



Leadership and Governance Indicators

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Reference Sheets—Leadership and Governance Indicators

1. Policies, Capacity, Systems

Policies

| Indicator 1.1: Number of technical resources developed with project assistance to support health governance | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Policies |
| Indicator Type | Output |
| Purpose | This indicator measures the number of technical resources developed with project assistance that help support health system governance. Such resources may support, for example, the development and implementation of new policies, plans, recommendations or guidelines; procedures for management of public resources; monitoring and evaluation systems; evidence to support decision making; etc. |
| Definition of key terms | <p><u>Technical resources</u>: Technical resources are defined broadly as tools, models, methodologies, guidance, approaches, and strategies. They may include but are not limited to assessments, manuscripts, published articles, reports, training courses, learning modules, software, strategic plans, operational plans, etc. These resources include direct project outputs that may be tracked by the project’s records or M&E system.</p> <p><u>Health governance</u>: Governance in the health sector refers to a wide range of steering and rule-making related functions carried out by governments/decisions makers, including: maintaining the strategic direction of policy development and implementation; articulating the case for health, and health resources, in national development; regulating the behavior of a wide range of actors - from health care financiers to health care providers; and establishing transparent and effective accountability mechanisms.</p> |
| Measurement | Number of individual technical resources developed |
| Disaggregation | Type of technical resource (tools, models, methodologies, guidance, approaches, strategies, etc) |
| Data sources | Project records |



| Indicator 1.2: Number of policies or amendments to policies drafted with project support | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Policies |
| Indicator Type | Output |
| Purpose | Policies are instrumental laying out the strategies, plans and rules necessary for good health governance. This indicator measures the number of policies or amendments to existing policies that were drafted with project support. These policies may be drafted by public officials, elected representatives, or civil society organizations and other interest groups. Amendments may be necessary to improve or update a policy; expand or restrict definitions; or clarify language. |
| Definition of key terms | <p><u>Policy</u>: A document developed at the national, subnational or facility levels which lay out the vision, goals, and procedures for health governance. Policies may include decisions, guidelines, legislations, and regulations.</p> <p>Amendment: An alteration or addition to an existing policy.</p> <p><u>Drafted</u>: The project should define “drafted” according to the given context, but generally drafted means that an initial version of the policy has been completed.</p> <p><u>Project support</u>: The project must define “project support” in terms specific to the given context.</p> |
| Measurement | Number of individual policies or amendments to policies drafted with project support |
| Disaggregation | Type of policy or amendment |
| Data sources | Project records; government records |

| Indicator 1.3: Number of policies or amendments to policies drafted with project support that are approved | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Policies |
| Indicator Type | Outcome |
| Purpose | Once a policy is drafted and reviewed, the next key step is approval. This indicator measures the number of policies or amendments drafted with project support that are approved. |
| Definition of key terms | <p><u>Policy</u>: A document developed at the national, subnational or facility levels which lay out the vision, goals, and procedures for health governance. Policies may include decisions, guidelines, legislations, and regulations.</p> <p><u>Amendment</u>: An alteration or addition to an existing policy.</p> <p><u>Approved</u>: The project should define “approved” according to the given context, but generally approved means the appropriate government or elected authorities have provided final sign-off on the document such that it is considered enacted.</p> <p><u>Project support</u>: The project must define “project support” in terms specific to the given context.</p> |
| Measurement | Number of policies or amendments to policies drafted with project support that are approved |
| Disaggregation | Type of policy or amendment |
| Data sources | Project records; government records |

| Indicator 1.4: Number of policies or amendments institutionalized as a result of project support | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Policies |
| Indicator Type | Outcome |
| Purpose | This indicator measures the number of policies or amendments that were drafted, approved, and where clear steps have been taken to implement them, and one of these steps was as a result of project support to develop and implement the policies. |
| Definition of key terms | <p><u>Policy</u>: A document developed at the national level which lays out the vision, goals, and objectives for leadership and governance. Policies may include decisions, guidelines, legislations, and regulations.</p> <p><u>Institutionalized</u>: The project should define “institutionalize” according to the given context. Generally, it will mean a decision by the authorities (e.g. national government) to implement the policy, followed by the designation of the responsible implementing entity and the implementation of the policy that is supported by adequate resources, including human and financial.</p> <p><u>Project support</u>: The project must define “project support” in terms specific to the given context.</p> |
| Measurement | Number of policies or amendments to policies institutionalized |
| Disaggregation | Type of policy or amendment |
| Data sources | Project records; government records |

| Indicator 1.5: Number of resources developed with project support that support evidence-based policy decisions | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Policies |
| Indicator Type | Outcome |
| Purpose | This indicator assesses the outcome of project efforts supporting the development of new resources that help policy makers make evidence-based decisions. The indicator tracks the project’s contribution to the use of information to support policy decisions, as well as to strengthening feedback loops across the health system. |
| Definition of key terms | <p><u>Evidence-based</u>: An evidence-based policy decision is informed by relevant information that can include data on health systems indicators (including trends over time), the results from evaluations and research studies (that could be from other countries), cost-benefit or any other analyses.</p> <p><u>Resources</u>: Resources may include information products, monitoring reports, studies or other research outputs.</p> <p><u>Support</u>: The resources that are developed can be said to <i>support</i> evidence-based decisions if they directly relate to current policy discussions, debate and decision-making, and are provided to and considered by relevant health sector stakeholders.</p> |
| Measurement | Number of information products, monitoring reports, or studies |
| Disaggregation | Type of product, level of implementation of policy |
| Data sources | Project or government records; follow-up with end users |

| Indicator 1.6: Number of new tax or fee opportunities, designed to increase revenue for health, proposed or supported with project resources, that are enacted | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Policies |
| Indicator Type | Output |
| Purpose | This indicator measures the uptake of project assistance and resources toward generating increased revenues for health. The purpose is not to have ever-higher numbers of new taxes or fees on health services, but rather to provide policy options that will help align economic incentives and provide needed funding when private contributions are necessary. |
| Definition of key terms | <p><u>Tax</u>: This is a sum of money demanded by the government on a range of economic activities in order to fund the functions and operations of government.</p> <p><u>Fee</u>: This is a direct payment for a service, and is similar to a retail situation: a customer paying a price to a supplier for a good or service.</p> |
| Measurement | Count of the tax and fee proposals made by the project (studied, promoted, advocated, etc.) or developed with project resources that have resulted in taxes or fees adopted by the government |
| Disaggregation | By type of tax or fee |
| Data sources | Project records |

| Indicator 1.7: Level of availability of information to payers on taxes or fees for health services | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Policies |
| Indicator Type | Outcome |
| Purpose | This is a qualitative indicator that measures the transparency of taxes and fees that are the responsibility of citizens and/or users of health services. This indicator provides a counterbalance on MOH in its revenue-raising policies by measuring their transparency to citizens. |
| Definition of key terms | <i>See Measurement below</i> |
| Measurement | <p>This indicator can be scored using the categories below (moving from D to A indicates improvement in availability)</p> <p>Score = A: Taxpayers have easy access to comprehensive, user friendly and up-to-date information tax liabilities and administrative procedures for all major taxes, and the government supplements this with active taxpayer education campaigns.</p> <p>Score = B: Taxpayers have easy access to comprehensive, user friendly and up-to-date information on tax liabilities and administrative procedures for some of the major taxes, while for other taxes the information is limited.</p> <p>Score = C: Taxpayers have access to some information on tax liabilities and administrative procedures, but the usefulness of the information is limited due coverage of selected taxes only, lack of comprehensiveness and/or not being up-to-date.</p> <p>Score = D: Taxpayer access to up-to-date legislation and procedural guidelines is seriously deficient.¹</p> |
| Disaggregation | By tax or fee |
| Data sources | Project research; World Bank PEFA Evaluations |

¹ Public Financial Management Performance Measurement Framework. Public Expenditure and Financial Accountability. Accessed Online http://www.pefa.org/sites/pefa.org/files/attachments/PMFEng-finalSZreprint04-12_1.pdf

Capacity

| Indicator 1.8: Number of people trained with project support on evidence-based policy making, policy oversight and/or policy implementation | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Output |
| Purpose | This indicator measures the number of people trained, with project assistance, in evidence-based policy making, drafting policy, policy oversight, and implementation. |
| Definition of key terms | <p><u>Evidence-based</u>: An evidence-based policy decision is informed by relevant information that can include data on health systems indicators (including trends over time), the results from evaluations and research studies (that could be from other countries), cost-benefit or any other analyses.</p> <p><u>Trained</u>: Training can include classroom learning, workshops, established mentoring and internship programs, and on-the-job training.</p> |
| Measurement | Number of people trained |
| Disaggregation | Topic/skill area; type of trainee; male/female |
| Data sources | Project records |

| Indicator 1.9: Percent of people who received training with project support on evidence-based policy making, policy oversight and/or implementation who say they are using new skills/knowledge on the job {X} months following the training | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | This indicator measures the extent to which the skills imparted through project supported training are being put into practice. The indicator applies to training provided with project assistance. |
| Definition of key terms | <p><u>Evidence-based</u>: An evidence-based policy decision is informed by relevant information that can include data on health systems indicators (including trends over time), the results from evaluations and research studies (that could be from other countries), cost-benefit or any other analyses.</p> <p><u>Training</u>: Training can include classroom learning, workshops, established mentoring and internship programs, and on-the-job training.</p> |
| Measurement | <p><i>Numerator</i>: Total number of individuals trained who say they are using their new knowledge/skills on the job [X] months after training</p> <p><i>Denominator</i>: Total number of individuals trained</p> |
| Disaggregation | Topic/skill area; type of trainee; male/female |
| Data sources | Post-training follow-up interviews or surveys |

| Indicator 1.10: Number of government representatives trained with project support on financial planning and systems | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Output |
| Purpose | This indicator counts the number of government representatives, including staff, to which knowledge or skills have been imparted as a result of training or interaction with project staff or counterparts. Training will include topics on improving financial planning and using the best-fit financial systems within the health sector. Delivery mechanisms can include a variety of in-person or virtual/online methods and can be delivered by the project or its implementing partners. Training will enhance the human capacity of stakeholders and beneficiaries to properly plan and manage budgets and other finances. |
| Definition of key terms | <p><u>Training</u>: Training may include any type of short-term course or a mentorship program which builds or updates the skills and knowledge of an organization’s staff and volunteers and is relevant to their group’s work.</p> <p><u>Financial Planning</u>: Topics that instruct participants on how to develop strategies to plan for and manage a budget or office finances.</p> <p><u>Financial Systems</u>: Topics that cover how to develop financial systems and tools; these include processes, policies, software, and hardware used by an entity to implement, govern, and maintain quality control over its budget, expenditures and revenue.</p> |
| Measurement | Number of persons trained |
| Disaggregation | Sex, age, occupation, and location of participant; topic of training session |
| Data sources | Project records; implementing partners |

