



## ***FORTE Saúde***

(Fostering Optimization of Resources and Technical Excellence for Health)

# **MONITORING AND EVALUATION PLAN 2006-2010**

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## Acronyms

BCC	Behavior change communication
CBD	Community-based distribution
CS	Child survival
CH	Child health
CIOB	Centro de Investigação Operacional da Beira/ Beira Operations Research Center
CLC	Community leaders council
COP	Chief of Party
DEE	Departamento de Epidemiologia e Endemias/Department of Epidemiology and Endemics
DHI	Department of Health Information/ Departamento de Informação para Saúde
DHS	Demographic and health survey
DSC	Departamento de Saúde da Comunidade/Department of Community Health
FP	Family Planning
FS	FORTE Saúde
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HIS	Health Information System
ICT	Information and Communication Technology
IMCI	Integrated Management of Childhood Illnesses
ITN	Insecticide-treated (mosquito) nets
IPT	Intermittent Preventive Treatment
IR	Intermediate result
IT	Information Technology
KPC	Knowledge, Practice and Communication
KRA	Key result area
MCH	Maternal Child Health
MDG	Millennium Development Goals
MISAU	Ministério da Saúde/ Ministry of Health
M&E	Monitoring and Evaluation
MEP	Monitoring and Evaluation Plan
MOH	Ministry of Health
NGO	Non-governmental organization
NHIS	National Health Information System / Sistema Nacional de Informação de Saúde
OR	Operations Research
PES	Plano Económico e Social / Economic and Social Plan
PESS	Plano Estratégico do Sector Saúde / Health Sector Strategic Plan
PHC	Primary Health Care
PIR	Project intermediate result
PMR	Performance monitoring report
PVO	Private Voluntary Organization
RH	Reproductive Health
SIS	Sistema de Informação de Saúde / Health Information System
SNS	Serviço Nacional de Saúde/National Health Service
SO	Strategic Objective
TA	Technical Assistance
TBA	To be announced
TBD	To be determined
USAID	United States Agency for International Development

## **Section I. Introduction**

The purpose of this monitoring and evaluation plan (MEP) is to inform and guide both internal and external stakeholders of FORTE Saúde contract on matters related to the implementation of its contract.

FORTE Saúde is a consortium of six organizations, namely Chemonics International, JHPIEGO, Helen Keller International, Health Alliance International, IT Shows and Austral Consulting.

The purpose of the five-year FORTE Saúde contract is to assist the Ministry of Health (MOH) to improve Maternal Child Health/Reproductive Health (MCH/RH), malaria and nutrition policies and implementation to strengthen the quality and efficiency of services, thus contributing to improve health status in Mozambique. In addition, because the country is especially vulnerable to epidemics such as avian flu, cholera and meningitis, the other focus of FORTE Saúde is epidemics preparedness, as a contribution to improved MOH emergency preparedness.

Keeping in line with the contract mission of capacity building at the central levels of the national health system in Mozambique, the MEP will be a learning tool for the MOH, therefore striving for user-friendly format and language.

### **A. Project Description and Approach**

The FORTE Saúde contract was conceived, designed, and awarded with significant MOH participation. In keeping with the MOH's interest in and commitment to this contract, FORTE Saúde looks forward to five years of creating continuous learning, and institutionalizing new and reinforced knowledge and skills.

FORTE Saúde will work with the MOH's central level, supporting national programs, to advance MCH/RH, malaria and nutrition policies, strategies, guidelines, and protocols and implementation to improve the quality and efficiency of services to improve health status. Part of this contract is also to work to strengthen the MOH and other PVO/NGO partners' capacities to increase utilization of, access to, demand for, and management of priority health services at the provincial, district, and community levels. The mechanism to achieve this is through more accountable policy and management. This includes strengthening and expanding critical systems for planning and monitoring performance.

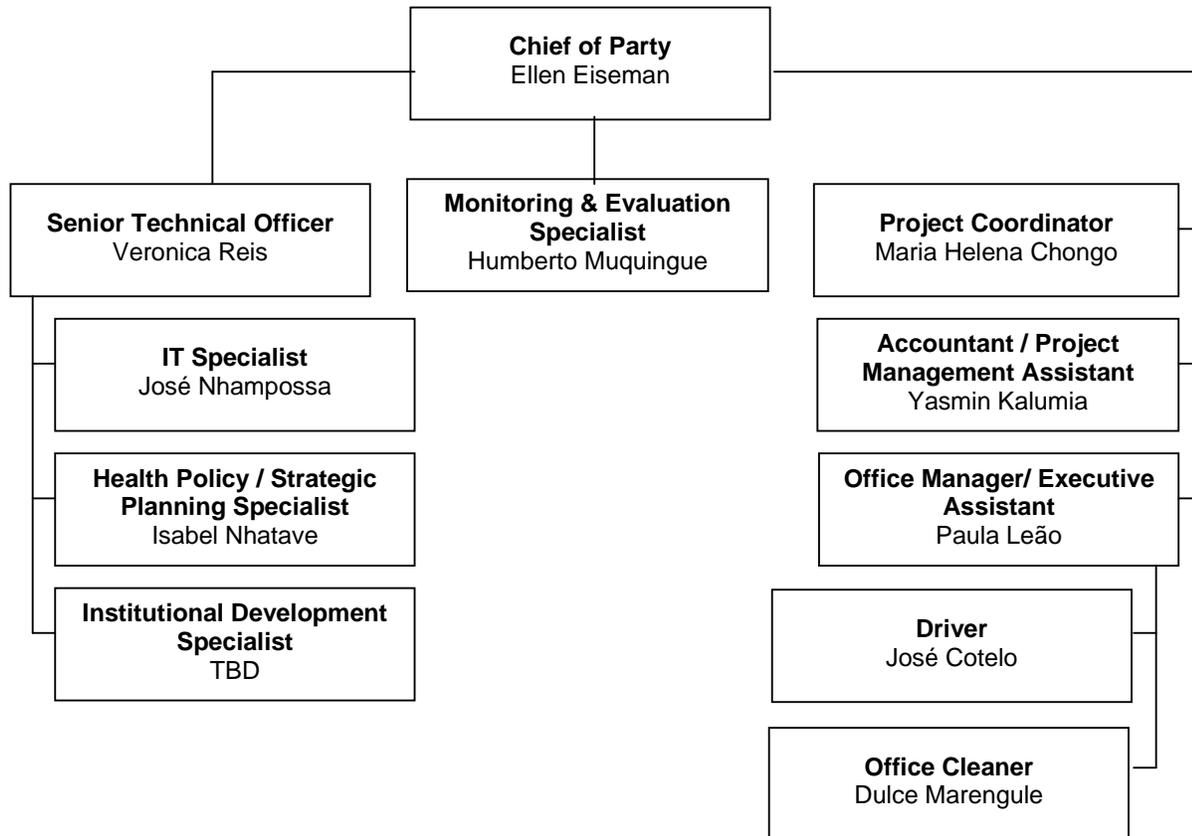
A wide variety of activities are anticipated that should strengthen and expand priority, interrelated management systems to improve the MOH's effectiveness in managing scarce health resources. Technical assistance (TA) will be provided to the MOH to strengthen policy, programs, communications and management at central and provincial levels. In addition to TA will be training, information and communication technology (ICT) support, provision of equipment, supplies and materials, capacity building, policy dialogue, monitoring and evaluation, development of tools and job aids, behavior change communication (BCC)/community participation strategies, advocacy of knowledge management systems and promotion of operations research.

