UGANDA PROGRAM FOR HUMAN
AND HOLISTIC DEVELOPMENT

UPHOLD
Monitoring and Evaluation Framework

May 1, 2003

Table of Contents

Acronyms

AIC	AIDS Information Center
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior Change and Communication
CBOs	Community Based Organizations
CCTS	Center Coordinating Tutors
CMS	Commercial Marketing Strategy
DEO	District Education Office
EMIS	Education Management Information System
GOU	Government of Uganda
IR	Intermediate Results
IRH	Integrated Reproductive Health
IMCI	Integrated Management of Child Illnesses
HMIS	Health Management Information System
HSD	Health Sub District
JSI R&T	John Snow Inc. Research and Training
M & E	Monitoring and Evaluation
MIS	Management Information System
MOES	Ministry of Education and Sports
MOGLSD	Ministry of Gender Labor and Social Development
MOH	Ministry of Health
NGOs	Non Governmental Organizations
PD	Parish Development
PNER	Primary Net Enrollment Rate
PTC	Primary Teacher Collage
STI	Sexually Transmitted Infection
TASO	The AIDS Support Organization
TDMS	Teacher Development Management System
UAC	Uganda AIDS Commission
UDHS	Uganda Demographic and Household Survey
UPHOLD	Uganda Program for Human and Holistic Development
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
YSP	Yellow Star Program

Executive Summary

The Monitoring and Evaluation framework of Uganda Programme for Human and Holistic Development (UPHOLD) is committed to USAID's Strategic Objective 8 of increasing the human capacity of Ugandans by increasing the number of real choices people have to improve their health, lives and productivity. The data collected through this framework will be used for reporting and management purposes which include taking corrective actions, assessing strategies, and identifying opportunities for new partnerships and policy engagements.

The vision of UPHOLD's Monitoring and Evaluation framework underscores the strong interconnection between information obtained under management directives and the behaviour of the institution or system. Given that what gets measured gets managed, the corollary from the behavioural perspective is that what gets measured and reported strongly shapes behaviours (institutional and organizational). For monitoring and evaluation to fulfill this vision, measurement must itself directly and indirectly promote appropriate institutional behaviours, not just capture results.

The main objectives of UPHOLD's Monitoring and Evaluation framework are to: a) provide a firm basis for policy discussions at district and national levels by informing UPHOLD; b) provide quantitative and qualitative information on current practices and knowledge to routinely 'fine-tune' implementation strategies; c) assure the timely provision and use of objectively verifiable information in the ongoing adjustment of program inputs to achieve key results; d) contribute, track and report UPHOLD-related results to USAID and other stakeholders in a timely manner; and e) give feedback to all stakeholders on information collected from the interventions. Forty eight indicators are proposed to assist UPHOLD measure progress in the intervention areas.

UPHOLD will monitor and evaluate activities through timely data from both routine and non-routine sources and continuous monitoring visits to intervention areas. UPHOLD will build human capacity in the districts, health sub-districts, sub-counties and those of collaborating NGOs to monitor and evaluate their planned activities, to create ownership and a culture of information use. The Program will actively employ strategies that strengthen the existing management information systems in the line ministries.

Operations research will be used to inform/extend the frontiers of knowledge of UPHOLD and its partners in areas that impact on the project's overall goal. UPHOLD will be using a suite of sources to obtain data to routinely monitor changes in quality and use of services namely: existing Management Information Systems (MIS), supervision reports, Uganda Demographic and Household Survey (UDHS) and other surveys including education surveys, sub-grantees databases, needs assessments and situation analyses. UPHOLD financial records, trip reports by UPHOLD staff and small-scale operation research studies will also provide monitoring data. A baseline survey, mid-term and end of project evaluations will be conducted to get information on indicators. Routine monitoring data will constitute part of the mid-term and end of project evaluations.

UPHOLD will work closely with other key stakeholders in the monitoring and evaluation enterprise, notably AIDS Model Project (AIM), The AIDS Support Organisation (TASO), AIDS Information Centre (AIC), USAID, Measure, MSI, Ministry of Health (MOH), Ministry of Education (MOES) and Ministry of Local Government (MOLG).

Introduction

This document describes the framework and approaches proposed to be used to collect data that will help in tracking and reporting on progress towards results obtained from interventions undertaken by Uganda Program for Human and Holistic Development (UPHOLD) to achieve its objectives in service delivery. The data collected will be used for reporting and management purposes: to take corrective actions, to assess strategies and to identify opportunities for new partnerships and opportunities for policy engagements. Based on this framework, a set of implementation related tasks have been defined and included in UPHOLD annual plan of action.

Background

UPHOLD was designed by USAID and its partners; the Ministries of Health and Education, the Ministry of Gender, Labor and Social Development, the Ministry of Local Government and the Uganda AIDS Commission to improve human capacity and therefore reduce individuals' vulnerability to poverty, by improving their levels of education and health and HIV/AIDS prevention in twenty districts of Uganda. JSI Research and Training Institute Inc. (and its partners The Manoff Group, World Education, Education Development Centre, Malaria Consortium, The Futures Group International and American Institute for Research) was awarded the cooperative agreement in October 2002 to manage the program. UPHOLD has an integrated approach to building human capacity and promoting holistic development through the public sector, and private sectors, civil society and communities. UPHOLD core technical interventions will be operationalized in seven domains within the three spheres of social integrated social services: Health, Education and HIV/AIDS.

