



PERFORMANCE MONITORING PLAN (PMP)

**Strategic Objective (SO) 1:
Fertility reduced and family health improved**

USAID/BANGLADESH

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ACRONYMS AND ABBREVIATIONS

| | |
|----------------|--|
| ADS | Automated Directive System |
| AIDS | Acquired Immune-Deficiency Syndrome |
| BCCP | Bangladesh Center for Communications Program |
| BDHS | Bangladesh Demographic and Health Survey |
| CA | Cooperating Agency |
| CPR | Contraceptive Prevalence Rate |
| CTO | Cognizant Technical Officer |
| CYP | Couple Years of Protection |
| DELIVER | a USAID Global Bureau Field Support activity |
| DfID | Department for International Development (British foreign assistance organization) |
| EngenderHealth | Formerly AVSC |
| ESP | Essential Service Package |
| GOB | Government of Bangladesh |
| HIV | Human Immunodeficiency Virus |
| HPSP | Health and Population Sector Program |
| ICDDR,B | International Centre for Diarrheal Disease Research, Bangladesh |
| IMCI | Integrated Management of Childhood Illness |
| IMPACT | Implementing AIDS Prevention and Control Activities (a USAID Global Bureau Field Support activity) |
| IR | Intermediate Results |
| IUD | intra-uterine device |
| LMIS | Logistics Management Information System |
| MIS | Management Information System |
| MOHFW | Ministry of Health and Family Welfare |
| NA | not applicable |
| NGO | non-governmental organization |
| NIPHP | National Integrated Population and Health Program |
| NSDP | NGO Service Delivery Program (follow-on to UFHP, RSDP, PRIME and QIP) |
| PHN | Population, Health and Nutrition |
| PMP | Performance Monitoring Plan |
| POLICY | A Global Bureau Field Support Activity |
| PRIME | Primary Providers' Training and Education in Reproductive Health (a USAID Global Bureau Field Support activity) |
| QA | quality assurance |
| QC | quality compliance |
| RSDP | Rural Service Delivery Partnership (under NIPHP) |
| SMC | Social Marketing Company |
| SO | Strategic Objective |
| TMIS | Training Management Information System |
| UFHP | Urban Family Health Partnership (under NIPHP) |
| UNAIDS | United Nations AIDS Control Programme |
| USAID | United States Agency for International Development |
| VSC | voluntary surgical contraception |



SECTION I. INTRODUCTION

A. BACKGROUND

In June 2000, USAID/Bangladesh developed a new Country Strategic Plan for FY 2000 – FY 2005. The Mission's goal for this period is "expanded resource base and capacity for sustainable development." In support of this goal, the Population Health and Nutrition (PHN) Team's Strategic Objective (SO 1) is "**reduced fertility and improved family health.**" The SO 1 Team intends to achieve this through a series of interventions aimed at strengthening non-governmental organizations (NGOs) which provide an essential service package (ESP) of family planning and maternal and child health care to targeted populations, along with improved knowledge and changes in health-seeking behaviors and improved contraceptive security. The National Integrated Population and Health Program (NIPHP), which consists of various complementary activities, provides USAID inputs into the Strategic Objective.

The original strategic objective results framework was developed in cooperation with a number of development partners in a two-week workshop in Rajendrapur in October 1996. It was then approved by Washington on May 2, 1997; it included five Intermediate Results: increased use of clinic-based high-impact ESP; increased health-seeking behavior to help families and communities protect themselves; improved quality of services, information and products; strengthened service delivery organizations and improved support systems; and increased sustainability of services and support systems.

From January through June 2000, the IRs and indicators were laboriously reviewed and redrafted in a collaborative process involving all cooperating agencies and other NIPHP partners. In September 2000, the partners then re-packaged their numerous sub-results to fit the new framework and indicators for the FY 2001 workplans. Thus, a major framework revision was finalized shortly before submission of the Mission's Strategic Plan to Washington for approval.

USAID guidance in the Automated Directive System (ADS) 201.3.4.13 requires Operating Units to develop a Performance Monitoring Plan (PMP) for each Strategic Objective within one year of strategy approval, which the Mission received in October 2000. In order to comply with this guidance, and to prepare for a new procurement, the SO 1 Team revised and updated the results framework in the approved strategy and developed this PMP.

The PHN Team's Strategic Objective remains "fertility reduced and family health improved." The revision separated the context indicators, and developed new SO Indicators for which USAID can be held accountable. It consolidated the non-governmental organization specific (NGO) IRs into a new IR 1.1, kept a IR 1.2 focused on behavior change, and added a new IR 1.3 which reflects the SO 1 team's emphasis on contraceptive prevalence and security.

B. USAID/BANGLADESH PRE-EXISTING SO 1 RESULTS FRAMEWORK

The graphical representations on the [following](#) page illustrate the pre-existing Results Framework as approved in the Country Strategy Plan.



USAID/BANGLADESH PHN PRE-EXISTING RESULTS FRAMEWORK

STRATEGIC OBJECTIVE 1

Fertility reduced and family health improved

Indicators:
 1a Total Fertility Rate
 1b Infant and Child Mortality Rates
 1c Non-polio acute-flacid paralysis rate
 1d HIV sero-prevalence

IR 1.1: Increased use of high-impact elements of an “Essential Service Package” among target populations, especially in low-performing areas

INDICATOR 1:
Contraceptive Prevalence rate (modern methods by method, age and source)

INDICATOR 2:
Immunization rates for children under 1, all antigens, in target populations

INDICATOR 3:
NIDS coverage

INDICATOR 4:
Sales of ORS

IR 1.2: Increased knowledge and changed behaviors related to high-priority health problems, especially in low-performing areas

INDICATOR 1:
Percent of potential clients who know the pros and cons of major family planning methods

INDICATOR 2:
Duration of exclusive breastfeeding

INDICATOR 3:
Percentage of high-risk populations who know specific HIV-prevention measures

IR 1.3: Improved quality of services at NIPHP facilities

INDICATOR 1:
Percent of NIPHP clinics with at least “acceptable” compliance with service-delivery standards

INDICATOR 2:
“Crude” and “valid” immunization coverage, all antigens, children under one year of age

INDICATOR 3:
Increasing number of ANC visits per pregnancy

IR 1.4: Improved management of NIPHP service-delivery organizations

INDICATOR 1:
Percent of facilities with satisfactory revolving drug funds

INDICATOR 2:
Average monthly percent of NIPHP facilities with stockouts of one or more contraceptives

