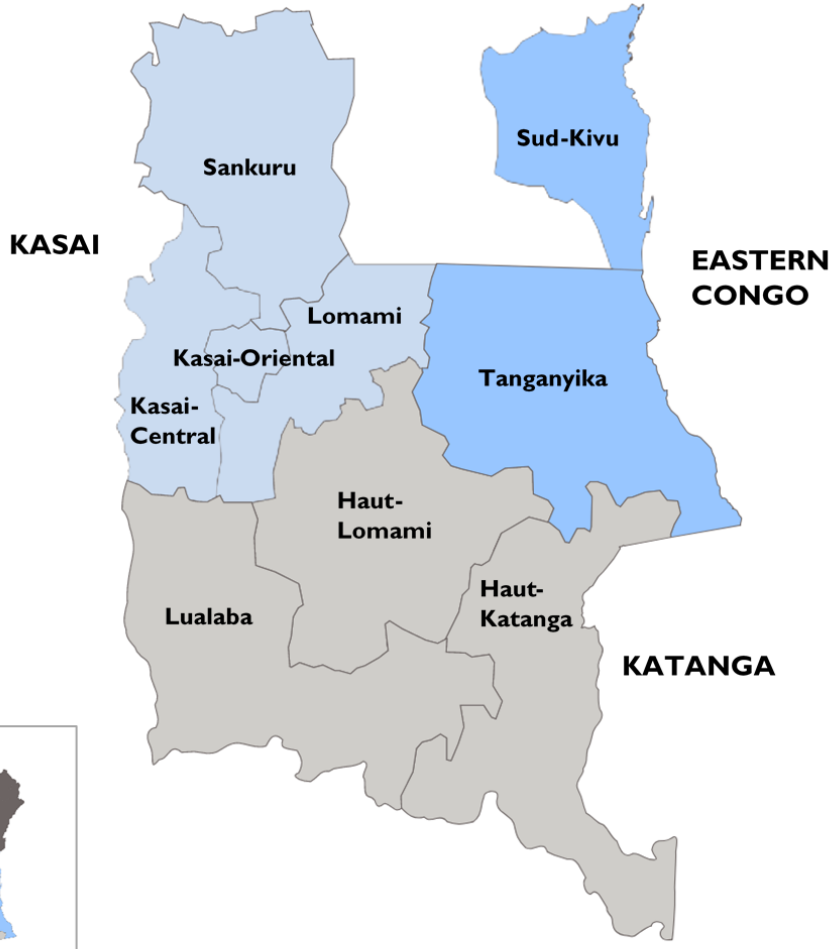

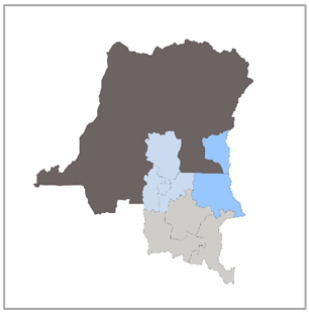

USAID'S INTEGRATED HEALTH PROGRAM

Performance Indicator Reference Sheets

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ACRONYMS AND ABBREVIATIONS

ACT	Artemisinin-based Combination Therapy
AL	Artemether/Lumefantrine
AMTSL	Active Management of the Third Stage of Labor (Gestion Active de la Troisieme Phase d'Accouchement–GATPA)
ANC	Antenatal Care
AS/AQ	Artesunate/Amodiaquine
ASSP	Accès Aux Soins de Santé Primaires
BCC	Behavior Change Communications
BEmONC	Basic Emergency Obstetric and Newborn Care
BMGF	Bill and Melinda Gates Foundation
CAC	Cellule d'Animation Communautaire (intermediary level between RECO (community health workers) and CODESA (health committee)
CAD	Club d'Amis Damien
CBD	Community-Based Distributors
CBO	Community-Based Organization
CCT	Comité de Coordination Technique (Technical Coordination Committee)
CDCS	Country Development Cooperation Strategy
CDR	Centre de Distribution Régional
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHW	Community Health Worker
CMAM	Community Management of Acute Malnutrition
CNAEHA	Comités Nationale d'Action d'Eau, Hygiène et de l'Assainissement
CNP-SS	Comités Nationale de Pilotage–Secteur de la Santé (National Healthcare Sector Steering Committee)
CODESA	Comités de Développement de l'Aire de Santé
COGE	Comités de Gestion
COP	Chief of Party
COR	Contracting Officer's Representative
CORDAID	Catholic Organization for Relieve and Development Aid
CPN/CPON	Visites de Consultation Prénatale (English : Postpartum visits)
CPP-SS	Comité Provincial de Pilotage-Secteur Santé (Provincial Healthcare Sector Steering Committee)
CPS	Chimioprévention du Paludisme Saisonnier
CS	Centre de Santé
CSDT	Centre de Santé Diagnostique et Traitement
CSO	Civil Society Organization
CTMP	Permanent National Multi-Sectoral Committee
CYP	Couple Years of Protection
DCOP	Deputy Chief of Party
DEP	Directorate d 'Etudes et Planification
DESP/DIEM	Direction d'Etablissement de Soins et Partenariat/Division d'Infrastructure, Equipment et Matériel
DFID	Department for International Development (UK)
DGLM	Direction Générale de Lutte Contre la Maladie (General Directorate of Disease Contrôle)
DGOGSS	Direction Générale d'Organisation et de Gestion des Services et Soins de Santé

DHIS2	District Health Information System 2
DHS	Demographic and Health Survey
DLM	Direction de Lutte Contre La Maladie
DO	Development Objective
DPC	Division de Participation Communitare
DPS	Division Provincial de la Santé
DQA	Data Quality Assurance
DQI	Démarche Qualité Intégré (English: Approach towards Quality Improvement)
DRC	Democratic Republic of the Congo
DTP	Diphtheria, Tetanus, Pertussis
ECDP	Equipe Cadre de Division Provinciale de la Santé
ECZS	Equipes Cadre de la Zone de Santé
EEI	Equipes d'Encadrement Intégrée (English: Integrated Support Team)
EmONC	Emergency Obstetric and Newborn Care
EPCMD	Ending Preventable Child and Maternal Deaths
EPI	Expanded Program on Immunization
EPMM	Ending Preventable Maternal Mortality
EPP	Encadreurs Provinciaux Polyvalents
EU	European Union
FEDECAME	Fédération des Centrales d'Achat des Médicaments Essentiels (Fédération of Essential Drug Procurement Agencies)
FFP	Food for Peace
FOSA	Formations Sanitaires
FP	Family Planning
FPA	Full Package of Activities (French: PCA)
GATPA	Gestion Active de la Troisieme Phase d'Accouchement
GDRC	Government of Democratic Republic of the Congo
GFF	Global Financing Facility (World Bank)
GHSC-TA	Global Health Supply Chain-Technical Assistance (project)
GMP	Growth Monitoring and Promotion
GTT	Groupes de Travail Technique (technical working groups)
GUC	Grants under Contract
HCD	Human-Centered Design
HCW	Health Care Worker
HepB	Hepatitis B
HFC	Healthy Family Campaign
HFG	Health Finance and Governance Project
Hib	Haemophilus Influenza Type B
HMIS	Health Management Information System
HRH	Human Resources for Health
HSDP	Health System Development Plan
HSSS	Health Systems Strengthening Strategy
iCCM	Integrated Community Case Management
IEC	Information Education and Communication
IFC	International Finance Corporation
IGA	Integrated Governance Activity
IGME	Inter-Agency Group for Child Mortality Estimation

IGS	Inspection Générale de la Santé (General Health Inspection)
IHP	Integrated Health Program
iHRIS	iHuman Resources Information System
IMCI	Integrated Management of Childhood Illness
IPS	Inspection Provinciale de la Santé
IPT	Intermittent Preventive Treatment
IR	Intermediate Result
IRC	International Rescue Committee
IT	Infirmier Titulaire (English: registered nurse)
IUD	Intrauterine Device
IVR	Interactive Voice Response
IYCF	Infant and Young Child Feeding
JHU	Johns Hopkins University
KAP	Knowledge, Attitudes and Perspectives
LB	Live Births
LLIN	Long-Lasting Insecticidal Net
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MAPEPI	Maladie à Potentiel Epidémique
MDR-TB	Multi-Drug-Resistant Tuberculosis
MEG	Medicaments Essential Générique
MICS	Multiple Indicator Cluster Survey
MIYCF	Maternal, Infant and Young Child Feeding
MIS	Malaria Indicator Survey
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn, and Child Health
MNP	Micronutrient Powder
MOH	Ministry of Health
MOP	Malaria Operation Plan
MPA	Minimum Package of Activities (French: PMA)
MSH	Management Sciences for Health
MTMSG	Mother-to-Mother Support Group
NHSP	National Health Strategy and Program (French: PNDS)
NPCT	National Program to Combat Tuberculosis
OAC	Organization à Assise Communautaire
OCHA	Office for the Coordination of Human Affairs
ORS	Oral Rehydration Salts
PAO	Plan d'Action Opérationnel
PCA	Paquet Complet d'Activités (English: Full Package - FPA)
PCIME	Prise en Charge Intégrée des Maladies de l'Enfant
PEP (kit)	Post-Exposure Prophylaxis
PMA	Paquet Minimum d'Activités (English: Minimum Package - MPA)
PMI	President's Malaria Initiative
PICAL	Participatory Institutional Capacity Assessment Learning tool
PMTCT	Prevention of Mother-to-Child Transmission
PNCPS	Program National de Communication pour la Promotion de la Santé (National Communication Program for Health Promotion)

PNDS	Programme National de Développement Sanitaire (English: NHSP)
PNSR	Programme Nationale de la Santé de la Reproduction
PNLP	Programme Nationale de Lutte Contre le Paludisme
PNLT	Programme Nationale de la Lutte Contre La Tuberculose
PPP	Public-Private Partnership
PTB	Pulmonary Tuberculosis
PTT	Plan du Travail Trimestriel
QI	Quality Improvement
QOC	Quality of Care
RBF	Results-Based Financing
RDT	Rapid Diagnostic Test
RECO	Relais Communautaire
RH	Reproductive Health
RH/FP	Reproductive Health and Family Planning
SA	Stratégie Avancée
SBA	Skilled Birth Attendant
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communications
SDM	Standard Days Method
SDP	Service Delivery Point
SGBV	Sexual and Gender-Based Violence
SMS	Short-Messaging Service
SNAME	Système National d'Approvisionnement en Médicaments Essentiels (National System for the Supply of Essential Drugs)
SNHR	Service National d'Hydraulique Rurale
SP	Sulfadoxine/Pyrimethamine
SSP	Soins de Santé Primaire
SSRAJ	Sante Sexuelle et Reproductive des Adolescents et Jeunes
SVC	Strengthening Value Chains (project)
TB	Tuberculosis
TO	Transition Objective
TRG	Technical Resources Group
TWG	Technical Working Group
USAID	United States Agency for International Development
USAID IHP	USAID's Integrated Health Program
VPI	Vaccin Antipoliomyélitique Injectable
VPO	Vaccin Antipoliomyélitique Oral
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
ZS	Zones de Santé (English: Health Zone

USAID PERFORMANCE INDICATOR REFERENCE SHEETS (PIRS)

GOAL: SUSTAINABLY IMPROVED ABILITY OF THE DRC HEALTH SYSTEM TO DELIVER QUALITY SERVICES BY BUILDING THE LEADERSHIP, MANAGEMENT, AND TECHNICAL CAPACITY OF CONGOLESE INSTITUTIONS AND COMMUNITIES

USAID Performance Indicator Reference Sheet #2
Name of Indicator: FP: Percentage of married women using any modern method of contraception
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No ___ **Yes** _X_ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework: Country Development Cooperation Strategy (CDCS) Framework 2015-2018
DESCRIPTION
Precise definition(s): This indicator reports the percentage of women aged 15-49, women currently in union (married or living with someone) using a modern contraceptive method. Modern methods include: female sterilization, implants, injectable, intrauterine devices (IUDs), pills, male condom, female condom, standard days method (SDM)/cycle necklace or beads, foam/jelly. **Precise calculation:** Percentage **Numerator:** Number of women aged 15-49 in union who reported using a modern contraceptive method **Denominator:** Number of women aged 15-49 in the sample surveyed
Unit of measure: Percentage
Indicator type: Outcome
Disaggregated by: Province, age (15-19 years, 20-24 years, 25-29 years, 30-34 years, 35-39 years, 40-44 years, 45-49 years)
Rationale for the indicator (optional): USAID IHP hypothesizes that these high-level health indicators will show the contribution of family planning which will contribute to the reduction of maternal and child mortality.
PLAN FOR DATA COLLECTION
Data Source: Demographic and Health Survey (DHS), or Multiple Indicator Cluster Survey (MICS) USAID, or USAID IHP Household Survey
Data collection and construction method: We will pull the data from the next DHS and/or MICS
Reporting frequency: Program years 1, 4, and 7
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: TBD
Rationale for target(s): The objective is to approximately double the baseline proportion of married women using any modern method of contraception.
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: With population surveys, reporting and recollection errors are a potential source of bias.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #3

Name of Indicator: FP: Number of new acceptors using modern contraceptive methods in USG-supported facilities (PROXY)

Name of Result Measured:
Goal: Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities.

Is this a performance plan and reporting indicator? No _X_ **Yes** __ **for the year(s) reported** 2018-2025

If yes, link to the foreign assistance framework:

DESCRIPTION

Precise definition(s): This indicator provides information on the numbers of news acceptors using modern contraceptive methods. These are women who have been counseled and who are using the contraceptive method for the first time who are counted as new acceptors compared to all other women of childbearing age.
It refers to the number of women of reproductive age who are using (or whose partner is using) a contraceptive method for the first time, almost always reported for women married or in sexual union. Modern methods include: female sterilization, implants, injectable, intrauterine devices (IUDs), pills, male condom, female condom, Standard Days Method/ cycle necklace or beads, foam/jelly. We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manual de Remplissage* for the Ministry of Health (MOH) definitions.
3.1 Nouvelle acceptante PF (total)
Precise calculation: Count
Numerator: N/A
Denominator: N/A

Unit of measure: Number

Type of indicator: Outcome

Disaggregated by: Province, Health zone

Rationale for the indicator (optional): USAID IHP hypothesizes that these high-level health indicators will show the contribution of family planning in reducing maternal mortality. This indicator shows the capacity of the family planning (FP) program to enroll new users into modern contraceptive methods.

PLAN FOR DATA COLLECTION

Data Source: Routine Data from HMIS, reported monthly through DHIS2.

Data collection and construction method: We will use the monitoring and evaluation (M&E) platform which is integrated with DHIS2 to download data for the indicators for analyses and reporting

Reporting frequency: Quarter

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline: TBD

Rationale for Target(s): TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): TBD

Known data limitations: The reliability of population data on women of childbearing age is often the source of bias. Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported data quality assurance (DQA) activities.

CHANGES TO INDICATOR

Changes to indicator:

Other notes (optional):

THIS SHEET LAST UPDATED ON: 4 October 2018

USAID Performance Indicator Reference Sheet #4
Name of Indicator: MNCH: Percentage of children 0-59 months of age for whom treatment/advice was sought for acute respiratory infection
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): The indicator measures the percentage of children under five years reported as having a respiratory infection in the two weeks preceding the survey and who had received antibiotic treatment/counseling from appropriately trained health workers in health facilities, community care centers or in the community. **Precise calculation:** Percentage **Numerator:** Number of children 0-59 months for whom the caregiver sought treatment or advice from a trained healthcare provider among those who had acute respiratory infection in the two weeks preceding the interview. **Denominator:** Number of children 0-59 months who have had acute respiratory infection in the two weeks preceding the interview
Unit of measure: Percentage
Indicator type: Outcome
Disaggregated by: Province, Age (6-11; 12-23; 24-35; 36-47; 48-59), Gender
Rationale for indicator (optional): This indicator provides information on the use of curative care and can be used to track trends in the management of acute respiratory infections in children under 5 years of age. USAID IHP is interested in this indicator because it should show improvements in health seeking behavior as more children are brought for care at a health facility but also as demand is lowered due to improved behaviors. We will investigate this statistic beyond the scope of the indicator with the proxy indicator.
PLAN FOR DATA COLLECTION
Data Source: Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), or USAID IHP Household Survey
Data collection and construction method: We will pull the data from the next DHS and/or USAID IHP Household survey in the absence of a timely DHS
Reporting frequency: Program Years 1, 4 and 7
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: TBD
Rationale for Targets: The objective is to approximately double the baseline proportion of children under the age of 5 years for whom treatment/counseling was requested for an acute respiratory infection.
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): Mid-term and end-of-project
Known data limitations: With population surveys, reporting and recall bias are a potential source of error
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet # 5
Name of Indicator: MNCH: Number of children under five years of age that received treatment for an acute respiratory infection from an appropriate provider
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities.
Is this a performance plan and reporting indicator? No _X_ **Yes** _ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator counts number of children under five years of age that received treatment for an acute respiratory infection from an appropriate provider. Appropriate provider refers to health workers trained providing services in health facilities, community care centers or in the community. Acute respiratory infections are infections that affect the lower respiratory tract: the bronchi and lungs and presumed to be pneumonia. They are characterized by a cough, faster breathing faster with short, quick breaths or difficulty breathing. Treatment is defined as the provision of antibiotics. In the Prise en Charge Intégrée des Maladies de l'Enfant (PCIME) guidelines, the first line antibiotic is Amoxicilline 250 mg, and the second line is Cotrimoxazole. We are using the data reported for the HMIS indicators in DHIS2; please refer to the *Manuel de Remplissage* for the MOH definitions. *A 1.6 Pneumonie grave traité* *A 1.6 Pneumonie simple traitée selon PN* **Precise calculation:** Addition **Numerator: N/A** **Denominator: N/A**
Unit of measure: Number
Indicator type: Outcome
Disaggregated by: Province, Health zone
Rationale for indicator (optional): This indicator provides information on the use of curative care and can be used to track trends in the management of acute respiratory infections in children under 5 years of age. USAID IHP is interested in this indicator because we believe it represents improvements in health seeking behavior as well as lower demand for services due to improved behaviors. We will track it closely and investigate it beyond the scope of this indicator.
PLAN FOR DATA COLLECTION
Data Source: Routine Data from Health Management Information System (HMIS), reported monthly through District Health Information System 2 (DHIS2).
Data collection and construction method: We will use the M&E platform which is integrated with DHIS2 to download data for the indicator.
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline: TBD
Rationale for Target(s): TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): Mid-term and end-of-project
Known data limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP and we will not be able to assess or improve data quality once we identify the appropriate data source for this indicators. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported Data Quality Audit (DQA) activities.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #6
Name of Indicator: MNCH: Percentage of children 0-59 months for whom treatment/advice was sought for diarrhea
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __**for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator reports the percentage of children 0-59 months who had diarrhea in the two weeks prior to the DHS interview, for whom counseling or treatment was sought from an institution or Health provider.[1] Diarrhea is defined as production of at least 3 soft or liquid stools per day. The treatment is oral rehydration salts (ORS) or ORS plus zinc at health care facilities or community health care centers. **Precise calculation:** Percentage **Numerator:** Number of children 0-59 months who had diarrhea in the two weeks preceding the interview, for whom counseling or treatment was sought from an institution or health provider. **Denominator:** Number of children 0-59 months of age who suffered diarrhea in the two weeks preceding the interview.
Unit of measure: Percentage
Indicator type: Outcome
Disaggregated by: Province, Age (under 6 months; 6-11; 12-23; 24-35; 36-47; 48-59), and Gender.
Rationale for the indicator (optional): This indicator provides information that can be used to monitor diarrheal diseases in children under the age of five years and can contribute to the reduction of infant mortality. USAID IHP is interested in this indicator because we believe it represents improvements in health seeking behavior as well as lower demand for services due to improved behaviors. We will track it closely and investigate it beyond the scope of this indicator.
PLAN FOR DATA COLLECTION
Data Source: Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), or USAID IHP Household Survey
Data collection and construction method: We will pull the data from the next DHS or USAID IHP Household Survey
Reporting frequency: Program years 1, 4, and 7
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: TBD
Rationale for target(s): The objective is to approximately double the baseline proportion of children 0- 59 months for whom treatment/counseling for diarrhea was requested.
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: With population surveys, reporting and recollection errors are a potential source of bias.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

[1] Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP) et ICF International, 2014. « Enquête Démographique et de Santé en République Démocratique du Congo 2013-2014. » Rockville, Maryland, USA: MPSMRM, MSP, et ICF International.

USAID Performance Indicator Reference Sheet #7

Name of Indicator: MNCH: Number of cases of child diarrhea treated in USG-supported programs (PROXY)

Name of Result Measured:
Goal: Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities.

Is this a performance plan and reporting indicator? No Yes _X_ **for the year(s) reported** 2018-2025

If yes, link to the foreign assistance framework: Country Development Cooperation Strategy (CDCS) RDC 2015-2019

DESCRIPTION

Precise definition(s): Missions should report the number of diarrhea cases treated at health facilities and/or by community health workers in USG assisted program areas; or, If this information is not available, missions may report the number of oral rehydration salts (ORS) packets distributed through USG-assisted programs. Both definitions are considered proxy indicators for the number of cases of child diarrhea treated in USG-assisted programs. Both have potential issues of double-counting, and the first has the potential for under-counting by facilities or workers with incomplete or missing reports. Missions should report a number for only one of these definitions. ORS packets are sachets of oral rehydration solution.
This is USAID Standard indicator 6.6-1 Number of cases of child diarrhea treated in USG-assisted programs
Precise calculation: Addition
Numerator: N/A
Denominator: N/A

Unit of measure: Number

Indicator type: Outcome

Disaggregated by: Province, Health zone

Rationale for the indicator (optional): Diarrheal disease is a leading cause of death in children under-five in USAID's priority Maternal & Child Health countries. The ability to detect and treat diarrheal disease in children under five is an important component of ending preventable child and maternal deaths (EPCMD), an Agency goal. This indicator measures and monitors our ability to detect and treat diarrheal disease, a leading cause of death in children in USAID's priority countries, and supports our Agency goal of EPCMD. It also supports reporting and measurement for the following: internal technical and program reviews, external reporting (Global Health Program Report to Congress, Acting on the Call Report).

PLAN FOR DATA COLLECTION

Data Source: Routine data from Health Management Information System (HMIS), reported monthly through District Health Information System 2 (DHIS2).

Data collection and construction method: We will use the M&E platform, which is integrated with DHIS2, to download data for the indicator for analyses and reporting.

Reporting frequency: Quarter

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline: TBD

Rationale for Target(s): TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): TBD

Known data limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported Data Quality Audit (DQA) activities.

CHANGES TO INDICATOR

Changes to indicator: This indicator counts the number of cases of child diarrhea treated children < 5 years of age who had produced at least 3 soft or liquid stools per day treated with ORS or ORS plus zinc at health care facilities or community health care centers.
We are using the data reported for the HMIS indicators in DHIS2; please refer to the *Manuel de Remplissage* for the MOH definitions
A 1.7 Diarrhée déshydratation sévère traitée + A 1.7 Diarrhée simple traitée

Other notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet # 8
Name of Indicator MNCH: Percentage of children age 12-23 months who received all basic vaccinations from USG-supported programs.
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __**for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator reports the percentage of children 12-23 months of age who had received all basic vaccinations. All basic vaccinations has been defined to include three doses of Diphtheria, Tetanus, Pertussis (DTP), Hepatitis B (HepB), measles, BCG and Haemophilus Influenza type B (Hib), vaccin antipoliomyélitique injectable (VPI), vaccin antipoliomyélitique oral (VPO) from USG-supported facilities. **Precise calculation:** Percentage **Numerator:** Total children 12-23 months who had received all vaccinations **Denominator:** Total of the USG-supported population of children 12-23 months of age in the sample surveyed.
Unit of measure: Percentage
Indicator type: Outcome
Disaggregated by: Province, Age, and Gender
Rationale for the indicator (optional): USAID IHP hypothesizes that these high-level health indicators will show an improvement in the trends due to the EPI (Expanded Program on Immunization) activities: that the immunization of children against the five diseases (Diphtheria, Pertussis, Tetanus, Hepatitis B and Hemophilus Influenza) contributes to a reduction in infant mortality.
PLAN FOR DATA COLLECTION
Data Source: Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), or USAID IHP Household Survey
Data collection and construction method: We will use the data from the next DHS , MICS, or USAID IHP Survey
Reporting frequency: Program years 1, 4, and 7
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: TBD
Rationale for target(s): The objective is to approximately double the baseline proportion of children who received all basic vaccinations.
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: With population surveys, reporting and recollection errors are a potential source of bias.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #9
Name of Indicator: MNCH: Number of children less than 12 months of age who received three doses of pentavalent vaccine (PROXY)
Name of Result Measured: Goal: Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities.
Is this a performance plan and reporting indicator? No Yes _X_ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework: Country Development Cooperation Strategy (CDCS) RDC 2015-2018
DESCRIPTION
Precise definition(s): This indicator reports the percentage of children less than 12 months of age who had received Pentavalent 3 vaccine at a healthcare facility or community healthcare center. IN DRC, only pentavalent vaccine is used, and Diphtheria, Tetanus, Pertussis (DTP) is not used by itself. The pentavalent vaccine is a combination vaccine that protects against Haemophilus influenzae type B (a bacterium that causes meningitis, pneumonia and otitis), whooping cough, tetanus, hepatitis B and diphtheria. This refers to all children less than 1 year old who received a Pentavalent 3 dose to complete the vaccination process. We will use the HMIS indicator *B 8.4 DPT-HepB-Hib1-3* **Precise calculation:** N/A **Numerator:** Count **Denominator:** N/A
Unit of measure: Number
Type of indicator: Outcome
Disaggregated by: Province, Health zone
Rationale for the indicator (optional): The USAID IHP hypothesizes that these high-level health indicators will show an improvement in the trends due to the EPI (Expanded Program on Immunization) activities: that the immunization of children against the five diseases (Diphtheria, Pertussis, Tetanus, Hepatitis B and Hemophilus Influenza) contributes to a reduction in infant mortality.
PLAN FOR DATA COLLECTION
Data Source: Routine data from the Health Management Information System (HMIS), reported monthly through the District Health Information System 2 (DHIS2).
Data collection and construction method: We will use the M&E platform which is integrated with DHIS2 to download data for the indicator #of children receiving DPT3.
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline: TBD
Rationale for Target(s): TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): TBD
Known data limitations: Quality of DHIS2 data is unknown and we do not have the mandate to carry out independent data quality assessments on proprietary data. We will work with the MOH to support data quality assurance activities on demand and advocate for data verification for USAID IHP data.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON: 4 October 2018

USAID Performance Indicator Reference Sheet #10
Name of Indicator: MNCH: Number of children less than 12 months of age who received measles vaccine from USG-supported programs
Name of Result Measured: Goal: Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities.
Is this a performance plan and reporting indicator? No _X_ **Yes** _ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator counts the number of children 0-11 months of age (the definition used for the Health Management Information System (HMIS)) who had received measles vaccine from USG-supported at a healthcare facility or community healthcare center. Measles vaccine is given at 9 months of age but we include all those who received it late but before the age of 12 months in the routine schedule. We are using the data reported for the HMIS indicators in the District Health Information System 2 (DHIS2); please refer to the *Manual de Remplissage* for the MOH definitions. *B 8.4 VAR* **Numerator:** N/A **Denominator:** N/A **Precise calculation:** Count
Unit of measure: Number
Type of indicator: Outcome
Disaggregated by: Province, Health zone
Rationale for the indicator (optional): USAID IHP hypothesizes that these high-level health indicators will show an improvement in the trends due to the EPI (Expanded Program on Immunization) activities: that the immunization of children against measles contributes to a reduction in infant mortality.
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS, reported monthly through DHIS2.
Data collection and construction method: We will use the M&E platform which is integrated with DHIS2 to download data for the indicator
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline: TBD
Rationale for Target(s): TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): TBD
Known data limitations: Errors of recollection are a potential source of bias, as well as the quality of the DHIS2 data which remains a challenge. Quality of DHIS2 data is unknown and we do not have the mandate to carry out independent data quality assessments on proprietary data. We will work with the MOH to support data quality assurance activities on demand and advocate for data verification for USAID IHP data.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON: 4 October 2018

