Botswana Performance Monitoring Plan (PMP)

September 2018

This publication was produced for review by the United States Agency for International Development. It was prepared by the Health Finance and Governance Project.

The Health Finance and Governance Project

USAID's new Health Finance and Governance (HFG) project will improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team will work with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, HFG will increase the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, maternal & child health, and population & reproductive health services. Designed to fundamentally strengthen health systems, HFG will support countries as they navigate the economic transitions needed to achieve universal health care.

September 2018

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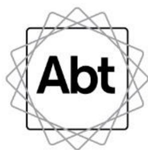

Abt Associates Inc. | 6130 Executive Blvd. | Rockville, Maryland 20852
T: 301.347.5000 | F: 301.652.3916 | www.abtassociates.com

Broad Branch Associates | Development Alternatives Inc. (DAI) | Avenir Health
| Johns Hopkins Bloomberg School of Public Health (JHSPH) | Results for Development Institute (R4D)
| RTI International | Training Resources Group, Inc. (TRG)

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ACRONYMS

EHSP	Essential Health Services Package
GoB	Government of Botswana
HFG	Health Finance and Governance
HFTWG	Health Finance Technical Working Group
IR	Intermediate Result
M&E	Monitoring and Evaluation
MoHW	Ministry of Health and Wellness
N/A	Not Available
OSM	Office of Strategy Management
PMP	Performance Monitoring Plan
PPP	Public and Private Partnerships
UHC	Universal Health Coverage
UHSP+HIV	Universal Health Services Package including HIV services
USAID	United States Agency for International Development
USG	United States Government

1. INTRODUCTION

This USAID's Health Finance and Governance is a six-year, $209 million project to increase the use of priority health services, especially by women, girls, poor and rural populations, in developing countries throughout the world.

Led by Abt Associates, Inc., in partnership with Training Resources Group, Inc., Broad Branch Associates, Development Alternatives Inc. (DAI), Johns Hopkins Bloomberg School of Public Health, Results for Development Institute and Avenir Health, the HFG project worked with partner countries to improve the health of their populations by expanding people's access to health care.

This Performance Monitoring Plan (PMP) describes the performance measures by which HFG monitored implementation of project activities in Botswana and measured achievements against planned targets. It describes the project's goals, key project activities and expected results, alignment with USAID/Botswana's priorities, as well as performance indicators and the procedures for data collection, data management, data quality assurance and analysis, data reporting, use and dissemination, and an evaluation plan.

Monitoring and evaluation (M&E) was an integral performance management tool for the HFG project. M&E was used to not only monitor project performance, but also, and more importantly, to inform the project's implementation approach and future programming. This PMP was designed to ensure programmatic excellence and integrity throughout project implementation, track whether the project was moving in the right direction, and encourage learning both within the project team and among key stakeholders and partners on the links between health financing and governance investments and access to and utilization of priority health services in Botswana.

2. PROJECT GOAL AND OBJECTIVES

The overall goal of the HFG project was to increase the use of priority health services, including primary health care services, by partner countries' populations through improved governance and financing systems in the health sector. HFG's field program in Botswana contributed to the Government of Botswana's goal to strengthen its health system and increase the efficiency of national health programs to address the health needs of the population, in particular, to protect and sustain gains made in HIV care and treatment.

In Year 5, HFG supported the revision of the essential health package of services (EHSP) and facilitated the iterative process to develop a framework for selecting a narrower set of cost-effective interventions, including HIV services. This was the Universal Health Package of Services (UHSP+HIV) and an actuarial analysis was conducted to determine a per capita amount needed to provide these services as well as the level of government subsidies required to pay for a public insurance premium. HFG also developed a blueprint and implementation plan for a financial platform for social health insurance including insured HIV services. A key component of HFG's work, the team also developed the capacity of the Ministry of Health and Wellness (MoHW) to effectively finance HIV services fully integrated into comprehensive public health insurance.

For Year 6, HFG received new funding to complete four health financing activities to address the health needs of the population, specifically in the area of HIV. HFG supported an analysis of fiscal space to determine the capacity of government to fulfill financing gaps to sustain the HIV response, cover emerging NCDs, and ensure the delivery of an UHSP+HIV.

HFG also worked with the Government of Botswana to develop a framework for setting tariffs which sets clear policy goals to address payment equity and fairness while limiting providers' price-discriminatory practices. In addition, HFG supported the MoHW in proposing strategic purchasing reforms for PHC that incentivize efficiency and improve health outcomes. Finally, HFG developed a communication plan for the MoHW to develop and implement communication workshops to orient the major stakeholders referred to in the Health Financing Strategy to be familiar with the strategy, its execution, and their responsibilities.

3. KEY PROJECT ACTIVITIES AND EXPECTED RESULTS

HFG's work in Botswana supported the government of Botswana's efforts to improve the efficiency of national health programs through the following key activities: 1) Conducting a fiscal space analysis to sustain the HIV response and guarantee delivery of the UHSP+HIV; 2) Developing an institutional framework for setting service tariffs for hospital services; 3) Proposing new provider payment mechanisms for PHC to strengthen strategic purchasing and 4) Planning a communication strategy for holding workshops to address health financing sustainability.

The implementation of these activities were expected to have the following results:

- Protect current gains and expand services to control the HIV epidemic by ensuring appropriate financing for HIV programs in the context of overall health financing.
- The fiscal space analysis to determine the government's capacity to fulfil financing gaps to sustain the HIV response results in providing health financing options within health sector and government fiscal policies.
- The tariff-setting framework and guidelines reflect clear policy goals to address payment equity and fairness for compensating private and public hospitals.
- HFG support to the MoHW to propose strategic purchasing reforms for PHC will incentivize efficiency and improve health outcomes.
- HFG assistance to a communication strategy aimed at stakeholders at the MoHW and other GoB institutions result in enhanced understanding of and increased ownership of the health financing strategy and its implementation.

3.1 *Alignment with USAID/Botswana Objectives*

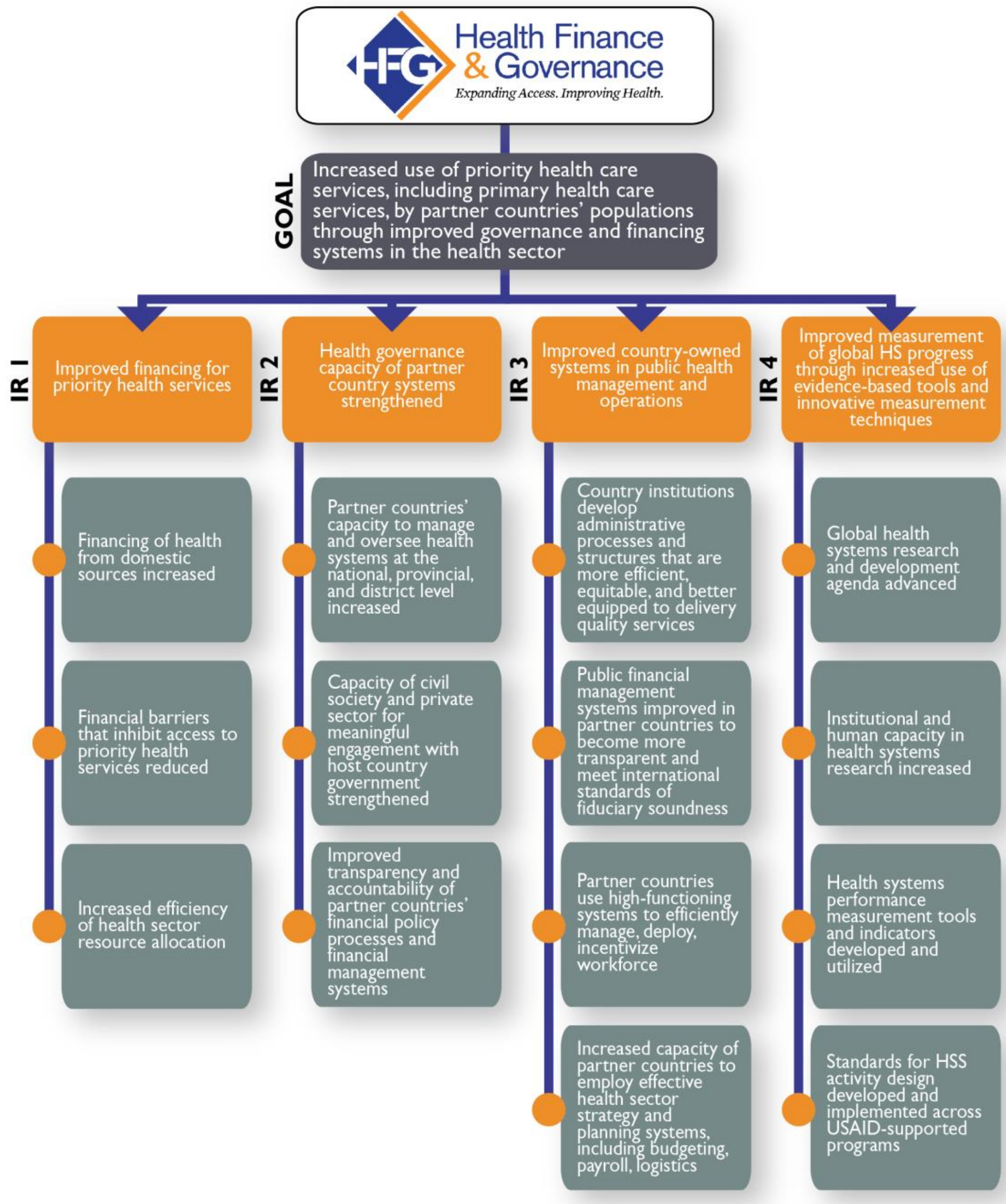
HFG activities in Botswana supported the USAID mission's objective of strengthening the health system to address the health needs of the population. The Government of Botswana and Botswana USG team worked together to achieve a broad set of intermediate results to improve the efficiency of national health programs. HFG support to the MoHW had two components. The first was technical assistance in the development of Botswana's health financing activities. The second, perhaps more important, was facilitating the *process* of developing health financing products, including consensus-building and establishing local ownership in order to ensure uptake, full ownership and long-term sustainability of the results.

