PERFORMANCE MONITORING PLAN

Strategic Objective 3: Improved Reproductive Health of Youth

USAID/JAMAICA

December 6, 2001

4. BACKGROUND

USAID guidance (ADS 200 series) requires Operating Units to develop a Performance Monitoring Plan (PMP) for each Strategic Objective (SO) within one year of strategy approval (ADS 201.3.4.13

The PMP is organized as follows:

- ❖ Section I introduces the PMP and provides background information;
- ❖ Section II presents the Results Framework, logical consistency of the framework
- ❖ Section III describes how the SO 3 Team should manage its program for results and covers issues such as responsibilities for various performance management tasks, including data collection, reporting, and analysis;
- ❖ Section IV contains Performance Indicator Reference Sheets for all results-level indicators and also documents activity-level and context-level indicators;

B. GUIDING PRINCIPLES OF THE PMP

The Performance Monitoring Plan (PMP) is an important tool for managing and documenting portfolio performance. It enables timely and consistent collection of comparable performance data, which allows the SO Team to make informed program management decisions. The principles governing this PMP are based on the Agency's guidelines for assessing and learning (ADS 203.3.2.2):

A tool for self-assessment: This PMP has been developed to enable the SO3 team to actively and systematically assess its contribution to USAID/Jamaica's program results and take corrective action when necessary. At its core are practical tools such as indicator reference sheets, partner data submission forms, and a performance management task schedule.

Performance-informed decision making: The PMP is also designed to ensure that management decisions at all levels are informed by the best available performance information. Consequently, progress will be measured at three levels using performance indicators. *Result level indicators* will show progress at the SO and IR levels. *Activity level indicators* will be utilized to track progress at the input-output level. In addition, *context indicators* will be measured to provide a perspective on the context within which USAID-assisted results are being achieved. Ongoing performance monitoring will be complemented by episodic data collection efforts through evaluations and special studies.

Candor and transparency: .The PMP for the ARH project was developed in January 2000**.** The SO team will review the indicators and adjustments will be made.

Economy of effort: When selecting indicators, efforts were also made to streamline and minimize the burden of data collection and reporting. As such, efforts were made to utilize data that are already being collected by partners. In addition, the principle of "management usefulness" was applied to ensure that only data that would be useful for decision making would be collected.

C. BUDGETING FOR PERFORMANCE MANAGEMENT

The SO3 team has allocated resources for monitoring and evaluation in all funding mechanisms negotiated to date. As a rule of thumb, current ADS 203 guidance recommends allocating *three to ten percent* of total program resources for performance monitoring and evaluation.

SECTION II. THE IMPROVED REPRODUCTIVE HEALTH OF YOUTH RESULTS FRAMEWORK

A. GRAPHICAL REPRESENTATION

The Health Team's Strategic Objective is "Improved Reproductive Health of Youth" This objective will be achieved through four Intermediate Results, which in turn will be realized through a series of activities with implementing partners.

The graphical representation on the following page illustrates this Results Framework.

USAID/JAMAICA IMPROVED REPRODUCTIVE HEALTH OF YOUTH

STRATEGIC OBJECTIVE: IMPROVED REPRODUCTIVE HEALTH OF YOUTH

Performance indicators:
- Youth Fertility
- HIV seroprevalence among STD clinic attenders
- HIV seroprevalence among antenatal clinic attenders

IR3.1 Increased Use of Quality RH and HIV/STI Services and Preventive Practices

Indicators:
- % of sexually active youth consistently using contraception over the past 12 months
- % of adolescents receiving reproductive health services
- % of youth practicing low-risk behaviors

IR 3.1.1 Increased access to quality reproductive health and HIV/STI services

Indicators:

