Uganda Voucher Plus Activity

Monitoring, Evaluation and Learning Plan

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The **Uganda Voucher Plus Activity** produced this document for review by the United States Agency for International Development.

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In partnership with:

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PricewaterhouseCoopers (pwc)

ACRONYMS

ADS	Automated Directives System
AMELP	Activity Monitoring, Evaluation and Learning Plan
ANC	Antenatal Care
AOR	Agreement Officer's Representative
ASSIST	Applying Science to Strengthen and Improve Systems
CAO	Chief Administrative Officer
CDCS	Country Development Cooperation Strategy
CHC	Communication for Healthy Communities
COP	Chief of Party
COR	Contract Officer's Representative
CQI	Continuous Quality Improvement
DEC	District Education Committees
DHE	District Health Educators
DHO	District Health Officer
DHS	Demographic and Health Survey
DHT	District Health Team
DO	Development Objective
DQA	Data Quality Assessment
EMTCT	Elimination of Mother to Child Transmission
FP	Family Planning
HMIS	Health Management Information System
IACC	Interagency Coordinating Committee
IPs	Implementing Partners
IR	Intermediate Result
IVEA	Independent Verification and Evaluation Agency
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MEL	Monitoring, Evaluation and Learning

MIS	Management Information Systems
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
MSC	Most Significant Change (Stories)
PIRS	Performance Indicator Reference Sheet
PMP	Performance Management Plan
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PPFP	Postpartum Family Planning
PPR	Performance Plan and Report
RBF	Results-Based Financing
RBTF	Results Based Task Force
RCL	Rapid Cycle Learning
RDC	Resident District Commissioner
RF	Results Framework
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
RMNCH	Reproductive Maternal Neonatal Child and Health
SIR	Sub-Intermediate Result
SOW	Statement of Work
UHC	Universal Health Coverage
USAID	United States Agency for International Development
USG	United States Government
VMA	Voucher Management Agency
VMIS	Voucher Management Information System

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1. Background and Purpose of Activity

The Uganda Voucher Plus is a five-year (2016 -2021) USAID-funded activity implemented by the Abt Associates in partnership with two local partners, Communication for Development Uganda (CDFU) and PricewaterhouseCoopers Uganda (PWC). Abt Associates as the prime contractor manages training and accreditation, and provides project oversight, and monitoring, evaluation and learning (MEL). , CDFU leads the community engagement activities, and pwc manages the claims processing system and payments for private providers. In the near future Abt will also contract a local Independent Verification and Evaluation Agency that will audit the claims process and other Activity inputs and outputs to ensure accuracy and quality.

The long-term goal of the Uganda Voucher Plus Activity is to generate results that contribute to the achievement of USAID/Uganda's Country Development Cooperation Strategy (CDCS 2.0) Development Objectives (DO) 2 and 3 to affect demographic drivers to contribute to long term trend shift and to improve key systems' accountability and responsiveness to Uganda's development needs respectively. The strategic objective of the Activity is to provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector. To achieve this objective, the Activity will expand access to quality safe motherhood services for poor pregnant women in Eastern and Northern Uganda, including maternal and newborn health, and postpartum family planning (FP) services.

Voucher Plus is aimed at increasing utilization of health services by pregnant women in Eastern and Northern Uganda in an effort to reduce maternal and neonatal morbidity and mortality. The activity provides subsidized vouchers to very poor mostly rural pregnant women at a rate of UGX 4,000. The beneficiaries redeem the services from accredited and qualified private provider facilities. The voucher benefit package includes maternal and newborn health services i.e. four antenatal care visits, elimination of mother-to-child transmission of HIV, safe delivery and referrals for complications, emergency transportation services for delivery, postnatal care, and postpartum Family Planning (FP).

Project activities will aim at increasing local capacity in the private sector, support improvements in private healthcare infrastructure, and improve the ability of the private sector to contract with a national fee-for-service health-financing mechanism to provide quality MNH services. In addition, the Activity will contribute to the body of knowledge on the role of voucher programs as health/social protection schemes supporting progress towards achieving universal health coverage (UHC) by expanding access to poor, vulnerable, underserved populations, including rapid cycle learning to test incentives to improve the quality of service delivery among contracted private providers.

The Voucher Plus Activity MEL Plan (AMELP) details how USAID and Abt Associates will track progress toward achieving stated results. Abt Associates will ensure that adequate information is available for activity management, and the data collected is consistent with USAID's Performance Management Plan (PMP), and the Mission's annual Performance Plan and Report (PPR).

The AMELP is a living document thus Abt Associates and the partners will modify the AMELP on an annual basis.

2. Development Hypothesis

The Voucher Plus Activity is based on the following development hypothesis. If USAID Uganda supports partners implementing innovative maternal, newborn and reproductive health interventions using subsidized vouchers to increase demand for quality MNH services provided by the private sector, and a fee-for-service out-put based health-financing mechanism requiring participating private providers to deliver quality services, then there will be an increased use of safe motherhood services, including postpartum FP. This, in turn, will enhance access, affordability, and availability of high quality maternal, newborn, and post-partum FP health services, which will lead to improved pregnancy outcomes and lower maternal and newborn morbidity and mortality, including from HIV transmission from mothers to their newborn and from malaria during pregnancy among very poor targeted women, mostly in rural areas.

The successful achievement of the development hypothesis will depend on several key assumptions:

1. The reimbursement fee structure for the Voucher Plus Activity is attractive enough to motivate private healthcare providers to participate in the voucher scheme for the duration of the Activity.

2. The beneficiary populations will be attracted to the activity when they recognize the reliability and quality of services provided, i.e., the success of the Activity will lead to more demand among target populations from communities.

3. The health market in Uganda is ready to implement health-financing mechanisms like fee-for-service out-put based voucher protection schemes, with performance-based incentives, using the private health sector to expand critical services for poor and vulnerable populations.

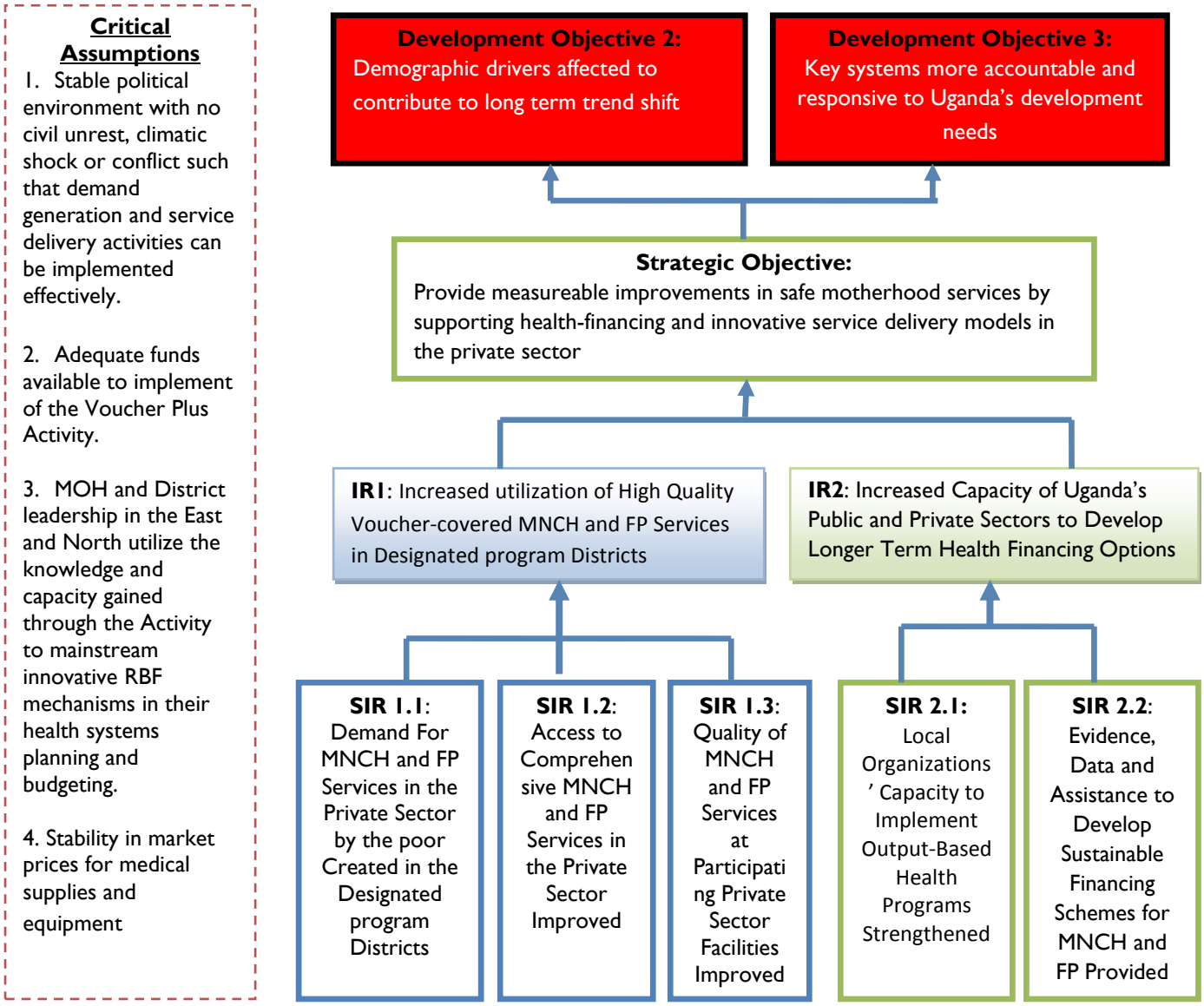
4. There is no significant shift in U.S. government foreign policy towards Uganda, including changes in foreign assistance level and composition.

5. The GOU's Results Based Financing/Global Financing Facility project will be implemented synergistically with the Voucher Plus Activity and will not hamper achievement of the Activity.

3. Results Framework

Detailed in the AMELP is a results framework that shows how the Activity-level intermediate results contribute to the higher-level results contained in the USAID/Uganda's Country Development Cooperation Strategy CDCS 2.0, along with proposing and defining indicators against each of the intermediate results IRs of the project. The intermediate result areas are consistent with the USAID Uganda Development Objectives (DO) 2 and 3. Figure 1 also depicts critical assumptions that may affect Activity implementation and performance.

Figure 1: Results Framework for the Voucher Plus Activity



The Results Framework for the Voucher Plus Activity is linked to CDCS 2.0 and aligns well with DO2 and DO3. DO 2 ensures that Demographic drivers are affected to contribute to long term trend shift while DO3 ensures that Key systems are more accountable and responsive to Uganda's development needs. The overarching goal for the Voucher Plus Activity also contributes to the two Development Objectives.

Under DO2, The Activity contributes to IR2.1 by increasing the adoption of reproductive health behaviors among the poor women. In this IR, the Activity is specifically aligned with; Sub IR 2.1.2 by increasing access to reproductive health services among the poor women in the East and northern Uganda. Sub IR 2.1.3 by increasing demand for reproductive health services among the poor women through community demand generation activities. The Activity also contributes to IR2.2, specifically under Sub IR 2.2.4 by improving access to skilled births and newborn care services.

Under DO3, The Activity contributes to IR3.3 by strengthening the key elements of health systems in the private health sector. In this IR, the Activity is aligned with; Sub IR3.3.1 through capacity building efforts (trainings, mentorships, supervision and monitoring) for private providers to ensure

they are skilled and motivated to work. Sub IR 3.3.2 through training, monitoring and supervision of participating private sector providers to ensure they have all the essential health commodities required to offer MNCH services. Sub IR 3.3.3 through providing financial reimbursements to providers for services rendered and conducting business skills and financial management training for participating private facility proprietors. Sub IR3.3.4 by supporting the participating private sector providers to plough back funds obtained from the Activity to expand their institutional capacity including infrastructure to handle the increased number of clients. In addition, the activity contributes to sub IR 3.3.5 by building the capacity of private sector providers in the voucher program. Finally this Activity supports sub IR 3.3.6, by working with private providers, the District Health Offices, MOH and other stakeholders to identify and reduce the critical barriers in the system elements.

Monitoring Critical Assumptions

In addition to monitoring the performance indicators, the MEL team will monitor the Activity's critical assumptions regularly, paying particular attention to assumptions involving risks that could threaten the Activity's results. The table below summarizes the assumptions that the MEL team plans to monitor and how the monitoring will be done.

Results framework levels	Assumptions	Monitoring Indicator or Approach	Monitoring Frequency	Party responsible for monitoring the Assumption
Assumptions that affect the likelihood of realizing the development goal	• No significant shift in USG foreign policy towards Uganda, including changes in foreign assistance level and composition. • The GOU's RBF/ GFF project will be implemented synergistically with the Voucher Plus Activity and will not hamper achievement of the Activity.	• Stable or increased USG foreign assistance • Periodic check-ins and assessments with the RBF/GFF project	Annually	Abt Associates
Assumptions that affect the achievement of the strategic objectives	• Health market in Uganda is ready to implement health-financing mechanisms like using the private health sector to expand critical services for poor and vulnerable populations. • Stable political environment with no civil unrest, climatic shock or conflict	• Increase in private providers implementing voucher schemes • Political stability index	Annually	Abt Associates

Assumptions that affect the attainment of Intermediate Results	• The reimbursement fee structure is attractive enough to motivate private healthcare providers to participate in the program • MOH and District leadership utilize the knowledge and capacity gained through the Activity to mainstream innovative RBF mechanisms in their health systems planning and budgeting • Adequate funds available to implement of the Activity. • Stability in market prices for medical supplies and equipment	• Retention rates for service providers in the Activity • Periodic assessment of number of Voucher Plus districts mainstreaming RBF mechanisms • Budget commitment by USAID remains stable or increases. • Stable prices for drugs and supplies by service providers	Annually Quarterly	Abt Associates

4. The Voucher Plus Activity Performance Indicators

Performance indicators and targets for the Voucher Plus Activity are included in the Voucher Plus Activity Performance Indicators Table (Section 4.1). Performance Indicators Reference Sheets (PIRS) providing detailed descriptions of the indicators are attached to this report as Appendix III. Activity indicators and targets are designed to measure performance and progress towards the achievement of each IR and SIR. Where appropriate, indicators are disaggregated by sex and by age, ensuring measurement of gender and youth outcomes. The performance targets were set based on available data on past performance and the anticipated effects of Activity task implementation.