Figure 1 show three overlapping circles each representing Education, HIV/AIDS and Health. The seven domains include four-overlapping areas and three non-overlapping areas. Furthermore, Table 1 shows illustrative examples of intervention areas under each of the seven domains in the organisation, delivery and use of social services. Table 3 outlines indicators that will be used to measure interventions in the seven domains of UPHOLD's interventions.

Figure 1: **Seven Domains of Interventions**
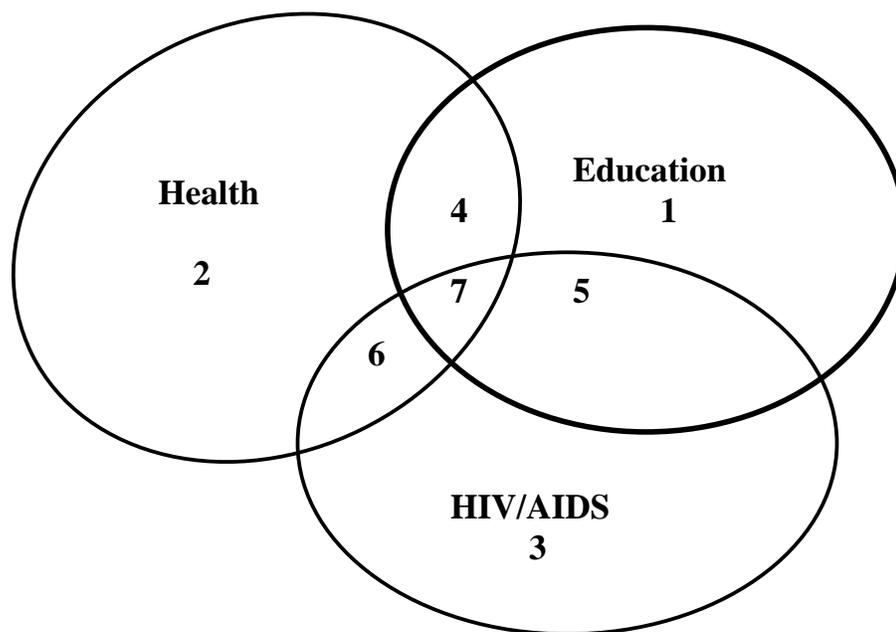
Table1. Seven Domains and Illustrative Interventions

	Domains	Illustrative Interventions
1	Education	• Teacher training • Child-friendly schools • Promotion of girls education
2	Health	• Integrated Management of Child Illness (IMCI) • RH training • Prevention of STI • Home management of fever
3	HIV/AIDS	• VCT • HIV/AIDS care including counselling and social support to PWAs
4	Education/Health	• School nutrition • School-based health education • School-based health surveillance
5	Education/HIV/AIDS	• Peer counselling • HIV/AIDS health education
6	Health/HIV/AIDS	• Integrated HIV/AIDS and TB at multiple service entry points • Management of opportunistic infections
7	Education/Health/HIV/AIDS	• Promotion of adolescent school based reproductive health and STD management

Vision Statement

The overall vision for monitoring and evaluation within the framework of UPHOLD is a strengthened and sustained environment for the production and consumption of quality social services. Not dissimilar to USAID SO8 intermediate result 8.3 (see figure 2 below), this vision underscores the strong interconnection between information obtained under management directives and the behaviour of the institution or system. Given that it is what gets measured that gets managed, the corollary from the behavioural perspective is that what gets measured and reported strongly shapes behaviours (institutional and organizational). For monitoring and evaluation to fulfil this vision, measurement must itself directly and indirectly promote appropriate institutional behaviours, not just capture results.

Key Purposes

The key purposes for this monitoring and evaluation framework are:

Measure changes in selected indicators of effectiveness and impact achieved by the program

Provide a firm basis for policy discussions at district and national levels by informing UPHOLD/systems project.

Provide quantitative and qualitative information on current practices and knowledge to routinely 'fine-tune' implementation strategies

Assure the timely provision and use of objectively verifiable information in the ongoing adjustment of program inputs to achieve key results.

Contribute, track and report UPHOLD-related results to USAID and other stakeholders in a timely manner.

