Health Systems Strengthening Project (HSSP)

South Sudan

Performance Monitoring Plan (PMP)
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1. Introduction

The South Sudan Health Systems Strengthening Project (HSSP) is a five-year USAID/South Sudan-funded project led by Abt Associates, in partnership with Training Resources Group (TRG) and the African Medical and Research Foundation (AMREF). HSSP will build on the Republic of South Sudan's commitment to implementing the National Health Strategy, leaving in place a much strengthened health system that provides improved health services in Central and Western Equatoria States. HSSP will work with the government, development partners, the Ministry of Health, Republic of South Sudan (MOH/RSS), State Ministries of Health (SMOHs), County Health Departments (CHDs), and Village Health Committees (VHCs) to strengthen the RSS's health system and to foster an enabling environment for improved health service delivery. HSSP will use a systems approach that creates synergies, takes advantage of economies of scale, promotes country ownership, recognizes the transition from emergency relief to sustainable development, and applies innovative technologies to strengthen state and county management of health system functions.

This Performance Monitoring Plan (PMP) describes the performance measures by which HSSP will monitor program implementation and measure achievements against planned targets throughout the life of the project, and includes procedures for data collection, data management and analysis, data quality assurance, data reporting, use and dissemination, and a plan for research and evaluation. HSSP has a strong monitoring and evaluation mandate to promote program learning and accountability. This PMP is designed to encourage learning and accountability both within the project management team and externally between the two project states, counties and lower level administrative units. This PMP, along with the annual PMP, will be updated annually in consonant with annual work planning, and if/when necessary to reflect any changes in implementation approach, planned activities or targets.

2. Program Description

The overall goal of the South Sudan HSSP is to increase the capacity of CHDs and SMOH to ensure the provision of high quality primary health care services in Western and Central Equatoria States. HSSP comprises three components designed to strengthen the Republic of South Sudan's health system and foster an enabling environment for improved delivery of health services. The three components are:

1. Increased management and leadership capacity in State Ministries of Health (SMOH), County Health Departments (CHDs) and Village Health Committees (VHCs)
2. Strengthened health systems at the state and county levels, with particular attention to health information systems (HIS), financial management and human resources for health (HRH)
3. Increased coordination at the state and county levels

To ensure integration of the three components, key project activities which cut across one or more of the project component will be delivered concurrently and/or will be coordinated for efficiency. Implementation of activities and interventions within and across these three program components is expected to lead to the achievement of the desired program result of improved institutional capacity within State Ministries of Health (SMOHs) and County Health Departments (CHDs) in Central and Western Equatoria to manage and coordinate health service delivery.

The core strategies of the project are: a)The use of an approach that integrates HSSP's three components into one coherent and mutually reinforcing set of project interventions; b) The building of capacity in the core competencies that SMOH and CHDs need to carry out their functions; c) Ensuring the definition and operationalization of roles and responsibilities at all levels of the health care system; d) Establishment of coordination mechanisms and building the capacity of CHDs to use them; and e) Seeking synergies with other efforts such as the USAID-funded Integrated Health Service Delivery Project (ISDP), partners working with the SMOH and CHD offices, and health systems strengthening projects based in other states, funded by the Health Pooled Fund and the World Bank.

Phased approach to program implementation in counties

During Year 2, the project will continue to work with the national, state, and county stakeholders to design an appropriately phased approach to working with the counties. HSSP began its implementation in three counties per state (in CES and WES) during Year 1. Starting from Year 2 (October 1, 2013), project activities will continue to be rolled out to the remaining 10 counties so that by the end of the year, all the 16 counties in CES and WES will have been covered. As this phased approach is rolled out, a small scale version of the baseline assessment will need to be completed to come up with values for the indicators that the project is monitoring. Table 1 illustrates the project's phased approach, which began at the county level in Quarter 4 of Year 1 (July 1, 2013), reaching six counties (three in CES and three in WES) by the end of Year 1 and, covering all the counties by the current plan period.

TABLE 1: HSSP Phased Aproach to Project Scale-Up in Counties

Phase	Timing	WES (# counties covered)	CES (# counties covered)
Phase I	July 1, 2013 – September 30, 2013	3	3
Phase II	October 1, 2013 – March 31, 2014	6	6
Phase III	April 1, 2014 – September 30, 2014	10	6

HSSP Guiding Principles

HSSP's technical and operational implementation approach is organized around the following principles:

- ***Build sustainability through health systems strengthening***. HSSP recognizes and works within an environment with a history of relief conditions and is moving toward a development and sustainability model
- ***Encourage country ownership and invest in country-led plans***. HSSP is working to strengthen the capacity of state, county and village health authorities to take greater ownership of their health system

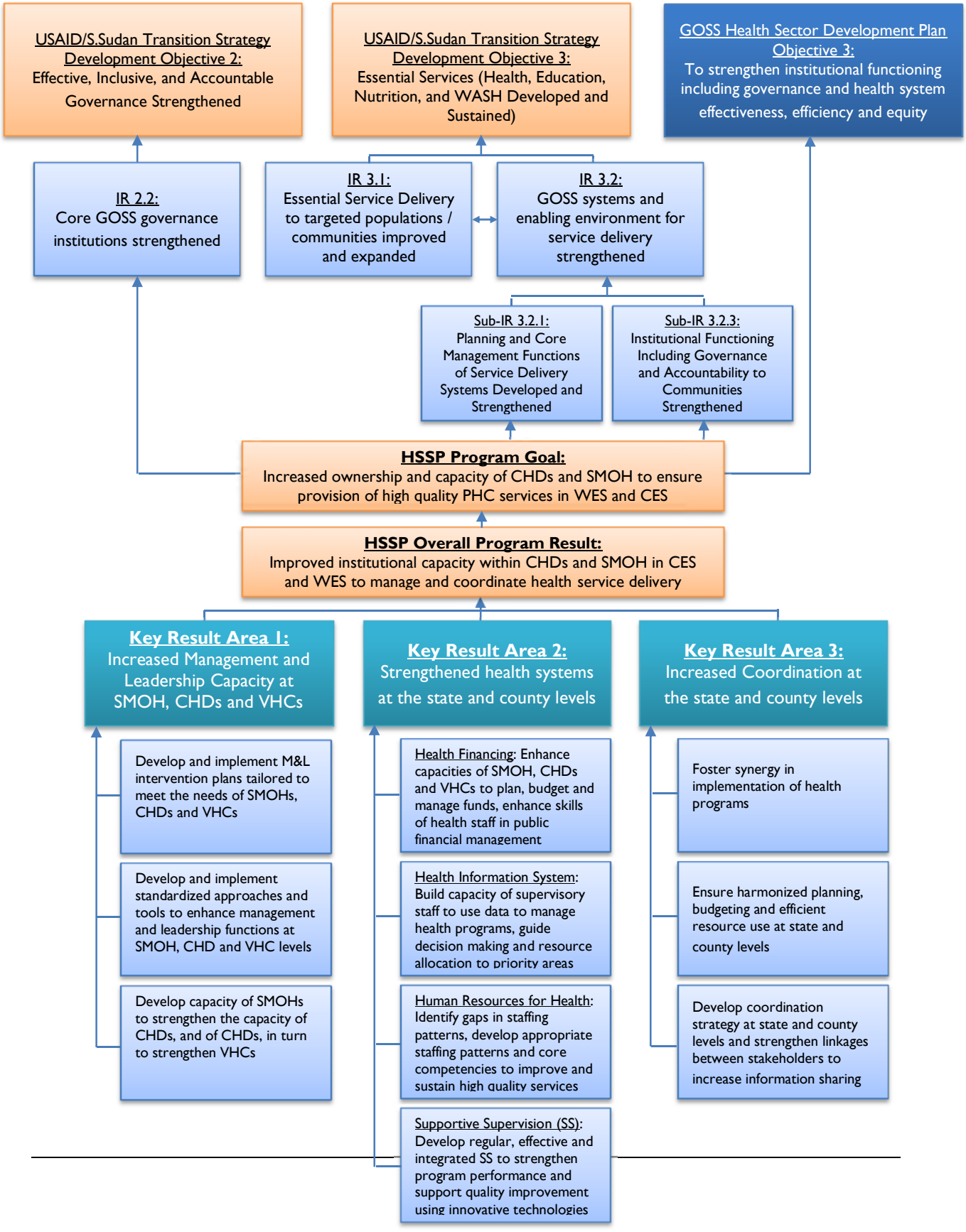
- ***Promote women, girls and gender equality.*** HSSP has integrated gender related issues into all project components. Gender related monitoring and evaluation indicators have also been included in the project's monitoring and evaluation plan
- ***Strengthen the enabling environment for health system strengthening, with an emphasis on CHDs.*** The CHD is the de-facto 'health district' in South Sudan and therefore is a critical unit in building the health system in the country. Thus, it is essential that project activities target accordingly
- ***Increase impact through strategic coordination and integration.*** Linkages below the county level (to payam, boma and village level), and linkages above the county level to state ministries of health and finally to the central Ministry of Health are vital for the counties. HSSP will strengthen these linkages through Component 3, which focuses on coordination of the CHDs with state ministries of health and the lower level institutions. Attempts will be made to identify clear roles and responsibilities and lines of communication between all the levels, building off any existing communication systems
- ***Promote learning and accountability through monitoring and evaluation.*** HSSP has a strong monitoring and evaluation mandate and will encourage learning and accountability both within the project management team and, between the project states, counties and lower level institutions