4.1 Voucher Plus Activity Performance Indicators

Indicator Source	Performance Indicators	Indicator definition and unit of measurement	Data Source	Disaggregated by	Baseline Year	Baseline Value	2016 Target	2017 Target	2018 Target	2019 Target	2020 Target	LOP Target
Strategic Objective: Provide measurable improvements in safe motherhood services by supporting health financing and innovative service delivery models in the private sector												
Context Indicator	Maternal mortality ratio (per 100,000 live births)	**Numerator:** No. of voucher maternal deaths occurring within a given period **Denominator:** Total No. of voucher live births occurring within a given period	UDHS	Region	2016	336						
IP custom	Case Fatality Rate	**Numerator:** No. of voucher deaths from specified obstetric complications in voucher supported facilities **Denominator:** No. of voucher women with specified obstetric complications attended too	• Facility Clinical files	• District • Level of facility • Age Group	2016	0	0	2%	1%	0.5%	0.25%	0.25%
FHT	Perinatal mortality rate (per 1000)	**Perinatal death is a fetal death (stillbirth) or an early neonatal death (death within the first 7 days of life)** **Numerator:** Number of voucher perinatal deaths per 1000 **Denominator:** Total No. of voucher live births	• Claim forms	• District • Level of facility	2011	40	0	25	23	20	18	18
IR1: **Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts**												

IP Custom	Met Need for Essential Obstetric Care	**Numerator:** Number of voucher covered women with a major direct obstetric complication who are appropriately managed in supported facilities **Denominator:** Number of voucher covered women with major obstetric complications in supported facilities	Case/ Clinical notes	• District • Age group • Level of Facility	2016	0	0	60%	65%%	70%	75%	80%
IP Custom	Cesarean Section Rates	**Numerator:** Number of voucher pregnant women with cesarean section **Denominator:** Number of voucher live births in supported facilities	Maternity Register	• District • Age group Level of Facility	2016	0	0	15%	13%	12%	10%	8%
FHT	Facility still birth rate (per 1000)	**Numerator:** Number of voucher still births in supported facilities per 1000 **Denominator:** Number of voucher births in supported facilities	Maternity Register and claim forms	• Fresh/ Macerated • District • Sex • Level of Facility	2016	20	0	15	12	10	8	5
FHT	Percent of deliveries attended by skilled health personnel	**Numerator:** Number of voucher births attended by skilled personnel in supported facilities **Denominator:** Total number of voucher births in supported facilities	Maternity Register	• Type of delivery • District • Level of Facility	2016	0	0	100%	100%	100%	100%	100%
FHT	Percentage of births delivered at a health facility	**Numerator:** Number of deliveries paid for by voucher plus that take place in voucher supported facilities **Denominator:** Expected/ targeted number of deliveries for the voucher Plus activity	Maternity Register	• District • Level of Facility • Age Group	2016	0	0	100%	100%	100%	100%	100%
FHT Indicator	Percentage of mothers initiating breastfeeding within 1 hour after birth	**Numerator:** Number of voucher mothers who have initiated breastfeeding in the first hour of birth **Denominator:** All deliveries paid for by voucher plus	Maternity Register	• District • Age group • Level of Facility	2016	0	0	80%	90%	90%	90%	90%

FHT	Percentage of women who attended at least four times for antenatal care during pregnancy	**Numerator:** Number of pregnant women in the voucher program who attend all four ANC visits **Denominator:** All voucher covered pregnant mothers	ANC Register	• District • Age group • No of visits (ANC 1,2,3,4) Facility Level	2016	0	0	47%	50%	50%	50%	50%
FHT	Percentage of infants born to women living with HIV receiving ARVs as prophylaxis for elimination of mother-to-child transmission (EMTCT)	Numerator: Number of infants born to voucher covered women living with HIV who received antiretroviral drugs Denominator: All infants born to voucher covered women living with HIV.	HIV-Exposed Infant Register	• District • Age group • Facility Level	2016	0	0	50%	80%	100%	100%	100%
FHT	Percentage of pregnant women living with HIV who received antiretroviral drugs to reduce the risk of mother-to-child transmission (MTCT)\ with HIV	Numerator: Number of voucher covered pregnant women living with HIV who received antiretroviral drugs Denominator: All voucher covered pregnant women living with HIV	ANC Register	• District • Age group • Facility Level	2016	0	0	80%	100%	100%	100%	100%
FHT Indicator	Percentage of Mothers receiving PNC check-ups within 6 weeks of childbirth	Numerator: Number of voucher women who have received PNC within 6 weeks after delivery Denominator: Total number of voucher live births	Postnatal Register	• District • Age group • Level of Facility	2016	0	0	35%	40%	45%	50%	50%
HL.6.3-1	Percentage of newborns not breathing at birth who were resuscitated in USG-supported programs	Numerator: Number of newborns not breathing at birth resuscitated Denominator: Number of newborns in voucher supported facilities not breathing at birth	Postnatal Register	• District • Sex Facility Level	2016	0	0	100%	100%	100%	100%	100%
FHT	Percentage of reported perinatal deaths with completed audits	**Numerator:** Number of voucher audited perinatal deaths **Denominator:** Number of all reported voucher macerated still births, fresh still births and new-born deaths (0-7 days)	HMIS	• District • Level of Facility	2016	0	0	90%	100%	100%	100%	100%

FHT	Proportion of reported maternal deaths with completed audits	**Numerator:** Number of voucher maternal deaths in activity facilities with completed audits **Denominator:** Total number of voucher maternal deaths in supported facilities	Maternity Register and Maternal Death Audit Reports	• District • Level of facility • Age group	2016	0	0	90%	100%	100%	100%	100%
HL.6.2-1	Percentage of women giving birth who received uterotonics in the third stage of labor (or immediately after birth) through USG-supported programs	**Numerator:** Number of voucher covered women s with a birth who received a uterotonic **Denominator:** Number of voucher covered women who gave birth	Maternity and postnatal registers	• District • Facility Level • Age group • Type of Uterotonic received	2016	0	0	70%	90%	100%	100%	100%
SIR1.1 Demand For MNCH and FP Services in the Private Sector by the poor Created in the Designated program Districts												
HL.7.2-2	Number of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals, and/or services during the year	Number of VHTs trained by the Voucher Plus Activity in community mobilization and providing family planning (FP) information and/or services	Activity Training Reports	• Age group • Gender • District	2016	0	80	160	120	0	0	240
3.1.7.1-4	Number of additional USG-assisted community health workers (CHW providing family planning (FP) information and/or services during the year	Number of new additional CHWs trained by Voucher Plus on providing family planning (FP) information and/or services Numerator: N/A Denominator: N/A	VCBD Registers	• Age • Gender	2016	0	0	10	20	20	0	50
HL.7.2-1	Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message	Numerator: Number of women of reproductive age who recall a specific FP/RH message Denominator: Total number of women of reproductive age surveyed.	I Activity Annual Surveys	• District • Age group • Facility level •	2016	0	0	60%	70%	80%	90%	90%
1.1.3 Custom	Percentage of vouchers redeemed	Numerator: Number of vouchers redeemed Denominator: Total number of vouchers distributed	Claims data	ANC1	2016	0	30%	94%	95%	95%	95%	95%
				ANC2		0	0	50%	55%	60%	60%	60%
				ANC3		0	0	50%	55%	60%	60%	60%
				ANC4		0	0	47%	50%	50%	50%	50%
				Delivery		0	0	70%	70%	70%	70%	70%

				Postnatal care		0	0	50%	50%	50%	50%	50%
				Postpartum FP		0	0	30%	40%	45%	50%	50%
SIR 1.2: Access to Comprehensive MNCH and FP Services in the Private Sector Improved												
HL.7.1-2	Percentage of USG-assisted service delivery sites providing adequate family planning (FP) counseling and/or services	Adequacy of counseling includes counseling sessions with new acceptors in which provider discusses all methods, family planning commodities are available and job aids are available during the counseling session Numerator: Number of family planning units providing adequate counseling to clients. Denominator: Total Number of family planning units supported	Facility Family Planning Register	• District • Age group • Level of facility • Facility type (PFNP vs. PFP) •	2016	0	0	75%	75%	75%	75%	75%
HL.7.1-2	Number of USG supported service delivery points offering any modern contraceptive method among postpartum women	Number of voucher supported service delivery sites offering any modern contraceptive method among postpartum women Numerator: N/A Denominator: N/A	Facility Family Planning Register	• District • Age group • Level of facility • Facility type (PFNP vs. PFP) •	2016	0	0	56	112	112	112	112
FH Indicator	Percentage women who received postpartum counselling for FP	**Numerator:** Number of voucher covered women who were counselled for FP after delivery **Denominator:** Total number of deliveries	Facility Family Planning Register	• Age group • district, • Facility Level	2016	0	0	100%	100%	100%	100%	100%
FH	Number of clients provided with FP services	Measure of number of voucher covered clients provided with FP methods. The FP methods include TL, IUD, Implants, Injectable, pills and condoms. Numerator: N/A Denominator: N/A	Facility Family Planning Register	• Type of method • New users • Revisits • LAPM • Age group • District • Facility Level	2016	0	0	42,840	42,000	32,160	8,000	125,000

FHT	Percentage pregnant women who received all the three doses of intermittent preventive treatment (IPT) for malaria	**Numerator:** Number of voucher covered mothers who received the 1st, 2nd and 3rd doses of fansidar **Denominator:** Number of voucher covered women who have attended 4 or more ANC visits	Antenatal register	• Facility level • IPT1,2 &3 • District	2016	0	0	60%	70%	90%	100%	100%
SIR 1.3: Quality of MNCH and FP Services at Participating Private Sector Facilities Improved												
Custom	Percentage of Service Delivery Points complying with national quality standards	**Numerator:** Number of voucher supported facilities scoring 70% and above adherence to quality standards during annual quality assurance audits **Denominator:** Number of voucher supported facilities assessed for adherence to quality standards	Activity Annual Quality Assessment Reports	• District • Level of • Facility • Facility type (PFNP vs. PFP)	2016	0	0	60%	70%	80%	90%	90%
3.1.3.4-1	Number of health workers trained in intermittent presumptive treatment of malaria in pregnancy (IPTp) with USG funds	Measures the number of health workers trained by Voucher Plus in Intermittent Presumptive treatment of malaria in pregnancy as part of the EMONC training courses. Numerator: N/A Denominator: N/A	Training attendance forms and activity reports	• District • Level of facility • Cadre of provider trained	2016	0	40	200	0	240	0	240
IR 2: Increased Capacity of Uganda's Public and Private Sectors to Develop Longer Term Health Financing Options												
IP Custom	Percent of voucher supported facilities attracting other forms of output based health financing options	**Numerator:** Number of voucher supported facilities attracting other forms of output based health financing **options** **Denominator:** Total number of voucher supported facilities	Voucher Plus Annual Assessment Reports and Facility MOUs	• District • Level of • Facility • Facility type (PFNP vs. PFP)	2016	0	0	2%	3%	4%	5%	5%
SIR 2.1: Local Organizations' Capacity to Implement Output-Based Health Programs Strengthened												

IP Custom	Proportion of supported facilities with capacity to implement output based health financing options.	Capacity refers to having good HRH, Financial Management, M&E, and Infrastructure, and Management Structures. **Numerator:** Number of voucher facilities with full capacity to implement output based financing schemes **Denominator:** Total of voucher supported facilities	Voucher Plus Annual Assessment Reports	• District • Level of Facility • Facility type (PFNP vs. PFP)	2016	0	0	10%	30%	40%	50%	50%
IP Custom	Percent timeliness of health facility HMIS reporting	**Numerator:** Number of voucher facilities that report data using HMIS reports to the district/ HSD within 7 days at the end of each month. **Denominator:** Total number of voucher plus supported health facilities	DHIS2	• District • Type of the HMIS report • Level of Facility • Facility type (PFNP vs. PFP)	2016	0	0	90%	100%	100%	100%	100%
SIR 2.2: Evidence, Data and Assistance to Develop Sustainable Financing Schemes for MNCH and FP Provided												
Custom	Number of operational research studies/assessments conducted to generate evidence to inform health financing options	Numerator: N/A Denominator: N/A Number of operations research studies conducted to gather evidence for improving implementation of program Activities.	Activity reports	NA	2016	0	0	1	1	1	0	3
Custom	Number of voucher supported mothers linked to existing local Village Saving Schemes to encourage saving for their health	Numerator: N/A Denominator: N/A Measures the number of poor voucher mothers linked to existing village saving schemes to save for their health	Activity Monitoring Reports	• Age Group • District	2017	0	0	0	TBD	TBD	TBD	TBD
Custom	Proportion of voucher clients linked to local saving schemes that report to be actively saving for their health with the schemes	Measures the proportion of voucher clients linked to local village saving schemes that are actively saving with the scheme for their health Numerator: Number of voucher clients linked to saving schemes that report to actively save for their health Denominator: Number of voucher clients linked to local village saving schemes	Activity Monitoring Reports	• Age group • District	2017	0	0	0	TBD	TBD	TBD	TBD

Custom	Proportion of Village Saving Schemes sensitized by Voucher Plus demand activities that incorporate savings for health component in their schemes	Measures the number of village saving schemes sensitized by voucher plus that have incorporated saving for health as part of the scheme's agenda Numerator: N/A Denominator: N/A	Village Scheme and Activity Reports	• District •	2017	0	0	0	TBD	TBD	TBD	TBD
Custom	Evidence and lessons learnt implementing the voucher scheme documented & disseminated	Numerator: N/A Denominator: N/A Documented evidence and lessons learnt from implementing the voucher scheme disseminated as part of the Activity's Collaboration Learning and Adapting (CLA) Agenda	Success Stories, Most Significant Change (MSC) Stories and Lessons Learnt documented	N/A	2016	N/A	N/A	N/A	N/A	N/A	N/A	N/A

5. Monitoring Evaluation and Learning (MEL) System

Organizational Governance, Structures, Functions and Capabilities

The Activity will have a dedicated MEL team led by the MEL Specialist assisted by a data Specialist. The MEL Specialist will be responsible for managing all MEL tasks and the data Specialist will be responsible for data management. The MEL Specialist will be supervised by the Chief of party, while the data Specialist will be supervised by the MEL Specialist. The team will receive technical support from Abt Associates headquarter M&E team.

