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India Performance Monitoring Plan (PMP)

August 2018

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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.

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ACRONYMS

FP	Family Planning
GOI	Government of India
HFG	Health Finance and Governance
HMIS	Health Management Information Systems
IR	Intermediate Result
M&E	Monitoring and Evaluation
MHM	Menstrual Hygiene Management
MOHFW	Ministry of Health and Family Welfare
NHA	National Health Accounts
NRHM	National Rural Health Mission
PMP	Performance Monitoring Plan
RMNCH+A	Reproductive, Maternal, Neonatal, Child and Adolescent Health
TB	Tuberculosis
USAID	United States Agency for International Development

I. INTRODUCTION

USAID's Health Finance and Governance project (HFG) was 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 India and measured achievements against planned targets in Year 6 of the project. It describes the project's goals, key project activities and expected results, alignment with the Government of India's (GOI) and USAID/India'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 India.

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 work in India started by providing technical assistance for targeted health system improvements to six USAID focus states, especially in HFG's technical domain areas of human resources for health, health financing, and health information systems. Beginning April 2016, HFG started work on Phase 2 of the project, which focused on building the sustainability of USAID support in India by working with local institutions and the GOI to contribute to India's achievement of key reproductive, maternal, child, and adolescent health outcomes, and goals to end tuberculosis (TB). HFG and its partners, including the Ministry of Health and Family Welfare (MOHFW), designed and implemented activities to address USAID priorities, such as scaling up health insurance; research and evaluation of innovative approaches for providing essential health services in areas such as TB, family planning (FP), menstrual hygiene management (MHM), adolescent health, and urban health; and capacity building of civil society organizations (CSOs) and coalitions, FP supply chain management, and monitoring of health management information systems (HMIS).

3. KEY PROJECT ACTIVITIES AND EXPECTED RESULTS

In the first phase of the project, which ended in March 2016 (Y4Q2), HFG's activities were geared toward targeted health system improvements in HFG's technical domains. Key focus areas in Phase I included increasing the quality and use of HMIS data for evidence-based decision making; strengthening and institutionalizing the development and use of health accounts; undertaking research to inform the development of a sustainable Tibetan Medicare System; and supporting the development of Haryana's human resources information system to improve recruitment and retirement planning. Beginning April 2016, HFG started work on Phase II of the project, which focused on building the sustainability of USAID support in India by working through local institutions.

With the start of Phase II, USAID has asked HFG to provide technical assistance through a new set of activities, while also ensuring the completion and dissemination of Phase I work.

Key phase II activities in year 6 included: 1) conducting a program review of menstrual hygiene management (MHM) schemes in five states; 2) rebranding of Adolescent Friendly Health Clinics as District Adolescent Resource Centers; 3) building capacity for family planning supply chain management; 4) assessing the national tuberculosis (TB) diagnostic network in the public and private sectors; 5) and supporting management and monitoring of information communication technology for HMIS through seconded staff to the MOHFW.

Expected Results:

- Program review of MHM schemes provides valuable insights, lessons, and innovations to inform GOI policies on the promotion of menstrual hygiene.
- New branding of District Adolescent Resource Centers will improve visibility and acceptability of adolescent health programs among the youth and enhance uptake of health information and counselling.
- Strengthened capacity of state governments for FP supply chain management will improve availability of contraceptive supplies, reduce commodity stock outs at health facilities, and thereby help improve uptake of FP among the poor and marginalized.
- Assessment of the TB diagnostic network will help the Revised National Tuberculosis Control Program to improve early identification of presumptive TB cases and prompt diagnosis using high sensitivity diagnostic tests.
- Seconded staff will support day to day operations of HMIS and help strengthen capacity of MOHFW staff.

3.1 Alignment with Government of India and USAID/India Priorities and Objectives

The GOI recognizes the need to bolster India's health outcome indicators in line with the country's economic growth trends. The current government has shown political will to implement major reforms and overhaul the health system. USAID/India has been a strong partner to the GOI on its reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) strategy and activities and the TB program, among others.

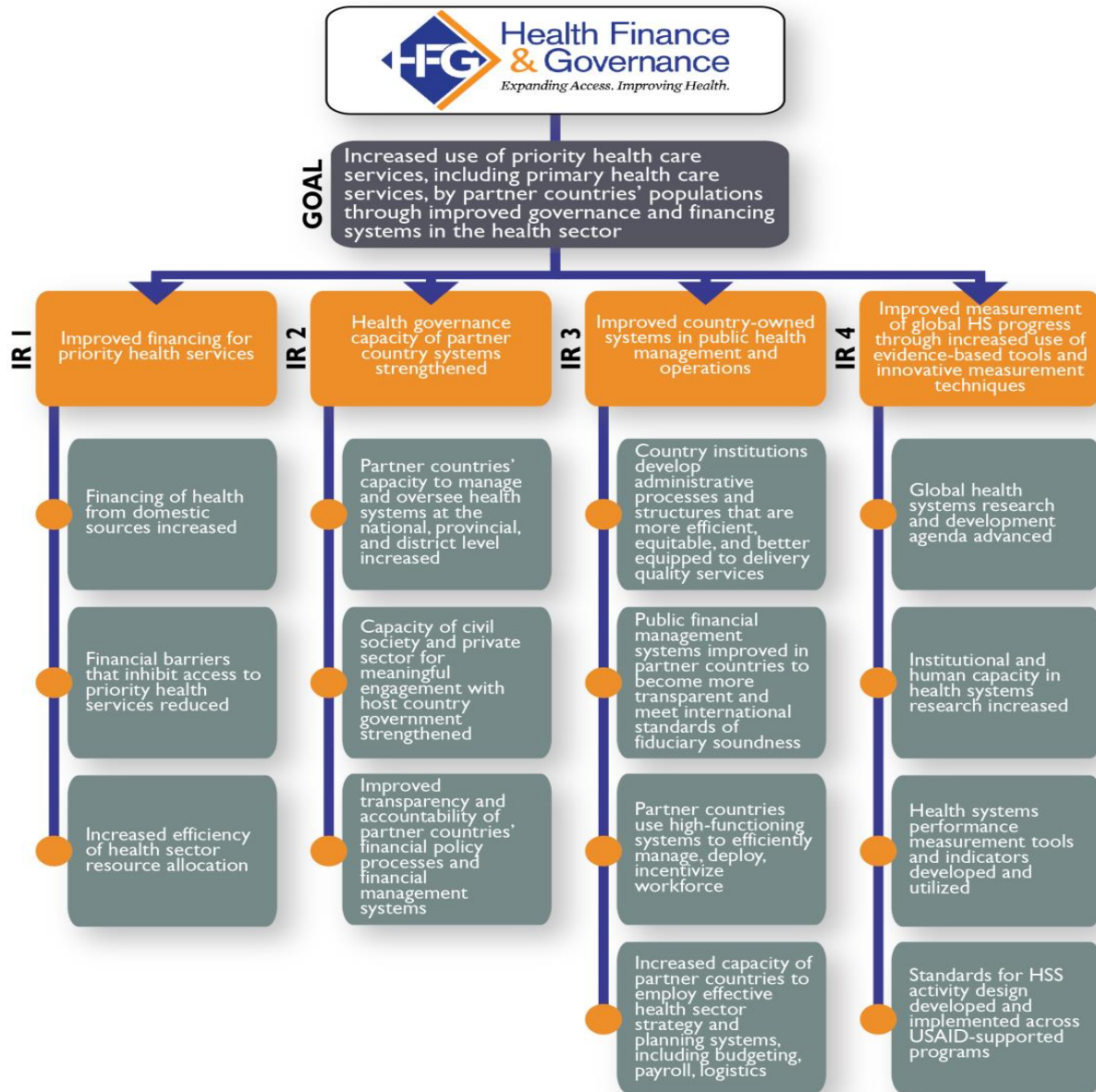
By the end of the first phase of the HFG project, HFG had contributed to RMNCH+A health outcomes by supporting health financing activities, more effective management of human resources for health, and improved quality of data for decision making. In its second phase, the project sought to build the sustainability of USAID support in India by working with local institutions and GOI to contribute to India's achievement of key RMNCH+A outcomes and goals to end TB. HFG and its partners designed and implemented activities to address USAID priorities, such as scaling up health insurance; research and evaluation of innovative approaches for TB, FP, MHM, and more services; and strengthening capacity of CSOs, state governments, and the MOHFW.

3.2 Results Framework

The HFG results framework for India depicts the causal linkages between health system investments and the project's purpose of increasing the use of priority health care services. The framework describes the path of how selected inputs and processes (i.e., interventions) will lead to desired outputs, outcomes, and impact. These Intermediate Results (IRs) and sub-IRs combine to support the project purpose. The framework serves 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 in India. All project interventions are aligned with the results framework. The HFG results framework appears in Figure 1. HFG India's activities aimed to contribute to the following IRs:

- 1.1 - Financing of health from domestic sources increased.
- 1.2 - Financial barriers that inhibit access to priority health services reduced.
- 2.2 - Capacity of civil society and private sector for meaningful engagement with host country government strengthened.
- 3.1 - Country institutions develop administrative processes and structures that are more efficient, equitable, and better equipped for delivery of quality services.
- 4.1 - Health systems research and development agenda advanced.

