

MONITORING, EVALUATION AND LEARNING

Strategic information (SI) will play an essential role in this project, particularly in enabling evidence-based decision making and learning. The project SI system will track progress on the four intermediate results (IRs), track program performance and inform project plans and strategies (see Box VIII for key illustrative Indicators). The performance monitoring and evaluation of the USAID Transform: Primary Health Care Activity will be operationalized using the approved ME&L Plan as discussed above. The ME&L Plan is a critical management tool that the Recipient and its partners will use to plan and manage the collection, analysis, reporting and use of performance data throughout the life of the project.

The table below summarizes estimates of targets for selected indicators at the beginning of the Activity, with the assumption the Activity will contribute up to 50% from the regions' HSTP targets (See Table II).

Table II. Estimated MNCH and FP Targets per Region

Key Indicators	Aggregate baseline for DRS regions	Aggregate targets for DRS regions	Intervention Regions							
			Afar		Somalia		Gambela		Benshangul	
			Baseline (BL)	Target	BL	Target	BL	Target	BL	Target
Proportion of CPR	14.5	30	32	42	6	28	20.4	27.5	27	38
Proportion of ANC (4+) coverage	36	48	35	47.5	36.7	45	14	41	42	51.5
A proportion of births attended by Skilled HWs	23.75	43	25	37.5	21	46.5	26	36	35	52
PNC visits made within two days of birth	36	48	36	47	30	48	31	51	68	85
Pentavalent 3	46.7	59	77.2	85	33.9	54	48.2	64	67	77.5

Source: Annual reports (2015/2016), HTSP 2016 -2020, Mini EDHS 2014

Note that by taking 50% of the regions' HSTP targets, some of the figures, particularly, Contraceptive Prevalence Rate (CPR) in Somali, are not realistic and attainable, as the regions have taken extremely ambitious HSTP targets, affecting the figure stated in the table above. As discussed above, a life-of-activity ME&L plan will be negotiated with USAID/Ethiopia after the start of the Activity and updated annually as set forth above.

Integration with existing HMIS: The Recipient's SI system will be sustainable because it will be integrated with the existing HMIS system. The Recipient will also provide HMIS support to health program managers at all levels of the structure (see IR 4.1).

Assessments, Monitoring, & Evaluation: Baseline Health Status Assessments - To achieve maximum impact, the Recipient will hold consultations with the FMOH, RHB, WrHO USAID and the MELA implementing partner to agree on the MNCH/FP indicators; collaborate in conducting the baseline assessment; and develop plans for operations research and evaluations. Given the general lack of comprehensive baseline data on the DRS populations, the project will adopt a combination of quantitative and qualitative methods to collect data which will be supported through

focus group discussions, in-depth interviews, and GPS mapping of communities to identify health needs and challenges. The baseline assessment will be completed within the first three months of the project and the project will determine its 50% contribution towards HSTP's MNCH/FP targets in the DRS in consultation with USAID/Ethiopia.

Performance Evaluations: The Activity will collect data disaggregated by geographic region, age, and gender, using routine monitoring, mid-term and end of project evaluations and compile reports on quarterly, semi-annual, and annual basis for submission to USAID. Informed by annual implementation-plans, these reports will track activities and progress toward achieving objectives and will include simple performance monitoring dashboards and scoring systems that highlight the extent to which the program is on target. The project will document, and share lessons learned and best practices in the quarterly and annual national and regional review meetings with key stakeholders.