3. Results Framework

The HSSP Results Framework illustrates the causal linkages between the project's core set of interventions and its overall goal of increasing ownership and capacity of County Health Departments (CHDs) and State Ministries of Health (SMOHs) in Central and Western Equatoria States (CES and WES, respectively) to ensure provision of high quality primary health care services. The results framework is the basis of all HSSP activities, and depicts how interventions within each of the three project components contribute to the achievement of key results, which combine to support achievement of the project's overall result of improved institutional capacity within CHDs and SMOHs in CES and WES to manage and coordinate health service delivery.

Through facilitating the implementation of more effective management systems and processes at the state and county levels in CES and WES which will enable the provision of high quality primary health care services, HSSP directly supports the Government of South Sudan's (GOSS) health sector development plan objective of strengthening institutional functioning in the areas of governance and health system effectiveness, efficiency and equity. HSSP also aligns with the USAID/South Sudan Transition Strategy Development Objective (DO) 3, which focuses on supporting the government's capacity to sustain essential health services, through its (i.e. the project's) contributions to creating a strengthened and enabling environment for the delivery of essential health services (IR 3.2, Figure 1). Additionally, through contributions to strengthening the health sector, one of GOSS core governance institutions (IR 2.2, Figure 1), HSSP aligns also with the USAID/South Sudan Transition Strategy DO 2, focused on strengthening effective, inclusive and accountable governance in South Sudan. The HSSP results framework is presented in Figure 1 below:

Figure 1: HSSP Results Framework



4. M&E Approach

4.1 Definition of Key Terms

The definition of two key terms – "Monitoring" and "Evaluation" is presented in this section to facilitate understanding and discussion of the PMP.

Monitoring: refers to the ongoing and routine collection of performance indicator data to determine whether desired results are being achieved and whether implementation is on track. Monitoring continues throughout the life of the project and enables program managers and staff to track project progress against planned activities and targets and ensure that program objectives are being achieved. Monitoring also involves providing regular oversight of the implementation of project activities in terms of planned inputs, processes, and expected outputs.

Evaluation: refers to an assessment of how the project is being implemented (process evaluation) or an assessment of what change has occurred as a result of project interventions and activities (impact evaluation). Evaluation involves a systematic and objective assessment of ongoing or completed project activities or interventions in terms of their processes, outcomes or impact. Evaluation produces evidence on the relationship between project inputs and/or activities and subsequent outcomes and impact.

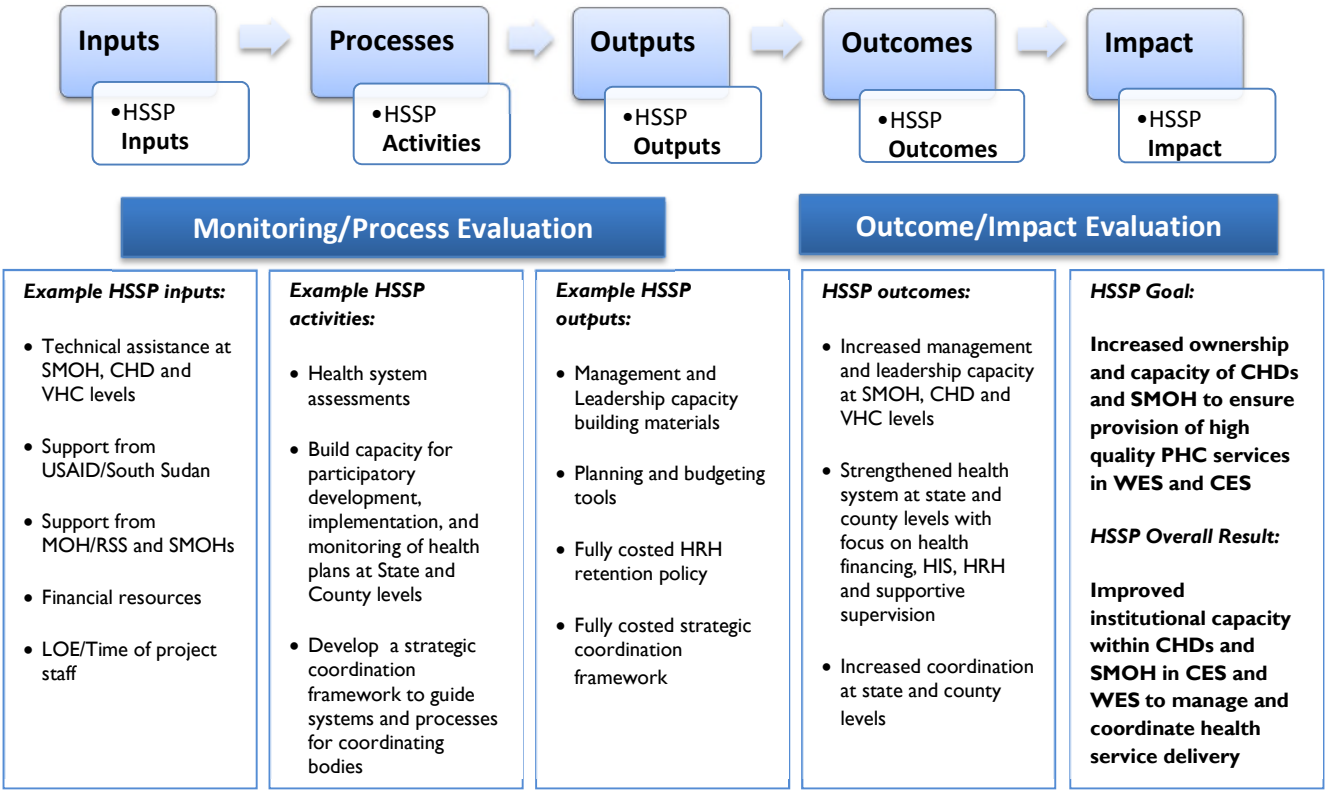
4.2 M&E Framework

The HSSP M&E framework is based on the results chain approach, which focuses on the relationships between the project's inputs, processes, outputs, outcomes and impact. Key terms are defined as follows:

- Inputs: are the financial, human and material resources invested in the project that are required to carry out project activities and interventions
- Processes: are the activities carried out using project resources to produce specific outputs
- Outputs: are the immediate products or deliverables of the project as a result of implementation of activities/interventions
- Outcomes: are the short-term and intermediate results of the project as a result of implementation of activities/interventions
- Impact: are the long-term effects of the project, i.e. strengthened health system in CES and WES

The HSSP M&E framework is presented in Figure 2 below:

Figure 2: HSSP M&E Framework



5. Core Performance Indicators

5.1 Formulation of Core Performance Indicators

As part of the project start-up, Year 1 work planning activities and subsequently the baseline health system assessment in the two project states, the M&E team assisted the technical leads for each of HSSP's components to identify core performance indicators to be tracked throughout the life of the project to measure project performance and the results the project plans to achieve. Wherever possible, gender was incorporated into the formulation of performance indicators. Indicators identified were mostly output and outcome indicators, and are expected to contribute to measuring the impact of the project which is an overall strengthened capacity of the SMOHs, CHDs and VHCs in CES and WES to deliver high quality primary health care services.

