needed for quality, sustainability, and equity in the health sector. This indicator demonstrates impact of USG assistance for improved health information systems by evaluating integration of the HIS into the management of health care, utilizing the system to inform decision making.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Flagship staff in contact with MoH will obtain or provide documentation of use.

Data Source(s): MoH partners users of the system.

Frequency and Timing of Data Acquisition: Annually.

Estimated Cost of Data Acquisition: Medium. This information will be tracked by the MoH and by project staff working directly with facilities and will require close follow up with system users and completion of the required documentation.

Responsible Individual at the Project: Health information System Team Leader and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2011.

Known Data Limitations and Significance (if any): Attribution of decisions made by system users to project support requires active documentation by MIS users.

Actions Taken or Planned to Address Data Limitations: Technical project staff involved in assisting the MoH to utilize the HIS will work with users to provide documentation of the role that the system plays in administration and management.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: The M&E Specialist will conduct an annual internal data audit to confirm that there is adequate documentation in the M&E files to support attribution to the project's efforts.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, charts, graphs.

Review of Data: Annually.

Reporting of Data: Annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

The target is based on a final performance targets, and measures planned progress from the baseline level.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		
2010	Zero		
2011	5		
2012	14		
2013	14		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Objective 1: Improved governance and management practices in the Palestinian health sector.

Indicator 4: Number of individual patient records stored in the USG-supported MIS.

DESCRIPTION

Precise Definition(s): "Patient record" refers to a collection of electronic documents that provides an account of each episode in which a patient visited or sought treatment and received care or a referral for care from a health care facility. "USG-supported MIS" refers to the new health information systems which assist in improving service delivery and resulting outcomes for persons receiving medical services.

Unit of Measure: Number.

Disaggregated by: Facility service provided (PHC, SHC), location.

Justification & Management Utility: This indicator demonstrates outcome of USG assistance for improved health information systems by evaluating utilization of the HIS; The information contained in the electronic medical record allows health care providers to provide continuity of care to individual patients. The medical record also serves as a basis for planning patient care, documenting communication between the health care provider and any other health professional contributing to the patient's care, assisting in protecting the legal interest of the patient and the health care providers responsible for the patient's care, and documenting the care and services provided to the patient

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Flagship staff in contact with MoH will obtain or provide documentation of use.

Data Source(s): MoH partners users of the system.

Frequency and Timing of Data Acquisition: Annually.

Estimated Cost of Data Acquisition: Medium. This information will be tracked by the MoH and by project staff working directly with facilities and will require close follow up with system users and completion of the required documentation.

Responsible Individual at the Project: Health Information System Team Leader and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2011.

Known Data Limitations and Significance (if any): Accuracy and reliability of data is vital and depends on the strength of record-keeping systems.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: The M&E Specialist will conduct an annual internal data audit to confirm that there is adequate documentation in the M&E files to support attribution to the project's efforts.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, charts, graphs.

Review of Data: Annually.

Reporting of Data: Annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

The target is based on a final performance targets, and measures planned progress from the baseline level. The Flagship Project assistance will result in the assisted institutions having the capacity to store patient records in the USAID funded HIS.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		
2010	Zero		
2011	60,000		
2012	170,000		
2013	340,000		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Intermediate Objective 1: Improved governance and management practices in the Palestinian health sector.

Indicator 5: Percentage of planned Institutional Development Plans activities implemented.

DESCRIPTION

Precise Definition(s): "Institutional Development Plans" developed by partners with support from the Flagship Project in, based on need assessments of those organizations health administration and management systems and practices. IDP developed under component 1 coordinated with and supportive of the clinical and community based interventions under project component 2. "Activities implemented" refer to the progress in accomplishments of the planned IDP activities which are referred in the Flagship Project work plan.

Unit of Measure: Percentage.

Disaggregated by: Geographic location, beneficiary organization (MoH/NGO), and ID Plan module.

Justification & Management Utility: By implementing IDP activities, beneficiary organizations will have a sound strategy to manage core activities effectively, which demonstrates improved governance.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Each IDP has a clear activity plan with estimated dates for activity implementation. The project's technical specialists will follow up with the beneficiary organizations to verify their implementation.

Data Source(s): MOH/NGO partners records.

Frequency and Timing of Data Acquisition: Quarterly.