3.2 *Results Framework*

The HFG results framework depicted the causal linkages between health system investments and the project's purpose of increasing the use of priority health care services. The framework was the hypothesis of how selected inputs and processes (i.e., interventions) were expected to lead to desired outputs, outcomes, and impact. The IRs and sub-intermediate results (sub-IRs) combined to support the project purpose. The framework served as the foundation for all project and M&E activities, to guide activities, measure progress toward results, and help HFG determine the impact of project work on

improving health system performance and the use of priority health services. All HFG activities were aligned with the overall HFG project's results framework. The HFG results framework is presented in Figure 1 below.

FIGURE 1: RESULTS FRAMEWORK



4. PROJECT MONITORING AND EVALUATION

HFG Botswana M&E activities were led by the HFG Botswana Country Team and HFG's M&E team located at Abt headquarters. HFG M&E team members included the M&E Manager as well as other support staff at headquarters. The HFG M&E Team and Country Manager jointly led all project M&E activities including performance monitoring plan development and revision; indicator development and revision; ensuring that all M&E requirements for HFG Botswana were met including data collection, performance monitoring and reporting; and quality assurance of all M&E activities. HFG Botswana headquarters staff coordinated/implemented M&E activities on the ground including data collection and data transfer to HFG headquarters.

4.1 M&E Approach

The M&E approach for the HFG Botswana project was based on the fundamental objective of supporting evidence-based decision making to help guide course corrections during the project, as well as support USAID's decision making with future initiatives. This was done through regular, timely collection of evidence of progress, accomplishments, and outcomes; and frequent sharing of progress, lessons learned, and best practices with the HFG team and external community on a regular basis.

As HFG was committed to outcomes-driven performance management, the M&E approach taken ensured the M&E data were used to track progress, ensure mid-course corrections, and document lessons learned. Annual work planning sessions (at the global project level) utilized historical M&E data to inform programming direction and plan ahead. Additionally, while the focus of the HFG Botswana M&E was on project activities, the M&E team considered opportunities for M&E capacity building of partners, where applicable.

4.2 Data Collection Procedures

HFG used standard data collection templates and forms across the project to ensure consistency in data collection. Templates were customized (e.g., with USAID branding, appropriate questions), as needed, for their particular situation in collaboration with in-country partners and other stakeholders. All physical copies of completed forms are retained with the Abt headquarters team, with scanned/electronic copies maintained within the M&E System, MandE.

Activity leads were responsible for collecting and providing the data needed to track indicators. The M&E team managed and stored all the completed data collection forms. The M&E team received the completed forms from the technical/field staff who captured all data. The forms were used to update MandE.

The HFG M&E Managers ensured effective technical implementation of HFG M&E activities including design of M&E tools (where needed) and timely collection, reporting, and utilization of M&E data.

4.3 Monitoring Visits

At the mission's discretion and budgetary support, HFG conducted programmatic monitoring reviews to support routine activity data collection, monitor progress on project activities and help assess the

project's compliance with the planned scope of work. In collaboration with USAID/Botswana, the HFG Country Team determined the frequency of monitoring reviews. With support from the M&E team, the HFG country team took the lead in implementing monitoring reviews. To reduce costs, monitoring reviews were combined with TDYs of technical staff rather than carrying out standalone monitoring visits. Monitoring reviews were not done using a checklist, but instead were done using a combination of interviews, file checks and observations. The results of the visits were documented and shared with the project staff. The monitoring review determined if additional site visits were necessary and mid-course corrections were warranted.

4.4 *Data Storage*

HFG developed a centralized data warehouse, MandE, for storing all M&E-related data. The data warehouse was located at HFG headquarters, but was accessible by all HFG Botswana team members and partners. The system allowed for export of all data to support analysis with statistical software packages and other software tools.

4.5 *Data Quality Audit*

MandE had multiple mechanisms in place to ensure the data that were collected, stored, and reported were of the highest quality. Mechanisms included:

- **Data quality assessment:** A data quality audit was conducted on collected data, from both HFG (i.e., internal) and external data sources, at intervals appropriate for the pace of activity progress. The primary purpose of the audit was to validate the data coming from both program staff and external sources. In addition, the data quality audit strengthened the data collection process. The audit provided information for those responsible for data collection at all levels on the completeness of data, and what to consider when collecting and filling in the forms. The auditors verified and validated the source documents for completeness and consistency as prescribed. Measuring the success and improving program activities depends on strong M&E systems that produce quality data related to program implementation.
- **Data collection templates:** These standardized formats for data collection tools (e.g., forms, database) were used to support consistent data collection and aggregation across the project.
- **Collected forms:** Throughout the data collection process, HFG monitored the quality of the data. The M&E team ensured that the data collected were accurate, reliable, of high integrity, complete, and submitted timely. The M&E team always checked hard copy forms for completeness, consistency, and errors before they were entered in the electronic database. The data were treated with a high level of confidentiality.

4.6 *Data Analysis*

HFG Botswana data analysis was completed using MandE. MandE brought together program plans, collected data, results and reporting in a centralized, customizable application. All of the collected Botswana data were readily available for HFG analytical needs and decision making.

4.7 *Reporting, Data Use and Dissemination*

HFG provided a variety of reporting options for knowledge dissemination to stakeholders and partners, in order to support the management and performance monitoring of our activities. The reporting included both quantitative measures of activities, as well as narrative support information where appropriate. The following options were initially used:

- **Quarterly report:** The quarterly report, covering HFG technical and financial progress over the most recent quarter, was a key document that allowed HFG to demonstrate its value to USAID. The report:
  - Identified and related the milestones and achievements
  - Identified key implementation challenges, problems, or issues encountered, including how they were or would be resolved and, if/as required, recommended mission-level intervention to facilitate their timely resolution
- **Annual Report:** The fourth quarter report was an annual version, covering the previous 12 months, ending in September. In addition to the quarterly report components, there were:
  - Discussion of impacts achieved to-date, supported with both quantitative and qualitative evidence
  - Planned timeline and achievements for every activity, including recommended follow-up improvements, important issues, problems and recommendations, and documentation of the use of funds and effort in the execution of activities
- **Knowledge management:** The M&E and Knowledge Management teams worked closely together to develop other types of communication vehicles (e.g., success stories, newsletters, website articles), as needed.
- **Custom Reports:** As needed, the M&E team was able to generate ad hoc, customized reports (e.g., situation assessment, special study reports) for stakeholders.

5. PERFORMANCE INDICATORS

5.1 *Formulation of Indicators*

With the results framework as the guiding structure for the PMP, coupled with the project's operational plans (work plans and budgets), the M&E team assisted the country manager and activity leads to identify and shape a set of performance indicators that effectively measure the results of efforts for each specific activity. Indicators were identified that cover key outputs and outcomes with an emphasis on reporting outcomes wherever possible. Also of consideration were illustrative indicators from the project's technical proposal, as well as country ownership and sustainability of project interventions, which the outcome indicators focus on. In the selection of indicators, HFG attempted to minimize the burden of data collection and reporting while maximizing our ability to track the effects of HFG activities.

Indicators identified were classified into two main categories – 1) Attribution Indicators, and 2) Contribution Indicators. Changes in Attribution Indicators were directly attributable to HFG's efforts, while Contribution Indicators were those whose results HFG potentially contributed to and cannot be attributed solely to HFG's efforts. The indicators measured national-level results, and may thus reflect the contributions not only by HFG but also those of other stakeholders. HFG efforts will have an indirect, longer-term contribution towards progress in these indicators. HFG used existing data sources to report on these indicators, rather than use project resources. The Contribution indicators were not Botswana specific, but rather were included in all HFG country PMPs at the request of the HFG AOR team.

