



## Costed Implementation Plan Resource Kit

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# Monitoring Performance of Family Planning Costed Implementation Plans

**Guidance for Establishing and Implementing  
Mechanisms to Track Progress Towards Results**

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# Overview of the Guide

## About this Guide

*Monitoring Performance of Family Planning Costed Implementation Plans* is part of a series of tools in the Family Planning Costed Implementation Plan (CIP) Resource Kit. It is intended to provide guidance on establishing and implementing mechanisms for ongoing monitoring of CIP execution and progress. This guidance is based on known principles and approaches for performance monitoring, and enriched with country experiences.

This guide does not cover evaluation, the systematic and objective assessment of the plan's outcomes. Projects should conduct both monitoring efforts and evaluations to generate additional information to validate whether the plan's strategies are having the desired results (especially important to inform future planning), make mid-course corrections, support resource mobilization efforts, and increase knowledge about whether and how CIPs lead to improved performance of national FP programs.

## Intended Users of the Guide

This guide is primarily intended for use by individuals and teams involved in leading, managing, and coordinating CIP execution efforts. Specifically, these are parties responsible for tracking progress towards desired results. In this guide, they are referred to as the Performance Monitoring Team (PMT). This team is composed of M&E experts from the Ministry of Health (MOH) and, in certain cases, key implementing partner organizations. The guide can also be useful for members of the *technical support team (TST)*—the group charged with developing the CIP—who may begin developing components of the Performance Monitoring Plan as part of the CIP development process.

## How to Use this Guide

This guide is intended primarily for use during the execution phase of the CIP, though some components may begin during CIP development (specifically, selecting indicators, setting targets, and identifying key results). Since this guide does not cover the fundamentals of monitoring, users should already have a solid understanding of monitoring and evaluation.

# Introduction

## What is Performance Monitoring?

Performance monitoring is a systematic and continuous process of collecting, analyzing, and reviewing data to track the progress of a Costed Implementation Plan towards its intended results. In the context of CIPs, this process involves tracking the extent to which annual performance targets are being achieved and using this information to inform decisions regarding CIP execution. Monitoring may also include tracking resource allocations, disbursements, and expenditures that represent essential information to support decisions on efficient programming, future resource allocations, and stakeholder coordination, all of which ultimately influence result achievement.

## Purpose of Performance Monitoring for CIPs

Performance monitoring is a critical component of the CIP execution phase to:

1. Generate data on results achieved and areas where annual performance targets are not being met (to inform decision-making about future steps for implementation);
2. Engage different stakeholders to focus on plan execution and account for results;
3. Enhance accountability to achieve and report on national goals and global commitments; and
4. Facilitate plan adaptations and collective learning.

Performance monitoring can also be used to generate data on resource flows to inform future resource mobilization, allocation, efficient programming, and stakeholder coordination efforts.

In other words, performance monitoring seeks to answer important questions that help stakeholders effectively lead and manage the CIP execution process (see **Box 1**). A good performance monitoring effort engages stakeholders in a process of continuous feedback, learning, and improving throughout the CIP execution period. It is most effective when accompanied by clear guidance about how monitoring information will be used to improve execution and results, and who is responsible for different aspects of execution.

## **BOX 1** Key Questions Answered During Performance Monitoring

- How much progress have we made towards achieving the results that we said we wanted to achieve?
- Are we taking the actions we said we would take?
- Are we mobilizing adequate resources? Where are the gaps?
- Are we being efficient in resource allocation—for example, directing resources to priority areas and gaining efficiencies?
- Are we effectively managing the issues, risks, and challenges that we face or foresee to ensure results?
- What decisions need to be made to improve performance? Are we acting on them?
- Will the planned and delivered outputs continue to be relevant for the achievement of the envisioned outcomes?
- What lessons learned can we use to improve how we implement the plan to achieve results?

## Capacity and Resources for Performance Monitoring

In line with the principle of promoting country ownership of CIPs, performance monitoring efforts should harmonize with, and build upon, existing systems and structures. Therefore, gaps in capacity and resources should be assessed, and efforts to build this capacity should part of the CIP execution process. The main question is, “Are there sufficient resources, including availability of skilled staff and financial resources, allocated for CIP monitoring activities?” [The Tool for Rapid Assessment of Country Family Planning Data](#) can be used to further assess capacity for collecting, processing, and using family planning data.