USAID Performance Indicator Reference Sheet #11
Name of Indicator: MNCH: Percentage of children 12-23 months of age who received measles vaccine from USG-supported programs
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator reports the percentage of children 12-23 months of age who had received measles vaccine from USG-supported facilities**.** Measles vaccine is given at 9 months of age but we include all those who received it late but before age of 12 months in the routine schedule. We will use the Demographic and Health Survey (DHS) indicator *Pourcentage d'enfants de 12-23 mois ayant été vacciné avant l'âge de 12 mois: rougeole* **Precise calculation:** Percentage **Numerator:** Total children 12-23 months who had received measles vaccine **Denominator:** Total of the USG-supported population of children 12-23 months of age in the sample surveyed.
Unit of measure: Percentage
Indicator type: Outcome
Disaggregated by: Province, Health zone
Rationale for the indicator (optional): The USAID IHP hypothesizes that these high-level health indicators will show an improvement due to the EPI (Expanded Program on Immunization) activities: that the immunization of children against measles contributes to a reduction in child mortality.
PLAN FOR DATA COLLECTION
Data Source: DHS or Multiple Indicator Cluster Surveys (MICS), or USAID IHP Household Survey
Data collection and construction method: We will pull the data from the next DHS Survey and/or MICS
Reporting frequency: Program years 1, 4, and 7
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: TBD
Rationale for target(s): The objective is to approximately double the baseline proportion of children who received measles vaccine.
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: With population surveys, reporting and recollection errors are a potential source of bias.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #12
Name of Indicator: MNCH: Percent of pregnant women attending at least four antenatal visits with a skilled provider from USG-supported health facilities
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator reports the percentage of women who had a live birth in the preceding five years who attended at least four antenatal/prenatal care visits (ANCCPN4) while pregnant provided by qualified service providers at healthcare centers. Antenatal care visit is the routine health check of presumed healthy pregnant women without symptoms (screening), in order to diagnose diseases or complicated obstetric conditions without symptoms, and to provide information about lifestyle, pregnancy and delivery. This is the percentage of women 15-49 years (of childbearing age) who attended the fourth prenatal consultation (ANC4) administered by a health care provider during the reporting period An appropriate provider/health worker is defined as an accredited nurse, midwife, doctor, etc. **Precise calculation:** Percentage **Numerator:** Total number of women 15-49 years who had a live birth in the preceding five years who attended at least four prenatal care visits (CPN4) provided by qualified service providers at healthcare centers **Denominator:** Total number of pregnant women 15-49 who had a live birth in the preceding 5 years in survey sample
Unit of measure: Percentage
Indicator type: Outcome
Disaggregated by: Province, Health zone
Rationale for the indicator (optional): Antenatal care visit is the routine health control of presumed healthy pregnant women without symptoms (screening), in order to diagnose diseases or complicating obstetric conditions without symptoms, and to provide information about lifestyle, pregnancy and delivery. Monitoring this indicator reduces instances of labor complications and maternal and infant deaths.
PLAN FOR DATA COLLECTION
Data Source: Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), or USAID IHP Household Survey
Data collection and construction method: We will pull the data from the next DHS and/or MICS
Reporting frequency: Program years 1, 4, and 7
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: TBD
Rationale for target(s): The objective is to approximately double the baseline proportion of pregnant women who received at least four prenatal visits.
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: With population surveys, reporting and recollection errors are a potential source of bias.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #13
Name of Indicator: MNCH: Number of pregnant women attending at least 4 antenatal care visits with a skilled provider (PROXY)
Name of Result Measured: Goal: Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities.
Is this a performance plan and reporting indicator? No _X_ **Yes** _ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator counts the number of pregnant women who attended the last prenatal care visit (CPN4) provided by qualified service providers at healthcare centers supported by the program. Antenatal care visit is the routine health check of presumed healthy pregnant women without symptoms (screening), in order to diagnose diseases or complicated obstetric conditions without symptoms, and to provide information about lifestyle, pregnancy and delivery. This is the percentage of women aged 15 to 49 (of childbearing age) who attended the fourth prenatal consultation (ANC4) administered by a health care provider during the reporting period. We will use the Health Management Information System (HMIS) indicator *A 2.1 CPN 4* **Precise calculation:** Count **Numerator:** N/A **Denominator:** N/A
Yes; Unit of measure: Number
Indicator type: Outcome
Disaggregated by: Province, Health zone
Rationale for the indicator (optional): Monitoring this indicator reduces instances of labor complications and maternal and infant deaths.
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS, reported monthly through the District Health Information System 2 (DHIS2).
Data collection and construction method: We will use the M&E platform which is integrated with DHIS2 to download data for the indicator for analyses and reporting.
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline: TBD
Rationale for Target(s): TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): TBD
Known data limitations: Transcription errors are a potential source of bias. Quality of DHIS2 data is unknown and we do not have the mandate to carry out independent data quality assessments on proprietary data. We will work with the MOH to support data quality assurance activities on demand and advocate for data verification for USAID IHP data.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #14
Name of Indicator: MALARIA: Percentage of children under 5 years of age for whom treatment/advice was sought for fever
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator reports percentage of children 0-59 months, who had a fever in the two weeks preceding the survey, for whom advice or treatment was sought from an establishment or health care provider **Precise calculation:** The number of children 0- 59 months, who had a fever in the two weeks preceding the survey, for whom advice or treatment was sought from an establishment or health care provider divided by the total number of children 0-59 surveyed who had a fever in the two weeks preceding the survey X 100 **Numerator:** The number of children 0- 59 months, who had a fever in the two weeks preceding the survey, for whom advice or treatment was sought from an establishment or health care provider. **Denominator:** Total number of children 0-59 surveyed who had a fever in the two weeks preceding the survey
Unit of measure: Percentage
Indicator type: Outcome
Disaggregated by: Province, Age (<12, 12-23; 24-35; 36-47; 48-59), and Gender
Rationale for the indicator (optional): This indicator provides information about pathologies symptomized by fever and monitoring it can lead to the reduction of child mortality and proper management by providers and community workers.
PLAN FOR DATA COLLECTION
Data Source: Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), Malaria Indicators Survey (MIS), or USAID IHP Household Survey
Data collection and construction method: We will pull the data from the next DHS, MICS, MIS, or the USAID IHP Household survey
Reporting frequency: Program years 1, 4, and 7
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: Baseline should come from 2017-2018 MICS
Rationale for target(s): The objective is to approximately double the baseline proportion of children under the age of five years for whom treatment for fever was sought.
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: With population surveys, reporting and recollection errors are a potential source of bias.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #15
Name of Indicator: MALARIA: Number of children under 5 years of age with confirmed malaria who received treatment for malaria from an appropriate provider in USG-supported areas (PROXY)
Name of Result Measured: Goal: Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities.
Is this a performance plan and reporting indicator? No _X_ **Yes** _ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator counts children under five years who had a positive malaria test by microscopy or rapid diagnostic test (RDT) following the National Malaria Control Program (NMCP) guidelines and who received treatment for malaria from a health worker in a health facility or community care site in USG supported areas. Treatment refers to the provision of oral medication that is active against the parasite in the blood for simple malaria. For serious malaria, medication may be provided in intravenous form. An appropriate provider/health worker for malaria services is defined as an accredited nurse, midwife, and doctor. We are using the data reported for the HMIS indicators in DHIS2; please refer to the *Manuel de Remplissage* for the MOH definitions. *A 1.4 Paludisme simple confirmé traité [PN] + A 1.4 Paludisme grave traité* **Precise calculation:** We will add the number of treated cases of simple malaria and severe malaria. **Numerator:** N/A **Denominator:** N/A
Unit of measure: Number
Indicator type: Outcome
Disaggregated by: Province, Health Zone
Rationale for the indicator (optional): This indicator captures national level care-seeking behavior for treatment of malaria among children under five years old.
PLAN FOR DATA COLLECTION
Data Source: Routine data from the Health Management Information System (HMIS), reported monthly through the District Health Information System 2 (DHIS2).
Data collection and construction method: We will use the M&E platform, which is integrated with DHIS2, to download data for the indicator for analyses and reporting.
Frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline: TBD
Rationale for Target(s): TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): Mid-term and end-of-project
Known data limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported Data Quality Audit (DQA) activities.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #16
Name of Indicator: MALARIA**:** Proportion of children 0-59 months who slept under an insecticide-treated net (ITN) the previous night
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __**for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator reports the percentage of children 0-59 months who slept under a mosquito net the previous night. Insecticide-treated mosquito nets refers to long-lasting insecticidal nets (LLINs) that are designed to maintain their effectiveness against mosquitoes that carry malaria and other diseases for at least three years. (Target 18, 9% of the total population). **Precise calculation:** Number of children 0-59 months who slept under an ITN the previous night divided by the total number of children 0-59 months old who spent the previous night in surveyed households **Numerator:** Number of children 0-59 months who slept under an ITN the previous night **Denominator:** Total number of children 0-59 months old who spent the previous night in surveyed households
Unit of measure: Percentage
Indicator type: Outcome
Disaggregated by: Province
Rationale for the indicator (optional): This indicator allows monitoring of the prevention of malaria in children under five years.
PLAN FOR DATA COLLECTION
Data Source: Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), Malaria Indicators Survey (MIS), or USAID IHP Household Survey
Data collection and construction method: We will pull the data from the next DHS, MICS and/or USAID IHP Population Survey
Reporting frequency: Program years 1, 4, and 7
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: Baseline should come from MICS 2017-2018
Rationale for target(s): The objective is to approximately double the baseline proportion of children under the age of five years who slept under a mosquito net.
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: With population surveys, reporting and recollection errors are a potential source of bias.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #17
Name of Indicator: MALARIA: Number of insecticide-treated nets (ITN) distributed during antenatal and/or child immunization visits (PROXY)
Name of Result Measured: Goal: Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities.
Is this a performance plan and reporting indicator? No _X_ **Yes** _ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator counts the number of insecticide-treated mosquito nets distributed during antenatal and/or child immunization visits. This refers to the ITNs distributed free of charge to pregnant women attending their first antenatal care visit and children who complete their vaccination series. Insecticide-treated mosquito nets refers to long-lasting insecticidal nets (LLINs) that are designed to maintain their effectiveness against mosquitoes that carry malaria and other diseases for at least three years. We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manual de Remplissage* for the MOH definitions. *Total de MIILD distribuées = A 2.1 MILD distribués à la CPN1 + B 8.1 MILLD distribuées CPS* **Precise calculation:** We will calculate the total number of LLINs distributed during the first antenatal clinic (CPN) and during the preschool consultation (CPS). **Numerator:** N/A **Denominator:** N/A
Unit of measure: Number
Type of indicator: Process
Disaggregated by: Province; Health zones
Rationale for the indicator (optional): This indicator tracks activities performed by health facilities that will increase the prevention and control of malaria
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS, reported monthly through DHIS2.
Data collection and construction method: We will use the M&E platform which is integrated with DHIS2 to download data for the indicator for analyses and reporting.
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline: TBD
Rationale for Target(s): TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): TBD
Known data limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported Data Quality Audit (DQA) activities.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #18
Name of Indicator: Improved satisfaction by clients/citizens with the services they receive: Percentage of individuals reporting satisfaction with health center services.
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities.
Is This a Performance Plan and Report Indicator? No _X_ **Yes** __ **for reporting Year (s)**
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports individuals ' perceptions of health services received at a health center, reporting the percentage of individuals selected in the sample who say they are satisfied with the services received. The data collection tool for this survey will include elements of the Quality of Care (QoC) tool and other tools that will be used by USAID IHP such as the Pathways to Change tool that is used to improve provider behaviors. The protocol will detail data collection, analysis, quality assurance and reporting for this indicator and will be developed in collaboration with USAID, the MOH and other stakeholders. **Precise Calculation: Percentage** **Numerator:** Individuals who report satisfaction with services received from health facility **Denominator**: Total number of individuals in the survey sample that have visited a facility for health services
Unit of Measure: Percentage of clients
Indicator Type: Outcome
Disaggregated by: Province, Health zone, Gender, Age
Rationale for Indicator (optional): This indicator represent a high level result and the intended impact of the program.
PLAN FOR DATA COLLECTION
Data Source: USAID IHP Household Survey
Method of Data Collection and Construction: Data collection will be detailed in the protocol and subject to review before and after the pilot.
Reporting Frequency: Annual
Individual(s) Responsible: RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: With population-based surveys, recall errors are a potential source of bias.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON :

USAID Performance Indicator Reference Sheet #19

Name of Indicator: Number of Basic Emergency Obstetric and Neonatal Care (BEmONC) or Comprehensive Emergency Obstetric Care (CEmONC) sites available in each province

Name of Result Measured:

Goal: Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities

Is this a performance plan and reporting indicator? No _X_ **Yes** __ **for the year(s) reported** 2018-2025

If yes, link to the foreign assistance framework:

DESCRIPTION

Precise definition(s): This indicator reports the number of BEmONCs or CEmONC that are available in each province affected by project interventions.

Comprehensive Emergency Obstetric and Newborn Care services, more commonly known as CEmONC, are the interventions provided to pregnant women and newborns experiencing fatal complications, including severe bleeding, infection, prolonged or obstructed labor, eclampsia, and asphyxia in the newborn. CEmONC interventions include safe blood transfusion, providing oxytocin and antibiotics, performing cesarean sections, Manuel removal of the placenta, assisted vaginal delivery, abortion and resuscitation of the newborn.

These BEmONC services are a vital component of essential maternal and newborn care. Services defined by BEmONC includes:

- Administer parenteral antibiotics
- Administer parenteral uterotonics
- Administer parenteral anticonvulsants for pre-eclampsia and eclampsia
- Manually removal of the placenta
- Remove retained products of conception (e.g. manual vacuum aspiration; dilatation and curettage)
- Perform assisted vaginal delivery (e.g. vacuum extraction; forceps delivery)
- Perform basic neonatal resuscitation (e.g. with bag and mask)

Precise calculation: Total number of structures

Numerator: N/A

Denominator: N/A

Unit of measure: Number

Indicator type: Output

Disaggregated by: Province , Health zone

Rationale for the indicator (optional): This indicator tracks improvements in service provision through the increase in the number of facilities to provide basic and comprehensive care.

PLAN FOR DATA COLLECTION

Data Source: Project monitoring report

Data collection and construction method: We anticipate that USAID IHP will contribute heavily to the development of BEmONC and CEmONC and we will maintain program records that track the establishment of BEmONC and CEmONC and the ones that should be providing services.

Reporting frequency: Quarter

Individual(s) responsible: RM&E Director and Director of Service Delivery (DSD)

TARGETS AND BASELINE

Baseline: N/A

Rationale for Targets: Targets will be selected based on anticipated work plan activities that will establish BEmONC and CEmONC.

Performance rationale: TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): N/A

Known data limitations: No known data limitations exist at this time

CHANGES TO INDICATOR

Changes to indicator:

Other notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #20
Name of Indicator: Publication of research in peer reviewed journals
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator counts the number of program documents (documents that have been produced using USAID funds through USAID IHP) that have been published after peer review. This is intended to include not only research (traditional research is defined as the systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions) but also operational research and other products of the program implementation, such as standard operating procedures, best practices, research questions that were developed and research protocols that were established as well as reported findings. Operational research is defined as research that is intended to investigate aspects of the program specifically to improve implementation, not necessarily for generalizable knowledge. Other types of documents and publications may be counted at the discretion of the program if they are subjected to peer review and shared with a broad audience. Peer review is defined as the process by which research (operational or traditional) or other work is scrutinized by experts in the same field, before a paper describing this work is published in a journal, conference proceedings or as a book **Precise calculation:** Total number of research products published in journals for the first time *in* the reporting period. **Numerator:** N/A **Denominator**: N/A
Unit of measure: Number
Indicator type: Process
Disaggregated by: Type of publication (for example, peer reviewed journal), Theme (for example, Gender, sexual- and gender-based violence (SGBV), WASH, Family Planning/Reproductive Health, HIV, Malaria, Nutrition, MNCH, Adolescents, Organizational/Institutional Capacity)
Rationale for the indicator (optional): USAID IHP is expected to share best practices, lessons learned, and contributions to policy dialogue in the country and there are specific indicators that track that. This indicator will track collaboration and sharing best practices to a wider audience and ensuring that USAID IHP is up-to-date on current best practices and is generating relevant work.
PLAN FOR DATA COLLECTION
Data Source: Project Monitoring Report, Deliverables Database and Report
Data collection and construction method: Copies will be acquired as they are received. The deliverables will be tracked on the M&E Platform and copies of publications or corresponding evidence will be archived for ease of reference.
Reporting frequency: Annual
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: N/A
Rationale for Targets:
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s)): N/A
Dates of future data quality assessments (optional): Anticipated Internal Data Quality Audit (DQA) 2020
Known data limitations: This indicator will collect fairly arbitrary data as we cast a wide net to accurately and reasonably report who effectively we disseminate program materials and findings. We will continue to modify the definition and keep careful records of the justification with each deliverable to ensure more precise and reliable reporting.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON: 4 October 2018

USAID Performance Indicator Reference Sheet #21
Name of Indicator: Conflict Sensitivity Analysis and Implementation Strategy
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __**for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): USAID IHP. Per the contract (pg. 51), the Conflict Sensitivity Analysis and Implementation Strategy will include a health conflict-sensitivity analysis to inform USAID IHP-DRC design and ensure that conflict sensitive approaches are incorporated throughout implementation. From this analysis, USAID IHP will develop an annual implementation strategy as a component of the Annual Work Plan. The Conflict Sensitivity Implementation Strategy must ensure a 'do no harm' approach is integrated into activities to minimize potential negative impacts (including gender and ethnic tensions) and maximize positive impacts (community stability, etc.). USAID IHP must analyze the two-way relationship between conflict and health, specifically, how conflict and emergency situations in the USG-supported provinces and Health zones adversely impact access to and use of health services. USAID IHP will update the Conflict Sensitivity Implementation Strategy annually and submit as a part of the Annual Work Plan **Precise calculation:** (1) in Base year: an approved Conflict Sensitivity Analysis and Implementation Strategy. (2) In subsequent years: an annual conflict analysis and implementation strategy included as a component of the Annual Work Plan **Numerator:** N/A **Denominator:** N/A
Unit of measure: Number of documents
Indicator type: Process
Disaggregated by: N/A
Rationale for the indicator (optional): This indicator will track progress on the Conflict Sensitivity Analysis and Implementation Strategy to ensure progress is being made during the life of the project
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Data collection and construction method: We will ensure that the strategy is included in the work plan each year. Copies will be archived on the M&E Platform for counting.
Reporting frequency: Annual
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: N/A
Rationale for Targets:.
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): We will review the data collection procedure and data archive at the end of Year 2.
Known data limitations: None
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON: 4 October 2018

USAID Performance Indicator Reference Sheet #22
Name of Indicator: Percent of USG-supported facilities with quality improvement action plans documented and being implemented
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __**for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator reports the percentage of institutions with documented and implemented quality improvement action plans. USG-supported facilities refers to all facilities in program provinces. "Documented" refers to an action plan that has been submitted and approved by DPS, the provincial health administration "Implemented" means that at least one improvement has been made from the action plan. Actions taken towards improvements are reported in the Plan du travail trimestriel (PTT): Trimestriel and the Plan d'Action Opérationnel Annuel (Annual Operations Plan or PAO). **Precise calculation:** Percentage **Numerator:** Total number of facilities that have taken action to implement the action plan. **Denominator:** Total number of facilities supported by the program.
Unit of measure: Percentage
Indicator type: Outcome
Disaggregated by: Province, Health zone
Rationale for the indicator (optional): USAID IHP hypothesizes that these high-level health indicators will show improvements in trends resulting from program activities designed to improve health service leadership and governance as well as the use of data for decision-making purposes, specifically through institutional capacity improvements.
PLAN FOR DATA COLLECTIONN
Data Source: Project monitoring report
Data collection and construction method: PTT Trimestriel or the PAO will be used to collect this data at the DPS level, depending on the quality of the report. Data will be recorded by USAID IHP staff by mobile and saved on the M&E Platform for analyses and reporting.
Reporting frequency: Annual
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline schedule: TBD
Rationale for target(s): TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: Subjectivity in the use of the checklist may lead to bias.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #23
Name of Indicator: Capacity Development Approach
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator refers to the successful approval by USAID of the reports on the capacity development approach. We preview two formal reports during Year 1 and Year 5 on the Capacity Development Approach. The Capacity Development Approach report provides USAID IHP's team and USAID, with a description of the capacity-development approach that will be employed over the course of the seven-year program. This report informs program partners of the guiding principles, methodology, strategy, and expected results that will frame the design and implementation of effective capacity-building interventions. **Precise calculation:** USAID IHP will update the Capacity Development Approach in Year 1 and 5 with supplemental reports as needed or requested. **Precise calculation**: (1 deliverable) in Base year: an approved Capacity Development Approach (1 deliverable) In Year 5: an updated institutional capacity report updating the approach if needed and reporting on progress. **Numerator:** N/A **Denominator:** N/A
Unit of measure: Number of deliverables
Indicator type: Impact
Disaggregated by: N/A
Rationale for the indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project Monitoring Report
Data collection and construction method: We will archive a copy of the approved final draft of the approach and the report on the M&E Platform. We will refer to the archive to ensure that the document was approved before it is counted.
Reporting frequency: Program year 1 and 5
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: N/A
Rationale for Targets: We have one report planned in Year 1 and one report planned in Year 5 in the work plan. Ad hoc reports- that must be approved by USAID- will be included when they occur.
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: None at this time
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON: 4 October 2018

USAID Performance Indicator Reference Sheet #24
Name of Indicator: Gender Analysis and Gender Implementation Strategy
Name of Result Measured: **Goal:** Sustainably improved ability of the DRC health system to deliver quality services by building the leadership, management, and technical capacity of Congolese institutions and communities
Is this a performance plan and reporting indicator? No _X_ **Yes** __**for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator count the gender analysis report. Per the contract (pg. 51), USAID IHP will submit a Gender Analysis and Gender Implementation Strategy ninety (90) days after contract award date, with annual updates included in the annual Work Plan submission. USAID IHP will conduct a Gender Analysis in Y1 and develop a strategy to identify gender-based biases that impact quality and access to health care services, products, and that hinder healthy behavior. USAID IHP will implement this strategy to address these biases, documenting best practices. The Gender Implementation Strategy will also carefully monitor activity implementation to ensure that females and males benefit appropriately from contract activities. Adopted and approved reports on conclusion of work sessions specifically focused on the theme of gender analysis are taken into account. There will be the initial analysis, annual reports which may or may not be included in the annual project report, and ad hoc reports as needed. **Precise calculation:** Total number of gender analysis reports adopted *and approved*, including the initial analyses. **Numerator:** N/A **Denominator:** N/A
Unit of measure: Number
Indicator type: Input
Disaggregated by: N/A
Rationale for the indicator (optional): Tracking approved reports will ensure that reports are submitted on time and they are relevant to the program.
PLAN FOR DATA COLLECTION
Data Source: Project Monitoring Report
Data collection and construction method: Approved final drafts of Gender analyses and implementation reports will be archived on the M&E Platform and counted at the end of the reporting year.
Reporting frequency: Annual
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: N/A
Rationale for Targets: We have reports planned annually in the work plan. Ad hoc reports- that must be approved by USAID- will be included when they occur.
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: None
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

RESULT 1: STRENGTHENED HEALTH SYSTEMS, GOVERNANCE, AND LEADERSHIP AT PROVINCIAL, HEALTH ZONE, AND FACILITY LEVELS IN TARGET HEALTH ZONES

USAID Performance Indicator Reference Sheet #1.1
Name of Indicator: Annual score derived from PICAL for USG-supported provincial health divisions
Name of Result Measured: **Result 1**: Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in USG-supported provinces and health zones.
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION

Precise Definition(s): USAID IHP proposes a broad framework for the institutional capacity building (ICB) approach in which institutional capacity building is defined as the process through which individuals, organizations, and societies obtain, strengthen, and maintain the capabilities to set and achieve their own development objectives over time (United Nations Development Program (UNDP)). Our institutional strengthening work is grounded in the premise that capacity building and institutional development are tools and means to an end, and therefore a shared vision is the primary goal that leads service delivery achievements and other beneficial outcomes (USAID IHP Capacity Development Approach).
The Participatory institutional capacity assessment and learning (PICAL) tool is part of USAID/DRC's evolving assessment framework. And will be administered annually to USG-supported provincial health divisions to assess and measure their institutional capacity by tracking changes in each organization's annual PICAL score.
Health divisions refers to the provinces supported by USAID IHP. IHP staff will guide the selected health units through a participatory self-assessment to determine their current capacity.
The PICAL assesses four key domains with subdomains and to investigate changes in institutional capacity in each of these areas to be measured and tracked:

Administrative capacity: Does the health division have adequate capacity to manage all general administrative and operational functions?

- Leadership
- Roles and Organizational Responsibilities
- Human Resources (Planning)
- Human Resources (motivations)
- Information management
- Financial management
- Reportage
- Equipment and Physical Space
- Compliance / Audit

Demand for organizational performance: Does the health division have adequate capacity to foster demand for its high-quality performance?

- Stakeholder Perceptions
- Accountability (Internal)
- Accountability (External)
- completeness
- Participation
- Transparency
- Anti-corruption devices
- Staff understanding of the mandate
- Performance incentives

Organizational learning capacity: Does the health division have adequate capacity to improve the effectiveness of its operations?

- Leadership in Capacity Building
- Organizational Planning
- Evaluation and Learning
- Knowledge Management
- Research

Systems strengthening capacity: Does the broader institutional system of which the health division is part have adequate capacity?

- Policy Development
- Monitoring
- Capacity Building
- Resource Mobilization
- Allocation of resources
- Decentralization
- Logistics Systems
- Sharing Information
- Coordination System

Please refer to the PICAL guide for more detail on the methodology of the assessment and the scoring.
Precise Calculation: The participatory self-assessment generates a score in each of the domains. These are added together for a composite score. The indicator will track percentage changes in the composite score generated annually.
Numerator: N/A
Denominator: N/A

Unit of Measure: Score from PICAL

Indicator Type: Output

Disaggregated by: Province, Health zone,

Rationale for Indicator (optional): USAID IHP hypothesizes that these high-level institutional capacity indicators will show improved trends resulting from program activities designed to improve quality of integrated health services; improve leadership and governance of health services and related systems; and increase adoption of healthy behaviors in USG-supported health zones.

PLAN FOR DATA COLLECTION

Data Source: Project Monitoring Report

Method of Data Collection and Construction: We will archive the assessment reports derived from PICAL on the M&E platform and we will keep a simple dataset that records the score for analyses and reporting.

Reporting Frequency: Annual

Individual(s) Responsible: RM&E Director and Training Resources Group (TRG) technical lead

TARGETS AND BASELINE

Baseline Timeframe: TBD

Rationale for Targets (optional): TBD

DATA QUALITY ISSUES

Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A

Date of Future Data Quality Assessments (optional): within the first year of the program

Known Data Limitations: Subjective interpretation of the check list items can lead to bias. The PICAL assessment uses additional assessments of the individual to validate the final score. We plan to conduct operational research to further validate scores. The PICAL's score is based on a specific definition of each level of score. We will use qualified assessors that have been trained both on theory and practice in the field to ensure consistent and correct scoring. Please refer to the PICAL protocol for more information.