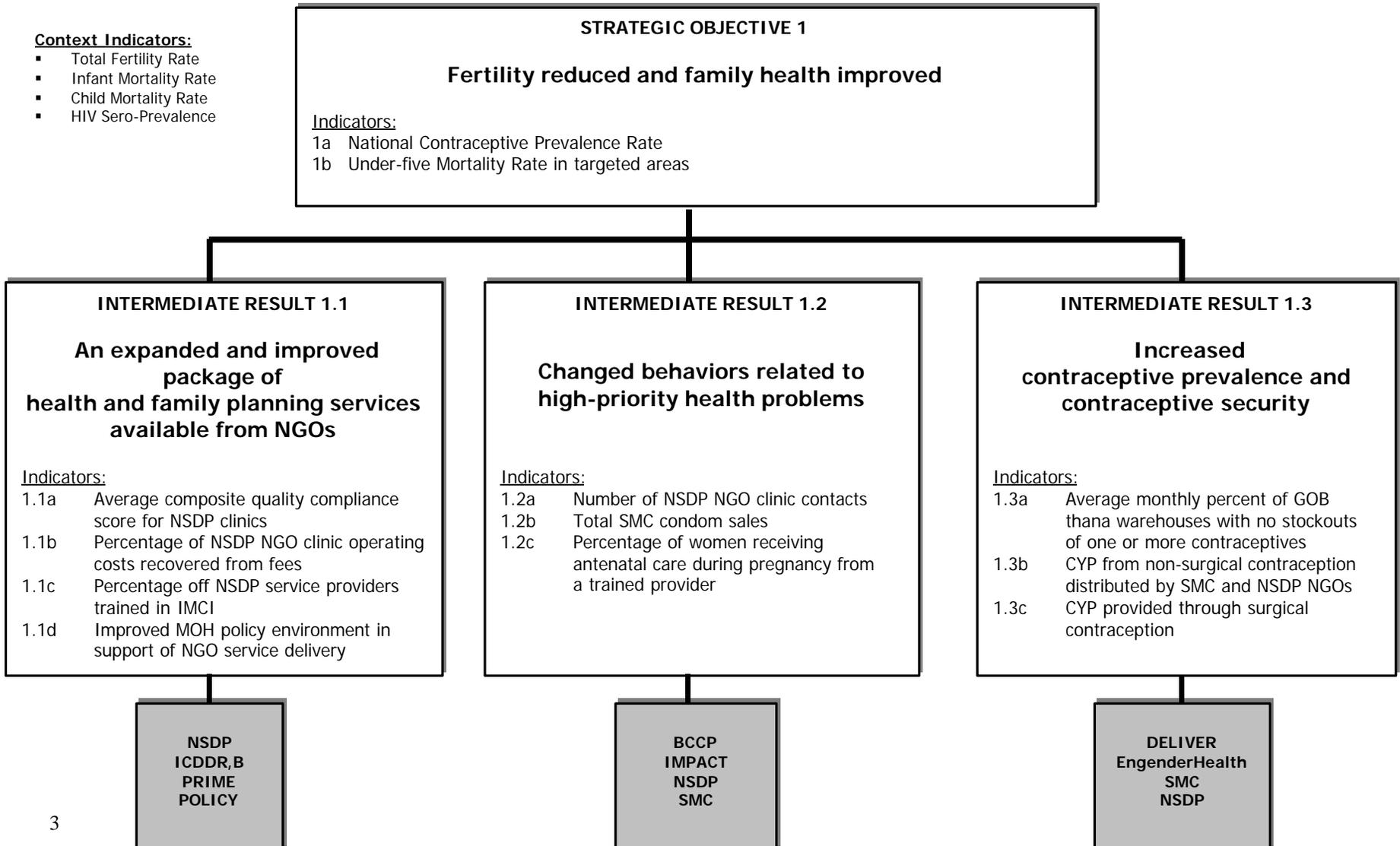
IR 1.5: Increased sustainability of NIPHP service-delivery organization

INDICATOR:
Percent of UFHP /RSDP clinic operating costs recovered from fees per year



SECTION II. THE POPULATION, HEALTH AND NUTRITION RESULTS FRAMEWORK

A. GRAPHICAL REPRESENTATION



B. LOGICAL CONSISTENCY OF THE RESULTS FRAMEWORK

Activities under SO 1 will help Bangladesh to achieve its desired fertility rate and to improve health status. National-level **Context Indicators**¹ include: Total Fertility Rate, Infant and Child Mortality Rates, and HIV Sero-Prevalence rate. Data for these rates are available from the triennial Bangladesh Demographic and Health Survey (BDHS) and the annual sero-prevalence survey. USAID activities play an important role in influencing these indicators, in conjunction with those of other donors and the Bangladeshi private sector and public sector.

Indicators to assess USAID's impact at the Strategic Objective level include the national contraceptive prevalence rate, since USAID provides contraceptives at the national level through the Social Marketing Company (SMC) and helps ensure nationwide contraceptive availability through technical assistance provided by the DELIVER Project. Under-five Mortality Rates in NIPHP areas will also be reported through biennial impact surveys in communities served by USAID NGOs.

Three **Intermediate Results** (IRs) which directly impact on the Strategic Objective reflect the major emphases of USAID's activities. **IR 1.1: An expanded and improved package of health and family planning services available from NGOs.** The Government of Bangladesh (GOB) assigns clinic catchment areas to USAID-supported NGOs, often in under-served populations. NGOs are able to provide low-cost, high-quality primary-health-care services more effectively and efficiently than the GOB and are the focus of USAID's program. NIPHP will provide an expanded GOB-approved essential service package of family planning and health interventions in its catchment areas. In this context, "expanded" means a wider variety of services than previously offered under NIPHP and a desired expansion in GOB support for NGO health programs generally, the latter to be achieved through policy dialog in collaboration with other donors. "Improved" refers to improvements in quality and in sustainability of NGO programs. Indicators reflect USAID's interests in quality, sustainability, expansion and policy areas.

IR 1.2: Changed behaviors related to high-priority health problems. This IR reflects USAID/Bangladesh's focus on changing health-seeking behavior, including high-risk sexual behavior. Indicators are chosen to reflect increased utilization of NSDP facilities, HIV-prevention behavior and national changes in service utilization.

IR 1.3: Increased contraceptive prevalence and contraceptive security. Without contraceptive commodities and more attention to clinical contraception, Bangladesh will quickly lose the tremendous population successes of the past several decades. USAID continues its traditional role in Bangladesh of assuring the availability of contraceptive commodities, especially for the NGO and private sectors, but also for the public sector. While USAID is unable to provide the majority of contraceptives required nationwide, the Mission provides technical assistance to assure that other sources are secured; further, the Mission encourages private-sector sources of supplies for SMC and works to improve the NGO, public, and private sectors' capacities to provide clinical contraception. Indicators reflect national contraceptive availability, contraceptive prevalence attributable directly to USAID programs, and USAID's contribution to non-surgical and surgical contraception

¹ Context indicators are measures of results that are affected by a range of factors, of which USAID assistance is one. They are helpful in describing the "big picture" but are not intended to measure the impact of USAID-assisted results.



Overall progress at each result level will be measured using indicators identified in the framework. Additionally, numerous activity-level input and output indicators, as shown in Annex D, are monitored to assess activity and IR achievement. These indicators have been collected and reported by the current activities and through the Bangladesh Demographic and Health Survey. Several activities, such as the Urban Family Health Partnership (UFHP), Rural Service Delivery Partnership (RSDP), PRIME NIPHP, and Quality Improvement Program (QIP) are being combined in a new activity, the Non-Governmental (NGO) Service Delivery Program (NSDP), which will probably continue to report on these indicators.

C. CRITICAL ASSUMPTIONS

The following fundamental assumptions are important for SO 1 attainment:

1. The GOB, under the Health and Population Sector Strategy, will continue its move toward integrated delivery of family planning and health services.
2. USAID/Washington will provide an adequate and an appropriate mix of Population, Child Survival and Health funding in a timely manner.
3. Other donors will continue to fund complementary inputs (e.g., public sector training and contraceptives).
4. The GOB and other donors will support an expanded role for NGOs and commodities for SMC.
5. The GOB will allow NGOs and SMC to set appropriate prices for contraceptives and will not intervene in other NGO pricing policies.
6. Consumers will continue to pay for quality services and products that have been carefully priced in recognition of costs and consumers' willingness and ability to pay.