## Stakeholder Engagement

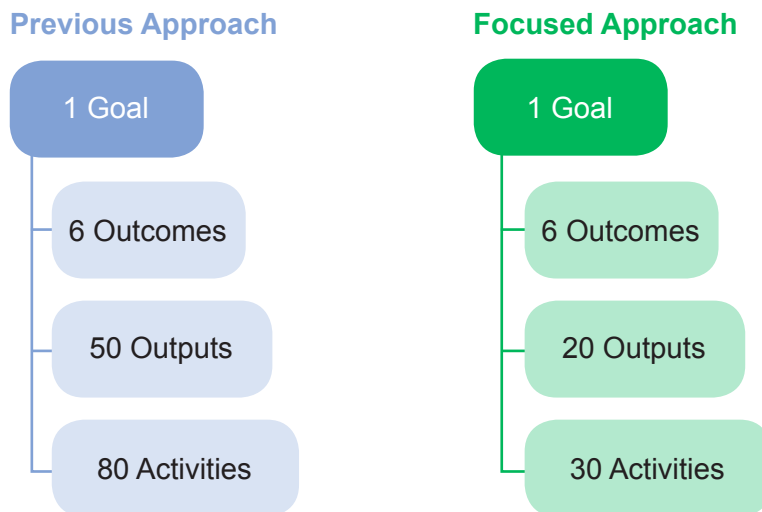
To facilitate performance monitoring, stakeholder engagement during the CIP development phase should continue during execution. Engagement fosters ownership, commitment, and joint learning. Several opportunities for continuous engagement exist throughout performance monitoring, including during and after development of the performance monitoring system. During development, the PMT engages FP stakeholders (including MOH staff at central and subnational levels, FP implementers, and civil society groups) to determine information needs, identify relevant Key Performance Indicators (KPIs) to track implementation, validate the feasibility and reliability of proposed data sources, and agree on mechanisms for joint review and decision-making. Once the performance monitoring system is operational, stakeholders should contribute data that will feed into performance monitoring of the CIP. Stakeholders should also assist in interpreting data and generating recommendations, including as part of periodic CIP performance reviews (as discussed in Step 5 below). Ultimately, stakeholders should be involved in making and acting upon decisions to improve CIP execution.

# A Focused Approach to CIP Performance Monitoring

CIPs are designed to articulate the results that need to be achieved, the process of attaining those results, and the resources required to implement activities to deliver on the results. This content is usually expressed in a Results Framework that includes the overarching goal, followed by outcomes, outputs, and activities. Most CIPs cover a five-year period of implementation, and generally include 50 or more results across four or more thematic areas. Each result has one or more indicators to measure performance—and the data for each of those indicators may or may not be easily available or accessible. Given that closely tracking the progress of 50 or more results can be time- and cost-intensive, it is necessary to prioritize which results to closely monitor on a more frequent basis.

This guide recommends the adoption of a **focused approach to performance monitoring** that relies on selecting fewer key results to be tracked against performance targets on a regular basis using an optimal number of indicators, referred to as key performance indicators (KPIs). The figure below illustrates how a focused approach to performance monitoring identifies fewer outputs and activities for frequent monitoring.

**Figure 1:**  
Focused Approach  
to Monitoring Versus  
Previous Approaches



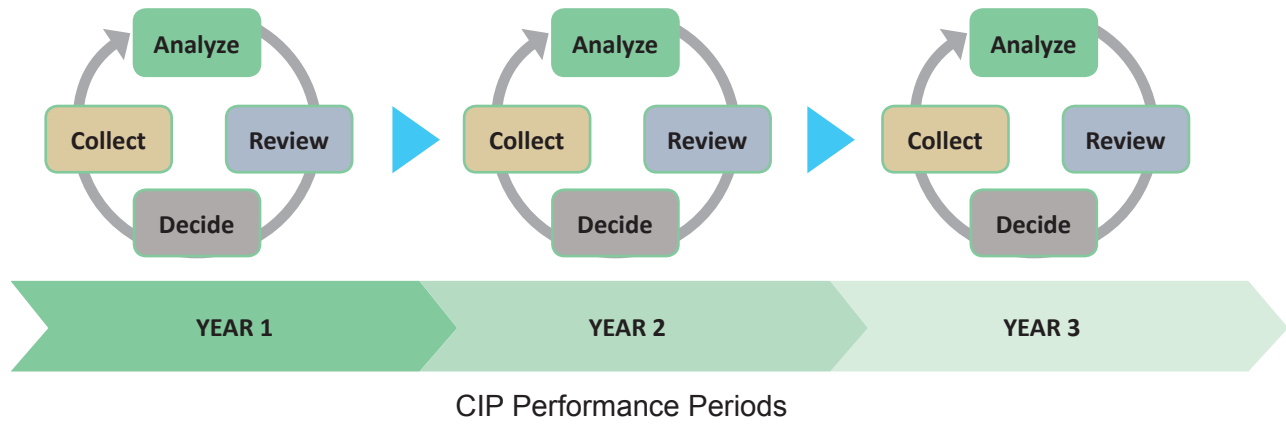
Source: Palladium, 2018

As with other monitoring efforts, CIP performance monitoring involves an iterative process composed of four actions:

1. **Collect** data on performance indicators
2. **Analyze** collected data against annual performance targets
3. **Review** results jointly with stakeholders
4. **Decide** how to use information to support decisions and generate lessons learned

These four actions occur during each CIP performance period.



**Figure 2: CIP Performance Monitoring Process**

To make the above process functional, the institution responsible for stewardship of the CIP at the national or subnational level should establish and maintain a robust performance monitoring plan (PMP) and process. The next two sections describe the components of the PMP and the process of developing and implementing the PMP.