| Indicator 1.11: Number of organizations with increased capacity for advocacy, accountability, or leadership as a result of project support (compared to baseline) | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | This indicator measures the number of institutions that have received training or other types of technical support from the project in the areas of advocacy, accountability or leadership and have improved their capacity in these areas compared to baseline (i.e. before the project provided support). Advocacy initiatives by civil society reflect the ability of citizens and civil society to demand responsiveness of the health system and improve government responsiveness to community needs. |
| Definition of key terms | <p><u>Advocacy</u>: Can include campaigns, workshops, roundtables, media campaigns, public outreach intended to influence decision makers, including policy makers and service delivery agents.</p> <p><u>Accountability</u>: Accountability refers to the acceptance and recognition of an organization’s responsibility for actions, products, decisions, and policies. In the context of activities to advocate for increased accountability, this may refer to civil society or other stakeholders seeking to monitor or strengthen public health institutions’ responsibility for delivery of health services, effectiveness of use of public resources, or quality of policies and regulations.</p> <p><u>Organization</u>: Organization can refer to a wide range of entities, including public institutions or departments, civil society organizations, facilities, service providing NGOs, or private sector groups.</p> <p><u>Capacity</u>: Ability to effectively design, plan, carry out, and monitor and evaluate the organization’s core functions and scope of work.</p> |
| Measurement | Number of institutions who received training or other capacity-building support from the project that have improved capacity in the areas of advocacy, accountability, or leadership. For each supported institutions, the level of capacity in the given reporting period is compared to the institution’s level of capacity at baseline. This indicator sums all institutions for which capacity has improved. Measured by organizational assessments (OCAT, internal control self-assessment, accountability self-assessment, community score cards, other social accountability tools) and achievement of benchmarks on a capacity plan. |
| Disaggregation | By type of institution |
| Data sources | Project and institutions’ records |



| Indicator 1.12: Number of local institutions conducting high-quality training and/or providing technical assistance to improve advocacy, accountability, or leadership in health programs | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | This indicator tracks the number of local institutions with the capacity to provide trainings or technical assistance to institutions involved in health sector advocacy, accountability, or leadership to improve their ability to conduct advocacy and accountability efforts. Improved local capacity to provide such trainings and technical assistance means greater sustainability of capacity building efforts in-country. Advocacy initiatives by civil society reflect the ability of citizens and civil society to demand responsiveness of the health system and improve government responsiveness to community needs. |
| Definition of key terms | <p><u>Advocacy</u>: Can include campaigns, workshops, roundtables, media campaigns, public outreach intended to influence decision makers, including policy makers and service delivery agents.</p> <p><u>Training</u>: Training can include classroom learning, workshops, established mentoring and internship programs, and on-the-job training.</p> <p><u>Accountability</u>: Accountability refers to the acceptance and recognition of an organization’s responsibility for actions, products, decisions, and policies. In the context of activities to advocate for increased accountability, this may refer to civil society or other stakeholders seeking to monitor or strengthen public health institutions’ responsibility for delivery of health services, effectiveness of use of public resources, or quality of policies and regulations.</p> <p><u>Organization</u>: Organization can refer to a wide range of entities, including public institutions or departments, civil society organizations, facilities, service providing NGOs, or private sector groups.</p> <p><u>Capacity</u>: Ability to effectively design, plan, carry out, and monitor and evaluate the organization’s core functions and scope of work.</p> <p><u>High quality</u> needs to be defined by the project, by specifying benchmarks for the criteria that trainings and other types of technical assistance should meet.</p> |
| Measurement | Number of organizations |
| Disaggregation | Type of institution; type of training |
| Data sources | Project and institutions’ records |

| Indicator 1.13: Number of inputs from local government units to central or regional level decision-making process | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | This indicator measures the level of involvement by local government units (LGUs) in decision-making that happens at the central or regional level. The number of inputs provided by LGUs to the central or regional level will allow the project to ascertain how much LGUs participate in the decision-making process. The number of decisions made based on LGU recommendations allows the project to determine the relative influence that LGUs have on national or regional-level policies, budgets, or systems. By including more inputs from local-level government units, the central and regional governments will demonstrate stronger support for decentralized management and may demonstrate greater responsiveness to community and local health needs in national and regional health programming. |
| Definition of key terms | <p><u>Decision-making process</u>: The process of setting goals, gathering information, and taking action as related to health-sector policies, budgets, or systems.</p> <p><u>Inputs</u>: A variety of data, information, ideas, or suggestions which can include draft budgets, white papers, policy recommendations, or other context-specific inputs.</p> <p><u>Local government unit</u>: An administrative body or division of government subsidiary to the national government; can include most government units below the regional level.</p> |
| Measurement | Number of inputs provided by LGUs or number of decisions made based on LGU recommendations |
| Disaggregation | Location; which LGU provided inputs; type of decision |
| Data sources | Government records; project surveys/assessments; NGO and/or CSO assessments |

| Indicator 1.14: Budget execution within 5% of annual budget, excluding any supplemental budget (Yes/No) | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | This indicator measures the accuracy of expenditure forecasting, as well as the practical ability of the Ministry of Health to spend the money allocated to it. This indicator does not measure quality of expenditure, but rather demonstrates the effectiveness of budget planning and financial control by whether or not it hews closely to its budget. |
| Definition of key terms | <p><u>Budget execution</u>: The money actually expended by the ministry.</p> <p><u>Annual budget</u>: The approved budget law for the level of government responsible for allocating public funds.</p> <p><u>Supplemental budget</u>: Any off-cycle budget amendments to the budget law.</p> |
| Measurement | Actual Expenditure (local currency) divided by budgeted resources (local currency) |
| Disaggregation | N/A |
| Data sources | Government data, typically including National Parliament and the national Ministry of Health |

| Indicator 1.15: Key Performance Indicators (KPIs) are used by MOH in budget proposals and reports (Yes/No) | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | This indicator measures whether or not KPIs are actually used in budget proposals and execution reports—recognizing that a ministry can establish KPIs, but not necessarily utilize them for a variety of reasons. This yes/no indicator evaluates the usage and centrality of KPIs to the MOH’s budget process. |
| Definition of key terms | <u>Key Performance Indicator (KPI)</u> : A measurement that encapsulates a critical element of a person’s or institution’s effectiveness. KPIs for a Ministry of Health often include high-level indicators such as maternal and child mortality and life expectancy, as such outcomes are indicative of a wide range of lower-level outcomes. |
| Measurement | Review of budget proposals and reports and assessing whether those documents include KPIs meaningfully (that is, as triggers for budget allocation, indicators of budgetary effectiveness, etc.) |
| Disaggregation | N/A |
| Data sources | Government reporting |

| Indicator 1.16: Number of technical resources developed with project assistance to strengthen health resource allocation | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Output |
| Purpose | Measures the effort and activity of the project to support health resource allocation. |
| Definition of key terms | <p><u>Technical resources</u>: Will be defined at the project level to include tools, techniques, training materials, and approaches developed for health counterparts.</p> <p><u>Health resource allocation</u>: This is the process of how assets under the control of the health authorities (cash, human resources, data/evidence, and fixed assets) are utilized. Efficiency can be evaluated by comparing outcome indicators (e.g. maternal mortality) against spending and comparing that performance to other countries' performance.</p> |
| Measurement | Counting the number of resources developed by the project |
| Disaggregation | By type of technical resource |
| Data sources | Project records |

| Indicator 1.17: Number of instances in which project-supported technical resources are used to inform health expenditure decisions | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Output |
| Purpose | Measures the usefulness of project-supported technical resources as judged by host-country's uptake of those resources to inform public financial management. |
| Definition of key terms | <p><u>Evidence of use:</u> Should be defined by the project. Good examples of evidence often include: references in ministry-produced policy papers, mentions in public announcements by ministry leadership, and letters of appreciation among others.</p> <p><u>Health expenditure decisions:</u> Trade-off decisions within formal budget planning, and budget management during the fiscal year.</p> |
| Measurement | Count of the number of instances |
| Disaggregation | By type of evidence |
| Data sources | Project records of government publications |

| Indicator 1.18: General government expenditure on health as a percentage of total government expenditure | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | Evaluates the financial priority given to health by a host-country government and capacity of MOH to advocate for budget allocations |
| Definition of key terms | <p><u>General government expenditure</u>: Includes resources provided by the government including cash and in-kind resources.</p> <p><u>Total government expenditure</u>: The total amount spent by government both on and off-budget, in cash and in-kind. This is evaluated after closing the financial books for a fiscal year to ensure accuracy as opposed to evaluating budget laws (plans) or pre-final financial statements. The definition will fluctuate at the project level depending on whether or not the government's accounting is on a cash or accrual basis.</p> |
| Measurement | Indicator = (Amount of money spent at national and subnational levels on the Ministry of Health plus any subnational services provided outside of the MOH's budget / Total Government Expenditure) |
| Disaggregation | By National/Subnational spending units. |
| Data sources | Government financial records |



| Indicator 1.19: Number of people trained with project support in expenditure policy or administration for health | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Output |
| Purpose | Measuring the number of training received by a host country's health expenditure policy and/or administration authorities. |
| Definition of key terms | <u>Expenditure policy or administration for health</u> : Includes civil servants, civil society organizations, legislative members and staff, and clinical staff |
| Measurement | Number of people trained |
| Disaggregation | By occupation of individual trained; by gender |
| Data sources | Project records |

| Indicator 1.20: Percentage of the approved budget transferred to health facility accounts on time, per quarter | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | Measures the actual execution and timeliness of the approved budget law to health facilities. Also evaluates if cash transfers are made in a timely fashion, which would indicate inefficiencies in the public finance system. |
| Definition of key terms | <p><u>Approved budget</u>: The national budget law for the current fiscal year.</p> <p><u>Health facility accounts</u>: The accounts from which individual health facilities access their cash to purchase commodities, pay health workers, and cover office costs. Where these accounts are and who controls them will differ country to country.</p> <p><u>On time</u>: As defined by national laws mandating time periods for transfers to be made.</p> |
| Measurement | Indicator = Total amount transferred year-to-date / total budget, measured on the due date of the transfer |
| Disaggregation | To be defined at the project level |
| Data sources | National MOH and/or MOF records |