Estimated Cost of Data Acquisition: Medium. Development of the tools, training in tool administration, and collection and verification of data from facilities will require moderate project resources.

Responsible Individual at the Project: Component Directors, and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2010.

Known Data Limitations and Significance (if any): IDPs are developed and implemented in participation with beneficiary organizations; however the project may not be involved directly in achievement of some modules of the IDPs.

Actions Taken or Planned to Address Data Limitations: In setting the targets, we will consider the extent to which we have direct involvement. Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, graphs, and narratives.

Review of Data: Quarterly.

Reporting of Data: Quarterly and annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

This is a final performance target and measures planned progress from the baseline level. Flagship Project assistance will facilitate the beneficiary organization to implement their IDP.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		
2010	80%		
2011	80%		
2012	80%		
2013	80%		

THIS SHEET LAST UPDATED ON: 21/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Objective 1: Improved governance and management practices in the Palestinian health sector.

Intermediate Result 1.1: Strengthened capacity of MoH to implement reforms.

Indicator 6: Number of improvements to laws, policies, regulations, or guidelines related to improved access to and use of health services drafted with USG support. (F Indicator)

DESCRIPTION

Precise Definition(s): "Laws, policies, regulations, or guidelines related to improved access to and use of health services drafted with USG" include those related to governance, human resource management, health financing, or health service delivery. "USG support" includes direct project assistance in drafting as well as advisory and capacity building support related to revising laws, policies, regulations, or guidelines." Improvements" include drafting or amending existing law, policy, regulation or guideline.

Unit of Measure: Number.

Disaggregated by: Law/policy/ regulation/guideline, health system function (procurement, health finance, human resources, technical area, etc.)

Justification & Management Utility: Reforming policies, regulations, and guidelines is a key component of health sector reform, and this measures the project's success in facilitating reforms at the central level. National reforms are critical for addressing sustainability, equity, and access of/to services. More improvements adoption is not necessarily better than fewer.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Flagship staff in contact with MoH will obtain evidence of drafted/amended documents.

Data Source(s): MoH.

Frequency and Timing of Data Acquisition: Annually.

Estimated Cost of Data Acquisition: Low. This information will already be tracked by the MoH and will require marginal project resources.

Responsible Individual at the Project: Component 1 Director and the M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: December 2009.

Known Data Limitations and Significance (if any): It is not the number that is important; it is the relevance of the improvements to law, policy, regulation, or guideline to health sector reform that is of significance. Attribution of improvements to project support could be difficult to prove.

Actions Taken or Planned to Address Data Limitations: There will be a narrative included in the reporting of this indicator that will describe the significance of the revision/s to the improvement of governance and overall health sector reform. Technical project staff involved in assisting the MoH to developing drafts or amendments will provide documentation of the role that they played.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: The M&E Specialist will conduct an annual internal data audit to confirm that there is adequate documentation in the M&E files to support the significance of the revision and attribution to the project's efforts.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Number and narrative.

Review of Data: Annually.

Reporting of Data: Annual progress report.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Target is based on a final performance target measures planned progress from the baseline level.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	5		
2010	10		
2011	7		
2012	7		
2013	5		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Objective 1: Improved governance and management practices in the Palestinian health sector.

Intermediate Result 1.1: Strengthened capacity of MoH to implement reforms.

Indicator 7: Number of MOH institutions receiving capacity-strengthening support.

DESCRIPTION

Precise Definition(s): "Institutions" refer to the Ministry of Health facilities, departments and directorates. "Capacity-strengthening support" refers to one or more of the technical assistance interventions identified in the ID Plans. Technical assistance includes provision of management or technical training for one or more staff members, equipment, pharmaceuticals, or technical assistance in the form of protocols, guidelines, job aides, and health education materials, or health care standards.

Unit of Measure: Number of facilities.

Disaggregated by: MoH facility/department/directorate name, location, type of service provided (PHC, SHC, Rehabilitation, and Emergency).

Justification & Management Utility: This indicator captures the direct support provided by the project to MOH institutions.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Information is available from the internally maintained project records collected by project staff.

Data Source(s): Project records.

Frequency and Timing of Data Acquisition: Quarterly.

Estimated Cost of Data Acquisition: Low.

Responsible Individual at the Project: Component 1 and 2 Directors and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2011.