# Components of the Performance Monitoring Plan

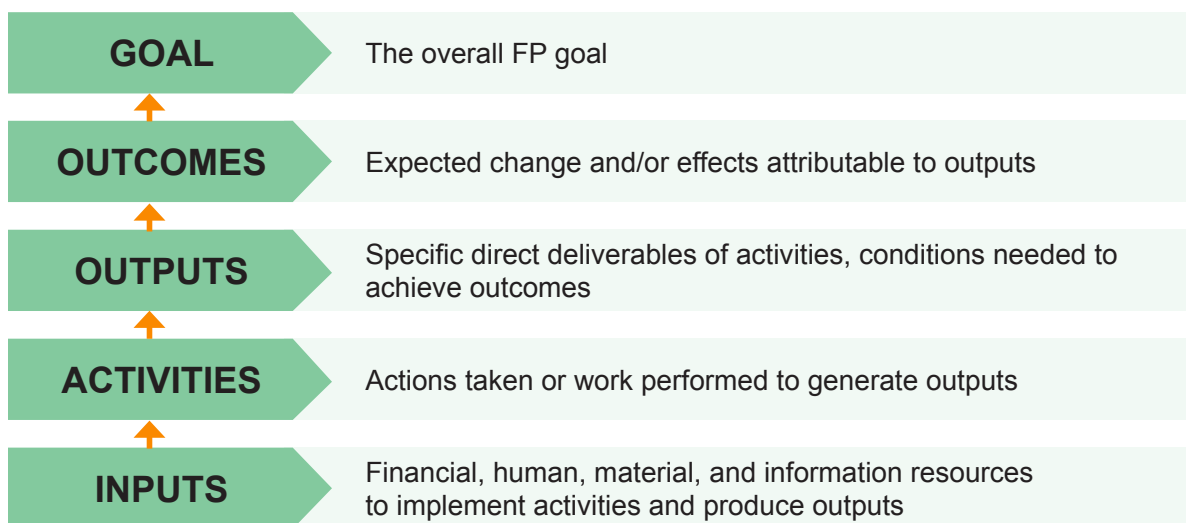
Just like a project uses a PMP to track progress at the activity, output, and outcome levels, so should a CIP. The PMP is a reference document that describes the following six essential components for performance monitoring of a CIP:

- (1) Key results
- (2) Performance targets
- (3) Key performance indicators
- (4) Mechanisms for data collection and management
- (5) Data communication and use
- (6) Responsibilities and assignments for managing the performance monitoring process

## 1. Key Results

As noted earlier, a CIP may have 50 or more results. The CIP describes results<sup>1</sup> at different levels—goal, outcome, and output—to be achieved over the plan’s implementation period. A result is defined as a measurable (qualitative or quantitative) change that is the consequence of implementing specific interventions or activities. Results are represented in a bottom-up sequence as inputs, activities, outputs, outcomes, and goal/impact, and together form a results framework (Figure 3). [Guidance for Developing a Technical Strategy for Family Planning Costed Implementation Plans](#) describes in detail how to develop a results framework for CIPs.

**Figure 3: Results Framework**



<sup>1</sup> In some CIPs, results are also referred to as goals and objectives.

Within a focused approach to performance monitoring, key results are a subset of the results articulated in the CIP, selected by stakeholders using defined criteria and requiring enhanced oversight and monitoring because of their ability to accelerate or slow implementation progress. Using this approach, all *goals and outcomes* are still monitored, while only some *outputs and activities* are selected for monitoring. Sub-sections 2.a and 2.b on p.15-17. describe how stakeholders can discuss and select outputs for focused monitoring.

## 2. Performance Targets

Performance targets are the intended results of implementing CIP activities and are measured throughout the monitoring process using Key Performance Indicators. Performance targets are determined during the CIP development phase and are assigned quantitative or qualitative measures. An example of a quantitative performance target is, “5,000 providers from health dispensaries trained to insert and remove implants by 2015.” An example of a qualitative performance target is, “Demonstrated evidence of a national community health worker curriculum that includes content on counselling and provision of injectable contraceptives.” [Guidance for Developing a Technical Strategy for Family Planning Costed Implementation Plans](#) describes in detail how to determine performance targets for CIPs.

## 3. Key Performance Indicators

Performance indicators measure the extent by which results and their associated performance targets are achieved. Within the results framework, three levels of indicators are used to assess progress: impact, outcome, and output indicators. The impact level indicator measures the CIP goal—traditionally written as an increase in mCPR and often assessed via annual estimates (like those produced by Track20) or via Demographic and Health Surveys every five years. Outcome and output indicators are monitored on annual or more frequent (quarterly) bases using surveys as well as routine service statistics available in national health information systems. Indicators can be either quantitative or qualitative. [Guidance for Developing a Technical Strategy for Family Planning Costed Implementation Plans](#) describes in detail how to define performance indicators for the CIP’s goal, outcomes, and outputs.

Key performance indicators (KPIs)<sup>2</sup> are a subset of performance indicators, representing a minimum set of indicators needed for progress review, reporting, and decision-making. KPIs support the focused approach to performance monitoring by making CIP performance monitoring more manageable and meaningful. This is particularly true for output- and activity-level indicators. Fewer output-level indicators to report and review quarterly contributes to a more streamlined process. However, outputs not selected as key results can still have annual performance targets with indicators that are reported against and reviewed annually to help gauge overall progress. During comprehensive reviews, collecting data on all outputs provides a holistic view of results achieved during plan execution. Defining key performance indicators is important when developing a Performance Monitoring Plan.

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2 For more information on KPIs, see *Developing and Using Key Performance Indicators: A Toolkit for Health Sector Managers*.

#### 4. Mechanisms for Data Collection and Management

In order to monitor quantitative indicators, there must be data to provide counts, or numerators and denominators, from a trusted data source. This data may come from various sources; common sources of data for indicators related to CIPs are outlined in **Table 1**. Qualitative indicators will have data sources such as program reports, research reports, policy documents, stakeholder interviews, or landscape assessments. Most of the data are likely to be sourced from routine health information systems, population-based surveys, and implementing partner reports. Using existing data sources reduces costs for data collection, as primary data collection can be expensive.