| Indicator 1.21: Percentage of payments for commodities supported by complete documentation (verified goods receipt, original invoice, amount ordered equals amount delivered, etc.) | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | Measures the capacity of MOH to collect complete financial information, and also is a proxy for corruption in health procurement. |
| Definition of key terms | <u>Commodities</u> : In this case, will normally include medical instruments, devices, and pharmaceuticals. Other commodities may also be included on a project-level with justification for their relevance in a given country. |
| Measurement | Typically this will come from a representative sample of records used by auditors rather than an exhaustive review. Indicator = number of records reviewed without complete documentation / total number of records reviewed |
| Disaggregation | N/A |
| Data sources | MOH audit reports |

| Indicator 1.22: Percentage of subnational government health units receiving clean audit reports | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | Measures the financial management capacity of subnational health units. Also serves as a proxy for corruption of those same units. |
| Definition of key terms | <p><u>Subnational government health units</u>: Non-national-MOH government entities with a mandate to provide health services. Units will differ country to country and should be defined on a project basis.</p> <p><u>Clean audit reports</u>: Audit reports issued without significant findings/concerns.</p> |
| Measurement | Indicator = Number of subnational government health units with negative audit findings / total number of subnational government health units audited |
| Disaggregation | By type of entity; by geography |
| Data sources | Government records; audit firm records |

| Indicator 1.23: Percent change in subnational budget spending for health | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | Evaluates the trend in budget spending made by subnational governments with fiscal responsibilities for health (not applicable if subnational government has only administrative responsibility, and does not contribute own-revenue to health service delivery). This indicator reflects/tracks the capacity of subnational units to raise and use adequate resources. |
| Definition of key terms | <u>Subnational budget spending for health</u> : The amount of revenue produced below the national level that is then <i>expended</i> (not budgeted or allocated) toward health. |
| Measurement | $(\text{Previous Fiscal Year's budget spending}) - (\text{most recent Fiscal Year's budget spending}) / (\text{previous Fiscal Year's budget spending})$. |
| Disaggregation | By subnational entity |
| Data sources | Government records; individual subnational budgets |

| Indicator 1.24: Number of people trained in administrative and financial responsibilities of national and subnational government health institutions | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Output |
| Purpose | Measuring the amount of training received by a host country's health expenditure policy and/or administration authorities. |
| Definition of key terms | <p><u>Administrative and financial responsibilities</u>: These will be defined at the project level based on organic legal requirements of the host-county.</p> <p><u>Subnational government health institutions</u>: Includes both facility staff and civil servants involved with financial and administrative management of health services at a subnational level.</p> |
| Measurement | Number of people trained |
| Disaggregation | By level of government; by geography |
| Data sources | Project records |

| Indicator 1.25: Gross compliance rate of taxes or fees applied to health services | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Capacity |
| Indicator Type | Outcome |
| Purpose | Measures: (a) the capacity of health authorities to collect enacted taxes and fees, and (b) a proxy for the ability of the targeted population to pay the tax/fee. |
| Definition of key terms | <u>Gross compliance rate</u> : This is equal to the amount of a tax or fee actually paid over the amount that should be generated with 100% compliance. |
| Measurement | Indicator = Total amount paid and coded against the (one) fee / (Units of service utilized * fee rate). This should always equal <1 for each individual fee. |
| Disaggregation | By tax or fee |
| Data sources | Government financial records |

Systems

| Indicator 1.26: Number of mechanisms to improve operations in the health sector developed and implemented with project support | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Systems |
| Indicator Type | Output |
| Purpose | This indicator tracks the number of mechanisms developed and implemented with project support to help improve management and operations of the health sector. Such mechanisms are essential for efficient and effective health sector functionality and improving performance of health service delivery. |
| Definition of key terms | <u>Mechanisms:</u> Mechanisms are understood as tools, methods, or processes and can include standard operating procedures, manuals, systems, guidelines, and process maps for health sector managers. |
| Measurement | Number of mechanisms developed and implemented with project support |
| Disaggregation | Type of mechanism |
| Data sources | Project records |

| Indicator 1.27: Health system budgeting practice at central level utilizes evidence (Yes/No) | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Systems |
| Indicator Type | Outcome |
| Purpose | This indicator measures the level of evidence being used by actors in the health system when creating budgets. This can be evaluated by examining the number of budget line items and determining (1) which line items were formulated using evidence-based budgeting, and (2) to what extent evidence-based budgeting was utilized. Evaluations of the budget can be done by the private sector, or by non-governmental organizations or civil society groups. Evidence-based budgeting is critical to ensuring that funding streams are used to support programs or items that have been shown to produce results and meet public needs, as well as to reform or eliminate failures. By using evidence-based budgeting, health systems can also help to restore public trust in government by demonstrating that budgets and disbursements are made properly and are able to achieve the intended outcomes. |
| Definition of key terms | <p><u>Budgeting practice</u>: The process of creating a budget; developing an estimate of incomes and expenditures over a given period of time.</p> <p><u>Evidence</u>: Facts, information, or data that are used to evaluate the effectiveness of a program or budget item. Can include data on health systems indicators (including trends over time), the results from evaluations and research studies (that could be from other countries), and cost-benefit or any other analyses. Evidence can be produced by government or from think tanks, international organizations, and civil society organizations.</p> |
| Measurement | Number of budget line items determined in full or in part by evidence |
| Disaggregation | Government office/unit |
| Data sources | Government records; NGO and/or CSO assessments; project records |

| Indicator 1.28: Percent of district health management teams or other administrative units that have developed a monitoring plan, including annual work objectives and performance measures | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Systems |
| Indicator Type | Outcome |
| Purpose | This indicator determines the percentage of district health management teams that develop a monitoring plan with project support. A detailed monitoring plan will incorporate annual work objectives within the outcomes and allow the team to understand and measure their progress. By developing and maintaining a strong monitoring plan, health management teams will be better able to understand, manage, and improve their work on an annual basis. |
| Definition of key terms | <p><u>District Health Management Team</u>: A district-level body that oversees a defined health district and is able to make decisions regarding health services and the allocated resources within their district.</p> <p><u>Monitoring plan</u>: A framework that outlines the activities, indicators, targets, and outcomes of the work being monitored.</p> <p><u>Annual work objectives</u>: The goals or desired outcomes that are to be achieved during the upcoming 12-month period.</p> <p><u>Performance measures</u>: Quantitative and qualitative factors that can be collected, analyzed, and reported in order to show progress against the annual objectives and other indicators from the monitoring plan.</p> |
| Measurement | <p><i>Numerator</i>: Number of district health management teams with published monitoring plan</p> <p><i>Denominator</i>: Number of district health management teams supported by the project.</p> |
| Disaggregation | Location; level of detail within monitoring plan |
| Data sources | Government records; NGO and/or CSO assessments |

| Indicator 1.29: Percent of districts or other administrative units supported by the project that use feedback from monitoring to revise activities and/or budgets | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Systems |
| Indicator Type | Outcome |
| Purpose | This indicator will measure the percentage of districts or other administrative units supported by the project that regularly monitor their performance against their objectives or goals and, using the feedback obtained, revise activities and/or update budgets. This indicator measures the project’s contribution to improving the ability of districts or other administrative units to track and evaluate progress and then make adjustments when needed to maintain or improve progress. By using feedback from monitoring in order to make programmatic or budget adjustments, districts and administrative units will be better able to plan effectively and meet their objectives or goals. |
| Definition of key terms | <p><u>Feedback</u>: Information about the performance of an activity or budget—successful or unsuccessful—that can be used as the basis for improvement.</p> <p><u>Monitoring</u>: Assesses the progress or quality of an activity or budget line item over a period of time; assists a unit to determine whether they are on-track to achieve their goals. Monitoring can be internal through monitoring and evaluation systems, or external through community scorecards, report cards and other social accountability tools.</p> |
| Measurement | <p><i>Numerator</i>: Number of units that monitor their action plans or number of units that use monitoring evidence to revise activities or update budgets</p> <p><i>Denominator</i>: Number of district/administrative units supported by the project</p> |
| Disaggregation | Location; number of updates/revisions made |
| Data sources | Project records; budgets, action plans, meeting minutes of relevant administrative units |



| Indicator 1.30: Number of organizations that have protocols for the procurement of health commodities developed with project support | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Systems |
| Indicator Type | Outcome |
| Purpose | This indicator counts the number of organizations that have put in place protocols that govern the routine, efficient procurement of health commodities. This indicator assesses the result of project assistance to develop and strengthen procurement protocols. Procurement protocols are essential because they allow for proper selection of products, accurate forecasting of needs, and preparation of tenders. |
| Definition of key terms | <p><u>Protocols</u>: The official procedure or rules governing how procurement should be done.</p> <p><u>Procurement</u>: The process of obtaining health commodities through controlled procedures. The process involves mandatory steps such as information-gathering, RFP and tendering, evaluation, selection, and contract issuance.</p> <p><u>Health Commodities</u>: Each organization must define “health commodity” in terms specific to the given context. Commodities may include essential medicines, vaccinations, contraceptives, medical consumables, etc.</p> <p><u>Project Support</u>: Technical assistance, training, and other support specific to the given context.</p> |
| Measurement | Number of organizations with protocols developed |
| Disaggregation | Location; type of organization; number of protocols |
| Data sources | Project records; organization records; implementing partners |

| Indicator 1.31: Number of Key Performance Indicators (KPIs) established or revised with project support | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Systems |
| Indicator Type | Output |
| Purpose | Measuring the number of KPIs evaluates whether or not a Ministry of Health evaluates its own performance in terms of results and efficiency. KPIs should be established complete with baseline data, and then measured periodically to assess marginal improvement or deterioration in performance. These periodic evaluations help to prioritize spending and budget planning in subsequent years. KPIs are closely associated with modern approaches to public budgeting such as Program Budgeting and Results-Oriented Budgeting. A higher number of KPIs does not necessarily indicate a better system. On the contrary, a set of a smaller number of high quality indicators is often a more effective management tool. |
| Definition of key terms | <u>Key Performance Indicator (KPI)</u> : A measurement that encapsulates a critical element of a person's or institution's effectiveness. KPIs for a Ministry of Health often include high-level indicators such as maternal and child mortality and life expectancy, as such outcomes are indicative of a wide range of lower-level outcomes. |
| Measurement | Count of the number of KPIs measured by the Ministry of Health that to the ministry uses to evaluate its own performance. |
| Disaggregation | By what the KPI measures: Results, Outcomes, Outputs and Inputs |
| Data sources | Project records |