Known Data Limitations and Significance (if any): Accuracy and reliability of data is vital and depends on the strength of record-keeping systems.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: The M&E Specialist will conduct an annual internal data audit to confirm that there is adequate documentation in the M&E files to support attribution to the project's efforts.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, charts, graphs.

Review of Data: Annually.

Reporting of Data: Annual progress report.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Target is based on a final performance target and measures planned progress from the baseline level.

The target is the universe of MoH facilities in the West Bank (PHC:357, SHC:12, Emergency:12), Directorates (12), Departments/units (9)

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	40		
2010	100		
2011	200		
2012	300		
2013	402		

THIS SHEET LAST UPDATED ON: 21/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Intermediate Result 1.2: Strengthened capacities of NGO to manage health care services.

Indicator 8: Number of eligible NGOs receiving capacity strengthening support.

DESCRIPTION

Precise Definition(s): "Eligible NGO" will be project-supported NGO that receive institutional support under Components 1 and 2. "Capacity building support" is based on the ID plans developed with the support of the Flagship project. ID plans developed in a participatory manner with selected NGOs under Component 1 to provide more effective services related to Component 2. The ID Plans include, but are not limited to, operations, personnel, knowledge and financial management, and technical implementation. Project input is not limited to developing the plan in collaboration with partner NGO but also updating the plan as needed.

Unit of Measure: Number.

Disaggregated by: Geographic location, NGO service provided (PHC, Secondary, Emergency, Rehabilitation).

Justification & Management Utility: By building the capacity of NGO partners, we are able to ensure that our efforts are supporting sustainable development beyond solely the provision of equipment and financial support. Many NGOs are challenged by understaffing or transitions of leadership that directly affects the long term implementation of activities. Through building capacity and providing on-the-job training, NGO staff is more effective at all levels and are able to better withstand leadership changes.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Information is available from the internally maintained project records collected by project staff.

Data Source(s): Project records

Frequency and Timing of Data Acquisition: Quarterly.

Estimated Cost of Data Acquisition: Low.

Responsible Individual at the Project: Component 1 Director, Grants Manager, and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: December 2009.

Known Data Limitations and Significance (if any): Accuracy and reliability of data is vital and depends on the strength of record-keeping systems.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, graphs, and narratives.

Review of Data: Quarterly.

Reporting of Data: Quarterly and annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Other Notes: Number of NGOs will depend on receiving required approval from USAID. The NGO selection criterion is detailed in the NGO approach.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	15		
2010	20		
2011	30		
2012	30		
2013	30		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Intermediate Result 1.2: Strengthened capacities of NGO to manage health care services.

Indicator 9: Number of grants awarded to selected NGOs.

DESCRIPTION

Precise Definition(s): "Grants" awarded under the Flagship contract are governed by section H.18 Grants under Contract and the USAID-approved Flagship grants manual. "Selected NGOs" include those organizations that meet the minimum eligibility requirements as defined by Mission Order 21 and meet the objectives of the Flagship Project.

Unit of Measure: Number.

Disaggregated by: Geographic locations, guarantee service provided (PHC, Secondary, Emergency, Rehabilitation).

Justification & Management Utility: By measuring grants awarded we are able to demonstrate the improved capacity of NGOs in supporting health sector reform.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Information is available from the internally maintained project grants tracker and is measured by the actual grant agreements that have received USAID approval.

Data Source(s): Project records.

Frequency and Timing of Data Acquisition: Quarterly.

Estimated Cost of Data Acquisition: Low.

Responsible Individual at the Project: Component 1 Director, Grants Manager, and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2010.

Known Data Limitations and Significance (if any): Accuracy and reliability of data is vital and depends on the strength of record-keeping systems.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, graphs, and narratives.

Review of Data: Quarterly.

Reporting of Data: Quarterly and annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Target is based on a final performance target and measures planned progress from the baseline level.

Other Notes:

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		Grants Manual approved by USAID on August 21, 2009.
2010	15		
2011	15		
2012	15		
2013	8		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Project Objective 2: Improved quality of essential clinical and community-based health services.

Indicator 10: Number of clients benefiting from services at targeted health care facilities following project inputs.