The MEL team, will be part of the Activity's Management team, and will work closely with partner MEL staff to design and implement MEL frameworks. The team will provide oversight and direction for all MEL processes including designing and implementing a robust and comprehensive Monitoring, Evaluation, Learning and Reporting system that emphasize reliable, accurate and timely reporting against project targets and indicators. The partners will be required to provide data as per their specific programme areas. In addition, Abt Associates will conduct capacity building, routine data analysis, and reporting and data quality assurance.

The Voucher Plus Activity will strengthen existing national M&E systems by collaborating with the Ministry of Health (MOH) and specifically Resource Center. In the districts, the Voucher Plus activity will work with the District Bio-statisticians and HMIS focal persons to ensure that the private health providers are supported to effectively use the Health management Information System (HMIS) tools and reports

Capacity building

The MEL Specialist will coordinate the monitoring, evaluation, and learning activities. Through a participatory process, the MEL Specialist will lead the development of a capacity-building plan for staff, partners and stakeholders. Tasks to be considered for capacity-building include training, mentorship and coaching for Activity staff, partner staff, and private health providers, in all MEL processes including the national data collection tools (HMIS).

Data Collection

The Voucher Plus Activity will conduct appropriate data collection and research activities to gather and collate quality data needed to report on Activity progress. This will include developing and putting in place a data collection plan that includes data sources and task schedules well aligned with USAID reporting requirements and guidelines. Data collection for each indicator will follow the procedures and definitions set out in the indicator reference sheets, standardized to increase data quality. The indicator reference sheets include precise indicator definitions, data sources, frequency of data collection, person responsible for data collection among other variables and serve as an important reference tool to ensure consistent operationalization of indicators over time.

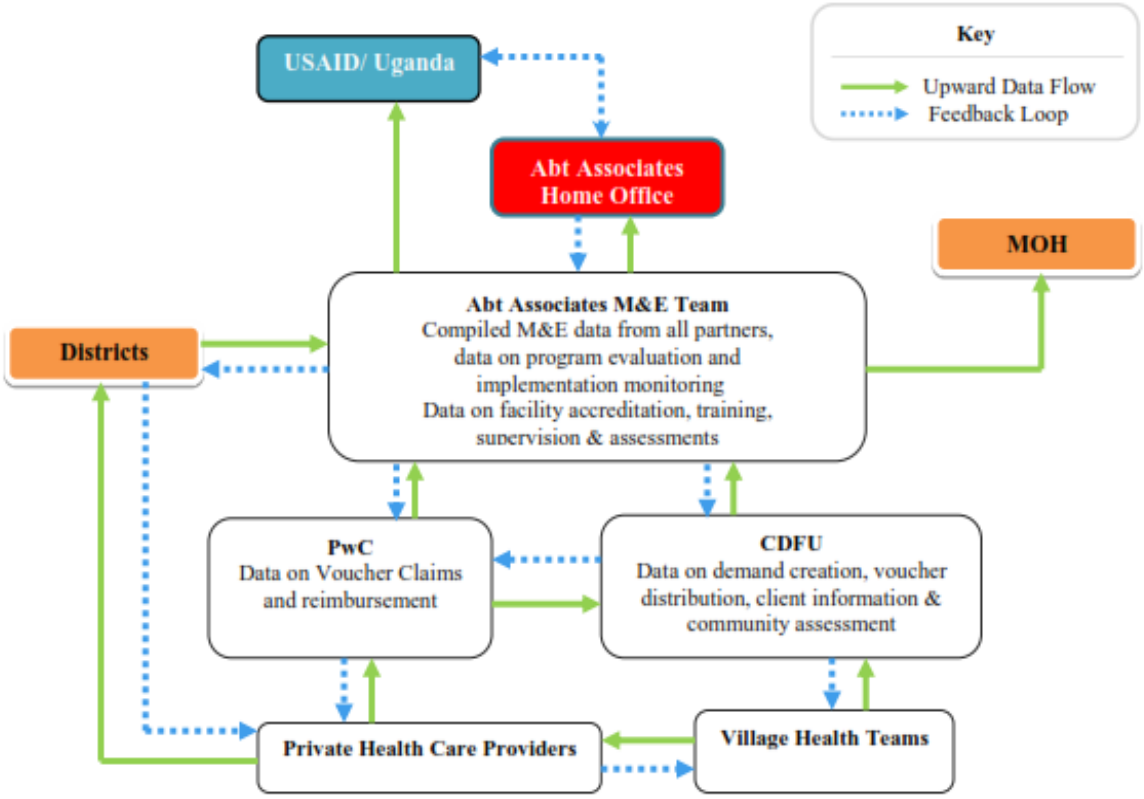
Activity-specific data collection tools will be developed to address the data needs and requirements for the program. These will include the poverty grading tool and clinical tools for ANC, delivery, postnatal and family planning. Each tool will be supported by clear, written instructions for data collectors to ensure appropriate, high quality data are collected. The activity will strengthen private providers' data collection process by boosting reporting through HMIS and DHIS2. The Activity will ensure that data

collection and summary forms are adequately supplied at supported sites, including replenishment as needed, to promote the reliable flow of data from sites. The Activity will provide on-site training and support to staff involved in data collection and reporting to ensure that staff understands the performance indicators, their definitions, and the importance of what is being measured.

Schematic Description of Dataflow Patterns under the Voucher Plus Activity

Overall, data will flow from each partner to a central database at the Abt Country Office. This will include downstream information from private health care providers and the village health teams. The health care providers will also share information with biostatisticians, health sub-districts and District Health Officers (DHOs) at the district level. The Activity M&E team will develop an electronic, Activity-wide database, which will be linked to the databases of the Activity partners. The Activity master database will be designed to automate retrieval or synchronization of data from the partners, and it will aggregate and store data in the master database. Offline synchronization features will also be built into the databases to enable synchronization of data from portable storage devices.

Figure 2: Schematic Description of the M&E Data Flow



Data Storage and Management

The MEL Specialist will oversee the design of the Voucher Management Information System (VMIS) database for the Voucher Management Agency along with the AMELP database that will be used for data storage and management. The Activity will provide data management infrastructure for collecting monitoring, evaluation, and learning information to support data management processes including data capture, storage and retrieval processes.

The Activity VMIS will be designed to automate retrieval or synchronization of data from the partners, and it will aggregate and store data in the master database. Additionally, the master database will include an analysis add-on that will generate summary reports on the Activity indicators for sharing with USAID, MOH, the Interagency Coordinating Committee (IACC), District officials, and other stakeholders. Each partner will collect and report data on indicators relevant to their activities. The Activity M&E team will be responsible for the overall management of the master database and for running analysis on the Activity-wide indicators, with support from the Abt headquarters' M&E staff.

With support from the Activity Data Specialist, each partner will develop lower-level databases for tracking indicators on partner-level work plan tasks. Once the partner-level databases are designed, the VMIS and the partner-level databases will be designed as relational databases. The VMIS will aggregate data on the entire Activity, and will have built-in features to generate dashboards on all indicators in the AMELP. This will make it quick and easy to generate reports and to track performance on each indicator in a timely manner.

The Activity will develop a functional backup system for the data stored in the master database and the Activity-wide electronic database. Data security process will be implemented to prevent unauthorized access to data storage systems**.** Data entry into the USAID PRS will be the responsibility of the Data Specialist with direct supervision of the MEL Specialist. The MEL team will perform data quality checks prior to data entry to ensure quality.

Data Analysis, Dissemination and Use

The Activity Data Specialist will be the primary point person responsible for conducting analysis of the routine monitoring data. Working closely with the MEL Specialist, he will also be responsible for generating dashboards on the Activity indicators that will be used to prepare routine reports. The MEL Specialist will prepare reports related to monitoring, learning, and evaluation, consult with partner M&E staff to obtain feedback on draft reports, which will then be shared with the Chief of Party and the Deputy Chief of Party prior to finalizing them and submitting to USAID.

The Activity will develop a dissemination plan for sharing program results. The plan will provide detailed information on how the Activity's results will be shared and discussed with key stakeholders and how progress results will be shared internally and externally with partners, private providers and other project stakeholders. The dissemination frequency, dissemination avenues, and the person(s) responsible for dissemination will also be detailed in the plan. Prior to dissemination, data will be shared and discussed with the Activity's management team to ensure ownership.

The MEL Specialist and Data Specialist will be responsible for providing progress data for supporting evidence-based programmatic decision making processes and improving the Activity performance. Data collected through the M&E system will also be used to identify ongoing technical support needs, and report on the Activity's progress to USAID quarterly and annually.

Reporting

The MEL Specialist will take lead in implementing reporting systems for the Activity. Progress reports will be compiled and shared with partners and stakeholders on the performance of the Activity. The activity will document achievements, successes, lessons learned, best practices and challenges to build the project's body of knowledge. Progress report findings will be reviewed and discussed internally by the Activity Management Team prior to dissemination.

Monthly, quarterly, bi-annual and annual reports on activities implemented, progress against agreed-on targets and indicators, and narrative descriptions of achievements, challenges, and support needs will be compiled and submitted to USAID and stakeholders. Progress data will be extracted from the VMIS. The MEL Specialist and Data Specialist will be responsible for ensuring that all relevant staff, including partners, understands how periodic reports are compiled, how each partner contributes to this process, and where the reports are submitted. Each partner will collect and report data on indicators relevant to the partner activities and submit them to the Activity MEL Specialist for consolidation prior to submission to USAID.

The Activity will further provide private healthcare providers with HMIS tools to facilitate timely compilation and submission of HMIS reports. The Activity will also develop a system for monitoring and tracking distribution of HMIS data collection tools/registers and a refill program to replenish data collection tools if they get finished at supported sites. The ultimate aim is to have HMIS data and reporting procedures integrated into private providers' routine reporting systems, leading to permanent and sustained use.

Data Quality Assurance

The project will develop a comprehensive data quality assurance plan detailing procedures and methods for managing data incompleteness and outliners The Voucher Plus M&E team will undertake rigorous approaches to monitor and ensure quality of data. The initial focus for the M&E activities will be orientation and training of individuals who will be responsible for collecting and reporting M&E data to ensure that the providers and partner staff fully understand the indicators, methods of data collection and reporting procedures.

Data quality assessments will be conducted on the HMIS data. The activity will adhere to the following data quality standards: validity, integrity, precision, reliability, and timeliness. The quality assessments will be conducted in collaboration with the Ministry of Health, Private health facility staff and the DHMTs. During supervision and mentoring visits the program and technical staff will also conduct data quality checks

Once the data are entered into the Activity database, the Data Specialist will review the data for any obvious errors. If errors are identified, the Data Specialist together with the MEL Specialist will conduct verification of the data with the partners and data sources.

Evaluation Plan

As part of the Activity, the MEL team will conduct an internal performance evaluation in consultation and approval by USAID. It is anticipated that USAID Uganda will conduct a final project evaluation through an external evaluator. In the 4th or 5th year of implementation, the Voucher Plus Activity will undergo an end of project external evaluation commissioned by USAID/Uganda. The Voucher Plus Activity team

will provide all the necessary support needed by the external evaluators, such as providing monitoring data, validating findings, responding to data collection efforts and discussing how the findings will be used to inform project management decisions.

Although the Activity has earmarked September to December 2020 for the end line evaluation, final dates for the exercise shall be communicated by USAID. Uganda Voucher Plus Activity will work closely with the out sourced external evaluation team in conducting the end line evaluation right from design to execution, including providing monitoring data to report on achievement of Activity outputs and outcomes as well as supporting all data collection processes.

The Activity's Management team will use the information gathered from the evaluation process to establish whether the Activity's interventions were implemented as planned, the barriers or obstacles that prevented parts or all of the interventions from being executed, what worked and why; highlight intended and unintended results, and provide strategic lessons to guide future RBF interventions.

The table below summarizes the detailed Activity Evaluation Plan. Included are indicative budget figures, subject to refinement as research activities are finalized.