| Indicator 1.32: Intergovernmental transfers for health completed in line with Organic Budget Law (annual basis) (Yes/No) | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Systems |
| Indicator Type | Outcome |
| Purpose | Evaluates national compliance with financial commitments to decentralized health service delivery |
| Definition of key terms | <p><u>Intergovernmental transfers</u>: Financial transfers from higher levels of government to lower levels.</p> <p><u>Organic Budget Law</u>: This type of law defines roles and responsibilities for each level of government, and also normally defines a share of revenue due to be transferred to different levels of government subject to country-specific conditions.</p> |
| Measurement | <p>Legal analysis of financial transfers and review of justification in the case of any non-compliance. Legal opinion of Yes/No.</p> <p>The project in practice may need to hire the lawyer for the inquiry.</p> |
| Disaggregation | N/A |
| Data sources | Informed, independent legal individuals or institutions (e.g. think tanks, law firms, contracted lawyer(s)); government financial records |

| Indicator 1.33: Percentage of tax and fee payments made via mobile money to health facilities | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Systems |
| Indicator Type | Outcome |
| Purpose | Measures the reduction in cash transactions made at health facilities. Mobile money payments reduce the opportunity for bribes and off-book financial transactions between consumers and providers, and as such can be used as a proxy indicator for corruption in health services. |
| Definition of key terms | <u>Mobile money</u> : Refers to digital financial transactions, the details of which will vary country-to-country. These transactions could be bank-to-bank, virtual currency, mobile provider-to-mobile provider, or others. |
| Measurement | Indicator = Reported revenue from mobile money / Total reported revenue |
| Disaggregation | Location |
| Data sources | Government financial records |

| Indicator 1.34: Commitment controls enacted in the Ministry of Health as part of financial integration with a national Integrated Financial Management Information System (IFMIS), (Yes/No) | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Systems |
| Indicator Type | Outcome |
| Purpose | Measures the IT modernization of a Ministry of Health, and specifically measures whether or not commitment controls are in place and functioning within a national financial management system. Commitment controls prevent a spending ministry from committing itself to spending not legally approved. This indicator serves as a proxy for payroll management, cash management, debt, and procurement management, though each of those categories can have a separate set of indicators allocated to them as needed. |
| Definition of key terms | <p><u>Integrated Financial Management Information System (IFMIS)</u>: This is a comprehensive financial management system that programs technology to require/assure compliance with all spending legislation. An IFMIS in its fully articulated form will control spending commitments requisition to payment of invoice and receipt of goods.</p> <p><u>Commitment controls</u>: These are the specific aspects of the IFMIS system that prevents any user from engaging into a contractual commitment with government money that does not accord with legal mandates (e.g. overspending a budget line item, committing a future year's budget to a current year's spending, and many more).</p> |
| Measurement | Yes/No, determined by government programmers or their IT consultants as to whether or not commitment controls are in force at the MOH |
| Disaggregation | N/A |
| Data sources | Civil servants or their contractors |

| Indicator 1.35: Percentage of health expenditure transactions completed using the IFMIS | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Systems |
| Indicator Type | Outcome |
| Purpose | Measures the extent to which health expenditure is controlled within the IFMIS system, and consequently, completed with an audit trail and complete documentation. |
| Definition of key terms | <u>Integrated Financial Management Information System (IFMIS)</u> : This is a comprehensive financial management system that programs technology to require/assure compliance with all spending legislation. An IFMIS in its fully articulated form will control spending commitments requisition to payment of invoice and receipt of goods. |
| Measurement | Indicator = Total health expenditures completed within IFMIS / Total health expenditures |
| Disaggregation | None |
| Data sources | Government financial records |

2. Transparency and Accountability

| Indicator 2.1: Number of technical resources developed with project assistance to strengthen transparency or accountability | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | This indicator measures the number of technical resources developed with project assistance that help to strengthen transparency or accountability in the health care sector. Such resources may support, for example, the development and implementation of new policies, plans or guidelines. These resources offer partners and beneficiaries the ability to monitor, accelerate, and improve measures that support transparency and accountability. |
| Definition of key terms | <p>Technical Resources: Technical resources are defined broadly as tools, models, methodologies, guidance, approaches, and strategies. They may include but are not limited to assessments, manuscripts, published articles, reports, training courses, learning modules, software, strategic plans, operational plans, etc. These resources include direct project outputs that may be tracked by the project’s records or M&E system.</p> <p>Project assistance: Technical assistance, training, and other support specific to the given context.</p> <p>Transparency: Open to public scrutiny; demonstrating openness, communication, and accountability.</p> <p>Accountability: Accountability refers to the acceptance and recognition of an organization’s responsibility for actions, products, decisions, and policies. In the context of activities to advocate for increased accountability, this may refer to civil society or other stakeholders seeking to monitor or strengthen public health institutions’ responsibility for delivery of health services, effectiveness of use of public resources, or quality of policies and regulations.</p> |
| Measurement | Number of individual technical resources developed and implemented with project support |
| Disaggregation | Type of technical resource (tools, models, methodologies, guidance, approaches, strategies, etc.) |
| Data sources | Project records |



| Indicator 2.2: Number of mechanisms established with project support to improve transparency or accountability | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | This indicator tracks the number of tools, methods, or processes developed with project support to help improve the transparency and accountability of institutions in the health sector. Mechanisms will be implemented by the institutions themselves, stakeholders, beneficiaries, or other partners. This indicator assesses the outcome of project efforts to develop mechanisms for transparency and accountability. These mechanisms are essential for efficient and effective health sector functionality and service delivery. |
| Definition of key terms | <p><u>Mechanisms</u>: An established process by which something takes place or is brought about; a recognized system, method, or medium for achieving an output or outcome. Mechanisms may include, but are not limited to, systems for internal controls, audit protocols, citizen scorecards, an organizational website with relevant and regularly updated information, publicly available reports, standard operating procedures, manuals, guidelines, process maps, etc.</p> <p><u>Project support</u>: Technical assistance, training, and other support specific to the given context.</p> <p><u>Transparency</u>: Open to public scrutiny; demonstrating openness, communication, and accountability.</p> <p><u>Accountability</u>: Accountability refers to the acceptance and recognition of an organization’s responsibility for actions, products, decisions, and policies. In the context of activities to advocate for increased accountability, this may refer to civil society or other stakeholders seeking to monitor or strengthen public health institutions’ responsibility for delivery of health services, effectiveness of use of public resources, or quality of policies and regulations.</p> |
| Measurement | Number of mechanisms developed and implemented with project support |
| Disaggregation | Type of mechanism; health sector institution implementing the mechanism |
| Data sources | Project records |

| Indicator 2.3: Number of trainings conducted with project support on improving transparency or accountability | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | This indicator measures project training support provided to health sector stakeholders on topics that involve improving transparency and accountability within the health sector. Delivery mechanisms can include a variety of in-person or virtual/online methods and can be delivered by the project or its implementing partners. Training will enhance the human capacity of stakeholders and beneficiaries to ensure increased transparency and accountability. |
| Definition of key terms | <p><u>Training</u>: Training can include classroom learning, workshops, established mentoring and internship programs, and on-the-job training.</p> <p><u>Project support</u>: Technical assistance, training, and other support specific to the given context.</p> <p><u>Transparency</u>: Open to public scrutiny; demonstrating openness, communication, and accountability.</p> <p><u>Accountability</u>: Accountability refers to the acceptance and recognition of an organization's responsibility for actions, products, decisions, and policies. In the context of activities to advocate for increased accountability, this may refer to civil society or other stakeholders seeking to monitor or strengthen public health institutions' responsibility for delivery of health services, effectiveness of use of public resources, or quality of policies and regulations.</p> |
| Measurement | Number of persons trained |
| Disaggregation | Sex, occupation, and location of participant; topic of training session |
| Data sources | Project records; implementing partners |

| Indicator 2.4: Number of organizations trained with project support on improving transparency or accountability | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | This indicator counts the number of organizations to whom knowledge or skills have been imparted as a result of training or interaction with project staff or counterparts. Training will include topics on improving transparency and accountability within the health sector. Delivery mechanisms can include a variety of in-person or virtual/online methods and can be delivered by the project or its implementing partners. Training will enhance the human capacity of stakeholders and beneficiaries to ensure increased transparency and accountability. |
| Definition of key terms | <p><u>Organizations</u>: An organized body of people with a particular purpose. May include government offices (e.g. Ministry of Health, Ministry of Finance, etc.), civil society organizations, non-governmental organizations, or private sector firms.</p> <p><u>Training</u>: Training can include classroom learning, workshops, established mentoring and internship programs, and on-the-job training.</p> <p><u>Project support</u>: Technical assistance, training, and other support specific to the given context.</p> <p><u>Transparency</u>: Open to public scrutiny; demonstrating openness, communication, and accountability.</p> <p><u>Accountability</u>: Accountability refers to the acceptance and recognition of an organization’s responsibility for actions, products, decisions, and policies. In the context of activities to advocate for increased accountability, this may refer to civil society or other stakeholders seeking to monitor or strengthen public health institutions’ responsibility for delivery of health services, effectiveness of use of public resources, or quality of policies and regulations.</p> |
| Measurement | Number of organizations trained; training topic |
| Disaggregation | Type of organization; sex, age, and location of participant; topic of training session |
| Data sources | Project records; implementing partners |



| Indicator 2.5: Number of journalists trained with project support on reporting related to transparency or accountability | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | This indicator counts the number of persons working in the media field in communications or journalism to whom knowledge or skills have been imparted as a result of training or interaction with project staff or counterparts. Training will include topics on improving transparency and accountability within the health sector. Delivery mechanisms can include a variety of in-person or virtual/online methods and can be delivered by the project or its implementing partners. Training will enhance the human capacity of communications specialists and journalists to ensure that relevant information in the health sector is shared openly and can lead to increased transparency and accountability. |
| Definition of key terms | <p><u>Journalist</u>: A person that reports and disseminates information to the public through newspapers, magazines, radio, television, or online media; may be employed by a news agency or other media outlet that publishes information for public consumption. Some projects may choose to distinguish between journalists from state-run and non-state media outlets.</p> <p><u>Training</u>: Training can include classroom learning, workshops, established mentoring and internship programs, and on-the-job training.</p> <p><u>Project support</u>: Technical assistance, training, and other support specific to the given context.</p> <p><u>Transparency</u>: Open to public scrutiny; demonstrating openness, communication, and accountability.</p> <p><u>Accountability</u>: Accountability refers to the acceptance and recognition of an organization’s responsibility for actions, products, decisions, and policies. In the context of activities to advocate for increased accountability, this may refer to civil society or other stakeholders seeking to monitor or strengthen public health institutions’ responsibility for delivery of health services, effectiveness of use of public resources, or quality of policies and regulations.</p> |
| Measurement | Number of participants trained; training topic |
| Disaggregation | Sex, type of media affiliation, and location of participant; topic of training session |
| Data sources | Project records; implementing partners |

