

Performance Management Plan Indicator Worksheet #1

Adapted from *Investing in People: Indicators and Definitions (USAID)*

<p>1. Name and number of Strategic Objective: Reduced mother-to-child transmission of HIV/AIDs in the Eastern Cape and KwaZulu regions</p>
<p>2. Name and number of Intermediate Result: IR 1: Reduced sexual transmission of HIV/AIDS within sexually active population</p>
<p>3. Indicator (state in QQTP terms): (USAID, 26-7) <i>Indicator 1:</i> 5,000 individuals in the Eastern Cape And KwaZulu regions of South Africa are reached within the next year through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (USAID, 27) Target Value: 5,000 Baseline Value: 1,000 ***** <i>Indicator 2:</i> 5,000,000 condoms are distributed in the Eastern Cape and KwaZulu regions of South Africa within the next year through the program's condom distribution network (not a USAID indicator) Target Value: 5,000,000 Baseline Value: 40,000</p>
<p>4. Is this an Annual Report indicator? <i>Indicator 1:</i> Yes ***** <i>Indicator 2:</i> Yes</p>
<p>5. Precise definitions of terms included in the indicator: <i>Indicator 1:</i> "Community outreach is defined as any effort to effect change that might include peer education, classroom, small group and/or one-on-one information, education, communication (IEC) or behavior change communication (BCC) to promote comprehensive prevention messages. Other behavior change beyond abstinence and/or being faithful includes the targeting of behaviors that increase risk for HIV transmission such as engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs. Women, even if faithful themselves, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home. This could include targeted social marketing and/or the promotion of condoms to these high risk groups. Partners should not double count individuals within a program or service outlet. An individual will</p>

count in separate program areas, such as an OVC who may be served separately by an OVC program, ART facility, and prevention program. However, double counting of individuals within a program area is to be avoided among USG funded partners to the extent possible. While programs should be reporting to USG managers on the number of individuals served, the USG team is responsible to the extent possible for adjusting for the overlap between multiple programs serving the same individuals within a program area. All the prevention and care indicators refer to individuals served during the current reporting period. If you served 100 prevention clients last year and served 120 during the current reporting period, this is reported as 120, not 220.

In order to avoid double counting, countries will need to monitor their activities by partner, programmatic area, and geographic area. This matrix is an excellent program management tool as well as helping to adjust for double counting by partners, among partners, and among USG agencies.

For concentrated/low-level epidemic settings where most at risk populations drive HIV transmission, it is recommended (but not required) that this indicator be monitored and disaggregated by the most at risk populations (MARP) as relevant to country context. Please see the example from Vietnam in the O/GAC guidance. Disaggregation for Prevention/Other Behavior Change and for Counseling and Testing” (USAID, 27)

Indicator 2: The condom distribution network is defined as the NGOs, health clinics, and community centers that offer free condoms as part of their service to the community.

6. Unit of measure:

Indicator 1: Number of Individuals

Indicator 2: Number of condoms distributed through each distribution network

7. Disaggregated by:

Indicator 1: Sex, marital status, number of sexual partners

Indicator 2: None

8. Indicator Justification and Management Utility:

Indicator 1: “This indicator measures the number of individuals who attended community outreach activities focused on abstinence and/or being faithful. In any prevention campaign, the more individuals who receive the message, the higher number who may make the behavioral changes involved” (USAID, 28)

Indicator 2: This indicator measures the number of condoms distributed. The inference is that condoms distributed will be directly correlated with a decrease in HIV/AIDS transmission.

9. Data collection method:

Indicator 1: Records from training centers

Indicator 2: NGO, clinic, and community center records

10. Data source:

Indicator 1: Program Reports

Indicator 2: NGO, clinic, and community center records

11. Data analysis:

Indicator 1: Disaggregate data by sex, marital status, and number of new sexual partners per year

Indicator 2: Disaggregate data by district and local Municipality

12. Presentation of Data:

Indicator 1: Annual Report

Indicator 2: Annual Report

13. Review of data (how and by whom will data quality be safeguarded?):

Indicator 1: Data quality will be maintained by training all individuals involved in outreach activities in proper data collection techniques.

Indicator 2: Data quality will be maintained by training all individuals involved in collection in proper data quality maintenance techniques.