Table 2: Activity Evaluation Plan

Evaluation Category	Type of Evaluation	Implementation	Purpose	Expected use	Evaluation questions	Estimated 5 Year Budget	Planned start date	Estimated end date
Baseline Survey	Performance	Internally	• Establishing standards and methods for measuring performance • To determine baseline values for selected output and outcome indicators for the Activity • Mapping and physical assessment of facilities as part of the accreditation process	• The baseline will provide a basis for reviewing progress made towards achieving desired results at midterm and end line.	• What is the level of access to and quality of MNCH services at community and facility levels • What are the existing communities' mechanisms, structures and solutions to deal with issues of Maternal and Child health • What are the baseline estimates of key MNCH indicators in Northern and Eastern Region	$10,053	June 2016	Aug 2016
Operations Research (Rapid Cycle Learning)	Performance	Internally	• Assess the viability of voucher schemes • Establish whether quality of care in the private sector is improving • Inform activity management	• Knowledge gained will help us understand the viability of voucher programs as an alternative mechanism for expanding health-financing options. • Knowledge gained will be used to improve quality of care in the private sector.	• Is targeting permitting the program to effectively reach the beneficiary population? • Are voucher service providers using income from vouchers to improve quality of care? • How is the voucher system bolstering improvement in quality of care in participating private sector facilities?	$180,769	July (Each project year)	Sept (Each project year)
Mid-term Review	Performance	Internally	• Assess if approaches have improved women`s health-seeking behaviors • Establish if implementation approaches have improved quality of service • Assess providers' readiness to scale up health financing initiatives	• Evidence will be documented and shared with USAID, MOH and other IPs to inform health-financing strategies. • What is learned can help Activity and other voucher and RBF programs to better incentivize improvements.	• What are the lessons learnt from targeting and what can be tested to improve targeting to the poorest and most vulnerable? • Are voucher programs effective in changing health seeking behavior for pregnant mothers, and improving utilization of safe motherhood services among poor women? • What demand generation and sensitization activities are most successful in increasing service utilization and retention in safe motherhood care?	$33,185	May 2018	Aug 2018

End of Activity Evaluation	Impact	Externally	• Contribution of the voucher programs to improving capacity of private health facilities • Informing other health-financing initiatives	• Lessons learned can help other voucher and RBF programs to better incentivize improvements. • Evidence will be documented and shared with USAID, MOH and other IPs to inform health-financing strategies.	• Were the Activity's interventions implemented as planned? If not, what barriers or obstacles prevented parts or all of the interventions from being executed? • How effective were the Activity's interventions in achieving the goal and objectives? • What is the impact of the Activity's intervention on the poor pregnant women?	USAID Uganda	Sept 2020	Dec 2020
Special Study	Performance	Internally	• Assess the role of introducing structured changes in provider incentives to provider and patient outcomes	• Evidence will be documented and shared with USAID, MOH and other IPs to inform health-financing strategies.	• What effect does the structure of provider incentives have on key provider and patient outcomes	$22,275	Oct 2020	Nov 2020

6. Collaborating, Learning and Adapting

Objectives for collaborating, learning and adapting under the Voucher Plus Activity are two-fold. The first and primary objective is to efficiently and effectively implement the Activity to achieve increased health outcomes, improve quality service delivery, and increase demand. To achieve this first objective, we will actively collaborate with stakeholders, implement rapid cycle learning (RCL) activities and purposeful pauses to understand bottlenecks and identify solutions, and use adaptive management approaches to adjust programming to achieve results. Secondly, we will contribute to USAID's sustainability objectives and inform the GOU's efforts to implement health-financing/social protection mechanisms targeting vulnerable populations, e.g., testing potential results-based financing (RBF) incentives to reward improvements in private providers and implementing a fee-for-service out-put based contracting mechanism with private providers remitting payment when services in the benefit package are provided following MOH standards. To achieve this objective, we will collect and analyze data from RCL, the VMIS, HMIS, and other sources, to identify trends and share with stakeholders, ultimately to contribute to policy decision-making around UHC in Uganda.

Collaborating

The Activity will collaborate closely with stakeholders in the health sector, including the MOH, District Health Teams, The World Bank, Marie Stopes Uganda, Applying Science to Strengthen and Improve Systems (ASSIST), Communication for Healthy Communities (CHC), and others to ensure that Voucher Plus Activity interventions are coordinated with the interventions of other stakeholders. The Activity particularly collaborates with stakeholders engaged in demand creation, improving the quality, access, and availability of MNH and FP services, promotion of voucher schemes with quality components and RBF incentives as innovative health-financing mechanisms, and engagement of the private sector in health service delivery.

The Activity will collaborate with various stakeholders as detailed in the table below.

No.	Stakeholder	Area(s) of Collaboration
1.	Ministry of Health	The Activity will actively engage with the Ministry of Health through PPPH desk, MCH cluster, the Planning Unit, ACP and the PBF unit to: • Encourage wider buy-in for the Uganda Voucher Plus Activity as a feasible strategic financing option. • Seek support in training, quality monitoring and application of national standards to the Activity. • Learn from other partners and share lessons learnt on the Activity. • Participate in various forums and provide lessons to MOH/GOU in the regard to future innovative health-financing strategy.
2.	District leadership	The Activity will collaborate with district leaders to create wider buy-in and seek their support and collaboration during implementation, including: • Collaborating with the political administrative and local leadership (i.e., Chief Administrative Officer, Resident District Commissioners, District Education Committees) to create ownership, seek guidance during implementation, garner support for success of the Activity and for sustaining the financing mechanism beyond the life of the project. • The Activity will work alongside the District Health Teams (such as the DHOs, bio-statisticians, HIV and EMTCT focal persons, and District Health Educators) to promote the Activity, increase reproductive,

No.	Stakeholder	Area(s) of Collaboration
		maternal, neonatal, and adolescent health knowledge among the populations, improve and sustain quality services within the private sector, and foster a strong reporting culture. Collaboration with local governments is also intended to inform district and national planning for health services delivery and financing.
3.	USAID IPs (ASSIST, CHC, UHMG, STAR-E, UPHSP, RHITES etc.) and UHF	The Activity will collaborate with USAID implementing partners (IPs) in the region in an effort to: • Create synergies in community engagement and demand creation. • Bolster quality assurance and quality improvement activities, such as providing tools and processes for private providers to employ continuous quality improvement (CQI) approaches in their facilities. • Create partnerships in the private sector especially in facilities where the Activity co-exists with other partners.
4.	IACC	Through the IACC, the Activity will coordinate with various development partners, MOH, and civil society organizations interested in implementing voucher schemes or other health-financing options. This collaboration is intended to bolster harmonization of approaches, learning, adaption and informing Uganda's future health-financing options such as PBF and national health insurance.

The Voucher Plus Activity team participates in the IACC to discuss implementation modalities, harmonize strategies, discuss common challenges, share data, and discuss lessons learned with the MOH and other partners involved in health-financing initiatives. By collaborating with other development initiatives, the Activity will avoid duplication of interventions and promote complementary efforts, which will ensure more effective use of resources and a wider reach of development efforts.

Learning

The learning component of the Voucher Plus Activity will focus on generating and sharing new evidence; learning from the innovations, lessons, research findings and experiences of other programs; and advancing the body of knowledge around voucher programs and health financing. The research, monitoring and evaluation team will work closely with the program and technical teams to undertake two types of learning approaches to answer questions identified in our Learning Agenda (as described below and in the Learning Plan Summary Table 2).

First, the Activity will use a rigorous but efficient RCL protocol to generate new evidence, test implementation strategies, and measure and analyze results. This will permit us to continuously improve the efficiency and effectiveness of programming while simultaneously capturing relevant learning for knowledge exchange and policy recommendations. We expect RCL to focus on three key questions that have broader implications beyond the private sector and even beyond Uganda, while simultaneously also having significant efficiency and effectiveness implications for the Activity. The questions, which are described in depth in Table 2, will focus on targeting the right beneficiaries and improving quality service delivery.

We will follow a RCL process refined by Abt Associates that will include qualitative and quantitative techniques for answering key questions generated in the learning plan. We will implement our eventual rapid cycle research protocol using existing Activity staff whenever possible to keep costs low.

Secondly, the Activity team will seek to answer questions from our learning agenda using other data analysis approaches. The M&E team will use existing programming data (e.g. VMIS, project reports), along with secondary data including the Uganda Demographic and Health Surveys, LQAS, CHC, ASSIST, and the HMIS datasets and other studies. The Activity team will identify opportunities for coordinating with existing M&E platforms. We will look for trends in increasing safe delivery and other safe motherhood services, as well as increases in access to services among target beneficiaries. We will also look for shared learning that will be relevant to the wider Ugandan health sector.

In the spirit of collaboration and shared learning, the M&E team will draw from the studies conducted by other programs to inform the design of Activity interventions, working closely with QED, USAID, and the MOH Results Based Task Force (RBTF) to ensure the right approaches are applied and that the Activity asks the right questions.

The Activity will support capacity-building efforts that seek to expand M&E activities in the private sector, including regular reporting by the private sector into DHIS2. We will also support the VMIS database and enhanced data analysis and visualization, and we will build the capacity of the database managers. This will create a robust platform easily modified for various health-financing mechanisms targeting vulnerable populations.

6.1.1 Learning Agenda

The purpose of the Voucher Plus Activity learning agenda is to establish and address gaps in the available evidence and share that additional evidence through a collaborative process with the government, USAID and other stakeholders. The learning will be gleaned from available secondary data and by conducting special studies, testing methods to increase quality and utilization of the full package of safe motherhood services, and assessments to address the information gaps. The Activity team will foster coordination with other health-financing initiatives to coordinate planning and implementation of activities, promote shared learning, disseminate evidence and to apply lessons to Activity implementation.

A number of learning and analysis approaches will be used to assess Activity learning themes. Approaches adopted will include but not limited to process monitoring of impact, lessons learned, MSC stories, outcome harvesting and stakeholder feedback. The main learning agenda questions include:

Short-term learning questions:

1. What are the lessons learnt from the mapping and selection of private providers and how can this process be improved?
2. Are targeting mechanisms effectively reaching the beneficiary population? If not, what are the challenges, lessons learnt and what has or can be tested to improve targeting to the poorest and most vulnerable?
3. What demand generation and sensitization activities are most successful in increasing service utilization and retention in safe motherhood care, for mothers, including youth?
4. What does the voucher activity reveal about poor clients' willingness and ability to pay for quality healthcare services?

Long-term learning questions:

1. How are voucher program activities and mechanisms to increase client centered health service delivery in private facilities improving utilization of multiple services offered in voucher scheme?

2. How does the output-based fee-for-service financing mechanism stimulate improvements in the capacity of the private providers to deliver quality services?
3. Have owners' capability to contract improved? How can the skills and lessons learnt be replicated in contracting with government? What contracting requirements should be in place to promote quality?
4. Does the introduction of non-financial acknowledgement and opportunities for professional growth, stimulate VSPs to pursue quality service delivery?
5. "How are voucher service providers using income from vouchers? Are they using the income to improve the quality of care?
6. How does the voucher activity contribute to supporting other initiatives to deliver RMNCH services to the poor?
7. How is the voucher system bolstering improvement in quality of care in participating private sector facilities?

The learning plan summary identifies the specific learning question to be investigated each year. The learning questions will be reviewed each year and new questions, especially short-term questions, potentially added as the Activity progresses.

6.1.2 Learning Plan

The learning plan of the Voucher Plus Activity aims to ensure coordination with other health-financing activities implemented or planned in Uganda. The goal of the leaning plan is to ensure that robust evidence on the role and results of voucher interventions that target poor women with RMNCH services. The findings will also inform the implementation of health-financing mechanisms, including RBF in Uganda.

Implementation of the learning plan will be led by the Voucher Plus M&E team, supported by the country program and technical teams and the Abt Home Office. The success of the learning plan is dependent on strong participation by other implementing partners, government and other health-financing stakeholders. The Activity will contribute to the dialogue on health financing by sharing lessons learnt from implementation.

The learning plan is summarized in Table 2 below. The questions for consideration for the RCL approach and protocol are included in bold red font.

Table 3: Learning Plan Summary

Issue/Topic	Learning Plan		When will the learning occur? At which points will learning be integrated into our work?	Who will lead and be involved in learning? What expertise will we draw on?	What tools, methods or techniques will we use to capture/record what we learn?	How will we share what we have learned, and with whom will we share it?	Which (how much) resources will be set aside to support learning?
	What do we want or need to learn?	How we will use new knowledge and apply what we have learned					
Informing other health-financing initiatives	What are the lessons learnt from the mapping and selection of private providers and how can this process be improved?	Evidence will be documented and shared with USAID, MOH and other IPs to inform health-financing strategies.	Year 2	MEL Specialist, Data Specialist, HQ M&E Lead and Health-financing Advisor	Internal documents, KIIs with stakeholders and program staff knowledge.	Research brief to share with USAID, MOH and other IPs to inform health-financing strategies.	Utilize existing resources.
Viability of implementation approach in targeting the key beneficiaries of the Voucher Plus Activity	Are targeting mechanisms effectively reaching the beneficiary population? If not, what are the challenges, lessons learnt and what has or can be tested to improve targeting to the poorest and most vulnerable?	The new knowledge will help us to understand how to improve targeting mechanisms for indigent populations who will eventually quality for a social safety net or highly subsidized health benefit package under NHI.	Year 3	MEL Specialist, Data Specialist, HQ M&E Lead and Health Economist	RCL or operations research to determine how to improve targeting for activity, using client surveys, VMIS data, supervisory data from SBCC Officers. Outcome data from facility HMIS data and district DHIS2 data.	Presentations during activity meetings, national Budget Sector Working Group (RBF sub-group) meetings, and through Learning Brief, and quarterly newsletters	Stationery, Venue for meetings in case Voucher Plus Activity is the host, transport and accommodation for ongoing supervision visits in facilities and communities, client survey protocols
Effective demand generation activities to increasing poor women seeking voucher services	What demand generation and sensitization activities are most successful in increasing service utilization and retention in safe motherhood care, for mothers, including youth?	Evidence will be documented and shared with USAID, MOH and other IPs to inform health-financing strategies that seek to include a demand generation component to increase uptake of services offered in RBF or insurance benefit packages.	Year 3	MEL Specialist, Data Specialist, HQ M&E Lead, SBCCOs, and IVEA partner	KIIs with stakeholders, Client surveys, including exit and tracing surveys, and VCBD interviews	Presentations during activity meetings, national meetings (including MOH and IP), and learning briefs and quarterly newsletters.	Stationery, Venue for meetings when the Voucher Plus Activity is the host, transport and accommodation (when travel is required).