FIGURE 1: HFG RESULTS FRAMEWORK



4. PROJECT MONITORING AND EVALUATION

HFG India M&E activities were led by the HFG India Country Manager 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 both at headquarters and in the field office. The HFG M&E Manager and Country Manager jointly lead all project M&E activities including performance monitoring plan development and revision; indicator development and revision; ensuring that all M&E requirements for HFG India were met including data collection, performance monitoring, and reporting; quality assurance of all M&E activities. HFG India headquarters and field 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 India project was based on the fundamental objectives of supporting evidence-based decision making to help guide course corrections during the project, as well as supporting 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 is 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 India M&E was on project activities, the M&E team also 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.

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 receives the completed forms from the technical/field staff who capture all data. The forms were used to update the HFG M&E database.

The HFG M&E Manager ensured effective technical implementation of HFG M&E activities including design of M&E tools and timely collection, reporting, and utilization of M&E data.

4.3 Monitoring Visits

At regular intervals, determined with mission collaboration, HFG conducted field monitoring visits for routine data collection and to monitor progress on project activities. The monitoring visits were conducted by HFG India country and activity leads.

4.4 Data Storage

HFG utilized an internal network as a centralized data warehouse for storing all M&E-related data. Stored data were accessible by all HFG India team members and partners by request for analysis with statistical software packages and other software tools.

4.5 Data Quality Audit

The M&E system had multiple mechanisms in place to ensure the data that were collected, stored, and reported are of the highest quality. Mechanisms include:

- **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 is to validate the data coming from both program staff and external sources. In addition, the data quality audit strengthens the data collection process. The audit provides 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 verify and validate 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 are standardized formats for data collection tools (e.g., forms, database) to support consistent data collection and aggregation across the project.
- **Collected forms:** Throughout the data collection process, HFG monitors the quality of the data. The M&E team ensures that the data collected are accurate, reliable, of high integrity, complete, and submitted timely. The M&E team always checks hard copy forms for completeness, consistency, and errors before they are entered in the electronic database. The data are treated with a high level of confidentiality.

4.6 Data Analysis

HFG India data analysis was completed using the HFG M&E system. The HFG M&E System brings together program plans, collected data, results and reporting in a centralized, customizable application. All of the collected India data are 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 activities. The reporting included both quantitative measures of activities, as well as narrative support information where appropriate. The following options were used:

- **Quarterly report:** The quarterly report, covering HFG technical and financial progress over the most recent quarter, is a key document that allows HFG to demonstrate its value to USAID. The report will:
 - Identify and relate the milestones and achievements
 - Identify key implementation challenges, problems, or issues encountered, including how they were or will be resolved and, if/as required, recommended mission-level intervention to facilitate their timely resolution
- **Annual Report:** The fourth quarter report is an annual version, covering the previous 12 months, ending in September. In addition to the quarterly report components, there is:

- 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 generated 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 plan and budget), 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 was country ownership and sustainability of project interventions, which the outcome indicators strive to address. 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 are classified into two main categories – 1) Attribution Indicators, and 2) Contribution Indicators. Changes in Attribution Indicators are directly attributable to HFG’s efforts, while Contribution Indicators are those whose results HFG potentially contributed to and cannot be attributed solely to HFG’s efforts. The indicators measure 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 are not India specific, but rather were included at the request of the HFG AOR team. All HFG countries include the Contribution indicators in their PMP.

5.2 Performance Indicators

The Performance indicators aligned with the expected results/deliverables for HFG India year 6 activities are detailed below.

Activity #	Activity Description	Expected Result(s)/Deliverable(s) to be measured	Performance Indicators
Activity 1	Conducting a program review of menstrual hygiene management (MHM) schemes in five states	<ul style="list-style-type: none"> Program review of MHM schemes provides insights, lessons, and innovations to inform GOI policies on MHM 	<ul style="list-style-type: none"> MHM report completed and shared with MoHFW and USAID Yes/No
Activity 2	Rebranding of Adolescent Friendly Health Clinics as District Adolescent Resource Centers	<ul style="list-style-type: none"> New District Adolescent Resource Center branding will improve visibility, acceptability, and use the Toolkit for establishing an adolescent resource center 	<ul style="list-style-type: none"> Toolkit completed and shared with MoHFW and USAID Yes/No

Activity #	Activity Description	Expected Result(s)/Deliverable(s) to be measured	Performance Indicators
Activity 3	Building capacity for family planning supply chain management	<ul style="list-style-type: none"> Strengthened capacity of state governments for FP supply chain management will improve availability of contraceptive supplies, reduce commodity stock outs at health facilities, and thereby help improve FP uptake 	<ul style="list-style-type: none"> Number of government official trained on Family Planning Logistics Management Information System software Target - 50
Activity 4	Assessing the national tuberculosis diagnostic network in the public and private sectors	<ul style="list-style-type: none"> Assessment of the TB diagnostic network will help the Revised National Tuberculosis Control Program to improve early presumptive TB identification and diagnosis using high sensitivity diagnostic tests. 	<ul style="list-style-type: none"> Policy brief proposing future direction and strategy for national TB program shared with RNTCP Yes/No
Activity 5	Supporting management and monitoring of information communication technology for HMIS through seconded staff to the MOHFW	<ul style="list-style-type: none"> Seconded staff will support day to day operations of HMIS and help strengthen capacity of MOHFW staff 	<ul style="list-style-type: none"> Satisfactory review of seconded staff from MOHFW at project completion Yes/No

5.3 Performance Indicator Summary Table

The table below summarizes details of both attribution and contribution indicators for HFG India.

FIGURE 2: INDICATOR SUMMARY

ID	Performance Indicator	Indicator Type	Unit of Measure	Disaggregated By	Data Source	Baseline (Year/month)	Baseline value	Results FY 2013	Results FY 2014	Results FY 2015	Results FY 2016	Results FY 2017	Results FY 2018
HFG India Phase I Activities													
Health Financing Indicators													
A1	Number of HFG-supported tools and materials developed for production and use of NHA at state and national levels	Output	Number	Type of HFG support	Project records	May 2015	0	0	1	1	5	Not Applicable	Not Applicable
A2	Country capacity to perform NHA estimations (Score).	Outcome	Score	Not Applicable	HFG Health Accounts Capacity Assessment	May 2015	1	Not Applicable	Not Applicable	1	3.5	Not Applicable	Not Applicable
A3	Number of people enrolled in Tibetan	Outcome	Number	Not Applicable	Enrolment data	March 2016	19,650	Not Applicable	Not Applicable	Not Applicable	19,650	Not Applicable	Not Applicable

ID	Performance Indicator	Indicator Type	Unit of Measure	Disaggregated By	Data Source	Baseline (Year/month)	Baseline value	Results FY 2013	Results FY 2014	Results FY 2015	Results FY 2016	Results FY 2017	Results FY 2018	
	Medicare Scheme													
HIS Indicators														
A4	Number of facilities assessed for DQA	Output	Number	District	Project records	October 2015	0	Not Applicable	Not Applicable	0	124	Not Applicable	Not Applicable	
A5	Number of districts assessed for DQA	Output	Number	State	Project Records	October 2015	0	Not Applicable	Not Applicable	0	5	Not Applicable	Not Applicable	
A6	Number of stakeholders receiving DQA brief	Output	Number	Not applicable	Project records, TAG meeting minutes	July 2016	0	Not Applicable	Not Applicable	Not Applicable	7	10	Not Applicable	
A7	Number of stakeholders receiving SQA brief	Output	Number	Not applicable	Project records, TAG meeting minutes	July 2016	0	Not Applicable	Not Applicable	Not Applicable	7	10	Not Applicable	
A8	Number of MOHFW or state-led DQA exercises	Outcome	Number	Not applicable	Government documentation	October 2012	0	0	0	0	0	Not Applicable	Not Applicable	
A9	Number of districts in Haryana accessing GIS	Outcome	Number	Not applicable	Confirmations from state	October 2015	0	Not Applicable	Not Applicable	0	21	21	Not Applicable	

ID	Performance Indicator	Indicator Type	Unit of Measure	Disaggregated By	Data Source	Baseline (Year/month)	Baseline value	Results FY 2013	Results FY 2014	Results FY 2015	Results FY 2016	Results FY 2017	Results FY 2018
	application in past month												
HFG India Phase II Activities													
Health Insurance Indicators													
AI 0	Number of Health Insurance Working Group Meetings Held	Process	Number	Not applicable	Project records, Meeting attendance records	July 2016	0	Not Applicable	Not Applicable	Not Applicable	1	1	Not Applicable
AI 1	Number of Health Mutuals provided Technical Assistance	Output	Number	Not applicable	Project records,	July 2016	0	Not Applicable	Not Applicable	Not Applicable	0	2	Not Applicable
AI 2	Report on Implementation Research and Lessons Learnt on Health Mutuals shared with USAID and HIWG	Output	Yes/No	Not applicable	Project records,	July 2016	No	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Yes	Not Applicable
Resource Center Indicators													

