PUBLIC SECTOR SYSTEMS STRENGTHENING (PS3) IN TANZANIA
REVISED MONITORING AND EVALUATION PLAN

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The USAID/Tanzania Public Sector Systems Strengthening Activity (PS3)
USAID/Tanzania Public Sector Systems Strengthening Activity (PS3) overarching goal is to support the Government of Tanzania to strengthen the public system to promote the delivery, quality, and use of services, particularly for underserved populations. Led by Abt Associates, PS3 is implemented in partnership with Benjamin William Mkapa HIV/AIDS Foundation, Broad Branch Associates, IntraHealth International, Local Government Training Institute, Tanzania Mentors Association, and University of Dar es Salaam and Urban Institute.

Cover Picture: From left: Njombe Regional Focal Person, Ms. Jachinda Chang' with PS3 staff Giovanni DiPiazza and Nazar Sola checking documents during an M&E baseline survey at Makete District Council. (Photo: PS3)

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ACRONYMS

BEST   **Basic Statistics in Education**

BMF   **Benjamin William Mkapa Foundation**

CCHP   **Comprehensive Council Health Plan**

CDCS   **Country Development Cooperation Strategy**

COSTECH   **Tanzania Commission for Science and Technology**

CSOs   **Civil Society Organizations**

DDL   **Development Data Library**

DEC   **Development Experience Clearinghouse**

DHIS   **District Health Information System**

DHS   **Demographic and Health Survey**

DICT   **Division of Information, Communication and Technology**

DO   **Development Objective**

DPs   **Development Partners**

DQA   **Data Quality Assurance**

eIDSR   **electronic Integrated Disease Surveillance & Response system**

FTF   **Feed the Future**

FWA   **Federal-Wide Assurance**

GPRAMA   **Government Performance and Results Modernization Act**

GOT   **Government of Tanzania**

HCMIS   **Human Capital Management Information System**

HR   **Human Resources**

IR   **Intermediate Result**

IRB   **Institutional Review Board**

IS   **Information Systems**

LGA   **Local Government Authority**

LGMD   **Local Government Monitoring Database**

LGRCIS   **Local Government Revenue Collection Information System**

LGTI	**Local Government Training Institute**
M&E	**Monitoring and Evaluation**
MTEF	**Medium Term Expenditure Framework**
MTUHA2	**Mfumo wa Takwimu za Uendesahji wa Huduma za Afya**
OC	**Other Charges**
OR	**Operations Research**
PE	**Personnel Emolument**
PII	**Personally Identifiable Information**
PIRS	**Performance Indicator Reference Sheet**
PMP	**Performance Management Plan**
PO-RALG	**President's Office-Regional Administration and Local Government**
PS3	**Public Sector Systems Strengthening**
RPMs	**Regional Program Managers**
SOW	**Scope of Work**
SPSS	**Statistical Package for Social Sciences**
TBD	**To Be Defined**
TMA	**Tanzania Mentors Association**
UDSM	**University of Dar es Salaam**
UNAIDS	**United Nations Program on HIV/AIDS**
USAID	**US Agency for International Development**
WEAI	**Women's Empowerment Agricultural Index**

1. INTRODUCTION

The purpose of the Public Sector Systems Strengthening Activity (PS3) is to support the Government of Tanzania (GOT) to strengthen systems to promote the delivery, quality, and use of public services, particularly for underserved populations. In so doing, PS3 will strengthen the overall health care system, inclusive of GOT and US Agency for International Development (USAID) priority programs. Furthermore, PS3 will strengthen key multi-sectoral components of Local Government Authority (LGA) systems as part of the approach to promote inclusive and evidence-based planning, management, and implementation of services. PS3 is a five-year activity funded by the US Agency for International Development (USAID), awarded to Abt Associates Inc. on July 29, 2015. The PS3 consortium consists of Benjamin William Mkapa Foundation (BMF); Broad Branch Associates; IntraHealth International; Local Government Training Institute (LGTI); Tanzania Mentors Association (TMA); University of Dar es Salaam (UDSM); and Urban Institute.

PS3 includes five multi-sectoral components or systems functions to be strengthened across national, regional, and local government levels: governance and citizen engagement (governance); human resources (HR); finance; information systems (IS); and operations research (OR). PS3 will strengthen systems across national, regional and local government levels. Project interventions at the national level will improve policies and regulations and strengthen systems and operational linkages between ministries, departments and agencies on the one hand and with LGAs on the other hand. Interventions at the LGA level will strengthen systems and improve management by directly linking components or system functions to service delivery improvements. PS3 also plans to engage and support regional governments to improve operational efficiency, coordination across government levels and the role of the regional level in enabling LGAs to improve performance in general and service delivery in particular. PS3 will work with all LGAs in 13 target regions: Dodoma, Iringa, Kagera, Kigoma, Lindi, Mara, Mbeya, Morogoro, Mtwara, Mwanza, Njombe, Rukwa, and Shinyanga, for a total of 93 LGAs.

1.1 Context

In spite of a decade of tremendous growth, 28.3%[1] of Tanzanians live below the poverty line and many Tanzanians lack access to basic services. Critical service delivery gaps across sectors that are due in large part to weak systems impede realization of Tanzania's Mkukuta/Mkuza and Development Vision 2025 goals.   The USAID/Tanzania Country Development Cooperation Strategy (CDCS) lays out the ways in which the Government of the United States will support Tanzania's development priorities and address country needs. PS3 is linked to the CDCS framework, contributing to all of the development objectives but particularly to the goal of improving government delivery of services.

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[1] United Republic of Tanzania (2014), Household Budget Survey 2011/12, Main Report, Dar es Salaam, National Bureau of Statistics.

1.2 PS3 M&E Approach

The PS3 Monitoring and Evaluation (M&E) plan contains a two-pronged approach to M&E: 1) track progress against PS3 M&E plan results framework indicators; and 2) support other M&E activities and create linkages and synergies between M&E and technical components to improve project implementation including operations research, internal program monitoring, knowledge management and reporting, and supporting GOT to strengthen M&E contributing to improved service delivery and public sector performance.

PS3 will consistently and accurately measure project results, support USAID's reporting requirements, generate evidence to improve implementation, and respond to public-sector information needs. Many PS3 outputs and outcomes are direct results of the performance of the LGAs. Measurement of these outputs and outcomes will require strengthening of LGA capacity to collect data and to store, analyze, report on and use this data to improve decision making and accountability. PS3 will provide technical assistance and support to LGAs for this purpose.

The initial PS3 M&E plan was approved by USAID in June 2016. This January 2017 M&E plan has been revised to reflect further development and agreement with USAID and GOT on PS3 strategy and technical interventions as stated in the Year 2 workplan, and also lessons learned from baseline data collection in PS3 Phase I LGAs.

2. M&E SYSTEM OBJECTIVES

PS3 will use routine monitoring to measure progress towards planned results and improve implementation, management, and project cost-efficiency. In addition, PS3 will use studies, rapid assessments, or analyses to identify system barriers, refine implementation and capitalize on successes.

Specific PS3 M&E objectives include:

- Facilitate project measurement and learning through selection, collection, analysis and reporting on M&E plan indicators.

- Ensure consistent and accurate M&E plan indicator data collection and production of replicable reports through the development and use of data collection and entry systems and processes, and data quality assurance procedures.

- Perform analysis of M&E plan indicator data and produce useful reports.

- Ensure consistent alignment of PS3 M&E plan indicators with the USAID/Tanzania Performance Monitoring Plan.

- Undertake OR studies or rapid assessments to investigate barriers or bottlenecks, and enable development of innovative solutions to refine implementation.

- Develop and implement PS3 internal monitoring and knowledge management mechanisms to improve project management and enable adaptation of technical interventions and implementation as necessary.

- Create linkages and synergies between PS3 M&E function and technical components to improve performance.

- Build capacity within the GOT for M&E and evidence-based decision making.

- Institutionalize the consideration of gender and poor/vulnerable populations in underserved areas by disaggregating indicators as possible and documenting and highlighting achievements with these population groups.

3. PS3 M&E PLAN INDICATORS

The following sub-sections describe the details of the external or formal contractual aspects of the PS3 M&E plan including results framework; indicator selection and performance indicator reference sheet (PIRS); baseline data collection; M&E system and process; and external evaluation. The system supporting M&E plan indicators is designed to use best and innovative practices and standards to help PS3 track progress towards intermediate and final results, contribute to implementation refinements, and report consistently and correctly throughout the life of the project.

3.1 Results Framework

The PS3 results framework is shown in Figure 1. Consistent with the PS3 implementation strategy, the road to results portrays a direct link between systems strengthening and service delivery improvements, and also prioritizes the policy objectives of efficiency or better use of existing resources and responsiveness of public services to the needs of citizens. It also reflects a basic PS3 assumption that it is hard to improve service delivery to citizens particularly in underserved areas without sufficient human and financial resources at the front line service provider level. In addition, PS3 technical interventions are linked and leveraged to strengthen systems to make service providers more visible in GOT systems and shift human and financial resources to service provider level.

There are three levels of results in the PS3 results framework. The first or sub-sub intermediate result (IR) level contains results for the implementation of systems strengthening interventions across public sectors and national, regional and local government levels.   The systems functions to be strengthened are consistent with required contract interventions in the five PS3 components of governance, HR, finance, IS and OR. OR is cross-cutting and its placement at the bottom of the results framework reflects the expected result of small-scale operations research including rapid assessments conducted and used to address systems barriers and refine program implementation.

The second or sub-IR level contains the result "management improved at LGA level," which is intended to link and maximize investment in system function strengthening across levels of government and sectors to improve public service delivery. Linking system functions to support service delivery improvements may or may not happen naturally.   PS3 expects to support management improvement interventions to better link systems functions in most LGAs (e.g. HR planning takes into account finance constraints, finance interventions are targeted towards recruitment and retention of staff at LGA level as well as efficiency and productivity gains). PS3 will also reflect these linkages through constant collaboration, coordination and leveraging across system functions, sectors, levels of government, and other development partner projects. Finally, clear roles and relationships across sector ministries and levels of government – the right institution doing the right thing – is vital to institutionalization for sustainability. The other two sub-IR level results, government communicating more effectively with both citizens and the private sector, will stimulate, enable and create synergies with strengthened public sector systems and improved management, and contribute to increased transparency and accountability.

The third IR level further delineates the results framework to produce the focus and road to results PS3 intends to achieve by prioritizing efficiency and responsiveness and their relationship to improving government public sector service delivery. It tells the PS3 story of increasing efficiency to extend the reach and effectiveness of existing resources, thus improving service delivery, increasing equity, enabling economic growth, and building the business case for increased investment in public services. These three results are: 1) public services more responsive to needs of citizens and private sector; 2.) HR managed more efficiently and effectively; and 3) more efficient and effective financing and purchasing of public services.

These PS3 sub-IRs and IRs will feed directly into USAID/Tanzania's CDCS, IR 3.2, Government Delivery of Services Improved and, subsequently, into Development Objective (DO) 3, Effective Democratic Governance Improved.   PS3 IRs and sub-IRs will also indirectly benefit DO1, Tanzanian Women and Youth Empowerment and DO2, Inclusive Broad-Based Economic Growth Sustained.

The results framework and corresponding indicators are completely consistent with PS3 implementation strategy and sequencing contained in the Year 1 and Year 2 workplans. The implementation strategy portrays strengthened systems functions (governance, HR, finance, IS, M&E/OR) and improved management across all sectors and levels of government converging to improve service delivery at the front-line service provider level. Both the PS3 implementation

strategy and results framework/indicators reflect the basic premise that improving service delivery, particularly in underserved areas, requires systems strengthening to increase efficiency and enable a shift of human and financial resources to service delivery level or front-line service providers.

Figure 1: PS3 Results Framework

3.2 Indicator Selection and PIRS

Reported indicators, or measurements, are selected as proxies to demonstrate progress towards project goals and objectives. They are intended to be attributable to the project while at the same time recognizing that the nature of PS3 and systems strengthening encompasses support, collaboration and leveraging of both GOT and other development partner interventions and investments. In addition, reported indicators should be directly related to an intended result, useful for management, and appropriate in terms of cost and effort. Reported indicators have been selected using USAID's standard criteria shown in Box 1.

Box 1: Criteria for an excellent indicator

- **Direct**: it measures the intended result
- **Objective**: explicit data source and measurement
- **Useful for Management**: provides meaningful information about change or lack thereof
- **Attributable:** reasonably associated with project activities
- **Practical:** feasible relative to its usefulness (time and cost-effective)
- **Adequate** : sufficient to measure the desired result
- **Disaggregated**, as necessary: provides detail to maximize usefulness

By design and based on discussion with USAID, PS3 M&E plan indicators are largely high level output indicators, outcome indicators or even impact indicators. PS3 indicators were refined early in Year 2 as the comprehensive, robust, linked, leveraged and environmentally appropriate systems strengthening strategy was solidified. PS3 also considered the importance of digging deeply into challenges and system barriers in Tanzania, and reaching agreement with GOT on technical interventions and sequencing to enable ownership and institutionalization. In addition, growing trust and the blossoming relationship between GOT and PS3 created demand for additional technical interventions. Combined with accelerating project implementation and baseline data collection experience, the M&E plan indicators approved by USAID in June 2016 are enhanced in the January 2017 revision of the M&E plan. While it is possible that more GOT requests for technical interventions or implementation experience may lead to proposals for further refinement of PS3 M&E plan indicators, PS3 has matured and specified its technical interventions within resource limitations such that it is expected that the current results framework and corresponding indicator selection will be relevant for the life of the project.

Indicator selection is documented in Annex 1 which includes a results framework indicator worksheet, and PIRS. PS3 will conduct an M&E annual review which will encompass analysis of indicator data collected, indicator reporting, and review of indicators including both informing refinements in project implementation and any changes to PIRS or M&E system and processes. The review will also ensure alignment of the PS3 M&E plan indicators with the USAID/Tanzania Performance Management Plan (PMP) and other USAID priorities that arise as well as changes in Tanzanian priorities or environment. Changes to indicators or definitions may be proposed to ensure that reported indicators are relevant and data collection and management procedures are up-to-date.

3.3 Baseline Data Collection

PS3 will collect baseline data on M&E plan indicators using the data collection and entry worksheets described in the sections below. Almost all M&E plan indicators are LGA level indicators and PS3 faces two challenges in LGA level baseline data collection. The first challenge is the operational complexities of PS3 entry and baseline data collection in 93 LGAs. In Year 1, PS3 collected baseline data for 26 Phase I LGAs and submitted the baseline report to USAID in October 2016. Baseline data collection for 67 Phase II LGAs will be conducted in Year 2 following the LGA Councilor Training. The planned schedule for LGA Councilor Training is contained in Annex 2. By the end of Year 2, PS3 will submit a consolidated baseline report with data from both Phase I and Phase II to USAID.

However, the second PS3 baseline and routine indicator data collection challenge involves a "measure what matters" dilemma. A basic PS3 assumption is that it is very difficult to improve service delivery without sufficient human and financial resources at service provider level. Therefore, many PS3 technical interventions are intended to shift more human and financial resources to service provider level, and also to increase efficiency and improve management enabling extension of coverage and service delivery especially in underserved areas. The PS3 dilemma is that the GOT systems (e.g. planning, budgeting, accounting, and reporting systems) do not extend to the service provider level. Therefore, service providers are invisible in GOT

systems and this creates service delivery problems as well as policy, planning, prioritization, management, and accountability issues, and also leaves PS3 unable to track progress on increasing human and financial resources at the service provider level.

It was expected that staff and related personnel emolument (PE) expenditures and other charges (OC) financial expenditures could be tracked manually to the service provider level. However, experience and lessons learned from Phase I LGA baseline data collection exercise demonstrated that this manual tracking is either not possible at all (some LGAs have no records of service provider level financial expenditures) or operationally not viable due to the extremely high level of effort and related cost required to collect data from service providers for indicators with service provider denominators. To balance "measuring what matters" and practical data collection considerations, this revised January 2017 M&E plan adapts to this baseline data collection finding as follows:

- Refines indicator selection and related PIRS such that extensive service provider level data collection is only required for the two IR or impact level indicators: 1.2. Percentage change in PE per capita expenditures in targeted LGAs and disaggregated by service provider; and 1.3. Percentage change in OC per capita expenditures in targeted LGAs and disaggregated by service provider.

GOT and PS3 planned technical interventions are expected to both make service providers and management of their human and financial resources visible in GOT systems, and enable policies, mechanisms, management improvements and efficiency gains to shift human and financial resources to service delivery level especially in underserved areas. Examples of planned GOT systems strengthening extending management and tracking of human and financial resources to service provider level include PlanRep redesign for planning and budgeting, service provider codes in Epicor accounting system, implementation of simple financial management systems at service provider level, and possibly extension of Lawson system to allocate and manage staff at service provider level. The two IR or impact level indicators 1.2 and 1.3 are formulated to measure results at both LGA and service provider levels with the LGA level data currently available, and service provider data expected to become available over time as GOT systems are strengthened (most likely PS3 Years 3-5).

Baseline data will be collected from existing sources to the greatest extent possible. PS3 has no mandate for a population-based survey. All of the PS3 technical teams will contribute to collection of baseline data, and the M&E/OR team will analyze this data and produce the report.

3.4 M&E System and Process

The following sections describe PS3's approach to the availability, quality, usability and security of project data. Data governance includes identifying and collecting data sources, identifying data collection methods, mapping data flows and developing data management infrastructure used by the project. This section also includes a description of data quality and project quality assurance strategies that will ensure the integrity, reliability, and replicability of data reported by the project. Data sources, data quality mechanisms and tools, and PS3 staff roles are specified

for each indicator in the PIRS in Annex 1. The M&E system and process sub-sections below are organized by M&E indicator data collection, entry and management, data sources, data quality assurance, and data analysis and reporting.