Coordination and collaboration with other USAID-funded partners working in the health sector in Mozambique, including four separately awarded Cooperative Agreements, will be key to strengthening local service delivery, access and use in selected districts within the provinces of Zambezia (with World Vision), Nampula (with Save the Children), Gaza (with Project Hope), and Maputo (with Pathfinder).

## B. Organizational Structure

FORTE Saúde's organizational structure is shown in Figure 1. The Chief of Party (COP) oversees the work of both technical and administrative support staff. The Senior Technical Officer supervises the work and performance of all technical staff, including relevant short-term consultants. The M&E specialist reports directly to the COP.

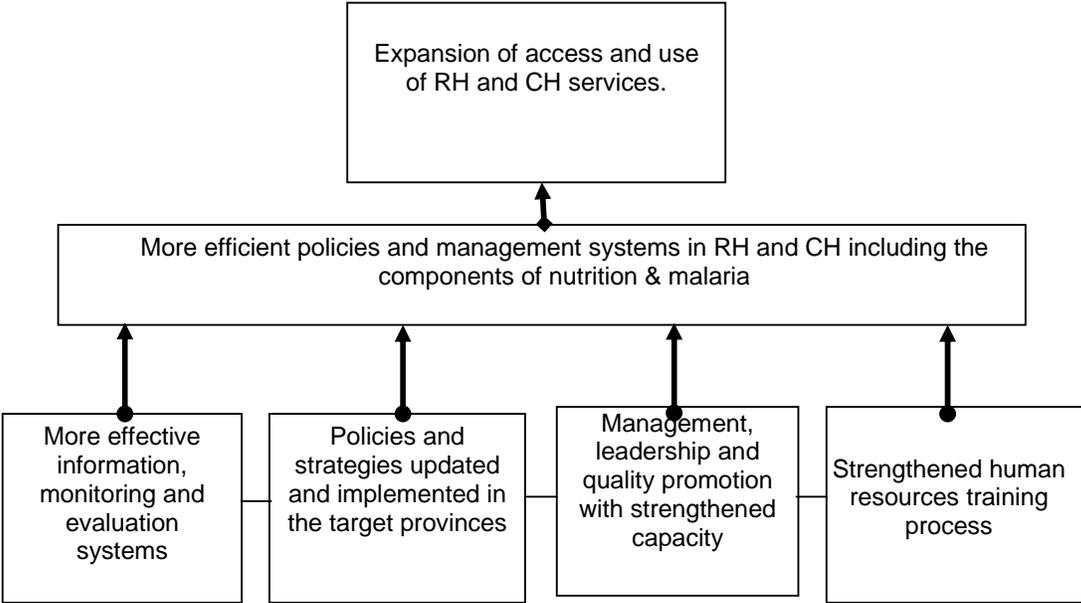
Figure 1. Organizational structure of FORTE Saúde



### C. Project’s Role in Achieving Strategic Objective Results

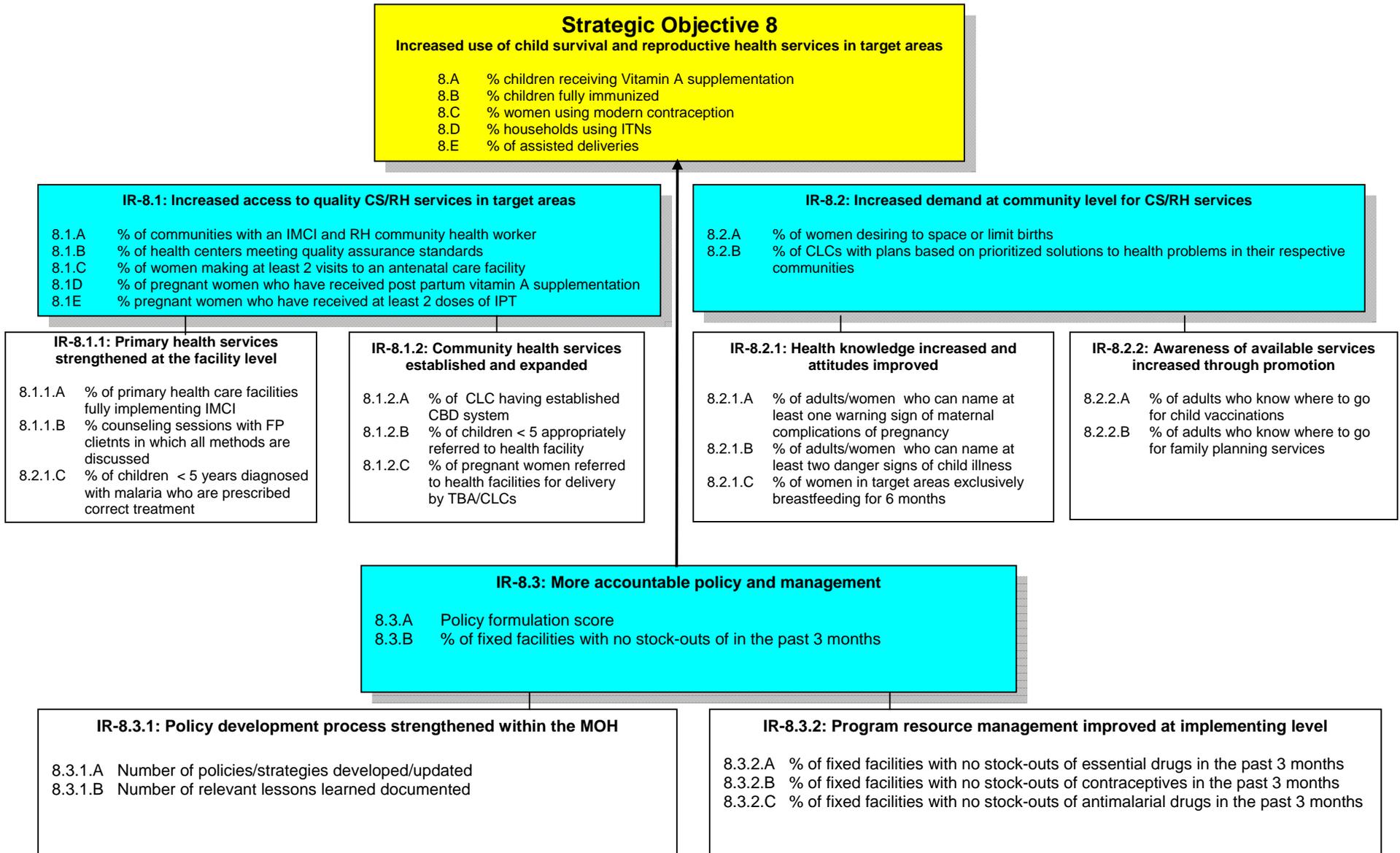
FORTE Saúde's work is divided into four specific objectives (bottom rectangles, below). Each of the specific objectives encompasses cross-cutting activities related to HIV/AIDS, gender, capacity building, monitoring and evaluation, community participation and procurement. Figure 2 presents the contribution of the four specific objectives toward USAID/Mozambique’s Strategic Objective 8 (SO8), stated as “Increased use of child survival and reproductive health services in target areas by directly strengthening and supporting health systems at the central level and lower levels”.

