

District Leadership & Partner Coordination Toolkit



Neno District Council
Health Sector

Partners  **Abwenzi**
In Health Pa Za Umoyo

Authors:

Luckson Dullie
Beth Dunbar
Memory Kaleso
Lila Kerr
Malangizo Mbewe

Sandram Naluso
Lawrence Nazimera
Liberty Neba
Elias Sambani
Emily Wroe

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Background

The District Health Sector Coordination Toolkit was started in early 2015 by the Neno District Health Sector and Partners In Health with the aim of harmonizing partners' and the district's plans in order to ensure the most effective use of resources in the district. By aligning partner support to the District Implementation Plan (DIP) and providing structured opportunities for ongoing coordination and monitoring, this toolkit facilitates allocation of funds and efforts around agreed-upon gaps and priorities. The toolkit addresses four major phases of collaboration:

- 1. Engage:** Partners receive partner requirements from the District Council, and accordingly sign an MOU and submit a registration form to the District Council and DHMT.
- 2. Plan:** The DHMT and key partners work together to build a logic model to guide yearly planning and budgeting. Using this logic model, partners indicate which activities they will support, and provide budget information to the DHMT to be included in the DIP.
- 3. Implement:** Each quarter, partners submit an update that includes feedback on progress from the previous quarter. These updates are reviewed by the DHMT and the Council, and discussed at quarterly stakeholder meetings
- 4. Monitor:** The DHMT provides a quarterly bulletin on the district's progress towards the targets outlined in the DIP for continued monitoring. All stakeholders review progress at twice-annual review meetings.

The district provides all partners with guidance about this process in the Partner Requirements document, and it is condensed into a flow chart on the following page.

There is a strong thread of mentorship running through the activities: to the District Health Management Team in high level strategy and planning as well as to the health facility in charges in monitoring and evaluation and quality of care.

PIH and Neno's DHMT underwent the first joint writing of the Neno District Implementation Plan (DIP) in early 2015 for FY16 and fine-tuned the process for FY17. The partner requirements process began in 2015, involving all implementing partners in Neno District, and continues to be refined through an iterative process between the Council, the DHMT and all partners.

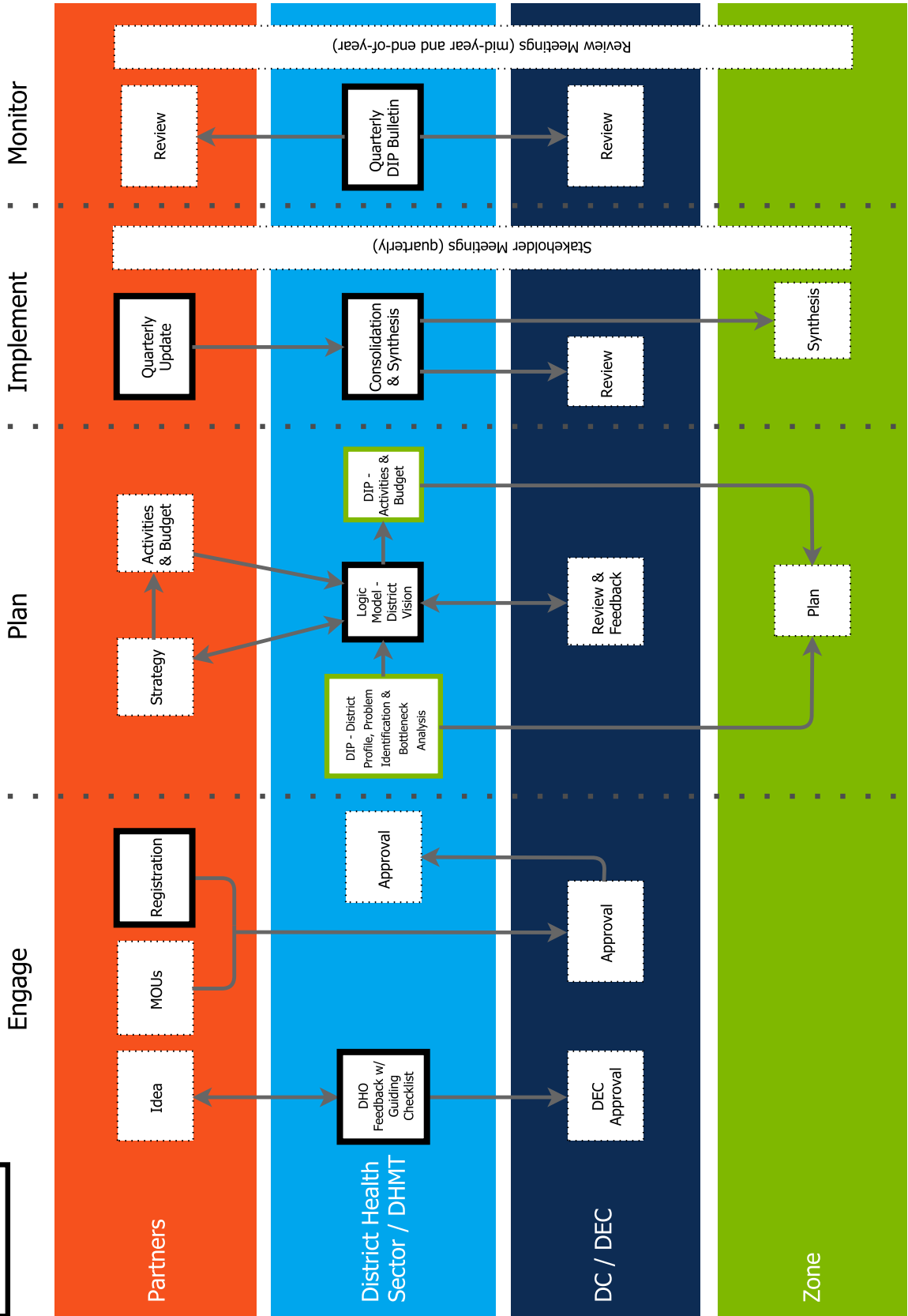
We very much appreciate your feedback, and are eager to begin implementing this process with your district! We welcome your feedback, ideas and questions as we continue to improve this package of tools and processes!

District Health Sector Coordination Toolkit



Template provided by MOH


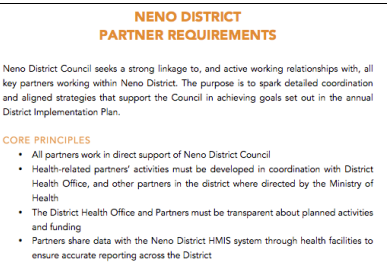
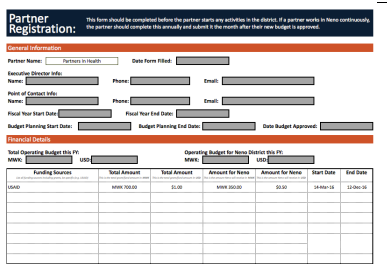
Template provided in Toolkit



Contents

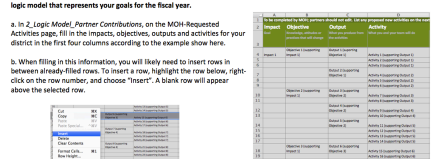
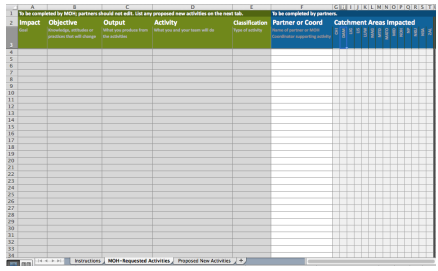

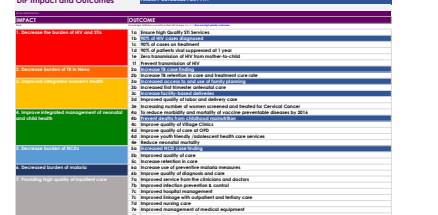
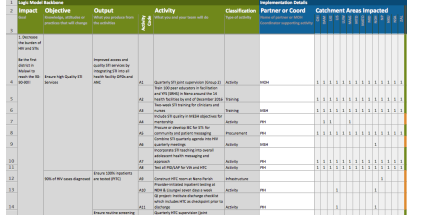
The toolkit, as of December 2016, includes the following files:

Engage

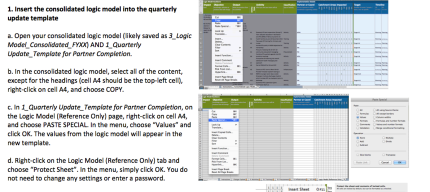
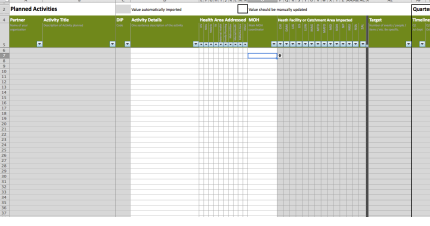
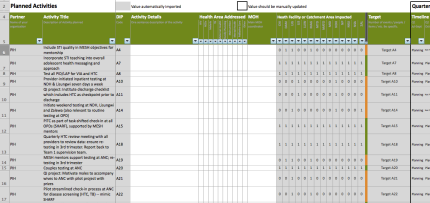
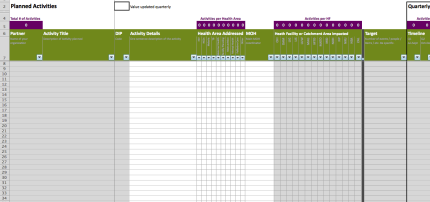

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<p>1_ New Partner Checklist</p>	 <p>New Partner Checklist</p> <p>The following checklist serves as a guide for discussions between DHMT and a new partner proposing to work in the district. These discussions take place before a partner applies for approval by the District Executive Committee (DEC), and are a mechanism for the district to communicate priorities, gain insight into the partner's proposal, and encourage the partner to address any weaknesses or conflicts. Given that the DHO serves as a member of the DEC, and is often consulted for technical advice during the partner approval process, it is critical that these discussions thoroughly dissect the new partner, and their proposed role in the district.</p> <p>Priority</p> <ul style="list-style-type: none"> <input type="checkbox"/> What interventions is the partner planning? <input type="checkbox"/> Are the interventions relevant to our district? <input type="checkbox"/> Do the interventions align with our strategic plan? <input type="checkbox"/> Do the interventions fill a gap or meet a need? <p>Experience</p> <ul style="list-style-type: none"> <input type="checkbox"/> Where else has the partner implemented? <input type="checkbox"/> What results has the partner previously achieved? <input type="checkbox"/> Will the partner be implementing the same intervention in other districts? 	<p>This document provides a checklist of items that the DHO should discuss with any new partner hoping to work in the district. If partners do not have satisfactory responses to these questions, the DHO should provide feedback and help them improve their plans.</p>																																			
<p>2_ Neno District Partner Requirements</p>	 <p>NENO DISTRICT PARTNER REQUIREMENTS</p> <p>Neno District Council seeks a strong linkage to, and active working relationships with, all key partners working within Neno District. The purpose is to spark detailed coordination and aligned strategies that support the Council in achieving goals set out in the annual District Implementation Plan.</p> <p>CORE PRINCIPLES</p> <ul style="list-style-type: none"> • All partners work in direct support of Neno District Council • Health-related partners' activities must be developed in coordination with District Health Office, and other partners in the district where directed by the Ministry of Health • The District Health Office and Partners must be transparent about planned activities and funding • Partners share data with the Neno District HMIS system through health facilities to ensure accurate reporting across the District 	<p>This document serves as a guideline for all partners working in the district. It details how and when partners are expected to engage with the DHMT and the District Council.</p>																																			
<p>3_ Partner Registration Form</p>	 <p>Partner Registration: This form should be completed before the partner starts any activities in the district. If a partner works in Kenya continuously, the partner should complete this form and submit it to the Health Office after their registration is approved.</p> <p>Contact Information</p> <p>Partner Name: [] District: [] Date Form Filled: []</p> <p>Responsible Director Info: [] Phone: [] Email: []</p> <p>Point of Contact Info: [] Phone: [] Email: []</p> <p>Health Plan Start Date: [] Health Plan End Date: []</p> <p>Budget Planning Start Date: [] Budget Planning End Date: [] Date Budget Approved: []</p> <p>Financial Details</p> <p>Total Operating Budget (KSh. Pk) []</p> <table border="1"> <thead> <tr> <th>Funding Source</th> <th>Total Amount</th> <th>Total Amount</th> <th>Amount for Neno</th> <th>Amount for Neno</th> <th>Start Date</th> <th>End Date</th> </tr> </thead> <tbody> <tr> <td>UNDP</td> <td>KSh. 700.00</td> <td>\$1.00</td> <td>KSh. 300.00</td> <td>\$1.00</td> <td>10/01/15</td> <td>12/30/15</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Funding Source	Total Amount	Total Amount	Amount for Neno	Amount for Neno	Start Date	End Date	UNDP	KSh. 700.00	\$1.00	KSh. 300.00	\$1.00	10/01/15	12/30/15																						<p>This is the partner registration form that all partners complete upon entering the district. It collects information related to the organization's leadership, budget and planned activities.</p>
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Plan