3.4.1 M&E Indicator Data Collection, Entry, Management, and Storage

The PS3 M&E system and process for indicator data collection, entry and management is detailed in Table 1 below. It was refined to incorporate a combined Excel data collection and data entry worksheet based on Phase I LGA baseline data collection experience, adjustment to low connectivity environment, and regional/LGA operations start-up experience. Small refinements in M&E indicator data collection, entry and management will continue to be made based on operational experience and lessons learned. These refinements will ensure the PS3 M&E data management supports data capture, import/ export, processing, analysis and security. Data used for reporting and all reported deliverables will be securely stored while protecting the privacy of informants.

Table 1: M&E Data Collection, Entry, and Management Tasks

Tasks	Responsible Party
Develop Excel data collection and data entry worksheet based on PIRS	M&E lead and specialist
Train regional program managers (RPMs) and mentors on Excel data collection and data entry worksheet	M&E lead, specialist, RPMs, mentors
Coordinate with regional and LGA GOT focal persons on LGA level indicator data collection process and access to GOT data	RPMs and mentors
Collect Phase II LGA baseline data (67 LGAs) and routine annual indicator data (93 LGAs). Note: Phase I LGA baseline data collection has been completed and report submitted to USAID in October 2016. Nevertheless, baseline data will be collected from Phase I LGAs for the new/revised indicators	Mentors
Compile all raw data collected into one LGA level Excel worksheet (see also data quality assurance section below and PS3 staff roles related to quality assurance in PIRS)	RPMs
93 LGA level Excel worksheets containing raw data merged and analyzed in Excel and /or exported to analytical programs, e.g. Statistical Package for Social Sciences (SPSS)	M&E systems specialist
Develop procedures and store M&E indicator raw data and analysis on PS3 internal website and the Dar es Salaam office shared drive	M&E systems specialist
Develop procedures and perform ongoing data management functions including data storage and uploading to USAID development data library	M&E team lead and M&E systems specialist

3.4.2   Data Sources

Existing Data Sources and Reporting Methods

The PS3 M&E system is intended to be responsive to project needs but also standardize data collection and reporting in order to be replicable, efficient, and reconcile data sources with the needs of project stakeholders and a wider audience.   PS3 is strongly committed to strengthening existing systems to build the reliability of key indicators, paving the way for sustainable evidence based management.   The reliability of some reported indicators are necessarily dependent upon GOT priorities and decisions when indicator data are drawn from national information systems and priorities.   Indicators have and may be selected from the following GOT existing information and reporting systems as described in Table 2.

Table 2: Existing GOT Information Systems

Information system	Status	Function	Target audience
PlanRep	In use	System used for planning, budgeting, and reporting at LGA level for all sectors including objectives, targets and activities. Produces budgets with medium term expenditure framework (MTEF) designations that are then manually entered into EPICOR. Includes special health module with comprehensive council health plan (CCHP) tools and links to district health information system (DHIS) data.	Policy, Planning, Finance, Budget, Accounting
EPICOR	In use	Integrated Financial Management System EPICOR 9.05 is local government accounting system designed for: budget preparation and control, proper recording of financial transactions, financial reports, and monitoring use of government funds. Used to track expenditure w/budget (EPICOR is not currently interoperable with PlanRep to link plans and expenditures).	Finance, Budget, Accounting
LGRCIS	In use	Local Government Revenue Collection Information System (LGRCIS) is used for LGA billing and revenue collection. Plans exist to scale-up use by LGAs and add mobile application.	Planning, finance, accounting
HCMIS	In use	Human Capital Management Information System (HCMIS) is a HR management and payroll system used by all ministries and sectors. It is also called Lawson system	Human Resources
DICT	In use	Division of Information, Communication and Technology (DICT) is President's Office-Regional Administration and Local Government (PO-RALG's) HR database	Human Resources
DHIS2	In use	District Health Information System 2 (DHIS2): Used to collect service and disease data from all primary health care facilities and hospitals, public and private using MTUHA 2 registers (limited reporting from referral facilities and private sectors), Mobile application for eIDSR incorporated.	Health sector
LGMD	Not in use/ not updated	Local Government Monitoring Database (LGMD) is a specially-designed database for collecting information routinely from districts, wards, villages, mtaa, and the pro-poor sectors - health, agriculture, education, water, roads and lands.	GOT, individual citizens, researchers

New Information Systems and Data Sources

The PS3 M&E system will also use new or refined information systems and data sources to collect and report data as described in Table 3. For example, LGA web application systems including LGA websites proposed alternatives to the non-functional LGMD and can be used to track improvements in transparency and citizen engagement efforts. Eventually, PS3 expects to report to USAID/Tanzania through AidTrackerPlus, as required by the contract.

Table 3: New Data Sources and Information Systems

Information system	Status	Function	Target audience
LGA websites	Being refined	LGA web application systems including LGA websites are currently being refined by joint GOT and PS3 development of national standard templates. When installed, LGAs can decide on use and management but are planned to contain documents informing citizens and private sector, LGA profiles, LGA dashboards of key information, etc.	GOT, Civil Society Organizations (CSOs), individual citizens, private sector, researchers, Development Partners (DPs)
Mobile data collection	In use; in development	GOT is currently extending a number of information systems using mobile applications. In addition, PS3 may also develop mobile applications to extend and increase efficiency of indicator data collection.	GOT, PS3
AidTrackerPlus	In development	Track performance results, map geospatial coordinates, and make reporting more efficient.	USAID, implementing partners

Other PS3 Data Sources

PS3 will also collect data from other project-specific sources such as OR studies, rapid assessments, ongoing implementation, meeting and training registers, and pre and post-training evaluations. Mobile and innovative technology will be considered for its potential efficiency and cost-effectiveness.

PS3 will coordinate with other USAID projects and stakeholders to promote and contribute to open data sources for project and cross-sector learning, and aligning with the USAID/Tanzania PMP. PS3 conducted a rapid desk review of available data sources, and will coordinate with partners to avoid duplications of effort in data collection and to increase the readership and usefulness of OR studies and assessments across sectors. Basic Statistics in Education (BEST), Feed the Future (FTF), Women's Empowerment Agricultural Index (WEAI), Demographic and Health Survey (DHS), and UNAIDS were investigated as potential data sources for higher level PS3 indicators for outcomes and impact.

3.4.3   Data Quality Assurance

Data quality assurance refers to a continuous and systematic approach to monitor, evaluate and use procedures and tools to improve or maintain quality. Poor data quality is a major reputational risk, and adversely affects project management. To ensure data quality, PS3 will ensure Data Quality Assurance (DQA) is consistent with the standards listed under ADS 203.3.11 and described in Table 4 below.

Table 4: Data Quality Assurance

Quality Element	Definition
Validity	Data clearly and adequately represent the intended result.
Reliability	Data reflect stable and consistent data collection processes and analysis methods over time.
Timeliness	Data are available at a useful frequency, should be current, and should be timely enough to influence management decision making.
Precision	Data have a sufficient level of detail to permit management decision making; e.g. the margin of error is less than the anticipated change.
Integrity	Data collected should have safeguards to minimize the risk of transcription error or data manipulation.

As described in the PIRS, performing data quality assessment procedures and actions to address key data quality limitations are the foundation of PS3 M&E plan indicator data quality assurance. PS3 will constantly monitor data quality through the use of standard operating procedures detailing how PIRS data quality assessment procedures and actions will be realized.

Annex 3 contains an exemplary data quality assessment checklist and recommended procedures.

Other data quality controls will be used as applicable to verify quality assurance procedures are working. For example, one data control mechanism is the data quality assessment required by the Government Performance and Results Modernization Act (GPRAMA)[2] as described in Table 5. Additionally, PS3 will ensure that reported data is replicable, meaning that data sources will be available with corresponding documentation sufficient to recreate results to justify conclusions.

To ensure implementation of M&E plan indicator quality assurance procedures, PS3 will provide capacity building including training and supportive supervision on-demand to regional program managers, mentors, and GOT regional and LGA focal persons to help ensure the quality of all data reported by the project. PS3 recognizes there are many challenges to collecting quality data and is poised to support data quality improvements in partner data collection and reporting systems.

Table 5: PS3 Data Quality Processes and Tools

Data Quality Process	Potential Tools Used by PS3
Data Quality Assurance	• M&E Plan • Performing PIRS data quality assessment procedures and actions • Training and supervision for data collection and data entry staff • Data collection and entry worksheets with directions for use • Strong managerial structure to provide leadership and guidance • Annual M&E System reviews
Data Quality Control	• Data quality verifications • Data quality assessments • Randomized Site Visits • Supportive Supervision

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[2] ADS Chapter 203 Assessing and Learning Policy

3.4.4 Data Analysis and Reporting

PS3 will use best practices to select, apply, and review data analysis methodologies for M&E plan indicator data. Data analysis procedures are specified for each indicator in the PIRS, and data analysis descriptions will ensure the replicability of reported results. Two types of data analysis will be performed. The first is to calculate M&E plan indicators from raw data, portray the indicators in tracking worksheet, explain indicator results above or below targets, and revise targets. The second is more extensive and in-depth analysis of M&E plan indicator data for the purpose of investigating variations across LGAs and informing refinement of technical implementation. PS3 will produce baseline data collection reports and annual indicator tracking tables and monitoring reports.

3.5 External Evaluation

The PS3 external evaluation will be managed by USAID and conducted by an external evaluator. Per USAID, it is intended to both evaluate PS3 and the general ramifications of the broad PS3 design including systems strengthening across sectors. At USAID request, PS3 has met with the external evaluators, provided input on information available from GOT systems to them, and remains available for follow-up meetings or discussion as deemed appropriate by USAID.

4. OTHER PS3 M&E ACTIVITIES

The following sections describe other PS3 M&E activities including operations research, internal program monitoring, knowledge management, and supporting GOT to strengthen M&E.

4.1 Operations Research

Unlike M&E plan indicators which are governed by the M&E plan sections above and the PIRS, as one of the five PS3 components, OR is governed by yearly workplans. PS3 OR component includes two kinds of technical products: OR studies and rapid assessments. In general, OR studies will be larger, take longer to produce, and be more formally specified and managed while rapid assessments will be smaller, done quickly and more flexible. Both OR studies and rapid assessments will enable PS3 to identify challenges or barriers and their root causes; support policy dialogue and advocacy; inform design and development of technical interventions and implementation sequencing; refine implementation; build GOT capacity to monitor and institutionalize feedback loops; or document and promote implementation successes and increasing sustainability. PS3 vision and strategy requires close and synergistic relationships

between the OR component and the governance, HR, finance and IS components. Active project management will help ensure these synergistic relationships develop thus avoiding fragmentation into program implementation and standalone or more academic research.

PS3 anticipates engaging research expertise from all component teams including subcontractors and consultants but M&E/OR team leadership, systems and processes will ensure uniform use of best practices for research. This will include being available to review SOWs and research protocols to ensure conceptual frameworks and deliverables meet PS3 and client expectations and all necessary elements are included to meet contractual obligations and for potential publication.

PS3 will continuously improve OR and rapid assessment processes. Criteria for OR study selection will include but not be limited to: relevance to PS3 implementation, relevance to GOT and USAID, feasibility in terms of resource requirements, a clear research question and suitability of design, and expectation of successful implementation. Exemplary elements of OR studies are described in Box 2. The M&E/OR team, in consultation with USAID, will guide the process to identify, vet, prioritize, select and manage OR studies. OR studies will have a primary investigator, involve both M&E/OR and technical teams, and make sure appropriate procedures are followed, for example, IRB approval and data accessibility and storage as discussed below.

4.1.1   Institutional Review Board

As prime contractor, Abt Associates' Institutional Review Board (IRB) will review all research conducted under PS3. Abt is committed to research practices that are carried out in conformity with basic ethical principles, and federal and other regulatory requirements governing research involving human subjects. Abt holds a current Federal-Wide Assurance (FWA) of compliance from the U.S. Department of Health and Human Services' Office for Human Research Protections.   In addition, Abt maintains its own IRB, which serves as the organization's administrative body that conducts prospective reviews of proposed research and monitors continuing research for the purpose of safeguarding research participants' rights and welfare. The full Board meets every month but can arrange additional meetings to accommodate the needs of specific project schedules. The IRB utilizes weekly expedited review procedures, as authorized by federal human subjects' regulations, to review eligible protocols.

Before issuing approval to begin human subjects research, the Abt IRB must first determine that we have established adequate provisions to protect the privacy of subjects and the confidentiality of their information. In reviewing confidentiality protections, the Abt IRB will consider the nature, probability, and magnitude of harms that would likely result from a disclosure of collected information outside of the authorized recipients. The Abt IRB and Abt's information security staff will evaluate the effectiveness of proposed procedures for securely storing and transmitting information, as well as access limitations.

Subcontractors and consultants may be required to submit research protocols and corresponding materials for their own organizations IRB. This will be in addition to the Abt IRB

review. PS3 will seek IRB review from the Tanzania Commission for Science and Technology (COSTECH) to ensure compliance with Tanzanian laws governing human subjects research.

4.1.2   Data Accessibility and Storage

Abt Associates is committed to the privacy of informants, and data security including secure storage. PS3 project quality assurance will include data security plans, designed to create effective administrative, technical, and physical safeguards for the protection of data. PS3 will safeguard and protect information 1) commensurate with the level of sensitivity of the data and 2) in accordance with requirements from relevant regulations.

Assessments and research will be subject to activity-specific data security plans designed under the direction of the Abt and the Tanzanian Institutional Review Boards. Documents containing personally identifiable information (PII) will be restricted to as few hard copies as possible. Abt will manage technology data collection and aggregation systems to avoid making informant data vulnerable. PS3 will partner with its in-house Client Technology Center to ensure data security and storage as directed by IRB.

4.2 Internal Program Monitoring Systems and Processes

PS3 will develop and implement a variety of flexible internal program monitoring systems and processes to improve efficiency, effectiveness, and quality of project management and program implementation. A challenge will be to ensure these systems and processes are functional with specific tasks and responsibilities, and yet flexible enough to meet the needs of accelerating PS3 implementation and rapidly changing environment. Leadership and management of internal program monitoring systems and processes will vary by type of system or process but in general will involve a collaboration between M&E/OR team and one or more of the four technical components (governance, HR, finance, IS) and the support functions of communications and finance and administration. Again, internal program monitoring systems and processes will be flexible and evolve but most likely specific activities will be classified into one of the following three categories:

- Internal consultations whereby M&E/OR team supports technical component teams to incorporate M&E plan indicator results into ongoing PS3 implementation, develop plans for monitoring new interventions, and take advantage of opportunities for M&E capacity building.

- Development and implementation of a combined capacity building/training and participant per diem database that will increase PS3 efficiency by linking programmatic tracking of capacity building including training, and finance and administration team management of participant per diems.

- Development and implementation of internal monitoring indicators to measure incremental progress in technically or operationally complex program interventions on the road to higher level output, outcome, or impact results.

4.3 Knowledge Management and Contractual Reporting

4.3.1   Knowledge Management

PS3 Communications and M&E teams will have joint responsibility for knowledge management. PS3 is developing an internal website called Jamvi to support project knowledge management and communication. All PS3 staff including subcontractors, regional/LGA staff, and consultants will have access to the internal website. Jamvi will support knowledge management including required contractual and technical products, internal working documents, and reference documents. It will also support additional functions such as a technical product tracker with corresponding quality assurance processes, events calendar, communication, and selected finance and management tasks.

4.3.2   Contractual Reporting

The PS3 contract specifies required reports and all PS3 components and staff contribute to contractual reporting. The M&E and Communications teams assume joint responsibility for two aspects of contractual reporting as described below.

Development Experience Clearing House (DEC)

In accordance with contract clause AIDAR 752.7005, PS3 will submit one copy of each report and information product which describe, communicate or organize program/project development assistance activities, methods, technologies, management, research, results and experience within 30 days of completion. These reports include: assessments, evaluations, studies, technical and periodic reports, annual and final reports, and development experience documents (defined as documents that (1) describe the planning, design, implementation, evaluation, and results of development assistance; and (2) are generated during the life cycle of development assistance programs or activities but do not include routine reporting). PS3 will also submit copies of information products including training materials, publications, databases, computer software programs, videos and other intellectual deliverable materials required under the PS3 contract.

All eligible research or evaluations produced by the project will be identified as eligible for submission during the design phase by a standardized checklist. Evaluations identified for submission will be designed to meet the requirements laid out in ADS Chapter 540: USAID Development Experience. Required standard elements of research products are stipulated in consultant and subcontractor agreements and are tracked to ensure submission.

Development Data Library (DDL)

In accordance with contract clause ADS 302.3.5.22, PS3 will submit datasets defined in ADS Chapter 579: USAID Development Data to the DDL. All datasets produced by the project will be identified as eligible for submission during the design phase by a standardized checklist.

4.4 Support GOT to Strengthen Monitoring and Evaluation

PS3 will support GOT to improve their M&E systems for two purposes: 1) improve PS3 M&E plan indicator data collection and quality; 2) broader strengthening of GOT M&E systems supporting sustainability of systems strengthening and service delivery improvement. Regional and LGA focal persons will be GOT point persons for improving PS3 M&E plan indicator data collection processes and data quality. Technical interventions supporting broader strengthening of GOT M&E systems will be based on dialogue and requests with GOT, include direct linkages to PS3 implementation, and support increased institutionalization and sustainability of systems strengthening and service delivery improvement.