Figure 2. FORTE Saúde contribution to USAID SO8



The USAID results framework (Figure 3) also illustrates how FORTE Saúde contributes to the achievement of the SO8. It also shows how the distinct intermediate results are related. The contract’s focus primarily falls under SO8’s Intermediate Result 3 (IR3) “More accountable policy and management”. As part of the contract deliverables, the indicators currently defined for the IR3 have been revised, in close coordination with the PVOs and USAID.

Figure 3. USAID/Mozambique results framework for Strategic Objective 8



## **Section II. Performance Monitoring Plan**

### **A. Project Results Framework**

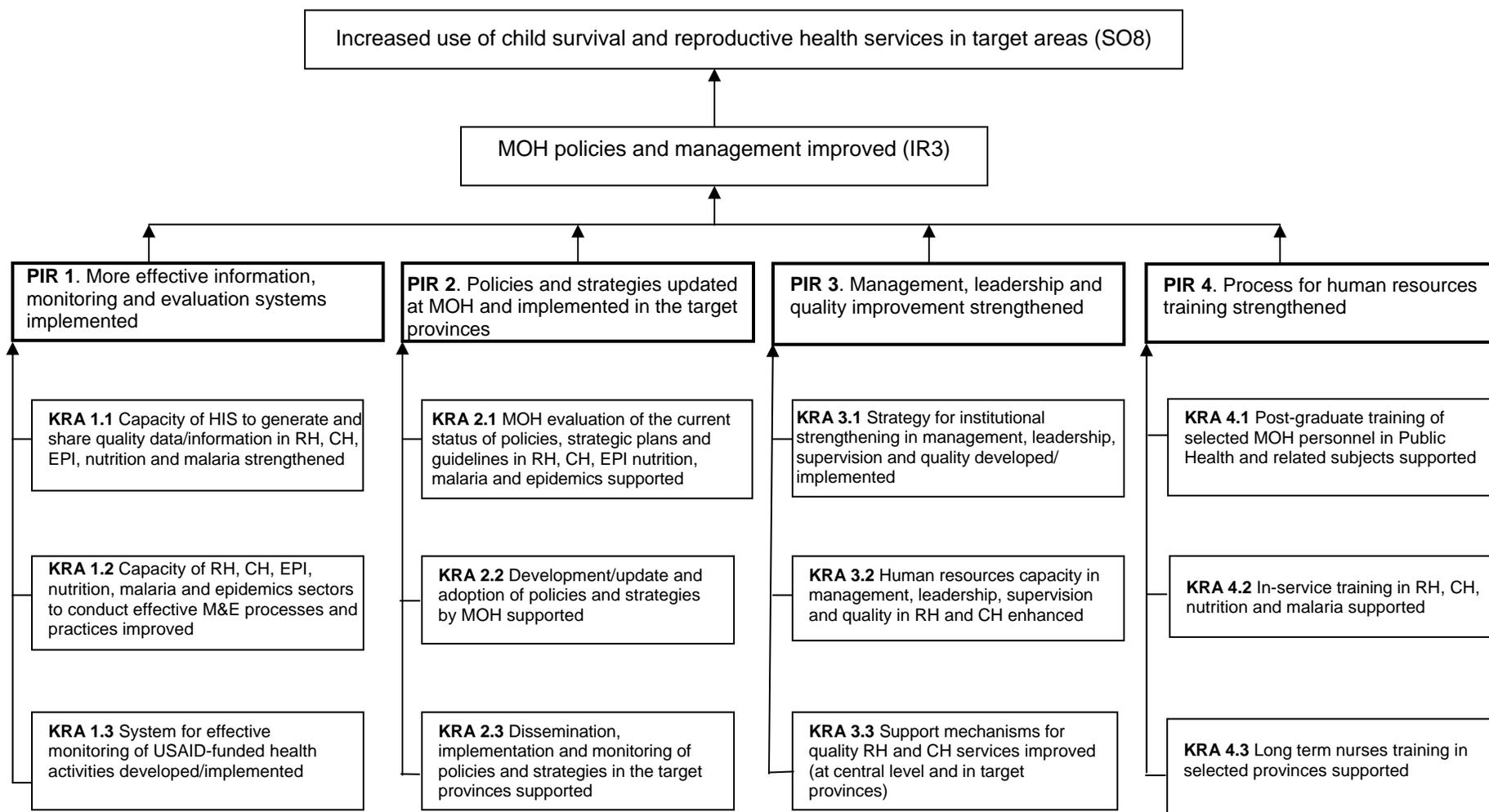
Figure 4 depicts the complete FS results framework. Four project intermediate results, each with three key result areas, are expected to improve policy development processes and management systems in the Ministry of Health. This is both an intermediate result for the SO8 and a project objective. The critical assumptions underlying the results framework are presented in Section III.

The indicators that will measure how well did the contract succeeded in producing the indicated results (intermediate results and key result areas) are listed in Table 1.

From its monitoring and evaluation plan, FORTE Saúde will only provide data for the following indicators of the revised IR3:

- 8.3.A. Policy formulation score
- 8.3.1.A. Number of policies/strategies developed/updated
- 8.3.1.B. Number of relevant lessons learned documented

Figure 4. FORTE Saúde results framework in relation to USAID SO8 and IR3



**Key:**  
**IR** intermediate result  
**KRA** key result area  
**PIR** project intermediate result  
**SO** strategic objective

## **B. Overview of Monitoring, Evaluation, Analysis, and Communication**

The monitoring and evaluation plan will serve a critical role in guiding the contract management to ascertain the performance of the contract in the face of the resources invested and to initiate appropriate corrective measures. The MEP also contains detailed indicators and explanations concerning how to ensure the external accountability of FORTE Saúde's contribution to strengthening the health system in Mozambique and how the contracts' contribution to USAID/Mozambique's program will be assessed.

The performance monitoring report (PMR), the major form for progress reporting in the FS contract, will present the values for all the indicators stated in the MEP. Those indicator values may be disaggregated using the pre-defined levels presented in the indicator reference sheets.

The use of a participatory approach and internal brainstorming in the compilation of the PMR will ensure that each member of FS is aware of the achievements, challenges and perspectives provided by the M&E system. In addition to indicators, and in compliance with USAID reporting requirements, the PMR includes accounts of lessons learned, success stories and best practices. The M&E specialist is the lead contributor for the identification of FS lessons learned and best practices.

To warrant internal accountability, a tool has been developed for appropriate follow-up on outputs expected for each quarter from individual specialists. FS staff will be regularly provided with an activity performance sheet (Annex B). The staff will be requested to fill in this form their appraisal of the status of the work performed, using one out of five possibilities, namely: pending, beginning, half-way, advanced and finalized. Individual inputs will be computed by the M&E specialist and a performance score produced for each activity, on a quarterly basis. Using this approach, it will be possible to describe the achievements and challenges under each of the project intermediate results and key result areas.

## **C. Indicators**

The monitoring and evaluation plan has outcome and process indicators.