CHANGES TO INDICATOR

Changes to Indicator:

Other Notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.2
Name of Indicator: Percentage of annual provincial action plans and budgets aligned with national action plans and budgets
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target provinces and health zones **IR 1.1:** Enhanced capacity to plan, implement, and monitor services at provincial, health zone, and facility levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting year(s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator measures the proportion of provincial annual action plans and budgets supported by the program that have a health development plan aligned with the planned investments in the national budget with the National Health Development Plan. IHP expects to provide technical support to the provinces as they develop their annual plans and corresponding budgets. An aligned action plan and budget are defined as those that are approved by the national level, this means that the plan (annual plan of action or development plan of the DPS) takes into account the provincial or national budget dedicated to health; that is to say that this plan during its preparation has taken into account budget lines of the national or provincial budget allocated to their DPS, it can be salary, premium, renovation of infrastructure, equipment: everything that the state (provincial or national budget) has planned during the year (annual plan) or during 5 years (development plan) to support its health system. This indicator will be collected annually during operational action plan (OAP) assessments by IHP Result 1 staff in partnership with the Provincial Healthcare Sector Steering Committee (CPP-SS) to ensure that the province is aligned with the central level budget for health to support the activities of the annual plan or development plan. Only provinces for which the plan and budget criteria have been met will be counted. The CPP-SS report will confirm that the plan and budgets are aligned and the provincial plan and budget are approved. **Precise Calculation:** Total number of USG-supported provinces with health development plans that are aligned with the national budget divided by total number of USG-supported provinces X 100 **Numerator**: Total number of USG-supported provinces with health development plans that are aligned with the national budget. **Denominator**: Total number of USG-supported provinces (9)
Unit of Measure: Percentage of provinces
Indicator Type: Outcome
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): Provincial health development plans that are aligned with the national budget demonstrate improved health planning at the provincial level. The rationale for this indicator is to measure how the state (provincial and national budget) appropriates health financing rather than relying almost exclusively on external aid and household contributions.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Report and notes at Provincial Steering Committee (CPP-SS) level
Reporting Frequency: Annual
Individual(s) Responsible: Result 1 Lead, RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Target (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No data limitations are known at this time.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.3
Name of Indicator: Percentage of health zones with annual action plans and budgets that are aligned with provincial action plans and budgets
Name of Result Measured: Result 1: Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones and provinces IR 1.1: Enhanced capacity to plan, implement, and monitor services at provincial, health zone, and facility levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator calculates the proportion of USG-supported ZS that have action plans and budgets aligned with provincial action plans and budgets. An aligned action plan and budget are defined as those that are approved by the national level, this means that the plan (annual plan of action or development plan of the ZS or DPS) takes into account the provincial or national budget dedicated to health; that is to say that this plan during its preparation has taken into account budget lines of the national or provincial budget allocated to health, it can be salary, premium, renovation of infrastructure, equipment: everything that the state (provincial or national budget) has planned during the year (annual plan) or during 5 years (development plan) to support its health system. Only health zones for which the plan and budget criteria have been met. **Precise Calculation**: Total number of USG-supported health zones that have annual action plans and budgets aligned with provincial action plans and budgets, divided by total number of USG-supported health zones X 100 **Numerator**: Total number of USG-supported health zones that have action plans and budgets aligned with provincial action plans and budgets. **Denominator**: Total number of health zones USG-supported health zones
Unit of Measure: Percentage of health zones
Indicator Type: Outcome
Disaggregated by: Province
Rationale for Indicator (optional): Health zone action plans and budgets that are aligned with provincial action plans and budgets demonstrate improved health planning.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: The program will work with the provinces to ensure that we receive verification that the ZS plan and budget are approved. We will enter this information in the database on the M&E Platform.
Reporting Frequency: Annual
Individual(s) Responsible: RM&E Director and Result 1 Lead
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: None known at this time.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 1.1: ENHANCED CAPACITY TO PLAN, IMPLEMENT, AND MONITOR SERVICES AT PROVINCIAL, HEALTH ZONE, AND FACILITY LEVELS

. USAID Performance Indicator Reference Sheet #1.1.1
Name of Indicator: Percentage of DPS and health zones that have used data to produce their annual plans using data analysis
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target provinces and health zones **IR 1.1:** Enhanced capacity to plan, implement, and monitor services at provincial, health zone, and facility levels.
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator tracks the percentage of DPS and health zones (ZS) with annual plans derived from data collected and analyzed by DPS and health zone health authorities. This indicator will be measured by the existence of the Annual Evaluation that precedes the planning process. This report information produced the previous year to inform planning for the next year's activities and budget and by definition analyses data to write the development plan. The MOH must give formal/ official instructions to DPS and HZ to submit their Annual Operations Plan by August 31 of the previous year. The provincial team is accompanied by the national team during the evaluation and planning process and the health zone team is supported by the team from the province during the evaluation and planning process. The DPS or ZS will only be counted if it submits the report in August each year, as scheduled. USG-supported refers to USAID IHP provinces. P**recise Calculation:** The number of USG-supported DPS or ZS that report using data to produce a development plan, divided by the number of DPS or ZS X 100 **Numerator:** The total number of USG-supported DPS or ZS that produce an Annual Evaluation that precedes the plannir process **Denominator:** The total number of USG-supported (9) DPS or (178) ZS
Unit of Measure: Number of ZS, number of DPS
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): This indicator allows tracking of strengthened capacity for data use in health planning.
PLAN FOR DATA COLLECTION
Data Source: Project Monitoring Report
Method of Data Collection and Construction: The Annual Evaluation process will be reported by USAID IHP on the M&E platform and we will keep a simple dataset that records the score for analyses and reporting.
Reporting Frequency: Annual
Individual(s) Responsible: RM&E Director and Training Resources Group (TRG) technical lead
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: The data preparation process for the Annual Evaluation assumes data is correct and has been interpreted correctly. We will further investigate data analyses and use with the Participatory Institutional Capacity Assessment and Learning (PICAL) tool and through other activities. Furthermore, we have targeted this indicator for a potential operations research study.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.1.2
Name of Indicator: Percentage of USG-supported provincial health level divisions that successfully implement 80% of resourced action plan activities
Name of Result Measured: **Result 1**: Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target provinces and health zones
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator tracks the percentage of provinces that successfully implemented 80% of resourced action plan activities. In July, provinces begin the planning process with the Annual Evaluation. In creating the report, they review the planned activities and the realized activities of the previous year which is noted in the *Canevas du Plan d'actions Operationnel du Bureau de la Division Provinciale de la Sante (PAO B/DPS)*. This value is distinct from the full number of activities realized and reflects the capacity of the DPS to plan appropriately. "Resourced activities" refers to action plan activities for which adequate resources were disbursed to the provincial health level division. USG-supported refers to USAID IHP provinces. This indicator will be taken directly from the PAO B/DPS and we will use the value: *Activités planifiées et réalisées totalement* If 80% of the planned activities have been implemented, we will count the DPS to report the indicator. **Performance result determination:** On an annual basis, the percentage of health divisions that successfully implement 80% of resourced action plan activities. **Precise Calculation: :** Total number of USG-supported DPS that successfully implement 80% of resourced action plan activities divided by the total number of USG-supported DPS X 100 **Numerator:** Total number of USG-supported DPS that successfully implement 80% of resourced action plan activities **Denominator:** Total number of USG-supported DPS
Unit of Measure: Percentage of sub-national health level divisions
Indicator Type: Outcome
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): USAID IHP hypothesizes that these high-level institutional capacity indicators will show improved trends resulting from program activities designed to improve access to quality integrated health services; improved leadership and governance of health services and related systems; and increased adoption of healthy behaviors in USG-supported health zones. Improvements in implementation of resourced activities is hypothesized to demonstrate improved management and decision-making capacity.
PLAN FOR DATA COLLECTION
Data Source: Project Monitoring Report
Method of Data Collection and Construction:
Reporting Frequency: Annual
Individual(s) Responsible: RM&E Director and TRG
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Data Quality Limitations: No known data quality limitations are known at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.1.3
Name of Indicator: Number of Results Based Financing (RBF) grants signed
Name of Result Measured: Result 1: Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones and provinces **IR 1.1:** Enhanced capacity to plan, implement, and monitor services at provincial, health zone, and facility levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator counts the number of grants that have been signed as proxy for the number of institutions that have signed RBF grants financed by USAID. In Katanga, the RBF grants will be financed by the World Bank. RBF grants are a form of incentive where health providers are, at least partially, funded on the basis of their performance to meet targets or undertake specific actions. **Precise calculation:** Count; this is a cumulative number. **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number of grants
Indicator Type: Output
Disaggregated by: Type of institution, Province, Health zone
Rationale for Indicator (optional): Demonstrates capacity or willingness to meet requirements for RBF grants?
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: We will methodically track the number of RBF grants that are signed and count them at the end of the reporting period. We will report the total number at the end of each disbursement period, reporting a cumulative number each year.
Reporting Frequency: Annual
Individual(s) Responsible: RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: None known at this time
CHANGES to Indicator
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 1.2: IMPROVED TRANSPARENCY AND OVERSIGHT IN HEALTH SERVICE FINANCING AND ADMINISTRATION AT PROVINCIAL, HEALTH ZONE, FACILITY, AND COMMUNITY LEVELS

USAID Performance Indicator Reference Sheet #1.2.1
Name of Indicator: Score for financial management for provincial health divisions
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones and provinces **IR 1.2:** Improved transparency and oversight in health service financing and administration at provincial, health zone, facility, and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting year(s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator tracks the compound score for provinces to evaluate their capacity to manage province finances. Financial management capacity will be tracked on four key competencies and the score will be calculated by multiplying the achieved score by the weight, below stated as a percentage: • Trainings are available (source: Participatory Institutional Capacity Assessment and Learning (PICAL) tool) • Personnel are trained (source: PICAL) • Financial Management tools are available for use (Checklist) • Staff are using the tools correctly (Audit report) The PICAL score will be used to determine if DPS staff are trained: 20% Using a checklist, we will then determine if all of the tools needed for financial management are available: 20% Audit Report will be used to determine if the tools are being used correctly: 60% **Precise Calculation:** Multiply each score by its assigned weight (a decimal) **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Score
Indicator Type: Outcome
Disaggregated by: Province, Health zone, and Sector.
Rationale for Indicator (optional): The IHP hypothesizes that these high-level institutional capacity indicators will show improved trends resulting from program activities designed to improve access to quality integrated health services; improved leadership and governance of health services and related systems; and increased adoption of healthy behaviors in USG-supported health zones. This indicator allows tracking of changes in DPS scores in the financial management sub-domains of the PICAL tool, by comparing the scores of the successive PICALs with the score of the PICAL administered in year 1.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: We will archive the PICAL assessment reports, the checklists and the Audit Report scores on the M&E platform and we will keep a simple dataset that records the score for analyses and reporting.
Reporting Frequency: Annual
Individual(s) Responsible: IHP internal evaluator and USAID external evaluator.
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Subjective interpretation of the check list items can lead to bias
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.2.2

Name of Indicator: PICAL assessment accountability sub-domain score for province and health zones receiving USG assistance

Name of Result Measured:
Result 1: Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones and provinces
IR 1.2: Improved transparency and oversight in health service financing and administration at provincial, health zone, facility, and community levels

Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)

If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s): This indicator tracks the annual Participatory Institutional Capacity Assessment and Learning (PICAL) score of selected sub-national level health divisions in the sub-domains related to accountability mechanisms, to enable a comparison with the baseline score.
Sub-national level health divisions are defined as provinces receiving USG assistance are defined.
The PICAL tool is part of USAID/DRC's evolving assessment framework. And will be administered annually to USG-supported provincial health divisions to assess and measure their institutional capacity by tracking changes in each organization's annual PICAL score.
Health divisions (ZS) refers to the provinces supported by USAID IHP. IHP staff will guide the selected health units through a participatory self-assessment to determine their current capacity.
The PICAL assesses four key domains with subdomains and to investigate changes in institutional capacity in accountability in each of these areas to be measured and tracked:
Administrative capacity: Does the health division have adequate capacity to manage all general administrative and operational functions?

- Leadership
- Roles and Organizational Responsibilities
- Human Resources (Planning)
- Human Resources (motivations)
- Information management
- Financial management
- Reportage
- Equipment and Physical Space
- Compliance / Audit

Please refer to the PICAL guide for more detail on the methodology of the assessment and the scoring.
Baseline determination: The first PICAL scores will serve as baseline data for this indicator.
Performance result determination: PICAL scores for accountability sub-domains are measured an annual basis, enabling tracking of changes in scores for health divisions receiving USG assistance.
Precise calculation: none
Numerator: N/A
Denominator: N/A

Unit of Measure: Score

Indicator Type: Output

Disaggregated by: Province, Health zone, and Sector

Rationale for Indicator (optional): USAID IHP hypothesizes that these high-level institutional capacity indicators will show improved trends resulting from program activities designed to improve access to quality integrated health services; improved leadership and governance of health services and related systems; and increased adoption of healthy behaviors in USG-supported health zones. This indicator allows tracking of changes in DPS scores related to the accountability measures captured by the PICAL tool, by comparing the scores of the successive PICALs with the score of the PICAL administered in year 1.

PLAN FOR DATA COLLECTION

Data Source: Project monitoring report

Method of Data Collection and Construction: We will archive the PICAL assessment reports on the M&E platform and we will keep a simple dataset that records the score for analyses and reporting.

Reporting Frequency: Annual

Individual(s) Responsible: USAID IHP internal evaluator and USAID external evaluator.

TARGETS AND BASELINE

Baseline Timeframe: TBD

Rationale for Targets (optional): TBD

DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Subjective interpretation of the check list items can lead to bias
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.2.3
Name of Indicator: Percentage of DPS and health zones supported by the program that are audited with USAID IHP technical and/or financial support
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones and provinces **IR 1.2:** Improved transparency and oversight in health service financing and administration at provincial, health zone, facility, and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of DPSs and ZS audited with USAID IHP technical and/or financial support. USAID will provide training and technical assistance to DPS and ZS to improve financial management skills based on PICAL scores and MOH priorities. We will include DPS and ZS which: have at least one person trained to provide an audit or where other resources were provided to conduct an audit. Justifications for all non-training support will be included in the activity report. Supported by the program refers to all DPS and ZS in USAID IHP provinces **Numerator**: Total number of USG-supported DPSs and ZS and audited with IHP USAID technical and/or financial support **Denominator**: Total number of USG-supported DPS and ZS
Unit of Measure: Percentage of DPSs and ZS
Indicator Type: Output
Disaggregated by: Institution type, Province, Health zone
Rationale for Indicator (optional): Completion of an audit is a proxy for improved governance in DPSs and ZS.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: We will archive the activity report on the M&E Platform and create a simple dataset for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: Program Unit
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: None at this time.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.2.4
Name of Indicator: Number of tickets to fraud and complaints hotline issue tracker
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones and provinces **IR 1.2:** Improved transparency and oversight in health service financing and administration at provincial, health zone, facility, and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator counts the number of tickets to the cross-network fraud & complaints hotline issue tracker. Each time a call is received to the fraud hotline, a ticket is created on the issue tracker dashboard created by Viamo and managed by the appropriate point person within the Ministry of Health. Tickets are categorized by type and can be grouped to facilitate feedback to hotline callers. The total number of these tickets will be accumulated and reviewed on a monthly basis in the Viamo platform. In the beginning, a high number of tickets will show that the hotline is working successfully, while overtime, a reduced number of tickets should indicated that actual incidence of fraud and complaints are being addressed. **Precise calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number
Data Type: Output
Disaggregated by: Institution type, Province, Health zone
Rationale for Indicator (optional): The trend of this indicator provides information on DPS and ZS governance; a reduced number of tickets should indicated that actual incidence of fraud and complaints are being addressed.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: We will archive the Audit Report on the M&E Platform and create a simple dataset to record the number for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: Program Unit
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No data limitations known at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 1.3: STRENGTHENED CAPACITY OF COMMUNITY SERVICE ORGANIZATIONS (CSOS) AND COMMUNITY STRUCTURES TO PROVIDE HEALTH SYSTEM OVERSIGHT

USAID Performance Indicator Reference Sheet #1.3.1
Name of Indicator: Percentage of active Community Service Organizations (CSOs)/Health Area Development Committees (CODESAs) in USG-supported health zones which receive financial support
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones and provinces **IR 1.3:** Strengthened capacity of Community Service Organizations (CSOs) and community structures to provide health system oversight
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator counts active CSOs and CODESAs in USG-supported areas that receive financial support. Active is defined as having a work plan and is registered. Financial support is defined as technical assistance, fixed-price awards for facility rehabilitation and emergency transport plans. Other assistance may be added and they will be noted in the activity report. USG-supported areas refers to USAID IHP provinces. **Numerator**: Total number of active CSOs and CODESAs in USG-supported health zones, which receive financial support **Denominator**: Total number of active CSOs and CODESAs in USG-supported health zones
Unit of Measure: Percentage of CSOs and CODESAs
Indicator Type: Output
Disaggregated by: Type of institution (CSO, CODESA)
Rationale for Indicator (optional): The trend of this indicator provides information on financing of community structures.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Activity reports will be produced by the provincial team and data will be entered on the M&E platform for analyses and reporting
Reporting Frequency: Quarter
Individual(s) Responsible: Health zone workers
TARGETS AND BASELINE
Baseline Timeframe: N/A
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.3.2
Name of Indicator: Number and percentage of supported Community Service Organizations (CSOs)/Health Area Development Committees (CODESAs) using accountability tools to monitor and/or demand improved financial management and/or service delivery
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones and provinces **IR 1.3:** Strengthened capacity of Community-Service Organizations (CSOs) and community structures to provide health system oversight
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator counts the USG-supported CSOs and CODESAs that use accountability tools to monitor and/or require improved financial management and or services. Accountability tools refers to the community scorecard, an MOH tool that assists citizens and community organizations in their oversight role to improve service delivery. Other tools may be added if appropriate and these will be detailed in the USG-supported refers to CSOs and CODESAs in USAID IHP provinces. **Numerator**: Total number of supported CSOs/CODESAs that used the community scorecard **Denominator**: Total of supported CSOs/CODESAs
Unit of Measure: Percentage of CSOs / CODESAs
Indicator Type: Outcome
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): The trend of this indicator provides information on the co-management of health structures by community participation organizations.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Reporting Frequency: Quarter
Individual(s) Responsible: Health zone workers
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON :

USAID Performance Indicator Reference Sheet #1.3.3
Name of Indicator: Number of Community Service Organizations (CSOs)/Health Area Development Committees (CODESAs) supported by the program that are woman-led
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones or provinces **IR 1.3:** Strengthened capacity of Community Service Organizations (CSOs) and community structures to provide health system oversight
Is this a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator counts This indicator counts the USG-supported CSOs and CODESAs led by women. "Women-led" is defined by the CSOs/CODESAs has a female president (or alternative title), operationally, the leader of the organization. **Precise calculation:** Count of CSOs or CODESAs that have a female leader. **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number of CSOs and CODESAs
Indicator Type: Output
Disaggregated by: Type of institution (CSO, CODESA), Province, Health zone
Rationale for Indicator (optional): The trend of this indicator provides information on improvement made on women ability to lead or influence decisions in the community.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: CSOs and CODESA reports will be reviewed and the data will be collected by the USAID IHP province level M&E teams. Data will then be entered into a database on the M&E platform for analyses and reporting.
Reporting Frequency: Annual
Individual(s) Responsible: Health zone workers
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON :

IR 1.4: IMPROVED EFFECTIVENESS OF STAKEHOLDER COORDINATION AT THE PROVINCIAL AND HEALTH ZONE LEVELS

USAID Performance Indicator Reference Sheet #1.4.1
Name of Indicator: Percentage of stakeholders who agree that their views are reflected in planning/policy processes
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.4:** Improved effectiveness of stakeholder coordination at the provincial and health zone levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Stakeholders are persons that have interest or involvement in an organization and that can affect or be affected by the organization's actions, objectives, and policies. The indicator will measure stakeholders who believe that their views are reflected in planning/policy processes. Stakeholders are defined as the individuals in groups such as the *Commission* and *Sous Commissions of the Comité de Pilotage National* who are tasked with working with the central and provincial governments as part of the planning process to share lessons learned about systems strengthening in quarterly meetings to reinforce health system sustainability as best practices are disseminated and scaled up as well as regular one-on-one meetings with the MOH, *Bureaux Centraux de Zones de Santé,* and the Comité de Gestion (Management Committee or COGE) to facilitate collaboration between central and provincial levels. **Precise calculation:** Total number of stakeholders in USG-supported provinces who believe their views are reflected in planning processes in divided by the total number of stakeholders by the survey X 100 **Numerator**: Total number of stakeholders in USG-supported provinces who believe that their views are reflected in planning processes **Denominator**: Total number of stakeholders in USG-supported provinces included in the survey
Unit of Measure: Percentage of stakeholders
Indicator Type: Output
Disaggregated by: Province, Health zone, Gender, Age
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: USAID IHP Household Survey
Method of Data Collection and Construction: Survey implemented by USAID IHP. Data will be collected via mobile application and entered into the M&E platform database for analyses and reporting.
Reporting Frequency: Years 1, 4, and 7
Individual(s) Responsible: RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.4.2
Name of Indicator: Percentage of coalitions or networks with strengthened capacity to fulfill their mandate as a result of USG assistance
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.4:** Improved effectiveness of stakeholder coordination at the provincial and health zone levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator counts coalitions or networks whose capacity to fulfill their mandate has been strengthened with the assistance of the USG, specifically from USAID IHP. "Strengthened capacity" refers to training and financial and technical support. Training will focus on strengthening and engendering Health Area Development Committees (CODESAs) to be responsive to a broad cross section of society's needs, particularly for women's and youth health. USAID will then support CODESAs to engage citizens in problem identification, joint planning, and quality, management, and budgetary oversight in health zones. We will count the coalitions or networks that receive training for at least one member or representative. We will also count coalitions and networks that receive support to undertake a task or campaign, for example, a CODESA that accepts money for facility rehabilitation. We will justify the support provided by USAID IHP in the activity report for reference and verification. We will collect this information with respect to the six USAID domains: WASH, TB, RH/FP, Nutrition, MNCH, malaria. Capacity strengthening may take different forms. These will be explained and justified in the project monitoring report if necessary. Coalitions and networks are defined as groups of organizations that have joined together to work on a common goal. These are specifically the CODESAs but may also include Community Service Organizations (CSOs), the *Reseau des Femmes* (women's network) and *Reseaus des Jeunes* (youth network), depending on the nature of the support (and if it originates from USAID IHP). Coalitions or networks included in the count will be identified in the report (data source) for tracking. **Numerator**: Total number of coalitions or networks with strengthened capacity to fulfill their mandate as a result of USG assistance **Denominator**: Total number of coalitions or networks in the USAID IHP provinces
Unit of Measure: Percentage of coalitions or networks
Indicator Type: Output
Disaggregated by: Type of stakeholder, Domain, Province
Rationale for Indicator (optional): This work will increase the transparency of public resource flows in the health sector and greater responsiveness to citizen priorities.
PLAN FOR DATA COLLECTION
Data Source: Training registers, Project monitoring report
Method of Data Collection and Construction: We will archive the activity reports prepared at the provincial level on the M&E Platform and then we will create a simple dataset to track the number for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: Provincial M&E staff, RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: N/A
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: We will be conducting a mapping exercise to identify stakeholders in the provinces to get the denominator and establish means of communication. We will also depend on MOH partners and other stakeholders to identify active organizations and networks that we can support. However, we may not get the full number of coalitions and organizations for the denominator. No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON :

USAID Performance Indicator Reference Sheet # 1.4.3
Name of Indicator: Annual score of provincial level health divisions in PICAL sub-dimension 2.6 to assess for use of inclusive stakeholder feedback to inform decision-making and implementation
Name of Result Measured : Result 1 : Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones IR 1.4: Improved effectiveness of stakeholder coordination at the provincial and health zone levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator tracks the annual score of selected provinces and health zones for sub-domain 2.6 of the PICAL assessment, which measures the use of inclusive stakeholder feedback to inform decision-making and implementation. USAID IHP staff will guide the selected institutions through a participatory self-assessment in order to determine their current capacity. The first PICAL scores will serve as baseline data for this indicator. On an annual basis, the scores in sub-domain 2.6 will be collected from the PICAL administered to each health division, to assess use of inclusive stakeholder feedback to inform decision-making and implementation. **Precise Calculation:** Score in sub-domain 2.6 **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Average PICAL score
INdicator Type: Score
Disaggregated by: Province, Health Zone
Rationale for Indicator (optional): USAID IHP hypothesizes that these high-level institutional capacity indicators will show improved trends resulting from program activities designed to improve access to quality integrated health services; improved leadership and governance of health services and related systems; and increased adoption of healthy behaviors in targeted health zones.
PLAN FOR DATA COLLECTION
Data Source: PICAL assessment report.
Method of Data Collection and Construction: We will archive the PICAL assessment reports on the M&E platform and we will keep a simple dataset that records the score for analyses and reporting. .
Reporting Frequency: Annual
Individual(s) Responsible: RME Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional) : TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Subjective interpretation of the check list items can lead to bias
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 1.5: IMPROVED DISEASE SURVEILLANCE AND STRATEGIC INFORMATION GATHERING AND USE

USAID Performance Indicator Reference Sheet #1.5.1
Name of Indicator: Number of provinces that demonstrate information management in the preparation of the quarterly work plan reports
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.5:** Improved disease surveillance and strategic information gathering and use
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator tracks the number of quarterly work plan reports with development plans derived from data collected and analyzed by DPS and health zone authorities. Information management capacity is defined as the ability of an institution to use data to: • Anticipate problems and opportunities before they arise • Respond to crises and opportunities after they arise • Return to their plan and priorities and adapt their plan as necessary in order to inform design and implementation of a response Through the Participatory Institutional Capacity Assessment and Learning (PICAL) process, we will assess and strengthen the information management capacity of provinces to better anticipate needs and respond appropriately as problems arise. We will evaluate the quarterly work plan reports to determine if the provincial authorities are demonstrating and improving information management capacity. We will produce a tool derived from PICAL domain Organizational learning capacity and subdomains: Leadership in Capacity Building, Organizational Planning, Evaluation and Learning, Knowledge Management, and Research to evaluate the reports that will produce findings and recommendation in terms of institutional capacity for information management. **Precise Calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number of provinces
Indicator Type: Outcome
Disaggregated by: Province
Rationale for Indicator (optional): USAID IHP hypothesizes that these high-level institutional capacity indicators will show improved trends resulting from program activities designed to improve access to quality integrated health services; improved leadership and governance of health services and related systems; and increased adoption of healthy behaviors in USG-supported health zones. This indicator allows tracking of changes in DPS scores related to information management capacity captured by the PICAL tool, by comparing the scores of the successive PICALs with the score of the PICAL administered in Year 1.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: We will archive the PICAL assessment reports on the M&E platform and we will keep a simple dataset that records the score for analyses and reporting.
Reporting Frequency: Annual
Individual(s) Responsible: IHP internal evaluator and USAID external evaluator.
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Subjective interpretation of the check list items can lead to bias
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.5.2
Name of Indicator: Percentage of USG-supported provinces and health zones with Maladie à Potentiel Epidémique (MAPEPI) District Health Information System 2 (DHIS2) reporting rates > 95%
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.5:** Improved disease surveillance and strategic information gathering and use
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Total number of provinces and Health Zones supported by the program with above 95% completeness of MAPEPI data in the DHIS2 for the whole province and Health Zone. This refers to the provinces and health zones performance reporting on MAPEPI data in DHIS 2. All provinces and health zones with a reporting rates > 95% are counted **Precise Calculation:** Number of USG-supported provinces and health zones with MAPEPI DHIS2 reporting rates > 95% divided by the number of USG-supported provinces and health zones X 100 **Numerator**: Total number of USG-supported provinces and health zones with MAPEPI DHIS2 reporting rates > 95% **Denominator**: Total number of USG-supported provinces and health zones
Unit of Measure: Percentage of provinces and health zones
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS, DHIS2
Method of Data Collection and Construction: DHIS2 report
Reporting Frequency: Quarter
Individual(s) Responsible: Health zone and province workers
TARGETS AND BASELINE
Baseline Timeframe: N/A
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported DQA activities.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.5.3
Name of Indicator: Percentage of USG-supported DPS, Equipe Cade de la Zone Santé (ECZS), and Formations Sanitaires (FOSA) teams that use real-time data dashboards in routine management tasks
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.5:** Improved disease surveillance and strategic information gathering and use
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator counts the number of DPS and ECZS teams that use real-time data dashboards for routine management. DPS is the *Division Provincial de la Santé,* the provincial health management ECZS is the *Equipe Cadres de Zones Sanitaires*: The governing body of the health zone management FOSA refers to *Formations Sanitaires* (health facilities) It refers to of the number of USG-supported DPS and ECZ senior staff teams that use real-time data dashboards in routine management tasks divided by the total number of the DPS and ECZ senior staff teams USG-supported by the project. Data dashboards refers to the Performance Dashboard that will be developed in collaboration with IHP and the RDC government for Ministry of Health use. Real time is defined as a being regularly updated, at least monthly. USG-supported is defined as the DPS and ECZ staff in USAID IHP provinces and have been trained to use real time data for routine management. **Precise calculation:** Total number of USG-supported DPS and ECZ senior staff teams that use real-time dashboards in routine management tasks divided by the total number of USG-supported DPS and ECZ senior staff teams USG-supported by the project and X 100. **Numerator**: Total number of USG-supported DPS and ECZ senior staff teams that use real-time dashboards in routine management tasks **Denominator**: Total number of USG-supported DPS and ECZ senior staff teams
Unit of Measure: Percentage of teams
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: DHIS2 report
Reporting Frequency: Quarter
Individual(s) Responsible: Health zone and province workers
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Target (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 1.6: IMPROVED MANAGEMENT AND MOTIVATION OF HUMAN RESOURCES FOR HEALTH

USAID Performance Indicator Reference Sheet #1.6.1
Name of Indicator: Average score of provinces and health zones assessed for HR management monitoring systems
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.6:** Improved management and motivation of human resources for health
Is This a Performance Plan and Report Indicator? No _X_ **Yes** __ **for reporting Year (s)**
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator tracks the average score of selected provinces and health zones that were assessed for HR management monitoring systems, specifically, iHRIS and Pathway to Change, a behavior change tool. DPS HRH will and plan and deploy staff by analyzing integrated Human Resource Information System (iHRIS) data, where available, and DHIS2 to recruit staff according to HRH needs where budget has been confirmed. Other HR monitoring systems may be included and these will be justified in the report. This indicator will track the scores of individuals using 1) a coaching checklist that will cover elements of the MOH HRH guidance on using iHRIS and 2) specific modules from the Pathways to Change tool. We will add the scores from the coaching checklist and selected module from Pathways to Change for each individual. **Precise Calculation:** We will calculate the average score for each province and health zone by adding the scores of from the checklist and Pathways to Change modules for each individual, we will add the total scores for each individual in the disaggregated area and then divide by the number of individuals in that area that were assessed X 100 **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Average
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): USAID IHP hypothesizes that these high-level health indicators will show improved trends resulting from program activities designed to improve access to quality integrated health services; improved leadership and governance of health services and related systems; and increased adoption of healthy behaviors in USG-supported health zones.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Scores will be obtained using a tool based on the coaching checklist. These scores will be collected on the M&E platform for analyses and reporting.
Reporting Frequency: Annual
Individual(s) Responsible: Human Resources Technical Specialist and RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Subjectivity in the use of checklist can lead to bias.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.6.2
Name of Indicator: Number of DPS/Equipe Cade de la Zone Santé (ECZS) health workers trained in Human Resources Management using the iHuman Resources Information System (iHRIS)
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **1.6:** Improved management and motivation of human resources for health
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of health workers trained in Human Resources Management using iHRIS. iHRIS is the Human Resource Information System used by the MOH. All health workers who have participated in a training session organized as part of capacity building in Human Resource Management using iHRIS, are counted. To be counted, training should be planned, with terms of reference describing the content and an agenda. **Precise calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number of persons trained
Indicator Type: Output
Disaggregated by: Province, Health zone, Gender, Age
Rationale for Indicator (optional): The training of health workers allows tracking of new knowledge and skill for better management of health problems by providers in the community.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Training registers will record staff that have been trained and the activity report/agenda will confirm that the training meets the criteria for the indicator. These will be archived on the M&E platform and the training register data will be entered into the training database for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E Team and health zone workers
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON :

USAID Performance Indicator Reference Sheet #1.6.3
Name of Indicator: Number of Equipe Cadre de Division Provinciale de la Santé (ECDPs) who have been coached according to Ministry of Health guidelines for human resources management
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.6:** Improved management and motivation of human resources for health
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator measures the number of Equipe Cadre de Division Provinciale de la Santé (ECDPs) who have been coached according to Ministry of Health guidelines in Human Resources Management. Coaching is defined as a personalized support that seeks to improve the skills and performance of an individual, a group or an organization, through the improvement of knowledge, the optimization of processes and methods of organization and control[2]. The coach must be an expert working at the central level of the Ministry of Health who has proven skills in human resources management. **Precise calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number of ECDPS
Indicator Type: Output
Disaggregated by: Province, Health zone, Gender, Age
Rationale for Indicator (optional): The training of health workers allows tracking of new knowledge and skills for better management of health problems by providers in the community.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report and coaching register
Method of Data Collection and Construction: Coaching registers will record staff that have been trained and the activity report/checklist will confirm that the coaching meets the criteria for the indicator. These will be archived on the M&E platform and the coaching register data will be entered into the coaching database for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON :

[2] https://fr.wikipedia.org/wiki/Coaching

USAID Performance Indicator Reference Sheet #1.6.4
Name of Indicator: Number of providers who have benefited from using the Pathways to Change tool to improve their attitudes and behaviors
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.6:** Improved management and motivation of human resources for health
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator counts the number of providers who have benefited from using the Pathways to Change tool to improve their attitudes and behaviors. "Benefitted" is defined as providers who have completed at least one module of the Pathways to Change tool. **Precise calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number of providers
Indicator Type: Output
Disaggregated by: Province, health zone, Gender, Age
Rationale for Indicator (optional): The training of health workers allows tracking of new knowledge and skills for better management of health problems by providers in the community.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: A list of all providers who have completed at least one module on the Pathways to Change tool will be generated based on provider self-reporting. This data will be entered in the training database on the M&E platform for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E Team and health zone workers
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time. Self-reporting is difficult to verify.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON :

IR 1.7: INCREASED AVAILABILITY OF ESSENTIAL COMMODITIES AT PROVINCIAL, HEALTH ZONE, FACILITY, AND COMMUNITY LEVELS

USAID Performance Indicator Reference Sheet #1.7.1
Name of Indicator: Number and percentage of USG-assisted service delivery points that experience a stock out of selected tracer commodities at any time during the reporting period
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.7:** Increased availability of essential commodities at provincial, health zone, facility, and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Number and percentage of USG-assisted service delivery points (SDPs) experiencing stock-outs of selected commodities including: • Depo Provera • Oral rehydration salts • Oxytocin • Iron-folate • Artemisinin-based combination therapy (ACT 1-5 years) (250mg) • RH rifampicin-izoniazid These are the service delivery points where at least one of the selected tracer commodities has been unavailable during the reporting period. USG-assisted service delivery points are defined as hospitals and health centers in USAID IHP provinces. The numerator will provide information on the number of USG-assisted service delivery points. Stock-out is defined as the situation where a particular commodity is unavailable for a client. The program will track stockouts monthly and if a facility experienced a stockout of at least one commodity, one month, it will be counted as experiencing a stockout. We will look at the following Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2) for stockouts. Please refer to the *Manuel de Remplissage* for detailed definitions. *C1 12.1 Medroxyprogesterone Acétate (Depo Provera) 150 mg Injectable- jours rupture de stock* *C1 12.1 Sel Réhydratation Orale (SRO)-Poudre-Jours rupture de stock* *C1 12.1 Oxytocine 10 UI injectable- Jours rupture de stock* *Fer Sulfate +Acide Folique, 200 mg+0,25mg, Tab* *C1 12.1 Artesunate-Amodiaquine (12-59 mois) 50mg+135 mg Comprimé-jours rupture de stock* *C 12.1 Rifampicine+Isoniazide (RH) 150mg+75mg Comprimé- jours rupture de stock* **Precise Calculation:** the number of SDPs that were stocked out of the commodity according to the ending balance of the final day of each month reported by USAID IHP) divided by the total number of USG-supported SDPs that reported the product X 100 **Numerator:** Number of USG-assisted service delivery sites that experience a stock out **Denominator:** Total number of USG-assisted service delivery sites
Unit of Measure: Percentage of USG-assisted service delivery points
Indicator Type: Output
Disaggregated by: Province, Health zone, Type of commodity
Rationale for Indicator (optional): This indicator makes it possible to monitor and track the availability of medicines in health facilities.
PLAN FOR DATA COLLECTION
Data Source: Routine data from the Logistics Management Information System (LMIS)
Method of Data Collection and Construction: This data will be pulled automatically from the LMIS to the M&E platform for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: M&E Manager
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):

DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: There is the possibility of errors of omission, exactitude when collecting, compiling or transcribing data. We will mitigate these risks to data quality using systematic feedback and correction of omissions and inconsistencies at all levels before data validation.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.7.2
Name of Indicator: Percentage of USG-supported health zones with Logistics Management Information System (LMIS) reporting rates > 95%
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.7:** Increased availability of essential commodities at provincial, health zone, facility, and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Total number of Health Zones supported by the program with a more than 95% completeness of LMIS reporting rate for the whole province and Health Zone. This refers to health Zones performance reporting on LMIS data. All LMIS data should be entered into LMIS by the 15th. All Health zones with a reporting rates > 95% are counted. **Precise Calculation:** Total number of health zones with LMIS reporting completeness greater than 95% by the 15th of the next month, inclusive divided by the Total number of health zones supported by the US government through USAID IHP **Numerator:** Total number of health zones with LMIS reporting completeness greater than 95% by the 15th of the next month, inclusive. **Denominator:** Total number of health zones supported by the US government through USAID IHP
Unit of Measure: Percentage of ZS
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Routine data from LMIS
Method of Data Collection and Construction: Passive data collected by the system will capture a dataset saved from the 15th of the month at midnight. We will collect this data in a database on the M&E platform for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E Team and health zone workers
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No specific data limitations are known at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.7.3
Name of Indicator: Percentage of USG-supported provinces and health zones with a documented and budgeted distribution plan
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.7:** Increased availability of essential commodities at provincial, health zone, facility, and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting year(s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Number of USG-supported DPS with a documented and budgeted distribution plan. The indicator measures the proportion of USG-supported DPS that have a distribution plan documented and budgeted. This distribution plan can exist in hard or soft copy. **Precise Calculation:** Total number of USG-supported provinces or health zones with a documented and budgeted distribution plan divided by total number of USG-supported provinces or health zones **Numerator:** Total number of USG-supported provinces or health zones with a documented and budgeted distribution plan **Denominator:** Total number of USG-supported provinces or health zones
Unit of Measure: Percentage of USG assisted facilities
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): This indicator makes it possible to monitor and track the availability of documented and budgeted distribution plans at the provincial, health zone, and facility levels.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: This data will be pulled directly from the Logistics Management Information System (LMIS) to the M&E platform for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E team and health zone workers
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Drug reporting at the health facility level remains a major challenge.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #1.7.4
Name of Indicator: Percentage of health zones with improved conditions for medicines storage based on the planned renovation
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.7:** Increased availability of essential commodities at provincial, health zone, facility, and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator counts the Health Zones that have improved storage resulting from the planned renovation. Specifically, this indicator reports the proportion of health facility storage spaces that meet the minimum requirements for good storage practices defined by the Ministry of Health. Improved storage conditions are defined as storage space that has been assessed as meeting the requirements for the medicines stored and has been improved through the provision of USAID IHP financial or technical expertise. **Precise Calculation:** USG-supported health zones with improved storage conditions based on the planned renovation divided by the total number of USG-supported health zones **Numerator:** USG-supported health hones with improved condition of storage according the planned renovation **Denominator:** All USG-supported health zones
Unit of Measure: Percentage of health zones
Indicator Type: Output
Disaggregated by: N/A
Rationale for Indicator (optional): This indicator makes it possible to monitor the availability of medicines in health facilities.
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS
Method of Data Collection and Construction: This data will be pulled directly from the HMIS to the M&E platform for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E team and health zone workers
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
K Known Data Limitations: No specific data limitations are known at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 1.8: STRENGTHENED COLLABORATION BETWEEN CENTRAL AND DECENTRALIZED LEVELS THROUGH SHARING OF BEST PRACTICES AND CONTRIBUTIONS TO POLICY DIALOGUE

USAID Performance Indicator Reference Sheet #1.8.1
Name of Indicator: Number of consensus-building forums (multi-party, civil/security sector, and/or civil/political) held with USG assistance
Name of Result Measured: **Result 1:** Strengthened health systems, governance, and leadership at provincial, health zone, and facility levels in target health zones **IR 1.8:** Strengthened collaboration between central and decentralized levels through sharing of best practices and contributions to policy dialogue
Is This a Performance Plan and Report Indicator? No __ Yes _X_ for reporting Year (s) (Standard DR.3.1-3)
If yes, link to foreign assistance framework: Country Development Cooperation Strategy (CDCS) 2015-2019
DESCRIPTION
Precise Definition(s): This indicator counts the collaborative meetings and forums (multi-party, civil/security sector, and/or civil/political) convened with USG support through USAID IHP program. Support refers to technical or financial resources to convene the event. This refers to events organized in order to build consensus and collaboration.
Unit of Measure: Number of forums
Indicator Type: Output
Disaggregated by: Type of forum, Province, Health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Routine data collection at ZS and province levels
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E team
TARGETS AND BASELINE
Baseline Timeframe: N/A
Rationale for Targets (optional)
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No specific data limitations are known at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

RESULT 2: INCREASED ACCESS TO QUALITY, INTEGRATED HEALTH SERVICES IN TARGET HEALTH ZONES

USAID Performance Indicator Reference Sheet #2.1
Name of Indicator: FP: Couple years of protection (CYP) in USG-supported programs
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones
Is this a performance plan and reporting indicator? No __ **Yes** _X_ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework: CDCS RDC 2015-2019
DESCRIPTION
Precise definition(s): The estimated protection provided by family planning (FP) services during a one-year period, based on the volume of all contraceptives sold or distributed free of charge to clients during that period in USG-supported programs. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection provided per unit of that method (Wishik and Chen, 1973; Stover, Bertrand, and Shelton, 2000). The CYPs for each method is then summed over all methods to obtain a total CYP figure. CYP conversion factors are based on how a method is used, failure rates, wastage, and how many units of the method are typically needed to provide one year of contraceptive protection for a couple. The calculation takes into account that some methods, like condoms and oral contraceptives, for example, may be used incorrectly and then discarded, or that intrauterine devices (IUDs) and implants may be removed before their life span is realized. ***This indicator is also known as USAID HL.71-1 indicator Couple Years Protection in USG supported programs.*** We are using the data reported for the HMIS indicators in DHIS2; please refer to the *Manuel de Remplissage* for the MOH definitions. *APC toutes les méthodes* **Precise Calculation:** The sum of each contraceptive products provided to the clients multiplies by the multiplier factor. (DMPA) Qty X 0.25 +DMPA sous cutané X 0.25 + pills oral contraceptive (COC) Qty distributed X 0.067 + pills (POP) Qty X 0.067 +Male Condom Qty distributed X 0.008 + Female Condom fem Qty distributed X 0.008 + cycle beads Qty X 1.5 + Lactational Amenorrhea Method (LAM) X 1.5 + Standard days methods X 1.5 + 3 year implant (Implanon) Qty X 2. 5+ 5 year implant (Jadel) Qty X 3.8 + Vasectomy c X 12.5)+ Tube ligation X 12.5 + number of IUD copper de 10 ans X 4.6 + DIU de 5 ans X 3.3+ Emergency contraception X 0.05
Unit of measure: Number of couple years of protection
Indicator type: Outcome
Disaggregated by: Province, Health zone
Rationale for the indicator (optional): Indicator is used to measure actual distribution of contraceptive methods at Service Delivery Points (SDPs) or through Community Health Workers (relais).
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS, DHIS2
Data collection and construction method: This indicator will be pulled automatically from the Health Management Information System (HMIS) database (HMIS give percentage and the number also) or other program information system to be stored on the M&E platform database for analyses (calculation) and reporting.
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline schedule: TBD
Performance value: TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known Data Limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported Data Quality Audit (DQA) activities.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.2

Name of Indicator: FP: Couple years of protection (CYP) after exclusion of Lactational Amenorrhea Method (LAM) and Standard Days Methods (SDM) for family planning (FP) in USG-supported programs

Name of Result Measured:

Result 2: Increased access to quality, integrated health services in target health zones

Is this a performance plan and reporting indicator? No __ Yes _X_ for the year(s) reported 2018-2025

If yes, link to the foreign assistance framework: CDCS RDC 2015-2019

DESCRIPTION

Precise definition(s): The estimated protection provided by family planning (FP) services during a one-year period, based upon the volume of hormonal contraceptives sold or distributed free of charge to clients excluding non-hormonal methods (LAM and SDM) during that period in USG supported programs.

The CYP is calculated by multiplying the quantity of each hormonal method distributed to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection provided per unit of that method (Wishik and Chen, 1973; Stover, Bertrand, and Shelton, 2000). The CYPs for each method is then summed over all methods to obtain a total CYP figure. CYP conversion factors are based on how a method is used, failure rates, wastage, and how many units of the method are typically needed to provide one year of contraceptive protection for a couple. The calculation takes into account that some hormonal methods, like condoms and oral contraceptives, for example, may be used incorrectly and then discarded, or that intrauterine devices (IUDs) and implants may be removed before their life span is realized.

We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for the MOH definitions.

APC toutes les méthodes exceptés MAMA et MAO

Precise Calculation:

The sum of each contraceptive products provided to the clients multiplies by the multiplier factor. (DMPA Qty X 0.25 + COC Qty X 0.067 + Male Condom Qty X 0.007 + Female Condom fem Qty X 0.007 + cycle beads Qty X 1.5 + + Case Ligature X 12.5 + Jadel Qty X 3.3 + Vasectomy case X 12.5)

Unit of measure: Number

Indicator type: Outcome

Disaggregated by: Province, Health zone

Rationale for the indicator (optional): Indicator is used to measure actual distribution of hormonal contraceptive methods excluding non-hormonal methods at Service Delivery Points (SDPs) or through Community Health Workers (CHWs).

DATA COLLECTION PLAN

Data Source: Routine data from HMIS, DHIS2

Data collection and construction method: This indicator will be pulled automatically from the HMIS database (HMIS give percentage and the number also) or other program information system to be stored on the M&E platform database for analyses (calculation) and reporting.

Reporting frequency: Quarter

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline schedule: TBD

Performance value: TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): N/A

Known Data Limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported Data Quality Audit (DQA) activities.

CHANGES TO INDICATOR

Changes to indicator:

Other notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.3
Name of Indicator: FP: Number of counseling visits for family planning (FP)/reproductive health (RH) as result of USG support
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones
Is this a performance plan and reporting indicator? No __ Yes _X_ for the year(s) reported _2018-2025
If yes, link to the foreign assistance framework: CDCS RDC 2015-2019
DESCRIPTION
Precise definition(s): This indicator counts counseling visits for FP/reproductive health. This refers to the visits made for family planning/reproductive health counseling. These are visits done by customers to get counsel. USG-assisted: Funded with congressionally-earmarked FP funds for any kind of assistance. FP counseling: FP information and/or FP counseling provided in the context of a visit with a FP service provider. We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for the MOH definitions. *Nouvelle acceptante PF (total) FOSA + Renouvellement planifications familiale (total) FOSA + Nouvelle acceptante PF (total) ADBC + Renouvellement planifications familiale (total) ADBC* **Precise calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of measure: Number
Indicator type: Output
Disaggregated by: Province, Health zone
Rationale for the indicator (optional): Indicator used to measure the actual family planning counseling provided in USG-assisted service delivery points to identify gaps in counseling and information.
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS, DHIS2
Data collection and construction method: This indicator will be pulled automatically from the HMIS database (HMIS give percentage and the number also) or other program information system to be stored on the M&E platform database for analyses (calculation) and reporting.
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline schedule: TBD
Performance value: TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported Data Quality Audit (DQA) activities.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.4

Name of Indicator: MALARIA: Percentage of pregnant women who received doses of sulfadoxine/pyrimethamine (S/P) for Intermittent Preventive Treatment (IPT) during ante-natal care (ANC) visits.

Name of Result Measured:
Result 2: Increased access to quality, integrated health services in target health zones

Is this a performance plan and reporting indicator? No _X_ Yes __ for the year(s) reported

If yes, link to the foreign assistance framework:

DESCRIPTION

Precise definition(s): This indicator counts pregnant women who received doses of sulfadoxine/pyrimethamine (S/P) for Intermittent Preventive Treatment (IPT) during ANC visits or it is used to measure the use of IPT to prevent malaria during pregnancy among women who gave birth in the last two years.
Intermittent preventive treatment (IPT) of malaria in pregnancy is a full therapeutic course of antimalarial medicine given to pregnant women at routine antenatal care visits, regardless of whether the recipient is infected with malaria. IPTp reduces maternal malaria episodes, maternal and fetal anaemia, placental parasitaemia, low birth weight, and neonatal mortality. WHO recommends IPT with sulfadoxine-pyrimethamine (IPT-SP).
We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for the MOH definitions.
A 2.1 Sulfadox. + Pyrimét 1ère dose reçue
A 2.1 Sulfadox. + Pyrimét 2ème dose reçue
A 2.1 Sulfadox. + Pyrimét 3ème dose reçue
Precise calculation: We will add the measures to get the total number of women for the disaggregations.
Numerator: Pregnant women who received doses of sulfadoxine/pyrimethamine (S/P) for Intermittent Preventive Treatment (IPT) during ANC visits.
Denominator: Total pregnant women who attend the first ANC visit

Unit of measure: Percentage

Indicator type: Outcome

Disaggregated by: Province, Health zone, Health facility, and Number of doses (1, 2, or 3)

Rationale for the indicator (optional): Malaria infection during pregnancy is a major public health problem, with substantial risks for the mother, her fetus and the neonate.

PLAN FOR DATA COLLECTION

Data Source: Routine data from HMIS, DHIS2

Data collection and construction method: This indicator will be pulled automatically from the HMIS database (HMIS give percentage and the number also) or other program information system to be stored on the M&E platform database for analyses (calculation) and reporting.

Reporting frequency: Quarter

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline schedule: TBD

Performance value: TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): N/A

Known Data Limitations: This indicator does not provide information regarding at which stage during pregnancy IPTp was given. Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP and we will not be able to assess or improve data quality once we identify the appropriate data source for this indicators. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported Data Quality Audit (DQA) activities.

CHANGES TO INDICATOR

Changes to indicator:

Other notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.5
Name of Indicator: Percentage of population who use selected facilities
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones.
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s) 2018-2025
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator provides the number of people (in each surveyed household) using selected facilities in the health sector over the course of the previous year. Health facility use will also be assessed by types of services sought (e.g. treatment for diarrhea, malaria, pneumonia; family planning; antenatal care; birth; immunizations). Using selected facilities includes the ease with which USG-supported population can use facilities available in their communities. Selected health facilities include Health centers, hospitals, and Integrated Community Case Management (iCCM) sites (users will be restricted to <5 years for iCCM sites, with caregivers as data source). The details of data collection, management, analysis, quality and reporting will be provided in the Baseline protocol. The protocol will be circulated to USAID, partners and selected stakeholder for review before finalization. **Numerator:** Number of females and males using selected facilities in the interventions zones **Denominator**: Number total surveyed population in the interventions zones
Unit of Measure: Percentage of people
Indicator Type: Outcome
Disaggregated by: Province, Health zone, Gender, Age (15-19 years, 20-24 years, 25-29 years, 30-34 years, 35-39 years, 40-44 years, 45-49 years)
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: USAID IHP Household Survey
Method of Data Collection and Construction: Survey implemented by USAID IHP and data will be collected via mobile application. Data collection, management, analyses and reporting will be detailed in the USAID IHP Household Survey protocol.
Reporting Frequency: Program years 1, 4, and 7
Individual(s) Responsible: USAID IHP M&E Team.
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet # 2.6

Name of Indicator: Percentage of health centers, among the USG-supported health centers, that effectively implement interventions to support the MOH Minimum Package of Activities

Name of Result Measured:

Result 2: Increased access to quality, integrated health services in target health zones.

IR 2.1: Increased availability of quality, integrated facility-based health services

Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)

If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s): This indicator reports the percentage of health centers that effectively implement the interventions that USAID supports in support of the MOH Minimum Package of Activities (PMA), and this percentage is taken among all the health centers that will be identified for such support in an annual mapping exercise.

The Minimum Package of Activities (Fr.: PMA) is a set of technical interventions defined by the Ministry of Health (MOH) to be implemented at the health center level. Given that available resources are limited, USAID IHP will not be able to support the full range of technical interventions included in the MOH Minimum Package of Activities, nor will USAID IHP be able to support every single health center.

USG supported interventions in support of the MOH Minimum Package of Activities are specific technical interventions that are drawn from areas or elements in the "Foreign Assistance Standardized Program Structure and Definitions".

In line with the guidance from the "PNDS recadré", USAID has selected the following interventions that are most cost effective, easy to implement and scalable as those that one should be able to observe when USG support effectively takes place. Those interventions address the following areas/ elements: (1) Family Planning, (2) Maternal Health, (3) Newborn Health, (4) Child Health, (5) Nutrition, (6) Malaria, (7) Tuberculosis, and are listed in the table below.

Specific areas/elements	Interventions of specific areas/elements at the level of health centers
Family Planning	The health center organizes communication activities for FP (community sensitization and client counseling)
	The health center offers at least 3 modern contraceptive methods from the following range: cycle necklace, pills, injectables, implants, condoms, IUDs and referrals depending on the case.
	The health center organizes follow-up of clients that use contraceptive methods
Maternal health	The health center organizes antenatal care with mandatory blood pressure measurement, measurement of proteinuria, prevention of malaria (TPI), prevention of anemia (iron, folic acid), tetanus vaccination and referrals for high-risk pregnancy
	The health center monitors labor with the help of a partograph, and all deliveries benefit from active management of the third stage of labor period (AMTSL)
	The health center organizes postnatal care 1 (6 hours after delivery), postnatal care 2 (6 days after delivery) and postnatal care 3 (6 weeks postpartum)
Newborn Health	The health center provides essential newborn care (temperature maintenance (immediate drying, skin-to-skin contact), eye care, cord care, early breastfeeding, and vitamin K1).
	The health center applies the Kangaroo Mother Care method to the care of newborns with low birth weight.
	The health center practices neonatal resuscitation for asphyxia at birth, following the HBB method (Helping Babies Breathe).
	The health center ensures the management of neonatal infections according to the national protocol.
Child Health	The health center organizes the management of diarrhea according to IMCI guidelines (ORT corner: place with appropriate materials for the treatment and supervision of the child until release from the health center)
	The health center implements management of acute respiratory infections with antibiotics according to the national protocol.
	The health center implements the RED strategy (reaching every district) for expanding immunization coverage (micro plan of the catchment areas, implementation of various vaccination strategies (fixed, advanced, seize the missed opportunities of vaccinations, intensified vaccination activities, vaccination at any contact, vaccination among the displaced), communication for vaccination, monthly monitoring with the community).

	The health center organizes the management of mild or moderate anemia in children
Nutrition	The health center promotes a balanced diet for pregnant women during pregnancy and distributes iron and folic acid supplementation during antenatal care.
	The health center promotes optimal breastfeeding (initiation of early breastfeeding within one hour after birth, exclusive breastfeeding till up to 6 months, complementary feeding up to 24 months).
	The health center organizes monitoring and growth promotion in the child health clinic (preschool clinic)
Malaria	The health center provides case management for mild cases of malaria (Rapid Diagnostic Test and Artemisinin-based Combination Therapy (ACT) according to national protocol.
	The health center ensures prevention and management of malaria during pregnancy (Intermittent Presumptive Treatment with Sulfadoxine Pyrimethanime-IPT, curative treatment according to the national protocol.
	The health center organizes the distribution of long-lasting insecticidal nets (LLINs) for pregnant women during antenatal clinics and for children during immunization sessions.
Tuberculosis	The treatment health center (Fr.: CST) raises awareness at the level of the community and health center, and screens for suspected cases of tuberculosis among people with cough, contacts of tuberculosis patients, HIV patients, malnourished children.
	The CST samples the sputum and sends it to the Diagnostic and Treatment Health Center (Fr.: CSDT) or refers suspected cases of TB to the CSDT for bacteriological diagnosis (Ziehl or GeneXpert.
	The CST organizes the treatment and follow-up of confirmed tuberculosis patients according to the directly observed treatment strategy (DOTS)

The presence of this total of 23 interventions in a health center is considered to be indicative of effective implementation of the USG support in support of the MOH Minimum Package of Activities. To be able to be counted as a health center that implements USG supported interventions supportive of the MOH Minimum Package of Activities, a health center must implement all 23 interventions listed in the table. If a health center does not implement all 23 listed interventions, it will not be counted as implementing the USG supported interventions supportive of the MOH Minimum Package of Activities.

Precise calculation: The total number of health centers that effectively implement all 23 interventions in support of the MOH Minimum Package of Activities (PMA) divided by the number of health centers that have been identified during the annual mapping exercise

Numerator: Number of health centers implementing all 23 interventions listed

Denominator: Number of health centers targeted to receive USAID IHP support, and identified as such targets during the annual mapping exercise.

Indicator Type: Outcome

Disaggregated by: Province

Rationale for Indicator (optional): Although the alignment with the "PNDS recadre" would suggest that USAID IHP measures coverage in the total of 178 HZ, this indicator only focuses on the subset of HZ that will be identified through the mapping exercise to receive specific USG programmatic support.
However, to inform the MoH on the progression of the coverage for the 23 interventions in the total of the 178 HZ, a periodic survey could include sampling in the total of these HZ.

PLAN FOR DATA COLLECTION

Data Source: Annual PMA/ PCA coverage survey

Method of Data Collection and Construction: Data are collected during an annual survey. This survey can be embedded in a routine supervision activity or can be done separately. Surveyed facilities are in both cases a random sample drawn from the list of facilities identified for USG support during the annual mapping exercise. Counts of health centers that meet the criteria described in the above precise definition are used to build the indicator. Data collection, management, analysis and reporting will be detailed in the survey protocol.

Reporting Frequency: Annual

Individual(s) Responsible: RM&E Team.

TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: The criteria for inclusion in the count are severe. The indicator is thus highly sensitive and identifies those health centers that are really implementing the supportive interventions while pointing to the need to expand the effective coverage further for the other health centers.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet # 2.7

Name of Indicator: Percentage of hospitals, among the USG-supported hospitals, that effectively implement interventions to support the MOH Complementary Package of Activities

Name of Result Measured:

Result 2: Increased access to quality, integrated health services in target health zones.

IR 2.1: Increased availability of quality, integrated facility-based health services

Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)

If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s): This indicator reports the percentage of hospitals that effectively implement the interventions that USAID supports in support of the MOH Complementary Package of Activities (Fr.: PCA), and this percentage is taken among all the hospitals that will be identified for such support in an annual mapping exercise.

The Complementary Package of Activities (PCA) is a set of technical interventions defined by the Ministry of Health (MOH) to be implemented at the hospital level. Given that available resources are limited, USAID IHP will not be able to support the full range of technical interventions included in the MOH Complementary Package of Activities (PCA), nor will USAID IHP be able to support every single hospital.

USG supported interventions in support of the MOH Complementary Package of Activities (PCA) are specific technical interventions that are drawn from areas or elements in the "Foreign Assistance Standardized Program Structure and Definitions".

In line with the guidance from the "PNDS recadré", USAID has selected the following interventions that are most cost effective, easy to implement and scalable as those that one should be able to observe when USG support effectively takes place. Those interventions address the following areas/elements: (1) Family Planning, (2) Maternal Health, (3) Newborn Health, (4) Child Health, (5) Nutrition, (6) Malaria, (7) Tuberculosis, and are listed in the table below.

Specific areas/elements	Interventions of specific areas/elements at the level of hospitals.
Family Planning	The hospitals organizes communication activities for FP (community sensitization and client counseling).
	The hospital offers a varied range of modern contraceptive methods including surgical methods (female sterilization and/or vasectomy).
	The hospitals organizes follow-up of clients that use contraceptive methods.
Maternal health	The hospital provides antenatal referral care for the referred cases from the health center.
	The hospital provides care and treatment for obstructed labor, including cesarean section and repair of tears and lacerations.
	The hospital provides safe blood transfusion services.
Newborn Health	The hospitals provides essential newborn care (temperature maintenance (immediate drying, skin-to-skin contact), eye care, cord care, early breastfeeding, and vitamin K1.
	The hospitals applies Kangaroo Mother Care to the care for newborns with low birthweight.
	The hospital performs resuscitation for cases of birth asphyxia.
	The hospitals ensures the management of neonatal infections according to the national protocol.
Child Health	The hospital provides treatment for cases of diarrhea with severe dehydration.
	The hospital provides treatment for severe pneumonia cases.
	Health care providers in the hospital routinely seek information on the immunization status of children admitted to hospital or referred for treatment and refer unvaccinated or inadequately vaccinated children to the vaccination site.
	The hospital provides pediatric care for severe cases of anemia in children, requiring blood transfusion.
Nutrition	The hospital promotes balanced nutrition for pregnant women in its antenatal clinics, and provides iron and folic acid supplementation.
	The hospital promotes optimal breastfeeding (initiation of early breastfeeding within one hour after birth, exclusive breastfeeding till up to 6 months, complementary feeding up to 24 months).

Malaria	The hospital provides treatment for severe malaria (blood film, administration of antimalarials according to the national protocol: Artesunate injection or Quinine).
	The hospital ensures prevention and management of malaria during pregnancy (Intermittent Presumptive Treatment with Sulfadoxine Pyrimethanime-IPT), curative treatment according to the national protocol.
Tuberculosis	The hospital receives the referrals from health centers or CSTs, provides bacteriological diagnosis (Ziehl or GeneXpert), and sends samples of suspected cases of the multi-drug-resistant tuberculosis (MDR-TB) to the reference laboratory. The hospital itself refers cases to the Diagnosis and Treatment Health Center (CSDT).
	The hospital organizes the treatment and follow-up of confirmed TB patients (susceptible TB, multi-drug resistant TB (MDR-TB)) according to the national strategy.
	The hospital organizes regular monitoring activities with satellite CSTs, eventually in collaboration with CSDT.

The presence of this total of 21 interventions in a hospital is considered to be indicative of effective implementation of the USG support in support of the MOH Complementary Package of Activities. To be able to be counted as a hospital that implements USG supported interventions supportive of the MOH Complementary Package of Activities, a hospital must implement all 21 interventions listed in the table. If a hospital does not implement all 21 listed interventions, it will not be counted as implementing the USG supported interventions supportive of the MOH Complementary Package of Activities.

Precise calculation: The total number of hospitals that effectively implement all 21 interventions in support of the MOH Complementary Package of Activities (PCA) divided by the number of hospitals that have been identified during the annual mapping exercise

Numerator: Number of hospitals implementing all 21 interventions listed

Denominator: Number of hospitals targeted to receive USAID IHP support, and identified as such targets during the annual mapping exercise.

Unit of Measure: Percentage

Indicator Type: Outcome

Disaggregated by: Province

Rationale for Indicator (optional): Although the alignment with the "PNDS recadre" would suggest that USAID IHP measures coverage in the total of all hospitals in 178 HZ, this indicator only focuses on the subset of hospitals and HZ that will be identified through the mapping exercise to receive specific USG programmatic support.
However, to inform the MoH on the progression of the coverage for the 21 interventions in the total of the hospitals of the 178 HZ, a periodic survey could include sampling in the total of these hospitals of these 178 HZ.