5. THE M&E/OR TEAM AND RESPONSIBILITIES

All PS3 M&E activities are led by the M&E/OR Team Lead which is the functional project title for the PS3 key personnel position of operations research specialist. Other M&E/OR team staff positions include M&E systems specialist, M&E technical specialist, and OR specialists or advisors. As described in M&E plan sections above, all PS3 staff have M&E responsibilities including RPMs, mentors, component technical staff, and project management. Specific staff roles and responsibilities for M&E plan indicators are described in Section 3 above and in the PIRS in Annex 1. Specific staff roles and responsibilities for other M&E activities are described in Section 4 above and in yearly workplans.

ANNEX 1: M&E RESULTS FRAMEWORK INDICATOR WORKSHEET AND PIRS

Results Framework Indicator Worksheet

The indicator worksheet below, Figure 2, portrays all proposed indicators and how they fit together and flow through IR level.

Figure 2: Indicator Worksheet

IR3.2 Government Delivery of Services Improved				
1.1. Percentage of citizens who report being satisfied by services in targeted districts (USAID to collect)				
1.2.Percentage change in PE per capita expenditures in targeted LGAs and disaggregated by service provider				
1.3.Percentage change in OC per capita expenditures in targeted LGAs and disaggregated by service provider				

2.1 Public services more responsive to needs of citizens		2.2 HR managed more efficiently and effectively	2.3 More efficient and effective financing and purchasing of public services
2.1.1 Percentage of targeted LGAs that incorporate feedback from citizens (USAID PMP)		2.2.1 Percentage of approved posts which are filled at the targeted LGA level, disaggregated by sector and cadre (USAID PMP)	2.3.1 Percentage of expected RBF funds received by each facility in targeted LGAs, disaggregated by type of health facilities
2.1.2 Percentage of citizens reporting that they believe citizen participation is effective in making government more responsive to citizen needs (USAID to collect)		2.2.2 Retention rates of recruited service provider staff	2.3.2 Percentage of approved budget transferred from national level to LGA level
		2.2.3 Percentage of LGAs with nurses ratios ≥ 3/10,000 - PAF (USAID PMP)	2.3.3 Percentage of public OC funds disbursed from central or LGAs to service providers in targeted LGAs
		2.2.4 Percentage of targeted districts with Pupils-Teachers ratio ≤ 45 in Primary Schools -PAF (USAID PMP)	

3.1 Government communicates more effectively with citizens	3.2 Government communicates more effectively with private sector	3.3 Management improved at LGA level better linking system functions to support service delivery improvements
3.1.1 Percentage of women serving on local facility and school committees for targeted LGAs	3.2.1 Percentage of total public payments made through contracts with private providers	3.3.1 a. PlanRep redesign completed including service outputs and service provider codes / 3.3.1.b Percentage of targeted LGAs using redesigned PlanRep including service outputs and service provider codes
		3.3.2 Percentage of service providers in targeted LGAs with codes in Epicor
3.1.2 Percentage of LGAs with a functioning complaint mechanism	3.2.2 # of events containing active public and private sector dialogue on ASDP-2 implementation	3.3.3.a Percentage of targeted LGAs who submitted a permit allocation request based on prioritization optimization analysis (POA) / 3.3.3.b POPSM introduces staff permit allocation based on POA / 3.3.3.c Percentage of targeted LGAs who have distributed or redistributed staff based on POA
		3.3.4 Percentage of targeted LGAs with clean audit reports
		3.3.5 Percentage of targeted LGAs submitting complete reports on time to a higher level

4.1 Governance and Citizen Engagement Systems Strengthened	4.2 HR Systems Strengthened	4.3 Finance Systems Strengthened	4.4 IS Systems Strengthened
4.1.1 Percentage of targeted LGAs sharing information with citizens by uploading data/information onto LGA website	4.2.1 Percentage of targeted LGAs that strengthened the records management system	4.3.1 Percentage of service providers paid using new or improved output-based provider payment systems	4.4.1 Percentage of LGAS with interoperable local government revenue collection information systems and Epicor
4.1.2 Percentage increase in LGA committee benchmarking scores in targeted LGAs	4.2.2 Percentage of targeted LGAs that strengthened the OPRAS system	4.3.2 Percentage of LGA service providers oriented on use of new accounting and financial reporting system for expenditures made with funds flowing through facility bank accounts	4.4.2 Percentage of targeted regions and LGAs that strengthened local area networks (LANs)
4.1.3 Percentage of targeted LGAs that strengthened the internal audit system	4.2.3 Percentage of newly reported staff receiving a job orientation using new orientation manual	4.3.3 Percentage change in absolute level of LGA own source revenue	4.4.3 Percentage of targeted LGAs that have up-to-date dashboard systems that present multisectoral data

5.1 Cross-cutting: Operations research conducted and data used to improve systems strengthening
5.1.1 Number of Operations Research studies completed
5.1.2 Number of transcripts on operations research findings submitted to peer-review journals

Performance Indicator Reference Sheet

The PIRS are a detailed reference for each indicator.

DIRECTIONS

The definitions and details specified for indicator data collection and reporting and should be clear and detailed enough to allow anyone with access to the data sources to *replicate the data collecting procedures as well as verify and validate the data reported*.

All reporting of money amounts will be in Tanzanian Shillings unless otherwise stated.

Concerning sectors, the general PS3 designation of sectors is four categories. The four categories and their terminology are as follows:

1. Health sector

2. Health and education sectors

3. "Sector" meaning the standard PS3 sectors defined as health, education, agriculture, and water.

4. "All sectors" meaning all public sectors

The project indicators refer *only* to districts (LGAs) that are participating in PS3 unless otherwise noted (all denominators that note "total number of districts" refers only to the project districts and not the total number of districts in Tanzania)

TBD (To Be Defined) baseline information and any term or disaggregation that is not yet defined will be defined as soon as possible without being included in the "change" to indicators. All subsequent changes to the definition or any other change to the indicator must be justified, acknowledged and obtain written authorization from the client. This authorization will be archived in the "evidence" database in PS3 M&E Database.

Changes will be noted in the "Change to Indicator" field including a reference to authorization, and specify the last report (for example, Y2Q1) using the previous definition.

Authorizations from the client for changes require a different version number of the Indicator and corresponding PIRS.

PS3 PERFORMANCE INDICATOR REFERENCE SHEET	
CDCS IR 3.2 Government Delivery of Services Improved **1.1 Percentage of citizens who report being satisfied by services in target districts (USAID to collect)**	
Is this indicator used for reporting?	**For Reporting Year(s)**:
Individual(s) Responsible: USAID PS3 assumes the USAID PMP PIRS will be used for this indicator. PS3 will provide support as requested.	
DESCRIPTION	
Precise Definition(s):	
Numerator:	**Denominator**:
Unit of Measure:	**Disaggregated by**:
Rationale:	
PLAN FOR DATA COLLECTION BY PS3	
Data Source:	**Reporting Frequency**:
Method of Data Collection:	
Frequency of Data Collection: **Plan for Data Storage**:	
DATA QUALITY ISSUES	
Data Quality Assessment Procedures:	
Key Data Quality Limitations:	**Actions Planned to Address those Limitations (if any):**
TARGETS AND BASELINE	
Baseline Measure:	
Baseline Timeframe:	**Baseline Source**:
Baseline Collection:	
CHANGES TO INDICATOR	
Changes to Indicator:	
OTHER NOTES	
Other Notes:	
THIS SHEET WAS LAST UPDATED ON: 25-Dec-16	

PERFORMANCE INDICATOR REFERENCE SHEET

CDCS IR 3.2 Government Delivery of Services Improved
1.2.Percentage change in PE per capita expenditures in targeted LGAs and disaggregated by service provider

Is this indicator used for reporting? Yes	**For Reporting Year(s)**: Y2-5 for LGA level; Y3-5 for service provider level (or disaggregated by service provider)

Individual(s) Responsible: Finance and HR Team Leads

DESCRIPTION

Precise Definition(s):

Note: PS3 and USAID have agreed on one last review of the formulation of this indicator related to the measurement of the equity aspects of staff distribution and therefore PE expenditures. And possibly also review indicator 1.3 although an increase in OC to service providers will remain the primary objective. Any reformulation has to take into account appropriateness of indicator at service provider level because the overall impact PS3 intends to achieve is shift of staff (PE) and OC to service provider level in order to improve service delivery.

This key indicator intended to measure PS3 impact is a composite indicator. It will use calculations of personal emolument (PE):per capita to determine percentage change in PE for both LGAs and the service providers within those LGAs. The reason it's a composite indicator is that the data collection requirements for LGAs and disaggregated service providers are substantially different such that reporting years are Y2-5 for LGA level and Y3-5 for service provider level.

Since service providers are currently not visible in GOT systems, the systems cannot track PE to service provider level and data is either very costly to collect or not available at all. In addition, whether data is available and verifiable on catchment population assigned to each service provider also remains an open question. PS3 strategy is to support GOT to both make service providers visible in systems (e.g. PlanRep redesign, service provider codes in Epicor, extend Lawson staff allocation system to service provider level) and strengthen systems resulting in increased allocation of human and financial resources to service providers especially in underserved areas. Therefore, PS3 has separated the LGA level and service provider level indicator reporting years and assumed that by Y3 data at service provider level will either be available in GOT/LGA systems or another methodology to collect it will have been developed. Or that the relatively high cost of having to collect data at service provider level will pay dividends in the ability of PS3 to "measure what matters."

PE: gross salary received by all civil servants in LGAs and service providers/facilities in all sectors. Per capita is defined as the entire population of LGAs and the catchment area or assigned population to service providers/facilities. The indicator is intended to be cumulative or percentage change from baseline but will also be reported year-to-year.

Numerator: LGAs: PE expended per capita in TZS for the current fiscal year. Service providers: PE expended per capita in TZS for the current fiscal year.	**Denominator**: LGAs: PE expended per capita in TZS for the baseline fiscal year. Service providers: PE expended per capita in TZS for the baseline fiscal year. Note: year-to-year change also be calculated.

Unit of Measure: percentage	**Disaggregated** LGA, sector, service provider

Rationale: Programmatic rationale is consistency with the basic PS3 premise that improving service delivery requires sufficient human and financial resources at the service delivery level, and systems strengthening and efficiency gains are required to reallocate or shift resources to realize this premise or achieve this aim. Indicator rationale is a direct measure of changes in PE at LGA and service provider level reflecting investment in human resources or civil servants.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA: PO-RALG financial data and reports. Service providers: LGA Epicor accounting system or Lawson system with service provider codes plus service provider financial reports for PE-related funds flowing through service provider bank accounts	**Reporting Frequency**: Annually

Data Collectors: Finance Team will collect data

Method of Data Collection: LGA: collect LGA PE expenditure data from PO-RALG. Service providers: GOT/LGA systems assuming service provider codes exist in Epicor and possibly Lawson systems by PS3 Y3 or another methodology to collect service provider level data will have been developed.

Frequency of Data Collection: Annual

Plan for Data Storage: PS3 M&E indicator database. Archive relevant PE expenditure reports.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program managers and mentors sample PE expenditures in LGA Council Financial Reports (CFRs) to verify data accuracy and that LGA CFR and PO-RALG data reconcile.

Key Data Quality Limitations: data collection methodology as discussed throughout PIRS; GOT PE data from various sources may not reconcile.	**Actions Planned to Address those Limitations (if any)**: extensive and continuous support and coordination with GOT to strengthen systems enabling management and tracking of PE at service provider level.

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected.

Baseline Timeframe: LGA: Phase I LGAs in Y1 and Phase II LGAs in Y2. Service provider in Y3.	**Baseline Source**: LGA: PO-RALG financial data and reports. Service providers: LGA Epicor accounting system or Lawson system with service provider codes plus service provider financial reports for PE-related funds flowing through service provider bank accounts

Baseline Collection: Baseline data collection exercise.

CHANGES TO INDICATOR

Changes to Indicator: Adjusting methodology to account for issues in tracking PE and OC to service provider level per above. Also, potential revision focusing on specific public sectors if definition of service providers is not clear in some sectors. Reformulation of indicator per note in definitions above added March 4, 2017.

OTHER NOTES

Other Notes: A variety of other PS3 technical interventions and OR studies are intended to shed light on how to strengthen systems, manage, account for and track PE and OC expenditures at service provider level.

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

CDCS IR 3.2 Government Delivery of Services Improved
1.3.Percentage change in OC per capita expenditures in targeted LGAs and disaggregated by service provider

Is this indicator used for reporting? Yes	For Reporting Year(s): Y2-5 for LGA level; Y3-5 for service provider level (or disaggregated by service provider)

Individual(s) Responsible: Finance Team Lead

DESCRIPTION

Precise Definition(s):

This key indicator intended to measure PS3 impact is a composite indicator. It will use calculations of OC per capita to determine percentage change in OC for both LGAs and the service providers within those LGAs. The reason it's a composite indicator is that the data collection requirements for LGAs and disaggregated service providers are substantially different such that reporting years are Y2-5 for LGA level and Y3-5 for service provider/facility level.

Since service providers are currently not visible in GOT systems, the systems cannot track PE to service provider level and data is either very costly to collect or not available at all. In addition, whether data is available and verifiable on catchment population assigned to each service provider also remains an open question. PS3 strategy is to support GOT to both make service providers visible in systems (e.g. PlanRep redesign, service provider codes in Epicor, extend Lawson staff allocation system to service provider level) and strengthen systems resulting in increased allocation of human and financial resources to service providers especially in underserved areas. Therefore, PS3 has separated the LGA level and service provider level indicator reporting years and assumed that by Y3 data at service provider level will either be available in GOT/LGA systems or another methodology to collect it will have been developed. Or that the relatively high cost of having to collect data at service provider level will pay dividends in the ability of PS3 to "measure what matters."

Other charges: total funding for other charges flowing through either LGA or service provider bank accounts in all sectors. Per capita is defined as the entire population of LGAs and the catchment area or assigned population to service providers. The indicator is intended to be cumulative or percentage change from baseline but will also be reported year-to-year.

Numerator: LGAs: OC expended per capita in TZS for the current fiscal year. Service providers: OC expended per capita in TZS for the current fiscal year.	Denominator: LGAs: OC expended per capita in TZS for the baseline fiscal year. Service providers: PE expended per capita in TZS for the baseline fiscal year. Note: year-to-year change will also be calculated.
Unit of Measure: percentage	Disaggregated LGA, sector, service provider

Rationale: Programmatic rationale is consistency with the basic PS3 premise that improving service delivery requires sufficient human and financial resources at the service delivery level, and systems strengthening and efficiency gains are required to reallocate or shift resources to realize this premise or achieve this aim. Indicator rationale is a direct measure of changes in OC at LGA and service provider level reflecting investment in priority service outputs.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA: PO-RALG financial data and reports. Service providers: LGA Epicor accounting	Reporting Frequency: Annually

system with service provider codes plus service provider financial reports for OC-related funds flowing through service provider bank accounts	

Data Collectors: Finance Team will collect data.

Method of Data Collection: LGA: collect LGA OC expenditure data from PO-RALG. Service providers: GOT/LGA systems assuming service provider codes exist in Epicor by PS3 Y3 or another methodology to collect service provider level data will have been developed.

Frequency of Data Collection: Annual

Plan for Data Storage: PS3 M&E indicator database. Archive relevant OC expenditure reports.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program managers and mentors sample OC expenditures in LGA Council Financial Reports (CFRs) to verify data accuracy and that LGA CFR and PO-RALG data reconcile.

Key Data Quality Limitations: data collection methodology as discussed throughout PIRS; GOT OC data from various sources does not reconcile.	**Actions Planned to Address those Limitations (if any**): extensive and continuous support and coordination with GOT to strengthen systems enabling management and tracking of OC at service provider level.

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected.

Baseline Timeframe: LGA: Phase I LGAs in Y1 and Phase II LGAs in Y2. Service provider in Y3.	**Baseline Source**: LGA: PO-RALG financial data and reports. Service providers: LGA Epicor accounting system with service provider codes plus service provider financial reports for OC-related funds flowing through service provider bank accounts

Baseline Collection: Baseline data collection exercise.

CHANGES TO INDICATOR

Changes to Indicator: Adjusting methodology to account for issues in tracking PE and OC to service provider/facility level as discussed above. Also, potential revision to focus on specific public sectors if definition of service providers is not clear in some sectors.

OTHER NOTES

Other Notes: A variety of other PS3 technical interventions and OR studies are intended to shed light on how to strengthen systems, manage, account for and track PE and OC expenditures at service provider level.

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

2.1 Public services more responsive to needs of citizens
2.1.1 Percentage of targeted LGAs that incorporate feedback from citizens

Is this indicator used for reporting? Yes	**For Reporting Year(s)**: Y1-5
Individual(s) Responsible: Governance Team Lead	

DESCRIPTION

Precise Definition(s): Incorporating feedback from citizens is defined as LGAs that state 1) what the citizen is feedback is; and 2) how it is incorporated into annual plans, for example, an in-text reference to citizen feedback including O&OD (opportunities and obstacles to development) or an attachment or documentation in redesigned PlanRep.

Numerator: Number of targeted LGAs that incorporate feedback from citizens	**Denominator:** 93 (all PS3 LGAs)
Unit of Measure: Percentage	**Disaggregated by:** None

Rationale: Programmatic rationale is contributing to PS3 citizen engagement cycle whereby LGAs share information to better inform citizens; citizens provide input to LGAs including complaints or suggestions; and this input is fed into LGA planning to increase responsiveness to citizens.   of All LGAs should use citizen feedback to improve their planning and management processes. Indicator rationale is measuring one aspect of this cycle and directly measuring the number of LGAs that document citizen feedback with the assumption that if LGAs strengthen systems to document citizen feedback, this information will be used in planning and management. It is a USAID PMP indicator.