Document and report on UPHOLD in-kind contributions triggered by USAID investments

Give and receive feedback to/from all stakeholders on the information collected from the interventions

Ultimately contribute to sustained and strengthened enabling environment through a culture of information use.
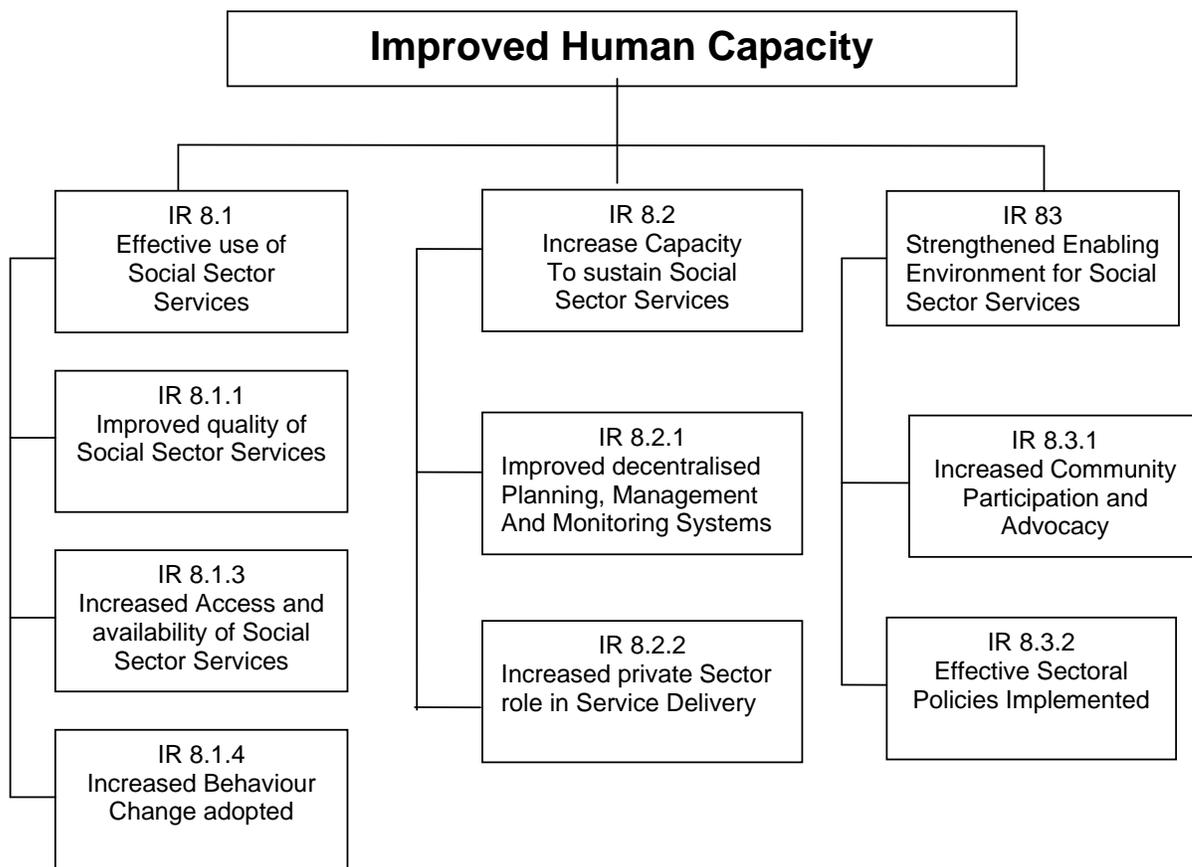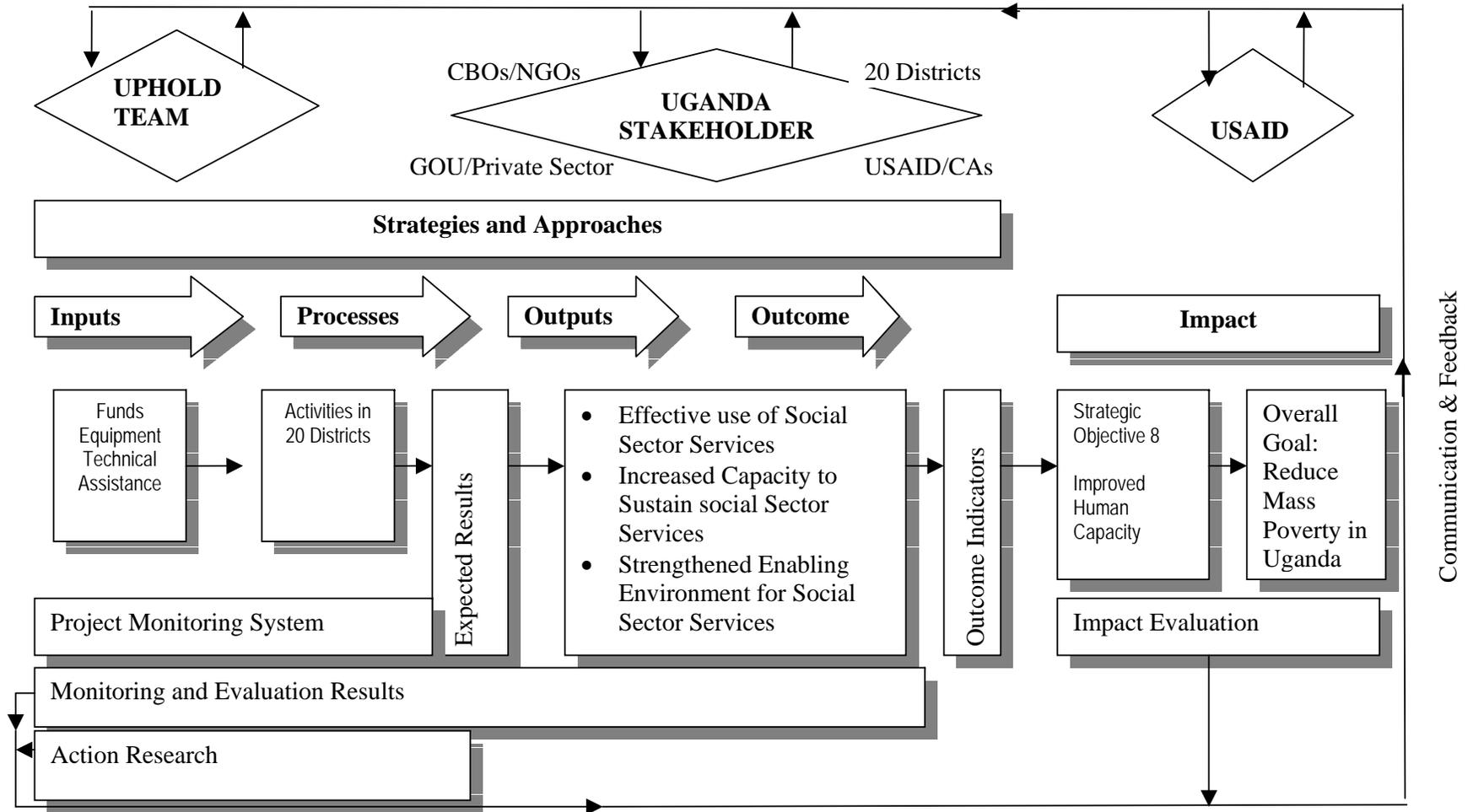
Figure 2: The Results Framework