***Outcome Indicators.*** Indicators listed under the project intermediate results (PIR) were selected to measure the outcome of the activities of FS.

***Process Indicators.*** Indicators presented under the key result areas (KRA) are mostly aimed at measuring lower level results; they may immediately inform about the effect of a given activity.

## **D. Special Indicators**

Additional indicators will be developed and included in the MEP as part of activities added to the course of FS contract, or activities not fully negotiated/established at the time this MEP was compiled. Those activities include avian influenza and male circumcision.

## E. Data Collection, Analysis, and Reporting

**Data collection.** Each indicator presented in the MEP has detailed sources of data and collection methods and frequency. The Ministry of Health will be the main provider of data for the MEP, given the institutional focus of the contract. Data sources in the MOH (and related training and research institutions) include periodic activity reports from the target areas as well as internal records, curricula, training materials and consultancy documents. Interviews with key informants will be used to capture subjective appraisals of the contract contribution.

For data related to the provincial implementation of the contract, FS will collaborate with the PVOs operating in the relevant provinces to gather the data. Nonetheless, FORTE Saúde will take the responsibility for adapting the data collection forms and mechanisms used by the PVOs and for performing the initial verification of data correctness, consistency and completeness before submission to USAID or MOH.

**Data analysis.** The analysis of M&E data concerning the contract will be carried out by the FORTE Saúde team, with the lead of the M&E specialist and the collaboration of MOH M&E counterparts. Partners financed by USAID may be consulted and involved in the data analysis.

**Data presentation.** M&E data will be presented using a variety of tools and models, namely tables, graphics, in addition to narratives and, in few occasions, multimedia materials. Consolidated data may be made available in brochures and leaflets and disseminated in relevant fora with the consent of USAID and the MOH.

**Timing and contents of the reports.** Depending on their type, FORTE Saúde reports will be submitted according to distinct schedules. As a common feature, the reports will include descriptions of results achieved, targets met, challenges faced, proposed solutions and considerations for the forthcoming periods.

The format of all M&E reports will be compatible with the format adopted by USAID and designed in such way that comparative analyses will be possible between activities performed over time, the level of resources spent and the results achieved in each reporting period. Table 1 depicts the contents and the timing of the reporting expected from the contract.

Table 1. Calendar for reporting by FORTE Saúde contract

<b>M&amp;E and related reports</b>		
<b>Type of report</b>	<b>Main content</b>	<b>Frequency</b>
Monthly Progress Report	Contract activities, results and effects. Progress in relation to previous reports. Solutions found to challenges described previously. Issues not yet tackled. Constraints. Activity plan for the next month.	Monthly
Semi-annual Monitoring and Evaluation Report (Performance Monitoring Review)	Activities and interventions in the past six months. Performance results against the indicators. Progress in relation to M&E indicators. Success stories at individual level. Documentation of best practices. Planned activities and results expected in the next six months.	Semi-annual

**Dissemination of information.** M&E data generated by FORTE Saúde will be disseminated through multiple venues and channels, such as meetings scheduled between the MOH, PVOs, partners, etc. The sharing of information will contribute to the identification and dissemination of best practices in the areas of FORTE Saúde intervention. It will also assist the establishment of a knowledge management system envisaged in the contract strategic plan.

**Baselines and targets.** The analysis of the contract performance should consider that given the fact that most indicators are quantitative, many do not have data which could define precise starting points (baselines). Some indicators will have to be accounted for in the first months after the contract approval by MOH, and will result from the situation analysis, particularly for specific objectives 1 and 4. Whenever data is available, the baseline for the respective indicator will be noted in the indicator reference sheets.

## **F. Responsibilities of Project Staff**

The M&E specialist will be responsible for collecting/gathering, analysing and reporting correct, consistent and complete data, in a timely and regular manner, to allow for appropriate monitoring of the contract. Collaboration of individual technical staff will be critical to ensure availability of reliable data on the performance of their respective technical areas, taking into account that no activity be considered completed until it has been properly monitored and evaluated.

## **G. Other issues**

**Revision and update of the MEP.** The monitoring and evaluation plan is a live document which will be revisited and reviewed with the consent of USAID and MOH. The revision of the MEP will be justified and all rationality behind it appropriately produced.

**Special studies and operational research.** FORTE Saúde will not carry out research with the purpose of collecting data and will not be involved in operational research related to the contract implementation. FORTE Saúde team may however provide technical support to some studies and surveys (eg, KPC and DHS) if they are judged relevant and are within the scope of the contract activities.

## Section III. Indicators

### A. Critical assumptions

The achievement of the targets and results proposed in the FORTE Saúde contract, and established in the contract results framework and MEP is dependent on a series of conditions and assumptions, such as:

- The pace of the MOH in conducting the systems restructuring process in the health sector in Mozambique;
- The pace of the signing of agreements and/or memoranda of understanding between the MOH and USAID focusing on specific aspects of the contract and yearly plans;
- The availability of human resources at the MOH who will work with the FORTE Saúde team in the implementation of the planned activities and will benefit from the transfer of skills as part of the institutional development process;
- The assurance of support from other partners to carry out activities complementary to FORTE Saúde contract but not financially supported by the contract.

### B. Project indicators:

Twenty seven indicators were selected to monitor the performance of the contract toward the project objective of “policy and management improved at the Ministry of Health”. These indicators are presented in Table 2, by intermediate result and key result area. Three indicators, all under the project intermediate result 2, will be collected at provincial level.

PIR 1. More effective information, monitoring and evaluation systems implemented at MOH	PIR 2. Policies and strategies updated at MOH and implemented in target provinces	PIR 3. Management, leadership and quality improvement strengthened	PIR 4. Process for human resources training strengthened
Indicators	Indicators	Indicators	Indicators
Proportion of target areas using data generated by SIS	Number of provincial operational plans that incorporate all critical elements of RH, CH, nutrition and malaria policies and strategies	Number of target areas implementing best practices on management, leadership and quality	Total number of MOH personnel trained with support from the project
Number of M&E reports of good quality produced in the target areas on a timely basis		Number of health professionals completing training based on the improved curricula	
KRA 1.1 Capacity of HIS to generate and share quality data/information in RH, CH, EPI, nutrition and malaria strengthened.	KRA 2.1 MOH evaluation of the current status of policies, strategic plans and guidelines in RH, CH, EPI nutrition, malaria and epidemics supported	KRA 3.1 Strategy for institutional strengthening in management, leadership, supervision and quality improvement at MOH (in RH and CH) and in target provinces developed and implemented	KRA 4.1 Post-graduate training of selected MOH personnel in Public Health and related areas supported