Issue/Topic	Learning Plan						
	What do we want or need to learn?	How we will use new knowledge and apply what we have learned	When will the learning occur? At which points will learning be integrated into our work?	Who will lead and be involved in learning? What expertise will we draw on?	What tools, methods or techniques will we use to capture/record what we learn?	How will we share what we have learned, and with whom will we share it?	Which (how much) resources will be set aside to support learning?
Perceived value of subsidized package of safe motherhood care	What does the voucher activity reveal about poor clients' willingness and ability to pay for quality healthcare services?	Evidence will be documented and shared with USAID, MOH and other IPs to inform health-financing strategies.	Year 3 and 4	MEL Specialist, Data Specialist, and HQ M&E Lead and Health Economist, SBCCOs,	**RCL to analyze service quality and client understanding of health services and value of services** examining WTP across configurations. Include client feedback from surveys conducted during routine facility visits.	Presentations during activity meetings, national Budget Sector Working Group (RBF sub-group) meetings, and through Learning Brief, and quarterly newsletters	Stationery, Venue for meetings when the Voucher Plus Activity is the host, transport and accommodation (when travel is required).
Increasing poor women`s health-seeking behaviors	How are voucher program activities and mechanisms to increase client centered health service delivery in private facilities improving utilization of multiple services offered in voucher scheme?	Evidence will be documented and shared with USAID, MOH and other IPs to inform health-financing strategies to ensure and improve quality service delivery	Year 4	MEL Specialist, Data Specialist, HQ M&E Lead, DCOP and Clinical Team, SBCCOs, and IVEA partner	Analysis of performance data (e.g., assisted deliveries, ANC attendance, and mortality rates), HMIS data, and Client surveys, including exit and tracing surveys, observation from clinical teams and MNH focal point district counterparts, and VCBD interviews.	Presentations during activity meetings, national meetings (including with MOH and IP), and learning briefs and quarterly newsletters.	Stationery, Venue for meetings when the Voucher Plus Activity is the host, transport and accommodation (when travel is required).

Issue/Topic	Learning Plan						
	What do we want or need to learn?	**How we will use new knowledge and apply what we have learned**	**When will the learning occur? At which points will learning be integrated into our work?**	**Who will lead and be involved in learning? What expertise will we draw on?**	**What tools, methods or techniques will we use to capture/record what we learn?**	**How will we share what we have learned, and with whom will we share it?**	**Which (how much) resources will be set aside to support learning?**
Contribution of the voucher programs to improving capacity of private health facilities, including systems and quality services	• How does the output-based fee-for-service financing mechanism stimulate improvements in the capacity of the private providers to deliver quality services? • Have owners' capability to contract improved? How can the skills and lessons learnt be replicated in contracting with government? What contracting requirements should be in place to promote quality? • Does the introduction of non-financial acknowledgement and opportunities for professional growth, stimulate VSPs to pursue quality service delivery? • "How are voucher service providers using income from vouchers? Are they using the income to improve the quality of care?	What is learned can help other health financing mechanisms design programs to ensure quality outcomes and promote CQI in contracted facilities Evidence will be documented and shared with USAID, MOH and other IPs to inform health-financing strategies.	Year 4 - 5	MEL Specialist, Data Specialist, HQ M&E Lead and Health Economist, VMA team	**RCL or operations research on how best to incentivize private health facilities.** Testing contracting requirements for quality and testing incentives to encourage quality. Provider surveys and outcome harvesting from VMIS. Facilities validation Annual audits etc.	Presentations during activity meetings, national Budget Sector Working Group (RBF sub-group) meetings, and through Learning Brief, and quarterly newsletters	Stationery, Venue for meetings when the Voucher Plus Activity is the host, transport and accommodation (when travel is required).
Informing other health-financing initiatives	• How does the voucher activity contribute to supporting other initiatives to deliver RMNCH services to the poor? • How is the voucher system bolstering improvement in quality of care in participating private sector facilities?	Evidence will be documented and shared with USAID, MOH and other IPs to inform strategies for collaboration and cooperation	Year 5	MEL Specialist, Data Specialist, HQ M&E Lead and Health-financing Advisor	Key informant interviews with key stakeholders.	Presentations during activity meetings, national and sharing of success stories and lessons learnt in CLA brief	Stationery, transport and accommodation (when travel is required).

* **Rapid Cycle Learning questions are bolded in red above.**

Adapting

The Activity team will use adaptive management techniques to ensure the activity uses evidence to adjust program implementation, and to support effective management.

Abt Associates will apply lessons learned internally and externally to facilitate mid-course corrections and adjustments to programming strategies with the goal of ensuring effectiveness and efficiencies in implementation and management of the Activity with an eye towards results.

The purpose of the RCL approach described in section 5.1.2 is to rapidly learn and then apply potential small changes in programming to measure and achieve greater improvements in health outcomes. When implementing a health-financing mechanism there is the potential for many unforeseen challenges and adverse consequences. Using a RCL approach allows for constant learning and adapting to most effectively respond to changing circumstances and overcome bottlenecks.

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APPENDIX I: MONITORING, EVALUATION & LEARNING TASK SCHEDULE

Tasks	USAID Fiscal Year 2016				FY2017				FY2018				FY2019				FY2020				FY2021	
	n/a	Q2 [1]	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2 [2]
Development of the AMELP, data collection tools and orientation of staff and partners																						
AMELP update																						
Gender and youth assessments																						
Development of the VMIS, partner databases and orientation of staff and partners																						
Development of SOPs																						
HMIS training and mentoring for private providers																						
Monitoring and support supervision visits to partners and accredited facilities																						
Routine performance data verification and																						

1 Uganda Voucher Plus Activity began January 27, 2016 (Q2 of FY2016)

2 Uganda Voucher Plus Activity ends January 26, 2021 (Q2 of FY2021)

Tasks	USAID Fiscal Year 2016				FY2017				FY2018				FY2019				FY2020				FY2021	
	n/a	Q2 [1]	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2 [2]
entry into the PRS, VPMIS and partner databases																						
Analysis of program data																						
Periodic data quality assessments																						
Quarterly performance reviews																						
Annual performance reviews																						
Operations research																						
Learning activities																						
Midterm review																						
End of project evaluation																						

APPENDIX II: LINKAGE OF THE ACTIVITY'S IRs TO THE CDCS 2.0 DO2 & DO3.

Activity's Intermediate Results	Linkage to CDCS 2.0 DO2 & DO3
IR1(Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts)	**DO2 IR2.1**(Adoption of reproductive health behaviors increased) **DO 2 IR 2.2**(Child well-being improved)
SIR1.1(Demand For MNCH and FP Services in the Private Sector by the poor Created in the Designated program Districts	**DO2 SIR 2.1.3**(Demand for reproductive health services increased)
SIR 1.2(Access to Comprehensive MNCH and FP Services in the Private Sector Improved)	**DO2 SIR 2.1.2**(Access to reproductive health services increased) **DO3 SIR 3.3.2**(Availability and management of quality commodities improved)
SIR 1.3(Quality of MNCH and FP Services at Participating Private Sector Facilities Improved)	**DO2 SIR 2.2.4**(Neonatal care and services improved) **DO3 SIR 3.3.1**(Availability of skilled and motivated workforce increased) **DO3 SIR 3.3.2**(Availability and management of quality commodities improved) **DO3 SIR 3.3.4**(Availability and functionality of infrastructure enhanced)
IR2(Increased Capacity of Uganda's Public and Private Sectors to Develop Longer Term Health Financing Options)	**Do3 IR 3.3**(key elements of systems strengthened)
SIR 2.1(Local Organizations' Capacity to Implement Output-Based Health Programs Strengthened)	**Do3 IR 3.3.3**(Availability and management of financial resources improved) **DO3 SIR 3.3.4**(Availability and functionality of infrastructure enhanced) **DO3 SIR 3.3.5**(Availability and utilization of quality data at all levels for decision making increased)

APPENDIX III: PERFORMANCE INDICATOR REFERENCE SHEETS

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector
Name of Indicator: Maternal Mortality Ratio
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): **Definition:** Maternal Mortality Ratio measures **t**he number of maternal deaths per 100,000 live births. A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, and can stem from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.
Unit of Measure: Number per 100,000 live births
Disaggregated by: Region
Rationale or Justification for indicator *(optional)*: The maternal mortality ratio measures obstetric risk i.e., the risk of dying once a woman is pregnant.
PLAN FOR DATA COLLECTION BY USAID
Data Source: UDHS
Method of data collection: Review of data reported by the Demographic Health Survey
Reporting Frequency: 5 years
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: Health workers involved in data capture will be oriented on how to fill the registers, claims forms and the importance of data quality. Onsite mentoring and follow up will also be conducted.
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):* No Targets set for the indicator. This is a context indicator and will be reported on using data from the UDHS.
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector
Name of Indicator: Case Fatality Rate
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): **Definition:** Measures the proportion of women with major obstetric complications who die in a facility within a reference period. Where deaths from the following complications are in-cluded; Hemorrhage (antepartum, intrapartum or post-partum), Prolonged/obstructed labor; Postpartum sepsis; Complications of abortion; Pre-eclampsia/eclampsia; Ectopic pregnancy; and Ruptured uterus.
Unit of Measure: Percentage
Disaggregated by: District, Level of Facility and Age Group.
Rationale or Justification for indicator *(optional)*: The indicator measures facility performance, in particular, quality and promptness of care. It is most useful when comparisons are made over time for the same facility. The CFR has an extremely strong causal link to maternal mortality at the facility level. Its relationship to maternal mortality in the general population depends on the proportion of women with obstetric complications who are managed in facilities. The higher the number of these women managed in facilities is, the closer the relationship between CFRs and the level of maternal mortality in the general population
PLAN FOR DATA COLLECTION BY USAID
Data Source: Facility Clinical Files
Method of data collection: Compiling of monthly service delivery reports from participating facilities
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: Health workers involved in data capture will be oriented on how to fill the registers, claims forms and the importance of data quality. Onsite mentoring and follow up will also be conducted.
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):* Targets are set based on national targets and current case fatality rates in the country
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector
Name of Indicator: Perinatal Mortality Rate
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): The indicator measures the number of perinatal deaths per 1000 total births. A perinatal death is a fetal death (stillbirth) or an early neonatal death (death within the first 7 days of life)
Unit of Measure: Number (per 1000 births)
Disaggregated by: Region, District and Level of Facility.
Rationale or Justification for indicator *(optional)*: The Perinatal Mortality Rate is a key outcome indicator for newborn care and directly reflects prenatal, intrapartum, and newborn care. It has also been proposed as a proxy measure of maternal health status and mortality
PLAN FOR DATA COLLECTION BY USAID
Data Source: Activity Claim forms
Method of data collection: Compiling of monthly service delivery reports from participating facilities
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: Health workers involved in data capture will be oriented on how to fill the registers, claims forms and the importance of data quality. Onsite mentoring and follow up will also be conducted.
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):* Targets are set based on national targets and the Perinatal Mortality Rate rates in the country
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet

Name of Result Measured:
Strategic Objective: Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector

Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts

Name of Indicator: Met Need for Essential Obstetric Care

Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____
If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s):
The indicator measures the percentage of all women with major direct obstetric complications who are treated in a health facility providing emergency obstetric care (EmOC) in a given reference period. The direct or major obstetric complications include: Hemorrhage (antepartum, intrapartum, or post-partum), prolonged/obstructed labor; postpartum sepsis; complications of abortion; severe pre-eclampsia/eclampsia; ectopic pregnancy; and ruptured uterus. The number of women with a major obstetric complication includes both women admitted with the complication and women who develop the complication in the facility.

Numerator: Number of women with a major direct obstetric complication who are appropriately managed in voucher supported facilities
Denominator: Number of women with major obstetric complications in voucher supported facilities

Unit of Measure: Percentage

Disaggregated by: Region, District, age group and Level of Facility.

Rationale or Justification for indicator *(optional)*:
The purpose of this indicator is to gauge the level of use of EmOC services by women experiencing a major obstetric complication in a specified time period and geographical area. Met need is a more refined measure of the use of EmOC than proportion of all births in EmOC facilities.

PLAN FOR DATA COLLECTION BY USAID

Data Source: Facility records (Case/ Clinical notes)

Method of data collection: Compiling of monthly service delivery reports from participating facilities

Reporting Frequency: Annually

Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist

DATA QUALITY ISSUES

Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done

Date of Future Data Quality Assessments *(optional):* Annually

Known Data Limitations: Health workers involved in data capture will be oriented on how to fill the registers, claims forms and the importance of data quality. Onsite mentoring and follow up will also be conducted.

TARGETS AND BASELINE

Baseline timeframe *(optional):* Baseline year is 2016

Rationale for Targets *(optional):* Targets are set based on national targets and current Met Need for Essential Obstetric Care in the country

CHANGES TO INDICATOR

Changes to indicator: There are no changes to the indicator

Other Notes *(optional):*

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet

Name of Result Measured:
Strategic Objective: Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector

Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts

Name of Indicator: Cesarean Section Rates

Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____
If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s):
This is the percent of pregnant women who have a caesarean section. The indicator measures the percent of pregnant women who have a cesarean section (C-section) in voucher supported facilities in given reference period.

Unit of Measure: Percentage

Disaggregated by: Region, District, age group and Level of Facility.

Rationale or Justification for indicator *(optional)*:
This indicator demonstrates the extent to which a particular life-saving obstetric service is being performed in emergency obstetric care facilities. It reflects the accessibility and utilization of services as well as the functioning of the health service system. The appropriate use of a C-section leads to a decrease in maternal mortality and morbidity, as well as a decrease in perinatal morbidity and mortality. While cesarean sections may be performed solely for the health of the fetus or newborn, in developing countries the vast majority relate to maternal indications. Many of the major pre- and intrapartum causes of maternal mortality and morbidity require the use of this procedure to save the woman's life or to prevent serious morbidity.

Numerator: Number of pregnant women with cesarean section in voucher supported facilities
Denominator: Number of live births in voucher supported facilities

PLAN FOR DATA COLLECTION BY USAID

Data Source: Maternity Register

Method of data collection: Compiling of monthly service delivery reports from participating facilities

Reporting Frequency: Quarterly

Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist

DATA QUALITY ISSUES

Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done

Date of Future Data Quality Assessments *(optional):* Annually

Known Data Limitations: Health workers involved in data capture will be oriented on how to fill the registers, claims forms and the importance of data quality. Onsite mentoring and follow up will also be conducted.