DESCRIPTION

Precise Definition(s): "Number" counts the individual patients. "Clients benefiting from health services" refers to each individual who received curative or preventative services. "Targeted facilities" includes primary, secondary, emergency, and rehabilitative care centers that received assistance from the Flagship Project. "Project inputs" assistance provided by the Flagship Project in the form of management or technical training for one or more staff members, equipment, or technical assistance in the form of protocols, guidelines, job aides, and health education materials.

Unit of Measure: Number.

Disaggregated by: Facility geographic location, MoH/NGO, type of service (PHC, SHC, Emergency, Rehabilitation).

Justification & Management Utility: The number is an indication of improved access to better health service.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Flagship staff in contact with MoH and partner NGOs will obtain or provide documentation of use.

Data Source(s): MoH and NGO partners' facilities.

Frequency and Timing of Data Acquisition: Annually.

Estimated Cost of Data Acquisition: Medium. Development of the tools, training in tool administration, and collection and verification of data from facilities will require moderate project resources.

Responsible Individual at the Project: Component Directors, and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2010.

Known Data Limitations and Significance (if any): Accuracy and reliability of data is vital and depends on the strength of record-keeping systems.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, graphs, and narratives.

Review of Data: Annually.

Reporting of Data: Annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Target is based on a final performance target and measures planned progress from the baseline level.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		
2010	80,000		
2011	100,000		
2012	140,000		
2013	180,000		

THIS SHEET LAST UPDATED ON: 19/03/2010

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Objective 2: Improved quality of essential clinical and community-based health services.

Indicator 11: Number of participants in community health promotion activities.

DESCRIPTION

Precise Definition(s): "Community health promotion activities" refer to activities identified by the community-based organizations through formal and informal consultation with the health facility and community representative, and designed to improve the quality of life for community residents, and/or solve particular problems related to health issues. Community activities includes (but limited to) health campaigns, health education session, distributions of health education material, broadcasting of TV/Radio spots, produced with the project's support. "Participants" refers to people taking part in the activity and are not discrete individuals.

Unit of Measure: Percentage.

Disaggregated by: geographic location and community activity (campaign, printed BCC material, TV spot, radio spot, other).

Justification & Management Utility: Optimal health outcomes can only be achieved through combination of clinical and community-based interventions. This indicator captures outcome of project-supported community services and indicates improved capacity in the community to implement community-based outreach activities.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Flagship staff in contact with community based organization will obtain or provide documentation of use.

Data Source(s): Project and partner community staff and records.

Frequency and Timing of Data Acquisition: Annually.

Estimated Cost of Data Acquisition: Medium. Development of the tools, training in tool administration, and collection and verification of data will require moderate project resources.

Responsible Individual at the Project: Component 2 Director, Community Program Coordinator and M&E Specialist

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2010.

Known Data Limitations and Significance (if any): Accuracy and reliability of data is vital and depends on the strength of record-keeping systems.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, graphs, and narratives.

Review of Data: Quarterly.

Reporting of Data: Quarterly and annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Target is based on a final performance target and measures planned progress from the baseline level.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		
2010	100,000		
2011	500,000		
2012	300,000		
2013	100,000		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Objective 2: Improved quality of essential clinical and community-based health services.

Indicator 12: Percentage of target audience in project-assisted communities reached by BCC messages. .

DESCRIPTION

Precise Definition(s): "Target audience" refers to specified demographic group for which a message is designed. Target audiences are households at project assisted communities. "Project-assisted communities" are those assisted communities (counted in indicator 15) where USG assistance is provided through the Flagship Project. "Reached" indicates that the audience is able to recall health messages delivered through BCC modules. "BCC" (Behavior Change and Communication) messages" provide guidance on how to change one's actions to result in improved health.

Unit of Measure: Percentage.

Disaggregated by: Communication module, target group, health message, communication channel (printed material, TV/radio spot, campaign, health education session).

Justification & Management Utility: BCC modules utilize a blend of interpersonal counseling, mass media, and another innovative channel that can produce change in knowledge, attitude and behavior which in turn produce improved health outcomes. This indicator captures progress in communicating/disseminating BCC modules.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Survey to be completed by the project in collaboration with the MoH 6-12 months after launching BCC module at project assisted communities.

Data Source(s): Project and partner's staff and sample of BCC target group.

Frequency and Timing of Data Acquisition: Annually.

Estimated Cost of Data Acquisition: The cost will be high, as the project will subcontract a research firm to design the instrument, collect the data, analyze data, and prepare reports and presentations.