**Table 1 | Common Data Sources for CIP Monitoring Data**

Indicator Level	Data Source
Goal	<ul style="list-style-type: none"> <li>• <i>Demographic and Health Surveys (DHS)</i></li> <li>• PMA2020 data, collected through <i>Mobile-Assisted Data Dissemination System (mADDS)</i></li> <li>• <i>Multiple Indicator Cluster Surveys (MICS)</i></li> <li>• Service statistics through country health management information system (HMIS)</li> <li>• <i>Family Planning Estimation Tool (FPET)</i></li> </ul>
Outcome	<ul style="list-style-type: none"> <li>• <i>Demographic and Health Surveys (DHS)</i></li> <li>• <i>UNFPA Supplies Annual Report</i></li> <li>• Routine Health Information Systems (i.e., DHIS-2 and Logistics Management and Information System [LMIS])</li> <li>• <i>Family Planning Estimation Tool (FPET)</i></li> </ul>
Output	<ul style="list-style-type: none"> <li>• Implementing partner reports and assessments</li> <li>• Contraceptive Procurement Tables (CPTs)</li> <li>• <i>WHO Service Availability and Readiness Assessment (SARA)</i></li> <li>• <i>Service Provision Assessment (SPA) survey</i></li> <li>• <i>UNFPA Supplies Annual Report</i></li> </ul>

Given the volume of the data, and multiple sources they are likely to be collected from, it is important to establish a central system for data compilation, analysis, and reporting. Currently, two forms of CIP tools serve this function:

- (1) *CIP Performance Dashboard*: An Excel-based data visualization tool that allows users to assess progress on key results by comparing KPI targets to KPI data within an identified performance period (most often one year). The resulting color-coded performance assessment and graphical trends can be used to show progress in CIP status reports.
- (2) *CIP Performance Database*: A web-based data collection, analysis, and reporting tool. This tool, in use in slightly different formats in multiple countries, has several functionalities that allow users to enter data from multiple sources and view analyzed reports based on KPIs. It also features a dashboard that provides both color-coded performance assessments and graphical trends to show progress.

In addition to the mechanism for collecting and compiling the data in a central place, this section of the PMP should also describe how the data quality will be ensured and how it will be analyzed to generate CIP progress reports. It is important to note here that both the *CIP Performance Database and Dashboard* tools mentioned above already include data analysis plans. However, if a country opts to use an alternative tool, a data analysis plan should be developed.

## 5. Data Communication and Use

This section of the PMP describes how the reports generated from the analysis of CIP data will be reviewed, by whom, and how often, to inform the planning, coordination, and improvement of CIP execution. It also describes the mechanism that will be used to track decisions to ensure that they are implemented. A platform and mechanism to allow stakeholders to periodically review performance reports provides an important opportunity for meaningful stakeholder engagement. These reviews encourage stakeholders to understand, discuss, and reflect on progress in the plan's execution, and fuels accountability for results. The reviews are also an opportunity for stakeholders to discuss and agree upon potential changes in execution if course corrections are needed.

## 6. Responsibilities for Implementing the PMP

This section describes the institutional arrangements for implementing the PMP. It includes a specific description of who is responsible for performance monitoring, collecting and reporting data, producing reports, and organizing reviews. It also establishes a schedule for data collection, analysis, and review during each CIP performance period.

# Establishing a CIP Performance Monitoring Process

The following steps describe how to establish and implement a performance monitoring process for a CIP. It is highly recommended that Steps 1 and 2 start during the CIP development phase with Steps 3 through 5 continuing into the execution phase. If Steps 1-2 cannot be conducted during the development phase, they should be undertaken as soon as possible after the CIP launch.

## Step 1. Establish a PMT and Action Plan

During the CIP development phase, the Technical Support Team (TST) works with the Ministry of Health focal point to establish a dedicated Performance Monitoring Team (PMT) to also be involved in the development of the CIP (see [Developing CIPs: Team Roles and Responsibilities](#) for more information). The PMT is a small group of at least five designated individuals who are skilled in monitoring and evaluation (preferably in family planning). They should represent staff from the Ministry of Health (MOH) and key implementing partner organizations responsible for M&E. The PMT should be led by the MOH designate for M&E within the RH or FP division, and guided by a simple action plan or workplan that articulates what the PMT will do and when during CIP development. The workplan should also link to the main CIP development roadmap.

The roles of the PMT include:

- Providing baseline data and information during the situational analysis exercise.
- Advising on CIP annual performance targets, including the type of indicator to be used and endline benchmark.
- Providing technical assistance to the overall process of establishing the CIP PMP, including:
  - Providing input on what kind of information is needed, who will use it, and how.
  - Giving information on indicators where data is already available (i.e., collected and/or reported through existing systems).
  - Advising on appropriate indicators to track key results from available data.
  - Advising on the appropriate central system for data compilation, analysis, and reporting, and how to put the system in place.
  - Reviewing and providing feedback on the data analysis plans.
- Providing insights into the existing capacity within the relevant institution (e.g., MOH FP Unit), and the country as a whole, to undertake performance monitoring efforts.
- Ensuring accessibility of data and reports by organizations contributing data.