ID	Performance Indicator	Indicator Type	Unit of Measure	Disaggregated By	Data Source	Baseline (Year/month)	Baseline value	Results FY 2013	Results FY 2014	Results FY 2015	Results FY 2016	Results FY 2017	Results FY 2018
AI 3	Amount of funding leveraged for WHO technical assistance network to RNTCP	Outcome	US\$	Funder	Donor records	August 2016	\$0	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not applicable	Not Applicable
AI 4	Amount of money leveraged from GOI for funding vocational health study	Outcome	Indian Rupees	Not applicable	Government records	July 2016	\$0 (INR0)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
A 15	Report with recommendations for Migrant vocational Health shared with MoHFW	Output	Yes/No	Not applicable	Project records, email records	July 2016	No	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
A 16	Incorporation of the recommendations of vocational study in Government Vocational Health Plan	Outcome	Yes/No	Not applicable	Government Vocational Health Plan	July 2016	No	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable (this activity was dropped)
AI 7	Data Analysis Report on relationship between Key	Output	Yes/No	Not applicable	Project records,	September 2016	No	Not Applicable	Not Applicable	Not Applicable	Not Applicable	No	Yes

ID	Performance Indicator	Indicator Type	Unit of Measure	Disaggregated By	Data Source	Baseline (Year/month)	Baseline value	Results FY 2013	Results FY 2014	Results FY 2015	Results FY 2016	Results FY 2017	Results FY 2018
	family planning indicators to USAID				email records								
AI 8	Financial Road map for Family Planning Initiatives to MoHFW, USAID	Output	Yes/No	Not applicable	Project records, email records	September 2016	No	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Yes	Not Applicable
General Indicators													
AI 9	Number of organizations contributing to HFG-supported work (Cumulative)	Input	Number	Type of Organization, Type of Contribution, Technical Area	Project records; organization documentation	August 2013	0	0	5	9	12	17	24 ¹
A20	Number of participants at HFG-supported events	Output	Number	Gender, Event Type, Technical Area	Project records, HFG Event Participant Register	August 2013	0	0	0	187	227	130	200 ²

¹ 7 Additional organisations – CTD, WHO TB Division, UNION, Population Council, DASRA, SWASTI, Jhpeigo

² TB Diagnostic Assessment entry and exit meetings, FP Dissemination meetings, EoP transition meetings

ID	Performance Indicator	Indicator Type	Unit of Measure	Disaggregated By	Data Source	Baseline (Year/month)	Baseline value	Results FY 2013	Results FY 2014	Results FY 2015	Results FY 2016	Results FY 2017	Results FY 2018
A21	Number of HFG-supported technical resources (Cumulative)	Output	Number	Type of Technical Resource; Technical Area; Type of HFG Support (e.g. financial, technical, organizational, etc.)	Project records, technical resources created/identified	August 2013	0	1	6	12	18	25	35 ³
A22	Number of organizations where HFG-supported technical resources are used (Cumulative)	Outcome	Number	Type of Organization, Type of Technical resources, Technical Area	Project records; organization documentation; Technical Resource Use Questionnaire	August 2013	0	11	11	11	11	42	50 ⁴
HFG Contribution Indicators													
CI	Births attended by skilled health	Outcome	Percent	Not Applicable	World Bank	2008	52.3%	Not available	Not available	Not available	81.4%	Not available	Not available

³ 10 additional – TB Diagnostic Assessment report, AFHRC Report, MHM Program Review, 5 FP reports

⁴ 8 additional organisations - CTD, Union, WHO TB division, Adolescent division MoHFW, DASRA, Population Council, Jhpeigo, SWASTI

ID	Performance Indicator	Indicator Type	Unit of Measure	Disaggregated By	Data Source	Baseline (Year/month)	Baseline value	Results FY 2013	Results FY 2014	Results FY 2015	Results FY 2016	Results FY 2017	Results FY 2018
	staff, % of total births												
C2	Percent of children under 5 years with Acute Respiratory Infection (ARI) taken to a health facility	Outcome	Percent	Not Applicable	WHO (baseline) Unicef (FY14)	2005-2006	67.3%	Not available	73%	Not available	Not available	Not available	Not available
C3	Contraceptive prevalence rate	Outcome	Percent	Not Applicable	World Bank	2008	54.8%	Not available	Not available	Not available	53.5%	Not available	Not available
C4	Treatment success rate for new pulmonary smear-positive tuberculosis cases	Outcome	Percent	Not Applicable	World Bank	2012	88%	88%	74%	72%	Not available	Not available	Not available
C5	Number of people on antiretroviral therapy (ART)	Outcome	Number	Gender, age group (<15 vs. ≥15 years)	UNAIDS	2012	628,205	775,000	852,000	928,000	1,036,000	1,200,965	Not available

ID	Performance Indicator	Indicator Type	Unit of Measure	Disaggregated By	Data Source	Baseline (Year/month)	Baseline value	Results FY 2013	Results FY 2014	Results FY 2015	Results FY 2016	Results FY 2017	Results FY 2018
C6	General government expenditure on health as a percentage of total health expenditure (THE)	Outcome	Percent	Not Applicable	WHO Global Health Expenditure Database & National Health Accounts Estimates for India (2013-2014)	2012	27%	28.4%	30%	Not available	Not available	Not available	Not available
C7	Out-of-pocket expenditure on health as % of total health expenditure	Outcome	Percent	Not Applicable	WHO Global Health Expenditure Database & National Health Accounts Estimates for India (2013-2014)	2012	65%	63.8%	62.4%	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)

5.4 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 current, expected scope of HFG. If the scope of work for HFG changes over the project period, some of the indicators may change as well. Therefore, the PIR sheets will be reviewed and, if needed, revised after the finalization of the annual work plan each year. However, such revisions of indicator definitions will not affect indicator names and will be done in a way that ensures comparability of indicator values over time.

INDICATOR A1

HFG Project Performance Indicator Reference Sheet

INDICATOR:	Number of HFG-supported tools and materials developed for production and use of NHA at state and national levels
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2016</u>

DESCRIPTION

Purpose:	HFG will both lead and collaborate on the development of tools and materials for production and use of NHA at state and national levels. These tools and materials are important components towards achieving HFG's objectives and will be tracked.
Definition:	Count of the number of tools and materials for production and use of NHA at state and national levels developed with HFG support. Key terms are defined as: <ul style="list-style-type: none"> • 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 • NHA tools and materials: Any product or technical resource whose primary use will assist government organizations in NHA production and use.
Unit of Measure:	Number
Calculation:	Count of tools and materials
Disaggregated by:	Type of HFG support
Direction of Change:	Increase in number indicates greater success

DATA COLLECTION PLAN

Method:	All NHA tools and materials 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 tools and materials will be documented throughout the entirety of HFG's involvement with the tools and materials.
Data source(s):	Project records, NHA tools and materials created
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.
Critical Assumptions and Risks/Challenges:	
Location of Data Storage:	HFG M&E System

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment	Y1 Q4
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INDICATOR A1*HFG Project Performance Indicator Reference Sheet*

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:	Annually
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 NHA tools and materials, disaggregated by type of HFG support
Presentation of Data:	Table and descriptive summary of each tool/material developed and type of HFG-support provided
Reporting Frequency:	Quarterly
Reporting of Data:	Quarterly Report

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=0		
Year	Target	Actual	Notes
FY 2013	Not Applicable	0	
FY 2014	1	1	India health accounts brief
FY 2015	1	1	Working with System of Health Accounts 2011
FY 2016	2	5	Haryana state NHA Report; India-specific training materials. Training PPT slides, participant manual from SHA 2011 training, HA report (2), study file for HAPT
FY 2017	Not Applicable	Not Applicable	Activity cancelled
FY 2018	Not Applicable		

FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People
Program Area:	I Health

INDICATOR A I

HFG Project Performance Indicator Reference Sheet

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):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A2*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Country capacity to perform NHA estimations (Score).
Indicator Type:	Outcome
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No ___ Yes <u>X</u> for reporting Year(s) <u>2016</u>

DESCRIPTION

Purpose:	HFG will score the country's capacity to perform NHA estimations at state and national levels. These scores are important components towards achieving HFG's objectives and will be tracked.
Definition:	Country capacity to perform NHA estimations (Score).
Unit of Measure:	Score
Calculation:	HFG's health accounts capacity assessment tool.
Disaggregated by:	Not applicable
Direction of Change:	Increase in number indicates greater success

