



**PMP Summary Table  
9/30/06**

<b>Results</b>	<b>Indicators</b>	<b>Illustrative Data Sources</b>
<b>Activity Objective (AO):</b> Improved enabling environment for health, particularly FP/RH, HIV/AIDS, and maternal health <sup>1</sup>	A0.1 # of countries that show an improvement in the policy environment using a documented instrument	<ul style="list-style-type: none"> <li>• Policy Environment Score, AIDS Program Effort Index, Maternal and Neonatal Program Effort Index, UNAIDS National Composite Policy Index conducted as baseline and at least 2 years later</li> <li>• UNGASS national indicators</li> <li>• Copies of other instruments and pre- and post-tests</li> </ul>
	A0.2 # of instances of policies implemented, resources allocated, <i>and</i> evidence of resources used in relation to the same policy	<ul style="list-style-type: none"> <li>• Can refer to data sources used to document related IR1 and IR3 results</li> <li>• % of allocated budget spent</li> <li>• Budgets, line items, invoices, other evidence of allocations and expenditures</li> </ul>
	A0.3 # of countries where results are achieved in at least 3 of the 5 IRs in the same substantive area	<ul style="list-style-type: none"> <li>• Produce a tally and qualitative report of how IR indicators contributed to achievement of AO and how the policy environment is strengthened</li> <li>• Synthesis report/description</li> </ul>
<b>IRI:</b> Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice	1.1 # of national/subnational or organizational policies or strategic plans adopted that promote equitable and affordable access to high-quality FP/RH, MH, or HIV/AIDS services and information	<ul style="list-style-type: none"> <li>• Copy of policy, strategic plan, guidelines signed with evidence of approval (signature)</li> <li>• Content analysis to provide evidence that the policy promotes equitable and/or affordable access to high-quality services</li> <li>• Official gazette, laws, bills</li> </ul>
	1.2 # of instances in which a formal implementation or operational directive or plan is issued to accompany a national/subnational or organizational policy	<ul style="list-style-type: none"> <li>• Copy of plan, document</li> <li>• Memos, guidelines, norms, instructions, distribution lists, memorandum of understanding (MOU)</li> </ul>
	1.3 # of instances in which there is concrete evidence of implementation for new or existing national/subnational policies or strategic plans that promote equitable and affordable access to high-quality FP/RH, MH, or HIV/AIDS services and information	<ul style="list-style-type: none"> <li>• Directive, resolution</li> <li>• Tool to measure policy implementation</li> <li>• Meeting minutes providing evidence of dialogue among national and subnational governments on new guidelines</li> <li>• Evidence of activity plans or reports that show the policy is being used</li> </ul>

<sup>1</sup> Throughout the PMP, indicator wording specifically mentions FP/RH, HIV/AIDS, and maternal health. However, our mandate also pertains to other infectious diseases, such as tuberculosis (TB), avian influenza (AI), and malaria.

	<p>1.4 # of instances in which a government or organization establishes or strengthens a system or mechanism that is responsible for monitoring policy implementation</p>	<ul style="list-style-type: none"> <li>• Policy implementation index, monitoring systems, memo, members of meeting, executive order</li> <li>• Commission structure</li> </ul>
	<p>1.5 # of instances in which steps are taken to address or remove identified barriers to equitable and affordable FP/RH, MH, or HIV/AIDS services and information</p>	<ul style="list-style-type: none"> <li>• Reports, legal and regulatory reviews, decrees, orders</li> <li>• Guidelines, religious edicts, regulations</li> <li>• Pilot-test specifications and results</li> <li>• Evidence that a barrier has been identified by the project or other sources before addressing the barrier</li> </ul>
	<p>1.5.1 # barriers identified</p>	<ul style="list-style-type: none"> <li>• Operational barriers study, list of barriers</li> <li>• List of priority barriers must be included in quarterly reports and forms the basis for a result corresponding to indicator 1.5</li> </ul>
<p><b>IR2:</b> Public sector and civil society champions strengthened and supported to assume leadership in the policy process</p>	<p>2.1 # of instances in which policy champions that were assisted by the project are actively engaged in policy dialogue, planning, and/or advocacy</p>	<ul style="list-style-type: none"> <li>• Project records, quarterly reports, key informants, copy of action plan, campaign</li> <li>• Newspaper articles, published statements, speeches</li> <li>• Mentoring tool (under development by advocacy team)</li> </ul> <p>Note: Policy champions need to be identified in advance</p>
	<p>2.1.1 # of policy champions identified and trained or strengthened by the project</p>	<ul style="list-style-type: none"> <li>• Project documents</li> </ul>
	<p>2.2 # of instances where targeted public and private sector officials, FBO, or community leaders publicly demonstrate new or increased commitment to FP/RH, MH, or HIV/AIDS</p>	<ul style="list-style-type: none"> <li>• Project workplans, list of targeted officials</li> <li>• Newspapers, workshop agenda, published statements, speeches, political party platforms, media reports, clipping service</li> <li>• Increased commitment requires a baseline; new commitment must be documented</li> </ul>
	<p>2.3 # of instances in which networks or coalitions are formed, expanded (to include new types of groups), or strengthened to engage in policy dialogue, advocacy, or planning</p>	<ul style="list-style-type: none"> <li>• Network checklists, project records, Advocacy Network Questionnaire</li> <li>• Capacity index (baseline, follow-on, and end-line assessments)</li> <li>• Registration records for NGO network/coalition or entity</li> <li>• Vision statement, official charter</li> <li>• Form to track expanded membership over time</li> </ul>
	<p>2.4 # of in-country organizations or individuals the project has assisted that conduct formal advocacy training on their own or provide TA to others to undertake advocacy</p>	<ul style="list-style-type: none"> <li>• Project reports, workshop agenda, participant lists</li> <li>• This indicator requires periodic follow-up of individuals or groups trained to document their follow-on activities</li> </ul>