## Step 2. Develop the PMP

As previously mentioned, the PMP should ideally be created during the CIP development process, or shortly after its launch. Specifically, targets and indicators are selected for the CIP's main result, or goal, and for all outcomes as part of results formulation. This process is described more thoroughly in [Guidance for Developing a Technical Strategy for Family Planning Costed Implementation Plans](#). Step 2 picks up at that point and describes the process for selecting key results (also discussed briefly in the [Guidance for Developing a Technical Strategy for Family Planning Costed Implementation Plans](#)) and for finalizing the PMP.

### 2a. Decide on Key Results

As described in [Guidance for Developing a Technical Strategy for Family Planning Costed Implementation Plans](#), the TST works with the individual SAGs to identify key results for performance monitoring. Because this exercise aims to identify a smaller number of results from the entire Results Framework that will be monitored on a frequent (quarterly) basis, it is recommended that one to two outputs per outcome are selected (although this is up to the discretion of the TST). The key results are linked to either accelerators or bottlenecks.

1. **Accelerator:** When achieved, the key result will *facilitate* achievement of the desired outcome.
2. **Bottleneck:** When achieved, the key result will *resolve* a fundamental blockage to the achievement of the desired outcome.

Box 2 provides illustrative examples of results that accelerate or resolve bottlenecks in the FP program. Key results are displayed either in a one-page CIP Map or within the results framework, using colors or symbols to distinguish them (see [Guidance for Developing a Technical Strategy for Family Planning Costed Implementation Plans](#)).

After certain outputs have been selected as key results, and once the activity matrices have been created, the TST guides discussions with SAGs to identify key performance indicator targets that need to be accomplished on an annual basis in order to achieve the key results.

## BOX 2 Illustrative Examples of Results that Accelerate or Resolve Bottlenecks to the FP Program

### CONTRACEPTIVE SECURITY: mHealth as an accelerating factor

Effective functioning of a contraceptive logistics system involves an interplay of several functions: forecasting, quantification, procurement, storage, and distribution. There may be interventions that are not necessarily mandatory for the functioning of the logistics system, but when adopted, they accelerate and/or enhance achievement of results. An example is a mobile health reporting system designed to increase the visibility of logistics data and improve product availability. Such a system could reduce stockouts, and hence is considered an accelerating factor.

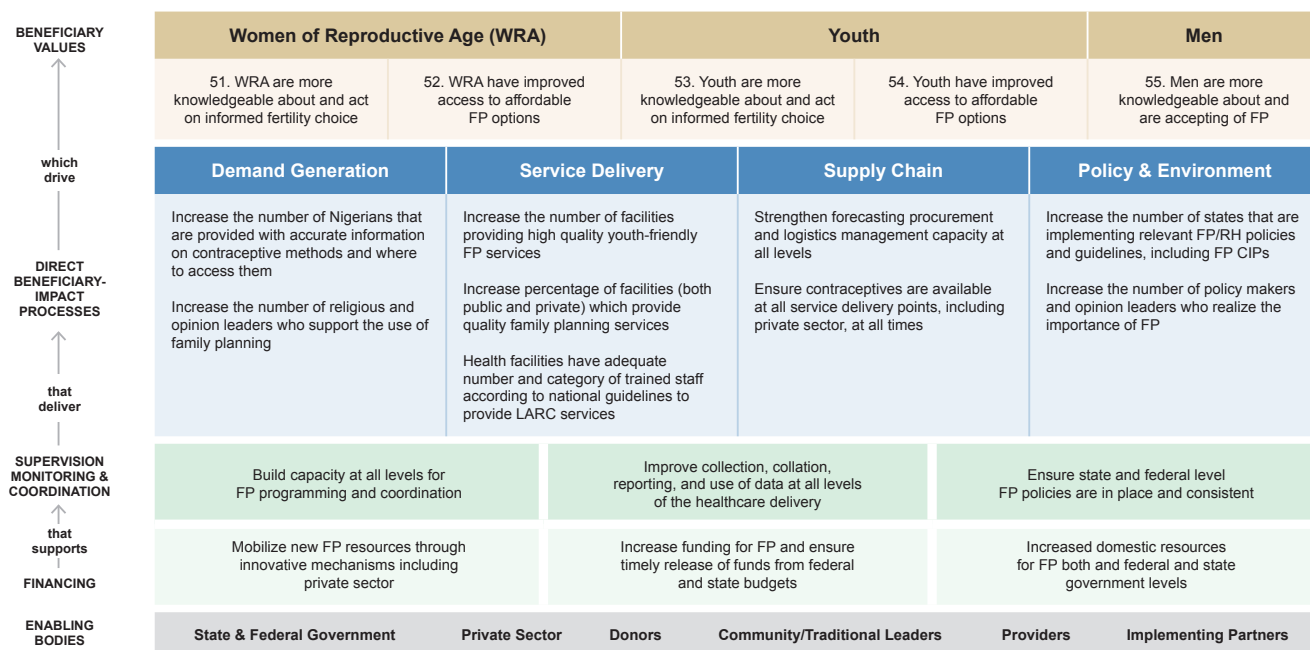
### SERVICE DELIVERY: Provider capacity as a bottleneck

As part of ensuring access to a broad method mix, family planning policies often stipulate that health providers at primary care facilities should be trained to offer LARCs. However, many countries lack skilled staff to provide these methods at lower-level facilities, especially in rural areas. During the problem-analysis process, stakeholders may have identified the lack of skilled providers offering LARCs in lower-level facilities as a bottleneck to achieving broad method mix. Thus, an output associated with increasing the capacity of providers offering LARCs at the primary health care level could be selected as a key result.