Number of officially certified youth friendly service delivery points
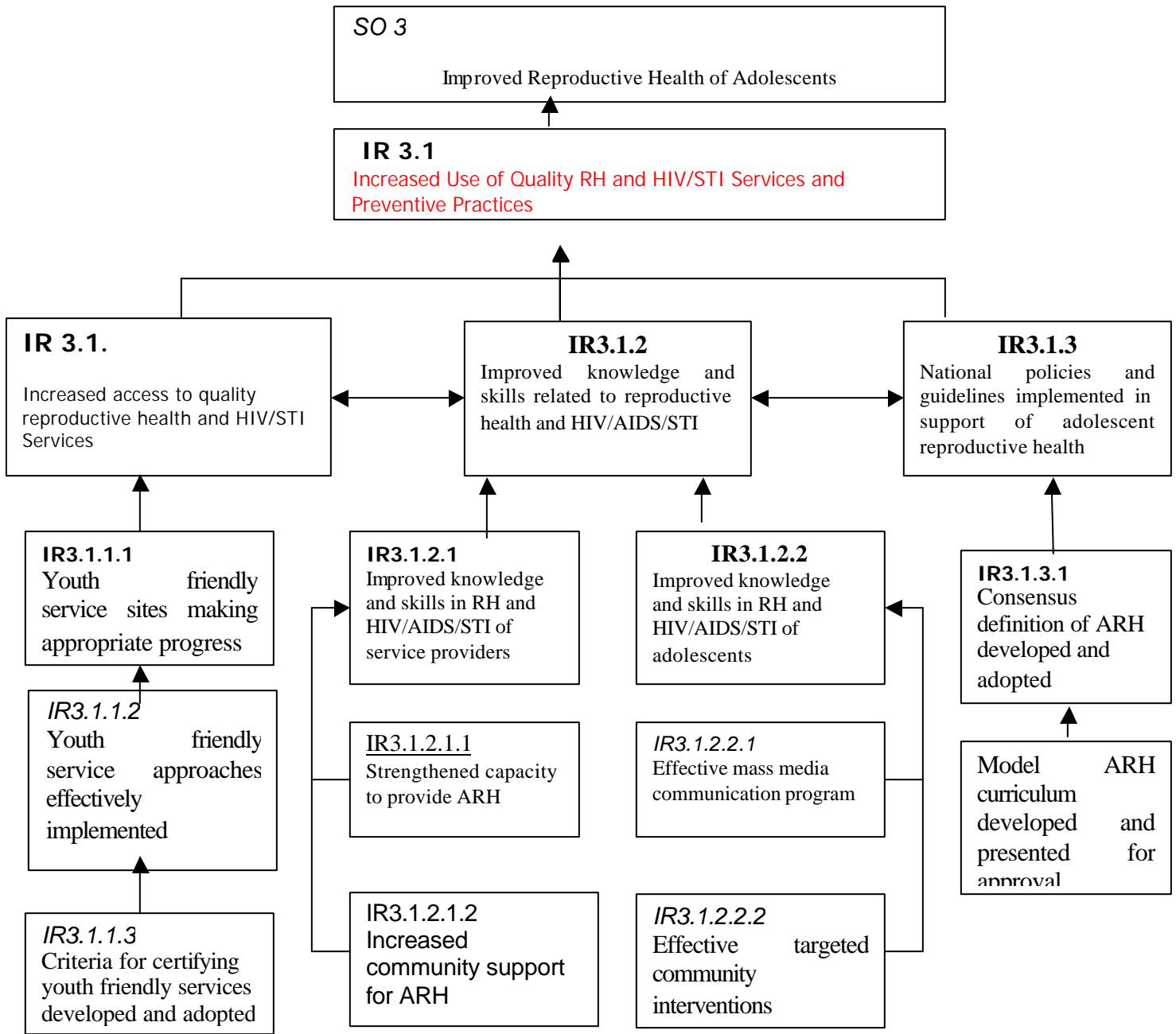
Number of adolescents receiving ARH services

IR3.1.2 Improved knowledge and skills related to reproductive health and HIV/AIDS/STIs

Indicators:

% of youth practicing low-risk behaviors

% of youth who 2 ways to prevent HIV transmission

IR3.1.3 National Policies and guidelines implemented in support of reproductive health (focus of youth)

Indicator: Policy Environment Score

SO 3

Improved Reproductive Health of Adolescents

IR 3.1

Increased Use of Quality RH and HIV/STI Services and Preventive Practices

IR 3.1.

Increased access to quality reproductive health and HIV/STI Services

IR3.1.2
Improved knowledge and skills related to reproductive health and HIV/AIDS/STI

IR3.1.3
National policies and guidelines implemented in support of adolescent reproductive health

IR3.1.1.1
Youth friendly service sites making appropriate progress

IR3.1.1.2
Youth friendly service approaches effectively implemented

IR3.1.1.3
Criteria for certifying youth friendly services developed and adopted

IR3.1.2.1
Improved knowledge and skills in RH and HIV/AIDS/STI of service providers

IR3.1.2.1.1
Strengthened capacity to provide ARH

IR3.1.2.1.2
Increased community support for ARH

IR3.1.2.2
Improved knowledge and skills in RH and HIV/AIDS/STI of adolescents

IR3.1.2.2.1
Effective mass media communication program

IR3.1.2.2.2
Effective targeted community interventions

IR3.1.3.1
Consensus definition of ARH developed and adopted

Model ARH curriculum developed and presented for approval

B.LOGICAL CONSISTENCY OF THE RESULTS FRAMEWORK

The activities under the Health team's purview currently fall into three categories: (a) activities that are ready for implementation; (b) activities that are still under design; and (c) potential activities.