| Indicator 2.6: Number of public forums for dissemination of information, increased public awareness, and public discussion established with project support | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | This indicator measures the number of public forums held at the national, regional, or district level to increase public awareness and transparency by disseminating public information and encouraging open discussion of health-sector issues. These forums will support greater interaction between the government, private sector, health sector decision-makers, and the public. This interaction may lead to the more effective incorporation of public needs in the health sector and may lead to more transparent and accountable policies, regulations, and decisions. |
| Definition of key terms | <p><u>Public Forum</u>: A place, meeting, or medium that is advertise in advance, open to the public and where ideas, views, and information on a particular issue can be exchanged. May include town hall meetings, community meetings, public hearings, public working group sessions, outreach and information sessions, online blogs, etc.</p> <p><u>Dissemination of Information</u>: The act of spreading information widely. The mass circulation and public availability of information relating to health sector issues.</p> <p><u>Public awareness</u>: The public’s level of understanding of the relevant information, the importance, and the implications pertaining to a health sector related topic. The knowledge or perception that a community has about an issue or situation.</p> <p><u>Public discussion</u>: Discourse that allows the public and stakeholders from all sides of the issue—including both opponents and proponents—to share their ideas, opinions, and positions; a conversation that allows people to exchange views and examine relevant issues openly.</p> <p><u>Project support</u>: Technical assistance, training, and other support specific to the given context.</p> |
| Measurement | Number of public forums; location |
| Disaggregation | Level of government (national, regional, district, etc.); location |
| Data sources | Project records; government records |

| Indicator 2.7: Number of public forums for dissemination of information, increased awareness, and public discussion that are regularly convened | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | Although forums may be established, they may not hold public meetings on a regular basis to satisfy the public’s needs. This indicator assesses the level of activity of the forum and level of participation by members of the public. Public forums can lead to increased transparency and accountability only if they host regular activities, are utilized by the public, and share information or reports resulting from forum meetings. |
| Definition of key terms | <p><u>Public Forum</u>: A place, meeting, or medium where ideas, views, and information on a particular issue can be exchanged. May include town hall meetings, community meetings, public hearings, public working group sessions, outreach and information sessions, online blogs, etc.</p> <p><u>Dissemination of Information</u>: Dissemination of information refers to distributing information publicly so that it is widely available.</p> <p><u>Public awareness</u>: The public’s level of understanding of the relevant information, the importance, and the implications pertaining to a health sector related topic. The knowledge or perception that a community has about an issue or situation.</p> <p><u>Public discussion</u>: Discourse that allows the public and stakeholders from all sides of the issue—including both opponents and proponents—to share their ideas, opinions, and positions; a conversation that allows people to exchange views and examine relevant issues openly.</p> <p><u>Regularly convened</u>: Regularly convened meetings occur at predictable intervals with advance notice, at least once annually and generally more often than that. Ad hoc or one-off events are not considered regularly convened.</p> |
| Measurement | Number of forum meetings; number of public participants; number of reports or meeting minutes |
| Disaggregation | Level of government (national, regional, district, etc.); location of forum; sex, and location of public participants |
| Data sources | Project records; government records; forum publications; news articles; NGO and/or CSO assessments |

| Indicator 2.8: Improved transparency and accountability of national financial controls, policies, and public financial management systems | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | This indicator will measure the ability of government offices—such as the Ministry of Health (MOH)—to produce, maintain, and disseminate records and information relating to their internal financial controls, policies, and public financial management systems. Methodologies for measuring this indicator may include Public Expenditure and Financial Accountability (PEFA) assessments, or similar analyses or scorecards relevant to the local context. By improving transparency and accountability, the national-level government will be better able to improve their internal controls, policies, and systems; increase their operational effectiveness and efficiency; and reduce the information gap. |
| Definition of key terms | <p><u>Transparency</u>: Open to public scrutiny; demonstrating openness, communication, and accountability.</p> <p><u>Accountability</u>: Accountability refers to the acceptance and recognition of an organization’s responsibility for actions, products, decisions, and policies. In the context of activities to advocate for increased accountability, this may refer to civil society or other stakeholders seeking to monitor or strengthen public health institutions’ responsibility for delivery of health services, effectiveness of use of public resources, or quality of policies and regulations.</p> <p><u>Financial controls</u>: A process used to create a strategic plan, track performance, and evaluate financial activities in order to measure progress toward a desired outcome and assure that the strategic plan can be achieved. Tools for exercising financial controls may include, but are not limited to, financial statements such as budgets, operating ratios, and audits.</p> <p><u>National Financial Policies</u>: Rules established by a national-level government office, such as the MOH or MOF, which govern financial decision-making, oversight, and regulation throughout the health system.</p> <p><u>Public financial management systems</u>: The tools—including processes, policies, software, and hardware—used by an entity to implement, govern, and maintain quality control over its budget. These systems allow an entity to oversee its income, expenses, and assets.</p> |
| Measurement | Improved PEFA score (or other assessment score) |
| Disaggregation | Government Ministry or Office using; location |
| Data sources | Government records; project assessments; NGO and/or CSO assessments |

| Indicator 2.9: Percent of hospitals with improved functioning of Boards of Directors (compared to baseline) | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | This indicator will measure the number of hospitals with Boards of Directors that function properly—they exercise general supervision of the hospital and oversee quality of care and patient safety issues. While a Board may be in existence, it may not be functioning at a level needed to meet the quality standards defined by the local context. Boards of Directors must function well in order to meet their fiduciary duty and properly maintain hospital operations and finances. |
| Definition of key terms | Functioning: Functioning relates to compliance with the terms of reference for the board of directors. Definitions may include: terms of reference for board and member composition/roles are defined, frequent or regular Board meetings, meeting attendance by Board members, activities undertaken by the Board, publicly available meeting minutes and Board reports, decisions of the Board are enacted, etc. |
| Measurement | Projects can develop their own definitions of “functioning” (e.g. it can be a simple yes/no indicator). One example of measuring the level of functioning of hospital boards is to use this scoring checklist (each item is equal to one point): <ol style="list-style-type: none"> 1. There is a hospital governing board 2. The governing board meets regularly and minutes of meetings are recorded 3. The governing board membership includes representatives of the community 4. The hospital executive director is selected by, reports to, and is annually evaluated by the hospital governing board 5. There are established performance indicators for the hospital that are regularly monitored by the governing board 6. The board annually reviews and approves the hospital budget. Each hospital receives a percentage score at the baseline (6 out of 6 is 100% functioning) and again annually over the course of the project. Measurement can be at the hospital or project-wide level (for example 75% of hospitals in the project areas have boards that have improved functioning by 25% or more from the baseline.) |
| Disaggregation | Location; type of hospital |
| Data sources | Board reports; Board meeting minutes; hospital records; project assessments; NGO and/or CSO assessments |

| Indicator 2.10: Percent of regional/district health management teams that make publically available their annual budget each year | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | This indicator measures the percentage of regional or district health management teams that make their annual budgets available to the public. By sharing budget information regularly, health management teams allow the public to examine the efficiency, equity, and sustainability of health services. For example, using the annual budget, civil society can analyze expenditure patterns and actual spending against what is in the budget to determine whether a service is sustainable or funds are properly managed. |
| Definition of key terms | <p><u>Regional/District Health Management Team</u>: A sub-national level body (regional, district, or other local-level) that oversees a defined health district/area and is able to make decisions regarding health services and the allocated resources within their territory.</p> <p><u>Annual budget</u>: A budget that covers a 12-month period and outlines both the income and expenditures that are expected to be received and paid over the coming year.</p> |
| Measurement | <p><i>Numerator</i>: Number of health management teams that make publically available their annual budgets</p> <p><i>Denominator</i>: Total number of health management teams within a country or within project work plan</p> |
| Disaggregation | Location; type of health management team (regional, district, county, etc.) |
| Data sources | Government records; health management team reports; NGO and/or CSO assessments; project or public records |

| Indicator 2.11: Number of health institutions that have adopted open, competitive procurement for drugs and supplies with project support | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | This indicator measures the number of health institutions that, through project support, have adopted and utilize open, competitive procurement processes in order to purchase or obtain health-sector related drugs and supplies. Information on the procurement processes will be made available to the public and civil society through a variety of mediums. Open, competitive procurement by a public institution is an important aspect of purchasing because it ensures fair and ethical bids from suppliers and allows the public to hold institutions accountable. |
| Definition of key terms | <p><u>Open, competitive procurement</u>: The process of obtaining drugs and supplies through controlled procedures that are fair and open. The process involves mandatory steps such as information-gathering, RFP and tendering, evaluation, selection, and contract issuance.</p> <p><u>Project support</u>: Technical assistance, training, and other support specific to the given context.</p> |
| Measurement | Number of health institutions with open, competitive procurement processes |
| Disaggregation | Location; public vs. private institution |
| Data sources | Project records |

| Indicator 2.12: Level of external audit performed on public health institutions (including adherence to auditing standards) | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | Measures external oversight over MOH activities and demonstrates an increased level of financial accountability |
| Definition of key terms | <u>External audit</u> : This is an examination of financial or performance of a project or institution that is funded and performed by an institution independent from the institution being audited. |
| Measurement | <p>The following scoring system can be used to measure and track the level of this indicator (a movement from D to A indicates an improvement):</p> <p>A (i) All entities of central government are audited annually covering revenue, expenditure and assets/liabilities. A full range of financial audits and some aspects of performance audit are performed and generally adhere to auditing standards, focusing on significant and systemic issues. (ii) Audit reports are submitted to the legislature within 4 months of the end of the period covered and in the case of financial statements from their receipt by the audit office. (iii) There is clear evidence of effective and timely follow up.</p> <p>B (i) Central government entities representing at least 75% of total expenditures¹³ are audited annually, at least covering revenue and expenditure. A wide range of financial audits are performed and generally adheres to auditing standards, focusing on significant and systemic issues. (ii) Audit reports are submitted to the legislature within 8 months of the end of the period covered and in the case of financial statements from their receipt by the audit office. (iii) A formal response is made in a timely manner, but there is little evidence of systematic follow up.</p> <p>C (i) Central government entities representing at least 50% of total expenditures are audited annually. Audits predominantly comprise transaction level testing, but reports identify significant issues. Audit standards may be disclosed to a limited extent only. (ii) Audit reports are submitted to the legislature within 12 months of the end of the period covered (for audit of financial statements from their receipt by the auditors). (iii) A formal response is made, though delayed or not very thorough, but there is little evidence of any follow up.</p> |

| | |
|----------------|--|
| | <p>D (i) Audits cover central government entities representing less than 50% of total expenditures or audits have higher coverage but do not highlight the significant issues.</p> <p>(ii) Audit reports are submitted to the legislature more than 12 months from the end of the period covered (for audit of financial statements from their receipt by the auditors).</p> <p>(iii) There is little evidence of response or follow up. ²</p> |
| Disaggregation | N/A |
| Data sources | Project research; World Bank PEFA report |