SECTION III. PERFORMANCE INDICATOR REFERENCE SHEETS

A. SO 1 RESULTS-LEVEL INDICATORS

| Strategic Objective 1 Fertility reduced and family health improved | | | | |
|---|-------------------------------------|----------------|---------------|--|
| Indicator 1a Contraceptive Prevalence Rate (CPR) | | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> The proportion of currently married women under age 50 (or their partners) who are using a family planning method at a particular time <i>Unit of Measure:</i> Percent (numerator: number of currently married women under age 50 (or their partners), who are using a contraceptive method; denominator: number of currently married women under age 50) <i>Disaggregate by:</i> Contraceptive method, education, parity of the women, residence and region, but reported as aggregate <i>Justification/Management Utility:</i> CPR is an indicator of family planning use and a prominent factor affecting the fertility rate. Family planning is a major element of the GOB-approved ESP used in Bangladesh's population and health program. USAID influences the use of family planning through its nationwide BCC and SMC programs; the NGO program; and technical assistance to improve contraceptive security and use of surgical contraception.</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> Population-based national survey <i>Method of Acquisition by USAID:</i> Cooperative agreement with MEASURE DHS+ <i>Data Source(s):</i> BDHS <i>Frequency/Timing of Data Collection:</i> Every three years <i>Estimated Cost of Collection:</i> Unknown; part of a larger survey <i>Responsible Individual(s) at USAID:</i> Kanta Jamil, Ph.D., PHN Team Demographer and Cognizant Technical Officer (CTO)</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> 1994 <i>Known Data Limitations and Significance (if any):</i> None; data quality considered high <i>Actions Taken or Planned to Address Data Limitations:</i> NA <i>Date of Future Data Quality Assessments:</i> 2003 <i>Procedures for Future Data Quality Assessments:</i> Analysis and verification of data by CTO and the BDHS Technical Review Committee</p> <p>D. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> Every three years by Macro International, Calverton, Maryland <i>Presentation of Data:</i> Bangladesh Demographic and Health Survey Reports <i>Review of Data:</i> Every three years by PHN Demographer and Macro International <i>Reporting of Data:</i> Every three years through BDHS reports</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> NA <i>Location of Data Storage:</i> National Institute of Population and Training, Dhaka; Mitra and Associates, Dhaka; Macro International, Calverton, Maryland <i>Other Notes:</i> None</p> <p>THIS SHEET LAST UPDATED ON: 10/03/01</p> | Unit of measure: Percent | | | |
| | Year | Planned | Actual | |
| | 2000 | | 53.8 | |
| | 2003 | 57.0 | | |
| | 2006 | 60.0 | | |



| Strategic Objective 1 Fertility reduced and family health improved | | | | |
|---|---|----------------|---------------|--|
| Indicator 1b Under-five mortality rate in targeted areas | | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> The probability of dying before the fifth birthday per 1,000 live births, in NIPHP catchment areas <i>Unit of Measure:</i> child deaths <i>Disaggregate by:</i> Urban and rural residence, but reported as aggregate <i>Justification/Management Utility:</i> Under-five mortality is a widely used indicator of child health. NIPHP's ESP offers various child-health services that are expected to influence under five mortality in the program areas</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> Population-based survey in NIPHP NGO catchment areas <i>Method of Acquisition by USAID:</i> Cooperative agreement with MEASURE Evaluation <i>Data Source(s):</i> NIPHP NGO Community Survey <i>Frequency/Timing of Data Collection:</i> Every two years <i>Estimated Cost of Collection:</i> Unknown; part of a larger survey <i>Responsible Individual(s) at USAID:</i> Kanta Jamil, Ph.D, PHN Team Demographer and CTO</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> 2001 <i>Known Data Limitations and Significance (if any):</i> None <i>Actions Taken or Planned to Address Data Limitations:</i> NA <i>Date of Future Data Quality Assessments:</i> 2003 <i>Procedures of Future Data Quality Assessments:</i> Verification of data by CTO</p> <p>A. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> Carolina Population Center, University of North Carolina, Chapel Hill, NC <i>Presentation of Data:</i> Preliminary and final reports <i>Review of Data:</i> Every two years by PHN Demographer and Carolina Population Center, University of North Carolina, Chapel Hill <i>Reporting of Data:</i> Every two years through NIPHP NGO Community Survey reports</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> Baseline will be established for 2001. Targets will be reasonably estimated once baseline is established <i>Location of Data Storage:</i> Carolina Population Center, Chapel Hill, North Carolina; Mitra and Associates, Bangladesh; and ACPR, Bangladesh <i>Other Notes:</i> None</p> <p>THIS SHEET LAST UPDATED ON: 10/3/01</p> | Unit of measure: Child deaths/ 1,000 live births | | | |
| | Year | Planned | Actual | |
| | Baseline 2001 | | TBD | |
| | 2003 | TBD | | |
| | 2005 | TBD | | |



B. IR 1.1 RESULTS-LEVEL INDICATORS

| | | | | |
|--|-------------------------------------|----------------|---------------|--|
| Strategic Objective 1 Fertility reduced and family health improved | | | | |
| Intermediate Result 1.1 An expanded and improved package of health and family planning services available from NGOs | | | | |
| Indicator 1.1a Average composite quality compliance score for NSDP Clinics | | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> Quality Compliance (QC) score for NSDP Clinics is an indicator to measure quality of care in terms of compliance with service delivery standards. <i>Unit of Measure:</i> The QC score is the average of all the NSDP clinics' scores. The score of an individual clinic is a percentage, measured by the number of criteria met (numerator) divided by the total number of criteria used in the assessment (denominator) for that fiscal year. <i>Disaggregated by:</i> NGOs, urban and rural, but reported as aggregate. <i>Justification/Management Utility:</i> The QC is a good indicator of how well a clinical facility or outreach clinic is performing in terms of quality service provision. Analysis of the QC score by CAs, NGO and clinic helps them identify problem areas and plan appropriate actions for improving quality of services.</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> Quality Assurance (QA) visits use standard checklists to collect quality assurance data through observation of process of care, case studies, knowledge test and record review. Each criterion on the checklist as applicable to the clinic is scored. The QA data is entered in a central database. The Cooperating Agencies (CAs) use QA data for analysis and reporting on the status of quality compliance. <i>Method of Acquisition by USAID:</i> Cooperative agreements with CAs <i>Data Source(s):</i> CAs <i>Frequency/Timing of Data Collection:</i> Continuous <i>Estimated Cost of Collection:</i> Unknown, part of larger quality assurance efforts. <i>Responsible Individual(s) at USAID:</i> Krishnapada Chakraborty, QA CTO</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> 2000 <i>Known Data Limitations and Significance (if any):</i> Data collected through observation and case studies were treated alike. <i>Actions Taken or Planned to Address Data Limitations:</i> Data collection tools modified <i>Date of Future Data Quality Assessments:</i> March 2002 <i>Procedures of Future Data Quality Assessments:</i> Review by QA CTO, with external technical assistance, follow-up QA visit to a small sample of NSD clinics.</p> <p>D. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> CAs, CTO and by external consultant as needed <i>Presentation of Data:</i> CAs <i>Review of Data:</i> CTO, CAs, external consultant <i>Reporting of Data:</i> Yearly or after completion of a round of visit</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> The QC was developed and first reported in 2000 <i>Location of Data Storage:</i> CAs, reports in PHN Office <i>Other Notes:</i> None</p> | Unit of measure: Percent | | | |
| | Year | Planned | Actual | |
| | Baseline 2000 | | 51 | |
| | 2001 | | 68 | |
| | 2002 | 72 | | |
| | 2003 | 75 | | |
| | 2004 | 77 | | |
| | 2005 | 80 | | |
| THIS SHEET LAST UPDATED ON: 10/3/01 | | | | |



Strategic Objective 1 Fertility reduced and family health improved

Intermediate Result 1.1 An expanded and improved package of health and family planning services available from NGOs