Responsible Individual at the Project: Component 2 Director, BCC Program Coordinator and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2010.

Known Data Limitations and Significance (if any): Accuracy and reliability of data is vital and depends on the strength of conducting the survey methodology.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, graphs, and narratives.

Review of Data: Annually.

Reporting of Data: Annual progress report.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

The target is a projection of a future trend in the capacity of the Ministry of Health to disseminate BCC messages with USG support.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		
2010	50%		
2011	65%		
2012	70%		
2013	80%		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Intermediate Result 2.1: Strengthened capacity of health institutions to deliver quality clinical services.

Indicator 13: Percentage of health care facilities assisted to provide improved quality of services.

DESCRIPTION

Precise Definition(s): "Percentage" will be calculated based on the number of facilities that have received assistance as the nominator and the dominator will be the total universe of MoH facilities in the West Bank and eligible NGO health facilities.

"Health care facilities" includes primary, secondary, emergency, and rehabilitative care centers in the West Bank and eligible NGOs health facilities. "Assisted to provide improved quality of services" refers to the Flagship Project's contributions toward increasing the capacity of a facility through the provision of management or technical training for one or more staff members, equipment, pharmaceuticals, or technical assistance in the form of protocols, guidelines, job aides, and health education materials, or health care standards (essential package of services for PHC).

Unit of Measure: Percentage.

Disaggregated by: Geographic location, MoH/NGO, type of service (PHC, SHC, Emergency, Rehabilitation).

Justification & Management Utility: This indicator is an output measure of project intervention. More facilities are not necessarily better than fewer. The supported targeted facilities are considered as a role model that will be rolling nationally.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Review project and partner facilities records.

Data Source(s): Project and partners facilities records

Frequency and Timing of Data Acquisition: Quarterly.

Estimated Cost of Data Acquisition: Low.

Responsible Individual at the Project: Component 2 Director, and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: December 2009.

Known Data Limitations and Significance (if any): Accuracy and reliability of data is vital and depends on the strength of conducting the survey methodology.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, graphs, and narratives.

Review of Data: Quarterly.

Reporting of Data: Quarterly and annually.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Target is based on a final performance target and measures planned progress from the baseline level.

The planned growth in annual targets reflects the rolling out of assistance across the Ministry of Health facilities during the project life.

Other Notes: The dominator includes the universe of MoH facilities in the West Bank (PHC:357, SHC:12, Emergency:12), and eligible NGO health providers as they are identified in West bank and Gaza (SHC:3,Rehabilitation:4)

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	10%		
2010	30%		
2011	50%		
2012	70%		
2013	100%		

THIS SHEET LAST UPDATED ON: 21/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Intermediate Result 2.1: Strengthened capacity of health institutions to deliver quality clinical services.

Indicator 14: Number of protocols and job aids developed and/or updated.

DESCRIPTION

Precise Definition(s): "Protocols" are the rules or conventions of correct approach to deliver quality health service. "Job aids" are a simplified guide that help service provider to deliver service according to designated standards. Protocols and job aids are developed and/or updated with project support in collaboration with MOH to insure their buy-in and institutionalization of the tools.

Unit of Measure: Number.

Disaggregated by: Protocol/job aid, area of support including technical priority areas (essential maternal health services, essential child survival intervention, chronic diseases, injury prevention, water and sanitation, and women's health).

Justification & Management Utility: In any reform process setting systems is the key for success. In a health reform process policy, regulations, procedures manuals, guidelines, protocols and job aids are of essential significance in establishing a unified and functional health system where high performance and qualitative outcomes are the indicators. Having unified national clinical protocols that guide the process of health services delivery, along with job aids that help the health providers to work according to the designed standards, will assure the provision of quality services through functioning health system.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Reviewing project and partner facilities records.

Data Source(s): Project and partners records.

Frequency and Timing of Data Acquisition: Quarterly.

Estimated Cost of Data Acquisition: Low.

Responsible Individual at the Project: Component 2 Director, and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2010.

Known Data Limitations and Significance (if any): Developing the protocols and job aids does not include only developing and/or updating.

Actions Taken or Planned to Address Data Limitations: Obtain buy-in on the protocols and job aids; help institutionalize implementing the protocols and job aids.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, graphs, and narratives.

Review of Data: Quarterly.