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                    ┌─────────────────────────────────┐
                    │     Improved Human Capacity      │
                    └─────────────────────────────────┘
                                     │
         ┌───────────────────────────┼───────────────────────────┐
         │                           │                           │
 ┌───────────────┐         ┌───────────────┐         ┌───────────────────┐
 │ IR 8.1        │         │ IR 8.2        │         │ IR 83             │
 │ Effective use │         │ Increase      │         │ Strengthened      │
 │ of Social     │         │ Capacity      │         │ Enabling          │
 │ Sector        │         │ To sustain    │         │ Environment for   │
 │ Services      │         │ Social Sector │         │ Social Sector     │
 └───────────────┘         │ Services      │         │ Services          │
                           └───────────────┘         └───────────────────┘

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 │ IR 8.1.1      │         │ IR 8.2.1      │         │ IR 8.3.1          │
 │ Improved      │         │ Improved      │         │ Increased         │
 │ quality of    │         │ decentralised │         │ Community         │
 │ Social Sector │         │ Planning,     │         │ Participation and │
 │ Services      │         │ Management    │         │ Advocacy          │
 └───────────────┘         │ And Monitoring│         └───────────────────┘
                           │ Systems       │
 ┌───────────────┐         └───────────────┘         ┌───────────────────┐
 │ IR 8.1.3      │                                   │ IR 8.3.2          │
 │ Increased     │         ┌───────────────┐         │ Effective         │
 │ Access and    │         │ IR 8.2.2      │         │ Sectoral          │
 │ availability  │         │ Increased     │         │ Policies          │
 │ of Social     │         │ private Sector│         │ Implemented       │
 │ Sector        │         │ role in       │         └───────────────────┘
 │ Services      │         │ Service       │
 └───────────────┘         │ Delivery      │
                           └───────────────┘
 ┌───────────────┐
 │ IR 8.1.4      │
 │ Increased     │
 │ Behaviour     │
 │ Change        │
 │ adopted       │
 └───────────────┘
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Figure 3. Conceptual Framework for Monitoring and Evaluation

UPHOLD TEAM

CBOs/NGOs

UGANDA STAKEHOLDER

20 Districts

GOU/Private Sector

USAID/CAs

USAID

Strategies and Approaches

Inputs

Processes

Outputs

Outcome

Impact

Funds Equipment Technical Assistance

Activities in 20 Districts

Expected Results

- Effective use of Social Sector Services
- Increased Capacity to Sustain social Sector Services
- Strengthened Enabling Environment for Social Sector Services

Outcome Indicators

Strategic Objective 8

Improved Human Capacity

Overall Goal: Reduce Mass Poverty in Uganda

Project Monitoring System

Impact Evaluation

Monitoring and Evaluation Results

Action Research

Communication & Feedback

Conceptual Framework

UPHOLD's monitoring and evaluation framework is organically linked to USAID's Strategic Objective 8 (SO8) results framework shown in Figure 2 above, with improved human capacity as the overriding consideration, three intermediate results namely (i) increased use of social services, (ii) increased capacity to sustain social sector services and (iii) a strengthened enabling environment are articulated. UPHOLD framework is designed to explicitly contribute verifiable information on progress towards these result areas as well as the other seven sub-results areas of SO8 (See Figure 3).

The emergence of results under SO8 is dependent on the timely, proportionate and effective combination of inputs (including human investment) in the myriad of activities in 20 districts including sub-district levels. These management actions executed in active partnership with state and non-state actors will be driven by coherent strategies that are simultaneously people-centered, foster sustained institutional leadership and ownership friendly. Ultimately, the intent of this framework is to capture information that provide useful insights into how well these processes lead to expected outputs and outcomes that have a positive impact in the lives of Ugandans.