² Public Financial Management Performance Measurement Framework. Public Expenditure and Financial Accountability. Accessed Online http://www.pefa.org/sites/pefa.org/files/attachments/PMFEng-finalSZreprint04-12_1.pdf



| Indicator 2.13: Level of follow up on audit recommendations by public health institutions | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Transparency and Accountability |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | This measures the responsiveness of public health institutions to external audit recommendations. Some countries have capable, but politically unsupported, external audit functions, and their results can be ignored without significant consequence to the institutions. This indicator will provide an evaluation of public health institutions' responsiveness, which can then be used by civil society to hold those institutions accountable. |
| Definition of key terms | <u>Follow up</u> : Means a response and/or management decision is made to remediate problems highlighted by audit findings. |
| Measurement | <p>The following scoring system can be used to measure and track the level of this indicator (a movement from D to A indicates an improvement):</p> <p>A (i) All entities of central government are audited annually covering revenue, expenditure and assets/liabilities. A full range of financial audits and some aspects of performance audit are performed and generally adhere to auditing standards, focusing on significant and systemic issues. (ii) Audit reports are submitted to the legislature within 4 months of the end of the period covered and in the case of financial statements from their receipt by the audit office. (iii) There is clear evidence of effective and timely follow up.</p> <p>B (i) Central government entities representing at least 75% of total expenditures¹³ are audited annually, at least covering revenue and expenditure. A wide range of financial audits are performed and generally adheres to auditing standards, focusing on significant and systemic issues. (ii) Audit reports are submitted to the legislature within 8 months of the end of the period covered and in the case of financial statements from their receipt by the audit office. (iii) A formal response is made in a timely manner, but there is little evidence of systematic follow up.</p> <p>C (i) Central government entities representing at least 50% of total expenditures are audited annually. Audits predominantly comprise transaction level testing, but reports identify significant issues. Audit standards may be disclosed to a limited extent only. (ii) Audit reports are submitted to the legislature within 12 months of the end of the period covered (for audit of financial statements from their receipt by the auditors). (iii) A formal response is made, though delayed or not very</p> |

| | |
|----------------|---|
| | <p>thorough, but there is little evidence of any follow up.</p> <p>D (i) Audits cover central government entities representing less than 50% of total expenditures or audits have higher coverage but do not highlight the significant issues. (ii) Audit reports are submitted to the legislature more than 12 months from the end of the period covered (for audit of financial statements from their receipt by the auditors). (iii) There is little evidence of response or follow up.³</p> |
| Disaggregation | N/A |
| Data sources | Project research; World Bank PEFA report; Government documents |

³ Public Financial Management Performance Measurement Framework. Public Expenditure and Financial Accountability. Accessed Online http://www.pefa.org/sites/pefa.org/files/attachments/PMFEng-finalSZreprint04-12_1.pdf

3. Regulation

| Indicator 3.1: Number of technical resources developed with project support to strengthen health sector regulation | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Regulation |
| Indicator Type | Output |
| Purpose | Measures the amount of support provided by the project to add data and technical depth to debates on regulatory issues. |
| Definition of key terms | <p><u>Technical resources</u>: Technical resources are defined broadly as tools, models, methodologies, guidance, approaches, and strategies. They may include but are not limited to assessments, manuscripts, published articles, reports, training courses, learning modules, software, strategic plans, operational plans, etc. These resources include direct project outputs that may be tracked by the project’s records or M&E system.</p> <p><u>Health sector regulation</u>: includes both broad umbrella policies for health and the more detailed governing requirements underneath that broader policy. The specific issues covered (e.g. financing, procurement, asset management, human resources, data management) will be defined at the project level in line with project scopes of work.</p> <p><u>Project support</u>: Technical assistance, training, and other support specific to the given context.</p> |
| Measurement | The number of deliverables provided to host country governments on regulatory issues |
| Disaggregation | By type of regulation; type of technical resource |
| Data sources | Project records |

| Indicator 3.2: Person hours of training delivered with project support to strengthen health sector regulation | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Regulation |
| Indicator Type | Output |
| Purpose | Measures project training support provided to health sector regulation stakeholders. |
| Definition of key terms | <u>Health sector regulation</u> : includes both broad umbrella policies for health and the more detailed governing requirements underneath that broader policy. The specific issues covered (e.g. financing, procurement, asset management, human resources, data management) will be defined at the project level in line with project scopes of work. |
| Measurement | For each training, calculate: Number of participants * Length of training in hours. Add up all sums for each training over the life of the project |
| Disaggregation | By occupation of individual trained; by sex; |
| Data sources | Project records |

| Indicator 3.3: Number of new regulations or improvements to regulations developed with project support | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Regulation |
| Indicator Type | Output |
| Purpose | Measures the contribution of the project to new or improved regulations in a target country. |
| Definition of key terms | <p><u>Improvements</u>: in this context refers to mutually agreeable changes to regulation between citizens, industry and government. It can also mean bringing regulations into line with established international best practice, supported by publications from organizations like the World Health Organization.</p> <p><u>Project support</u>: The project must define “project support” in terms specific to the given context.</p> |
| Measurement | Count the number of new or existing regulations that project resources (financial or in-kind) supported |
| Disaggregation | By type of regulation |
| Data sources | Project records |

| Indicator 3.4: Percentage of enacted, project-supported regulations made available to the public | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Regulation |
| Indicator Type | Outcome |
| Purpose | Measures the transparency of government in publishing its regulatory changes. Also measures the advocacy of the project in promoting publication/transparency of regulatory changes. |
| Definition of key terms | <p><u>Made available to the public:</u> means pro-active publication of the regulations in-force. Available to the public “upon request” is insufficient to satisfy the intent of this indicator</p> <p><u>Project support:</u> The project must define “project support” in terms specific to the given context.</p> |
| Measurement | Indicator = number of enacted, project supported regulations published / number of enacted, project supported regulations |
| Disaggregation | By type of regulation |
| Data sources | Government records; Project records |

| Indicator 3.5: Number of Regulatory Impact Assessments (RIA) conducted with project support | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Regulation |
| Indicator Type | Output |
| Purpose | Measures the utilization of RIA against important new health regulations, and the ability of the project to convince host-country counterparts of its importance. RIA is an international standard for the evidence based evaluation of regulatory change, and provides an evidence-based, technical perspective on expected outcomes from new regulations across a range of sectors. |
| Definition of key terms | <p><u>Regulatory Impact Assessment</u>: is a systemic approach to critically assessing the positive and negative effects of proposed and existing regulations and non-regulatory alternatives. As employed in OECD countries it encompasses a range of methods. It is an important element of an evidence-based approach to policy making.⁴</p> <p><u>Project support</u>: The project must define “project support” in terms specific to the given context.</p> |
| Measurement | Counting the number of RIAs conducted with project support |
| Disaggregation | By type of regulation; location (if applicable) |
| Data sources | Project records |

⁴ OECD reference sheet on Regulatory Impact Analysis. Accessed Online <http://www.oecd.org/gov/regulatory-policy/ria.htm>

| Indicator 3.6: Number of regulations proposed with the input and involvement of potentially affected parties (e.g. healthcare providers, advocates, facility representatives, users, etc.) | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Regulation |
| Indicator Type | Output |
| Purpose | Measures the involvement of stakeholders in the development and vetting of new regulations. Directly affected parties often have deeper insight into potential unforeseen and undesirable consequences, and including them in the process normally results in more acceptable final outcomes for a broader range of stakeholders as long as input is used. |
| Definition of key terms | <u>Potentially affected parties</u> : can include a wide range or groups and stakeholders, and should be defined at the project level based on the type of regulation being proposed. |
| Measurement | Count the number of unique regulations proposed that included at least one broad consultation with affected parties. |
| Disaggregation | By type of regulation; type of stakeholder consulted |
| Data sources | Project records |

| Indicator 3.7: Percentage of regulations enacted after public input periods | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Regulation |
| Indicator Type | Outcome |
| Purpose | Measures the level of inclusion and transparency included in the regulatory development process by evaluating the proportion of enacted regulations that welcomed public comment prior to enactment. |
| Definition of key terms | <u>Public input period</u> : is a span of time where a regulatory agency, in most cases a Ministry of Health in this case, publishes proposed language for new regulations to solicit comments from any concerned stakeholder or citizen. The period of time must be sufficient for concerned parties to receive, review and prepare comments on new regulation. |
| Measurement | Indicator = Number of enacted regulation including public input periods / Number of enacted regulations |
| Disaggregation | None |
| Data sources | Government records |

| Indicator 3.8: Number of policies, regulations, administrative procedures in development stages of analysis, drafting and consultation, legislative review, approval or implementation as a result of project support | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Policies, Capacity, Systems |
| Sub-Category | Regulation |
| Indicator Type | Output |
| Purpose | Measures the ability of the project to select and effectively support regulatory priorities for government and the public. Also measures the effectiveness of project support. |
| Definition of key terms | <p><u>Development stages of analysis:</u> is the stage of legislative/regulatory review within legislative or executive branches of government.</p> <p><u>Drafting and consultation:</u> is the process by which lawmakers engage potentially affected stakeholders to provide input on the proposed language. Many drafts of the legislation are normally produced as part of an active “drafting and consultation” process.</p> <p><u>Legislative review:</u> is when legislators and their staff scrutinize and negotiate final language, culminating in legislative debate and a vote on whether or not do adopt legislation into law (the process for which varies greatly depending on the country).</p> <p><u>Approval or implementation:</u> is when the legislation is passed into law according to the rules of procedure and constitutional requirements of the country in question.</p> <p><u>Project support:</u> The project must define “project support” in terms specific to the given context.</p> |
| Measurement | The number of policies, regulations, and administrative procedures the project has supported in any of the above stages. |
| Disaggregation | By stage; by type of regulation |
| Data sources | Project records; Government records |