PLAN FOR DATA COLLECTION

Data Source: Annual PMA/ PCA coverage survey

Method of Data Collection and Construction: Data are collected during an annual survey. This survey can be embedded in a routine supervision activity or can be done separately. Surveyed hospitals are in both cases a random sample, or an exhaustive sample if their number is small, drawn from the list of hospitals identified for USG support during the annual mapping exercise. Counts of hospitals that meet the criteria described in the above precise definition are used to build the indicator. Data collection, management, analysis and reporting will be detailed in the survey protocol.

Reporting Frequency: Annual

Individual(s) Responsible: RM&E Team.

TARGETS AND BASELINE

Baseline Timeframe: TBD

Rationale for Targets (optional):

DATA QUALITY ISSUES

Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A

Date of Future Data Quality Assessments (optional): N/A

Known Data Limitations: The criteria for inclusion in the count are severe. The indicator is thus highly sensitive and identifies those hospitals that are really implementing the supportive interventions while pointing to the need to expand the effective coverage further for the other hospitals.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.8
Name of Indicator: Percentage of USG-supported health facilities using MOH Quality of Care (QoC) tool
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator counts the USG-supported health facilities using MOH QoC tool. MOH QoC refers to Quality of Care tool developed by the Ministry of Health, to evaluate the quality of care provided in the health facilities. The Quality of Care tool assesses quality of care of the corresponding components: • Inputs • Human resources • Accessibility • Service use • Death audits • Client satisfaction • Respect of protocols **Numerator**: Total number of USG-supported facilities using MOH QoC tool, **Denominator**: Total number of USG-supported health facilities
Unit of Measure: Percentage of health facilities
Indicator Type: Output
Disaggregated by: Province, health zone, type of facility
Rationale for Indicator (optional): It is to measure the progress in the monitoring of the quality services at the level of Training
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Activity reports will be filled out and data will be entered into the simple database housed on the M&E platform for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: M&E Team
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.9
Name of Indicator: Percentage of population reporting improved availability of selected services
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones.
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Percent of the population reporting improvement in terms of availability of selected health services at the sub-national level. Improved availability means that selected health services at health zone level are increasing and can meet the needs of the population. To meet the needs of the population refers to the availability of services, not the quality. Selected services will include: • Family Planning (there is a site they can access that offers family planning (FP)) • Deliveries are part of the package of services available near them • CPN is available • Regular Vaccinations • Contact Investigations (TB) • Kangaroo Mother Care • Nutrition Infant and Young child feeding support groups This list will be finalized with the approval of the protocol, We will ask them about their use and availability of specific elements of each service. The details of data collection, management, analysis, quality and reporting will be provided in the Baseline protocol. The protocol will be circulated to USAID, partners and selected stakeholder for review before finalization. **Numerator**: Population reporting improved availability to selected services during the survey in interventions **Denominator**: Population surveyed in interventions zones
Unit of Measure: Percentage of population
Indicator Type: Outcome
Disaggregated by: Province, health zone, gender, age
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: USAID IHP Household Survey
Method of Data Collection and Construction: Survey implemented by USAID IHP and data will be collected via mobile application
Reporting Frequency: Years 1, 4, and 7
Individual(s) Responsible: RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations :
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 2.1: INCREASED AVAILABILITY OF QUALITY, INTEGRATED FACILITY-BASED HEALTH SERVICES

USAID Performance Indicator Reference Sheet #2.1.1
Name of Indicator: FP: Percentage of USG-assisted service delivery sites providing family planning (FP) counseling and/or services
Name of Result Measured 2: Increased access to quality, integrated health services in target health zones **Result 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ **Yes** __ **for reporting Year (s)**
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): USG-assisted: Funded with congressionally-earmarked FP funds for any kind of assistance. Service Delivery Sites: Clinics, hospitals, facilities (government, private or NGO/faith-based organization (FBO)), pharmacies, and/or social marketing sales points. This does not include community health workers (CHWs). FP counseling: FP information and/or FP counseling provided in the context of a visit with a FP service provider. FP Services: Provision of FP methods and or FP referrals ***This is USAID Standard Indicator 7.1-2 Percent of USG-assisted service delivery sites providing family planning counseling and/or services*** **Precise calculation:** Number of USG-assisted service delivery sites providing FP information and/or services divided by the number of Service Delivery Sites planned to receive USG assistance over life of project X 100 **Numerator:** Number of USG-assisted service delivery sites providing FP information and/or services. **Denominator:** Number of Service Delivery Sites planned to receive USG assistance over life of project.
Unit of Measure: Percentage
Indicator Type: Output
Disaggregated by: Numerator/Denominator, Geographic Location (Urban/Rural), Type of USG supported service delivery points (SDPs) (Clinics, hospitals, facilities (government, private or NGO/FBO), pharmacies, social marketing sales points)
Rationale for Indicator (optional): This indicator is used to measure actual family planning counseling provided in US government assisted service delivery points to identify gaps in the provision of counseling and information services. The increased use of FP is linked to its physical availability through many sites offering counseling and / or FP services, especially if counseling and / or services are offered in a qualitative, user-friendly manner. Practical and affordable. An increased rate of contraceptive prevalence (CPR) will reduce unmet need for FP, the number of unwanted pregnancies, the number of abortions, and neonatal, infant, maternal, and maternal mortality and morbidity.
PLAN FOR DATA COLLECTION
Data Source: Routine data from Health Management Information System (HMIS), District Health Information System 2 (DHIS2)
Method of Data Collection and Construction: This indicator will be pulled automatically from the HMIS database (HMIS give percentage and the number also) or other program information system to be stored on the M&E platform database for analyses (calculation) and reporting.
Reporting Frequency: Annual
Individual(s) Responsible: Director of Service Delivery
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: This indicator may be biased to the extent that the trained provider is not available for the service and that the point of delivery breaks down in commodities throughout the period.
CHANGES TO INDICATOR
Changes to Indicator: Trained provider, trained to provide at least three methods, equipment is defined as a private place to provide services. Private is defined as the ability to receive counseling and methods confidentially. We will use the DHIS2 indicators *Nouvelle Acceptante PF (FOSA) and Renouvellement Acceptante PF (FOSA)* to report this indicator. If a new or revisit acceptor is reported at least once a month, we will count that site. USG-assisted refers to USAID IHP provinces.
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.2

Name of Indicator: MNCH: Percentage of pregnant women attending at least one antenatal care (ANC) visit with a skilled provider from USG-supported health facilities

Name of Result Measured:

Result 2: Increased access to quality, integrated health services in target health zones.

IR 2.1: Increased availability of quality, integrated facility-based health services

Is this a performance plan and reporting indicator? No _X_ **Yes** __**for the year(s) reported** 2018-2025

If yes, link to the foreign assistance framework:

DESCRIPTION

Precise definition(s): This indicator provides information on pregnant women attending at least one ANC visits with a skilled provider from USG-supported health facilities.

Skilled health provider refers to workers/attendants that are accredited health professionals – such as a midwife, doctor or nurse – who have been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns. Both trained and untrained traditional birth attendants are excluded.

Antenatal visits present opportunities for reaching pregnant women with interventions that may be vital to their health and well-being and that of their infants. The WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care? WHO guidelines are specific on the content of antenatal care visits, which should include:

- Tetanus Vaccine
- Folic Acid Iron
- IPTp
- Blood pressure
- Urine testing for bacteriuria and proteinuria
- Weight/height measurement (optional)

We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for the MOH definitions.

A.2.1 CPN1 (SNIS)

Population total

Precise calculation: Number of pregnant women attending the first (at least one) antenatal care (ANC) visit with a skilled provider divided by the number of pregnant women in USG-supported facilities X 100

Numerator: Number of pregnant women attending the first (at least one) antenatal care (ANC) visit with a skilled provider in USG-supported facilities

Denominator: Population total multiplied by 0.04 (the total estimated number of pregnant women in the USG-supported ZS (4% of total population of the assisted ZS)

Unit of measure: Number

Indicator type: Output

Disaggregated by: Province

Rationale for indicator (optional): The purpose of this indicator is to measure the extent to which women are attending at least one ANC visit with a skilled provider. Pregnancy is a critical period for both the mother and the unborn baby, quality care during pregnancy is essential. ANC services link the woman and her family with the formal health system, increase the chance of the mother using a skilled attendant at birth, and contribute to optimal health through the life cycle. Inadequate ANC can interrupt the continuum of care, affecting both women and babies.

PLAN FOR DATA COLLECTION

Data Source: HMIS, DHIS2

Data collection and construction method: This indicator will be pulled automatically from the HMIS database or other program information system to be stored on the M&E platform database for analyses and reporting.

Reporting frequency: Quarter

Individual(s) responsible: RM&E & Managers

TARGETS AND BASELINE

Baseline:

Rationale for Targets:

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): Mid-term and end-of-project

Known data limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP and we will not be able to assess or improve data quality once we identify the appropriate data source for this indicators. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported Data Quality Audit (DQA) activities.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.3
Name of Indicator: MNCH: Percentage of deliveries with a skilled birth attendant (SBA) in USG-supported facilities
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the deliveries with a skilled birth attendant in USG-supported facilities. The SBA is an accredited health professional who possesses the knowledge and a defined set of cognitive and practical skills that enable the individual to provide safe and effective health care during childbirth to women and their infants in the home, health center, and hospital settings. SBAs include midwives, doctors, and nurses with midwifery and life-saving skills. This definition excludes traditional birth attendants whether trained or not. Operationally, this indicator will report the number of deliveries in a facility, assuming service providers are trained to deliver babies. We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for the MOH definitions. **Precise calculation:** The total number of deliveries with an SBA Nurse A2, A1 Trained, Midwife A2, Sage Women, Doctor, in USG-supported facilities divided by total of deliveries in USG-supported areas X 100 **Numerator**: The number of deliveries performed at the FOSA (Formations Sanitaires or health facilities) in the presence of qualified / trained personnel (trained A2 nurse, A2 birth attendants, midwives, doctors). **Denominator**: Population total multiplied by 0.04 (the total estimated number of pregnant women in the assisted ZS (4% of total population of the assisted ZS)
Unit of Measure: Percentage of births
Indicator Type: Outcome
Disaggregated by: Province, health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Routine HMIS, (Specific indicator/s from DHIS2) *Taux de couvertue en accouchement assisté A 2.3 Accouchements par personnel qualifié (Numerator) and Population totale (*0.04 Denominator)*
Method of Data Collection and Construction: This indicator will be pulled automatically from the HMIS database (HMIS give percentage and the number also) or other program information system to be stored on the M&E platform database for analyses (calculation) and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: M&E Manager
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): The main purpose of an indicator of the skilled attendant at delivery is to provide information on women's use of delivery care services. It helps program management at district, national and international levels by indicating whether safe motherhood programs are on target with making professional assistance at delivery available and used
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data quality assessments have been done for HMIS indicators but we will work with them to support data verification and data quality activities and advocate for the prioritization of IHP indicators.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.4
Name of Indicator: MNCH: Number of women giving birth who received uterotonics in the third stage of labor (OR immediately after birth) through USG-supported programs
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones **IR 2.1:** Increased availability of quality, integrated facility-based health services
Is this a performance plan and reporting indicator? No __ Yes _X_ for the year(s) reported 2019-2025
If yes, link to the foreign assistance framework: CDCS RDC 2015-2019
DESCRIPTION
Precise definition(s): Number of women who gave birth who received an uterotonic injection within one minute or immediately after birth supplied by a USG-assisted facility or with assistance of a health worker trained by a USG-assisted program. Uterotonic could include oxytocin or misoprostol. Uterontonics represent one element of active management of third stage of labor (AMTSL). **Precise calculation:** Count **Numerator**: N/A **Denominator**: N/A
Unit of measure: Number of women
Indicator type: Output
Disaggregated by: Province, Health zone
Rationale for the indicator (optional): This indicator provides information that can be used for monitoring women giving birth who received uterotonic in the third stage of labor and aligns with the support to the global initiative of Ending Preventable Maternal Mortality (EPMM).
PLAN FOR DATA COLLECTION
Data Source: Birth register, Routine Health Management Information System (HMIS)
Data collection and construction method: To be added as module in District Health Information System 2 (DHIS2). We plan to pull this data from the HMIS database or other program information system to be stored on the M&E platform database for analyses and reporting when that is possible. Until then, we propose to select a randomized sample and conduct data collection from the primary source: the birth registers.
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline schedule: TBD
Rational for Target (s): TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: Data not collected by the DHIS 2 but is in the delivery register. It will be collected directly in the registry to the add-on. Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP and we will not be able to assess or improve data quality once we identify the appropriate data source for this indicators. When we identify the appropriate data source for this indicator, we will reevaluate the data quality and assurance plan. We will support data quality assurance activities on demand from the MOH when possible and advocate prioritization of verification of IHP indicators.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.5

Name of Indicator: MNCH: Number of newborns not breathing at birth who were resuscitated in USG-supported programs

Name of Result Measured:
Result 2: Increased access to quality, integrated health services in target health zones
IR 2.1: Increased availability of quality, integrated facility-based health services

Is this a performance plan and reporting indicator? No __ Yes _X_ for the year(s) reported 2018-2025

If yes, link to the foreign assistance framework: CDCS RDC 2015-2019

DESCRIPTION

Precise definition(s): Number of newborns who were resuscitated in the last year with either (1) stimulation and/or bag and mask provided by a USG-assisted program, and/or (2) by a health worker trained in resuscitation by USG-assisted program. Note: this indicator assumes that the denominator (newborns not breathing at birth) is not likely to be available in most country Health Management Information Systems (HMISs) within the next several years. Therefore, the definition here is a proxy for the indicator as shown by the title.
HL.6.3-1 Number of newborns not breathing at birth who were resuscitated in USG-supported programs
Precise calculation: Count
Numerator: N/A
Denominator: N/A

Unit of measure: Number

Indicator type: Output

Disaggregated by: Province, Health zone.

Rationale for the indicator (optional): This indicator provides information that can be used for monitoring newborns not breathing at birth who were resuscitated and the use aligns with the supported to the global initiative of Every Newborn Action Plan (ENAP). Globally, birth asphyxia or intra-partum is one of the top three leading cause of death for newborns. Resuscitation with stimulation and/or bag and mask is an effective intervention to reduce asphyxia which will ultimately reduce newborn mortality.

PLAN FOR DATA COLLECTION

Data Source: Routine data from HMIS, District Health Information System 2 (DHIS2) *A 2.3 Nouveaux nés bénéficiant la réanimation*

Data collection and construction method: The number will be pulled automatically from the HMIS database or other program information system to be stored on the M&E platform database for analyses and reporting.

Reporting frequency: Quarter

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline schedule: TBD

Rational for Target(s): TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): N/A

Known data limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP and we will not be able to assess or improve data quality once we identify the appropriate data source for this indicators. When we identify the appropriate data source for this indicator, we will reevaluate the data quality and assurance plan.

CHANGES TO INDICATOR

Changes to indicator: We will use an HMIS indicator from DHIS2. Number of newborns that have distressed breathing, are blue, or are asphyxiated who were resuscitated with either stimulation and/or bag and mask provided by a health worker trained in resuscitation by USG-assisted program.

Other notes (optional): Note: this indicator assumes that the denominator (newborns not breathing at birth) is not likely to be available in most country HMIS within the next several years. Therefore, the definition here is a proxy for the indicator as shown by the title.

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.6
Name of Indicator: MNCH: Number of postpartum/newborn visits within three days of birth in USG-supported programs
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones **IR 2.1:** Increased availability of quality, integrated facility-based health services
Is this a performance plan and reporting indicator? No __ **Yes** _X_ **for the year(s) reported** _2018-2025
If yes, link to the foreign assistance framework: Country Development Cooperation Strategy (CDCS) RDC 2015-2019
DESCRIPTION
Precise definition(s): This indicator reports the number of postpartum/newborn visits within three days of birth in USG-supported facilities**.** The existing system doesn't report visits on the third day therefore we will report the number of visits at six hours; using the Health Management Information System (HMIS) indicator. **Precise calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of measure: Number
Indicator type: Output
Disaggregated by: Province, Health zone
Rationale for the indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS, District Health Information System 2 (DHIS2), *CPoN 1 (6ième heure),*
Data collection and construction method: This indicator will be pulled automatically from the HMIS database or other program information system to be stored on the M&E platform database for analyses and reporting.
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline schedule: TBD
Rational for Target(s): TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: The data is not the exact same: (Visites de consultation prénatale) CPoN 1 CPoN1 is the 6th hour CPoN 2 is th 6th day CpOn 3 is the 42nd day Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP and we will not be able to assess or improve data quality once we identify the appropriate data source for this indicators. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported DQA activities.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.7

Name of Indicator: MNCH: Number and percentage of newborns receiving essential newborn care through USG-supported programs

Name of Result Measured:

Result 2: Increased access to quality, integrated health services in target health zones

IR 2.1: Increased availability of quality, integrated facility-based health services

Is this a performance plan and reporting indicator? No _X_ Yes __ for the year(s) reported

If yes, link to the foreign assistance framework: Country Development Cooperation Strategy (CDCS) RDC 2015-2019

DESCRIPTION

Precise definition(s): This indicator reports the percent newborns who received immediate routine care:

- Temperature maintained (skin drying, skin to skin)
- Umbilical cord care
- Eye check/care
- Early initiation of exclusive breastfeeding
- Vitamin K1 IM (intramuscular injection)

This care is provided at birth in USG-supported facilities during the reporting period. Please refer to the MOH guidelines on neo-natal care for more detail. USG-supported facilities refers to all facilities in USAID IHP provinces.

We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for the MOH definitions.

A 2.3 Nouveaux nés soins essentiels (numerator)

and A 2.3 Naissances vivantes (denominator)

Precise calculation: The number newborn visits within three days of birth is divided by the total number of live births X 100

Numerator: Number of newborns with 5 essential newborn care components (Newborn Essential Care)

Denominator: Total number of live births

Unit of measure: Percentage

Indicator type: Output

Disaggregated by: Province, Health zone

Rationale for the indicator (optional): This indicator will track efforts made ensuring the basic needs of the newborn at birth for proper adaptation to ectopic life to help reduce neonatal morbidity and mortality.

PLAN FOR DATA COLLECTION

Data Source: Routine data from HMIS, DHIS2

Data collection and construction method: We plan to pull this data from the HMIS database or other program information system to be stored on the M&E platform database for analyses and reporting when that is possible.

Reporting frequency: Quarter

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline schedule: TBD

Rational for Target(s): TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): N/A

Known data limitations: Possibility to include newborns who have not benefited from all 5 components.

Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP and we will not be able to assess or improve data quality once we identify the appropriate data source for this indicators. When we identify the appropriate data source for this indicator, we will reevaluate the data quality and assurance plan.

CHANGES TO INDICATOR

Changes to indicator:

Other notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.8

Name of Indicator: MNCH: Number of newborns receiving antibiotic treatment for infection from trained health workers through USG-supported programs

Name of Result Measured:
Result 2: Increased access to quality, integrated health services in target health zones
IR 2.1: Increased availability of quality, integrated facility-based health services

Is this a performance plan and reporting indicator? No _X_ Yes __ for the year(s) reported

If yes, link to the foreign assistance framework: Country Development Cooperation Strategy (CDCS) RDC 2015-2019

DESCRIPTION

Precise definition(s): This indicator reports number of newborns with infection who received antibiotics.
The number of infants 0 to 28 days old with fast breathing or local Bacterial Infection with symptoms: fever, jaundice, some dehydration, hypothermia. Treatment is defined (according to national standards) as receiving antibiotic amoxicillin or amoxicillin plus gentamicin treatment for infection from health workers (defined as nurses, midwives or doctor) through USG-supported facilities during the reporting period.
We will use Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for more details.
Nombre des nouveaux nés avec antibiotiques
Precise calculation: Count
Numerator: N/A
Denominator: N/A

Unit of measure: Number

Indicator type: Output

Disaggregated by: Province, Health zone,

Rationale for the indicator (optional): Infection is one of the main causes of neonatal mortality; correct management of newborn infection, treatment with appropriate antibiotics could averted the deaths.

PLAN FOR DATA COLLECTION

Data Source: Routine HMIS, DHIS2

Data collection and construction method: This indicator will be pulled automatically from the HMIS database or other program information system to be stored on the M&E platform database for analyses and reporting.

Reporting frequency: Quarter

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline schedule: TBD

Rational for Target(s): TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): N/A

Known data limitations:
The HMIS only takes into account newborns still at the maternity with treated infection, the other cases are integrated in the data of children under 5 years old with pneumonia treated with antibiotic. The standard definition of a newborn is 1 month (<28 days) old but with an infection they count newborns in this indicator to two months, hence the definition of the indicator.

CHANGES TO INDICATOR

Changes to indicator:

Other notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.9
Name of Indicator: MNCH: Drop-out rate in DTP-HepB-Hib3 among children less than 12 months of age
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.1:** Increased availability of quality, integrated facility-based health services
Is this a performance plan and reporting indicator? No _X_ **Yes** __**for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator provides information on children less than 12 months who do not receive all three doses of DTP Hep-Hib after receiving an initial dose, compared with all children who receive the initial dose of DTP Hep-Hib. We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for the MOH definitions. *Taux d'abandon Penta 1 - Penta 3*
Unit of measure: Rate
Indicator type: Output
Disaggregated by: Province,
Rationale for indicator (optional): Makes the trend of children under 12 months completing vaccines for total immunization. The drop-out rate is less than 10 per cent, children who receive an initial DTP Hep-Hib 1 dose are highly likely to receive all three required doses, indicating a high level of health-care assistance and performance.
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS, DHIS2
Data collection and construction method: This indicator will be pulled automatically from the HMIS database or other program information system to be stored on the M&E platform database for analyses and reporting.
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline:
Rationale for Targets:
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): Mid-term and end-of-project
Known data limitations: No limitation
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.10

Name of Indicator: NUTRITION: Number of individuals receiving nutrition-related professional training through USG-supported nutrition programs

Name of Result Measured:
Result 2: Increased access to quality, integrated health services in target health zones
IR 2.6: Improved basic facility infrastructure and equipment to ensure quality services

Is this a performance plan and reporting indicator? No __ Yes _X_ for the year(s) reported 2018-2025

If yes, link to the foreign assistance framework: CDCS RDC 2015-2019

DESCRIPTION

Precise definition(s): Individuals is defined as health professionals, primary health care workers, community health workers, volunteers, policy-makers, researchers, students, who receive training. This indicator does not include direct community-level beneficiaries such as mothers receiving counseling on maternal, infant, and young child nutrition. Nutrition-related: Individuals should be trained in basic and applied nutrition-specific or nutrition-sensitive topics in academic, pre- and in-service venues, Integrated Management of Childhood Illness (IMCI).

Professional training: This indicator captures the number of individuals to whom significant knowledge or skills have been imparted through interactions that are intentional, structured, and designed for this purpose. There is no pre-defined minimum or maximum length of time for the training; what is key is that the training reflects a planned, structured curriculum designed to strengthen nutrition capacities, and there is a reasonable expectation that the training recipient will acquire new knowledge or skills that s/he could translate into action.

Missions and IPs should count an individual only once, regardless of the number of trainings received during the reporting year and whether the trainings covered different topics. If an individual is trained again during a following year, s/he can be counted again for that year. Do not count sensitization meetings or one-off informational trainings. In-country and off-shore training are included. Training should include a nutrition-specific or nutrition-sensitive focus as defined in the USAID multi-sectoral nutrition strategy and any updated implementation guidance documents. Implementing agencies may encourage partner professional institutions (e.g. health facilities, agriculture extension offices, Universities, Ministries) to maintain a list of employees and trainings received.

If a Program provides support for curriculum development in an institutional settings such as a University and the content meets the criteria listed above, the individuals who are trained under that curriculum may be counted as reached for the life of the activity that supported the development of the curriculum. However, if the Mission has an independent means of collecting the data from the learning institution without the assistance of the Implementing Partner, the Mission may continue to report the individuals who received training based on the curriculum after the activity ends.
Data should be disaggregated into individuals receiving degree granting and those receiving non-degree granting training.

This is also known as USAID HL.9-4 indicator: Number of individuals receiving nutrition-related professional training through USG-supported programs.

Precise calculation: Count
Numerator: N/A
Denominator: N/A

Unit of measure: Number of individuals

Indicator type: Output

Disaggregated by: Province, Health zone

Rationale for the indicator (optional): This indicator measures the progress of Nutrition Strategy (2014-2025). It also supports reporting and measurement of achievements for the followings: Acting on the Call Annual Reports; Feed the Future Progress Reports; International Food Assistance Report; Feed the Future and Global Health annual Portfolio Reviews.

DATA COLLECTION PLAN

Data Source: Project monitoring report: Training registers

Data collection and construction method: USAID IHP will track the participants of IHP training and enter this data into a database on the M&E platform for analyses and reporting.

Reporting frequency: Quarter

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline schedule: TBD

Performance value: TBD

DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: No known data limitations at this time.
CHANGES TO INDICATOR
Changes to indicator: USG supported is limited to USAID IHP provinces.
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.11

Name of Indicator: NUTRITION: Number of children under-five (0-59 months) reached by USG-supported nutrition programs

Name of Result Measured 2: Increased access to quality, integrated health services in target health zones
Result 2.1: Increased availability of quality, integrated facility-based health services

Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)

If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s): Children under five: Children under five years are those zero to 59 months of age. They are often targeted by USG-supported activities with nutrition objectives.

Reached with nutrition-specific interventions: A child can be counted as reached if s/he receives one or more of the following nutrition-specific interventions directly or through the mother/caretaker:

1. Behavior change communication (BCC) interventions that promote essential infant and young child feeding behaviors including:
    - Immediate, exclusive, and continued breastfeeding
    - Appropriate, adequate, and safe complementary foods from 6 to 24 months of age
2. Vitamin A supplementation in the past 6 months
    - Zinc supplementation during episodes of diarrhea
3. Multiple Micronutrient Powder (MNP) supplementation
4. Treatment of severe acute malnutrition
5. Treatment of moderate acute malnutrition
6. Direct food assistance of fortified/specialized food products (i.e. CSB+, Supercereal Plus, RUTF, RUSF, etc.)

Missions and implementing partners (IPs) who have a strong justification may opt out of the requirement to disaggregate this indicator into the seven interventions and two sex disaggregates. For example, Operating Units (OUs) may opt out if IPs rely on the government health system to collect this data and these disaggregates are not included in that system. The reason should be noted in the online PPR reporting database (via the indicator narrative). In this case, Missions may report solely the total number of children under 5 reached. If only some disaggregates are available then Missions should report both the total number and the number for each available disaggregate.

Projects that support Growth Monitoring & Promotion (GMP) interventions should report children reached under the BCC disaggregate (#1).

Children are often reached through interventions that target adults such as mothers and caretakers. If, after birth, the child benefits from the intervention, then the child should be counted-- regardless of the primary recipient of the information, counseling, or intervention. For example, if a project provides counseling on complementary feeding to a mother, then the child should be counted as reached. Implementers should not count a child as reached during pregnancy. There is a separate standard indicator that enumerates the number of pregnant women reached (HL 9.3).

A child reached directly or via a caretaker should be counted if s/he receives a product, participates in an activity, or accesses services from a USG-supported activity during the reporting year.

A child should not be counted as reached if the mother or caretaker was solely exposed to a mass media behavior change campaign such as radio messages. Children reached solely through community drama, comedy, or video shows should not be included. However, projects should still use mass communication interventions like dramas and radio shows to reinforce BCC messages.

If the USG is supporting a nutrition activity that is purchasing nutrition commodities (e.g. vitamin A, zinc, MNPs) or providing "significant" support for the delivery of the supplement, then the child should be counted as reached. Significant is defined as: a reasonable expectation that the intervention would not have occurred in the absence of USG funding.

Children can be double counted across the intervention disaggregates if they receive more than one intervention, but a unique number of children reached must be entered into the sex disaggregates. In order to avoid double counting across interventions, the IP should follow a two-step process:

1. First, count each child by the type of intervention. For example, a child whose mother receives counseling on exclusive breastfeeding and who also receives vitamin A during a child health day should be counted once under each intervention;
2. Second, eliminate double counting when estimating the total number of children under five reached and to disaggregate by sex. The IP may develop a system to track individual children using unique identifiers or estimate the overlap between the different types of interventions and subtract it from the total.

To avoid double counting across all USG funded activities, the Mission should estimate the overlap between the different activities before reporting the aggregate number in the PPR.

In cases where disaggregation is not possible, the unique number of children reached will likely be the number of children reached through vitamin A distribution campaigns in countries that support them.

In Community Management of Acute Malnutrition (CMAM) projects some children who are discharged as "cured" may relapse and be readmitted at a later date. There are standard methods for categorizing children as "relapsed", but due to loss to follow-up, it is generally not possible to identify these children. Therefore, a limitation of this indicator is that there may be some double counting of children who were treated for severe and/or moderate acute malnutrition and relapsed during the same fiscal year.

There are three nutrition PPR indicators (HL 9.1, HL 9.2, HL 9.3) that seek to measure children and pregnant women reached. These indicators measure various age groups and interventions in the critical 1,000 day period of life from pregnancy to age two, as well as key interventions reaching children under five years of age. There is some degree of overlap in individuals reached across these indicators. IPs are allowed to double count children and mothers/caretakers reached across these PPR indicators since they seek to measure different underlying constructs.

Note for Feed the Future target countries: Values reported should reflect countrywide results in Feed the Future target countries; results should not be restricted to only those achieved in the Feed the Future Zone of Influence.