With a view to ensuring sustained leadership in implementation as well as system behaviour change, the information obtained will be routinely shared, discussed and utilized with stakeholders including UPHOLD team members, Ugandan institutions and key individuals and USAID SO8 team.

Strategic Approach to Implementation

The UPHOLD program will monitor and evaluate activities through timely data from both routine and non-routine sources and continuous monitoring visits to intervention areas. UPHOLD will build human capacity at the districts, health sub-districts, sub-counties and collaborating NGOs to be able to monitor and evaluate their planned activities and to create ownership and a culture of information use. The program will actively employ strategies that strengthen the existing management information systems in the line ministries; Education Management Information System (EMIS) and Health Management Information System

(HMIS) in the Ministries of Education and Health respectively, for routine information required to report on results of the poverty eradication goal.

High quality data to monitor and evaluate UPHOLD's work is essential to demonstrate how program inputs can result in important yet positive structural and behavioral changes. Baseline data generated can be used to demonstrate need and stimulate interest among various stakeholders in the public and private sectors. UPHOLD will be using a suite of methods to obtain baseline data, to routinely monitor changes in quality and use of services, and to measure changes in key population and facility–based indicators during the life of the project. Document reviews in the health, education and HIV/AIDS sectors will provide some of the baseline data needed in addition to, a baseline survey.

UPHOLD will work with its partners to carry out operations research so as to build their institutional capacity to continue such research activities beyond the life of the project. Operations research will inform/extend the frontiers of knowledge of UPHOLD and of its partners in areas that impact on the project's overall goal.

UPHOLD will also strengthen the existing feedback mechanisms within different stakeholders. Top-down and bottom-up flow of information will be actively promoted. Capacity to analyse data at different levels of decision making will be built, and reports generated will be shared by different stakeholders including politicians at different forums. These feedback mechanisms will include: dissemination workshops, meetings, news bulletins transmitted through multi-media communications and on-the-job/in-the-field interventions.

The central consideration shall remain the timely capturing, measurement, and use of objectively verifiable data that demonstrate the workability of interventions made by UPHOLD towards the fulfilment of the USAID mission's strategic objectives and its intermediate results. Within each integrated result, the strategic focus shall be to strengthen each explicit system necessary for the sustained and continuous provision and use of high quality services. For the purposes of this exercise, a "system" is defined as a self-contained and interconnected group of activities, which act in combination with institutional patterns of behaviour to produce observable outputs, outcomes, impacts, all other conditions being equal.

For monitoring and evaluation purposes, the following strategies shall be applied:

For each system identified, indicators are proposed to track progress towards results (Table 2). UPHOLD will measure for its target districts a concise set of IR and sub-IR-level indicators at baseline, mid-project and at the end of the project. These indicators are measured in order to evaluate project effectiveness in contributing to higher-level improvements, which depend not only on UPHOLD activities but also on other factors and other Health and Education activities on-going in these areas. The Project will also periodically monitor a set of proxy indicators of effectiveness using routinely collected health and education information and supervision data. Finally, illustrative performance indicators for administrative tracking of project activities are listed.

These indicators will necessarily include process, output, outcome and impact indicators, as applicable. While every effort will be made to focus on impact level indicators, the likelihood that impact results will be achieved will depend on the maturity of the system under consideration.

The extent to which each system contributes to improvements under the technical areas of Education, malaria, integrated reproductive health, child health and nutrition and HIV/AIDS will be identified and tracked simultaneously. Therefore, indicators that measure the performance of systems shall also serve as proxy indicators on progress made under these technical areas.

Indicators shall be developed to track the extent to which project inputs apply to the UPHOLD principles which include responsible speed, team work, empowerment, excellence, and boundarylessness in the course of implementation. However, these will be tracked through client satisfaction surveys. Similarly, in-kind contributions will be tracked in financial terms.

Based on the above, a decentralised management information system database with relational features will be developed. District level applications, HMIS and EMIS will be managed at the district by the Health and Education sectors respectively. The central level application will be designed with a database structure similar to the district level applications, managed at the central level and will draw its inputs from the EMIS, HMIS, private sector-partner databases and civil society indicators on an ongoing basis electronically. For mid-term and

end of project evaluations, routine monitoring data will be used as an input to these evaluations.

Critical Assumptions

The critical assumptions essential for the successful completion of this initiative are that:

Conditions necessary for the timely and optimal funding as per JSI R&T agreement remain favourable.

Ministries of Health, Education and Local Government, and its partners continue to invest in increasing the quality of data, strengthening an information culture and the universal use of the information for decision making.

Favourable government policies towards social services

Political stability is maintained in the country at the current level

Continued collaboration and technical support from USAID and government line ministries

District capacity to implement interventions will continue to increase and be sustained.

No radical changes in the design of UPHOLD program are implemented during the period under consideration or, that no disruptions that shorten or reduce the time frame of the project occur.

The Government of Uganda and its partners satisfactorily mitigate the adverse impact of the ongoing HIV/AIDS pandemic on the health sector and education sector.