4. Empowered Civil Society

| Indicator 4.1: Number of technical resources developed with project support to strengthen civil society organizations' capacity to engage in health governance | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Empowered Civil Society |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | This indicator measures the number of technical resources developed with project support that aim to strengthen the capacity of civil society organizations to engage in health governance. Examples of technical resources may include guidelines for engaging civil society, training modules, social accountability tools, media guides, public outreach strategies, etc. |
| Definition of key terms | <p>Technical resources: Technical resources are defined broadly as tools, models, methodologies, guidance, approaches, and strategies. They may include but are not limited to assessments, manuscripts, published articles, reports, training courses, learning modules, software, strategic plans, operational plans, etc. These resources include direct project outputs that may be tracked by the project's records or monitoring and evaluation system.</p> <p>Capacity: Ability to effectively design, plan, carry out, and monitor and evaluate the organization's core functions and scope of work</p> <p>Project support: The project must define "project support" in terms specific to the given context.</p> <p>Civil society organization: Civil society organizations are broadly understood as the diverse groups, NGOs and not-for-profit organizations that have a presence in public life and express the interests and values of their members or others, based on ethical, cultural, political, scientific, religious, or philanthropic considerations.</p> <p>Engage in health governance: To effectively express a voice, demand accountability, and/or participate in policy processes, regulation, supervision, implementation and monitoring of the health sector and health services.</p> |
| Measurement | Number of technical resources |
| Disaggregation | Type of technical resource, location of CSOs |
| Data sources | Project records |



| Indicator 4.2: Number of events organized with project support to strengthen local groups' participation in community-based decision making on health | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Empowered Civil Society |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | This indicator tracks the number of events organized with project support to engage local participants and strengthen community organizations and their involvement in decision making and actions for health. These may include meetings or public outreach events, dialogue sessions, workshops, etc. to discuss budgeting or resource allocation, policy development or reform, or local service delivery performance. |
| Definition of key terms | <p><u>Community-based decision making:</u> Community-based decision making refers to a participatory process where beneficiaries or clients are involved in setting priorities, contributing to planning, and establishing shared expectations.</p> <p><u>Local:</u> Local refers to events at the subnational level.</p> <p><u>Participation:</u> Participation refers to a process that facilitates open dialogue between an inclusive set of local groups and health officials. Participation entails a give-and-take between the local groups and health officials.</p> |
| Measurement | Number of events organized with project support |
| Disaggregation | By type of event, location |
| Data sources | Project records |



| Indicator 4.3: Number of civil society groups formed and/or strengthened through project assistance to engage in health governance | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Empowered Civil Society |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | This indicator measures the efforts of the project to create, assemble, convene and strengthen new or existing civil society groups to engage in health governance. Civil society organizations provide channels for citizen voice and can help citizens hold government accountable. This is important for: improved government responsiveness to the health needs of citizens; for helping to inform government policy decisions; and for assessing the performance of health policies and service delivery. |
| Definition of key terms | <p><u>Civil society organization</u>: Civil society organizations are broadly understood as the diverse groups, NGOs and not-for-profit organizations that have a presence in public life and express the interests and values of their members or others, based on ethical, cultural, political, scientific, religious, or philanthropic considerations.</p> <p><u>Health governance</u>: Governance in the health sector refers to a wide range of steering and rule-making related functions carried out by governments/decisions makers, including: maintaining the strategic direction of policy development and implementation; articulating the case for health, and health resources, in national development; regulating the behavior of a wide range of actors - from health care financiers to health care providers; and establishing transparent and effective accountability mechanisms.</p> <p><u>Project assistance</u>: may be defined by the project and can include training, mentoring, provision of technical resources and tools, networking support, information sharing, etc.</p> |
| Measurement | Number of civil society groups that have been formed or strengthened |
| Disaggregation | Type of civil society group, role/services of civil society organization, location |
| Data sources | Project records |



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| Indicator 4.4: Number of civil society representatives trained with project support to engage in health governance | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Empowered Civil Society |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | Civil society representatives can transfer knowledge, skills and attitudes to peers, increasing the influence of civil society on governance. Civil society organizations provide channels for citizen voice and can help citizens hold government accountable. This is important for: improved government responsiveness to the health needs of citizens; for helping to inform government policy decisions; and for assessing the performance of health policies and service delivery. |
| Definition of key terms | <p>Training: Training can include classroom learning, workshops, established mentoring and internship programs, and on-the-job training.</p> <p>Civil society organization: Civil society organizations are broadly understood as the diverse groups, NGOs and not-for-profit organizations that have a presence in public life and express the interests and values of their members or others, based on ethical, cultural, political, scientific, religious, or philanthropic considerations.</p> <p>Health governance: Governance in the health sector refers to a wide range of steering and rule-making related functions carried out by governments/decisions makers, including: maintaining the strategic direction of policy development and implementation; articulating the case for health, and health resources, in national development; regulating the behavior of a wide range of actors - from health care financiers to health care providers; and establishing transparent and effective accountability mechanisms.</p> <p>Project support: Projects may develop training materials, provide mentorship or training to trainers, or participate as trainers.</p> |
| Measurement | Number of civil society representatives trained |
| Disaggregation | Indicator can be modified to specify the topic of training. It can be broken down by types of training; male/female. |
| Data sources | Project documents |

| Indicator 4.5: Number of project assisted civil society organizations that engage in advocacy and watchdog functions | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Empowered Civil Society |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | This indicator measures projects efforts to engage with civil society organizations and support their efforts to engage in advocacy and watchdog functions at different levels of government within the country. Advocacy initiatives by civil society reflect the ability of citizens and civil society to demand responsiveness of the health system and improve government responsiveness to community needs. |
| Definition of key terms | <p><u>Civil society organization</u>: Civil society organizations are broadly understood as the diverse groups, NGOs and not-for-profit organizations that have a presence in public life and express the interests and values of their members or others, based on ethical, cultural, political, scientific, religious, or philanthropic considerations.</p> <p><u>Advocacy</u>: Can include campaigns, workshops, roundtables, media campaigns, public outreach intended to influence decision makers, including policy makers and service delivery agents.</p> <p><u>Watchdog functions</u>: Watchdog functions refer to monitoring of health facilities, service delivery and use of public resources. Watchdog functions may include use of social accountability tools such as community score cards, report cards, social audits, public expenditure tracking surveys, health facility exit surveys, etc.</p> |
| Measurement | Number of civil society groups participating in advocacy activities, watchdog functions (participation on community health panels, writing articles, etc.) . |
| Disaggregation | By type of civil society organization, type of involvement, location. |
| Data sources | Project records |

| Indicator 4.6: Number of advocacy initiatives on health governance issues undertaken by civil society organizations with project support | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Empowered Civil Society |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | Advocacy initiatives by civil society reflect the ability of citizens and civil society to demand responsiveness of the health system and improve government responsiveness to community needs. |
| Definition of key terms | <p><u>Advocacy initiatives</u>: Advocacy initiatives can include campaigns, workshops, roundtables, media campaigns, and other public outreach events focused on a health reform issue</p> <p><u>Civil society organization</u>: Civil society organizations are broadly understood as the diverse groups, NGOs and not-for-profit organizations that have a presence in public life and express the interests and values of their members or others, based on ethical, cultural, political, scientific, religious, or philanthropic considerations.</p> <p><u>Health governance</u>: Governance in the health sector refers to a wide range of steering and rule-making related functions carried out by governments/decisions makers, including: maintaining the strategic direction of policy development and implementation; articulating the case for health, and health resources, in national development; regulating the behavior of a wide range of actors - from health care financiers to health care providers; and establishing transparent and effective accountability mechanisms.</p> |
| Measurement | Number of advocacy activities initiated by civil society organizations. |
| Disaggregation | Topics, location of CSOs |
| Data sources | Project records |

| Indicator 4.7: Number of mechanisms for civil society to raise issues in health sector governance, established as a result of project support | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Empowered Civil Society |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | This indicator tracks the number of mechanisms used by civil society to raise issues regarding health delivery, quality and provision |
| Definition of key terms | <p><u>Mechanisms:</u> Mechanisms refers to the formal platforms, venues or forums that allow for civil society input into health sector governance. These may include websites, telephone hotlines, public hearings, open committee meetings, public consultations, etc. that enable health officials to solicit feedback on policy development/implementation, service delivery quality, accountability, and health sector performance.</p> <p><u>Civil society organization:</u> Civil society organizations are broadly understood as the diverse groups, NGOs and not-for-profit organizations that have a presence in public life and express the interests and values of their members or others, based on ethical, cultural, political, scientific, religious, or philanthropic considerations.</p> <p><u>Health governance:</u> Governance in the health sector refers to a wide range of steering and rule-making related functions carried out by governments/decisions makers, including: maintaining the strategic direction of policy development and implementation; articulating the case for health, and health resources, in national development; regulating the behavior of a wide range of actors - from health care financiers to health care providers; and establishing transparent and effective accountability mechanisms.</p> |
| Measurement | Number of mechanisms through which civil society groups can raise issues |
| Disaggregation | By type of mechanism |
| Data sources | Project records, community records |

| Indicator 4.8: Number of active community health committees | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Empowered Civil Society |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | This indicator measures the number of active community health committees that engage with local health providers/facilities and governments regarding the provision of health services. |
| Definition of key terms | <u>Active</u> : Active means that committees function per their defined terms of reference – including meeting as required (at least annually, generally more frequently or per the terms of reference of the committee). Attendees of meetings should include community representatives. |
| Measurement | Number of active community health committees in project catchment areas |
| Disaggregation | By location |
| Data source | Project records; local government and organizations' records |



| Indicator 4.9: Number of health facilities with trained community members participating in facility governing boards | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Empowered Civil Society |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | This indicator measures efforts to enhance community participation by identifying the facilities with community members serving on a health facility governing board |
| Definition of key terms | <u>Governing board</u> : Supervisory organization with diverse community, facility, and government representation that oversees the services and infrastructure of a health facility. |
| Measurement | Number of facility governing boards with trained community representatives |
| Disaggregation | By type of health facility (hospital, health center) |
| Data sources | Project records; facility board meeting notes |