5.2 *Performance Indicator Summary Table*

FIGURE 2: INDICATOR SUMMARY

ID	Performance Indicator	Indicator Type	Unit of Measure	Disaggregated By	Data Source	Baseline (Year/ month)	Baseline value	Results FY 2014	Results FY 2015	Results FY 2016	Results FY 2017	Results FY 2018
A1	Number of organizations contributing to HFG-supported work	Input	Number	Type of Organization, Type of Contribution, Technical Area	Project records; organizatio n documentati on	October 2013	0	1	1	3	3	4
A2	Number of participants at and HFG and HFTWG-supported workshop/ training events	Output	Number	Gender	Project records, HFG Event Participant Register	October 2013	0	120	0	145	174	180
A3	Number of HFG and HFTWG-supported technical resources	Output	Number	Type of Technical Resource; Technical Area; Type of HFG Support (e.g. financial, technical, organizational, etc.)	Project records, technical resources created/ identified	October 2013	0	21	5	3	8	7
A4	Number of organizations where HFG-supported technical resources	Outcome	Number	Type of Organization, Type of Technical resources, Technical Area	Project records; organizatio n documentati on;	October 2013	0	8	8	1	7	7

ID	Performance Indicator	Indicator Type	Unit of Measure	Disaggregated By	Data Source	Baseline (Year/ month)	Baseline value	Results FY 2014	Results FY 2015	Results FY 2016	Results FY 2017	Results FY 2018
	are used				Technical Resource Use Questionnaire							
A5	Country capacity to perform HA estimations	Outcome	Score	Dimension	Capacity assessment questionnaire	2015	2.2	Not available	Not available	3	Not applicable	Not Applicable
C1	Births attended by skilled health staff, % of total births	Outcome	Percent	Not Applicable	World Bank	2007	95% (2007)	99% (2013)	Not available	Not available	Not available	Not available
C2	Contraceptive prevalence rate	Outcome	Percent	Not Applicable	WHO-African Health Observatory	2013	52.8%	Not available	Not available	Not available	Not available	Not available
C3	Treatment success rate for new pulmonary smear-positive tuberculosis cases	Outcome	Percent	Not Applicable	WHO	2011	81%	Not available	79%	Not available	Not available	Not available
C4	Number of	Outcome	Number	Gender, age	UNAIDS	2013	223,506	244,063	273,000	298,000	306,000	320,000

ID	Performance Indicator	Indicator Type	Unit of Measure	Disaggregated By	Data Source	Baseline (Year/ month)	Baseline value	Results FY 2014	Results FY 2015	Results FY 2016	Results FY 2017	Results FY 2018
	people on antiretroviral therapy (ART)			group (<15 vs. ≥15 years)								
C5	General government expenditure on health as a percentage of total health expenditure (THE)	Outcome	Percent	Not Applicable	WHO Global Health Expenditure Database	2012	63%	59%	Not available	Not available	Not available	Not available
C6	Out-of-pocket expenditure on health as % of total health expenditure	Outcome	Percent	Not Applicable	WHO Global Health Expenditure Database	2013	5%	5%	Not available	Not available	Not available	Not available

*A: Attribution indicator (indicators which are attributable to HFG efforts); C: Contribution indicator (indicators which HFG would potentially contribute to. Changes in these indicators are affected by too many uncontrollable factors and as such, HFG cannot take credit for changes in these indicators)

5.3 *Performance Indicator Reference Sheets*

In order to provide clear explanation of the indicators, the M&E team worked with the technical teams to develop formal and comprehensive indicator definitions which are described on performance indicator reference (PIR) sheets. Each PIR sheet provides details on:

- Relationship to results framework;
- Description, including definition, calculation, disaggregation;
- Data collection plan, including method, source, frequency, estimated cost;
- Data quality issues, including assessments, limitations, plans;
- Responsibilities for collection and reporting;
- Plan for analysis, review, reporting; and
- Relationship to Foreign Assistance Framework (FAF).

A few universal definitions apply to all indicators:

- "Support" is broadly defined and may include financial, technical, organizational, or any other form of assistance that HFG provides to government and nongovernmental organizations.

The PIR sheets reflect the expected scope of HFG. If the scope of work for HFG changed over the project period, some of the indicators could change as well. Therefore, the PIR sheets were reviewed and, if needed, revised after the finalization of the annual work plan each year. However, such revisions of indicator definitions did not affect indicator names and were done in a way that ensured comparability of indicator values over time.

INDICATOR A1 *HFG Project Performance Indicator Reference Sheet*	
INDICATOR:	Number of organizations contributing to HFG-supported work
Indicator Type:	Input
Attribution/Contribution:	Attribution
USAID/Botswana Objective:	Strengthening the health system to address the health needs of the population
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Linkage to Other IRs:	All
Linkage to Other Sub-Irs:	All
Is this an Annual Report indicator?	No ___ Yes _X_ for reporting Year(s) 2014-2018
DESCRIPTION	
Purpose:	HFG will be collaborating with a variety of in-country stakeholders throughout activity implementation. This indicator will capture the breadth of organizations that are contributing to HFG work, and especially HFG's involvement with local partners to promote sustainable development in accordance with USAID Forward.
Definition:	Count of the number of organizations contributing to HFG-supported work. Key terms are defined as: • **Organizations:** All groups or institutions, within the government sector or outside the government sector, whether their aim is philanthropic or commercial • **Contributing:** helping to bring about an end or result (e.g. providing input, providing feedback, performing a service, reviewing, etc.) • **HFG-supported:** broadly defined and may include financial, technical, organizational or any other form of assistance that HFG provides to government and non–governmental organizations
Unit of Measure:	Number
Calculation:	Count of number of organizations
Disaggregated by:	Type of Organization, Type of Contribution, Technical Area
Direction of Change:	Increase in number indicates greater success
DATA COLLECTION PLAN	
Method:	HFG will document descriptive information about each organization that has been identified as a component of an activity. Activity Leads will document their contribution to the HFG activity.
Data source(s):	Project records; organization documentation
Collection Frequency:	Quarterly
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records and country/organization documentation. No significant additional costs for data collection are anticipated for this indicator.
Critical Assumptions and Risks/Challenges:	
Location of Data Storage:	HFG M&E System

INDICATOR A1 *HFG Project Performance Indicator Reference Sheet*	
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y2 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken/Planned to Address Data Limitations:	Not applicable
Date of Future Data Quality Assessments:	Quarterly
Procedures for Future Data Quality Assessments	The HFG M&E team will complete an initial review of the collected data. Activity Leads will confirm that the data are complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.
RESPONSIBILITIES FOR DATA COLLECTION AND REPORTING	
Data Collection:	Activity Leads
Validating Data Quality:	M&E Team
Data Reporting:	HFG M&E Manager
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING	
Data Analysis:	Number of organizations, disaggregated by type of organization, type of contribution, technical area
Presentation of Data:	Table and descriptive summary of how each organization's contribution to HFG-supported work
Reporting Frequency:	Quarterly
Reporting of Data:	Quarterly/Annual Report

PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline=0		
Year	**Target**	**Actual**	**Notes**
FY 2014	1	1	**Actual:** MoHW (Office of Strategic Management)
FY 2015	1	1	**Actual:** MoHW (Office of Strategic Management)
FY 2016	3	3	**Actual:** MoHW, WHO, UNAIDS
FY 2017	3	3	**Actual:** MoHW, WHO, UNAIDS
FY 2018	3	4	**Actual:** MoHW, WHO, UNAIDS, UNICEF

FOREIGN ASSISTANCE FRAMEWORK	
Functional Objective:	Investing in People
Program Area:	**1** Health
Program Element:	**1.1** HIV/AIDS, **1.2** TB, **1.3** Malaria, **1.5** Other Public Health Threats, **1.6** Maternal and Child Health, **1.7** Family Planning and Reproductive Health

INDICATOR A1 *HFG Project Performance Indicator Reference Sheet*	
Program Sub-Element:	**1.2.7; 1.3.7; 1.5.3; 1.6.8; 1.7.4** Health Governance and Finance **1.1.13** Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	
PIR Last Updated On (Date):	September 7, 2018
PIR Last Updated by:	Marjan Inak