Indicators	Indicators	Indicators	Indicators
Proportion of target areas that have defined minimum program indicators	Proportion of policies, strategic plans and guidelines for RH, CH, EPI, nutrition and malaria evaluated	Proportion of units of the target areas that participate in the development of the institutional strategy	Number of of MOH personnel completing post-graduate training
Percent of data elements from the target areas integrated into the SIS		Number of units of the target areas implementing the institutional strategy	Number of operations research protocols being implemented by MOH personnel
KRA 1.2 Capacity of RH, CH, EPI, nutrition, malaria and epidemics sectors to conduct effective M&E processes and practices improved	KRA 2.2 Development/update and adoption of policies and strategies by MOH supported	KRA 3.2 Human resources capacity in management, leadership, supervision and quality improvement enhanced (in RH and CH at the central level and in the target provinces)	KRA 4.2 In-service training in RH, CH, nutrition and malaria supported
Indicators	Indicators	Indicators	Indicators
Number of tools for monitoring and evaluation of programs, projects and actions defined and implemented in the target areas	Number of policies/strategies developed/updated in target areas incorporating HIV/AIDS, gender and community participation with involvement of stakeholders	Proportion of implemented curricula and training materials that incorporate aspects of management, leadership, supervision and quality	Number of individuals completing project-supported in-service training in RH, CH, nutrition and malaria
Number of M&E reports published by MOH		Proportion of MOH officers who are satisfied with the project as a technical resource to their daily work	Proportion of training plans including aspects of HIV/AIDS, gender and community participation
KRA 1.3 System for effective monitoring of USAID-funded health activities (RH, CH, EPI, nutrition, malaria and epidemics) developed/ implemented	KRA 2.3 Dissemination, implementation and monitoring of policies and strategies in the target provinces supported	KRA 3.3 Support mechanisms for quality RH and CH services improved (at central level and in target provinces)	KRA 4.3 Long term nurses training in selected provinces supported
Indicators	Indicators	Indicators	Indicators
Number of monitoring system tools developed and adopted by PVOs	Proportion of health professionals aware of policies and strategies of target areas	Proportion of health facilities reporting no stock-outs of essential health supplies (drugs, vaccines, contraceptives and condoms)	Number of nurses completing training with financial support from the project
Proportion of reliable data elements sent to USAID health team by the PVOs	Proportion of provincial and district health office enforcing implementation of policy guidelines		Number of supervisors of nurse internships trained with financial support from the project

Table 2. Listing of FS indicators by intermediate result and key result area

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## ANNEX A. Indicators Reference Sheet

Indicator	Definition and units	Justification	Data source/ methods	Frequency	Baseline/Targets
<b>PIR1. More effective information, monitoring and evaluation systems</b>					
Number of target areas <sup>1</sup> using data generated by SIS	<p><b>Def:</b> The indicator measures the proportion of target areas using data collected by SIS to plan and manage health programs and activities</p> <p><b>Unit:</b> Number of target areas</p> <p><b>Disaggregated by:</b> Target area</p>	The use of evidence in planning and management supports development of viable interventions, and contributes to increasing demand for quality information from the SIS.	<p><b>Source:</b> Operational plans of the target areas</p> <p><b>Method:</b> Document review</p>	Annual	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007):</p> <p>T (2008):</p> <p>T (2009):</p>
Number of M&E reports of good quality produced in the target areas on a timely basis	<p><b>Def:</b> The indicator measures the quality and timeliness of M&amp;E reports published by target areas. Quality will be determined after validation of data for possible errors</p> <p><b>Unit:</b> Number of reports</p> <p><b>Disaggregated by:</b> Target area</p>	Project support is intended to strengthen the capacity of the target areas to publish and disseminate M&E results so as to improve planning and assessment of performance.	<p><b>Source:</b> M&amp;E reports from target areas</p> <p><b>Method:</b> Document review; quality checklist</p>	Annual	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007):</p> <p>T (2008):</p> <p>T (2009):</p>
<b>KRA 1.1 Capacity of HIS to generate and share quality data/information in RH, CH, EPI, nutrition and malaria strengthened.</b>					
Proportion of target areas that have defined minimum program indicators	<p><b>Def:</b> The indicator measures the ratio of target areas with a document outlining critical indicators for their programs and activities</p> <p><b>Unit:</b> Proportion (<i>Num:</i> # target areas with documented indicators; <i>Denom:</i> All target areas)</p> <p><b>Disaggregated by:</b> Target area</p>	A set of minimum indicators allows health program managers to streamline the amount of information they have to handle and to focus on essential outcomes of the programs. Having minimum indicators will also help target areas to be conscious of measuring their outcomes	<p><b>Source:</b> MOH (Department of Health Information); Documents from target area units</p> <p><b>Method:</b> Document review</p>	Annual	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007):</p> <p>T (2008):</p> <p>T (2009):</p>

<sup>1</sup> Target areas include Child Health, Reproductive Health, Nutrition, Malaria (DEE), Health Education

Indicator	Definition and units	Justification	Data source/ methods	Frequency	Baseline/Targets
Percent of data elements from the target areas integrated into the SIS	<p><b>Def:</b> This indicator measures the percentage of data elements of the target areas incorporated into SIS This includes collection, aggregation, analysis and dissemination.</p> <p><b>Unit:</b> Percent (<i>Num:</i> # of data elements integrated into SIS; <i>Denom:</i> All data elements predicted in each area)</p> <p><b>Disaggregated by:</b> Target area</p>	The strengthening of IT use demands harmonization and integration of the existing information processes and systems. The relevance of this indicator relies in the analysis of the contribution of the contract to promote integrated information systems.	<p><b>Source:</b> MOH (Department of Health Information), Target area units</p> <p><b>Method:</b> Document review; SIS data reports</p>	Annual	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>
<b>KRA 1.2 Capacity of RH, CH, EPI, nutrition, malaria and epidemics sectors to conduct effective M&amp;E processes and practices improved</b>					
Number of tools for monitoring and evaluation of programs, projects and actions defined and implemented in the target areas	<p><b>Def:</b> The indicator measures how many target areas have tools in place for the monitoring and evaluation of their program activities. Tools are defined as M&amp;E plan, relevant data collection and aggregation forms/registers and a data flows document.</p> <p><b>Unit:</b> Number of tools</p> <p><b>Disaggregated by:</b> Target areas</p>	Because of the multiplicity of target areas and M&E needs, a number of tools will be necessary for effective monitoring of implementation and outcomes. Monitoring and evaluation tools ensure that the target areas obtain and handle data that informs their plans and measures their achievements.	<p><b>Source:</b> Target areas</p> <p><b>Method:</b> Document review</p>	Annual	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>
Number of M&E reports published by MOH	<p><b>Def:</b> The indicator measures the number of reports published by MOH demonstrating progress against key indicators in MCH, FP, nutrition and malaria</p> <p><b>Unit:</b> Number of M&amp;E reports</p> <p><b>Disaggregated by:</b> Relevant health program, target area</p>	The MOH needs to show overall performance of the ministry in the various sectors it manages. Such reports will justify the resources used and resources needed for future interventions. It is therefore important that the MOH capacity to prepare M&E reports and to make them public is supported.	<p><b>Source:</b> MOH (Department of Health Information); MOH website</p> <p><b>Method:</b> Document review</p>	Annual	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>
<b>KRA 1.3 System for effective monitoring of USAID-funded health activities (RH, CH, EPI, nutrition, malaria and epidemics) developed/ implemented</b>					