Indicator 1.1b Percentage of NSDP clinic operating costs recovered from fees

A. Description

Precise Definition of Indicator: The percent of NSDP NGOs' operating costs recovered from fees per USAID fiscal year

Unit of Measure: Percent (numerator: total fees received by all NSDP NGOs per year; denominator: total operating costs of NGOs per USAID fiscal year)

Disaggregate by: Urban and rural, but reported as aggregate

Justification/Management Utility: This information indicates the rationality and trends in the acceptability to clients of the fee-for-service element of NIPHP

B. Plan for Data Collection by USAID

Data Collection Method: NIPHP MIS tally sheets

Method of Acquisition by USAID: NSDP cooperative agreement reports

Data Source(s): NSDP CA through monthly MIS tally sheets

Frequency/Timing of Data Collection: Monthly, semiannually and annually

Estimated Cost of Collection: Unknown, part of a larger program

Responsible Individual(s) at USAID: Moslehuddin Ahmed and Belayet Hossain, CTOs

C. Data Quality Issues

Date of Initial Data Quality Assessment: 2001

Known Data Limitations and Significance (if any): None

Actions Taken or Planned to Address Data Limitations: NA

Date of Future Data Quality Assessments: Yearly

Procedures of Future Data Quality Assessments: USAID will closely monitor progress and analyze CA's reports

D. Plan for Data Analysis, Reporting, and Review

Data analysis: CA and USAID CTOs

Presentation of Data: CA Report

Review of Data: CTOs

Reporting of Data: Monthly, semiannually and yearly

E. Other Notes:

Notes on the Baselines/Targets: Based on actual amounts generated

Location of Data Storage: CA, reports in PHN Office

Other Notes:

THIS SHEET LAST UPDATED ON: 10/3/01

| Unit of measure: Taka (millions) | | |
|-------------------------------------|---------|--------|
| Year | Planned | Actual |
| Baseline 2000 | | 11 |
| 2001 | 14 | |
| 2002 | 17 | |
| 2003 | 20 | |
| 2004 | 23 | |
| 2005 | 25 | |



Strategic Objective 1 Fertility reduced and family health improved

Intermediate Result 1.1 An expanded and improved package of health and family planning services available from NGOs

Indicator 1.1c Percentage of NSDP service providers trained in IMCI

A. Description

Precise Definition of Indicator: Percentage of NSDP doctors, nurses and paramedics successfully completing the Integrated Management of Childhood Illness (IMCI) training program

Unit of Measure: Percent.(numerator: number of NSDP clinical personnel trained in the IMCI protocol; denominator: number of NSDP clinical personnel)

Disaggregate by: Urban and rural, but reported as aggregate

Justification/Management Utility: IMCI represents a major expansion of the ESP and will be introduced into all NIPHP clinics over time

B. Plan for Data Collection by USAID

Data Collection Method: NSDP Training Management Information System (TMIS)

Method of Acquisition by USAID: NSDP cooperative agreement reports

Data Source(s): NSDP TMIS reports

Frequency/Timing of Data Collection: Semiannually and annually

Estimated Cost of Collection: Unknown, part of a larger program

Responsible Individual(s) at USAID: Moselehuddin Ahmed and Belayet Hossain

C. Data Quality Issues

Date of Initial Data Quality Assessment: 2002

Known Data Limitations and Significance (if any): Training can be considered a proxy for correct service provision.

Actions Taken or Planned to Address Data Limitations: Systematic monitoring of service quality

Date of Future Data Quality Assessments: Yearly

Procedures of Future Data Quality Assessments: USAID will monitor progress of training and quality-assurance activities under NSDP and analyze CA's reports

D. Plan for Data Analysis, Reporting, and Review

Data analysis: CA and USAID CTO

Presentation of Data: CA Report

Review of Data: CTOs

Reporting of Data: Monthly, semiannually and yearly

E. Other Notes:

Notes on the Baselines/Targets: This is a new indicator; targets will be revised once some experience has been gained.

Location of Data Storage: CA

Other Notes: IMCI will be introduced in a phased manner in the new NSDP. Agreement will be reached as to elements included in the IMCI approach, and the training required at each professional level.

THIS SHEET LAST UPDATED ON: 10/14/01

| Unit of measure: Percent | | |
|-----------------------------|---------|--------|
| Year | Planned | Actual |
| Baseline 2001 | | 0 |
| 2002 | 20 | |
| 2003 | 35 | |
| 2004 | 45 | |
| 2005 | 60 | |
| 2006 | 80 | |



| | | | | |
|--|---------------------------------|----------------|---------------|--|
| Strategic Objective 1 Fertility reduced and family health improved | | | | |
| Intermediate Result 1.1 An expanded and improved package of health and family planning services available from NGOs | | | | |
| Indicator 1.1d Improved GOB policy environment related to NGOs | | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> A subjective indicator of progress made in influencing the Government of Bangladesh (primarily the MOHFW, but also the Ministry of Local Government and Development) to increase the provision of ESP services through NGOs. <i>Unit of Measure:</i> Subjective <i>Disaggregate by:</i> <i>Justification/Management Utility:</i> Policy issues are a major aspect of our program. While difficult to analyze, the policy area is important to progress in use of NGOs for service delivery. This indicator is placed as a marker, and will be further developed over the next year.</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> POLICY Project will report progress <i>Method of Acquisition by USAID:</i> Cooperative Agreement reports <i>Data Source(s):</i> POLICY Project Cooperating Agencies (CAs) <i>Frequency/Timing of Data Collection:</i> Monthly, semiannually and annually <i>Estimated Cost of Collection:</i> Unknown, part of a larger program <i>Responsible Individual(s) at USAID:</i> Jay Anderson, CTO</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> FY 2002 <i>Known Data Limitations and Significance (if any):</i> Qualitative, not quantitative <i>Actions Taken or Planned to Address Data Limitations:</i> N/A <i>Date of Future Data Quality Assessments:</i> Yearly <i>Procedures of Future Data Quality Assessments:</i> USAID will closely monitor progress and analyze CA's reports</p> <p>D. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> CA and USAID CTO <i>Presentation of Data:</i> CA Report <i>Review of Data:</i> CTO <i>Reporting of Data:</i> Monthly, semiannually and yearly</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> Qualitative data do not have targets. Baseline is the current policy environment. <i>Location of Data Storage:</i> CA <i>Other Notes:</i></p> <p>THIS SHEET LAST UPDATED ON: 09/26/01</p> | Unit of measure: TBD | | | |
| | Year | Planned | Actual | |
| | Baseline 2002 | | | |
| | 2003 | | | |
| | 2004 | | | |
| | 2005 | | | |