DATA COLLECTION PLAN

Method:	Country capacity to perform NHA estimations will be tracked within the HFG M&E system.
Data source(s):	HFG Health Accounts Capacity Assessment
Collection Frequency:	Quarterly
Estimated Cost of Data Acquisition:	Data collection costs for this indicator includes a small amount of staff time.
Critical Assumptions and Risks/Challenges:	
Location of Data Storage:	HFG M&E System

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment	Y1 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:	Not applicable
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

INDICATOR A2

HFG Project Performance Indicator Reference Sheet

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:	Score provided for country's capacity
Presentation of Data:	Indicator table(s);
Reporting Frequency:	Annually
Reporting of Data:	PMP

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=1		
Year	Target	Actual	Notes
FY 2013		Not Applicable	
FY 2014		Not Applicable	
FY 2015		Not Applicable	
FY 2016		3.5	Activity cancelled after FY 2016
FY 2017	Not Applicable		
FY 2018	Not Applicable		

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):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A3*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Number of people enrolled in Tibetan Medicare Scheme
Indicator Type:	Outcome
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2016</u>

DESCRIPTION

Purpose:	HFG will count the number of people enrolled in the Tibetan Medicare Scheme to gauge enrollement after its development.
Definition:	
Unit of Measure:	Number
Calculation:	Count of number of people enrolled
Disaggregated by:	Not Applicable
Direction of Change:	Increase in number indicates greater success

DATA COLLECTION PLAN

Method:	HFG will collect enrollment data reported by Tibetan Medicare Scheme This data will be provided to the HFG M&E team and logged within the HFG M&E system.
Data source(s):	Enrollment data
Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Negligible cost for requesting data from Tibetan Medicare Scheme
Critical Assumptions and Risks/Challenges:	Based on assumption that TMS will continue collecting accurate enrollment data as in past.
Location of Data Storage:	HFG M&E System

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment	Y1 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:	Not applicable

INDICATOR A3

HFG Project Performance Indicator Reference Sheet

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.
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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 people enrolled
Presentation of Data:	Indicator table(s)
Reporting Frequency:	Annually
Reporting of Data:	PMP

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=19,650 (March 2016)		
Year	Target	Actual	Notes
FY 2013		Not Available	
FY 2014		Not Available	
FY 2015		Not Available	
FY 2016		Not Available	Activity cancelled after FY 2016
FY 2017	Not Applicable		
FY 2018	Not Applicable		

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):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A4*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Number of facilities assessed for DQA
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No ___ Yes <u>X</u> for reporting Year(s) <u>2013-2016</u>

DESCRIPTION

Purpose:	Following the DQA capacity building workshops, the HFG India HIS team in collaboration with trained national MOHFW M&E staff will jointly conduct the first round of DQAs across the health system levels along with the selected local partner organization(s). With on-going technical assistance as needed and oversight from HFG's Senior HIS Advisor in India, the local partner organization(s) will carry out the additional assessments with government counterparts. HFG will document the report of the DQA results. The DQA results will provide baseline data to measure the impact of HIS strengthening activities over the course of the project.
Definition:	Count of DQA facilities
Unit of Measure:	Number
Calculation:	Not applicable
Disaggregated by:	District
Direction of Change:	Not applicable

DATA COLLECTION PLAN

Method:	HFG will document the number of facilities assessed for DQA
Data source(s):	Project records
Collection Frequency:	Quarterly
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. 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

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable

INDICATOR A4

HFG Project Performance Indicator Reference Sheet

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. 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:	Not applicable
Presentation of Data:	Indicator table(s); descriptive summary of the report created
Reporting Frequency:	Quarterly
Reporting of Data:	Quarterly/Annual Report

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=N/A		
Year	Target	Actual	Notes
FY 2013		Not Applicable	
FY 2014		Not Applicable	
FY 2015		Not Applicable	
FY 2016		124	Activity cancelled after FY 2016
FY 2017	Not Applicable		
FY 2018	Not Applicable		

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):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A5*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Number of districts assessed for DQA
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2016</u>
DESCRIPTION	
Purpose:	HFG conducted a data quality assessment pilot. This indicator tracks how many districts have been assessed by the HFG pilot.
Definition:	Count of districts assessed for DQA
Unit of Measure:	Number
Calculation:	Not applicable
Disaggregated by:	State
Direction of Change:	Not applicable
DATA COLLECTION PLAN	
Method:	HFG will count the number of districts assessed.
Data source(s):	Project records
Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. 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
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable
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. 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.

INDICATOR A5*HFG Project Performance Indicator Reference Sheet***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 districts
Presentation of Data:	Indicator table(s); descriptive summary of data collected
Reporting Frequency:	Quarterly
Reporting of Data:	Quarterly/Annual Report

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=0		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		0	
FY 2016		5	Activity cancelled after FY 2016
FY 2017	Not applicable		
FY 2018	Not applicable		

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):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A6*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Number of stakeholders receiving DQA brief
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2017</u>
DESCRIPTION	
Purpose:	HFG will document the receipt of the DQA brief in dissemination.
Definition:	Number of stakeholders receiving DQA brief
Unit of Measure:	Number
Calculation:	Not applicable
Disaggregated by:	Not applicable
Direction of Change:	Not applicable
DATA COLLECTION PLAN	
Method:	HFG will document how many stakeholders receive the DQA brief.
Data source(s):	Project records, TAG meeting minutes
Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. 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
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable
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. 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.

INDICATOR A6*HFG Project Performance Indicator Reference Sheet***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:	Not applicable
Presentation of Data:	Indicator table(s); descriptive summary
Reporting Frequency:	Annually
Reporting of Data:	Quarterly/Annual Report

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=0		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		Not applicable	
FY 2016		7	
FY 2017		10	Activity cancelled after FY 2017
FY 2018	Not applicable		

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):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A7*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Number of stakeholders receiving SQA brief
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2017</u>

DESCRIPTION

Purpose:	HFG will document the receipt of the SQA brief in dissemination.
Definition:	Number of stakeholders receiving SQA brief
Unit of Measure:	Number
Calculation:	Not applicable
Disaggregated by:	Not applicable
Direction of Change:	Not applicable

DATA COLLECTION PLAN

Method:	HFG will document how many stakeholders receive the SQA brief.
Data source(s):	Project records, TAG meeting minutes
Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. 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

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable
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. Activity Leads will confirm that the data is complete and correct. Follow-up

INDICATOR A7

HFG Project Performance Indicator Reference Sheet

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:	Not applicable
Presentation of Data:	Indicator table(s); descriptive summary
Reporting Frequency:	Annually
Reporting of Data:	Quarterly/Annual Report

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=0		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		Not applicable	
FY 2016		7	
FY 2017		10	Activity cancelled after FY 2017
FY 2018	Not applicable		

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):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A8*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Number of MOHFW or state-led DQA exercises
Indicator Type:	Outcome
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No ___ Yes <u>X</u> for reporting Year(s) <u>2013-2016</u>

DESCRIPTION

Purpose:	HFG will document the number of MOHFW or state-led DQA exercises. For the DQA component, detailed analysis of data from the five pilot districts and report writing has been completed. The insights gleaned from the SQA/DQA pilot study are expected to inform the national, state, and district governments on areas for data quality and service quality improvement.
Definition:	Number of exercises
Unit of Measure:	Number
Calculation:	Not applicable
Disaggregated by:	Not applicable
Direction of Change:	Not applicable

DATA COLLECTION PLAN

Method:	HFG will document whether or not the report has been completed.
Data source(s):	Government documentation
Collection Frequency:	Quarterly
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. 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

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable
Date of Future Data Quality Assessments:	Annually

INDICATOR A8

HFG Project Performance Indicator Reference Sheet

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:	Not applicable		
Presentation of Data:	Indicator table(s); descriptive summary of the report created		
Reporting Frequency:	Annually		
Reporting of Data:	Quarterly/Annual Report		
PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline=0		
Year	Target	Actual	Notes
FY 2013		0	
FY 2014		0	
FY 2015		0	
FY 2016		0	Activity cancelled after FY 2016
FY 2017		Not applicable	
FY 2018	Not applicable		
FOREIGN ASSISTANCE FRAMEWORK			
Functional Objective:	Investing in People		
Program Area:	I Health		
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health		
Program Sub-Element:	I.2.7; I.3.7; I.5.3; I.6.8; I.7.4 Health Governance and Finance I.1.13 Other/Policy Analysis and System Strengthening		
ADDITIONAL NOTES			
Other Notes:			
PIR Last Updated On (Date):	24 October 2017		
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser		

INDICATOR A9*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Number of districts in Haryana accessing GIS application in past month
Indicator Type:	Outcome
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2017</u>

DESCRIPTION

Purpose:	The feature-rich, interoperable HHGIS software application enables its users to access a huge quantum of data with ease and speed and dramatically enhance their analytical capabilities for evidence-based decision making. This indicator will serve to understand the usage of the application by counting the number of districts accessing it.
Definition:	
Unit of Measure:	Number
Calculation:	Not applicable
Disaggregated by:	Not applicable
Direction of Change:	Not applicable

DATA COLLECTION PLAN

Method:	HFG will
Data source(s):	Confirmation from state
Collection Frequency:	Quarterly
Estimated Cost of Data Acquisition:	Data for this indicator will be recorded from confirmation through project records. 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

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.