Figure 4: Sample CIP Map

## NIGERIA CIP MAP

Strategic Vision: Increase contraceptive prevalence rate from 15% in 2013 to 36% by 2018



### 2b. Define Key Performance Indicators

In this step, the PMT, led by the M&E designate, should define suitable indicators to assess performance of the key results. They should be selected from a pool of indicators that are already being tracked in the country and for which data collection systems are already available.

#### BOX 3 Sources for Indicators

[Family Planning/Reproductive Health \(FP/RH\) Indicators Database](#)

[FP2020 core indicators](#)

Indicators should also meet the following parameters of any good indicators:

- **Feasibility:** Can the data be feasibly collected and monitored given resource and capacity constraints?
- **Consistency and Reliability:** Which indicators are (or can be) gathered consistently year after year? Are the sources, definitions, and methods of measurement reliable?
- **Clarity:** Which indicators are most easily understood by decision makers and program managers?
- **Timeliness:** How often and how quickly are the data gathered, analyzed, and reported? (Note that output-level KPIs are ideally measured quarterly.)
- **Validity:** Which indicators provide the most direct and accurate measure? If a proxy indicator must be used, what is the best surrogate measure? If several sources exist, which source is the most reliable?



**Table 2** provides a quick checklist that can be used to review the quality of the indicators in a CIP.

**Table 2 | Quick Checklist for Indicators**

Item	Yes	No
Indicators signal how the desired change (for outputs, outcomes, and goals) will be measured.		
Indicators are clearly aligned with the target, using the same unit of measurement.		
Indicators provide critical information needed to support decision-making, demonstrate achievement of results, and assess implementation gaps.		
Indicators are specific, measurable, achievable, realistic, and time-bound (SMART).		
Relevant indicators are disaggregated by sex, age, and/or geographic area.		

The recommended list of indicators should then be reviewed by key stakeholders—this is critical to garner buy-in from stakeholders, who will be responsible for providing the data needed for performance monitoring. Finally, selected indicators should be described in an Indicator Sheet, Appendix 1 which outlines the description, purpose, data source, requirements, method of collection, and targets.

### 2c. Assign Targets to KPIs

The TST works with the SAGs to develop performance targets as part of the CIP development process. [Guidance for Developing a Technical Strategy for Family Planning Costed Implementation Plans](#) describes in detail how to determine performance targets for CIPs. Since monitoring is a routine exercise that occurs on a periodic basis (for example, quarterly, semi-annually, or annually), targets should be similarly disaggregated to allow for periodic measurements. **Table 3** provides examples of annual performance targets.

**Table 3 | Examples of Performance Targets**

KPIs	Performance Targets					5 Yr Target
	YR1	YR2	YR3	YR4	YR5	
<b>Goal</b>						
Contraceptive prevalence rate (CPR)	28%	29%	30.5%	32%	34%	34%
<b>Outcome</b>						
# of regions with at least 50% of facilities meeting standards for adolescent-friendly contraceptive services.	4 regions	7 regions	12 regions	15 regions	15 regions	53 regions
<b>Outputs</b>						
# of providers trained on adolescent-friendly contraceptive services	127	127	127	127		508
# of tailored job aids disseminated to trained providers	254	254	254	254		1016
# of workshops held with youth and members of ASRH TWG to develop key themes and select key channels for targeted communications activities	4					4

### Step 3. Establish and Maintain a Performance Monitoring Tool

As described in Step 2, there are different sources of data for the indicators. Some of the data sources may already have established management information systems, but there may be gaps in capacity and resources that prevent optimal functioning. These gaps should be assessed and efforts to build this capacity should be made as part of the CIP execution process.

One gap may be the lack of data collection and management mechanisms to compile data for CIP outcomes and outputs. A CIP web- or Excel-based performance monitoring tool may serve this purpose.

#### BOX 4 Establishing the Performance Monitoring System in Tanzania

Soon after the launch of the CIP, a performance-monitoring mechanism was established to track the amount of resources mobilized or expended, progress of activity implementation, and results against the objectives set forth in the CIP. The performance-monitoring mechanism was a cyclical “plan-act-assess” process that involved 1) collection and analysis of quarterly data on resource commitments, resource expenditures, and results achieved in the previous quarter from all implementing stakeholders, including the government; and 2) review of data and development of recommendations for future planning. The simple, paper-based Resource, Activity, and Results Tracking Tool was used at the beginning and later replaced by a web-based NFPCIP performance-monitoring database ([www.nfpcip.rchs.go.tz](http://www.nfpcip.rchs.go.tz)). This system now tracks and reports the amount of resources expended, activity implementation, and results against the indicators and targets set forth in the NFPCIP. Service-delivery data are also captured from the health management information system.

If using an Excel-based tool such as the *Performance Monitoring Dashboard*, users will manually enter aggregated data to review progress against performance targets. They should aggregate data using a data collection form before entering it into the tool. The Excel-based tool is low-cost, can be easily used offline from anywhere, and is not dependent on an outside technological partner, though it does require an individual to collect and aggregate data in order to enter performance information and generate reports. It also provides a user-friendly, colored traffic-signal visualization to display progress of key indicators against annual performance targets.