PLAN FOR DATA COLLECTION BY PS3

Data Source: Annual Plan, Medium-term expenditure framework (MTEF)	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: Mentors with support from LGA focal persons will review annual plans for specific reference to citizen feedback. If text in the plan meets the criteria, the LGA will be counted. Beginning in Year 3, it is expected that this information can be obtained directly from redesigned PlanRep
Frequency of Data Collection: Annual as needs to link to annual plans
Plan for Data Storage: Data collectors will collect copies of the data sources which will be archived at the regional program offices or Dar office.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program managers will sample LGAs in the region to verify citizen feedback incorporated into LGA annual plans.

Key Data Quality Limitations: data collection errors, particularly interpretation errors	**Actions Planned to Address those Limitations (if any):** Data collectors orientation and reference materials. Other as needed.

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected	
Baseline Timeframe: Y1-Y2	**Baseline Source:** LGA level staff and documents

Baseline Collection: Phase I LGAs in Year 1 and Phase II LGAs in Year 2. In addition, baseline data collection will attempt to establish all the types of feedback systems that exist to support ongoing improvements.

CHANGES TO INDICATOR

Changes to Indicator: In addition to encompassing redesigned PlanRep as a data source, this indicator may in the future be expanded to include references to citizen feedback in the meeting minutes and budget documents.

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET	
2.1 Public services more responsive to needs of citizens **2.1.2 Percentage of citizens reporting that they believe citizen participation is effective in making government more responsive to citizen needs (USAID to collect)**	
Is this indicator used for reporting?	**For Reporting Year(s)**:
Individual(s) Responsible: USAID PS3 assumes the USAID PMP PIRS will be used for this indicator. PS3 will provide support as requested.	
DESCRIPTION	
Precise Definition(s):	
Numerator:	**Denominator:**
Unit of Measure:	**Disaggregated by:**
Rationale:	
PLAN FOR DATA COLLECTION BY PS3	
Data Source:	**Reporting Frequency:**
Data Collectors:	
Method of Data Collection:	
Frequency of Data Collection: Plan for Data Storage:	
DATA QUALITY ISSUES	
Data Quality Assessment Procedures:	
Key Data Quality Limitations:	**Actions Planned to Address those Limitations (if any):**
TARGETS AND BASELINE	
Baseline Measure:	
Baseline Timeframe:	**Baseline Source:**
Baseline Collection:	
CHANGES TO INDICATOR	
Changes to Indicator:	
OTHER NOTES	
Other Notes:	
THIS SHEET WAS LAST UPDATED ON: 24-Mar-17	

PERFORMANCE INDICATOR REFERENCE SHEET

2.2 HR managed more efficiently and effectively
> **2.2.1 Percentage of approved posts which are filled at the targeted LGA level, disaggregated by sector and cadre**

Is this indicator used for reporting? Yes	**For Reporting Year(s)**: Y1-5

Individual(s) Responsible: HR Team Lead

DESCRIPTION

Precise Definition(s):
Approved posts: posts that are funded by the LGA or national levels and are included in annual establishment reports.
Filled: number of filled posts at the end of each fiscal year (precise timeline will be determined in Y1-2)
Note: The initial USAID PMP specification was vacant post and we have changed it to filled post.

Numerator: Number of filled posts at the LGA	**Denominator:** Total number of approved posts
Unit of Measure: Percentage	**Disaggregated by:** LGA, sector and cadre

Rationale: Programmatic rationale is consistency with the basic PS3 premise that improving service delivery requires sufficient human and financial resources at the service delivery level and systems strengthening and efficiency gains are required to realize this premise or achieve this aim. Indicator rationale is a direct measure of the objective of filling all approved posts in PS3 LGAs to increase human resources for service delivery. It is a USAID PMP indicator.

PLAN FOR DATA COLLECTION BY PS3

Data Source: DICT**,** DHIS-2/HCMIS, Basic Education Statistics in Tanzania (BEST), BEMIS, and Lawson for the numerator; establishment reports, approved new vacancies for the fiscal year from POPSM for the denominator	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: Mentors with support from LGA focal persons will collect the denominator by collecting a copy of the establishment report as soon as it is published. The numerator of filled posts will be collected at the end of the fiscal year from LGA HR Department.
Frequency of Data Collection: Annual
Plan for Data Storage: PS3 M&E indicator database.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Random verification and validation of a sample of reported numbers by regional program managers and HR team.

Key Data Quality Limitations: Ongoing posting of staff; LGA system gaps and delays in documentation	**Actions Planned to Address those Limitations (if any):** Data collectors orientation and support to LGAs as needed. Also PS3 interventions intended to improve LGA HR systems.

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected.

Baseline Timeframe: Y1-2	**Baseline Source:** DICT/HCMIS, other LGA and HR systems, LGA HR department

Baseline Collection: Phase I LGAs in Year 1 and Phase II LGAs in Year 2.

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

2.2: HR managed more efficiently and effectively

2.2.2 Retention rates of recruited service provider staff

Is this indicator used for reporting? Yes	**For Reporting Year(s):** Y3-5
Individual(s) Responsible: HR Team Lead	

DESCRIPTION

Precise Definition(s): Number of newly recruited staff who have reported to service provider posts and stayed at their post for at least one year.
Newly recruited staff: measure based on fiscal year timeframe but could be problematic as HR deployment continuous and should take actual posting date into account.

Numerator: Number of newly recruited LGA staff that have stayed at their post for at least one year	**Denominator:** Total number of newly recruited LGA staff at beginning of fiscal year
Unit of Measure: Percentage	**Disaggregated by:** LGA

Rationale: Programmatic rationale is, retention of staff is an element of managing HR more efficiently and effectively that also contributes to improved service delivery. Indicator rationale is to specifically target those staff who reported to their assigned posts and stayed at least one year as being more likely to continue to stay at their post if GOT efforts are made to retain them.

PLAN FOR DATA COLLECTION BY PS3

Data Source: National level: BEST. LGA level: BEMIS; DHRO, (numerator); HCIMS, Lawson, facility level; Establishment Reports (denominator). Yearly Health Profiles from the MOH; District Education Officer	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: HCMIS and BEST will be used to quickly identify health and education staff (respectively) with at least one year in their current position, establishment reports will be used to collect the denominator as soon as it is released. This data will be collected at LGA level through respective departmental heads and corroborated through HCIMS, BEMIS and BEST
Frequency of Data Collection: Semiannual. Mid-year, the denominator data will be collected. At the end of the fiscal year, HCMIS, BEMIS and BEST will be accessed to obtain the numerators.
Plan for Data Storage: PS 3 M&E indicator database and related achieving of documents.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: This indicator will require a data quality assessment of the HCMIS, BEST, BEMIS system against real staffing to estimate the accuracy of reported figures.

Key Data Quality Limitations: up-to-date information being entered into the data collection system by GOT; HR deployment is continuous so standardizing timeframe could be problematic; "ghost workers" may be a confounding factor.	**Actions Planned to Address those Limitations (if any):** orient PS3 staff including discussion of complexities and limitations; partner with GoT to improve data quality at the data collection level.

TARGETS AND BASELINE

Baseline Measurement: TBD until Phase II LGA baselines are collected.

Baseline Timeframe: Y1-2	**Baseline Source:** HCMIS, establishment reports, and other reports per above.

Baseline Collection: Phase I LGAs in Year 1 and Phase II LGAs in Year 2.

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

2.2: **HR managed more efficiently and effectively**   **2.2.3 Percentage of LGAs with nurse ratios ≥ 3/10,000 - PAF**

Is this indicator used for reporting? Yes	**For Reporting Year(s)**: Y1-5
Individual(s) Responsible: HR Team Lead	

DESCRIPTION

Precise Definition(s): Nurses to be counted includes an aggregate number of all category of nurses as defined by GOT (i.e., nursing officer, assistant nursing officer and nurse) employed at the LGA and as recorded in Lawson. This indicator will use the number of nurses per the population to calculate coverage within each district. It uses the GOT recommended coverage ratio. This is the projected population for each year from the National Bureau of Statistics.   The number of nurses will be collected and divided by the projected population for each LGA.

Numerator: Number of LGAs with a ratio of nurses to the population is ≥ 3/10,000	**Denominator:** 93
Unit of Measure: Percentage	**Disaggregated by:** LGA

Rationale: Programmatic rationale is that improving efficiency and effectiveness of HR management requires allocation of sufficient staff to LGA level and subsequently to service provider level. . Indicator rationale is directly track progress in regards to a specific, key cadre. It is a USAID PMP indicator.

PLAN FOR DATA COLLECTION BY PS3

Data Source: HCMIS, PLANREP for the numerator, Census data for the denominator	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: Mentors with support from LGA focal persons will collect this data using the databases available and the most current census information for the LGAs.
Frequency of Data Collection: Annual
Plan for Data Storage: PS3 M&E indicator database; reports from HCMIS will be run and stored as electronic files.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Random verification and validation of reported numbers through site visits at the facility level. DQA will also be assessed between reported data and the data sources.

Key Data Quality Limitations: Consistent updates of staff.	**Actions Planned to Address those Limitations (if any):** Data collectors orientation and support to LGAs as needed.

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected.	
Baseline Timeframe: Y1-2	**Baseline Source:** HCMIS and PLANREP
Baseline Collection: Phase I LGAs in Year 1 and Phase II LGAs in Year 2.	

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

2.2 HR managed more efficiently and effectively
2.2.4 Percentage of targeted districts with Pupils-Teachers ratio ≤ 45 in Primary Schools - PAF

Is this indicator used for reporting? Yes	**For Reporting Year(s)**: Y1-5
Individual(s) Responsible: HR Team Lead	

DESCRIPTION

Precise Definition(s): This indicator will use the number of teachers per the primary school enrollment to calculate coverage within each district. It uses the GOT recommended ratio ≤ 45.. Pupil teacher ratio will be calculated by taking total number of pupils enrolled in public primary school per year divided by the total number of primary school teachers in an LGA. The total number of pupils will feed into Service Provider denominator for indicators 1.2. and 1.3.

Numerator: Number of LGAs with Pupils-Teachers ratio ≤ 45 in Primary Schools	**Denominator:** 93
Unit of Measure: Percentage	**Disaggregation:** LGA

Rationale: Programmatic rationale is that improving efficiency and effectiveness of HR management requires allocation of sufficient staff to LGA level and subsequently to service provider level. Indicator rationale is directly track progress in regards to a specific, key cadre. It is a USAID PMP indicator.

PLAN FOR DATA COLLECTION BY PS3

Data Source: Lawson, PLANREP for the numerator, District Education officer/BEMIS/Basic Education Statistics Tanzania (BEST) for the denominator	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: Mentors with support from LGA focal persons will collect this data using the databases available and the most current school enrollment data.
Frequency of Data Collection: Annual
Plan for Data Storage: PS3 M&E indicator database. Reports from Lawson will be run and stored as electronic files.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Random verification and validation of reported numbers through site visits sampling the facility level. DQA will also be assessed between reported data and the data sources.

Key Data Quality Limitations: Consistent updates of staff.	**Actions Planned to Address those Limitations (if any):** Data collectors orientation and support to LGAs as needed.

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected.	
Baseline Timeframe: Phase I LGAs in Year 1 and Phase II LGAs in Year 2.	**Baseline Source:** BEMIS/BEST, HCMIS and PLANREP
Baseline Collection: Baseline data collection exercise	

CHANGES TO INDICATOR
Changes to Indicator:

OTHER NOTES
Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET
2.3 More efficient and effective financing and purchasing of public services **2.3.1 Percentage of expected RBF funds received by each facility in targeted LGAs,** **disaggregated by type of health facilities**

Is this indicator used for reporting? Yes	For Reporting Year(s): Y1-5
Individual(s) Responsible: Finance Team Lead	

DESCRIPTION

Precise Definition(s): This indicator compares RBF funds in TZS that are received by health facilities against what they could have been awarded if they performed at 100% on both quantitative and qualitative indicators. Types of health facilities include

- Village level: Dispensary
- Ward level: Health center
- District level: District/District designated hospitals
- Regional level: Regional hospitals
- Zonal level: Referral/Consultant hospitals
- National level: National and specialized hospitals

RBF program is implemented with indicator verification and payment on a quarterly basis. Data collection will include the total RBF funds that can be awarded for each facility and the amount actually awarded and subsequently received. The project is assuming, because it is donor money the money will be disbursed. If there are delays in data verification and payment in the RBF program, the data will be collected after payment is disbursed.

Numerator: RBF funds in TZS that are received by health facility	**Denominator:** maximum total RBF funds in TZS that the facility could receive
Unit of Measure: Percentage	**Disaggregated by:** LGA, Type of health facility

Rationale: Programmatic rationale is that more efficient and effective financing and purchasing of public services requires definition of service outputs, payment matching these service outputs, and sufficient provider autonomy to deliver the service outputs. RBF establishes and makes these requirements visible which also links directly to realigning public finance management (PFM) and introducing single national health insurance. In addition, the RBF payment contains financial incentives to improve service delivery and management. Indicator rationale is that it measures progress in service provider delivery of service outputs and quality improvement as they are directly related to the percentage of potential RBF funds awarded to LGA service providers

PLAN FOR DATA COLLECTION BY PS3

Data Source: DHIS RBF data for payment amount due; PO-RALG representing LGA service providers for verification actually paid	**Reporting Frequency:** Quarterly

Data Collectors: Finance team specifically RBF Advisor
Method of Data Collection: Access DHIS2 RBF data and MOH RBF reports to identify the RBF numerator and denominator for each health facility. These amounts will be exported electronically for the database.
Frequency of Data Collection: Quarterly. **Plan for Data Storage:** PS3 M&E indicator database.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: PS3 relies on the GOT and development partner quality assurance processes enabling approval and payment to providers. However, PS3 will confirm with PO-RALG that the approved amount was actually paid to the health facilities.

Key Data Quality Limitations: None anticipated except timing of payment given financial controls in the RBF program.	**Actions Planned to Address those Limitations (if any):** N/A

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected	
Baseline Timeframe: Y1 and then continuously as regions enter the RBF program	**Baseline Source:** RBF data in DHIS2; MOH RBF report; facility bank account
Baseline Collection: Baseline data collection will follow RBF program implementation.	

CHANGES TO INDICATOR
Changes to Indicator:

OTHER NOTES
Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

2.3 More efficient and effective financing and purchasing of public services
2.3.2 Percentage of approved budget transferred from national level to LGA level

Is this indicator used for reporting? Yes	For Reporting Year(s): Y1-5
Individual(s) Responsible: Finance Team Lead	

DESCRIPTION

Precise Definition(s):
Transferred: all actual funds transferred from national treasury/bank account to LGA treasury/bank account. Types of funds include PE,OC, basket funds, development grants, sector/department specific transfers and any other type of funds transferred from national to LGA level as indicated in the Council Financial Report (CFR).
Approved budget: final approved LGA budget as contained in the LGA CFR

Numerator: LGA 4th quarter CFR transfers actual amount received in TZS	**Denominator:** LGA CFR transfers amount in total approved budget
Unit of Measure: Percentage	**Disaggregated by:** Sector, Region, LGA

Rationale: Programmatic rationale is to increase the amount of money actually transferred from national government to LGAs to increase efficiency and effectiveness of purchasing of public services as most public services are provided at LGA level. Indicator rationale is funds actually disbursed rather than just budgeted is considered to be a better measure of efficient and effective financing and purchasing so this indicator was selected to directly measure increases in funds disbursed for public services and other LGA functions.

PLAN FOR DATA COLLECTION BY PS3

Data Source: Fourth Quarter CFR)	Reporting Frequency: Annual

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: Mentors with support from LGA focal persons will collect the data from the LGA CFR.
Frequency of Data Collection: Annual
Plan for Data Storage: PS3 M&E indicator database. Archiving of LGA CFRs.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Random verification and validation of a sample of reported numbers by regional program managers.

Key Data Quality Limitations: Correct reporting of transferred/received funds.	**Actions Planned to Address those Limitations (if any):** None as CFR is the official TZ financial report and reconciled within accounting system.

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected

Baseline Timeframe:: Phase I LGAs in Year 1 and Phase II LGAs in Year 2	**Baseline Source:** CFR

Baseline Collection: Baseline data collection exercise

CHANGES TO INDICATOR

Changes to Indicator: This revision includes changes recommended following Phase I LGA baseline data collection exercise which found conflicting or unreconciled financial information thus designate CFR as official source for this data..

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET
2.3 More efficient and effective financing and purchasing of public services
2.3.3 Percentage of public OC funds disbursed from central or LGAs to service providers in targeted LGAs

Is this indicator used for reporting? Yes	**For Reporting Year(s)** Y3-5
Individual(s) Responsible: Finance Team Lead	

DESCRIPTION

Precise Definition(s): Any source of public funds disbursed from central or LGAs directly to service provider bank accounts. Service providers is defined as those in health and education sector.	
Numerator: Total amount of OC funds disbursed directly to bank accounts of all health and education service providers/facilities in project LGAs	**Denominator:** Total amount of OC funds disbursed in the health and education sectors
Unit of Measure: Percentage	**Disaggregated by:** LGA, health and education sectors, service provider
Rationale: Programmatic rationale is that better matching payment to priority services at service provider level will increase funding, equity and efficiency of public financing and purchasing of public services. Indicator rationale is it is a direct measure of the amount of OC funds made available to the service providers/facilities in the health and education sectors.	