INDICATOR A2 *HFG Project Performance Indicator Reference Sheet*	
INDICATOR:	Number of participants at HFG and HFTWG-supported workshop/training events
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/Botswana Objective:	Strengthening the health system to address the health needs of the population
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Linkage to Other Irs:	All
Linkage to Other Sub-Irs:	All
Is this an Annual Report indicator?	No ___ Yes _X_ for reporting Year(s) 2014-2018
DESCRIPTION	
Purpose:	HFG will support a number of events throughout the life of the project. HFG will capture descriptive information from participants at these events to document the reach of HFG's events on an individual level. This indicator will capture number of participants at the workshop/training events for hospital administrators on management of contracts, conflict resolution and negotiation skills.
Definition:	Count of the number of participants at HFG-supported workshop/training events. Key terms are defined as: • **HFG-supported:** broadly defined and may include financial, technical, organizational or any other form of assistance that HFG provides to government and non–governmental organizations • **Participants:** Any person who is present and participates in a meeting or event
Unit of Measure:	Number
Calculation:	Count of number of participants
Disaggregated by:	Gender
Direction of Change:	Increase in number indicates greater success
DATA COLLECTION PLAN	
Method:	HFG will distribute a standardized collection form for descriptive data from participants at all HFG-supported events. These participant forms will be provided to the HFG M&E team and logged within the HFG M&E system.
Data source(s):	Project records, HFG Event Participant Register
Collection Frequency:	Quarterly
Estimated Cost of Data Acquisition:	Negligible cost for providing HFG Event Participant Register at all HFG-supported events.
Critical Assumptions and Risks/Challenges:	
Location of Data Storage:	HFG M&E System
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y2 Q4

Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken/Planned to Address Data Limitations:	Not applicable.
Date of Future Data Quality Assessments:	Quarterly
Procedures for Future Data Quality Assessments	The HFG M&E Team will complete an initial review of the collected data. Activity Leads will confirm that the data is complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.
RESPONSIBILITIES FOR DATA COLLECTION AND REPORTING	
Data Collection:	Activity Leads
Validating Data Quality:	M&E Team
Data Reporting:	HFG M&E Manager
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING	
Data Analysis:	Number of participants, disaggregated by gender
Presentation of Data:	Indicator table(s)
Reporting Frequency:	Quarterly
Reporting of Data:	Quarterly Report

PERFORMANCE INDICATOR VALUES

Notes on Baselines: Baseline=0

Year	Target	Actual	Notes
FY 2014	40+	120	**Actual:** Activity 1: 1) A four-day training workshop on Out-Sourcing Non-Clinical Hospital Services, February 4-7 2014 (48 participants) 2) Workshop on Development of SLAs by OSM/PPP Unit on May 20-23 2014 (7 participants) 3) Build the capacity of the hospital administration in July 2014 (28 participants) Activity 2: 1) 2 three-day Conflict Resolution and Negotiation workshop July 30-August 1, and August 5-7, 2014 (37 participants)
FY 2015		0	
FY 2016	90	145	**Actual:** 4 TWG meetings for the HFS (about 30 participants per meeting); 1 HA training (25 participants)
FY 2017	160	174	**Actual:** 4 TWG meetings (30 participants per meeting); 1 actuarial analysis training (14 participants); HA dissemination (40 participants)
FY 2018	130	180	**Actual:** 5 TWG meetings (4 of 35 participants, 1 of 40 participants)

FOREIGN ASSISTANCE FRAMEWORK	
Functional Objective:	Investing in People
Program Area:	**1** Health
Program Element:	**1.1** HIV/AIDS, **1.2** TB, **1.3** Malaria, **1.5** Other Public Health Threats, **1.6** Maternal and Child Health, **1.7** Family Planning and Reproductive Health
Program Sub-Element:	**1.2.7; 1.3.7; 1.5.3; 1.6.8; 1.7.4** Health Governance and Finance **1.1.13** Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	
PIR Last Updated On (Date):	September 7, 2018
PIR Last Updated by:	Marjan Inak

INDICATOR A3 *HFG Project Performance Indicator Reference Sheet*	
INDICATOR:	Number of HFG and HFTWG-supported technical resources
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/Botswana Objective:	Strengthening the health system to address the health needs of the population
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Linkage to Other Irs:	All
Linkage to Other Sub-Irs:	All
Is this an Annual Report indicator?	No ___ Yes _X_ for reporting Year(s) 2014-2018
DESCRIPTION	
Purpose:	HFG will both lead and collaborate on the development of new technical resources or modification of existing technical resources throughout the life of the project. Examples of technical resources that will be developed as a result of HFG's activities in Botswana include the draft of service level agreements, contract management guidance workbook for hospital administrators, conflict resolution and negotiation skills workshop materials, policy brief on outsourcing process, peer-reviewed paper on the challenges and opportunities of outsourcing services etc. These technical resources are important components towards achieving HFG's objectives and will be tracked.
Definition:	Count of the number of technical resources developed with HFG-support. Key terms are defined as: • **HFG-supported:** broadly defined and may include financial, technical, organizational or any other form of assistance that HFG provides to government and non–governmental organizations • **Technical resources:** Any product whose primary use will assist individuals, groups, organizations, or governments. Products may include but are not limited to assessments, reports, training courses, learning modules, software, strategic plans, operational plans, implementation plans, etc.
Unit of Measure:	Number
Calculation:	Count of the number of resources
Disaggregated by:	Type of Technical Resource; Technical Area; Type of HFG Support (e.g. financial, technical, organizational, etc.)
Direction of Change:	Increase in number indicates greater success
DATA COLLECTION PLAN	
Method:	All technical resources identified as deliverables or as components of HFG activities will be tracked within the HFG M&E system. The type of support provided for each of these technical resources will be documented throughout the entirety of HFG's involvement with the technical resource.
Data source(s):	Project records, technical resources created/identified
Collection Frequency:	Quarterly
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records and follow-up discussions with no substantial additional costs anticipated.

INDICATOR A3 *HFG Project Performance Indicator Reference Sheet*	
Critical Assumptions and Risks/Challenges:	
Location of Data Storage:	HFG M&E System
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y2 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken/Planned to Address Data Limitations:	Not applicable
Date of Future Data Quality Assessments:	Quarterly
Procedures for Future Data Quality Assessments	The HFG M&E Team will complete an initial review of the collected data. Activity Leads will confirm that the data is complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.
RESPONSIBILITIES FOR DATA COLLECTION AND REPORTING	
Data Collection:	Activity Leads
Validating Data Quality:	M&E Team
Data Reporting:	HFG M&E Manager
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING	
Data Analysis:	Number of technical resources, disaggregated by type of technical resource; technical area; type of HFG support
Presentation of Data:	Table and descriptive summary of each technical resource and type of HFG-support provided
Reporting Frequency:	Quarterly
Reporting of Data:	Quarterly Report

INDICATOR A3 *HFG Project Performance Indicator Reference Sheet*			
PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline=0		
Year	**Target**	**Actual**	**Notes**
FY 2014	19	21	Activity 1: Needs assessment report, draft of service level agreements (7), contract management guidance workbook for administrators **Actual:** Needs assessment reports (report on five hospital visits); Participant Reference Guide; Facilitators' guides for workshop; SLA, contract and tender document; PowerPoint presentation: Out-Sourcing Non-Clinical Services; PowerPoint presentation: Service Level Agreements – Overview and Basic Elements; Three day technical assistance workshop to review and strengthen SLAs; 4 draft SLA templates (cleaning, laundry, catering, and security) Activity 2: Workshop materials, workshop and trip report, report on progress assessment and recommendations **Actual:** Workshop materials; developed scenarios for use in Conflict Resolution workshop Activity 3: Costing work plan, excel-based tool template, final report of costing analysis **Actual:** Excel-based tool Activity 4: Outsourcing Report, conference abstract submission, policy brief,

			peer-reviewed journal submission **Actual:** Outline; hospital data collection forms; Pre- and post-tests for the February 4-7 Outsourcing Workshop in Gaborone; a paper evaluating the Botswana Outsourcing Policy; an SLA narrative; a set of sample survey questions to evaluate the nursing and hospital staff's perception; A literature review on clinical and non-clinical outsourcing in Africa and other regions to contribute to the documentation process
FY 2015	5	5	**Actual:** documentation report, documentation brief, costing study, Excel-based costing tool, cost benefit analysis
FY 2016	7	3	**Actual:** draft working document of HFS, presentation of draft strategy, comprehensive HFS report
FY 2017	8	8	**Target:** HA report, HA policy brief, full actuarial model report, presentation of actuarial analysis to the TWG; health insurance blueprint report (operations, finance, governance); presentation of health insurance blueprint report to the TWG; UHSP+HIV package report; presentation of UHSP+HIV package report to the TWG
FY 2018	4	7	**Actual:** Tariff-setting report, Strategic purchasing report, Fiscal space analysis report, Communications plan, Country Report, Revised health financing strategy Report, Health

INDICATOR A3 *HFG Project Performance Indicator Reference Sheet*			
			insurance blueprint

FOREIGN ASSISTANCE FRAMEWORK	
Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	**1.1** HIV/AIDS, **1.2** TB, **1.3** Malaria, **1.5** Other Public Health Threats, **1.6** Maternal and Child Health, **1.7** Family Planning and Reproductive Health
Program Sub-Element:	**1.2.7; 1.3.7; 1.5.3; 1.6.8; 1.7.4** Health Governance and Finance **1.1.13** Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	
PIR Last Updated On (Date):	September 7, 2018
PIR Last Updated by:	Marjan Inak

