

ANNEX Y.

Performance Management Plan

**Health
USAID/Sudan**

October, 2007

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Overview

The Sudan Mission's primary goal under its Fragile States Strategy is to nurture the achievement of a just and lasting peace through the successful implementation of the Comprehensive Peace Agreement (CPA). The Strategy has two strategic objectives (SO). SO9 is to avert and resolve conflict and SO10 is to promote stability, recovery and democratic reform in South Sudan. The Health Portfolio contributes to both SO9 and SO10 through program activities which bolster confidence in the CPA and the new Government of Southern Sudan among its constituents.

Activities in the Health portfolio serve to support the foundations for a fledgling health system in Southern Sudan and the Three Areas by working to stand up the Ministry of Health and by improving health service delivery through community-based facilities. These efforts strengthen the government's health institutions through leadership training of mid- and senior level program managers and policy makers at the Ministry; strengthen the financial and data management systems of the MOH at the National and County levels; and provide technical assistance to develop policies and laws which allow effective implementation of health services. The Health Portfolio also works directly to improve service delivery at the community level in six counties (and eventually to six more counties over the next year) by provision of an integrated package of seven life-saving interventions; essential medicines; in-service capacity building of community and facility-based health care providers, and building/rehabilitating Primary Health Care Centers and Units.

The Performance Management Plan (PMP) is an important tool for managing and documenting portfolio performance. The principles are based on the Agency's guidelines for assessing and learning (ADS 203.3.2.2). The PMP is based on the new Foreign Assistance (F) framework. This new framework is outlined in Objectives, Program Areas, Elements and Sub-Elements. The Investing in People Objective has two Program Areas: Health and Education. The Health Program Area has eight elements, all of which have indicators associated with them. The 8 elements are: HIV/AIDS (covered under the separately reported PEPFAR MiniCOP), Tuberculosis, Malaria, Avian Influenza, Other Public Health Threats, Maternal and Child Health, Family Planning and Reproductive Health, and Water and Sanitation.

Direct impact of activities under the health portfolio will be measured through two new impact indicators: *the percentage of children less than 12 months of age who received DPT3 from USG supported programs*, and *the percentage of assisted deliveries by trained health service providers in USG supported counties*. These are custom indicators not found in the F framework guidance, but encouraged to be included to help ascertain impact. These indicators are also internationally recognized lower-cost proxy measures for quality of care, and maternal mortality respectively. The health program's activities are implemented by a host of various partners, i.e. US Cooperating Agencies, multilateral agencies and international Private Voluntary Organizations (PVOs), and International and Sudanese Non-Governmental Organizations (NGOs). In addition to the two custom impact indicators, the implementing partners will also measure numbers of policies

developed, numbers of people trained (disaggregated by gender, type of training, and type of health personnel trained), and direct service delivery measures like: numbers of long-lasting insecticide-treated bednets distributed, numbers of children under five who receive Vitamin A, numbers of children less than 12 months who receive DPT3 immunization, and numbers of women who have deliveries assisted by a skilled care provider.

The PMP is an aggregate of Performance Indicator Reference Sheets for each health indicator; a summary data sheet which outlines: the FY06 baseline, the FY07 target and actual, and FY08 targets for each indicator; a partner matrix which outlines the health partners contributing to various indicators; and a reference matrix that crosswalks the F indicators to the Sudan Fragile State Strategic Objectives. Data Quality Assessments (DQAs) have been performed on all indicators with the implementing partners responsible and it was determined that no partner had major data quality issues. Copies of all the DQAs can be found in the CTO files in the Health Team office in Juba and in the electronic folder maintained by the Health Team. As the new USAID PMP is limited to F indicators, all health partners have been encouraged to report on their own more extensive PMP indicators in their annual reports to USAID.

IIP Health		Health Partners Matrix: 10/05/07		
	Element	Indicator	FY07 Partners	FY08 Partners
3.1.1	HIV/AIDS	refer to PEPFAR mini-COP		
3.1.2	TB	Number of policies drafted with USG support	WHO	
	TB	Number of people trained in DOTS with USG funding	WHO	
3.1.3	Malaria	Number of ITNs distributed that were purchased or subsidized with USG support	JSI	
	Malaria	Number of policies drafted with USG support	MSH	
	Malaria	Number of people trained in malaria treatment or prevention with USG funds	MSH	MSH, JSI
3.1.5	OPHT	Number of policies drafted with USG support	Capacity, CDC	Capacity, CDC, MSH
	OPHT	Number of health personnel trained with USG support*	JSI, Capacity, CDC	JSI, Capacity, CDC, MSH
3.1.6	MCH	Percentage of children less than 12 months of age who received DPT3 from USG supported programs	JSI	JSI
	MCH	Percentage of assisted deliveries by trained health service providers in USG supported counties	JSI	JSI
3.1.6	MCH	Number of deliveries with a trained TBA or Maternal and Child Health Worker USG assisted Programs*	JSI	JSI

IIP Health		Health Partners Matrix: 10/05/07		
	Element	Indicator	FY07 Partners	FY08 Partners
	MCH	Number of children less than 12 months of age who received DPT3 from USG supported programs	JSI	JSI
	MCH	Polio – non-polio AFP rate 2/100,000	WHO	WHO
	MCH	Number of children under 5 years of age who received vitamin A from USG-Supported Programs	JSI	JSI, WHO
3.1.7	FP/RH	Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services	JSI	JSI
3.1.8	Wat/San	Number of people in target areas with access to improved drinking water supply as a result of USG assistance	JSI, LBG	LBG managed by EG team

* = custom indicator

			FY06	FY07	FY07	FY08	FY08	
IIP	Health	F indicator	Baseline	Target	Actual	NOA target	Revised target	Indicator Narrative
3.1.1	HIV/AIDS	refer to mini-COP						
3.1.2	TB	Number of policies drafted with USG support	1	1	2	1		FY07 Policies: Draft TB Policy Guidelines and TB Data Recording and Reporting Tools
		Number of people trained in DOTS with USG funding	105	100	124	100		FY07 training actuals exceed the targets. DOTS is the Directly Observed Therapy.
		women	60	50	50	50		
		men	45	50	74	50		
3.1.3	Malaria	Number of ITNs distributed that were purchased or subsidized with USG support	25,586	300,000	19,374	300,000		Procurement of ITNs delayed due to delay in approval from AID Agreement Officer, due to world wide shortage of nets and delay in concurrence for distribution from MOH. Partner has now received all ITNs for distribution in FY08 and is developing a community based strategy for more effective distribution.
		Number of policies drafted with USG support	1	2	3	1		FY 07 policies: Upgraded Malaria Treatment Guidelines, Integrated Vector Management Strategic Plan, and ITNS Distribution Guidelines