PLAN FOR DATA COLLECTION BY PS3

Data Source: National purchaser (MOF, MOH, NHIF) or service providers for funding disbursed from national level directly to service provider bank accounts; LGA for funds disbursed from LGA directly to service provider bank accounts.	**Reporting Frequency:** Annually
Data Collectors: Finance team and mentors in coordination with national, regional and LGA focal persons **Method of Data Collection:** Data will be collected from the accounting and financial management systems of national and LGA partners or purchasers disbursing payment directly to service provider bank accounts. **Frequency of Data Collection:** Annual **Plan for Data Storage:** PS3 M&E indicator database. Archive any relevant financial reports.	

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Difficult to add data quality assessment procedures as data will be coming from official GOT financial data sources (unlikely PS3 will be allowed to verify this data).	
Key Data Quality Limitations: There are significant potential data quality limitations if data can not be accessed from national purchasers and LGAs meaning that it would need to be collected from service providers themselves for their bank accounts which would be an enormous data collection task.	**Actions Planned to Address those Limitations (if any):** As Since PS3 will support improvements in many GOT program payment systems expected to disburse directly to facility bank accounts (e.g HBF, CHF, NHIF, SNHI, education capitation grant), PS3 expects to be able to access the purchaser data. If not, the indicator will need to be reconsidered or other data collection methods used (e.g. service provider codes in Epicor, consolidated LGA financial reporting including both LGA and service provider bank accounts)

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected.	
Baseline Timeframe: Y3	**Baseline Source:** National purchasers and LGAs
Baseline Collection: Baseline data collection exercise.	

CHANGES TO INDICATOR

Changes to Indicator: Per above, changes if data cannot be accessed from national purchasers and LGAs. Potentially adding service providers in other sectors besides health and education. Also, changes to indicator if service provider codes are added to Epicor such that all LGA OC funds expended for service provision can be accounted for and tracked.

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17
PERFORMANCE INDICATOR REFERENCE SHEET

3.1 Government communicates more effectively with citizens
    3.1.1 Percentage of women serving on local facility and school committees for targeted LGAs

Is this indicator used for reporting? Yes	**For Reporting Year(s):** Y2-5
Individual(s) Responsible: Governance Team Lead	

DESCRIPTION

Precise Definition(s):
Number of women serving on health facility and school committees and or boards and the total number of people serving on those committees and or boards is used to calculate the percentage of women on each committee/board in each health facility and each school.
Changes in terms of office/service will be incorporated or implicit in the indicator data collection.
Calculation for this indicator will include schools/health facilities which have not yet established committees/boards.

Numerator: Number of women on each health facility and school committee	**Denominator:** Total number of members on each committee
Unit of Measure: Percentage	**Disaggregated by:** LGA, sector, committee

Rationale: Programmatic rationale is increasing the number of women who serve on health, education, agriculture, water committees and/or boards will increase gender sensitivity in government communicating with citizens and women's ability to access priority services. Indicator rationale is selection as a direct measure of the number of women who serve on local facility and school committees and/or boards.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA Committee Coordinator or the District Medical Officer, District Education Officer, District Agriculture Office, District Water Officer	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: Data Collectors will work with the LGA Committee Coordinator or the District Medical Officer, District Education Officer to gather data on women on health facility and school committees and/or boards and total number of members on each committee and/or board.
Frequency of Data Collection: Annually
Plan for Data Storage: PS3 M&E indicator database. Archiving of any relevant documents.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program manager will sample health facility and school committees to verify women serving and total committee members

Key Data Quality Limitations: The routine data collected will be limited to the committee composition but will not be used to verify the extent of the participation by women on each committee. Errors in collecting data on committees whose tenure has expired.	**Actions Planned to Address those Limitations (if any):** Data collectors orientation, other methods as necessary.

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected.

Baseline Timeframe: Y2	**Baseline Source:** LGA Committee Coordinator or the District Medical Officer, District Education Officer

Baseline Collection: Baseline data collection exercise. The baseline will establish the full number of eligible committees for tracking through the life of the project.

CHANGES TO INDICATOR

Changes to Indicator: Possible data collection issues depending on whether facility and school committee data is available at LGA level. Possible expansion to other sector committees/boards in later years.

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET	
3.1 Government communicates more effectively with citizens	
3.1.2 Percentage of LGAs with a functioning complaint mechanism	
Is this indicator used for reporting? Yes	**For Reporting Year(s):** Y1-5
Individual(s) Responsible: Governance Team Lead	
DESCRIPTION	
Precise Definition(s): Number of LGAs with a complaint/suggestion box or a complaint desk in the last year that has recorded a complaint/suggestion in the last year. Functioning: the suggestion/compliant box being used as defined by the generation of at least one complaint in the last year. Complaint is defined as a complaint recorded in the complaint register as per GOT standards.	
Numerator: Number of LGAs with a functioning complaint mechanism	**Denominator:** 93
Unit of Measure: Percentage	**Disaggregated by:** none
Rationale: Programmatic rationale is contributing to PS3 citizen engagement cycle whereby LGAs share information to better inform citizens; citizens provide input to LGAs including complaints or suggestions; and this input is fed into LGA planning to increase responsiveness to citizens. Indicator rationale is directly measuring one aspect of this cycle specifically citizens provide input to LGAs including complaints or suggestions.,	
PLAN FOR DATA COLLECTION BY PS3	
Data Source: LGA Complaint Box and LGA Complaint Desk Register	**Reporting Frequency:** Annually
Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons **Method of Data Collection:** Mentors supported by LGA focal persons collect the data that is collected by LGA Complaint box and complaint desk registers **Frequency of Data Collection:** Annual **Plan for Data Storage**: PS3 M&E indicator database.	
DATA QUALITY ISSUES	
Data Quality Assessment Procedures: Regional program manager will sample LGA complaint registers to verify complaints	
Key Data Quality Limitations: none anticipated	**Actions Planned to Address those Limitations (if any):** N/A
TARGETS AND BASELINE	
Baseline Measure: TBD until Phase II LGA baselines are collected.	
Baseline Timeframe: Phase I LGAs in Y1 and Phase II LGAs in Y2.	**Baseline Source:** Complaint boxes and LGA complaint desk registers
Baseline Collection: Baseline data collection exercise	
CHANGES TO INDICATOR	
Changes to Indicator:	
OTHER NOTES	
Other Notes:	
THIS SHEET WAS LAST UPDATED ON: 24-Mar-17	

PERFORMANCE INDICATOR REFERENCE SHEET

3.2 Government communicates more effectively with private sector

3.2.1 Percentage of total public payments made through contracts with private providers

Is this indicator used for reporting Yes	**For Reporting Year(s):** Y2-5
Individual(s) Responsible: Governance Team Lead	

DESCRIPTION

Precise Definition(s):

Public payments: – funds raised through taxation flowing from GOT or LGA to any entity that provides public services:

Private providers: Non-government entities contracted and paid from public funds to provide services that are directly consumed by beneficiaries.

The amount paid through direct contracts between the LGA and private service providers is defined as all payments for a product or service output in a fiscal year of any type of expenditure (e.g. salaries, OC, capital) to private providers in any sector.

Numerator: Amount in TZS contracted and paid to private providers to produce products or deliver services in the last fiscal year	**Denominator:** Total LGA expenditures in TZS, paid in the last fiscal year
Unit of Measure: Percentage	**Disaggregated by:** sector; LGA

Rationale: Programmatic rationale is that public sector contracting with private sector should improve communication and trust between public and private sectors and enhance LGA's awareness of the possibilities of using private providers to meet the service delivery needs of the population. Increases in public sector contracting with private sector should also improve the nature and specification of public-private contracts, increase awareness of the potential to also contract with public providers, and enable increases in system efficiency and responsiveness.   Indicator rationale is that public payments to private providers directly measures the level of public-private contracting.

PLAN FOR DATA COLLECTION BY PS3

Data Source: Epicor (LGA accounting system) code 508c	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons

Method of Data Collection: Data Collectors will use reports generated from Epicor to extract this information.

Frequency of Data Collection: Annual

Plan for Data Storage: PS3 M&E indicator database. Archive relevant documents**.**

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program manager will sample LGA Epicor to verify level of public-private contracting.

Key Data Quality Limitations: Not all LGAs have EPICOR system and more some do not have information for previous years.	**Actions Planned to Address those Limitations (if any):** Training and other methods as needed. Report only LGAs with Epicor accounting system.

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected

Baseline Timeframe: Y2	**Baseline Source:** Epicor code 508c
Baseline Collection: Baseline data collection exercise	

CHANGES TO INDICATOR

Changes to Indicator: If sector specific public sector contracting with private sector is available, PS3 will disaggregate by sector.

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PS3 PERFORMANCE INDICATOR REFERENCE SHEET

3.2 Government communicates more effectively with private sector
    3.2.2 # of events containing active public and private sector dialogue on ASDP-2 implementation

Is this indicator used for reporting? Yes	**For Reporting Year(s)**: Y2-5
Individual(s) Responsible:	

DESCRIPTION

Precise Definition(s):
ASDP2: Government of Tanzania Agriculture Sector Development Program 2.
Events: Any kind of forum that is convened and includes the collaboration of USAID Africa Lead, ASPIRES, ENGINE and PS3 projects to discuss any aspect of ASDP2 and includes both public and private sector participants. Events can occur at any level of government including national, zonal, region, LGA (including both council and executive), ward, village. At lower local government levels, events will be organized through LGA committees (e.g. Ward Development Committee, Village Committee, Village Assembly).
Active: "Active" is defined as including public and private dialogue on the event agenda.
Public sector: any entity or function that is allocated public funding
Private sector: Registered or non-registered private entities or individuals who do not directly receive public funding through ASDP2
Public and private sector dialogue: any type of discussion related to any aspect of the relationship between the public and private sectors in ASDP2

Numerator: N/A	**Denominator**: N/A
Unit of Measure: Number	**Disaggregated by**: Number of public and private participants

Rationale: Programmatic rationale is this agriculture sector and public-private sector dialogue focus as well as a linkage to strengthen committee functioning contributes to both strengthening systems in agriculture sector and government communicating more effectively with private sector. Indicator rationale is collaboration between four USAID projects is the main mechanism to achieve program results in this area with number of events being a direct measure of this collaboration.

PLAN FOR DATA COLLECTION BY PS3

Data Source: Organizer of event	**Reporting Frequency**: Semi-annually

Method of Data Collection: PS3 collects event agendas and participant lists disaggregated by public and private participants
Frequency of Data Collection: Semi-annually. **Plan for Data Storage**: Event agendas stored on PS3 internal management database/website and participants in training database.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Agenda will exist on paper so can be verified. Participant list will be verified by a PS3 representative at the event.

Key Data Quality Limitations: None.	**Actions Planned to Address those Limitations (if any):** N/A

TARGETS AND BASELINE

Baseline Measure: 0 The baseline is zero and baseline data collection is not needed because no events have taken place that include the collaboration of USAID Africa Lead, ASPIRES, ENGINE and PS3 projects.

Baseline Timeframe: N/A	**Baseline Source**: N/A
Baseline Collection: N/A	

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 19-Mar-17

PS3 PERFORMANCE INDICATOR REFERENCE SHEET

3.3 Management improved at LGA level better linking system functions to support service delivery improvements
3.3.1 a. PlanRep redesign completed including service outputs and service provider codes

Is this indicator used for reporting? Yes	**For Reporting Year(s)**: Y3

Individual(s) Responsible: IS Team Lead

DESCRIPTION

Precise Definition(s):

"Completed" is defined as:

- New IT platform web-based and standard across sectors is developed.
- Contains in its design structure service provider codes and service outputs
- It is approved by PO-RALG including guidelines for implementation

Service outputs: A service output takes inputs and uses management processes to combine or assemble them to deliver a service that can be used or consumed by beneficiaries

Service providers: An entity that produces a service output

Numerator: N/A	**Denominator**: N/A
Unit of Measure: Completed or not completed by PO-RALG.	**Disaggregated by**: N/A

Rationale: Programmatic rationale is two fold: 1) to increase efficiency and improve management by development and implementation of a standard web-based redesigned PlanRep enabling better planning and budgeting; and 2) include service provider codes and service outputs in redesigned PlanRep making service providers more visible and allowing better matching of staff and payment to service providers. Indicator rationale is direct measurement of completion of PlanRep redesign.

PLAN FOR DATA COLLECTION BY PS3

Data Source: PO-RALG	**Reporting Frequency**: Annually until "completed"

Method of Data Collection: PS3 verify with PO-RALG that they have completed PlanRep redesign

Frequency of Data Collection: Annual until "completed"   **Plan for Data Storage**: PS3 M&E indicator database

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Get a copy of the guideline or the official system.   .

Key Data Quality Limitations: N/A	**Actions Planned to Address those Limitations (if any):** N/A

TARGETS AND BASELINE

Baseline Measure: 0   The baseline is zero and baseline data collection is not needed because POA has not yet been introduced for submission, allocation, distribution or redistribution.

Baseline Timeframe: N/A	**Baseline Source**: N/A

Baseline Collection: N/A

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: December 21, 2016

PS3 PERFORMANCE INDICATOR REFERENCE SHEET

3.3 Management improved at LGA level better linking system functions to support service delivery improvements

3.3.1.b Percentage of targeted LGAs using redesigned PlanRep including service outputs and service provider codes

Is this indicator used for reporting? Yes	**For Reporting Year(s)**: Y3

Individual(s) Responsible: IS Team Lead

DESCRIPTION

Precise Definition(s):

 "Using " is defined as:

- The redesigned PlanRep is installed on all LGA information systems
- LGA receives training, mentoring or other capacity building on the PlanRep operations manual
- LGA produces a yearly plan and related budget from the redesigned PlanRep

Service outputs: A service output takes inputs and uses management processes to combine or assemble them to deliver a service that can be used or consumed by beneficiaries

Service providers: An entity that produces a service output

Numerator: Number of LGAs meeting 3 (three) criteria of using	**Denominator**: 93
Unit of Measure: Completed or not completed by PO-RALG.	**Disaggregated by**: N/A

Rationale: Programmatic rationale is twofold: 1) to increase efficiency and improve management by development and implementation of a standard web-based redesigned PlanRep enabling better planning and budgeting; and 2) include service provider codes and service outputs in redesigned PlanRep making service providers more visible and allowing better matching of staff and payment to service providers. Indicator rationale is direct measurement of completion of PlanRep redesign.

PLAN FOR DATA COLLECTION BY PS3

Data Source: PO-RALG	**Reporting Frequency**: Annually until "completed"

Method of Data Collection: PS3 verify with PO-RALG that they have completed PlanRep redesign

Frequency of Data Collection: Annual until "completed"   **Plan for Data Storage**: PS3 M&E indicator database

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Get a copy of the guideline or the official system.   .

Key Data Quality Limitations: N/A	**Actions Planned to Address those Limitations (if any):** N/A

TARGETS AND BASELINE

Baseline Measure: 0.0   The baseline is zero and baseline data collection is not needed because POA has not yet been introduced for submission, allocation, distribution or redistribution.

Baseline Timeframe: N/A	**Baseline Source**: N/A

Baseline Collection: N/A

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24 March 2017

PERFORMANCE INDICATOR REFERENCE SHEET

3.3 Management improved at LGA level better linking system functions to support service delivery improvements
3.3.2 Percentage of service providers in targeted LGAs with codes in EPICOR

Is this indicator used for reporting? Yes	**For Reporting Year(s)** Y1-5

Individual(s) Responsible: Finance Team Lead

DESCRIPTION

Precise Definition(s):

Percentage of public service providers that have codes in LGA Epicor accounting system. Codes is defined as standard reference numbers for each service provider allowing them to have budgets allocated and expenses charged directly to them in Epicor. Indicator includes service provider codes in health and education sector. In addition, it will require identifying all of the public health and education service providers (the denominator) to calculate the percentage that have codes in Epicor.

Numerator: Number of health and education service providers that have codes in LGA Epicor	**Denominator:** Total number of health and education service providers/facilities in the 93 PS3 Phase I and Phase II LGAs
Unit of Measure: Percentage	**Disaggregated by:** LGA, sector (health and education), service provider

Rationale: Programmatic rationale is service provider codes in Epicor can improve management by contributing to better budgeting, accounting, financial management, financial reporting, internal controls, and internal and external audit. Currently expenditures made for service providers are all booked at LGA level which is less than optimal transparency and accountability as service provider budgets and expenditures are not visible in the system. In addition, the link between service outputs and service provider codes in both PlanRep and Epicor will enable the shift to output-based provider payment. Indicator rationale is direct measurement of whether service provider codes are added to Epicor to improve management. .Indicator rationale is that it is a direct measure of the number of service providers with codes in Epicor and therefore better accounting and financial reporting for service delivery expenditures.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA Epicor	**Reporting Frequency:** Annually

Data Collectors: Finance team collects Epicor system specification and service provider code data from PO-RALG. Mentors and other PS3 staff coordinating with LGA focal persons for LGA level data collection.

Method of Data Collection: Numerator: produce reports from Epicor showing health and education service provider codes in 93 PS3 LGAs.

Denominator: mentors with support from LGA focal persons will collect the total number of health and education service providers in each LGA during the baseline data collection exercise. The denominator will be collected by looking at the financial records or registration of service providers in the District Treasury Office and other relevant offices (District Education Officer, District Medical Officer) within LGA to identify the public health and education service providers.

Frequency of Data Collection: Annual

Plan for Data Storage: PS3 M&E indicator database. Archiving of Epicor reports.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Focus on denominator to ensure that LGA records are updated if service provider begin or end operation (a relatively rare occurrence). Epicor is the reference for numerator of service provider codes in Epicor so data quality procedures. .