ACTIVITIES BEING IMPLEMENTED	ACTIVITIES UNDER DESIGN	POTENTIAL ACTIVITIES
❖ Youth friendly service approaches implemented ❖ Criteria for certifying youth friendly services developed and adopted ❖ Small grant recepients implementing ARH in their programs ❖ Master trainers program implemented ❖ Mass communication program ❖ Targeted community intervention ❖ New ARH policies and guidelines implemented	❖ Develop new youth friendly approaches ❖ Pilot standards and criteria in select sites ❖ 2nd round of grantee program ❖ Trainer of trainer program implemented islandwide ❖ Develop mass media interventions for TV and cinema commercials, billboards ❖ Develop IEC materials, collaborate with the communities on ARH ❖ Sensitize policymakers and parliamentarians on ARH issues	❖ Implement youth friendly approaches in 9 parishes ❖ Work with QAP to institutionalize YFS standards and criteria ❖ 4 rounds of grantee program implemented ❖ ARH training implemented into the Training Unit of the MOH ❖ Evaluate mass media interventions ❖ Targeted community interventions evaluated ❖ ARH policy developed

SECTION III. MANAGING SO3 FOR RESULTS

USAID staff and partners have specific roles and responsibilities in the overall performance monitoring system. The following table outlines these responsibilities for each of the major steps in the monitoring process, which are further discussed in detail in this section:

MAJOR STEPS	RESPONSIBILITY
Collecting performance data	USAID partners; SO3 team
Conducting evaluations and special studies	Futures Group International
Reviewing performance information	SO3 Team, USAID, MOH
Reporting performance results *(annual R4 process)*	SO3 Team, USAID
Assessing data quality	Futures Group International, SO3 Team, USAID
Reviewing and updating the PMP	SO3 Team, USAID

A. COLLECTING PERFORMANCE DATA

1. Levels of Performance Data

The Economic Growth PMP measures performance data at three levels:

- ❖ *Results-level* indicators refer to indicators of program results that can be reasonably attributable to USAID efforts and for which USAID is willing to be held accountable. Attribution exists when the causal linkages between USAID activities and measured results are clear and significant. These indicators directly correspond to the IRs and SOs laid out in the Economic Growth Results Framework and also serve as the basis for performance reporting to USAID/Washington.

- ❖ *Activity-level* indicators refer to indicators that provide useful data for ongoing, continuous management of activities by the SO Team. These indicators generally provide more operational data than results-oriented data. Activity-level data can therefore be used to assess partner performance and address operational issues. These indicators are primarily drawn from the agreements and workplans agreed upon by USAID and its activity partners.

- ❖ *Context* indicators are measures that provide a broader perspective on the context within which USAID assistance is being provided. Sometimes they are indicators of development results that are influenced by multiple factors, such as donor assistance, government action, or climatic conditions, and therefore cannot be directly attributed to USAID assistance. Context indicators could also be measures of assumptions that underpin USAID's development strategy in a given country. In general, context indicators are macro-statistics that provide valuable information on the environment in which USAID operates.

Collectively, these indicators represent the performance data needed for both reporting and management purposes.

2. Data Collection Responsibilities

The principal contractor responsible for ARH project implementation to Futures Futures Group International , will conduct both quantitative and qualitative data from multiple sources. Such triangulation of data and data sources will contribute to providing different perspectives and at the same time increase confidence in the results obtained. Sources of primary quantitative data for performance monitoring will include the following:

- Community sample surveys (baseline and endline) - conducted in target and control communities to measure effect of service delivery and IEC/BCC intervention in achieving the stated intervention objectives.

- Exit interviews and mystery client studies – conducted periodically at service sites will provide data on quality or care and other user perspectives on service delivery.

- Post-launch mass media communication surveys - to assess effect of the specific mass media communication program. The first will be conducted after the first mass media campaign in May 2001.

- Policy Environment Score survey – conducted every 18-24 months. (The PES has been conducted in Jamaica in 1999 and 2000).

- Simple service statistics and information monitoring systems (that are consistent with MoH systems where possible) - at community level as well as parish level. The systems will provide data for measuring progress of the project but also to guide planning and decision-making by program managers at the site (parish and community) levels.

- Simple information and documentation systems - established at the project office to document progress of key components and project activities – e.g. NGO grant program.

Futures Group International will also use qualitative data for monitoring and measuring achievement of some results. Examples include informant interviews conducted in select communities, minutes of advisory group meetings, and field notes of the Youth.now team (parish-based focal points, adolescent advisors and technical advisors).

The collaboration between USAID's Co-operating Agencies CAs supporting the Mission's SO3 and other units/divisions of the Ministry of Health will allow Futures Group International access to population-based data collected at community and parish level. Examples of these are the Behavior Surveillance Survey (BSS) supervised by FHI, the Adolescent Reproductive Health Survey (ARHS) series conducted by the National Family Planning Board (NFPB) in collaboration with sources as needed. As required in the contract, reporting to the Mission will be twice each year – January for the period July 1 to December 30, and July for the period January 1 to June 30.

Partners provide much of the data that serves as the basis of USAID's results-level monitoring and reporting. The following table summarizes data collection responsibilities for each partner for results-level data.

For results-level data, partner data submission forms summarize the details about the data that each partner is required to collect.. These forms are attached to Annex 1 of this PMP. Partners should follow the guidelines in the data submission forms when submitting their data to USAID.