Reporting of Data: Quarterly and annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Target is based on a final performance target and measures planned progress from the baseline level.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		
2010	10		
2011	25		
2012	10		
2013	5		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Intermediate Result 2.2: Strengthened capacity of health institutions to provide effective outreach services.

Indicator 15: Number of communities assisted to implement the community-based activities.

DESCRIPTION

Precise Definition(s): "Community based activities" include, but are not limited to activities supported by the Flagship Project such as, mobilizing of community resources; forming of committees of community and health facility representatives to identify, prioritize, and intervene to meet their public health needs; and applying clinic-community linkages to improve quality of health services. Implementation defined in the structured Champion Community criteria, as the target communities are those participating in the Champion Community Program.

Unit of Measure: Number.

Disaggregated by: Geographic location.

Justification & Management Utility: Optimal health outcomes can only be achieved through combination of clinical and community-based interventions. This indicator captures output of project-supported community services.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Reviewing records and tools provided by the project to the community to document the process of institutionalizing the champion community approach and review of project and community records.

Data Source(s): Project and partner community records

Frequency and Timing of Data Acquisition: Quarterly.

Estimated Cost of Data Acquisition: Medium. Development of the tools, training in tool administration, and collection and verification of data will require moderate project resources.

Responsible Individual at the Project: Component 2 Director, Community Program Coordinator and M&E Specialist

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: December 2009.

Known Data Limitations and Significance (if any): Accuracy and reliability of data is vital and depends on the strength of record-keeping systems.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, graphs, and narratives.

Review of Data: Quarterly

Reporting of Data: Quarterly and annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Target is based on a final performance target and measures planned progress from the baseline level.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	9		
2010	37		
2011	67		
2012	92		
2013	100		

THIS SHEET LAST UPDATED ON: 21/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Intermediate Result 2.3: Strengthened capacity of health institutions to effectively use behavior change communication strategies.

Indicator 16: Number of BCC modules developed.

DESCRIPTION

Precise Definition(s): "BCC modules" are modules produced with Flagship Project support. BCC modules address health issues, improve health practices and promote health messages. Modules cover all technical priorities listed in the contract unless otherwise requested by the MoH. Modules are designed in collaboration with the MoH to ensure their buy-in and initialization of the modules.

Unit of Measure: Number.

Disaggregated by: BCC module, module health message, module target group.

Justification & Management Utility: Communication modules utilize a blend of interpersonal counseling, mass media, and another innovative channel which can produce change in knowledge, attitude and behavior which in turn produce improved health outcomes.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Reviewing project records.

Data Source(s): Project records.

Frequency and Timing of Data Acquisition: Quarterly.

Estimated Cost of Data Acquisition: Low.

Responsible Individual at the Project: Component 2 Director, BCC program Coordinator and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: December 2009.

Known Data Limitations and Significance (if any): Accuracy and reliability of data is vital and depends on the strength of conducting the survey methodology.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, and narratives.

Review of Data: Quarterly.

Reporting of Data: Quarterly and annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero. The target of 15 modules is specified in the contract. Target is based on a final performance target and measures planned progress from the baseline level.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	4		
2010	7		
2011	4		
2012	Zero		
2013	Zero		

THIS SHEET LAST UPDATED ON: 21/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Objective 3: Increased availability of essential commodities to help achieving USAID development objectives in health and humanitarian assistance.

Indicator 17: Number of people benefiting from services introduced or enhanced as a result of USG-procured medical equipment.

DESCRIPTION

Precise Definition(s): "People benefiting" refers to the number clients who receive the service. "Services introduced or enhanced" refer to health care services that are offered with the new equipment or enhanced services that are offered with equipment replacing old machines or enhancing existing systems. "USG-procured medical equipment" refers to equipment purchased and delivered by the Flagship project.

Unit of Measure: Number.

Disaggregated by: Gender, type of service (ex. Mammography), geographic location, and MoH/NGO.

Justification & Management Utility: Since the project has a large procurement component, measuring the extent to which medical equipment procured with USG funding have benefited the communities is important to showing the outcome of the procurement component.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Reviewing project and partner NGOs records.

Data Source(s): MoH and partner NGO

Estimated Cost of Data Acquisition: Low.

Responsible Individual at the Project: Component 3 Director and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: December 2009.