Key Data Quality Limitations: None anticipated.	**Actions Planned to Address those Limitations (if**

any): N/A

TARGETS AND BASELINE

Baseline Measure: 0   The baseline is zero and baseline data collection is not needed because service provider codes have not yet been included in Epicor

Baseline Timeframe: N/A	**Baseline Source:** N/A

Baseline Collection: N/A

CHANGES TO INDICATOR

Changes to Indicator: Possibly add other public sector service provider codes or codes for private providers contracted with public funding to produce products or deliver services

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

3.3 Management improved at LGA level better linking system functions to support service delivery improvements
3.3.3.a Percentage of targeted LGAs who submitted a permit allocation request based on prioritization optimization analysis (POA)

Is this indicator used for reporting? Yes	**For Reporting Year(s)** Y3-5

Individual(s) Responsible: HR Team Lead

DESCRIPTION

Precise Definition(s):

Permit allocation request: LGAs submit a request for staff permit allocation to POPSM on a yearly basis.

POA: refers to a methodology for prioritizing staff allocation, distribution, or redistribution based on facility need. Need is determined on a sector-specific basis. In the health sector need is defined by facilty workload and determination of facility workload is based on Workload Staffing Indictors of Need (WISN) tool used by MOH. POA methodology was developed by Touch Foundation. PS3 and Touch are collaborating to support GOT to introduce and institutionalize POA and this may involve improvement in the methodology.

Numerator: Number of LGAs who submitted a permit allocation request based on POA	**Denominator:** 93
Unit of Measure: Percentage	**Disaggregated by:** LGAs

Rationale: Programmatic rationale is that better matching staffing to priority services at service provider level will increase equity and efficiency, and improve management and service delivery. It is a 3-part indicator measuring LGA submission of staff permit allocation requests, POPSM allocating staff permits, and LGAs distributing or redistributing staff according to POA. Indicator rationale is that better staff requests, allocation, distribution and redistribution is a key intervention directly measuring improvements in allocation of staff to service provider level.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA HR Department	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons

Method of Data Collection: Mentors with support from LGA focal persons collect a copy of permit allocation request based on POA.

Frequency of Data Collection: Annual

Plan for Data Storage: PS3 M&E indicator database

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program manager will sample LGAs in the region to verify submission of permit allocation requests based on POA.   .   .

Key Data Quality Limitations: None anticipated	**Actions Planned to Address Limitations (if any):** N/A

TARGETS AND BASELINE

Baseline Measure: 0   The baseline is zero and baseline data collection is not needed because POA has not yet been introduced for submission, allocation, distribution or redistribution.

Baseline Timeframe: N/A	**Baseline Source**: N/A

Baseline Collection: N/A

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes: Enhance "Precise Definitions" if mechanism to determine is defined in other sectors.

THIS SHEET WAS LAST UPDATED ON: 19-Mar-17

PS3 PERFORMANCE INDICATOR REFERENCE SHEET

3.3 Management improved at LGA level better linking system functions to support service delivery improvements

3.3.3.b POPSM introduces a prioritization methodology as the basis for allocation of staff permits to the LGA level

Is this indicator used for reporting? Yes	**For Reporting Year(s)**: Y3-5
Individual(s) Responsible: HR Team Lead	

DESCRIPTION

Precise Definition(s):

"Introduces" definition:
- POPSM issues guidelines stating that LGAs should submit staff allocation requests based on a prioritization methodology including POA
- And/or POPSM incorporates POA methodology into official GOT systems.

Staff permit allocation: Civil servants are allocated based on an approved staff permit from POPSM.

POA: refers to a methodology for prioritizing staff allocation, distribution, or redistribution based on facility need. Need is determined on a sector-specific basis. In the health sector need is defined by facility workload and determination of facility workload is based on Workload Staffing Indictors of Need (WISN) tool used by MOH. POA methodology was developed by Touch Foundation. PS3 and Touch are collaborating to support GOT to introduce and institutionalize POA and this may involve improvement in the methodology.

Numerator: N/A	**Denominator**: N/A
Unit of Measure: Introduced or not introduced by POPSM.	**Disaggregated by**: N/A

Rationale: Programmatic rationale is that better matching staffing to priority services at service provider level will increase equity and efficiency, and improve management and service delivery. It is a 3-part indicator measuring LGA submission of staff permit allocation requests, POPSM allocating staff permits, and LGAs distributing or redistributing staff according to POA. Indicator rationale is that better staff requests, allocation, distribution and redistribution is a key intervention directly measuring improvements in allocation of staff to service provider level.

PLAN FOR DATA COLLECTION BY PS3

Data Source: POPSM	**Reporting Frequency**: Annually until "introduce"

Method of Data Collection: PS3 verify with POPSM that they have introduced POA
Frequency of Data Collection: Annual until "introduce"   **Plan for Data Storage**: PS3 M&E indicator database

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Get a copy of the guideline or the official system.   .

Key Data Quality Limitations: N/A	**Actions Planned to Address those Limitations (if any):** N/A

TARGETS AND BASELINE

Baseline Measure: 0   The baseline is zero and baseline data collection is not needed because POA has not yet been introduced for submission, allocation, distribution or redistribution.

Baseline Timeframe: N/A	**Baseline Source**: N/A
Baseline Collection: N/A	

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: December 21, 2016

PS3 PERFORMANCE INDICATOR REFERENCE SHEET

3.3 Management improved at LGA level better linking system functions to support service delivery improvements

      3.3.3.c Percentage of targeted LGAs who have distributed or redistributed staff based on POA

Is this indicator used for reporting? Yes.	**For Reporting Year(s)**: Y2-5
Individual(s) Responsible: HR Team Lead	

DESCRIPTION

Precise Definition(s):

Distributed or redistribution: Distribution is LGA placement at service provider level of newly allocated staff. Redistribution is LGA movement of existing staff across service providers.

POA: refers to a methodology for prioritizing staff allocation, distribution, or redistribution based on facility need. Need is determined on a sector-specific basis. In the health sector need is defined by facilty workload and determination of facility workload is based on Workload Staffing Indictors of Need (WISN) tool used by MOH. POA methodology was developed by Touch Foundation. PS3 and Touch are collaborating to support GOT to introduce and institutionalize POA and this may involve improvement in the methodology.

Numerator: Number of LGAs who submitted a permit allocation request based on POA	**Denominator**: 93
Unit of Measure: Percentage	**Disaggregated by**: LGAs, distributed, redistributed

Rationale: Programmatic rationale is that better matching staffing to priority services at service provider level will increase equity and efficiency, and improve management and service delivery. It is a 3-part indicator measuring LGA submission of staff permit allocation requests, POPSM allocating staff permits, and LGAs distributing or redistributing staff according to POA. Indicator rationale is that better staff requests, allocation, distribution and redistribution is a key intervention directly measuring improvements in allocation of staff to service provider level.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA HR Department	**Reporting Frequency**: Annually

Method of Data Collection: Mentors with support from LGA focal persons collect information verifying the actual distribution or redistribution of staff based on POA.

Frequency of Data Collection: Annual   **Plan for Data Storage**: PS3 M&E indicator database

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program managers will sample LGAs in the region to verify actual distribution or redistribution of staff based on POA.

Key Data Quality Limitations: None anticipated.	**Actions Planned to Address those Limitations (if any):** N/A

TARGETS AND BASELINE

Baseline Measure: 0.0   The baseline is zero and baseline data collection is not needed because POA has not yet been introduced for submission, allocation, distribution or redistribution.

Baseline Timeframe: N/A	**Baseline Source**: N/A
Baseline Collection: N/A	

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes: Enhance "Precise Definitions" if mechanism to determine is defined in other sectors.

THIS SHEET WAS LAST UPDATED ON: December 21, 2016

PERFORMANCE INDICATOR REFERENCE SHEET

3.3 Management improved at LGA level better linking system functions to support service delivery improvements

3.3.4 Percentage of targeted LGAs with clean audit reports

Is this indicator used for reporting? Yes	**For Reporting Year(s):** Y1-5
Individual(s) Responsible: Governance/PFM Team Lead	

DESCRIPTION

Precise Definition(s):
A clean audit report is defined as receiving a designation of "unqualified" on the audit for the previous year. The full list of options include: ☐Qualified ☐Unqualified (it is okay) ☐ Adverse ☐ Disclaimer (the books that kept records were not available). Audit reports of previous financial year are released in subsequent year such that there is a time lag in reporting.

Numerator: Number of LGAs with an unqualified designation	**Denominator:** 93
Unit of Measure: Percentage	**Disaggregated by:** LGA

Rationale: Programmatic rationale is that receiving a clean audit report reflects better and more transparent financial management of public resources. This indicator was selected because it directly measures progress towards this goal.

PLAN FOR DATA COLLECTION BY PS3

Data Source: Audit reports	**Reporting Frequency:** Annually

Data Collection: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: Mentors with support from LGA focal persons will review the audit reports and note the audit designation in the data collection form.
Frequency of Data Collection: Annual, consistent with fiscal year
Plan for Data Storage: PS3 M&E indicator database. Archive of audit reports or summary GOT document showing LGA audit designations.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Minimal as audit reports are key GOT reports and there is no uncertainty related to audit designation**.**

Key Data Quality Limitations: None anticipated	**Actions Planned to Address those Limitations (if any):** N/A

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected.

Baseline Timeframe: Phase I LGAs in Y1 and Phase II LGAs in Year 2	**Baseline Source:** Audit Reports

Baseline Collection: Baseline data collection exercise.

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET
3.3 Management improved at LGA level better linking system functions to support service delivery improvements
3.3.5 Percentage of targeted LGAs submitting complete reports on time to a higher level

Is this indicator used for reporting? Yes	**For Reporting Year(s):** Y1-5
Individual(s) Responsible: IS Team Lead	

DESCRIPTION

Precise Definition(s):
"Report" refers specifically to mandatory reports that LGA need to submit to higher level. Higher level could be either regional or national level. These include: Quarterly Progress Report and Council Development Report; Monthly Revenue report and Monthly Expenditure Report; Council Budget (MTEF) and Council Financial Report.
Timeliness refers to reports submitted by end of the month, the end of the quarter and by the end of the fiscal year as required for each report. Complete refers to all required fields are filled.

Numerator: Number of LGAs submitting each report complete and on time.	**Denominator:** 93
Unit of Measure: Percentage	**Disaggregated by:** type of report

Rationale: Programmatic rationale is that improved information systems will enable production of complete and timely reports which will lead to efficiency gains, management improvements, and better use of higher quality data for evidence-based decision making at LGA, regional and national levels. Electronic versions of reports are expected to improve timeliness, completeness and general quality of evidence based decisions. Indicator rationale is submitting complete reports on time is an indirect measure of improved information systems, better quality information, and better use of data for decision-making.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA reports and information system including passive data collected from the LGA reporting IS	**Reporting Frequency:** Annually

Data Collectors: IS mentors in coordination with LGA focal persons and LGA Departments
Method of Data Collection: The IS team will develop a passive system to capture data. It will record when reports are submitted to check timeliness and also to ensure completeness for required fields. This data will be captured as a report rather than a dataset for ease of use.
Frequency of Data Collection: Annual
Plan for Data Storage: PS3 M&E indicator database. Archive information system reports**.**

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program managers will sample LGA reports submitted to verify passive data collection system.

Key Data Quality Limitations: This data is dependent upon the quality and consistency of the passive data collection system.	**Actions Planned to Address those Limitations (if any):** If issues arise with passive data collection system including not allowed by LGAs or not working, PS3 will verify the six required reports manually.

TARGETS AND BASELINE

Baseline Measure: TBD until Phase II LGA baselines are collected.

Baseline Timeframe: Phase I LGAs in Year 1 and Phase II LGAs in Year 2.	**Baseline Source:** LGA departments submitting required reports as passive information system not yet developed.

Baseline Collection: Baseline data collection exercise

CHANGES TO INDICATOR

Changes to Indicator: Revert to manual verification of submission of required reports complete and on time if unable to develop or implement passive information system.

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

4.1 Governance and Citizen Engagement Systems Strengthened
4.1.1 Percentage of targeted LGAs sharing information with citizens by uploading data/information onto LGA website

Is this indicator used for reporting? Yes	**For Reporting Year(s)** Y1-5

Individual(s) Responsible: Governance Team Lead

DESCRIPTION

Precise Definition(s):

Data/information is defined as at least the following four documents: full council meeting minutes, standing committee minutes, council budget, and strategic plans. These must be the current documents as of the date accessed.

LGA website is defined as the new standard template being developed by PO-RALG for use in all LGAs (PO-RALG responsible to host and maintain website and LGAs responsible to upload documents).

Numerator: Number of LGAs that uploaded required documents to the new PO-RALG-designed LGA website	**Denominator:** 93
Unit of Measure: Percentage	**Disaggregated by:** LGA; four uploaded documents

Rationale: Programmatic rationale is contributing to PS3 citizen engagement cycle whereby LGAs share information to better inform citizens; citizens provide input to LGAs including complaints or suggestions; and this input is fed into LGA planning to increase responsiveness to citizens. Indicator rationale is directly measuring one aspect of this cycle specifically sharing information to better inform citizens. It should be noted that LGA websites or online vehicles are not the only PS3 mechanisms for sharing information with citizens (e.g. community notification boards, local TV and radio, traditional means) but it was selected to measure sharing information to better inform citizens.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA ICT Department	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons

Method of Data Collection: Go online to LGA websites and verify that the documents are uploaded.

Frequency of Data Collection: Annual   **Plan for Data Storage:** PS3 M&E indicator database. Archive websites visited, dates accessed, and documents available on websites.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Minimal as LGA website either functioning and documents accessible on website or they are not.

Key Data Quality Limitations: Issues with LGA website IT platform. Documents may be outdated or illegible.	**Actions Planned to Address those Limitations (if any):** If LGA states that documents were uploaded and they are not visible and accessible, verify website functioning with LGA ICT department.

TARGETS AND BASELINE

Baseline Measure: 0   The baseline is zero and baseline data collection is not needed because the new, standard PO-RALG template for LGA websites has not yet been introduced.

Baseline Timeframe: N/A	**Baseline Source:** N/A

Baseline Collection: N/A

CHANGES TO INDICATOR
Changes to Indicator:
OTHER NOTES
Other Notes:
THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PS3 PERFORMANCE INDICATOR REFERENCE SHEET

4.1 Governance and Citizen Engagement Systems Strengthened
    4.1.2 Percentage increase in LGA committee benchmarking scores in targeted LGAs

Is this indicator used for reporting? Yes.	**For Reporting Year(s)**: Y3-5

Individual(s) Responsible: PS3 Governance Team Lead

DESCRIPTION

Precise Definition(s):

The indicator is a LGA level indicator calculated by aggregating benchmarking scores from each LGA committee.

LGA committee: LGA committees for which PS3 strengthening committee functioning interventions and benchmarking will be performed include: 1) three LGA level standing committees for rural and urban LGAs;and 2) Ward Development Committees.

Rural LGAs have the following committees: Finance, Administration and Planning, Education, Health and Water, Economic Affairs, Works and Environment.

Urban (DC) LGAs have the following committees: Finance and Administration, Economic, Health and Education, Urban Planning and Environment, Works and Communication.

Benchmarking scores: The benchmarking process will consist of a joint committee and PS3 exercise using a benchmarking tool. Score is defined as the total score achieved by committees across all sections of the benchmarking tool.

Targeted LGAs: PS3 Phase I LGAs

Numerator: Difference between the aggregated LGA current year benchmarking score and the aggregated LGA previous year benchmarking score	**Denominator**: LGA aggregated previous year benchmarking score
Unit of Measure: Benchmarking score	**Disaggregated by**: Committees

Rationale: Programmatic rationale is that benchmarking is considered to be a valid management process for use in interventions to strengthen committee functioning. This may be particularly true for committees including volunteers as it's hard to permanently institutionalize system improvements, and the level of committee functioning may be the primary motivation for volunteers to participate. Committee benchmarking is extended to the level of Ward Development Committees (WDC) to create a balance of programmatic impact vs. level of effort and investment given the large number of LGA committees. WDCs are in the middle of LGA committee structure such that improved committee function could extend up to LGA Councils and committees and down to other lower local government committees (LGA Councilors chair WDCs, are members of LGA Council, and are responsible for village and facility committees below the ward level). Indicator rationale is that the process surrounding benchmarking is the intervention and the actual benchmarking score is a direct measure of progress

PLAN FOR DATA COLLECTION BY PS3

Data Source: Results of committee and PS3 benchmarking exercise done jointly	**Reporting Frequency**: Annually

Method of Data Collection: Committee and PS3 benchmarking exercise done jointly

Frequency of Data Collection: Annual

Plan for Data Storage: PS3 M&E indicator database. Archive benchmarking tools and scores on PS3 internal management database/website.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: PS3 regional program managers will participate in a sample of benchmarking exercises to verify the process and the benchmarking scores.

Key Data Quality Limitations: Benchmarking	**Actions Planned to Address those Limitations**

exercises not conducted in a standard way by all mentors. Political events such as elections resulting in decrees to change committee operations, not meet for a period of time, etc.	**(if any):** Prospectively, the governance team will orient mentors to help ensure standard operation of the benchmarking exercise.