INDICATOR A9

HFG Project Performance Indicator Reference Sheet

Actions Taken or Planned to Address Data Limitations:	Not applicable
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. 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:	Not applicable
Presentation of Data:	Indicator table(s); descriptive summary of the report created
Reporting Frequency:	Annually
Reporting of Data:	Quarterly/Annual Report

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=N/A		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		0	
FY 2016		21	
FY 2017		21	Activity cancelled after FY 2017
FY 2018	Not applicable		

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):	24 October 2017

INDICATOR A9*HFG Project Performance Indicator Reference Sheet***PIR Last Updated by:** Rashmi Kukreja and Alia Kauser**INDICATOR A10***HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Number of Health Insurance Working Group Meetings Held
Indicator Type:	Process
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2017</u>

DESCRIPTION

Purpose:	The HIWG will meet regularly to provide guidance to HFG's work on health insurance and define research and advocacy priorities for scaling up health mutuals and improving access to relevant and sustainable health insurance in India. Monitoring the number of meetings is to gauge how frequently meetings are held.
Definition:	
Unit of Measure:	Number
Calculation:	Not applicable
Disaggregated by:	Not applicable
Direction of Change:	Not applicable

DATA COLLECTION PLAN

Method:	HFG will document whether or not the report has been completed.
Data source(s):	Project records, Meeting attendance records
Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. No significant additional costs for data collection are anticipated for this indicator.

INDICATOR A10

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	Y1 Q4		
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.		
Actions Taken or Planned to Address Data Limitations:	Not applicable		
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. 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:	Not applicable		
Presentation of Data:	Indicator table(s); descriptive summary of the report created		
Reporting Frequency:	Quarterly		
Reporting of Data:	Quarterly/Annual Report		
PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline=No		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		Not applicable	
FY 2016		I	
FY 2017		I	Activity cancelled after FY 2017
FY 2018	Not applicable		
FOREIGN ASSISTANCE FRAMEWORK			
Functional Objective:	Investing in People		
Program Area:	I Health		

INDICATOR A10*HFG Project Performance Indicator Reference Sheet*

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):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A11*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Number of Health Mutuals provided Technical Assistance
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2017</u>
DESCRIPTION	
Purpose:	HFG will collect information on the number of health mutuals provided technical assistance in line with the work plan activity to select one or more health mutuals to support with technical assistance over a six to nine month period. Technical assistance could include engaging a short-term consultant or technology vendor or sponsoring training activities.
Definition:	Count of health mutuals provided assistance
Unit of Measure:	Number
Calculation:	Not applicable
Disaggregated by:	Not applicable

INDICATOR A I I*HFG Project Performance Indicator Reference Sheet*

Direction of Change:	Not applicable
DATA COLLECTION PLAN	
Method:	HFG will document the number of health mutuals provided technical assistance
Data source(s):	Project records
Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. 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
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	YI Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable
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. 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:	Not applicable
Presentation of Data:	Indicator table(s); descriptive summary of the report created
Reporting Frequency:	Quarterly
Reporting of Data:	Quarterly/Annual Report

INDICATOR A I I*HFG Project Performance Indicator Reference Sheet***PERFORMANCE INDICATOR VALUES**

Notes on Baselines:	Baseline=No		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		Not applicable	
FY 2016		Not applicable	
FY 2017		2	Activity cancelled after FY 2017
FY 2018	Not applicable		

FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health
Program Sub-Element:	I.2.7; I.3.7; I.5.3; I.6.8; I.7.4 Health Governance and Finance I.1.13 Other/Policy Analysis and System Strengthening

ADDITIONAL NOTES

Other Notes:	
PIR Last Updated On (Date):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A12*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Report on Implementation Research and Lessons Learnt on Health Mutuals shared with USAID and HIWG
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2017</u>
DESCRIPTION	
Purpose:	HFG will produce a report on implementation research and lessons learnt on health mutuals shared with USAID and HIWG.
Definition:	
Unit of Measure:	Yes/No
Calculation:	Not applicable
Disaggregated by:	Not applicable
Direction of Change:	Not applicable
DATA COLLECTION PLAN	
Method:	HFG will document whether or not the report has been completed.
Data source(s):	Project records
Collection Frequency:	Annually

INDICATOR A12*HFG Project Performance Indicator Reference Sheet*

Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. 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
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable
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 completed report. Activity Leads will confirm that the report 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:	Not applicable
Presentation of Data:	Indicator table(s); descriptive summary of the report created
Reporting Frequency:	Annually
Reporting of Data:	Quarterly/Annual Report

INDICATOR A12*HFG Project Performance Indicator Reference Sheet***PERFORMANCE INDICATOR VALUES**

Notes on Baselines:	Baseline=No		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		Not applicable	
FY 2016		Not applicable	
FY 2017		Yes	Lessons Learned report
FY 2018	Not applicable		Implementation research dropped

FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health
Program Sub-Element:	I.2.7; I.3.7; I.5.3; I.6.8; I.7.4 Health Governance and Finance I.1.13 Other/Policy Analysis and System Strengthening

ADDITIONAL NOTES

Other Notes:	
PIR Last Updated On (Date):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A13*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Amount of funding leveraged for WHO technical assistance network to RNTCP
Indicator Type:	Outcome
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4

INDICATOR A13*HFG Project Performance Indicator Reference Sheet*

HFG Sub-IR:	All
Is this an Annual Report indicator?	No ___ Yes <u>X</u> for reporting Year(s) <u>2013-2017</u>
DESCRIPTION	
Purpose:	An assessment of WHO technical assistance to the Revised National TB Control Program (RNTCP) has the objective to assess the effectiveness of the technical assistance network, document lessons for sustainability, and inform the future financing modalities through the Global Fund to Fight AIDS, Tuberculosis and Malaria or the GOI. This indicator measures whether the report was successful in mobilizing additional funding for the network, as outlined in the recommendations.
Definition:	Amount of additional funding provided to the WHO technical assistance network after September 1, 2016
Unit of Measure:	US\$
Calculation:	Sum of all additional GOI and donor funding to WHO technical support network
Disaggregated by:	Funder
Direction of Change:	Not applicable
DATA COLLECTION PLAN	
Method:	HFG will calculate the amount of funding.
Data source(s):	Donor records
Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from donor records. No significant additional costs for data collection are anticipated for this indicator.
Critical Assumptions and Risks/Challenges:	Many factors will influence decisions whether to increase funding to the network that are beyond the control of HFG.
Location of Data Storage:	HFG M&E System
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable
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 completed report. Activity Leads will confirm that the report is complete and correct. Follow-up discussions regarding data accuracy and completeness will be completed as needed with relevant parties.

INDICATOR A13*HFG Project Performance Indicator Reference Sheet***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:	Not applicable
Presentation of Data:	Indicator table(s); descriptive summary of the report created
Reporting Frequency:	Quarterly
Reporting of Data:	Quarterly/Annual Report

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=\$0		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		Not applicable	
FY 2016		Not applicable	
FY 2017		TBD	Data collection in process
FY 2018	TBD		Target to be based on previous years

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):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A14*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Amount of money leveraged from GOI for funding vocational health study
Indicator Type:	Outcome
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2017</u>

DESCRIPTION

Purpose:	HFG will support NUHM to design and assure the quality of a study determining the most pressing vocational health concerns among urban migrants and the health problems arising out of unemployment and/or lack of skills.
Definition:	Amount of funding allocated to vocational health study by GOI
Unit of Measure:	Indian Rupees
Calculation:	Not applicable
Disaggregated by:	Not applicable
Direction of Change:	Not applicable

DATA COLLECTION PLAN

Method:	HFG will document the amount of money for funding the study.
Data source(s):	Government Records
Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from government records. 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

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable

INDICATOR A14

HFG Project Performance Indicator Reference Sheet

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. 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:	Not applicable		
Presentation of Data:	Indicator table(s); descriptive summary of the report created		
Reporting Frequency:	Quarterly		
Reporting of Data:	Quarterly/Annual Report		
PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline=\$0 (INR0)		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		Not applicable	
FY 2016		Not applicable	
FY 2017		INR 4,000,000	
FY 2018	Not applicable		Activity dropped
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):	24 October 2017		
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser		

INDICATOR A15*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Report with recommendations for Migrant vocational Health shared with MoHFW
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2017</u>
DESCRIPTION	
Purpose:	A report with recommendations for migrant vocational health will be prepared and will need to be shared with the MoHFW.
Definition:	
Unit of Measure:	Yes/No
Calculation:	Not applicable
Disaggregated by:	Not applicable
Direction of Change:	Not applicable
DATA COLLECTION PLAN	
Method:	HFG will document whether or not the report has been completed.
Data source(s):	Project records, email records
Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. 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
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.