C. IR 1.2 RESULTS-LEVEL INDICATORS

| | | | | |
|--|--------------------------------------|----------------|---------------|--|
| Strategic Objective 1 Fertility reduced and family health improved | | | | |
| Intermediate Result 1.2 Changed behaviors related to high-priority health problems | | | | |
| Indicator 1.2a Number of NSDP NGO Clinic Contacts | | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> Number of service contacts provided by NSDP static and satellite clinics, and outreach programs, in a USAID fiscal year. Service contacts are discreet activities; a client may receive more than one service contact per clinic visit <i>Unit of Measure:</i> Million of service contacts through NSDP NGOs per USAID fiscal year <i>Disaggregate by:</i> Urban and rural, NGO, month, gender, age, and type of service, but reported as aggregate <i>Justification/Management Utility:</i> The number of contacts is a good indicator of performance of the NSDP NGOs in the provision of the ESP. The data are regularly reported and analysis can be used to discover problem areas.</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> NIPHP Management Information System (MIS) <i>Method of Acquisition by USAID:</i> Cooperative Agreement <i>Data Source(s):</i> CA <i>Frequency/Timing of Data Collection:</i> Monthly <i>Estimated Cost of Collection:</i> Unknown, part of larger MIS <i>Responsible Individual(s) at USAID:</i> Moslehuddin Ahmed and Belayet Hossain, CTOs</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> 1998 <i>Known Data Limitations and Significance (if any):</i> Transcription errors, inflated service delivery data <i>Actions Taken or Planned to Address Data Limitations:</i> Training, monitoring <i>Date of Future Data Quality Assessments:</i> Yearly <i>Procedures of Future Data Quality Assessments:</i> CA to provide assessment and training</p> <p>D. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> CAs and CTOs <i>Presentation of Data:</i> CA performance reports <i>Review of Data:</i> CTOs <i>Reporting of Data:</i> Monthly, semiannual and annual CA reports</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> Number of contacts has been reported by CAs since 1998 <i>Location of Data Storage:</i> CAs, reports in PHN Office <i>Other Notes:</i> The indicator is subject to changes in the number of clinics operating under NSDP.</p> <p>THIS SHEET LAST UPDATED ON: 10/25/01</p> | Unit of measure: Millions | | | |
| | Year | Planned | Actual | |
| | Baseline 2000 | | 16.0 | |
| | 2001 | 16.8 | | |
| | 2002 | 17.3 | | |
| | 2003 | 18.4 | | |
| | 2004 | 19.5 | | |
| | 2005 | 20.7 | | |



| | | | |
|---|--------------------------------------|----------------|---------------|
| Strategic Objective 1 Fertility reduced and family health improved | | | |
| Intermediate Result 1.2 Changed behaviors related to high-priority health problems | | | |
| Indicator 1.2b Total Social Marketing Company (SMC) condom sales | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> Total number of condoms sold by SMC in a USAID fiscal year <i>Unit of Measure:</i> Million of condoms sold per USAID fiscal year <i>Disaggregate by:</i> Not disaggregated. <i>Justification/Management Utility:</i> Condom use is the primary and most effective deterrent to the spread of HIV/AIDS. SMC provides approximately 65% of condoms sold nationwide, and will be increasing its marketing to high-risk populations.</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> SMC sales reports <i>Method of Acquisition by USAID:</i> Cooperative agreement with SMC <i>Data Source(s):</i> SMC <i>Frequency/Timing of Data Collection:</i> Monthly <i>Estimated Cost of Collection:</i> Unknown, part of larger reporting activity <i>Responsible Individual(s) at USAID:</i> Shiril Sarcar, CTO</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> 1999 <i>Known Data Limitations and Significance (if any):</i> None <i>Actions Taken or Planned to Address Data Limitations:</i> None <i>Date of Future Data Quality Assessments:</i> 2002 <i>Procedures of Future Data Quality Assessments:</i> SMC and CTO regularly review data quality</p> <p>D. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> SMC <i>Presentation of Data:</i> SMC sales reports <i>Review of Data:</i> SMC and CTO <i>Reporting of Data:</i> SMC sales reports</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> Planned targets are based on SMC's long experience in condom promotion and sales. <i>Location of Data Storage:</i> SMC, reports in PHN Office <i>Other Notes:</i></p> <p>THIS SHEET LAST UPDATED ON: 10/08/01</p> | Unit of measure: Millions | | |
| | Year | Planned | Actual |
| | Baseline 2000 | | 141.5 |
| | 2001 | 146.7 | |
| | 2002 | 155 | |
| | 2003 | 169 | |
| | 2004 | 182 | |
| | 2005 | 198 | |



| | | | |
|---|-------------------------------------|----------------|---------------|
| Strategic Objective 1 Fertility reduced and family health improved | | | |
| Intermediate Result 1.2 Changed behaviors related to high-priority health problems | | | |
| Indicator 1.2c Percentage of women receiving antenatal care during pregnancy from a trained provider | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> Percent distribution of last births in the five years preceding the survey, by women who received at least one antenatal care service by a doctor, nurse, midwife or paramedic. (Does not include traditional midwives) <i>Unit of Measure:</i> Percent (numerator: number of births by women who received antenatal care during the pregnancy period; denominator: number of live births) <i>Disaggregate by:</i> Reported as aggregate <i>Justification/Management Utility:</i> Antenatal care is considered an important component of safe motherhood. Antenatal care contacts are used not only for provision of antenatal check-ups, but also for providing information and counseling about safe motherhood. USAID plans to encourage safe motherhood practices through nationwide BCC activities and provision of antenatal care services by the NSDP NGOs.</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> National-level sample survey <i>Method of Acquisition by USAID:</i> Cooperative agreement with MEASURE DHS+ <i>Data Source(s):</i> BDHS <i>Frequency/Timing of Data Collection:</i> Every three years <i>Estimated Cost of Collection:</i> Unknown; part of a larger survey <i>Responsible Individual(s) at USAID:</i> Kanta Jamil, Ph.D., PHN Team Demographer and CTO</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> 1994 <i>Known Data Limitations and Significance (if any):</i> None <i>Actions Taken or Planned to Address Data Limitations:</i> NA <i>Date of Future Data Quality Assessments:</i> 2003 <i>Procedures of Future Data Quality Assessments:</i> Data analysis and verification by USAID CTO and BDHS Technical Review Committee</p> <p>D. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> Every three years by Macro International, Calverton, Maryland <i>Presentation of Data:</i> BDHS reports <i>Review of Data:</i> Every three years by USAID CTO and Macro International <i>Reporting of Data:</i> BDHS reports every three years</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> None <i>Location of Data Storage:</i> National Institute of Population and Training, Bangladesh; Mitra and Associates; Macro International, Calverton, Maryland <i>Other Notes:</i> None</p> <p>THIS SHEET LAST UPDATED ON: 09/27/01</p> | Unit of measure: Percent | | |
| | Year | Planned | Actual |
| | Baseline 2000 | | 33 |
| | 2003 | 35 | |
| | 2006 | 40 | |



D. IR 1.3 RESULTS-LEVEL INDICATORS

| | | | |
|--|---|----------------|---------------|
| Strategic Objective 1 Fertility reduced and family health improved | | | |
| Intermediate Result 1.3 Increased contraceptive prevalence and contraceptive security | | | |
| Indicator 1.3a Average monthly percent of GOB thana storehouses with stockouts of one or more contraceptives | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> Average monthly percent of GOB thana storehouses reporting a stockout of one or more of the following contraceptives: oral pills, condoms, injectables, IUDs or Norplant during a USAID fiscal year. <i>Unit of Measure:</i> Percent (numerator: number of GOB thana storehouses with stockouts of one or more contraceptives; denominator: number of GOB thana storehouses regularly receiving the contraceptives. The IR indicator is the average of this monthly percentage. <i>Disaggregate by:</i> Not disaggregated <i>Justification/Management Utility:</i> Thana storerooms distribute contraceptives to GOB and NGO clinics. Without a constant supply of contraceptives at the service delivery points, the entire population and family planning program of Bangladesh could be jeopardized. Problems can occur at the planning, procurement and distribution stages at both the national and local level. By monitoring the stockout rates, USAID and the GOB can determine the extent of contraceptive security and take necessary action.</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> Logistic Management Information System (LMIS) <i>Method of Acquisition by USAID:</i> DELIVER Contract <i>Data Source(s):</i> LMIS <i>Frequency/Timing of Data Collection:</i> Monthly <i>Estimated Cost of Collection:</i> Unknown, part of a larger LMIS <i>Responsible Individual(s) at USAID:</i> Matthew Friedman and Md. Nasiruzzaman</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> 1998 <i>Known Data Limitations and Significance (if any):</i> Thana storekeepers understanding of the indicator <i>Actions Taken or Planned to Address Data Limitations:</i> Training <i>Date of Future Data Quality Assessments:</i> Yearly <i>Procedures of Future Data Quality Assessments:</i> Contractor provide assessment and training</p> <p>D. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> Contractor and CTOs <i>Presentation of Data:</i> Contractor <i>Review of Data:</i> CTOs <i>Reporting of Data:</i> Monthly</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> Baseline figure is July 2000 - June 2001. Targets will be for USAID fiscal year. <i>Location of Data Storage:</i> DELIVER <i>Other Notes:</i></p> | Unit of measure: Percent | | |
| | Year | Planned | Actual |
| | Baseline 2000 | | 8 |
| | 2001 | <8 | |
| | 2002 | <8 | |
| | 2003 | <8 | |
| | 2004 | <8 | |
| | 2005 | <8 | |
| | <p>THIS SHEET LAST UPDATED ON: 10/07/01</p> | | |