5.2 Alignment with GOSS/MOH Health Systems Indicators:

Indicators were also identified to contribute to the health system strengthening priorities of the RSS outlined in its Health Sector Development Plan (2012 – 2016). The GOSS/MOH health systems indicators are mostly national-level indicators whose assessments extend beyond the coverage area of HSSP's two program states. However, the M&E team has identified those GOSS/MOH health systems indicators that HSSP activities and interventions will contribute towards achieving at the national level, and are listed below:

HIS/M&E

- M&E/HMIS functional in all states and counties by early 2013
- Number of National, State, County level M&E and surveillance officers trained and providing supportive supervision
- Number (%) of states and counties implementing DHIS
- At least 60% of monthly DHIS & IDSR reports submitted timely to national, state and county health authorities
- % of HFs providing regularly HMIS reports

Human Resources for Health

- Availability of tool to accurately determine gaps in health workforce
- Continuing education and Online Distance Leaning training courses systematically planned at different levels as strategy for staff retention
- % of Payams with trained community health workers

Health Financing

- % of SMoHs producing annual plan & budget increased by 30% (from 70% to 100%)
- % of SMoHs producing an annual plan and budget

Leadership and Management

- Existence of functional coordination mechanism evidenced by minutes of meetings at different levels of services delivery
- No. of hospital administrators trained in hospital management increased by 47 (from 13 to 60) by 2015
- % of counties conducting at least 2 quarterly supervisions increased by 60% (from 20% to 80%)

HSSP core performance indicators that align with these GOSS/MOH indicators are highlighted in the indicator matrix in Section 5.3.

5.3 Baselines and Targets

An important consideration in establishing targets for core performance indicators is the phased approach to implementation of program activities in the counties. As noted above, HSSP began its implementation in 6 counties (3 per state) during Year 1, and will roll out project activities to all 16 counties in WES and CES by the end of Year 2. Thus, established targets for Years 1 and 2 reflect achievable program results considering the phased approach and the geographic scope for planned activities. The vast majority of the performance indicators do not require baselines. The targets for a number of the performance indicators were determined based on findings from the baseline health system assessment conducted during Year 1 which included management and leadership capacity assessments, financial management capacity assessments, health information system gap analysis, HRH workforce capacity assessments, and HR management capacity assessments.

5.4 Core Performance Indicator Matrix

The matrix below details HSSP core performance indicators, indicator definitions, baselines, targets, data source(s), data collection method(s), and frequency of collection for each indicator.

#	Core indicator	Indicator Definition	Indicator Type	Baseline	Targets					Data source(s)	Method(s) of collection	Frequency
					YR 1	YR 2	YR 3	YR 4	EOP			
	Program Goal: Increased ownership and capacity of County Health Departments and State Ministries of Health to ensure the provision of high quality primary health care services in Western and Central Equatoria											
	Program Result: Improved institutional capacity within SMOHs and CHDs in Central and Western Equatoria to manage and coordinate health service delivery											
	Component 1: Increased Management And Leadership Capacity at VHCs, CHDs, and SMOHs											
1.	Number of SMOH and CHD staff who received leadership and management training* (disaggregated by gender)	The number of SMOH and CHD staff trained leadership and management principles	Output	n/a	16 (M:11, F:5)	60 (M:50, F:10)	75 (M:60, F:15)	85 (M:65, F:20)	95 (M:70, F:25)	Program records, Training registers	Program monitoring	Quarterly
2.	Number of VHC members trained in leadership and management approaches to improve committee performance** (disaggregated by gender)	The number of VHC members trained in leadership and management principles and approaches to improve committee performance	Output	n/a	n/a	60 (M:50, F:10)	75 (M:60, F:15)	85 (M:65, F:20)	100 (M:75, F:25)	Program records, Training registers	Program monitoring	Quarterly
3.	Number of women in leadership and management roles at SMOH, CHD and VHC levels**	The number of women in leadership and management roles at all levels of the health system	Outcome	TBD	5	10	15	20	25	SMOH, CHD, VHC records	Program monitoring	Baseline, mid-line and end-line
4.	Percentage of trained CHD and VHC staff with a clear understanding of overall institutional roles and responsibilities** (disaggregated by gender)	The percentage of trained CHD and VHC staff that are knowledgeable about the roles and responsibilities of their institution's level within the health system and the relationships between the different levels	Outcome	TBD	50%	55%	60%	65%	80%	Program records	Pre- and Post-training assessment	Quarterly
5.	Percentage of trained CHD and VHC staff	Percentage of trained CHD and VHC staff who	Outcome	TBD	50%	55%	60%	65%	80%	Program records	Post-training	Semi-Annually

#	Core indicator	Indicator Definition	Indicator Type	Baseline	Targets					Data source(s)	Method(s) of collection	Frequency
					YR 1	YR 2	YR 3	YR 4	EOP			
	who demonstrate leadership and management skills on the job** (disaggregated by gender)	demonstrate leadership and management skills on the job including planning, supervision of service providers, effective communication, budget monitoring, use of data for decision-making, supportive supervision, etc.									assessment /survey, observation	
6.	Percentage of trained CHDs and SMOH managers using at least 2 leadership and management tools in the course of their work (disaggregated by gender)	Percentage of trained CHDs and SMOH managers using at least 2 leadership and management tools (e.g. *work plans, job descriptions, performance evaluation forms, supervision checklist)*in their work	Outcome	n/a	60%	70%	80%	90%	100%	CHD and SMOH administrative records, observation/ mentoring checklist	Post-training assessment, mentoring visits, document reviews	Semi-Annually
7.	Number of leadership and management mentors oriented at SMOH, CHD and VHC levels** (disaggregated by gender)	The number of leadership and management mentors oriented at SMOH, CHD and VHC levels (disaggregated by gender)	Output	n/a	6 (M:4, F:2)	16 (M:11, F:5)	n/a	n/a	16 (M:11, F:5)	Program records, training records	Program monitoring	Quarterly
8.	Number of SMOH and CHD managers who received post-training coaching and mentorship support in leadership and management practices (disaggregated by gender)	The number of SMOH and CHD managers who received post-training coaching and mentorship support in leadership and management practices (disaggregated by gender)	Output	n/a	0	30 (M:20, F:10)	40 (M:25, F:15)	50 (M:30, F:20)	75 (M:45, F:30)	Supervision/ mentorship reports	Program monitoring, mentoring visits	Semi-annually
9.	Number of health facility administrators trained in health facility management* (disaggregated by gender)	The number of health facility administrators trained in health facility management	Output	n/a	0	50 (M:35, F:15)	60 (M:45, F:15)	70 (M:55, F:15)	80 (M:65, F:15)	Program records, Training registers	Program monitoring	Quarterly
10.	Existence of leadership and management capacity assessment	The existence of a leadership and management capacity assessment report	Output	n/a	1	n/a	n/a	n/a	1	Program records	Program monitoring	Baseline and end-line

#	Core indicator	Indicator Definition	Indicator Type	Baseline	Targets					Data source(s)	Method(s) of collection	Frequency
					YR 1	YR 2	YR 3	YR 4	EOP			
	report disseminated to stakeholders	available and disseminated to stakeholders										
11.	Existence of Citizens Report Card for use by CHDs and VHCs to obtain client feedback on effective access to health services**	Existence of Citizens Report Card (i.e. survey instrument) for use by CHDs and VHCs to obtain client feedback on effective access to health services	Output	n/a	n/a	1	n/a	n/a	n/a	Program records	Program monitoring	Once, by end of Year 2
	Component 2: Strengthened Health Systems at State and County Levels, With Particular Attention to HIS, Financial Management, and HRH											
	Health Financing											
12.	Number of SMOH and CHD staff trained in financial management including: planning, budgeting, procurement and accounting (disaggregated by gender)	The number of SMOH and CHD level staff trained in financial management including: planning, budgeting, procurement and accounting	Output	n/a	TBD	TBD	TBD	TBD	TBD	Program records, Training records	Program monitoring	Quarterly
13.	Number of CHDs with evidence of collaboration with county offices in planning and budgeting	The number of CHDs with evidence of collaboration mechanisms between CHDs and county offices, i.e. that the county offices involves the CHDs in planning and budgeting and there is documentation of the communication and feedback between the CHD and the county office	Outcome	n/a	0	6	9	12	16	Correspondence between county offices and CHDs and other admin records, e.g. letters, e-mails, reports, minutes of meetings, etc.	Document reviews	Annually
14.	Number of CHDs submitting monthly financial reports to the county commissioner's	The number of CHDs submitting monthly financial reports to the county commissioner's office using	Output	n/a	0	6	9	12	16	CHD admin records	Document reviews	Monthly