INDICATOR A15

HFG Project Performance Indicator Reference Sheet

Actions Taken or 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 completed report. Activity Leads will confirm that the report 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:	Not applicable		
Presentation of Data:	Indicator table(s); descriptive summary of the report created		
Reporting Frequency:	Annually		
Reporting of Data:	Quarterly/Annual Report		
PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline=		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable/	
FY 2015		Not applicable	
FY 2016		Not applicable	
FY 2017		Not applicable	Activity dropped
FY 2018		Not applicable	
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):	24 October 2017		

INDICATOR A15*HFG Project Performance Indicator Reference Sheet*

PIR Last Updated by:	Rashmi Kukreja and Alia Kauser
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INDICATOR A16*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Incorporation of the recommendations of vocational study in Government Vocational Health Plan
Indicator Type:	Outcome
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2017</u>

DESCRIPTION

Purpose:	HFG will support NUHM to design and assure the quality of a study determining the most pressing vocational health concerns among urban migrants and the health problems arising out of unemployment and/or lack of skills. It will also provide additional information on the risk factors and causal pathways for health problems and care seeking. HFG will track whether the recommendations of this study have been incorporated in the Vocational Health Plan.
Definition:	
Unit of Measure:	Yes/No
Calculation:	Not applicable
Disaggregated by:	Not applicable
Direction of Change:	Not applicable

DATA COLLECTION PLAN

Method:	HFG will document whether or not the report has been completed.
Data source(s):	Government Vocational Health Plan
Collection Frequency:	Annually

INDICATOR A16

HFG Project Performance Indicator Reference Sheet

Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. 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		
DATA QUALITY ISSUES			
Date of Initial Data Quality Assessment	Y1 Q4		
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.		
Actions Taken or Planned to Address Data Limitations:	Not applicable		
Date of Future Data Quality Assessments:	Annually		
Procedures for Future Data Quality Assessments			
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:	Not applicable		
Presentation of Data:	Indicator table(s); descriptive summary of the report created		
Reporting Frequency:	Annually		
Reporting of Data:	Quarterly/Annual Report		
PERFORMANCE INDICATOR VALUES			
Notes on Baselines:			
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		Not applicable	
FY 2016		Not applicable	
FY 2017	Yes	In progress	Government will formalize Vocational Health Plan after the submission of vocational study in 2017
FY 2018	Yes		
FOREIGN ASSISTANCE FRAMEWORK			
Functional Objective:	Investing in People		

INDICATOR A16*HFG Project Performance Indicator Reference Sheet*

Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health
Program Sub-Element:	I.2.7; I.3.7; I.5.3; I.6.8; I.7.4 Health Governance and Finance I.1.13 Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	
PIR Last Updated On (Date):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A17*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Data Analysis Report on relationship between Key family planning indicators to USAID
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2018</u>
DESCRIPTION	
Purpose:	A data Analysis Report on the relationship between Key family planning indicators will be prepared and shared with USAID.
Definition:	
Unit of Measure:	Yes/No
Calculation:	Not applicable
Disaggregated by:	Not applicable
Direction of Change:	Not applicable
DATA COLLECTION PLAN	
Method:	HFG will document whether or not the report has been completed.
Data source(s):	Project records, email records

INDICATOR A17

HFG Project Performance Indicator Reference Sheet

Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. 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
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable
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 completed report. Activity Leads will confirm that the report 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:	Not applicable
Presentation of Data:	Indicator table(s); descriptive summary of the report created
Reporting Frequency:	Annually
Reporting of Data:	Quarterly/Annual Report

INDICATOR A17*HFG Project Performance Indicator Reference Sheet***PERFORMANCE INDICATOR VALUES**

Notes on Baselines:	Baseline=No		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		Not applicable	
FY 2016		Not applicable	
FY 2017	Yes	No	In progress
FY 2018	Yes	Yes	

FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health
Program Sub-Element:	I.2.7; I.3.7; I.5.3; I.6.8; I.7.4 Health Governance and Finance I.1.13 Other/Policy Analysis and System Strengthening

ADDITIONAL NOTES

Other Notes:	
PIR Last Updated On (Date):	August 2018
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A18*HFG Project Performance Indicator Reference Sheet*

INDICATOR:	Financial Road map for Family Planning Initiatives to MoHFW USAID
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4

INDICATOR A18

HFG Project Performance Indicator Reference Sheet

HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2018</u>
DESCRIPTION	
Purpose:	HFG will conduct a study to examine the existing expenditures on FP and how the new initiatives will be funded.
Definition:	
Unit of Measure:	Yes/No
Calculation:	Not applicable
Disaggregated by:	Not applicable
Direction of Change:	Not applicable
DATA COLLECTION PLAN	
Method:	HFG will document whether or not the report has been completed.
Data source(s):	Project records, email records
Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Data for this indicator will largely be recorded from project records. 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
DATA QUALITY ISSUES	
Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable
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 completed report. Activity Leads will confirm that the report 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:	Not applicable
Presentation of Data:	Indicator table(s); descriptive summary of the report created

INDICATOR A18*HFG Project Performance Indicator Reference Sheet*

Reporting Frequency:	Annually		
Reporting of Data:	Quarterly/Annual Report		
PERFORMANCE INDICATOR VALUES			
Notes on Baselines:	Baseline=No		
Year	Target	Actual	Notes
FY 2013		Not applicable	
FY 2014		Not applicable	
FY 2015		Not applicable	
FY 2016		Not applicable	
FY 2017	Yes	Yes	Report submitted to mission
FY 2018	Not applicable		
FOREIGN ASSISTANCE FRAMEWORK			
Functional Objective:	Investing in People		
Program Area:	I Health		
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health		
Program Sub-Element:	I.2.7; I.3.7; I.5.3; I.6.8; I.7.4 Health Governance and Finance I.1.13 Other/Policy Analysis and System Strengthening		
ADDITIONAL NOTES			
Other Notes:			
PIR Last Updated On (Date):	August 2018		
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser		

INDICATOR A19

HFG Project Performance Indicator Reference Sheet

INDICATOR:	Number of organizations contributing to HFG-supported work (Cumulative)
Indicator Type:	Input
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No ___ Yes <u>X</u> for reporting Year(s) <u>2013-2018</u>
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: <ul style="list-style-type: none"> • Organizations: 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 and non-governmental organizations. • Contributing: Helping to bring about an end or result (e.g. providing input, providing feedback, performing a service, reviewing, etc.)
Unit of Measure:	Number
Calculation:	Count 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:	Annually
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 A19*HFG Project Performance Indicator Reference Sheet***DATA QUALITY ISSUES**

Date of Initial Data Quality Assessment	Y1 Q4
Known Data Limitations and Significance (if any):	No data limitations anticipated for this indicator.
Actions Taken or Planned to Address Data Limitations:	Not applicable
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. 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 organizations disaggregated by organization type, type of contribution, technical area
Presentation of Data:	Table and descriptive summary of how each organization's contribution to HFG-supported work
Reporting Frequency:	Annually
Reporting of Data:	Quarterly/Annual Report

INDICATOR A19

HFG Project Performance Indicator Reference Sheet

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=0		
Year	Target	Actual	Notes
FY 2013	Not applicable		
FY 2014	10	9	Organizations expected to contribute to HFG work in India include the Central Statistics Office, National Council of Applied Economic Research, National Sample Survey Organization, MOHFW, CapacityPlus, Health Policy Initiative, MCHIP, ASSIST, Statistics Division of the MOHFW, NHSRC. NHM Haryana, National Health Mission Punjab, HSHRC, NHM Jharkhand, MOHFW, NHSRC, PHFI, PGIMER Chandigarh, Central Tibetan Administration
FY 2015	9	9	MOHFW, NHSRC, PGI-Chandigarh, PHFI, Haryana NHM, HSHRC, Central Statistics Office, National Council of Applied Economic Research, National Sample Survey Organization
FY 2016	10	12	New organizations for FY2016 include: WHO, Global Fund, National Urban Health Mission
FY 2017	14	17	Three new organisations for 2017 include; Uplift health mutual, ICMIF, Aditya Birla health insurance company, NITI Aayog
FY 2018	20	24	7 Additional – CTD, Union, WHO TB programme, Population Council, DASRA, SWASTI, Jhpeigo.