| | | | |
|---|--|----------------|---------------|
| Strategic Objective 1 Fertility reduced and family health improved | | | |
| Intermediate Result 1.3 Increased contraceptive prevalence and contraceptive security | | | |
| Indicator 1.3b Couple years of protection (CYP) from non-surgical contraception distributed by SMC and NSDP NGOs | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> CYP is a year's worth of contraception commodities provided to one couple. Non-surgical CYP is provided by oral pills, condoms, injectable contraceptives, IUDs and NORPLANT distributed through NIPHP NGOs and SMC sales in a USAID fiscal year <i>Unit of Measure:</i> CYP. The indicator is estimated by multiplying the period of protection assigned to each contraceptive method by the volume of each method distributed in a year, and summing it over all non-surgical contraceptives distributed through SMC sales and NSDP NGOs. <i>Disaggregate by:</i> NSDP NGO, SMC and method, but reported as aggregate <i>Justification/Management Utility:</i> Non-surgical CYP measures effectiveness of family planning commodity distribution. Data are available monthly from service statistics and can be analyzed to evaluate performance in family planning by NIPHP.</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> NIPHP Management Information System (MIS) and SMC sales reports <i>Method of Acquisition by USAID:</i> Cooperative agreement reports <i>Data Source(s):</i> CAs <i>Frequency/Timing of Data Collection:</i> Monthly, semiannually and annually <i>Estimated Cost of Collection:</i> Unknown, part of a larger MIS <i>Responsible Individual(s) at USAID:</i> Moslehuddin Ahmed, Belayet Hossain, and Shiril Sarcar, CTOs</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> 1998 <i>Known Data Limitations and Significance (if any):</i> Clinic managers' understanding of the indicator by, transcription errors; inflated service delivery data <i>Actions Taken or Planned to Address Data Limitations:</i> Training <i>Date of Future Data Quality Assessments:</i> Yearly <i>Procedures of Future Data Quality Assessments:</i> CAs provide assessment and training, field trips by CA and USAID staff for field verification</p> <p>D. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> CAs and USAID CTOs <i>Presentation of Data:</i> NIPHP MIS reports and SMC sales reports <i>Review of Data:</i> CTOs <i>Reporting of Data:</i> monthly, semiannually and yearly</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> CYP has been reported by CAs since 1998 <i>Location of Data Storage:</i> CAs <i>Other Notes:</i> The indicator is subject to changes in the number of clinics operating under NSDP. Care will be taken to not double count CYP provided by SMC contraceptives by the NGOs</p> <p>THIS SHEET LAST UPDATED ON: 09/10/01</p> | Unit of measure: CYP (millions) | | |
| | Year | Planned | Actual |
| | Baseline 2000 | | 3.26 |
| | 2001 | 3.63 | |
| | 2002 | 4.16 | |
| | 2003 | 4.79 | |
| | 2004 | 5.51 | |
| | 2005 | 6.33 | |



| | | | |
|---|--|----------------|---------------|
| Strategic Objective 1 Fertility reduced and family health improved | | | |
| Intermediate Result 1.3 Increased contraceptive prevalence and contraceptive security | | | |
| Indicator 1.3c Couple-years of Protection (CYP) provided by voluntary surgical contraception (VSC) | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> Couple years of protection provided by the number of vasectomy and tubal ligation procedures performed nationally, in a USAID fiscal year <i>Unit of Measure:</i> CYP. Calculated by multiplying the period of protection provided by sterilization in Bangladesh by the number of procedures performed over a USAID fiscal year. <i>Disaggregate by:</i> Public, private, NGO, gender, but reported as aggregate <i>Justification/Management Utility:</i> A major concern for the family planning program is the decline in the acceptance of surgical contraception over the last 15 years. USAID, through Engender Health, will provide technical assistant to boost the acceptance of tubectomy and vasectomy nationwide. The indicator will be a measure of the success of USAID efforts to improve the acceptance of surgical contraception.</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> Cooperating agency will collect information from the GOB MIS including public, private and NGO data <i>Method of Acquisition by USAID:</i> Cooperative agreement with a Cooperating Agency (CA) <i>Data Source(s):</i> Public, private and NGO service providers <i>Frequency/Timing of Data Collection:</i> Ongoing <i>Estimated Cost of Collection:</i> Unknown, part of cooperative agreement <i>Responsible Individual(s) at USAID:</i> Moslehuddin Ahmed, CTO</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> 2000 <i>Known Data Limitations and Significance (if any):</i> Difficulty in collecting and compiling data from different sources; duplication of data <i>Actions Taken or Planned to Address Data Limitations:</i> Training by CA, field visits by CA and USAID staff for data verification <i>Date of Future Data Quality Assessments:</i> 2001 <i>Procedures of Future Data Quality Assessments:</i> Analysis and verification of data by CTO</p> <p>D. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> Semiannually and annually by CA <i>Presentation of Data:</i> CA report <i>Review of Data:</i> USAID CTO <i>Reporting of Data:</i> CA report</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> Calculation based on 1 VSC = 10 CYP <i>Location of Data Storage:</i> CA <i>Other Notes:</i></p> | Unit of measure: CYP(thousands) | | |
| | Year | Planned | Actual |
| | Baseline 2000 | | 569 |
| | 2001 | 800 | |
| | 2002 | 910 | |
| | 2003 | 980 | |
| | 2004 | 1,040 | |
| | 2005 | 2,100 | |
| THIS SHEET LAST UPDATED ON: 09/27/01 | | | |



E. CONTEXT INDICATORS

| Strategic Objective 1 Fertility reduced and family health improved | | | | |
|---|--------------------------------------|----------------|---------------|--|
| Context Indicator 1.1 Total Fertility Rate (TFR) | | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> Average number of children that would be born alive to a woman in her lifetime, assuming present age-specific fertility rates in Bangladesh <i>Unit of Measure:</i> Number of children per woman <i>Disaggregate by:</i> Not disaggregated <i>Justification/Management Utility:</i> TFR is an important demographic indicator. Use of family planning is one of the many factors that determine the level of TFR.</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> National-level sample survey <i>Method of Acquisition by USAID:</i> Cooperative agreement with MEASURE DHS+ <i>Data Source(s):</i> Bangladesh Demographic and Health Survey (BDHS) <i>Frequency/Timing of Data Collection:</i> Every three years <i>Estimated Cost of Collection:</i> Unknown, part of a larger survey <i>Responsible Individual(s) at USAID:</i> Kanta Jamil, Ph.D., CTO</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> 1994 <i>Known Data Limitations and Significance (if any):</i> None; reliability considered high <i>Actions Taken or Planned to Address Data Limitations:</i> NA <i>Date of Future Data Quality Assessments:</i> 2003 <i>Procedures of Future Data Quality Assessments:</i> Analysis and verification of data by CTO and the BDHS Technical Review Committee.</p> <p>D. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> Every three years by ORC Macro, Calverton, Maryland <i>Presentation of Data:</i> BHDS preliminary and final reports <i>Review of Data:</i> Every three years by PHN Demographer and ORC Macro <i>Reporting of Data:</i> Every three years through BHDS reports</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> BDHS has been carried out since 1993-4. The target set for 2000 was not achieved. The plateauing of fertility in the 1990s has raised serious concerns. <i>Location of Data Storage:</i> ORC Macro, Calverton, Maryland; National Institute of Population Research and Training, Bangladesh; Mitra and Associates, Bangladesh. <i>Other Notes</i></p> | Unit of measure: Children | | | |
| | Year | Planned | Actual | |
| | 2000 | 3.1 | 3.3 | |
| | 2003 | 3.1 | | |
| 2006 | 2.9 | | | |
| THIS SHEET LAST UPDATED ON: 09/27/01 | | | | |



Strategic Objective 1 Fertility reduced and family health improved

Context Indicator 1.2 Infant Mortality Rate (IMR)

A. Description

Precise Definition of Indicator: Probability of dying before the first birthday per 1,000 live births
Unit of Measure: Infant deaths per 1,000 live births
Disaggregate by: Not disaggregated
Justification/Management Utility: Infant mortality is a widely accepted indicator of infant health. USAID influences IMR to some extent through support to national immunization program, diarrheal-disease and family-planning programs, as well as provision of health services through NIPHP NGOs.

B. Plan for Data Collection by USAID

Data Collection Method: National-level sample survey
Method of Acquisition by USAID: Cooperative agreement with MEASURE DHS+
Data Source(s): Bangladesh Demographic and Health Survey (BDHS)
Frequency/Timing of Data Collection: Every three years
Estimated Cost of Collection: Unknown, part of a larger survey
Responsible Individual(s) at USAID: Kanta Jamil, Ph.D., CTO

C. Data Quality Issues

Date of Initial Data Quality Assessment: 1994
Known Data Limitations and Significance (if any): None; reliability considered high
Actions Taken or Planned to Address Data Limitations: NA
Date of Future Data Quality Assessments: 2003
Procedures of Future Data Quality Assessments: Analysis and verification of data by CTO and the BDHS Technical Review Committee

D. Plan for Data Analysis, Reporting, and Review

Data analysis: Every three years by ORC Macro, Calverton, Maryland
Presentation of Data: BHDS preliminary and final reports
Review of Data: Every three years by USAID CTO and ORC Macro
Reporting of Data: Every three years through BHDS report

E. Other Notes:

Notes on the Baselines/Targets: BDHS has been carried out since 1993-4. Given the recent achievement in reducing infant mortality, the target of 55 for 2003 was revised from 72.
Location of Data Storage: ORC Macro, Calverton, Maryland; National Institute of Population Research and Training, Bangladesh; Mitra and Associates, Bangladesh.
Other Notes: None

**Unit of measure:
 Infant deaths/
 1,000 live births**

| Year | Planned | Actual |
|------|---------|--------|
| 2000 | 78 | 66 |
| 2003 | 55 | |
| 2006 | 51 | |

THIS SHEET LAST UPDATED ON: 09/27/01



Strategic Objective 1 Fertility reduced and family health improved

Context Indicator 1.3 Child Mortality Rate (CMR)

A. Description

Precise Definition of Indicator: Probability of dying between the first and fifth birthdays, per 1,000 children aged one year

Unit of Measure: Deaths of children 1-4 years of age per 1,000 children aged one year

Disaggregate by: Not disaggregated

Justification/Management Utility: Child mortality is a widely accepted indicator of child health USAID influences CMR to some extent through support to national immunization program, diarrheal-disease and ARI programs, as well as provision of clinical health services through NIPHP NGOs.

B. Plan for Data Collection by USAID

Data Collection Method: Population based national survey

Method of Acquisition by USAID: Cooperative Agreement with MEASURE DHS+

Data Source(s): Bangladesh Demographic and Health Survey (BDHS)

Frequency/Timing of Data Collection: Every three years

Estimated Cost of Collection: Unknown, part of a larger survey

Responsible Individual(s) at USAID: Kanta Jamil, Ph.D., CTO

C. Data Quality Issues

Date of Initial Data Quality Assessment: 1994

Known Data Limitations and Significance (if any): None; reliability considered high

Actions Taken or Planned to Address Data Limitations: NA

Date of Future Data Quality Assessments: 2003

Procedures of Future Data Quality Assessments: Analysis and verification of data by CTO and BDHS Technical Review Committee

D. Plan for Data Analysis, Reporting, and Review

Data analysis: Every three years by ORC Macro, Calverton, Maryland

Presentation of Data: BHDS preliminary and final reports

Review of Data: Every three years by USAID CTO and ORC Macro

Reporting of Data: Every three years through BDHS reports

E. Other Notes:

Notes on the Baselines/Targets: BDHS has been carried out since 1993-4. The target of 28 for 2003 was revised from 32, given the recent achievement in reducing child mortality.

Location of Data Storage: ORC Macro, Calverton, Maryland; National Institute of Population Research and Training, Bangladesh; Mitra and Associates, Bangladesh.

Other Notes: None

| Unit of measure: Child deaths/ 1,000 children aged 1 year | | |
|---|---------|--------|
| Year | Planned | Actual |
| 2000 | 34 | 30 |
| 2003 | 28 | |
| 2006 | 26 | |

THIS SHEET LAST UPDATED ON: 09/27/01



| Strategic Objective 1 Fertility reduced and family health improved | | | |
|---|-------------------------------------|----------------|---------------|
| Cont1ext Indicator 1.4 HIV sero-prevalence rate in high-risk population | | | |
| <p>A. Description <i>Precise Definition of Indicator:</i> Percent of high-risk population (including injecting drug users; men-who-have-sex-with-men; sexually-transmitted-disease patients; and sex workers in brothels and hotels, on the street; and male sex workers) who have HIV antibodies present in the blood <i>Unit of Measure:</i> Percent; numerator: the number of high risk persons in the sample tested as HIV positive; denominator: the total number of high-risk persons sampled <i>Disaggregate by:</i> Not disaggregated <i>Justification/Management Utility:</i> While national HIV sero-prevalence may be a better indicator of the spread of HIV in Bangladesh, data would be difficult to gather and may be so low as to be meaningless. HIV sero-prevalence in high-risk populations is a more significant indicator at this stage in the AIDS epidemic. USAID is one of several donors targeting high-risk groups with anti-HIV messages and programs.</p> <p>B. Plan for Data Collection by USAID <i>Data Collection Method:</i> Purposive sample survey of high-risk groups <i>Method of Acquisition by USAID:</i> Cooperative agreement with a Cooperating Agency (CA) <i>Data Source(s):</i> Bangladesh National Expanded HIV Surveillance Report (UNAIDS,MOHFW, USAID, DfID, ICDDR,B) <i>Frequency/Timing of Data Collection:</i> Annually <i>Estimated Cost of Collection:</i> Unknown, part of a larger survey <i>Responsible Individual(s) at USAID:</i> Matt Friedman and Zareen Khair</p> <p>C. Data Quality Issues <i>Date of Initial Data Quality Assessment:</i> 1998 <i>Known Data Limitations and Significance (if any):</i> None, data reliability considered high <i>Actions Taken or Planned to Address Data Limitations:</i> NA <i>Date of Future Data Quality Assessments:</i> 2001 <i>Procedures of Future Data Quality Assessments:</i> Analysis and verification of data by CTOs</p> <p>D. Plan for Data Analysis, Reporting, and Review <i>Data analysis:</i> CA every year <i>Presentation of Data:</i> Preliminary and final reports <i>Review of Data:</i> USAID CTOs <i>Reporting of Data:</i> Bangladesh National Expanded HIV Surveillance Report</p> <p>E. Other Notes: <i>Notes on the Baselines/Targets:</i> Baseline established in 1999 <i>Location of Data Storage:</i> MOHFW, UNAIDS; publications in PHN Office <i>Other Notes:</i></p> | Unit of measure: Percent | | |
| | Year | Planned | Actual |
| | 2000 | <1.0 | 0.2 |
| | 2001 | <1.0 | 0.2 |
| | 2002 | <1.0 | |
| | 2003 | <1.0 | |
| | 2004 | <1.0 | |
| | 2005 | <1.0 | |