Note: The previous version of this indicator (indicator number 3.1.9-15) allowed projects to count the number of "contacts" rather than the number of individual children reached. The indicator now requires that numbers of unique children are reported, and not number of contacts. Moreover, the previous version of this indicator did not require disaggregation by type of intervention. Some projects will find it difficult to modify their data collection mechanisms to report against this modified indicator for FY2017 reporting. However, all operating units for which it is applicable should report against this indicator starting in FY2018.

This is USAID IHP Standard Indicator HL.9-1 Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported programs

Precise Calculation: Addition: Add the values for each indicator.

Unit of Measure: Number

Indicator Type: Output

Disaggregated by: Province, Health zone

Rationale for Indicator (optional):

PLAN FOR DATA COLLECTION

Data Source: Routine data from Health Management Information System (HMIS), District Health Information System 2 (DHIS2)

Method of Data Collection and Construction: This indicator will be pulled automatically from the HMIS database (HMIS give percentage and the number also) or other program information system to be stored on the M&E platform database for analyses (calculation) and reporting. Please see the notes for the specific DHIS2 indicators that will be used.

Reporting Frequency: Quarter

Individual(s) Responsible: Director of service delivery

TARGETS AND BASELINE

Baseline Timeframe: TBD

Rationale for Targets (optional): TBD

DATA QUALITY ISSUES

Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A

Date of Future Data Quality Assessments (optional): N/A

Known Data Limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP and we will not be able to assess or improve data quality once we identify the appropriate data source for this indicators. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported Data Quality Audit (DQA) activities.

CHANGES TO INDICATOR

Changes to Indicator:

Other Notes (optional): We are using the data reported for the HMIS indicators in DHIS2; please refer to the *Manuel de Remplissage* for the MOH definitions.
Enfant vus à la Consultation Préscolaire
Enfant supplémenté en Vitamine A

Enfant ayant reçu vitamine A à 6 mois
Enfant exclusivement alimenté eau sein
Enfant avec allaitement continu
Enfant dont les mères ont reçu ANJE
Enfant déparasité
Les admis à UNTA
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.12

Name of Indicator: NUTRITION: Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs

Name of Result Measured:
Result 2: Increased access to quality, integrated health services in target health zones
IR 2.6: Improved basic facility infrastructure and equipment to ensure quality services

Is this a performance plan and reporting indicator? No __ Yes _X_ for the year(s) reported _2018-2025

If yes, link to the foreign assistance framework: CDCS RDC 2015-2019

DESCRIPTION

Precise definition(s): Children under two: This indicator captures the children reached from birth to 23 months, and a separate standard indicator will count the number of pregnant women reached by USG-supported programs (HL.9-3).
Children are counted as reached if their mother/caregiver participated in the community-level nutrition program.
Community-level nutrition interventions: Community-level nutrition activities are implemented on an on-going basis at the community-level and involve multiple, repeated contacts with pregnant women and mothers/caregivers of children. At a minimum, "multiple contacts" means two or more community-level interactions during the reporting year. However, an implementing partner (IP) does not need to track the number of contacts and can estimate this based on the nature of the intervention. For example, a care group approach by its very nature includes multiple repeated contacts. Community-level nutrition activities should always include social and behavior change communication (SBCC) interventions focused on key maternal and infant and young child nutrition practices. Common strategies to deliver community-level interventions include the Care Group Model, Mothers' Support Groups, Husbands' Groups (*École des Maris*), and Positive Deviance / Hearth for malnourished children.
Community-level nutrition activities should coordinate with public health and nutrition campaigns such as child health days and similar population-level outreach activities conducted at a national (usually) or sub-national level at different points in the year. Population-level campaigns may focus on delivering a single intervention, but most commonly deliver a package of interventions that usually includes vitamin A supplements, de-worming tablets, and routine immunization, and may include screening for acute malnutrition, growth monitoring, and distribution of insecticide-treated mosquito nets. However, children under two reached only by population-level campaigns should not be counted under this indicator.
Children reached solely through community drama, comedy, or video shows should not be included. However, projects should still use mass communication interventions like dramas to reinforce SBCC messages.
Facility-level interventions that are brought to the community-level may be counted as community-level interventions if these involve multiple, repeated contacts with the target population (e.g. services provided by community-based health extension agents, mobile health posts).
Children are counted as reached if their mother/caregiver participated in the community-level nutrition program. If, after birth, the child benefits from the intervention, then the child should be counted-- regardless of the primary recipient of the information, counseling, or intervention. For example, if a project provides counseling on complementary feeding to a mother, then the child should be counted as reached.
Children reached by community-level nutrition programs should be counted only once per reporting year, regardless of the number of contacts with the child.
To avoid double counting across all USG funded activities, the Mission should estimate the overlap between the different activities before reporting the aggregate number in the PPR.
There are three nutrition PPR indicators (HL 9.1, HL 9.2, HL 9.3) that seek to measure children, pregnant women, and/or caretakers reached, and types of interventions. These indicators measure various age groups and interventions in the critical 1,000 day period of life from pregnancy to age two, as well as key interventions reaching children under 5 years of age. There is some degree of overlap in individuals reached across these indicators. IPs are allowed to double count children and mothers/caretakers reached across these PPR indicators since they seek to measure different underlying constructs.
Note for Feed the Future target countries: Values reported should reflect countrywide results in Feed the Future target countries; results should not be restricted to only those achieved in the Feed the Future Zone of Influence.

This is USAID Standard indicator HL.9-2 indicator Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs, a standard USAID indicator
Precise calculation: Count

Unit of measure: Number

Indicator type: Output

Disaggregated by: Province, Health zone,

- Number of male children under two reached with community-level nutrition interventions through USG-supported programs
- Number of female children under two reached with community-level nutrition interventions through USG-supported programs

Rationale for the indicator (optional): This indicator measures the progress of Nutrition Strategy (2014-2025). It also supports reporting and measurement of achievements for the followings: Acting on the Call Annual Reports; Feed the Future Progress Reports; International Food Assistance Report; Feed the Future and Global Health annual Portfolio Reviews.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Data collection and construction method: The data will be collected through regular monitoring systems such as registration/attendance lists during activities or unique identifier cards. It will depend on the best established routine and will be noted as the data source.
Reporting frequency: Annual
Individual(s) responsible: Director of Service Delivery
TARGETS AND BASELINE
Baseline schedule: TBD
Performance value: TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: Double counting is possible. To avoid double counting across all USAID funded activities, the Mission should estimate the overlap between the different activities before reporting the aggregate number in the PPR. Please refer to the forthcoming FAQs and supplemental guidance for more information on how to limit double counting.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.13
Name of Indicator: NUTRITION: Number of pregnant women reached with nutrition interventions through USG-supported programs
Name of Result Measured 2: Increased access to quality, integrated health services in target health zones **Result 2.1: Increased availability of quality, integrated facility-based health services**
Is This a Performance Plan and Report Indicator? No _X_ **Yes** __ **for reporting Year (s)**
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Sum of pregnant women affected by nutrition interventions in US government-supported programs during attendance prenatal consultation. The 1,000 days between pregnancy and a child's second birthday are the most critical period to ensure optimum physical and cognitive development. Pregnant women: This indicator captures the reach of activities that are targeted towards women during pregnancy, intended to contribute to the health of both the mother and the child, and to positive birth outcomes. A separate standard indicator will count the number of children under 2 reached by USG-supported programs. Nutrition-specific interventions: A pregnant woman can be counted as reached if she receives one or more of the following interventions: • Iron and folic acid supplementation • Counseling on maternal and/or child nutrition • Calcium supplementation • Multiple micronutrient supplementation • Direct food assistance of fortified/specialized food products (i.e. CSB+, Supercereal Plus, RUTF, RUSF, etc.) ***This is USAID Standard Indicator HL.9-3 Number of pregnant women reached with nutrition-specific interventions through USG-supported programs*** **Precise Calculation:** Sum of pregnant women who have had a nitrile consultation or nutritional education (specifically the first dose of Iron and folic acid supplement.
Unit of Measure: Number
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Health Management Information System (HMIS), District Health Information System 2 (DHIS2)
Method of Data Collection and Construction: This indicator will be pulled automatically from the HMIS database (HMIS give percentage and the number also) or other program information system to be stored on the M&E platform database for analyses (calculation) and reporting.
Reporting Frequency: Annual
Individual(s) Responsible: Director of service delivery
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Data quality from HMIS or other stakeholder or program information systems has not been tested by USAID IHP. We will work with MOH partners to support data quality assurance and advocate for the prioritization of IHP indicators for data verification and other supported Data Quality Audit (DQA) activities.
CHANGES TO INDICATOR
Changes to Indicator: We will use HMIS indicator from DHIS2: *A 2.1 Fer + acide folique 1ère dose* because every pregnant woman *must* receive this per MOH guidelines. It efficiently captures every women receiving a crucial service and avoids double counting. USG-supported refers to USAID IHP provinces.
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.14
Name of Indicator: MALARIA: Number of health workers trained in Intermittent Preventive Treatment (IPT) with USG funds
Name of Result Measured 2: Increased access to quality, integrated health services in target health zones **Resultat 2.1**: Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _ Yes _X_ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Number of health workers (doctors, nurses, care assistants, clinical officers) trained in Intermittent Preventive Treatment (IPT) with United States Government funds **Precise Calculation:** Sum of health workers trained in IPT with United States Government funds **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number
Indicator Type: Output
Disaggregated by: Province, Health zone, Gender
Rationale for Indicator (optional): This indicator measures progress towards capacity building for health workers Strengthening the capacity of providers in the fight against malaria leads to correct case management and contributes to the reduction of mortality.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report: Training Report
Method of Data Collection and Construction: USAID IHP will track the participants of IHP training and enter this data into a database on the M&E platform for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: Director of service delivery
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): Data quality for malaria PPR indicators is conducted every three years.
Known Data Limitations: Double counting of already trained agents
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.15
Name of Indicator: MALARIA: Number of health workers trained in case management with Artemisinin-based Combination Therapy (ACT) with USG funds
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.1:** Increased availability of quality, integrated facility-based health services
Is this a performance plan and reporting indicator? No Yes _X_ for the year(s) reported 2018-2025
If yes, link to the foreign assistance framework: CDCS Framework
DESCRIPTION
Precise definition(s): This indicator counts the health workers trained in case management with ACTs in target health zones. All health workers who have participated in a training session organized as part of capacity building are counted. Training should therefore be planned, with terms of reference describing the content and an agenda.
Unit of measure: Number
Indicator type: Output
Disaggregated by: Province, Age, Gender
Rationale for indicator (optional): The training of health workers allows the have new knowledge and skills allowing better management of health problems by providers in the community.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Data collection and construction method: Deliverable is a report of supervision and technical support of the Equipe Cade de la Zone Santé (ECZS) and provincial team.
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline:
Rationale for Targets:
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): Data quality for malaria PPR indicators is conducted every three years.
Known data limitations:
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.16
Name of Indicator: MALARIA: Number of health workers trained in malaria laboratory diagnostics (Rapid Diagnosis Tests (RDT) or microscopy) with USG funds
Name of Result Measured 2: Increased access to quality, integrated health services in target health zones **Resultat 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Number of health workers trained in RDT / microscopy malaria diagnosis with United States Government funds • Number of health facility workers trained(males/females) • Number of community workers trained (males/females) **Precise Calculation:** Sum of health workers trained in malaria diagnostics in the laboratory (RDT or microscopy) with funds from the USG **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number
Indicator Type: Output
Disaggregated by: Province, Health zone, Gender, Age
Rationale for Indicator (optional): This indicator measures progress towards capacity building for health workers Strengthening the capacity of providers in the fight against malaria leads to correct case management and contributes to the reduction of mortality.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Training report with attendance list
Reporting Frequency: Quarter
Individual(s) Responsible: Director of service delivery
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): Data Quality Audit (DQA) for malaria PPR indicators is conducted every three years
Known Data Limitations: Double counting of people already trained; we will be tracking them by name and facility and will check this closely.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.17
Name of Indicator: TB: TB notification rate through USG-supported programs
Name of Result Measured 2: Increased access to quality, integrated health services in target health zones **Result 2.1: Increased availability of quality, integrated facility-based health services**
Is This a Performance Plan and Report Indicator? No _X_ **Yes** __ **for reporting Year (s)**
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Precise Definition(s): Number of new and relapse pulmonary bacteriologically confirmed TB cases notified in a given period, per 100 000 population. The term "notification" means that TB is diagnosed in a patient and is reported within the national surveillance system (District Health Information System 2 or DHIS2). New patients have never been treated for TB or have taken anti-TB drugs for less than 1 month. Relapse patients have previously been treated for TB, were declared cured or treatment completed at the end of their most recent course of treatment, and are now diagnosed with a recurrent episode of TB (either a true relapse or a new episode of TB caused by reinfection). The numbers of cases are reported in the following categories are: New pulmonary bacteriologically confirmed TB cases and Relapse pulmonary bacteriologically confirmed TB cases. **Precise calculation:** Number of new and relapse pulmonary bacteriologically confirmed TB cases notified during the period of assessment of estimated population during the period (divided by 100,000) **Numerator:** Number of new and relapse pulmonary bacteriologically confirmed TB cases notified during the period of assessment (Basic management unit TB registers/DHIS2). **Denominator:** Estimated population during the period of assessment (divided by 100,000): National population estimates (especially for Health District population estimates).
Unit of Measure: Rate
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): This indicator will be used to monitor progress towards achieving the gap in the detection of TB cases compared to the expected cases. The number of new and relapse TB cases notified allows for tracking the National TB Program's ability to scale up diagnosis.
PLAN FOR DATA COLLECTION
Data Source: Routine data from the Health Management Information System (HMIS)—Programme Nationale de la Lutte Contre La Tuberculose (PNLT)
Method of Data Collection and Construction: Routine data collection at health centers, ZS, and Province level
Reporting Frequency: Quarter
Individual(s) Responsible: Director of service delivery
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations:
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.18
Name of Indicator: TB: Number of patients diagnosed with TB that have initiated first-line treatment. PPR
Name of Result Measured 2: Increased access to quality, integrated health services in target health zones **Result 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ **Yes** __ **for reporting Year (s)**
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator measures tuberculosis treatment coverage of patients eligible for first-line treatment. The first line drugs, are only used for the treatment of new patients who are very unlikely to have resistance to any of the TB drugs. There are other TB drugs, the second line drugs that are only used for the treatment of drug resistant TB. The goal of treatment for TB disease should be to provide the safest and most effective therapy in the shortest period of time. Given adequate treatment, almost all patients will recover and be cured. To ensure that these goals are met, TB disease must be treated for at least 6 months and in some cases even longer. It is essential to take several TB drugs together. If only one TB drug is taken on its own, then the patient will very quickly become resistant to that drug. It is recommended that patients take the TB drugs every day for the six months. For new patients with drug sensitive TB, the WHO recommends that they should have six months of TB drug treatment. This should consist of a two month "intensive" treatment phase followed by a four month "continuation" phase. During the 2-mo intensive phase, patients should be administered a combined regimen including ethambutol, isoniazid, pyrazinamide, and rifampicin. Only isoniazid and rifampicin are prescribed during the 4-mo continuation phase. We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for the MOH definitions. *PNLT-10-RT TB MR/RR confirmes cas enregistre* **Precise Calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Rate
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): It is an indicator for monitoring the quality of care for TB patients eligible for first-line treatment
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS—Programme Nationale de la Lutte Contre La Tuberculose (PNLT)
Method of Data Collection and Construction: Basic management unit TB registers/DHSI2, Routine data collection at health centers, ZS and Province level
Reporting Frequency: Quarter
Individual(s) Responsible: Dir of service delivery
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations:
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.19
Name of Indicator: TB: Therapeutic success rate through USG-supported programs
Name of Result Measured Result 2: Increased access to quality, integrated health services in target health zones **Result 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Proportion of new and relapse pulmonary bacteriologically confirmed TB cases successfully treated (cured plus treatment completed, excluding patients found to have drug-resistant) with first line treatment among all new and relapse pulmonary bacteriologically confirmed TB cases placed on first line treatment through USG-supported programs during a specified period. A bacteriologically confirmed TB case is one from whom a biological specimen is positive by smear microscopy, culture or WHO-approved rapid diagnostics (such as Xpert MTB/RIF). Pulmonary TB (PTB) refers to any bacteriologically confirmed or clinically diagnosed case of TB involving the lung parenchyma or the tracheobronchial tree. We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for the MOH definitions. **Precise calculation:** Number of new and relapse pulmonary bacteriologically confirmed TB cases successfully treated (cured plus treatment completed) divided by total number of new and relapse pulmonary bacteriologically confirmed TB cases placed on first line treatment in the same period X 100 **Numerator:** Number of new and relapse pulmonary bacteriologically confirmed TB cases registered in a specified period who subsequently were successfully treated (cured plus treatment completed), excluding patients found to have drug-resistant **Denominator:** Total number of new and relapse pulmonary bacteriologically confirmed TB cases placed on first line treatment in the same period, excluding patients found to have drug-resistant TB.
Unit of Measure: Rate
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): This indicator will be used to monitor progress towards achieving the gap in the detection of TB cases compared to the expected cases. The number of new and relapse TB cases notified allows for tracking the National TB Program's ability to scale up diagnosis.
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS— Programme Nationale de la Lutte Contre La Tuberculose (PNLT)
Method of Data Collection and Construction: Basic management unit TB registers/ DHSI2, Routine data collection at health centers, ZS, and Province level
Reporting Frequency: Quarter
Individual(s) Responsible: Dir of service delivery
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations:
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.20

Name of Indicator: TB: HL.2.4-1 Number of multi-drug resistant TB (MDR-TB) cases detected

Name of Result Measured:
Result 2: Increased access to quality, integrated health services in target health zones

Is this a performance plan and reporting indicator? No __ Yes _X_ for the year(s) reported 2018-2025

If yes, link to the foreign assistance framework: CDCS RDC 2015-2019

DESCRIPTION

Precise Definition(s): Multi-drug resistant tuberculosis is defined as tuberculosis that is resistant to two of the most powerful first line drugs used to treat susceptible tuberculosis, isoniazid and rifampicin. The count for this indicator should include all drug resistant TB cases reported by the National TB Program, patients detected with rifampicin resistant TB (RR-TB) in sites using Xpert MTB/RIF plus number of confirmed MDR-TB cases detected among patients tested for susceptibility. This count includes bacteriologically confirmed cases and clinically diagnosed cases. Source: Second line TB treatment registers. MDR TB resistant is resistant to either Rifampicin or to isoniazid (INH) or to both. Screening TB for people living with HIV not only to newly registered patients but to all HIV patients when reporting for clinic appointment.
This indicator is HL.2.4-1 Number of multi-drug resistant tuberculosis cases detected; it is a USAID standard indicator
Precise calculation: Count number of patients detected with rifampicin resistant TB (RR-TB) in sites using Xpert MTB/RIF plus number of confirmed MDR-TB cases detected among patients during the period of assessment.
Numerator: N/A
Denominator: N/A

Unit of measure: Absolute Number

Indicator type: Outcome

Disaggregated by: Province, Health zone, New, Retreatment

Rationale for the indicator (optional): This indicator will be used to monitor progress towards achieving the goals and objectives of the USG TB Strategy, specifically, the target associated with 100% initiation patients with drug resistant TB on treatment. The number of MDR-TB cases detected allows for tracking a National TB Program's ability to scale up diagnosis and their ability to treat 100% whom are identified as having MDR-TB.

PLAN FOR DATA COLLECTION

Data Source: Global TB Database maintained by the World Health Organization.

Data collection and construction method: Each year, the National TB Programs for each country submit the number of multi-drug resistant tuberculosis cases detected to WHO in May as a response to a comprehensive data call for tuberculosis program data with a standardized questionnaire and data management protocol. The database is finalized in October after extensive analysis to produce estimates and quality control procedures (ex, comparing trends over time to identify outliers and follow up with inquiries).

Reporting frequency: Quarter

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline Schedule: TBD

Performance value: TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): N/A

Known Data Limitations: No specific data limitations are known at this time

CHANGES TO INDICATOR

Changes to indicator:

Other notes (optional): MDR TB resistant is resistant to either Rifampicin or to isoniazid (INH) or to both. Screening TB for people living with HIV not only to newly registered patients but to all HIV patients when reporting for clinic appointment.

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.21
Name of Indicator: TB: Number of multi-drug resistant (MDR) TB cases that have initiated second line treatment
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones
Is this a performance plan and reporting indicator? No __ Yes _X_ for the year(s) reported 2018-2025
If yes, link to the foreign assistance framework: CDCS RDC 2015-2019
DESCRIPTION
Precise definition(s): The count for this indicator should include all drug resistant TB cases who were reported by the National TB Program, patients detected with rifampicin resistant TB (RR-TB) in sites using Xpert MTB/RIF plus number of confirmed MDR-TB cases detected among patients tested for susceptibility. Multi-drug resistant tuberculosis is defined as tuberculosis MDR TB resistant is resistant to either Rifampicin or to INH or to both. Screening TB for people living with HIV not only to newly registered patients but to all HIV patients when reporting for clinic appointment. Second line drugs are the TB drugs that are used for the treatment of drug resistant TB. WHO guidelines recommend the use of at least four different drugs to treat MDR TB. This count includes the number of RR/MDR–TB cases registered and started on prescribed MDR TB treatment regimen (second line TB drugs) during the period. ***This is USAID Standard Indicator Number of multi-drug resistant tuberculosis cases that have initiated second line treatment*** **Precise calculation:** Count of patients with rifampicin-resistant TB (RR-TB) plus number of confirmed MDR-TB cases detected, registered and started on prescribed MDR-TB treatment regimen during the period of assessment, **Numerator:** N/A **Denominator:** N/A
Unit of measure: Absolute Number
Indicator type: Outcome
Disaggregated by: Province, Health zone
Rationale for the indicator (optional): The number of MDR-TB cases that have initiated second line treatment allows for tracking a National TB Program's ability to treat all who are identified as having RR-/MDR-TB.
PLAN FOR DATA COLLECTION
Data Source: Global TB Database maintained by the World Health Organization
Data collection and construction method: Each year, the National TB Programs for each country submit the number of multi-drug resistant tuberculosis cases detected to WHO in May as a response to a comprehensive data call for tuberculosis program data with a standardized questionnaire and data management protocol. The database is finalized in October after extensive analysis to produce estimates and quality control procedures (ex, comparing trends over time to identify outliers and follow up with inquiries).
Reporting frequency: Quarter
Individual(s) responsible: M&E Manager
TARGETS AND BASELINE
Baseline Schedule: TBD
Performance value: TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known Data Limitations: No specific data limitations are known at this time
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.22
Name of Indicator: TB: Therapeutic success rate for rifampicin resistant (RR-)/multi-drug resistant (MDR-) TB through USG-supported programs
Name of Result Measured 2: Increased access to quality, integrated health services in target health zones **Result 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ **Yes** __ **for reporting Year (s)**
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Proportion of RR-/MDR-TB cases registered for MDR-TB treatment during the period of assessment assigned one of the following outcomes respectively, cured and treatment completed, among all confirmed RR-/MDR-TB cases registered for treatment and starting a prescribed MDR-TB treatment regimen (second line TB drugs) during the period of assessment. This indicator should include all drug resistant TB cases that were registered and started a prescribed MDR-TB treatment regimen (second line TB drugs). MDR-TB is resistant to either Rifampicin or to isoniazid (INH) or to both. Screening TB for people living with HIV not only to new registered but to all HIV patients when reporting for clinic appointment. Second line drugs are the TB drugs that are used for the treatment of drug resistant TB. WHO guidelines recommend the use of at least four different drugs to treat MDR-TB. **Precise calculation:** Number of RR-/MDR-TB cases started a prescribed MDR-TB treatment regimen (second line TB drugs) assigned one of the following outcomes respectively, cured and treatment completed for all divided by the confirmed RR-/MDR-TB cases registered for treatment and started a prescribed MDR-TB treatment regimen (second line TB drugs) during the period of assessment. **Numerator:** Total of RR-/MDR-TB cases registered for MDR-TB treatment during the period of assessment assigned one of the following outcomes respectively, cured and treatment completed **Denominator:** All confirmed RR-/MDR-TB cases registered for treatment and starting a prescribed MDR-TB treatment regimen during the period of assessment
Unit of Measure: Rate
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): This indicator will be extracted from the National MDR-TB Database maintained by the National Tuberculosis Program. Each month, the DPS/ZS indicate the number of multi-drug resistant tuberculosis cases registered and started on prescribed MDR-TB treatment regimen.
PLAN FOR DATA COLLECTION
Data Source: Global TB Database maintained by the World Health Organization
Data collection and construction method: Each year, the National TB Programs for each country submit the number of multi-drug resistant tuberculosis cases detected to WHO in May as a response to a comprehensive data call for tuberculosis program data with a standardized questionnaire and data management protocol. The database is finalized in October after extensive analysis to produce estimates and quality control procedures (ex, comparing trends over time to identify outliers and follow up with inquiries).
Reporting Frequency: Quarter
Individual(s) Responsible: Director of service delivery
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations:
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.23
Name of Indicator: TB: Percentage of under five children who received (or are receiving) isoniazid (INH) prophylaxis through USG-supported programs
Name of Result Measured 2: Increased access to quality, integrated health services in target health zones **Result 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Proportion of children under-five children who received (or are receiving) isoniazid (INH) prophylaxis among all under five years of age who are contacts of patients with TB. The actual burden is likely to be higher, because diagnosing TB in children is challenging and is a low priority in low-resource settings as DRC. Isoniazid (INH) preventive therapy (IPT) is currently recommended for the treatment of latent TB infection among people living with HIV and children under five years of age who are contacts of patients with TB. We will use the Health Management Information System (HMIS) indicators from District Health Information System 2 (DHIS2); please use the *Manuel de Remplissage* for more detail on the definition of the indicators. *PNLS-ARV-PVVIH sous prophylaxie à l'INH age (numerator)* *PNLS-CDV-HSH VIH+ informés des résultats (denominator)* **Precise calculation:** Number of under-five children who are contacts of patients with TB and who received (or are receiving) isoniazid (INH) prophylaxis expressed as a percentage of the number of all under five years of age who are contacts of patients with TB. **Numerator**: Number of under-five children who are contacts of patients with TB and who received (or are receiving) isoniazid (INH) prophylaxis **Denominator**: Total number of all under five years of age who are contacts of patients with TB
Unit of Measure: Rate
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): A child's risk of developing TB can be reduced by nearly 60% with administration of 6 months course of isoniazid preventive therapy (IPT). However, uptake of IPT by national TB programs is low, and IPT delivery is a challenge in DRC. This indicator will be used to monitor the National TB Program's ability to scale up pediatric TB activities for reducing the burden of TB in under-five children by initiating TB prevention with INH preventive therapy.
PLAN FOR DATA COLLECTION
Data Source: Routine data from the Health Management Information System (HMIS)—Programme Nationale de la Lutte Contre La Tuberculose (PNLT)
Method of Data Collection and Construction: This indicator will be pulled automatically from the HMIS database (HMIS give percentage and the number also) to be stored on the M&E platform database for analyses (calculation) and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: Director of Service Delivery
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations:
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.24
Name of Indicator: TB: Percentage of new-enrolled HIV-positive patients without TB who received (or are receiving) isoniazid (INH) prophylaxis through USG-supported programs.
Name of Result Measured 2: Increased access to quality, integrated health services in target health zones **Result 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ **Yes** __ **for reporting Year (s)**
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Proportion of new-enrolled HIV-positive patients without TB who received (or are receiving) isoniazid prophylaxis among all new-enrolled HIV-positive TB patients without TB during the reporting period. It has been known for many years that IPT prevents TB. WHO recommends that PLHIV who are unlikely to have active TB should receive at least 6 months of isoniazid preventive therapy (IPT) as part of a comprehensive package of HIV care. IPT aims to reduce the development of active TB in patients with latent TB. Screening TB for people living with HIV not only to newly registered patients but to all HIV patients when reporting for clinic appointment. **Precise calculation:** Number of new-enrolled HIV-positive patients who were found not to have TB disease and who received (or are receiving INH prophylaxis expressed as a percentage of the number of all new-enrolled HIV-positive patients screened for TB and who were found not to have TB disease and during the reporting period. We will use the Health Management Information System (HMIS) indicators from District Health Information System 2 (DHIS2); please use the *Manuel de Remplissage* for more detail on the definition of the indicators. *PNLS-ARV-PVVIH sous prophylaxie à l'INH (numerator)* *PNLS-CDV-HSH VIH+ informés des résultats (denominator)* **Numerator**: Total of new-enrolled HIV-positive patients without TB who received (or are receiving) INH prophylaxis during the reporting period **Denominator**: Total of new-enrolled HIV-positive TB patients without TB during the reporting period.
Unit of Measure: Rate
Indicator Type: Output
Disaggregated by: Province, health zone
Rationale for Indicator (optional): This indicator will be used to monitor the National TB Program's ability to scale up TB/VIH coinfection activities for reducing the burden of TB in people living with HIV by initiating TB prevention with INH preventive therapy and early antiretroviral therapy.
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS—Programme Nationale de la Lutte Contre La Tuberculose (PNLT)
Method of Data Collection and Construction: This indicator will be pulled automatically from the HMIS database (HMIS give percentage and the number also) to be stored on the M&E platform database for analyses (calculation) and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: Director of Service Delivery
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations:
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.25
Name of Indicator: TB: Percentage of new-enrolled HIV-positive patients screened for TB through USG-supported programs
Name of Result Measured 2: Increased access to quality, integrated health services in target health zones **Result 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Number of new-enrolled HIV-positive patients who were screened for TB expressed as a percentage of the number of new-enrolled HIV-positive patients registered during the reporting period. TB screening among people living with HIV (PLHIV) is central to implementation of the World Health Organization's 3 interventions for reducing the impact of the TB and HIV syndemics. Effective TB screening will result in the identification of PLHIV with presumptive TB disease (i.e., those with a positive symptom screen who require appropriate evaluation, including the use of diagnostic tools such as the Xpert MTB/RIF assay) and those eligible for isoniazid preventive therapy (i.e., those who have a negative clinical symptom screen or who have a positive screen but are found not to have TB disease). Identification of PLHIV with presumptive TB also facilitates implementation of basic administrative measures for TB infection control, including fast tracking of coughing patients and separation from non-coughing PLHIV to reduce TB transmission. Screening TB for people living with HIV not only to newly registered patients but to all HIV patients when reporting for clinic appointment. We will use Health Management Information System (HMIS) indicators from the District Health Information System 2 (DHIS2); please use the *Manuel de Remplissage* for more detail on the indicator definitions. *PNLS-ARV-Cas TB dépistés parmi les PVVIH au cours du mois (numerator)* *PNLS-CDV-HSH VIH+ informés des résultats (denominator)* **Precise calculation:** Number of new-enrolled HIV-positive patients who were screened for TB expressed as a percentage of the number of new-enrolled HIV-positive patients registered during the reporting period. **Numerator**: Total of new-enrolled HIV-positive patients who were screened for TB during the reporting period. **Denominator**: Total of new-enrolled HIV-positive patients registered during the reporting period.
Unit of Measure: Rate
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): TB continues to be the leading cause of morbidity and mortality among people living with HIV (PLHIV), making improved prevention and treatment of HIV-associated TB critical to ensuring long-term survival of PLHIV. By contributing to the early diagnosis of TB disease among PLHIV, TB screening is also critical to facilitate early initiation of antiretroviral treatment among PLHIV diagnosed with TB disease who might not otherwise be eligible for antiretroviral treatment based on CD4 count or clinical staging. TB screening thus serves as a gateway for multiple TB/HIV interventions and is an integral part of routine clinical services for PLHIV at each clinic visit.
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS— Programme Nationale de la Lutte Contre La Tuberculose (PNLT)
Method of Data Collection and Construction: This indicator will be pulled automatically from the HMIS database (HMIS gives percentage and number) to be stored on the M&E platform database for analyses (calculation) and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: Director of Service Delivery
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional): TBD
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations:
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.26

Name of Indicator: TB: Number of individuals trained in any component of the World Health Organization Stop TB strategy with USG funding.