The Government of Uganda continues to mitigate the adverse effects of conflicts in northern Uganda on social sector development.

A culture of systems thinking will increasingly be used in the conceptualisation and implementation of social sector services.

Data Sources

Every effort shall be made to use data routinely available through Ministries of Health, Education, TASO, AIC, other collaborating organizations, and UPHOLD sources. Where necessary, data shall be collected on an adhoc basis to supplement routine sources. Ease of data collection, rate of change of indicators and cost will be among the factors considered in selecting which data to collect as well as frequency of collection. The data needed to capture results will be obtained at different levels using the existing data sources, and they include:

1. Both the Education Management Information System (EMIS) and the Health Management Information System (HMIS) at the district level will provide information on the range of indicators. Every quarter Health centers send reports to the districts that input the data into district level computerized HMIS application. The UPHOLD program will help the Education sector decentralize the EMIS to the district level where data will be captured into the computerized database and therefore encouraging ownership and use of information at the district level and this approach is in line with the government decentralization process. In this case, UPHOLD will be a secondary beneficiary whereas districts will be primary beneficiaries of the data. In both instances, the project will get data for monitoring its indicators from the district EMIS/HMIS applications. Where necessary, contact persons in each district who will ensure ongoing and correct recording of information needed by the project, shall be identified for the case of the education sector. For the health sector, each district has MIS Officer, a person responsible for data management at the district.
2. Supervision reports
3. UDHS and other surveys including education surveys
4. TASO and AIC databases and those of other sub-grantees
5. Needs assessments and situation analysis
6. Facility and household surveys will provide baseline, mid-term and end of project information for indicators at outcome level.
7. UPHOLD financial records.
8. Trip reports by UPHOLD-technical staff.
9. Small-scale operation research studies.

Persons Responsible

The Chief of Party, Deputy Chief of Party Technical and Senior Sector Specialist shall have overall responsibility for the successful implementation of this monitoring and evaluation framework. However, the Monitoring and Evaluation Coordinator shall be responsible for its day-to-day management. Each team leader shall be responsible for the timely reporting of data required for the indicators under their respective sections. As required the M&E team leader will provide assistance to components team leaders to accomplish their tasks. On a periodic basis of at least once each quarter, overall progress shall be monitored at UPHOLD weekly technical meetings.

Organisation of the Results Framework

The results framework is organised around individual indicators. Each of the indicators contains a detailed indicator definition, data source, method of data collection and the frequency at which data will be collected and reported.

Table 2: Results Framework for UPHOLD Service Delivery

IRs: Intermediate Results	Key Systems	Sub-results
IR8.1: Effective Use of Social Sector Services	• Integrated Management of Child Illnesses (IMCI) system • Integrated reproductive health • Malaria management • Increase Private sector role in service delivery • Teacher development and management systems (TDMS) • School based health education • Community-to-health centre referral systems	• Improved quality of Education, Health and HIV/AIDS services • Increased availability and access to social services • Positive behaviour changes adopted • Improved referral systems established • Health education taught in schools
IR8.2: Increased capacity to Sustain Social Sector Services	• Quality improvement and supervision systems • Monitoring and evaluation • Community mobilisation and partnerships • Building capacity of private providers to scale-up service delivery	• Improved decentralised planning and management systems • Increased private sector role in service delivery • Improved supervisory and support systems put in place • Improved and recognised role of the private sector in quality service delivery
IR8.3: Strengthened Enabling Environment for Social Sector Services	• Building NGO/CBOs competence to deliver quality services • Functional multi-sector partnerships for social services • Public-private sector collaboration • Community mobilisation and participation systems	• Increased community participation and ability to solve problems • Effective sectoral policies implemented • Improved inter-sectoral partnerships at the community level

Table 3: Sub-Results and Indicators

Expected Results/Outcomes	Performance Indicator	Indicator Definition	Data Source	Data Collection Method	Freq
IR 8.1: Effective use of Social Sector Services	1: Immunisation Immunisation coverage rate: Percent of children who have been fully vaccinated by 12 months of age.	No. Of children 12 – 23 month old fully vaccinated Total no. Of all children surveyed	Survey	Interviews Document review	Baseline Mid project and End of project
	** DPT3 Immunisation coverage	No. Of children who have received 3rd dose of DPT immunisation (X100) Total no. Of all children /expected birth in the absence of true census of children under 1 year Expected births are acceptable estimate of no. of 1- 12 month olds, since births don't fluctuate much from year to year	HMIS DHS Surveys	Document review Interviews	Quarterly; baseline, mid and end line from household survey
	2: IMCI ** Correct diagnosis and treatment of Childhood Illness.	No. Of children attended to who had fever and were correctly treated with anti-malarial No. Of children with fever observed (Indicator will be disaggregated by IMCI trained/untrained health worker)	Facility survey Supervision checklists	Record review Interview Observation	Annual
	Ability of health workers to Identify severe illness in children	Proportion of health workers checking and identifying 3 danger signs indicative of severe illness in IMCI	Survey Supervision visits	Interview Observation Record review	Bi-annual