**PARTNER & STAFF DATA COLLECTION RESPONSIBILITIES, BY RESULTS-LEVEL
PERFORMANCE INDICATOR**

D ER	PERFORMANCE INDICATORS	TIMING OF DATA REPORTS*	SEI REP
Group onal	IR3.1.1: Increased access to quality reproductive health and HIV/STI services	Annual-Award fee Annual report	Jenn J
	IR3.1.2 Improved knowledge and skills related to reproductive health and HIV/AIDS/STIs	Annual-Award fee Annual report	Jenn J
	IR3.1.3 National policies and guidelines implemented in support of reproductive health (focus on youth)	Annual-Award fee Annual reprot	Jenn J

Annual workplan workplan to be submitted by September 1, annual report by January 31 and semi-
annual progress reports by July 31.

CONDUCTING EVALUATIONS & SPECIAL STUDIES

Regular, scheduled performance monitoring requires a level of simplicity and practicality in data collection efforts, which makes it difficult to assess more complex issues of management concern. Furthermore, performance indicators are only able to "indicate" progress and cannot be used to determine "why" a certain result occurs. Evaluations and special studies are ways in which the EG team can complement its routine performance monitoring efforts with more rigorous, in-depth analysis on topics of special interest. Potential future evaluations and special studies include:

SUBJECT OF EVALUATIONS/SPECIAL STUDIES	POTENTIAL METHODOLOGY	TIMELINE
Midterm evaluation of the project to assess the design, progress and impact on the beneficiaries.	Institutional assessment using methodology used by External contractor in consultation with USAID (to be determined)	Mid strategy period (FY 2002)
Final evaluation of the project to determine strategy for new program cycle	Institutional assessment using methodology used by External contractor (to be determined	End of strategy period (FY 2004)
Mandatory financial audit of grantees that expend $300,000 or more per their fiscal year in USAID awards (i.e., MOH)	Financial analysis (see ADS Chapters 590 & 591 for methodology/guidance)	Annual

C. REVIEWING PERFORMANCE INFORMATION

To help make effective management decisions, the SO3 Team must internally review and analyze performance data during the course of the fiscal year. Depending on the results of these reviews, the SO Team may need to adjust its programming and activities.

USAID/Jamaica currently has two scheduled opportunities whereby each SO team reflects on program performance. Annual Activity Implementation Reviews (AIRs) serve as periodic operational reviews, while the annual R4 Review focuses on strategic issues in the process of preparing the annual R4 report. Both are primarily focused on reporting.

The revised ADS 200 guidance requires each SO team to conduct an annual portfolio review. The portfolio review is defined as: " a required systematic analysis of the progress of an SO by the SO Team and its Operating Unit. It focuses on both operational and strategic issues and examines the robustness of the underlying development hypothesis and the impact of activities on results. It is intended to bring together various expertise and points of view to arrive at a conclusion as to whether the program is "on

track" or if new actions are needed to improve the chances of achieving results." (ADS 203.3.3). At a minimum, a portfolio review must examine the following:

- ❖ Progress towards SO achievement and expectations regarding future results achievement;

- ❖ Evidence that outputs of activities are adequately supporting the relevant IRs and ultimately contributing to the achievement of the SO;

- ❖ Adequacy of inputs for producing activity outputs and efficiency of processes leading to outputs;

- ❖ Status and timeliness of input mobilization efforts;

- ❖ Status of critical assumptions and causal relationships defined in the results framework, along with the related implications for performance towards SOs and IRs;

- ❖ Status of related partner efforts that contribute to the achievement of IRs and SOs;

- ❖ Status of the operating unit's management agreement and the need for any changes to the approved strategic plan;

- ❖ Pipeline levels and future resource requirements;

- ❖ SO team effectiveness and adequacy of staffing; and

- ❖ Vulnerability issues and related corrective efforts.

(From ADS 203.3.3)

The following table outlines scheduled SO3 Team performance reviews:

TYPE OF REVIEW	WHEN	PURPOSE
Partner Activity Progress Review	Bi-monthly partner meetings	❖ Informal monitoring of partner activities through review of partner progress reports and discussion
Activity Implementation Review (AIR)	Annually (4th quarter)	❖ Operational Review – activity progress, inputs, outputs, efficiency, implementation arrangements
R4 Review	Annually (2nd quarter)	❖ Strategic Review – assess progress towards results, review development hypothesis, examine interface between strategy and tactics.
Extended SO3 meeting	Annually	❖ MOH,USAID,donors review the Adolescent Reproductive Health program

D. REPORTING PERFORMANCE RESULTS: The Annual R4 Process

USAID uses performance information not only to assess Operating Unit progress but also as the basis of its resource request for subsequent years and to share knowledge and enhance learning throughout the organization. Like other Operating Units, USAID/Jamaica submits an annual R4 report on its performance against expected results, including both its successes and areas identified for improvement.