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<p>0_PLAN Instructions</p>	<p>Note: For guidance on what a logic model is, please see the "1_Logic Model Introduction" document.</p> <p>Building the Logic Model Backbone</p> <p>1. As DHMT, use your situation analysis, problem identification and prioritization exercises from the MOH DIP process to build a logic model that represents your goals for the fiscal year.</p> <p>a. In 2_Logic Model_Partner Contributions, on the MOH-Requested Activities page, fill in the Impacts, objectives, outputs and activities for your district in the first four columns according to the example show here.</p> <p>b. When filling in this information, you will likely need to insert rows in between already-filled rows. To insert a row, highlight the row below, right-click on the row number, and choose "Insert". A blank row will appear above the selected row.</p> 	<p>This document offers detailed instructions to DHMT for how to use all of the documents and templates in the PLAN folder.</p>
<p>1_Logic Model Introduction</p>	<p>Logic Model Introduction</p> <p>1. Overview</p> <p>A logic model is a planning and management tool that details the link between action and impact. Logic models can be used for many different purposes. In the case of implementing this toolkit, districts use the logic model to document their vision for improving the healthcare system. The logic model is completed after conducting the situation analysis and problem identification, and is used to inform activity planning and budgeting. It also serves as a mechanism for DHMT to communicate their vision to partners, and for partners to communicate how their plans support that vision.</p> <p>2. How to build a logic model</p> <p>A basic logic model is a table with four columns, and many rows.</p> <p>Column 1: Impact The first column contains a list of impacts that the district would like to achieve over time. These are broad goals, and there is usually one impact for each health issue.</p> <p><i>Example: Reduce morbidity and mortality from TB.</i></p> <p>Column 2: Objective The second column contains a list of objectives that must be achieved in order for the impact to occur. These are usually practices, knowledge or attitudes that must change. Note that there are usually multiple objectives associated with each impact.</p> <p><i>Example: Increase case detection for TB.</i></p>	<p>This provides an overview of what a logic model is, and how DHMT should go about developing a logic model for the coming fiscal year.</p>
<p>2_Logic Model_Partner Contributions</p>		<p>This is the template for the logic model. DHMT and coordinators complete Impacts, Objectives, Outputs and Activities, and then send the document to partners and coordinators, who sign up for activities and provide implementation details. Partners may suggest new activities on the second tab.</p>
<p>3_Logic Model_Consolidated</p>		<p>This file, which mirrors the template above, is the template for consolidating all of the partner and coordinator contributions (i.e. which activities they signed up for).</p>
<p>4_Logic Model_Neno FY17 Example_Impacts and Objectives</p>		<p>This is an example of impacts and objectives in Neno District's logic model for FY17.</p>
<p>5_Logic Model_Neno FY17 Example_HIV</p>		<p>This document shows an example of what <i>3_Logic Model_Consolidated</i> looks like when successfully completed. This is a fictional example from Neno, limited only to HIV programs.</p>

Implement

Name	Screen Shot	Description
<p>0_IMPLEMENT Instructions</p>	<p style="text-align: center;">Preparing the Quarterly Update for Partners</p>  <ol style="list-style-type: none"> 1. Insert the consolidated logic model into the quarterly update template a. Open your consolidated logic model (likely saved as 3_Logic Model_Consolidating 7700X AND 2_Quarterly Update_Template for Partner Completion. b. In the consolidated logic model, select all of the content, except for the headings (cell AA should be the top-left cell), right-click on cell AA, and choose COPY. c. In 1_Quarterly Update_Template for Partner Completion, on the Logic Model (Reference Only) page, right-click on cell AA, and choose PASTE SPECIAL. In the menu, choose "Values" and click OK. The values from the logic model will appear in the new template. d. Right-click on the Logic Model (Reference Only) tab and choose "Protect Sheet...". In the menu, simply click OK. You do not need to change any settings or enter a password. 	<p>This document offers detailed instructions to DHMT for how to use all of the documents and templates in the IMPLEMENT folder.</p>
<p>1_Quarterly Update_Template for Partner Completion</p>		<p>This Excel document provides partners with a list of activities, trainings, procurement, infrastructure projects and HR contributions that they signed up for in the logic model. Partners and Coordinators then provide quarterly updates on how implementation is progressing. There is also a budget update section.</p>
<p>1a_Quarterly Update_Template for Partner Completion_PIH HIV Example</p>		<p>This document shows an example of what <i>1_Quarterly Update_Template for Partner Coordination</i> looks like when successfully populated. This uses the logic model example in <i>5_Logic Model_Neno FY17 Example_HIV</i>.</p>
<p>2_Quarterly Update_Template for DHMT Consolidation</p>		<p>This file, which mirrors the template above, is the template for consolidating all of the quarterly updates. It uses Excel features to highlight trends in the district.</p>
<p>3_Quarterly Stakeholder Meeting Checklist</p>	<p style="text-align: center;">Quarterly Stakeholder Meeting Checklist</p>  <p>The following checklist serves as a guide for discussions between the DC, DHMT and partners at the quarterly stakeholder meeting. The goal of this meeting is for all stakeholders to synthesize intervention implementation (reported in the Quarterly Updates) and performance (reported in the DIP Bulletin) to ensure that the district is making progress towards the DIP targets and that all interventions are resulting in impact. Before the meeting, DHMT should consolidate all partners' quarterly updates and review the quarterly DIP bulletin so that the most important insights and questions can be included on the meeting agenda.</p> <p>DIP Bulletin</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have all facilities reported complete data? <input type="checkbox"/> Have partners reported data to facilities? <input type="checkbox"/> What is the quality of the data? <input type="checkbox"/> Which facility is performing the best on each indicator? Why? How can this be replicated? <input type="checkbox"/> Which facility is performing the worst on each indicator? Why? How can this be improved? <input type="checkbox"/> Are certain facilities contributing more than others (i.e. if the DHO collects outreach data, even when the outreach is in another facility's catchment area) 	<p>This document provides a checklist of items that DHMT should consider when reviewing the consolidated quarterly update and DIP Bulletin (below). Trends and questions identified using the checklist should be addressed at the Quarterly Stakeholder Meeting.</p>



Monitor

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0_MONITOR Instructions	<p style="text-align: center;">Purpose of the DIP Bulletin</p> <p>Achieving the goals outlined in the logic model and DIP requires a strong monitoring system involving and informing all stakeholders. Districts are most effectively able to measure progress towards objectives; impacts are usually measured using large, complex surveys (such as DHS and MICS), and outputs and activities are usually measured by individual implementers.</p> <p>Districts measure and publish progress towards objectives using the DIP Bulletin, a series of templates that can be customized to report various indicators at the district or facility level. It reports on progress towards the five priority areas that the DHMT chose in planning session using data from HMIS.</p> <p>Note that for partner data to be included in these bulletins, it is essential that partners report their data using the procedure outlined in the Partner Requirements. In brief, all partners should submit data every month to the facility catchment area where activities have been conducted, using MOH registers and forms whenever possible.</p>	<p>This document offers detailed instructions to DHMT for how to use all of the documents and templates in the IMPLEMENT folder.</p>																																																						
1_DIP Bulletin_Template	<p style="text-align: center;">[DISTRICT'S] QUARTERLY DIP IMPLEMENTATION BULLETIN [REPORT TIME PERIOD]</p> <p>IMPACT: IMPROVE MATERNAL HEALTH</p> <table border="1"> <thead> <tr> <th>PRIORITY OBJECTIVES</th> <th>INDICATOR</th> <th>TARGET</th> <th>BEST HF</th> <th>DISTRICT RESULT</th> <th>CALCULATION</th> </tr> </thead> <tbody> <tr> <td>MH1. Proportion of Women on Modern Family Planning</td> <td>Percent of WCBAs given family planning methods (condoms, depo, IUD, coitus, vasectomy, sterilization)</td> <td>50%</td> <td>[%] [FACILITY]</td> <td>[%]</td> <td>[%]</td> </tr> <tr> <td>MH2. Increase use complete ANC package</td> <td>Percent of pregnant women attending 4+ ANC visits</td> <td>65% year</td> <td>[%] [FACILITY]</td> <td>[%]</td> <td>[%]</td> </tr> <tr> <td>MH3. Increase facility-based deliveries from 60% to 80%</td> <td>Percent of expected deliveries occurring in health facility</td> <td>80%</td> <td>[%] [FACILITY]</td> <td>[%]</td> <td>[%]</td> </tr> </tbody> </table> <p>IMPACT: DECREASE BURDEN OF HIV DISEASE</p> <table border="1"> <thead> <tr> <th>PRIORITY OBJECTIVES</th> <th>INDICATOR</th> <th>TARGET</th> <th>BEST HF</th> <th>DISTRICT RESULT</th> <th>CALCULATION</th> </tr> </thead> <tbody> <tr> <td>HV1. 90% of HIV cases diagnosed</td> <td>Percent of HIV Target reached</td> <td>100%</td> <td>[%] [FACILITY]</td> <td>[%]</td> <td>[%]</td> </tr> <tr> <td>HV2. 90% of cases on treatment</td> <td>Percent of expected HIV+ clients age 15-49 in care</td> <td>90%</td> <td>[%] [FACILITY]</td> <td>[%]</td> <td>[%]</td> </tr> <tr> <td>HV3. 90% of cases on treatment</td> <td>Percent of HIV+ clients age 15+ on ART</td> <td>90%</td> <td>[%] [FACILITY]</td> <td>[%]</td> <td>[%]</td> </tr> </tbody> </table>	PRIORITY OBJECTIVES	INDICATOR	TARGET	BEST HF	DISTRICT RESULT	CALCULATION	MH1. Proportion of Women on Modern Family Planning	Percent of WCBAs given family planning methods (condoms, depo, IUD, coitus, vasectomy, sterilization)	50%	[%] [FACILITY]	[%]	[%]	MH2. Increase use complete ANC package	Percent of pregnant women attending 4+ ANC visits	65% year	[%] [FACILITY]	[%]	[%]	MH3. Increase facility-based deliveries from 60% to 80%	Percent of expected deliveries occurring in health facility	80%	[%] [FACILITY]	[%]	[%]	PRIORITY OBJECTIVES	INDICATOR	TARGET	BEST HF	DISTRICT RESULT	CALCULATION	HV1. 90% of HIV cases diagnosed	Percent of HIV Target reached	100%	[%] [FACILITY]	[%]	[%]	HV2. 90% of cases on treatment	Percent of expected HIV+ clients age 15-49 in care	90%	[%] [FACILITY]	[%]	[%]	HV3. 90% of cases on treatment	Percent of HIV+ clients age 15+ on ART	90%	[%] [FACILITY]	[%]	[%]	<p>This Word document is a template for creating your own district's DIP Bulletin.</p>						
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2_DIP Bulletin_Definitions & Calculations	<p style="text-align: center;">DEFINITIONS</p> <p style="text-align: center;">YOUR FACILITY'S QUARTERLY DIP IMPLEMENTATION BULLETIN Report Timeperiod</p> <p>IMPACT: IMPROVE MATERNAL HEALTH</p> <table border="1"> <thead> <tr> <th>OBJECTIVE</th> <th>INDICATOR</th> <th>TARGET</th> <th>BEST HF</th> <th>YOUR HEALTH FACILITY RESULTS</th> <th>Calculation</th> </tr> </thead> <tbody> <tr> <td>MH1. Reduce Contraceptive Prev. Rate from 27% to 50%</td> <td>Percent of WCBAs given family planning methods</td> <td>50%</td> <td>Best HF: [Name of Best HF]</td> <td>% of WCBAs given family planning methods (condoms, depo, vasectomy, sterilization, IUD, coitus, vasectomy, sterilization)</td> <td>PP Report: Sum of Tubal Ligation, Progesterone only IUD, Depo, Implants, Female condom/vasectomy, vasectomy</td> </tr> <tr> <td>MH2. Increase use complete ANC package</td> <td>Percent of pregnant women attending 4+ ANC visits</td> <td>100%</td> <td>Best HF: [Name of Best HF]</td> <td>% of pregnant women attending 4 or more ANC visits</td> <td>2012 Estimate: Estimated # WCBAs who received 4 or more ANC visits</td> </tr> <tr> <td>MH3. Increase facility-based deliveries from 60% to 80%</td> <td>Percent of expected deliveries occurring in health facility</td> <td>80%</td> <td>Best HF: [Name of Best HF]</td> <td>% of expected deliveries occurring in health facility</td> <td>ANC Report: Sum of # of pregnant women with 4+ ANC visits ANC Report: # of women using ANC during Quarter (ANC cohort) Monthly Report: # deliveries or reports made in this facility 2012 Estimate: Proportion to your catchment area "Use form below"</td> </tr> </tbody> </table>	OBJECTIVE	INDICATOR	TARGET	BEST HF	YOUR HEALTH FACILITY RESULTS	Calculation	MH1. Reduce Contraceptive Prev. Rate from 27% to 50%	Percent of WCBAs given family planning methods	50%	Best HF: [Name of Best HF]	% of WCBAs given family planning methods (condoms, depo, vasectomy, sterilization, IUD, coitus, vasectomy, sterilization)	PP Report: Sum of Tubal Ligation, Progesterone only IUD, Depo, Implants, Female condom/vasectomy, vasectomy	MH2. Increase use complete ANC package	Percent of pregnant women attending 4+ ANC visits	100%	Best HF: [Name of Best HF]	% of pregnant women attending 4 or more ANC visits	2012 Estimate: Estimated # WCBAs who received 4 or more ANC visits	MH3. Increase facility-based deliveries from 60% to 80%	Percent of expected deliveries occurring in health facility	80%	Best HF: [Name of Best HF]	% of expected deliveries occurring in health facility	ANC Report: Sum of # of pregnant women with 4+ ANC visits ANC Report: # of women using ANC during Quarter (ANC cohort) Monthly Report: # deliveries or reports made in this facility 2012 Estimate: Proportion to your catchment area "Use form below"	<p>This document is a helpful guide for explaining what information goes where, and how outcomes are calculated.</p>																														
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Integration with MOH Processes