*** Indicators will be disaggregated by public, private for profit and private not for profit*

Expected Results/Outcomes	Performance Indicator	Indicator Definition	Data Source	Data Collection Method	Freq
	Proportion of private facilities having at least one health workers trained in IMCI	Percentage of private, for-profit health facilities with at least one health worker trained in IMCI	survey	Interviews Record review	Bi-annual
	Home management of fever	Proportion of caretakers correctly advised on how to use HOMAPACK and other supportive treatment	Survey Supervision visits	Interview Observation Record review	Bi-annual
	3: Nutrition: Vitamin A coverage	Proportion of children under 1 year who have received at least two doses of vitamin A supplementation	HMIS	Record review	Quarterly
	Nutritional status of children under 5 years	Proportion of children aged 2 years who weigh less than the expected weight for age (below 2SD)	Survey UDHS	Interview	Baseline Mid-term and End of project
	Exclusive breast feeding	Percentage of children under six months who were exclusively breast fed	DHS Survey	Interview Record review	Baseline Mid-term and End of project
	**4: Reproductive health Assisted Deliveries	No. of deliveries taking place under the supervision of a trained provider (X100) Expected number of birth in a catchments population	HMIS	Document review	Quarterly

** Indicators will be disaggregated by public, private for profit and private not for profit

Expected Results/Outcomes	Performance Indicator	Indicator Definition	Data Source	Data Collection Method	Freq
	Coverage of pregnant women with presumptive intermittent treatment (IPT) for malaria using S-P	No. Of pregnant women receiving 2 doses of S-P in a given period (X100) Expected No. of pregnant women in a given period	HMIS Household and facility surveys	Document review Interviews	Quarterly Baseline, mid and end of project
	Antenatal attendance	Number of women attending at least 4 ANC visits in targeted facilities Denominator: Expected number of pregnant women	HMIS	Record review	Quarterly
	FP, CYP distribution targeted districts	No. Of couples protected in targeted districts; 1CYP=120 condoms, 15 cycles of oral, 0.29 IUD, 4 injections, 0.29 Norplant insertions, 0.13 VS (proxy indicator)	HMIS	Document review	Quarterly
	FP, Contraceptive prevalence rate (CPR)	No. Of FP users No. Of women surveyed aged 15-49 years in a catchments population	UPHOLD surveys UDHS	Interviews	Annual
	Treatment of TB: Proportion of sub-counties implementing DOTS	Number of sub-counties implementing DOT's in targeted districts Total number of sub-counties	Districts, TB register UPHOLD	Record review	Annual

** Indicators will be disaggregated by public, private for profit and private not for profit

Expected Results/Outcomes	Performance Indicator	Indicator Definition	Data Source	Data Collection Method	Freq
	TB cases Diagnosed and completed treatment	No. of TB smear- positive cases who complete treatment in a year X100 / Number of TB smear positive cases in the catchments population in a year	District TB & Leprosy registers HMIS UPHOLD	Document review	Annual
	6: HIV/AIDS: Proportion of population (15-49 years) who request an HIV test, receive the test and receive results	Number of persons (15-49 years) who have ever voluntarily requested an HIV test, received the test and received their results Denominator: Total population aged (15-49 years) surveyed	AIC database UAC Household survey	Document Review	Baseline Mid and end of project
	HSDs with VCT services	Number of HSDs with VCT centres out of the total number of HSDs	Facility survey	Interview, Observation	Annual
	Proportion of OVC's reached	Proportion of orphans and vulnerable children who receive OVC services at least once a year out of the total number of OVCs	TASO database UNICEF MOGLGSD SAVE the Children	Record review	Annual
	HIV/AIDS interventions in Schools	Proportion of schools having at least one HIV/AIDS intervention activity: (Clubs, Curriculum, Meetings, Straight Talk)	Surveys Document review	Interviews Document review	Bi-annual
	Number of homes availed Home Based Care for HIV/AIDS	Number of homes visited by home based care providers	TASO database, CBOS, NGOs Health facility records	Record review	Annual

** Indicators will be disaggregated by public, private for profit and private not for profit

Expected Results/Outcomes	Performance Indicator	Indicator Definition	Data Source	Data Collection Method	Freq
	Improved primary Net Enrolment Rate (PNER)	Improved percentage of appropriately aged children (6-12 years) in the population who are enrolled in school disaggregated by target groups (disadvantaged, non-disadvantaged and gender)	Survey EMIS DEO	Document review	Baseline Mid and end of project
	Primary School daily attendance at target facilities	Average daily attendance of children enrolled in primary school at target facilities, by gender and by grade (P1-P7)	EMIS School surveys	Document review	Annual
	Retention rate to form four	Improved retention rates to primary four disaggregated by gender[i]	EMIS Household survey	Document review	Annual Baseline and mid and end of project
8.1.1 Improved Quality of Social Sector Services	Quality of service delivery	Number of education and health facilities awarded Yellow Star Status	YSP assessment reports	Document review	Annual
	Quality of service delivery	Percentage increase in overall Yellow Star scores for health facilities disaggregated appropriately	YSP assessment reports	Document review	Quarterly
	Quality of service delivery	Percentage improvement in Yellow Star or equivalent scores for effective school environments in target districts[ii] (Indicator will be compared with control schools).	YSP, assessment reports	Document review	Quarterly