			FY06	FY07	FY07	FY08	FY08	
IIP	Health	F indicator	Baseline	Target	Actual	NOA target	Revised target	Indicator Narrative
		Number of people trained in malaria treatment or prevention with USG funds	0	100	95	300		There is no baseline for this indicator because though JSI was doing malaria training, it was doing it as one part of a broad set of technical trainings (which are being included under the OPHT training indicator). FY07 was the first year of work for MSH. The FY07 target was a combined MSH and JSI target. MSH sub target for 07 was 100. The FY08 target is combined MSH and JSI target as JSI will do separate Malaria trainings.
		women	0	40	39	100		
		men	0	60	56	200		
3.1.5	OPHT	Number of policies drafted with USG support	1	4	4	1	4	FY07 Policies: Strategic Plan for HR, M&E Framework for Health Systems, HR for Health Policy in South Sudan. FY08 target includes 2 new pharmaceutical management policies by new partner
		Number of health personnel trained with USG support*	1257	300	1642	500	2750	Training actuals far exceeded targets. FY08 target increased because JSI expanding into 6 new Counties. More focus on collecting gender disaggregated data.
		women	N/A	100	N/A	200		
		men	N/A	200	N/A	300		

			FY06	FY07	FY07	FY08	FY08	
IIP	Health	F indicator	Baseline	Target	Actual	NOA target	Revised target	Indicator Narrative
3.1.6	MCH	Number of deliveries with a trained TBA or Maternal and Child Health Worker USG assisted Programs*	6,470	7,000	6,581	7,500	12,000	FY07 actual very close to 07 targets; this indicator is underreported as most births in S. Sudan take place at home and are not reported to health facilities. FY08 target based on expansion of project into 6 new counties.
		Number of children less than 12 months of age who received DPT3 from USG supported programs	7,899	9,000	7,907	10,000	13,000	JSI relies upon receiving vaccinations from UNICEF which can affect number of children who are vaccinated. FY08 target increased based on expansion of project into 6 new counties.
		Polio – non-polio AFP rate 2/100,000	2.16	2	2.15	1	2.02	The non-polio AFP rate has slowly been declining in South Sudan. 1/100,000 is the norm in very low risk countries; South Sudan is a high risk country where the expected rate is supposed to be 2/100,000.
		Number of children under 5 years of age who received vitamin A from USG-Supported Programs	4,484	5,000	43,263	7,000	35,000	The FY07 actual far exceeded the target because partner provided logistical support to WHO Mass Polio campaign that also provides Vitamin A.
3.1.7	FP/RH	Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services	1	2	2	2	1	FY07 Policies: Maternal/RH Policy, and Village Midwife curriculum

			FY06	FY07	FY07	FY08	FY08	
IIP	Health	F indicator	Baseline	Target	Actual	NOA target	Revised target	Indicator Narrative
3.1.8	Wat/San	Number of people in target areas with access to improved drinking water supply as a result of USG assistance	27,000	27,000	30,000	500,000	50,000	JSI reporting on baseline, FY07 target and actual. The Louis Berger Group is reporting on FY08 targets with combined IIP and EG funds. Partners are measuring number of boreholes drilled in facilities - not number of people with access to drinking water (so reported numbers are estimates based on number of boreholes times 500 people).

Performance Indicator Reference Sheet

Objective: IIP

Area: Health

Element: TB – Number of Policies drafted with USG Support

DESCRIPTION

Precise Definition(s): Number of improvements to laws, policies, regulations or guidelines related to improve access to and use of health services drafted with USG support.

What this means in the context of your program: Standing up health institutions and systems to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.

Unit of Measure: Number of Policies drafted.

Disaggregated by: N/A

Justification/Management Utility: National policies are important for the sustainability of programs and for use and access of services

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: Quarterly reports from WHO (TBCAP implementing partners in Southern Sudan)

Method of Acquisition by USAID: Quarterly reports from TBCAP represented by WHO in Southern Sudan.

Data Source(s): WHO and Sudan National TB Control Program (NTCP).

Frequency/Timing of Data Acquisition: Quarterly

Estimated Cost of Data Acquisition: Low

Responsible Individual(s) at USAID: Martin Swaka and Connie Davis (USAID/EA).

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 16, 2007

Date of Most Recent Data Quality Assessment:

Known Data Limitations and Significance (if any): None

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments: October, 2010 (every 3 years)

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: Descriptive

Presentation of Data: Presentation of draft and final policy/guideline product to the Mission

Review of Data: Submission of data/progress by implementing partner for the Mission quarterly portfolio review.

Reporting of Data: In annual OP performance report and Mission portfolio reviews

OTHER NOTES

Notes on Baselines/Targets:

- USAID/Sudan obligated funds to support TB activities in Southern Sudan through TBCAP partner in FY 2005 but no funds were provided in FY 2006.
- To harmonize DOTS strategy in all 10 states in Southern Sudan, TBCAP provided technical support to NTBCP to develop *Draft Guidelines for TB Control Program (Base line 2006)*.
- To ensure that NTCP comply with the WHO contemporary TB policy guidelines, TBCAP in collaboration with NTCP and other partners revised and updated the Draft TB Policy Guidelines (2007). Also the project developed TB data *Recording and Reporting tools (2007)*.
- In FY 2008, TBCAP plan to develop the *National Strategic Plan*

Results achieved with USG assistance by 10/01/2006	9/30/2007 Target	9/30/07 actual	9/30/2008 FY 07 NOA target	9/30/2008 All funds target	9/30/2008 actual	9/30/2009 FY 08 NOA target	9/30/2009 All funds target	9/30/09 actual
Total	1	02	1					
Women								
Men								

Location of Data Storage: TBCAP sub-grantee (WHO) office in Juba and NTBP office, MOH/GoSS.

Other Notes: The NOA target was changed from 2 to 1 because it was cumulative data.

THIS SHEET LAST UPDATED ON: 10/16/07 By: Martin Swaka

Performance Indicator Reference Sheet

Objective: IIP

Area: Health

Element: TB NUMBER OF PEOPLE TRAINED IN DOTS WITH USG FUNDING

DESCRIPTION

Precise Definition(s): Number of people (medical personnel, community-based health workers etc.) trained in DOTS with USG support.

What this means in the context of your program:

Training personnel in health systems to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.

Unit of Measure: Number of people trained

Disaggregated by: Sex and number of personnel trained

Justification/Management Utility: This indicator will be used to quantify USG support for building local capacity for delivering DOTS services.

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: Site visits and quarterly reports

Method of Acquisition by USAID: Quarterly reports.

Data Source(s): TBCAP sub-grantee (WHO).

Frequency/Timing of Data Acquisition: Quarterly

Estimated Cost of Data Acquisition: Low

Responsible Individual(s) at USAID: Martin Swaka and Connie Davis

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 16,2007

Date of Most Recent Data Quality Assessment:

Known Data Limitations and Significance (if any): English language barrier hindering recording of the data in some counties and logistics/ transport constraints.

Actions Taken or Planned to Address Data Limitations: Involvement of English language translators, training of health workers on data collection, close collaboration with other TB partners to assist in sending the required data.

Date of Future Data Quality Assessments: Oct, 2010 (every 3 years)

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: Quantitative analysis done by partners

Presentation of Data: Templates, diagram, charts and report narrative

Review of Data: Routine monitoring of activities and Quarterly Portfolio Reviews

Reporting of Data: Annual OP Performance Review and Quarterly/ Annual mission Portfolio Reviews

OTHER NOTES

Notes on Baselines/Targets:

- After completing development of standard TB policies, guidelines and TB recording and reporting tools, it is important to adequately train all community based health workers on effective management of various TB activities. Thus, TBCAP in collaboration with NTBCP plan to train at least 300 health workers on DOTS management and TB microscopy by the end of FY 2008.
- The 2008 target was changed from 200 to 100 because it was cumulative data.

Results achieved with USG assistance by 10/01/2006	9/30/2007 Target	9/30/07 actual	9/30/2008 FY 07 NOA target	9/30/2008 All funds target	9/30/2008 actual	9/30/2009 FY 08 NOA target	9/30/2009 All funds target	9/30/09 actual
Total 105	100	124	100					
Women 60	50	50	50					
Men 45	50	74	50					

Location of Data Storage: TBCAP sub-grantee (WHO) office in Juba and NTBP office, MOH/GoSS.

Other Notes: FY actual result (124) was the data for a total of 6 trainings (1 training on basic TB lab. Procedures and 5 on DOTS and counseling).

THIS SHEET LAST UPDATED ON: 10/16/07 By: Martin Swaka

Performance Indicator Reference Sheet
<p>Objective: IIP Area: Health Element: Malaria – Number of ITNs distributed that were purchased or subsidized with USG support</p>
DESCRIPTION
<p>Precise Definition(s): Number of insecticide treated nets (ITNs) distributed in country that were purchased or subsidized with USG support.</p> <p>What this means in the context of your program: Standing up health institutions and systems to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.</p> <p>Unit of Measure: Number ITNs Disaggregated by: County (and by NGO as SHTP expands into 6 new counties) Justification/Management Utility: Used to measure the number of ITNs – one of the two high impact malaria prevention interventions distributed that were directly attributable to USG support.</p>
PLAN FOR DATA ACQUISITION BY USAID
<p>Data Collection Method: Site visits and quarterly reports Method of Acquisition by USAID: Quarterly reports Data Source(s): JSI Frequency/Timing of Data Acquisition: Quarterly Estimated Cost of Data Acquisition: Low Responsible Individual(s) at USAID: Michael Andreini</p>
DATA QUALITY ISSUES
<p>Date of Initial Data Quality Assessment: October 15th, 2007 Date of Most Recent Data Quality Assessment: Known Data Limitations and Significance (if any): Actions Taken or Planned to Address Data Limitations: Date of Future Data Quality Assessments: October 2010 (every 3 years) Procedures for Future Data Quality Assessments:</p>
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
<p>Data Analysis: Quantitative analysis done by partner Presentation of Data: lists, tables and charts (disaggregated) Review of Data: Routine monitoring of activities and Quarterly Portfolio Reviews. Reporting of Data: Annual OP Performance Review and Quarterly/Annual Mission Portfolio Reviews</p>
OTHER NOTES

Notes on Baselines/Targets:

- JSI is the only mechanism working on this indicator
- In FY 07 OP – NOA target was changed (from 600,000 to 300,000) because it was a cumulative target
- FY06 \$ ~1.2m bought 180,000 nets
- JSI has received \$2m in FY07 funds for additional nets (~300,000 nets)
- Procurement of ITNs delayed due to delay in approval from AID Agreement Officer, due to world wide shortage of nets and delay in concurrence for distribution from MOH. Partner has now received all ITNs for distribution in FY08 and is developing a community based strategy for more effective distribution.

Results achieved with USG assistance by 10/01/06	9/30/07 Target	9/30/07 actual	9/30/08 FY 07 NOA target	9/30/08 All funds target	9/30/08 actual	9/30/09 FY 08 NOA target	9/30/09 All funds target	9/30/09 actual
Total 25,586	300,000	19,374	300,000					

Location of Data Storage: JSI offices in Juba

Other Notes:

THIS SHEET LAST UPDATED ON: 10/17/07 By: Michael Andreini

Performance Indicator Reference Sheet

Objective: IIP

Area: Health

Element: Malaria – Number of polices drafted with USG support

DESCRIPTION

Precise Definition(s): Number of improvements to laws, policies, regulations or guidelines related to improve access to and use of health services drafted with USG support

Policy/product Steps:

Step1: First Draft (before Ministry approval)

Step 2: Ministry approval received. Document can be disseminated to partners, used by government as resource and used for trainings. However, not yet endorsed by Parliament/Council of Ministers.

Step 3: Product endorsed by Parliament (policy becomes bill)

What this means in the context of your program: Standing up health institutions and systems to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.

Unit of Measure: Number of policies

Disaggregated by:

Justification/Management Utility: National policies are important for the sustainability of programs and for use and access of services.

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: Quarterly reports from MSH/RPM Plus.

Method of Acquisition by USAID: Quarterly reports

Data Source(s): MSH/RPM Plus

Frequency/Timing of Data Acquisition: Quarterly

Estimated Cost of Data Acquisition: Low

Responsible Individual(s) at USAID: Martin Swaka

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October, 2007

Date of Most Recent Data Quality Assessment:

Known Data Limitations and Significance (if any): N/A

Actions Taken or Planned to Address Data Limitations: N/A

Date of Future Data Quality Assessments: October, 2010 (every 3 years)

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: Descriptive narrative of partner; copies of policy/product submitted to CTO

Presentation of Data: Presentation of draft and final policy/guideline product to Mission

Review of Data: submission of data/progress by implementing partner for Mission quarterly portfolio review

Reporting of Data: In Annual OP Performance Report and Mission Portfolio Reviews

OTHER NOTES

Notes on Baselines/Targets:

- The base line was changed in the FY07 OP from 0 to 1 because of data entry error. 2007 and 2008 NOA targets were entered as cumulative data in the original OP and were also changed.
- In FY 2006, MSH provided technical support to MOH/GoSS to develop the National Malaria Strategic Plan (now in Step 3).
- In FY 2007, the project planned to develop 2 additional policy documents, Upgraded Malaria Treatment Guidelines and Integrated Vector Management Strategic Plan (IVMP). The project exceeded FY 2007 target by contributing towards drafting ITNS distribution Guidelines.
- In FY 2008, MSH will develop the Home Management of Malaria Guidelines
- Also in FY 08, MSH/RPM Plus in collaboration with MOH and other relevant partners, will plan to develop comprehensive Pharmaceutical Management Guidelines to strengthen the supply chain management system of drugs (including malaria treatment drugs) and other medical supplies (this will be covered in the OPHT element).
- The three policy implementation guidelines developed in FY 2006 and 2007 were approved by MOH and widely accepted by various partners implementing malaria activities in Southern Sudan. We recommend that MSH increase its efforts to complete distribution of these documents to all 10 States in Southern Sudan.