#	Core indicator	Indicator Definition	Indicator Type	Baseline	Targets					Data source(s)	Method(s) of collection	Frequency
					YR 1	YR 2	YR 3	YR 4	EOP			
	office using local government PFM reporting templates	local government PFM reporting templates										
15.	Number of CHDs with county health strategic plans	The number of CHDs with county health strategic plans developed	Outcome	n/a	0	6	9	12	16	CHD records	Document reviews	Annually
16.	Number of CHDs with an implementation plan for their county health strategic plan	The number of CHDs with an implementation plan for their county health strategic plan	Outcome	n/a	0	6	9	12	16	CHD records	Document reviews	Annually
17.	Number of SMOH and CHD staff who completed all modules of PFM training (disaggregated by gender)	The number of SMOH and CHD staff who completed all modules of PFM training	Output	n/a	0	6	9	12	16	Program records, Training records	Program monitoring	Quarterly
18.	Number (and percentage) of SMOH and CHD staff who demonstrate core competencies in public financial management (disaggregated by gender)	The number (and percentage) of SMOH and CHD staff who demonstrate core competencies in PFM: (i.e. practice correct procedures in planning and budgeting, procurement, accounting, record keeping and reporting) in accordance with the GOSS PFM guidelines	Outcome	TBD	TBD	TBD	TBD	TBD	TBD	Supervision/ mentoring checklist	Post-training assessment, mentoring visits	Semi-Annually
19.	Number (and percentage) of CHDs conducting bottom-up planning and	The number (and percentage) of CHDs that involve the Payam, who in turn involve the	Outcome	TBD	0	6	9	12	16	Correspondence between CHDs and	Document reviews	Annually

#	Core indicator	Indicator Definition	Indicator Type	Baseline	Targets					Data source(s)	Method(s) of collection	Frequency
					YR 1	YR 2	YR 3	YR 4	EOP			
	budgeting** (disaggregated by state)	Boma/VHCs, in planning and budgeting, and who have documentation of the communication and feedback between the CHD and the Payam, and between the Payam and the Boma/VHCs								Payams and Boma and other admin records e.g. letters, emails, reports, minutes of meetings etc.		
20.	Number (and percentage) of CHDs with evidence of collaboration with SMOHs in planning and budgeting* (disaggregated by state)	The number (and percentage) of CHDs with evidence of collaboration mechanisms between CHDs and SMOHs, i.e. that the SMOH involves the CHDs in planning and budgeting and there is documentation of the communication and feedback between the SMOH and CHD	Outcome	n/a	0	6	9	12	16	Correspondence between SMOH and CHDs and other admin records e.g. letters, emails, reports, minutes of meetings etc.	Document reviews	Annually
	Health Information Systems											
21.	Number of CHD and SMOH staff trained by the program to use health information for decision making (disaggregated by gender)	The number of CHD and SMOH staff trained by the program to use health information for decision making e.g. budget request, advocacy, etc.	Output	n/a	TBD	TBD	TBD	TBD	TBD	Program records, Training records	Program monitoring	Quarterly
22.	Number (and percentage) of CHDs submitting timely HMIS monthly reports to SMOH* (disaggregated by state)	The number (and percentage) of CHDs submitting HMIS monthly reports to SMOH on or before the set submission deadline	Outcome	TBD	TBD	16 (100%)	n/a	n/a	16 (100%)	SMOH and CHD Admin records, Program records	Program monitoring	Quarterly
23.	Number (and percentage) of CHDs and SMOHs using	The number (and percentage) of CHDs and SMOHs using DHIS/HMIS	Outcome	TBD	TBD	TBD	18 (100%)	n/a	18 (100%)	CHD and SMOH Admin	Document reviews	Annually

#	Core indicator	Indicator Definition	Indicator Type	Baseline	Targets					Data source(s)	Method(s) of collection	Frequency
					YR 1	YR 2	YR 3	YR 4	EOP			
	DHIS/HMIS data for developing annual health plans* (disaggregated by state)	data for developing annual health plans								records, annual health plans		
24.	Number of instances in which DHIS/HMIS data was used by SMOHs for decision making (disaggregated by state)	The number of documented instances where DHIS/HMIS data was used by SMOH staff for decision making e.g. budget request, advocacy	Outcome	n/a	n/a	8 (4 per SMOH)	TBD	TBD	TBD	SMOH Admin records	Document reviews	Semi-annually
25.	Number of instances in which DHIS/HMIS data was used by CHDs for decision making (disaggregated by state)	The number of documented instances where DHIS/HMIS data was used by CHD staff for decision making e.g. budget request, advocacy	Outcome	n/a	n/a	32 (2 per CHD)	TBD	TBD	TBD	CHD Admin records	Document reviews	Semi-annually
26.	Number of state level staff trained in Routine Data Quality Assessment (RDQA) (disaggregated by state)	The number of state level staff trained in Routine Data Quality Assessment (RDQA)	Output	n/a	TBD	TBD	n/a	n/a	TBD	Program records, Training records	Program monitoring	Quarterly
27.	Number of RDQAs conducted by HSSP-trained staff (disaggregated by state)	The number of RDQAs conducted by HSSP-trained staff	Output	n/a	TBD	TBD	TBD	TBD	TBD	Program records,	Program monitoring	Quarterly
28.	Number of RDQA reports showing improvement in data quality (disaggregated by state)	The number of RDQA reports showing improvement in data quality	Outcome	n/a	n/a	TBD	TBD	TBD	TBD	Program records,	Program monitoring	Quarterly
29.	Number of quarterly M&E meetings held at the state level with county health departments to review data and priority health issues (disaggregated by state)	The number of quarterly meetings held by M&E working groups at the state level with county health departments to review data and priority health issues	Output	n/a	1	8	8	8	8	SMOH and CHD admin records, meeting notes	Document reviews, Program monitoring	Quarterly
30.	Number of quarterly M&E meetings held at the county level to review data and priority health issues	The number of quarterly meetings held by M&E working groups at the county level to review data and priority health issues	Output	n/a	1	4	TBD	TBD	TBD	CHD admin records, meeting notes	Document reviews, Program monitoring	Quarterly

#	Core indicator	Indicator Definition	Indicator Type	Baseline	Targets					Data source(s)	Method(s) of collection	Frequency
					YR 1	YR 2	YR 3	YR 4	EOP			
	(disaggregated by state)											
	Human Resources for Health											
31.	Number of SMOH and CHDs implementing a performance management system	The number of SMOHs and CHDs actively implementing a standardized performance management system	Outcome	0	n/a	TBD	TBD	TBD	18 (100%)	Program records	Health System Assessment, Program monitoring, mentoring/ supervision visits	Semi-annually
32.	Number of SMOHs and CHDs implementing key human resource management policies and procedures	The number of SMOHs and CHDs regularly implementing HRM policies and procedures	Outcome	0	n/a	TBD	TBD	TBD	18 (100%)	Program records	Health System Assessment, Program monitoring, mentoring/ supervision visits	Semi-annually
33.	Number of CHDs conducting workforce capacity assessments to determine health worker staffing requirements* (disaggregated by state)	The number of CHDs using workforce capacity assessment tool to determine health worker staffing requirements	Outcome	0	n/a	TBD	TBD	TBD	16	Program records	Health System Assessment, Program monitoring, mentoring/ supervision visits	Semi-annually
34.	Number of SMOHs and CHDs supported to develop HRH retention policies (disaggregated by state)	The number of SMOHs and CHDs supported by the program to develop HRH retention policies	Outcome	n/a	n/a	TBD	TBD	TBD	18	Program records, policy documents	Program monitoring, document reviews	Annually
35.	Number of retention policies developed and operationalized with program support*	The number of retention policies developed and operationalized with program support	Outcome	n/a	n/a	TBD	TBD	TBD	TBD	Program records, policy documents	Program monitoring, document reviews	Annually
36.	Number of nurses/ midwives and CHWs supported and trained	The number of nurses/midwives and CHWs supported and trained in the	Output	n/a	n/a	TBD	TBD	TBD	TBD	Program records, training	Program monitoring	Quarterly