Each year, the R4 is prepared in accordance with the specific guidance for that year issued by the Agency. The R4 is prepared using two main sources of information: (a) SO and IR performance indicator data; and (b) the portfolio review process described earlier. More detailed guidance on the R4 process is contained in ADS 203.3.6. The PMP is a key document in preparing the Results Review portion of the R4 since it contains information on all SO and IR performance indicators, including indicator and data quality assessments, responsibilities for data collection and analysis, and the management utility of each indicator. Agency guidance requires all R4 indicators to meet Agency standards for indicator quality and data quality. These standards are described in ADS 203.3.6.5. Indicator and data quality assessments for all R4 indicators have been conducted and are contained in Annexes III and IV, respectively.

In its FY 2003 R4, USAID/Jamaica committed to reporting on the following indicators in the FY 2004 R4 (to be completed by March 31, 2002):

RESULTS LEVEL	PLANNED FY 2003 R4 PERFORMANCE INDICATORS
SO	*Indicator:* HIV seroprevalence among STD clinic attenders
	Indicator: HIV seroprevalence among antenatal clinic attenders
IR 3.1.3	*Indicator:* Policy environment score
IR 3.1.1	Indicator: % of adolescents receiving ARH services

E. ASSESSING DATA QUALITY

Internal USAID standards for data quality have become increasingly rigorous, primarily due to growing scrutiny of USAID resource use and performance results by external reviewers – namely, Congress, OMB, and the public. Poor-quality data poses a two-fold problem: (1) it prevents accurate decision-making by management; and (2) it skews information used for reporting purposes. In order to measure and attribute results accurately – for both reporting and management needs – the SO3Team must ensure that data meets certain criteria, as outlined in ADS 203 guidance:

❖ **Validity:** Data must clearly, directly, and adequately represent the result that it intends to measure. Measurement errors, unrepresentative sampling, and simple transcription errors can negatively impact data validity.

❖ **Reliability:** Data must reflect stable, consistent data collection and analysis processes over time. Variations in data collection methods over time can interfere with efforts to judge performance progress accurately. (One test of data reliability is whether a different person can go back to the same raw data set and come up with the same answer as the original researcher.)

❖ **Timeliness:** Data must be available with enough frequency and must be sufficiently current so it can inform management decision-making. Infrequently collected, out-of-date information yields little useful information for making decisions. *As a rule of thumb, data should be available quarterly if used for management decisions*; data collected on an annual basis might be helpful for long-term management but is usually not as effective for making shorter-term, operational decisions.

❖ **Precision:** Data must be accurate enough to present a fair picture of performance. Normally, data measurements fall into a range (the "margin of error") around the real value. Two issues related to precision should be given consideration. First, the change being measured (e.g., a 10% increase in revenue) must be greater than the margin of error (e.g., 5%). Second, a +/- 10% accuracy range is generally acceptable, particularly for data drawn from large international data sets.

❖ **Integrity:** Mechanisms should be in place to reduce the possibility that data will be manipulated for political or personal reasons. This is admittedly difficult to assess, but it remains an issue to keep in mind when setting up systems to collect and review data.

The minimum ADS requirement is that all R4 indicators must meet the Agency's standards for data quality. For R4 indicators data quality should be assessed initially when indicators are being established and baseline data are collected and re-assessed at least every three years. (ADS 203.3.6.6). Good practice recommends that this be undertaken for *all* indicators so that the SO3 Team's confidence in the data increases. The PwC team conducted initial data quality assessments for all indicators where it was possible to do so. The results are documented in the relevant indicator reference sheets and also in the data quality assessment sheets for R4 indicators.

Data Quality Assessment Procedures: As much as possible the SO3 team should integrate data quality assessment into ongoing activities (e.g., combine a random check of partner data during a regularly scheduled site visit). This minimizes the costs associated with data quality assessment. When conducting data quality assessments, EG team members should us the Data Quality Checklist (Annex VI) as a guide. Findings should be written up in a short memo and filed in the team's performance management files. If the SO3 Team determines any data limitations exist for performance indicators (either during initial or periodic assessments), it should correct these limitations to the greatest extent possible. The SO3 Team should document any actions taken to address data quality problems in the appropriate Performance Indicator Reference Sheet(s). If data limitations prove too intractable and damaging to data quality, the SO3 Team should seek out alternative data sources, or possibly even develop alternative indicators.

F. REVIEWING AND UPDATING THE PMP

The PMP serves as a "living" document that the Health SO Team will use to guide its performance management efforts. One of the key principles of the PMP is that it should be a useful tool for management and organizational learning; the PMP is *not* merely a mechanism to fulfill USAID/Washington reporting requirements. As such, it should be updated as necessary to reflect changes in Health strategy and/or activities.

PMP implementation is therefore not a one-time occurrence, but rather an ongoing process of review, revision, and re-implementation. The PMP will be reviewed and revised at least annually and as necessary. This will be done during the Annual R4 Review/Portfolio Review process. When reviewing the

PMP, the SO Team should consider the following issues:

- ❖ Are the performance indicators working as intended?
- ❖ Are the performance indicators providing the information needed?
- ❖ How can the PMP be improved?

If the SO Team makes major changes to the PMP regarding indicators or data sources, then the rationale for adjustments will be documented. If more minor PMP elements, such as indicator definition or responsible individual, change, the PMP will be updated to reflect these changes, but the rationale does not need to be documented.

G. OVERALL PERFORMANCE MANAGEMENT TASK SCHEDULE

KEY TO SYMBOLS: "☑ " = scheduled task
"E" = episodic task

REPORT PERFORMANCE RESULTS

PERFORMANCE MANAGEMENT TASKS	Episodic		FY 2002											NOTES
		1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
-LEVEL INDICATORS														
													X	Baseline to be established in the 2002 Adolescent reproductive Health Survey. (ARHS)
HIV seroprevalence among STD clinic attenders			x			x			x					Data is requested from the Ministry of Health on annual basis, to track progress and for the R4.
HIV seroprevalence among antenatal clinic attenders			x			x			x					Data is requested from the Ministry of Health on an annual basis, to track progress and for the R4.
- IR3.1 Increased use of quality reproductive health and HIV/STI services and preventive practices														
- % of sexually active youth consistently using contraception over the past 12 months										x				Data extrapolated from the ARHS survey
- % of adolescents receiving reproductive health services					x		x		x		x		X	Youth Friendly sites intake interviews or records. Community based surveys of youth
- % of youth practicing low risk behaviors					x				x				X	Data gathered from the Behavioral Surveillance Survey and Youth Friendly sites interviews or records. Periodic client exit interviews/intercept surveys
-														

COLLECT PERFORMANCE DATA: ACTIVITY-LEVEL & CONTEXT													
Gather activity data/partner progress reports		x	x	x	x	x	x	x	x	x	x	X	Activity level data is collected weekly at the Youth Friendly Sites and analyzed on a monthly basis. Periodic data is collected on a monthly/quarterly and annual basis
Gather contextual data						X				X			This data is gathered before the R4 exercise
CONDUCT EVALUATIONS & SPECIAL STUDIES													
Performance Evaluation – award fee				x				x				X	Review of selected criteria by SO team's Performance Evaluation Board
Eso3 Review Meeting				x				x					Annual event by the extended team to assess progress
REVIEW PERFORMANCE RESULTS													
Results and Review (R2)	x				x				x				The R2 results and review process provides the base information for the R4
Contractor's semi-annual report		x		x		x		x		x		X	Assessment of the operational performance over a six months period
Annual R4 Review		x				x				x			Strategic/result assessment
REPORT PERFORMANCE RESULTS													
R4 Report		x				x				x			
ASSESS DATA QUALITY													
Assess quality partner data												X	Mandatory: all R4 indicators are assessed at the start of the activity and every three years
REVIEW & UPDATE PMP													
Review PMP and update if necessary		x				x				x			PMP will be reviewed on an annual basis for consistency and to track results.

SECTION IV. PERFORMANCE INDICATOR REFERENCE SHEETS

The following section contains detailed Performance Indicator Reference Sheets for each *results-level* indicator. If current results-level indicators are refined and/or additional indicators developed, the Health SO Team should create new indicator sheets based on this template. Each reference sheet is fully consistent with the guidance (mandatory and suggested) contained in ADS 200 and provides information on:

  - ❖ Indicator definition, unit of measurement, and any data disaggregation requirements;
  - ❖ USAID data acquisition method, data sources, timeline for data acquisition, and USAID staff responsible for data acquisition;
  - ❖ Plans for data analysis, review, and reporting;
  - ❖ Any data quality issues, including any actions taken or planned to address data limitations; and
  - ❖ Notes on baselines, targets, and data calculation methods.

A complete table of performance data (baselines, targets, and actuals) for all *results-level* indicators is contained in the Excel spreadsheet that accompanies this PMP.

This section also contains information on *activity-level* and *context-level* indicators. *Activity-level* indicators provide useful data for ongoing, continuous management of activities by the SO Team and generally provide more operational (inputs, outputs) information. These indicators are primarily drawn from the agreements and workplans agreed upon by USAID and its activity partners. *Context-level* are generally macro-statistics that provide valuable information on the environment in which USAID operates but cannot be directly attributed to USAID because they are influenced by multiple factors of which USAID is only one. General information on the types of data collected as both activity-level and context-level indicators is included at the end of this section.

Indicators, Data Sources and Targets

Indicators, Data Sources and Targets

The following tables (Table 1 to Table 4) summarize the plan for monitoring performance of Youth.now over the period to September 2004. Tables include indicators, units of measurement of the respective indicator, data source and targets for five periods – baseline (where applicable), Period 1 (November 1999 to September 30, 2001); Period 2 (October 1, 2001 to September 30, 2002); Period 3 (October 1, 2002 to September 30, 2003) and Period 4 (October 1, 2003 to September 30, 2004). Where possible baseline and targets for each of the reporting periods are included. For some of the other indicators (number of visits to YFS sites and other SDPs in target communities and parishes), targets for the reporting periods will be established after a/the first measurement is made.