If resources are available, a web-based database system can be developed to collect, aggregate, and store data, and conduct automated analyses to generate reports. A web-based system allows different stakeholders to enter and access the data and generate reports in real time (rather than relying on one person to aggregate data from partners and enter it into the dashboard, then produce different reports). The web-based database can also assist in producing annual workplans that compile all planned partner activities (organized by CIP activities and outputs) and identify implementation and financing gaps. Both Tanzania (see Box 4) and Uganda have developed web-based CIP performance monitoring tools. Web-based databases may be costly and likely involve hiring an outside technology partner to program and maintain the database (though in Uganda, staff from the MOH have been trained to maintain the system).

### Step 4. Data Collection and Management

- Regardless of the performance monitoring tool, a focal point—likely the MOH designate for M&E or another member of the PMT—will be responsible for ensuring that data is being sent in (dashboard) or entered (database) and for following up with partners when it is not

provided. This may involve pulling data in from the HMIS. The focal point is also responsible for undertaking additional analyses, as decided by the PMT, beyond those automated in the tools, and sharing data with stakeholders per Step 5 below. (See [Developing CIPs: Team Roles and Responsibilities](#)).

- In order to ensure timely and complete data reporting from implementing partners, it is important to clearly communicate reporting requirements and expectations. Although the PMP will articulate reporting requirements and will be shared with key stakeholders, the process is often made easier if the Ministry of Health circulates a letter to partners officially requesting their cooperation in fulfilling the requirements of the PMP and thus encouraging a sense of accountability.
- As partners begin entering data into the designated tool, it will be important for the focal point to conduct periodic data quality reviews. In some instances, the tool will highlight issues with certain indicators. For example, if a certain indicator routinely has low reporting rates, this could indicate a lack of understanding among partners or that the data is not feasible to collect. Similarly, if a certain indicator is routinely shown to be underperforming against a target, it could signal that performance is genuinely low, or it could signal a problem with the indicator or data source. In addition, the MOH designate for M&E can conduct periodic “spot checks” of the key performance indicators to determine the quality, accuracy, and timeliness (see Box 5).

### **BOX 5** Data Quality Review

Good decisions require good data. Therefore, timely, reliable, and credible data are critical for measuring and monitoring results. Indicator data should be regularly reviewed for its quality, accuracy, timeliness, completeness, and consistency. The designated staff/team responsible for monitoring efforts can conduct routine “spot checks” to look for missing data, correctness of the data reported against the indicator, and congruence of data reported against joint annual plans. Occasionally, partner reports can also be reviewed to ensure consistency in reporting.

- Ideally, the CIP performance monitoring process will not be isolated from other FP and health system data processes. As such, the MOH designate for M&E could collaborate on broader FP data quality assessments to improve the quality of data reported into the monitoring tool. Furthermore, the tool can and should be linked to other FP M&E systems, whether to pull FP indicators from the HMIS (which could be DHIS2), information related to human resources and training, such as in iHRIS, or from other existing dashboards, like [Motion Tracker](#).

## **Step 5. Communicating and Reviewing Performance Data**

*Communicating* performance data refers to defining the content (the *what*), channel (the *how*), audience (the *who*), and frequency (the *when*) of the information that the PMT shares with different stakeholders. Since different stakeholders have different information needs, the PMT develops a plan for how communicating relevant performance information in useful ways. A sample communication plan for performance reports is included as **Appendix 2**.

*Reviewing* refers to the mechanism via which the communicated performance data are assessed, recommendations generated, and/or decisions made. Simply communicating the data is not sufficient to promote performance improvements and learning. The report must be reviewed and used. Recall that performance monitoring information is useful for guiding planning, coordination, and decision-making, as well as underpinning budget and policy advocacy efforts. The *CIP Performance Review Process Guide* provides additional information about various platforms and channels.

- Depending on the audience and their information needs, review platforms could include joint stakeholder meetings (on a quarterly, semi-annual, or annual basis) where analyzed data and information are reviewed and discussed and decisions made about necessary adjustments to activity implementation. For example, performance data could reveal a high level of demand creation activities, yet few activities to strengthen or expand access to services (including extending service delivery points). This is a classic scenario of an imbalance of too much demand generation without adequate supply measures, necessitating adjustments. As noted earlier, the Performance Monitoring Database can produce annual joint workplans—compilations of planned partner activities matched to CIP activities—that can help identify these types of imbalances prior to implementation. The PMT should engage donor groups in performance reviews to ensure that donor-funded programs continue to reflect the country priorities, advocate for additional resources to achieve key results, and account for resources already mobilized.
- Various channels and platforms should be used to communicate CIP performance to senior leadership within the Ministry of Health (or other designated agency responsible for the CIP), review progress toward key results and challenges, share stakeholders recommendations, and request feedback. Visual tools such as the dashboard itself, scorecards, and infographics can be used, as they provide a fast, comprehensive view of performance status. Memos can also communicate progress to senior leadership. This step also supports efforts to continuously engage senior leadership in CIP execution. See Box 6 for a description of communicating CIP performance in Nigeria.

## **BOX 6** Communicating CIP Performance in Nigeria

The Blueprint Communication Program is the system set up for communicating the performance of the National FP Blueprint (Nigeria's CIP). It effectively communicates progress of the FP Blueprint's execution to all stakeholders, including FMOH leadership. The strategy is a two-way information mechanism using official memos, emails, phone calls, and check-in meetings to ensure stakeholders are constantly informed on the progress of the FP Blueprint indicators and issues emerging from the quarterly National Reproductive Health Technical Working Group (NRHTWG) meetings. For example, the RH division of the FMOH generates official memos from the report of the quarterly NRHTWG meetings to communicate implementation progress and challenges to FMOH senior leadership. The memos identify key issues, provide recommendations, and seek approval for the proposed recommendations.