Known Data Limitations and Significance (if any): The validity and comprehensiveness of data collected and reported by health care facilities.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the project procurement team.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Narrative.

Review of Data: Annually.

Reporting of Data: Annually.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

The target is a projection of future trend in the capacity beneficiary organizations to provide services.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		
2010	10,000		
2011	20,000		
2012	50,000		
2013	120,000		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Objective 3: Increased availability of essential commodities to help achieving USAID development objectives in health and humanitarian assistance

Indicator 18: Number of facilities benefiting from USG-funded procurement of medical equipment.

DESCRIPTION

Precise Definition(s): "Facilities benefiting" refer to project supported facilities received quality product. Facilities will include PHC, secondary, emergency and rehabilitation providers.

Unit of Measure: Number.

Disaggregated by: Geographic location and type of health service (PHC, SHC, Emergency, Rehabilitation), MOH/NGO

Justification & Management Utility: Since the project has a large procurement component, measuring the health facilities is important in demonstrating the positive outcomes of the assistance.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Reviewing project and partners records.

Data Source(s): MoH and partner NGO health facilities.

Estimated Cost of Data Acquisition: Low.

Responsible Individual at the Project: Component 3 Director and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2010.

Known Data Limitations and Significance (if any): Some level of response error and data entry error is expected.

Actions Taken or Planned to Address Data Limitations: Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables and narrative.

Review of Data: Annually.

Reporting of Data: Annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Target is based on a final performance target and measures planned progress from the baseline level.

The target is based on the procurement plans developed by the Flagship Project based on requests from beneficiary institutions.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		
2010	60		
2011	70		
2012	75		
2013	80		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Intermediate Result 3.1: Quality commodities delivered in support to Components 1 and 2.

Indicator19: Value (in USD) of procured commodities delivered.

DESCRIPTION

Precise Definition(s): The dollar value of commodities procured delivered through the project with USG funding through the Flagship Project. This indicator contributes to element 5.1.2.

Unit of Measure: US dollar.

Disaggregated as followed:

- 19.1 Total amount USD of medical disposables/supplies provided.
- 19.2 Total amount USD of pharmaceuticals provided.
- 19.3 Total amount USD of medical equipment delivered.
- 19.4 Total amount of USD of MIS hardware, software, and support provided.
- 19.5 Total amount of USD of humanitarian assistance/emergency supplies provided.

Justification & Management Utility: Since the project has a large procurement budget, measuring how commodities procured with USG funding have increased the availability of essential commodities is an important measure of project performance.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Reviewing procurement database.

Data Source(s): Procurement database.

Frequency and Timing of Data Acquisition: Quarterly.

Estimated Cost of Data Acquisition: Low.

Responsible Individual at the Project: Component 3 Director and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2009.

Known Data Limitations and Significance (if any): There could be problems with accuracy between the amount listed on the invoice and the amount entered in to the database due to currency variations.

Actions Taken or Planned to Address Data Limitations: Data will be maintained in two databases, the accounting database, and the procurement database. Spot checks to verify accuracy of data entry and reporting will be conducted by the M&E Specialist.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E Specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables and graphs.

Review of Data: Quarterly.

Reporting of Data: Quarterly and annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Target is based on a final performance target and measures planned progress from the baseline level.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	0.5 million		
2010	17 million		
2011	3 million		
2012	1 million		
2013	0.5 million		

THIS SHEET LAST UPDATED ON: 21/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Objective 1, 2 and 3.

Indicator 20: Percentage of trainees applying skills/knowledge acquired from USG-funded training.

DESCRIPTION

Precise Definition(s): The percentage of participants from the total number of individuals attending USG-supported training events under objective 1, 2 and 3. Application of skills/knowledge refers to making use of the skills and knowledge that were acquired through the training.

Unit of Measure: Percentage

Disaggregated by: Gender, MoH/NGO, geographic location, occupation (medical, para-medical, Community health worker, health educator, other), Topic (leadership & management, M&E, preventive maintenance (of procured equipment), and the technical priorities specified on Table 5 of the contract (essential maternal health services, essential child survival interventions, chronic diseases, injury prevention, water & sanitation, and women's health)

Justification & Management Utility: Evaluating application of skills/knowledge gained during training will inform us about the outcome of the training on the participants' performance.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Survey to be conducted six months following to training session. The survey will be tailored according to each training topic to examine application of skills/knowledge by the trainee who received the trainings.