INDICATOR A4 *HFG Project Performance Indicator Reference Sheet*	
INDICATOR:	Number of organizations where HFG-supported technical resources are used
Indicator Type:	Outcome
Attribution/Contribution:	Attribution
USAID/Botswana Objective:	Strengthening the health system to address the health needs of the population
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Linkage to Other IRs:	All
Linkage to Other Sub-IRs:	All
Is this an Annual Report indicator?	No ___ Yes _X_ for reporting Year(s) 2014-2018
DESCRIPTION	
Purpose:	HFG will both lead and collaborate on the development of new technical resources or modification of existing technical resources throughout the life of the project. However, it is not a given that the development of these technical resources is indicative of the technical resources' use. This indicator seeks to measure whether these technical resources have gone beyond development and are actually being used by their target groups.
Definition:	Count of the number of organizations where HFG-supported technical resources are used. Key terms are defined as: • **Organization:** All groups or institutions, within the government sector or outside the government sector, whether their aim is philanthropic or commercial • **HFG-supported:** broadly defined and may include financial, technical, organizational or any other form of assistance that HFG provides to government

INDICATOR A4 HFG Project Performance Indicator Reference Sheet	
	and non–governmental organizations
Unit of Measure:	Number
Calculation:	Count of number of organizations
Disaggregated by:	Type of Organization, Type of Technical resources, Technical Area
Direction of Change:	Increase in number indicates greater success
DATA COLLECTION PLAN	
Method:	HFG will document descriptive information about each organization that has been identified as a component of an activity or a target audience for an activity. Where HFG-supported technical resources have been identified in an activity, the organizations that are linked to these activities will be issued a short questionnaire 6-12 months after the technical resource has been delivered to the organization. The questionnaire will include questions related to how often the resource is used, who typically uses it, how does it provide value, etc.
Data source(s):	Project records; organization documentation; Technical Resource Use Questionnaire
Collection Frequency:	Quarterly
Estimated Cost of Data Acquisition:	The Technical Resource Use Questionnaire administered to organizations linked to potential use of HFG-supported technical resources will be an additional cost beyond project records and country/organization documentation. This questionnaire will be administered virtually and will not require significant financial resources.
Critical Assumptions and Risks/Challenges:	
Location of Data Storage:	HFG M&E System
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y2 Q4
Known Data Limitations and Significance (if any):	HFG will only be able to identify organizations using technical resources if these organizations are in communication with HFG as partners or in other capacities. HFG-supported technical resources may be distributed by other organizations without HFG's knowledge.
Actions Taken/Planned to Address Data Limitations:	The questionnaire to these organizations will request information regarding distribution of HFG-supported technical resources to other parties by the organization.
Date of Future Data Quality Assessments:	Quarterly
Procedures for Future Data Quality Assessments	The HFG M&E Team will complete an initial review of the collected data. Activity Leads will confirm that the data is complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.
RESPONSIBILITIES FOR DATA COLLECTION AND REPORTING	
Data Collection:	Activity Lead
Validating Data Quality:	M&E Team
Data Reporting:	HFG M&E Manager
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING	
Data Analysis:	Number of organizations, disaggregated by type of organization, type of technical resource, technical area

INDICATOR A4 *HFG Project Performance Indicator Reference Sheet*			
Presentation of Data:	Table and descriptive summary of how each technical resource was used by the organization		
Reporting Frequency:	Quarterly		
Reporting of Data:	Quarterly Report		
PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline=0		
Year	**Target**	**Actual**	**Notes**
FY 2014	8	8	MoHW Office of Stategic Management, 7 Hospitals **Actual:** MoHW, 7 hospitals
FY 2015	8	8	MoHW Office of Stategic Management, 7 Hospitals **Actual:** MoHW, 7 hospitals
FY 2016	1	1	**Actual:** MoHW
FY 2017	7	7	**Actual:** MoHW, MOF, Medical Aid Schemes, UNAIDS, WHO, University of Botswana, NBFIRA
FY 2018	7	7	**Actual:** MoHW, MOF, Medical Aid Schemes, UNAIDS, WHO, University of Botswana, NBFIRA
FOREIGN ASSISTANCE FRAMEWORK			
Functional Objective:	Investing in People		
Program Area:	**1** Health		
Program Element:	**1.1** HIV/AIDS, **1.2** TB, **1.3** Malaria, **1.5** Other Public Health Threats, **1.6** Maternal and Child Health, **1.7** Family Planning and Reproductive Health		
Program Sub-Element:	**1.2.7; 1.3.7; 1.5.3; 1.6.8; 1.7.4** Health Governance and Finance **1.1.13** Other/Policy Analysis and System Strengthening		
ADDITIONAL NOTES			
Other Notes:			
PIR Last Updated On (Date):	September 7, 2018		
PIR Last Updated by:	Marjan Inak		

INDICATOR A5 *HFG Project Performance Indicator Reference Sheet*	
INDICATOR:	Country capacity to perform NHA estimations
Indicator Type:	Outcome
Attribution/Contribution:	Attribution
HFG IR:	1

INDICATOR A5 *HFG Project Performance Indicator Reference Sheet*	
HFG Sub-IR:	1.3
Linkage to Other IRs:	2, 3
Linkage to Other Sub-IRs:	2.1, 2.3, 3.1, 3.4
Is this an Annual Report indicator?	No _x_ Yes _ for reporting Year(s) 2014-2018
DESCRIPTION	
Purpose:	HFG will support strengthening the country capacity to peform NHA estimations. This indicator will capture HFG's progress in improving the capacity of these NHA actors. This indicator will capture all NHA estimations supported through HFG activities.
Key Terms:	• **Country capacity:** Country capacity includes dimensions of knowledge and skills of individuals, management, systems, support of local institutions, use of external technical assistance, cost effectiveness, efficiency, use of technology, scope of NHA and use of data. • **NHA estimations:** A NHA refers to a report which presents and provides context for the core tables that summarize the flows of health spending through the health system in a country over a 12-month period.
Unit of Measure:	Score between 1 and 5; 1- Nonexistence, 2 – Startup, 3- Developing, 4 – Expansion, 5 - Sustainability
Calculation:	Average of scores for all country capacity dimensions
Disaggregated by:	Dimension
DATA COLLECTION PLAN	
Method:	HFG will conduct a baseline assessment of NHA capacity against requirements of NHA estimations. NHA capacity will be assessed upon completion of the activity. The capacity assessment process consists of the following: • NHA assessment consisting of a capacity survey and interviews and focus groups to determine strengths and weaknesses. The assessment will be done by a qualified subject matter consultant. • After the consultant has collected information and determined findings, he or she scores each cell of the dimension in the table on a 1-5 scale based on the criteria. • The consultant will then use each cell to determine an overall score in each dimension – in effect a roll-up of the cells in that dimension. The overall score for the dimension does not have to be mathematical – averaging all cells in each dimension – since in specific contexts, some cells will be more important than others. This allows some discretion to each consultant. In the right hand column of the scoring sheet, the consultant lists the bullets to justify the overall score.
Data source(s):	NHA capacity assessment
Collection Frequency:	Baseline/endline
Estimated Cost of Data Acquisition:	Initial cost for baseline assessment will be minimal as this will done during existing technical assistance visits. Endline cost for continued assessment of technical capacity.
Critical Assumptions and Risks/Challenges:	It is assumed that HFG can contribute to some, but not all, factors necessary for countries to successfully produce Health Accounts going forward. HFG support is designed to strengthen the technical capacity of local NHA teams but its influence on factors such as an official NHA mandate and availability of domestic resources for Health Acconts is less.