The toolkit is designed to seamlessly integrate into the MOH process, especially during planning. The table below shows how the different tools complement each other:

	Time	Existing MOH Steps	New Toolkit Support
ENGAGE	Ongoing; whenever a new partner enters the district.		The DHO meets with a partner interested in working in the district, using the New Partner Checklist to evaluate the proposal provide guidance
			The DC provides the new partner with the Partner Requirements for review
		The new partner obtains approval from the DEC	
		The partner signs an MOU with the DC	
			The partner completes the Partner Registration Form
			The partner submits the MOU and Registration Form to the DC and DHO for approval
PLAN	Annually; begins in January with mid-year review; concludes when DIP is due in March.	Updating stakeholder analysis including planning schedule	
		Updating district health profile Information	
		Preparing data for identification of main district health problems	
		Analysis of key interventions for main district problems	
		Trend analysis of critical interventions performances	
		Trend analysis for identification of bottlenecks	
		Bottlenecks problem trees and identification of root causes	
		Development of objectives, targets, outputs and activities	DHMT uses the methodology in the Logic Model Introduction to guide this process.
			DHMT sends the Logic Model for Partner Contribution to partners and coordinators
			Partners and coordinators indicate which activities they will implement, and provide details about their implementation plan.
			Partners and coordinators return the Logic Model for Partner Contribution to DHMT.
			DHMT enters all contributions into the Consolidated Logic Model.
			DHMT identifies duplications and gaps, and works with partners and coordinators to resolve any issues.
			DHMT sends the final Consolidated Logic Model to all partners and coordinators.
		Costing and Budgeting of the Plan	The Consolidated Logic Model provides activity cost information from partners to inform this process.
		Preparing the Multi Year Plan Monitoring Timeframe	
Preparing the District Implementation Plan			
Preparing the District Implementation Plan Monitoring Timeframe			



IMPLEMENT & MONITOR	Ongoing; at the end of every quarter.		DHMT prepares the Quarterly Update for Partner Completion and sends to all partners and coordinators at the beginning of the fiscal year.
			Partners and coordinators complete the Quarterly Update for Partner Completion and return to DHMT.
			DHMT enters all updates into the Quarterly Update for DHMT Consolidation.
			DHMT identifies any issues that should be discussed with partners and coordinators.
			The HMIS office prepares a DIP Bulletin showing the district's progress towards achieving the targets in the DIP.
			The HMIS office shares the DIP Bulletin with DHMT and partners.
		The DC hosts a quarterly stakeholder meeting with DHMT, coordinators and partners.	DHMT uses the Quarterly Stakeholder Meeting Checklist to ensure that all relevant issues have been discussed.
		The DC hosts a twice-annual review meeting to link implementation back to the planning process.	

Contact Us!

As you begin to adapt and implement the toolkit, please contact us with questions!

First, send your questions to Dr. Malangizo Mbewe (Zonal Supervisor) at malangizombewe@yahoo.com.

You may also send questions and ideas to PIH/APZU at apzumeq@pih.org.



New Partner Checklist

The following checklist serves as a guide for discussions between DHMT and a new partner proposing to work in the district. These discussions take place before a partner applies for approval by the District Executive Committee (DEC), and are a mechanism for the district to communicate priorities, gain insight into the partner's proposal, and encourage the partner to address any weaknesses or conflicts. Given that the DHO serves as a member of the DEC, and is often consulted for technical advice during the partner approval process, it is critical that these discussions thoroughly dissect the new partner, and their proposed role in the district.

Priority

- What interventions is the partner planning?
- Are the interventions relevant to our district?
- Do the interventions align with our strategic plan?
- Do the interventions fill a gap or meet a need?

Experience

- Where else has the partner implemented?
- What results has the partner previously achieved?
- Will the partner be implementing the same intervention in other districts?

Sustainability

- What is the partner's sustainability plan?
- What is the partner's exit strategy?

Acceptability

- Will the community accept the intervention?

Coverage

- What is the geographic coverage of the intervention?
- What time period will the intervention cover?

Resources

- What HR will be provided to support the intervention?
- What HR will be needed from MOH?
- How restricted is the partner's funding?
- Is there flexibility in terms of activities, geography, scope, etc.?

Monitoring

- What mechanisms will the partner use to monitor the intervention?

NENO DISTRICT PARTNER REQUIREMENTS

Neno District Council seeks a strong linkage to, and active working relationships with, all key partners working within Neno District. The purpose is to spark detailed coordination and aligned strategies that support the Council in achieving goals set out in the annual District Implementation Plan.

CORE PRINCIPLES

- All partners work in direct support of Neno District Council
- Health-related partners' activities must be developed in coordination with District Health Office, and other partners in the district where directed by the Ministry of Health
- The District Health Office and Partners must be transparent about planned activities and funding
- Partners share data with the Neno District HMIS system through health facilities to ensure accurate reporting across the District

ENGAGEMENT

All partners must sign an MOU with the District Council, and share this document with the District Health Office. If the partner has an additional MOU with the Ministry of Health, that signed agreement should be shared with the District Health Office as well.

Partners must also register with the District Council using the Partner Registration Form. This form should be completed before a partner starts any activities in the district.

PLANNING

Partner activities should align with and directly support the current Neno District Implementation Plan (DIP). To ensure this alignment, planning should involve MOH DHMT and relevant coordinators when developing activities for Neno District. The DHMT will coordinate partners to fill gaps and avoid duplicated activities, thus partners may be asked to adapt activities to strengthen the DIP.

In order to facilitate coordinated planning, partners should plan activities using the Logic Model Excel template. In this template, partners indicate which requested activities they

will support, and provide information about those activities such as timeline, location, target, and budget. Note that partners cannot add impacts, outcomes or objectives to the logic model; however, partners can add additional activities that align with relevant objectives.

Partners must work closely with HMIS office when developing data collection plans to avoid creating parallel data systems; many data you need to measure the impact of your project are already being collected by the Ministry of Health. Partner must explicitly mention of any plans to collect additional data and share data collection tools with MOH prior to start.

Partners should expect to review their implementation plans with DHMT in-person prior to starting activities, either at a Stakeholder or Review Meeting, or a pre-arranged meeting with DHMT. Prior to starting any implementation, partners must receive written communication from the District Health Officer within a period of at least two weeks. This includes a Neno District Council Health Sector endorsed stamp on all data collection tools.

IMPLEMENTATION

All partners must submit Quarterly Updates to the DHMT. This template requests information about progress towards accomplishing the activities, trainings, procurement, infrastructure and human resources that the partner indicated that they would support in the logic model. There are also questions around budget and actual spending in Neno District.

Furthermore, all partners must attend and actively participate in the quarterly Stakeholders Meeting to synthesize the information submitted by various partners in their updates and amend plans as needed.

MONITORING

Monthly

All partners must adhere to data reporting requirements outlined by Neno District HMIS office:

- Partners must keep track of where (which facility's geographic catchment area) they are implementing activities.
 - Detailed implementation records must be kept by partner, and Neno District HMIS Office and/or DHO may request these records at any point

- Partners must note specific Health Facility Catchment areas where they implement activities
- Partners must report data on a monthly basis using MOH Reporting forms to the In-charge of the health center nearest to where partner is implementing by 5th day of each month
 - Note that facilities will be recording when you submit data and your organization will be held accountable for submitting these data.
 - If partner implements in many areas across Neno District, they must submit reports to all In-charges every month that activities are conducted.
 - Soft copy templates of the forms can be provided by HMIS office for the partner to print. Hard copies will not be provided by the HMIS office.

Quarterly

- Partners are welcomed and encouraged to receive the quarterly DIP Bulletin, which includes information on each health facility's progress towards the DIP targets. This data, which is also shared with all facility in-charges, is intended to help steer planning to address gaps.
- Partners are required to attend quarterly Stakeholder Meetings to review both the DIP Bulletin and Quarterly Updates.

Semi-Annual

- All partners are required to attend semi-annual Review Meetings.

Ad-Hoc Reporting

The Ministry of Health may request specific reports from partners at any point.

MINISTRY OF HEALTH ROLES/COMMITMENTS

The Ministry of Health shall have the following roles

1. Ensuring that all partners operating in the district sign a Memorandum of Understanding (MOU) with the District Council.
2. Leading the joint planning process in order to write the District Implementation Plan each year.
3. Coordinating quarterly stakeholder meetings and semi-annual review meetings with all partners operating in the district.
4. Sharing of quarterly performance indicators for the district with partners.
5. Ensuring that all forms of conflicts among partners are resolved amicably.

COMPLIANCE

All partners are **strictly** requested to adhere to the guidelines stipulated in this document. Failure to comply will result in the partner being called to appear before a disciplinary hearing at the District Council's Headquarters.

The DC will **discipline the partner accordingly** basing on the facts of the matter.

LINKAGE TO STAKEHOLDER COMMITTEE DISSEMINATION

This document will be shared with all partners operating in the district, the District Council and the South West Health Support Zone Office.

Any partner coming to operate in the district will be asked to read the document and pledge to adhere to the guidelines before embarking on implementing its activities in the district. The booklet will also be disseminated to all partners operating in the district either by means of a hard copy or electronic copy.

Planned Interventions

Intervention Name	Description <i>Describe key messages and services promoted</i>	Location <i>Which facilities and catchment areas will receive intervention</i>	Timeline	Frequency <i>If applicable e.g. daily, weekly, monthly</i>	Coordinator <i>Which MOH Coordinator will you be working with?</i>	Exit Strategy <i>Plan for sustainability of intervention</i>

Check box to confirm that your organization has submitted the Memorandum of Understanding signed between your organization and the District Council (all organizations working in the district must have such an MOU).

Check box to confirm that your organization has submitted the Memorandum of Understanding signed between your organization and the Ministry of Health if applicable (not all organizations have such an MOU).

FOR MOH USE ONLY:

DHO or Administrator's Name

DC's Name

DHO or Administrator's Signature

DC's Signature

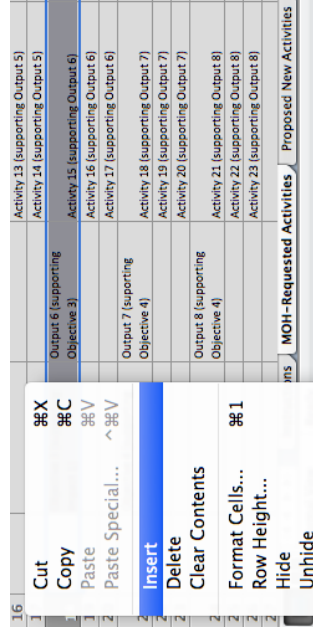


Note: For guidance on what a logic model is, please see the “1_Logic Model Introduction” document.

Building the Logic Model Backbone

1. As DHMT, use your situation analysis, problem identification and prioritization exercises from the MOH DIP process to build a logic model that represents your goals for the fiscal year.

- In *2_Logic Model_Partner Contributions*, on the MOH-Requested Activities page, fill in the impacts, objectives, outputs and activities for your district in the first four columns according to the example show here.
- When filling in this information, you will likely need to insert rows in between already-filled rows. To insert a row, highlight the row below, right-click on the row number, and choose “Insert”. A blank row will appear above the selected row.



- When you’re finished, each activity should have its own row, and there should be no rows without activities.

	A	B	C	D
1	To be completed by MOH; partners should not edit. List any proposed new activities on the next page.			
2	Impact	Objective	Output	Activity
3	Goal	Knowledge, attitudes or practices that will change	What you produce from the activities	What you and your team will do
4	Impact 1	Objective 1 (supporting Impact 1)	Output 1 (supporting Objective 1)	Activity 1 (supporting Output 1) Activity 2 (supporting Output 1) Activity 3 (supporting Output 1)
5				
6				
7			Output 2 (supporting Objective 1)	Activity 4 (supporting Output 2) Activity 5 (supporting Output 2) Activity 6 (supporting Output 2)
8				
9				
10		Objective 2 (supporting Impact 1)	Output 3 (supporting Objective 2)	Activity 7 (supporting Output 3) Activity 8 (supporting Output 3)
11				
12			Output 4 (supporting Objective 2)	Activity 9 (supporting Output 4) Activity 10 (supporting Output 4)
13				
14			Output 5 (supporting Objective 2)	Activity 11 (supporting Output 5) Activity 12 (supporting Output 5) Activity 13 (supporting Output 5) Activity 14 (supporting Output 5)
15				
16				
17				
18		Objective 3 (supporting Impact 1)	Output 6 (supporting Objective 3)	Activity 15 (supporting Output 6) Activity 16 (supporting Output 6) Activity 17 (supporting Output 6)
19				
20				
21	Impact 2	Objective 4 (supporting Impact 2)	Output 7 (supporting Objective 4)	Activity 18 (supporting Output 7) Activity 19 (supporting Output 7) Activity 20 (supporting Output 7)
22				
23				
24			Output 8 (supporting Objective 4)	Activity 21 (supporting Output 8) Activity 22 (supporting Output 8) Activity 23 (supporting Output 8)
25				
26				
27				



2. Classify activities

a. For each activity, select the appropriate classification: Activity, Training, Procurement, Infrastructure or HR.

3. Copy logic model to Proposed New Activities page

a. Select all impacts, objectives and outputs on the MOH-Requested Activities page (cell A4 should be the top-left cell), right-click, and choose COPY.

b. Navigate to the Proposed New Activities page, right-click on cell A4, and choose PASTE.

c. Highlight empty rows, right-click on the row number, and choose DELETE. Now each row should have an output.

The screenshot displays two side-by-side spreadsheet windows. The left window, titled 'MOH-Requested Activities', shows a logic model with columns: Impact (Goal), Objective (Knowledge, attitudes or practices that will change), Output (What you produce from the activities), and Activity (What you and your team will do). Rows 4-27 are highlighted in blue. The right window, titled 'Proposed New Activities', shows a similar structure but with empty rows. A context menu is open over row 4 in the Proposed New page, with 'Copy' selected. The menu options include Cut, Copy, Paste, Paste Special..., Look Up, Translate..., Insert Copied Cells..., Delete..., Clear Contents, Filter, Sort, Insert Function..., Insert Comment, Delete Comment, Format Cells..., Pick From List..., Hyperlink..., Insert Page Break, and Reset All Page Breaks.



Soliciting Partner Contributions

1. Fill in the list of partners

- a. Still using *2_Logic Model_Partner Contributions*, navigate to the Instructions page.
- b. Under the blue “Partners” heading, fill in the list of all partners working in the district.

2. Fill in the due date

- a. Under the “4. Due Date” heading, fill in the due date by which the Administrator should receive each partner’s contribution. Hint: this should be at least two weeks before the DIP is due.

3. Save the logic model

- a. We recommend saving the document, which is specific to the fiscal year, as *2_Logic Model_Partner Contributions_FYXX* (i.e. *2_Logic Model_Partner Contributions_FY17*).

4. Circulate to partners and coordinators

- a. Well before the due date (at least two weeks), send the document to all partners, using the primary contact in *2_Partner Registration Form* or in the previous year’s *2_Logic Model_Partner Contributions* depending on which is more recent. Send also to all MOH Coordinators.
- b. As partners return their documents, save them to a designated folder on your computer.

Partners	
1.	Partner A
2.	Partner B
3.	Partner C
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

4. Due Date (return to Administrator)
[ADD DUE DATE]



Consolidating the Logic Model

1. Fill in the list of partners

a. Open *3_Logic Model_Consolidated*. On the Instructions page, under the blue “Partners” heading, fill in the list of all partners working in the district.

2. Insert the logic model backbone

a. Open the original *2_Logic Model_Partner Contributions* that was sent to partners; on the MOH-Requested Activities page, select all impacts, objectives and outputs, right-click, and choose COPY.

b. Navigate to the Consolidated Logic Model page in *3_Logic Model_Consolidated*, right-click on cell A4, and choose PASTE.

c. Return to *2_Logic Model_Partner Contributions* on the MOH-Requested Activities page, select all activities and classifications, right-click, and choose COPY.

d. Navigate back to the Consolidated Logic Model page in *3_Logic Model_Consolidated*, right-click on cell E4, and choose PASTE.

e. Leave the Activity Code column blank for now. Close *2_Logic Model_Partner Contributions*.

Partners	
1: Partner A	
2: Partner B	
3: Partner C	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	



3. Consolidate partner and coordinator contributions

- a. Open each partner or coordinator's submitted contributions one at a time, and navigate to the MOH-Requested Activities page. Find the first activity that the partner has signed up for, and highlight the implementation details (starting with partner, ending with inputs). Right-click on the selection, and choose COPY.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
proposed new activities on the next tab.	Activity	Classification	Partner or Coord	Catchment Areas Impacted	Target	Timeline	Budget	Inputs																		
	What you and your team will do	Type of activity	Name of partner or MOH	Coordinator supporting activity	Number of events / people / hours / etc. Be specific.	Jan-Oct Jan-Mar Apr-Jun Jul-Oct	Total estimated activity cost (MWH)	Guidelines to that MOH can code expense type																		
	Activity 1 (Supporting Objective 1)	Activity	Partner A			Planning	MMK1,000,000.00	Fuel, Allowances																		
	Activity 2 (Supporting Objective 1)	Training																								
	Activity 3 (Supporting Objective 1)	Procurement																								
	Activity 4 (Supporting Objective 2)	Infrastructure																								
	Activity 5 (Supporting Objective 2)	HR																								
	Activity 6 (Supporting Objective 2)	Activity																								
	Activity 7 (Supporting Objective 3)	Training																								
	Activity 8 (Supporting Objective 3)	Procurement																								
	Activity 9 (Supporting Objective 4)	Infrastructure																								
	Activity 10 (Supporting Objective 4)	HR																								
	Activity 11 (Supporting Objective 5)	Activity																								
	Activity 12 (Supporting Objective 5)	Training																								
	Activity 13 (Supporting Objective 5)	Procurement																								
	Activity 14 (Supporting Objective 5)	Infrastructure																								
	Activity 15 (Supporting Objective 6)	HR																								
	Activity 16 (Supporting Objective 6)	Activity																								
	Activity 17 (Supporting Objective 6)	Training																								
	Activity 18 (Supporting Objective 7)	Procurement																								
	Activity 19 (Supporting Objective 7)	Infrastructure																								
	Activity 20 (Supporting Objective 7)	HR																								
	Activity 21 (Supporting Objective 8)	Activity																								
	Activity 22 (Supporting Objective 8)	Training																								
	Activity 23 (Supporting Objective 8)	Procurement																								

- Cut
- Copy
- Paste
- Paste Special...
- Look Up
- Translate...
- Insert...
- Delete...
- Clear Contents
- Filter
- Sort
- Insert Function...
- Delete Comment
- Format Cells...
- Pick From List...
- Hyperlink...
- Insert Page Break
- Reset All Page Breaks

- b. Go the Consolidated Logic Model page in 3_Logic Model_Consolidated. Find the activity that the partner has signed up, right-click on the Partner or Coord cell next to the activity, and choose PASTE.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	Activity	Classification	Partner or Coord	Catchment Areas Impacted	Target	Timeline	Budget	Inputs																			
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	Activity 5 (Supporting Objective 2)	HR																									
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- Cut
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- Insert Copied Cells...
- Delete...
- Clear Contents
- Filter
- Sort
- Insert Function...
- Insert Comment
- Delete Comment
- Format Cells...
- Pick From List...
- Hyperlink...
- Insert Page Break
- Reset All Page Breaks



6. Review and integrate new activities

- a. Return to each partner and coordinator's document with their planned contributions, this time navigating to the Proposed New Activities page. As DHMT, decide whether each new activity is appropriate.
- b. If the activity is approved, make space for it in the Consolidated Logic Model page in *3_Logic Model_Consolidated* by inserting a row under the output that it belongs to.
- c. Return to the partner or coordinator's document, select the activity and implementation details (starting at activity, ending at input), right-click and choose COPY.
- d. Go back to Consolidated Logic Model page in *3_Logic Model_Consolidated*, right-click on the activity cell in the newly-inserted row, and choose PASTE SPECIAL. In the menu, choose "Values" and click OK. The values from the partner document will appear in the consolidated logic model.

e. Repeat for any approved new activities.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Output	Activity	Classification	Partner or Coord	Catchment Areas Impacted	Target	Timeline	Budget	Imps																	
When you produce from this activity	What you and your team will do	Type of activity	Source of partner or coord contribution supporting activity	Number of partner or coord contribution supporting activity	Activity / Outcome / Result / Just Spec / Out-Box / Just Spec / Out-Box / Just Spec / Out-Box	Activity / Outcome / Result / Just Spec / Out-Box / Just Spec / Out-Box / Just Spec / Out-Box	Activity / Outcome / Result / Just Spec / Out-Box / Just Spec / Out-Box / Just Spec / Out-Box	Activity / Outcome / Result / Just Spec / Out-Box / Just Spec / Out-Box / Just Spec / Out-Box																	
Output 1 (Supporting Outcome 1)	Activity 1 (Supporting Outcome 1)	Activity	Partner A	1	Target	Planning / Not running / Not running	None / 250,000 (E, A)																		
Output 2 (Supporting Outcome 2)	Activity 2 (Supporting Outcome 2)	Infrastructure																							
Output 3 (Supporting Outcome 3)	Activity 3 (Supporting Outcome 3)	Activity																							
Output 4 (Supporting Outcome 4)	Activity 4 (Supporting Outcome 4)	Infrastructure																							
Output 5 (Supporting Outcome 5)	Activity 5 (Supporting Outcome 5)	Activity																							
Output 6 (Supporting Outcome 6)	Activity 6 (Supporting Outcome 6)	Infrastructure																							
Output 7 (Supporting Outcome 7)	Activity 7 (Supporting Outcome 7)	Activity																							
Output 8 (Supporting Outcome 8)	Activity 8 (Supporting Outcome 8)	Infrastructure																							
Output 9 (Supporting Outcome 9)	Activity 9 (Supporting Outcome 9)	Activity																							
Output 10 (Supporting Outcome 10)	Activity 10 (Supporting Outcome 10)	Infrastructure																							
Output 11 (Supporting Outcome 11)	Activity 11 (Supporting Outcome 11)	Activity																							
Output 12 (Supporting Outcome 12)	Activity 12 (Supporting Outcome 12)	Infrastructure																							
Output 13 (Supporting Outcome 13)	Activity 13 (Supporting Outcome 13)	Activity																							
Output 14 (Supporting Outcome 14)	Activity 14 (Supporting Outcome 14)	Infrastructure																							
Output 15 (Supporting Outcome 15)	Activity 15 (Supporting Outcome 15)	Activity																							
Output 16 (Supporting Outcome 16)	Activity 16 (Supporting Outcome 16)	Infrastructure																							
Output 17 (Supporting Outcome 17)	Activity 17 (Supporting Outcome 17)	Activity																							
Output 18 (Supporting Outcome 18)	Activity 18 (Supporting Outcome 18)	Infrastructure																							
Output 19 (Supporting Outcome 19)	Activity 19 (Supporting Outcome 19)	Activity																							
Output 20 (Supporting Outcome 20)	Activity 20 (Supporting Outcome 20)	Infrastructure																							
Output 21 (Supporting Outcome 21)	Activity 21 (Supporting Outcome 21)	Activity																							
Output 22 (Supporting Outcome 22)	Activity 22 (Supporting Outcome 22)	Infrastructure																							
Output 23 (Supporting Outcome 23)	Activity 23 (Supporting Outcome 23)	Activity																							
Output 24 (Supporting Outcome 24)	Activity 24 (Supporting Outcome 24)	Infrastructure																							
Output 25 (Supporting Outcome 25)	Activity 25 (Supporting Outcome 25)	Activity																							
Output 26 (Supporting Outcome 26)	Activity 26 (Supporting Outcome 26)	Infrastructure																							

Paste Special

Paste

All
 All using Source theme
 All except borders
 Formulas
 Values
 Column widths
 Formulas and number formats
 Comments
 Values and number formats
 Validation
 Merge conditional formatting

Operation

None
 Add
 Subtract
 Multiply
 Divide

Skip blanks
 Transpose



7. Add activity codes

a. Once all activities have been added, assign each activity an activity code in the consolidated logic model. We recommend that you use an alphanumeric system whereby the letter indicates the impact and the number is sequential. For example, the fifth activity for the first impact would be A5. The seventh activity for the fourth activity would be D7. Regardless of the system that you use, **it is essential that each activity in the logic model have a unique activity code.** Do not repeat activity codes on multiple rows, even if partners are jointly sponsoring an activity.

8. Save the changes

a. We recommend saving the document, which is specific to the fiscal year, as *3_Logic Model_Consolidated_FYXX* (i.e. *3_Logic Model_Consolidated_FY17*).

9. Circulate to stakeholders

a. Using the primary contact information provided in the partner contribution documents, send the final consolidated logic model to all partners to use as a reference throughout the year. Send also to all MOH Coordinators and the District Council.

10. Integrate into the DIP Budget

- a. You'll notice that many columns in the consolidated logic model align with the information required by the MOH for the DIP Budget. We recommend that you simply copy and paste the information in these columns for all activities that will be funded by a partner of the MOH.
- b. Some activities in the consolidated logic model will likely not be funded. While these activities won't be included in the DIP Budget, they should remain in the consolidated logic model as a way for DHMT to advocate for additional resources to fill these unmet needs.

	A	B	C	D	E
	Logic Model Backbone				Activity
1	Impact Goal	Objective Knowledge, attitudes or practices that will change	Output What you produce from the activities	Activity Code	What you and your team will do
2					
3		Objective 1 (supporting Impact 1)	Output 1 (supporting Objective 1)	A1	Activity 1 (supporting Output 1)
4	Impact 1			A2	Activity 2 (supporting Output 1)
5				A3	Activity 3 (supporting Output 1)
6			Output 2 (supporting Objective 1)	A4	Activity 4 (supporting Output 2)
7				A5	Activity 5 (supporting Output 2)
8				A6	Activity 6 (supporting Output 2)
9		Objective 2 (supporting Impact 1)	Output 3 (supporting Objective 2)	A7	Activity 7 (supporting Output 3)
10				A8	Activity 8 (supporting Output 3)
11				A9	New Activity A
12			Output 4 (supporting Objective 2)	A10	Activity 9 (supporting Output 4)
13				A11	Activity 10 (supporting Output 4)
14			Output 5 (supporting Objective 2)	A12	Activity 11 (supporting Output 5)
15				A13	Activity 12 (supporting Output 5)
16				A14	Activity 13 (supporting Output 5)
17				A15	Activity 14 (supporting Output 5)
18		Objective 3 (supporting Impact 1)	Output 6 (supporting Objective 3)	A16	Activity 15 (supporting Output 6)
19				A17	Activity 16 (supporting Output 6)
20				A18	Activity 17 (supporting Output 6)
21		Objective 4 (supporting Impact 2)	Output 7 (supporting Objective 4)	B1	Activity 18 (supporting Output 7)
22	Impact 2			B2	Activity 19 (supporting Output 7)
23				B3	Activity 20 (supporting Output 7)
24			Output 8 (supporting Objective 4)	B4	Activity 21 (supporting Output 8)
25				B5	Activity 22 (supporting Output 8)
26				B6	Activity 23 (supporting Output 8)
27					

Logic Model Introduction

1. Overview

A logic model is a planning and management tool that details the link between action and impact. Logic models can be used for many different purposes. In the case of implementing this toolkit, districts use the logic model to document their vision for improving the healthcare system. The logic model is completed after conducting the situation analysis and problem identification, and is used to inform activity planning and budgeting. It also serves as a mechanism for DHMT to communicate their vision to partners, and for partners to communicate how their plans support that vision.

2. How to build a logic model

A basic logic model is a table with four columns, and many rows.

Column 1: Impact

The first column contains a list of impacts that the district would like to achieve over time. These are broad goals, and there is usually one impact for each health issue.

Example: Reduce morbidity and mortality from TB.

Column 2: Objective

The second column contains a list of objectives that much be achieved in order for the impact to occur. These are usually practices, knowledge or attitudes that must change. Note that there are usually multiple objectives associated with each impact.

Example: Increase case detection for TB.

Column 3: Output

The third column is a list of outputs that must be met if the objective is to be achieved. These are usually specific, tangible results from activities. Note that there are usually multiple outputs associated with each objective.

Example: Establish routine screening for TB in prisons.

Column 4: Activity

The fourth column is a list of activities that must be conducted in order to achieve the output. These are action items that often (but not always) require funding. Note that there are usually multiple activities associated with each output.

Example: Hire 3 new TB case-finding staff.

3. Logic models as a theory of change

Logic models can be thought of as a series of if/then statements that, if achieved, will produce the desired impact.

IF activities are successfully implemented, THEN the outputs will occur.

IF the outputs are met, THEN the objectives will be achieved.

IF the objectives are achieved, THEN the impacts will occur.

Therefore, the logic model can be thought of as the district's theory of change: what actions and resources are needed to achieve the maximum impact?

Logic Model Example

The example below demonstrates a small logic model for improving women’s health. Note that this is not comprehensive—there would be many more objectives, outputs and activities under this one impact.

Impact	Objective	Output	Activity
Improved women’s health	Increased access to and use of family planning	Increased use of long-term family planning methods	Train clinicians and nurses on long-term family planning methods Procure IUCDs
		Increased uptake of family planning among inpatients	Write and test IUCD protocol for health center use Provide family planning IEC materials to all wards in hospitals Develop a discharge checklist including family planning counseling
	Increased facility-based deliveries	Increased availability of maternal waiting homes	Construct maternal waiting home at Dambe Health Center Pilot food provision at waiting homes
		Increased community awareness regarding facility-based deliveries	Conduct 8 mass awareness events promoting facility-based deliveries Train Community Health Workers to refer women to facility for delivery

Note that not all activities are associated with a cost; some may simply require staff time. In the example above, writing and testing an IUCD protocol and developing a discharge checklist do not require funding.

Using the Logic Model for Planning

In this toolkit, the logic model is more than a theoretical exercise. The logic model becomes the backbone for partner coordination to ensure that all partners are actively supporting the district's vision for improving the healthcare system, and to hold partners accountable for their plans throughout the year.

1. DHMT establishes impacts, objectives and outputs

- a. These columns should be informed by the district profile, problem identification and bottleneck analysis processes that take place in January and February.
- b. Some districts may want to involve key partners in this process.

2. Coordinators work with DHMT to develop desired activities

- a. With DHMT guidance, MOH Coordinators brainstorm activities that they believe are necessary to meet the stated outputs.
- b. Again, some districts may want to involve key partners in this process.

3. Partners use the logic model to guide their planning

- a. DHMT fills out the logic model template (*2_Logic Model_ Partner Contributions*) and sends to partners in February, who then sign up for activities, suggest new activities, and provide implementation details.

- b. By March, DHMT consolidates the logic model (*3_Logic Model_Consolidated*), and advises partners on any gaps or duplications. Depending on funding availability, MOH Coordinators may need to fill gaps (signing up for activities as if they were a partner).
- c. The completed logic model informs the remaining planning process, including writing the DIP and budgeting.

4. DHMT and partners review logic model implementation throughout the year

- a. Every quarter, partners and coordinators review the list of activities in the logic model that they committed to implementing, and submit an update regarding their progress and upcoming plans.
- b. DHMT then works with all partners to ensure that activities are successfully implemented and having the desired impact.
- c. For more information and templates regarding these quarterly updates, refer to the IMPLEMENT section of the toolkit.

Welcome to the Logic Model for Partner Contributions!

1. Purpose:

The logic model allows for partners to merge their strategic plans with the district's top priorities. DHMT sets the vision for the district by developing impacts, objectives, outputs and activities that they would like to achieve. Partners then sign up for the activities that match their resources and plans, and in limited circumstances, can suggest new activities not originally included by DHMT.

2. Instructions:

At the bottom of this page, provide the current primary contact information for your organization.

In the MOH-Requested Activities page, review the logic model that DHMT has created (the cells in gray with green headings). Reflect on how these priorities match, or do not match, your organization's plans.

For activities that match your organization's plans, sign up for the activity by filling in the activity details (white cells under the blue headings). For activities that do not match your organization's plans, simply leave the white cells blank.

For any activities in your plans that are not listed on the MOH-Requested Activities page, list the activity and classification next to the output that it best fits, and fill in the activity details (white cells under the blue headings). Partners should not change impacts, objectives or outputs.

Once DHMT receives the logic model from all partners, they will identify any duplications and gaps, and work with partners to address them. They will also review and approve any proposed new activities. A final, consolidated logic model will be sent to all partners.

3. Contents:

[MOH-Requested Activities](#)

[Proposed New Activities](#)

4. Due Date (return to Administrator)

[ADD DUE DATE]

5. Reference

MOH Departments	Partners
1: ARI	1: Partner A
2: ART	2: Partner B
3: ART/PMTCT	3: Partner C
4: BFHI	4:
5: EPI	5:
6: Eye	6:
7: Family Planning	7:
8: Food Safety & Hygiene	8:
9: HTC	9:
10: IDSR	10:
11: IEC	11:
12: IMCI	12:
13: IPC	13:
14: Malaria	14:
15: Malnutrition	15:
16: NCDs / Mental health	16:
17: Oncho/LF	17:
18: Palliative Care / HBC	18:
19: PMTCT	19:
20: Safe motherhood	20:
21: School Health	21:
22: Skin	22:
23: STI	23:
24: TB	24:
25: VIA/MCH	25:
26: VMMC	26:
27: WASH	27:
28: Youth Friendly Services	28:
29: HMIS Office	29:
30:	30:

Partner Contact Information

Primary Contact Name:

Primary Contact Position:

Primary Contact Email:

Primary Contact Phone:

Welcome to the Logic Model - Consolidated!

1. Purpose:

Now that you've received contributions from each partner, it's helpful to consolidate the results to identify duplications and gaps, integrate proposed new activities, and create a final version to be used as a reference throughout the year.

2. Instructions:

Using each partner's logic model, copy and paste their activity details into the Consolidated Logic Model page.

If more than one partner signs up for an activity, create two separate rows for the activity, and investigate whether the coverage areas overlap. If it is indeed a duplication, discuss the best way forward with DHMT and the relevant partners.

If there are major gaps that the MOH does not have the resources to address, lobby existing partners to fill the gap, or work to identify a new partner that can begin working in the district.

If a partner proposed a new activity, decide whether it is appropriate to pursue. If it is approved, add a row under the relevant output on the Consolidated Logic Model page, and include the activity details.

Once all activities are finalized, assign each activity an activity code. The code should include a letter and a number. The letter represents which impact it supports, and the number represents which number activity it is. For example, the fourth activity under the first impact would be A1. The tenth activity under the fifth impact would be E10.

Save the final, consolidated logic model and share with all partners as reference.

Note: Partner names should be spelled consistently, as it is spelled on the list of partners on this page.

3. Contents:

Consolidated Logic Model

4. Reference

MOH Departments

1	ARI
2	ART
3	ART/PMTCT
4	BFHI
5	EPI
6	Eye
7	Family Planning
8	Food Safety & Hygiene
9	HTC
10	IDSR
11	IEC
12	IMCI
13	IPC
14	Malaria
15	Malnutrition
16	NCDs / Mental health
17	Oncho/LF
18	Palliative Care / HBC
19	PMTCT
20	Safe motherhood
21	School Health
22	Skin
23	STI
24	TB
25	VIA/MCH
26	VMMC
27	WASH
28	Youth Friendly Services
29	HMIS Office
30	

Partners

1	Partner A
2	Partner B
3	Partner C
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DIP Impact and Outcomes

PRIORITY OUTCOMES FOR FY17!

Set by MOH/Partners

IMPACT

Goal

OBJECTIVE

Knowledge, attitudes or practices that will change. Boxes in blue are high-priority outcomes.

1. Decrease the burden of HIV and STIs	1a	Ensure high Quality STI Services
	1b	90% of HIV cases diagnosed
	1c	90% of cases on treatment
	1d	90% of patients viral suppressed at 1 year
	1e	Zero transmission of HIV from mother-to-child
	1f	Prevent transmission of HIV
2. Decrease burden of TB in Neno	2a	Increase TB case finding
	2b	Increase TB retention in care and treatment cure rate
	3a	Increase access to and use of family planning
3. Improved integrated women's health	3b	Increase first trimester antenatal care
	3c	Increase facility-based deliveries
	3d	Improved quality of labor and delivery care
4. Improve integrated management of neonatal and child health	3e	Increasing number of women screened and treated for Cervical Cancer
	4a	To reduce morbidity and mortality of vaccine preventable diseases by 2016
	4b	Prevent deaths from childhood malnutrition
	4c	Improve quality of Village Clinics
	4d	Improve quality of care at OPD
	4d	Improve youth friendly /adolescent health care services
5. Decrease burden of NCDs	4e	Reduce neonatal mortality
	5a	Increase NCD case finding
	5b	Improved quality of care
6. Decreased burden of malaria	5c	Increase retention in care
	6a	Increase use of preventive malaria measures
	6b	Improve quality of diagnosis and care
	7a	Improved service from the clinicians and doctors
7. Providing high quality of inpatient care	7b	Improved infection prevention & control
	7c	Improved hospital management
	7c	Improved linkage with outpatient and tertiary care
	7d	Improved nursing care
	7e	Improved management of medical equipment
	7f	Improved laboratory services
	7g	Improved pharmacy services

8. Improved data management and utilization	<ul style="list-style-type: none"> 7h Improved radiology services 8a Improved health facilities creation and use of data 8b Improved measurement of our DIP progress 8c Improved Data Quality Checks and M&E Coordination
9. Improved access to primary health care	<ul style="list-style-type: none"> 9a Reduce barriers from user fees 9b Improved quality of outpatient primary care services 9d Improve transport system 9e Adequate dignified space and staff to support EHP delivery 9f Adequate human resources at all health facilities 9h Reliable and robust pharmaceutical supply chain 9i Improved health center support 9j Effective prevention of and response to outbreaks 9i Improved governance
10. Break the cycle of poverty by addressing social determinants of health	<ul style="list-style-type: none"> 10a Improved access to clean and safe water 10b High quality programs to provide socioeconomic support to most vulnerable
11. Develop Neno as a research & academic training site	<ul style="list-style-type: none"> 11a Robust academic programs available in Neno to train the next generation of health providers 11b Infrastructure and facilities prepared for hosting academic activities 11c Improved research capacity in Neno
12. Promote enhanced partner coordination	<ul style="list-style-type: none"> 11d Cadre of knowledgeable staff and mentors at facilities in Neno District setting high standard of care 12 Improved partner coordination

Logic Model Backbone										Implementation Details																	
Impact Objective	Output	Activity Code	Activity	Classification	Partner or Coord	Catchment Areas Impacted										Target	Timeline			Budget	Inputs						
Goal	What you produce from the activities	Activity Code	What you and your team will do	Type of activity	Name of partner or MOH Coordinator supporting activity	CH	DAM	LG	LIS	LUV	MAG	MTR	MATD	MID	NDH	NP	NKI	NSA	ZW	Number of events / people / items / etc. Be specific.	Q1 Jul-Sept	Q2 Oct-Dec	Q3 Jan-Mar	Q4 Apr-Jun	Total estimated activity cost (MWK)	Guidance so that MOH can code expense type	
1. Decrease the burden of HIV and STIs	Improved access and quality STI services by integrating STI into all health facility OPDs and ANC	A1	Quarterly STI joint supervision (Group 2)	Activity	MOH	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A1	Planning	Planning	Planning	MWK 300,000.00	Lunch allowances		
		A2	Train 100 peer educators in facilitation and YFS (SRMS) in Neno around the 14 health facilities by end of December 2016	Training		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A2	Planning	Not Planning	Not Planning	MWK 486,400.00	Fuel	
		A3	Two-week STI training for clinicians and nurses	Training	MSH	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A3	Not Planning	Planning	Not Planning	MWK 150,000.00	Transport reimbursement	
		A4	Include STI quality in MESH objectives for mentorship	Activity	PHI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A4	Planning	Not Planning	Not Planning	MWK 4,610,800.00	Sub Allowance	
		A5	Procure or develop IEC for STI: for community and patient messaging	Procurement	PHI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A5	Planning	Not Planning	Not Planning	MWK 0.00		
		A6	Combine STI quarterly agenda into HIV quarterly meetings	Activity	MSH																	Target A6	Planning	Planning	Planning	MWK 90,000.00	Stationery
		A7	Incorporate STI teaching into overall adolescent health messaging and approach	Activity	PHI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A7	Planning	Planning	Planning	MWK 0.00		
		A8	Test all PID/LAP for VIA and HTC	Activity	PHI																	Target A8	Planning	Planning	Planning	MWK 0.00	
		A9	Ensure 100% inpatients are tested (PITC)	Infrastructure	Construct HTC room at Neno Parish	Infrastructure																Target A9	Not Planning	Planning	Not Planning	MWK 0.00	
		A10	Provider-initiated inpatient testing at NDH & Lisungwi seven days a week	Activity	PHI	1																Target A10	Planning	Planning	Planning		
		A11	QI project: institute discharge checklist which includes HTC as checkpoint prior to discharge	Activity	PHI	1																Target A11	Planning	Not Planning	Not Planning	MWK 0.00	
		A12	Ensure routine screening at OPD (SHARF)	Activity	Quarterly HTC supervision (joint supervision Team 2)	Activity	MSH	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A12	Planning	Planning	Planning	MWK 0.00	
		A13	Maintenance of sink at Mlitzemba, Zalewa and Chifungwa HTC rooms	Infrastructure	PHI	1																Target A13	Planning	Not Planning	Not Planning	MWK 0.00	As budgeted for STI
		A14	Initiate weekend testing at NDH, Lisungwi and Zalewa (also relevant to routine testing at OPD)	Activity	PHI	1																Target A14	Planning	Not Planning	Not Planning	MWK 60,000.00	Procure sink
		A15	OPDs (SHARF), supported by MESH mentors	Activity	PHI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A15	Planning	Planning	Planning	MWK 0.00	
		A16	HTC in immunization clinics	Activity	MSH	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A16	Planning	Planning	Planning	MWK 0.00	
		A17	Family testing at family planning clinics	Activity	MSH	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A17	Planning	Planning	Planning	MWK 0.00	
A18	Quarterly HTC review meeting with all providers to review data: ensure re-testing in 3rd trimester. Report back to Team 1 supervision team.	Activity	PHI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A18	Planning	Planning	Planning	MWK 0.00			
A19	MESH mentors support testing at ANC, re-testing in 3rd trimester	Activity	PHI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A19	Planning	Planning	Planning	MWK 243,200.00	Fuel		
A20	Couples testing at ANC	Activity	PHI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A20	Planning	Planning	Planning	MWK 0.00			
A21	QI project: Motivate males to accompany wives to ANC with pilot project with prizes	Activity	PHI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A21	Planning	Planning	Planning	MWK 0.00			
A22	Pilot streamlined check-in process at ANC for disease screening (HTC, TB) – mimic SHARF	Activity	PHI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A22	Planning	Planning	Planning	MWK 2,500,000.00	T shirts		
A23	Twice-weekly SHARF in villages based on hot-spots	Activity	PHI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A23	Planning	Planning	Planning	MWK 0.00			
A24	Support DAC to host 2 World AIDS Day events on "getting to zero with HIV"	Activity	PHI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	Target A24	Not Planning	Planning	Not Planning	MWK 3,360,000.00	Lunch allowances		
A25	Procure motorcycle for HTC supervision	Procurement	MOH																	Target A25	Not Planning	Not Planning	Not Planning	MWK 304,000.00	Fuel		



2. Fill in the list of partners

- a. Navigate to the Instructions page of *1_Quarterly Update_Template for Partner Completion*.
- b. Under the blue “Partners” heading, fill in the list of all partners working in the district. This should match the list of partners included in the consolidated logic model file. Make sure that all spelling or abbreviations are consistent; they must match perfectly.
- c. You may now close your logic model file, you are now only working in *1_Quarterly Update_Template for Partner Completion*.

3. Fill in due dates

- a. Stay on the Instructions page of *1_Quarterly Update_Template for Partner Completion*.
- b. Under the “5. Due Dates” heading, fill in the due dates by which the Administrator should receive completed updates from partners. Hint: this should be at the end of the quarter, i.e. Q1’s update would likely be due in early October.

4. Save the changes

- a. We recommend saving the prepared template, which is specific to the fiscal year, as *1_Quarterly Update_Template for Partner Completion_FYXX* (i.e. *1_Quarterly Update_Template for Partner Completion_FY17*).

Partners	
1	Partner A
2	Partner B
3	Partner C
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5. Due Dates (return to Administrator)

- Q1: JUL-SEPT due [ADD DUE DATE]
- Q2: OCT-DEC due [ADD DUE DATE]
- Q3: JAN-MAR due [ADD DUE DATE]
- Q4: APR-JUN due [ADD DUE DATE]



5. Circulate to partners

- a. Well before the Q1 due date, send the prepared template to all partners and coordinators, using the primary contact provided in the *2_Partner Registration Form* or *2_Logic Model_Partner Contributions*.
- b. When you receive completed quarterly updates from partners and coordinators, save to a designated folder on your computer.

6. Remind partners of future due dates

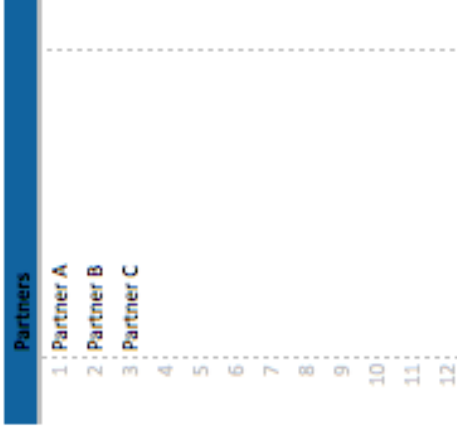
- a. For Q2, Q3, and Q4, each partner will simply update their file from the previous quarter, so you do not need to re-send the file. However, it is a good idea to remind partners when each quarter's due date is approaching.



Consolidating Quarterly Updates

1. Fill in the list of partners

a. Open *2_Quarterly Update_Template for DHMT Consolidation*. On the Instructions page, under the blue “Partners” heading, fill in the list of all partners working in the district.



2. Consolidate partner and coordinator updates

a. Open each partner or coordinator’s submitted updates one at a time, and navigate to the Budget Update page. Starting with cell A5, highlight all of the cells that have been filled. Right-click and choose COPY.

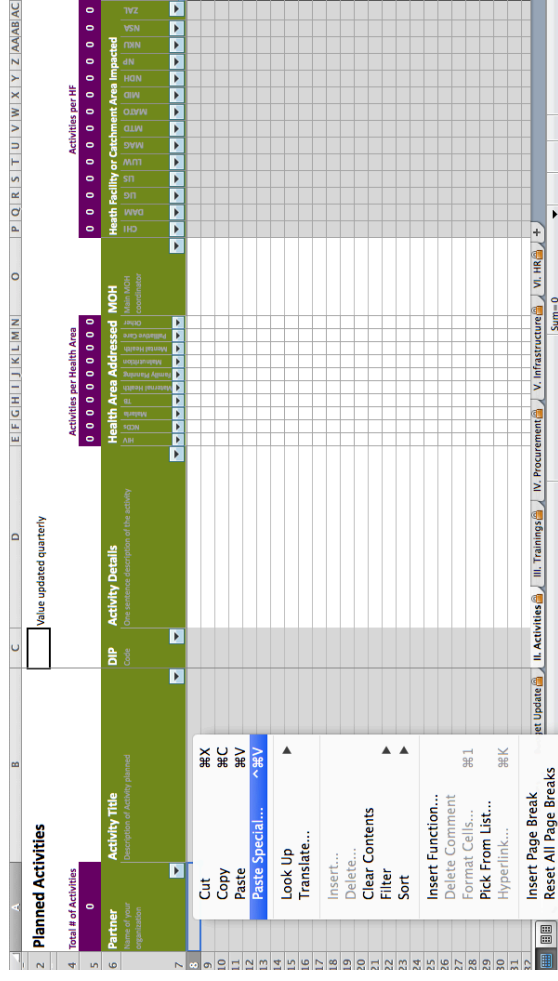
b. Go to the Budget Update page in *2_Quarterly Update_Template for DHMT Consolidation*. Right-click on cell A8, and choose PASTE SPECIAL. In the menu, choose “Values” and click OK. The values from the partner’s update will appear in the new document.

c. Repeat for the Activities, Trainings, Procurement, Infrastructure, and HR pages.

d. Repeat for all partner and coordinator quarterly updates, pasting each partner’s details into the next blank row in *2_Quarterly Update_Template for DHMT Consolidation*. Once you have finished, *2_Quarterly Update_Template for DHMT Consolidation* will contain all of the information submitted by all partners and coordinators.

e. Send the consolidated Quarterly Update to the District Council.

Questions? Email us at toolkithelpdesk@gmail.com





Using Quarterly Updates for Impact

1. Identify trends

- a. On each page of *2_Quarterly Update_Template for DHMT Consolidation*, purple cells automatically calculate indicators for district-level trends. For example, they can tell you how many activities are occurring at each catchment area, or how many trainings are taking place each quarter.
- b. Use the purple cells to investigate any problematic trends, such as gaps or duplications. For more ideas about how best to evaluate trends, refer to *3_Quarterly Stakeholder Meeting Checklist*.

2. Synthesize trends with data

- a. Compare trends to the data highlighted in the DIP Bulletin.
- b. Discuss issues with partners and coordinators at the Quarterly Stakeholder Meeting, emphasizing action items that can improve results.

Welcome to the Quarterly Update!

1. Parter Name:

2. Purpose:

The purpose of the quarterly update is for partners and MOH coordinators to submit details about their organizational budget, and progress towards the activities, trainings, procurement, infrastructure and HR that they committed to in the DIP planning process (logic model). The DHMT then uses this information to coordinate efforts, ensuring that all activities result in maximum impact.

3. Instructions:

You are receiving this blank Quarterly Update for Q1. For Q2, you can use your completed Q1 file, and update relevant sections. For Q3 you would start with your Q2 file, and for Q4 you would start with your Q3 file.

Before doing anything else, select your partner name in the box above. Using this information, Excel will automatically fill in basic information about what activities, trainings, procurement, infrastructure and HR your organization committed to during the DIP planning process (logic model). These cells appear in gray throughout the file, and should not be edited.

Next, proceed to fill in the remaining blank cells on each page. The Budget page will need to be updated entirely each quarter.

For the Activities, Trainings, Procurement, Infrastructure and HR pages, fill in the blank cells for each row. Only the Quarterly Update section in the black box needs to be updated each quarter; or the remaining blank cells, these should be filled for Q1, and then will remain the same for the rest of the year.

The logic model is included at the end as a reference, but should not be edited.

4. Contents:

I. Budget Update

II. Activities

III. Trainings

IV. Procurement

V. Infrastructure

VI. Contribution

Logic Model (Reference Only)

5. Due Dates (return to Administrator)

Q1: JUL-SEPT due [ADD DUE DATE]

Q2: OCT-DEC due [ADD DUE DATE]

Q3: JAN-MAR due [ADD DUE DATE]

Q4: APR-JUN due [ADD DUE DATE]

6. Reference

MOH Departments	Partners
1 ARI	1 Partner A
2 ART	2 Partner B
3 ART/PMTCT	3 Partner C
4 BFHI	4
5 EPI	5
6 Eye	6
7 Family Planning	7
8 Food Safety & Hygiene	8
9 HTC	9
10 IDSR	10
11 IEC	11
12 IMCI	12
13 IPC	13
14 Malaria	14
15 Malnutrition	15
16 NCDs / Mental health	16
17 Oncho/LF	17
18 Palliative Care / HBC	18
19 PMTCT	19
20 Safe motherhood	20
21 School Health	21
22 Skin	22
23 STI	23
24 TB	24
25 VIA/MCH	25
26 VMMC	26
27 WASH	27
28 Youth Friendly Services	28
29 HMIS Office	29
30	30



Quarterly Stakeholder Meeting Checklist

The following checklist serves as a guide for discussions between the DC, DHMT and partners at the quarterly stakeholder meeting. The goal of this meeting is for all stakeholders to synthesize intervention implementation (reported in the Quarterly Updates) and performance (reported in the DIP Bulletin) to ensure that the district is making progress towards the DIP targets and that all interventions are resulting in impact. Before the meeting, DHMT should consolidate all partners' quarterly updates and review the quarterly DIP bulletin so that the most important insights and questions can be included on the meeting agenda.

DIP Bulletin

- Have all facilities reported complete data?
- Have partners reported data to facilities?
- What is the quality of the data?
- Which facility is performing the best on each indicator? Why? How can this be replicated?
- Which facility is performing the worst on each indicator? Why? How can this be improved?
- Are certain facilities contributing more than others (i.e. if the DHO collects outreach data, even when the outreach is in another facility's catchment area)

Quarterly Update | Budget

- Is this quarter's spending on pace for the grant amount and timeline?
- Are any grants expiring soon? What is the sustainability plan or exit strategy for those grants?
- Are any grants significantly underspent?

Quarterly Update | Activities

- Are all activities advancing priorities in the DIP?
- Can activities be linked to outputs in the DIP Bulletin?
- Have activities achieved their targets? If not, why not?
- Are there any gaps not being addressed by activities?
- Are any activities being duplicated?

Quarterly Update | Trainings

- Are all trainings advancing priorities in the DIP?
- Do trainings provide valuable and useful skills or information?
- Do upcoming trainings include the optimal audiences?
- Are there any trainings with conflicting dates?
- Will trainings result in a certain cadre missing too much work?



Quarterly Update | Procurement

- Are all procurement plans advancing priorities in the DIP?
- Are procured items useful and needed?
- Is the quantity of items sufficient and appropriate?
- Do procured items fill a gap or duplicating efforts?
- What is the delivery timeline for procured items?
- What is the storage and distribution plan for procured items?

Quarterly Update | Infrastructure

- Are all infrastructure projects advancing priorities in the DIP?
- Is there adequate infrastructure to house planned activities?
- Do infrastructure plans meet facility needs and standards?
- What is the completion timeline for infrastructure projects?

Quarterly Update | HR Contribution

- Are all HR Contributions advancing priorities in the DIP?
- Is there enough HR to successfully implement activities?
- How is the HR useful?
- How will the HR build capacity?
- Is there a strong supervision structure for new HR?
- Which MOH staff will new HR work most closely with?
- Are there any HR contracts ending soon? What is the plan to address any resulting gap?



Purpose of the DIP Bulletin

Achieving the goals outlined in the logic model and DIP requires a strong monitoring system involving and informing all stakeholders. Districts are most effectively able to measure progress towards objectives; impacts are usually measured using large, complex surveys (such as DHIS and MICS), and outputs and activities are usually measured by individual implementers.

Districts measure and publish progress towards objectives using the DIP Bulletin, a series of templates that can be customized to report various indicators at the district- or facility-level. It reports on progress towards the five priority areas that the DHMT chose in planning season using data from HMIS.

Note that for partner data to be included in these bulletins, it is essential that partners report their data using the procedure outlined in the Partner Requirements. In brief, all partners should submit data every month to the facility catchment area where activities have been conducted, using MOH registers and forms whenever possible.



Preparing the Quarterly DIP Bulletin

1. Identify the priority indicators

- a. DHMT should have decided on priority areas during the planning process (these should correspond to objectives in the logic model). These are the indicators that will be included in the DIP Bulletin.
- b. For these priority areas, fill in the relevant impacts, objectives and indicators in both *1_DIP Bulletin_Template* and *2_DIP Bulletin_Definitions & Calculations*.

2. Define the indicators

- a. For each indicator, determine the calculation methodology, including the numerator, denominator and respective data sources.
- b. Fill these details into the far right column of *2_DIP Bulletin_Definitions & Calculations*.

3. Calculate the indicators

- a. Using the relevant calculation methodology, calculate the indicators for the entire district and for each individual health facility. Enter these values into *1_DIP Bulletin_Template*, creating a new document for each catchment area.
- b. In each document, fill in the Best Health Facility column with data from the best-performing health facility, and list the health facility's name.

4. Circulate to stakeholders

- a. Send the completed DIP Bulletins to all of DHMT, coordinators, partners and the council in advance of the Quarterly Stakeholder Meeting.

[DISTRICT]'S QUARTERLY DIP IMPLEMENTATION BULLETIN

[REPORT TIME PERIOD]

IMPACT: IMPROVE MATERNAL HEALTH

PRIORITY OBJECTIVES	INDICATOR	TARGET	BEST HF	DISTRICT RESULT	CALCULATION
MH1. Proportion of Women on Modern Family Planning	Percent of WCBA given family planning methods (condoms, depo, IUCD, jadelle, norplant, oral pills, sterilisation)	50%	[]% [FACILITY]	[]%	
MH2. Increase use complete ANC package	Percent of pregnant women attending 4+ ANC visits	65% HSSP	[]% [FACILITY]	[]%	
MH3. Increase facility-based deliveries from 60% to 80%	Percent of expected deliveries occurring in health facility	80%	[]% [FACILITY]	[]%	

IMPACT: DECREASE BURDEN OF HIV DISEASE

PRIORITY OBJECTIVES	INDICATOR	TARGET	BEST HF	DISTRICT RESULT	CALCULATION
HIV1. 90% of HIV cases diagnosed	Percent of HTC Target reached	100%	[]% [FACILITY]	[]%	
	Percent of expected HIV+ clients age 15-49 in care	90%	[]% [FACILITY]	[]%	
HIV2. 90% of cases on treatment	Percent of HIV+ clients age 15+ on ART	90%	[]% [FACILITY]	[]%	
HIV3. 100% HIV+ Women on ART in pregnancy	Percent of HIV+ Pregnant women on ART during pregnancy	100%	[]% [FACILITY]	[]%	
HIV4. 100% of Women know their status at ANC	Percent of Pregnant women with documented HIV status at ANC	100%	[]% [FACILITY]	[]%	
HIV5. 100% HIV+ Women on ART at Delivery	100% HIV+ Women on ART at delivery	100%	[]% [FACILITY]	[]%	

IMPACT: DECREASE BURDEN OF TUBERCULOSIS

PRIORITY OBJECTIVES	INDICATOR	TARGET	BEST HF	DISTRICT RESULT	Calculation
TB1. Increased TB Case finding	Number confirmed TB new cases	100%	[]% [FACILITY]	[]%	
	Estimated Number of coughers needed to screen each quarter to find your target #pulmonary TB cases		<-- GOAL: Can your facility screen this many coughers?		

IMPROVED NEONATAL AND CHILD HEALTH

PRIORITY OBJECTIVES	INDICATOR	TARGET	BEST HF	DISTRICT RESULT	Calculation
NCH1. Reduce morbidity and mortality of VPD by 2016	Percent of Expected Children <1year who are fully Immunized	90%	[]% [FACILITY]	[]%	
NCH2. To Reduce mobility and mortality	# of still, fresh	0	X [FACILITY]	X	—
	# of stillbirth, macerated	0	X [FACILITY]	X	—
	# of Neonatal death	0	X [FACILITY]	X	—

YOUR FACILITY'S QUARTERLY DIP IMPLEMENTATION BULLETIN

Report Timeperiod

IMPACT: IMPROVE MATERNAL HEALTH

OBJECTIVE	INDICATOR	TARGET	BEST HF	YOUR HEALTH FACILITY RESULTS	Calculation
MH1. Raise Contraceptive Prev. Rate from 37% to 50%	Percent of WCBA given family planning methods	50%	Best HF% Name of Best HF	% of WCBA given family planning methods (condoms depo, IUCD, norplant, oral pills, sterilisation)	FP Report: Sum of Tubal Ligation, Progestrin only, IUCD, Depo, Implants, Female condom/female condom backup
					2015 Estimate: Estimated # WCBA = (Projected pop for catchment area * 25%)
MH2. Increase use complete ANC package	Percent of pregnant women attending 4+ ANC visits	100%	Best HF% Name of Best HF	% of pregnant women attending 4 or more ANC visits	ANC Report: Sum of # of pregnant women with >4 ANC visits
					ANC Report: # of Women visiting ANC during Quarter (ANC cohort)
MH3. Increase facility-based deliveries from 60% to 80%	Percent of expected deliveries occurring in health facility	80%	Best HF% Name of Best HF	% of expected deliveries occurring in health facility	Maternity Report # deliveries in register marked in "this facility"
					2015 Estimate: (Population in your catchment area * Crude Birth Rate)/4

IMPACT: DECREASE BURDEN OF HIV DISEASE

OBJECTIVE	INDICATOR	TARGET	BEST HF	YOUR HF's RESULTS	Calculation
HIV1. 90% of HIV cases diagnosed	HIV1a. Percent of HTC Target reached	100%	Best HF% Name of Best HF	% of HTC target reached	HTC Report: Total # people tested over 3m, including inward test HTC Target: =(Monthly target * 3) and includes in-ward test targets
	HIV1b. Percent of expected HIV+ clients in care	90%	Best HF% Name of Best HF	% expected HIV+ clients in care at your facility	APZU EMR: Total number HIV+ adults aged 15-49 who are in HIV care (ART or pre-ART) 2015 Estimate: Prevalence * Estimated Adults aged 15-49 in your catchment area
	HIV2. 90% of cases on treatment	Percent of HIV+ clients on ART	90%	Best HF% Name of Best HF	% of HIV+ clients on ART at your facility
HIV3. 100% HIV+ pregnant Women on ART	Percent of HIV+ Pregnant women on ART during pregnancy	100%	Best HF% Name of Best HF	% HIV+ pregnant women on ART	ANC Report: sum of on ART before ANC, ART 0-27w, ART 28+w ANC Report: sum prev positive, new positive
HIV4. 100% of Women know their status at ANC	Percent of Pregnant women with documented HIV status at ANC	100%	Best HF% Name of Best HF	% Pregnant women who know their status	ANC Report: sum of prev neg, pre pos, new neg, new pos
					ANC Report: sum of prev neg, pre pos, new neg, new pos, and test not done
HIV5. 100% HIV+ Women on ART at Delivery	100% HIV+ Women on ART at delivery	100%	Best HF% Name of Best HF	100% HIV+ Women on ART at Delivery	Maternity Report: start ART before pregnancy, start 1 st or 2 nd tri, start 3 rd tri, start during labor
					Maternity Report: sum of new+ and previous+ women

IMPACT: DECREASE BURDEN OF TUBERCULOSIS

OBJECTIVE	INDICATOR	TARGET	BEST HF	YOUR HF's RESULTS	Calculation
TB1. Increased TB Case finding	TB1a. Number confirmed TB new cases	100%	Best HF%	% expected new cases of pulmonary TB from your catchment area	HMIS-15 Report: Number of confirmed TB new cases identified this quarter Expected number of confirmed (pulmonary TB) cases each quarter
	TB1b. Estimated Number of coughers needed to screen each quarter to find target #pulmonary TB cases	n/a	n/a	Estimated number of coughers your facility will need to screen each quarter to find target #pulmonary TB cases	Estimated: Assumes need to screen 15 coughers to identify 1 case TB

IMPROVED NEONATAL AND CHILD HEALTH

OBJECTIVE	INDICATOR	TARGET	BEST HF	YOUR HF's RESULTS	Calculation
NCH1. Reduce morbidity and mortality of VPD by 2016	Percent of Expected Children <1year who are fully Immunized	90%	Best HF%	Name of Best HF	Percent of estimated population <1year fully immunized in your catchment area
					HMIS-15 Report: Sum of monthly Number of fully immunised under 1 children 2015 Estimate: = (Estimated population <1 year)/4
NCH2. To Reduce mobility and mortality	NCH2a. # of still, fresh	0	Best HF%	Number of fresh stillbirths	Maternity Report # stillbirth, fresh
	NCH2b. # of stillbirth, macerated	0	Best HF%	Number of macerated stillbirths	Maternity Report # stillbirth, macerated
	NCH2c. # of Neonatal death	0	Best HF%	Number of Neonatal deaths	Maternity Report # Neonatal deaths

NENO DISTRICT'S QUARTERLY DIP IMPLEMENTATION BULLETIN FY16 Q4 (APRIL-JUNE 16)

IMPACT: IMPROVE MATERNAL HEALTH

OBJECTIVE	INDICATOR	TARGET	BEST HF	DISTRICT TOTAL	Calculation
MH1. Proportion of Women on Modern Family Planning	<i>Percent of WCBA given family planning methods (condoms, depo, IUCD, jadelle, norplant, oral pills, sterilisation)</i>	50%	59% NDH	21%	7,143
					34,693 (<i>all WCBA!</i>)
MH2. Increase use complete ANC package	<i>Percent of pregnant women attending 4+ ANC visits</i>	65% HSSP	61% MAG	34%	419 1,239
MH3. Increase facility-based deliveries from 60% to 80%	<i>Percent of expected deliveries occurring in health facility</i>	80%	72% NSA	53%	1,000 <i>facility del.</i>
					1,886 <i>expected</i>

IMPACT: DECREASE BURDEN OF HIV DISEASE

OBJECTIVE	INDICATOR	TARGET	BEST HF	DISTRICT TOTAL	Calculation
HIV1. 90% of HIV cases diagnosed	<i>HIV1a. Percent of HTC Target reached</i>	100%	219% DAM	86%	12,244 14,160
	<i>HIV1b. Percent of expected HIV+ clients age 15-49 in care</i>	90%	168% ZAL	69%	5,516 in care 8,010 expected
HIV2. 90% of cases on treatment	<i>Percent of HIV+ clients age 15+ on ART</i>	90%	99% NSA	96%	6,349 6,640
HIV3. 100% HIV+ Women on ART in pregnancy	<i>Percent of HIV+ Pregnant women on ART during pregnancy</i>	100%	100% 10 of 11	100%	92 on ART 92 HIV+
HIV4. 100% of Women know their status at ANC	<i>Percent of Pregnant women with documented HIV status at ANC</i>	100%	100% 7 of 12	99%	1,275 1,287
HIV5. 100% HIV+ Women on ART at Delivery	<i>100% HIV+ Women on ART at delivery</i>	100%	100% 10 of 10	100%	90
					90

IMPACT: DECREASE BURDEN OF TUBERCULOSIS

OBJECTIVE	INDICATOR	TARGET	BEST HF	DISTRICT TOTAL	Calculation
TB1. Increased TB Case finding	<i>TB1a. Number confirmed TB new cases</i>	100%	208% NDH	42%	44 cases found 106 expected
	<i>TB1b. Estimated Number of coughers needed to screen each quarter to find your target #pulmonary TB cases</i>	1,605	<-- GOAL: Can your facility screen this many coughers?		

IMPROVED NEONATAL AND CHILD HEALTH

OBJECTIVE	INDICATOR	TARGET	BEST HF	DISTRICT TOTAL	Calculation
NCH1. Reduce morbidity and mortality of VPD by 2016	<i>Percent of Expected Children <1year who are fully Immunized</i>	90%	242% NKU	68%	1,363
					1,995
NCH2. To Reduce morbidity and mortality	<i>NCH2a. # of still, fresh</i>	0	0 6 of 10	14	—
	<i>NCH2b. # of stillbirth, macerated</i>	0	0 7 of 10	6	—
	<i>NCH2c. # of Neonatal death</i>	0	0	6	—