Too often, after performance data is reviewed and recommendations are made, decisions are not implemented. A decision tracking tool can help ensure that recommendations, actions, and decisions are well documented and action items and parties responsible for follow-through are assigned and recorded. A sample decision tracking log is included in **Appendix 3**.

It is also good practice to conduct a **mid-term review of the plan** to assess if there is a need to update/revise the overall plan. This could involve an in-depth review and analysis of the data collected, as well as additional qualitative data collection techniques (for example, key informant interviews). The review represents an opportunity to make mid-course corrections in the technical strategy and address issues constraining effective implementation. It concentrates on examining implementation processes for producing planned outputs and the program logic reflected in the results framework to determine whether it is likely to achieve the intended results and impact. Finally, a review identifies successful strategies, challenges, opportunities for improvement, and lessons learned. More information on conducting performance reviews can be found in the Performance Review Process Guide.

# Conclusion

Performance monitoring is a fundamental aspect of CIP execution. In the absence of effective monitoring efforts, it is difficult to know whether the intended results are being achieved, what corrective actions may be needed, and whether initiatives are making positive contributions towards the family planning goal. A strong performance monitoring plan must be articulated, with clearly defined targets, indicators, and data sources. However, simply collecting monitoring data will not ensure results. Monitoring data must be analyzed and shared with relevant stakeholders, discussed, and decisions made and implemented. As such, performance monitoring and accountability will be effective if supported by an equally strong governance and coordination structure to enable evidence-based planning and decision-making. In this context, stakeholder engagement is key to fostering ownership and commitment. Finally, the stewards of the CIP must have the capacity to carry out performance monitoring and use the information to support CIP execution.

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## APPENDIX 1

## Sample Indicator Sheet

Indicator 35. Point-in-Time Stock-out rate					
<b>Outcome:</b> Facility level stockouts reduced					
<b>a. Description</b>					
<b>Precise Definition(s):</b> Percentage of service delivery points that experienced 'stock-out' of one or more					
<b>Origin</b>					
<b>Method of Calculation/Verification:</b> <u>Numerator:</u> Number of SDP enumerated experiencing a stock-out of one or more modern method on the day of the survey. <u>Denominator:</u> Number of SDP enumerated					
<b>Disaggregated by:</b> N/A					
<b>b. Plan for Data Collection</b>					
<b>Data Source(s):</b> RCHS Annual Survey					
<b>Frequency of Data Collection:</b> Annually					
<b>Responsible Organization/Individual(s):</b> Monitoring and Evaluation Officer, GHS					
<b>c. Performance Targets</b>					
2016 (Baseline)	2017	2018	2019	2020	
94.5%					
<b>Comments</b>					

## APPENDIX 2

# Sample Performance Report Communication Plan

Audience	Communication Channel	Report Type	Frequency/ Schedule	Responsible
Thematic area experts group (i.e., strategy advisory groups)	Thematic Area Review Meeting	Presentation	Quarterly	PMA focal point
Key stakeholders*	Joint stakeholder review meetings/ technical working group meetings	Presentation/ Annual narrative reports/ CIP Dashboard	Quarterly/ Semi-annually	PMA focal point/ Head of Family Planning unit/ CIP focal point
Senior Leadership, MOH	Present at MOH Sr. Leadership meetings/ Invite to key joint stakeholder meetings	CIP Dashboard	Semi-annually	PMA focal point/ Head of Family Planning unit/ CIP focal point
Minister of Health	Briefing meeting/Invite to key joint stakeholder meetings	Briefing Report	Annually	Head of department/ Head of Family Planning unit/ CIP focal point
Donor Group	Invite to key joint stakeholder meetings/ Consider special meeting to include a broad group of donors	CIP Dashboard	Semi-annually	Head of department/ Head of Family Planning unit/ CIP focal point
Global commitment reporting (e.g., FP2020, Every Woman Every Child, SDGs)	Report submissions	Paper report, according to specified requirements	As specified in requirements	Head of Family Planning unit/ CIP focal point

\*Key stakeholders include representatives from governments, parliamentarians, donors, implementing partners in the public and private sectors, research and training institutions, and regulatory agencies responsible for or involved in CIP execution.



## APPENDIX 3

## Sample Decision Tracking Log

Review date	Review Platform	Decision/ Recommendation	Responsible	Status	Action Taken	Outcome
February 10, 2014	Thematic Area Review meeting	Improve coordination and information sharing among civil society advocate groups	Advocacy Strategy Advisory Group chair	Ongoing	Decided to form a nationwide coalition of FP CSOs	National coalition formed
February, 20, 2014	Semi-annual stakeholder meeting	Direct resources to low CPR regions	CIP focal point	Ongoing	Task force formed to deliberate on the process for joint coordination and planning	
March 30, 2014	Meeting Senior Leadership, MOH	Increase mobile outreach efforts to rural populations	Outreach taskforce chair	Completed	Outreach sessions increased from 1-2 per month, and focusing in rural areas	
August 10, 2014	Minister of Health meeting	Emphasize integration of FP in other health services	MNCH/HIV WG chair	Not started		
October 4, 2014	Donor Group meeting	Document and share experiences and best practices	CIP focal point	Not started		