TARGETS AND BASELINE	
Baseline Measure: Absolute value of benchmarking scores	
Baseline Timeframe: Y2	**Baseline Source**: Benchmarking scores from Committee and PS3 joint exercise.
Baseline Collection: Committee and PS3 benchmarking exercise done jointly	

CHANGES TO INDICATOR
Changes to Indicator: Possible that benchmarking tool will evolve

OTHER NOTES
Other Notes: Selection of LGA committees for intervention and benchmarking also considered the number of wards in each LGA as that is the primary determinant of the number of committees. We concluded that PS3 resources are sufficient to cover WDCs but not village or facility committees, and it is possible this conclusion will change over time.
THIS SHEET WAS LAST UPDATED ON: 19-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET
4.1 Governance and Citizen Engagement Systems Strengthened
4.1.3 Percentage of targeted LGAs that strengthened the internal audit system

Is this indicator used for reporting? Yes	For Reporting Year(s): Y1-5
Individual(s) Responsible: Governance**/**PFM Team Lead	

DESCRIPTION

Precise Definition(s):
"That strengthened": is defined as implementation of any automated auditing software, for example Teammate

"Implementation" is defined as

- The precondition of a national level decision (e.g. circular) on which automated internal audit system GOT will implement is met
- Final development of the selected system is done
- The internal audit system PlanRep is installed on formal or official LGA financial systems
- LGA receives training or mentoring on the internal audit system
- LGA utilizes audit system

Numerator: Number of LGAs implementing an electronic internal audit software	**Denominator:** 93
Unit of Measure: Percentage	**Disaggregated by:** None

Rationale: Programmatic rationale is that strengthening internal audit and its corresponding internal controls will strengthen governance, transparency and accountability and reduce qualified audit opinions. Indicator rationale is the expectation that automated software will improve the quality and efficiency of internal audits.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA internal auditor or finance/Treasury department; IAG (Internal Auditor General)	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: Observe internal audit systems to determine if automated software is used.
Frequency of Data Collection: Annual
Plan for Data Storage: PS3 M&E indicator database. Archive any related internal audit documentation**.**

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Verify use of automated software with national MOF/IAG.	
Key Data Quality Limitations: None anticipated.	**Actions Planned to Address those Limitations (if any):** N/A

TARGETS AND BASELINE

Baseline Measure: 0 The baseline is zero and baseline data collection is not needed because automated internal audit systems have not yet been introduced.	
Baseline Timeframe: N/A	**Baseline Source:** N/A
Baseline Collection: N/A	

CHANGES TO INDICATOR
Changes to Indicator:

OTHER NOTES
Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

4.2 HR Systems Strengthened

    4.2.3 Percentage of newly reported staff receiving a job orientation using new orientation manual

Is this indicator used for reporting? Yes	For Reporting Year(s) Y1-5
Individual(s) Responsible: HR Team Lead	

DESCRIPTION

Precise Definition(s):

The new job orientation manual is a standard package on content and process for orientation of newly reported LGA staff expected to be approved by PO-RALG and possible also POPSM early in 2017. The content and process in the new orientation manual are improved and significantly more extensive than the previous job orientation system.

Newly reported staff are public civil servants reporting for employment for the first time in an LGA

Numerator: Number of newly reported staff oriented in the previous fiscal year	**Denominator:** Total number of newly reported staff in the previous fiscal year
Unit of Measure: Percentage	**Disaggregated by:** LGA; sector

Rationale: Programmatic rationale is to improve staff retention by ensuring that staff are welcomed, they understand their roles, and the information and resources available to them to manage both administrative processes and professional responsibilities are identified. Indicator rationale is that it's a direct measure of improved management processes and an indirect measure or contributor to increasing staff retention.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA HR Officer	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons

Method of Data Collection: Numerator: mentors supported by LGA focal persons will collect participant lists from LGA new staff orientations. Denominator: mentors supported by LGA focal persons will collect the total new staff reported from the LGA HR Officer. It is anticipated the mentors will participate or support orientation efforts

Frequency of Data Collection: Annual

Plan for Data Storage: PS3 M&E indicator database. Archive orientation participant lists and documentation of total new staff.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program manager will sample LGAs new staff orientation participant lists and total new staff reported documentation.

Key Data Quality Limitations: New staff reporting to duty is an ongoing process so extra care will be needed to match numerator of new staff receiving orientation and denominator of total new staff reporting	**Actions Planned to Address those Limitations (if any):** Data collectors orientation and dialogue with LGA HR Officer on developing accurate lists of new staff reporting each year.

TARGETS AND BASELINE

Baseline Measure: 0   The baseline is zero and baseline data collection is not needed because the new staff orientation manual is still being developed and not yet approved by PO-RALG and possibly POPSM.

Baseline Timeframe: N/A	**Baseline Source:** N/A
Baseline Collection: N/A	

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PS3 PERFORMANCE INDICATOR REFERENCE SHEET

4.2 HR Systems Strengthened
    4.2.1 Percentage of targeted LGAs that strengthened the records management system

Is this indicator used for reporting? Yes.	**For Reporting Year(s)**: Y2-5

Individual(s) Responsible: HR Team Lead

DESCRIPTION

Precise Definition(s):

Targeted LGAs: Phase I LGAs

Records management system: the system encompassing both automated and manual mechanisms that the government uses to file and track government records including personnel records.

"That Strengthened:" Interventions to strengthen records management system are defined as those PS3 supports GOT to develop and implement. To qualify as "strengthened," an improvement must be implemented and be one or more of those contained on the following list:

- Introduction at the LGA level of the GOT key word classification system to file records to improve the manual filing system and prepare it for automation.
- Entering individual public worker OPRAS files into the automated records tracking system
- Automation of government records in either a national records tracking system or in LGA web application system including management database with records classification

Numerator: Number of LGAs that strengthened their records management system	**Denominator**: 26 (Phase I LGAs)
Unit of Measure: Percentage	**Disaggregated by**: LGA

Rationale: Programmatic rationale is that strengthening records management including management of personal records such that records can be found and utilized as intended will improve general and HR management and increase efficiency. A national policy and system for key word classification exists and has been extended to the regional level. GOT planned next step is extending to LGA level. Following implementation of key word classification, records can be automated which will drive desired management improvements and efficiency gains. Indicator rationale is that it directly measures the defined strengthening of records management system.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA HR Department	**Reporting Frequency**: Annually

Method of Data Collection: Mentors with support from LGA focal persons collect information verifying the implementation of improvement on the strengthening list

Frequency of Data Collection: Annual   **Plan for Data Storage**: PS3 M&E indicator database

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program manager will sample LGAs in the region to verify presence of strengthened record system.

Key Data Quality Limitations: Determination of improvement implementation could be subjective.	**Actions Planned to Address those Limitations (if any):** Mentors oriented to be clear that meetings, dialogue and planning do not qualify and actual implementation must have started.

TARGETS AND BASELINE

Baseline Measure: 0   The baseline is zero and baseline data collection is not needed because GOT has not yet begun to extend key word classification and automation of records management to LGA level.

Baseline Timeframe: N/A	**Baseline Source**: N/A

Baseline Collection: N/A

CHANGES TO INDICATOR

Changes to Indicator: Possible the list defining "that strengthening" will evolve with change in GOT policy or plans.

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 19-Mar-17

PS3 PERFORMANCE INDICATOR REFERENCE SHEET

4.3 Finance Systems Strengthened   **4.3.1 Percentage of service providers paid using new or improved output-based provider payment systems**

Is this indicator used for reporting? Yes.	**For Reporting Year(s)**: Y2-5

Individual(s) Responsible:

DESCRIPTION

Precise Definition(s):

Service providers: An entity that produces a service output. While output-based payment is applicable to the entire public sector, this definition only applies to health and education service providers (all health facilities and primary and secondary schools) as not enough is known about the definition and nature of other public sector service providers or the best approach to improve payment to them.

"Using:" defined as a purchaser actually paying service providers payment amounts calculated by the output-based provider payment system

New or improved: new is a output-based payment system that has not been used in Tanzania. Improved is a significant improvement to an existing output-based payment system designed with the support of PS3 (e.g converting education capitation grant from fee schedule to formula-based payment system, incorporating adjustors such as additional payment for underserved service providers)

Output-based provider payment system: The purchaser directly pays a provider for delivering a service output to a client. A variety of purchasers are possible including MOH, NHIF, MOF, PO-RALG, LGAs.

      Purchaser is the entity that payment the service provider for the service outputs

      Service outputs: A service output takes inputs and uses management processes to combine or assemble them to deliver a service that can be used or consumed by beneficiaries

Numerator: # of health and education service providers being paid using new or improve output-based provider payment systems	**Denominator**: total number of health and education service providers
Unit of Measure: Percentage	**Disaggregated by**: sector, regions, LGAs, service providers

Rationale: Programmatic rationale is that all public sector finance and purchasing systems are strengthened when service provider products to be produced or service outputs to be delivered are clearly specified, public payment is better matched to priority products or service outputs, and service providers have some autonomy to allocate the best mix of inputs and manage the process of producing or delivering the output. And that financial incentives contained in output-based provider payment systems can drive efficiency gains, equity increases, and efficiency gains. Indicator rationale is a direct measure of the rate of introduction and prevalence of output-based provider payment systems.

PLAN FOR DATA COLLECTION BY PS3

Data Source: The purchaser for the sector program implementing output-based provider payment systems (e.g. NHIF, MOF)	**Reporting Frequency**: Annually

Method of Data Collection: PS3 obtain from the purchaser a list of service providers who are being paid under the new or improved output-based provider payment system

Frequency of Data Collection: Annual   **Plan for Data Storage**: PS3 M&E indicator database

DATA QUALITY ISSUES

Data Quality Assessment Procedures: PS3 Finance team observes purchaser's production of list of service providers being paid under new or improved output-based payment systems   .

Key Data Quality Limitations: None anticipated.	**Actions Planned to Address those Limitations (if any):** N/A

TARGETS AND BASELINE

Baseline Measure: 0.0 The baseline is zero and baseline data collection is not needed because new or improved output-based provider payment systems have not yet been introduced.	
Baseline Timeframe:	**Baseline Source**:
Baseline Collection:	

CHANGES TO INDICATOR
Changes to Indicator: If funds sources such as health basket funds are shifted to output-based payment to all health providers this means the indicator could approach 100% and therefore require refinement and deepening of indicator (e.g specifics of type of payment groups or adjustors, how service providers are allocating funds to produce outputs). Also, if output-based provider payment systems are extended to other sectors besides health and education, changes to the indicator would be required.

OTHER NOTES
Other Notes:

THIS SHEET WAS LAST UPDATED ON: 19-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

4.3 Finance Systems Strengthened

4.3.2 Percentage of LGA service providers oriented on use of new accounting and financial reporting system for expenditures made with funds flowing through facility bank accounts

Is this indicator used for reporting? Yes	For Reporting Year(s): Y1-5
Individual(s) Responsible: Finance Team Lead	

DESCRIPTION

Precise Definition(s):
Service providers: health and education sector service providers (health facilities and schools).
"oriented:" method of orientation defined as on-the-job training for service providers on use of new accounting and financial reporting system performed by LGA staff supported by PS3. Targeted for orientation are service provider staff responsible for preparing and submitting financial reports.
New accounting and financial reporting system: a new and simple service provider level accounting or ledger system that allows recording of revenues and expenditures and production of simple financial report. Expected to be manual to start although could convert to automated over time. The orientation and use of the new accounting and financial reporting system for service providers will commence once the accounting system or ledger and report template and reporting standards has been designed and developed by GOT with support from PS3.

Numerator: Number of targeted LGA health and education service providers oriented on use of new accounting and financial reporting system	Denominator: Total number of targeted LGA health and education service providers
Unit of Measure: Percentage	Disaggregated by: LGA; sector

Rationale: Programmatic rationale is that finance systems are strengthened when service providers have flexible money and autonomy to deliver service outputs through the use of a facility bank account and they are able to perform good financial management including accounting and financial reporting. Indicator rationale is that it measures progress towards increasing the number of service providers that can account for and produce financial reports on expenditures for funds flowing through their bank accounts. The assumption is service providers oriented on new accounting and financial reporting system will use the system to complete and submit a standard financial report to higher authority as well as use the same for evidence based decision making.,

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA Finance Department/Treasury and PS3 orientation participant lists; LGA reference lists or databases for total number of health and education service providers.	Reporting Frequency: Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: Mentors with support from LGA focal persons will collect LGA and PS3 orientation participant lists and total number of health and education service providers.
Frequency of Data Collection: Annually
Plan for Data Storage: A PS3 M&E indicator database. Archive orientation participant lists and documentation on total number of health and education providers.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program managers will review a sample of orientation participant lists.

Key Data Quality Limitations: Errors in orientation participant lists.	Actions Planned to Address those Limitations (if any): PS3 mentors and other staff supporting orientation are made aware of the importance of orientation participant lists and collect them at the time of the orientation.

TARGETS AND BASELINE

Baseline Measure: 0   The baseline is zero and baseline data collection is not needed because new

service provider accounting and financial reporting systems have not yet been developed.	
Baseline Timeframe: N/A	**Baseline Source:** N/A
Baseline Collection: N/A	

CHANGES TO INDICATOR
Changes to Indicator: Future changes may include addition of service providers in other public sectors; revision in definition of orientation depending on agreements with GOT and experience in implementation; or deepening of indicator to measure use of accounting and financial reporting system at service provider level including tracking of service providers completing and submitting financial reports using new system.

OTHER NOTES
Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

4.3 Finance Systems Strengthened
4.3.3 Percentage change in absolute level of LGA own source revenue (cumulative)

Is this indicator used for reporting? Yes	For Reporting Year(s) All
Individual(s) Responsible: Finance Team Lead	

DESCRIPTION

Precise Definition(s):
Absolute level: defined as the actual amount of LGA own source revenue (OSR) in TZS.
LGA OSR: as defined by relevant national and LGA laws and regulations.
Percentage change: indicator is cumulative or percentage change from baseline but will also report year-to-year.

Numerator: Absolute LGA OSR in TZS for reporting year.	Denominator: Absolute LGA OSR in TZS for baseline year.
Unit of Measure: Percentage	**Disaggregated by:** LGA

Rationale: Programmatic rationale is that increasing the amount of taxes and fees paid under current law and increasing the amount of net revenue available by reducing collection and administrative costs will increase the amount of funding available for service delivery without undermining economic growth or providing incentives to shift business from formal to informal sector. Absolute level of LGA OSR is measured because it is hoped that proportion of LGA OSR to total LGA revenue actually declines due to increased central government funding transfers. Indicator rationale is direct measurement of level of LGA OSR.

PLAN FOR DATA COLLECTION BY PS3

Data Source: 4th quarter of fiscal year LGA Council Financial Report (CFR) "own revenues" worksheet	Reporting Frequency: Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: Mentors with support from LGA focal persons will access the CFR from LGA Council or Finance Department/Treasury and extract the absolute amount in TZS from the "own revenues" worksheet.
Frequency of Data Collection: Annually
Plan for Data Storage: PS3 M&E indicator database. Archive CFRs in either electronic or paper format.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program managers will sample CFRs to verify OSR amounts are extracted correctly.

Key Data Quality Limitations: None anticipated although PS3 will verify that 4th quarter CFR contains total OSR for the fiscal year.	Actions Planned to Address those Limitations (if any): Adjust to any anomalies in CFRs across LGAs.

TARGETS AND BASELINE

Baseline Measure: TBD	
Baseline Timeframe: Phase I LGAs in Y1 and Phase II LGAs in Y2.	Baseline Source: CFR
Baseline Collection: Baseline data collection exercise.	

CHANGES TO INDICATOR

Changes to Indicator:

OTHER NOTES

Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET

4.4 IS Systems Strengthened

4.4.1 Percentage of LGAS with interoperable local government revenue collection information systems and Epicor

Is this indicator used for reporting? Yes	**For Reporting Year(s):** Y1-5
Individual(s) Responsible: IS Team Lead	

DESCRIPTION

Precise Definition(s):

"Interoperable:" is defined as at least two systems that can automatically exchange and share data (the data doesn't have to be manually transferred between systems). The LGRCIS and Epicor systems will be made interoperable through programming changes in the systems at national level. However, LGA will not be counted as having interoperable LGRCIS and Epicor systems until the systems with programming changes are actually implemented at LGA level.

Local government revenue collection information system (LGRCIS): PO-RALG is responsible for LGAs and has stated that LGRCIS will be used exclusively to collect all revenue at LGA level

Epicor: LGA accounting system

Numerator: Number of LGAs with interoperable LGRCIS and Epicor systems	**Denominator:** 93
Unit of Measure: Percentage	**Disaggregated by:** LGA

Rationale: Programmatic rationale is that it is very difficult to strengthen systems and improve management if LGA revenue and expenditures are in separate systems that do not talk to each other such that it is not easy for managers to compare revenue and expenditures and make adjustments in plans and management as necessary. Making LGRCIS and Epicor interoperable will improve the ability of LGAs to manage including increased transparency in accounting for revenue and expenditures and increased efficiency in allocating resources to priority expenditures. An automated and interoperable information system increases efficiency and improves financial management and the audit trail. Indicator rationale is direct measure of interoperability of LGRCIS and Epicor.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA ICT Department	**Reporting Frequency:** Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons

Method of Data Collection: Mentors with support from LGA focal persons will observe the interoperability of LGRCIS and Epicor or their ability to automatically exchange and share data, and collect a report documenting it.

Frequency of Data Collection: Annual

Plan for Data Storage: PS3 M&E indicator database. Archive report documenting interoperability.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program managers will review a sample of reports to verify documentation of system interoperability.

Key Data Quality Limitations: None anticipated.	**Actions Planned to Address those Limitations (if any):** N/A

TARGETS AND BASELINE

Baseline Measure: 0   The baseline is zero and baseline data collection is not needed because LGRCIS and Epicor have not yet been made interoperable.

Baseline Timeframe: N/A	**Baseline Source:** N/A
Baseline Collection: N/A	

CHANGES TO INDICATOR

Changes to Indicator: The indicator is not anticipated to change as it is expected that LGRCIS and Epicor will either be made interoperable or they will not.