Data Source(s): Representative sample of Training participants.

Frequency and Timing of Data Acquisition: On ongoing basis, six months following to each training sessions, as events occur.

Estimated Cost of Data Acquisition: Medium.

Responsible Individual at the Project: Component Directors, Training Program Officer, and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2010.

Known Data Limitations and Significance (if any): If participants failed to complete the questionnaire.

Actions Taken or Planned to Address Data Limitations: M&E Specialist will follow with trainee to encourage them to complete the questions, and will review the completed form.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Charts and graphs.

Review of Data: Annually.

Reporting of Data: Annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Other Notes: The target is a projection of a future trend in the capacity of trainees to apply skills/knowledge received in USG supported trainings.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	Zero		
2010	40%		
2011	55%		
2012	65%		
2013	80%		

THIS SHEET LAST UPDATED ON: 16/12/2009

Performance Indicator Reference Sheet

Project Goal: Strengthen institutional capacities and performance of the Palestinian health sector, with a special emphasis on building confidence, promoting good governance and effective management practices, and improving quality of clinical services in PA's MoH.

Objective 1, 2 and 3.

Indicator 21: Number of professionals trained in technical and management areas.

DESCRIPTION

Precise Definition(s): The unique number of participants in attendance at project-supported training event. This incorporates standard operational indicators under Element 3.1.5 and 3.1.6: Number of medical and para-medical practitioners trained in evidence based clinical guidelines; and number of people trained in M&E. Training includes both training or retraining of individuals and assumes that training is conducted according to national or international standards and communicating best practices to eligible MoH and selected NGO staff. Only participants who complete the full training course will be counted. Technical areas are the ones listed in table 5 in the Flagship Project contract.

Unit of Measure: Number.

Disaggregated as followed:

- 21.1 Number of medical and para-medical practitioners trained in evidence-based clinical guidelines
- 21.2 Number of health professional from MoH trained
- 21.3 Number of health professional from NGO trained
- 21.4 Number of community members trained
- 21.5 Number of people trained in essential maternal health services
- 21.6 Number of people trained in essential child survival interventions
- 21.7 Number of people trained in chronic diseases
- 21.8 Number of people trained in Injury prevention
- 21.9 Number of people trained in of women's health
- 21.10 Number of household trained to improve practices for safe water use and hygiene
- 21.11 Number of people trained in other technical areas
- 21.12 Number of people trained in administration/management topics

Justification & Management Utility: Building the staff's skills, they are more capable of ensuring sustainable approaches to implementation and more competently ensuring quality provision of health service.

PLAN FOR DATA ACQUISITION BY THE PROJECT

Data Collection Method: Reviewing training reports and attendance lists which detail name and gender of attendees, dates of trainings held.

Data Source(s): Project and partners records.

Frequency and Timing of Data Acquisition: Monthly.

Estimated Cost of Data Acquisition: Medium. This information will be tracked by the project and by project staff working directly with trainers and will require close follow up with trainers, training in complete attendance sheets, completion of the required documentation, and verification of data from trainers will require moderate project resources.

Responsible Individual at the Project: Components Directors, Training Program Officer, and M&E Specialist.

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: December 2009.

Known Data Limitations and Significance (if any): If participants failed to sign in, there will be under-counting of participants.

Actions Taken or Planned to Address Data Limitations: The trainer or moderator for each training event will encourage all participants to sign in, and will review the completed form after each training event. The project staff will train trainers on developing tools, training on tool administration, collection, and verification of data.

Date of Future Data Quality Assessments: Annually.

Procedures for Future Data Quality Assessments: Using a form adapted from USAID's data quality assessment form, we will assess our indicator data on an annual basis.

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: The M&E specialist will analyze the data over time to see if project targets are being met.

Presentation of Data: Tables, graphs, and narratives.

Review of Data: Monthly.

Reporting of Data: Monthly, quarterly and annual progress reports.

OTHER NOTES

Notes on Baselines/Targets: The baseline is zero.

Target is based on a final performance target and measures planned progress from the baseline level.

PERFORMANCE INDICATOR VALUES

Year	Target	Actual	Notes
2009	350		
2010	450		
2011	400		
2012	400		
2013	400		

THIS SHEET LAST UPDATED ON: 21/12/2009