	2.4.1 # of people trained to undertake advocacy	<ul style="list-style-type: none"> <li>Project reports, workshop agenda, participant lists</li> </ul>
<b>IR3:</b> Health sector resources (public, private, nongovernmental organizations and community-based organizations) increased and allocated more effectively and equitably	3.1 # of instances in which new and/or increased resources are committed or allocated to FP/RH, MH, or HIV/AIDS as a result of a project activity	<ul style="list-style-type: none"> <li>Budgets, line items, invoices, donor records, expenditure records, orders, other evidence of commitment/new resources</li> <li>Donations, letters, records, or other data sources to capture non-monetary donations</li> </ul>
	3.2 # of instances in which mechanisms to increase effectiveness of resource allocation are identified and adopted	<ul style="list-style-type: none"> <li>Concrete evidence of more effective resource allocation, such as project records, meeting minutes, trip reports</li> <li>Evidence of activity plans or reports that show the mechanisms are being applied</li> </ul>
	3.3 # of instances in which mechanisms to increase effectiveness of resource allocation are implemented	<ul style="list-style-type: none"> <li>Concrete evidence of more effective resource allocation, such as directives, procedural guidelines for testing or scale-up, meeting minutes</li> <li>Evidence of activity plans or reports that show the mechanisms are being used</li> </ul>
	3.4 # of instances in which mechanisms to increase equity of resource allocation are identified and adopted	<ul style="list-style-type: none"> <li>Concrete evidence of more equitable resource allocation, such as project records, meeting minutes, resolutions, orders, directives</li> <li>Evidence of activity plans or reports that show the mechanisms are being applied</li> </ul>
	3.5 # of instances in which mechanisms to increase equity of resource allocation are implemented	<ul style="list-style-type: none"> <li>Concrete evidence of more equitable resource allocation, such as project records, meeting minutes, resolutions</li> <li>Use of a tool to measure policy implementation</li> <li>Evidence of activity plans or reports that show the mechanisms are being used</li> </ul>
<b>IR4:</b> Strengthened multisectoral engagement and host country coordination in the design, implementation, and financing of health programs	4.1 # of instances that multisectoral structures that advise on or set FP/RH, MH, or HIV/AIDS policies are established or strengthened	<ul style="list-style-type: none"> <li>Project records, orders, membership roster, memos, new reports</li> <li>Baseline required for claiming “strengthened” or mechanisms for strengthening need to be reported in advance</li> </ul>
	4.2 # of in-country structures that provide multisectoral oversight to ensure compliance to policies or norms are established or strengthened	<ul style="list-style-type: none"> <li>Membership list, scope of work, meeting schedules, minutes with descriptions of actions</li> <li>Baseline required for claiming “strengthened” or mechanisms for strengthening need to be reported in advance</li> </ul>
	4.3 # of instances in which a new sector is engaged in the design, implementation, and financing of health programs	<ul style="list-style-type: none"> <li>Evidence must show that they are new partners at the table and specify the role played in design, implementation, and financing</li> <li>Newspaper reports, organizational records, project records</li> </ul>

	4.4 # of instances of collaboration or coordination leading to a specific output	<ul style="list-style-type: none"> <li>• Meeting records, reports, key informants, specific outputs produced</li> <li>• Purpose of formation of group and scope of work</li> <li>• Membership list</li> <li>• Joint workplan</li> </ul>
<b>IR5:</b> Timely and accurate data used for evidence-based decisionmaking	5.1 # of new tools/methodologies created or adapted and applied in-country to address FP/RH, MH, or HIV/AIDS issues	<ul style="list-style-type: none"> <li>• Project records, country reports, manuals, software</li> <li>• Evidence of application in at least one country</li> <li>• Training records</li> <li>• Copy of software and or documentation</li> </ul>
	5.1.1 # of new tools created or adapted to address FP/RH, MH, or HIV/AIDS	<ul style="list-style-type: none"> <li>• Project records, country reports, manuals, software</li> <li>• Copy of software and or documentation</li> </ul>
	5.2 # of instances that data/information produced with support from the project are used for policy dialogue, planning, resource allocation, and/or advocacy, or in national/subnational policies or plans	<ul style="list-style-type: none"> <li>• Key informant interviews, documents with citations highlighted, policies/plans</li> <li>• Citation in a policy or plan</li> <li>• Project records, case studies, mission memos</li> </ul>
	5.3 # of instances in which in-country counterparts or organizations apply tools or methodologies on their own or conduct training in the use of the tool or methodology	<ul style="list-style-type: none"> <li>• Project records, emails, downloads, workshop agenda, curricula</li> </ul>
	5.3.1 # of people trained in use of tools or methodology	<ul style="list-style-type: none"> <li>• Project records, emails, downloads, workshop agenda</li> </ul>