Table 1: Indicators and Data Sources for Strategic Objective and Intermediate Result

Result	Indicator	Unit of Measurement	Data Source	Targets/Period[1]				
				Baseline	**1**	**2**	**3**	**4**
SO3. Improved reproductive health of youth	• Percent of adolescents in project sites practicing low risk behaviours • Percent of adolescents in project sites/parish who report correct condom use	Composite indicator: % sexually active adolescents who report abstaining from sex or having only one sex partner; % sexually active adolescents reporting condom use; % sexually active adolescents reporting contraceptive use.	Community-based surveys of youth Behaviour Surveillance Surveys (FHI). YFS site intake interviews or records ARHS	TBA[2] NA TBA[3]	TBA TBA	TBA TBA	TBA TBA	TBA TBA
IR3.1 Increased use of quality RH and HIV/STI services and preventive practices	• Number of visits to YFS sites and other SDPs in target communities and parishes. • Number of new and repeat users of specified services (counselling, STI treatment, etc.) at the service site • Number of new acceptors of modern contraception	Count of persons making first or repeat visit to service facility in a specified time period. Count of persons accepting any program method for the first time	Service statistics from project sites Project MIS Periodic client exit interviews/intercept surveys Community-based surveys of youth	TBA TBA TBA	TBA[4] TBA TBA	TBA TBA TBA	TBA TBA TBA	TBA TBA TBA

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[1] Period 1 – 1999 to Sept 30, 2001; Period 2 – Oct 1, 2001 to Sept 30, 2002; Period 3 – Oct 1, 2002 to Sept 30, 2003; Period 4 – Oct 1, 2003 to Sept 30, 2004

[2] This measurement will be based on the 2001 BSS and is a proxy as Youth.now target communities were not sampled.

[3] Baseline to be established in 2002 ARHS

Table 2: Indicators and Data Sources for Intermediate and Lower-Level Results

Result	Indicator	Unit of Measurement	Data Source	Target/Period				
				Base line	1	2	3	4
IR3.1.1 Increased access to quality reproductive health and HIV/STI services	• Number of officially-certified youth friendly service delivery points	Certified YFS sites	Project files (MIS)	0	0	3	5	7
	• Number of parishes with at least one officially certified YFS			0	0	3	4	6
IR3.1.1.1 Youth friendly service sites making appropriate progress	Proportion of YFS sites making appropriate progress	Proportion of certified YFS sites that make progress according to a set plan	Site monitoring data/report	0	0	0.5	0.6	0.6
IR3.1.1.2 Youth friendly service approaches effectively implemented	• Number of MoH/NGO service sites pre-certified as YFS	Number of special service sites.	Project MIS	0	4	4	6	8
	• Number of NGOs enrolling in certification process			0	0	4	5	15
IR3.1.1.3 Criteria for certifying youth friendly services developed and adopted	• Draft certification criteria presented to MoH for discussion and approval		Draft document and letter to MoH	0	0	1	1	1
	• Approval received from MoH to use certification criteria		Approval letter/ communication	0	0	0	1	1

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[4] Targets will be set after baseline has been established.

Table 3: Indicators and Data Sources for IEC Intermediate Results and Lower Level Results.

Result	Indicator	Unit of Measurement	Data Source	Target/Period[5]				
				Baseline	1	2	3	4
IR3.1.2 Improved knowledge and skills related to reproductive health and HIV/AIDS/STI	Number of service providers certified as youth friendly.		Project MIS	0	0	3	6	9
IR3.1.2.1 Improved knowledge and skills in RH and HIV/AIDS/STI of service providers	Number/percentage of trainees who apply skills to subsequent work	Number and % of YF service providers participating in more than one training event who deliver a service according to a set standard	Project MIS Health centre "mystery client" interviews or client exit interviews. Observation of client/counselor interactions with standard checklist	TBA	TBA	TBA	TBA	TBA
IR3.1.2.1.1 Strengthened capacity to provide ARH	Number of individuals trained by 'master trainers'	Number of individuals trained by master trainers by site/parish/ region.	Project MIS	TBA	TBA	TBA	TBA	TBA

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[5] Period 1 – 1999 to Sept 30, 2001; Period 2 – Oct 1, 2001 to Sept 30, 2002; Period 3 – Oct 1, 2002 to Sept 30, 2003; Period 4 – Oct 1, 2003 to Sept 30, 2004

Result	Indicator	Unit of Measurement	Data Source	Target/Period[5]				
				Baseline	**1**	**2**	**3**	**4**
IR3.1.2.1.2 Increased community support for ARH	# community-based organizations (CBO) that integrate ARH components into their existing programmes.	Number of new ARH components	Project MIS	TBA	TBA	TBA	TBA	TBA
	# CBO partnering with Youth.now	Number CBO-Youth.now partnerships per parish	Community assessments	TBA	TBA	TBA	TBA	TBA
	Attitudinal change of community influentials towards ARH	% community influentials supporting adolescents' access to information and services.	Key informant interviews (Qualitative)	NA	NA	NA	NA	NA
	Requests for assistance with RH counseling/education from schools, and CBOs.		Project information system	0	4	6	12	15
	Number/% of small grant recipients who have achieved their purpose	Number/% of grantees who for achieve (?at least N or all) the objectives for which they were funded	Project information system	0	0	0	2	4