Name of Result Measured 2: Increased access to quality, integrated health services in target health zones
Result 2.1: Increased availability of quality, integrated facility-based health services

Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)

If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s):

This indicator measures support in building the capacity of people (care providers, community workers) on one of the components of the Stop TB strategy of the World Health Organization with funding from the US Government. Inconsistent and inadequate quality of services provided by healthcare providers is documented as a prevalent problem that results in poor case detection and adherence to treatment, thereby hindering the progress on TB control.

This indicator reports the number of health care providers and community workers who have received training/briefing on one of the components of the World Health Organization's Stop TB strategy with US government funding for a given period (quarter or year).

Stop TB strategy components includes:

- Detection and diagnosis
- Treatment and care
- Preventive care
- Drug-resistant TB
- TB and HIV

All individuals who attended an IHP supported training which meet USAID criteria in at least one component of the TB strategy are counted.

Precise calculation: Count all health care providers and community workers who have received training/briefing on one of the components of the World Health Organization's Stop TB strategy during the period.

Unit of Measure: Rate

Indicator Type: Output

Disaggregated by: Province, health zone

Rationale for Indicator (optional): It is an indicator for monitoring capacity building of providers in improving services and the quality of care.

PLAN FOR DATA COLLECTION

Data Source: Routine data from the Health Management Information System (HMIS)—Programme Nationale de la Lutte Contre La Tuberculose (PNLT)

Method of Data Collection and Construction: Basic management unit TB registers/ District Health Information System 2 (DHSI2), Routine data collection at health centers, ZSs and Province level

Reporting Frequency: Quarter

Individual(s) Responsible: Director of Service Delivery

TARGETS AND BASELINE

Baseline Timeframe: TBD

Rationale for Targets (optional): Developing human resources capacity is vital for TB control in low- and middle-income countries, and insufficient quality, quantity, and distribution of healthcare providers were highlighted as a major challenge in the WHO Global Plan to Stop TB 2006–2015. The End TB strategy aims to end the global TB epidemic, with targets to reduce TB deaths by 95% and to cut new cases by 90% between 2015 and 2035, and to ensure that no family is burdened with catastrophic expenses due to TB.

DATA QUALITY ISSUES

Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A

Date of Future Data Quality Assessments (optional): N/A

Known Data Limitations: Possible confusion about the category of participants

CHANGES TO INDICATOR

Changes to Indicator:

Other Notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet # 2.1.27

Name of Indicator: Number of women treated for gender-based violence

Name of Result Measured:

Result 2: Increased access to quality, integrated health services in target health zones.

IR 2.1: Increased availability of quality, integrated facility-based health services

Is this a performance plan and reporting indicator? NoX **Yes** __**for the year(s) reported** 2018-2025

If yes, link to the foreign assistance framework:

DESCRIPTION

Precise definition(s): This indicator provides information about women who have experienced gender-based violence and who seek care.

GBV is defined as any form of violence that is directed at an individual based on her biological sex, gender identity or expression, or her perceived adherence to socially-defined expectations of what it means to be a woman. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. It can affect women other gender identities. It is most likely to address physical and sexual intimate partner violence, including marital rape; sexual assault or rape; female genital cutting/mutilation; sexual violence.

These are the women who were treated at a facility as a result of gender based violence. These women are reported by period of seeking care after experiencing the violence. The periods of seeking care include within 72 hours or between 72 hours and 120 hours later.

Unit of measure: Number

Indicator type: Output

Disaggregated by: Province, Health Zone, disaggregated by timing of care seeking in relation to the assault: i.e. within 72 hours or between 72-120 hours, or later. PPR.

Rationale for indicator (optional): It is an indicator for monitoring the case of GBV who seek care at last 120 hours late.

DATA COLLECTION PLAN

Data source: Routine HMIS, DHIS2

Data collection and construction method: We plan to pull this data from the HMIS database or other program information system to be stored on the M&E platform database for analyses and reporting when that is possible.

Reporting frequency: Quarter

Individual(s) responsible: RME Director

TARGETS AND BASELINE

Baseline: N/A

Rationale for Targets: TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): Mid-term and end-of-project

Known data limitations: Possible under counting of women who experienced GBV because they don't report the source of their injuries.

CHANGES TO INDICATOR

Changes to indicator:

Other notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.28
Name of Indicator: GBV: Number of surgical fistula repairs provided with USG-assistance
Name of Result Measured: Result 2: Increased access to quality, integrated health services in target health zones. **IR 2.1:** Increased availability of quality, integrated facility-based health services
Is this a performance plan and reporting indicator? No X **Yes** __ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of surgical fistula repairs provide with USG-assistance. USG-assistance is defined as all facilities covered by IHP in program provinces and health zones. Hopital Kaziba will report this data directly to IHP. Other facilities may be added if they receive USG funds. **Precise Calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of measure: Number
Indicator type: Output
Disaggregated by: Province, Health zone
Rationale for indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Routine data from the Health Management Information System (HMIS), Hospital register
Data collection and construction method: Hopital Kaziba will report this data directly to IHP. Other facilities may be added if they receive USG funds. We will work with the MOH to add a module to District Health Information System 2 (DHIS2) to include this indicator.
Reporting frequency: Quarter
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline:
Rationale for Targets:
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): Ad-hoc site visits, mid-term, and end-of-project
Known data limitations: Double counting is a potential data limitation.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.1.29
Name of Indicator: GBV: Number of surgical fistula repairs provided with USG-assistance that remained closed after discharge.
Name of Result Measured: Result 2: Increased access to quality, integrated health services in target health zones. **IR 2.1:** Increased availability of quality, integrated facility-based health services
Is this a performance plan and reporting indicator? No _X_ **Yes** __ **for the year(s) reported** 2018-2025
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of surgical fistula repairs provide with USG-assistance that remain closed after discharge. USG-assistance is defined as all facilities covered by IHP in program provinces and health zones. Hopital Kaziba will report this data directly to IHP. Other facilities may be added if they receive USG funds. **Precise Calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of measure: Number
Indicator type: Output
Disaggregated by: Province, Health zone
Rationale for indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Routine data from the Health Management Information System (HMIS), Hospital register
Data collection and construction method: Hopital Kaziba will report this data directly to IHP. Other facilities may be added if they receive USG funds. We will work with the MOH to add a module to District Health Information System 2 (DHIS2) to include this indicator.
Reporting frequency: Quarter
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline:
Rationale for Targets:
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): Ad hoc site visits, mid-term, and end-of-project
Known data limitations: Double counting is a potential data limitation.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

IR 2.2: INCREASED AVAILABILITY OF QUALITY, INTEGRATED COMMUNITY-BASED HEALTH SERVICES

USAID Performance Indicator Reference Sheet #2.2.1
Name of Indicator: FP: Number of USG-assisted community health workers (CHWs) providing family planning (FP) information, referrals, and/or services during the year
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ **Yes** __ **for reporting Year (s)**
If yes, link to foreign assistance Framework:
DESCRIPTION
Precise Definition(s): USG-assisted: Funded with congressionally-earmarked FP funds for any kind of assistance. Community Health Workers (CHW): Any type of CHW as defined by country programs. FP Information: FP information and/or FP counseling provided by a CHW. FP referrals: FP referrals to public or private sector services provided by a CHW FP Services: FP contraceptive services provided by a CHW Year: US Fiscal Year ***HL.7.2-2 This is USAID standard indicator Health: Family Planning and Reproductive Health*** **Precise Calculation**: Count **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number of Community Health Workers (relais)
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report and training registers
Method of Data Collection and Construction: Activity reports will be cross-referenced with the training database to identify and count the relais who have met the criteria.
Reporting Frequency: Annual
Individual(s) Responsible: RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known limitations at this time.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional): This indicator is a standard PPR indicator that reports number of the community health workers (relais) that have been trained by USAID IHP ● Providing FP information, ● Providing referrals, and/or ● Providing services during the year. USG-assisted refers to USAID IHP provinces.
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.2.2
Name of Indicator: Percent of target population who report that they are able to access the basic health services available to their community
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.2:** Increased availability of quality, integrated community-based health services
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Percent of USG-supported population who report they are able to access health facilities or Integrated Community Case Management (iCCM) sites without any barrier (location, cost or user charge, transport availability, cultural factors—religion, tradition, and others). Basic services refers to basic health services refers to the minimum degree of health care considered to be necessary to maintain adequate health and protection from disease including consultation and laboratory and is defined specifically by the MOH Minimum Package of Activity. USG-supported population refers to people living in USAID IHP supported provinces. As different types of barriers will be explored the study design must explain how the percentage will be calculated. This will be included in detail in the protocol. **Precise Calculation**: Total of target population who report that they are able to access the basic health services available to their community divided by the total population surveyed X 100 **Numerator**: Target population who report that they are able to access the basic health services available to their community **Denominator**: Total population surveyed
Unit of Measure: Percentage of population
Indicator Type: Output
Disaggregated by: Province, Health zone, Gender, Age
Rationale for Indicator (optional): Congolese population lacks access to basic health services such as consultation, laboratory, even though the use of basic health services is one of the key factors favoring the welfare of populations. Lack of access to basic health services can then be summarized as the lack of availability of basic health services or the lack of resources characterized by poverty. Accessing health services would presumably include both access to a medical professional (or trained individual) as well as access to drugs, supplies, etc.
PLAN FOR DATA COLLECTION
Data Source: USAID IHP Household Survey
Method of Data Collection and Construction: Survey designed by USAID IHP and data will be collected via mobile application. Data collection, management, analysis, and reporting will be detailed in the study protocol.
Reporting Frequency: Annual
Individual(s) Responsible: USAID IHP M&E Team
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Population survey may be vulnerable to recall errors.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.2.3

Name of Indicator: Percent of citizens reporting improvement and equity in service delivery of local level institutions with USG assistance

Name of Result Measured:

Result 2: Increased access to quality, integrated health services in target health zones.

IR 2.2: Increased availability of quality, integrated community-based health services

Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)

If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s): Percent of the sample of surveyed population that report improvement and equity in services provided by local government institutions.

Equity means that respondents report not experiencing any discrimination during service delivery.

USAID IHP will assess the level of satisfaction of the population vis-à-vis targeted social and administrative services. Selected services refer to health facilities will be selected in collaboration with the MOH, USAID, and other stakeholders and detailed in the protocol.

- Improve provincial and local health systems to expand the availability of essential services, as elaborated in national MOH and USAID strategy documents, in health facilities as well as through community-based platforms.
- Increase the number of facility and community sites offering priority services by ensuring training and supervision of professional and community health providers, essential commodities, and improving the capacity of provincial and health zone teams to plan, implement, supervise, and monitor services.
- Expand the number of integrated community case management of childhood illness sites to bring services, particularly malaria, diarrhea, and pneumonia in children, closer to communities where geographic access to health centers is a challenge.

Precise Calculation: Number of interviewees who agree with specific conditions for improvement and basic service equity (these will be listed and described in the protocol for review before finalization) divided by the total number of individuals surveyed who reported experiencing service delivery within the recall period

Numerator: Number of interviewees who report specific conditions for improvement and basic service equity (this will be explicit in the protocol)

Denominator: Total number of individuals surveyed who reported experiencing service delivery within the recall period

Unit of Measure: Percentage

Indicator Type: Impact

Disaggregated by: Province, Health zone, Gender, Age

Rationale for Indicator (optional):

PLAN FOR DATA COLLECTION

Data Source: USAID IHP Household Survey

Method of Data Collection and Construction: Survey designed by USAID IHP and data will be collected via mobile application. Data collection will be detailed in the study protocol

Reporting Frequency: Program years 1, 4, and 7

Individual(s) Responsible: USAID IHP M&E Team

TARGETS AND BASELINE

Baseline Timeframe: TBD

Rationale for Targets (optional):

DATA QUALITY ISSUES

Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A

Date of Future Data Quality Assessments (optional): N/A

Known Data Limitations: Population survey may be vulnerable to recall errors.

CHANGES TO INDICATOR

Changes to Indicator:

Other Notes (optional):

THIS SHEET LAST UPDATED ON :

USAID Performance Indicator Reference Sheet #2.2.4
Name of Indicator: Number of Integrated Community Case Management (iCCM) sites in USG-supported communities
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of iCCM sites in USG-supported communities. This refers to integrated community case management sites (iCCM) established to bring health care services close to the population in need. In these community care sites, trained community health workers (Relais) treat malaria, pneumonia, and diarrhea; Relais also screen malnutrition among children under five and refer complicated cases to the health facilities. iCCM sites must have at least one USAID IHP trained RELAIS to meet the reporting criteria USG-supported communities refers to communities identified for iCCM sites in the USAID IHP workplan. This indicator is intended to be cumulative but acknowledges that some sites may lose a relais for any reason and will not be counted in the next report. It is intended to track a running count of active, sustained sites. **Precise Calculation**: Count **Numerator**: N/A **Denominator**: N/A
Unit of Measure: Number of iCCM sites
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): The existence of integrated community case management sites area brings health care closer to communities, especially for the three killer diseases of children under 5 years (malaria, diarrhea and pneumonia).
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Activity reports
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E Team
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations :
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.2.5
Name of Indicator: Proportion of supervisory visits performed during the quarter to community health workers (relais)
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.1:** Increased availability of quality, integrated facility-based health services
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator tracks the monitoring of relais by their supervisors to determine if the supervisors are meeting their supervisory requirements. Supervisors are supposed to visit every relais once a month. Therefore, there should be one visit for every relais and Community-Based Distributor (CBD) each month. In terms of effectiveness, relais are supervised and their work in the community is evaluated to ensure good performance. Supervisors may include managers, clinicians, nurses who have been assigned to provide supervision and/or support and/or mentoring to relais in Integrated Community Case Management (iCCM) and CBD. IT: *infirmier titulaire* Nurse responsible for a health center who is also responsible for supervising the iCCM relais and the CBDs RECO: *relais communautaire* is a community health worker trained in iCCM We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for the MOH definitions. *Nombre de visites de supervision des RECO par l'IT* *Number of iCCM relais and CBDs* **Numerator**: Number of supervision visits made to *relais de sites* and CBDs **Denominator**: Number of iCCM
Unit of Measure: Ratio of relais to supervisors
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): This indicator aims to assess the availability of iCCM supervisors for iCCM-trained CHWs.
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS, DHIS2 *Nombre de visites de supervision des RECO par l'IT* Project Monitoring Report, Number of iCCM relais and CBDs
Method of Data Collection and Construction: This indicator will be pulled automatically from the HMIS database (HMIS give percentage and the number also) to be stored on the M&E platform database for analyses (calculation) and reporting.
Reporting Frequency: Annual
Individual(s) Responsible: USAID IHP M&E Team
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: None at this time.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 2.3: IMPROVED REFERRAL SYSTEM FROM COMMUNITY-BASED PLATFORMS TO HEALTH CENTERS AND REFERENCE HOSPITALS

USAID Performance Indicator Reference Sheet #2.3.1
Name of Indicator: Number of individuals referred to supported health facilities by community health workers (relais) and Community Based Organizations (CBOs).
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.3:** Improved referral system from community-based platforms to health centers and reference hospitals
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of individuals that were referred to supported health facilities by Relais and community organizations (CBOs). Individuals includes patients or clients from the community with signs of illness who have been referred by relais and/or community organizations which may include CSOs or CODESAs to health facilities for care. This indicator counts the number of referrals that were made, not the number of individuals who present at the facility to which they were referred. **Precise Calculation:** Count **Numerator:** N/A **Denominator**: N/A
Unit of Measure: Number of clients
Indicator Type: Output
Disaggregated by: Province, Health zone, Type of facility, Gender, Age, Referral service
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: This data is collected by the Health Center in the *Fiche de Relais* (Community Health Worker Report). It will be collected by the Project at the DPS level by the provincial M&E team and uploaded to a simple database on the M&E platform. We will request that this indicator is added to District Health Information System 2 (DHIS2).
Reporting Frequency: Quarter
Individual(s) Responsible: RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: This value may be misreported as the number of referred individuals presenting instead of the number of referrals made.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional): USAID IHP is still evaluating routine Health Management Information System (HMIS) indicators to determine the best source of data from existing sources.
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.3.2
Name of Indicator: Number of individuals referred by community health workers (relais)/Community-Based Organizations (CBOs) that were received by supported health facilities (completed referrals)
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.3:** Improved referral system from community-based platforms to health centers and reference hospitals
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year(s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of individuals referred by community health workers (relais) and community organizations to a community care site that have been received by the health facilities and taken into care (reference completed). These are community members with signs of illness who have been referred by relais and / or community-based organizations to the appropriate health facilities that have been received and supported. We are using the data reported for the Health Management Information System (HMIS) indicators in District Health Information System 2 (DHIS2); please refer to the *Manuel de Remplissage* for the MOH definitions. *Nouveaux cas orientes par le RECO* **Precise Calculation:** Count **Numerator:** N/A **Denominator**: N/A
Unit of Measure: Number of referred individuals received
Indicator Type: Output
Disaggregated by: Province, Health zone, Age (<5 years, 5 years+)
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Routine data from HMIS (specific indicator from DHIS2),
Method of Data Collection and Construction: This indicator will be pulled automatically from the HMIS database (HMIS give percentage and the number also) or other program information system to be stored on the M&E platform database for analyses (calculation) and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E Team and health zone workers
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No data quality limitations are known at this time.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.3.3
Name of Indicator: Number of women transported for facility delivery
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.3:** Improved referral system from community-based platforms to health centers and reference hospitals
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year(s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator provides the number of women transported for a health problem by the community. These are pregnant women that the community has transported with existing local means of transportation, such as the use of motorcycle, bicycle, canoe, stretcher and vehicle.
Unit of Measure: Number of women transported for facility delivery
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): The number of women transported for facility delivery is a potential indicator of the ability of a community to send a women to a facility for delivery with a skilled attendant and may also reflect changes in health-seeking behaviors, for example, women choosing to deliver at a facility with a skilled attendant rather than delivering at home. We will monitor the indicator and may develop a concept note to investigate this health-seeking behavior in greater depth.
PLAN FOR DATA COLLECTION
Data Source: Routine data from Health Management Information System (HMIS)
Method of Data Collection and Construction: This data is collected on the *Fiche de Relais* (Community Health Worker Report). It will be collected by the Project at the level of the DPS by the provincial M&E team and uploaded to a simple database on the M&E platform. We will request that this indicator is added to the District Health Information System 2 (DHIS2).
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E Team and health zone workers
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No data quality limitations are known at this time.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 2.4: IMPROVED HEALTH PROVIDER ATTITUDES AND INTERPERSONAL SKILLS AT FACILITY AND COMMUNITY LEVELS

USAID Performance Indicator Reference Sheet #2.4.1
Name of Indicator: Average attitudes and interpersonal skills score as measured by the Provider/User checklist at supported health facilities
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.4:** Improved health provider attitudes and interpersonal skills at facility and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year(s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the average score on the attitudes and interpersonal skills measured by the service provider. A standardized check list is used to provide this measurement. This will be developed in collaboration with MOH counterparts, USAID, and other stakeholders. This checklist will use a human-centered design approach to understand the causes of negative provider attitudes. Human Centered design is a method that uses human perspectives and human feedback at every point in the design process. Interpersonal skills are characterized by face to face interactions, specifically between a provider and a client but also between providers and colleagues. The checklist will increase health worker capacity to provide respectful care, avoid stigma, reduce provider bias, and safeguard confidentiality. These interventions will contribute to the gender equity and other improvements in service delivery by helping providers understand their own biases and overcome them in a culturally appropriate way. Expected results: • Improved understanding of the causes of negative provider attitudes • Improved provider attitudes and interpersonal skills • Expanded availability of integrated, youth-friendly FP services • Expanded availability of comprehensive sexual- and gender-based violence (SGBV) services Details on this indicator will be provided in the self-assessment survey protocol. **Precise Calculation:** Count **Numerator:** N/A **Denominator**: N/A
Unit of Measure: Average score
Indicator Type: Output
Disaggregated by: Province, Health zone, Gender, Age
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Self-assessment survey. USAID IHP will distribute self-administered surveys to service providers and collect the results in the M&E platform database for analyses and reporting.
Reporting Frequency: Annual
Individual(s) Responsible: USAID IHP M&E Team
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Self-administered surveys run the risk of selection bias as individuals who participate may have a particular set of characteristics and will not be representative of the population.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.4.2

Name of Indicator: Number of supported facilities offering a package of youth-friendly family planning services.

Name of Result Measured:
Result 2: Increased access to quality, integrated health services in target health zones.
IR 2.4: Improved health provider attitudes and interpersonal skills at facility and community levels

Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)

If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s): This indicator reports the number of supported health facilities offering a family planning platform adapted to young people.
"Supported health facilities" refers to health facilities in USAID IHP provinces.
"Offering a package of youth-friendly services" means that the facility offers at least the following services:

- A youth-friendly corner: this is a collection of resources geared to address adolescent concerns and counsel them about sexual and reproductive health including family planning
- A service provider trained in adolescent S by USAID IHP

Additional services may be added by the program to address adolescent family planning needs and these will be added to the list of criteria that could be offered and noted in the cell, "Changes to Indicator." This is intended to be a cumulative number but may lose numbers over time if resources aren't maintained and if trained staff move on.
Precise Calculation: Count
Numerator: N/A
Denominator: N/A

Unit of Measure: Number of health facilities

Indicator Type: Output

Disaggregated by: Province, Health zone, Type of facility

Rationale for Indicator (optional):

PLAN FOR DATA COLLECTION

Data Source: Project monitoring report: Training registers and activity reports

Method of Data Collection and Construction: training registers will capture the individuals trained but it will be necessary to confirm that they still work at the facility they were trained for and the activity reports will record the facilities that have received materials for adolescent friendly corners are in place with resources. The criteria will be captured in a database for ease of cross reference and generating the report.

Reporting Frequency: Quarter

Individual(s) Responsible: USAID IHP M&E Team

TARGETS AND BASELINE

Baseline Timeframe: TBD

Rationale for Targets (optional):

DATA QUALITY ISSUES

Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A

Date of Future Data Quality Assessments (optional): N/A

Known Data Limitations: There are several data points that go into this indicator, all of which are vulnerable to some type of error, specifically, the staff database may be outdated and adolescent friendly corners may be inaccurately reported as existing when in fact they do not meet the criteria (the facilities may have received the materials but never shared them with the public).

CHANGES TO INDICATOR

Changes to Indicator:

Other Notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.4.3
Name of Indicator: Number of supported facilities offering a package of comprehensive sexual- and gender-based violence (SGBV) services.
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones. **IR 2.4:** Improved health provider attitudes and interpersonal skills at facility and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of health facilities offering a comprehensive service package on for survivors of gender based violence. "Comprehensive SGBV services" is limited in this case to medical assistance to SGBV survivors. The criteria for a comprehensive service package includes • Counseling • Pregnancy test • Hepatitis B test • Antibiotics for STI prevention • ARV • Emergency Contraceptives • Additional care (injuries) We will use training data to count this indicator, counting the number of facilities with a provider trained to provide the package of comprehensive SGBV services. **Precise Calculation:** Count **Numerator:** N/A **Denominator**: N/A
Unit of Measure: Number of health facilities
Indicator Type: Output
Disaggregated by: Province, Health zone, Type of facility
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report: Training register and activity reports
Method of Data Collection and Construction: Training reports will identify facilities where there is at least one trained provider. Activity reports will include checklists of criteria to ensure the activity has the materials it needs.
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E Team and health zone workers
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations:
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 2.5: INCREASED AVAILABILITY OF INNOVATIVE FINANCING APPROACHES

USAID Performance Indicator Reference Sheet #2.5.1
Name of Indicator: Number of innovative financing tools piloted
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones **IR 2.5:** Increased availability of innovative financing approaches
Is This a Performance Plan and Report Indicator? No _X_ **Yes** __ **for reporting Year (s)**
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of non-traditional mechanism to raise additional funds such as micro-contributions, taxes, public-private partnerships and market-based financial transactions piloted with USAID IHP support. Innovative financing refers to a range of non-traditional mechanisms to raise additional funds for development aid through "innovative" projects such as micro-contributions, taxes, public-private partnerships and market-based financial transactions. They will be counted if the pilot is implemented as planned and produces an activity report. This is a not cumulative number and piloting is a one-time event; each tool will only be counted once. **Precise Calculation:** Count **Numerator:** N/A **Denominator**: N/A
Unit of Measure: Number of innovative financing tools
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: We will archive the activity report on the M&E Platform and then we will create a simple dataset to track the number for analyses and reporting.
Reporting Frequency: Annual
Individual(s) Responsible: USAID IHP Finance Technical Lead
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations:
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 2.6: IMPROVED BASIC FACILITY INFRASTRUCTURE AND EQUIPMENT TO ENSURE QUALITY SERVICES

USAID Performance Indicator Reference Sheet #2.6.1
Name of Indicator: Percentage of USG-supported health facilities receiving infrastructure and/or equipment support
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones **IR 2.6:** Improved basic facility infrastructure and equipment to ensure quality services
Is this a performance plan and reporting indicator? No _X_ Yes __ for the year(s)
If yes, link to the foreign assistance framework:
DESCRIPTION
Precise definition(s): This indicator reports the percentage of health facilities receiving infrastructure and/or equipment support from USG assistance through the USAID IHP. "Infrastructure support" will be limited to facility renovation and will be identified in the work plan and all facilities benefitting from that activity will meet the criteria. "Equipment support" will be defined as equipment that will allow or improve basic and improved services to be provided. These will be purchased to update and replace existing equipment or to provide new equipment that will allow the facility to provide new services. This will be in-kind or financial inputs. Equipment will include medical instruments, appliances, furniture and heavy equipment. It will not include community mobilization. This will not be based on a cumulative number, because equipment and infrastructure are expected to be permanent. However, this can be converted to demonstrate how many facilities, over the life of the program have received infrastructure or equipment support. **Precise calculation:** The number of USG-supported health facilities that received infrastructure and/or as part of the project over a given period of time is divided over the total number of program facilities X 100 **Numerator:** Total number of health facilities that have received infrastructure and/or equipment during that reporting period **Denominator:** Total number of USG-supported health facilities program for infrastructure and equipment support
Unit of measure: Percentage of health facilities
Indicator Type: Outcome
Disaggregated by: Province, Health zone
Rationale for the indicator (optional): USAID IHP hypothesizes that facilities receiving infrastructure and/or equipment support will generate higher demand by clients, encouraging individuals to go to the facility for treatment.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report, additional data sources may include receipts or other logistics documents.
Data collection and construction method: "Infrastructure and/or equipment support" will be identified in the work plan as well as the target facilities. An activity report will record implementation of the activity that will be used for reporting this indicator. This data will be entered into the Activity dataset on the M&E Platform for analyses and reporting.
Reporting frequency: Annual
Individual(s) responsible: RM&E Director
TARGETS AND BASELINE
Baseline: TBD
Performance value: TBD
DATA QUALITY ISSUES
Dates of previous data quality assessments and name(s) of the reviewer(s): N/A
Dates of future data quality assessments (optional): N/A
Known data limitations: No known data quality limitations at this time.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.6.2

Name of Indicator: WASH: HL.8.1-1 Number of people gaining access to basic drinking water services as a result of USG assistance

Name of Result Measured:

Result 2: Increased access to quality, integrated health services in target health zones

IR 2.2: Increased availability of quality, integrated community-based health services

Is this a performance plan and reporting indicator? No __ Yes _X_ for the year(s) reported 2018-2025

If yes, link to the foreign assistance framework: CDCS RDC 2015-2019

DESCRIPTION

Precise definition(s): Basic drinking water services, according to the Joint Monitoring Program (JMP), are defined as improved sources or delivery points that by nature of their construction or through active intervention are protected from outside contamination, in particular from outside contamination with fecal matter, and where collection time is no more than 30 minutes for a roundtrip including queuing.

Drinking water sources meeting this criteria include:

- Piped drinking water supply on premises;
- Public tap/standpost; tube well/borehole;
- Protected dug well; protected spring;
- Rainwater; and/or
- Bottled water (when another basic service is used for hand washing, cooking or other basic personal hygiene purposes).