Results achieved with USG assistance by 10/01/06	9/30/07 Target	9/30/07 actual	9/30/08 FY 07 NOA target	9/30/08 All funds target	9/30/08 actual	9/30/09 FY 08 NOA target	9/30/09 All funds target	9/30/09 actual
Total	2	3	1					
1								

Location of Data Storage: MSH office in Juba.

Other Notes:

THIS SHEET LAST UPDATED ON: 10/10/07 by Martin Swaka

Performance Indicator Reference Sheet

Objective: IIP

Area: Health

Element: Malaria – Number of people trained in malaria treatment or prevention with USG funds

DESCRIPTION

Precise Definition(s): Number of people (medical personnel, health workers, community workers, etc.) trained in malaria treatment or prevention.

Definition of training:

1 – 2 days training

3 – 7 days training

> 7 – 30 days training

>30 days training

What this means in the context of your program: Training personnel in the health system to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.

Unit of Measure: Number of people trained.

Disaggregated by: Sex , type of personnel trained and length of training

Justification/Management Utility: This indicator will be used to quantify one of the inputs of USG support for building local capacity for delivering malaria services.

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: Site visits and quarterly reports

Method of Acquisition by USAID: Quarterly reports

Data Source(s): MSH/RPM Plus and JSI

Frequency/Timing of Data Acquisition: Quarterly

Estimated Cost of Data Acquisition: Low

Responsible Individual(s) at USAID: Martin Swaka

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2007

Date of Most Recent Data Quality Assessment:

Known Data Limitations and Significance (if any):

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments: October 2010 (every 3 years)

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: quantitative analysis done by partners

Presentation of Data: Templates, diagrams, charts and report narrative (disaggregated); pictures from training and training registration ledger also submitted upon CTO request

Review of Data: Routine monitoring of activities and Quarterly Portfolio Reviews.

Reporting of Data: Annual OP Performance Review and Quarterly/Annual Mission Portfolio Reviews

OTHER NOTES

Notes on Baselines/Targets:

- This indicator will be implemented by two mechanisms, MSH/RPM Plus and JSI in FY08. In **FY 2007** only MSH received funds to do malaria only training. JSI did malaria training as part of combined IMCI training and these numbers are included in the OPHT training PIR.
- If we could, we would revise the FY07 targets to reflect only MSH targets. As it is the FY07 targets are combined MSH and JSI targets. FY 08 targets are also combined MSH and JSI targets – this will not be changed as JSI will be doing Malaria specific trainings that will be counted against this indicator
- The NOA target has also been changed from 600 to 300 because it was entered as a cumulative figure.
- There is no baseline data for MSH because this is a new partner for the FY07 year. FY07 target (of 100) for MSH was not discussed with partner.

Results achieved with USG assistance by 10/01/2006	9/30/07 Target	9/30/07 actual	9/30/08 FY 07 NOA target	9/30/08 All funds target	9/30/08 actual	9/30/09 FY 08 NOA target	9/30/09 All funds target	9/30/09 actual
Total	100	95	300					
Women	40	39	100					
Men	60	56	200					

Location of Data Storage: MSH/RPM Plus and JSI offices in Juba

Other Notes:

THIS SHEET LAST UPDATED ON: 11/2/07 By: Jamila Squires/Michael Andreini

Performance Indicator Reference Sheet
<p>Objective: IIP Area: Health Element: Other Public Health Threats – Number of Policies Drafted with USG support</p>
DESCRIPTION
<p>Precise Definition(s): Number of improvements to laws, policies, regulations or guidelines related to improve access to and use of health services drafted with USG support.</p> <p>Policy/product Steps: Step 1: First Draft (before Ministry approval) Step 2: Ministry approval received. Document can be disseminated to partners, used by government as resource and used for trainings. However, not yet endorsed by Parliament/Council of Ministers. Step 3: Product endorsed by Parliament (policy becomes bill)</p> <p>What this means in the context of your program: Standing up health institutions and systems to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.</p> <p>Unit of Measure: Number of policies developed Disaggregated by: Justification/Management Utility: National policies are important for the sustainability of programs and for use and access of services.</p>
PLAN FOR DATA ACQUISITION BY USAID
<p>Data Collection Method: Quarterly reports from Capacity Project/ Intra-Health and CDC Method of Acquisition by USAID: Quarterly reports Data Source(s): Capacity Project and CDC (and MSH in FY08) Frequency/Timing of Data Acquisition: Quarterly Estimated Cost of Data Acquisition: Low Responsible Individual(s) at USAID: Martin Swaka and Michael Andreini</p>
DATA QUALITY ISSUES
<p>Date of Initial Data Quality Assessment: October 12, 2007 (MSH DQA will in done in October 2008) Date of Most Recent Data Quality Assessment: Known Data Limitations and Significance (if any): Actions Taken or Planned to Address Data Limitations: Date of Future Data Quality Assessments: October, 2010 (every 3 years) Procedures for Future Data Quality Assessments:</p>
PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING
<p>Data Analysis: Descriptive narrative from partner Presentation of Data: Presentation of draft and final policy/guideline product to Mission Review of Data: submission of data/progress by implementing partner for Mission quarterly portfolio review Reporting of Data: In Annual OP Performance Report and Mission Portfolio Reviews</p>

OTHER NOTES

Notes on Baselines/Targets:

- The FY 2007 and NOA are combined targets that will be achieved through activities implemented jointly by two partners, Capacity Project and CDC Disease Surveillance project (count once). The FY08 target also takes into account pharmaceutical policies that will be developed by MSH.
- CDC: National Integrated Disease Surveillance and Response program guidelines.
- Capacity Project
- Baseline – Situational Analysis for Human Resources in South Sudan
- FY07 – (1) Strategic Plan for HR, (2) M&E Framework for Health Systems (also supported by JSI through TA), (3) HR for Health Policy in South Sudan (in step 2)
- FY08 – (1) HR Management Manual (first draft), (2) Personnel Council (Guidelines for the Certification of Health Workers)
- MSH
- FY08 – (1) Guidelines for Private Sector Practitioners for Pharmaceutical Management and (2) Registration of Pharmaceutical Management Guidelines

Results achieved with USG assistance by 10/01/2006	9/30/07 Target	9/30/07 actual	9/30/08 FY 07 NOA target	9/30/08 All funds target	9/30/08 actual	9/30/09 FY 08 NOA target	9/30/09 All funds target	9/30/09 actual
Total 1	4	4	4					

Location of Data Storage: Capacity Project/Intra-Health and CDC offices in Juba.

Other Notes: NOA target changed from the FY07 OP because it was cumulative data.

THIS SHEET LAST UPDATED ON: 11/2/07 by Jamila Squires/Michael Andreini

Performance Indicator Reference Sheet

Objective:

IIP

Area: Health

Element: Other Public Health Threats – **Custom indicator:** Number of Health Personnel Trained

DESCRIPTION

Precise Definition(s): Number of health personnel trained, includes TBA, MCHW, CHW, Village Midwives, PHC facility based Nurses, Clinical Officers, Medical Assistants, Lab Technicians, Senior and Mid level MOH Managers and policy makers.

Definition of training:

1 – 2 days training

3 – 7 days training

> 7 – 30 days training

>30 days training

What this means in the context of your program: Training personnel in the health system to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.

Unit of Measure: Number of Health Personnel Trained

Disaggregated by: Sex, type of personnel and type of training received

Justification/Management Utility: This indicator will be used to quantify one of the inputs of USG support for building local capacity for delivering basic primary health care services and managing neglected tropical diseases. The indicator will also provide data on USG support in enhancing the capacity of MOH/GoSS staff with regards to effective management and coordination of various health activities.

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: Site visits, follow up visits and quarterly reports

Method of Acquisition by USAID: Quarterly reports

Data Source(s): Capacity Project/ Intra-Health, JSI and CDC

Frequency/Timing of Data Acquisition: Quarterly

Estimated Cost of Data Acquisition: low

Responsible Individual(s) at USAID: Martin Swaka, Michael Andreini and Charles Oliver

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2007

Date of Most Recent Data Quality Assessment:

Known Data Limitations and Significance (if any): language and transcription errors

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments: October 2010 (every 3 years); MSH DQA will be done in October 2008

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: quantitative analysis done by partners

Presentation of Data: Templates, diagrams, charts and report narrative (disaggregated)

Review of Data: Routine monitoring of activities' implementation at Capacity Project, JSI and CDC project sites, Quarterly Portfolio Reviews.

Reporting of Data: Annual OP Performance Review and Quarterly/Annual Mission Portfolio Reviews

OTHER NOTES

Notes on Baselines/Targets:

- The health personnel stated in the targets will be trained on the following areas: 1. Management and delivery of the high impact primary health care services and other neglected tropical diseases at the PHC facilities 2. Technical, leadership and management skills to effectively manage and coordinate various health activities

Results achieved with USG assistance by 10/01/06	9/30/07 Target	9/30/07 actual	9/30/08 FY 07 NOA target	9/30/08 All funds target	9/30/08 actual	9/30/09 FY 08 NOA target	9/30/09 All funds target	9/30/09 actual
Total: 1257	300	1646	2750					
Women								
Men								

Location of Data Storage: Capacity Project, JSI and CDC offices in Juba. MSH will start reporting and keeping data starting in FY08.

Other Notes:

THIS SHEET LAST UPDATED ON: 10/10/07 By: Martin Swaka

Performance Indicator Reference Sheet

Objective: IIP

Area: Health

Custom Impact Indicator: Percentage of children less than 12 months of age who received DPT3 from USG supported programs

DESCRIPTION

Precise Definition(s): Percent of children <1 year having received DPT3 during a 12 month time period.

Numerator: Number of DPT3 dispensed to children under one year of age during a 12 month period

Denominator: Estimated number of children eligible for vaccination (using UNICEF methodology). Data is to be provided by UNICEF on an annual basis.

What this means in the context of your program: Standing up health institutions and systems to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.

Unit of Measure: Percent

Disaggregated by: County

Justification/Management Utility: DPT3 is an extremely useful tool for measuring the program's ability to provide immunization services. It is a proxy for measuring management capacity, cold chain management and community mobilization.

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: UNICEF reports (utilizing UNICEF methodology)

Method of Acquisition by USAID: Reports from UNICEF

Data Source(s): JSI and UNICEF

Frequency/Timing of Data Acquisition:

Estimated Cost of Data Acquisition: Low

Responsible Individual(s) at USAID: Michael Andreini

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2007

Date of Most Recent Data Quality Assessment:

Known Data Limitations and Significance (if any): Denominator Data will be difficult to obtain due to lack of reporting and large fluctuating populations and anticipated returnees. Better figures will be available following the planned 2008 national census.

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments: October 2010 (every 3 years)

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: example data will show trends, quality, issues raised and actions taken. A drop in the numbers may indicate potential problems, while a plateau may still indicate progress.

Presentation of Data: list, chart, diagram disaggregated by county

Review of Data: Routine monitoring of activities and Quarterly Portfolio Reviews.

Reporting of Data: Annual OP Performance Review and Quarterly/Annual Mission Portfolio Reviews

OTHER NOTES

Notes on Baselines/Targets:

- Indicator migrated from old PMP and added as a custom impact indicator in new PMP
- JSI will be responsible for collecting, analyzing and presenting data to USAID

Results achieved with USG assistance by 10/01/2006	9/30/2007 Target	9/30/07 actual	9/30/2008 FY 07 NOA target	9/30/2008 All funds target	9/30/2008 actual	9/30/2009 FY 08 NOA target	9/30/2009 All funds target	9/30/09 Actual
13.5%	14	14	17					

Location of Data Storage: JSI offices in Juba

Other Notes:

THIS SHEET LAST UPDATED ON: 10/18/07 By: Michael Andreini

Performance Indicator Reference Sheet

Objective: IIP

Area: Health

Custom Impact Indicator: Percentage of assisted deliveries by trained health service providers in USG supported counties

DESCRIPTION

Precise Definition(s): Percent of assisted deliveries by trained service delivery providers: these are CBHWs who have a current SOH certificate of training. Maternal and Child Health Workers (MCHW) are based in facilities while Traditional Birth Attendants (TBAs) work in the community.

Numerator: total number of deliveries assisted by CBHWs

Denominator: total estimated number of deliveries in counties targeted by USAID

What this means in the context of your program: Standing up health institutions and systems to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.

Unit of Measure: percent of assisted deliveries by trained health service providers

Disaggregated by: type of CBHW (MCHW, TBA, ANM), by county, facility level, sex

Justification/Management Utility: Deliveries assisted by trained CBHWs are a direct measure of health care use

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: Site visits and quarterly reports

Method of Acquisition by USAID: Quarterly reports

Data Source(s): JSI

Frequency/Timing of Data Acquisition: Quarterly

Estimated Cost of Data Acquisition: Low

Responsible Individual(s) at USAID: Michael Andreini

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2007

Date of Most Recent Data Quality Assessment:

Known Data Limitations and Significance (if any):

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments: October 2010 (every 3 years)

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: quantitative analysis done by partners

Presentation of Data: Templates, diagrams, charts and report narrative disaggregated by sex, county, and type of health worker

Review of Data: Routine monitoring of activities and Quarterly Portfolio Reviews.

Reporting of Data: Annual OP Performance Review and Quarterly/Annual Mission Portfolio Reviews

OTHER NOTES

Notes on Baselines/Targets:

- This is a custom impact indicator added to the PMP to show overall impact of health program (it was migrated from old Health PMP)
- JSI is the only mechanism working on this indicator

Results achieved with USG assistance by 10/01/2006	9/30/2007 Target	9/30/07 actual	9/30/2008 FY 07 NOA target	9/30/2008 All funds target	9/30/2008 actual	9/30/2009 FY 08 NOA target	9/30/2009 All funds target	9/30/09 actual
Total	13	13	15					
Women								
Men								

Location of Data Storage: JSI offices in Juba

Other Notes:

THIS SHEET LAST UPDATED ON: 10/10/07 BY: Mike Andreini

Performance Indicator Reference Sheet

Objective: IIP

Area: Health

Element: MCH – Custom indicator - NUMBER OF DELIVERIES WITH A TRAINED TRADITIONAL BIRTH ATTENDANT (TBA) AND/OR MATERNAL AND CHILD HEALTH WORKERS (MCHW) IN USG-ASSISTED PROGRAMS

DESCRIPTION

Precise Definition(s): Number of deliveries with a trained birth attendant (including: medically trained doctor, nurse, midwife, village midwife and/or specially trained traditional birth attendant (TBA)).

What this means in the context of your program: Standing up health institutions and systems to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.

Unit of Measure: Number of deliveries

Disaggregated by: County, type of birth attendant, and mode and outcome of delivery

Justification/Management Utility: Attendance at birth by a medically trained professional provides the opportunity to administer life-saving preventive and curative care at the time of greatest vulnerability for the mother and the newborn.

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: Site visits and quarterly reports

Method of Acquisition by USAID: Quarterly reports

Data Source(s): JSI

Frequency/Timing of Data Acquisition: Quarterly

Estimated Cost of Data Acquisition: Low

Responsible Individual(s) at USAID: Michael Andreini

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 16th, 2007

Date of Most Recent Data Quality Assessment:

Known Data Limitations and Significance (if any): it is hard to capture the number of deliveries especially if the delivery takes place at home/community (not in the health facility).

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments: October 2010 (every 3 years)

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: quantitative analysis done by partners

Presentation of Data: Templates, diagrams, charts and report narrative (disaggregated)

Review of Data: Routine monitoring of activities and Quarterly Portfolio Reviews.

Reporting of Data: Annual OP Performance Review and Quarterly/Annual Mission Portfolio Reviews

OTHER NOTES

Notes on Baselines/Targets:

- This is a custom indicator in the FY07 OP because of the definition of the Skilled Birth Attendant (SBA) in the OP guidance was not the same as the trained birth assistances being used in S. Sudan
- Another custom indicator (% of assisted deliveries) was added to the Health PMP to capture impact of programs as that indicator is a proxy for health care use
- Both these indicators only have one DQA
- JSI is the only partner working on this indicator
- The numbers of assisted deliveries noted below include both facility and community deliveries; the known data limitation with this indicator are that not all community/home based births are captured by the health facility data clerk in the register. Additional limitations include: TBAs do not carry birth registers, have to walk large distances to the facility to report home based births, and they do not get an incentive to do so. Therefore this number is underreport of the number of total births and the number of assisted births.
- FY08 indicator is based on expansion of SHTP into 6 new counties in the coming year.

Results achieved with USG assistance by 10/01/2006	9/30/07 Target	9/30/07 actual	9/30/08 FY 07 NOA target	9/30/08 All funds target	9/30/08 actual	9/30/09 FY 08 NOA target	9/30/09 All funds target	9/30/09 Actual
6,470	7,000	6,581	12,000					

Location of Data Storage: JSI offices in Juba

Other Notes:

THIS SHEET LAST UPDATED ON: 10/17/07 BY: Mike Andreini

Performance Indicator Reference Sheet

Objective: IIP

Area: Health

Element: MCH - NUMBER OF CHILDREN LESS THAN 12 MONTHS OF AGE WHO RECEIVED DPT3 FROM USG-SUPPORTED PROGRAMS

DESCRIPTION

Precise Definition(s): Number of children less than 12 months who received DPT3 in a given year from USG supported programs.

What this means in the context of your program: Standing up health institutions and systems to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.

Unit of Measure: Number of children

Disaggregated by: County

Justification/Management Utility: DPT3 coverage can be used as a proxy for full immunization coverage in countries with established immunization programs. Child immunization is one of the most cost-effective program interventions to reduce under-five mortality.

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: Site visits and quarterly reports

Method of Acquisition by USAID: Quarterly reports

Data Source(s): JSI and UNICEF

Frequency/Timing of Data Acquisition: Quarterly

Estimated Cost of Data Acquisition: Low

Responsible Individual(s) at USAID: Michael Andreini

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2007

Date of Most Recent Data Quality Assessment:

Known Data Limitations and Significance (if any): JSI relies on UNICEF to provide vaccines for EPI

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments: October 2010 (every 3 years)

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: quantitative analysis done by partners

Presentation of Data: Templates, diagrams, charts and report narrative (disaggregated)

Review of Data: Routine monitoring of activities and Quarterly Portfolio Reviews.

Reporting of Data: Annual OP Performance Review and Quarterly/Annual Mission Portfolio Reviews

OTHER NOTES

Notes on Baselines/Targets:

- JSI is the only mechanism working on this indicator
- FY07 actual is based on data up until August. Data for the month of September was an added monthly average as JSI was still waiting to receive September data from partners

Results achieved with USG assistance by 10/01/2006	9/30/2007 Target	9/30/07 actual	9/30/2008 FY 07 NOA target	9/30/2008 All funds target	9/30/2008 actual	9/30/2009 FY 08 NOA target	9/30/2009 All funds target	9/30/09 actual
7,889	9,000	7,907	13,000					

Location of Data Storage: JSI offices in Juba

Other Notes:

- DPT3 is a routine immunization; JSI has to rely on UNICEF for distribution of all EPI materials (this may hinder actual delivery by JSI)

THIS SHEET LAST UPDATED ON: 10/17/07 By: Michael Andreini

Performance Indicator Reference Sheet

Objective: IIP

Area: Health

Element: MCH – Polio

DESCRIPTION

Precise Definition(s): TBD (Non-polio AFP rate of 2/100,000 children under the age of 15 years old)

What this means in the context of your program: Standing up health institutions and systems to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.

Unit of Measure: Numerical

Disaggregated by: None

Justification/Management Utility: This activity will expand and improve maternal and child health (MCH) services through support for nationwide polio immunization campaigns, behavior change communications, and training and technical assistance for health care providers to prevent, treat, and monitor polio. These efforts seek to prevent polio and eliminate acute flaccid paralysis (AFP) by strengthening the national system to ensure that all children are immunized against polio. USAID also will improve local capacity to conduct the epidemiological surveillance necessary to be able to detect AFP in order to monitor these results.

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: Reports from WHO polio laboratories receiving reverse cold chain from screening areas

Method of Acquisition by USAID: Scheduled reports from partners

Data Source(s): WHO

Frequency/Timing of Data Acquisition: Weekly reports published by WHO

Estimated Cost of Data Acquisition: Low

Responsible Individual(s) at USAID: Michael Andreini

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2007

Date of Most Recent Data Quality Assessment:

Known Data Limitations and Significance (if any): Reliability and integrity of WHO collection and cold chain maintenance unknown

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments: October 2010 (every 3 years)

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: quantitative analysis

Presentation of Data: Templates, diagrams, charts and report narrative

Review of Data: Routine monitoring of activities and Quarterly Portfolio Reviews.

Reporting of Data: Annual OP Performance Review and Quarterly/Annual Mission Portfolio Reviews

OTHER NOTES

Notes on Baselines/Targets:

- Waiting for official OP language for this indicator
- 1/100,000 is the norm in very low risk countries; South Sudan is a high risk country where the expected rate is supposed to be 2/100,000
- Baseline of 2.16/100,000 is good (down from 2.27)
- FY07 decreased only slightly from 2.16 to 2.15
- WHO Polio eradication/sentinel surveillance is supposed to go till 2009 because there was a case reported this week in Darfur (October 18th, 2007)

Results achieved with USG assistance by 10/01/2006	9/30/07 Target	9/30/07 actual	9/30/08 FY 07 NOA target	9/30/08 All funds target	9/30/08 actual	9/30/09 FY 08 NOA target	9/30/09 All funds target	9/30/09 Actual
2	2.16	2.0	2.02	2.02				

Location of Data Storage:

Other Notes:

THIS SHEET LAST UPDATED ON: 10/18/07 BY: Mike Andreini

Performance Indicator Reference Sheet

Objective: IIP

Area: Health

Element: MCH - NUMBER OF CHILDREN UNDER 5 YEARS OF AGE WHO RECEIVED VITAMIN A FROM USG-SUPPORTED PROGRAMS

DESCRIPTION

Precise Definition(s): Number of children under 5 years of age who received Vitamin A from USG-supported programs.

What this means in the context of your program: Standing up health institutions and systems to strengthen the technical capacity of the government of Southern Sudan to ensure accountable and equitable delivery of basic social services.

Unit of Measure: Number of children

Disaggregated by: County, and routine vs. mass campaigns

Justification/Management Utility: Vitamin A supplementation reduces risk of under-five mortality by about one-fourth among the millions of children deficient in this micronutrient

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: monthly reporting from sub-grantees

Method of Acquisition by USAID: Scheduled reports from partners, quarterly

Data Source(s): JSI

Frequency/Timing of Data Acquisition: Quarterly

Estimated Cost of Data Acquisition: low

Responsible Individual(s) at USAID: Michael Andreini

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October 2007

Date of Most Recent Data Quality Assessment:

Known Data Limitations and Significance (if any):

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments: October 2010 (every 3 years)

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: quantitative analysis on data done by partners

Presentation of Data: list, chart, diagram (disaggregated)

Review of Data: Routine monitoring of activities and Quarterly Portfolio Reviews.

Reporting of Data: Annual OP Performance Review and Quarterly/Annual Mission Portfolio Reviews

Notes on Baselines/Targets:

- Data only being collected by JSI (and WHO through Mass Polio campaigns)
- New indicator added to the FY07 OP
- The FY07 measures children who received Vitamin A at both routine and mass campaign sites. WHO had one mass campaign that increased the JSI totals. JSI provide WHO with logistical support for the mass campaign and USAID has advised JSI to include data from mass campaigns that occur in SHTP counties and are supported by JSI. (FY07 total for routine immunization: 19,449).
- USAID also gave FY05 and FY07 funds to WHO for Mass Polio campaigns (where Vit A is also given)

Results achieved with USG assistance by 10/01/2006	9/30/07 Target	9/30/07 actual	9/30/08 FY 07 NOA target	9/30/08 All funds target	9/30/08 actual	9/30/09 FY 08 NOA target	9/30/09 All funds target	9/30/09 Actual
4,484	5,000	43,263	35,000			12,000		

Location of Data Storage: JSI offices in Juba

Other Notes:

THIS SHEET LAST UPDATED ON: 10/18/07 BY: Michael Andreini

Performance Indicator Reference Sheet

Objective: Investing In People

Area: Health

Element: 3.1.7 Family Planning and Reproductive Health - Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services

DESCRIPTION

Precise Definition(s): Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services

Policy/product Steps:

Step 1: First Draft (before Ministry approval)

Step 2: Ministry approval received. Document can be disseminated to partners, used by government as resource and used for trainings. However, not yet endorsed by Parliament/Council of Ministers.

Step 3: Product endorsed by Parliament (policy becomes bill)

What this means in the context of your program: improving access to basic human services bolsters confidence in the CPA.

Unit of Measure: Number of policies/guidelines

Disaggregated by: none

Justification/Management Utility: No OP indicator adequately reflected the results desired, namely to increase awareness and access to voluntary family planning and reproductive health services, which in turn serve the higher level result of bolstering confidence in the Government of Southern Sudan's abilities to provide basic human services as a benefit of the Comprehensive Peace Agreement (CPA).

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: Quarterly reports from SHTP/JSI

Method of Acquisition by USAID: Quarterly reports

Data Source(s): SHTP/JSI

Frequency/Timing of Data Acquisition: Quarterly

Estimated Cost of Data Acquisition: Low

Responsible Individual(s) at USAID: Michael Andreini, Khadijat Mojidi

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: October, 2007

Date of Most Recent Data Quality Assessment: Oct. 2007

Known Data Limitations and Significance (if any):

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments: October, 2010 (every 3 years)

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: Descriptive

Presentation of Data: Presentation of draft and final policy/guideline product to Mission

Review of Data: submission of data/progress by implementing partner for Mission quarterly portfolio review

Reporting of Data: In Annual OP Performance Report and Mission Portfolio Reviews

OTHER NOTES

Notes on Baselines/Targets:

- **JSI is the only partner working to develop FP/RH policies**
- **ESD received FY05 funds to develop the Technical Guidelines for FP Services in FY 06 (baseline)**
- **FY07 actual: Maternal/RH Policy, and Village Midwife curriculum**
- **FY08 target: Home Based Life Saving Skills Guidelines and State/County Training Guidelines for MH/RH**

Results achieved with USG assistance by 10/01/2006	9/30/07 Target	9/30/07 actual	9/30/08 FY 07 NOA target	9/30/08 All funds target	9/30/08 actual	9/30/09 FY 08 NOA target	9/30/09 All funds target	9/30/09 actual
1	2	2	1	1				

Location of Data Storage: Copies of guidelines/policies stored in health file, Juba.

Other Notes:

THIS SHEET LAST UPDATED ON: 10/08/07 BY: Charles Oliver

Performance Indicator Reference Sheet

Objective: IIP

Area: 3.1 Health

Element: 3.1.8 Water/Sanitation

Indicator Title: NUMBER OF PEOPLE IN TARGET AREAS WITH ACCESS TO IMPROVED DRINKING WATER SUPPLY AS A RESULT OF USG ASSISTANCE

DESCRIPTION

Precise Definition(s): Improved drinking water technologies are those more likely to provide safe drinking water and for cleaning, cooking and other activities that affect public health than those characterized as unimproved/Improved sources may still contain harmful substances, and water can be contaminated during transport and storage. Treated water reduces the number and concentration of harmful substances and reduces the risks of water-borne illnesses such as cholera.

Water supply technologies including household water connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection, bottled water and transported water may provide the source of water that is treated prior to its final use.

What this means in the context of your program:

Improved access to treated water in neighborhoods of high cholera and other water-borne disease occurrences will improve overall health and reduce infant, child and women mortality. Capacity of community based organizations to manage this program will be improved.

Unit of Measure: number of people

Disaggregated by: urban/rural

Justification/Management Utility: This indicator accurately measures delivery of a basic human service, using definitions that are completely consistent with internationally endorsed WHO/UNICEF indicators

PLAN FOR DATA ACQUISITION BY USAID

Data Collection Method: site visits, reports from local partners

Method of Acquisition by USAID: Scheduled reports from partners

Data Source(s): JSI, Louis Berger Group (in future)

Frequency/Timing of Data Acquisition: quarterly

Estimated Cost of Data Acquisition: low

Responsible Individual(s) at USAID: Martin Swaka, George Wagwa

DATA QUALITY ISSUES

Date of Initial Data Quality Assessment: Feb. 2005

Date of Most Recent Data Quality Assessment: Oct. 2007

Known Data Limitations and Significance (if any): Monitoring visits were at times hampered due to floods.

Actions Taken or Planned to Address Data Limitations:

Date of Future Data Quality Assessments: 2008

Procedures for Future Data Quality Assessments:

PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING

Data Analysis: Quantitative analysis done by partner

Presentation of Data: list, chart, diagram (disaggregated)

Review of Data: Quarterly portfolio review, routine monitoring (site visits), OP reporting

Reporting of Data: in F Performance Report

OTHER NOTES

Notes on Baselines/Targets:

- JSI measures the number of boreholes drilled in health facilities and not what this indicator is asking for: number of people with access to drinking water. JSI has estimated the number of people who may have access to the facility boreholes (60 boreholes x 500 people) to come up with figures for the below table.
- Louis Berger Group is the main partner responsible for this indicator starting in FY08. They are receiving health and EG funds to drill boreholes in facilities and communities. The LBG procurement is taking time and has not been awarded yet. It is assumed that FY08 target below is the number of boreholes/water supply technologies provided and not the number of people who will have access to clean water through those technologies.

Results achieved with USG assistance by 10/01/2006	9/30/07 Target	9/30/07 actual	9/30/08 FY 07 NOA target	9/30/08 All funds target	9/30/08 actual	9/30/09 FY 08 NOA target	9/30/09 All funds target	9/30/09 actual
# boreholes 54	60	60	1000					
Estimate population accessing those boreholes 27,000	27,000	30,000	50,000					

Location of Data Storage: CTO file, Juba; SHTP Office, Juba

Other Notes:

THIS SHEET LAST UPDATED ON: 11/2/07 BY: Jamila Squires

IIP Health		OP Indicators and Sudan Strategy Crosswalk Health Matrix: 10/05/07			
			SO9: Avert and Resolve Conflict	SO10: Promote Stability, Recovery and Democratic Reform	
			IR3 Implementation of the Protocols for the Three Areas Advanced	IR1 Core Institutional Structures for an Effective, Transparent, and Accountable GOSS Developed	IR2 Select Areas
3.1.6	MCH	Percentage of children less than 12 months of age who received DPT3 from USG supported programs	1		
3.1.6	MCH	Percentage of assisted deliveries by trained health service providers in USG supported counties	1		
3.1.1	HIV/AIDS	refer to PEPFAR mini-COP			
3.1.2	TB	Number of policies drafted with USG support		3	
	TB	Number of people trained in DOTS with USG funding	2	2	
3.1.3	Malaria	Number of ITNs distributed that were purchased or subsidized with USG support	1		
	Malaria	Number of policies drafted with USG support		3	
	Malaria	Number of people trained in malaria treatment or prevention with USG funds	2	2	
3.1.5	OPHT	Number of policies drafted with USG support		3	
	OPHT	Number of health personnel trained with USG support*	2	2, 4	
3.1.6	MCH	Number of deliveries with a trained TBA or Maternal and Child Health Worker USG assisted Programs*	1		
	MCH	Number of children less than 12 months of age who received DPT3 from USG supported programs	1		
	MCH	Polio – non-polio AFP rate 2/100,000	1		
	MCH	Number of children under 5 years of age who received vitamin A from USG-Supported Programs	1		
3.1.7	FP/RH	Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services		3	
3.1.8	Wat/San	Number of people in target areas with access to improved drinking water supply as a result of USG assistance	1		

KEY - types of activities done under the Intermediate Results and Strategic Objective of the Sudan Mission Strategy that relate to the OP indicators

1. Increase service delivery in conflict prone zones/social services delivered
2. Increase capacity of health system personnel to improve service delivery
3. New laws passed by GOSS
4. Increase in percent of top level civil servants at the GOSS who are trained in leadership and management
5. Youth and Women registered for formal and accelerated learning programs
6. Improve urban infrastructure for returnees

file name: 10-05-07-OP-SudanStrategy-Crosswalk-Health-Matrix.xls