THIS SHEET LAST UPDATED ON: 09/30/01



Annex A REVISED SO1 RESULTS FRAMEWORK

| Objective/Results | Indicators | Data Source |
|--|--|----------------------------|
| SO: Fertility reduced and family health improved | 1a National Contraceptive Prevalence Rate | BDHS |
| | 1b Under-five Mortality Rate in targeted areas | NIPHP NGO Community Survey |
| IR 1.1 An expanded and improved package of health and family planning services available from NGOs | 1.1a Average composite quality compliance score for NSDP clinics | NSDP Reports |
| | 1.1b Percentage of NSDP NGO clinic operating costs recovered from fees | NSDP Reports |
| | 1.1c NSDP facilities offering IMCI | NSDP Reports |
| | 1.1d Improved MOH policy environment in support of NGO service delivery | POLICY Reports |
| IR 1.2 Changed behaviors related to high-priority health problems | 1.2a Number of NSDP NGO clinic contacts | NSDP Reports |
| | 1.2b Total SMC condom sales | SMC Sales Reports |
| | 1.2c Percentage of women receiving antenatal care during pregnancy from a trained provider | BDHS |
| IR 1.3 Increased contraceptive prevalence and contraceptive security | 1.3a Average monthly percent of GOB thana warehouses with no stockouts of one or more contraceptives | DELIVER LMIS |
| | 1.3b CYP from non-surgical contraception distributed by SMC and NSDP NGOs | MSC and NDSP reports |
| | 1.3c CYP provided through surgical contraception | EngenderHealth |
| SO 1 Context Indicators | 1 Total Fertility Rate | BDHS |
| | 2 Infant Mortality Rate | BDHS |
| | 3 Child Mortality Rate | BDHS |
| | 4 HIV Sero-Prevalence | Sero-Prevalence Survey |



Annex B PMP Development Team Skills Matrix

| Name | Role | Knows USAID MFR approach | Has sector experience | Has sector training or education | Knows local conditions in-depth | Knows USAID structure, processes, culture | Knows PMP methods and best practices | Has facilitation, analytical and report writing skills |
|----------------------|--|--------------------------|-----------------------|----------------------------------|---------------------------------|---|--------------------------------------|--|
| 1. Charles Llewellyn | Drafter/ Indicator planner/ Contributor | x | x | x | | x | x | x |
| 2. Jay Anderson | Indicator planner/ Contributor/ Reviewer | x | x | x | | x | x | x |
| 3. Kanta Jamil | Indicator planner/ Contributor/ Reviewer | x | x | x | x | x | x | x |
| 4. Polly Gilbert | Indicator planner/ Reviewer | x | x | x | | x | x | x |
| 5. All CTOs | Contributors/ Reviewers | x | x | x | x | x | x | x |
| 5. Fazlur Rahman | Data compilation, recording | x | x | | x | x | x | |



Annex D

Illustrative list of activity indicators and other indicators regularly collected and analyzed by SO 1

| Indicators | Data Sources |
|---|-------------------------------------|
| Acute-flaccid paralysis rate, wild polio isolates | National AFP surveillance |
| Contraceptive prevalence rate and source of supply (modern methods), by method and age | NIPHP community surveys |
| | BDHS |
| Immunizations provided to children under 1 at NIPHP clinics, by antigen | UFHP/RSDP service statistics |
| Immunization rates for children under 1, all antigens, in target populations | NIPHP community surveys |
| | DHS |
| NIDS coverage | National NIDS coverage surveys |
| Percent of children receiving vitamin-A capsules semi-annually | HKI national nutrition surveillance |
| | NIPHP community surveys |
| Number of plan-B child ORT treatments at NIPHP clinics | UFHP/RSDP service statistics |
| Percent of child diarrheal episodes treated with ORT in target populations | NIPHP community surveys |
| | BDHS |
| Sales of ORS | SMC |
| Number child ARI treatments in NIPHP clinics | UFHP/RSDP service statistics |
| Percent of child ARI cases seeking health services in target populations | NIPHP community surveys |
| | BDHS |
| Number of ANC visits in NIPHP clinics, by age | UFHP/RSDP service statistics |
| Percent of women in target populations who made 1 or more ANC visits during pregnancy | NIPHP community surveys |
| | BDHS |
| Percent of married women in catchment populations that can name ESP services related to maternal, reproductive and child health services available at the NIPHP clinics | NIPHP community surveys |
| Percent of mothers who know the importance of vitamin A | NIPHP community surveys |
| Percent of mothers who know how to respond to childhood diarrhea | NIPHP community surveys |
| Percent of mothers who know how to respond to ARI | NIPHP community surveys |
| Percent of married women who know at least one danger sign of pregnancy and how to respond | NIPHP community surveys |



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| Percent of married women who know the recommended number of TT vaccinations for lifetime protection against tetanus | NIPHP community surveys |
| Percent of women who exclusively breastfeed, by 2 month intervals, up to six months. | NIPHP community surveys |
| Percent of high-risk populations who know specific HIV-prevention measures | HIV behavior surveillance |
| Condom sales in high-risk areas | HIV behavior surveillance |
| Percent of married women that identify NIPHP clinics as providers of quality ESP services, reasonably priced. | NIPHP community surveys |
| Percent of assessed NIPHP clinics with at least "acceptable" compliance with service-delivery standards, including counseling | QA check list |
| Percent of NIPHP clinics with full compliment trained staff | Training Data Base |
| "Crude" and "valid" immunization coverage, all antigens, children under one | NIPHP community surveys |
| Drop-out rates for EPI; discontinuation rates for OCs, IUDs and injectables | NIPHP community surveys |
| Percent women who had at least 3 ANC visits during last pregnancy | NIPHP community surveys |
| Percent of facilities using data for decision making | UFHP: NLO checklists, quarterly reports, BCC/Marketing plans RSDP: TA Unit checklists, quarterly performance reviews |
| Average quarterly % of NIPHP facilities with no stock-outs of Standard-Drug-List commodities | UFHP: quarterly RDF stock-out reports RSDP: quarterly RDF stock-out reports |
| Percent of NGOs operating in compliance with an approved Financial Manual | UFHP: NLO checklists, quarterly financial reports, audit reports RSDP: TA Unit checklists, quarterly financial reports, audit reports |
| % of NIPHP NGOs satisfactorily implementing an approved strategic plan and workplan | UFHP: NLO checklists, quarterly reports, certification of strategic plans and workplans RSDP: TA Unit checklists, quarterly reports, review of strategic plans, workplan renewals. |
| Percent of NIPHP-clinic operating costs recovered from fees per year | UFHP & RSDP: MIS |

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