INDICATOR A5 *HFG Project Performance Indicator Reference Sheet*	
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y5 Q1
Known Data Limitations and Significance (if any):	The NHA Capacity Assessment will be largely qualitative and therefore subject to the limitations of qualitative data. In addition, as the consultants conducting each NHA Capacity Assessment may differ, potentially causing issues in consistency in scoring.
Actions Taken or Planned to Address Data Limitations:	HFG will use stringent methodolgies for the implementation of each NHA Capacity Assessment. In addition, a standardized assessment tool will be used throughout the life of the project. This tool will be accompanied by detailed documentation and justification for scoring to alleviate any issues in scoring consistency between assessments.
Date of Future Data Quality Assessments:	Y5 Q4 or end of project
Procedures for Future Data Quality Assessments	The HFG M&E team will complete an initial review of the collected data. Activity Leads will confirm that the data are complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.
RESPONSIBILITIES FOR DATA COLLECTION AND REPORTING	
Data Collection:	Activity Leads, M&E Team
Validating Data Quality:	M&E Team
Data Reporting:	M&E Manager
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING	
Data Analysis:	NHA capacity score disaggregated by dimension
Presentation of Data:	Indicator table(s); summary description of NHA capacity
Reporting Frequency:	Baseline and endline
Reporting of Data:	Quarterly/annual report

PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline= 2.2		
Year	**Target**	**Actual**	**Notes**
FY 2015	Not Applicable	2.2	
FY 2016	3	3.0	This activity ended in FY 2016.
FY 2017	Not Applicable	Not Applicable	Activity ended in 2016
FY 2018	Not Applicable	Not Applicable	Activity ended in 2016

FOREIGN ASSISTANCE FRAMEWORK	
Functional Objective:	Investing in People
Program Area:	**1** Health
Program Element:	**1.1** HIV/AIDS, **1.2** TB, **1.3** Malaria, **1.5** Other Public Health Threats, **1.6** Maternal and Child Health, **1.7** Family Planning and Reproductive Health
Program Sub-Element:	**1.2.7; 1.3.7; 1.5.3; 1.6.8; 1.7.4** Health Governance and Finance **1.1.13** Other/Policy Analysis and System Strengthening

INDICATOR A5 *HFG Project Performance Indicator Reference Sheet*	
ADDITIONAL NOTES	
Notes on Baselines/Targets:	
Other Notes:	
PIR Last Updated On (Date):	September 7, 2018
PIR Last Updated by:	Marjan Inak

INDICATOR C1 *HFG Project Performance Indicator Reference Sheet*	
INDICATOR:	Births attended by skilled health staff, % of total births
Indicator Type:	Outcome
Attribution/Contribution:	Contribution
USAID/Botswana Objective:	Strengthening the health system to address the health needs of the population
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Linkage to Other IRs:	All
Linkage to Other Sub-IRs:	All
Is this an Annual Report indicator?	No ___ Yes _X_ for reporting Year(s) 2014-2018
DESCRIPTION	
Purpose:	Service-level indicator used as a benchmark for the HFG Project. The rationale for the indicator is that women should have access to skilled care during pregnancy and childbirth to ensure prevention, detection and management of complications. This is an MDG indicator used as a proxy to measure maternal mortality. It is important to note that several factors external to HFG would influence this indicator and the results associated with this indicator cannot be solely attributed to HFG's efforts. Thus, this is an HFG contribution indicator.
Definition:	Percentage of total births attended by skilled health staff. Key terms are defined as: • **Skilled health staff:** Doctors, nurses or midwives trained in providing life-saving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, childbirth and the post-partum period; to conduct deliveries on their own; and to care for newborns
Unit of Measure:	Percent
Calculation:	(Number of births attended by skilled health staff / total number of births in the same period) x 100
Disaggregated by:	N/A
Direction of Change:	Increase in percentage indicates greater success
DATA COLLECTION PLAN	
Method:	Data will be collected through available data sources. Generally this data is collected through household surveys by national groups. But it's also possible that facility reporting systems may provide this data as well. International organizations then obtain the data and undertake a process of data verification that includes correspondence with field offices to clarify any questions.
Data source(s):	World Bank
Collection Frequency:	Annually (or as often as data is collected at the country level)
Estimated Cost of Data Acquisition:	Minimal, as HFG will leverage existing data sources.
Critical Assumptions and Risks/Challenges:	
Location of Data Storage:	HFG M&E System

INDICATOR C1 *HFG Project Performance Indicator Reference Sheet*	
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y2 Q4
Known Data Limitations and Significance (if any):	Frequency of data collection will limit usefulness for HFG purposes
Actions Taken/Planned to Address Data Limitations:	Seek out national-level sources for this data
Date of Future Data Quality Assessments:	Annually
Procedures for Future Data Quality Assessments	The HFG M&E Team will complete an initial review of the collected data. The Country Manager will confirm that the data is complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.
RESPONSIBILITIES FOR DATA COLLECTION AND REPORTING	
Data Collection:	M&E Team
Validating Data Quality:	M&E Team
Data Reporting:	HFG M&E Manager
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING	
Data Analysis:	Births attended by skilled staff, % of total births
Presentation of Data:	Indicator table(s)
Reporting Frequency:	Annual
Reporting of Data:	Annual Report

PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline = 95% (2007)		
Year	**Target**	**Actual**	**Notes**
FY 2014	Not applicable	99.9%	
FY 2015	Not applicable	Not available	Couldn't find data anywhere
FY 2016	Not applicable	Not available	Couldn't find data anywhere
FY 2017	Not applicable	Not available	Couldn't find data anywhere
FY 2018	Not applicable	Not available	Couldn't find data anywhere

FOREIGN ASSISTANCE FRAMEWORK	
Functional Objective:	Investing in People
Program Area:	**1** Health
Program Element:	**1.1** HIV/AIDS, **1.2** TB, **1.3** Malaria, **1.5** Other Public Health Threats, **1.6** Maternal and Child Health, **1.7** Family Planning and Reproductive Health
Program Sub-Element:	**1.2.7; 1.3.7; 1.5.3; 1.6.8; 1.7.4** Health Governance and Finance **1.1.13** Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	
PIR Last Updated On	September 7, 2018

INDICATOR C1 *HFG Project Performance Indicator Reference Sheet*	
(Date):	
PIR Last Updated by:	Marjan Inak

INDICATOR C2 *HFG Project Performance Indicator Reference Sheet*	
INDICATOR:	Contraceptive prevalence rate
Indicator Type:	Outcome
Attribution/Contribution:	Contribution
USAID/Botswana Objective:	Strengthening the health system to address the health needs of the population
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Linkage to Other IRs:	All
Linkage to Other Sub-IRs:	All
Is this an Annual Report indicator?	No ___ Yes _X_ for reporting Year(s) 2014-2018
DESCRIPTION	
Purpose:	Service-level indicator used as a benchmark for the HFG Project. Contraceptive prevalence rate is an indicator of health, population, development and women's empowerment. It also serves as a proxy measure of access to reproductive health services that are essential for meeting many of the Millennium Development Goals, especially those related to child mortality, maternal health, HIV/AIDS, and gender equality (WHO). It is important to note that several factors external to HFG would influence this indicator and the results associated with this indicator cannot be solely attributed to HFG's efforts. Thus, this is an HFG contribution indicator.
Definition:	Contraceptive prevalence rate is the proportion of women of reproductive age (15-49 years) using contraception. Key terms are defined as: • **Contraceptive Prevalence Rate:** Women aged 15-49 years, married or in-union, who are currently using, or whose sexual partner is using at least one method of contraception, regardless of the method used.
Unit of Measure:	Percent
Calculation:	Number of women aged 15-49 years, married or in-union, who are currently using or whose sexual partner is using at least one method of contraception, regardless of the method used x 100 divided by the number of women aged 15-49 years, married or in-union
Disaggregated by:	N/A
Direction of Change:	Increase in percentage indicates greater success
DATA COLLECTION PLAN	
Method:	The United Nations Population Division compiles data from nationally representative surveys including the Demographic and Health Surveys (DHS), the Fertility and Family Surveys (FFS), the CDC-assisted Reproductive Health Surveys (RHS), the Multiple Indicator Cluster Surveys (MICS) and national family planning, or health, or household, or socio-economic surveys.
Data source(s):	WHO-African Health Observatory
Collection Frequency:	Annually (or as often as data is collected at the country level)
Estimated Cost of Data Acquisition:	Minimal, as HFG will leverage existing data sources.
Critical Assumptions and Risks/Challenges:	

INDICATOR C2 *HFG Project Performance Indicator Reference Sheet*	
Location of Data Storage:	HFG M&E System
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y2 Q4
Known Data Limitations and Significance (if any):	Frequency of data collection will limit usefulness for HFG purposes
Actions Taken/Planned to Address Data Limitations:	Seek out national-level sources for this data
Date of Future Data Quality Assessments:	Annually
Procedures for Future Data Quality Assessments	The HFG M&E Team will complete an initial review of the collected data. The Country Manager will confirm that the data is complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.
RESPONSIBILITIES FOR DATA COLLECTION AND REPORTING	
Data Collection:	M&E Team
Validating Data Quality:	M&E Team
Data Reporting:	HFG M&E Manager
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING	
Data Analysis:	Contraceptive prevalence rate
Presentation of Data:	Indicator table(s)
Reporting Frequency:	Annual
Reporting of Data:	Annual Report

PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline = 52.8% (2013)		
Year	**Target**	**Actual**	**Notes**
FY 2014	Not applicable	Not available	Couldn't find data anywhere
FY 2015	Not applicable	Not available	Couldn't find data anywhere
FY 2016	Not applicable	Not available	Couldn't find data anywhere
FY 2017	Not applicable	Not available	Couldn't find data anywhere
FY 2018	Not applicable	Not available	Couldn't find data anywhere