TARGETS AND BASELINE

Baseline timeframe *(optional):* Baseline year is 2016

Rationale for Targets *(optional):* Targets are set based on national targets and current Cesarean section rate in the country

CHANGES TO INDICATOR

Changes to indicator: There are no changes to the indicator

Other Notes *(optional):*

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet

Name of Result Measured:
Strategic Objective: Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector

Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts

Name of Indicator: Facility Still Birth Rate

Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____
If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s):
The indicator measures the number of stillbirths per 1000 births (live and stillbirths). Stillbirths are defined as third trimester fetal deaths (≥ 1000 g or ≥28 weeks). Stillbirths can occur antepartum or intrapartum. In many cases, stillbirths reflect inadequacies in antenatal care coverage or in intrapartum care.

Unit of Measure: Number (per 1000 births)

Disaggregated by: Fresh/ Macerated, Sex, Region, District, age group and Level of Facility.

Rationale or Justification for indicator *(optional)*:
This indicator demonstrates the extent to which a particular life-saving obstetric service is being performed in emergency obstetric care facilities. It reflects the accessibility and utilization of services as well as the functioning of the health service system. The appropriate use of a C-section leads to a decrease in maternal mortality and morbidity, as well as a decrease in perinatal morbidity and mortality. While cesarean sections may be performed solely for the health of the fetus or newborn, in developing countries the vast majority relate to maternal indications. Many of the major pre- and intrapartum causes of maternal mortality and morbidity require the use of this procedure to save the woman's life or to prevent serious morbidity.

Numerator: Number of still births in voucher supported facilities
Denominator: Total number of births that take place in voucher Plus Activity facilities

PLAN FOR DATA COLLECTION BY USAID

Data Source: Maternity Register

Method of data collection: Compiling of monthly service delivery reports from participating facilities

Reporting Frequency: Quarterly

Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist

DATA QUALITY ISSUES

Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done

Date of Future Data Quality Assessments *(optional):* Annually

Known Data Limitations: None

TARGETS AND BASELINE

Baseline timeframe *(optional):* Baseline year is 2016

Rationale for Targets *(optional):* Targets are set based on national targets and current Cesarean section rate in the country

CHANGES TO INDICATOR

Changes to indicator: There are no changes to the indicator

Other Notes *(optional):*

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet

Name of Result Measured:
Strategic Objective: Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector

Intermediate Result: IR1 Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts:

Name of Indicator: Percentage of deliveries attended by skilled health personnel.

Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____
If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s):
The indicator measures the percentage of births attended by skilled health personnel. The skilled attendant is an accredited health professional who possesses the knowledge and a defined set of cognitive and practical skills that enable the individual to provide safe and effective health care during childbirth to women and their infants. Skilled attendants include midwives, doctors, and nurses with midwifery and life-saving skills.

Numerator: Number of births attended by skilled personnel in voucher supported facilities
Denominator: Total number of births in voucher supported facilities.

Unit of Measure: Percentage

Disaggregated by: Type of delivery (Normal, C-section or assisted), level of facility and Age Group

Rationale or Justification for indicator *(optional)*:
The indicator provides information on women's use of delivery care services. It helps program management at district, national and international levels by indicating whether safe motherhood programs are on target with making professional assistance at delivery available and used. In addition, the proportion of births attended by skilled health personnel is a measure of the health system's functioning and potential to provided adequate coverage for deliveries. Increasing the proportion of deliveries with a skilled attendant is the single most critical intervention for reducing maternal mortality. Moreover, the proportion of births with a skilled attendant is a benchmark indicator for monitoring progress towards the Sustainable Development Goals.

PLAN FOR DATA COLLECTION BY USAID

Data Source: Maternity Register

Method of data collection: Compiling of monthly service delivery reports from participating facilities

Reporting Frequency: Quarterly

Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist

DATA QUALITY ISSUES

Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done

Date of Future Data Quality Assessments *(optional):* Annually

Known Data Limitations: None

TARGETS AND BASELINE

Baseline timeframe *(optional):* Baseline year is 2016

Rationale for Targets *(optional):* Targets are set based on national targets and current percent of deliveries attended by skilled health personnel in the country