<p>Number of monitoring system tools developed and adopted by PVOs</p>	<p><b>Def:</b> The indicator refers to the number of tools in place for monitoring and coordinating SO8 activities carried out by the PVOs and financed by USAID. The system includes PVO consolidated reports, channels for open access to PVO information, provision of technical assistance, verification of data quality and preliminary work on knowledge management systems.</p> <p><b>Unit:</b> Number of tools</p> <p><b>Disaggregated by:</b> Institution (MOH, partners), development and implementation stage of the tool</p>	<p>USAID funds a number PVOs to implement health programs. In order to assess the overall outcomes of USAID-funded activities, it is important that standardized tools that collect key performance and outcome data are developed.</p> <p>The project will therefore support development of standard M&amp;E tools for participating PVOs that collect data on key indicators within the target areas, and that support the MOH M&amp;E efforts. Standardized data tools will ease management of the process, analysis, reporting and dissemination of information on progress in the different SO8 components against defined targets.</p>	<p><b>Source:</b> Quarterly reports from PVOs; key informants from PVOs and MOH (Planning and Cooperation Directorate, Department of Community Health)</p> <p><b>Method:</b> Document review; interviews with MOH (Planning and Cooperation Directorate, Department of Community Health)</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2006): T (2007): T (2008): T (2009):</p>
<p>Proportion of reliable data elements sent to USAID health team by the PVOs</p>	<p><b>Def:</b> The indicator measures the quality of the data on health activities sent to USAID by the PVOs. Reliability is defined as completeness, correctness and consistency in the reported data.</p> <p><b>Unit:</b> Proportion (<i>Num:</i> # of reliable data elements; <i>Denom:</i> Total number of data elements received by USAID)</p> <p><b>Disaggregated by:</b> Target area, district, province</p>	<p>The project will conduct periodic validation of data reported by PVOs to USAID. Reliable data are crucial in order to inform planning, mobilization of resources and accountability, in relation to funding. This indicator will assess how well the project has contributed to improving the capacity of PVOs to collect and disseminate accurate data.</p>	<p><b>Source:</b> Reports from PVO; Data quality checks; Data reports from MOH (Planning and Cooperation Directorate, Department of Community Health)</p> <p><b>Method:</b> Document review</p>	<p>Semi-annual</p>	<p>Baseline: 0.25</p> <p>T (2007): 0.30 T (2008): 0.35 T (2009): 0.50</p>
<p>PIR 2. Policies and strategies updated at MOH and implemented <i>in target provinces</i></p>					

<p>Number of annual provincial operational plans that incorporate all critical elements of RH, CH, nutrition and malaria policies and strategies</p>	<p><b>Def:</b> The indicator assesses the number of annual provincial operational plans which incorporate all aspects of RH, CH, nutrition and malaria into their planned activities for the year. Critical elements are defined in relevant policies and strategies (IMCI, MinPak, vitamin A supplementation, IPT, etc).</p> <p><b>Unit:</b> Number of annual provincial operational plans</p> <p><b>Disaggregated by:</b> Province; program</p>	<p>The provincial authorities supervise the implementing level (health facilities). It is important that the provincial level ensures appropriate attention to fundamental aspects of national policies and strategies by including them in local annual planning documents.</p>	<p><b>Source:</b> Provincial annual operational plans</p> <p><b>Method:</b> Document review</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>
<p><i>KRA 2.1 MOH evaluation of the current status of policies, strategic plans and guidelines in RH, CH, EPI nutrition, malaria and epidemics supported</i></p>					
<p>Proportion of policies, strategic plans and guidelines for RH, CH, EPI, nutrition and malaria evaluated</p>	<p><b>Def:</b> The indicator measures the proportion of policies, strategic plans and guidelines assessed by MOH for consistency with government plans (PES, PESS, MDG, Health Policy) and cross-cutting issues such as HIV/AIDS, gender, community participation.</p> <p><b>Unit:</b> Proportion (<i>Num:</i> # evaluated documents; <i>Denom:</i> All policies, strategic plans and guidelines)</p> <p><b>Disaggregated by:</b> Target area, Type of document (policy, strategy, etc)</p>	<p>This indicator provides for periodic review of policies so as to keep them up-to-date with existing situations. The MOH needs to assess whether existing policies and strategies meet the expectations set by health directives and government long-term targets.</p>	<p><b>Source:</b> Reports on policy/strategy evaluation from MOH; reports from target areas</p> <p><b>Method:</b> Document review</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>
<p><i>KRA 2.2 Development/update and adoption of policies and strategies by MOH supported</i></p>					

<p>Number of policies/strategies developed/updated in target areas incorporating HIV/AIDS, gender and community participation with involvement of stakeholders</p>	<p><b>Def:</b> The indicator is used to measure the development or updating of policies, strategies and guidelines in the target areas to include HIV/AIDS, gender and community participation at central level. The indicator will also measure stakeholder involvement in the processes. Stakeholders include the community, private sector, NGOs, donors and implementing agencies.</p> <p><b>Unit:</b> Number of policies, strategies and guidelines</p> <p><b>Disaggregated by:</b> Target area, type and development stage of the policy, strategy, etc; stakeholder involvement; stakeholder sector.</p>	<p>The indicator shows the project support in the development of policies, strategies and guidelines in the target areas. The involvement of relevant stakeholders ensures wide ownership and adoption of the final policy, strategy, etc. The indicator may also specifically inform about the nature and extent of community participation in the policy development process.</p>	<p><b>Source:</b> Minutes of policy/development sessions; surveys and consultancy reports at MOH (target area units); policy adoption official letters; policy, guidelines and strategy documents</p> <p><b>Method:</b> Document review; check lists (use of evidence, inclusion of HIV/AIDS and gender)</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2006): T (2007): T (2008):</p> <p>The definition of the baseline must include an appraisal of the operation of the Epidemics Response Unit at MOH as well as the identification of the main management and leadership challenges in the target areas.</p>
<p><i>KRA 2.3 Dissemination, implementation and monitoring of policies and strategies in the target provinces supported</i></p>					
<p>Proportion of health professionals aware of policies and strategies of target areas</p>	<p><b>Def:</b> This indicator measures the awareness of district and provincial health professionals about health policies and strategies in the target program areas</p> <p><b>Unit:</b> Proportion (<b>Num:</b> # of health professionals aware of relevant policy or strategy; <b>Denom:</b> All health professionals in target provinces and districts)</p> <p><b>Disaggregated by:</b> Province, district, policy and strategy</p>	<p>While MOH policies are often prepared at the central level, knowledge about their existence within the MOH, the provinces, the district and the health providers is primary to enforcing implementation. The indicator assesses the MOH effectiveness in increasing knowledge of professionals about the existence of policies and guidelines, which then increases their ability to enforce implementation.</p>	<p><b>Source:</b> Key informants at district and province level</p> <p><b>Method:</b> In-depth interviews</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>