Result	Indicator	Unit of Measurement	Data Source	Target/Period[5]				
				Baseline	**1**	**2**	**3**	**4**
IR3.1.2.2 Improved knowledge and skills in RH and HIV/AIDS/STI of adolescents	Adolescents' knowledge of reproductive health (composite indicator).	Composite indicator: % adolescents who have knowledge of menstrual cycle and conception; % adolescents who know two methods of contraception and % adolescents who can identify two or more symptoms of STI.	ARHS	TBA	TBA	TBA	TBA	TBA
IR3.1.2.2.1 Effective mass media communication program	Percentage of adolescents in project sites who can recall one or more communications messages	% of adolescents who recall messages	Community assessments	TBA	TBA	TBA	TBA	TBA
IR3.1.2.2.2 Effective targeted community interventions	Percentage of adolescents in project sites who have been contacted through non-mass media, non-facility-based intervention activities	% of adolescents using SDP who referred by non-facility-based interventions.	Community surveys	TBA	TBA	TBA	TBA	TBA

Table 4: Indicators and Data Sources for Policy Intermediate Results and Lower Level Results

Result	Indicator	Unit of measurement	Data Source	Target/Period[6]				
				Baseline	**1**	**2**	**3**	**4**
IR3.1.3 National policies and guidelines implemented in support of adolescent reproductive health	# of new ARH policies and guidelines implemented	New policies and guidelines - (e.g. age of consent, emergency contraception).	Government documents	0	0	1	2	2
	Policy Environment Score	Actual score	PES	TBA		1	1	1
IR3.1.3.1 Consensus definition of adolescent reproductive health developed and adopted	Consensus definition of ARH accepted by PAG and Youth Friendly Services Working Group	Report or government document	Minutes of PAG and YFSWG	0	1	-	-	-
IR3.1.3.2 Model ARH curriculum developed and presented for approval	# of revised curricula reflecting ARH focus	ARH components in nursing and midwifery school curricula	Nursing and midwifery school curricula	0	0	0	1	2
					-	-	-	-

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[6] Period 1 – 1999 to Sept 30, 2001; Period 2 – Oct 1, 2001 to Sept 30, 2002; Period 3 – Oct 1, 2002 to Sept 30, 2003; Period 4 – Oct 1, 2003 to Sept 30, 2004

A. SO 3 RESULTS-LEVEL INDICATORS

1) SO – Level Result: Improved Reproductive Health of Youth
   3a) Youth Fertility – to be measured through 2002 ; National Reproductive Health Survey

2) Intermediate Result 3.1.1: Increased access to quality reproductive health and HIV/STI services

Indicator 3.1.1: Percent of adolescents receiving ARH services

3) Intermediate result 3.1.3:   National policies and guidelines implemented in support of reproductive health (focus on youth)

Indicator3.1.3: Policy Environment Score

SO 3 PERFORMANCE INDICATOR REFERENCE SHEET
Strategic Objective 5: Improved Reproductive Health of Youth
Indicator 3.1.3: Policy Environment Score
DESCRIPTION
Precise Definition: A measure of the degree to which the policy environment in a particular country supports the reproductive health of the population..
Unit of Measure: Score on a 0-4 scale.
Disaggregated by: Political support, policy formulation, organization and structure, program resources and evaluation and research
Management Utility: To measure the degree to which the policy environment in a particular country supports the reproductive health of the population
PLAN FOR DATA ACQUISITION BY USAID
Data Acquisition Method: Questionnaire
Data Source(s): Respondents from the Ministry of Health, the National Family Planning Board, Non Governmental Organizations, the University of the West Indies, reproductive health programs, the private sector and international donors
Timing/Frequency of Data Acquisition: 18 months
Responsible Individual(s) at USAID: Contractor -Futures Group International
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
Data Analysis: Final score adjusted to range 0-100
Presentation of Data: Tables of 'planned' and 'actual' comparative data
Review of Data: Review every 18 mths by the SO team, the instiutional contractor and other stakeholders
Reporting of Data: Used for (SARS), Annual R4/Portfolio Review.
DATA QUALITY ISSUES
Initial Data Quality Assessment **Known Data Limitations and Significance (if any):**   Conducted every 18mths rather than annually. Data will not always be available for the R4

Actions Taken or Planned to Address Data Limitations:
Note on Baseline/Targets:

YEAR	TARGET PLANNED	ACTUAL	COMMENTS
1998	NA	54.1	
1999	55.1	56.3	
2000	58	59.7	
2001	60		
2002	64		
2003	68		
2004	72		

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