FOREIGN ASSISTANCE FRAMEWORK	
Functional Objective:	Investing in People
Program Area:	**1** Health
Program Element:	**1.1** HIV/AIDS, **1.2** TB, **1.3** Malaria, **1.5** Other Public Health Threats, **1.6** Maternal and Child Health, **1.7** Family Planning and Reproductive Health
Program Sub-Element:	**1.2.7; 1.3.7; 1.5.3; 1.6.8; 1.7.4** Health Governance and Finance **1.1.13** Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	

INDICATOR C2 *HFG Project Performance Indicator Reference Sheet*	
PIR Last Updated On (Date):	September 7, 2018
PIR Last Updated by:	Marjan Inak

INDICATOR C3 *HFG Project Performance Indicator Reference Sheet*	
INDICATOR:	Treatment success rate for new pulmonary smear-positive tuberculosis cases
Indicator Type:	Outcome
Attribution/Contribution:	Contribution
USAID/Botswana Objective:	Strengthening the health system to address the health needs of the population
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Linkage to Other IRs:	All
Linkage to Other Sub-IRs:	All
Is this an Annual Report indicator?	No ___ Yes _X_ for reporting Year(s) 2014-2018
DESCRIPTION	
Purpose:	Service-level indicator used as a benchmark for the HFG Project. Treatment success is an indicator of the performance of national TB control programs. In addition to the obvious benefit to individual patients, successful treatment of infectious cases of TB is essential to prevent the spread of the infection. It is important to note that several factors external to HFG would influence this indicator and the results associated with this indicator cannot be solely attributed to HFG's efforts. Thus, this is an HFG contribution indicator.
Definition:	Treatment success rate for new pulmonary smear-positive tuberculosis (TB) cases is the percentage of registered TB cases that successfully completed treatment. Key terms are defined as: • **Treatment Success Rate:** Tuberculosis treatment success rate is the percentage of new, registered smear-positive (infectious) cases that were cured or in which a full course of treatment was completed • **Pulmonary smear-positive tuberculosis:** a case of TB where Mycobacterium tuberculosis bacilli are visible in the patient's sputum when examined under the microscope. The revised definition of a new sputum smear-positive pulmonary TB case is based on the presence of at least one acid fast bacilli (AFB+) in at least one sputum sample in countries with a well-functioning external quality assurance (EQA) system
Unit of Measure:	Percent
Calculation:	(Number of registered TB cases that successfully completed treatment/Number of registered TB cases) x 100
Disaggregated by:	N/A
Direction of Change:	Increase in percentage indicates greater success
DATA COLLECTION PLAN	
Method:	Treatment success rates are calculated from cohort data (outcomes in registered patients) as the proportion of new smear-positive TB cases registered under a national TB control program in a given year that successfully completed treatment, whether with ("cured") or without ("treatment completed") bacteriologic evidence of success.

	The treatment outcomes of TB cases registered for treatment are reported annually by countries to WHO using a web-based data collection system. Because treatment for TB lasts 6–8 months, there is a delay in assessing treatment outcomes. Each year, national TB control programs report to WHO the number of cases of TB diagnosed in the preceding year, and the outcomes of treatment for the cohort of patients who started treatment a year earlier.
Data source(s):	WHO
Collection Frequency:	Annually (or as often as data is collected at the country level)
Estimated Cost of Data Acquisition:	Minimal, as HFG will leverage existing data sources.
Critical Assumptions and Risks/Challenges:	
Location of Data Storage:	HFG M&E System
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y2 Q4
Known Data Limitations and Significance (if any):	Frequency of data collection will limit usefulness for HFG purposes
Actions Taken/Planned to Address Data Limitations:	Seek out national-level sources for this data
Date of Future Data Quality Assessments:	Annually
Procedures for Future Data Quality Assessments	The HFG M&E Team will complete an initial review of the collected data. The Country Manager will confirm that the data is complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.
RESPONSIBILITIES FOR DATA COLLECTION AND REPORTING	
Data Collection:	M&E Team
Validating Data Quality:	M&E Team
Data Reporting:	HFG M&E Manager
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING	
Data Analysis:	Proportion of new smear-positive TB cases registered under a national TB control program in a given year that successfully completed treatment
Presentation of Data:	Indicator table(s)
Reporting Frequency:	Annual
Reporting of Data:	Annual Report

PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline = 81% (WHO 2011)		
Year	**Target**	**Actual**	**Notes**
FY 2014	Not applicable	Not available	Couldn't find data anywhere
FY 2015	Not applicable	79%	
FY 2016	Not applicable	Not available	Couldn't find data anywhere
FY 2017	Not applicable	Not available	Couldn't find data anywhere
FY 2018	Not applicable	Not available	Couldn't find data anywhere

FOREIGN ASSISTANCE FRAMEWORK	
Functional Objective:	Investing in People
Program Area:	**1** Health
Program Element:	**1.1** HIV/AIDS, **1.2** TB, **1.3** Malaria, **1.5** Other Public Health Threats, **1.6** Maternal and Child Health, **1.7** Family Planning and Reproductive Health
Program Sub-Element:	**1.2.7; 1.3.7; 1.5.3; 1.6.8; 1.7.4** Health Governance and Finance **1.1.13** Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	
PIR Last Updated On (Date):	September 7, 2018
PIR Last Updated by:	Marjan Inak

INDICATOR C4 *HFG Project Performance Indicator Reference Sheet*	
INDICATOR:	Number of people on antiretroviral therapy
Indicator Type:	Outcome
Attribution/Contribution:	Contribution
USAID/Botswana Objective:	Strengthening the health system to address the health needs of the population
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Linkage to Other IRs:	All
Linkage to Other Sub-IRs:	All
Is this an Annual Report indicator?	No ___ Yes _X_ for reporting Year(s) 2014-2018
DESCRIPTION	
Purpose:	Service-level indicator used as a benchmark for the HFG Project. This indicator is used to determine the number of eligible adults and children currently receiving antiretroviral combination therapy in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) at the end of the reporting period. It is important to note that several factors external to HFG would influence this indicator and the results associated with this indicator cannot be solely attributed to HFG's efforts. Thus, this is an HFG contribution indicator.
Definition:	Count of the number of people receiving antiretroviral therapy. Key terms are defined as: • **Anitretroviral therapy:** is treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs. The standard treatment consists of a combination of at least three drugs (often called "highly active antiretroviral therapy" or HAART) that suppress HIV replication and stop the progression of HIV disease.
Unit of Measure:	Number
Calculation:	Count of eligible adults and children currently receiving antiretroviral combination therapy at the end of the reporting period
Disaggregated by:	Gender, Age (<15, ≥ 15 years)
Direction of Change:	Increase in number indicates greater success
DATA COLLECTION PLAN	
Method:	Data will be collected through available data sources. Generally this data is collected through program monitoring: facility-based antiretroviral therapy registers or drug supply management systems. International organizations then obtain the data and undertake a process of data verification that includes correspondence with field offices to clarify any questions.
Data source(s):	UNAIDS
Collection Frequency:	Annually (or as often as data is collected at the country level)
Estimated Cost of Data Acquisition:	Minimal, as HFG will leverage existing data sources.
Critical Assumptions and Risks/Challenges:	

INDICATOR C4 *HFG Project Performance Indicator Reference Sheet*	
Location of Data Storage:	HFG M&E System
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y2 Q4
Known Data Limitations and Significance (if any):	Frequency of data collection will limit usefulness for HFG purposes
Actions Taken/Planned to Address Data Limitations:	Seek out national-level sources for this data
Date of Future Data Quality Assessments:	Annually
Procedures for Future Data Quality Assessments	The HFG M&E Team will complete an initial review of the collected data. The Country Manager will confirm that the data is complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.
RESPONSIBILITIES FOR DATA COLLECTION AND REPORTING	
Data Collection:	M&E Team
Validating Data Quality:	M&E Team
Data Reporting:	HFG M&E Manager
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING	
Data Analysis:	Number of people receiving antiretroviral therapy
Presentation of Data:	Indicator table(s)
Reporting Frequency:	Annual
Reporting of Data:	Annual Report

PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline = 223,506 (UNAIDS)		
Year	**Target**	**Actual**	**Notes**
FY 2014	Not applicable	244,063	
FY 2015	Not applicable	273,000	UNAIDS Botswana Report
FY 2016	Not applicable	298,000	
FY 2017	Not applicable	306,000	
FY 2018	Not applicable	320,000	

FOREIGN ASSISTANCE FRAMEWORK	
Functional Objective:	Investing in People
Program Area:	**1** Health
Program Element:	**1.1** HIV/AIDS, **1.2** TB, **1.3** Malaria, **1.5** Other Public Health Threats, **1.6** Maternal and Child Health, **1.7** Family Planning and Reproductive Health
Program Sub-Element:	**1.2.7; 1.3.7; 1.5.3; 1.6.8; 1.7.4** Health Governance and Finance **1.1.13** Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	