CHANGES TO INDICATOR

Changes to indicator: There are no changes to the indicator

Other Notes *(optional):*

THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts**
Name of Indicator: Percentage of births delivered at a health facility
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): The indicator measures the proportion of births in all health facilities in the area or 'institutional births' or 'institutional deliveries'. **Numerator**: Number of deliveries that take place in voucher supported facilities. **Denominator:** Expected targeted number of deliveries for the voucher plus activity.
Unit of Measure: Percentage
Disaggregated by: Region, district, Age Group, level of facility
Rationale or Justification for indicator *(optional)*: To reduce maternal and infant mortality, the optimal long-term objective is that all births take place in health facilities in which obstetric complications can be treated when they arise. The indicator also allows comparison of the proportion of births in emergency obstetric care facilities with the proportion of births in all facilities. This indicates the extent to which other facilities provide delivery services.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Maternity Register
Method of data collection: Compiling of monthly service delivery reports from participating facilities
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: Health workers involved in data capture will be oriented on how to fill the registers, claims forms and the importance of data quality. Onsite mentoring and follow up will also be conducted.
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):* Targets are set based on national targets and current percent of births delivered at a health facility in the country.
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts**
Name of Indicator: Percent of mothers initiating breastfeeding within 1 hour after birth
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): This indicator is used to track the number of newborns provided with mother's breast milk within one hour of birth.
Unit of Measure: Percentage
Disaggregated by: District, Age Group and Level of facility
Rationale or Justification for indicator *(optional)*: This indicator assesses the practice of placing the newborn at the mother's breast within one hour after birth (ideally immediately following birth), and serves as a proxy for the timely initiation of breastfeeding. Mothers are more likely to successfully initiate lactation breastfeeding, to encounter fewer problems, and to maintain optimal breastfeeding behaviors if they initiate breastfeeding shortly after birth.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Maternity Register
Method of data collection: Review of Facility Maternity Register
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Semi annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts**
Name of Indicator: Percentage of women who attended at least four times for antenatal care during pregnancy
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): Antenatal care is the routine checkup of pregnant women in order to assess their obstetric conditions. WHO recommends four antenatal visits as key to improving pregnancy outcomes. A standard package of ANC services includes clinical examination and blood testing to detect HIV, syphilis, malaria and severe anemia, tests for other sexually transmitted infections (STIs), blood type and rhesus tests, tetanus toxoid immunization, gestational age estimation, uterine height, blood pressure, maternal weight and height, iron/Folic acid supplementation, and recommendations for emergencies. **Numerator:** Number of pregnant women in the voucher program who attend all four ANC visits **Denominator:** All voucher covered pregnant mothers
Unit of Measure: Percentage
Disaggregated by: District, age group, number of ANC visits, facility type (private for profit, private not for profit and private wings of public facilities) and level (HCII, HCIII, HCIV and Hospital).
Rationale or Justification for indicator *(optional)*: Many health problems experienced by pregnant women can be prevented, detected and treated during ANC visits with trained health workers. Receiving ANC care during pregnancy does not guarantee that women received all of the recommended and necessary interventions. However, at least four ANC visits increases the likelihood of receiving the full range of interventions. Tracking this indicator will be crucial in order to assess whether vouchers increase the percentage of pregnant women attending all the 4 ANC visits.
PLAN FOR DATA COLLECTION BY USAID
Data Source: ANC registers and claims reimbursement records
Method of data collection: Compiling of monthly service delivery reports from participating facilities
Reporting Frequency: Annually
Individual(s) responsible: M&E Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: Recording of ANC visit (whether 1st, 2nd, 3rd etc.) might not be consistent in the ANC register thereby affecting the calculation of the indicator. Onsite mentoring and follow up will also be conducted.
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016.
Rationale for Targets *(optional):* Targets are set based on historical data for facility deliveries from DHS data for at least three rounds. District HMIS data and facility service statistics on deliveries was reviewed to understand past trends in performance. Targets assume that project activities will contribute to a higher utilization of four ANC services.
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts**
Name of Indicator: Percentage of infants born to voucher covered women living with HIV receiving ARVs as prophylaxis for elimination of mother-to-child transmission (EMTCT)
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): Elimination of mother to child transmission is a commonly used term for interventions designed to drastically reduce or eliminate the risk of mother to child transmission of HIV. **Numerator:** Number of infants born to voucher covered women living with HIV who received antiretroviral drugs. **Denominator:** All infants born to voucher covered women living with HIV.
Unit of Measure: Percentage
Disaggregated by: District, age group, facility type (private for profit, private not for profit and private wings of public facilities) and level (HCII, HCIII, HCIV and Hospital).
Rationale or Justification for indicator *(optional)*: Elimination of HIV transmission from mother to child reduces infant mortality and is a first line of defense against the spread of the epidemic. This indicator will allow Abt and partners to monitor progress in reaching HIV-exposed infants with ARVs as prophylaxis for the elimination of mother-to-child transmission.
PLAN FOR DATA COLLECTION BY USAID
Data Source: HIV exposed infant registers at the participating facilities and claims reimbursement records
Method of data collection: Compiling of monthly service delivery reports from participating facilities
Reporting Frequency: Semi annually
Individual(s) responsible: M&E Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Semi annually
Known Data Limitations: Health workers involved in data capture will be oriented on how to fill the registers and the importance of data quality. Onsite mentoring and follow up will also be conducted.
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016.
Rationale for Targets *(optional* District HMIS data and facility service statistics for the last one year were reviewed to understand past trends in performance and project future targets. Reference was also made to the 2015 Ministry of Health HIV/AIDS Country Progress Report.
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts**
Name of Indicator: Percentage of voucher covered pregnant women living with HIV who received antiretroviral drugs to reduce the risk of mother-to-child transmission (MTCT) with HIV
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): Mother to child transmission of HIV is the spread of HIV from an infected woman to her child during pregnancy, childbirth (also called labor and delivery), or breastfeeding (through breast milk). Mother-to-child transmission is the most common way that children become infected with HIV. **Numerator:** Number of voucher covered pregnant women living with HIV who received antiretroviral drugs **Denominator:** All voucher covered pregnant women living with HIV.
Unit of Measure: Percentage
Disaggregated by: District, age group, facility type (private for profit, private not for profit and private wings of public facilities) and level (HCII, HCIII, HCIV and Hospital)
Rationale or Justification for indicator *(optional)*: MOH guidelines require that all pregnant mothers who test HIV positive be enrolled into a PMTCT program to reduce the risk of mother to child transmission with HIV. This indicator will be tracked to assess progress made in reducing MTCT in Activity focus districts.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Claims reimbursement records, ANC & HIV Counseling and Testing Registers
Method of data collection: Monthly service delivery reports from participating facilities
Reporting Frequency: Quarterly
Individual(s) responsible:M&E Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Semi annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016.
Rationale for Targets *(optional):* District HMIS data and facility service statistics for the last one year were reviewed to understand past trends in performance and project future targets. Reference was also made to the 2015 Ministry of Health HIV/AIDS Country Progress Report.
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts**
Name of Indicator: Percentage of Mothers receiving PNC checks within 6weeks of childbirth
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): The indicator measures the percentage of pregnant women seen by a skilled health provider within the first 6 weeks following delivery. The indicator measures the number of women within the early postpartum period who are attended by skilled health personnel during the first 6 weeks following delivery and all live births during the same time period. The number of live births is a proxy for the numbers of all women who need postnatal care. **Numerator:** Number of women attended during the first 6 weeks of postpartum by skilled personnel x 100 **Denominator:** Total number of live births
Unit of Measure: Percentage
Disaggregated by: District, Age group and Facility Level
Rationale or Justification for indicator *(optional)*: The main purpose of the indicator is to provide information on women's use of postpartum services in the postpartum period. It provides information on the use of postnatal services and a measure of access to services for newborns in this critical period. Services offered during postnatal care include; checking the cord, counseling on danger signs, assessing temperature, counseling on breastfeeding, observing breastfeeding and weighing the baby among others.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Postnatal Register
Method of data collection: Review of Facility Postnatal Register
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Quarterly
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts**
Name of Indicator: Percentage of newborns not breathing at birth who were resuscitated in USG-supported programs
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): This indicator tracks the proportion of newborns that were resuscitated with either (1) stimulation and/or bag and mask provided by a USG-assisted program, and/or (2) by a health worker trained in resuscitation by USG-assisted program.
Unit of Measure: Percentage
Disaggregated by: District, Sex and Facility Level
Rationale or Justification for indicator *(optional)*: The use of this indicator aligns with the USAID-supported global initiative of Every Newborn Action Plan (ENAP) to reduce preventable neonatal mortality and stillbirths. Providing services to improve newborn survival is a fundamental driver of USAID's commitment to Ending Preventable Child & Maternal Deaths (EPCMD). This indicator will measure the capacity of facilities to provide life-saving support to newborns. It also links directly to the interventions prioritized in the EPCMD Dashboard, an internal progress management tool.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Postnatal Register
Method of data collection: Review of Facility Postnatal Register
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Quarterly
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts**
Name of Indicator: Proportion of reported perinatal deaths with completed audits
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): This indicator tracks the number of perinatal death audits conducted in voucher plus supported facilities. Perinatal death audit is a process of assessing factors related to a perinatal death. The main aim of a perinatal death audit is to identify avoidable factors so that perinatal death could be reduced by taking appropriate actions against identified preventable factors.
Unit of Measure: Percentage
Disaggregated by: District, Level of facility and Age group
Rationale or Justification for indicator *(optional)*: An audit is one of many established mechanisms for improving provider performance. Case reviews or audits, which entail collecting and analyzing data, can be critical to improving the quality of obstetric care and thus reduce perinatal and maternal morbidity and mortality.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Perinatal Death Audit Reports and Maternity Registers
Method of data collection: Review of Facility Perinatal Death Audit Reports and Maternity Registers
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Quarterly
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts**
Name of Indicator: Proportion of reported maternal deaths with completed audits
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): This indicator tracks the number of maternal death audits conducted in the activity facilities. A maternal death audit is an in-depth systematic review of maternal deaths to delineate their underlying health social and other contributory factors, and the lessons learned from such an audit are used in making recommendations to prevent similar future deaths.
Unit of Measure: Percentage
Disaggregated by: District, Level of facility and Age group
Rationale or Justification for indicator *(optional)*: An audit is one of many established mechanisms for improving provider performance. Case reviews or audits, which entail collecting and analyzing data, can be critical to improving the quality of obstetric care and thus reduce maternal morbidity and mortality.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Maternal Death Audit Reports and Maternity Registers
Method of data collection: Review of Facility Maternal Death Audit Reports and Maternity Registers
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Quarterly
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: IR1: Increased utilization of High Quality Voucher-covered MNCH and FP Services in Designated program Districts**
Name of Indicator: Percentage of women giving birth who received uterotonic in the third stage of labor (OR immediately after birth) through USG-supported programs
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): The indicator tracks the number of women who gave birth who received an uterotonic in the third stage of labor (Or immediately after birth) supplied by a USG-assisted program or with assistance of a health worker trained by a USG-assisted program. Uterotonic could include oxytocin or misoprostol. Uterotonics represent one element of active management of third stage of labor (AMTSL) and are used to prevent postpartum bleeding.
Unit of Measure: Percentage
Disaggregated by: District, age group, sero status, facility level
Rationale or Justification for indicator *(optional)*: The use of this indicator aligns with the USAID-supported global initiative of Ending Preventable Maternal Mortality (EPMM). USAID is committed to eliminating significant inequities that lead to disparities in access, quality and outcomes of care within and between countries. Providing essential services to all pregnant women is a fundamental driver of USAID's commitment to Ending Preventable Child & Maternal Deaths. It also links directly to the interventions prioritized in the EPCMD Dashboard.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Maternity Register
Method of data collection: Review of Maternity Register
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Semi annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR1.1: Demand For MNCH and FP Services in the Private Sector by the poor Created in the Designated program Districts**
Name of Indicator: Number of USG-assisted Community Health workers (CHWs) providing Family Planning (FP) information, referrals, and/or services.
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): USG-assisted: Funded with congressionally-earmarked FP funds for any kind of assistance. Community Health Workers (CHW): Any type of CHW as defined by country programs. FP Information: FP information and/or FP counseling provided by a CHW FP Services: FP referrals and/or methods provided by a CHW.
Unit of Measure: Number
Disaggregated by: District and sex
Rationale or Justification for indicator *(optional)*: Increased FP use is related to its physical availability through numerous sites, including door-to-door offering of FP information and/or services, especially if the information and/or services are offered in a quality, client-friendly, convenient and affordable manner. Increased family planning use reduces the unmet need for FP, number of unintended pregnancies, number of abortions, and neonatal, infant, child and maternal mortality and morbidity. Over time, these CHWs may receive less USG assistance, ultimately graduating from it, as the host government and local NGOs/FBOs assume increasing and complete ownership and responsibility. VHTs will play a key role in creating sustainable demand for MNCH and FP services available at accredited health facilities by mobilizing communities and selling vouchers to eligible women. Therefore tracking of capacity-building efforts will be vital. Equipping VHTs with skills ensures that they relay accurate information about the voucher program.
PLAN FOR DATA COLLECTION BY USAID
Data Source: VCBD Daily Registers
Method of data collection: Review of VCBD daily activity registers
Reporting Frequency: Quarterly
Individual(s) responsible: CDFU M&E Officer
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Semi annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016.
Rationale for Targets *(optional):* 120 private facilities will be accredited and each facility will have two village health workers recruited to create demand for available services within the facility catchment area. 240 village health workers will be trained i.e. 80 in Year 1 and 160 in Year 2. It is anticipated that in Year 3 about 120 VHT members might need refresher training or some might drop out due to various reasons and new ones recruited.
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR1.1: Demand For MNCH and FP Services in the Private Sector by the poor Created in the Designated program Districts**
Name of Indicator: Number of additional USG-assisted community health workers (CHWs) providing family planning (FP) information and/or services during the year
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): USG-assisted: Funded with congressionally-earmarked FP funds for any kind of assistance. Community Health Workers (CHW): Any type of CHW as defined by country programs. FP Information: FP information and/or FP counseling provided by a CHW FP Services: FP referrals and/or methods provided by a CHW.
Unit of Measure: Number
Disaggregated by: Age and sex
Rationale or Justification for indicator *(optional)*: Increased FP use is related to its physical availability through numerous sites, including door-to-door offering of FP information and/or services, especially if the information and/or services are offered in a quality, client-friendly, convenient and affordable manner. Increased family planning use reduces the unmet need for FP, number of unintended pregnancies, number of abortions, and neonatal, infant, child and maternal mortality and morbidity. Over time, these CHWs may receive less USG assistance, ultimately graduating from it, as the host government and local NGOs/FBOs assume increasing and complete ownership and responsibility.
PLAN FOR DATA COLLECTION BY USAID
Data Source: VCBD Master list
Method of data collection: Review of VCBD daily activity registers
Reporting Frequency: Quarterly
Individual(s) responsible: MEL Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Semi annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016.
Rationale for Targets *(optional):*.
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health financing and innovative service delivery models in the private sector **Intermediate Result: SIR1.1 Demand For MNCH and FP Services in the Private Sector by the poor Created in the Designated program Districts**
Name of Indicator: Percent of audience who recall hearing or seeing a specific USG-supported Family Planning/Reproductive Health (FP/RH)message
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): Audience is defined as the target population for the particular FP/RH message (e.g. women of reproductive age). "Recall" may include spontaneous mention and/or aided recall. "Specific USG-supported FP/RH message" refers to a USG-supported communication with some identifiable aspect (e.g., logo, character, etc.) that the respondent could not name unless s/he had been exposed to the communication.
Unit of Measure: Percentage
Disaggregated by: Types of reports
Rationale or Justification for indicator *(optional)*: This indicator is important in establishing exposure to FP/RH campaign(s). It could also be used as a building block for an indicator of the "dose-response effect" of increasing the number of exposures to the message[s]. "Reaching" the audience is an important first step to increasing levels of knowledge of Family Planning products, practices, or services in question. Reaching a large audience is one of the strengths of mass media communication, and recall of specific messages measures the reach of a given communication campaign or message. This information helps in assessing current investments in communication and SBCC interventions.
PLAN FOR DATA COLLECTION BY USAID
Data Source: LQAS Surveys
Method of data collection: LQAS surveys
Reporting Frequency: Annually
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Semi annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR1.1: Demand For MNCH and FP Services in the Private Sector by the poor Created in the Designated program Districts**
Name of Indicator: Percentage of vouchers redeemed
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): Activity vouchers cover services for antenatal care (all four visits), delivery, postnatal care and postpartum family planning. In the context of this indicator, redeeming a voucher implies that a poor woman presents a voucher and in return accesses the specific service(s) she is entitled to without paying any extra cost. **Numerator:** Number of vouchers redeemed **Denominator:** Total number of vouchers distributed
Unit of Measure: Percentage
Disaggregated by: Services accessed and district
Rationale or Justification for indicator *(optional)*:
PLAN FOR DATA COLLECTION BY USAID
Data Source: Claims reimbursement records
Method of data collection: Monthly service delivery reports from participating facilities
Reporting Frequency: Annually
Individual(s) responsible: M&E Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016.
Rationale for Targets *(optional):* The Activity expects to achieve a 70% redemption rate of vouchers, which is equivalent to 250,000 deliveries over a 5 year period. Abt expects that most of the deliveries will happen in Year 2, 3, and 4. The first year will have fewer deliveries because of project start-up, and the final year will have fewer because of project close-out.
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR1.2: Access to Comprehensive MNCH and FP Services in the Private Sector Improved**
Name of Indicator: Percentage of USG-assisted service delivery sites providing family planning (FP) counseling and/or services
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): USG-assisted: Funded with congressionally earmarked FP funds for any kind of assistance. Service Delivery Sites: Clinics, hospitals, facilities (government, private or NGO/FBO), pharmacies, and/or social marketing sales points. Does not include community health workers (CHWs). FP counseling: FP information and/or FP counseling provided in the context of a visit with a FP service provider. FP Services: Provision of FP methods and or FP referrals. **Numerator**: Number of USG-assisted service delivery sites providing FP counselling and/or services **Denominator:** Number of service delivery points planned to receive USG assistance over the life of project.
Unit of Measure: Percentage
Disaggregated by: District and Level of facility
Rationale or Justification for indicator *(optional)*: Increased FP use is related to its physical availability through numerous sites offering FP counseling and/or services, especially if the counseling and/or services are offered in a quality, client-friendly, convenient and affordable manner. An increased contraceptive prevalence rate (CPR) will reduce the unmet need for FP, number of unintended pregnancies, number of abortions, and neonatal, infant, child and maternal mortality and morbidity.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Family Planning Registers
Method of data collection: Review of Facility Family Planning Registers
Reporting Frequency: Annually
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Quarterly
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR1.2: Access to Comprehensive MNCH and FP Services in the Private Sector Improved**
Name of Indicator: Number USG supported service delivery points offering any modern contraceptive method among postpartum women
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): The indicator monitors service delivery points providing FP modern FP services. Service Delivery Sites include Clinics, hospitals, facilities. Does not include community health workers (CHWs). Modern contraceptive method includes provision of FP methods and or FP referrals.
Unit of Measure: Number
Disaggregated by: District and level of facility
Rationale or Justification for indicator *(optional)*: An increased contraceptive prevalence rate (CPR) will reduce the unmet need for FP, number of unintended pregnancies, number of abortions, and neonatal, infant, child and maternal mortality and morbidity.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Facility Family Planning Register and Claims reimbursement records
Method of data collection: Review of Facility Family Planning Registers and claims records
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Quarterly
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR1.2: Access to Comprehensive MNCH and FP Services in the Private Sector Improved**
Name of Indicator: Percentage of women who received postpartum counselling for family planning
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): The postpartum period starts one hour after the delivery of the placenta and stretches up to 6 weeks. The recommended topics for FP messages and counseling during the postpartum period include exclusive breastfeeding; reproductive intentions; pregnancy risk; pregnancy spacing for women who want another child; lactation amenorrhea or other methods as reproductive intentions indicate; and importance of postnatal care for mother and newborn. Comprehensive postpartum FP counseling of voucher clients will be required in all participating facilities and will cover all methods. This indicator will be measured quarterly based on facility records. **Numerator:** Total number of voucher covered women counseled about postpartum family planning. **Denominator:** Total number of deliveries in voucher supported facilities.
Unit of Measure: Percentage
Disaggregated by: Age group, district, facility type (private for profit, private not for profit and private wings of public facilities) and level (HCII, HCIII, HCIV and Hospital).
Rationale or Justification for indicator *(optional)*: Postpartum family planning counseling is vital in providing critical life-saving information to women to decide on whether to utilize available methods to delay/stop the next pregnancy in the context of client rights and choices. This indicator is key to tracking the number of mothers provided with postpartum FP counseling.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Claims reimbursement records and ANC registers
Method of data collection: Monthly service delivery reports from participating facilities and claims data
Reporting Frequency: Quarterly
Individual(s) responsible: M&E Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Semi annually
Known Data Limitations: Postpartum FP counseling takes place during ANC, after delivery and while mothers' access postnatal services. However, it is only the ANC register that has a variable for FP counseling. Therefore mothers counseled at delivery and postnatal care period might not be captured anywhere.
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016.
Rationale for Targets *(optional):* DHIS2 and facility service statistics on women counseled on postpartum FP were reviewed to understand past trends in performance. Targets assume that project activities will contribute to a higher percentage of women counseled.
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR1.2: Access to Comprehensive MNCH and FP Services in the Private Sector Improved**
Name of Indicator: Number of clients provided with FP services.
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): This indicator measures the ability of the Activity to attract new and revisit clients from an untapped segment of the population to its services. The indicator will also reflect the success of special communication programs or other interventions aimed at increasing service utilization among those previously missed by the Activity or other Activities. **Numerator: N/A** **Denominator: N/A**
Unit of Measure: Percentage
Disaggregated by: : District, age group, facility type (private for profit, private not for profit and private wings of public facilities) and level (HCII, HCIII, HCIV and Hospital), type of method (short acting, long acting and permanent methods)
Rationale or Justification for indicator *(optional)*: Use of PPFP significantly reduces the risk of unintended pregnancies and thus critical for control of fertility rate. Tracking this indicator among mothers participating in the voucher program will help management assess the contribution of project activities to increasing acceptance of PPFP.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Claims reimbursement records, maternity and postnatal registers
Method of data collection: Monthly service delivery reports from participating facilities
Reporting Frequency: Quarterly
Individual(s) responsible: M&E Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Semi annually
Known Data Limitations: Health workers involved in data capture will be oriented on how to fill the registers and the importance of data quality. Onsite mentoring and follow up will also be conducted.
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016.
Rationale for Targets *(optional):* Targets are set based on historical data for family planning from DHS data for at least three rounds. Facility service statistics were also reviewed to understand past trends in performance.
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR1.2: Access to Comprehensive MNCH and FP Services in the Private Sector Improved**
Name of Indicator: Percentage of pregnant women who received all the three doses of intermittent preventive treatment (IPTp) for malaria
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): Intermittent preventive treatment of malaria in pregnancy is a full therapeutic course of antimalarial medicine given to pregnant women at routine antenatal care visits, regardless of whether the recipient is infected with malaria. IPTp reduces maternal malaria episodes, maternal and fetal anemia, placental parasitemia, low birth weight, and neonatal mortality. **Numerator:** Number of voucher covered mothers who received the 1st, 2nd and 3rd doses of fansidar **Denominator:** Number of women who have attended 4 or more ANC visits
Unit of Measure: Percentage
Disaggregated by: Facility type (private for profit, private not for profit and private wings of public facilities) and level (HCII, HCIII, HCIV and Hospital), IPT1,2 &3
Rationale or Justification for indicator *(optional)*: WHO recommendations to prevent malaria during pregnancy include intermittent presumptive treatment with sulphadoxine-pyrimethamine (SP/Fansidar) at each routine antenatal (ANC) clinic visit (at least one month apart) after the first trimester. This is meant to reduce the risks of pregnant women getting malaria. The MOH policy calls for all pregnant women to receive at least three doses of SP/Fansidar, at a minimum of one month apart.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Antenatal register
Method of data collection: Monthly service delivery reports from participating facilities
Reporting Frequency: Quarterly
Individual(s) responsible: M&E Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Semi annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016.
Rationale for Targets *(optional):* Targets are set based on historical data on malaria in pregnancy from the 2014/15 Uganda Malaria Indicator Survey. DHIS2 data and facility service statistics on malaria was reviewed to understand past trends in performance.
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR1.3: Quality of MNCH and FP Services at Participating Private Sector Facilities Improved**
Name of Indicator: Percentage of service Delivery Points complying with national quality standards
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): This indicator tracks the number of facilities that adhere to Ministry of Health (MOH) quality of care guidelines in provision of maternal, neonatal and child health services. An MOH facility assessment tool will be used by Abt Associates to assess the quality of services provides at supported health facilities. During assessments, a number of parameters will be observed including technical competences of providers, client provider interactions, counselling practices, infection prevention practices, availability of equipment and supplies, provision of antenatal care, delivery, newborn care, emergency obstetric care, and postnatal care and family planning services. Scores will be awarded to each facility and the cutoff point is 70%. A baseline facility audit will be conducted in all facilities to identify those who meet the standards for accreditation. Once every year follow up audits will be repeated to monitor progress made in improving quality of care, identify innovations, best practices and gaps for follow-up action.
Unit of Measure: Percentage
Disaggregated by: District, facility type (private for profit, private not for profit and private wings of public facilities) and level (HCII, HCIII, HCIV and Hospital).
Rationale or Justification for indicator *(optional)*:
PLAN FOR DATA COLLECTION BY USAID
Data Source: Abt activity reports
Method of data collection: Review of completed quality assurance audits for each facility
Reporting Frequency: Annually
Individual(s) responsible: Abt M&E team
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):*
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR1.3: Quality of MNCH and FP Services at Participating Private Sector Facilities Improved**
Name of Indicator: Number of health workers trained in intermittent presumptive treatment of malaria in pregnancy (IPTp) with USG funds
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): The indicator has been customized to measure the number of health workers who, among all health workers providing antenatal and maternity services, have received training in the prevention and control of malaria in pregnancy (MIP) as part of the EMOC training.
Unit of Measure: Number
Disaggregated by: District, facility type (private for profit, private not for profit and private wings of public facilities), level (HCII, HCIII, HCIV and Hospital) and Cadre of provider trained
Rationale or Justification for indicator *(optional)*: Successful control of Malaria in pregnancy requires delivery of the recommended interventions by skilled, well-informed health workers in the facility. This process indicator is a proxy for the readiness of service providers to prevent malaria in pregnancy by adopting the recently revised Ministry of Health (MOH) guidelines on IPTp dosing. WHO recommendations to prevent malaria during pregnancy include intermittent presumptive treatment with sulphadoxine-pyrimethamine (SP/Fansidar) at each routine antenatal (ANC) clinic visit (at least one month apart) after the first trimester. This is meant to reduce the risks of pregnant women getting malaria. The MOH policy calls for all pregnant women to receive at least three doses of SP/Fansidar, at a minimum of one month apart.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Training attendance forms and Uganda Voucher Plus Activity reports
Method of data collection: Review of training reports and attendance forms
Reporting Frequency: Annually
Individual(s) responsible: Uganda Voucher Plus Monitoring Evaluation and Learning team
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):*
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: IR2: Increased Capacity of Uganda's Public and Private Sectors to Develop Longer Term Health Financing Options**
Name of Indicator: Percentage of voucher supported facilities attracting other forms of output based health financing options
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): Definition: The indicator will track the proportion of voucher supported facilities that attract other forms of output based health financing options. The Activity aims to strengthen the capacity of private providers to fully implement/participate in output based health financing schemes. Through strengthened provider's capacity, the providers will attract other forms of output based financing options. Numerator: Number of voucher supported facilities attracting other forms of output based health financing options Denominator: Total number of voucher supported facilities
Unit of Measure: Percentage
Disaggregated by: District, Level of facility, type of facility.
Rationale or Justification for indicator *(optional)*:
PLAN FOR DATA COLLECTION BY USAID
Data Source: Voucher Plus Annual Assessment Reports
Method of data collection: Review of Voucher Plus annual assessment Reports
Reporting Frequency: Annually
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR 2.1: Local Organizations' Capacity to Implement Output-Based Health Programs Strengthened**
Name of Indicator: Proportion of supported facilities with capacity to implement output based financing schemes
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): Definition: Uganda Voucher Plus will build the capacity of private providers to implement output based financing schemes. Capacity will be built in terms of availability of skilled human resources for health, financial management, monitoring and evaluation and infrastructure among others. **Numerator: Number of facilities with full capacity to implement output based financing schemes** **Denominator: Total of voucher supported facilities**
Unit of Measure: Proportion
Disaggregated by: District, level of facility, type of facility (i.e. PFNP vs PFP)
Rationale or Justification for indicator *(optional)*:
PLAN FOR DATA COLLECTION BY USAID
Data Source: Voucher Plus Annual Assessment Reports
Method of data collection: Surveys or Assessments
Reporting Frequency: Annually
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector **Intermediate Result: SIR 2.1: Local Organizations' Capacity to Implement Output-Based Health Programs Strengthened**
Name of Indicator: Percentage timelines of health facility HMIS reporting (i.e. HMIS 105, HMIS 106a and HMIS 108 reporting)
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): Definition: The indicator measures the number of health facilities that have submitted HMIS reports 105, 106a and 108 reports into DHIS2. Submission of these reports should be in accordance with the timelines as provided by the Ministry of Health i.e. 7th day by the end of each month. **Denominator:** Number of health facilities that report health data into DHIS2 within 7 days at the end of each month. **Numerator:** Total number of voucher supported health facilities.
Unit of Measure: Percentage
Disaggregated by: District, Type of HMIS report, level of facility, Facility type (PNFP vs. PFPs)
Rationale or Justification for indicator *(optional)*: Data collected through the HMIS reports generates quality health information that provides specific information support for the decision making to monitor and improve performance of the health sector. HMIS is also more than a system for data collection and generating quality information, and encompasses the continued use of the information for decision making as well.
PLAN FOR DATA COLLECTION BY USAID
Data Source: DHIS2
Method of data collection: Review of data captured into DHIS2
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector. **Intermediate Result: SIR 2.2: Evidence, Data and Assistance to Develop Sustainable Financing Schemes for MNCH and FP Provided**
Name of Indicator: Number of operational research studies/assessments conducted to generate evidence to inform health financing options
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): Operational research includes all research conducted for purposes of gathering evidence for improving the implementation of the Activity. This indicator will track the number of operational research studies/assessments conducted to generate evidence to inform health-financing options.
Unit of Measure: Number
Disaggregated by: No disaggregation
Rationale or Justification for indicator *(optional)*: Operational research studies will provide the Voucher Plus Activity Team, Ministry of Health, USAID and other stakeholders with information to enable them improve the performance of the Activity. It will play a key role in identifying solutions to problems that limit program quality, efficiency and effectiveness, or to determine which alternative service delivery approaches would yield the best outcomes. The evidence generated will be crucial in guiding the country to consider long term health-financing options as part of realizing its goal of universal health coverage (UHC). This will contribute to USAID/Uganda's Collaborating Learning and Adapting (CLA) approach. CLA emphasizes that development efforts yield more effective results if they are coordinated and collaborative, test promising, new approaches in a continuous yet also rapid manner to adopt what works and eliminate what does not.
PLAN FOR DATA COLLECTION BY USAID
Data Source: Abt Activity reports
Method of data collection: Review of Abt Activity reports
Reporting Frequency: Annually
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet

Name of Result Measured:

Strategic Objective: Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector.

Intermediate Result: SIR 2.2: Evidence, Data and Assistance to Develop Sustainable Financing Schemes for MNCH and FP Provided

Name of Indicator: Number of voucher supported mothers linked to existing local Village Saving Schemes to encourage saving for their health

Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____
If yes, link to foreign assistance framework:

DESCRIPTION

Precise Definition(s):

Village Savings schemes are a group of people who save together for a common cause. In many instances, members take small loans from those savings. Group members agree upon a contribution made by all members at every meeting. The social fund is not intended to grow, but to be set at a level that covers basic insurance needs for the members. It is not distributed back to the members at the end of the annual cycle, but remains a group asset. This indicator measures the number of voucher supported mothers that have been linked to such groups to encourage saving for their health

Unit of Measure: Number

Disaggregated by: Age Group, District

Rationale or Justification for indicator *(optional)*:

Village savings schemes are self-managed groups that do not receive any external capital and provide people with a safe place to save their money, access small loans, and obtain emergency insurance. The indicator contributes to developing sustainable financing schemes for maternal child health and family planning.

PLAN FOR DATA COLLECTION BY USAID

Data Source: CDFU Activity Reports

Method of data collection: Review of Activity Reports

Reporting Frequency: Quarterly

Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist

DATA QUALITY ISSUES

Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done

Date of Future Data Quality Assessments *(optional):* Annually

Known Data Limitations: None

TARGETS AND BASELINE

Baseline timeframe *(optional):* Baseline year is 2016

Rationale for Targets *(optional):*

CHANGES TO INDICATOR

Changes to indicator: There are no changes to the indicator

Other Notes *(optional):*

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USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector. **Intermediate Result: SIR 2.2: Evidence, Data and Assistance to Develop Sustainable Financing Schemes for MNCH and FP Provided**
Name of Indicator: Proportion of voucher clients linked to local saving schemes that report to be actively saving for their health with the schemes
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): The indicator measures the proportion of voucher clients linked to local saving schemes that report to be actively saving for their health with the schemes. Village saving schemes provide members a safe place to save their money, to access loans and to obtain emergency insurance. Members can take out loans to cover expenses such as medical bills without selling productive assets, or they can use the loans to invest in income generating activities to raise household income. As a result, members experience significant improvements in household health and wellbeing, and an overall improved quality of life.
Unit of Measure: Percentage
Disaggregated by: N/A
Rationale or Justification for indicator *(optional)*:
PLAN FOR DATA COLLECTION BY USAID
Data Source: CDFU Monitoring Reports
Method of data collection: Review of Activity Monitoring Reports
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector. **Intermediate Result: SIR 2.2: Evidence, Data and Assistance to Develop Sustainable Financing Schemes for MNCH and FP Provided**
Name of Indicator: Proportion of Village Saving Schemes sensitized by Voucher Plus demand activities that incorporate savings for health component in their schemes
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): The indicator measures the proportion of saving schemes that have been sensitized by voucher plus and have incorporated saving for health as part of the scheme's agenda. If saving for health is incorporated into the schemes' agenda, members can take out loans to cover expenses such as medical bills without selling productive assets. As a result, members experience significant improvements in household health and wellbeing, and an overall improved quality of life.
Unit of Measure: Percentage
Disaggregated by: N/A
Rationale or Justification for indicator *(optional)*:
PLAN FOR DATA COLLECTION BY USAID
Data Source: Activity Reports
Method of data collection: Review of Activity Monitoring Reports
Reporting Frequency: Quarterly
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON:

USAID Performance Indicator Reference Sheet
Name of Result Measured: **Strategic Objective:** Provide measurable improvements in safe motherhood services by supporting health-financing and innovative service delivery models in the private sector. **Intermediate Result: SIR 2.2: Evidence, Data and Assistance to Develop Sustainable Financing Schemes for MNCH and FP Provided**
Name of Indicator: Evidence and lessons learnt from implementing the voucher scheme documented & disseminated
Is this a Performance Plan and Report indicator? No _✓_ Yes ____, for Reporting Year(s) _____ **If yes, link to foreign assistance framework:**
DESCRIPTION
Precise Definition(s): The indicator will generate and share new evidence; learning from the innovations, lessons, research findings and experiences of other programs; and advancing the body of knowledge around voucher programs and health financing. The learning will establish and address gaps in the available evidence and share that additional evidence through a collaborative process with the government, USAID and other stakeholders. The learning will be gleaned from available secondary data and by conducting special studies, testing methods to increase quality and utilization of the full package of safe motherhood services, and assessments to address the information gaps.
Unit of Measure: Qualitative
Disaggregated by: N/A
Rationale or Justification for indicator *(optional)*:
PLAN FOR DATA COLLECTION BY USAID
Data Source: Most Significant Change Stories, secondary data and conducting special studies (Operations Research)
Method of data collection: Document reviews and interviews
Reporting Frequency: Annually
Individual(s) responsible: Voucher Plus Monitoring, Evaluation and Learning Specialist
DATA QUALITY ISSUES
Dates of Previous Data Quality Assessments and name of reviewer: No previous DQA done
Date of Future Data Quality Assessments *(optional):* Annually
Known Data Limitations: None
TARGETS AND BASELINE
Baseline timeframe *(optional):* Baseline year is 2016
Rationale for Targets *(optional):*
CHANGES TO INDICATOR
Changes to indicator: There are no changes to the indicator
Other Notes *(optional):*
THIS SHEET LAST UPDATED ON: