

Jordan Communication, Advocacy and Policy Activity (JCAP)

Activity Monitoring, Evaluation and Learning Plan

Updated for FY18 and FY19

Includes LOG of CHANGES, with indicators updated as of August 14, 2018 to be applied in FY18 and FY19

Submitted to:

Rawan B. Qurashi, BPharm, MPH

Project Management Specialist

Office of Population and Family Health

USAID/Jordan

Submitted by:

Carlos Cuellar

Chief of Party

Jordan Communication, Advocacy and Policy Activity

Abt Associates

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**ACRONYMS**

ADS Automated Directives System

AMELP Activity Monitoring, Evaluation and Learning Plan

AOR Agreement Officer Representative

CBO Community-based organization

CCA Circassian Charity Association

CDCS Country Development Cooperation Strategy

CLA Collaborating, Learning and Adapting

COC Combined Oral Contractive

COP Chief of Party

COR Contract Officer Representative

CPR Contraceptive Prevalence Rate

CSO Civil Society Organization

DDL Development Data Library

DO Development Objective

DQA Data Quality Assessment

FGD Focus group discussion

FP Family Planning

FP/RH Family Planning and Reproductive Health

FPE Family Planning Effort

GBV Gender-based violence

GIS Geographic Information System

GOJ Government of Jordan

GUVs General Union for Voluntary Societies

HCAD Ministry of Health Health Communication and Awareness Directorate

HFG USAID Health Finance and Governance Activity

HPC Higher Population Council

HRH 2030 USAID Human Resources for Health 2030 Activity

HSD USAID Health Service Delivery Activity

HSSII USAID Health Systems Strengthening II Activity

IEC Information, Education and Communication

IR Intermediate Result

IUD Intrauterine Device

JCAP Jordan Communication, Advocacy and Policy Activity

KAP Knowledge, attitudes and practices

JPFHS Jordan Population and Family Health Survey

LAM Lactational Amenorrhea Method

LoP Life of Project

M&E Monitoring and Evaluation

MESP Monitoring and Evaluation Support Project

MIS Management Information System

MOH Ministry of Health

MWRA Married Women of Reproductive Age

NCDs Non-communicable diseases

NGO Non-governmental organization

PAD Project Appraisal Document

PIRS Performance Indicator Reference Sheet

PMP Performance Management Plan

POP Progestogen Only Pill

RAPID Resources for the Awareness of Population Impacts on Development

RF Results Framework

RH Reproductive Health

RME Research, Monitoring and Evaluation

RMNCH+ Reproductive, maternal, newborn and child health services, including, non-communicable diseases (NCDs), gender-based violence (GBV), and nutrition (RMNCH+)

SBCC Social and Behavior Change Communication

SHOPS Strengthening Health Outcomes through the Private Sector

SOW Statement of Work

TFR Total Fertility Rate

TOT Training of Trainers

TVC Television Commercial

USAID United States Agency for International Development

USG United States Government

WCHD Ministry of Health Woman and Child Health Directorate

WVS World Values Survey

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1. **INTRODUCTION TO THE JCAP ACTIVITY MONITORING, EVALUATION AND LEARNING PLAN**

**PURPOSE**

The purpose of this Activity Monitoring, Evaluation and Learning Plan (AMEL Plan) is to describe how Abt Associates will promote learning, monitor and evaluate the Jordan Communication, Advocacy and Policy (JCAP) Activity using the principles of participation, transparency, economy of effort, and most importantly, data quality. This AMEL Plan presents the JCAP theory of change that serves as the foundation for the project results framework. JCAP provides performance indicators and targets for each of the Activity’s expected results with detailed Performance Indicator Reference Sheets (PIRS). It also describes the processes that JCAP will use to perform monitoring and evaluation (M&E) throughout the life of the activity.

The AMEL Plan is a dynamic and flexible document, which JCAP will update periodically and reflect all modifications in the Log of Changes (Section VI). During each year’s work planning process, the team will revisit the AMEL Plan to ensure the plan continues to be relevant to the Activity and its new priorities. In coordination with USAID, JCAP will continue to refine the AMEL Plan to accommodate any major or unexpected shifts in programming priorities or the operating environment.

**ACTIVITY INFORMATION AND CONTEXT**

**ACTIVITY DESCRIPTION**

Abt Associates and its partners are implementing the United States Agency for International Development (USAID)/Jordan Communication, Advocacy, and Policy (JCAP) five-year Activity through Cooperative Agreement No. AID-278-A-14-00002, which commenced on August 1, 2014, and continues through July 31, 2019. JCAP supports the Jordan National Family Planning Strategy and contributes to USAID/Jordan’s development objective of “Social Sector Quality Improved.” The Activity’s overall strategic objective is to increase the use and continuation of reproductive health reproductive, maternal, newborn and child health services, including, non-communicable diseases (NCDs), gender-based violence (GBV), and nutrition (RMNCH+) services as safe, effective, and acceptable ways to ensure a healthy family, build a sustainable community, and maintain a secure Jordan. JCAP works with its counterparts, the Ministry of Health (MOH) and the Higher Population Council (HPC), to strategize, implement, and monitor its activities.

From Fiscal Year 2015 (FY 15) through FY 17, JCAP’s social and behavior change communication (SBCC), and advocacy and policy interventions addressed increasing demand for FP/RH services and establishing a policy environment supportive of family planning and changing social norms related to family size. In Y4 and Y5, JCAP continues to focus on FP/RH behavior change and policy, with an emphasis on increasing Government of Jordan (GOJ) and civil society organization (CSO) leadership of these initiatives to sustain results beyond the life of the project. JCAP is collaborating with the GOJ to make sure that policy and planning at the national and governorate levels accounts for population growth data and projections. In response to USAID’s request, JCAP has also expanded its scope to respond to emerging needs related to integrated RMNCH+. To this end, in FY18, JCAP is launching new SBCC and policy activities related to nutrition and anemia among women of reproductive age and children under 5 (CU5) as well as feeding practices for infants under 2.

**ACTIVITY LOCATION AND INSTITUTIONAL CONTEXT**

JCAP conducts its activities in close collaboration with its main government counterparts in Jordan, the Ministry of Health (MOH) and the Higher Population Council (HPC). In addition, JCAP works with non-governmental organizations (NGOs) and civil society organizations (CSOs) at the national, governorate, and community levels. JCAP also provides grants to selected CSOs as one of its implementation strategies. JCAP works at all levels to realize its mandate: national, governorate, district, and selected communities.

### JCAP THEORY OF CHANGE

**Background**

Jordan faces a number of daunting challenges as it strives to address its development and reform priorities. Fast population growth is of particular concern as it increases the burden on Jordan’s resources, including water, energy, education, and health. The 2015 census results showed that Jordan’s population has grown to 9.5 million, a 78% increase from 2004 and a 5.3% annual population growth rate since the last census in 2004 (Department of Statistics 2015). Jordan also has a large and growing youth population and is host to over 1.3 million Syrian refugees. At the same time, Jordan is well-positioned to address these health and development challenges through several opportunities, including a young workforce, a government open to policy reform, and recent improvements in health and education outcomes. Sixty-one percent of Jordanians are between the ages of 15 and 64; a sizable proportion of the population that can participate in the labor force (Department of Statistics 2015).

In recent decades, family planning and reproductive health (FP/RH) initiatives have sought to improve maternal and child health. Despite continuous efforts and significant investments in improving the quality and accessibility of family planning services and information, the total fertility rate (TFR) remains high at 3.38 (Department of Statistics 2015). Reducing unintended pregnancies could make a significant difference in the TFR, as the 2012 JPFHS estimated that “the fertility rate in Jordan was approximately one child more per woman than it would be if all unwanted births were avoided.” Use of modern contraceptives has remained unchanged between 2002 and 2012 at 42%, with high one-year discontinuation rates for modern methods (48%) (JPFHS 2012). Factors contributing to this stagnation include an increasing proportion of family planning users relying on traditional methods (19% in 2012, up from 15% in 2002) (JPFHS 2012), pressure on women to prove their fertility immediately after marriage (Buchholz 2005), and fear of side effects (El-Khoury 2011).

The Jordan Communication, Advocacy, and Policy (JCAP) Activity is one of several USAID-funded projects that has sought to increase demand for family planning and reproductive health (FP/RH) services and modern contraceptive methods, while also improving the enabling environment for family planning. In Years 1-3, JCAP focused on positioning FP/RH as essential components of maternal and child health, family life, and Jordan’s overall social and economic development. In collaboration with the GOJ) and with CSOs, JCAP’s SBCC, policy, and advocacy activities address not only increasing demand for FP/RH services but also establishing a policy environment supportive of family planning and changing social norms related to family size.

In Y4 and Y5, JCAP’s expanded scope aims to complement its FP/RH work through addressing additional, related RMNCH+ needs in Jordan. Prevalence of anemia is high among CU5 and married women of reproductive age (MWRA) and nutrition practices are poor (JPFHS 2012). Thirty-two percent of children aged 6-59 months and 34% of women aged 15-49 are anemic (JPFHS 2012). Overall, only one-third of children aged 6-23 months are fed appropriately based on recommended infant and young child feeding practices (JPFHS 2012). JCAP’s demand generation and policy work related to anemia and breastfeeding will support the Health Service Delivery (HSD) Activity, which addresses supply side barriers to RMNCH+, including service quality and accessibility. In addition, JCAP collaborates with USAID’s other supply-side health activities, including the Health Finance and Governance (HFG) Activity, which seeks to strengthen the sustainability and resilience of the health sector including achieving the goal of universal health coverage, and the Human Resources for Health (HRH) 2030 Activity, which works to strengthen the health workforce for better health services.

JCAP’s theory of change aims to address FP/RH behavior and policy as well as wider RMNCH+ issues in order to improve development outcomes in Jordan.

**Theory of Change**

JCAP’s goal is to increase use of RMNCH+ services as a safe, effective and acceptable way to ensure a healthy family, build a sustainable community and maintain a secure Jordan. JCAP works with the GOJ, including the HPC and MOH, and CSOs to build on its SBCC, policy, and advocacy successes and to sustain progress, scale up approaches with proven results, and initiate innovative interventions. JCAP also collaborates with other USAID-funded projects to extend programmatic effect. JCAP’s conceptual basis and activities stem from the following development hypothesis:

* *If* JCAP increases knowledge and changes attitudes of Jordanian families so that they see RMNCH+ services, including family planning, anemia prevention, and nutrition, as essential to improving their health status and overall standard of living (Demand); and
* *If* generating demand for RMNCH+ services uses a multi-sectoral approach that integrates economic development, women’s empowerment, and male and youth involvement; and
* *If* the policy environment is more conducive to improving RMNCH+ service quality, availability, and access in the public and private sectors; and
* *If* JCAP improves the ability of the GOJ and CSOs to continue generating demand for RMNCH+ services;

Then,

* + RMNCH+ services will experience a sustained uptake, which will contribute to:
    - A demonstrable reduction in anemia prevalence among pregnant women and CU5;
    - A demonstrable reduction in fertility trends with a subsequent decline in population growth rates;
  + Ultimately, these outcomes will contribute to a demonstrable improvement in health status in Jordan.

The theory of change that underpins the JCAP Activity is illustrated in the Results Framework in Figure 1.

**Result 1: Demand for RMNCH+ services increased**

JCAP designs and implements SBCC activities to increase demand for and utilization of RMNCH+ services through demand generation for RMNCH+ services among MWRA and CU5 and SBCC activities aimed at changing social norms and belief that influence RMNCH+ decisions and behaviors, including fertility choices, among women, men, and youth. During Years 1-3, JCAP’s demand generation and SBCC activities focused on FP/RH. In Years 4 and 5, JCAP has expanded its SBCC and demand generation activities to support HSD’s efforts to improve RMNCH+ outcomes in Jordan, specifically in relation to poor nutritional practices. Therefore, JCAP’s work now also aims to increase knowledge, improve attitudes, and improve behaviors related to anemia prevention and treatment among MWRA and CU5.

To help achieve this result, one sub-result will lead to result 1:

* Sub-result 1.1: Improved awareness, knowledge, and attitudes related to RMNCH+

*Sub-Result 1.1: Improved awareness, knowledge, and attitudes related to RMNCH+*

In order to increase demand for RMNCH+ services, JCAP improves awareness, knowledge, and attitudes related to RMNCH+ through a multi-sectoral approach that integrates economic development and women’s empowerment, as well as male and youth involvement. Literature shows that SBCC campaigns using a combination of mass media and community-level outreach have been a key part of effectively promoting family planning and RMNCH+ services and commodities in a variety of contexts.[[1]](#footnote-1) JCAP develops SBCC campaigns to disseminate key RMNCH+ messages through national mass media and community-level engagement in public and private health facilities and through its grants to CSOs. In Years 1-3, JCAP’s “Plan your pregnancy, Ease your burden,” campaign focused on improving social norms related to family planning by promoting the benefits of small family size, delaying first birth, discussing family planning during engagement, and correcting misconceptions about modern family planning methods. This campaign targeted married and unmarried youth and MWRA. In Years 4-5, JCAP’s *Anti Al-Hayat* (“You are the life”) mass media campaign focuses on raising awareness about anemia prevention, symptoms, and treatment for MWRA and CU5. JCAP designed this campaign to complement HSD’s supply-side interventions that aim to improve the quality of and access to RMNCH+ services, including anemia screening and treatment.

JCAP’s grantee program supports community-level SBCC interventions through working with CSO grantees to enhance their technical and operational capacity to design, implement, and sustain FP/RH programs. JCAP focuses on sustainability of these interventions through supporting CSOs to improve staff capacity in SBCC program management, to use JCAP-developed family planning SBCC tools, market their activities to potential donors, to strengthen relationships with the MOH, and build their skills in responding to RFPs.

**Result 2: Enabling environment for RMNCH+ improved**

JCAP improves the enabling environment for RMNCH+ through fostering MOH and HPC ownership of RMNCH+ policies, advocating for RMNCH+ policies, building MOH capacity to lead SBCC, policy, and advocacy activities, and engaging key audiences in advocacy efforts. JCAP’s activities work to ensure that its public and private sector partners will have the ability to continue advocacy for RMNCH+ issues and implementation of RMNCH+ policies beyond the life of the JCAP Activity. In addition, JCAP advises the GOJ and other actors on the potential impact of population growth on development programs in Jordan so that the GOJ has the capacity to use demographic data for planning. While the majority of JCAP’s work under Result 2 focuses on population growth issues and family planning, it has expanded in Years 4-5 to include broader RMNCH+ issues. JCAP’s priority policy reforms include establishing flexible working models to support working Jordanian mothers and collaborating with the Jordan Nursing Council (JNC) on revising the Midwifery Law to enhance midwifery practice related to mother and child health services and support the application of the MOH Decree of 2016 that allows qualified midwives to insert IUDs. For RMNCH+, JCAP’s work includes advocating for policies that support exclusive breastfeeding of infants under 6 months of age and for policies to control marketing of breastmilk substitutes.

To help achieve this result, two sub-results will lead to result 2:

* Sub-Result 2.1: Enhanced capacity of key audiences to advocate for population issues
* Sub-Result 2.2: Strengthened capacity of HPC and MOH to implement RMNCH+ SBCC, advocacy, and policy initiatives

*Sub-Result 2.1: Enhanced capacity of key audiences to respond favorably to and advocate for population issues*

To improve the policy environment related to population and family planning issues, JCAP demonstrates the positive effect of family planning on the achievement of national development objectives through engaging leaders and community members who are not policymakers in FP/RH advocacy and building their capacity to continue advocacy efforts after the end of JCAP. In light of JCAP’s strategy to foster national ownership of family planning programs, JCAP seeks to expand the circle of influence beyond the MOH to include other actors such as the Ministry of Youth, All Jordan Youth Commission (AJYC), and the Crown Prince Foundation. Jordanian youth represent the future of the country and will play a critical role in ensuring the success of national efforts to improve health and development outcomes. In collaboration with the HPC and other partners, JCAP is currently designing and implementing youth leadership training on population growth and life planning, as well as on designing community and social media initiatives to publicize and advocate for these issues. In addition to its current youth programs, in Years 1-3 JCAP also engaged community leaders and celebrities in advocacy efforts to discuss family planning and the effects of population growth on Jordan’s social, economic, and environmental development through its Champions Program. In Years 4 and 5, JCAP will continue to engage well-known public figures to discuss policy issues on national TV and radio shows, though this is no longer part of its previous Champions Program.

*Sub-Result 2.2: Strengthened capacity of HPC and MOH to implement RMNCH+ SBCC, advocacy, and policy initiatives*

To support sustainable policy making initiatives, JCAP advocates for and helps to develop policies to support RMNCH-related development objectives while also building the capacity of the HPC and MOH to lead SBCC, advocacy, and policy activities. JCAP engages in systemic capacity-building to foster GOJ technical ability to lead the population and family planning policy agenda and to institutionalize the use of demographic analysis and data in planning. At the national level, JCAP supports the HPC in development of its National Reproductive Health Strategy (2019-2023) and collaborates with HPC to build and institutionalize tools, such as RAPID and DemDiv, to communicate the effects of population growth and potential benefits of the demographic dividend to key policymakers. In addition, JCAP works with Governorate Councils and Executive Councils to encourage them to discuss population growth issues and include population growth data and projections in governorate annual plans. In Years 4-5, JCAP’s policy agenda has expanded to include select issues related to RMNCH+. JCAP advocates for improvements in nutritional practices through policies that support exclusive breastfeeding of infants under 6 months. JCAP is collaborating with GOJ to modify the breast-feeding policy and by-laws that control marketing of breastmilk substitutes. JCAP is also working with the MOH/ Health Communication and Awareness Directorate (HCAD) to build its ability to budget for FP/RH activities and issue Requests for Proposals (RFPs) for FP/RH work.

**Connection to USAID/Jordan Results Framework**

JCAP supports the USAID/Jordan Results Framework through contributing to the Mission’s Development Objective 3 (Social Sector Quality Improved) through IR 3.1 (Health Status Improved).

**Critical Assumptions**

JCAP’s ability to implement interventions and achieve results proposed under its theory of change depends on a number of critical assumptions, related to factors both within and outside of JCAP’s control. Below we outline the assumptions that underpin JCAP’s theory of change. To the extent possible, JCAP will anticipate and mitigate risks associated with these assumptions and adjust its Theory of Change and activities to fit changing circumstances.

***Causal Assumptions***

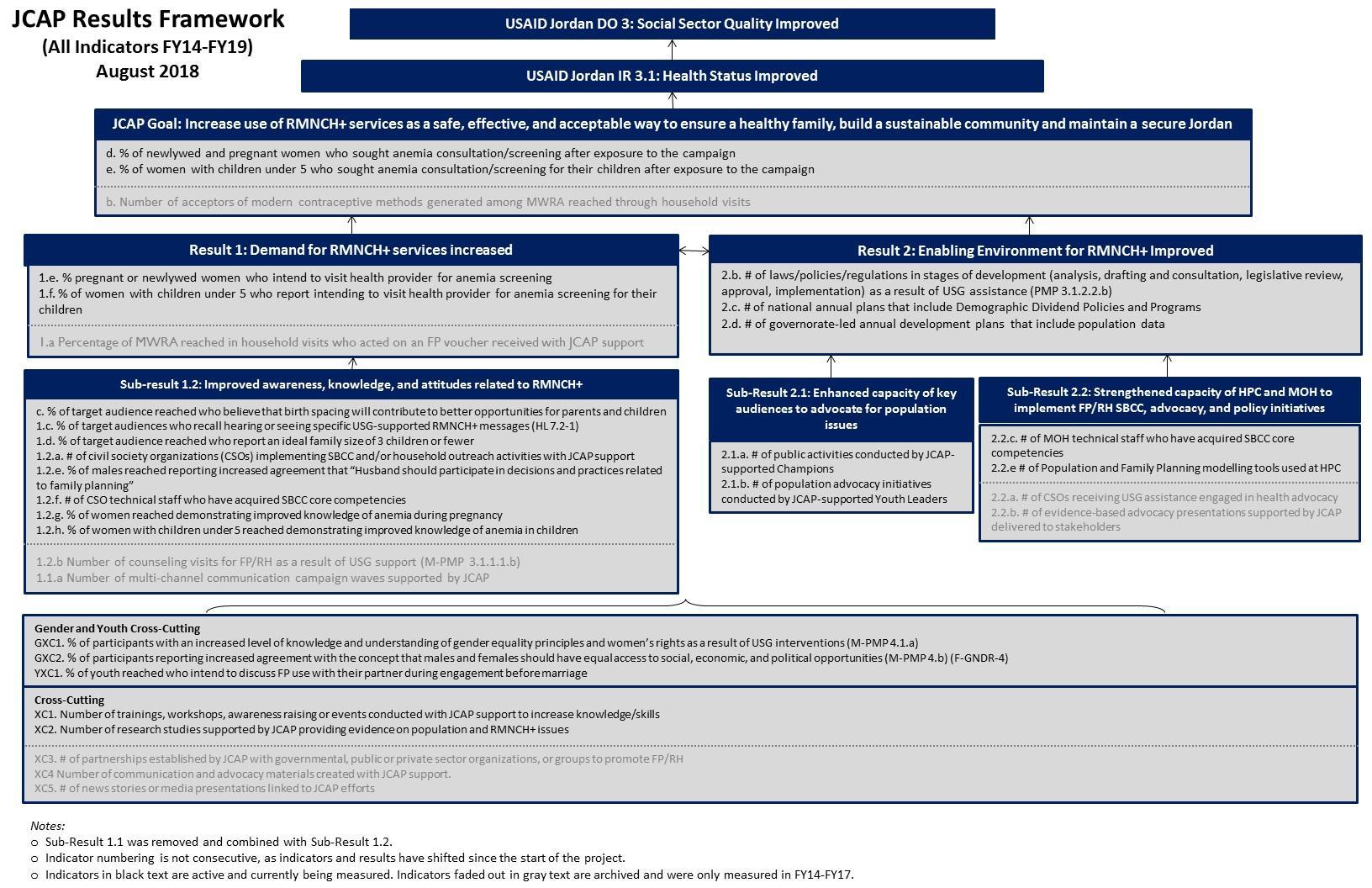
Causal assumptions are related to JCAP’s beliefs about the linkages between its activities and results, and how its activities will lead to the results outlined in its theory of change. Key causal assumptions include:

* JCAP’s public sector partners, including the MOH/HCAD, MOH Woman and Child Health Directorate (WCHD), HPC, Governorate Councils, and Executive Councils will have the resources, including funding and staff time, to engage with JCAP in building their leadership of family planning and SBCC programs, participating in JCAP’s capacity-building interventions, such as its SBCC capacity-building for the HCAD, and learning to use JCAP tools such as RAFFAHIE and RAPID. (Result 2, Sub-result 2.2)
* JCAP’s CSO partners, including Sisterhood Is Global Institution (SIGI), International Charity Centers Society (ICCS), INJAZ, Tafileh Women Charitable Society (TWCS), Institute for Family Health (IFH) and National Women Health Centers Society (NWHCS), AJYC and Crown Prince Foundation will have the resources, including funding and staff time to engage with JCAP through the grantee program, the SBCC capacity-building program, and the Youth Leaders program to build their own internal capacity for conducting family planning programs, obtaining funding, and working with the public sector. (Result 1, Sub-result 1.2, Sub-result 2.1, Sub-result 2.2)
* Partners will be held accountable for taking leadership of and implementing SBCC and family planning activities. While JCAP interventions, such as working with the HPC and MOH to develop the new FP/RH strategy (2019-2023), will clearly outline roles and responsibilities and help partners to build effective systems for implementing new policies, holding staff accountable is the responsibility of the organizations in which they work. (Result 1, Sub-result 1.2, Result 2, Sub-result 2.1, Sub-result 2.2)
* Partners will be open to accepting and acting upon changes suggested by JCAP that are necessary to building their leadership of family planning policies and programs. Organizational change is challenging and it may be difficult to modify systems that have been in place for many years. JCAP will work with partners to effectively revise systems, create sustainability plans, and incentivize staff to adopt and continue new practices. JCAP also conducts extensive stakeholder meetings with all of its partners so that they are fully involved in and bought into new processes and tools. (Result 2, Sub-result 2.2)
* JCAP’s partners must be able to effectively advocate for GOJ funding and access other local and international funding to sustain their family planning programs after JCAP ends. JCAP is working with them to build their capacity to advocate for and sustain funding through, for example, working with HCAD to design RFPs with technically sound scopes of work and budgets and working with CSOs to build their capacity in proposal writing. (Goal Result 1, Result 2)
* Media outlets, CSOs, and health centers will be willing to run JCAP campaign advertisements and distribute JCAP campaign materials. JCAP has had success with its campaigns in the past and has built strong partnerships with media, community, and health organizations, but its future work depends on their willingness to participate in JCAP campaigns. (Result 1, Sub-result 1.2)
* In building demand for RMNCH+ services, JCAP assumes that high quality and affordable RMNCH+ services will be available and accessible in Jordan. USAID’s other activities, including HSD, HFG, and HRH 2030 are working to improve the quality, accessibility, and affordability of health services in Jordan and JCAP coordinates with them as appropriate to ensure that its RMNCH+ demand generation and enabling environment activities complement their supply side activities. (Goal)

***Contextual Assumptions***

Shifting political and economic circumstances at the national or regional level are outside of JCAP’s control and could affect JCAP’s ability to achieve results. Ongoing regional conflicts, especially in Syria, may evolve in unpredictable ways that could affect JCAP’s interventions. JCAP is carefully monitoring these situations, especially as related to the influx of Syrian refugees into Jordan, and coordinates closely with other donor organizations and the MOH. Also, JCAP’s work is contingent upon USAID priorities and funding, both at the global and national levels. JCAP will monitor changes in regional dynamics and USAID priorities and work with USAID to adjust its interventions if needed. At the end of FY 17, for example USAID decided to transfer leadership of family planning activities to the MOH and to expand JCAP’s scope to include RMNCH+. Accordingly, JCAP has adjusted its work plan and AMELP in response to new USAID priorities.

**Figure 1. JCAP RESULTS FRAMEWORK DIAGRAM WITH INDICATORS**

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1. **FOCUS ON LEARNING**

JCAP is committed to continuous improvement and to implementing practical steps needed to integrate and maintain this approach in its working culture. To achieve this dynamic goal, the Activity fosters learning, guided by the principles and active approaches embedded in USAID’s framework for Collaborating, Learning, and Adapting (CLA) and the Program Learning Cycle. USAID suggests that the most critical question for the Activity to ask is--- what is important for us to know, and in what context? Asking this question at multiple levels from the big picture down to specific details helps JCAP to focus our search for guiding evidence and deliberately seek information that may confirm or contradict our theory of change. For example, JCAP conducts research on its national communication campaigns, identifying which messages are most convincing and which media channels have the greatest visibility, and utilizes these findings to fine- tune its approach to better reach its target audiences. Drawing on the CLA approach, JCAP’s RME team has adopted the following learning approaches:

* Reflecting on what our implementation reveals about the causal logic embedded in the project Theory of Change and Results Framework, and on emergent technical learning;
* Adapting work accordingly to ensure relevance and results;
* Establishing timeframes and processes for when and how to reflect on new learning and shifts in the local context, and
* Instituting methods to ensure sufficient flexibility in JCAP activities so that the team can take advantage of new opportunities to collaborate strategically and pursue additional or different learning topics, and adapt to external factor outside of JCAP control, such as political shifts, natural disasters or conflicts

The RME team supports JCAP in all of these approaches to learning and adaptation. The RME team holds routine quarterly review meetings including all technical staff, as an intentional forum to examine progress of the Activity by comparing indicator results and annual targets. A main purpose of these meetings is to use data for decision-making and course corrections as needed. The team pauses and reflects to share information on activities that contribute to JCAP results. Sometimes, the challenge of being behind in a performance target inspires a new or novel set of actions to move ahead faster. The team explores the reasons for delays or impediments to performance and considers possible solutions and /or accommodations to improve barriers. For example, in Tranche I JCAP had planned to implement a youth club activity in all districts but decided to modify the original plan in response to sensitivity and lack of receptivity in one local context. When an activity has proven very effective, with monitoring data showing evidence of success, JCAP has expanded its implementation. This happened in the case of ICCS group discussion sessions. Similarly, the evidence generated through Post Tracking surveys confirmed the effectiveness of the JCAP communication campaign approach in reaching and influencing target audiences, and the team used data from the first Post Tracking survey to adjust advertisement placement channels to improve audience exposure. The RME team also holds periodic review meetings with each grantee to improve M&E coordination and capacity to provide and use data. These open meetings help JCAP and each grantee learn and take action to improve overall coordination, tools and functions.

JCAP holds bi-weekly technical review meetings with senior technical staff to review progress on milestones and deliverables and enhance integration and learning across the Activity. These meetings also bring out many technical challenges and are a forum for brainstorming about how JCAP can improve or refine its activities. Again, discussions cover what work has been most successful and why, what needs to be done better and how to improve. The conversations range widely and are a space for staff to bring their ideas about best practices and which interventions are more or less effective.

These internal review mechanisms allow the Activity to question basic assumptions and take new technical routes. This questioning process is also applied to the basic foundational assumptions of the Activity - how JCAP and USAID should evaluate performance. As the Activity shifts and incorporates new emphases, RME and technical staff review the performance metrics for their continuing meaningfulness and utility. Many AMEL Plan performance indicators have been tweaked or redesigned to reflect changes in implementation as shown in the Log of Changes in this document.

JCAP maintains a focus on positive ***collaboration*** with its key partners and with other entities vested in the Activity’s mandate. Sharing and receiving information in RH/FP and gender, within Jordan and beyond, is an integral part of JCAP’s aim to ‘do better development’. The JCAP team, including RME staff, holds quarterly meetings with counterpart IPs (earlier SHOPS and HSSII, and currently with HSD, HRH 2030, and HFG) to exchange background, documents, tools and other information. JCAP, along with other IPs, collaborates with the USAID Monitoring and Evaluation Support (MESP) Activitiy to ensure that its M&E systems follow best pratices and share data. In addition, JCAP collaborates closely with HSD so that its activities complement HSD to promote RMNCH+. For example, JCAP’s national campaign for anemia prevention complements HSD’s outreach program and training/support of health providers in public and private facilities. JCAP has also strongly supported learning and dissemination among its counterparts and the broader GOJ though collaboration with the US Census Bureau in three data Workshops and through SBCC capacity building with the MOH’s HCAD and WCHD. Coordination, cooperation and collaboration are the touchstones of the Activity.

All of the above represent continuous, intentional and systematic opportunities for JCAP staff members to share and innovate, introduce new thinking and build learning into activities, in accordance with ADS guidance.

Learning also continues to emerge from a strong Activity focus on actionable studies and operational research (described below in the Research and Evaluation section). JCAP sets its research agenda to identify and reduce information gaps relevant to family planning knowledge, attitudes and behaviors. JCAP’s approach to measuring, documenting, analyzing and informing highlights the importance of understanding the different needs of JCAP’s target populations, as well as the effects of implementing different activities. For example, JCAP conducts post-tracking household surveys of its mass media campaigns, including the family planning campaign (“*Plan your pregnancies, ease your burden”*) and anemia prevention campaign (“*You are the life”*). The RME and SBCC teams work together to use the results of these post-tracking surveys to evaluate the campaigns’ contributions to changes in knowledge, attitudes, intentions, and practices related to relevant health areas and inform the design of future campaigns. In addition, JCAP conducted research on the question of how male and female cultural and religious roles and dynamics affect FP/RH decision making. JCAP studies on Syrian Refugees, MWRA, Husbands and Youth have identified and filled gaps in information on RMNCH+ in Jordan. To inform its advocacy and policy interventions, JCAP conducted a review of flexible working models in Jordan. The body of evidence generated helps to inform and guide staff and others, providing a basis for planning, designing and tailoring the content of activities.

Research and M&E processes and data are complementary. Together, they generate evidence for understanding the effectivenss of interventions and when course correction is required. The JCAP team and its partners use RME data to inform adaptive management of JCAP’s work and overall learning about what works in RMNCH+ SBCC, advocacy, and policy.

Strategic collaboration creates a broader organizational culture of learning and improvement. Learning, sharing and disseminating knowledge, and expanding the technical evidence base are fundamental to JCAP’s approach to achieving success. In the end, the investments JCAP is making in learning and continuous improvement are investments in the communities and in the nation of Jordan.

1. **JCAP MONITORING, EVALUATION, AND LEARNING PLAN**

**PERFORMANCE INDICATORS**

Performance indicators are linked to each level of JCAP’s expected results to measure and document the Activity’s outputs, outcomes, and results over the life of the project.

JCAP designed its performance indicators to be clear and unambiguous. They comply with USAID data quality guidance (with particularly emphasis on validity, integrity, precision, and timeliness). As appropriate, JCAP reports data for each indicator disaggregated as appropriate by sex, geographic site, age group, nationality, target population and other demographic variables.

To measure JCAP’s outputs and shorter-term outcomes, JCAP’s team collects data about and reports on process and outcome indicators on a quarterly basis. Quarterly indicators are particularly useful for tracking progress toward targets and for informing program adjustments by JCAP staff and partners. To measure longer-term outcomes, JCAP collects data about select indicators on an annual basis using a variety of different mechanisms. Both types of indicators are complementary and together serve to guide implementation and benchmark achievements.

Section V includes Performance Indicator Reference Sheets (PIRS) for each AMEL Plan indicator. The PIRS contain specific definitions, data source, data collection frequency, levels of data disaggregation, and person(s) responsible for collecting and submitting the data. The JCAP indicator structure and the PIRS facilitate JCAP’s reporting contribution to USAID’s DevResults database.

The JCAP AMEL PLAN is a living tool, which JCAP in coordination with USAID reviews and updates as necessary to ensure its ongoing relevance and utility to the Activity. The Log of Changes (modifications) in Section VI in this document records these adjustments and changes in performance indicators and targets as they are instituted on a quarterly basis. Further, JCAP and USAID review and adjust the plan yearly in accordance with each Work plan.

Over the course of the project, JCAP has removed some indicators as activities have changed and JCAP no longer measures these indicators. For example, JCAP removed some of the indicators related to the KAP survey as it will no longer conduct an endline KAP survey and, given the expansion of JCAP’s scope in FY18, these indicators no longer capture the full range of JCAP’s RMNCH+ work. JCAP will not report on removed indicators. In addition, after the expansion of JCAP’s scope in FY18, JCAP chose to archive and stop tracking certain indicators which were relevant only to its activities in FY15-FY17. JCAP will still report on archived indicators as they are important measures of its progress from FY15 to FY17. The Log of Changes in Section VI documents when indicators were removed or archived.

**INDICATOR BASELINES AND TARGETS**

In Section IV, the JCAP Performance Indicator Tracking Table (Table 1) summarizes performance indicators and includes values for baseline, actuals to date, targets for the life of the project, data source(s)/collection method(s), and notes. Among these indicators are non-routine indicator values collected through JCAP Knowledge Attitudes and Practices (KAP) baseline survey, post-campaign tracking surveys, and other assessment mechanisms.

The team developed initial indicator targets for each fiscal year based on activity plans in the FY15 work plan. Targets were estimates, and JCAP adjusted these as more information became available. Throughout the Activity, the JCAP team continued to review and propose indicator targets and adjustments as needed based on the learning and evidence acquired from prior results as well as work plan assumptions.

**DATA QUALITY ASSURANCE AND DATA QUALITY ASSESSMENT PROCEDURES**

JCAP takes a variety of steps to ensure data quality. The M&E team has developed guidelines for data collection, databases and a variety of forms and templates for quarterly reporting for use by JCAP and by partner staff responsible for generating or collecting data for M&E purposes. JCAP provides grantee partners with M&E guidance, tools and data collection forms. From the inception, JCAP has worked on strengthening the institutional capacity of grantees to conduct and provide quality M&E functions and promoted ownership and responsibility for accurate and comprehensive data collection.

JCAP constantly reviews and refines research methods and M&E processes, from data surveys to qualitative data collection mechanisms. JCAP regularly applies Data Quality Assessment (DQA) verification checklist tools for quality assurance to examine the core data quality dimensions of accuracy, reliability, completeness, precision, timeliness, and integrity.

The M&E team routinely inspects collected internal data indicators and performs spot checks as required using DQA processes. USAID conducts regular DQAs, which the JCAP RME team supports. In October 2015, USAID conducted a DQA check of two JCAP Indicators, which are included in the Mission PMP: Number of counselling visits for FP/RH as a result of USG assistance (M-PMP 3.1.1.1.c) and Percentage of participants with increased level of knowledge and understanding of gender equality principles and women’s rights as a result of USG interventions (M-PMP 4.1.a).

Two years later in October 2017, USAID conducted another DQA check of one JCAP Indicator, which is included in the Mission PMP and an F indicator: [(M-PMP 4.b) (F- GNDR 4) GXC2] Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political opportunities.

During the period when JCAP oversaw the community outreach program (FY14 - FY17), JCAP reviewed and refined the data collection and database systems for the ongoing outreach activities implemented through partners CCA and GUVs. In FY16 JCAP upgraded the database and system to be able to provide three AMEL outreach indicators reported with the disaggregations on Nationality, Age group and geographic location. Further, JCAP M&E routinely verified outreach data provided by partners using on-site checks of data collection accuracy and reliability to assess validity. As part of these on-site data quality checks, both partners werere involved so they can address any problems identified. In FY18, the USAID HSD Activity took over implementation of the community outreach program.

Each JCAP grantee must provide specified performance indicator data on a quarterly basis. The JCAP RME team assists grantees in the design of the data collection instrumentation and data entry forms and supports, mentors, and trains grantees on the data collection process and procedures. All grantees receive on-site assistance, monitoring, and supervision visits quarterly in their first year, including guidance and adapted tools to build better understanding of M&E functions and results reporting.

**REPORTING**

JCAP submits quarterly and annual reports to USAID that include both narrative explanation and numerical results in a performance-tracking table. For this purpose, JCAP M&E will collate, aggregate, review for accuracy, and update data for its routinely reported performance indicators. JCAP reports indicator data into the DevResults system and TraiNet, and provides the required information into GIS. The JCAP Activity reviews and uses routine monitoring data and results to inform program decisions and guide any needed adjustments to the work plan, implementation approach, or other program or management decisions.

JCAP also provides data or performance summaries for the Mission as requested. At the end of the fiscal year, the Activity submits an annual performance report, including a compilation of the year’s actual achievement versus target for each routine indicator. The report also provides an explanatory narrative comparing results with targets. JCAP presents all reports to the AOR prior to finalization.

**ROLES AND RESPONSIBILITIES**

**Implementing the AMEL Plan**

The JCAP RME Senior Advisor is the primary person responsible for implementing the Activity’s AMEL Plan. She is also responsible for building the capacity of program staff and reporting and supervising general monitoring and evaluation approaches, practices, and tools. The RME Senior Advisor also cooperates closely with the USAID/Jordan MESP on the technical level, ensuring that JCAP reports indicators and information as needed by USAID/Jordan and the AOR. Under the supervision of the JCAP COP, she is also responsible to ensure entry of data results into DevResults, GIS and TraiNet databases.

**Information Management**

With reference to ADS 203.3.3.1 g, JCAP supports the Mission’s efforts to maintain a performance monitoring information system that holds performance indicators, including data collected by this AMEL plan. The Senior RME Advisor provides the necessary data for USAID training database needs. She also provides required information to the USAID Development Data Library (DDL).

**Reporting**

The Senior RME Advisor is in charge of producing the M&E reports on time and in a technically valid, high quality, and policy-relevant manner to provide firm grounds for management decisions. She supports the development of reporting protocols and standard procedures to ensure the gathering of data in a technically sound manner so that the data is consistent and comparable throughout the years. She makes judgments with respect to whether or not data meets quality standards, creates guidelines to improve quality standards and initiates actions to improve any challenges identified. The Senior RME Advisor is assisted by the Senior Research Specialist and M&E Specialist.

**M&E Oversight**

The Chief of Party (COP) has the responsibility for overseeing M&E, assuring that the work of the Senior RME Advisor meets overall Activity needs and responds to Mission requests for information. Missions in high-visibility locations such as Jordan have frequent “data calls” and information requests, so assuring that our responses are policy- and decision -relevant is an important role.

**Home Office Support**

The JCAP Activity receives technical support from the Home Office M&E staff. The Activity can call on Abt Associates M&E experts who are able to provide any essential services to ensure maintenance of high standards and activities that are consistent with best practices in the field. Over the life of the project, the Home Office will provide specialized technical expertise, assistance in finalizing the AMEL plan, and specialized training to the M&E team as required.

**DATA COLLECTION METHODOLOGIES**

JCAP primarily uses simple Excel format data sheets to record data on its activities. These data sheets provide the basis for mapping indicators to the JCAP Results Framework, as well as ancillary indicators JCAP creates to reflect, measure and report other important results. The responsible JCAP staff member verifies the accuracy and completeness of information and enters data values from relevant activities into the record sheets. The staff member then compiles and aggregates all completed record sheets into summary record sheets for quarterly reporting. The M&E unit rechecks the summary record sheets’ accuracy and then compiles them into the aggregate Performance Indicator Tracking Table per quarter. JCAP developed an Access database to facilitate data collection for JCAP Activities (contributing to Indicator XC1 and TraiNet), an Excel database to facilitate data collection and reporting for “Champions” activities (Indicator 2.1.a) and in FY18, JCAP worked on developing a comprehensive M&E database that documents JCAP’s intervention results during the Activity’s lifetime. The database includes total number of beneficiaries reached disaggregated by target group: sex, age, marital status, nationality, and geographic residence.

The database will support the end-of-project report and provide evidence for USAID, Implementing Partners, and national counterparts to build on JCAP interventions effectively and efficiently. JCAP will provide summary reports according to partner requests and deliver the entire database as part of the Activity’s final products.

JCAP continues to develop additional data collection tools and structures as needed to facilitate reporting requirements.

The M&E team supports and works closely with JCAP’s technical teams to ensure a full understanding of the importance of data validity in measures of technical outputs and outcomes as they contribute to the JCAP Indicators. The M&E team also ensures that data collection for each indicator follows the procedures set out in the respective PIRS. JCAP technical teams support comprehensive and high quality data collection procedures and conduct ongoing data verification methods in the field, including routine visits to verify reports and numbers and apply observation checklists. This approach helps to ensure that the JCAP team has checked the data for accuracy and completeness prior to DQA verification.

For the M&E reporting of CSO partners, JCAP works with and provides all needed support to the M&E focal point(s) assigned to this role by each grantee organization. JCAP trains the M&E focal points on the indicators and all data tools and reporting forms. Grantees complete their unique grantee quarterly reporting forms, which include a section for providing data on numerical indicators that correspond with JCAP Indicators. The quarterly reports will also contain a narrative section that addresses processes undertaken, milestones achieved, challenges encountered, and key actions taken. Each quarter, the JCAP team reviews grantee M&E reports, and team members compile and analyze the indicator data for inclusion in the JCAP quarterly report.

Internally, JCAP uses the individual data sheets (from both grantee and JCAP activities) and the compiled data indicators for nuanced analysis and for status reporting to support evidence-based decision-making. During technical review sessions, technical managers review progress against targets, highlight factors that facilitated or constrained achievement of objectives and discuss how to improve performance. The team uses results data as a key collaborative performance improvement strategy for JCAP.

**GENDER AND OTHER EQUITY DETERMINANTS**

USAID/Jordan Country Development Cooperation Strategy (2013-2017) emphasizes the importance of gender and youth, and the Mission has adopted a development objective to address gender (DO4). JCAP, by design, mainstreams gender throughout its work, and it developed a gender strategy and action plan to implement activities with a gender and youth focus across many of its grantee programs.

Two JCAP indicators provide information regarding changes in perceptions of gender:

GXC1 (M-PMP 4.1.a): ***Percentage of participants with an increased level of knowledge and understanding of gender equality principles and women’s rights as a result of USG interventions.*** JCAP collects data on this indicator through pre- and post-test questionnaires at trainings that include a gender awareness/ training component.

GXC2 (M-PMP 4.b , F-GNDR 4, ): ***Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political opportunities***. JCAP collects data on this indicator through pre- and post-tests at trainings or sessions in which gender is a topic.

Whenever applicable and feasible, JCAP will disaggregate indicators by sex, age groups, location and nationality so that the Activity will be able to assess the extent to which its activities reach and influence women, male and female youth, men (male engagement), and other target groups. In addition, the baseline Knowledge, Attitudes, and Practices (KAP) survey contained a number of variables related to perceptions of gender roles (especially related to reproductive health), women’s decision-making and empowerment, and male attitudes and engagement.

**RESEARCH AND EVALUATION**

To inform the design of JCAP interventions, JCAP designed, conducted, analyzed, and reported on a multi-faceted baseline study. Implementation of this population-based, quantitative KAP survey provided the necessary information to describe key aspects and elements in the existing situation in a set of baseline indicators. JCAP had planned to conduct an endline KAP survey to compare baseline and endline results, but decided not to do this after JCAP’s scope expanded in FY18. JCAP is considering alternative methods to evaluate activities at endline, and will decide upon an appropriate plan with guidance from USAID. In addition, JCAP will employ a variety of other quantitative and qualitative exploratory methods to deepen our understanding of the root causes of the social, economic, and political barriers to decreasing fertility (both known and unknown) and receiving RMNCH+ services and identify potential levers for change. JCAP’s research and evaluation also contribute to overall learning, though exploring factors, such as gender, that may contribute to the effectiveness of JCAP activities, serving as a data source for performance indicators, and evaluating longer-term outcomes not captured by JCAP routine performance monitoring.

JCAP designs a research protocol for each study containing: rationale; key research questions; type of design; methods of data collection; sampling methodology; informed consent; data analysis plan; ethics compliance (Abt Institutional Review Board and any required ethical approvals in Jordan); detailed time line; types of reports; and the process planned to disseminate results.

Below is an illustration and description of select research activities and methodologies.

1. **Rapid Reviews A rapid, broad review of existing secondary evidence**. JCAP reviewed the factors that influence fertility preferences to consolidate our current thinking and jump-start the program activities. JCAP conducted a broad review of relevant literature, organizing the results by topical summaries, which has informed our technical approach. This review, built on evidence from previous studies and reports, solidified our institutional knowledge of the family planning landscape in Jordan (especially research that Abt has conducted as part of our health system and family planning projects). JCAP developed a review report covering evidence, unknowns, research gaps, and needs.
2. **A rapid review of prior USAID work in the mandated areas of JCAP**. JCAP supported an analysis of prior social and behavior change communication (SBCC) and advocacy policy work implemented by previous USAID-funded projects in Jordan. The analysis informed and guided follow-on efforts for those activities that have been most successful. As a complementary component of this background study, JCAP conducted a series of key informant interviews covering the activities that had been most and least successful in prior SBCC and advocacy programs. JCAP explored why and provided recommendations about which of these activities JCAP should select for follow up.

**Formative research using qualitative methods**

1. **Focus Groups.** To support our communication efforts, JCAP will conduct a series of focus group discussions (FGDs) using thematic analysis and in-depth interviews to develop targeted messages. JCAP will pilot and revise these messages so the Activity can roll them out nationally. Focus groups with youth, married women, men, Syrian refugees, and religious leaders will enable us to understand the multiple voices and perspectives of each group and peer dynamics through group interactions. The Activity will explore social and gender norms, women’s empowerment, and the effect on family planning attitudes and behavior.

To explore further, JCAP will consider using in-depth interviews to gather follow-up information from respondents who voice positions that are of particular interest for developing messages. For example, where and how do they feel pressured to have larger families than they would prefer? Who are their key influencers who would also be important to target with messaging? What are the reasons for use of traditional methods or discontinuation of family planning methods? The individual format will enable respondents to clarify and expand on ideas expressed in the group setting in addition to contributing ideas they may not have felt comfortable expressing publicly. Finally, JCAP will examine which aspects of the demand generation campaigns are most effective and how that may vary by population sub-groups. JCAP will run polling and post-tracking surveys to conduct this analysis

1. **Household and Community Qualitative Studies.** JCAP baseline focus groups and interviews will generate extensive data about target populations’ knowledge, values, and desires, but may provide less insight into how those are put into practice (or not) in their everyday lives. Starting in Y2, JCAP will explore if it is feasible and cost effective to conduct in-depth, ethnographic inspired research with 15-30 households from Jordan’s primary ethno-national communities (likely identified through our community outreach partners). The objective of this research is to understand if and how JCAP’s target groups are changing their ideas about family planning, family, and gender. Data collection will consist of periodic household visits and ethnographic interviews about family life, detailed data on how target audiences receive messages, concerns about family planning, and issues affecting uptake and discontinuation. This research will also shed light on how JCAP’s SBCC campaigns are working. It may help JCAP tailor messaging throughout the Activity. In addition, it could help JCAP share with NGO outreach partners any implied adjustments to outreach visits.
2. **Research using Quantitative Methods**. As mentioned above, JCAP conducted a quantitative, population-based KAP survey in Year 1 to establish baseline values for JCAP indicators. This KAP survey measured attitudes toward family planning; how it aligns with respondent values (including religious values); knowledge of its benefits; knowledge and perceptions of contraceptive methods available in Jordan, including perceptions of side effects, modern method safety and effectiveness. Additionally, the KAP survey measured decision-making power for women using items drawn from the Women’s Empowerment Index (developed by USAID’s Measure Evaluation Project) and measures of male engagement. The Iris Group assisted the JCAP gender advisor in proposing gender measures for the KAP survey based on JCAP’s objectives and gender considerations in Jordan. In FY15 Q4, JCAP shared key KAP survey findings in a large dissemination event held for JCAP development partners, and the KAP findings continue to be relevant for use by JCAP and its partners. JCAP had planned to conduct an endline KAP survey to measure program contributions to key outcomes, but proposed an alternative approach to evaluate the project after the expansion in JCAP’s scope in FY18, as the endline KAP survey no longer appropriately measures JCAP outcomes.
3. **JCAP Qualitative Endline Evaluation.** As an alternative to the endline KAP survey, JCAP has proposed a qualitative endline evaluation of its activities using the Outcome Harvesting and Most Significant Change methods. These methods would allow JCAP to collaborate with stakeholders in identifying key outcomes to which JCAP contributed and the processes that led to these outcomes. If USAID approves this evaluation, JCAP will conduct it in FY19.
4. **TABLE 1: PERFORMANCE INDICATOR TRACKING TABLE**

Indicator numbering is not consecutive, as indicators and results have shifted since the start of the project.

Indicators in black text are active and currently being measured.

Indicators faded out in gray text were either archived, meaning that they were measured for part of JCAP, but are no longer measured as they are not relevant to JCAP’s current activities, or removed, meaning that JCAP planned to track these indicators at the beginning of the project but was not able to collect data on them or they were not relevant to JCAP activities.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Baseline Source & Date** | **Baseline value** | **FY15** | | **FY16** | | **FY17** | | **FY18 Target** | **FY19 Target** | **LOP Target** | **Data Source** |
| **Target** | **Actual** | **Target** | **Actual** | **Target** | **Actual** |
| **JCAP Goal: Increase use and continuation of RMNCH+ services as safe, effective and acceptable way to ensure a healthy family, build a sustainable community and maintain a secure Jordan** | | | | | | | | | | | | |
| d. % of newlywed and pregnant women who sought anemia consultation/screening after exposure to the campaign messages | JCAP project records | 0 | NA | NA | NA | NA | NA | NA | 70% | 75% | 75% | Post Tracking Survey |
| e. % of women with children under 5 who sought anemia consultation/screening for their children after exposure to the campaign messages | JCAP project records | 0 | NA | NA | NA | NA | NA | NA | 45% | 50% | 50% | Post Tracking Survey |
| a. Twelve month contraceptive discontinuation rate (M-PMP 3.1.1.d) | JPFHS 2012 | 47.8% |  |  |  |  | Removed | |  |  | NA |  |
| b. Number of acceptors of modern contraceptive methods generated among MWRA reached through household visits | SHOPS Data FY 2014 | 39,885 | 26,000 | 29,139 | 26,000 | 32,444 | 29,700 | 31,561 | Archived |  | 82,000 | JCAP Records |
| **Result 1: Demand for RMNCH+ services increased** | | | | | | | | | | | | |
| 1.e % of pregnant or newlywed women who intend to visit health provider for anemia screening | JCAP project records | 0 | NA | NA | NA | NA | NA | NA | 80% | 90% | 90% | Post Tracking Survey |
| 1.f % of mothers of children under 5 who report intending to visit health provider for anemia screening for their children | JCAP project records | 0 | NA | NA | NA | NA | NA | NA | 55% | 65% | 65% | Post Tracking Survey |
| 1.a Percentage of MWRA reached in household visits who acted on an FP voucher received with JCAP support | SHOPS Data FY 2014 | 58% | 58% | 59% | 60% | 64% | Archived | |  |  | 60% | JCAP Records |
| **Sub-result 1.2: Improved awareness, knowledge, and attitudes related to RMNCH+** | | | | | | | | | | | | |
| c. % of target audiences who believe that birth spacing will contribute to better opportunities for parents and children | Pre and post tests | 0% | NA | NA | NA | NA | NA | NA | 67% | 67% | 67% | Pre and Post tests |
| 1.c. % of target audiences who recall hearing or seeing specific USG-supported RMNCH+ messages (HL 7.2-1) | Jordan Health Communication Partnership ‘Hayati Ahla’ Campaign 2010 | 30% | NA | NA | 40% | 39%  JCAP FP/RH campaign- post tracking survey | 43% | NA | 43%  JCAP anemia prevention post-tracking survey | 45% | NA[[2]](#footnote-2) | Post Tracking Survey |
| 1.d % of target audiences who report an ideal family size of 3 children or fewer | Pre and Post Tests | 0% | NA | NA | NA | NA | NA | NA | 38% | 38% | 38% | Pre and Post Tests |
| 1.2.a. # of civil society organizations (CSOs) implementing SBCC and/or household outreach activities with JCAP support | SHOPS records FY 2015, JCAP records 2014 - 2017 | 2 | 6 | 5 | 8 | 8 | 4 | 4 | 3 | 3 | 12  (cumulative) | CSO reports, JCAP records |
| 1.2.e. % of males reached reporting increased agreement that “Husband should participate in decisions and practices related to family planning” | Pre and Post Tests | 0% | NA | NA | NA | NA | 50% | 64% | 65% | 65% | 58%  (average across years) | Pre and Post Tests |
| 1.2.f. # of CSO technical staff who have acquired SBCC core competencies | Pre and Post Tests | TBD | NA | NA | NA | NA | NA | NA | 6 | NA | 6 | Pre and Post Tests |
| 1.2.g. % of women reached demonstrating improved knowledge of anemia during pregnancy | Pre and Post Tests | 0% | NA | NA | NA | NA | NA | NA | 70% | NA | 70% | Pre and Post Tests |
| 1.2.h. % of women with children under 5 reached demonstrating improved knowledge of anemia in children | Pre and Post Tests | 0% | NA | NA | NA | NA | NA | NA | 45% | NA | 45% | Pre and Post Tests |
| 1.b Percentage of MWRA who have discussed use of FP methods with their spouse in the last 6 months (M-PMP 3.1.3.b) | JCAP KAP Baseline Survey June 2015 | 51% |  |  |  |  |  |  | Removed |  | NA | KAP indicators will only be measured at baseline and at endline |
| 1.2.b Number of counseling visits for FP/RH as a result of USG assistance (M-PMP 3.1.1.1.c) | SHOPS data  FY 2014 | 550,470 | 450,000 | 466,961 | 400,000 | 413,704 | 400,000 | 408,456 | Archived |  | 1.25 million  (cumulative) | JCAP records |
| 1.2.c Percentage of MWRA able to demonstrate knowledge of the benefits of FP | JCAP KAP Baseline Survey  June 2015 | 50% |  |  |  |  |  |  | Removed |  | NA | KAP indicators will only be measured at baseline and at endline. |
| 1.1.a Number of multi-channel communication campaign waves supported by JCAP |  | 0 | 1 | 1 | 1 |  |  |  | Archived |  | 4 (cumulative) | JCAP annual reports |
| **Result 2: Enabling Environment for RMNCH+ Improved** | | | | | | | | | | | | |
| 2.b. # of laws/policies/regulations in stages of development (analysis, drafting and consultation, legislative review, approval, implementation) as a result of USG assistance (PMP 3.1.2.2.b) | 0 | 0 | 10 | 10 | 10 | 10 | 10 | 3 | 2 | 1 | 9 policies at stage 5 | JCAP records, policy documents |
| 2.c. # of national annual plans that include Demographic Dividend Policies and Programs | JCAP records | 0 | NA | NA | NA | NA | NA | NA | NA | 10 | 10 | National annual plans, JCAP records |
| 2.d. # of governorate-led annual development plans that include population data | JCAP records | 0 | NA | NA | NA | NA | NA | NA | NA | 3 | 3 | Annual development plans, JCAP records |
| 2.a Family Planning Effort (FPE) Index Policy sub-component score | 2015 Avenir Health Brief:  *FPE scores in 2014: Jordan* | Mean FPE Policy Score for Jordan 62.2 |  |  |  |  |  |  | Removed |  | NA | Avenir health 2019 FPE score |
| **Sub-Result 2.1: Enhanced capacity of key audiences to advocate for population issues** | | | | | | | | | | | | |
| 2.1.a. # of public activities conducted by JCAP-supported Champions | JCAP records | 0 | 8 | 8 | 20 | 35 | 25 | 34 | 35 | 35 | 147  (cumulative) | JCAP records, Champion reports, media products |
| 2.1.b. # of population advocacy initiatives conducted by JCAP-supported Youth Leaders | JCAP records | 0 | NA | NA | NA | NA | NA | NA | 5 | 5  (carry over) | 5 | JCAP records |
| **Sub-Result 2.2: Strengthened capacity of HPC and MOH to implement FP/RH SBCC, advocacy, and policy initiatives** | | | | | | | | | | | | |
| 2.2.c. # of MOH technical staff who have acquired SBCC core competencies | Pre and Post Tests | TBD | NA | NA | NA | NA | NA | NA | 15 | NA | 15 | Pre and Post Tests |
| 2.2.e # of Population and Family Planning modelling tools used at HPC | JCAP Records | 0 | NA | NA | NA | NA | NA | NA | NA | 2 | 2 | JCAP records, HPC reports |
| 2.2.a. # of CSOs receiving USG assistance engaged in health advocacy | NA | 0 | 4 | 3 | 6  (3 carried over and 3 new) | 4  (3 carried over and 1 new) | 3 | 5 | Archived |  | 8 | JCAP records |
| 2.2.b. # of evidence-based advocacy presentations supported by JCAP delivered to stakeholders | NA | 0 | 5 | 2 | 18 | 13 | 21 | 0 | Archived |  | 18 | JCAP records |
| **Gender and Youth Cross-Cutting** | | | | | | | | | | | | |
| GXC1. % of participants with an increased level of knowledge and understanding of gender equality principles and women’s rights as a result of USG interventions (M-PMP 4.1.a) | Pre and Post Tests | 0% | 30% | 68% | 40% | 26% | 45% | 94% | 94% | 94% | 61%  (average across years) | Pre and Post Tests |
| GXC2. % of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political opportunities (M-PMP 4.b) (F-GNDR-4) | Pre and Post Tests | 0% | NA | NA | 10% | 51% | 25% | 64% | 65% | 65% | 41%  (average across years) | Pre and Post Tests |
| YXC1. % of youth reached who intend to discuss FP use with their partner during engagement before marriage | NA | 0% | NA | NA | 35% | 92% | 65% | 97% | 97% | 97% | 74%  (average across years) | Pre and Post Tests |
| YXC2 Percentage of youth reached who have actively supported FP or gender discussions with peers or community |  | 0% | 0% | 0% | 25% | 0% | Removed | |  |  | NA | Quarterly Project records |
| **Cross-Cutting** | | | | | | | | | | | | |
| XC1. Number of trainings, workshops, awareness raising or events conducted with JCAP support to increase knowledge/skills | NA | 0 | 30 | 92 | 290 | 796 | 150 | 1052 | 600 | 100 | 1,170  (cumulative) | JCAP records |
| XC2. Number of research studies supported by JCAP providing evidence on population and RMNCH+ issues | NA | 0 | 6 | 5 | 3 | 5 | 2 | 2 | 3 | 2 | 14  (cumulative) | Final research reports and other products (PPTs, datasets) |
| XC3. # of partnerships established by JCAP with governmental, public or private sector organizations, or groups to promote FP/RH | 0 | 0 | 8 | 8 | 3 | 3 | 1 | 2 | Archived |  | 12 | JCAP records |
| XC4 Number of communication and advocacy materials created with JCAP support. |  | 0 | 9 | 15 | 20 |  | Archived | |  | 3 | 42  (cumulative) | Quarterly  Project records |
| XC5. # of news stories or media presentations linked to JCAP efforts | 0 | 0 | 9 | 32 | 12 | 73 | 75 | 14[[3]](#footnote-3) | Archived |  | 14 | JCAP records |

1. **PERFORMANCE INDICATOR REFERENCE SHEETS**

|  |  |
| --- | --- |
| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO3 Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | |
| **Indicator Name and Number:** [d.]Percentage of newlywed and pregnant women who sought anemia consultation/screening for themselves after exposure to the campaign | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** NA | |
| **Precise Definition:** This indicator measures the percentage of newlywed and pregnant women who sought anemia consultation/screening for themselves from health providers after exposure to JCAP’s anemia campaign.  **Newlywed and Pregnant Women:** This is defined as married women of reproductive age (ages 18-49) who are newlyweds (married in the 12 months preceding the survey) or pregnant at the time of the survey.  **Anemia Consultation/Screening:** This is defined as going to a health care provider to discuss anemia and/or receive screening for anemia through a blood test measuring hemoglobin levels.  **Exposure:** Exposure to JCAP’s anemia campaign is defined as recalling seeing or hearing the campaign at least once via any type of media (television, radio, or print) and linking the campaign to maternal  and child health (MCH) or anemia. | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number. | |
| **Method of Calculation:** The numerator is the number of newlywed and pregnant women who sought anemia consultation or screening from a health provider after exposure to the campaign, which started in January 2018. The denominator is the number of newlywed and pregnant women who were exposed to the campaign.  The percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | |
| **Disaggregation:** Campaign Wave (Wave 1, Wave II), geographic location (Governorate), age group (youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** JCAP’s anemia prevention campaign aims to raise awareness of anemia and encourage anemia consultation and screening among its target audience, including newlywed and pregnant women. JCAP’s campaign is expected to contribute to increased anemia consultation and screening among its target audience, which, in turn, will contribute to increased anemia prevention and, if needed, treatment for women as well as a reduction in anemia prevalence throughout Jordan. This indicator will help the JCAP team to understand the overall effectiveness of its campaign in contributing to key outcomes – anemia screening and consultation among newlywed and pregnant women. It will help JCAP to assess the effectiveness of its campaign and inform management decisions related to campaign design and other related anemia prevention activities. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP will conduct two nationally representative campaign post-tracking household surveys after the first and second waves of the campaign, respectively. These surveys will include questions relevant to this indicator | |
| **Data Source(s):** JCAP campaign post-tracking surveys conducted by a sub-contracted research firm. | |
| **Timing/Frequency of Data Acquisition:** This data will be collected twice, in two campaign post-tracking surveys after each of the two campaign waves. The first survey will take place in FY18 and the second survey will take place in FY19. | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor and JCAP Research Specialist | |
| **Location of Data Storage:** Electronic data will be stored on secure servers/computers at the sub-contracted research firm and at the JCAP office. The sub-contracted research firm will destroy the electronic data after data collection is complete and only JCAP will retain copies of the final datasets on its secure server. | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** Data are collected and analyzed by the sub-contracted research firm. The sub-contracted research firm produces a summary report of findings in tables of aggregate results for key indicators. The JCAP team will use the data of each survey to assess and improve Waves I and II of its campaign. | |
| **Reporting of Data:**JCAP will share final survey reports with USAID twice, after each survey. JCAP will also share reports with other key stakeholders, including other USAID-funded Activities and the Ministry of Health. JCAP will also report this data in its quarterly and annual reports. | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** Survey data is subject to a number of limitations. First, survey respondents may not correctly recall the campaign or may not remember if they recieved relevent health services. Second, survey respondents may choose not to respond to certain questions, including those required to calculate this indicator. These limitations could result in inaccurate or incomplete data. | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP and its sub-contracted research firm have designed the survey to include questions for both unprompted recall and prompted recall of the campaign among respondents to maximize their ability to recall this campaign and distinguish it from other health campaigns. The sub-contracted research firm will pre-test survey tools extensively to ensure the clarity of all questions and and will train enumerators to encourage respondents to answer all questions. Throughout data collection, the sub-contracted survey firm will conduct back checks of completed questionnaires and carefully monitor enumerator performance to ensure the accuracy of data. | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator is 0, as the JCAP campaign is new. | |
| **Rationale for Targets/Notes:** JCAP based targets on preliminary data from the first post-campaign survey. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** | |
| **Other Notes:** New Indicator added in FY18. | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2018*) | **0** | **0** |
| **2015** | **NA** | **NA** |
| **2016** | **NA** | **NA** |
| **2017** | **NA** | **NA** |
| **2018** | **70%** |  |
| **2019** | **75%** |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | | | |
| **IDENTIFICATION** | | | |
| **Linkage to Mission Results Framework:** DO3 Social Sector Quality Improved | | | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | | | |
| **Indicator Name and Number:**[e.]Percentage of women with children under 5 who sought anemia consultation/screening for their children after exposure to the campaign | | | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | | | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** | | |  |
| **DESCRIPTION** | | | |
| **USAID Definition (for Mission and F indicators):** NA | | | |
| **Precise Definition:** This indicator measures the percentage of women with children under 5 who sought anemia consultation or screening from a health provider for their children under 5 from a health provider after exposure to JCAP’s anemia campaign.  **Women with children under 5:** This is defined as married women of reproductive age (ages 18-49) with at least one child under the age of 5 at the time of the survey.  **Anemia Consultation/Screening:** This is defined as going to a health care provider to discuss anemia and/or receive screening for anemia through a blood test measuring hemoglobin levels.  **Exposure:** Exposure to JCAP’s anemia campaign is defined as recalling seeing or hearing the campaign at least once via any type of media (television, radio, or print) and linking the campaign to maternal  and child health (MCH) or anemia | | | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number. | | | |
| **Method of Calculation:**  The numerator is the number of married women of reproductive age (ages 18-49) with at least one child under age of 5 who sought anemia consultation or screening for their under 5 children from a health provider after exposure to the campaign, which started in January 2018. The denominator is the number married women of reproductive age (ages 18-49) with at least one child under age of 5 who were exposed to the campaign.  The percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | | | |
| **Disaggregation:** Campaign Wave (Wave 1, Wave II), geographic location (Governorate), age group (youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other) | | | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | | | |
| **Management Utility:**  JCAP’s anemia prevention campaign aims to raise awareness of anemia and encourage anemia consultation and screening among its target audience, including women with children under 5. JCAP’s campaign is expected to contribute to an increase in the percentage of women with children under 5 who seek anemia screening/consultation for their children under 5, which, in turn, will contribute to increased anemia prevention and treatment for children under 5 who need it and a reduction in anemia prevalence throughout Jordan. This indicator will help the JCAP team to understand the overall effectiveness of its campaign in contributing to key outcomes – increasing anemia screening and consultation for children under 5. It will help JCAP to assess the effectiveness of its campaigns and inform management decisions related to campaign design and other related anemia prevention activities. | | | |
| **PLAN FOR DATA COLLECTION** | | | |
| **Data Collection Method:** JCAP will conduct two nationally representative campaign post-tracking household surveys after the first and second waves of the campaign, respectively. These surveys will include questions relevant to this indicator. | | | |
| **Data Source(s):** JCAP campaign post-tracking surveys conducted by a sub-contracted research firm. | | | |
| **Timing/Frequency of Data Acquisition:** This data will be collected twice, in two campaign post-tracking surveys after each of the two campaign waves. The first survey will take place in FY18 and the second survey will take place in FY19. | | | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor and JCAP Research Specialist | | | |
| **Location of Data Storage:** Electronic data will be stored on secure computers/servers at the sub-contracted research firm and at the JCAP office. The sub-contracted research firm will destroy the electronic data after data collection is complete and only JCAP will retain copies of the final datasets on its secure server. | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | |
| **Data Review & Analysis:** Data are collected and analyzed by the sub-contracted research firm. The sub-contracted research firm produces a summary report of findings in tables of aggregate results for key indicators. The JCAP team will use the data of each survey to assess and improve Waves I and II of its campaign. | | | |
| **Reporting of Data:**JCAP will share final survey reports with USAID twice, after each survey. JCAP will also share reports with other key stakeholders, including other USAID-funded Activities and the Ministry of Health. JCAP will also report this data in its quarterly and annual reports. | | | |
| **DATA QUALITY ISSUES** | | | |
| **Date of Past Data Quality Assessment:** NA | | | |
| **Known Data Limitations:** Survey data is subject to a number of limitations. First, survey respondents may not correctly recall the campaign or may not remember if they recieved relevent health services. Second, survey respondents may choose not to respond to certain questions, including those required to calculate this indicator. These limitations could result in inaccurate or incomplete data. | | | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP and its sub-contracted research firm have designed the survey to include questions for both unprompted recall and prompted recall of the campaign among respondents to maximize their ability to recall this campaign and distinguish it from other health campaigns. The sub-contracted research firm will pre-test survey tools extensively to ensure the clarity of all questions and and will train enumerators to encourage respondents to answer all questions. Throughout data collection, the sub-contracted survey firm will conduct back checks of completed questionnaires and carefully monitor enumerator performance to ensure the accuracy of data. | | | |
| **BASELINE & TARGETS** | | | |
| **Baseline Timeframe/Notes:** The baseline for this indicator is 0, as the JCAP campaign is new. | | | |
| **Rationale for Targets/Notes:** JCAP based targets preliminary data from the first post-tracking survey. | | | |
| **CHANGES TO INDICATOR & OTHER NOTES** | | | |
| **Changes to Indicator:** | | | |
| **Other Notes:** New indicator added in FY18. | | | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | | | |
| **PERFORMANCE DATA TABLE** | | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** | |
| **Baseline** (*2018*) | **0** | **0** | |
| **2015** | **NA** | **NA** | |
| **2016** | **NA** | **NA** | |
| **2017** | **NA** | **NA** | |
| **2018** | **45%** |  | |
| **2019** | **55%** |  | |

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| **Performance Indicator Reference Sheet** | | | | |
| **LINKAGE TO MISSION PMP** | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | |
| **Mission sub-Intermediate Result:** N/A | | | | |
| **IDENTIFICATION** | | | | |
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| **Name of Activity Development Objective (or Goal or Purpose):** Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan | | | | |
| **Name of Activity Intermediate Result:** | | | | |
| **Name of Activity Sub-Intermediate Result: N/A** | | | | |
| **Name of Indicator:** a.Twelve month contraceptive discontinuation rate (M-PMP 3.1.1.d)  *Removed in FY17* | | | | |
| **Indicator Type Activity Custom\_X\_\_\_ F\_\_\_\_\_ Mission PMP \_X\_\_\_\_\_** | | | | |
| **Is this a PPR indicator? 🗷 No\_\_\_\_ Yes \_\_\_\_, for Reporting Year (s) \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **DESCRIPTION** | | | | |
| **Precise Definition(s):**  Twelve-month contraceptive discontinuation rate: Among women age 15-49 who started an episode of contraceptive use within the five years preceding the survey, the percentage of episodes discontinued within 12 months. | | | | |
| **Unit of Measure:** The unit of measure is a rate expressed as a whole number. | | | | |
| **Method of calculation:** The JPFHS 2012 calculates this indicator as follows:Discontinuation rates were calculated for each method based on use by women who started an episode in the five years preceding the survey and those who discontinued an episode during the first 12 months after beginning the method (based on a five-year contraceptive calendar methodology used in the survey.) | | | | |
| **Disaggregated by:**  Contraceptive method; reason for discontinuation | | | | |
| **Justification & Management Utility:** High discontinuation of contraceptive methods is very common in Jordan as identified through the Jordan Population and Family Health Survey (JPFHS). It is of significant concern because it raises the risk of unwanted pregnancies and therefore is a factor that contributes to undesired population growth. A range of JCAP implementation activities, especially the adjusted household outreach and new SBCC activities, are aimed at mitigating the factors that lead to FP method discontinuation. Evidence of positive differential changes in this measure, comparing project implementation areas with control areas, will demonstrate the effectiveness of these JCAP communication, SBCC, and outreach activities and JCAP’s progress toward increasing FP method continuation. | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | |
| **Data Collection Method:** JPFHS 2012 and 2017(or planned) | | | | |
| **Data Source(s): :** JPFHS 2012 and JPFHS 2017 (or planned) | | | | |
| **Method of transfer to USAID:** JCAP Quarterly Report or Annual Report | | | | |
| **Frequency & Timing of Data Acquisition:** Baseline (using JPFHS 2012) and endline (using JPFHS 2017, or when planned) | | | | |
| **Estimated Cost of Data Acquisition:** N/A, use of external data source | | | | |
| **Individual Responsible at IP (title):** JCAP Senior RME Advisor | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | |
| **Location of data storage:** N/A | | | | |
| **DATA QUALITY ISSUES** | | | | | |
| **Date of Initial Data Quality Assessment:** N/A | | | | | |
| **Known Data Limitations and Significance (if any):** Survey data are subject to a number of unavoidable error biases, and recall measures, especially over long preceding periods (this is a five-year calendar) are especially prone to errors of omission and duration due to memory lapses, mistakes in providing dates, and biases that influence reporting. | | | | | |
| **Actions Taken or Planned to Address Data Limitations**: JPFHS is a routinely administered survey, which has in place many mechanisms to address data limitations. For example, JPFHS employs a number of methods through the design of the calendar data-collection questionnaire and in the training of enumerators to minimize biases and errors to the extent possible. | | | | | |
| **Date of Future Data Quality Assessments:** TBD | | | | | |
| **Procedures for Future Data Quality Assessments:** TBD | | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW AND REPORTING** | | | | | |
| **Data Analysis**: At endline, JPFHS survey data will be compared with baseline and analyzed to ascertain if there is a significant difference in the changes in discontinuation over time. | | | | | |
| **Presentation of Data:** Baseline and endline data will be presented through routine project reporting mechanisms. | | | | | |
| **Review of Data:** When reported or as needed | | | | | |
| **Reporting of Data:** Baseline findings reported Q4 FY 2015 | | | | | |
| **OTHER NOTES** | | | | | |
| **Notes on Baselines/Targets:** As above and TBD | | | | | |
| Other Notes:  JCAP originally planned to include the following indicator in its AMEP as a proxy measure for contraceptive discontinuation: Percentage of MWRA who report discontinuing FP methods within the last two years (data source: baseline and endline JCAP KAP surveys). Following completion of the KAP data cleaning and analysis process, the senior statistical analyst raised concerns about an insufficient number of data points in the KAP survey to serve as a solid baseline and endline measure of discontinuation. Therefore, the project has used the existing JPFHS 2012 survey as the baseline data source.  This indicator was removed in FY17 | | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | | |
| Year | Baseline | Target | Actual | Notes | |
| **2015** | 47.8% | N/A | N/A | . | |
| **2016** |  | N/A | N/A |  | |
| **2017** |  | N/A | N/A |  | |
| **2018** |  | N/A | N/A |  | |
| **2019** |  | N/A | TBD | Endline actual value will come from the next JPFHS survey conducted. | |
| THIS SHEET LAST UPDATED ON: 11/18/15 | | | | | |

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| **Performance Indicator Reference Sheet** | | | | | |
| **LINKAGE TO MISSION PMP** | | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | | |
| **Mission sub-Intermediate Result:** N/A | | | | | |
| **IDENTIFICATION** | | | | | |
|  | | | | | |
| **Name of Activity Development Objective (or Goal or Purpose):** Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan. | | | | | |
| **Name of Activity Intermediate Result: NA** | | | | | |
| **Name of Activity Sub-Intermediate Result: NA** | | | | | |
| **Name of Indicator:** [b.] Number of acceptors of modern contraceptive methods generated among Married Women of Reproductive Age (MWRA) reached through household visits  *Archived in FY18* | | | | | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | | | | | |
| **Is this a PPR indicator? 🗷 No\_\_\_\_ Yes \_\_\_\_, for Reporting Year (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **DESCRIPTION** | | | | | |
| **Precise Definition(s):**  This indicator measures the total number of MWRA who report using a modern family planning method within three months of the first household FP counseling visit by JCAP-supported community health workers.  Married Women of Reproductive Age (MWRA) is defined as women aged 15–49 years who are married.  **Acceptors:** A woman who begins to use (or reuse) modern FP methods after reporting at the first visit no modern method use or use of traditional method.  **Modern methods:** Progestogen Only Pill (POP), Combined Oral Contractive pill (COC), IUD, implant, injectable, lactational amenorrhea method (LAM), vaginal suppository, condom, female sterilization (tubal ligation, hysterectomy)).  **MWRA reached through household visits**: MWRA living in households located in JCAP community outreach areas who receive FP home-based counseling visit(s) from a JCAP-supported community outreach worker. | | | | | |
| **Unit of Measure:** Number of MWRA | | | | | |
| **Method of calculation:** Tally the numberofall MWRA reached through household visits in JCAP community outreach coverage areas who report starting use of a modern contraceptive method within three months of receiving a first FP counseling visit implemented by JCAP outreach workers. | | | | | |
| **Disaggregated by:** Geographic location (Governorate), age group (youth 10-17, youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other).  [Note: Current community outreach database does not contain nationality. Age is currently collected via community outreach records, but the database does not currently allow for age grouping or cross-tabulation. JCAP is working to either upgrade the current database or create a new database to allow reporting on nationality and by age group in Y2.] | | | | | |
| **Justification & Management Utility:** Community outreach programs help to ensure that available services can be accessed and people are aware of FP/RH options. During community outreach home visits, the community health worker (CHW) discusses the benefits of birth spacing and counsels the woman about the modern family planning (FP) methods. The CHW also provides interested women with referrals to public health or vouchers for private/NGO health facilities for FP services and provides information, education and communication (IEC) materials on FP. Community outreach counseling on FP/RH is expected to contribute to increased CPR and reduced TFR in Jordan, therefore contributing to a reduction in the population growth rate. This variable gives an actual value for the number of women starting use of a modern method of FP after receiving a household counseling visit in program sites. It is therefore a valuable indicator of effectiveness of the household counseling visits. In combination with other community outreach indicators, this indicator is important as it contributes information as to the scale of the activity output/outcomes. | | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | | |
| **Data Collection Method:** Community outreach workers fill background data for each client on a hardcopy card at first visit, and then record information on the same card for each ensuing client visit made (per the activity protocol). Each client card is checked by the data quality auditor at the NGO and then a data entry staff member enters the card data electronically into the local NGO database. There are a series of additional checks on the data in the database (conducted by JCAP outreach staff) before the data are uploaded to a central Oracle database by JCAP outreach staff. Built-in software functions then compile the Oracle data into reports based on previously determined reporting criteria. | | | | | |
| **Data Source(s):** JCAP Outreach Database Reports | | | | | |
| **Method of transfer to USAID:** JCAP Quarterly Report | | | | | |
| **Frequency & Timing of Data Acquisition:** Quarterly | | | | | |
| **Estimated Cost of Data Acquisition:** Included in the activity budget | | | | | |
| **Individual Responsible at IP (title):** JCAP Community Outreach Specialist | | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | | |
| **Location of data storage:** Client cards kept at NGO partner level, data entered by NGO staff and uploaded and stored on Oracle database server located at the JCAP offices. Hard copies of summary reports are also stored in secure files at JCAP Office. | | | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Date of Initial Data Quality Assessment:** N/A | | | | |
| **Known Data Limitations and Significance (if any):** Limitations include reliance on documentation by CHWs as this indicator data are collected by two NGO partners. | | | | |
| **Actions Taken or Planned to Address Data Limitations:** To address potential issues with accuracy of data and data collection procedures, JCAP adopted measures to standardize and improve tools and procedures and to refine the data collection procedures and reporting processes. These measures build upon improvements made during the past 10 years when community outreach activities were supported by prior USAID-funded projects. JCAP continues to provide data quality assurance support, including continuous re/training, CHW observation, support for improving NGO data audit requirements, and institutionalization of USAID partner supervisory procedures. Data quality assurance (DQA) checks are done quarterly at the two implementing partners’ (CCA and GUVS) offices based on a comparison of the data collection cards and the data entry. | | | | |
| **Date of Future Data Quality Assessments:** TBD | | | | |
| **Procedures for Future Data Quality Assessments:** TBD | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | |
| **Data Analysis:** In alignment with the precise definition and data calculation parameters, data are derived from client cards, entered into CCA and GUVS databases at local levels, and uploaded into a central Oracle database at the JCAP office. A software program then automatically compiles the data and generates a report for this indicator. | | | | |
| **Presentation of Data:** JCAP Quarterly Report | | | | |
| **Review of Data:** Quarterly JCAP | | | | |
| **Reporting of Data:** Quarterly | | | | |
| **OTHER NOTES** | | | | |
| **Notes on Baselines/Targets:** Targets for FY 2015-2017 are calculated on the assumption that 15 percent of MWRA reached through household visits will become acceptors of modern methods. | | | | |
| **Other Notes:** The outreach program was transferred from JCAP to HSD at the beginning of FY18, so JCAP only measured this indicator from FY14 - FY17. Indicator archived in FY18.  As of FY16 Q3, the community outreach program monitoring database and report function was upgraded to reflect data disaggregated by Governorate, Age Group (15-17; 18-29; 30-49; 50+) and Nationality (Jordanian; Syrian; Other).  This indicator was archived in FY18 | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | |
| Year | Baseline | Target | Actual | Notes |
| **2014** | 39,885 (SHOPS) | N/A | N/A |  |
| **2015** |  | 26,000 | 29,139 |  |
| **2016** |  | 26,000 | 32,444 |  |
| **2017** |  | 29,700 | 31,561 |  |
| **2018** |  | NA | NA | Transferred to HSD |
| **2019** |  | NA | NA | Transferred to HSD |
| **THIS SHEET WAS LAST UPDATED ON:** 8/12/2018 | | | | |

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| **Performance Indicator Reference Sheet** | | | | |
| **LINKAGE TO MISSION PMP** | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | |
| **Mission sub-Intermediate Result:** Sub-IR 3.1.2 Demand for family planning & reproductive health services increased | | | | |
| **IDENTIFICATION** | | | | |
| **Name of Activity Development Objective (or Goal or Purpose):** Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan | | | | |
| **Name of Activity Intermediate Result: Result 1:** Demand for family planning & reproductive health services increased | | | | |
| **Name of Activity Sub-Intermediate:** N/A | | | | |
| **Name of Indicator: 1.a Percentage of MWRA reached in household visits who acted on an FP voucher received with JCAP support**  *Archived in FY17* | | | | |
| **Indicator Type: Activity Custom \_\_\_X\_\_ F\_\_\_\_\_ Mission PMP \_\_\_\_\_\_** | | | | |
| **Is this a PPR indicator? 🗷 No\_\_\_\_ ☐ Yes \_\_\_\_, for Reporting Year (s) \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **DESCRIPTION** | | | | |
| **Precise Definition(s):** This indicator measures the percentage of MWRA reached through JCAP-supported household visits who acted on the FP services voucher they received during this community outreach visit.  Married Women of Reproductive Age (MWRA) is defined as women aged 15–49 years who are married.  MWRA reached through household visits: MWRA reached in their homes by JCAP-supported outreach workers  **FP Voucher**: The voucher supported by JCAP funding qualifies the outreach client to receive a free family planning service and method (e.g. IUD insertion, oral contraceptive pills etc.) from a network of private providers and NGOs.  **Received with JCAP support**: MWRA may receive a FP voucher that they can redeem for free FP services during JCAP-supported household visits (women may request a voucher if they desire private or NGO-sector FP services, either because they are not using a modern method or, in very limited cases, if the modern method they are using is unsatisfactory)  **Acted on**: used the family planning voucher to access an FP service. | | | | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number. | | | | |
| **Method of calculation:** The numerator is the number of MWRA reached through household visits who acted on an family planning voucher during one quarter. The denominator is the number of MWRA reached through household visits who received a voucher during the same quarter. Percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | | | | |
| **Disaggregated by:** As of FY16 Q3, data base and report function was upgraded to reflect data disaggregated by Governorate, Age Group (15-17; 18-29; 30-49; 50+) and Nationality (Jordanian; Syrian; Other).  [**Note**: Current community outreach database does not contain nationality. Age is currently collected via community outreach records, but the database does not currently allow for age grouping or cross-tabulation. JCAP is working to either upgrade the current database or create a new database to allow reporting on nationality and by age group in Year 2.] | | | | |
| **Justification & Management Utility:** Community outreach programs help to ensure that available services can be accessed and people are aware of FP/RH options. Community outreach counseling on FP/RH, especially with the added component of a voucher for free FP services for qualifying women, is expected to contribute to increasing CPR and reducing TFR in Jordan, therefore contributing to a reduction in the population growth rate. This indicator will help to assess the effectiveness of the community outreach program by enabling JCAP to understand the level of desired results it is achieving; it serves as a bellwether tracking mechanism to assess the degree of client motivation to act on counseling and obtain an FP method. | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | |
| **Data Collection Method:** FP vouchers are issued to outreach clients by community outreach workers (CHW); CHWs mark on the client card that the woman received a voucher. In follow up visits, the CHW marks whether the woman acts on the voucher and registers the date of use/service. The data are entered into the community outreach NGO partners (CCA and GUVS) database and uploaded to the JCAP Oracle database. JCAP collects quarterly from private FP providers the number of MWRA who acted on vouchers and the corresponding FP medical service records. The information on the MWRA and how many used vouchers are compared against information on MWRA client cards and recorded in the Oracle database (such as numbers of voucher distributed) to verify the accuracy of both sets of data. | | | | |
| **Data Source(s):** Local NGO partners, CCA and GUVS, maintain dated records of each woman who received and acted on a voucher, documented on the client card filled out by the CHW. Activity data are compiled from each partner source, verified, compiled, and calculated in the JCAP-supported Oracle database. | | | | |
| **Method of transfer to USAID:** JCAP Quarterly Reports and Annual reports. | | | | |
| **Frequency & Timing of Data Acquisition:** Data collection and dataentry is continuous; reporting is quarterly. | | | | |
| **Estimated Cost of Data Acquisition:** TBD | | | | |
| **Individual Responsible at IP (title**): JCAP Community Outreach Specialist/Vouchers Specialist | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | |
| **Location of data storage:** Client cards are kept in storage files at CCA and GUVS offices; the cards’ data are entered into CCA and GUVS databases and uploaded on the Oracle database at JCAP office. | | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Date of Initial Data Quality Assessment:** | | | | |
| **Known Data Limitations and Significance (if any):** Based on past experience, obtaining information on voucher use from some physicians can be labor intensive. Timeliness of data collection has been a minor issue; based on the protocol, vouchers are distributed to MWRA early in the quarter so that voucher use data can be collected by the end of the same quarter. In the few cases where a woman uses a voucher in the subsequent reporting period from when she received it, it may slightly skew results for those two quarters. | | | | |
| **Actions Taken or Planned to Address Data Limitations:** Ongoing checks by responsible JCAP staff to ensure data are timely and complete. | | | | |
| **Date of Future Data Quality Assessments:** TBD | | | | |
| **Procedures for Future Data Quality Assessments:** TBD | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | |
| **Data Analysis:** Percentage values are based on two data sources: Denominator: Number of MWRA provided with vouchers (recorded on client cards and data compiled on the JCAP database). Numerator: Number of FP vouchers acted upon by MWRA (physical vouchers are collected from the private providers) data compiled in the voucher database. | | | | |
| **Presentation of Data:** Routine quarterly reports | | | | |
| **Review of Data:** Quarterly by NGOs and JCAP | | | | |
| **Reporting of Data:** Reported quarterly to USAID in the JCAP Quarterly Report and annually in JCAP Annual Report | | | | |
| **OTHER NOTES** | | | | |
| **Notes on Baselines/Targets:**   * FY 2018-2019: TBD based on resource allocation and budget availability * Values for FY16 and FY17 were increased slightly from original values proposed by JCAP and show continued increase in response to USAID suggestion. | | | | |
| **Other Notes:** This indicator was archived in FY17 | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | |
| Year | Baseline | Target | Actual | Notes |
| **2014** | 58% | N/A | N/A | SHOPS |
| **2015** |  | 58% | 59% |  |
| **2016** |  | 60% | 64% |  |
| **2017** |  | 62% | TBD |  |
| **2018** |  | 65% | TBD |  |
| **2019** |  | 65% | TBD |  |
| THIS SHEET LAST UPDATED ON: 06/30/2016 | | | | |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO3 Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | |
| **Indicator Name and Number:** [1.e.]Percentage of newlywed or pregnant women who intend to visit a health provider for anemia screening after exposure to the campaign. | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** NA | |
| **Precise Definition:** This indicator measures the percentage of newlywed or pregnant women who report intending to visit a health provider for anemia screening for themselves after exposure to the campaign  **Newlywed and Pregnant Women:** This is defined as married women of reproductive age (ages 18-49) who are newlyweds (married in the 12 months preceding the survey) or pregnant at the time of the survey.  **Anemia Screening:** This is defined as going to a health care provider to receive screening for anemia through a blood test measuring hemoglobin levels after the start of the campaign.  **Exposure:** Exposure to JCAP’s anemia campaign is defined as recalling seeing or hearing the campaign at least once via any type of media (television, radio, or print) and linking the campaign to maternal  and child health (MCH) or anemia | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number. | |
| **Method of Calculation:**  The numerator is the number of newlywed and pregnant women who intended to seek anemia screening from a health provider or already sought anemia consultation/screening from a health provider after exposure to the campaign, which started in January 2018. The denominator is the number of newlywed and pregnant women who were exposed to the campaign.  The percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | |
| **Disaggregation:** Campaign Wave (Wave I or Wave II), sex (male, female), geographic location (Governorate), age group (youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:**  JCAP’s anemia prevention campaign aims to raise awareness of anemia and encourage anemia consultation and screening among its target audience, including newlywed and pregnant women. JCAP’s campaign is expected to contribute to increased intention to receive anemia consultation and screening among its target audience, which, in turn, will contribute to increased anemia prevention and, if needed, treatment for newlywed and pregnant women as well as a reduction in anemia prevalence throughout Jordan. This indicator will help the JCAP team to understand the overall effectiveness of its campaign in contributing to key outcomes – anemia screening and consultation among newlywed and pregnant women. It will help JCAP to assess the effectiveness of its campaigns and inform management decisions related to the design of future campaigns and other anemia prevention activities. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP will conduct two nationally representative campaign post-tracking household surveys after the first and second waves of the campaign, respectively. These surveys will include questions relevant to this indicator. | |
| **Data Source(s):** JCAP campaign post-tracking surveys conducted by a sub-contracted research firm. | |
| **Timing/Frequency of Data Acquisition:** This data will be collected twice, in two campaign post-tracking surveys after each of the two campaign waves. The first survey will take place in FY18 and the second survey will take place in FY19. | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor and JCAP Research Specialist | |
| **Location of Data Storage:** Electronic data will be stored on secure servers/computers at the sub-contracted research firm and at the JCAP office. The sub-contracted research firm will destroy the electronic data after data collection is complete and only JCAP will retain copies of the final datasets on its secure server. | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** Data are collected and analyzed by the sub-contracted research firm. The sub-contracted research firm produces a summary report of findings in tables of aggregate results for key indicators. The JCAP team will use the data of each survey to assess and improve Waves I and II of its campaign. | |
| **Reporting of Data:**JCAP will share final survey reports with USAID twice, after each survey. JCAP will also share reports with other key stakeholders, including other USAID-funded Activities and the Ministry of Health. JCAP will also report this data in its quarterly and annual reports in the Performance Indicator Tracking Table. | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** Survey data is subject to a number of limitations. First, survey respondents may not correctly recall the campaign or may not remember if they recieved relevent health services. Second, survey respondents may choose not to respond to certain questions, including those required to calculate this indicator. These limitations could result in inaccurate or incomplete data. | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP and its sub-contracted research firm have designed the survey to include questions for both unprompted recall and prompted recall of the campaign among respondents to maximize their ability to recall this campaign and distinguish it from other health campaigns. The sub-contracted research firm will pre-test survey tools extensively to ensure the clarity of all questions and and will train enumerators to encourage respondents to answer all questions. Throughout data collection, the sub-contracted survey firm will conduct back checks of completed questionnaires and carefully monitor enumerator performance to ensure the accuracy of data. | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator is 0, as JCAP campaign is new. | |
| **Rationale for Targets/Notes:** JCAP based targets on preliminary data from the first post-campaign survey. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** | |
| **Other Notes:** New Indicator added in FY18. | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2018*) | **0** | **0** |
| **2015** | **NA** | **NA** |
| **2016** | **NA** | **NA** |
| **2017** | **NA** | **NA** |
| **2018** | **80%** |  |
| **2019** | **90%** |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO3 Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | |
| **Indicator Name and Number:** [1.f.]Percentage of mothers of children under 5 who intend to visit a health provider for anemia screening for their children after exposure to the campaign. | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** NA | |
| **Precise Definition:** This indicator measures the percentage of the mothers of children under 5 who report intending to visit a health provider for anemia screening for their children after exposure to the campaign.  **Mothers of children under 5:** This is defined as married women of reproductive age (ages 18-49) with at least one child under age of 5 at the time of the survey.  **Anemia Screening:** This is defined as going to a health care provider to receive screening for anemia through a blood test measuring hemoglobin levels.  **Exposure:** Exposure to JCAP’s anemia campaign is defined as recalling seeing or hearing the campaign at least once via any type of media (television, radio, or print) and linking the campaign to maternal  and child health (MCH) or anemia | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number. | |
| **Method of Calculation:** The numerator is the number of mothers of children under 5 who report intending to take their children under 5 to a health provider for anemia screening or already took their children under 5 to a health provider for anemia screening after exposure to the campaign, which started in January 2018. The denominator is the number of mothers of children under 5 who were exposed to the campaign.  The percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | |
| **Disaggregation:** Campaign Wave (Wave I or Wave II), sex (male, female), geographic location (Governorate), age group (youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:**  JCAP’s anemia prevention campaign aims to raise awareness of anemia and encourage anemia consultation and screening among its target audience, including mothers of children under 5. JCAP’s campaign is expected to contribute to increased intention to receive anemia consultation and screening among its target audience, which, in turn, will contribute to increased anemia prevention and, if needed, treatment for children under 5 as well as a reduction in anemia prevalence throughout Jordan. This indicator will help the JCAP team to understand the overall effectiveness of its campaign in contributing to key outcomes – anemia screening and consultation among children under 5. It will help JCAP to assess the effectiveness of its campaigns and inform management decisions related to the design of future campaigns and other anemia prevention activities. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP will conduct two nationally representative campaign post-tracking household surveys after the first and second waves of the campaign, respectively. These surveys will include questions relevant to this indicator. | |
| **Data Source(s):** JCAP campaign post-tracking surveys conducted by a sub-contracted research firm. | |
| **Timing/Frequency of Data Acquisition:** This data will be collected twice, in two campaign post-tracking surveys after each of the two campaign waves. The first survey will take place in FY18 and the second survey will take place in FY19. | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor and JCAP Research Specialist | |
| **Location of Data Storage:** Electronic data will be stored on secure servers at the sub-contracted research firm and at the JCAP office. The sub-contracted research firm will destroy the electronic data after data collection is complete and only JCAP will retain copies of the final datasets on its secure server. | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** Data are collected and analyzed by the sub-contracted research firm. The sub-contracted research firm produces a summary report of findings in tables of aggregate results for key indicators. The JCAP team will use the data of each survey to assess and improve Waves I and II of its campaign. | |
| **Reporting of Data:**JCAP will share final survey reports with USAID twice, after each survey. JCAP will also share reports with other key stakeholders, including other USAID-funded Activities and the Ministry of Health. JCAP will also report this data in its quarterly and annual reports. | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** Survey data is subject to a number of limitations. First, survey respondents may not correctly recall the campaign or may not remember if they recieved relevent health services. Second, survey respondents may choose not to respond to certain questions, including those required to calculate this indicator. These limitations could result in inaccurate or incomplete data. | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP and its sub-contracted research firm have designed the survey to include questions for both unprompted recall and prompted recall of the campaign among respondents to maximize their ability to recall this campaign and distinguish it from other health campaigns. The sub-contracted research firm will pre-test survey tools extensively to ensure the clarity of all questions and and will train enumerators to encourage respondents to answer all questions. Throughout data collection, the sub-contracted survey firm will conduct back checks of completed questionnaires and carefully monitor enumerator performance to ensure the accuracy of data. | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator is 0, as JCAP campaign is new. | |
| **Rationale for Targets/Notes:** JCAP based targets on preliminary data from the first post-tracking survey. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** | |
| **Other Notes:** New indicator added in FY18. | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2018*) | **0** | **0** |
| **2015** | **NA** | **NA** |
| **2016** | **NA** | **NA** |
| **2017** | **NA** | **NA** |
| **2018** | **55%** |  |
| **2019** | **65%** |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | | | |
| **IDENTIFICATION** | | | |
| **Linkage to Mission Results Framework:** DO3: Social Sector Quality Improved | | | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health status improved/ Sub-result 1.2: Improved awareness, knowledge, and attitudes related to RMNCH+ | | | |
| **Indicator Name and Number:** [c.] Percentage of target audience reached who believe that birth spacing will contribute to better opportunities for parents and children | | | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | | | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** | | |  |
| **DESCRIPTION** | | | |
| **USAID Definition (for Mission and F indicators):** NA | | | |
| **Precise Definition:**  ~~Married Women of Reproductive Age (MWRA) is defined as women who are aged 15–49 years and married.~~  ~~This indicator measures the percentage of MWRA in the KAP survey sample who responded with a rating of eight or greater on a rating scale (from 0 not at all, to 10 highest agreement) when asked, “Do you believe that birth spacing will contribute to better opportunities for parents and children?”~~  This indicator measures the percentage of the target audiencereached by JCAP activities who report increased agreement that birth spacing of at least two years between deliveries will contribute to better opportunities for parents and children. JCAP measures the difference in respondents’ pre- and post-test rates of agreement with the statement, “Birth spacing contributes to a better life for both parents and children and is reflected positively on the family and community.”  **Target audience:** Those targeted for exposure to JCAP activities, including groups such as husbands, engaged youth, MWRA, and Syrian refugees. For this indicator, the specific target audience is married women of reproductive age, 15-49 (MWRA).  **Participants:** JCAP supported beneficiaries or trainees who participate in JCAP supported activities.  **Reached:** Reached through exposure to or participation in any JCAP-supported activities. **Birth spacing:** Couples should wait for at least 2–3 years between births in order to reduce the risk of adverse maternal and child health outcomes  **Opportunities:** These are benefits that parents and children might derive from birth spacing, including improved maternal and child health, more financial resources for each member of the family, and more time dedicated to each child. | | | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number | | | |
| **Method of Calculation:** The sample includes only those participants in the relevant training/workshop whose pre-test scores had potential to improve, meaning that on the pre-test they disagreed with the statement, "birth spacing will contribute to better opportunities for parents and children." The numerator is the number of participants whose agreed with this statement on the post-test. The denominator is the total number of participants with responses for both the pre- and post-tests.  Percentage is calculated by dividing the numerator by the denominator and multiplying by 100 | | | |
| **Disaggregation:** Geographic location (Governorate), age group (youth 15-17, youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other) | | | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☒ Governorate ☐ Kingdom**  **Location Reporting Level: *(select only one)*** | | | |
| **Management Utility:** The numerous health and welfare benefits of spacing births are well documented in the literature and accepted globally, as spacing births by 2-3 years improves maternal and child health outcomes.[[4]](#footnote-4) JCAP raises awareness of the benefits of birth spacing in Jordan through its SBCC activities with its CSO grantees. This indicator will measure whether JCAP and its grantees are contributing to changes in awaresness of birth spacing. This indicator is part of JCAP’s efforts to contribute to increased knowledge of and improved attitudes towards family planning and increased intentions to use modern family planning methods, which will in turn contribute to more women spacing the births for their children by at least two years. Based on results for this indicator, JCAP may adjust its SBCC activities if needed to better address the issue of birth spacing. | | | |
| **PLAN FOR DATA COLLECTION** | | | |
| **Data Collection Method:** JCAP develops pre- and post-tests that will be distributed and collected by its CSO grantees before and after training workshops that include information on birth spacing. | | | |
| **Data Source(s):** Pre- and post-tests | | | |
| **Timing/Frequency of Data Acquisition:** Ongoing (reported quarterly) | | | |
| **Individual Responsible at Activity (title):** JCAP Senior RMEAdvisor and JCAP M&E Specialist | | | |
| **Location of Data Storage:** The hard copies will be kept in JCAP’s storage room and the soft copies will be on secure computers/servers at both JCAP and the CSO grantee offices. | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | |
| **Data Review & Analysis:** Data are collected and analyzed per activity and then aggregated in tables and a narrative report. JCAP reviews the findings internally as well as with CSOs grantees, and uses findings to improve activities. | | | |
| **Reporting of Data:** Quarterly | | | |
| **DATA QUALITY ISSUES** | | | |
| **Date of Past Data Quality Assessment:** NA | | | |
| **Known Data Limitations:** CSO grantees might not have sufficient quality control measures for data collection (i.e. ensuring participants complete the pre- and post-tests) and data entry. | | | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP developed a data quality manual and trains CSO grantee staff on best practices in data quality control. JCAP closely follows the work and regularly conducts spot checks to ensure quality standards are met. | | | |
| **BASELINE & TARGETS** | | | |
| **Baseline Timeframe/Notes:** The baseline for this indicator will be set using pre- and post-tests from earlier fiscal years. JCAP has collected data on this indicator since FY16 for internal use, but only added it to the AMELP and started reporting on it to USAID in FY18. | | | |
| **Rationale for Targets/Notes:** JCAP determined targets based on previous pre and post-test scores for this indicator and based on plans for Tranche 3 grantees. These grantees started to conduct workshops in Q4 of FY18 and will continue through Q1 of FY19. Since activities in these two fiscal years are part of the same grant, and workshop implementation is relatively short (June 2018 – January 2019), the target is the same for FY18 and FY19. | | | |
| **CHANGES TO INDICATOR & OTHER NOTES** | | | |
| **Changes to Indicator:** This indicator was revised in FY18. The original data source was the JCAP baseline and endline KAP surveys. However, in FY18, JCAP decided not to conduct the endline KAP survey. Therefore, the data source changed from the KAP surveys to the grantee workshop pre- and post-tests.  Indicator moved to updated PIRS template in FY18. | | | |
| **Other Notes:** | | | |
| **THIS SHEET WAS LAST UPDATED ON**:8/12/2018 | | | |
| **PERFORMANCE DATA TABLE** | | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** | |
| **Baseline** (*2018*) | **63%** |  | |
| **2015** | **NA** | **NA** | |
| **2016** | **NA** | **NA** | |
| **2017** | **NA** | **NA** | |
| **2018** | **67%** |  | |
| **2019** | **67%** |  | |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO 3: Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | |
| **Indicator Name and Number:** [1.c] Percentage of target audience who recall hearing or seeing a specific USG-supported RMNCH+ message (Standard F Indicator HL.7.2-1) | |
| **Indicator Type: ☐ Activity Custom 🗷 Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):**  “Audience” is defined as the target population for the particular FP/RH message (e.g. women of reproductive age).  “Recall” may include spontaneous mention and/or aided recall.  “Specific USG-supported RMNCH+ message” refers to a USG-supported communication with some identifiable aspect (e.g., logo, character, etc) that the respondent could not name unless s/he had been exposed to the communication. | |
| **Precise Definition:** *F-indicator definition adapted for JCAP*  **Target audience**: Those targeted for exposure to JCAP RMNCH+ campaign message(s), including groups such as husbands, engaged youth, MWRA, and Syrian refugees.  ‘**Recall:** those who self-report remembering hearing or seeing any campaign message(s) through both spontaneous mention and aided recall.  **RMNCH+ campaign messages**: Key SBCC messages defined in the campaign’s creative brief and conveyed through the campaign materials that a respondent would be able to mention only if she/he had been exposed to the campaign. | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number. | |
| **Method of Calculation:**  The numerator is the number of audience members who recall a specific campaign message. The denominator number of potential audience members.  The percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | |
| **Disaggregation:** Geographic location (Governorate), sex (female, male), age group (18-29, 30-49, 50+) and nationality (Jordanian, Syrian, other), campaign topic (FP/RH, anemia prevention) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☒ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:**. Recall of messages is an essential and primary indication of the effectiveness of an RMNCH+ campaign concept design and media-mix plan. It is a standard measure used to evaluate campaign effectiveness. JCAP will use this information to improve the design of future campaigns and inform the design of its other, complementary SBCC activities. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP will conduct nationally representative campaign post-tracking household surveys after each wave of its RMNCH+ campaigns. These surveys will include questions relevant to this indicator | |
| **Data Source(s):** JCAP campaign post-tracking surveys conducted by a sub-contracted research firm. | |
| **Timing/Frequency of Data Acquisition:** This data will be shared after the conclusion of each post-campaign survey. | |
| **Individual Responsible at Activity (title):** JCAP Senior RMEAdvisor and JCAP Research Specialist | |
| **Location of Data Storage:**  Electronic data will be stored on secure servers at the sub-contracted research firm and at the JCAP office. The sub-contracted research firm will destroy the electronic data after data collection is complete and only JCAP will retain copies of the final datasets on its secure server. | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:**. Data are collected and analyzed by the sub-contracted research firm. The sub-contracted research firm produces a summary report of findings in tables of aggregate results for key indicators. The JCAP team will use the data of each survey to assess Waves I and II of its campaign. | |
| **Reporting of Data:** JCAP will share final survey reports with USAID twice, after each survey. JCAP will also share reports with other key stakeholders, including other USAID-funded Activities and the Ministry of Health. JCAP will also report this data in its quarterly and annual reports. | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** Survey data is subject to a number of limitations. First, survey respondents may not correctly recall the campaign or may not remember if they recieved relevent health services. Second, survey respondents may choose not to respond to certain questions, including those required to calculate this indicator. These limitations could result in inaccurate or incomplete data. | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP and its sub-contracted research firms design surveys to include questions for both unprompted recall and prompted recall of the campaign among respondents to maximize their ability to recall this campaign and distinguish it from other health campaigns. The sub-contracted research firm will pre-test survey tools extensively to ensure the clarity of all questions and and will train enumerators to encourage respondents to answer all questions. Throughout data collection, the sub-contracted survey firm will conduct back checks of completed questionnaires and carefully monitor enumerator performance to ensure the accuracy of data. | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator is 0, as the JCAP campaigns are new. | |
| **Rationale for Targets/Notes:***.*JCAP based targets on past JCAP and SHOPS campaigns related to family planning and, for the anemia campaign in FY18 and FY19, on preliminary results from the post-tracking survey. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** In FY18, JCAP changed “FP/RH” messages to “RMNCH+” messages so that this indicator could include its new anemia campaign as well as its old FP/RH campaign. In addition, JCAP changed the data source to only post-campaign tracking surveys, as JCAP will no longer conduct an endline KAP survey.  This indicator was moved to the new PIRS template in FY18. | |
| **Other Notes:** This indicator does not have a life of project (LOP) target as post-campaign surveys for different campaigns are not comparable. This is because each campaign has different target groups and covers different health issues.  Target and actual values are “NA” for FY17 as JCAP did not run any campaigns during that year. | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2014*) | **0** | **0** |
| **2015** | **NA** | **NA** |
| **2016** | **43%** | **39%** |
| **2017** | **NA** | **NA** |
| **2018** | **43%** |  |
| **2019** | **45%** |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO3: Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved/ Sub-result 1.2: Improved awareness, knowledge, and attitudes related to RMNCH+ | |
| **Indicator Name and Number:** [1.d] % of target audience reached who report an ideal family size of 3 children or fewer | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** NA | |
| **Precise Definition:** This indicator measures the percentage of the target audiences (males and females) reached in JCAP-supported implementation activities who shifted their preference from 4 children or more in pre-test to 3 children or less in post-test in response to this question on family size: “In your opinion, what is the ideal number of children in one family?”  **Target audience:** Those targeted for exposure to JCAP RMNCH+ campaign message(s), including groups such as husbands, engaged youth, MWRA, and Syrian refugees.  **Reached:** Reached through exposure to or participation in any JCAP-supported activities. **Ideal family size:** The number of children (3 or less) in one family excluding the parents**.** | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number | |
| **Method of Calculation:** The sample includes only those participants whose pre-test scores had potential to improve, meaning they stated in the pre-test that their ideal family size included 4 or more children. The numerator is the number of participants whose ideal family size on the post-test includes 3 or fewer children. The denominator is the total number of participants with responses for both the pre- and post-tests.  Percentage is calculated by dividing the numerator by the denominator and multiplying by 100 | |
| **Disaggregation:** Sex (male, female), geographic location (Governorate), age group (youth 10-17, youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** The ideal family size variable represents both personal values and cultural norms and is viewed as a key indication of individual and social attitudes toward fertility and related behavior choices. Ideal family size has been measured and reported in the DHS for many years as a descriptor of personal values, but is used more generally as an indication of current fertility norms and attitudes in a population.  Societal pressures and individual desire for larger families act as a barrier to demand for FP in Jordan. JCAP’s mandate under IR 3.1 is to increase demand for FP/RH services as part of ensuring a healthy family, building a sustainable community, and maintaining a secure Jordan. Collectively, JCAP activities in communication, advocacy, and policy should shift the normative and personal ideal family size, a result measured by this variable. If the pre- and post-tests show a decrease in respondents’ desired number of children, then we may infer that JCAP has contributed to this change. Potentially this measure could show whether JCAP has influenced more favorable attitudes toward smaller families and contributions toward IR3.1. JCAP can also use results of this indicator to make decisions to adjust the design of its activities to more effectively promote small family size, if needed. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP develops pre and post-tests that will be distributed and collected by its CSO grantees before and aftertraining workshops that include information on family size. | |
| **Data Source(s):** Pre and post-tests | |
| **Timing/Frequency of Data Acquisition:** Ongoing (aggregated monthly) | |
| **Individual Responsible at Activity (title):** JCAP Senior RMEAdvisor and JCAP M&E Specialist | |
| **Location of Data Storage:** The hard copies will be kept in JCAP’s storage room and the soft copies will be on secure computers/servers at both JCAP and the CSO grantee offices. | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** Data are collected and analyzed per activity, and then aggregated in tables and narrative reports. JCAP reviews the findings internally and with CSO grantees in order to use findings to improve activities. | |
| **Reporting of Data:** Quarterly, starting in Q3 FY18 | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** CSO grantees might not have sufficient quality control measures for data collection (i.e. ensuring participants complete the pre/post tests) and data entry. | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP developed a data quality manual and trains CSO grantees staff on best practices in data quality control. JCAP closely follows the work and regularly conducts spot checks to ensure quality standards are met. | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator was set using pre- and post-tests from earlier fiscal years. JCAP has collected data on this indicator since FY16 for internal use, but only added it to the AMELP and started reporting on it to USAID in FY18. | |
| **Rationale for Targets/Notes:** Targets were determined and set at the beginning of the Activity based on JCAP’s plans, and based on plans for Tranche 3 grantees. These grantees started to conduct workshops in Q4 of FY18 and will continue thorugh Q1 of FY19. Since activities in these two years are part of the same grant and workshop implementation is relatively short (June 2018 – January 2019), the target is the same for FY18 and FY19. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** This indicator was revised in FY 18. The original data source was the JCAP baseline and endline KAP surveys. However, in FY18, JCAP decided not to conduct the endline KAP survey. Therefore, the data source changed from the KAP surveys to the grantee workshop pre/post tests.  Indicator moved to updated PIRS template in FY18. | |
| **Other Notes:** NA | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2018*) | **37%** |  |
| **2015** | **NA** | **NA** |
| **2016** | **NA** | **NA** |
| **2017** | **NA** | **NA** |
| **2018** | **38%** |  |
| **2019** | **38%** |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO 3: Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | |
| **Indicator Name and Number:** 1.2.a Number of civil society organizations (CSOs) implementing SBCC and/or household outreach activities with JCAP support | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** NA | |
| **Precise Definition:** Number of CSOs that implement SBCC and/or household outreach FP/RH counselling activities supported by JCAP.  **SBCC**: Social behavior change communication.  **Household Outreach**: Home visits conducted by community outreach workers to provide counseling on FP/RH and vouchers for free FP services to beneficiaries.  **Supported by JCAP**: includes grants and subcontracts or receiving any financial, technical, or other contributions from JCAP. | |
| **Unit of Measure:**  Number of CSOs | |
| **Method of Calculation:**  Tally the number of CSOs implementing social behavior communication change (SBCC) and/ or household outreach activities with JCAP support. Since CSOs are implementing activities across reporting periods, this information will be indicated in the numbers reported in quarterly reports. For each fiscal year we could the total number of CSOs that JCAP worked with in that year. Each CSO is counted once in every fiscal year that it implemented SBCC activities, even the same CSO implemented SBCC activities in multiple years. However, each CSO is counted only once in the LOP targets and actuals. (For example, JCAP worked with ICCS for all years of the project. Therefore ICCS is counted independently as 1 CSO in FY15, FY16, FY17, FY18, and FY19. But for the LOP actual, ICCS will only be counted once, since it is one organization, even though it worked with JCAP over multiple years.) | |
| **Disaggregation:** Type of SBCC activity (outreach, community activities) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** Increasing the reach of ~~FP~~ RMNCH+ and population-related messages at the community level though SBCC activities and building local capacity of CSOs in ~~FP~~/~~RH~~ RMNCH+ are foundational to the mandate and approach of the JCAP Activity, helping to reach its objective of improved ~~FP~~ RMNCH+ attitudes and behaviors. CSO activities are a major avenue through which JCAP contributes to increased coverage and penetration of targeted ~~FP~~ RMNCH+ information. If CSOs perform their activities successfully, then they are contributing to efforts to increase demand for ~~FP/RH~~ RMNCH+ services. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** Activity reports are collected from CSOs. JCAP conducts regular monitoring, checking, verification support visits. | |
| **Data Source(s):** CSOreports, JCAP records | |
| **Timing/Frequency of Data Acquisition:** Quarterly | |
| **Individual Responsible at Activity (title):** JCAP Senior RMEAdvisor | |
| **Location of Data Storage:** Soft copies of CSO reports and JCAP records are stored on JCAP and CSO computers, hard copies are kept in JCAP’s storage room. | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** JCAP reviews CSO report data on a quarterly basis internally and with CSOs. | |
| **Reporting of Data:** Quarterly | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** None known | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP conducts quality checks with CSOs to verify their activities. | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:**  Baseline value: 2 (CCA and GUVS implementing community outreach program) | |
| **Rationale for Targets/Notes:**  **FY2015**   * Target: 6 (In addition to CCA and GUVS, four CSOs as first tranche grantees; JOHUD, INJAZ, ICCS and JAFPP); * Actual: 5 (five CSOs are reported including CCA, GUVS, ICCS, JOHUD and INJAZ)   **FY2016**   * Target: 8 (In addition to the five CSOs receiving grants in 2015, three CSOs are expected to be included as second tranche SBCC grantees) * Actual: 8 (CCA, GUVS, ICCS, JOHUD, INJAZ, FDA, SIGI, KHCF)   **FY2017**   * Target: 6 (2 - CCA and GUVS and JBCP and NCFA + 4 CSOs are expected to receive grants in year 2017), INJAZ, ICCS, FDA, and SIGI * Actual: 8 (FDA, SIGI, CCA, GUVS, JBCP, ICCS, INJAZ, NCFA)   **FY2018-2019**   * Target: 3 (IFH, TWCS, and ICCS)   **Life of Project Actual** (each CSO counted once for LOP even if JCAP worked with CSO for multiple years): 12 | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** Indicator moved to updated PIRS template in FY18. FP/RH changed to RMNCH+ to reflect expanded scope of JCAP activities. | |
| **Other Notes:** | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2014*) | **2** | **2** |
| **2015** | **6** | **5 (2 carry over and 3 new)** |
| **2016** | **8** | **8 (5 carry over and 3 new)** |
| **2017** | **7** | **8 (4 carry over and 4 new)** |
| **2018** | **3** | **3 (1 carry over and 2 new)** |
| **2019** | **3** |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO3: Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved/ Sub-result 1.2: Improved awareness, knowledge, and attitudes related to RMNCH+ | |
| **Indicator Name and Number:** [1.2.e] Percentage of males reached reporting increased agreement that “Husband should participate in decisions and practices related to family planning” | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** | |
| **Precise Definition:** This indicator measures the percentage of males reached by JCAP activities who agree with the statement that “Husband should participate in decisions and pratices related to family planning.”  **Males:** Either married or unmarried adults or youth who participate in JCAP supported implementation activities that address the importance of Male engagement and participation in family planning decisions and practices  **Reached:** Reached through exposure to or participation in any JCAP-supported activities. | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number | |
| **Method of Calculation:**The sample includes only those participants in the relevant training/workshop whose pre-test scores had potential to improve, meaning that on the pre-test they disagreed with the statement “that the husband should participate in decisions and practices related to family planning.” The numerator is the number of participants agreed with this statement on the post-test. The denominator is the total number of participants with responses for both the pre- and post-tests.  Percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | |
| **Disaggregation:** Geographic location (Governorate), age group (youth 10-17, youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** This indicator is used to measure the extent that USAID-supported efforts are changing broadly held beliefs that male partners should not participate in family planning decisions or practices. The indicator information is useful for understanding and documenting the effect of JCAP supported activities on target audiences by assessing change. The results are useful for planning and decision making on implementation and for reporting purposes | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP develops pre and post-tests that are distributed and collected by its CSO grantees before and after training workshops that include information on husband participation in decisions and practices related to family planning | |
| **Data Source(s):** Pre- and post-tests | |
| **Timing/Frequency of Data Acquisition:** Ongoing (reported quarterly) | |
| **Individual Responsible at Activity (title):** JCAP Senior RMEAdvisor and JCAP M&E Specialist | |
| **Location of Data Storage:** The hard copies are kept in JCAP’s locked storage room and the soft copies are kept on secure computers/servers at both JCAP and the CSO grantees’ offices. | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** Data are collected and analyzed per activity, and then aggregated in tables and narrative reports. JCAP reviews the findings internally and with CSO grantees in order to use findings to improve activities. | |
| **Reporting of Data:** Quarterly | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** CSO grantees might not have sufficient quality control measures for data collection (i.e. ensuring participants complete the pre/post tests) and data entry. | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP developed a data quality manual and trains CSO grantees M&E staff on best practices in data quality control. JCAP closely follows the work and regularly conducts spot checks to ensure quality standards are met**.** | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:**  The baseline for this indicator was set using pre- and post-tests from earlier fiscal years. JCAP has collected data on this indicator since FY17 for internal use, but only added it to the AMELP and started reporting on it to USAID in FY18. | |
| **Rationale for Targets/Notes:** JCAP determined targets based on previous post-test scores for this indicator and based on plans for Tranche 3 grantees. These grantees started to conduct workshops in Q4 of FY18 and will continue through Q1 of FY19. Since activities in these two fiscal years are part of the same grant and workshop implementation is relatively short (June 2018 – January 2019), the target is the same for FY18 and FY19. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** | |
| **Other Notes:** New indicator added in FY17. | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2017*) | 45% | N/A |
| **2015** | NA | NA |
| **2016** | NA | NA |
| **2017** | 50% | 64% |
| **2018** | 65% |  |
| **2019** | 65% |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO3 Essential Services to the Public Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Use of Integrated FP/RH Services Increased | |
| **Indicator Name and Number:** [1.2.f.] # of CSO technical staff who have acquired SBCC core competencies | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** NA | |
| **Precise Definition:** This indicator counts the number of CSO technical staff staff who have acquired SBCC core competencies after participation in the JCAP-supported SBCC training in FY18. This training is a key part of JCAP’s collaboration with CSOs in FY18 and FY19, which aims to enhance CSO’s technical and operational capacity to design, implement, and sustain SBCC FP/RH programs using JCAP-developed family planning SBCC modules and tools.  To be counted for this indicator, CSO’s staff must receive a score of at least 65% on the SBCC training workshop post-test to demonstrate their competency in the following areas:   * SBCC strategic plan building * Communication materials development * SBCC planning and implementation * SBCC M&E plan development   **SBCC**: Social behavior change communication activities  **CSOs** include JCAP current and previous grantees as well as other CSOs interested in the program: Institute for Family & Health (IFH), Tafila Women Charitable Society (TWCS), Islamic Center Charitable Society (ICCS), INJAZ, SIGI, and National Women’s Health Care Center (NWHCC)  **Technical staff:** Staff responsible for designing, implementing and evaluating SBCC programs. | |
| **Unit of Measure:** The unit of measure is a whole number | |
| **Method of Calculation:** This indicator is a numeric count of the CSO staff who score 65% or above on the SBCC training workshop post-test. | |
| **Disaggregation:** CSO (IFH, TWCS, ICCS, INJAZ, SIGI, NWHCC) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** Under Sub-Result 1.1 (Improved awareness, knowledge, and attitudes related to RMNCH+) JCAP aims to support its CSO grantees to sustain SBCC activities that will continue to improved awareness, knowledge, and attitudes related to RMNCH+ beyond the life of the JCAP project. JCAP activities focus on training CSO grantee technical staff to implement SBCC programs independently without JCAP support. These activities aim to ensure that CSO grantees will continue to use SBCC approaches to improve RMNCH+ outcomes in the long-term, which, in turn, will contribute to JCAP’s goal (Increase use of RMNCH+ services as a safe, effective and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan). This indicator will help JCAP to track whether CSO grantee technical staff are equipped with the skills to implement SBCC programs and will help JCAP to adjust its training and support activities as needed in order to make sure that CSOs’ use of SBCC approaches will be sustained beyond the life of the JCAP project. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP’s subcontractor, the American University of Beirut (AUB), develops pre and post-tests that are distributed and collected before and after the training that include information on SBCC core competencies. | |
| **Data Source(s):** Pre- and Post-tests | |
| **Timing/Frequency of Data Acquisition:** Once | |
| **Individual Responsible at Activity (title):** JCAP Senior RMEAdvisor | |
| **Location of Data Storage:** The hard copies are kept in JCAP’s locked storage room and the soft copies are kept on secure computers/servers at both JCAP and subcontractor's offices. | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** Data are collected and analyzed after the training, and then aggregated in tables and a narrative report. JCAP will review the findings internally and with the sub-contractor in order to use findings to improve activities. JCAP will conduct this SBCC core competency training only in FY18, which is why there is a target for FY18 and not other years. | |
| **Reporting of Data:** Once, in Q4 of FY18 | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** Subcontractors might not have sufficient quality control measures for data collection (i.e. ensuring participants complete the pre/post tests) and data entry. | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP checked the subcontractor’s data collection systems prior to the training and monitored the pre and pots test during the workshop to ensure data quality. | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline is 0 since the SBCC core competency training is new. | |
| **Rationale for Targets/Notes:** JCAP determined targets based on the planned number of CSO technical staff sent to participate in the SBCC core competencies training. AUB limited the number of participants so each of the six CSOs participating in the workshop plan to send one staff person. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** NA | |
| **Other Notes:** New indicator added in FY18. | |
| **THIS SHEET WAS LAST UPDATED ON**:8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2018*) | **0** | **0** |
| **2015** | **NA** | **NA** |
| **2016** | **NA** | **NA** |
| **2017** | **NA** | **NA** |
| **2018** | **6** |  |
| **2019** | **NA** |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO3 Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | |
| **Indicator Name and Number:** [1.2.g]Percentage of women reached demonstrating improved knowledge of anemia during pregnancy | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** NA | |
| **Precise Definition:** This indicator measures the percentage of women reached by JCAP-supported anemia prevention activities who demonstrate improved knowledge of anemia during pregnancy after participation in these activities. Knowledge is assessed through women’s responses to three questions on the edutainment lecture pre- and post-tests. The questions are:  1. Iron deficiency anemia is a common health condition, encountered:  a. Throughout pregnancy  b. Only during the first trimester of pregnancy  c. Straight after delivery  2. Pregnant women should be screened for iron deficiency anemia:  a. at least twice during pregnancy  b. Only Once throughout pregnancy  c. Only when requested by a health provider  3. To avoid anemia during pregnancy, the pregnant woman should:  a. Ensure taking iron and folic acid supplements throughout pregnancy, as per a health provider’s instructions  b. Stick to a healthy and balanced diet, without the need for iron supplements  c. Other  **Newlyed and Pregnant Women:** This is defined as married women of reproductive age (ages 18-49) who are newlyweds (married in the 12 months preceding the survey) or pregnant at the time of the survey.  **Reached:** Reached through exposure to or participation in any JCAP-supportied activities. | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number. | |
| **Method of Calculation:**  The sample includes only those participants (women) in the relevant edutainment lectures whose pre-test scores had potential to improve, meaning they answered one or more of the three knowledge questions incorrectly on the pre-test. The numerator is the number of women who answered all three knowledge questions correctly in the post-test. The denominator is the number of women who have both a pre-test and post-test score.  The percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | |
| **Disaggregation:** Geographic location (Governorate), age group (youth 10-17, youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:**  JCAP-supported anemia prevention activities aim to increase knowledge of anemia during pregnancy among JCAP’s target audience, including married women of reproductive age. JCAP activities, including those implemented by a JCAP sub-contractor, Al-Nasher, are expected to contribute to an increase in knowledge of anemia among married women of reproductive age which, in turn, will contribute to increased anemia prevention and treatment for pregnant women. This indicator will help the JCAP team to understand the overall effectiveness of its edutainment lectures in contributing to increasing knowledge of anemia during pregnancy. It will help JCAP to assess the effectiveness of these lecturesand inform management decisions related to improving anemia prevention activities. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP develops pre and post-tests that are distributed and collected by JCAP’s subcontractor, Al Nasher, before and after JCAP-supported edutainment lectures that include information on anemia during pregnancy. | |
| **Data Source(s):** Pre- and post-tests | |
| **Timing/Frequency of Data Acquisition:** Ongoing (aggregated quarterly) | |
| **Individual Responsible at Activity (title):** JCAP Senior RMEAdvisor and JCAP M&E Specialist | |
| **Location of Data Storage:** The hard copies are kept in JCAP’s locked storage room and the soft copies are kept on secure computers/servers at both JCAP and the subcontractor’s offices. | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** Data are collected and analyzed per activity and then aggregated in tables and narrative reports. JCAP reviews the findings internally as well as with the sub-contractor in order to use findings to improve activities. | |
| **Reporting of Data:**Once, in Q4 FY18 | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** The subcontractors might not have sufficient quality control measures for data collection (i.e. ensuring participants complete the pre- and post-tests) and data entry. | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP developed a data quality manual and subcontractor staff on best practices in data quality control. JCAP closely follows the work and regularly conducts spot checks to ensure quality standards are met. | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator was set using pre-test scores on knowledge of anemia during pregnancy from the first few edutainment lectures conducted in FY18. | |
| **Rationale for Targets/Notes:** JCAP set its targets based on preliminary data from pre- and post- test questions on knowledge of anemia during pregnancy from the first few edutainment lectures conducted in FY18. JCAP will conduct anemia prevention edutainment lectures only in FY18, which is why there is a target for FY18 and not other years. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** | |
| **Other Notes:** New indicator added in FY18. | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2018*) | **53%** |  |
| **2015** | **NA** | **NA** |
| **2016** | **NA** | **NA** |
| **2017** | **NA** | **NA** |
| **2018** | **70%** |  |
| **2019** | **NA** | **NA** |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | | | |
| **IDENTIFICATION** | | | |
| **Linkage to Mission Results Framework:** DO3 Social Sector Quality Improved | | | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | | | |
| **Indicator Name and Number:** [1.2.h]Percentage of women with children under 5 reached demonstrating improved knowledge of anemia in children | | | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | | | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** | | |  |
| **DESCRIPTION** | | | |
| **USAID Definition (for Mission and F indicators):** NA | | | |
| **Precise Definition:** This indicator measures the percentage of women with children under 5 reached by JCAP-supported anemia prevention activities who demonstrate improved knowledge of anemia in children after participation in these activities. This is measured using the following three questions:  1. Iron deficiency anemia is a common health condition affecting children during:  a. the first year of the child’s age  b. Throughout the first five years of the child’s age  c. Other  2. The mother should start introducing complementary, iron rich foods to the child at the age of ----, while continuing to breast feed him/her up to two years of age, if possible  a. 4 months  b. 6 months  c. one year  3. How often should children under five years of age be screened for anemia:  a. Only once at the age of 9-12 months  b. Annually, during the first five years of the child’s age  c. Only when requested by a health provider  **Women with children under 5:** This is defined as married women of reproductive age (ages 18-49) with at least one child under age of 5 at the time of the survey.  **Reached:** Reached through exposure to or participation in any JCAP-supported activities. | | | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number. | | | |
| **Method of Calculation:**  The sample includes only those participants (women with children under 5) in the relevant edutainment lectures whose pre-test scores had potential to improve, meaning they answered one or more of the three knowledge questions incorrectly on the pre-test. The numerator is the number of participants who answered all three knowledge questions correctly in the post-test. The denominator is the number of participants who have both a pre-test and post-test score.  The percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | | | |
| **Disaggregation:** Geographic location (Governorate), age group (youth 10-17, youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other) | | | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | | | |
| **Management Utility:**  JCAP-supported anemia prevention activities aim to increase knowledge of anemia in children among JCAP’s target audience, including mothers of children under 5. JCAP activities, including those implemented by JCAP sub-contractor, Al-Nasher, are expected to contribute to an increase in knowledge of anemia among mothers of children under 5 which, in turn, will contribute to increased anemia prevention and treatment for children under 5. This indicator will help the JCAP team to understand the overall effectiveness of its edutainment lectures in contributing to increasing knowledge of anemia in children. It will help JCAP to assess the effectiveness of these lectures and inform management decisions related to improving anemia prevention activities. | | | |
| **PLAN FOR DATA COLLECTION** | | | |
| **Data Collection Method:** JCAP develops pre and post-tests that are distributed and collected by by JCAP’s subcontractor, Al Nasher, before and after edutainment lectures that include information on anemia in children under 5. | | | |
| **Data Source(s):** Pre- and post-tests | | | |
| **Timing/Frequency of Data Acquisition:** Ongoing (aggregated quarterly) | | | |
| **Individual Responsible at Activity (title):** JCAP Senior RMEAdvisor and JCAP M&E Specialist | | | |
| **Location of Data Storage:** The hard copies are kept in JCAP’s locked storage room and the soft copies are kept on secure computers/servers at both JCAP and the subcontractor's offices. | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | |
| **Data Review & Analysis:** Data are collected and analyzed per activity, and then aggregated in tables and narrative reports. JCAP reviews the findings internally as well as with the subcontractor in order to use findings to improve activities. | | | |
| **Reporting of Data:**Once, starting in Q4 FY18 | | | |
| **DATA QUALITY ISSUES** | | | |
| **Date of Past Data Quality Assessment:** NA | | | |
| **Known Data Limitations:** Subcontractors might not have sufficient quality control measures for data collection (i.e. ensuring participants complete the pre/post tests) and data entry. | | | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP developed a data quality manual and trains subcontractor staff on best practices in data quality control. JCAP closely follows the work and regularly conducts spot checks to ensure quality standards are met. | | | |
| **BASELINE & TARGETS** | | | |
| **Baseline Timeframe/Notes:** The baseline for this indicator was set using pre-test scores on knowledge of anemia among chilcren from the first few edutainment lectures conducted in FY18. | | | |
| **Rationale for Targets/Notes:** JCAP set its targets based on preliminary data from pre- and post- test questions on knowledge of anemia among children from the first few edutainment lectures conducted in FY 18. JCAP will conduct anemia prevention edutainment lectures only in FY18, which is why there is a target for FY18 and not other years. | | | |
| **CHANGES TO INDICATOR & OTHER NOTES** | | | |
| **Changes to Indicator:** | | | |
| **Other Notes:** New indicator added in FY18. | | | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | | | |
| **PERFORMANCE DATA TABLE** | | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** | |
| **Baseline** (*2018*) | **17%** |  | |
| **2015** | **NA** | **NA** | |
| **2016** | **NA** | **NA** | |
| **2017** | **NA** | **NA** | |
| **2018** | **45%** |  | |
| **2019** | **NA** | **NA** | |

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| **Performance Indicator Reference Sheet** | | | | |
| **LINKAGE TO MISSION PMP** | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | |
| **Mission sub-Intermediate Result:** **Sub-IR 3.1.2 Demand for family planning & reproductive health services increased** | | | | |
| **IDENTIFICATION** | | | | |
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| **Name of Activity Development Objective (or Goal or Purpose):** Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan | | | | | |
| **Name of Activity Intermediate Result: Result 1: Demand for family planning & reproductive health services increased** | | | | | |
| **Name of Activity Sub-Intermediate** | | | | | |
| **Name of Indicator:** 1.b Percentage of MWRA who have discussed use of FP methods with their spouse in the last 6 months (M-PMP 3.1.3.b) *Removed in FY18* | | | | | |
| **Indicator Type: Activity Custom \_\_X\_\_\_\_ F\_\_\_\_\_ Mission PMP \_\_X \_\_ (PMP 3.1.3.b)** | | | | | |
| **Is this a PPR indicator? 🗷 No\_\_\_ Yes \_\_\_\_, for Reporting Year (s) \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **DESCRIPTION** | | | | | |
| **USAID Definition (if applicable)** | | | | | |
| **Precise Definition(s):** This indicator measures the percentage of MWRA who replied YES to the JCAP Knowledge, Attitudes, and Practices (KAP) survey question: “Thinking back over the past six months, did you and your husband ever discuss together your personal use of FP methods?”  **Married Women of Reproductive Age (MWRA)** is defined as women who are aged 15–49 years and married.  **Use of FP Methods (including “personal use” as used on KAP questionnaire)**: refers to a couple’s use of family planning methods, which could include a woman-centered method (e.g. Pills or IUD), a male-centered method (e.g. male condom) or a couple-centered method (e.g. rhythm).  **Discussed use of FP methods with their spouse in the last 6 months:** Those who replied YES to the KAP question “Thinking back over the past six months, did you and your husband ever discuss together your personal use of FP methods?” | | | | | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number. | | | | | |
| **Method of calculation:** The numerator is the number of MWRA responding YES to KAP question “Thinking back over the past six months, did you and your husband ever discuss together your personal use of FP methods?” The denominator is the number of MWRA responding to this KAP question.  Percentage is calculated by dividing the numerator by the denominator and multiplying by 100. Weighted average is used to calculate an average value for all surveyed MWRA whose response contributes to this item. | | | | | |
| **Disaggregated by:** Geographic location (reported in Dev Results is at governorate level since this level is requested for Mission Indicators), Nationality (Jordanian, Syrian, other), age group (youth 10-17, youth 18-29, adult 30-49. | | | | | |
| **Justification & Management Utility:** Engagement of husbands in fertility decisions has been associated with improvements in FP use. This indicator serves as a proxy for several potential elements of male/husband involvement, most directly the communication of couples regarding their own use of FP | | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | | |
| **Data Collection Method:** JCAP KAP survey | | | | | |
| **Data Source(s):** JCAP KAP survey at baseline and endline | | | | | |
| **Method of transfer to USAID:** Baseline and endline KAP Reports | | | | | |
| **Frequency & Timing of Data Acquisition:** JCAP KAP Baseline (Q4 FY15) and KAP Endline (Q3 FY19) | | | | | |
| **Estimated Cost of Data Acquisition:** TBD | | | | | |
| **Individual Responsible at IP (title):** JCAP Senior RMEAdvisor | | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | | |
| **Location of data storage:** JCAP office and secure server | | | | | |
| **DATA QUALITY ISSUES** | | | | | |
| **Date of Initial Data Quality Assessment:** | | | | | |
| **Known Data Limitations and Significance (if any):** Survey data are subject to a number of unavoidable error biases, both Type I and Type II. Type I error is the incorrect rejection of a true [NULL HYPOTHESIS](https://en.wikipedia.org/wiki/Null_hypothesis) (a "false positive"), while a type II error is the failure to reject a false null hypothesis (a "false negative"). More simply stated, a type I error is detecting an effect that is not present, while a type II error is failing to detect an effect that is present. We have worked to minimize these in the design of the survey methodology, sampling, instrument design, interviewer training, data verification checks, and double data entry. | | | | | |
| **Actions Taken or Planned to Address Data Limitations:** Biases and errors will be mitigated by ensuring proper survey design and methodology, sampling, instrument design, interviewers training, data verification checks, and double data entry. | | | | | |
| **Date of Future Data Quality Assessments:** N/A | | | | | |
| **Procedures for Future Data Quality Assessments:** | | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | | |
| **Data Analysis:** KAP data was analyzed by a statistical consulting firm. Indicator value(s) is a percentage calculation. | | | | | |
| **Presentation of Data:** Baseline and endline comparison/analysis; reports of findings; routine reporting (Quarterly and Annual Reports) | | | | | |
| **Review of Data:** Baseline and endline | | | | | |
| **Reporting of Data:** Baseline and endline | | | | | |
| **OTHER NOTES** | | | | | |
| **Notes on Baselines/Targets:** | | | | | |
| **Other Notes:** Indicator archived in FY18, as it was no longer relevant to JCAP’s activities and JCAP decided not to conduct the endline KAP survey that would have measured this indicator.  This indicator was removed in FY18 | | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | | |
| Year | Baseline | Target | Actual | Notes | |
| **2015** | 51% | NA | NA |  | |
| **2016** |  | NA | NA |  | |
| **2017** |  | NA | NA |  | |
| **2018** |  | N/A | NA |  | |
| **2019** |  | N/A |  |  | |
| **THIS SHEET WAS LAST UPDATED ON:** 8/12/2018 | | | | | |

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| **Performance Indicator Reference Sheet** | | | | |
| **LINKAGE TO MISSION PMP** | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | |
| **Mission sub-Intermediate Result:** **3.1.2 Demand for family planning and reproductive services increased** | | | | |
| **IDENTIFICATION** | | | | |
| **Name of Activity Development Objective (or Goal or Purpose): Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan** | | | | |
| **Name of Activity Intermediate Result: 3.1 Demand for family planning and reproductive services increased** | | | | |
| **Name of Activity Sub-Intermediate Result: 1.2 Increased knowledge and positive perception of modern FP method and fertility** | | | | |
| **Name of Indicator: 1.2.b Number of counseling visits for FP/RH as a result of USG assistance (M-PMP 3.1.1.1.c) Archived in FY18** | | | | |
| **Indicator Type: Activity Custom F\_\_\_\_ 🗷 Mission PMP (M-PMP 3.1.1.1.c) \_\_\_\_** | | | | |
| **Is this a PPR indicator No\_\_\_\_ Yes \_X\_\_\_, for Reporting Year (s) \_\_\_\_2015-2019 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **DESCRIPTION** | | | | |
| **USAID Definition (if applicable)** This indicator tallies the number of times a community health worker (CHWs) visits a woman to provide counselling visits at the household level. The CHWs provide family planning and reproductive health (FP/RH) advice based on guidance from USAID. The CHWs are assigned households to visit on a daily basis and are required to counsel the women and sometimes their husbands on FP/RH. Visits are defined as the number of women who receive the FP/RH counseling per household. For example, if there are four women who are of reproductive age in one household, it counts as four visits. | | | | |
| **Precise Definition(s):** This indicator aggregates the number of household visits made by community health workers (CHWs) for FP counseling with JCAP support. Outreach programs, conducted by CSOs in assigned JCAP project areas, help CHWs conduct household FP counseling visits.  Counseling visit: Visits are defined as the number of women who receive the FP/RH counseling per household visit.  JCAP support: all activities are conducted by JCAP implementing partners operating under sub-agreements. Partners receive both financial and technical assistance. | | | | |
| **Unit of Measure:** Number of visits | | | | |
| **Method of calculation:** Tally the number of visits per the JCAP outreach program data collection protocol | | | | |
| **Disaggregated by: As of FY16 Q3, data base and report function was upgraded to reflect data disaggregated by Governorate, Age Group (15-17; 18-29; 30-49; 50+) and Nationality (Jordanian; Syrian; Other).**  None **Note**: Current the community outreach database does not contain nationality. Age is currently collected via community outreach records, but the database does not currently allow for age grouping or cross-tabulation. JCAP is working to either upgrade the current database or create a new database to allow reporting on nationality and by age group in Year 2. | | | | |
| **Justification & Management Utility:** Community outreach programs help to ensure access to available services and to make people aware of FP/RH options. Outreach counseling on FP/RH is expected to contribute to increased CPR and reduce TFR in Jordan, contributing to a reduction in the population growth rate. This variable gives an actual number of FP counseling visits made in the outreach program sites, and therefore is a valuable indicator of outreach coverage. In combination with other outreach indicators, this indicator is important as it contributes information as to the intensity/input efforts of this activity.  In the current protocol, the initial visit covers all women of reproductive age and/or other adult females. The follow up visits primarily focus on MWRA who are not currently using modern family planning methods (e.g., non-FP users and traditional method users). If a woman is pregnant, a follow up visit is made after she has given birth and a series of additional visits may be conducted, depending on criteria defined in the protocol**.** | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | |
| **Data Collection Method:** Information documenting each household visit is recorded by implementing partners (CCA and GUVS) outreach workers on a client card at each visit over a defined period (3 months). Each client card is then checked for completeness by a supervisor and data entered into each partner’s computerized data base. At the end of the quarter, the data from each partner is tabulated through its computer software and a summary data report is created and shared with JCAP. These data reports are checked at JCAP, and when verified, the partner data are uploaded by JCAP onto its Oracle database located on its own server and software system located in the JCAP offices. The JCAP database software compiles data from both partners and generates predefined reports on defined variables, including 1.2.b. | | | | |
| **Data Source(s):** NGOs partner records entered and uploaded to the server. Client cards filled by CHWs and checked for completeness and accuracy by data quality auditors and CHW supervisors on a regular basis. | | | | |
| **Method of transfer to USAID:** JCAP quarterly report. | | | | |
| **Frequency & Timing of Data Acquisition:** Quarterly | | | | |
| **Estimated Cost of Data Acquisition:** TBD | | | | |
| **Individual Responsible at IP (title):** JCAP Senior RME Advisor | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | |
| **Location of data storage:** NGO office, Oracle database on JCAP server, hard copies of summary reports in JCAP storage files. | | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Date of Initial Data Quality Assessment:** USAID DQA for this indicator was completed in 2014 (under SHOPS) and another USAID DQA was completed in Oct 2015 under JCAP. | | | | |
| **Known Data Limitations and Significance (if any):** No major issues reported in latest DQA | | | | |
| **Actions Taken or Planned to Address Data Limitations:** Per Oct DQA,JCAP is to develop and provide a checklist summarizing the quarterly data quality assurance procedures by M&E staff and a descriptive list outlining the required tasks and steps conducted by the JCAP Outreach Specialist to ensure the quality of the outreach project data and reporting. | | | | |
| **Date of Future Data Quality Assessments:** TBD | | | | |
| **Procedures for Future Data Quality Assessments:** TBD | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | |
| **Data Analysis:** Raw data on client card is examined for accuracy by data quality auditor and outreach supervisor at CSO. JCAP examines aggregated data. The actual numerical calculation is based on criteria in the software algorithm. | | | | |
| **Presentation of Data:** A basic numerical report is generated by Oracle software. Values are presented in JCAP routine reporting (quarterly and annual reports) | | | | |
| **Review of Data:** JCAP reviews the data to identify trends and assess performance against targets. | | | | |
| **Reporting of Data:** Results are reported in JCAP routine reports (quarterly and annual reports). This indicator contributes to the Mission Indicator (M-PMP 3.1.1.c) | | | | |
| **OTHER NOTES** | | | | |
| * **Notes on Baselines/Targets: 2015 figures were based on previous performance with stable implementing partner programs. This may change based on new agreements with CSOs to provide community outreach, and how this work is defined and allocated. Baseline value is 550,470 (SHOPS household visits made from Oct 2013-End Sep 2014)** * **FY2015 Target: 450,000 (Based on budget allocation and a new approach implemented in Q3 and Q4 with up to five visits)** * **FY2015 Actual: 466,961** * **FY2016 Target: 398,000 (Based on the estimated budget)** * **FY2017 Target: 165,000 (Based on estimated budget)** * **FY2018-2019: TBD depending on allocation of budget** | | | | |
| **Other Notes: Updated on 6/30/2016 This indicator was archived in FY18** | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | |
| Year | Baseline | Target | Actual | Notes |
| **2014** | 550,470 (SHOPS data) | N/A | N/A |  |
| **2015** |  | 450,000 | 466,961 |  |
| **2016** |  | 400,000 | 413,704 | Target based on expected activity budgets |
| **2017** |  | 400,000 | 408,456 | Although JCAP suggested a lower target of 165,000, USAID is suggesting a more gradual step-down (e.g. 350,000). Agreement on final target will be revisited during Year 3 work plan |
| **2018** |  | TBD | TBD |  |
| **2019** |  | TBD | TBD |  |

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| **Performance Indicator Reference Sheet** | | | | |
| **LINKAGE TO MISSION PMP** | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | |
| **Mission sub-Intermediate Result:** 3.1.2 **Demand for family planning and reproductive services increased** | | | | |
| **IDENTIFICATION** | | | | |
| **Name of Activity Development Objective (or Goal or Purpose): Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan** | | | | |
| **Name of Activity Intermediate Result 1: Demand for family planning and reproductive services increased** | | | | |
| **Name of Activity Sub-Intermediate Result: 1.2 Increased knowledge and positive perception of modern FP method and fertility** | | | | |
| **Name of Indicator 1.2.c Percentage of MWRA able to demonstrate knowledge on the benefits of Family Planning. Removed in FY18** | | | | |
| **Indicator Type: ☐Activity Custom \_\_\_X\_\_ F\_\_\_\_\_ Mission PMP \_\_\_\_\_\_** | | | | |
| **Is this a PPR indicator? ☐No \_\_X\_\_ ☐Yes \_\_\_\_, for Reporting Year (s) \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **DESCRIPTION** | | | | |
| **Precise Definition(s):**  Married Women of Reproductive Age (MWRA) is defined as women who are aged 15–49 years and married.  **Able to demonstrate knowledge on the benefits of FP**: Defined as the respondent providing unprompted at least two of the enumerated choices listed in the item response list for each of the following three KAP survey items: “Can you tell me the benefits of using family planning for the woman?”, “Can you tell me the benefits of using family planning for the family?” and “Can you tell me the benefits of using family planning for Jordan?” | | | | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number. | | | | |
| **Method(s) of calculation:**  The numerator is the number of MWRA KAP respondents who demonstrate knowledge of the benefits of FP by providing at least **two** enumerated answers for each of three KAP items: “Can you tell me the benefits of using family planning for the woman?” Can you tell me the benefits of using family planning for the family? Can you tell me the benefits of using family planning for Jordan?” The denominator is the number of MWRA who respond to all three questions. Percentage is calculated by dividing the numerator by the denominator and multiplying by 100. The KAP calculation is based on weights assigned to each respondent so the quotient is a weighted calculation. | | | | |
| **Disaggregated by:** Geographic location (District), nationality (Jordanian, Syrian, other), age (youth 15-17, youth 18-29, adult 30-49. Note: | | | | |
| **Justification & Management Utility**: Understanding the benefits of family planning is a key foundation for choosing to use FP. Part of JCAP’s IR3.1 mandate is to raise knowledge and awareness of the benefits of family planning broadly and in its target groups. This topic is introduced, reinforced, and promoted in JCAP SBCC and advocacy and policy activities and in JCAP communication messages. The JCAP KAP results may be an indication of how widely these ideas have been accepted. It is anticipated that increased knowledge, awareness, and agreement with the benefits of family planning will result in more favorable attitudes and use of FP and contribute to USAID’s IR3.1. | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | |
| **Data Collection Method:** JCAP KAP Survey | | | | |
| **Data Source(s): :** JCAPKAP survey | | | | |
| **Method of transfer to USAID:** JCAP KAP Reports, JCAP routine reporting (quarterly and/or annual reports) | | | | |
| **Frequency & Timing of Data Acquisition:** JCAPKAP baseline (Q3FY15) and endline surveys (Q3FY19) | | | | |
| **Estimated Cost of Data Acquisition:** TBD | | | | |
| **Individual Responsible at IP (title):** JCAP Senior RME Advsor | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | |
| **Location of data storage:** JCAP offices and designated, secure computer location | | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Date of Initial Data Quality Assessment:** N/A | | | | |
| **Known Data Limitations and Significance (if any):** Survey data are subject to a number of unavoidable error biases, both type 1 and Type 2. | | | | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP has worked to minimize potential error/biases in the design of the survey methodology, sampling, instrument design, interviewer training, data verification checks, and double data entry. JCAP reviewed KAP data with a statistician who employed statistical compensation to reduce error bias. | | | | |
| **Date of Future Data Quality Assessments: TBD** | | | | |
| **Procedures for Future Data Quality Assessments:** | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | |
| **Data Analysis:** KAP data was analyzed by a contracted statistical research firm. At endline, survey data will be compared with baseline and analyzed to ascertain if there is a significant difference in the changes over time for test and control sites. | | | | |
| **Presentation of Data:** JCAP KAP report and in AMEP | | | | |
| **Review of Data:** After baseline findings are available and at endline. | | | | |
| **Reporting of Data:** | | | | |
| **OTHER NOTES** | | | | |
| **Notes on Baselines/Targets:** | | | | |
| **Other Notes: This indicator was removed in FY18** | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | |
| Year | Baseline | Target | Actual | Notes |
| **2015** | 50% | N/A |  | See Appendix A for details and calculation of value |
| **2016** |  | N/A | N/A |  |
| **2017** |  | N/A | N/A |  |
| **2018** |  | N/A | N/A |  |
| **2019** |  | N/A | TBD |  |
| THIS SHEET LAST UPDATED ON: 11/18/15 | | | | |

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| **Performance Indicator Reference Sheet** | | | | |
| **LINKAGE TO MISSION PMP** | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | |
| **Mission sub-Intermediate Result:** **3.1.2 Demand for family planning and reproductive services increased** | | | | |
| **IDENTIFICATION** | | | | |
|  | | | | |
| **Name of Activity Development Objective (or Goal or Purpose): Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan** | | | | |
| **Name of Activity Intermediate Result1 : Demand for family planning and reproductive services increased** | | | | |
| **Name of Activity Sub-Intermediate Result: 1.1 Increased Strategic communication through multi-channel FP social marketing campaigns at national level** | | | | |
| **Name of Indicator: 1.1.a Number of multi-channel communication campaign waves supported by JCAP. Archived in FY18** | | | | |
| **Indicator Type: Activity Custom \_\_X\_\_\_\_ F\_\_\_\_\_ Mission PMP \_\_\_\_\_\_** | | | | |
| **Is this a PPR indicator? 🗷 No\_\_\_\_ Yes \_\_\_\_, for Reporting Year (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **DESCRIPTION** | | | | |
| **USAID Definition (if applicable):** | | | | |
| **Precise Definition(s):** The indicator is a count of the national / high-level FP communication campaign waves using TV/ radio/ print/other multi-channels (including social media) initiatives designed and implemented with JCAP support.  Multi-channel: includes various communication modalities used for communication campaigns, including television, radio, print, social media, or other.  Communication campaign wave: A planned and organized series of multi-channel activities providing information on FP in a designated time period to create more favorable thinking, attitudes, intentions, and behaviors in the audience.  JCAP support: includes both financial and technical | | | | |
| **Unit of Measure:** Number | | | | |
| **Method of calculation:** Tally the numberofmulti-channel **c**ommunication campaigns | | | | |
| **Disaggregated by:** Main theme (FP methods, addressing barriers to adoption, benefits to use, planning for future, other). JCAP internal: Media channel (print, digital, radio, TV, social media, other). | | | | |
| **Justification & Management Utility:** Media initiatives and communication campaigns are widely used methods to expose a large audience to information and messages with the potential to influence attitudes, intention, and behavior. In Jordan, exposure to a variety of media sources and technology is very high, and so it is an essential mechanism to reach MWRA and their influencers, e.g., husbands, mothers and mothers-in-law, regarding use of a modern FP method. | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | |
| **Data Collection Method:** JCAP communication campaign records | | | | |
| |  | | --- | | **Data Source(s):** JCAP records | | | | | |
| **Method of transfer to USAID:** JCAP Quarterly Reports | | | | |
| **Frequency & Timing of Data Acquisition:** Ongoing as communication campaign waves are rolled out | | | | |
| **Estimated Cost of Data Acquisition:** TBD | | | | |
| **Individual Responsible at IP (title):** JCAP Senior RME Advisor | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | |
| **Location of data storage:** JCAP secured office files and on secure server | | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Date of Initial Data Quality Assessment: TBD** | | | | |
| **Known Data Limitations and Significance (if any): TBD** | | | | |
| **Actions Taken or Planned to Address Data Limitations: TBD** | | | | |
| **Date of Future Data Quality Assessments: TBD** | | | | |
| **Procedures for Future Data Quality Assessments: TBD** | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | |
| **Data Analysis:** N/A | | | | |
| **Presentation of Data:** JCAP routine reports (quarterly and/or annual reports) | | | | |
| **Review of Data:** Quarterly | | | | |
| **Reporting of Data:** Quarterly | | | | |
| **OTHER NOTES** | | | | |
| **Notes on Baselines/Targets:** | | | | |
| **Other Notes: This indicator was archived in FY18** | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | |
| Year | Baseline | Target | Actual | Notes |
| **2015** | 0 | 1 | 1 | OCP campaign continued from SHOPS FP method campaigns |
| **2016** |  | 2 | TBD | Based on Year 2 work plan |
| **2017** |  | 1 | TBD |  |
| **2018** |  | TBD | TBD |  |
| **2019** |  | Cumulative 4 | TBD | Depends on plans/target for 2018 |
| THIS SHEET LAST UPDATED ON 11/18/2015 | | | | |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO 3: Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | |
| **Indicator Name and Number:** [2.b] Number of laws/policies/regulations/administrative procedures in development stages of analysis; drafting and consultation; legislative review; approval; or implementation, as a result of USG assistance (PMP 3.1.2.2.b) | |
| **Indicator Type: ☐ Activity Custom ☐ Standard F 🗷 Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** This indicator counts any law, policy, regulation, or administrative procedure, developed or implemented with USG assistance, that is in the various stages of progress toward an enhanced enabling environment forRMNCH+. To be counted, the policy, regulation, or administrative procedure should have as its objective or intent one or more of the following: promote fair maternity leave in the public and private sectors, advocate for legal reform that can help keep women in the labor market longer, promote breastfeeding, and enhance midwives’ role in FP services.  Indicator narratives should include the name of the policy, regulation, or administrative procedure and should specify in which development stage it was and whether it was developed or implemented at the regional, national, sub-national, or community level.  This indicator measures five different stages, each measuring a successive stage in the progression from analysis to implementation, where progress can be counted according to the highest stage completed during the reporting year, the stages are:  **Stage 1:** …underwent the first stage of the policy reform process. The first stage includes analysis (review of existing policy/ regulation/ administrative procedure and/or proposal and review of new policy/ regulations/ administrative procedures).  **Stage 2:** …underwent the second stage of the policy reform process. The second stage includes public debate and/or consultation with stakeholders on the proposed new or revised policy/ regulation/ administrative procedure.  **Stage 3**: … underwent the third stage of the policy reform process. The third stage involves presentation of policies for legislation/decree to improve the policy environment for FP/RH.  **Stage 4:** …underwent the fourth stage of the policy reform process. The fourth stage is official approval (legislation/decree) of new or revised policy / regulation/ administrative procedure by relevant authority.  **Stage 5:** …completed the policy reform process. The fifth stage is implementation of new or revised policy/ regulation/ administrative procedure by relevant authority. | |
| **Precise Definition:** | |
| **Unit of Measure:**  Number of laws, policies, regulations, or administrative procedures | |
| **Method of Calculation:**  Tally the number of relevant laws, policies, regulations, or administrative procedures developed or implemented with USG assistance during the reporting period. Operating units may count a policy, regulation, or administrative procedure only once in each stage of development for implementation; operating units may not report on the same policy, regulation, or administrative procedure in multiple reporting periods unless it has advanced to the next stage (e.g., policy drafted in one reporting period, policy proposed to stakeholders in next reporting period). | |
| **Disaggregation:**  The number of laws, policies, regulations, or administrative procedures (or revisions to such) should be disaggregated by the following stages achieved with USG assistance: only once in each stage:  Stage 1: Law, policy, regulation, or administrative procedure analyzed;  Stage 2: Law, policy, regulation, or administrative procedure, policy regulation, or administrative procedure drafted/presented for public/stakeholder consultation;  Stage 3: Law, policy, regulation, or administrative procedure proposed/presented for legislative or other official action;  Stage 4: Law, policy, regulation, or administrative procedure passed/approved  Stage 5: Law, policy, regulation, or administrative procedure for which implementation has begun;  If sub-national or community level, disaggregation by governorate | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** This indicator measures the output of USG assistance that seeks to build the necessary or enabling conditions for the achievement of long-term, sustainable progress toward improving the health status, whether it is helping to facilitate RMNCH+ service and commodity access or improving systems at government health care centers across local, governorate, and national levels. JCAP and the Mission will use this information for planning and reporting purposes and will support the Mission’s reporting to external stakeholders such as Congress, NGOs, and international organizations.An important aspect of facilitating RMNCH+ access, availability, and use in Jordan is through improving policy, regulation, or administrative procedure and funding to create a stronger enabling environment across local, governorate, and national levels. JCAP has identified priority issues affecting the broad regulatory environment and designed strategic approaches to address roadblocks that are feasible to change. One key approach to work on this is through evidence-based advocacy. Another related approach is to work with key stakeholders, such as Champions, who may be able to influence, key decision makers. JCAP is building a constituency of highly regarded and well-known figures as proponents to address issues of population growth through more favorable governance processes. JCAP will use different advocacy approaches to influence these higher-level processes at the various stages of development. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** Document review | |
| **Data Source(s):** JCAP records, policy documents | |
| **Timing/Frequency of Data Acquisition:** Quarterly | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor and JCAP Senior Advocacy and Policy Advisor | |
| **Location of Data Storage:** JCAP office; JCAP server | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** The JCAP team regularly reviews each policy/regulatory component to determine what stage it is at. | |
| **Reporting of Data:** Quarterly starting in Q1 FY15 | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** NA | |
| **Actions Taken or Planned to Address Data Limitations:** NA | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator is 0, as JCAP’s policy/advocacy activities are new at the beginning of the project. | |
| **Rationale for Targets/Notes:** JCAP determined targets for this indicator based on the number of policies it planned to work to change at the beginning of the Activity and has adjusted targets as needed based on annual work plans. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** Indicator moved to updated PIRS template in FY18. FP/RH replaced with RMNCH+ to reflect expanded scope of JCAP activities in FY18. | |
| **Other Notes:** | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2014*) | **0** | **0** |
| **2015** | **10** | **10** |
| **2016** | **10** | **10** |
| **2017** | **10** | **3** |
| **2018** | **2** | **4** |
| **2019** | **1** |  |

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|  | **FY / Quarter Introduced** | **Status** | **JCAP Policy** | **FY15**  **Stage Reached** | **FY16**  **Stage reached** | **FY17**  **Stage reached** | **FY18**  **Stage reached** | **FY19 Target Stage** |
| 1 | FY15 Q4 | Complete | MOH procurement regulations enacted: ensure sustainability and availability contraceptive methods | 1 | 5 | Achieved FY16 | | |
| 2 | FY15 Q4 | Complete (increased by 10%) | Increase MOH budget allocated for contraceptive commodities | 1 | 3 | Achieved FY16 | | |
| 3 | FY15 Q4 | Removed | Amend instructions under section b/ article 10 personnel status law # 36 2010 regulating judges’ authority to allow permission for marriages under 18 years. | 1 | 2 | 3 | 4 |  |
| 4 | FY15 Q4 | Removed | Incorporate population and development concepts in universities’ curricula | 1 | 2 | 5 |  | |
| 5 | FY15 Q4 | Complete | Incorporate FP/RH concepts in universities’ curricula | 1 | 5 | Achieved FY16 | | |
| 6 | FY15 Q4 | Removed | Provide FP/RH counseling after delivery and post abortion in MOH health centers & hospitals | 1 | 1 |  | | |
| 7 | FY15 Q4 | Ongoing | Remove legal barrier to midwives’ roles, midwifery law #7 of year 1959 | 1 | Removed, reinstated for FY17 | 1 | 3 | 5 |
| 8 | FY15 Q4 | Complete | Decree allowing IUD services without supervising doctor | 1 | 4 | 4 | 5 | Achieved FY18 |
| 9 | FY16 Q1 | Removed | Women participation in workforce/ amend labor law/ as Civil Service By-law **maternity leave as international standards** | NA | 2 | 3 | 4 |  |
| 10 | FY16 Q1 | Complete | Women participation in workforce/ amend labor law/Social Security Law/ Civil Service By-law:  **flexible working hours**/ consider best practices | NA | 2 | 5 | Achieved FY17 | |
| 11 | FY18 Q1 | Complete | Insturctions for implementing flexible working hours by law | NA | NA | NA | 5 | Achieved FY18 |
| 12 | FY16 Q1 | Removed | Women workforce participation - amend Civil Service By-law/ **nurseries -number of children per nursery** | NA | 1 | 3 |  |  |
| 13 | FY16 Q2 | Complete | Inclusion of registered Syrian refugees in the ‘free of charge’ RH/FP services provided by MOH | NA | 5 | Achieved FY16 | | |
| 14 | FY17 Q4 | Complete | Breastfeeding policy (Implementing breastmilk substitute marketing by-laws) | NA | NA | 1 | 5 | Achieved FY18 |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO3 Essential Services to the Public Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Use of Integrated FP/RH Services Increased | |
| **Indicator Name and Number:** [2.c] Number of national annual plans including Demographic Dividend Policies and Programs | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** NA | |
| **Precise Definition:** This indicator counts the number of national annual plans including Demographic Dividend Policies and Programs. JCAP is working with government officials at the national level to increase their awareness of the Demographic Dividend and how to design policies to help Jordan achieve it, particularly through use of JCAP-developed tools such as RAPID.    **National Annual Plans**: annual executive governmental and non-governmental plans adopted by the cabinet  **The Demographic Dividend:** The demographic dividend occurs when the proportion of the population that is working age (15-64 years old) is higher than the proportion of the population that are dependents (under age 15 or over age 64). This demographic opportunity is usually accompanied by various social and economic changes, which can take the form of challenges in case they are not employed appropriately. | |
| **Unit of Measure:** The unit of measure is a whole number | |
| **Method of Calculation:** This indicator is a numerical count of the number of national annual plans including Demographic Dividend policies and plans. Each plan will be counted only once over the life of the project even if it includes multiple Demographic Dividend elements. | |
| **Disaggregation:** None | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** Under Result 2 (Enabling environment for RMNCH+ improved) JCAP aims to institutionalize use of population data in policy and planning in Jordan to help Jordan achieve the Demographic Dividend. To this end, JCAP is training government officials to use demographic tools such as RAPID and training them on concepts such as the Demographic Dividend. Inclusion of Demographic Dividend policies and plans in national annual plans will show that government officials have participated in and understood JCAP trainings and that they are using knowledge acquired in these trainings in planning to support efficient allocation of Jordan’s resources. This indicator will help JCAP to track whether government officials are equipped with the skills to use Demographic Dividend concepts and population data in policymaking and planning and will help JCAP to adjust its training and support activities as needed in order to make sure that use of population data by government officials at the national level will be sustained beyond the life of the JCAP project. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP staff will work with government officials to review national annual plans for Demographic Dividend policies and plans | |
| **Data Source(s):** National annual plans, JCAP records | |
| **Timing/Frequency of Data Acquisition:** Annual | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor and JCAPSenior Policy and Advocacy Advisor | |
| **Location of Data Storage:** The hardcopies will be kept in JCAP office files storage and the soft copies will be in a secured computer/server | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** JCAP will produce tables and narrative reports about national annual plans for internal review and will also review with HPC, USAID, and other relevant government actors | |
| **Reporting of Data:** Once, at End of Project | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:**  **The concern of timing and not having the national annual plans finalized by the time the JCAP ends** | |
| **Actions Taken or Planned to Address Data Limitations:JCAP will** count the number of draft plans that include Demographic Dividend | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator is 0 as at the time that activities relevant to this indicator began, no national annual plans included demographic dividend policies and plans. | |
| **Rationale for Targets/Notes:**  JCAP based its targets on planned activities and the number of government actors with whom it will collaborate in order to encourage inclusion of Demographic Dividend policies and plans in national annual plans. JCAP is targeting 27 Governmental and Semi –Governmental entities in this training, JCAP planning to came out of (10) plans from them that include Demographic Dividend policies and plans in their national annual plans. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** | |
| **Other Notes:** New indicator added in FY18. | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2018*) | **0** | **0** |
| **2015** | **NA** | **NA** |
| **2016** | **NA** | **NA** |
| **2017** | **NA** | **NA** |
| **2018** | **NA** | **NA** |
| **2019** | **10** |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO3 Essential Services to the Public Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Use of Integrated FP/RH Services Increased | |
| **Indicator Name and Number:** [2.d] Number of governorate-led annual development plans including population data | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** NA | |
| **Precise Definition:** This indicator counts the number of governorate-led annual development plans including population data. JCAP is working with governorate officials to increase their understanding of population data and how it can be useful to them in their planning and policymaking.  **Governorate-led annual development plans** are a comprehensive plan that encompasses a long-term strategic vision for each Governorate that will help boost local development by taking into consideration demographic information when developing those plans. The Plans initiative involves training the Governorates to think strategically, create a demographic development vision for their city and build the capacity of local staff to implement this vision.  **Population data** are the indicators of the various information of population like birth, death, migration, age, sex, marital status, religion, literacy, language, occupation, etc. Such data help to formulate and implement the various policies and planning in a country. Economic, social, cultural and political development takes place on the basis of the data. | |
| **Unit of Measure:** The unit of measure is whole number | |
| **Method of Calculation:** This indicator is a numerical count of the number of governorate-led annual development plans that include population data. Each plan will be counted only once over the life of the project even if it includes multiple instances of population data and revision activities | |
| **Disaggregation:** Governorate (Madaba, Tafilah and Ajloun) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☒ Governorate ☐ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** Under Result 2 (Enabling environment for RMNCH+ improved) JCAP aims to institutionalize use of population data in policy and planning at the governorate level. To this end, JCAP is training governorate officials to understand and use population data. Inclusion of population data in governorate-led annual development plans will show that governorate officials have participated in and understood JCAP trainings and that they are using knowledge acquired in these trainings in planning to support efficient allocation of governorate resources. This indicator will help JCAP to track whether governorate officials are equipped with the skills to use population data in policymaking and planning and will help JCAP to adjust its training and support activities as needed in order to make sure that use of population data at the governorate level will be sustained beyond the life of the JCAP project. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP staff will work with HPC and governorate officials to review Governorates annual development plans | |
| **Data Source(s):** Governorate-led annual development plans, JCAP records | |
| **Timing/Frequency of Data Acquisition:** Annual | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor and Senior Policy and Advocacy Advisor | |
| **Location of Data Storage:** The hardcopies will be kept in JCAP office files storage and the soft copies will be in a secured computer/server | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** JCAP will produce tables and narrative reports about Governorates annual plans for internal review and will also review with HPC, USAID, and other relevant government actors | |
| **Reporting of Data:** Once, end of project | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** None | |
| **Actions Taken or Planned to Address Data Limitations:** NA | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator is 0 as no governorate-led annual develop plans currently include population data | |
| **Rationale for Targets/Notes:** JCAP based its targets on planned activities and the number of targeted Governorates in FY18 with whom it will collaborate in order to encourage inclusion of population data in Governorate annual plans. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** | |
| **Other Notes:** New indicator added in FY18. | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2018*) | **0** | **0** |
| **2015** | **NA** | **NA** |
| **2016** | **NA** | **NA** |
| **2017** | **NA** | **NA** |
| **2018** | **NA** | **NA** |
| **2019** | **3** |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO 3: Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | |
| **Indicator Name and Number:** [2.1.a] Number of public activities conducted by JCAP-supported Champions | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** | |
| **Precise Definition:**  This indicator is a numerical count of the number of public activities promoting family planning or addressing population issues such as the demographic opportunity, conducted by JCAP supported by Champions.  **Public activities:** Speaking/writing/taking public actions in support of FP and related issues such as demographic/population effects on the individual, family, community and/or nation. The channel of the activity may be through any type of media such as TV, Radio, digital, print or in front of live audiences.  **JCAP-Supported:** Includes receiving orientation, encouragement, guidance and/or technical training from the JCAP Activity  **Champions:** Voluntary, uncompensated individuals who are well known and widely respected, who can reach a broad audience and have a demonstrated interest and commitment to FP/RH issues. Champions are categorized by three levels of their target audience: National, Government, or Community. Champions are identified/oriented and provided tools/ skills training and assisted by JCAP to engage in public activities in support of FP/RH. | |
| **Unit of Measure:**  Number of public activities | |
| **Method of Calculation:**  Tally of number of public activities in support of FP during the reporting period that have been conducted by Champions (a single Champion may conduct more than one activity per reporting period).  Champion activities are reported to JCAP through a variety of sources; each occurrence is verified and information compiled by name of Champion and date of occurrence entered into database records. | |
| **Disaggregation:**  Type of Champion (National, Government or Community), sex, age group (youth 18-29, adult 30+) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** While population issues remain significant challenges in Jordan, there is little acknowledgement of how this issue directly relates to social norms around choosing smaller family size and use of modern family planning. There is little discussion around the implications of continuing high fertility rates in Jordan, with very few prominent and vocal supporters to raise this issue publically at all levels (individual, family, community or national levels). JCAP, through its work to support family planning Champions, intends to create a cadre of influential individuals and groups who speak out on this important choice and create awareness of issues related to social norms and high fertility. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** Data on Champions activities are gathered in a data base and Champion’s activities may be verified through mobile text, tracking forms, direct observation and evidence such as news articles, etc. | |
| **Data Source(s):** JCAP records, champion reports, and media products | |
| **Timing/Frequency of Data Acquisition:** Ongoing (aggregated quarterly) | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor | |
| **Location of Data Storage:** JCAP computer/server | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** Data are collected and analyzed per quarter, aggregated in tables and narrative reports. JCAP reviews the findings internally in order to use findings to improve its actvities. | |
| **Reporting of Data:** Quarterly starting in Q1 FY15 | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** There are few limitations to this indicator, as JCAP staff can access and verify media files of Champions’ public activities. There is some risk that Champions might not accurately report public activities. | |
| **Actions Taken or Planned to Address Data Limitations:** Champion self-reports are verified through secondary sources (media files) or through JCAP staff attendance of public events. | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator is 0, as the Champions program started at the beginning of JCAP | |
| **Rationale for Targets/Notes:** Targets were calculated based on planned Champions’ activities each year. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:**  In Year 2, this indicator was modified to be a count of **the number of public activities conducted by Champions** to provide more meaningful information on the scale of outputs from the Champions Activity**.** This change is reflected in the PIRS, AMEL PLAN Log and Table 2. The FY15 Target and Actual shown below and in Table 2 were retroactively modified to reflect results as per the new indicator. Annual and Life of Project actuals and targets are cumulative.  In FY18, JCAP moved this indicator from the old PIRS template to the updated PIRS template (January 2016). | |
| **Other Notes:** | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/18 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2014*) | **0** | **0** |
| **2015** | **8** | **8** |
| **2016** | **20** | **35** |
| **2017** | **25** | **34** |
| **2018** | **35** |  |
| **2019** | **35** |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO 3: Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved/ Sub-IR: Enhanced capacity of key audiences to advocate for population issues | |
| **Indicator Name and Number:** [2.1.b-N] # of population advocacy initiatives conducted by JCAP supported Youth Leaders. | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** | |
| **Precise Definition:** This indicator tallies the number of the initiatives the trained Youth Leaders that are developed. For the purpose of this JCAP and in collaboration with HPC develop a participatory and interactive training module empowering Jordanian youth to gain control over their life decisions and counter social pressure. The training module was built on broadening concepts of self-autonomy and explores topics related to reproductive rights. It is also designed to help youth link personal decisions to broader national population and development issues. JCAP seeks to provide youth with real-world experience in designing community projects.  A group of 50 youth leaders will be trained to become lead facilitators. JCAP will support 5 initiatives.  **Youth Leaders:** are female and male young people under 30 years of age who meet specific selection criteria and have agreed to voluntarily participate in and contribute to an ongoing Youth Leaders program. | |
| **Unit of Measure:** The unit of measure is a whole number | |
| **Method of Calculation:** The Indicator score is a numerical count of ‘Youth initiatives’ that have been corroborated and verified by JCAP staff. | |
| **Disaggregation:** Sex (male or female), age group (10-17, 18-29) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** The data is collected by JCAP program staff, concept notes generated in youth training, visit reports, selection committee resolution | |
| **Data Source(s):** JCAP records | |
| **Timing/Frequency of Data Acquisition:** Annual | |
| **Individual Responsible at Activity (title):** JCAP Senior RMEAdvisor and JCAP Senior Policy and Advocacy Advisor | |
| **Location of Data Storage:** JCAP server | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** The review and analysis of this indicator will be by reviewing data from the Jury Committee selection memo, review the selected initiatives concept notes, quality check visits to initiatives that are taking place in the field. | |
| **Reporting of Data:** Annual, FY19 | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** JCAP policy and advocacy staff collects this data from Youth leaders. There is a possibility that Youth Leaders will misreport data or that some participants will not report consistently | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP acknowledges potential limitations of collecting information from the program participants, but the number of participants is relatively small and JCAP has developed an automated system to minimize reporting efforts needed from participants. JCAP staff train participants in reporting and regularly follow up with them to remind them to report data | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** Baseline is 0. | |
| **Rationale for Targets/Notes:** Targets are set based on the number of Youth Leaders recruited each year and the activities planned. | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** Indicator language changed from “number of advocacy initiatives” to “Number of population advocacy initiatives” in FY18 to reflect scope of JCAP activities. Updated PIRS to clarify language in FY18. Indicator moved to new PIRS template in FY18. | |
| **Other Notes:** New indicator added in FY18. | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2018*) | **0** | **0** |
| **2015** | **NA** | **NA** |
| **2016** | **NA** | **NA** |
| **2017** | **NA** | **NA** |
| **2018** | **5** |  |
| **2019** | **5 (carry over)** |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | | | |
| **IDENTIFICATION** | | | |
| **Linkage to Mission Results Framework:** DO3 Essential Services to the Public Improved | | | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Use of Integrated FP/RH Services Increased | | | |
| **Indicator Name and Number:**2.2.c. # of MOH technical staff who have acquired SBCC core competencies | | | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | | | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** | | |  |
| **DESCRIPTION** | | | |
| **USAID Definition (for Mission and F indicators):** NA | | | |
| **Precise Definition:** This indicator counts the number of MOH technical staff who have acquired SBCC core competencies after participation in JCAP-supported SBCC training in FY18. This training is a key part of JCAP’s collaboration with the MOH/WCHD and HCAD in FY18 and FY19, to build MOH’s capacity to assess health communication needs and to design implement, and monitor of FP/RH SBCC activities at national and subnational levels, including facility and community sites.  To be counted for this indicator, MOH/WCHD and HCAD staff must receive a score of at least 65% on the SBCC training workshop post-test to demonstrate their competency in the following areas:   * SBCC strategic plan building * Communication materials development * SBCC planning and implementation * SBCC M&E plan development   **SBCC:** Social behavior change communication activities  **MOH Technical staff** include the staff of the Women and Child Health Directorate (WCHD) and the Health Communication and Awareness Directorate (HCAD) who | | | |
| **Unit of Measure:** The unit of measure is a whole number | | | |
| **Method of Calculation:** This indicator is a numeric count of the CSO staff who score 65% or above on the SBCC training workshop post-test. | | | |
| **Disaggregation:** Directorate (WCHD, HCAD) | | | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | | | |
| **Management Utility:** Under Sub-Result 2.2 (Strengthened capacity of HPC and MOH to implement FP/RH SBCC, advocacy, and policy initiatives) JCAP aims to institutionalize use of SBCC approaches and implementation of SBCC activities, particularly for FP/RH, so that the WCHD and HCAD will continue these activities beyond the life of the JCAP project. JCAP activities focus on training WCHD and HCAD technical staff to design and manage SBCC programs independently without JCAP support. These activities aim to ensure that the WCHD and HCAD will continue to use SBCC approaches to improve FP/RH outcomes in the long-term, which, in turn, will contribute to JCAP’s Result 2 (Enabling Environment for RMNCH+ improved) and its goal (Increase use of RMNCH+ services as a safe, effective and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan). This indicator will help JCAP to track whether WCHD and HCAD staff are equipped with the skills to manage SBCC programs and to adjust JCAP’s training and support activities as needed in order to make sure that WCHD and HCAD use of SBCC approaches will be sustained beyond the life of the JCAP project. | | | |
| **PLAN FOR DATA COLLECTION** | | | |
| **Data Collection Method:** JCAP’s subcontracter AUB develops pre and post-tests that are distributed and collected before and after training workshops that include information on SBCC core competencies. | | | |
| **Data Source(s):** Pre- and post-tests | | | |
| **Timing/Frequency of Data Acquisition:**  Once | | | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor | | | |
| **Location of Data Storage:** The hard copies are kept in JCAP’s locked storage room and the soft copies are kept on secure computers/servers at both JCAP and subcontractor's offices. | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | |
| **Data Review & Analysis:** Data are collected and analyzed after the workshop, and then aggregated in tables and a narrative report. JCAP will review the findings internally and with sub contractor in order to use findings to improve activities. | | | |
| **Reporting of Data:** Once, in Q4 of FY18 | | | |
| **DATA QUALITY ISSUES** | | | |
| **Date of Past Data Quality Assessment:** NA | | | |
| **Known Data Limitations:** Subcontractors might not have sufficient quality control measures for data collection (i.e. ensuring participants complete the pre/post tests) and data entry. | | | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP checked the subcontractor’s data collection systems prior to the training and monitored the pre and pots test during the workshop to ensure data quality. | | | |
| **BASELINE & TARGETS** | | | |
| **Baseline Timeframe/Notes:** The baseline for this indicator will be 0, since this is a new training. | | | |
| **Rationale for Targets/Notes:** JCAP determined targets based on the planned number of MOH staff who were sent to participate in the SBCC core competencies training. AUB limited the number of participants MOH will send 15 staff persons. | | | |
| **CHANGES TO INDICATOR & OTHER NOTES** | | | |
| **Changes to Indicator:** | | | |
| **Other Notes:** New Indicator added in FY18. | | | |
| **THIS SHEET WAS LAST UPDATED ON**:12/Aug/2018 | | | |
| **PERFORMANCE DATA TABLE** | | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** | | |
| **Baseline** (*2018*) | **0** | **0** | | |
| **2015** | **NA** | **NA** | | |
| **2016** | **NA** | **NA** | | |
| **2017** | **NA** | **NA** | | |
| **2018** | **15** |  | | |
| **2019** | **NA** | **NA** | | |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO 3: Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health status improved/ Sub-IR: Strengthened capacity of HPC and MOH to implement FP/RH SBCC, advocacy, and policy initiatives | |
| **Indicator Name and Number:** [2.2.e] Number of population and family planning modeling tools used at HPC | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** NA | |
| **Precise Definition:** JCAP will enhance HPC capacities on easy-to-use policy models to support policymakers with analytical tools to support the decision-making process. JCAP will help HPC conduct extensive modeling and technical reviews to develop the national strategy on reproductive health and set realistic TFR targets. Trained HPC staff will implement tools such as RAPID, Impact Now, and DemDiv and family planning goal models to get additional projections to inform the strategic planning process. They will also develop a Costed Implementation Plan to inform the plan’s financial requirements and to assist national family planning leaders in policy and advocacy efforts.  **Tools:** Software installed and used for reporting purposes  Tools are counted as “used” if HPC staff are trained in how to use them and they are installed on HPC staff computers. | |
| **Unit of Measure:** The unit of measure is a whole number | |
| **Method of Calculation:** The Indicator score is a numerical count of Population and Family Planning modeling tools used at HPC | |
| **Disaggregation:** Type of modeling tool used (RAPID, DemDiv, Family Planning Goal, Impact Now and Costed Implementation Plan) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** Under Sub-Result 2.2 (Strengthened capacity of HPC and MOH to implement FP/RH SBCC, advocacy, and policy initiatives) JCAP aims to institutionalize use of population and family planning modeling tools, such as RAPID and DemDiv, at HPC, so that HPC staff will continue to use these tools for planning, policymaking, and advocacy beyond the life of the JCAP project. JCAP activities focus on developing tools, training HPC employees to use them, and fostering HPC’s independent use of these tools without JCAP support. These activities aim to ensure that Jordanian policymakers use population data and population projection reports in their decision making to support efficient use of Jordan’s resources. This indicator will help JCAP to track whether HPC staff is equipped with the skills to use population and family planning modeling tools and to adjust JCAP’s training and support activities as needed in order to make sure that HPC use of these tools will be sustained beyond the life of the JCAP project. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** Sample reports generated by HPC | |
| **Data Source(s):** JCAP records, HPC reports | |
| **Timing/Frequency of Data Acquisition:** Q2 FY19 | |
| **Individual Responsible at Activity (title):** Senior RME Advisor and JCAP Senior Policy and Advocacy Advisor | |
| **Location of Data Storage:** Sample reports will be available in JCAP offices and on the server while the modeling tools will be installed at HPC | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** JCAP will review HPC training materials and sample reports to track HPC ability to use tools. | |
| **Reporting of Data:** Once, in Q2 FY19 | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** None | |
| **Actions Taken or Planned to Address Data Limitations:** None | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator is 0*.* | |
| **Rationale for Targets/Notes:** JCAP determed targets based on the number of tools that it plans to train HPC in (2 total – RAPID and DemDiv). | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** | |
| **Other Notes:** New indicator added in FY18. | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2018*) | **0** | **0** |
| **2015** | **NA** | **NA** |
| **2016** | **NA** | **NA** |
| **2017** | **NA** | **NA** |
| **2018** | **NA** | **NA** |
| **2019** | **2** |  |

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| **Performance Indicator Reference Sheet** | | | | |
| **LINKAGE TO MISSION PMP** | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | |
| **Mission sub-Intermediate Result:** 3.1.3 **Capacity and enabling environment for FP/RH strengthened** | | | | |
| **IDENTIFICATION** | | | | |
| **Name of Activity Development Objective (or Goal or Purpose):** Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan | | | | |
| **Name of Activity Intermediate Result 2: Capacity and enabling environment for FP/RH strengthened** | | | | |
| **Name of Activity Sub-Intermediate Result: 2.2 HPC, MOH and NGO/CBO capacity to implement FP/RH advocacy and policy initiatives strengthened** | | | | |
| **Name of Indicator:** 2.2.a Number of civil society organizations (CSOs) receiving USG assistance engaged in health advocacy *Archived FY18* | | | | |
| **Indicator Type: Activity Custom\_\_\_\_\_\_ F\_\_ \_\_\_ Mission PMP** | | | | |
| **Is this a PPR indicator? No\_\_\_\_ Yes \_ \_\_\_, for Reporting Year (s) \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **DESCRIPTION** | | | | |
| **USAID Definition (if applicable):** This indicator tallies the number of CSOs receiving financial assistance from USG that initiate or participate in health advocacy interventions.  Health advocacy encompasses direct service to the individual or family and activities that promote health and access to health care in communities and the larger public. Advocates support and promote the interests of individuals and communities in the health care arena, help build capacity to improve community health, and enhance health policy initiatives focused on available, safe, and quality care.  Advocacy should be understood as a means for individuals, constituencies, or organizations to shape public agendas, change public policies, and influence other processes that impact their lives. Health advocacy does not involve one march, meeting, or poster, but is a series of strategic, integrated activities designed to achieve a goal. It may include a wide range of activities, such as lobbying, public interest litigation, letter writing campaigns, or civil disobedience. Advocacy interventions tend to:   * Be strategic (a deliberate, planned action, not random) * Involve a set of sustained actions to build and direct pressure * Be designed to persuade * Be targeted * Involve alliance building   Successful advocacy efforts result in change. | | | | |
| **Precise Definition(s):**  **with JCAP support:** CSO that receives financial assistance and/or technical assistance from the JCAP Activity.  **Engaged in health advocacy:** The CSO implements activities that raise public awareness and promote the positive value of family planning. The advocacy work may also mainstream gender concepts and life planning and include intentional targeting of key population beneficiary segments, including male and female youth, MWRA, men, and Syrian refugees  CSOs: include JCAP current and previous grantees and others that are interested in the program; Institute for Family & Health (IFH), Tafila Women Charitable Society (TWCS), Islamic Center Charitable Society (ICCS), INJAZ, SIGI, and National Women’s Health Care Center (NWHCC) | | | | |
| **Unit of Measure:** Number | | | | |
| **Method of calculation:**  Tally the total number of CSOs engaged in health advocacy supported by JCAP. A CSO receiving JCAP support is counted toward this indicator following review of their documented advocacy activities. | | | | |
| **Disaggregated by:** Type of organization | | | | |
| **Justification & Management Utility:** Advocacy interventions are essential aspects of democratic policymaking and citizen participation. These interventions play an important role in determining social justice, political and civil liberties, and in giving a voice to citizens and historically marginalized groups. At its best, advocacy expresses the power of the individual, constituency, or organization to shape public agenda and change public policies. As part of a broader civil society strategy, advocacy-oriented action goes beyond specific objectives (e.g., raising the minimum wage or improving access to quality health services) to providing the means to mobilize society, ideas, and resources to bring about democratic change and/or its consolidation. It is a critical means for citizens to express their needs and concerns to government. The issue of population growth and pressure on the stability of the society can be addressed through advocacy interventions that emphasize the benefits of a smaller family size and the use of modern contraception as a means to support this choice. The CSO advocacy efforts supported through JCAP emphasize targeting key segments of the population with messages tailored to their concerns about FP/RH and its implications for individuals, families, the community, and the national level. | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | |
| **Data Collection Method:** CSOs report quarterly to JCAP in alignment with required data calculation parameters. | | | | |
| **Data Source(s):** CSO reports that describe/detail advocacy efforts and events. | | | | |
| **Method of transfer to USAID:** JCAP Quarterly reporting | | | | |
| **Frequency & Timing of Data Acquisition:** Quarterly | | | | |
| **Estimated Cost of Data Acquisition:** TBD | | | | |
| **Individual Responsible at IP (title):** JCAP Senior RME Advisor | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | |
| **Location of data storage:** CSO offices and JCAP secure files and server | | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Date of Initial Data Quality Assessment:** N/A | | | | |
| **Known Data Limitations and Significance (if any):** Threats toreliability because reporting comes from multiple sources | | | | |
| **Actions Taken or Planned to Address Data Limitations:** N/A | | | | |
| **Date of Future Data Quality Assessments:** N/A | | | | |
| **Procedures for Future Data Quality Assessments:** N/A | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | |
| **Data Analysis:** CSO quarterly report findings are reviewed between JCAP and CSO for management decision making and with USAID and other partners as appropriate. | | | | |
| **Presentation of Data:**  JCAP Routine Reporting | | | | |
| **Review of Data:** Data collection process and forms are reviewed by JCAP regularly at field level, based on observation and to check the veracity and accuracy of the data records. | | | | |
| **Reporting of Data:** Quarterly | | | | |
| **OTHER NOTES** | | | | |
| **Notes on Baselines/Targets: 2015-** Total grantees planned for first Tranche of grants was 4 (ICCS, JOHUD, INJAZ, JAFPP), but only three were awarded (not JAFPP). Second tranche grantees will be identified in Q1 FY16. | | | | |
| **Other Notes:** Since CSOs are implementing activities across reporting periods, this information is indicated in the numbers reported in quarterly reports. To prevent double counting in DevResults, each CSO is counted only once per year.  This indicator was archived in FY18. | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | |
| Year | Baseline | Target | Actual | Notes |
| **2015** | N/A | 4 | 3 | INJAZ, ICCS, JOHUD (JAFPP was not selected in the first Tranche of grantees) |
| **2016** |  | 6 | 4 (3 carried over and 1 new) | (3 continuing + 3 new added) |
| **2017** |  | 3 new | TBD |  |
| **2018** |  | 3 (3carried over) | TBD |  |
| **2019** |  | TBD | TBD |  |
| THIS SHEET LAST UPDATED ON 8/12/16 | | | | |

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| **Performance Indicator Reference Sheet** | | | | | |
| **LINKAGE TO MISSION PMP** | | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | | |
| **Mission sub-Intermediate Result:** 3.1.3 **Capacity and enabling environment for FP/RH strengthened** | | | | | |
| **IDENTIFICATION** | | | | | |
| **Name of Activity Development Objective (or Goal or Purpose): Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan** | | | | | |
| **Name of Activity Intermediate Result 2: Capacity and enabling environment for FP/RH strengthened** | | | | | |
| **Name of Activity Sub-Intermediate Result: 2.2 HPC, MOH and NGO/CBO capacity to implement FP/RH advocacy and policy initiatives strengthened** | | | | | |
| **Name of Indicator:** 2.2.b Number of evidenced-based advocacy presentations supported by JCAP delivered to stakeholders *Archived FY18* | | | | | |
| **Indicator Type: Activity Custom \_\_X\_\_\_ F\_\_\_\_\_ Mission PMP \_\_\_\_\_\_** | | | | | |
| **Is this a PPR indicator? No\_ X\_\_\_ Yes \_\_\_\_, for Reporting Year (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **DESCRIPTION** | | | | | |
| **Precise Definition(s):**  **Evidence -based advocacy presentations *are analyzed information based on evidence delivered to an audience*. The content of the presentation may consist of RAPID or other data based formats that convey how population parameters affect socio-economic conditions for individuals and collectively for a society.**  **RAPID:** The RAPID Model is a computer-based tool that stakeholders can use to demonstrate the effect of rapid population growth on different sectors and the benefits of FP programs. RAPID reports are the basis for designing and predicting future population growth scenarios based on assumptions across time.  **Evidence-based:** The basis of RAPID or other presentations is the demographic, economic, and social data collected from relevant official sectoral sources.  **Advocacy presentations:** Presentations, models, and scenarios constructed with substantiated evidence that *are delivered* to an audience of stakeholders to influence their decision-making and foster policy change supporting family planning and balanced population growth.  This indicator counts the total number of presentations delivered to a stakeholder audience that focus on evidence-based advocacy created with JCAP support. | | | | | |
| **Unit of Measure:** Number | | | | | |
| **Method of calculation:** Tally of evidence-based presentations delivered to a stakeholder audience | | | | | |
| **Disaggregated by:** Type of presentation (RAPID, other evidence base); sectors if featured (health, water, energy, agriculture, education) ; level of data (national/governorate, as applicable) | | | | | |
| **Justification & Management Utility:** The RAPID model combines socioeconomic indicators such as labor force participation, primary school enrollment, and number of nurses per capita with demographic information and population projections to estimate impacts on these variables up to 30 years and 50 years into the future. Population growth scenarios are projected so that policymakers can compare the consequences if the country/governorate continues to have high fertility vs. the benefits of reducing fertility in part through family planning programs. JCAP assists HPC to assess, update, adapt, and present the current National and governorate level RAPID presentations to highlight factors such as the demographic opportunity, refugee influx, gender issues, and population change implications on health, education, economy, labor forces, land, water and energy resources, and family lifestyle. JCAP will also work with Fellows to help develop National and governorate level evidenced-based presentations and policy briefs to support HPC, MOH, and NGO advocacy efforts. | | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | |
| **Data Collection Method:** Document review of project records and other relevant records | | | | |
| **Data Source(s):** JCAPReports; reports by JCAP partners, ministries, and governmental bodies | | | | |
| **Method of transfer to USAID:** JCAP Quarterly report | | | | |
| **Frequency & Timing of Data Acquisition:** Ongoing and based on quarterly reporting requirements | | | | |
| **Estimated Cost of Data Acquisition:** TBD | | | | |
| **Individual Responsible at IP (title):** JCAP Senior Policy and Advocacy Advisor | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | |
| **Location of data storage:** JCAP Office, financial records | | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Date of Initial Data Quality Assessment:** TBD | | | | |
| **Known Data Limitations and Significance (if any):** None known | | | | |
| **Actions Taken or Planned to Address Data Limitations:** None | | | | |
| **Date of Future Data Quality Assessments:** NA | | | | |
| **Procedures for Future Data Quality Assessments:** NA | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | |
| **Data Analysis:** JCAP reviews reports and records to collect all occurrences of RAPID/evidence-based presentations | | | | |
| **Presentation of Data:** In Quarterly Report | | | | |
| **Review of Data:** JCAP and partners will review progress and make needed adjustments | | | | |
| **Reporting of Data:** Quarterly in JCAP Quarterly Report | | | | |
| **OTHER NOTES** | | | | |
| **Notes on Baselines/Targets:**  **2015: 5** (1 National level RAPID presentation and 1KAP baseline survey dissemination).  For FY16 and onwards this indicator is modified to count the *number of times that evidence-based presentations are delivered* to stakeholders supported by JCAP (change clarified/reflected in PIRS and AMEL PLAN Log). | | | | |
| **Other Notes:** This indicator was archived in FY18. | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | |
| Year | Baseline | Target | Actual | Notes |
| **2015** | N/A | 5 | 2 (1 National RAPID and 1 KAP) | 4 RAPID data reports completed but presentations not yet designed for delivery |
| **2016** |  | 18 | TBD |  |
| **2017** |  | 21 | TBD |  |
| **2018** |  | 14 | TBD |  |
| **2019** |  | 5 | TBD |  |
| THIS SHEET LAST UPDATED ON: 8/12/2018 | | | | |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | | | |
| **IDENTIFICATION** | | | |
| **Linkage to Mission Results Framework:** DO3: Social Sector Quality Improved | | | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | | | |
| **Indicator Name and Number:** [(M-PMP 4.1.a)GXC1] Percentage of participants with an increased level of knowledge and understanding of gender equality principles and women’s rights as a result of USG interventions | | | |
| **Indicator Type: ☐ Activity Custom ☐ Standard F 🗷 Mission PMP** | | | |
| **Is this a PPR indicator? ☐ No 🗷 Yes, for Reporting Year(s)** | | | 2015-2019 |
| **DESCRIPTION** | | | |
| **USAID Definition (for Mission and F indicators):** This measures the change in level of knowledge and understanding of gender equality principles and women’s rights as a result of a USG intervention. This is measured through a pre- and post-test methodology administered to beneficiaries of training or programming in any sector that seeks to change social norms, especially those of gender equality and women’s rights focused interventions. Illustrative programs include those designed to raise broad awareness of human rights; to train journalists to report more responsibly on gender issues; to change social norms and gender roles; to increase the political participation of women; to develop youth; to increase economic empowerment; to help organizations include more transparent HR policies that include women; and to change behavior in the health sector | | | |
| **Precise Definition:** JCAP specific: This measures the percentage of participants demonstrating increased understanding of gender principles, including women’s rights, gender equity/equality, and female access to opportunities. Measurements include pre/post assessments of learning objectives. The definition of individuals with increased level of knowledge and understanding of gender principles will be training specific, based on pre/ post-testing results tailored to the audience(s) types and levels of exposure to learning opportunities. Alternatively, per Mission guidance, the measure may be a self-assessment rating of increased level of knowledge on a five-point scale.  **Participants:** JCAP supported beneficiaries or trainees who take part in JCAP supported activities | | | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number | | | |
| **Method of Calculation:** The sample includes only those participants in the relevant training/workshop whose pre-test scores had potential to improve, meaning that on the pre-test they did not self-assess as having full knowledge of gender equality concepts (answering “full knowledge” to the question, “What is your level of knowledge of gender equality concepts?”) The numerator is the number of participants who self-assessed as having full knowledge of gender equality concepts on the post-test. The denominator is the total number of participants with responses for both the pre- and post-tests.  Percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | | | |
| **Disaggregation:** Sex (male/female), geographic location (Governorate), age group (youth 10-17, youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other) | | | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | | | |
| **Management Utility:** The JCAP technical approach recognizes that gender norms and roles within the Jordan context may serve as barriers to achieving key Activity objectives and results. As such, gender issues are recognized in the JCAP Results Framework as a crosscutting indicator, meaning that successful results in gender-focused activities will contribute to the achievement of all JCAP results levels.  Sources of status for women outside the roles of mother and wife are limited in many parts of Jordan and the majority of females perceive their status and self-worth primarily as a function of their maternal roles and fertility. Further, societal prescriptions on female agency, access to resources, and decision making in family and community restrict women’s ability to make choices and/or act on her choices. This situation greatly affects reproductive health and family planning for females and males, wives and husbands. JCAP supports widening the view of female rights, roles, and access to resources as the foundation leading to improved reproductive health and choice. JCAP will support improved understanding and mainstreaming of gender principles throughout its interventions. However, this indicator will be applied and measured in interventions designed with specified gender objectives and a focus on these results. From an Activity perspective, if JCAP improves perceptions of gender equity principles in its target audiences, then these results will be a foundation for and contribute to the success of activities underlying each level of sub results and results and collectively result in achievement of IR3.1. | | | |
| **PLAN FOR DATA COLLECTION** | | | |
| **Data Collection Method:** JCAP develops pre and post-tests that are distributed and collected by its CSO grantees before and after training workshops that include information on gender equality | | | |
| **Data Source(s):** Pre- and post-tests | | | |
| **Timing/Frequency of Data Acquisition:** Ongoing (reported quarterly) | | | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor and JCAP M&E Specialist | | | |
| **Location of Data Storage:** The hard copies are kept in JCAP’s locked storage room and the soft copies are kept on secure computers/servers at both JCAP and the CSO grantees’ offices. | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | |
| **Data Review & Analysis:** Data are collected and analyzed per activity, and then aggregated in tables and narrative reports. JCAP reviews the findings internally and with CSO grantees in order to use findings to improve activities. | | | |
| **Reporting of Data:** Quarterly | | | |
| **DATA QUALITY ISSUES** | | | |
| **Date of Past Data Quality Assessment:** NA | | | |
| **Known Data Limitations:** CSO grantees might not have sufficient quality control measures for data collection (i.e. ensuring participants complete the pre/post tests) and data entry. | | | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP developed a data quality manual and trains CSO grantees M&E staff on best practices in data quality control. JCAP closely follows the work and regularly conducts spot checks to ensure quality standards are met. | | | |
| **BASELINE & TARGETS** | | | |
| **Baseline Timeframe/Notes:**  The baseline for this indicator will be set using pre- and post-tests from the first quarter of implementation | | | |
| **Rationale for Targets/Notes:** Targets were determined and set at the beginning of the Activity based on JCAP’s plans, and adjusted as needed based on annual achievements and work plans. For FY18 and FY19 targets are based on plans for Tranche 3 grantees. These grantees started to conduct workshops in Q4 of FY18 and will continue thorugh Q1 of FY19. Since activities in these two years are part of the same grant and workshop implementation is relatively short (June 2018 – January 2019), the target is the same for FY18 and FY19. | | | |
| **CHANGES TO INDICATOR & OTHER NOTES** | | | |
| **Changes to Indicator:** Indicator targets updated in FY18 to reflect results from previous years. Indicator moved to new PIRS template in FY18. | | | |
| **Other Notes:** Gender training interventions such as TOT are expected to produce higher percentages of increases in knowledge than community-based events conducted for beneficiaries. | | | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | | | |
| **PERFORMANCE DATA TABLE** | | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** | |
| **Baseline** (*2015*) | 0% | 68% | |
| **2016** | 40% | 26% | |
| **2017** | 45% | 94% | |
| **2018** | 94% |  | |
| **2019** | 94% |  | |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO3: Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | |
| **Indicator Name and Number:** [(M-PMP 4.b) (F- GNDR 4) GXC2] Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political opportunities | |
| **Indicator Type: ☐ Activity Custom 🗷 Standard F 🗷 Mission PMP** | |
| **Is this a PPR indicator? ☐ No 🗷 Yes, for Reporting Year(s)** | 2016 - 2019 |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** Participants are defined as beneficiaries of USAID training or programming in any sector that seeks to change social norms, especially those around gender. Illustrative programs include those designed to raise broad awareness of human rights, train journalists to report more responsibly on gender issues, change social norms and gender roles, and increase the political participation of women. Programs also involve youth development, economic empowerment, or behavior change in the health sector | |
| **Precise Definition:** Changes in participant attitudes will be measured through the equal opportunity survey. Data for this indicator will be collected through a pre/post survey, once at the start of relevant USG-funded training /programming and a second time at the end of training/programming. The survey may be read to program beneficiaries who are illiterate. JCAP will be responsible for ensuring that implementers collect these data.  Respondents will be asked: To what extent do you agree or disagree with the following statements:   1. Women should have equal rights with men and receive the same treatment as men do. 2. On the whole, men make better political leaders than women and should be elected rather than women.(r) 3. When jobs are scarce, men should have more right to a job than women.(r)   To score the opportunity measure, responses are coded as follows:  -2 = Strongly Disagree  -1 = Disagree  0 = Neither Agree nor Disagree  +1 = Agree  +2 = Strongly Agree  The items with an (r) should be reverse-scored. In other words, those items followed by an "r" that have a score of -2 should be recoded as a score of +2, -1 should be recoded as +1, +1 as -1 and +2 as -2.  For example, for items 2 (" On the whole, men make better political leaders than women and should be elected rather than women“), a response of “strongly agree” would be re-coded as " -2" and a response of “strongly disagree” would be re-coded as "+2". Responses on each item should be added to yield a score between -3 and 3. A higher score indicates greater agreement that men and women should have equal opportunities. | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number | |
| **Method of Calculation:** The sample includes only those participants in the relevant training/workshop whose pre-test scores had potential to improve, meaning that they did not express gender equitable views in response to the three statements above. The numerator is the number of participants who expressed gender equitable views in response to the three statements above on the post-test. The denominator is the total number of participants with responses for both the pre- and post-tests.  Percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | |
| **Disaggregation:** Sex (male/female), geographic location (Governorate), age group (youth 10-17, youth 18-29, adult 30-49, adult 50 and above), nationality (Jordanian, Syrian, other) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** This indicator is used to measure the extent that USAID-supported gender equality and female empowerment efforts are changing societal attitudes and norms of target populations about whether men and women should have equal opportunities in social, political, and economic spheres. The information is a proxy for deeper structural changes and JCAP uses it for planning and reporting purposes. | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP develops pre- and post-tests that will be distributed and collected by its CSO grantees before and after trainings/workshops that include information on gender equality. | |
| **Data Source(s):** Pre- and Post- tests | |
| **Timing/Frequency of Data Acquisition:** Ongoing (reported quarterly) | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor and JCAP M&E Specialist | |
| **Location of Data Storage:** The hard copies will be kept in JCAP’s locked storage room and the soft copies will be on a secured computer/server at both JCAP and CSO grantee offices. | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** Data are collected and analyzed per activity and then aggregated in tables and a narrative report. JCAP reviews the findings internally as well as with CSOs and uses findings to improve activities. | |
| **Reporting of Data:** Quarterly | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** The previous assessment was on theOctober 26, 2017 done by JCAP’s AOR and USAID’s M&E personnel. The JCAP RME unit was responsible for the assessment. | |
| **Known Data Limitations:** CSO grantees might not have sufficient quality control measures for data collection (i.e. ensuring participants complete the pre/post tests) and data entry. | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP developed a data quality manual and trains CSO grantee staff on best practices in data quality control. JCAP closely follows the work and regularly conducts spot checks to ensure quality standards are met. | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator will be set using pre- and post-tests from the first quarter of implementation (GXC2) | |
| **Rationale for Targets/Notes:** Targets were determined and set at the beginning of the Activity based on JCAP’s plans, and adjusted as needed based on annual achievements and work plans. For FY18 and FY19 targets are based on plans for Tranche 3 grantees. These grantees started to conduct workshops in Q4 of FY18 and will continue thorugh Q1 of FY19. Since activities in these two years are part of the same grant and workshop implementation is relatively short (June 2018 – January 2019), the target is the same for FY18 and FY19 | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** Indicator language updated to be more specific in FY18. Indicator targets updated in FY18 to reflect results from previous years. Indicator moved to new PIRS format in FY18. | |
| **Other Notes:** | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2015*) | 0% |  |
| **2016** | 10% | 51% |
| **2017** | 25% | 64% |
| **2018** | 65% |  |
| **2019** | 65% |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO3: Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | |
| **Indicator Name and Number:** [YXC1] Percentage of youth reached who intend to discuss FP use with their partner during engagement before marriage | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** | |
| **Precise Definition:** Percentage of Youth target population reached in JCAP implementation areas who report their intention to discuss Family Planning with their future spouse during the period they are engaged, prior to being married.  **Youth:** defined as males and females between the ages of 15-29, this indicator targets only **unmarried** female and male youth.  **Reached:** Reached through exposure to or participation in any JCAP-supported activities.  **Discussions**: participate in two-way conversations on Family Planning topics with fiancée before marriage  **Intend to discuss family planning:** is measured through written verification by individual youth as part of an evaluation or reporting process | |
| **Unit of Measure:** The unit of measure is percentage expressed as a whole number | |
| **Method of Calculation:** The sample includes only those participants in the relevant training/workshop whose pre-test scores had potential to improve, meaning they disagreed with the statement " birth spacing will contribute to better opportunities for parents and children". The numerator is the number of participants whose agreement with this statement on the post-test have changed compared with the pre-test. The denominator is the total number of participants with responses for both the pre- and post-tests.  Percentage is calculated by dividing the numerator by the denominator and multiplying by 100. | |
| **Disaggregation:** Sex (male/female), geographic location (Governorate), age group (youth 10-17, youth 18-29), nationality (Jordanian, Syrian, other) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** JCAP recognizes that youth composes the largest target population within the Jordan context. Developmentally, youth retain potential to be open and flexible, alter, and adjust their attitudes and behaviors. In this sense, youth bring the capacity for innovation. Representing the future, youth are the ones who will adopt and endorse new paths of ideas, attitudes, and values and expand gender roles in the family and society. If JCAP activities (such as JCAP support of activities in life planning with youth) positively influence the perceptions of youth audiences in regard to the many benefits of family planning, then JCAP anticipates that this will lead to more communication on family planning and agreement before marriage—and across the fertility lifespan | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP develops pre and post-tests that will be distributed and collected by its CSO grantees / JCAP Subcontractors: Al Nasher/ AUB before and after training workshops/ edutainment lectures (Premarital counselling workshops, AWSO) that include information on birth spacing | |
| **Data Source(s):** Pre and Post tests | |
| **Timing/Frequency of Data Acquisition:** Ongoing (reported quarterly) | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor and JCAP M&E Specialist | |
| **Location of Data Storage:** The hard copies will be kept in JCAP storage room and the soft copies will be in a secured computer/server at both JCAP and the Cso grantees/ JCAP Subcontractors | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** Data are collected and analyzed per activity and then aggregated in tables and a narrative report. JCAP reviews the findings internally as well as with CSOs/ subcontractors and uses findings to improve activities. | |
| **Reporting of Data:** Quarterly | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** CSO grantees/ Subcontractors might not have sufficient quality control measures for data collection (i.e. ensuring participants complete the pre/post tests) and data entry. | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP developed a data quality manual and trains CSO grantees/ Subcontractor M&E staff on best practices in data quality control. JCAP closely follows the work and regularly conducts spot checks to ensure quality standards are met. | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator will be set using pre- and post-tests from the first quarter of implementation | |
| **Rationale for Targets/Notes:** Targets were determined and set at the beginning of the Activity based on JCAP’s plans, and adjusted as needed based on annual achievements and work plans. For FY18 and FY19 targets are based on plans for Tranche 3 grantees. These grantees started to conduct workshops in Q4 of FY18 and will continue thorugh Q1 of FY19. Since activities in these two years are part of the same grant and workshop implementation is relatively short (June 2018 – January 2019), the target is the same for FY18 and FY19 | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** Indicator language updated in FY18 to be more specific. Indicator targets updated in FY18 to reflect results from previous years. Indicator moved to updated PIRS format in FY18. | |
| **Other Notes:** | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2015*) | 0% |  |
| **2016** | 35% | 92% |
| **2017** | 65% | 97% |
| **2018** | 97% |  |
| **2019** | 97% |  |

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| **Performance Indicator Reference Sheet** | | | | |
| **LINKAGE TO MISSION PMP** | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | |
| **Mission sub-Intermediate Result:** N/A | | | | |
| **IDENTIFICATION** | | | | |
| **Name of Activity Development Objective (or Goal or Purpose): Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan** | | | | |
| **Name of Activity Intermediate Result:** | | | | |
| **Name of Activity Sub-Intermediate Result:** | | | | |
| **Name of Indicator: YXC2 Percentage of youth reached who have actively supported family planning or gender discussions with peers or community. Removed in FY17** | | | | |
| **Indicator Type: 🗷 Activity Custom \_\_\_\_\_ F\_\_\_\_\_ Mission PMP \_\_\_\_\_\_** | | | | |
| **Is this a PPR indicator? ☐ No\_\_X\_\_ ☐ Yes \_\_\_\_, for Reporting Year (s) \_\_\_\_\_\_** | | | | |
| **DESCRIPTION** | | | | |
| **USAID Definition (if applicable): N/A** | | | | |
| **Precise Definition(s):**  **Youth**: defined as males and females between the ages of 15-29, this indicator targets unmarried female and male youth  **Reached**: reached through JCAP supported training, communication, or other SBCC or advocacy activities intended to raise awareness and also through peer-to-peer activities or other program efforts  **Actively supported**: promoting the concept through initiating positive conversation on family planning with others or promoting through other forms of communication  **Discussions**: participating in two-way conversations on topics with others  **Peers**: individuals who are in the same age group or stage of life and may share similar interests  **Community**: a group of individuals who are bonded by living in the same geographic area and share a similar life style, background, social and cultural values, attitudes, and interests  This is measured by self–report of specified actions undertaken by individuals. | | | | |
| **Unit of Measure:** The unit of measure is a percentage expressed as a whole number. | | | | |
| **Method of calculation**: The numerator is the number of youth reached who report having actively supported family planning or gender discussions with peers or community. The denominator is the total number of youth reached, such as those who participated in the relevant training/programming or were reached in other JCAP supported activities. Percentage is calculated by dividing the numerator by the denominator and multiplying by 100. The foundational record of this measure may be a verbal self-report or a form or survey completed by participants post training or post event or as part of a personal action plan. | | | | |
| **Disaggregated by:** Geographic location (District); sex. JCAP internal: nationality (Jordanian, Syrian, other) | | | | |
| **Justification & Management Utility:** The JCAP technical approach recognizes that youth composes the largest and arguably the most important target population within the Jordan context. Developmentally, youth retain potential to be open and flexible, alter and adjust their attitudes and behaviors. In this sense, youth bring the capacity for innovation. Representing the future, youth are those who will adopt, endorse, and advocate for new ideas, attitudes and values, and expand gender roles in the family and society. These actions will, in turn, affect the meaning and interpretation of human rights and welfare. More specifically, these new ideas will also change norms and perceptions of fertility, ideal family size, birth spacing, and the use of modern contraception to achieve these preferences.  JCAP views youth as an important target group in its own right and as a crosscutting element. JCAP implementation will reach and seminally involve young males and females through a variety of Social Behavioral Communication Change and Advocacy and Policy interventions. JCAP activities are designed to engage and motivate youth to better understand, endorse, and share their views on FP among their peers and in their communities. In JCAP’s theory of change, youth activities serve as a foundation for achieving lasting and sustainable change. If these activities are successful, then they contribute to the achievement of progress across higher levels of JCAP results. The activities contribute to more favorable perceptions, a more enabling social environment, improved couples communication, decision making around FP, increased sustainability, and continuation of method choice.  From our Activity perspective, if JCAP supported youth-oriented activities (for example, life planning with youth) positively influence perceptions of the many benefits of planning families, then this will show a result as increased communication on FP among youth, their peers, and across their community contacts (Indicator YXC2). Clear, deliberate and shared discussion around fertility, ideal family size, and use of family planning will break down stereotypical ideas and barriers. If youth see they have a choice and create an FP strategy early, they will be less likely to follow social pressure and bear children immediately and often. Collectively, youth communication and advocacy efforts will contribute to the reinvention of fertility norms, accompanied by greater demand for FP and a better enabling environment. This will, in turn, result in progress toward IR3.1. | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | |
| **Data Collection Method**: JCAP may use a number of self-reporting data collection methods and mechanisms (written or verbal report, follow-up phone calls, SMS surveys, etc.) to collect data from participants after they have been involved in peer-to-peer activities or other interventions such as youth clubs, educational sessions, debates, film making, or theater. Verification checks are performed to ensure answers are valid. | | | | |
| **Data Source(s):** JCAP records of follow-up surveys and other reporting formats | | | | |
| **Method of transfer to USAID:** JCAP routine reporting (quarterly reports and annual reports) | | | | |
| **Frequency & Timing of Data Acquisition:** Ongoing (reported quarterly) | | | | |
| **Estimated Cost of Data Acquisition:** JCAP Senior RME Advisor | | | | |
| **Individual Responsible at IP (title):** JCAP Senior RME Advisor | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior Advisor RME | | | | |
| **Location of data storage:** JCAP offices and designated, secure computer location | | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Date of Initial Data Quality Assessment:** N/A | | | | |
| **Known Data Limitations and Significance (if any**): Self-reporting bias error arises from social desirability and/or the likelihood that some individuals may either report fraudulently (e.g., report they conducted an action when they did not) or exaggerate or inflate their action (e.g., report a single sentence interaction as a discussion).It is time consuming, labor intensive, and costly to reach activity participants post-program involvement for verification; therefore, it is anticipated that this indicator is to be applied with only subsamples of youth participants. | | | | |
| **Actions Taken or Planned to Address Data Limitations**: JCAP limits the amount of biased reporting through designing effective monitoring systems and circumstances that will facilitate a full, honest, and accurate reporting process. JCAP requires data verification checks with a subset of reporting forms to ensure that percentage calculations are accurate and valid. | | | | |
| **Date of Future Data Quality Assessments:** TBD | | | | |
| **Procedures for Future Data Quality Assessments:** TBD | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | |
| **Data Analysis:** This indicator is computed on subsamples of participants at designated points in time | | | | |
| **Presentation of Data:** JCAP routine reporting (quarterly and annual reports) | | | | |
| **Review of Data:** Quarterly or as data are available | | | | |
| **Reporting of Data:** Quarterly depending on activity dates, anticipated to start Q1 FY16. | | | | |
| **OTHER NOTES** | | | | |
| **Notes on Baselines/Targets:** Potential activities to be measured include peer-to-peer, Hiwar Al Ajyal, or community group activities planned for Year 2. Since this indicator requires a strong level of M&E effort and capacity on the part of grantees, it will be measured selectively on small subsamples of participants, likely starting in FY16 Q3. | | | | |
| **Other Notes: This indicator was removed in FY18** | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | |
| Year | Baseline | Target | Actual | Notes |
| **2015** | 0% | NA | NA |  |
| **2016** |  | 25% | TBD |  |
| **2017** |  | 30% | TBD |  |
| **2018** |  | N/A | N/A |  |
| **2019** |  | N/A | N/A |  |
| THIS SHEET LAST UPDATED ON: 11/18/15 | | | | |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** *Enter the name and number of the most relevant Mission’s sub-Intermediate Result (sub-IR), Intermediate Result (IR), and/or Development Objective (DO) as appropriate.* | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** *Enter the full name and number (example: IR 3.2) of the relevant result in your activity’s results framework that this indicator measures.* | |
| **Indicator Name and Number:** [(PMP 3.1.1.2.b)XC1] Number of trainings, workshops, awareness raising, or events conducted with JCAP support to increase knowledge/skills | |
| **Indicator Type: ☐ Activity Custom ☐ Standard F 🗷 Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** (A count of the total number of activities: trainings, workshops, awareness raising, or events conducted with JCAP support to increase knowledge or skills in FP/RH, gender, advocacy/policy /demographic opportunity, communication. Evidence–based data presentations (such as RAPID) reflected in indicator 2.2.b are included.  Activities include:  **Training**: a formal and structured meeting of participants pre-selected on specific criteria with trainer(s) providing information on planned learning objectives and curriculum  **Workshop**: planned gathering of a specified group of individuals conducting activities to meet specified objectives that are not primarily intended as training  **Event**: an organized gathering generally held with a list of invited attendees who are targeted to receive information about specified topics.  **Awareness raising**: informational activities often with a less defined audience. Can be structured through media such as a radio program or conducted with community-level participants to share information on specified topics | |
| **Precise Definition:** | |
| **Unit of Measure:** Number of trainings, workshops, awareness raising, or events | |
| **Method of Calculation:** Tally of trainings, workshops, awareness raising, or events conducted with JCAP support to increase knowledge/skills | |
| **Disaggregation:** Geographic location (Districts), type of activity, topic of activity (FP/RH; gender, policy/advocacy/ demographic opportunity, communication). JCAP internal: target audience | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** This indicator serves as an output indicator to capture JCAP efforts to increase knowledge and skills. Events are key platforms for JCAP to raise public awareness at all levels of society. Workshops and training improve knowledge, capacity, skills, and motivation to conduct activities in support of JCAP programmatic objectives and efforts in social norms and the public sphere | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP project data and CSO records from event, training, and workshop forms (including verification through attendance sheets) | |
| **Data Source(s):** JCAP records | |
| **Timing/Frequency of Data Acquisition:** Ongoing (reported quarterly) | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor and JCAP M&E Specialist | |
| **Location of Data Storage:** The hard copies will be kept in JCAP office files storage and the soft copies will be stored on JCAP’s computer/server | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** JCAP Technical staff will review progress however this indicator does not require analysis per se, but the investment, distribution, and balance of efforts across areas will be closely tracked to ensure that all relevant topic areas receive attention | |
| **Reporting of Data:** Quarterly | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** Since interventions are implemented by many partners who may report events differently. Also, data may be fragmented and hard to collect from all sources. | |
| **Actions Taken or Planned to Address Data Limitations:** Different types of verification procedures are conducted randomly depending on the data source | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** This variable is an aggregate measure that depends on a number of factors. Since it reflects a composite of all JCAP/ grantee trainings, workshops, awareness raising, and events, estimates are rough. The target increase for FY16 onwards reflects the engagement of additional grantees. | |
| **Rationale for Targets/Notes:** | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** Indicator targets updated in FY18 to reflect results from previous years. Indicator moved to updated PIRS template in FY18. | |
| **Other Notes:** | |
| **THIS SHEET WAS LAST UPDATED ON**: 8/12/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2015*) | 0 | 92 |
| **2016** | 290 | 796 |
| **2017** | 150 | 1052 |
| **2018** | 600 |  |
| **2019** | 100 |  |

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| **USAID/Jordan Activity Performance Indicator Reference Sheet** | |
| **IDENTIFICATION** | |
| **Linkage to Mission Results Framework:** DO 3: Social Sector Quality Improved | |
| **Name of Activity Result Measured (Goal/IR/sub-IR):** IR 3.1: Health Status Improved | |
| **Indicator Name and Number: XC2 Number of research studies supported by JCAP providing evidence on population and RMNCH+** | |
| **Indicator Type: 🗷 Activity Custom ☐ Standard F ☐ Mission PMP** | |
| **Is this a PPR indicator? 🗷 No ☐ Yes, for Reporting Year(s)** |  |
| **DESCRIPTION** | |
| **USAID Definition (for Mission and F indicators):** | |
| **Precise Definition:**  Number of completed research studies that have been designed, conducted, analyzed, and reported with JCAP support to investigate, inform, and/or measure current factors around population and RMNCH+. The focus of these studies is on, among other things, underlying barriers to and resources and facilitators for the use of modern FP methods and continuation**.**  **Research Studies:** quantitative or and qualitative primary research analyses with collection of primary data or examination of secondary data (including systematic or meta-analysis) using field or desk data collection methods. Data sources can be at the level of individual, household, community, facility, or national,.  **Supported by JCAP:** JCAP contributed intellectual, financial, or other resources  **Evidence on population issues and FP/RH:** data, results, and findings that consist of new information or clarification on FP/RH related challenges, barriers, underlying factors, and interrelationships of factors. The focus is on how all of these contribute to perceptions, attitudes, behaviors, or other outcomes related to RMNCH+, fertility, gender, population, and demographic trends.  A research study is counted once it is complete, that is, a research report’s findings are finalized and submitted to USAID and/or stakeholders. | |
| **Unit of Measure:**  Number of studies completed | |
| **Method of Calculation:**  Tally the number of completed research studies supported by JCAP | |
| **Disaggregation:**  Type of research methodology (quantitative, qualitative, mixed method, secondary data analysis); topic of study (FP/RH, gender, communication, policy/ regulation), reporting level (national, governorate, district) | |
| **☐ Location or Facility** *(please attach GPS coordinates)* **☐ Municipality ☐ District ☐ Governorate ☒ Kingdom**  **Location Reporting Level: *(select only one)*** | |
| **Management Utility:** Research studies/ documentation initiatives serve as the foundation for JCAP’s innovative efforts to improve attitudes and behaviors, promote more favorable social norms, and increase use of modern FP methods and improve RMNCH+ practices. Based on use of a rigorous methodological assessment, JCAP will be in a position to generalize research findings and measure impacts of the Activity in a variety of thematic and conceptual areas across the life of the Activity. The evidence gained is critical to shaping JCAP strategy and interventions. ~~Baseline/endline population-based surveys will be the foundation for assessing Activity outcomes and impact.~~ | |
| **PLAN FOR DATA COLLECTION** | |
| **Data Collection Method:** JCAP records | |
| **Data Source(s):** Final research reports and other products (PPTs, datasets)  ~~JCAP supported surveys, final research reports~~ | |
| **Timing/Frequency of Data Acquisition:** Ongoing (reported quarterly) | |
| **Individual Responsible at Activity (title):** JCAP Senior RME Advisor | |
| **Location of Data Storage:** JCAP office files and on server | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | |
| **Data Review & Analysis:** | |
| **Reporting of Data:** Quarterly starting in Q1 FY15, in JCAP quarterly and annual reports | |
| **DATA QUALITY ISSUES** | |
| **Date of Past Data Quality Assessment:** NA | |
| **Known Data Limitations:** NA | |
| **Actions Taken or Planned to Address Data Limitations:** NA | |
| **BASELINE & TARGETS** | |
| **Baseline Timeframe/Notes:** The baseline for this indicator is 0 | |
| **Rationale for Targets/Notes:** 2015 Target: 1 Secondary data review on FP in Jordan, 2 review/analyses of past USAID FP project activities in SBCC and advocacy and policy, 1 KAP baseline survey, 1 gender & FP qualitative study, 1 secondary analysis of FP policies and environment | |
| **CHANGES TO INDICATOR & OTHER NOTES** | |
| **Changes to Indicator:** In FY 18, JCAP changed “FP/RH” to “RMNCH+” to count research studies undertaken under JCAP’s expanded scope, including research related to anemia. JCAP also removed references to endline survey since JCAP will no longer conduct endline KAP survey. Indicator moved to updated PIRS template in FY18. | |
| **Other Notes:** | |
| **THIS SHEET WAS LAST UPDATED ON**: 6/29/2018 | |

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| **PERFORMANCE DATA TABLE** | | |
| **Year**\* | **Target (Measurement Value)** | **Actual (Measurement Value)** |
| **Baseline** (*2014*) | **0** | **0** |
| **2015** | **6** | **5** |
| **2016** | **3** | **5** |
| **2017** | **2** | **2** |
| **2018** | **3** | **TBD** |
| **2019** | **1** | **TBD** |

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| **Performance Indicator Reference Sheet** | | | | |
| **LINKAGE TO MISSION PMP** | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | |
| **Mission sub-Intermediate Result:** N/A | | | | |
| **IDENTIFICATION** | | | | |
| **Name of Activity Development Objective (or Goal or Purpose): Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan** | | | | |
| **Name of Activity Intermediate Result:** | | | | |
| **Name of Activity Sub-Intermediate Result:** | | | | |
| **Name of Indicator:** XC3 Number of partnerships established by JCAP with governmental, public, or private sector organizations or groups to promote FP/RH. Archived in FY18 | | | | |
| **Indicator Type: Activity Custom\_X\_ F\_\_\_\_\_ Mission PMP \_\_\_\_\_\_** | | | | |
| **Is this a PPR indicator? No \_X\_\_\_ Yes \_\_\_\_, for Reporting Year (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **DESCRIPTION** | | | | |
| **USAID Definition (if applicable):** | | | | |
| **Precise Definition:** A count of the number of partnerships established with the aim of working jointly toward common objectives, usually realized through formalized relationships such as memoranda of understanding (MOU) between JCAP and governmental, public, or private sector organizations, groups, or committees.  **Promote FP/RH**: making visible efforts that advocate for and are intended to lead to improvements in the FP environment at various levels in Jordan | | | | |
| **Unit of Measure:** Number of partnerships established | | | | |
| **Method of calculation:** Tally the number of partnerships established by JCAP with governmental, public, or private sector organizations or groups to promote FP/RH. | | | | |
| **Disaggregated by:** Type of Entity (Government, Private, NGO) | | | | |
| **Justification & Management Utility:** JCAP has a primary mandate to establish strong and trustworthy partnerships and to work closely and harmoniously with its counterpart constituencies and agencies. In the original proposal, a stated objective was for the JCAP Activity to strengthen the capacity of HPC and MOH to conduct advocacy and policy initiatives. So these partnerships are assumed as foundational and not included in the count for this indicator. Through other organizations, including partnering with the for-profit and non-profit private sector, JCAP invests for the long term, building the technical capacity of counterpart organizations to sustain and increase progress. In addition, working with and providing support to CSOs, groups, and committees increases the strength of the society to shape the public agenda toward the demographic opportunity and advocate for a reduction of the TFR as a public good. | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | |
| **Data Collection Method:** Count of partnerships linked to JCAP that are established in support of FP/RH related objectives, based on review of Activity records | | | | |
| **Data Source(s):** JCAP records and reports | | | | |
| **Method of transfer to USAID:** JCAP quarterly report | | | | |
| **Frequency & Timing of Data Acquisition:** Ongoing (reported quarterly) | | | | |
| **Estimated Cost of Data Acquisition:** TBD | | | | |
| **Individual Responsible at IP (title):** JCAP Senior RME Advisor | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | |
| **Location of data storage:** JCAP Office files and on server | | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Date of Initial Data Quality Assessment:** TBD | | | | |
| **Known Data Limitations and Significance (if any):** NA | | | | |
| **Actions Taken or Planned to Address Data Limitations:** NA | | | | |
| **Date of Future Data Quality Assessments:** TBD | | | | |
| **Procedures for Future Data Quality Assessments:** TBD | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | |
| **Data Analysis:** The variable is a simple count and any additional analysis will be part of a narrative describing and examining more in-depth organizational and capacity elements unique to each entity and partnership. | | | | |
| **Presentation of Data** in Quarterly Report Indicator Table accompanied by narrative explanation as appropriate. Since established partnerships will continue across reporting periods, the number(s) will be clarified in the Table. | | | | |
| **Review of Data:** JCAP Technical staff review progress toward main objectives and take steps to facilitate progress toward improving partnership elements, results, and objectives. | | | | |
| **Reporting of Data:** Quarterly | | | | |
| **OTHER NOTES** | | | | |
| **Notes on Baselines/Targets:** | | | | |
| **Other Notes:** This indicator was archived in FY18. | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | |
| Year | Baseline | Target | Actual | Notes |
| **2015** | 0 | 8 | 8 | 6 GHPPC, Delta, JCCFH |
| **2016** |  | 3 | 3 | 6 GHPPC (counted as 1 decree), 2 MOU-KHCF & NCFA |
| **2017** |  | 1 | TBD |  |
| **2018** |  | 1 | TBD |  |
| **2019** |  | 0 | TBD |  |
| THIS SHEET LAST UPDATED ON: 8/12/2018 | | | | |

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| **Performance Indicator Reference Sheet** | | | | |
| **LINKAGE TO MISSION PMP** | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | |
| **Mission sub-Intermediate Result:** N/A | | | | |
| **IDENTIFICATION** | | | | |
| **Name of Activity Development Objective (or Goal or Purpose): Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan** | | | | |
| **Name of Activity Intermediate Result:** | | | | |
| **Name of Activity Sub-Intermediate Result:** | | | | |
| **Name of Indicator: XC4 Number of communication and advocacy materials created with JCAP support *Archived in FY17*** | | | | |
| **Indicator Type: X Activity Custom\_\_\_\_\_\_\_\_\_\_\_\_ F\_\_\_\_\_ Mission PMP \_\_\_\_\_\_** | | | | |
| **Is this a PPR indicator? No \_X\_\_\_ Yes \_\_\_\_, for Reporting Year (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **DESCRIPTION** | | | | |
| **USAID Definition (if applicable):** | | | | |
| **Precise Definition:** a count of the number of communication, advocacy, or other substantive materials, tools, and guidance documents that JCAP produces or supports to be produced and/or disseminated to improve knowledge in the area of FP/RH, gender, population, and other related working areas  **Communication, advocacy or other materials and tools:** This includes promotional or educational materials such as TVCs, radio spots, brochures, policy briefs, training curricula, PowerPoint presentations, and/or other non-traditional communication web platforms such as Facebook page, digital games, etc.  **Created with JCAP support:** Materials and tools are developed and available as a result of JCAP technical/ financial support**.** | | | | |
| **Unit of Measure:** Number | | | | |
| **Method of calculation:** Tally the number of communication, advocacy, or other materials and tools created with JCAP support | | | | |
| **Disaggregated by:** Type of material (technical materials, tool, IEC material); topic (RH/FP, gender, advocacy or policy, communication); type of media (print, digital, radio, TV, social media) | | | | |
| **Justification & Management Utility:** JCAP has a primary responsibility to create new and more effective communication, advocacy, and policy materials for FP/RH and population control in Jordan to change entrenched thinking and move public consciousness toward caring about the implications of unchecked population growth on the future of families and the country. For this, JCAP needs to communicate using powerful and convincing messages, supports, and channels at all levels. To achieve its objectives, JCAP develops, uses, and disseminates creative materials and tools to influence all key audiences. | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | |
| **Data Collection Method**: Review of activity reports and count of materials and tools developed with JCAP support | | | | |
| **Data Source(s):** JCAP records, reports | | | | |
| **Method of transfer to USAID:** JCAP quarterly report | | | | |
| **Frequency & Timing of Data Acquisition:** Ongoing (materials are collected and documented in JCAP library), reported quarterly | | | | |
| **Estimated Cost of Data Acquisition:** TBD | | | | |
| **Individual Responsible at IP (title):** JCAP Communications Specialist | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | |
| **Location of data storage:** JCAP Office library, files and on server | | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Date of Initial Data Quality Assessment:** TBD | | | | |
| **Known Data Limitations and Significance (if any):** NA | | | | |
| **Actions Taken or Planned to Address Data Limitations:** NA | | | | |
| **Date of Future Data Quality Assessments:** TBD | | | | |
| **Procedures for Future Data Quality Assessments:** TBD | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | |
| **Data Analysis:** This indicator measure is a simple count disaggregated by type of materials. | | | | |
| **Presentation of Data:** JCAP routine reports (quarterly report and annual reports) | | | | |
| **Review of Data:** Routinecommunications check to ensure that all major materials are available and cataloged in library | | | | |
| **Reporting of Data:** Quarterly | | | | |
| **OTHER NOTES** | | | | |
| Note: XC4 as defined for 2015 included JCAP internal strategy documents; for FY16 and beyond no internal documents will be included | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | |
| Year | Baseline | Target | Actual | Notes |
| **2015** | 0 | 9 | 15 | This number includes JCAP internal strategy documents. |
| **2016** |  | 20 | TBD |  |
| **2017** |  | 5 | TBD |  |
| **2018** |  | 5 | TBD |  |
| **2019** |  | 3 | TBD |  |
| THIS SHEET LAST UPDATED ON: 10/20/15 | | | | |

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| **Performance Indicator Reference Sheet** | | | | |
| **LINKAGE TO MISSION PMP** | | | | |
| **Mission Development Objective:** DO3 Essential Services to the Public Improved | | | | |
| **Mission Intermediate Result:** IR 3.1: Use of Integrated FP/RH Services Increased | | | | |
| **Mission sub-Intermediate Result:** N/A | | | | |
| **IDENTIFICATION** | | | | |
| **Name of Activity Development Objective (or Goal or Purpose): Increase use and continuation of FP/RH services as a safe, effective, and acceptable way to ensure a healthy family, build a sustainable community, and maintain a secure Jordan** | | | | |
| **Name of Activity Intermediate Result:** | | | | |
| **Name of Activity Sub-Intermediate Result** | | | | |
| **Name of Indicator:** XC5 Number of news stories or media presentations linked to JCAP efforts. *Archived in FY18.* | | | | |
| **Indicator Type: Activity Custom\_ \_X\_\_\_\_ F\_\_\_\_\_ Mission PMP \_\_\_\_\_\_** | | | | |
| **Is this a PPR indicator? No\_\_\_\_ Yes \_\_\_\_, for Reporting Year (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **DESCRIPTION** | | | | |
| **USAID Definition (if applicable):** | | | | |
| **Precise Definition(s):** This indicator is a count of the number of media advocacy audiovisual and print publications and media coverage of advocacy events and Champions’ public appearances  **Linked to:** produced by TV, radio and/or journalists as a consequence of JCAP support to strengthen media representatives to produce evidence-based reports supporting FP/RH | | | | |
| **Unit of Measure:** Number of news stories or interactive media presentations | | | | |
| **Method of calculation**: Tally the number of news stories or media presentations (social, digital, interactive platforms) linked to JCAP efforts | | | | |
| **Disaggregated by** : Type of media (print, digital, radio, TV, social media), topic (RH/FP, gender, advocacy or policy, communication) | | | | |
| **Justification & Management Utility:** Jordan has a high level of education and exposure to written forms of communication and strong growth in web-based media access, which is already very broad. According to the JPFHS, traditional media reach nearly the entire population in Jordan. Further, exposure to online and SMS information and messages is high and growing rapidly. More than 60% of the population classified as youth are technology users. This group constitutes a prime target audience that can be reached through all forms of communication but especially interactive media. Further, as youth tend to be more flexible and receptive to new ideas, media has great potential to influence their thinking and attitudes related to family planning. As JCAP has a communication mandate, it is important to track productivity through this indicator. | | | | |
| **PLAN FOR DATA ACQUISITION** | | | | |
| **Data Collection Method:** JCAP staff primarily captures data for this indicator through collecting planned media coverage and scanning media sources to identify other media coverage of JCAP linked events. JCAP may also use existing media company platforms or other external sources of information. | | | | |
| **Data Source(s):** JCAP reports of pre-identified coverage of news events, stories, and web scans | | | | |
| **Method of transfer to USAID:** JCAP quarterly report | | | | |
| **Frequency & Timing of Data Acquisition:** Ongoing and reported quarterly | | | | |
| **Estimated Cost of Data Acquisition:** TBD | | | | |
| **Individual Responsible at IP (title):** JCAP Communications Specialist | | | | |
| **Individual Responsible for providing data to USAID:** JCAP Senior RME Advisor | | | | |
| **Location of data storage:** JCAP office files and on the server. | | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Date of Initial Data Quality Assessment:** NA | | | | |
| **Known Data Limitations and Significance (if any):** comprehensiveness of Data collection | | | | |
| **Actions Taken or Planned to Address Data Limitations:** JCAP staff are responsible to scan news reports and other sites daily | | | | |
| **Date of Future Data Quality Assessments:** NA | | | | |
| **Procedures for Future Data Quality Assessments:** | | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, & REPORTING** | | | | |
| **Data Analysis:** identified resources are examined for thematic content and key messages | | | | |
| **Presentation of Data:** In JCAP quarterly report in quantitative and narrative form | | | | |
| **Review of Data:** NA | | | | |
| **Reporting of Data:** QR and Annual | | | | |
| **OTHER NOTES** | | | | |
| **Notes on Baselines/Targets:** | | | | |
| **Other Notes:** This indicator was archived in FY18. | | | | |
| **PERFORMANCE INDICATOR VALUES** | | | | |
| Year | Baseline | Target | Actual | Notes |
| **2015** | 0 | 9 | 32 | Print: 4  Radio: 20  Digital: 7  TV: 1 |
| **2016** |  | 12 | 73 |  |
| **2017** |  | 10 | TBD |  |
| **2018** |  | 11 | TBD |  |
| **2019** |  | 11 | TBD |  |
| THIS SHEET LAST UPDATED ON: 8/12/2018 | | | | |

1. **LOG OF CHANGES**

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| --- | --- | --- | --- |
| **Current Indicator Number and Statement** | **Modifications from Previous AMEP** | **Rationale for Change** | **Effective Date of Change** |
| **FY18 Changes** | | | |
| d.Percentage of newlywed and pregnant women who sought anemia consultation/screening for themselves after exposure to the campaign  e.Percentage of women with children under 5 who sought anemia consultation/screening for their children after exposure to the campaign  1.e.Percentage of newlywed or pregnant women who intend to visit a health provider for anemia screening after exposure to the campaign.  1.f.Percentage of mothers of children under 5 who intend to visit a health provider for anemia screening for their children after exposure to the campaign.  1.2.g. % of women reached demonstrating improved knowledge of anemia during pregnancy  1.2.h. % of women with children under 5 reached demonstrating improved knowledge of anemia in children | New indicators added in FY18. | JCAP’s scope expanded in FY18 to include not only FP/RH but also wider RMNCH+ topics, including anemia. Therefore, JCAP added indicators to measure its anemia prevention activities. | Q3 FY18 |
| 1.2.f. # of CSO technical staff who have acquired SBCC core competencies  2.2.c. # of MOH technical staff who have acquired SBCC core competencies  2.2.e # of Population and Family Planning modelling tools used at HPC  2.c. Number of national annual plans including Demographic Dividend Policies and Programs  2.d. Number of governorate-led annual development plans including population data | New indicators added in FY18. | As JCAP is ending in FY19, it is focused on sustainability of its interventions beyond the life of the project. CSOs and MOH staff will take over JCAP’s activities after JCAP ends. These indicators reflect JCAP’s achievements in building capacity and ownership for SBCC, advocacy, and policy activities in CSOs and the MOH. | Q3 FY18 |
| c. Percentage of target audience reached who believe that birth spacing will contribute to better opportunities for parents and children | Modified data source (from KAP surveys to grantee workshop pre- and post-tests).  Updated indicator wording to reflect change in data source (before it was “% of MWRA who believe that birth spacing…”).  Moved indicator from Goal-level to Sub-result 1.2.  Updated PIRS. | The original data source was the JCAP baseline and endline KAP surveys. However, in FY18, JCAP decided not to conduct the endline KAP survey. Therefore, the data source changed from the KAP surveys to the grantee workshop pre- and post-tests.  Modified indicator wording and PIRS to clarify data source change.  This indicator is a more accurate measure of sub-result 1.1 (Improved awareness, knowledge, and attitudes related to RMNCH+). It does not directly measure JCAP’s goal (Increase use of RMNCH+ services). | Q3 FY18 |
| 1.d % of target audience reached who report an ideal family size of 3 children or fewer | Modified data source (from KAP surveys to grantee workshop pre- and post-tests).  Updated indicator wording to reflect change in data source (before it was “% of MWRA who report an ideal family size…”).  Updated PIRS. | The original data source was the JCAP baseline and endline KAP surveys. However, in FY18, JCAP decided not to conduct the endline KAP survey. Therefore, the data source changed from the KAP surveys to the grantee workshop pre- and post-tests.  Modified indicator wording and PIRS to clarify data source change. | Q3 FY18 |
| 1.c Percentage of target audience who recall hearing or seeing a specific USG-supported RMNCH+ message (Standard F Indicator HL.7.2-1) | Updated indicator working (changed “FP/RH” to “RMNCH+”).  Updated PIRS.  Added targets for FY18-FY19. | Changed indicator wording from “FP/RH” to “RMNCH+” to reflect JCAP’s expanded scope in FY18-FY19.  Added targets for FY18-FY19 based on JCAP’s anemia prevention campaign (*Anti Al Hayat*). | Q3 FY18 |
| 1.2.a Number of civil society organization (CSOs) implementing SBCC and/or household outreach activities with JCAP support | Updated PIRS and targets. | Updated PIRS for clarity and consistency.  Updated FY18 and FY19 targets to reflect JCAP’s plans for these years. | Q3 FY18 |
| 1.2.e. Percentage of males reached reporting increased agreement that “Husband should participate in decisions and practices related to family planning” | Updated PIRS. | Updated PIRS for clarity and consistency | Q3 FY18 |
| 2.b. Number of laws/policies/regulations/administrative procedures in development stages of analysis; drafting and consultation; legislative review; approval; or implementation, as a result of USG assistance (PMP 3.1.2.2.b) | Updated PIRS and targets. | Updated PIRS for clarity and consistency  Updated FY18 and FY19 targets to reflect JCAP’s plans for these years. | Q3 FY18 |
| 2.1.a. Number of public activities conducted by JCAP-supported Champions | Updated PIRS and targets. | Updated PIRS for clarity and consistency  Updated FY18 and FY19 targets to reflect JCAP’s plans for these years. | Q3 FY18 |
| 2.1.b-N # of population advocacy initiatives conducted by JCAP supported Youth Leaders. | Indicator language revised (was “Number of advocacy initiatives conducted by JCAP supported Youth Leaders”).  Updated PIRS and targets. | Revised indicator language to more accurately reflect scope of JCAP activities.  Updated PIRS for clarity and consistency  Updated FY18 and FY19 targets to reflect JCAP’s plans for these years. | Q3 FY18 |
| (M-PMP 4.1.a)GXC1. Percentage of participants with an increased level of knowledge and understanding of gender equality principles and women’s rights as a result of USG interventions  (M-PMP 4.b) (F- GNDR 4) GXC2. Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political opportunities  (PMP 3.1.1.2.b)XC1. Number of trainings, workshops, awareness raising, or events conducted with JCAP support to increase knowledge/skills | Updated PIRS and targets. | Updated PIRS for clarity and consistency.  Updated FY18 and FY19 targets to reflect JCAP’s plans for these years. | Q3 FY18 |
| XC2. Number of research studies supported by JCAP providing evidence on population and RMNCH+ | Changed “FP/RH” to “RMNCH+”  Updated PIRS and targets. | Changed indicator wording from FP/RH to RMNCH+to reflect JCAP’s expanded scope in FY18-FY19.  Updated PIRS for clarity and consistency.  Updated FY18 and FY19 targets to reflect JCAP’s plans for these years. | Q3 FY18 |
| 1.b Percentage of MWRA who have discussed use of FP methods with their spouse in the last 6 months (M-PMP 3.1.3.b)  1.2.c % of MWRA able to demonstrate knowledge of the benefits of FP | Indicators removed. | JCAP will no longer complete the endline KAP survey, so cannot measure these indicators. Other indicators also capture target audience awareness, knowledge, and attitudes related to FP (c, 1.d) | Q3 FY18 |
| 1.1.a Number of multi-channel communication campaign waves supported by JCAP | Indicator archived. | JCAP revised its results framework and indicators in FY18 and archived this indicator. Other indicators under sub-result 1.2 better capture the outcomes of JCAP’s communication campaigns. | Q3 FY18 |
| 2.2.a Number of CSOs receiving USG assistance engaged in health advocacy | Indicator archived. | JCAP revised its results framework and indicators in FY18 and archived this indicator. Other indicators better capture the outcomes of JCAP’s work with CSOs (1.2.a) | Q3 FY18 |
| 2.2.b Number of evidence-based advocacy presentations supported by JCAP delivered to stakeholders | Indicator archived. | JCAP revised its results framework and indicators in FY18 and archived this indicator. Other indicators better capture the outcomes of JCAP’s advocacy work (2.b, 2.c, 2.d) | Q3 FY18 |
| b. Number of acceptors of modern contraceptive methods generated among MWRA reached through household visits  1.2.b Number of counseling visits for FP/RH as a result of USG support (M-PMP 3.1.1.1.b) | Indicators archived. | JCAP measured these indicators until the transfer of outreach program to USAID HSD in FY18. JCAP reports on them FY15-FY17, but not in FY18-FY19. | Q1 FY18 |
| 2.a Family Planning Effort (FPE) Index Policy sub-component score | Indicator removed | JCAP revised its results framework and indicators in FY18 and archived this indicator. Other indicators under Result 2 (2.b, 2c, 2d) better capture the outcomes of JCAP’s policy and advocacy work. |  |
| **FY17 Changes** | | | |
| XC4 Number of communication and advocacy materials created with JCAP support | Indicator archived. | Indicator is at process level, and count is a mix of many types of materials. We will still report and include specific communication and advocacy materials created in quarterly and annual reports. | Q1 FY17 |
| YXC2 Percentage of Youth reached who have actively supported FP or gender discussion with peers or community | Indicator removed. | Activities planned for Year 3 and beyond will reflect modified strategic approaches to reaching youth, and the JCAP indicator YXC1 allows JCAP to measure key progress with the youth target group. | Q1 FY17 |
| 1.a Percentage of MWRA reached in Household visits who acted on an FP voucher received with JCAP support | Indicator archived. | Indicator is partially redundant with outreach indicator b. JCAP will still track this indicator internally but will no longer report it in the AMELP. | Q1 FY17 |
| a. Twelve month contraceptive discontinuation rate (M-PMP 3.1.1d) | Indicator removed. | Indicator has lower relevance to JCAP mandate and core activities. Changes to discontinuation will derive primarily from, and attribute to improvements in counselling/service delivery. | Q1 FY17 |
| YXC1 Percentage of youth reached who intend to discuss FP use with their partner during engagement before marriage. | Target for FY17 is 65%, increased from 35%. Targets for FY18- 75%; FY19- 85% and LoP- 85%. | Targets updated to reflect results from previous years. | Q1 FY17 |
| GXC2 Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political opportunities. (M-PMP 4.b) (F-GNDR 4). | Target for FY17 is 25%, increased from 12%. Targets for FY18- 35%; FY19- 40% and LoP- 40%. | Targets updated to reflect results from previous years. | Q1 FY17 |
| 2.b Number of laws/ policies/regulations/administrative procedures in development stages of analysis; drafting and consultation; legislative review; approval; or implementation, as a result of USG assistance (PMP 3.1.2.2.b) | Table added in PIRS that specifies each policy/law with its Stage of progress achieved for FY15-FY16, and targets for FY17-FY19 | Updated PIRS for clarity and consistency.  Updated targets to reflect changes in intervention plans. | Q1 FY17 |
| 1.1.a Number of multi-channel communication campaign waves supported by JCAP. | Target for FY17 is 2, an increase from 1 in FY16. Targets for FY18- 2 and FY19- 1 are established and added. | Targets updated to reflect changes in intervention plans. | Q1 FY17 |
| 1.2.b Number of counseling visits for FP/RH as a result of USG assistance. (M-PMP 3.1.1.1.b) | Target for FY17 is 400,000. Target increase from 360,000 based on FY16 actual values, with FY17 budget equivalent to FY16 budget. Targets NA for FY18 through LOP since program will transfer to USAID HSD in FY18. | Targets updated to reflect changes in intervention plans and transfer of outreach program to USAID HSD in FY18. | Q1 FY17 |
| 1.c Percentage of target audience who recall hearing or seeing a specific USG-supported FP/RH message(HL.7.2-1) . | Target for FY17 is 43%. Target is an increase from 40% in FY16. Targets for FY18- 45%; FY19- 47% and LoP- 47%. | Targets updated to reflect results from previous years. | Q1 FY17 |
| b. Number of acceptors of modern contraceptive methods generated among MWRA reached through household visits. | Target for FY17 is 29,700. Target is an increase from 26,000 based on FY16 actual that exceeded the original target. Targets are NA for FY18 through LOP, since program will transfer to USAID HSD in FY18. | Targets updated to reflect changes in intervention plans and transfer of outreach program to USAID HSD. | Q1 FY17 |
| XC1 Number of trainings, workshops, awareness raising or events conducted with JCAP support to increase knowledge/skill (PMP 3.1.1.2.b) | The reference number has been added to reflect the addition of this indicator to the USAID/Health Office PMP and Results Framework. | Indicator reference number updated to reflect changes in USAID Mission PMP. | Q1 FY17 |
| 2.2.a Number of CSOs receiving USG assistance engaged in health advocacy | The reference number has been removed. This update is per removal from USAID/Health Office PMP and Results Framework [Previously (M-PMP 3.1.2.2c)] | Indicator reference number updated to reflect changes in USAID Mission PMP. | Q1 FY17 |
| 1.2.b Number of counseling visits for FP/RH as a result of USG assistance (M-PMP 3.1.1.1.b) | The reference number has been updated in USAID/Health Office PMP and Results Framework (Previously was M-PMP 3.1.1.1.c). | Indicator reference number updated to reflect changes in USAID Mission PMP. | Q1 FY17 |
| 1.c Percentage of target audience who recall hearing or seeing specific USG-supported FP/RH messages (HL.7.2-1) | The reference number has been updated in USAID/Health Office PMP and Results Framework (Previously was F.3.1.7.2-1). | Indicator reference number updated to reflect changes in USAID Mission PMP. | Q1 FY17 |
| 2.2.b Number of evidence-based advocacy presentations supported by JCAP delivered to stakeholders | Added “delivered to stakeholders” to indicator language. | Revised indicator language to improve clarity. | Q1 FY17 |
| 1.d Percentage of MWRA who report an ‘ideal’ family size of 3 children or fewer | Added word “fewer” to indicator language. | Revised indicator language to improve clarity. | Q1 FY17 |
| 2.1. b-N Number of advocacy initiatives conducted by JCAP supported Youth Leaders. The new Youth Leaders program will initiate in FY17 as a replacement. | New indicator added. This indicator replaced 2.1. b Number of JCAP supported fellows . | This indicator change reflects a change in JCAP’s interventions. The JCAP Fellows Program was not initiated and therefore the original indicator 2.1.b had never been activated. JCAP is conducting a Youth Leaders program. | Q1 FY17 |
| 1.2.e Percentage of males reached reporting increased agreement that “Husband should participate in decisions and practices related to family planning.” | New indicator added. | In Year 3 and beyond, JCAP will conduct activities that emphasize and encourage adult and male youth to become active participants in family planning decisions and practices. The evidence from studies in a number of contexts shows that male engagement facilitates improvements in family planning uptake and adherence. Therefore, improvement in sub-result indicator 1.2.e is conceptually linked to achievement of JCAP Result 1: Demand for Family Planning and Reproductive Health (FP/RH) Services Increased. | Q1 FY17 |
| FY16 Changes | | | |
| Indicator b. Number of acceptors of modern contraceptive methods generated among Married Women of Reproductive age (MWRA) reached through household visits | Indicator disaggregations revised. | The prior indicator reporting was based on limitations from a database that had been developed at an earlier period with fewer requirements. The newly added disaggregations now convey a more specific and meaningful picture of Outreach program beneficiaries, in regard to: Age group, nationality and location. | Q3 FY16 |
| Indicator 1.2.b. Number of counseling visits for FP/RH as a result of USG assistance (M-PMP 3.1.1.1.b) | Indicator disaggregations revised. | The prior indicator reporting was based on limitations from a database that had been developed at an earlier period with fewer requirements. The newly added disaggregations now convey a more specific and meaningful picture of Outreach program beneficiaries, in regard to: Age group, nationality and location. | Q3 FY16 |
| **FY 15 Changes** | | | |
| 2.1.a Number of public activities conducted by JCAP-supported Champions | Indicator language modified to measure “number of public activities conducted by Champions” not “number of actively engaged Champions.” | Counting public activities conducted by champions is a more accurate measure of JCAP’s outputs than the number of Champions alone, as the number of events reflects level of Champions engagement | Q4 FY15 |

1. High Impact Practices in Family Planning (HIP). 2013. Social marketing: leveraging the private sector to improve contraceptive access, choice, and use. Washington, DC: USAID. Available from: <http://www.fphighimpactpractices.org/briefs/social-marketing>; Health Communication Capacity Collaborative. 2014. A theory-based framework for media selection in demand generation programs. Available from: <https://sbccimplementationkits.org/demandrmnch/ikitresources/media-selection-demand-generation/> [↑](#footnote-ref-1)
2. LOP target is NA for this indicator as we cannot aggregate results across campaign waves. JCAP’s RMNCH+ campaigns covered different topics (FP, anemia prevention) and different target audiences (WRA, mothers of CU5, pregnant/newlywed women). Therefore, each campaign/year must be looked at independently and we cannot calculate an aggregate LOP target. [↑](#footnote-ref-2)
3. The decrease in number of stories based on USAID request for reduction of media appearances [↑](#footnote-ref-3)
4. “Healthy timing and spacing of pregnancy.” https://www.k4health.org/topics/healthy-timing-spacing-pregnancy-htsp [↑](#footnote-ref-4)