INDICATOR C4 *HFG Project Performance Indicator Reference Sheet*	
PIR Last Updated On (Date):	September 7, 2018
PIR Last Updated by:	Marjan Inak

INDICATOR C5 *HFG Project Performance Indicator Reference Sheet*	
INDICATOR:	General government expenditure on health as a percentage of total health expenditure (THE)
Indicator Type:	Outcome
Attribution/Contribution:	Contribution
USAID/Botswana Intermediate Results:	IR 1: Improved public health sector performance in delivering integrated family health services. IR 2: Improved private health sector performance in delivering integrated family health services. IR 3: Improved preventive and care-seeking behavior of an empowered population
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Linkage to Other IRs:	All
Linkage to Other Sub-IRs:	All
Is this an Annual Report indicator?	No ___ Yes _X_ for reporting Year(s) 2014-2018
DESCRIPTION	
Purpose:	Indicator used as a benchmark for the HFG Project. This indicator is a core indicator of health financing systems. This indicator contributes to understanding the relative weight of public entities in total expenditure on health. It is important to note that several factors external to HFG would influence this indicator and the results associated with this indicator cannot be solely attributed to HFG's efforts. Thus, this is an HFG contribution indicator.
Definition:	Percentage of total health expenditure that is general government expenditure. Key terms are defined as: • **General Government Expenditure:** Includes not just the resources channeled through government budgets to providers of health services but also the expenditure on health by parastatals, extra budgetary entities and notably the compulsory health insurance payments. It refers to resources collected and pooled by the above public agencies regardless of the source, so includes any donor (external) funding passing through these agencies. • **Total Health Expenditure**: Government and all other sources of health expenditure
Unit of Measure:	Percent
Calculation:	Government expenditure on health divided by total expenditure on health
Disaggregated by:	N/A
Direction of Change:	Increase in percent indicates greater success
DATA COLLECTION PLAN	
Method:	Data will be collected through available data sources. Generally this data is collected through National Health Accounts. Expenditure data is collected within an internationally recognized framework. Resources are tracked for all public entities acting as financing agents: managing health funds and purchasing or paying for health goods and services. The NHA strategy is to track records of transactions, without double counting and in order to reaching a comprehensive coverage. Specially, it aims to be consolidated not to double count government transfers to social security and

INDICATOR C5 *HFG Project Performance Indicator Reference Sheet*	
	extra budgetary funds. Monetary and non-monetary transactions are accounted for at purchasers' value. (WHO)
Data source(s):	WHO Global Health Expenditure Database
Collection Frequency:	Annually (or as often as data is collected at the country level)
Estimated Cost of Data Acquisition:	Minimal, as HFG will leverage existing data sources.
Critical Assumptions and Risks/Challenges:	
Location of Data Storage:	HFG M&E System
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y2 Q4
Known Data Limitations and Significance (if any):	Frequency of data collection will limit usefulness for HFG purposes
Actions Taken/Planned to Address Data Limitations:	Seek out national-level sources for this data
Date of Future Data Quality Assessments:	Annually
Procedures for Future Data Quality Assessments	The HFG M&E Team will complete an initial review of the collected data. The Country Manager will confirm that the data is complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.
RESPONSIBILITIES FOR DATA COLLECTION AND REPORTING	
Data Collection:	M&E Team
Validating Data Quality:	M&E Team
Data Reporting:	HFG M&E Manager
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING	
Data Analysis:	General government expenditure on health as a percentage of total health expenditure
Presentation of Data:	Indicator table(s)
Reporting Frequency:	Annual
Reporting of Data:	Annual Report

PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline = 63% (2012, WHO)		
Year	**Target**	**Actual**	**Notes**
FY 2014	Not applicable	59%	
FY 2015	Not applicable	Not available	Couldn't find data anywhere
FY 2016	Not applicable	Not available	Couldn't find data anywhere
FY 2017	Not applicable	Not available	Couldn't find data anywhere
FY 2018	Not applicable	Not available	Couldn't find data anywhere

FOREIGN ASSISTANCE FRAMEWORK	
Functional Objective:	Investing in People

INDICATOR C5 *HFG Project Performance Indicator Reference Sheet*	
Program Area:	**1** Health
Program Element:	**1.1** HIV/AIDS, **1.2** TB, **1.3** Malaria, **1.5** Other Public Health Threats, **1.6** Maternal and Child Health, **1.7** Family Planning and Reproductive Health
Program Sub-Element:	**1.2.7; 1.3.7; 1.5.3; 1.6.8; 1.7.4** Health Governance and Finance **1.1.13** Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	
PIR Last Updated On (Date):	September 7, 2018
PIR Last Updated by:	Marjan Inak

INDICATOR C6 *HFG Project Performance Indicator Reference Sheet*	
INDICATOR:	Out-of-pocket expenditure on health as % of total health expenditure
Indicator Type:	Outcome
Attribution/Contribution:	Contribution
USAID/Botswana Objective:	Strengthening the health system to address the health needs of the population
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Linkage to Other IRs:	All
Linkage to Other Sub-IRs:	All
Is this an Annual Report indicator?	No ___ Yes _X_ for reporting Year(s) 2014-2018
DESCRIPTION	
Purpose:	Indicator used as a benchmark for the HFG Project. This is a core indicator of health financing systems. It contributes to understanding the relative weight of direct payments by households in total health expenditures. High out-of-pocket payments are strongly associated with catastrophic and impoverishing spending. Thus it represents a key support for equity and planning processes. (WHO). It is important to note that several factors external to HFG would influence this indicator and the results associated with this indicator cannot be solely attributed to HFG's efforts. Thus, this is an HFG contribution indicator.
Key Terms:	Percentage of total health expenditure that is out-of-pocket expenditure. Key terms are defined as: • **Out-of-pocket expenditure on health:** any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups. It is a part of private health expenditure. • **Total Health Expenditure**: Government and all other sources of health expenditure
Unit of Measure:	Percent
Calculation:	Out-of-pocket expenditure divided by total private expenditure on health
Disaggregated by:	N/A
Direction of Change:	Decrease in percent indicates greater success
DATA COLLECTION PLAN	
Method:	Data will be collected through available data sources. Generally this data is collected through National Health Accounts, administrative reporting systems and household surveys. National health accounts traces the financing flows from the households as the agents who decide on the use of the funds to health providers. Thus in this indicator are included only the direct payments or out-of-pocket expenditure. NHA strategy is to track records of transactions, without double counting and in order to reach a comprehensive coverage. Thus reimbursements from insurance should be deducted. Monetary and non-monetary transactions are accounted for at purchasers' value, thus in kind payments should be valued at purchasers' price. International organizations then obtain the data and undertake a process of data verification that includes

	correspondence with field offices to clarify any questions.
Data source(s):	WHO Global Health Expenditure Database
Collection Frequency:	Annually (or as often as data is collected at the country level)
Estimated Cost of Data Acquisition:	Minimal, as HFG will leverage existing data sources.
Critical Assumptions and Risks/Challenges:	
Location of Data Storage:	HFG M&E System
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y2 Q4
Known Data Limitations and Significance (if any):	Frequency of data collection will limit usefulness for HFG purposes
Actions Taken/Planned to Address Data Limitations:	Seek out national-level sources for this data
Date of Future Data Quality Assessments:	Annually
Procedures for Future Data Quality Assessments	The HFG M&E Team will complete an initial review of the collected data. The Country Manager will confirm that the data is complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.
RESPONSIBILITIES FOR DATA COLLECTION AND REPORTING	
Data Collection:	M&E Team
Validating Data Quality:	M&E Team
Data Reporting:	HFG M&E Manager
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING	
Data Analysis:	Out-of-pocket expenditure on health as a percentage of total health expenditure
Presentation of Data:	Indicator table(s)
Reporting Frequency:	Annual
Reporting of Data:	Annual Report

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline = 5% (2013)		
Year	**Target**	**Actual**	**Notes**
FY 2014	Not applicable	5%	
FY 2015	Not applicable	Not available	Couldn't find data anywhere
FY 2016	Not applicable	Not available	Couldn't find data anywhere
FY 2017	Not applicable	Not available	Couldn't find data anywhere
FY 2018	Not applicable	Not available	Couldn't find data anywhere

FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People

INDICATOR C6 *HFG Project Performance Indicator Reference Sheet*	
Program Area:	**1** Health
Program Element:	**1.1** HIV/AIDS, **1.2** TB, **1.3** Malaria, **1.5** Other Public Health Threats, **1.6** Maternal and Child Health, **1.7** Family Planning and Reproductive Health
Program Sub-Element:	**1.2.7; 1.3.7; 1.5.3; 1.6.8; 1.7.4** Health Governance and Finance **1.1.13** Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	
PIR Last Updated On (Date):	September 7, 2018
PIR Last Updated by:	Marjan Inak