FOREIGN ASSISTANCE FRAMEWORK

INDICATOR A19*HFG Project Performance Indicator Reference Sheet*

Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.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 I.1.13 Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	
PIR Last Updated On (Date):	August 2018
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A20

HFG Project Performance Indicator Reference Sheet

INDICATOR:	Number of participants at HFG-supported events
Indicator Type:	Output
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2018</u>
DESCRIPTION	
Purpose:	HFG will support a number of events throughout the life of the project for capacity building, knowledge transfer, knowledge dissemination, etc. HFG will capture descriptive information from participants at these events to document the reach of HFG's capacity building and other event activities on an individual level.
Definition:	Count of the number of participants at HFG-supported events. Key terms are defined as: <ul style="list-style-type: none"> • 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 • Events: Any activities where a number of persons gather for a specific purpose. This includes trainings, workshops, conferences, dissemination events, etc.
Unit of Measure:	Number
Calculation:	Count of number of participants at events
Disaggregated by:	Gender, Event Type, Technical Area
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 Attendance Register
Collection Frequency:	Annually
Estimated Cost of Data Acquisition:	Negligible cost for providing HFG Event Attendance 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	Y1 Q4

INDICATOR A20*HFG Project Performance Indicator Reference Sheet*

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:	Not applicable
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 event type, participant gender, and technical area
Presentation of Data:	Indicator table(s); descriptive summary of each HFG-supported event
Reporting Frequency:	Annually
Reporting of Data:	Quarterly Report

INDICATOR A20

HFG Project Performance Indicator Reference Sheet

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=0		
Year	Target	Actual	Notes
FY 2013	Not applicable	0	
FY 2014	0	0	
FY 2015	150	187	SHA 2011 training (20), PBI National Workshop (51), PBI Block-level Workshop Mewat (27), PBI Block-level Workshop- Sonipat (25), DQA training Punjab (22), DQA training Haryana (42)
FY 2016	TBD	227	Cumulative figure
FY 2017	100	130	Added for 2017 HIWG, PEA stakeholders meeting, DQA dissemination, SHA dissemination, CSO meetings
FY 2018	100	200	TB Diagnostic assessment meetings, FP Dissemination meeting, EoP Transition meeting

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):	August 2018
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A2I

HFG Project Performance Indicator Reference Sheet

INDICATOR:	Number of HFG-supported technical resources, Cumulative
Indicator Type:	Output,
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2018</u>

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. 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: <ul style="list-style-type: none"> • 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, strategic plans, operational plans, implementation plans, reports, training courses, learning modules, software, etc.
Unit of Measure:	Number
Calculation:	Count 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:	Annually
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.
Critical Assumptions and Risks/Challenges:	
Location of Data Storage:	HFG M&E System

INDICATOR A2I*HFG Project Performance Indicator Reference Sheet***DATA QUALITY ISSUES**

Date of Initial Data Quality Assessment	YI 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:	Annually
Reporting of Data:	PMP

INDICATOR A2I*HFG Project Performance Indicator Reference Sheet***PERFORMANCE INDICATOR VALUES**

Notes on Baselines:	Baseline=0		
Year	Target	Actual	Notes
FY 2013	1	1	1. Assessment of NHA production and use
FY 2014	5	6	<ol style="list-style-type: none">2. Improving Data for Decision-making: Leveraging Data Quality Audits in Haryana3. India Health Accounts Brief4. Synthesis report of health information systems in india5. Strengthening india's public health workforce: a landscape analysis of initiatives and challenges6. NHA Policy Primer7. Summary rhis evaluation report for the punjab national health mission using the prism framework

INDICATOR A2I

HFG Project Performance Indicator Reference Sheet

FY 2015	10	12	<ol style="list-style-type: none"> 8. Tibetan medicare system: a qualitative assessment of perceptions, experiences, and expectations 9. Performance based incentives to strengthen primary health care in haryana state, india: findings from a formative investigation 10. Performance-based incentives: consultations for haryana state demonstration 11. Universal health coverage in haryana setting priorities for health and health systems 12. Working with System of Health Accounts, 2011- Orientation, Discussion and Next Steps 13. India Specific Health Accounts Training Materials 14. Status of mother and child tracking system (mcts) in haridwar, uttarakhand
FY 2016	17	18	DQA report, SQA report, Training material for DQA/SQA, GIS User manual, SHA report, WHO TB Study
FY 2017	24 (6 new resources)	25	Seven additional Resources: 1 PEA Report, 1 Niti Aayog brief, 2 Health Care financing reports, 1 CSO training Curriculum and 1 family planning financing roadmap for new contraceptives, MHM review.

INDICATOR A2I*HFG Project Performance Indicator Reference Sheet*

FY 2018	30 (cumulative)	35	<p>10 additional - TB assessment report, Adolescent MHM program review, Adolescent Resource center toolkit, 2 Insurance reports.</p> <p>5 Family Planning reports – Fertility analysis, Proximate determinants of fertility, Adolescent FP care seeking report, FP uptake among young and low parity groups, Communication Channels for FP.</p>
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FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health
Program Sub-Element:	I.2.7; I.3.7; I.5.3; I.6.8; I.7.4 Health Governance and Finance I.1.13 Other/Policy Analysis and System Strengthening

ADDITIONAL NOTES

Other Notes:	
PIR Last Updated On (Date):	August 2018
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR A22

HFG Project Performance Indicator Reference Sheet

INDICATOR:	Number of organizations where HFG-supported technical resources are used (Cumulative)
Indicator Type:	Outcome
Attribution/Contribution:	Attribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2017</u>

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 given that the development of these technical resources is indicative of the technical resources' use. This indicator seeks to measure that 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: <ul style="list-style-type: none"> • Organizations: 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 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, strategies, plans, reports, manuscripts, published articles, training courses, learning modules, software, etc. • Used: Product is directly assisting individuals, groups, organizations, governments, or other recipients.
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.
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INDICATOR A22*HFG Project Performance Indicator Reference Sheet*

Data source(s):	Project records; organization documentation; Technical Resource Use Questionnaire
Collection Frequency:	Quarterly (beyond Year 1 since questionnaires will be administered 6 – 12 months after the technical resource has been delivered to the organization).
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	Y1 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 (beyond Year 1 since questionnaires will be administered 6 – 12 months after the technical resource has been delivered to the organization).
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 organizations, disaggregated by type of organization, type of technical resource, technical area
Presentation of Data:	Table and descriptive summary of how each technical resource was used by the organization
Reporting Frequency:	Annually
Reporting of Data:	PMP

INDICATOR A22

HFG Project Performance Indicator Reference Sheet

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline=0		
Year	Target	Actual	Notes
FY 2013	11	11	MOHFW, NHSRC, PGI-Chandigarh, PHFI, Haryana NHM, HSHRC, Central Statistics Office, National Council of Applied Economic Research, National Sample Survey Organization, Statistics division of MOHFW, Uttarakhand NHM, Punjab NHM
FY 2014	11	11	MOHFW, NHSRC, PGI-Chandigarh, PHFI, Haryana NHM, HSHRC, Central Statistics Office, National Council of Applied Economic Research, National Sample Survey Organization, Statistics division of MOHFW, Uttarakhand NHM, Punjab NHM
FY 2015	11	11	MOHFW, NHSRC, PGI-Chandigarh, PHFI, Haryana NHM, HSHRC, Central Statistics Office, National Council of Applied Economic Research, National Sample Survey Organization, Statistics division of MOHFW, Uttarakhand NHM, Punjab NHM
FY 2016	11	12	MOHFW, NHSRC, PGI-Chandigarh, PHFI, Haryana NHM, HSHRC, Central Statistics Office, National Council of Applied Economic Research, National Sample Survey Organization, WHO TB network, RNTCP team, Global funds team
FY 2017	16 New organisations; ICMIF, Mutual, IPE (PAHAL) NUHM, NACO, NITI Aayog, Center for Catalysing Change,	42	Thirty one additional organisation: 27 NGOs , Niti Aayog, Uplift, IPE global and Aditya Birla Health Insurance

INDICATOR A22*HFG Project Performance Indicator Reference Sheet*

FY 2018	47	50	8 Additional organisations – CTD, Union, WHO TB division, Adolescent division MoHFW, DASRA, Population Council, Jhpeigo, SWASTI
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FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health
Program Sub-Element:	I.2.7; I.3.7; I.5.3; I.6.8; I.7.4 Health Governance and Finance I.1.13 Other/Policy Analysis and System Strengthening

ADDITIONAL NOTES

Other Notes:	
PIR Last Updated On (Date):	August 2018
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR C I

HFG Project Performance Indicator Reference Sheet

INDICATOR:	Births attended by skilled health staff, % of total births
Indicator Type:	Outcome
Attribution/Contribution:	Contribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2018</u>

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: <ul style="list-style-type: none"> • 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:	Not applicable
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):	DHS, UNICEF's State of the World's Children and ChildInfo
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	Y1 Q4
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INDICATOR C1

HFG Project Performance Indicator Reference Sheet

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=52.3% (World Bank 2008)		
Year	Target	Actual	Notes
FY 2013	Not applicable	Not Available	
FY 2014	Not applicable	Not available	
FY 2015	Not applicable	Not available	
FY 2016	Not applicable	81.4%	World Bank. 2018. World Development Indicators.
FY 2017	Not applicable	Not available	
FY 2018	Not applicable	Not available	

FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health

INDICATOR C I*HFG Project Performance Indicator Reference Sheet*

Program Sub-Element:	I.2.7; I.3.7; I.5.3; I.6.8; I.7.4 Health Governance and Finance I.1.13 Other/Policy Analysis and System Strengthening
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ADDITIONAL NOTES

Other Notes:	
PIR Last Updated On (Date):	August 2018
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR C2

HFG Project Performance Indicator Reference Sheet

INDICATOR:	Percent of children under 5 years with Acute Respiratory Infection (ARI) taken to a health facility
Indicator Type:	Outcome
Attribution/Contribution:	Contribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2018</u>

DESCRIPTION

Purpose:	Service-level indicator used as a benchmark for the HFG Project. This indicator is used for coverage of intervention and care seeking related to child survival. 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 children under 5 years with ARI taken to a health facility. Key terms are defined as: <ul style="list-style-type: none"> • ARI: Presumed pneumonia • Health Facility: Any provider trained in standard case management of children with suspected acute lower respiratory infection. Providers include health staff in hospitals, health centers, dispensaries, community health workers, mobile/outreach clinics and private physicians
Unit of Measure:	Percent
Calculation:	Proportion of children aged 0-59 months who had presumed pneumonia (ARI) in the last 2 weeks and were taken to an appropriate health-care provider
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. 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):	DHS, UNICEF's State of the World's Children and ChildInfo
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 C2

HFG Project Performance Indicator Reference Sheet

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment	Y1 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:	Percent of children under 5 years with Acute Respiratory Infection (ARI) taken to a health facility
Presentation of Data:	Indicator table(s)
Reporting Frequency:	Annual
Reporting of Data:	Annual Report

PERFORMANCE INDICATOR VALUES

Notes on Baselines:	Baseline= 67.3% in 2005/2006 (WHO. 2015. Global Health Observatory data repository. http://apps.who.int/gho/data/view.main.1600 . *Note this is for ARI “symptoms”)		
Year	Target	Actual	Notes
FY 2013	Not applicable	Not available	
FY 2014	Not applicable	73%	Unicef. 2018. State of the Worlds Children.
FY 2015	Not applicable	Not available	
FY 2016	Not applicable	Not available	
FY 2017	Not applicable	Not available	
	Not applicable	Not available	

FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health

INDICATOR C2

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
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ADDITIONAL NOTES

Other Notes:	
PIR Last Updated On (Date):	August 2018
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR C3

HFG Project Performance Indicator Reference Sheet

INDICATOR:	Contraceptive prevalence rate
Indicator Type:	Outcome
Attribution/Contribution:	Contribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2018</u>

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: <ul style="list-style-type: none"> • 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:	Not applicable
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):	DHS, Household surveys
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 C3*HFG Project Performance Indicator Reference Sheet***Location of Data Storage:** HFG M&E System**DATA QUALITY ISSUES**

Date of Initial Data Quality Assessment	Y1 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 = 54.8% (World Bank 2008 *This is for all methods and not just modern contraceptive methods.)		
Year	Target	Actual	Notes
FY 2013	Not applicable	Not available	
FY 2014	Not applicable	Not available	
FY 2015	Not applicable	Not available	
FY 2016	Not applicable	53.5%	World Bank. 2018. World Development Indicators.
FY 2017	Not applicable	Not available	
FY 2018	Not applicable	Not available	

FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health

INDICATOR C3

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
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ADDITIONAL NOTES

Other Notes:	
PIR Last Updated On (Date):	August 2018
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR C4

HFG Project Performance Indicator Reference Sheet

INDICATOR:	Treatment success rate for new pulmonary smear-positive tuberculosis cases
Indicator Type:	Outcome
Attribution/Contribution:	Contribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2018</u>

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:	<p>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:</p> <ul style="list-style-type: none"> • 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:	$(\text{Number of registered TB cases that successfully completed treatment} / \text{Number of registered TB cases}) \times 100$
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
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INDICATOR C4

HFG Project Performance Indicator Reference Sheet

	the preceding year, and the outcomes of treatment for the cohort of patients who started treatment a year earlier.
Data source(s):	National data sources: patient record system, surveillance systems; 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	Y1 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

INDICATOR C4*HFG Project Performance Indicator Reference Sheet***PERFORMANCE INDICATOR VALUES**

Notes on Baselines:	Baseline = 88% ((World Bank 2012)		
Year	Target	Actual	Notes
FY 2013		88%	World Bank. 2018. World Development Indicators.
FY 2014		74%	World Bank. 2018. World Development Indicators.
FY 2015	Not applicable	72%	World Bank. 2018. World Development Indicators.
FY 2016	Not applicable	Not available	
FY 2017	Not applicable	Not available	
FY 2018	Not applicable	Not available	

FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.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 I.1.13 Other/Policy Analysis and System Strengthening

ADDITIONAL NOTES

Other Notes:	
PIR Last Updated On (Date):	August 2018
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR C5

HFG Project Performance Indicator Reference Sheet

INDICATOR:	Number of people on antiretroviral therapy
Indicator Type:	Outcome
Attribution/Contribution:	Contribution
USAID/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2018</u>

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: <ul style="list-style-type: none"> • 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):	HMIS, 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 C5*HFG Project Performance Indicator Reference Sheet*

Location of Data Storage:	HFG M&E System		
DATA QUALITY ISSUES			
Date of Initial Data Quality Assessment	Y1 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 = 628,205 (UNAIDS 2012) (UNAIDS. Number of People Receiving ART. http://aidsinfo.unaids.org/)		
Year	Target	Actual	Notes
FY 2013		775,000	
FY 2014		852,000	
FY 2015		928,000	
FY 2016		1,036,000	
FY 2017		1,200,965	http://aidsinfo.unaids.org/
FY 2018	Not applicable		
FOREIGN ASSISTANCE FRAMEWORK			
Functional Objective:	Investing in People		
Program Area:	I Health		
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health		

INDICATOR C5

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):	August 2018
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR C6

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/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2018</u>

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:	<p>Percentage of total health expenditure that is general government expenditure. Key terms are defined as:</p> <ul style="list-style-type: none"> • 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 extra budgetary funds. Monetary and non-monetary transactions are accounted for at purchasers' value. (WHO)
Data source(s):	WHO Global Health Expenditure Database

INDICATOR C6

HFG Project Performance Indicator Reference Sheet

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	Y1 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= 27% (WHO 2011) WHO Global Health Expenditure Database		
Year	Target	Actual	Notes
FY 2013	Not applicable	28.4%	
FY 2014	Not applicable	30.0%	
FY 2015	Not applicable	Not available	
FY 2016	Not applicable	Not available	
FY 2017	Not applicable	Not available	
FY 2018	Not applicable	Not available	
FOREIGN ASSISTANCE FRAMEWORK			
Functional Objective:	Investing in People		

INDICATOR C6*HFG Project Performance Indicator Reference Sheet*

Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.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 I.1.13 Other/Policy Analysis and System Strengthening
ADDITIONAL NOTES	
Other Notes:	
PIR Last Updated On (Date):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser

INDICATOR C7

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/India HPP Objective:	Strengthening health systems to address health needs of vulnerable populations
HFG IR:	IR1, IR2, IR3, IR4
HFG Sub-IR:	All
Is this an Annual Report indicator?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> for reporting Year(s) <u>2013-2018</u>

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:	<p>Percentage of total health expenditure that is out-of-pocket expenditure. Key terms are defined as:</p> <ul style="list-style-type: none"> • 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
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INDICATOR C7

HFG Project Performance Indicator Reference Sheet

	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	Y1 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

INDICATOR C7*HFG Project Performance Indicator Reference Sheet***PERFORMANCE INDICATOR VALUES**

Notes on Baselines:	Baseline= 65% (WHO 2012) (WHO Global Health Expenditure Database)		
Year	Target	Actual	Notes
FY 2013	Not applicable	63.8%	
FY 2014	Not applicable	62.4%	
FY 2015	Not applicable	Not available	
FY 2016	Not applicable	Not available	
FY 2017	Not applicable	Not available	
FY 2018	Not applicable	Not available	

FOREIGN ASSISTANCE FRAMEWORK

Functional Objective:	Investing in People
Program Area:	I Health
Program Element:	I.1 HIV/AIDS, I.2 TB, I.3 Malaria, I.5 Other Public Health Threats, I.6 Maternal and Child Health, I.7 Family Planning and Reproductive Health
Program Sub-Element:	I.2.7; I.3.7; I.5.3; I.6.8; I.7.4 Health Governance and Finance I.1.13 Other/Policy Analysis and System Strengthening

ADDITIONAL NOTES

Other Notes:	
PIR Last Updated On (Date):	24 October 2017
PIR Last Updated by:	Rashmi Kukreja and Alia Kauser