| Indicator 4.10: Number of instances in which public health institutions conduct consultations with civil society | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Empowered Civil Society |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | This indicator measures the number of times local public health institutions have consulted civil society to determine priorities, improve accountability and share feedback. |
| Definition of key terms | <p><u>Consultation:</u> Consultation requires a give-and-take between public health officials and civil society representatives where civil society organizations are asked to provide information, feedback or perceptions of health policies or service performance. These may include town hall meetings, participatory budget exercises, public hearings, and health service delivery governance institutions.</p> <p><u>Civil society:</u> Civil society is broadly understood as the diverse set of groups, NGOs and not-for-profit organizations that have a presence in public life and express the interests and values of their members or others, based on ethical, cultural, political, scientific, religious, or philanthropic considerations.</p> <p><u>Accountability:</u> Accountability refers to the acceptance and recognition of an organization’s responsibility for actions, products, decisions, and policies. In the context of activities to advocate for increased accountability, this may refer to civil society or other stakeholders seeking to monitor or strengthen public health institutions’ responsibility for delivery of health services, effectiveness of use of public resources, or quality of policies and regulations.</p> |
| Measurement | Number of instances in which public health institutions consult civil society to set priorities, improve accountability, and share feedback per time period (quarter, year, project duration, etc.) |
| Disaggregation | By type of organization (e.g. MOH, provincial and district health offices, health facilities) |
| Data sources | Project sources |



| Indicator 4.11: Number of civil society recommendations proposed or information provided during consultations with public health institutions that influence decision making | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Empowered Civil Society |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | This indicator measures the impact of civil society involvement in local budgeting exercises and health prioritizing meetings. |
| Definition of key terms | <p><u>Civil society:</u> Civil society is broadly understood as the diverse set of groups, NGOs and not-for-profit organizations that have a presence in public life and express the interests and values of their members or others, based on ethical, cultural, political, scientific, religious, or philanthropic considerations.</p> <p><u>Consultation:</u> Consultation requires a give-and-take between public health officials and civil society representatives where civil society organizations are asked to provide information, feedback or perceptions of health policies or service performance. These may include town hall meetings, participatory budget exercises, public hearings, and health service delivery governance institutions.</p> <p><u>Influence decision making:</u> Influencing decision making includes the incorporation of specific data and/or recommendations into draft policies or regulations; response to advocacy to improve service delivery quality/access; inclusion of budget allocation priorities in budget requests or final budgets; etc.</p> |
| Measurement | Number of civil society data reports and recommendations that are considered for decisions on health budgets and health prioritization |
| Disaggregation | By type and location of institution |
| Data sources | Project records, meeting minutes |

5. Participation of Private Sector

| Indicator 5.1: Number of technical resources developed with project assistance to support the involvement of the private sector | |
|--|---|
| Building Block(s) | Leadership and Governance |
| Category | Private Sector |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | This indicator measures the number of technical resources or outputs developed with project support to strengthen the involvement of the private sector in health care. Examples of types of technical resources may include feasibility analyses, market segmentation, business plans, private sector policies, etc. |
| Definition of Key Terms | <p><u>Technical Resources:</u> Technical resources are defined broadly as tools, models, methodologies, guidance, approaches, and strategies. They may include but are not limited to assessments, manuscripts, published articles, reports, training courses, learning modules, software, strategic plans, operational plans, etc. These resources include direct project outputs that may be tracked by the project's records or M&E system.</p> <p><u>Private sector involvement:</u> includes health care service delivery, sector oversight and regulation, management, participation in health information reporting and analysis, training and human resource development, health financing, policy development and implementation, etc.</p> |
| Measurement | Number of individual technical resources developed |
| Disaggregation | Type of technical resource (tools, models, methodologies, guidance, approaches, strategies, etc.) |
| Data Sources | Project records |

| Indicator 5.2: Number of health sector policies developed or improved with project support that specify the role of the private sector | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Private Sector |
| Sub-Category | Policy |
| Indicator Type | Output |
| Purpose | This indicator tracks the number of health sector policies, including strategic plans and operational guidelines, which specify the role of the private sector in delivery of health services, products, equipment, research, communications or education. Including the private sector in health sector policies supports the development of public-private partnerships for strengthening the health system, and can improve the operating environment for the private sector. |
| Definition of Key Terms | <p><u>Project support:</u> Projects must define what constitutes support for policy development or improvement. Examples include developing a written document and submitting to the appropriate public sector office, sponsoring and/or facilitating policy formulation meetings, or providing comments on policy documents</p> <p><u>Health Sector Policies:</u> Health sector policies guide decisions, plans and actions in health care, and may cover topics as diverse as immunizations, pharmaceutical supply chain, or health promotion. Policies include also strategic plans and operational guidelines</p> |
| Measurement | Number of health sector policies developed or improved |
| Disaggregation | Type of policy, Policies developed, Policies improved |
| Data Sources | Project records |

| Indicator 5.3: Number of project technical contributions to health policy that specify the role of the private sector | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Private Sector |
| Sub-Category | Policy |
| Indicator Type | Output |
| Purpose | The purpose of this indicator is to measure the contributions a project makes to health policy development in order to ensure the role of the private sector is specified in policy documents, including the role of the private sector in delivery of health services, products, equipment, research, communications or education. Including the private sector in health sector policies supports the development of public-private partnerships for strengthening the health system, and can improve the operating environment for the private sector. |
| Definition of Key Terms | <p><u>Contributions</u>: Projects must define what constitutes contributions to policy development or improvement. Examples include developing a written document and submitting to the appropriate public sector office, sponsoring and/or facilitating policy formulation meetings, specialized studies or research informing policy formulation, or providing comments on policy documents</p> <p><u>Health Sector Policies</u>: Health sector policies guide decisions, plans and actions in health care, and may cover topics as diverse as immunizations, pharmaceutical supply chain, or health promotion. Policies include also strategic plans and operational guidelines</p> |
| Measurement | Number of technical contributions to private sector health policy |
| Disaggregation | Type of contribution |
| Data Sources | Project Records |

| Indicator 5.4: Number of public sector policy initiatives that include the private sector with project support | |
|---|---|
| Building Block(s) | Leadership and Governance |
| Category | Private Sector |
| Sub-Category | Policy |
| Indicator Type | Outcome |
| Purpose | The purpose of this indicator is to measure the extent to which the public sector involves the private sector in policy development and in other health initiatives (such as public health campaigns, training). Involving the public sector in policy development and other health initiatives increases the effectiveness of policies in facilitating the involvement of the private sector in health care delivery, products, equipment, research, communications or education. |
| Definition of Key Terms | <p><u>Project support:</u> Projects must define what constitutes support for policy development or improvement. Examples include developing a written document and submitting to the appropriate public sector office, sponsoring and/or facilitating policy formulation meetings, or providing comments on policy documents</p> <p><u>Policy initiatives:</u> Policy initiatives may include policy development and review meetings and activities, or related health initiatives, such as public health campaigns or training</p> |
| Measurement | Number of public sector initiatives including private sector |
| Disaggregation | Type of initiative |
| Data Sources | Project records |



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| Indicator 5.5: Number of private sector actors trained with project support | |
|--|--|
| Building Block(s) | Leadership and Governance |
| Category | Private Sector |
| Sub-Category | |
| Indicator Type | Output |
| Purpose | The purpose of this indicator is to measure the amount of training provided to improve relevant private sector knowledge and skills for long-term business viability, such as financial management, business management practices, market analysis, financial tracking, or record keeping. |
| Definition of Key Terms | <p><u>Trained:</u> Training may include any type of short-term course or mentorship program which teaches or updates the skills of private sector actors relevant to their work in private sector health care.</p> <p><u>Private Sector Actors:</u> Private sectors can include any individuals working with or associated with the private health care sector, including health workers, private sector association members, private business owners, among others.</p> |
| Measurement | Number of private sector actors receiving training with project support |
| Disaggregation | Gender, Type of private sector actor, training topic |
| Data Sources | Project records |

| Indicator 5.6: Number of public-private or private-private partnerships facilitated, brokered, strengthened, or established with project support | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Private Sector |
| Sub-Category | Policy |
| Indicator Type | Output |
| Purpose | This indicator measures the number of public-private and private-private partnerships supported (facilitated, brokered, strengthened or established) with project support in order to jointly regulate, finance or implement the delivery of health services, products, equipment, research, communications or education. This indicator is important as health systems must respond to a heavy burden of existing and emerging burdens of infectious and chronic disease, making leveraging the private sector essential for mounting a sustainable and effective response. Harnessing private sector potential can help relieve some of the constraints challenging the public sector such as overburdened staff and weak distribution channels. |
| Definition of Key Terms | <p><u>Public-Private Partnership:</u> Any formal collaboration between the public sector at any level (national and local governments, international donor agencies, bilateral government donors) and the non-public health sector (commercial, non-profit and traditional) for the delivery of health services, products, equipment, research, communications or education.</p> <p><u>Private-Private Partnership:</u> Any formal collaboration between the non-public health sector, including commercial, non-profit and traditional for the delivery of health services, products, equipment, research, communications or education</p> |
| Measurement | Number of partnerships facilitated, brokered, strengthened or established. |
| Disaggregation | Public-private, Private-private, Purpose of partnership |
| Data Sources | Project records |

| Indicator 5.7: Number of policy incentives created to increase private sector participation in products and service delivery | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Private Sector |
| Sub-Category | Policy |
| Indicator Type | Outcome |
| Purpose | The purpose of this indicator is to measure the extent to which governments facilitate the private sector's involvement in providing product or services. For example, tariff relief that exempts contraceptives from import duties is one of the most widely practiced policy incentives to private sector service delivery. Public-sector issued vouchers may be used to reimburse private sector physicians for performing voluntary sterilizations and IUD insertions. Other examples of incentives include income tax credits given for employers who underwrite health services for workers or for private sector organizations that provide health services |
| Definition of Key Terms | <u>Policy Incentive</u> : A policy which provides an incentive for the private sector to provide products or services for the health sector. Incentives make doing private sector business in the health sector easier or more affordable, and may include import duty exemptions, vouchers, tax credits. |
| Measurement | Number of policy incentives created |
| Disaggregation | Purpose of incentive |
| Data Sources | Project records |

| Indicator 5.8: Number of mechanisms established or strengthened with project support to increase private sector participation in health policy, regulation and oversight | |
|---|--|
| Building Block(s) | Leadership and Governance |
| Category | Private Sector |
| Sub-Category | |
| Indicator Type | Outcome |
| Purpose | The purpose of this indicator is to measure the extent to which governments facilitate the private sector's formal involvement in health sector governance. |
| Definition of Key Terms | <p><u>Mechanism:</u> Tools, methods, or processes and can include standard operating procedures, manuals, systems, guidelines, task forces, committees, and process maps for health sector managers.</p> <p>Private sector participation: Participation refers to a process that facilitates open dialogue between an inclusive set of local groups and health officials. Participation entails a give-and-take between the private sector groups and government health officials.</p> |
| Measurement | Number of mechanisms created and/or supported |
| Disaggregation | N/A |
| Data Sources | Project records; government records |