<p>Proportion of provincial and district health offices enforcing implementation of policy guidelines</p>	<p><b>Def:</b> The indicator assesses enforcement and supervisory support for the application of relevant policy guidelines by health offices in target provinces and districts.</p> <p><b>Unit:</b> Proportion (<i>Num:</i> # offices enforcing guideline implementation; <i>Denom:</i> All health offices in target provinces and relevant districts)</p> <p><b>Disaggregated by:</b> Province, district, policy and strategy</p>	<p>Provincial and district health offices have the responsibility of ensuring that the implementation levels follows closely the approved policy guidelines.</p>	<p><b>Source:</b> District and provincial supervision reports</p> <p><b>Method:</b> Document (policy, supervision records) review, in-depth interviews; checklist with parameters to assess enforcement (frequency of visits, distribution of guidelines)</p>	<p>Semi-annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>
<b>PIR 3. Management, leadership and quality improvement strengthened</b>					
<p>Number of target areas implementing best practices on management, leadership and quality</p>	<p><b>Def:</b> This indicator measures the number of target areas applying best practices on management, leadership and quality in their operation. Best practices will be developed with the support of the project. They are defined in a separate document.</p> <p><b>Unit:</b> Number of target areas</p> <p><b>Disaggregated by:</b> Target area, focus area</p>	<p>Best practices allow the target areas to ensure reliable performance by adhering to benchmarked methods, processes and activities. This is critical to central level units given the responsibility they have in disseminating most effective approaches and interventions to the peripheral levels of the national health system.</p>	<p><b>Source:</b> Quarterly activity reports from target areas; key informants (heads of units/programs) at MOH</p> <p><b>Method:</b> Document review, in-depth interviews</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>
<p>Number of health professionals completing training based on the improved curricula</p>	<p><b>Def:</b> The indicator assesses the number of health professionals who completed training conducted with use of curricula revised for aspects of management, leadership and quality improvement.</p> <p><b>Unit:</b> Number of health professionals</p> <p><b>Disaggregated by:</b> N/A</p>	<p>The indicator informs about the implementation and success of the improvements made in the training curricula, therefore allowing to forecast eventual changes in practices of management, leadership and quality promotion.</p>	<p><b>Source:</b> Activity reports from MOH (Directorate of Human Resources) and Health Sciences Institutes</p> <p><b>Method:</b> Document review</p>		<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>
<b>KRA 3.1 Strategy for institutional strengthening in management, leadership, supervision and quality improvement at MOH and in target provinces developed (in RH and CH)</b>					

<p>Proportion of units of the target areas who participate in the development of the institutional strategy</p>	<p><b>Def:</b> The indicator measures the proportion of target units involved in the development of the institutional strategy for strengthening of management, leadership, supervision and quality.</p> <p><b>Unit:</b> Proportion (<i>Num:</i> # of target areas participating in strategy development; <i>Denom:</i> All units of target areas)</p> <p><b>Disaggregated by:</b> Target area</p>	<p>Institutional strategies aimed at strengthening management, leadership, supervision and quality should involve the target areas in their design. The project will promote their participation because it promotes ownership, eases dissemination and supports swift implementation of relevant strategies.</p>	<p><b>Source:</b> Quarterly reports of target areas; minutes from strategy development sessions</p> <p><b>Method:</b> Document review</p>	<p>Semi-annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>
<p>Number of units of the target areas implementing the institutional strategy</p>	<p><b>Def:</b> The indicator assesses the number of units of target areas implementing the</p> <p><b>Unit:</b> Number of units</p> <p><b>Disaggregated by:</b> Target area</p>	<p>Target areas can implement the institutional strategy through appropriately designed training venues, in order to include aspects of management, leadership, supervision, quality, HIV/AIDS and gender.</p>	<p><b>Source:</b> Quarterly reports from units; reports from the department of training</p> <p><b>Method:</b> Document review</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>
<p><i>KRA 3.2 Human resources capacity in management, leadership, supervision and quality improvement enhanced (in RH and CH at the central level and in the target provinces)</i></p>					
<p>Proportion of implemented curricula and training materials that incorporate aspects of management, leadership, supervision and quality</p>	<p><b>Def:</b> The indicator specifies the proportion of curricula and materials that include contents of management, leadership, supervision and quality. The curricula and materials are used for formal and non-formal training, the latter with 20 or more hours of direct contact*.</p> <p><b>Unit:</b> Proportion (<i>Num:</i> # of curricula and materials with relevant aspects; <i>Denom:</i> All curricula and training materials)</p> <p><b>Disaggregated by:</b> Type of training document</p>	<p>Training plans and curricula institutionalize the continuing improvement of skills and should therefore take into account aspects of management, leadership, supervision and quality.</p>	<p><b>Source:</b> Curricula and training materials</p> <p><b>Method:</b> Document review</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007): T (2008): T (2009):</p>

<p>Proportion of MOH officers who are satisfied with the project as a technical resource to their daily work</p>	<p><b>Def:</b> The indicator measures the proportion of relevant MOH officers who have a positive perception of the project interventions, measured on a Likert scale.  <b>Unit:</b> Proportion (<i>Num:</i> # of MOH officers with positive appraisal of the contract; <i>Denom:</i> Total number of officers in target areas)  <b>Disaggregated by:</b> Target area, hierarchical position, gender and education level of MOH officer</p>	<p>The indicator assesses the performance of the project as a technical resource in aspects of management and quality, among others. Assessment of training events conducted in the target areas with direct/indirect support from the project should be considered.</p>	<p><b>Source:</b> Reports from target areas; MOH officers in target areas; Post-training questionnaires  <b>Method:</b> Semi-structured interviews; Check list with Likert scale;</p>	<p>Annual</p>	<p>B: 0  T (2007): 0.35  T (2008): 0.75  T (2009): 0.95</p>
<p><i>KRA 3.3 Support mechanisms for quality RH and CH services improved (at central level and in target provinces)</i></p>					
<p>Proportion of health facilities reporting no stock-outs of essential health supplies</p>	<p><b>Def:</b> The indicator measures the percent of health facilities in target provinces that have not had a stock out of drugs, vaccines, contraceptives and condoms in the past three months.  <b>Unit:</b> Percent (<i>Num:</i> # of health facilities reporting no stock-out; <i>Denom:</i> All health facilities)  <b>Disaggregated by:</b> Province, district</p>	<p>Appropriate facility management will ensure seamless supplies of critical supplies for both preventive (vaccines, preservatives) and curative (essential drugs).</p>	<p><b>Source:</b> Provincial and PVO quarterly reports  <b>Method:</b> Document review</p>	<p>Quarterly</p>	<p>Baseline: TBD after assessments in year 1  T (2007):  T (2008):  T (2009):</p>
<p><b>PIR 4. Process for human resources training strengthened</b></p>					
<p>Total number of MOH personnel trained with support from the project</p>	<p><b>Def:</b> The indicator refers to the total number of MOH personnel completing the project supported nursing, short-term and post-graduate training. The project will support training in different categories and specialty areas of RH, CH, nutrition and malaria  <b>Unit :</b> Number of individuals trained  <b>Disaggregated by:</b> position/designation of trainee, category and area of training</p>	<p>The indicator assesses the main intention expressed by the strengthening of human resources.</p>	<p><b>Source:</b> Activity reports from MOH (Directorate of Human Resources) and Health Sciences Institutes  <b>Method:</b> Document review</p>	<p>Bi-annual</p>	<p>B: 0  T (2007):  T (2009):  Total:</p>
<p><i>KRA 4.1 Post-graduate training of selected MOH personnel in Public Health, Epidemiology, RH and other target areas supported</i></p>					

<p>Number of MOH personnel completing post-graduate training</p>	<p><b>Def:</b> The indicator measures the number of MOH professionals who have completed post-graduate training in different categories and specialty areas of public health locally or abroad</p> <p><b>Unit:</b> Number of individuals</p> <p><b>Disaggregated by:</b> Target area</p>	<p>As part of its mandate, the project will support postgraduate training of MOH personnel. The identification and coordination of opportunities for post-graduate training will equip relevant MOH staff with adequate skills to perform their duties.</p>	<p><b>Source:</b> Individual training reports; reports from training department at MOH</p> <p><b>Method:</b> Document review</p>	<p>Bi-annual</p>	<p>B: 0</p> <p>T (2007):</p> <p>T (2009):</p> <p>Total:</p>
<p>Number of operations research protocols being implemented by MOH personnel</p>	<p><b>Def:</b> This indicator measures the application of skills acquired by MOH personnel at the Operations Research Centre in Beira on operations research</p> <p><b>Unit:</b> Number of protocols</p> <p><b>Disaggregated by:</b> Target area under research</p>	<p>The indicator will show the application of skills on qualitative methodology, study design and epidemiology acquired by MOH staffers through post-graduation in collaboration with the Operations Research Centre in Beira (CIOB).</p>	<p><b>Source:</b> reports from CIOB; MOH (National Health Institute), research protocols, proceedings from National Health Workshops</p> <p><b>Method:</b> Document review</p>	<p>Semi-annual</p>	<p>B: 0</p> <p>T (2007): 2</p> <p>T (2008): 12</p> <p>T (2008): 22</p> <p>T (2009): 26</p> <p>Total: 62</p>
<p><i>KRA 4.2 Local specialized training in RH, CH, nutrition and malaria supported</i></p>					
<p>Number of individuals completing project-supported in-service training in RH, CH, nutrition and malaria</p>	<p><b>Def:</b> The indicator assesses the number of MOH professionals who have completed in-service training in RH, CH, nutrition and malaria</p> <p><b>Unit:</b> Number of individuals</p> <p><b>Disaggregated by:</b> Target area</p>	<p>In-service training will ensure that skills of health professionals are updated in face of growing body of scientific and technical knowledge.</p>	<p><b>Source:</b> Provincial and PVO quarterly reports; reports from Department of Training and target areas at MOH,</p> <p><b>Method:</b> Document review</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007):</p> <p>T (2008):</p> <p>T (2009):</p>
<p>Proportion of training plans including aspects of HIV/AIDS, gender and community participation</p>	<p><b>Def:</b> The indicator assesses the ratio of training plans that include the cross-cutting issues of HIV/AIDS, gender and community participation. The training plans are in use at higher and mid-level health sciences institutes (sponsored and managed by MOH). The plans refer to all training with duration of 20 or more hours of direct contact*.</p> <p><b>Unit:</b> Proportion (<i>Num:</i> # of training plans with cross-cutting aspects; <i>Denom:</i> All training plans in use)</p> <p><b>Disaggregated by:</b> Cross-cutting issue</p>	<p>Cross-cutting issues such as the integration of HIV/AIDS and gender contribute for a holistic approach to health problems and to barriers affecting the access, use and provision of quality health care.</p>	<p><b>Source:</b> Training plans and curricula from Health Science Institutes; reports from Department of Training at MOH,</p> <p><b>Method:</b> Document review</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007):</p> <p>T (2008):</p> <p>T (2009):</p>
<p><i>KRA 4.3 Long term nurse training in selected provinces supported</i></p>					

<p>Number of nurses completing training with financial support from the project</p>	<p><b>Def:</b> The indicator refers to the number of nurses completing formal training financially supported by the project</p> <p><b>Unit:</b> Number of nurses</p> <p><b>Disaggregated by:</b> N/A</p>	<p>The project will provide funding for training of nurses in mid-level health sciences institutes in selected provinces as a contribution to increase staffing levels in the health facilities. MOH is responsible for ensuring and demonstrating the highest quality of training.</p>	<p><b>Source:</b> Activity reports from MOH (Directorate of Human Resources, Department of Training) and Health Sciences Institutes</p> <p><b>Method:</b> Document review</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007):</p> <p>T (2008):</p> <p>T (2009):</p>
<p>Number of supervisors of nurse internships trained with financial support from the project</p>	<p><b>Def:</b> The indicators measures the number of supervisors of nurse internships who will be trained as part of the support of nurse training</p> <p><b>Unit:</b> Number of supervisors</p> <p><b>Disaggregated by:</b> N/A</p>	<p>Properly trained internship supervisors ensure appropriate transfer of skills to their interns.</p>	<p><b>Source:</b> Records from health sciences institutes; reports from training department at MOH</p> <p><b>Method:</b> Document review</p>	<p>Annual</p>	<p>Baseline: TBD after assessments in year 1</p> <p>T (2007):</p> <p>T (2008):</p> <p>T (2009):</p>

## ANNEX B. Activity Performance Sheet

(Adapted from Proyecto 2000, Peru)

### Part I. Empty sheet middle

Specific objective or result	Activity status										Final score		Progress	
	Pending (weight =0)		Beginning (Score =1)		Half-way (Score =2)		Advanced (Score =3)		Completed (Score =4)		QP	AT	QP	AT
	C	F	C	F	C	F	C	F	C	F				

#### Instructions:

1. The column “Specific objective or result” names the general task/output. For reference, it may specify the number of activities planned under that task or to accomplish the result.
2. The column “Activity status” has five headers, each with two smaller columns.
3. The headers indicate five different possibilities for activity completion status, namely: pending, beginning, half-way, advanced and completed.
4. For each status, a score from 0 to 4 is given when computing the final score.
5. In the smaller columns, **C** lists activities that have been planned to be **completed** in the current quarter; **F** is for activities that had been planned for the coming quarters but were partially or fully **finalized** in the current quarter.
6. The cells should be filled with the numbers of activities which are under the relevant activity status, taking into account whether it is considered C or F.
7. The column “Final score” has two smaller columns: **QP** (Quarter Partial), which is the cumulative score divided by the maximum score for the relevant quarter; **AT** (Annual Total), which is the cumulative score divided by the maximum score for the relevant year, therefore it can only be computed at the end of 4 quarters.
8. The numerator for the Final Score is obtained by adding the result of the multiplication of the number of activities in a particular status and the corresponding weight (0, 1, 2, 3 or 4). This numerator will be calculated the same for QP and AT.

- 9. The denominator for the Final Score is calculated multiplying the total number of planned activities for the “specific objective” by 4, as if all the activities had been completed in the quarter or year.
- 10. The column “Progress” is identical to the “Final Score” column but is expressed in percentage, for both QP and AT

**Part II. Practical application of the activity performance sheet**

Specific results	Activity status (Quarter: July – September 2006)										Final score		Progress	
	Pending (Score=0)		Beginning (Score =1)		Half-way (Score =2)		Advanced (Score =3)		Completed (Score =4)		QP	AT	QP	AT
	C	F	C	F	C	F	C	F	C	F				
1A. Situation of information systems in general, and area subsystems evaluated (8 activities)	5	0	1	0	1	0	1	0	0	0	6/32	x/32	18%	
1B. Information needs and respective data flows determined (12 activities)	2	0	1	0	2	1	2	0	3	1	29/48	y/48	50%	
Etc, etc.....														

NOTE: In the example above, the specific result 1A has been 18% achievement for the indicated quarter, while 1B has been achieved by 50%. The numerators x and y can only estimated at the end of the year, in this case, 2006.