#	Core indicator	Indicator Definition	Indicator Type	Baseline	Targets					Data source(s)	Method(s) of collection	Frequency
					YR 1	YR 2	YR 3	YR 4	EOP			
	in the use of innovative technology to support the delivery of quality health services at Payam and Boma/VHC levels* (disaggregated by state)	use of innovative technology to support the delivery of quality health services at Payam and Boma/VHC levels								records		
37.	Number (and percentage) of CHDs and SMOHs supported by the program to implement fully functional HRHMIS (disaggregated by state)	The number (and percentage) of CHDs and SMOHs supported by the program to implement fully functional HRHMIS	Outcome	n/a	n/a	TBD	TBD	TBD	18 (100%)	Program records	Program monitoring	Annually
38.	Number (and percentage) of CHDs and SMOHs with finalized (and fully costed) HRH strategic plans (disaggregated by state)	The number (and percentage) of CHDs and SMOHs with finalized (and fully costed) HRH strategic plans	Outcome	n/a	TBD	TBD	TBD	TBD	18 (100%)	Program records	Program monitoring	Annually
	Supportive Supervision											
39.	Number of CHD staff trained in supportive supervision using appropriate SS tools approved by the MOH * (disaggregated by state)	The number of CHD staff trained in supportive supervision and usage of appropriate SS tools approved by MOH	Output	n/a	n/a	TBD	TBD	TBD	TBD	Program records, training records	Program monitoring	Quarterly
40.	Number of quarterly supportive supervision visits conducted by CHDs using appropriate technology approved by the MOH (disaggregated by state)	The number of quarterly supportive supervision visits conducted by CHDs using appropriate technology approved by the MOH	Output	n/a	n/a	TBD	TBD	TBD	TBD	Program records	Program monitoring	Quarterly
41.	Number (and percentage) of SS visits	The number (and percentage) of SS visits	Outcome	n/a	n/a	TBD	TBD	TBD	TBD	Program records	Program monitoring	Quarterly

#	Core indicator	Indicator Definition	Indicator Type	Baseline	Targets					Data source(s)	Method(s) of collection	Frequency
					YR 1	YR 2	YR 3	YR 4	EOP			
	conducted (using appropriate SS technology approved by the MOH) resulting in "no need for improvement" assessment (disaggregated by state)	conducted (using appropriate technology approved by the MOH) resulting in "no need for improvement" assessment										
	Component 3: Increased Coordination At State And County Levels											
42.	Number of CHDs supported in revising existing coordination mechanisms and tools (disaggregated by state)	The number of CHDs supported in revising existing coordination mechanisms and tools	Output	n/a	6	16	n/a	n/a	16	Program records	Program monitoring	Quarterly
43.	Number of existing coordination mechanisms and tools revised by CHDs with program support*	The number of existing coordination mechanisms and tools revised by CHDs with program support	Output	n/a	TBD	TBD	TBD	TBD	TBD	Program records	Program monitoring	Quarterly
44.	Number of instances in which the strategic coordination framework is used by state and county coordinating units to establish a system or process to strengthen collaboration (e.g. joint planning, budgeting, trainings, SS, etc.) (disaggregated by state)	The number of documented instances in which the strategic coordination framework is used by state and county coordinating units to establish a system or process to strengthen collaboration (e.g. joint planning, budgeting, trainings, SS, etc.)	Outcome	n/a	4 instances (2 for each state)	TBD	TBD	TBD	TBD	State and county coordinating units Admin documents/ records	Document reviews, Program monitoring	Quarterly
45.	Number of coordination units managed by SMOHs* (disaggregated by state)	The number of coordination units managed by SMOHs (disaggregated by state)	Output	TBD	4 (2 for each state)	TBD	TBD	TBD	TBD	SMOH Admin documents/ records, Program records	Program monitoring	Quarterly
46.	Number of coordination units managed by CHDs* (disaggregated by state)	The number of coordination units managed by CHDs (disaggregated by state)	Output	TBD	TBD	TBD	TBD	TBD	TBD	CHD Admin documents/ records, Program	Program monitoring	Quarterly

#	Core indicator	Indicator Definition	Indicator Type	Baseline	Targets					Data source(s)	Method(s) of collection	Frequency
					YR 1	YR 2	YR 3	YR 4	EOP			
										records		
47.	Number of coordination units managed by VHCs*,** (disaggregated by state)	The number of coordination units managed by VHCs (disaggregated by state)	Output	TBD	TBD	TBD	TBD	TBD	TBD	VHC Admin documents/ records, Program records	Program monitoring	Quarterly
48.	Number of CHDs meeting routinely and recording outcomes of those meetings* (disaggregated by state)	The number of CHDs meeting routinely and recording outcomes of those meetings	Output	TBD	TBD	TBD	TBD	TBD	16	Meeting minutes, CHD Admin documents/ records	Document reviews, Program monitoring	Quarterly
49.	Number of VHCs meeting routinely and recording outcomes of those meetings*,** (disaggregated by state)	The number of VHCs meeting routinely and recording outcomes of those meetings	Output	TBD	TBD	TBD	TBD	TBD	TBD	Meeting minutes, VHC Admin documents/ records	Document reviews, Program monitoring	Quarterly
50.	Number of Payams meeting routinely and recording outcomes of those meetings* (disaggregated by state)	The number of Payams meeting routinely and recording outcomes of those meetings	Output	TBD	TBD	TBD	TBD	TBD	TBD	Meeting minutes, Payam Admin documents/ records	Document reviews, Program monitoring	Quarterly
51.	Number of on-site support visits by MOH(RSS) Directorate of Planning and Coordination to SMOHs (disaggregated by state)	The number of on-site support visits by MOH(RSS) Directorate of Planning and Coordination to SMOHs (disaggregated by state)	Output	n/a	4	TBD	TBD	TBD	TBD	MOH Admin documents/ records, Program records	Program monitoring, document reviews	Quarterly
52.	Number of instances in which actions are taken by MOH (RSS) to address or remove identified barriers to collaboration (disaggregated by state)	Number of documented actions taken by MOH (RSS) to address or remove identified barriers to collaboration at state or county levels	Outcome	n/a	4	TBD	TBD	TBD	TBD	MOH Admin documents/ records	Document reviews, Program monitoring	Quarterly
53.	Number of effective formal coordination committees functioning at the state, county, Payam and Boma/VHC	Number of effective formal coordination committees functioning (i.e. meeting regularly with evidence of minutes of meetings) at the	Outcome	TBD	TBD	TBD	TBD	TBD	TBD	Program records, SMOH, CHD and Payam admin	Program monitoring, document reviews	Semi-annually

#	Core indicator	Indicator Definition	Indicator Type	Baseline	Targets					Data source(s)	Method(s) of collection	Frequency
					YR 1	YR 2	YR 3	YR 4	EOP			
	levels on/about project completion* (disaggregated by state)	state, county, Payam and Boma/VHC levels on/about project completion								records		

*Aligned with GOSS/MOH HSS indicator

**VHC/Community-level indicator

6. Monitoring Plan

6.1 Data Sources and Data Collection Procedures

Data will be collected from a number of sources, such as program documents/records, including training records, supervision/mentorship checklists; SMOH and CHD administrative documents/records, state and county coordinating units' administrative documents/records, etc. Methods of data collection will include health system assessments, routine program monitoring, document reviews, etc. Data collection tools will be developed for routine program monitoring and data will be collected at regular intervals – quarterly, semi-annually and annually. The M&E Specialist will oversee all project data collection and will be responsible for data verification. The HSSP M&E team will also work closely with the SMOHs and CHDs to collect required data at the state and county levels, and contribute to strengthening the M&E capacity of SMOH and CHD staff. To the extent possible and wherever applicable, HSSP data collection system will complement South Sudan's HIS to minimize duplication of effort.

6.2 Data Management and Analysis

The project will develop and maintain an electronic database for data storage to ensure timely and complete quarterly and annual reporting of project activities and performance indicators. Where applicable, data will be further analyzed and transformed into meaningful results for reporting and dissemination to the client and other stakeholders.

6.3 Data Quality Assurance

The M&E Specialist will conduct regular data quality assessment and audits, investigating any inconsistencies in the data with the sources. The M&E Specialist will be responsible for ensuring data validity, reliability, precision, integrity and timeliness to facilitate accurate reporting of results to the client and other stakeholders. Data quality assessments and data verification will be built into each stage of the project's monitoring process. Appropriate corrective measures will be taken whenever there are deficiencies in the standards of data quality.

6.4 Reporting, Data Use and Dissemination

The M&E Specialist will oversee regular reporting of results and will be responsible for generating quarterly and annual reports to the client and other stakeholders. Routine monitoring of results will facilitate timely updates on project activities and management of project performance, inform decision making and promote learning and accountability. The M&E Specialist will also provide feedback to SMOHs, CHDs and other partners feeding data into the project's M&E system to update them on how data are being used and to encourage regular and accurate reporting. HSSP

achievements will also be communicated and disseminated externally through success stories, communication briefs, etc. via various communication channels, including the project's website.

6.5 Qualitative Data on Program Achievement and Results

Periodically, HSSP will collect qualitative data to complement quantitative data collected through routine program monitoring. This will be done by conducting focus group discussions and key informant interviews with key stakeholders including key MOH/RSS, SMOH, CHD and VHC officials and health facility management staff in order to better understand the context in which HSSP activities are being implemented and stakeholders' perceptions on achieved program results, as well as help identify opportunities and barriers to program success and contribute to learning and accountability.

6.6 Logframe for Data Collection, Verification and Reporting

The matrix below details the logframe for data collection, verification and reporting, and includes frequency and method of reporting, and person(s) responsible for each core performance indicator.

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
	Program Goal: Increased ownership and capacity of County Health Departments and State Ministries of Health to ensure the provision of high quality primary health care services in Western and Central Equatoria								
	Program Result: Improved institutional capacity within SMOHs and CHDs in Central and Western Equatoria to manage and coordinate health service delivery								
	Component 1: Increased Management And Leadership Capacity at VHCs, CHDs, and SMOHs								
1.	Number of SMOH and CHD staff who received leadership and management training (disaggregated by gender)	***Definition***: The number of SMOH and CHD staff trained leadership and management principles ***Unit of measure***: Number of people trained ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: Gender (Male, Female)	Output	Program records, Training registers	Program monitoring	List of training participants, Training reports	Quarterly	Program progress reporting	Leadership & Management Specialist, M&E Specialist
2.	Number of VHC members trained in leadership and management approaches to improve committee performance (disaggregated by gender)	***Definition***: The number of VHC members trained in leadership and management principles and approaches to improve committee performance ***Unit of measure***: Number of people trained ***Numerator***: N/A	Output	Program records, Training registers	Program monitoring	List of training participants, Training reports	Quarterly	Program progress reporting	Leadership & Management Specialist, M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
		Denominator: N/A ***Disaggregation***: Gender (Male, Female)							
3.	Number of women in leadership and management roles at SMOH, CHD and VHC levels	***Definition***: The number of women in leadership and management roles at SMOH, CHD and VHC levels ***Unit of measure***: Number of women	Outcome	SMOH, CHD, VHC records	Program monitoring	SMOH, CHD, VHC records	Baseline, mid-line and end-line	Program progress reporting	Leadership & Management Specialist, M&E Specialist
4.	Percentage of trained CHD and VHC staff with a clear understanding of overall institutional roles and responsibilities (disaggregated by gender)	***Definition***: The percentage of trained CHD and VHC staff that are knowledgeable about the roles and responsibilities of their institution's level within the health system and the relationships between the different levels ***Unit of measure***: Percent ***Numerator***: Number of CHD and VHC staff trained that are knowledgeable about the roles and responsibilities of their institution's level within the health system and the relationships between the different levels ***Denominator***: Number of CHD and VHC staff trained ***Disaggregation***: Gender (Male, Female)	Outcome	Program records	Pre- and Post-training assessment	Questionnaires administered, Training evaluation forms	Annually	Program progress reporting	Leadership & Management Specialist, M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
		Female)							
13.	Number of CHDs with evidence of collaboration with county offices in planning and budgeting	***Definition:*** The number of CHDs with evidence of collaboration mechanisms between CHDs and county offices, i.e. that the county offices involves the CHDs in planning and budgeting and there is documentation of the communication and feedback between the CHD and the county office ***Unit of measure***: Number of CHDs ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: By state	Outcome	Correspondence between county offices and CHDS and other admin records e.g letters, emails, reports, miniutes of meetings etc	Document review	Review of evidence of collaboration between CHDs and county offices in planning and budgeting	Annually	Program progress reporting	Health Financing Advisor, M&E Specialist
14.	Number of CHDs submitting monthly financial reports to the county commissioner's office using local government PFM reporting templates	***Definition:*** The number of CHDs submitting monthly financial reports to the county commissioner's office using local government PFM reporting templates ***Unit of measure***: Number of CHDs ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: By State	Outcome	CHD admin record	Document reviews	Review of CHDs monthly financial reports	Monthly	Program progress reporting	Health Financing Advisor, M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
15.	Number of CHDs with county health strategic plans	***Definition:*** The number of CHDs with county health strategic plans developed ***Unit of measure***: Number of CHDs ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: By State	Outcome	CHD records	Document reviews	CHD county health strategic plans	Annually	Program progress reporting	Health Financing Advisor, M&E Specialist
16.	Number of CHDs with an implementation plan for their county health strategic plan	***Definition:*** The number of CHDs with an implementation plan for their county health strategic plan ***Unit of measure***: Number of CHDs ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: By State	Outcome	CHD records	Document reviews	Review of implementation plans for county health strategic plans	Annually	Program progress reporting	Health Financing Advisor, M&E Specialist
17.	Number of SMOH and CHD staff who completed all modules of PFM training (disaggregated by gender)	***Definition***: The number of SMOH and CHD staff who completed all modules of PFM training ***Unit of measure***: Number of people trained ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: Gender (Male, Female)	Output	Program records, Training records	Program monitoring	List of training participants, training reports	Quarterly	Program progress reporting	Health Financing Advisor, M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
18.	Number (and percentage) of SMOH and CHD staff who demonstrate core competencies in public financial management (disaggregated by gender)	***Definition***: The number (and percentage) of SMOH and CHD staff who demonstrate core competencies in PFM: (i.e. practice correct procedures in planning and budgeting, procurement, accounting, record keeping and reporting) in accordance with the GOSS PFM guidelines ***Unit of measure***: Number, Percent ***Numerator***: Number of SMOH and CHD staff trained in PFM and who demonstrate core competencies in public financial management ***Denominator***: Number of SMOH and CHD staff trained in PFM ***Disaggregation***: Gender (Male, Female)	Outcome	Supervision /mentoring checklist	Post-training assessment, mentoring visits	Supervision/ mentoring reports	Semi-Annually	Program progress reporting	Health Financing Advisor, M&E Specialist
19.	Number (and percentage) of CHDs conducting bottom-up planning and budgeting (disaggregated by state)	***Definition***: The number (and percentage) of CHDs that involve the Payam, who in turn involve the Boma/VHCs, in planning and budgeting, and who have documentation of the communication and feedback between the CHD and the Payam, and between the Payam and the Boma/VHCs ***Unit of measure***: Number, Percent ***Numerator***: Number of CHDs	Outcome	Correspondence between CHDs and Payams and Boma and other admin records e.g. letters, emails, reports, minutes of meetings etc.	Document reviews	CHD, Payam and Boma documents and admin records	Annually	Program progress reporting	Health Financing Advisor, M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
		conducting bottom-up planning and budgeting ***Denominator***: Number of CHDs ***Disaggregation***: State (CES, WES)							
20.	Number (and percentage) of CHDs with evidence of collaboration with SMOHs in planning and budgeting (disaggregated by state)	***Definition***: The number (and percentage) of CHDs with evidence of collaboration mechanisms between CHDs and SMOHs, i.e. that the SMOH involves the CHDs in planning and budgeting and there is documentation of the communication and feedback between the SMOH and CHD ***Unit of measure***: Number, Percent ***Numerator***: Number of CHDs with evidence of collaboration with SMOHs in planning and budgeting ***Denominator***: Number of CHDs ***Disaggregation***: State (CES, WES)	Outcome	Correspondence between SMOH and CHDs and other admin records e.g. letters, emails, reports, minutes of meetings etc.	Document reviews	SMOH and CHD documents and admin records	Annually	Program progress reporting	Health Financing Advisor, M&E Specialist
	Health Information Systems								
21.	Number of CHD and SMOH staff trained by the program to use health information for decision making (disaggregated by gender)	***Definition***: The number of CHD and SMOH staff trained by the program to use health information for decision making e.g. budget request, advocacy, etc. ***Unit of measure***: Number of people trained	Output	Program records, Training records	Program monitoring	List of training participants, training report	Quarterly	Program progress reporting	HIS Advisor, M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
		Numerator: N/A ***Denominator***: N/A ***Disaggregation***: Gender (Male, Female)							
22.	Number (and percentage) of CHDs submitting timely HMIS monthly reports to SMOH (disaggregated by state)	***Definition***: The number (and percentage) of CHDs submitting HMIS monthly reports to SMOH on or before the set submission deadline ***Unit of measure***: Number, Percent ***Numerator***: Number of CHDs submitting timely HMIS monthly reports to SMOH ***Denominator***: Number of CHDs ***Disaggregation***: State (CES, WES)	Outcome	SMOH and CHD Admin records, Program records	Program monitoring	CHD HMIS monthly reports	Quarterly	Program progress reporting	HIS Advisor, M&E Specialist
23.	Number (and percentage) of CHDs and SMOHs using DHIS/HMIS data for developing annual health plans (disaggregated by state)	***Definition***: The number (and percentage) of CHDs and SMOHs using DHIS/HMIS data for developing annual health plans ***Unit of measure***: Number, Percent ***Numerator***: Number of CHDs and SMOHs using DHIS/HMIS data for developing annual health plans ***Denominator***: Number of CHDs and SMOHs ***Disaggregation***: State (CES,	Outcome	CHD and SMOH Admin records, annual health plans	Document reviews	CHD and SMOH annual health plans	Annually	Program progress reporting	HIS Advisor, M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
		WES)							
24.	Number of instances in which DHIS/HMIS data was used by SMOHs for decision making (disaggregated by state)	***Definition***: The number of documented instances where DHIS/HMIS data was used by SMOH staff for decision making e.g. budget request, advocacy ***Unit of measure***: Number of documented instances ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)	Outcome	SMOH Admin records	Document reviews	SMOH Admin records	Semi-annually	Program progress reporting	HIS Advisor, M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
35.	Number of retention policies developed and operationalized with program support	***Definition***: The number of retention policies developed and operationalized with program support ***Unit of measure***: Number of retention policies ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: N/A	Outcome	Program records, policy documents	Program monitoring, document reviews	Retention policy documents	Annually	Program progress reporting	Human Resources Planning & Management Advisor, M&E Specialist
36.	Number of nurses/ midwives and CHWs supported and trained in the use of innovative technology to support the delivery of quality health services at Payam and Boma/VHC levels (disaggregated by state)	***Definition***: The number of nurses/ midwives and CHWs supported and trained in the use of innovative technology to support the delivery of quality health services at Payam and Boma/VHC levels ***Unit of measure***: Number of nurses/ midwives and CHWs ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)	Output	Program records, training records	Program monitoring	List of training participants, training report	Quarterly	Program progress reporting	Human Resources Planning & Management Advisor, M&E Specialist
37.	Number (and percentage) of CHDs and SMOHs supported by the program to implement fully functional HRHMIS (disaggregated by state)	***Definition***: The number (and percentage) of CHDs and SMOHs supported by the program to implement fully functional HRHMIS ***Unit of measure***: Number, Percent ***Numerator***: Number of CHDs	Outcome	Program records	Program monitoring	HRHMIS at CHD and SMOH levels	Annually	Program progress reporting	Human Resources Planning & Management Advisor, M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
		and SMOHs supported to implement fully functional HRHMIS ***Denominator***: Number of CHDs and SMOHs ***Disaggregation***: State (CES, WES)							
38.	Number (and percentage) of CHDs and SMOHs with finalized (and fully costed) HRH strategic plans (disaggregated by state)	***Definition***: The number (and percentage) of CHDs and SMOHs with finalized (and fully costed) HRH strategic plans ***Unit of measure***: Number, Percent ***Numerator***: Number of CHDs and SMOHs with finalized and fully costed HRH strategic plans ***Denominator***: Number of CHDs and SMOHs ***Disaggregation***: State (CES, WES)	Outcome	Program records	Program monitoring	HRH strategic plan documents	Annually	Program progress reporting	Human Resources Planning & Management Advisor, M&E Specialist
	Supportive Supervision								
39.	Number of CHD staff trained in supportive supervision using appropriate SS tools/technology approved by the MOH (disaggregated by state)	***Definition***: The number of CHD staff trained in supportive supervision and usage of appropriate SS tools/technology approved by the MOH ***Unit of measure***: Number of people trained ***Numerator***: N/A ***Denominator***: N/A	Output	Program records, training records	Program monitoring	List of training participants, training report	Quarterly	Program progress reporting	HIS Advisor, M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
		Disaggregation: State (CES, WES)							
40.	Number of quarterly supportive supervision visits conducted by CHDs using appropriate SS tools/technology approved by the MOH (disaggregated by state)	***Definition***: The number of quarterly supportive supervision visits conducted by CHDs using appropriate SS tools/technology approved by the MOH ***Unit of measure***: Number of SS visits ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)	Output	Program records	Program monitoring	Supportive supervision reports	Quarterly	Program progress reporting	HIS Advisor, M&E Specialist
41.	Number (and percentage) of SS visits conducted (using appropriate SS tools/technology approved by the MOH) resulting in "no need for improvement" assessment (disaggregated by state)	***Definition***: The number (and percentage) of SS visits conducted (using appropriate SS tools/checklist/technology approved by the MOH) resulting in "no need for improvement" assessment ***Unit of measure***: Number, Percent ***Numerator***: Number of SS visits conducted resulting in "no need for improvement" assessment ***Denominator***: Number of SS visits conducted ***Disaggregation***: State (CES, WES)	Outcome	Program records	Program monitoring	Supportive supervision reports	Quarterly	Program progress reporting	HIS Advisor, M&E Specialist
	Component 3: Increased Coordination At State And County Levels								
42.	Number of CHDs supported in revising existing coordination	***Definition***: The number of CHDs supported in revising existing coordination mechanisms	Output	Program records	Program monitoring	Coordination tools, CHD	Quarterly	Program progress reporting	M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
	mechanisms and tools (disaggregated by state)	and tools ***Unit of measure***: Number of CHDs ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)				documents			
43.	Number of existing coordination mechanisms and tools revised by CHDs with program support	***Definition***: The number of existing coordination mechanisms and tools revised by CHDs with program support ***Unit of measure***: Number of coordination mechanisms/tools ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: N/A	Output	Program records	Program monitoring	Coordination tools, CHD documents	Quarterly	Program progress reporting	M&E Specialist
44.	Number of instances in which the strategic coordination framework is used by state and county coordinating units to establish a system or process to strengthen collaboration (e.g. joint planning, budgeting, trainings, SS, etc.) (disaggregated by state)	***Definition***: The number of documented instances in which the strategic coordination framework is used by state and county coordinating units to establish a system or process to strengthen collaboration (e.g. joint planning, budgeting, trainings, SS, etc.) ***Unit of measure***: Number of documented instances ***Numerator***: N/A ***Denominator***: N/A	Outcome	State and county coordinating units Admin documents/ records	Document reviews, Program monitoring	State and county coordinating units Admin documents/ records	Quarterly	Program progress reporting	M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
		Disaggregation: State (CES, WES)							
45.	Number of coordination units managed by SMOHs (disaggregated by state)	***Definition***: The number of coordination units managed by SMOHs (disaggregated by state) ***Unit of measure***: Number of coordination units ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)	Output	SMOH Admin documents/ records, Program records	Program monitoring	SMOH Admin documents/ records	Quarterly	Program progress reporting	M&E Specialist
46.	Number of coordination units managed by CHDs (disaggregated by state)	***Definition***: The number of coordination units managed by CHDs (disaggregated by state) ***Unit of measure***: Number of coordination units ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)	Output	CHD Admin documents/ records, Program records	Program monitoring	CHD Admin documents/ records	Quarterly	Program progress reporting	M&E Specialist
47.	Number of coordination units managed by VHCs (disaggregated by state)	***Definition***: The number of coordination units managed by VHCs (disaggregated by state) ***Unit of measure***: Number of coordination units ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)	Output	VHC Admin documents/ records, Program records	Program monitoring	VHC Admin documents/ records	Quarterly	Program progress reporting	M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
48.	Number of CHDs meeting routinely and recording outcomes of those meetings (disaggregated by state)	***Definition***: The number of CHDs meeting routinely and recording outcomes of those meetings ***Unit of measure***: Number of CHDs ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)	Output	Meeting minutes, CHD Admin documents/ records	Document reviews, Program monitoring	Meeting minutes, CHD Admin documents/ records	Quarterly	Program progress reporting	M&E Specialist
49.	Number of VHCs meeting routinely and recording outcomes of those meetings (disaggregated by state)	***Definition***: The number of VHCs meeting routinely and recording outcomes of those meetings ***Unit of measure***: Number of VHCs ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)	Output	Meeting minutes, VHC Admin documents/ records	Document reviews, Program monitoring	Meeting minutes, VHC Admin documents/ records	Quarterly	Program progress reporting	M&E Specialist
50.	Number of Payams meeting routinely and recording outcomes of those meetings (disaggregated by state)	***Definition***: The number of Payams meeting routinely and recording outcomes of those meetings ***Unit of measure***: Number of Payams ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)	Output	Meeting minutes, Payam Admin documents/ records	Document reviews, Program monitoring	Meeting minutes, Payam Admin documents/ records	Quarterly	Program progress reporting	M&E Specialist

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
51.	Number of on-site support visits by MOH(RSS) Directorate of Planning and Coordination to SMOHs (disaggregated by state)	***Definition***: The number of on-site support visits by MOH(RSS) Directorate of Planning and Coordination to SMOHs (disaggregated by state) ***Unit of measure***: Number of (documented) visits ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)	Output	MOH Admin documents/ records, Program records	Program monitoring, document reviews	MOH Admin documents/ records	Quarterly	Program progress reporting	M&E Specialist
52.	Number of instances in which actions are taken by MOH (RSS) to address or remove identified barriers to collaboration (disaggregated by state)	***Definition***: Number of documented instances in which actions are taken by MOH (RSS) to address or remove identified barriers to collaboration at state or county levels ***Unit of measure***: Number of documented instances ***Numerator***: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)	Outcome	MOH Admin documents/ records	Document reviews, Program monitoring	MOH Admin documents/ records	Quarterly	Program progress reporting	M&E Specialist
53.	Number of effective formal coordination committees functioning at the state, county and Payam levels on/about project completion (disaggregated by state)	***Definition***: Number of effective formal coordination committees functioning (i.e. meeting regularly with evidence of minutes of meetings) at the state, county and Payam levels on/about project completion ***Unit of measure***: Number of coordination committees	Outcome	Program records, SMOH, CHD and Payam admin records	Program monitoring, document reviews	SMOH, CHD and Payam admin records	Semi-annually	Program progress reporting	

#	Performance indicator	Indicator Description	Indicator Type	Data source(s)	Method(s) of collection	Means of verification	Frequency of Reporting	Method of Reporting	Person(s) Responsible
		Numerator: N/A ***Denominator***: N/A ***Disaggregation***: State (CES, WES)							

7. Evaluation Plan

HSSP will conduct assessments, research studies and evaluations identified in collaboration with USAID/South Sudan and SMOHs as critical for project implementation and performance monitoring. Mid-term (Oct – Nov 2015) and end-of-project (Oct – Nov 2017) review assessments will be conducted to understand the progress HSSP has made in terms of its contributions to each key result area, the extent of its achievements and results for core performance indicators relative to baseline measures. HSSP will also conduct special studies, i.e. research and evaluation activities to evaluate performance and impact of project activities. Potential evaluation areas for consideration include:

- Performance Evaluation
    - Case study to assess whether PFM training for SMOH and CHD staff results in practicing correct procedures for planning and budgeting, procurement, accounting, record keeping and reporting in accordance with the GOSS PFM guidelines, and enhanced collaboration between CHDs and SMOHs in planning and budgeting
    - Survey to assess whether CHDs and VHCs clearly understand overall institutional roles and responsibilities and can apply this knowledge.
- Impact Evaluation
    - Randomized controlled experiment to evaluate whether the use of smartphones as part of supportive supervision improves quality at the facility level
    - Difference-in-difference study to evaluate the impact of training nurses/midwives and CHWs in the use of appropriate innovative technology to support the delivery of quality health services

Additional evaluation questions will be considered in collaboration with USAID/South Sudan and the SMOH in CES and WES. Evaluation questions will be designed to reflect the health systems strengthening priorities of the MOH/RSS and with the potential to provide evidence to influence policy or program design and implementation of health system initiatives in South Sudan. Research and evaluation findings will be disseminated through communication briefs, conference presentations and peer-reviewed publications.

A more detailed evaluation plan will be developed as evaluation questions are identified and finalized in collaboration with USAID/South Sudan and the SMOHs in both states.

8. Annex

8.1 M&E YR 1 – YR 5 Work plan

Activity	Expected Outputs	YR 1			YR 2				YR 3				YR 4				YR 5			
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		DEC-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP
Participate in annual work planning		X		X				X				X				X				
Define indicators for annual project activities	List of indicators linked to YR 1 activities	X		X				X				X				X				
Develop Annual PMPs	Annual PMPs	X		X				X				X				X				
Develop list of core indicators	List of core set of indicators to be tracked throughout the life of the project	X																		
Develop Life of Project (LOP) PMP	Life of Project PMP	X																		
Conduct baseline health system assessments	Health system assessments conducted in M&L, HF, HIS, HRH			X																
Design data collection tools for program monitoring	Program data collection tools		X	X																
Routine Program Monitoring and Data Collection	Program Monitoring and Data Collection			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Quarterly Reporting on Program Progress	Quarterly Program Reports		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Annual Reporting on Program Progress	Annual Program Reports			X				X				X				X				X
Review/Update LOP PMP	Revised/Updated LOP PMP			X				X				X				X				
Mid-term review/evaluation	Mid-term evaluation report										X	X								
End-of-project review/evaluation	End-term evaluation report																		X	X
Develop End-of-Project Report	End-of-Project Report																			X

8.2 Sample Indicator Reference Sheet

A sample indicator reference sheet, to be developed for each indicator upon PMP approval and finalization of indicators, is presented below.

INDICATOR #	
INDICATOR STATEMENT	
INDICATOR TYPE	
RESULT AND ACTIVITY LINK	
INDICATOR DESCRIPTION	
INDICATOR DEFINITION	
DEFINITION OF KEY TERMS	
PURPOSE	
UNIT OF MEASURE	
CALCULATION	Numerator: <if applicable> Denominator: <if applicable>
DISAGGREGATED BY	
PLAN FOR DATA COLLECTION	
DATA SOURCE	
DATA COLLECTION METHOD	<describe how the data will be collected>
FREQUENCY OF DATA COLLECTION	
MEASUREMENT NOTES	<if applicable, any specific guidelines for data collection, e.g. a checklist>
RESOURCES NEEDED FOR DATA ACQUISITION	<describe human resources, logistics etc. required for data collection>
ASSUMPTIONS	<if applicable, what needs to hold true for this data to be collected?>
CHALLENGES	<if applicable, describe any challenges associated with collecting this data>

DATA QUALITY	
IDENTIFIED DATA LIMITATIONS AND SIGNIFICANCE	<if applicable>
ACTIONS TAKEN OR PLANNED TO ADDRESS DATA LIMITATIONS	
DATA MANAGEMENT, ANALYSIS AND REPORTING	
DATA MANAGEMENT	<describe how the data will be stored (e.g. paper based vs. entered into a database), how the data will be handled and protected, etc. from when it is collected to when it is analyzed>
DATA ANALYSIS	<describe how the data will be analyzed>
DIRECTION OF CHANGE	<i.e. desired change in direction of indicator value e.g. higher is better/increase is better/lower is better/decrease is better>
DATA REPORTING FORMAT	<e.g. quarterly/semi-annual/annual report submitted to client and/or shared with relevant stakeholders>
FREQUENCY OF REPORTING	
RESPONSIBILITIES FOR DATA COLLECTION, VERIFICATION AND REPORTING	
DATA COLLECTION	
DATA VERIFICATION	
DATA REPORTING	
ADDITIONAL NOTES	
NOTES ON BASELINES/TARGETS	
OTHER NOTES	
INDICATOR REFERENCE SHEET LAST UPDATED ON	
INDICATOR REFERENCE SHEET LAST UPDATED BY	