OTHER NOTES

Other Notes: The aim is to make as many systems interoperable as possible. Strengthening LGRCIS and Epicor will enable LGAs to better manage their expenditures within their revenue envelope which is hard to do if the accounting system (Epicor) does not contain revenue information. It'll allow continuous improvement in budget and actual variance analyses, financial reporting, and management of expenditures. Secondly, it strongly contributes to better financial management, accountability and audit reports. Auditors do not like breaks in systems requiring manual entries, it creates potential for leakage and is always targeted in audits for good reason. Lastly, it'll enable quicker reporting of revenue and entry into the accounting system (Epicor) which should lead to quicker and more effective disbursement of funding for expenditures which is critical to service delivery improvement.

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PS3 PERFORMANCE INDICATOR REFERENCE SHEET

4.4 IS Systems Strengthened
    4.4.2 Percentage of targeted regions and LGAs that strengthened local area networks (LANs)

Is this indicator used for reporting? Yes.	**For Reporting Year(s)**: Y2-5

Individual(s) Responsible: IS Team Lead

DESCRIPTION

Precise Definition(s):

Targeted regions and LGAs: All 13 PS3 regions (regional administration offices); all 93 Phase I and Phase II LGAs for a total of 106 regions and LGAs

LANs: IT platform that establishes connectivity between computers and other electronic devices (e.g. printers) both within LGAs and between LGAs and national level

"That Strengthened:" Interventions to strengthen LANs are defined as those supported by PS3. To qualify as "strengthened," an improvement must be actually implemented and be one or more of those contained on the following list:

- Established or improved region or LGA LAN based on ICT assessment and investment plan with direct PS3 investment including equipment, installation, mentoring on use, and development of maintenance plans and budgets
- Established or improved region or LGA LAN based on ICT assessment and investment plan with GOT or other development partner investment in equipment and PS3 investment in installation, mentoring on use, and development of maintenance plans and budgets

Numerator: Number of regions and LGAs that strengthened their LANs	**Denominator**: 106 (93 LGAs + 13 regions)
Unit of Measure: Percentage	**Disaggregated by**: LGAs

Rationale: Programmatic rationale is that it's virtually impossible to substantially strengthen LGA information systems if the LGA does not have a functioning LAN. LANs are a pre-condition for all national systems that PS3 supports GOT to strengthen, and GOT pressures LGAs to implement. In addition, penetration of mobile apps, capacity of ICT departments and individuals, and desire of GOT to improve information systems all point to the potential for large efficiency gains and management improvements from information systems strengthening resulting in extending public services and contribution to economic growth. Indicator rationale is that it's a direct measure of establishing or improving LANs.

PLAN FOR DATA COLLECTION BY PS3	
Data Source: LGA ICT Department	**Reporting Frequency**: Annually

Method of Data Collection: Mentors with support from LGA focal persons collect information verifying the implementation of improvement on the strengthening list

Frequency of Data Collection: Annual   **Plan for Data Storage**: PS3 M&E indicator database

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program manager will sample LGAs in the region to verify presence of strengthened LAN.   .

Key Data Quality Limitations: Determination of improvement implementation could be subjective.	**Actions Planned to Address those Limitations (if any):** Mentors oriented to be clear that meetings, dialogue and planning do not qualify and actual implementation must have started.

TARGETS AND BASELINE

Baseline Measure: 0 The baseline is zero and baseline data collection is not needed because no PS3-supported improvements strengthening systems have been implemented.	
Baseline Timeframe: N/A	**Baseline Source**: N/A
Baseline Collection: N/A	
CHANGES TO INDICATOR	
Changes to Indicator: Possible that "strengthening" improvement list will evolve	
OTHER NOTES	
Other Notes:	
THIS SHEET WAS LAST UPDATED ON: 19-Mar-17	

PERFORMANCE INDICATOR REFERENCE SHEET

4.4 IS Systems Strengthened
4.4.3 Percentage of targeted LGAs that have up-to-date dashboard systems that present multisectoral data

Is this indicator used for reporting? Yes	For Reporting Year(s): Y1-5
Individual(s) Responsible: IS Team Lead	

DESCRIPTION

Precise Definition(s):
"Up-to-date" means the dashboard can be automatically refreshed with current data for at least two sectors or management areas.
Dashboard systems: defined as systems with automatic extraction of selected information from either existing GOT systems or new management reference databases that consolidate and store information.

Numerator: Number of LGAs with an up-to-date dashboard system presenting multisectoral data dashboard	Denominator: 93
Unit of Measure: Percentage	Disaggregated by: LGA

Rationale: Programmatic rationale is that information systems are strengthened and contribute to management improvement when mechanisms such as management reference databases and dashboards increase access for LGA staff to available information, enable efficient production of profiles and other relevant routine or periodic information, and allow portrayal and use of data for evidence-based decision-making. Indicator rationale is existence of dashboard systems are a direct measure of availability of information and an indirect measure of use of information for evidence-based decision-making.

PLAN FOR DATA COLLECTION BY PS3

Data Source: LGA ICT Department	Reporting Frequency: Annually

Data Collectors: Mentors and other PS3 personnel as needed coordinating with LGA focal persons
Method of Data Collection: Mentors with support from LGA focal persons determine if dashboard systems exist and are functioning.
Frequency of Data Collection: Annual
Plan for Data Storage: PS3 M&E indicator database. Archive documentation of existence and functioning of dashboard systems.

DATA QUALITY ISSUES

Data Quality Assessment Procedures: Regional program managers will sample LGA dashboard systems to verify their existence and functioning.

Key Data Quality Limitations: As dashboard systems could take different forms across LGAs, it may be difficult to completely standardize data collection.	Actions Planned to Address those Limitations (if any): Mentor orientation and solidification of understanding of definition of dashboard systems.

TARGETS AND BASELINE

Baseline Measure: 0.0   The baseline is zero and baseline data collection is not needed because LGA up-to-date dashboard systems have not yet been developed, refined, or implemented by GOT with PS3 support.

Baseline Timeframe: N/A	Baseline Source: N/A
Baseline Collection: N/A	

CHANGES TO INDICATOR
Changes to Indicator:

OTHER NOTES
Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

PERFORMANCE INDICATOR REFERENCE SHEET	
5.1 Cross-cutting: Operations research conducted and data used to improve systems strengthening	
5.1.1 Number of Operations Research studies completed	
Is this indicator used for reporting? Yes	**For Reporting Year(s):** Y1-5
Individual(s) Responsible: M&E/OR Team Lead	
DESCRIPTION	
Precise Definition(s): This indicator will use the number of OR studies completed by the end of the reporting year. Or studies are distinguished from assessments and other data collecting activities in that they collect new information for generalization and wide distribution, either as a transcript or also by presentation or other forms of dissemination	
Numerator: N/A	**Denominator:** N/A
Unit of Measure: Number	**Disaggregated by:** None
Rationale: A goal under this intermediate result is to increase the number of OR studies that are done on multisectoral systems strengthening projects.	
PLAN FOR DATA COLLECTION BY PS3	
Data Source: Operations Research reports	**Reporting Frequency:** Annually
Data Collectors: M&E/OR Team Lead and team	
Method of Data Collection: The M&E/OR Team Lead with support from the team will be reviewing the quality of all reports before they are formally disseminated. They will collect the data sources at this time.	
Frequency of Data Collection: Ongoing, as reports are completed	
Plan for Data Storage: PS3 M&E indicator database. Archive OR studies	
DATA QUALITY ISSUES	
Data Quality Assessment Procedures: The number of OR studies in the archive will be reviewed for number and meeting the definition.	
Key Data Quality Limitations: None anticipated	**Actions Planned to Address those Limitations (if any):** Identified as needed
TARGETS AND BASELINE	
Baseline Measure: 0	
Baseline Timeframe: Y1	**Baseline Source:** PS3 OR studies
Baseline Collection: Same as routine data collection	
CHANGES TO INDICATOR	
Changes to Indicator:	
OTHER NOTES	
Other Notes:	
THIS SHEET WAS LAST UPDATED ON: 24-Mar-17	

PERFORMANCE INDICATOR REFERENCE SHEET
5.1 Cross-cutting: Operations research conducted and data used to improve systems strengthening
5.1.2 Number of transcripts on operations research findings submitted to peer-review journals

Is this indicator used for reporting? Yes	**For Reporting Year(s):** Y1-5
Individual(s) Responsible: M&E/OR Team Lead	

DESCRIPTION
Precise Definition(s): This indicator will use the number of transcripts submitted to peer review journals disaggregated by Component that are produced using PS3 operations research findings. If there is an increase in number during the current reporting cycle from what was reported in the previous reporting cycle, the measure will convert to (or remain) "yes."

Numerator: N/A	**Denominator:** N/A
Unit of Measure: Number	**Disaggregated by:** none

Rationale: A goal under this intermediate result is to increase the number of publishable studies produced by multi-sectoral strengthening projects. This indicator was selected to directly measure this goal.

PLAN FOR DATA COLLECTION BY PS3
Data Source: Submitted transcripts	**Reporting Frequency:** Annually

Data Collectors: M&E/OR Team Lead
Method of Data Collection: Final transcripts will be approved by the M&E/OR Team Lead and collected at that time.
Frequency of Data Collection: Ongoing, as data is collected
Plan for Data Storage: PS3 M&E indicator database. Archive submitted transcripts.

DATA QUALITY ISSUES
Data Quality Assessment Procedures: PS3 anticipates that all transcripts produced by the project will be rigorously evaluated through PQA before submission.

Key Data Quality Limitations: None anticipated	**Actions Planned to Address those Limitations (if any):**

TARGETS AND BASELINE
Baseline Measure: 0

Baseline Timeframe: Y1	**Baseline Source:** PS3 transcripts

Baseline Collection: Same as routine data collection

CHANGES TO INDICATOR
Changes to Indicator:

OTHER NOTES
Other Notes:

THIS SHEET WAS LAST UPDATED ON: 24-Mar-17

ANNEX 2: PHASE II LGA COUNCILOR TRAINING SCHEDULE

Sequencing of LGA Councilor's Training – Year 2						
Dec 5th - 15th, 2015 **SHINYANGA & MWANZA**	**Jan** 10th - 11th, 2017 **MARA**	**Feb** 8th - 9th, 2017 **KIGOMA**	**Mar** 9th - 10th, 2017 **DODOMA**	**Apr** 4th-5th, 2017 **IRINGA**	**May** 11th - 12th, 2017 **MBEYA**	**June** 5th - 6th, 2017 **MTWARA**
Msalala DC	Serengeti DC	Kasulu TC	Dodoma MC	Mafinga TC	Mbeya CC	Newala TC
Ushetu DC	Bunda DC	Kasulu DC	Kondoa TC	Iringa MC	Mbarali DC	Newala DC
Shinyanga MC	Musoma DC	Kigoma MC	Kongwa DC	Mufindi DC	Kyela DC	Mtwara MC
Kahama MC	Musoma DC	Kigoma DC	Mpwapwa DC	Ludewa DC	Rungwe DC	Mtwara DC
Ukerewe DC	Bunda TC	Kakonko DC	Kondoa DC	Makambako TC	Mbeya DC	Tandahimba DC
Buchosa DC	Tarime TC	Kibondo DC	Chamwino DC	Njombe DC	Sumbawanga MC	Nanyumbu DC
Magu DC	Tarime DC	*13th - 14th, 2017* *KAGERA*	*13th - 14th, 2017* *MOROGORO*	Njombe TC	Nkasi DC	Masasi DC
Misungwi DC		Bukoba DC	Mvomero DC			*8th - 9th, 2017* *LINDI*
Ilemela MC		Bukoba MC	Ulanga DC			Lindi MC
Mwanza CC		Muleba DC	Kilombero DC			Lindi DC
		Misenyi DC	Malinyi DC			Nachingwea DC
Estimated total number of		Karagwe DC	Morogoro DC			Liwale DC
		Ngara DC	Ifakara TC			
			16th - 17th, 2017			
			Morogoro MC			
TOTAL LGAs TRAINED PER MONTH						
10	7	12	13	7	7	11
ESTIMATED TOTAL NUMBER OF COUNCILORS TO BE TRAINED PER MONTH						
293	187	360	443	167	265	371
TOTAL LGAs TRAINED DEC 2016 TO JUNE 2017						
67						

ANNEX 3: EXEMPLARY DATA QUALITY ASSESSMENT CHECKLIST AND RECOMMENDED PROCEDURES

Data Quality Assessment Checklist and Recommended Procedures

This Data Quality Assessment (DQA) Checklist is provided as a recommended tool that an operating unit (OU) may use to complete its DQAs. If the OU prefers or has successfully used a different tool for conducting and documenting its DQAs in the past, they are free to continue the use of that tool instead. The checklist below is intended to assist in assessing each of the five aspects of data quality and provide a convenient manner in which to document the OU's DQA findings.

USAID Mission or Operating Unit Name:	
Title of Performance Indicator: *[Indicator should be copied directly from the Performance Indicator Reference Sheet]*	
Linkage to Foreign Assistance Standardized Program Structure, if applicable (i.e. Program Area, Element, etc.):	
Result This Indicator Measures *[For USAID only]* (i.e., Specify the Development Objective, Intermediate Result, or Project Purpose, etc.):	
Data Source(s): *[Information can be copied directly from the Performance Indicator Reference Sheet]*	
Partner or Contractor Who Provided the Data: *[It is recommended that this checklist is completed for each partner that contributes data to an indicator– it should state in the contract or grant that it is the prime's responsibility to ensure the data quality of sub-contractors or sub grantees.]*	
Period for Which the Data Are Being Reported:	
Is This Indicator a Standard or Custom Indicator?	_____ Standard Foreign Assistance Indicator _____ Custom (created by the OU; not standard)
Data Quality Assessment methodology: *[Describe here or attach to this checklist the methods and procedures for assessing the quality of the indicator data. E.g. Reviewing data collection procedures and documentation, interviewing those responsible for data analysis, checking a sample of the data for errors, etc.]*	
Date(s) of Assessment:	
Assessment Team Members:	
USAID Mission/OU Verification of DQA Team Leader Officer approval X_____	

		YES	NO	COMMENTS
VALIDITY – Data should clearly and adequately represent the intended result.				
1	Does the information collected measure what it is supposed to measure? (E.g. A valid measure of overall nutrition is healthy variation in diet; Age is not a valid measure of overall health.)			
2	Do results collected fall within a plausible range?			
3	Is there reasonable assurance that the data collection methods being used do not produce systematically biased data (e.g. consistently over- or under-counting)?			
4	Are sound research methods being used to collect the data?			
RELIABILITY – Data should reflect stable and consistent data collection processes and analysis methods over time.				
1	When the same data collection method is used to measure/observe the same thing multiple times, is the same result produced each time? (E.g. A ruler used over and over always indicates the same length for an inch.)			
2	Are data collection and analysis methods documented in writing and being used to ensure the same procedures are followed each time?			
TIMELINESS – Data should be available at a useful frequency, should be current, and should be timely enough to influence management decision making.				
1	Are data available frequently enough to inform program management decisions?			
2	Are the data reported the most current practically available?			
3	Are the data reported as soon as possible after collection?			
PRECISION – Data have a sufficient level of detail to permit management decision making; e.g. the margin of error is less than the anticipated change.				
1	Is the margin of error less than the expected change being measured? (E.g. If a change of only 2% is expected and the margin of error in a survey used to collect the data is +/- 5%, then the tool is not precise enough to detect the change.)			
2	Has the margin of error been reported along with the data? (Only applicable to results			

	obtained through statistical samples.)			
3	Is the data collection method/tool being used to collect the data fine-tuned or exact enough to register the expected change? (E.g. A yardstick may not be a precise enough tool to measure a change of a few millimeters.)			
INTEGRITY – Data collected should have safeguards to minimize the risk of transcription error or data manipulation.				
1	Are procedures or safeguards in place to minimize data transcription errors?			
3	Is there independence in key data collection, management, and assessment procedures?			
3	Are mechanisms in place to prevent unauthorized changes to the data?			

SUMMARY
Based on the assessment relative to the five standards, what is the overall conclusion regarding the quality of the data?
Significance of limitations (if any):
Actions needed to address limitations prior to the next DQA (given level of USG control over data):

IF NO DATA ARE AVAILABLE FOR THE INDICATOR	COMMENTS
If no recent relevant data are available for this indicator, why not?	
What concrete actions are now being taken to collect and report these data as soon as possible?	
When will data be reported?	

Recommendations for Conducting Data Quality Assessments

1. Data Quality (DQ) assessor should make sure that they understand the precise definition of the indicator by checking the Performance Indicator Reference Sheet. Please address any issues of ambiguity before the DQA is conducted.

2. DQ assessor should have a copy of the methodology for data collection in hand before assessing the indicator. For USAID Missions, this information should be in the PMP's Performance Indicator Reference Sheets for each indicator. Each indicator should have a written description of how the data being assessed are supposed to be collected.

3. Each implementing partner should have a copy of the method of data collection in their files and documented evidence that they are collecting the data according to the methodology.

4. DQ assessor should record the names and titles of all individuals involved in the assessment.

5. Does the implementing partner have documented evidence that they have verified the data that has been reported? Partners should be able to provided USAID with documents (process/person conducting the verification/field visit dates/persons met/activities visited, etc) which demonstrates that they have verified the data that was reported. Note: Verification by the partners should be an ongoing process.

6. The DQ assessor should be able to review the implementing partner files/records against the methodology for data collection laid out in the PMP (for USAID Missions only). Any data quality concerns should be documented.

7. The DQ should include a summary of significant limitations found. A plan of action, including timelines and responsibilities, for addressing the limitations should be made.

PUBLIC SECTOR SYSTEMS STRENGTHENING (PS3) IN TANZANIA
REVISED MONITORING AND EVALUATION PLAN