14. Reporting of data (how, by whom and to whom will data be reported?):

Indicator 1: Outreach coordinators will report data to the project manager on a monthly basis

Indicator 2: Condom distribution centers will report data to the project manager on a monthly basis

Target & Baseline Values:

Indicator 1:

Target Value: 5,000

Baseline Value: 1,000

Indicator 2:

Target Value: 5,000,000

Baseline Value: 40,000

Performance Management Plan Indicator Worksheet #2

<p>1. Name and number of Strategic Objective: Reduced mother-to-child transmission of HIV/AIDs in the Eastern Cape and KwaZulu regions</p>
<p>2. Name and number of Intermediate Result: IR 2: Increased access to comprehensive PMTCT (preventing mother to child transmission) programs</p>
<p>3. Indicator (state in QQTP terms): 5,000 pregnant women in the Eastern Cape and KwaZulu regions of South Africa are provided with a complete course of antiretroviral prophylaxis in a PMTCT setting within the next year (USAID, 37)</p> <p>Target Value: 5,000 Baseline Value: 500</p>
<p>4. Is this an Annual Report indicator? Yes</p>
<p>5. Precise definitions of terms included in the indicator:</p> <p>“The number of women who received a complete course of antiretroviral prophylaxis to prevent MTCT at PMTCT service outlets. ARV prophylaxis may be single dose nevirapine (SD NVP) or short-course combination prophylaxis or highly active anti-retroviral therapy (HAART).</p> <p>Count women who received a complete course of antiretroviral prophylaxis to prevent MTCT at PMTCT service outlets during the specified reporting period (6 months for semi-annual report / 12 months for annual report). ARV prophylaxis may be single dose nevirapine (SD NVP) or short-course combination prophylaxis or highly active anti-retroviral therapy (HAART)” (USAID, 37)</p>
<p>6. Unit of measure: Number of women</p>
<p>7. Disaggregated by: Marital status, number of sexual partners</p>
<p>8. Indicator Justification and Management Utility: “This indicator is a measure of the delivery and uptake of antiretroviral prophylaxis for PMTCT” (USAID, 37)</p>
<p>9. Data collection method: Clinic records.</p>
<p>10. Data source: Service outlet records</p>
<p>11. Data analysis: Disaggregate data by marital status and number of sexual partners</p>

12. Presentation of Data: Annual Report
13. Review of data (how and by whom will data quality be safeguarded?): Data quality will be safeguarded through training of health clinic staff in proper data collection methods on PMTCT patients.
14. Reporting of data (how, by whom and to whom will data be reported?): Health clinic staff will report data to the project manager on a monthly basis
Target Value: 5,000 Baseline Value: 500

Performance Management Plan Indicator Worksheet #3

1. Name and number of Strategic Objective: Reduced mother-to-child transmission of HIV/AIDs in the Eastern Cape and KwaZulu regions
2. Name and number of Intermediate Result: IR 3: Reduced HIV transmission through nonsexual means (blood transfusions, drug use, etc.)
3. Indicator (state in QQTP terms): 20 service outlets in the Eastern Cape and KwaZulu regions of South Africa will carry out blood safety activities according to international safety standards within the next year. (USAID, 31) Target Value: 20 sites Baseline Value: 5 sites
4. Is this an Annual Report indicator? Yes
5. Precise definitions of terms included in the indicator: “A service outlet refers to the lowest level of service. For example, a hospital, clinic, or mobile unit. Blood safety activities include those that support policies, infrastructure, equipment, and supplies; blood donor recruitment activities; blood collection, distribution/supply chain/logistics, testing, screening, and/or transfusion; waste management; training; and/or management to ensure a safe and adequate blood supply. The unit of measurement is the site, not the activity. A site will only count once during a reporting period regardless of the number of on-going activities at the site” (USAID, 31)
6. Unit of measure: Service outlet site

7. Disaggregated by: District and local municipality
8. Indicator Justification and Management Utility: “This indicator counts the number of facilities which receive USG support for blood safety activities” (USAID, 31)
9. Data collection method: Clinic records
10. Data source: Program reports
11. Data analysis: Disaggregate data by district
12. Presentation of Data: Annual Report
13. Review of data (how and by whom will data quality be safeguarded?): Data quality will be safeguarded through data collection training of health clinic staff
14. Reporting of data (how, by whom and to whom will data be reported?): Clinic staff will report data on a monthly basis to the project manager.
Target Value: 20 sites Baseline Value: 5 sites