** Indicators will be disaggregated by public, private for profit and private not for profit

Expected Results/Outcomes	Performance Indicator	Indicator Definition	Data Source	Data Collection Method	Freq
	Quality teaching[iii]	Improvement of teaching as measured by a set of quality teaching standards[iv]	Surveys Assessment instruments	Records review, observation, Interviews	Annual
	Quality learning	Improved pupil learning as measured by set of learning standards in target subject areas.	Surveys Assessment instruments	Records review, observation, Interviews	Annual
	VCT Clients receiving quality services	Percentage of clients served by VCT centres that meet the minimum established conditions	UAC, AIC database, monitoring reports	Document review	Annual
	Teachers trained in student centered methods	Number of in-service teachers trained in cooperative learning and inquiry teaching methods	Training records DEO MOES PTC	Record review	Quarterly
	Head teachers trained in school management	Percentage of head teachers trained in school management and support supervision in targeted districts	Training records DEO MOES PTC	Record review	Quarterly
	Education officials trained in support supervision	Number of education officials trained in support supervision in targeted districts	Training records DEO MOES PTC	Record review	Quarterly
	**Perception of quality of social services offered	Proportion of cross-section of community expressing satisfaction with school and health services.	Survey	Client exit interviews, focus group discussions	Annual
	Community participation in quality improvement	Proportion of parishes that have a PD plan	NGO/CBO supervision reports	Records review at the sub county level.	Quarterly

*** Indicators will be disaggregated by public, private for profit and private not for profit*

Expected Results/Outcomes	Performance Indicator	Indicator Definition	Data Source	Data Collection Method	Freq
	Number of grants awarded	Number of grants awarded disaggregated by social sector and district	UPHOLD financial records	Record review	Annual
Increased Positive Behaviour Change Adopted	** Condom use at last higher risk sex encounter	Percentage of respondents who say they used a condom the last time they had sex with a non-regular sexual partner in the last 6 months disaggregated by gender and age	DHS, UAC UNAIDS Surveys	Interviews Record review	Annual
	** Condom Use	Percentage of sexually active, unmarried adolescents who consistently used condoms in the last 6 months	Survey	Interviews	Annual
	** Insecticide treated mosquito net use	Proportion of Children <5s who sleep under insecticide treated nets	Community survey	Interviews	Baseline Mid and end of project
	Proportion of children who receive prompt and appropriate management for fever at home	% of children whose mothers report to have initiated treatment of fever within 24 hours of onset of fever	Survey	Interviews	Baseline Mid and end of project

UPHOLD MONITORING & EVALUATION FRAMEWORK

*** Indicators will be disaggregated by public, private for profit and private not for profit*

Expected Results/Outcomes	Performance Indicator	Indicator Definition	Data Source	Data Collection Method	Freq
	Proportion of children who receive prompt and appropriate management for fever at home	% of mothers who recognize at least 3 danger signs and take the child to a health facility	Survey	Interviews	Baseline Mid and end of project
IR8.2: Increased Capacity to sustain Social Sector Services	Level of community participation in improving the quality of social sector services	Percentage of schools where active school community partnerships are in place for one year	Reports Surveys	Document review	Annual
	Systems in place to support teacher effectiveness	Percentage of primary schools in target districts where teachers participate in cluster meetings for at least one year	Surveys Supervision reports	Document review	Annual
	Regular support supervision to health facilities in the target districts	Percentage of health facilities that received regular support supervision from HSDs as evidenced by proper documentation.	Supervision reports, Monitoring reports	Record review	Quarterly
	Regular support supervision to schools in target districts	Percentage of primary schools in target districts receiving regular support supervision from Education officials	EMIS	Record review	Annual
	Increased Private Sector role in service delivery	Proportion of district and sub county work-plans that have taken into account the private sector	District work-plans	Record review	Annual

** Indicators will be disaggregated by public, private for profit and private not for profit

Expected Results/Outcomes	Performance Indicator	Indicator Definition	Data Source	Data Collection Method	Freq
	Timely reporting	Number/proportion of reporting schools/health units submitting a completed MIS report on time	Districts	Record review	Quarterly
IR8.3: Strengthened Enabling Environment for Social Sector Services	Improved inter-sectoral partnership at community level	Number of public-private partnerships (MOU Contracts, agreements etc) participating in community –based health/education related activities at the district level	Survey	Record review Interviews	Annual
	Strengthened social services delivery by NGOs	Proportion of NGOs with organisational capacity built as defined by a set of criteria (Indicator will be disaggregated by partners)	Survey NGO reports	Interviews Record review	Annual

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[i] : Cumulative probability of reaching Grade 4 (% entering grade one who eventually reach gr.4 – product of 4 probabilities), as measured by UNICEF/MICS – household surveys

[ii] Effective school environment to be measured by UPHOLD's *Best Practice Assessment Instrument for Effective Schools*

[iii] Also an indicator of teaching behaviour change

[iv] As measured by UPHOLD's *Best Practice Assessment Instrument for Effective Teaching*

** Indicators will be disaggregated by public, private for profit and private not for profit