All other services are considered to be "unimproved", including: unprotected dug well, unprotected spring, cart with small tank/drum, tanker truck, surface water (river, dam, lake, pond, stream, canal, irrigation channel), and bottled water (unless basic services are being used for hand washing, cooking and other basic personal hygiene purposes).

The following criteria must be met for persons counted as gaining access to basic drinking water services as a result of USG assistance:

1. The total collection time must be 30 minutes or less for a round trip (including wait time). Given this definition, the number of people considered to have "gained access" to a basic service will be limited by the physical distance to the service from beneficiaries' dwellings, the amount of time typically spent queuing at the service, and the production capacity of the service.
2. The service must be able to consistently (i.e. year-round) produce 20 liters per day for each person counted as "gaining access." This amount is considered the daily minimum required to effectively meet a person's drinking, sanitation, and hygiene needs.
3. The service is either newly established or was rehabilitated from a non-functional state within the reporting fiscal year as a result of USG assistance.
4. Persons counting toward the indicator must not have previously had similar "access" to basic drinking water services, prior to the establishment or rehabilitation of the USG-supported basic service.-Note: Although USAID expects that all drinking water services supported by USG assistance be tested for fecal coliform and arsenic during the program cycle, compliance with water quality standards is not required for attribution to this indicator. For guidance on water testing requirements during the program cycle, contact USAID/E3/Water Office.

Limitations: Providing "access" does not necessarily guarantee beneficiary "use" of a basic drinking water service and thus potential health benefits are not certain to be realized from simply providing "access." This indicator does not capture the full dimensions of a water service's reliability or affordability--two other important factors that influence the likelihood that those defined as having "access" will actually use the service.

This is USAID Standard Indicator HL.8.1-1

Precise calculation: Count

Unit of measure: Number

Indicator type: Outcome

Disaggregated by: Sex (female, male); residence (rural, urban); wealth quintile

Rationale for the indicator (optional): Use of a "basic" drinking water service, as defined, is strongly linked to decreases in the incidence of waterborne disease especially among children under age five. Diarrhea remains the second leading cause of child deaths worldwide. While not guaranteeing "use" of the drinking water service, this indicator measures progress in making basic drinking water available in a manner that typically leads to use of the service. Useful for program management, funding allocations and tracking, and reporting towards USAID's Water and Development Strategy objectives.

PLAN FOR DATA COLLECTION

Data Source: USAID IHP Household Survey

Data collection and construction method: Upon completion of construction or rehabilitation of a basic water service, data must be collected by USAID staff, implementing partners, or a third party evaluator. USAID staff, implementing partners, or a third party evaluator must reasonably demonstrate the linkage between USG assistance and new services

provided in order to attribute results to this indicator. Acceptable method(s) by which data for this indicator should be collected are:

- Observations of water services and direct count of beneficiaries or households with estimates of the number of people living in those households. This must include an assessment of the "time to collect," where only people living within that radius of the service currently not using a basic drinking water supply service according to the baseline is the initial estimate of those "gaining access" to the service. This number might be further reduced, however, depending upon the measured production volume of the service in comparison to the 20 liters/capita/day minimum standard.
- Household surveys of a representative and statistically significant sample of those who gained access to verify that the water services meets the standards in the definition for a basic water service. This data source requires that a baseline must be established among potential beneficiaries before the start of activity implementation to measure current "time to collect" and type of existing "main drinking water services" through an initial household survey, using a representative sample of households, conducted by the implementing partner or a third party.

This indicator can be difficult and time-consuming to measure accurately and requires robust data quality assurance on the part of USAID.

Reporting frequency: Years 1, 4, and 7

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline schedule: TBD

Performance value: TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): During the design of the survey protocol we will detail the data collection methods and tools. The protocol will be subject to review before the pilot.

Known data limitations:

CHANGES TO INDICATOR

Changes to indicator:

Other notes (optional):

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.6.3

Name of Indicator: WASH: HL.8.2-2 Number of people gaining access to a basic sanitation service as a result of USG assistance

Name of Result Measured:
Result 2: Increased access to quality, integrated health services in target health zones

Is this a performance plan and reporting indicator? No __ Yes _X_ for the year(s) reported 2018-2025

If yes, link to the foreign assistance framework: Country Development Cooperation Strategy (CDCS) RDC 2015-2019

DESCRIPTION

Precise definition(s): A basic sanitation service, defined according to the Joint Monitoring Program (JMP), is a sanitation facility that hygienically separates human excreta from human contact, and that is not shared with other households. Sanitation facilities meeting this criteria include:

- Flush or pour/flush facility connected to a piped sewer system;
- A septic system or a pit latrine with slab;
- Composting toilets; or
- Ventilated improved pit latrines (with slab).

All other sanitation facilities do not meet this definition and are considered "unimproved." Unimproved sanitation includes: flush or pour/flush toilets without a sewer connection; pit latrines without slab/open pit; bucket latrines; or hanging toilets/latrines. Households that use a facility shared with other households are not counted as using a basic sanitation facility. A household is defined as a person or group of persons that usually live and eat together.
Persons are counted as "gaining access" to an improved sanitation facility, either newly established or rehabilitated from a non-functional or unimproved state, as a result of USG assistance if their household did not have similar "access", i.e., an improved sanitation facility was not available for household use, prior to completion of an improved sanitation facility associated with USG assistance.
This assistance may come in the form of hygiene promotion to generate demand. It may also come as programs to facilitate access to supplies and services needed to install improved facilities or improvements in the supply chain(s).

This is USAID Standard Indicator HL.8.2-2

Precise Calculation: Count

Numerator: N/A
Denominator: N/A

Unit of measure: Number

Indicator type: Outcome

Disaggregated by: Sex (female, male); residence (rural, urban); wealth quintile

Rationale for the indicator (optional): Use of an improved sanitation facility by households is strongly linked to decreases in the incidence of waterborne disease among household members, especially among those under age five. Diarrhea remains the second leading cause of child deaths worldwide. Useful for program management, funding allocations and tracking, and reporting towards USAID's Water and Development Strategy objectives.

PLAN FOR DATA COLLECTION

Data Source: USAID IHP Household Survey

Data collection and construction method: This data will be collected electronically and stored on the M&E platform database for analysis and reporting. The data collection tools will be designed to ensure alignment to USAID's definition. The tools and protocol will be subject to review before the pilot.

Reporting frequency: Years 1, 4, and 7

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline schedule: TBD

Performance value: TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): N/A

Known data limitations: It is important to note that providing "access" does not necessarily guarantee beneficiary "use" of a basic sanitation facility and thus potential health benefits are not certain to be realized from simply providing "access." Not all household members may regularly use the noted basic sanitation facility. In particular, in many cultures young children are often left to defecate in the open and create health risks for all household members including themselves. The measurement of this indicator does not capture such detrimental, uneven sanitation behavior within a household.

Additional limitations of this indicator are that it does not fully measure the quality of services, i.e. accessibility, quantity, and affordability, or the issue of facilities for adequate menstrual hygiene management.
CHANGES TO INDICATOR
Changes to indicator:
Other notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.6.4

Name of Indicator: WASH: HL.8.2-4 Number of basic sanitation facilities provided in institutional settings as a result of USG assistance

Name of Result Measured:
Result 2: Increased access to quality, integrated health services in target health zones
IR 2.6: Improved basic facility infrastructure and equipment to ensure quality services

Is this a performance plan and reporting indicator? No __ Yes _X_ for the year(s) reported _2018-2025

If yes, link to the foreign assistance framework: CDCS RDC 2015-2019

DESCRIPTION

Precise definition(s): Institutional settings are defined as schools and health facilities. Schools in the context of this indicator are day schools for children 6 to 18 years of age who return home after school. Schools may be public or private. Health facilities may provide different levels of service, but it is anticipated that sanitation facilities will be installed in health facilities at the lower echelons of the service hierarchy. Health facilities may be public or private.
A basic sanitation facility is one that provides privacy and hygienically separates human excreta from human contact and includes:

- Flush or pour/flush facility connected to a piped sewer system;
- A septic system or a pit latrine with slab;
- Composting toilets; or
- Ventilated improved pit latrines (with slab).

All other sanitation facilities do not meet the definition of "basic" and are considered "unimproved." Unimproved sanitation includes: flush or pour/flush toilets without a sewer connection; pit latrines without slab/open pit; bucket latrines; or hanging toilets/latrines.
For latrine blocks with several squat holes, the "sanitation facility" count is the number of squat holes in the block. Sanitation facilities that are repaired in order to meet set local government standards will also be counted. Sanitation facilities counted are only those that have hand washing facilities within or near the toilets and are located on premises of the institution. In school settings, there must be gender-specific sanitation facilities and host country standards regarding the ratio of students per squat hole must be met.
Limitations: Access to sanitation facilities does not guarantee use. Additionally, the cleanliness of the sanitation facility will not be reflected either.
This is USAID Standard Indicator HL.8.2-4
Precise Calculation: Count
Numerator: N/A
Denominator: N/A

Unit of measure: Number

Indicator type: Outcome

Disaggregated by: Institution type (school/health facility)

Rationale for the indicator (optional): Schools with poor water, sanitation and hygiene conditions, and intense levels of person-to-person contact, are high-risk environments for children and staff, and exacerbate children's particular susceptibility to environmental health hazards." Health facilities, like any other public space, must have sanitation facilities to reduce the possibility of spreading disease.

PLAN FOR DATA COLLECTION

Data Source: USAID IHP Household Survey

Data collection and construction method: This data will be collected electronically and stored on the M&E platform database for analysis and reporting. The data collection tools will be designed to ensure alignment to USAID's definition. The tools and protocol will be subject to review before the pilot.

Reporting frequency: Annual

Individual(s) responsible: M&E Manager

TARGETS AND BASELINE

Baseline schedule: TBD

Performance value: TBD

DATA QUALITY ISSUES

Dates of previous data quality assessments and name(s) of the reviewer(s): N/A

Dates of future data quality assessments (optional): N/A

Known data limitations: Access to sanitation facilities does not guarantee use. Additionally, the cleanliness of the sanitation facility will not be reflected either.

CHANGES TO INDICATOR

Changes To Indicator:

Other notes (optional):

THIS SHEET LAST UPDATED ON:

IR 2.7: STRENGTHENED COLLABORATION BETWEEN CENTRAL AND DECENTRALIZED LEVELS THROUGH SHARING OF BEST PRACTICES AND CONTRIBUTIONS TO POLICY DIALOGUE

USAID Performance Indicator Reference Sheet #2.7.1
Name of Indicator: Number of knowledge sharing workshops supported
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones **IR 2.7:** Strengthened collaboration between central and decentralized levels through sharing of best practices and contributions to policy dialogue
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year(s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of knowledge sharing workshops supported. This refers to a workshop with terms of reference and agenda for disseminating or communicating sharing knowledge and/or lessons learned on a topic relevant to USAID IHP implementation, organized in provinces supported by the program. The workshop will be supported financially or through technical expertise by USAID IHP. **Precise Calculation:** Count **Numerator:** N/A **Denominator**: N/A
Unit of Measure: Number of workshops
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report.
Method of Data Collection and Construction: Most knowledge sharing workshops will be identified as such in the work plan and will be recorded by the activity report. Ad hoc knowledge sharing workshops should be identified by technical leads and project management using the criteria in the precise definition and recorded by the same activity report templates. This data will be uploaded to the M&E platform for analyses and counting.
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E Team
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: There should be no issues capturing the knowledge sharing workshops identified in the work plan but ad hoc knowledge sharing workshops may be overlooked unless they are documented properly. The M&E team will create a dataset on the M&E platform to capture knowledge sharing workshops and potential knowledge sharing workshops that can be reviewed by the technical leads for reporting.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.7.2
Name of Indicator: Number of strategies/policies that have been updated from good practices and lessons learned
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones **IR 2.7:** Strengthened collaboration between central and decentralized levels through sharing of best practices and contributions to policy dialogue
Is This a Performance Plan and Report Indicator? No _X_ **Yes** __ **for reporting Year (s)**
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of strategies/policies that have been updated from good practices and lessons learned. This refers specifically to the strategies/policies that have been adapted from USAID IHP led activities that help people to adopt healthy behaviors. Strategies/policies are defined as positions or goals formally adopted by the government either through law or public announcement. **Precise Calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number of strategies/policies
Indicator Type: Output
Disaggregated by: Health topic
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Activity reports will justify a reasonable, but not necessarily scientific, link between a USAID IHP led initiative and a government strategy or policy.
Reporting Frequency: Quarter
Individual(s) Responsible: USAID IHP M&E Team
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: The data for this indicator may be subjective, in the activity report, USAID IHP will have to justify the relationship between the activity and the strategy/policy adopted by the Government of the DRC.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #2.7.3
Name of Indicator: Number of success stories developed
Name of Result Measured: **Result 2:** Increased access to quality, integrated health services in target health zones **IR 2.7:** Strengthened collaboration between central and decentralized levels through sharing of best practices and contributions to policy dialogue
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of success stories developed and disseminated or otherwise shared during the reporting period. "Success stories" are defined as documents developed to demonstrate the success of an activity, an intervention, an approach or a strategy. "Disseminated or otherwise shared" means that the success story must be submitted as a report, disseminated to stakeholders, or the media, published in a journal or new source. These success stories are shared with stakeholders in workshops or other meetings at different levels. They can also be published as journal articles or grey literature on the website or other news source. **Precise Calculation:** Count **Numerator:** N/A **Denominator**: N/A
Unit of Measure: Number of success stories
Indicator Type: Output
Disaggregated by: Media type, Health topic, Province
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report: Archived success stories (evidence of publication or other dissemination method)
Method of Data Collection and Construction: Success stories that are published or otherwise disseminated will be archived on the M&E platform database and counted at the end of each reporting period.
Reporting Frequency: Quarter
Individual(s) Responsible: RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: There may be double counting if a success story is shared multiple times but each amplification will bring a new audience and will be counted.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON :

RESULT 3: INCREASED ADOPTION OF HEALTHY BEHAVIORS, INCLUDING USE OF HEALTH SERVICES, IN TARGET HEALTH ZONES

USAID Performance Indicator Reference Sheet # 3.1
Name of Indicator: Percentage of USG-supported health zones that demonstrate improvement in key accelerator behavior indicators
Name of Result Measured: **Result 3**: Increased adoption of healthy behaviors, including use of health services, in target health zones
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year(s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator provides the percentage of health zones benefiting from USAID IHP interventions that demonstrate improvement in key accelerator behavior indicators. Improvement refers to a positive change in the adoption of practices of key accelerators behaviors. To be counted, the ZS need improve at least three key accelerator behaviors. Key accelerator behavior indicators include: • Pregnant women attend at least four antenatal care visits • Caregivers seek full course of timely vaccinations for infants and children under two years • Caregivers seek prompt and appropriate treatment for children early at the onset of fever • Caregivers seek prompt and appropriate treatment for children with signs of acute respiratory infection • Children under five- years old sleep every night under an insecticide-treated bed net • Women or their partners use modern contraceptive methods to avoid pregnancy for at least 24 months after a live birth • Family members wash hands with soap at four critical times (after defecation, after changing diapers, before food preparation, and before eating) **Precise Calculation:** Total number of health zones that demonstrated improvement in key accelerator behavior indicators divided by the total number of health zones supported under USAID IHP X 100 **Numerator:** Total number of health zones that demonstrated improvement in key accelerator behavior indicators. **Denominator:** Total number of health zones supported under USAID IHP.
Unit of Measure: Percentage of health zones
Indicator Type: Outcome
Disaggregated by: Province, Health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: USAID IHP Household Survey
Method of Data Collection and Construction: Survey implemented by IHP-USAID and data will be collected via mobile application and stored on the M&E platform.
Reporting Frequency: Program years 4 and 7
Individual(s) Responsible: RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Population studies are vulnerable to recall errors.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #3.2
Name of Indicator: Percentage of children under 6months living with the mother who are exclusively breastfed
Name of Result Measured: **Result 3**: Increased adoption of healthy behaviors, including use of health services, in target health zones.
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year(s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator provides information on children under 2 years of age living with mothers and breastfed exclusively for up to 6 months. Counted are all children under 2 years of age whose mothers declared to have exclusively breastfed them. This means that the child took nothing but his mother's breast milk. **Precise Calculation:** Total number of children under 2 years of age breastfed exclusively for up to 6 months divided by the total number of children under 2 years of age living with their mother, limited to the households included in the survey **Numerator:** Total number of children under 2 years of age breastfed exclusively for up to 6 months **Denominator:** Total number of children under 2 years of age living with their mother
Unit of Measure: Percentage of children
Indicator Type: Outcome
Disaggregated by: Province, Health zone, Gender
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: USAID IHP Household Survey
Method of Data Collection and Construction: Survey implemented by IHP-USAID and data will be collected via mobile application and stored on the M&E platform database.
Reporting Frequency: Program years 1, 4, and 7
Individual(s) Responsible: RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: Population studies are vulnerable to recall errors.
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 3.1: INCREASED PRACTICE OF PRIORITY HEALTHY BEHAVIORS AT THE INDIVIDUAL, HOUSEHOLD, AND COMMUNITY LEVELS

USAID Performance Indicator Reference Sheet #3.1.1
Name of Indicator: Percentage of health areas reached by Healthy Family Campaign social and behavior change (SBC) campaigns
Name of Result Measured: **Result 3**: Increased adoption of healthy behaviors, including use of health services, in target health zones **IR 3.1:** Increased practice of priority healthy behaviors at the individual, household, and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year(s)
If yes, link to foreign assistance Framework:
DESCRIPTION
Precise Definition(s): Healthy Family Campaign SBC are household-based campaigns that promote key health practices and are provided by community workers. The campaigns will be carried out in a progressive manner in Health Areas of 44 ZS per year (25% of the total ZS covered by the project). We will collaborate with the MOH to identify specific indicators to use as criteria to prioritize health areas based on need. Each ZS plans the health topics to be developed in the health area for each family campaign. Behaviors can include seeking treatment at the onset of the fever, receive at least 4 doses of Intermittent Preventive Treatment (IPT), and attend at least 4 antenatal care (ANC) visits and the accelerator behaviors (please see complete definition in 3.1). Other topics of campaigns will be considered and documented with justification for inclusion. "Reached" is defined as the number of contacts that the community agent had with the target population / person / household. This is verified through a community monitoring sheet. This indicator reports the coverage of Healthy Family Campaign SBC events that are conducted in USAID IHP areas. Health Areas refer to the official geographic designation associated with both a health facility (*poste de sante*) and a Community Service Organization (CSO). Events can include outreaches, drama activities, and other innovative approaches that are based in physical area (radio messaging cannot be included). Events will be identified during the work planning phase. Events are expected to be mostly be of two types: door-to-door campaigns, during which a community mobilizer visits each household in turn. The second type is the group engagement, where a community mobilizer visits a community group (for example, a women's prayer group) and provides sessions to the group. **Precise Calculation:** Total number of households in a USG-supported health area reached by Healthy Family Campaign SBC campaigns divided by the total number households in the Health Area **Numerator:** Total number of USG-supported areas reached by Healthy Family Campaign SBC campaigns **Denominator:** Total number of USG-supported health areas
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional): The program has chosen this as a fee indicator because of the desire to reach the community level and show results. It will count the health area level in order to capture all types of campaigns, despite their transmission method. The importance of family campaigns is to sensitize household members to adopt positive behaviors to improve their health.
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Healthy Family Campaign SBC events will be in their regular report which will be collected by the program through the provincial IHP program monitoring system. Data will be stored electronically on the M&E platform database.
Reporting Frequency: Quarter
Individual(s) Responsible: Provincial M&E team, RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No data limitations are known at this time

CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #3.1.2
Name of Indicator: Percentage of trained community mobilizers active at community level
Name of Result Measured: **Result 3**: Increased adoption of healthy behaviors, including use of health services, in target health zones **IR 3.1:** Increased practice of priority healthy behaviors at the individual, household, and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance Framework:
DESCRIPTION
Precise Definition(s): This indicator provides the number of community mobilizers trained and active at community level. Community mobilizers (*agents communitaires*) will have been trained by DRC IHP in key practices, including interpersonal communication. "Active" is defined as a community mobilizer who has a work plan, has written and submitted at least one report during the reporting period. This refers to the community mobilizers who have been trained and who are active in providing service to community members. **Precise Calculation:** Percentage **Numerator:** Number of community mobilizers trained in interpersonal communication and who submitted a progress report during the reporting period. **Denominator:** Number of community mobilizers trained in interpersonal communication
Unit of Measure: Number of community mobilizers
Indicator Type: Output
Disaggregated by: Province, Health zone, Gender, Age
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring reports
Method of Data Collection and Construction: Activity reports will record community mobilizers that submitted a report in the program period. These will be cross referenced with training registers that will be stored on the M&E platform database for analyses and reporting. We will maintain a rolling dataset
Reporting Frequency: Quarter
Individual(s) Responsible: RM&E Director
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON: 19-Oct-18

USAID Performance Indicator Reference Sheet #3.1.3
Name of Indicator: Number of facilities providers trained in interpersonal communication skills
Name of Result Measured: **Result 3**: Increased adoption of healthy behaviors, including use of health services, in target health zones **IR 3.1:** Increased practice of priority healthy behaviors at the individual, household, and community levels
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year(s)
If yes, link to foreign assistance Framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of facilities providers that have been trained by USAID IHP trained in interpersonal communication skills. Interpersonal communication, also called behavioral communication, is defined by the exchange of messages and codes between two individuals. It is an exchange between two persons, centered on a question that specifically concerns the interlocutor. The purpose of interpersonal or face-to-face communication is: • Encourage an individual to think about their particular problems and to come to a deeper understanding of the causes of their problems • Strengthen information given by the media or a group to better inform the interlocutor • Adapt the message to a specific individual to identify the true needs of the recipient. All facilities providers who have been trained on this specific communication are counted. **Precise Calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number of facilities providers
Indicator Type: Output
Disaggregated by: Province, Health zone, Gender, Age
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report: Training registers
Method of Data Collection and Construction: Training registers will be kept tracking the individuals trained. This data will be stored electronically on the M&E platform database for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: M&E team
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: No known data limitations at this time
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 3.2: INCREASED USE OF FACILITY- AND COMMUNITY-BASED HEALTH SERVICES

USAID Performance Indicator Reference Sheet #3.2.1
Name of Indicator: Number of communities that have access to real-time information about availability of health services in their catchment areas
Name of Result Measured: **Result 3**: Increased adoption of healthy behaviors, including use of health services, in target health zones **IR 3.2:** Increased use of facility- and community-based health services
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year(s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of target communities that have access to real-time information about availability of health services in their catchment areas. Real-time is defined as the data set is updated regularly, at least annually. This means anyone using the mobile service can call it for data that is up-to-date. Availability of health services is defined as key services that are identified by the program in collaboration with the MOH, USAID, and other stakeholders. Users can call the service seeking the nearest service delivery point for a selected service or they can call about the services available at a particular clinic. The data for this service will be collected from the health facility register activity and updated with the annual follow-on data collection. This information provided about service delivery is a function of four requirements. • The health service availability information is available to anyone who can call in to the service • The tool provides information about the health services available near them • Individuals in the community have been informed of the tool • They use the tool Ultimately the community must be able to know if services are available and if they are not they can use that information to ask for services. We will count the number of communities that have been sensitized to use this service. This will include healthy family campaigns, radio campaigns and posters or orientations available at health centers if participant registrations are collected. **Precise Calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number of communities
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: The program will track activities related to the promotion of this service, specifically community campaigns: door-to-door and for groups. We report activities and enter data in the dataset on the M&E platform for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: M&E team
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations :
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet #3.2.2
Name of Indicator: Number of awareness campaigns designed, implemented, and evaluated with community participation (contract deliverable)
Name of Result Measured: **Result 3**: Increased adoption of healthy behaviors, including use of health services, in target health zones **IR 3.4:** Strengthened collaboration between central and decentralized levels through sharing of best practices and contributions to policy dialogue
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Number of awareness campaigns carried out in a health zones in collaboration with operational community service organizations (CSOs) based at the community level and targeting community priorities. **Community Priority:** These are priority issues identified by the community when designing the campaign **Awareness campaign:** it is an activity of mobilization of the community on the essential questions of health. It promotes the sharing of information and encourages people to seek health services. Designed means it was created with a specific intention. Implemented means that the plans were realized. Evaluated means that the campaign was assessed using the campaign report template. Social and Behavior change campaigns are defined by their objective of seeking to change behaviors by addressing factors such as knowledge, attitudes, and norms. Social and behavior change (SBC) campaigns will have been identified in the work plan. **Precise Calculation:** Count **Numerator:** N/A **Denominator:** N/A
Unit of Measure: Number of SBC campaigns
Indicator Type: Output
Disaggregated by: Province, Health zone
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Workshop attendee register and project monitoring report.
Method of Data Collection and Construction: The campaign reporting template will be used as the primary data source for this indicator. It will be collected at the zone level and shared with IHP. Data will be archived on the M&E Platform database for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: RM&E team
TARGETS AND BASELINE
Baseline Timeframe: N/A
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: There are no known data limitations at this time.
CHANGES TO INDICATOR
Changes to Indicator: Change to indicator recommended; original name was: Number of sensitization campaigns promoting use of facility health services "open house days"(contract deliverable)
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 3.3: REDUCED SOCIO-CULTURAL BARRIERS TO THE USE OF HEALTH SERVICES AND THE PRACTICE OF KEY HEALTHY BEHAVIORS

USAID Performance Indicator Reference Sheet #3.3.1
Name of Indicator: Percentage of health areas reached by Healthy Family Campaign social and behavior change (SBC) events with messages disseminated targeting youth and other vulnerable groups per year
Name of Result Measured: **Result 3**: Increased adoption of healthy behaviors, including use of health services, in target health zones **IR 3.3:** Reduced socio-cultural barriers to the use of health services and the practice of key healthy behaviors
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year(s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): This indicator reports the number of Health Family Campaign SBC events with messages disseminated targeting youth, women, and other vulnerable groups per year. Vulnerable groups may include but are not limited to the disabled, HIV+, LGBT, internally displaced persons and refugees. The report will specify the target audience to justify inclusion of the campaign in the reported count. SBC campaigns are defined by their objective of seeking to change behaviors by addressing factors such as knowledge, attitudes, and norms. SBC campaigns will have been identified in the work plan. **Precise Calculation:** Percentage **Numerator:** the number of health areas that are reached with a Health Family Campaign SBC events with messages disseminated targeting youth, women, and other vulnerable groups per year **Denominator:** the total number of USG-supported health areas
Unit of Measure: Percentage of campaigns
Indicator Type: Output
Disaggregated by: Province, Health zone, Vulnerable group
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Project monitoring report
Method of Data Collection and Construction: Campaign reports will document the vulnerable group addressed and the dissemination. These will be archived on the M&E platform a simple dataset will track the number of campaigns that meet the criteria that are for analyses and reporting.
Reporting Frequency: Annual (by definition)
Individual(s) Responsible: M&E team
TARGETS AND BASELINE
Baseline Timeframe: TBD
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations:
CHANGES TO INDICATOR
Changes to Indicator:
Other Notes (optional):
THIS SHEET LAST UPDATED ON:

IR 3.4: STRENGTHENED COLLABORATION BETWEEN CENTRAL AND DECENTRALIZED LEVELS THROUGH SHARING OF BEST PRACTICES AND CONTRIBUTIONS TO POLICY DIALOGUE

USAID Performance Indicator Reference Sheet #3.4.1
Name of Indicator: Percentage of Community Service Organizations (CSOs) participating in experience-sharing/lessons learned event held at the ZS community participation day or provincial task force communication meetings.
Name of Result Measured: **Result 3**: Increased adoption of healthy behaviors, including use of health services, in target health zones **IR 3.4:** Strengthened collaboration between central and decentralized levels through sharing of best practices and contributions to policy dialogue
Is This a Performance Plan and Report Indicator? No _X_ Yes __ for reporting Year (s)
If yes, link to foreign assistance framework:
DESCRIPTION
Precise Definition(s): Events refer to the experience sharing and lessons learned meeting at the Health Zone community participation day or the provincial task force communication meeting. The Communication Task Force operates at the provincial level and meets once a year under the initiative of the DPS all the stakeholders (organizations, NGOs). The health zone participation day is dedicated to the sharing of experience between the active community service organizations (CSOs) that are working in the health zone. These events may also be opportunities to mobilize resources for specific activities if the need arises. "Participating" is defined as being registered as a participant or a presenter. At least one representative must attend the session. Active CSO refers to a civil society organization that has a work plan and is registered with the government. **Precise Calculation:** Percentage **Numerator:** Number of active CSOs participating in an event **Denominator:** Total number of active, registered CSOs
Unit of Measure: Percent of CSOs
Indicator Type: Output
Disaggregated by: Province, Health zone, Event
Rationale for Indicator (optional):
PLAN FOR DATA COLLECTION
Data Source: Event attendee register and program monitoring report. Map of CSOs in health zone.
Method of Data Collection and Construction: There may be an activity report but the primary data source will be the attendance registers that identify the institution of the attendees. These will be cross-referenced with the number of active CSOs in the health zone or province. These will be archived on the M&E platform database for analyses and reporting.
Reporting Frequency: Quarter
Individual(s) Responsible: RM&E team
TARGETS AND BASELINE
Baseline Timeframe: N/A
Rationale for Targets (optional):
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and Name of Reviewer(s): N/A
Date of Future Data Quality Assessments (optional): N/A
Known Data Limitations: There are no known data limitations at this time.
CHANGES TO INDICATOR
Changes to Indicator: Change to indicator recommended; original name was: Number of social and behavior change (SBC) campaigns designed, implemented, and evaluated with inputs from communities, community service organizations (CSOs), ZS, DPS, and the private sector
Other Notes (optional):
THIS SHEET LAST UPDATED ON: