The Republic of the Union of Myanmar
Ministry of Health and Sports

NATIONAL HEALTH PLAN

2017-2021

Monitoring and Evaluation Framework

May 2018

CONTENTS

OUTPUTS

ANNEXES

BACKGROUND

The National Health Plan (NHP) aims to strengthen the country's health system and pave the way towards Universal Health Coverage (UHC), choosing a path that is explicitly pro-poor. The main goal of NHP 2017-2021 is to extend access to a Basic *Essential Package of Health Services* (EPHS) to the entire population by 2020 while increasing financial protection. The Basic EPHS emphasizes the critical role of primary health care and the delivery of essential services and interventions at Township level and below, starting within the community.

Extending the Basic EPHS to the entire population will require substantial investments by the Ministry of Health and Sports (MoHS) in supply-side readiness at Township level and below and in strengthening the health system at all levels. It will also require active engagements of health providers outside the public sector, including private-for-profit GP clinics, Ethnic Health Organisations (EHOs) and Non-Governmental Organisations (NGOs). Services and interventions will need to meet the same minimum standards of care, irrespective of who provides them.

The NHP will be operationalised nationwide to deliver the Basic EPHS based on existing capacity. Investments to expand Townships' capacity by improving service availability and readiness, however, will be gradually phased in, prioritizing Townships with the greatest needs.

Inclusive planning at the local level will be essential to achieve the NHP goals. The planning will be based on a good understanding of current situation: who is doing what and where; which services and interventions reach which communities; where are the gaps and who could fill them. This information will be fed into a national database that will be regularly updated and that will support planning and monitoring efforts at all levels of the system. Using this information, stakeholders at Township level will be able to jointly plan and cost actions that need to be taken to fill coverage gaps and meet the minimum standards of care. These actions will need to be prioritized to fall within the broad resource envelope (specifying human, material and financial resources) communicated by the State or Region. All of this will be captured in an Inclusive Township Health Plan (ITHP) using national guidelines and templates. These will be introduced nationwide, irrespective of whether the Township is being prioritized for additional investments. States and Regions will have a key role to play in supporting and overseeing the planning and budgeting process, as well as the implementation of the ITHP.

The provision of a Basic EPHS at Township level and below is conditional on a well-functioning health system. Supply-side readiness requires all the inputs, functions and actors' behaviours to be aligned. In conjunction with the operationalization of the NHP at the Township level, investments will be needed to strengthen key functions of the health system at all levels. Health systems strengthening efforts will be organized around four pillars: human resources, infrastructure, service delivery and health financing. A clear health financing strategy will be developed to outline how resources will be mobilized to finance progress towards UHC and how risk pooling mechanisms will be developed to help improve affordability of care and address the substantial barriers to seeking care, especially among the poor and vulnerable.

Successful implementation of the NHP will also require a supportive environment. This includes adequate policies developed within a robust regulatory framework, well-functioning institutions, strengthened MoHS leadership and oversight, enhanced accountability at all levels, a strong evidence base that can guide decision making, improved ethics, etc.

While supply-side readiness is at the core of the NHP 2017-2021, the demand side cannot be ignored. The NHP includes elements that will help create or increase community engagement and the demand for essential services and interventions. The introduction and strengthening of accountability mechanisms, including social accountability, will help give communities a voice, which in turn will enhance responsiveness of the system

FOCUS ON THE M&E FRAMEWORK

A strong M&E framework is needed to track and measure progress in the implementation of the NHP.As specified in the NHP document, the general goals of the NHP's M&E framework are to:

- Reduce excessive and duplicative reporting requirements
- Serve as a general reference and provide guidance for standard indicators and definitions
- Enhance efficiency of data collection investments
- Enhance availability and quality of data on results
- Improve transparency and accountability

Guiding Principles for the NHP's M&E framework include:

- It should be country-led
- It should track the progress of NHP implementation
- It should provide timely feedback to guide NHP implementation
- It should provide some degree of flexibility (while guaranteeing a common core set of indicators)
- It should build, to the extent possible, on existing systems and processes to avoid duplication
- It should foster partnerships and coordination
- It should simultaneously fulfil global reporting requirements (e.g. Sustainable Development Goals, including UHC)

The M&E framework described in this document focuses primarily on the outputs, outcomes and impact expected to be achieved through NHP implementation. Indicators were selected to match the NHP results chain displayed in Figure 1. Given that the NHP is being translated into Annual Operational Plans (AOPs), indicators relating to processes (and possibly inputs) will be defined within each AOP. Their tracking will help monitor AOP implementation. Progress made on those input and process indicators should translate into improvements in the output indicators included in the broader NHP M&E framework.

The list of indicators included in this M&E framework has been kept relatively short to allow to more easily track whether progress is being made towards the NHP goals.[1] Selected indicators will be monitored routinely to inform the joint reviews discussed below. Not all indicators included in this framework are presently tracked. It is hoped that by including them, steps will be taken to make their measurement possible.

The criteria considered for their selection include:

- The ability to track progress across all relevant areas of the NHP
- The current feasibility to collect the data needed for their construction
- The possibility of introducing data collection and reporting in the existing health information system
- The possibility to simultaneously satisfy Myanmar's international reporting requirements with respect to the Sustainable Development Goals (SDGs), and more particularly to UHC

Each of the selected indicators is listed in the body of this document, together with the means of verification and the indicator's relation to SDG/UHC. A more detailed Indicator Matrix is included in Annex 1 to guide the monitoring and review processes. The matrix, which still needs to be completed, will show the baseline for each indicator with year and data source, achievement in 2016 and targets for 2018, 2020 and 2022, again including data sources. It will also show reporting frequency, responsible agency for data collection and reporting channel. This shows whether and how each indicator can be disaggregated along various dimensions, namely geographical area, demographical variables, educational level, gender, age and/or wealth quintile

[1] This does by no means negate the different programmes' need for more detailed sets of indicators that are specific to their respective areas of work.

M&E ROLES AND RESPONSIBILITIES

At the national level, monitoring implementation of the NHP will be the responsibility of the recently established NHP Implementation Monitoring Unit (NIMU). NIMU will work closely with relevant MoHS Departments and Divisions, as well as with the M&E staff of the various health programmes and the M&E focal points from the development partners, Central Statistical Office, Department of Medical Research (DMR) and academic institutions.

At the Township level, however, a local body (a Township Health Working Group) will be established. It will be composed of representatives from all relevant stakeholders, including the Township Medical Officer (TMO) (as chair), EHOs, Civil Society Organisations (CSOs), NGOs, and private sector and have following responsibilities:

- Communication with State/Region
- Communication with NIMU
- ITHP formulation
- NHP/ITHP monitoring (including implementation research and including the monitoring of the health infrastructure investment plan)

Likewise, a body will be established at the State/Regional level with similar responsibilities, but applying to that level's inclusive health plan. States and Regions will provide support and regular feedback to Townships

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The different functions will be carried out as follows:

Data collection – MoHS, ideally through the entity responsible for HIS, will lead compilation of health facility and administrative data, and will coordinate data quality assessment. The Central Statistical Office will be responsible for collection of civil registration and vital statistics (CRVS) data, and will work with DMR and the entity responsible for HIS on health surveys.

Data compilation and storage – The entity responsible for HIS within MoHS, in close collaboration with NIMU, will bring together data generated by other major stakeholders, e.g. Central Statistical Office, DMR, development partners, NGOs, etc. The available data will be transparent and accessible.

Data quality assessment, validation and adjustment – There needs to be an independent assessment of the quality of data generated from health facilities and administrative sources, ad hoc surveys, and other data sources. This could be done by DMR in collaboration with the entity responsible for HIS within MoHS and NIMU, and possibly the University of Public Health.

Data analysis and performance reviews – This is a complex task, which involves synthesising data from multiple sources for the purpose of reviews, planning, policy analysis, regional and global reporting, and evaluation. Routine analysis of HMIS data will be carried out by the entity responsible for HIS within MoHS. Other analyses and reviews will be coordinated by NIMU in close collaboration with the entity responsible for HIS within MoHS, development partners and the Central Statistical Office.

Estimation and statistical modelling – This is needed to correct for bias and missing values, to generate estimates, and for forecasting. The entity responsible for HIS within MoHS will be responsible for this task. It will collaborate with other stakeholders, such as the programmes, DMR, etc., as needed.

Implementation research – The establishment of a continuous feedback loop that shows where implementation is on track, that detects unintended consequences and that highlights areas where corrective measures are needed, is an important component of the NHP M&E framework. Efforts to develop and institutionalise implementation research will be coordinated by NIMU.

Data presentation and dissemination to different target audiences – Adequately 'packaging' the information to meet the needs of the different audiences, both internal and external, is critical to assist decision-making and point to areas where corrective measures may be needed (e.g. adjustments of implementation or revisions of activities / targets). This task is also important for meeting global reporting requirements (e.g. relating to the SDGs), which should be aligned with national reporting to avoid duplications. This will be the responsibility of NIMU. The entity responsible for HIS within MoHS will develop level-specific dashboards to provide an easy snapshot of the situation and show progress made. These will be generated on a routine basis.

PERIODIC REVIEWS

Joint Annual Reviews will be organised by NIMU to assess progress made and analyse what is working well and what is not. These reviews will involve representatives from key MoHS departments/divisions, representatives from State/Regional Health Authorities, and representatives from other key ministries (e.g. Ministry of Planning and Finance). They will also involve other key stakeholders, such as development partners and civil society.

The Joint Annual Reviews will look at the implementation of activities included in the AOP and how these contribute (or not) to progress in achieving the NHP's desired outputs and outcomes. They will help identify areas where corrective measures need to be taken.

Reviews conducted at mid and end-term will be more extensive than the regular Joint Annual Reviews:

- **Annual reviews** will focus on system inputs, processes and output indicators.
- The **midterm review** will cover all the targets indicated in this document, including targets associated with outcome and (where feasible) impact indicators. The midterm review should coincide with the annual review (in the NHP's third year of implementation). The results will be used to adjust priorities and objectives.
- The **Final review / evaluation** will be a comprehensive analysis of progress and performance for the entire period covered by the NHP. This final review will build upon the annual and midterm reviews, as well upon other available evidence, to ensure the subsequent NHP (2021-2026) builds on progress made and address the challenges that have been identified.

Depending on the needs, different issues/priorities may be selected and addressed with varying levels of depth during the Joint Annual Reviews.

DATA SOURCES

The main data sources that will be used to generate the indicators included in the NHP M&E framework include:

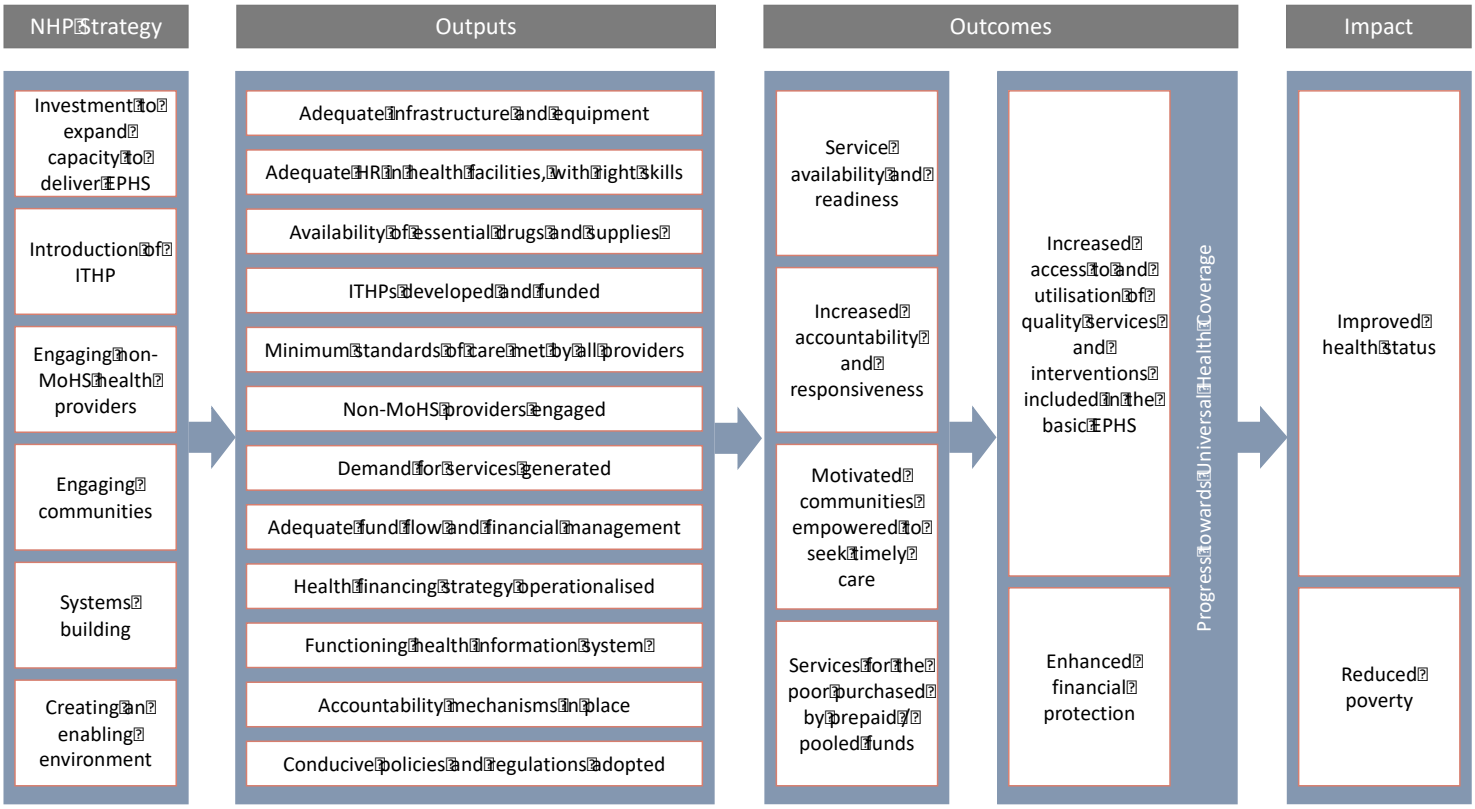
- **The 2014 Myanmar Census of Population and Housing** – The 2014 census has been conducted and provides vital statistical data.
- **Civil registration and vital statistics system** – Data on mortality and causes of death can be derived from the system.
- **Population-based household surveys** – The NHP M&E framework will be able to draw upon the data from various household surveys. One example is the Myanmar Demographic and Health Survey, the first one of which was conducted in 2015/16. It provides valuable information on health outcomes, service coverage, and equity. Another example is the Myanmar Poverty and Living Conditions Survey, which allows calculating key indicators relating to financial protection.
- **Facility generated data** – The routine Health Management Information System (HMIS) has been collecting data on some core facility-based indicators. Facility-level data from other key stakeholders such as EHOs, NGOs and the private sector will, as far as possible, also be used.
- **Service Availability and Readiness Assessments** – A first Service Available and Readiness Assessment was conducted in 2014. The assessment was based on a relatively small random sample of health facilities (including 166 public facilities and 35 private hospitals). A more comprehensive assessment, that also covers health facilities run by EHOs, will be carried out in each of the country's Townships as part of the NHP. This assessment will form the basis for the preparation of the annual Inclusive Township Health Plans. It will also provide the necessary information to construct a Service Readiness Score.
- **Administrative data sources** – Indicators relating to critical inputs, such as human resources, drugs and medical supplies, and financial resources can be calculated using data available from MoHS administration. The systems to regularly collect and update such information, however, will need to be strengthened.
- **Other sources** – these may include periodic assessments, surveys and implementation research.

Annex 3 displays the main information flows that will be relied on to generate selected indicators

NHP RESULTS CHAIN

Figure 1 displays the NHP's results chain, which reflects the NHP objectives and strategies and which guided the selection of the indicators included in the M&E framework.

Figure 1 – NHP Results Chain



MONITERING PROGRESS IN THE IMPLEMENTATION OF OF THE NHP

IMPACT:
IMPROVED HEALTH STATUS

Ref	Indicator	Means of verification
IM1	**Maternal Mortality Ratio** [=number of maternal deaths per 100,000 live births] ○ Indicator of Health Status ○ SDG target 3.1, indicator 3.1.1 ○ Indicator for Global Strategy for Women's, Children's and Adolescents' Health 2016-30 ○ Core indicator of Myanmar's Health Information System	MDHS; MMEIG / UNIAG; CSO; HIS
IM2	**Neonatal Mortality Rate** [=probability that a child born in a specific year or period will die during the first 28 completed days of life if subject to age-specific mortality rates of that period, expressed per 1,000 live births] ○ Indicator of Health Status ○ SDG target 3.2, indicator 3.2.2 ○ Indicator for Global Strategy for Women's, Children's and Adolescents' Health 2016-30 ○ Core indicator of Myanmar's Health Information System	MDHS; UNIAG; HIS
IM3	**Infant Mortality Rate** [=probability that a child born in a specific year or period will die before reaching the age of 1 year, if subject to age-specific mortality rates of that period, expressed as a rate per 1,000 live births] ○ Indicator of Health Status ○ Indicator for Global Strategy for Women's, Children's and Adolescents' Health 2016-30 ○ Core indicator of Myanmar's Health Information System ○	MDHS; UNIAG

Ref	Indicator	Means of verification
IM4	**Under-Five Mortality Rate** [=probability of dying between birth and exactly age 5, expressed per 1,000 live births] ○ Indictor of Health Status ○ SDG target 3.2 - Child Mortality, indicator 3.2.1 ○ Indicator for Global Strategy for Women's, Children's and Adolescents' Health 2016-30 ○ Core indicator of Myanmar's Health Information System	MDHS; UNIAG
IM5	**Total Fertility Rate** [=Average number of children that a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality. It is expressed as children per woman] ○ Relevant to the NHP Pillar "Service Delivery" ○ Indicator for Universal Health Coverage ○ Indicator for Global Strategy for Women's, Children's and Adolescents' Health 2016-30 ○ Core indicator of Myanmar's Health Information System	MDHS
IM6	**Adolescent Fertility Rate** [=Annual number of births to women aged 15–19 years per 1,000 women in that age group] ○ Relevant to the NHP Pillar "Service Delivery" ○ Indicator for Universal Health Coverage ○ Indicator for Global Strategy for Women's, Children's and Adolescents' Health 2016-30 ○ Core indicator of Myanmar's Health Information System	MDHS
IM7	**Children under 5 years who are stunted** [=Percentage of stunted (moderate and severe) children aged 0–59 months; moderate = height-for-age below -2 standard deviations of the WHO Child Growth Standards median; severe = height-for-age below -3 standard deviations of the WHO Child Growth Standards median] ○ Indicator of Health Status ○ SDG target 2.2 – Child Stunting, indicator 2.2.1 ○ Core indicator of Myanmar's Health Information System	MDHS; nutrition surveillance

Ref	Indicator	Means of verification
IM8	**Children under 5 years who are wasted** [=Percentage of wasted (moderate and severe) children aged 0–59 months; moderate = weight-for-height below -2 standard deviations of the WHO Child Growth Standards median; severe = weight-for-height below -3 standard deviations of the WHO Child Growth Standards median] ○ Indicator of Health Status ○ SDG target 2.2 – Child Wasting, indicator 2.2.2 ○ Core indicator of Myanmar's Health Information System	MDHS; nutrition surveillance
IM9	**Anaemia prevalence in women of reproductive age** [Percentage of women aged 15–49 years with a haemoglobin level less than 120 g/L for non-pregnant women and lactating women, and less than 110 g/L for pregnant women, adjusted for altitude and smoking] ○ Indicator of Health Status ○ Indicator for Global Strategy for Women's, Children's and Adolescents' Health 2016-30	MDHS; population-based health surveys
IM10	**Incidence of low birth weight among newborns** [=Percentage of live births that weigh less than 2500g] ○ Indicator of Health Status ○ Core indicator of Myanmar's Health Information System	HMIS
IM11	**HIV incidence rate** (per 1,000 population) [=Number of new HIV infections per 1,000 uninfected population per year] ○ Indicator of Health Status ○ SDG target 3.3 - HIV, indicator 3.3.1 ○ The UNFPA Strategic Plan, 2014-2017	Mathematical model; national zero-prevalence survey
IM12	**Tuberculosis (TB) incidence rate** (per 100,000 population) [=Estimated number of new and relapse TB cases (all forms of TB, including cases in people living with HIV) arising in a given year, expressed as a rate per 100,000 population] ○ Indicator of Health Status ○ SDG target 3.3 - Tuberculosis, indicator 3.3.2 ○ UHC indicator of TB detection and treatment ○ Core indicator of Myanmar Health Information System	National TB prevalence survey; Notification of TB cases

Ref	Indicator	Means of verification
IM13	**Malaria incidence rate** (per 1,000 population) [=Number of confirmed reported malaria cases per 1,000 persons per year] ○ Indicator of Health Status ○ SDG target 3.3 - Malaria, indicator 3.3.3 ○ Core indicator of Myanmar Health Information System	Disease Surveillance system
IM14	**Raised blood pressure among adults** [=Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg), and mean systolic blood pressure] ○ Indicator of Health Status ○ Indicator for monitoring UHC	STEP survey
IM15	**Raised blood glucose/diabetes among adults** [=Age-standardized prevalence of raised blood glucose/ diabetes among persons aged 18+ years or on medication for raised blood glucose (defined as fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dL) or on medication for raised blood glucose among adults aged 18+ years)] ○ Indicator of Health Status ○ Indicator for monitoring UHC	STEP survey
IM16	Stillbirth rate [=number of stillbirths per 1000 births (live and stillbirths). Stillbirths can occur antepartum or intrapartum; they are defined as third trimester fetal deaths (≥ 1000 g or ≥28 weeks)] ○ Health status indicator	MDHS; HMIS

IMPACT:

REDUCED POVERTY

Ref	Indicator	Means of verification
IM16	**Poverty headcount ratio** [=Proportion of population living below the national poverty line] ○ Relevant to the NHP Pillar "Health Financing" ○ SDG target 1.2 - Poverty, indicator 1.2.1	Household expenditure surveys

OUTCOMES:

INCREASED ACCESS TO AND UTILISATION OF QUALITY SERVICES AND INTERVENTIONS INCLUDED IN THE BASIC EPHS

Tracer indicators for prevention

Ref	Indicator	Means of verification
OC1	**Contraceptive prevalence rate** [=Percentage of women aged 15–49 years, married or in union, who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used] ○ Relevant to the NHP Pillar "Service Delivery" ○ Indicator for monitoring UHC	MDHS
OC2	**Antenatal care coverage rate** – at least four visits [=Percentage of women aged 15–49 years with a live birth in a given time period who received antenatal care four times or more] ○ Relevant to the NHP Pillar "Service Delivery" ○ Indicator for monitoring of UHC	MDHS; HMIS
OC3	**Exclusive breastfeeding rate in infants 0–5 months of age** [Percentage of infants 0–5 months of age (<6 months) who are fed exclusively with breast milk] ○ Relevant to the NHP Pillar "Service Delivery"	MDHS

OC4	Vitamin A supplementation coverage [Percentage of children aged 6–59 months who received two age-appropriate doses of vitamin A in the past 12 months] ○ Relevant to the NHP Pillar "Service Delivery"	MDHS; HMIS
OC5	DPT3 coverage rate [=Percentage of children under 5 years of age that has received the last recommended dose for DPT vaccine as recommended in the national schedule] ○ Relevant to the NHP Pillar "Service Delivery" ○ Indicator for monitoring of UHC	EPI programme data
OC6	Population using safely managed drinking-water services [=Population using a basic drinking-water source (piped water into dwelling, yard or plot; public taps or standpipes; boreholes or tube wells; protected dug wells; protected springs and rainwater) which is located on premises and available when needed; free of faecal (and priority chemical) contamination and/or regulated by a competent authority] ○ Relevant to the NHP Pillar "Service Delivery ○ SDG target 6.1 – Drinking Water Services, Indicator 6.1.1 ○ Indicator for monitoring UHC	MDHS
OC7	Percentage of population using safely managed sanitation services [=Population using a basic sanitation facility (flush or pour-flush toilets to sewer systems, septic tanks or pit latrines, ventilated improved pit latrines, pit latrines with a slab, and composting toilets) which is not shared with other households and where excreta are safely disposed in situ or transported to a designated place for safe disposal or treatment] ○ Relevant to the NHP Pillar "Service Delivery ○ SDG target 6.2 – Sanitation, Indicator 6.2.1 ○ Indicator for monitoring UHC	MDHS
OC8	Age-standardized prevalence of current tobacco use [=Age-standardized prevalence of current tobacco use, by age group (i.e., youth [13-15] and adults [16-64] and by type (i.e., smoking and smokeless)] ○ Health Status Indicator ○ SDG target 3.a – Tobacco use, indicator 3.a.1 ○ Indicator for monitoring UHC	For youth: Global Youth Tobacco Survey For adults: STEPS survey

Tracer indicators for treatment

Ref	Indicator	Means of verification
OC9	**Births attended by skilled health personnel** [=Percentage of live births attended by skilled health personnel during a specified time period] ▪ Relevant to the NHP Pillar "Service Delivery" ▪ SDG target 3.1 – Maternal Mortality, Indicator 3.1.2	HMIS, household surveys, health facility data
OC10	**Antiretroviral therapy (ART) coverage** [=Percentage of people living with HIV currently receiving ART among the estimated number of adults and children living with HIV] ▪ Relevant to the NHP Pillar "Service Delivery" ▪ Indicator for monitoring UHC	National AIDS Programme
OC11	**TB treatment success rate** [=Percentage of TB cases successfully treated (cured plus treatment completed) among TB cases notified to the national health authorities during a specified period] ▪ Relevant to the NHP Pillar "Service Delivery" ▪ Indicator for monitoring UHC	National TB Programme
OC12	**Insecticide-treated net (ITN) coverage for malaria prevention** [=Percentage of the population in malaria-endemic areas who slept under an ITN the previous night] ▪ Relevant to the NHP Pillar "Service Delivery" ▪ Indicator for monitoring UHC	National Malaria Programme

OUTCOMES:

ENHANCED FINANCIAL PROTECTION

Ref	Indicator	Means of verification
OC13	**Out-of-pocket expenditure as a percentage of total expenditure on health** [=Level of out-of-pocket expenditure expressed as a percentage of total expenditure on health] ▪ Relevant to the NHP Pillar "Health Financing" ▪ Indicator for monitoring UHC	Household expenditure surveys; PER; NHA
OC14	**Headcount ratio of catastrophic health expenditure** [=Proportion of the population facing catastrophic health expenditures] ▪ Relevant to the NHP Pillar "Health Financing" ▪ SDG target 3.8 – Universal Health Coverage, indicator to be added shortly	Household expenditure surveys
OC15	**Headcount ratio of impoverishing health expenditure** [=Proportion of the population facing impoverishing health expenditures] ▪ Relevant to the NHP Pillar "Health Financing" ▪ SDG target 3.8 – Universal Health Coverage, indicator to be added shortly	Household expenditure surveys

INTERMEDIATE OUTCOMES:

SERVICE AVAILIBILITY AND READINESS

Following indicators need to be further discussed and refined.

Ref	Indicator	Means of verification
IO1	**Number of Townships in which at least x% of health facilities have met a minimum Readiness Score to provide basic Essential Package of Health Services, by type of facility** ▪ Relevant to the NHP Pillar "Health Infrastructure" [Note: This score will need to be assessed for each individual facility. The indicator could be calculated by type of health facility (both MoHS and non-MoHS), and 'x' will be defined for each type of facility (e.g. x could be 100% for Township and Station hospitals, but only 70% for lower-level health facilities]	Assessment of service availability and readiness

INTERMEDIATE OUTCOMES:

INCREASED ACCOUNTABILITY AND RESPONSIVENESS

Ref	Indicator	Means of verification
IO2	**Number of Townships with an operational Township Health Working Group** ▪ Relevant to the NHP Pillar "Health Infrastructure" [Note: 'operational' will need to be clearly defined; it could for instance include the preparation of an Inclusive Township Health Plan]	NIMU
IO3	**Number of States/Regions in which accountability/responsiveness is integrated in the routine in-service training programme** ▪ Relevant to the NHP Pillar "Human Resources" [Note: this still needs to be approved by the Union Minister; if approved, the modules will need to be developed]	NIMU

INTERMEDIATE OUTCOMES:

MOTIVATED COMMUNITIES EMPOWERED TO SEEK TIMELY CARE

Ref	Indicator	Means of verification
IO4	**Proportion of individuals who believed they needed medical attention but did not seek it** ▪ Relevant to the NHP Pillar "Health Infrastructure" [Notes: This indicator can be calculated from the Myanmar Poverty and Living Conditions Survey using reported morbidity in the past 30 days. We expect to see a gradual reduction in this proportion]	MPLCS

INTERMEDIATE OUTCOMES:

SERVICES FOR THE POOR PURCHASED BY PREPAID/POOLED FUNDS

Ref	Indicator	Means of verification
IO5	**A suitable indicator for this will need to be formulated as soon as the Health Financing Strategy has been developed.** Possible proxy that could be derived from the MPLCS: Percentage of the population in the two lowest expenditure quintiles who (believed they) needed medical attention, sought it and did not experience catastrophic spending for that care ▪ Relevant to the NHP Pillar "Health Financing"	

OUTPUTS

In the NHP's M&E framework, the focus when it comes to outputs is on broad indicators relating to the different components of the health system. More detailed indicators capturing progress in the various activities to strengthen each of those health systems components will be part of the Annual Operational Plans.

OUTPUTS:

ADEQUATE INFRASTRUCTURE AND EQUIPMENT

Ref	Indicator	Means of verification
OP1	**Number of Townships with at least x health facilities per 10,000 population** [This indicator is first calculated within each township as follows: Number of facilities meant to deliver the Basic EPHS in the Township (i.e., including MoHS, EHO, NGO, private) divided by total township population, times 10,000; if at least x, then the Township contributes to the value of the indicator. 'x' still to be defined] ▪ Relevant to the NHP Pillar "Health Infrastructure"	comprehensive assessment of service availability and readiness

OUTPUTS:

ADEQUATE HUMAN RESOURCES IN HEALTH FACILITIES, WITH RIGHT SKILLS

Ref	Indicator	Means of verification
OP2	**Health workers' density and distribution** (per 1,000 population) [=Number of health workers per 1,000 population, by cadre and by Township] ▪ Relevant to the NHP Pillar "Human Resources" ▪ SDG target 3.c – Health Workforce, indicator 3.c.1 [Note: this should be gradually expanded to also include non-MoHS health workers]	National and regional/state human resources database

Ref	Indicator	Means of verification
OP3	**Number of Townships with at least x village-based health workers per 10,000 rural population** ▪ Relevant to the NHP Pillar "Human Resources" [Notes: (i) A clear definition of "village-based health worker" will be needed (ii) This could gradually be further refined by looking at the degree of functionality* of the village-based worker, which would itself need to be clearly defined *Functionality could for example be defined as: ▪ Village-based health worker attended at least one health facility meeting in the past quarter ▪ Village-based health worker reported data at least once in the past quarter ▪ Village-based health worker received at least one supportive supervision visit from a BHS staff (or other facility based health worker) in the past quarter ▪ Village-based health worker reported no stock outs of essential drugs/commodities in the past quarter]	Assessment of service availability and readiness

OUTPUTS:

AVAILABILITY OF ESSENTIAL DRUGS AND SUPPLIES

Ref	Indicator	Means of verification
OP4	**Number of Townships in which x% of health facilities have at least 80% of essential medicines and commodities kept in optimum stock levels** ▪ Relevant to the NHP Pillar "Health Infrastructure" [Notes: number of essential medicines considered to be explicitly specified; essential medicine and commodities as per the National List of Essential Medicines; optimum stock to be understood as stock level in between minimum and maximum stocks; minimum stock = minimum quantities (by month of stock) of stock defined for specific health facility; maximum stock = maximum quantities (by month of stock) of stock defined for specific health facility]	Routine quarterly LMIS report by health facilities or regular health facility survey

OUTPUTS:

INCLUSIVE HEALTH PLANS DEVELOPED AND FUNDED

Ref	Indicator	Means of verification
OP5	**Number of Townships that have prepared Inclusive Township Health Plans (ITHP)** [=Number of Townships that have prepared an ITHP based on national guidelines and template] ▪ Relevant to the NHP Pillar "Health Financing" [Note: guidelines may specify that the plan needs to be kept within a pre-specified resource envelope]	NIMU (until planning division established)
OP6	**Number of States/Regions that have prepared an inclusive health plan** [=Number of States/Regions that have prepared an inclusive health plan based on national guidelines and template] ▪ Relevant to the NHP Pillar "Health Financing" [Note: guidelines may specify that the plan needs to be kept within a pre-specified resource envelope]	NIMU (until planning division established)

OUTPUTS:

MINIMUM STANDARDS OF CARE MET BY ALL PROVIDERS

Ref	Indicator	Means of verification
OP7	**Proportion of health facilities meeting minimum standards of care for selected tracer interventions** [=Percentage of health facilities meeting minimum standards of care, defined at the national level, by type of facility and for both MoHS and non-MoHS facilities] ▪ Relevant to the NHP Pillar "Health Infrastructure" (Note: standards of care and accompanying guidelines, as well as the tools and systems to assess whether the standards are met, will be developed in 2017-2018, as part of the first year's Annual Operational Plan; this indicator could be gradually expanded to also consider community-based service delivery)	Regular facility surveys

OUTPUTS:

NON-MOHS PROVIDERS ENGAGED

Ref	Indicator	Means of verification
OP8	**Number of non-MoHS health providers contracted by purchasing entity** [=Number of non-MoHS health providers (e.g. GP clinics, EHO health facilities, NGO health facilities) that have signed a contract with a purchasing entity (in line with NHP) and from whom basic EPHS services are being purchased] ▪ Relevant to the NHP Pillar "Health Infrastructure"	NIMU

OUTPUTS:

DEMAND FOR SERVICES GENERATED

Ref	Indicator	Means of verification
OP9	**Number of Townships in which at least one CSO performs independent monitoring functions** ▪ Relevant to the NHP Pillar "Health Infrastructure" [Note: actual functions will need to be in line with the policy around transparency and accountability]	NIMU
OP10	**Number of Townships in which at least x% of villages have the Terms of Reference and the roles & responsibilities of the different working groups (at village, village tract, Township and State/Region) displayed in a public place** ▪ Relevant to the NHP Pillar "Health Infrastructure"	NIMU

OUTPUTS:

ADEQUATE FUND FLOW AND FINANCIAL MANAGEMENT

Ref	Indicator	Means of verification
OP11	**Number of Townships in which at least x% of health facilities have received Health Facility Funds (HFF), by type of facility** [=Within each Township, percentage of MoHS health facilities (at Township level and below, by type) receiving Health Facility Funds] ▪ Relevant to the NHP Pillar "Health Financing"	MoHS Planning and Budgeting Entity
OP12	**Number of Townships sending electronic copies of financial reports** [=Number of Townships sending electronic copies of the financial reports according national template and guidelines; frequency and flow to be specified in the guidelines] ▪ Relevant to the NHP Pillar "Health Financing"	MoHS Planning and Budgeting Entity

OUTPUTS:

HEALTH FINANCING STRATEGY OPERATIONALISED

Additional indicators may be added to this section after endorsement of the national Health Financing Strategy.

Ref	Indicator	Means of verification
OP13	**National Health Financing Strategy endorsed** [This is a yes/no indicator, the realisation of which is critical for the remaining of this section] ▪ Relevant to the NHP Pillar "Health Financing"	NIMU
OP15	**Proportion of external funding for health that is on budget** [=Amount of external funding for health that is on budget divided by total amount of external funding for health] ▪ Relevant to the NHP Pillar "Health Financing"	System of Health Accounts

Ref	Indicator	Means of verification
OP16	**General government expenditure on health as a percentage of total government expenditure** [=Level of general government expenditure on health (GGHE) expressed as a percentage of total government expenditure] ▪ Relevant to the NHP Pillar "Health Financing"	PER; NHA
OP17	**General government expenditure on primary health care as a percentage of total government expenditure on health** [=Level of general government expenditure on primary health care expressed as a percentage of general government expenditure on health (GGHE)] ▪ Relevant to the NHP Pillar "Health Financing" [If this indicator is not feasible, it should be reformulated in terms of expenditures at Township level and below?]	PER; NHA

OUTPUTS:

FUNCTIONING HEALTH INFORMATION SYSTEM

Ref	Indicator	Means of verification
OP18	**Number of Townships for which the data from the comprehensive assessment of service coverage has been entered into the national database** ▪ Relevant to the NHP Pillar "Service Delivery" [Note: this will need to be in line with the national guidelines, which will also define both the structure of the database and the methodology of the assessment]	National database
OP19	**Timespan (expressed in terms of number of months) between end of the fiscal year and publishing of that fiscal year's official annual Myanmar Health Statistics reports** ▪ Relevant to the NHP Pillar "Service Delivery"	HMIS
OP20	**Number of Townships submitting their HMIS data using DHIS2** [Submission of HMIS data as per national guidelines and meeting national norms in terms of timeliness and completeness] ▪ Relevant to the NHP Pillar "Service Delivery"	HMIS

OP21	**Number of Townships updating Human Resources Information System's (HRIS) central data warehouse as per national guidelines** ▪ Relevant to the NHP Pillar "Human Resources" [Note: the guidelines will need to specify both contents and frequency of updates]	HRIS
OP22	**Number of Townships updating Logistics Management Information System's (LMIS) central database as per national guidelines** ▪ Relevant to the NHP Pillar "Health Infrastructure" [Note: the guidelines will need to specify both contents and frequency of updates]	LMIS
OP23	**Proportion of hospitals using ICD-10 to certify cause of death, by type of hospital** [=Number of Township/Station hospitals using ICD-10 to certify cause of deaths divided by total number of Township/Station hospitals] ▪ Relevant to the NHP Pillar "Service Delivery"	HMIS ICD-10

OUTPUTS:

ACCOUNTABILITY MECHANISMS IN PLACE

Ref	Indicator	Means of verification
OP24	**Guidelines for community feedback mechanisms to be channelled through the different working groups (at the level of the village, village tract, Township and State/Region) are developed** ▪ Relevant to the NHP Pillar "Service Delivery" [Note: the guidelines should be in line with the policy around transparency and accountability]	NIMU
OP25	**Number of Townships in which a mechanism to systematically capture the voice of the community has been established** ▪ Relevant to the NHP Pillar "Service Delivery" [Note: the mechanism should be in line with the policy around transparency and accountability]	NIMU

OUTPUTS:

CONDUCIVE POLICIES AND REGULATIONS ADOPTED

Ref	Indicator	Means of verification
OP26	**Revised National Health Policy endorsed** ▪ Relevant to the NHP Pillar "Service Delivery" [Note: this is a yes/no indicator]	NIMU
OP27	**National Health Information System Policy endorsed** ▪ Relevant to the NHP Pillar "Service Delivery" [Note: this is a yes/no indicator]	NIMU
OP28	**National Human Resources for Health Policy endorsed** ▪ Relevant to the NHP Pillar "Human Resources" [Note: this is a yes/no indicator]	NIMU
OP29	**National Population Policy endorsed** ▪ Relevant to the NHP Pillar "Service Delivery" [Note: this is a yes/no indicator]	NIMU
OP30	**National policy around transparency and accountability endorsed** ▪ Relevant to the NHP Pillar "Service Delivery" [Note: this is a yes/no indicator]	NIMU
OP31	**National Drugs Policy endorsed** ▪ Relevant to the NHP Pillar "Service Delivery" [Note: this is a yes/no indicator]	NIMU
OP32	**Revised regulation around write-off of medicines and supplies passed** ▪ Relevant to the NHP Pillar "Service Delivery" [Note: this is a yes/no indicator]	NIMU
OP33	**Regulation of private sector health actors developed** ▪ Relevant to the NHP Pillar "Service Delivery" [Note: this is a yes/no indicator]	NIMU

ANNEX 1 MONITORING ACHIEVEMENTS IN THE IMPLEMENTATION OF THE NATIONAL HEALTH PLAN 2017-2021

The following template will be used to track changes in the indicators selected for the NHP M&E framework.

Ref	Indicator	Baseline			Achievement 2017	Target			Data source	Reporting frequency	Responsible agency (data collection)	Reporting to:
		Data	Year	Source		2018	2019	2020				

The indicators will be grouped into five categories to match, to the extent possible, the conceptual framework of the NHP. The categories correspond to each of the four pillars emphasized in the conceptual framework, and an additional category for health status.

HUMAN RESOURCES

Ref	Indicator
OP2	Health workers' density and distribution (per 1,000 population)
IO3	Number of States/Regions in which accountability / responsiveness is integrated in the routine in-service training programme
OP3	Number of townships with at least x village-based health workers per 10,000 rural population
OP21	Number of townships updating Human Resource Information System (HRIS) central data warehouse as per national guidelines

HEALTH INFRASTRUCTURE

Ref	Indicator
IO1	Number of Townships in which at least x% of health facilities have met a minimum Readiness Score to provide basic Essential Package of Health Services, by type of facility
IO2	Number of Townships with an operational Township Health Working Group
IO4	Proportion of individuals who believed they needed medical attention but did not seek it
OP1	Number of Townships with at last x health facilities per 10,000 population
OP4	Number of Townships in which x% of health facilities have at least 80% of essential medicines and commodities kept in optimum stock levels
OP7	Proportion of health facilities meeting minimum standards of care for selected tracer interventions
OP8	Number of non-MoHS health providers contracted by purchasing entity
OP9	Number of Townships in which at least one CSO performs independent monitoring functions
OP10	Number of Townships in which at least x% of villages have the Terms of Reference and the roles & responsibilities of the different working groups (at village, village tract, Township and State/Region) displayed in a public place
OP22	Number of Townships updating Logistic Management Information System (LMIS) central database as per national guidelines

SERVICE DELIVERY

Ref	Indicator
IM5	Total Fertility Rate
IM6	Adolescent Fertility Rate
OC1	Contraceptive Prevalence Rate
OC2	Antenatal care coverage rate – at least four visits
OC3	Exclusive breastfeeding rate in infants 0-5 months of age
OC4	Vitamin A supplementation coverage
OC5	DPT3 coverage rate
OC6	Population using safely managed drinking water sources
OC7	Percentage of population using safely managed sanitation services
OC9	Births attended by skilled health personnel
OC10	Antiretroviral therapy (ART) coverage
OC12	Insecticide-treated net (ITN) coverage
OC11	TB treatment success rate
OP18	Number of townships for which the data from the comprehensive assessment of service coverage has been entered into the national database
OP19	Timespan (expressed in terms of number of months) between end of the fiscal year and publishing of that fiscal year's official Myanmar Health Statistics Reports
OP20	Number of Townships submitting their HMIS data using DHIS2
OP23	Proportion of hospitals using ICD-10, by type of hospital
OP24	Guidelines for community feedback mechanisms to be channelled through the different working groups (at the level of the village, village tract, Township and State/Region) are developed
OP25	Number of Townships in which a mechanism to systematically capture the voice of the community has been established
OP26	Revised National Health Policy endorsed
OP27	National Health Information System Policy endorsed
OP29	National Population Policy endorsed
OP30	National policy around transparency and accountability endorsed
OP31	National Drug Policy endorsed
OP32	Revised regulation around write-off of medicines and supplies passed
OP33	Regulation of private sector health actors developed

HEALTH FINANCING

Ref	Indicator
IM16	Poverty headcount ratio
OC13	Out-of-pocket expenditure as a percentage of total expenditure on health
OC14	Headcount ratio of catastrophic health expenditure
OC15	Headcount ratio of impoverishing health expenditure
OP5	Number of Townships that have prepared inclusive Township Health Plans (ITHP)
OP6	Number of States / Regions that have prepared an inclusive health plan
OP11	Number of Townships in which at least x% of health facilities have received Health Facility Funds (HFF) by type of facility
OP12	Number of Townships sending electronic copies of financial reports
OP13	National Health Financing Strategy endorsed
OP14	Purchasing entity established and the key functions developed as per the Health Financing Strategy
OP15	Proportion of external funding for health that is on budget
OP16	General government expenditure on health as a percentage of total government expenditure
OP17	General government expenditure on primary health care (or on public health?) as a percentage of total government expenditure on health

HEALTH DELIVERY

Ref	Indicator
IM1	Maternal Mortality Ratio
IM2	Neonatal Mortality Rate
IM3	Infant Mortality Rate
IM4	Under-Five Mortality Rate
IM7	Children under 5 years who are stunted
IM8	Children under 5 years who are wasted
IM9	Anaemia prevalence in women of reproductive age
IM10	Incidence of low birth weight among newborns
IM11	HIV incidence rate (per 1,000 population)
IM12	Tuberculosis (TB) incidence rate (per 100,000 population)
IM13	Malaria incidence rate (per 1,000 population)
IM14	Raised blood pressure among adults
IM15	Raised blood glucose / diabetes among adults
OC8	Age-standardized prevalence of current tobacco use
IM16	Stillbirth rate

ANNEX 2 MONITORING OF DISAGGREGATED INDICATORS

The following template will be used to track changes in the indicators selected for the NHP M&E framework at the disaggregated level.

Ref	Indicator	Disaggregating variables	Baseline			Achievement 2017	Target		
			Data	Year	Source		2018	2019	2020

The table below shows, for each indicator, the list of disaggregating variables. The indicators are grouped into the same five categories as in Annex 1.

Ref	Indicator	Disaggregating variables
Human resources		
OP2	Health workers' density and distribution (per 1,000 population)	State/Region; cadre (HWs' categories: Medical Doctors; Dentists; Pharmacists; Medical technologists; Nurses BNSc (Regular); Nurses BNSc (Bridge); Nurse diploma; CHA (Bridge); BCommH; LHV; MW; PHS I; PHS II); Production vs. enrolment
IO3	Number of States/Regions in which accountability / responsiveness is integrated in the routine in-service training programme	Number and proportion of townships by State/Region
OP3	Number of townships with at least x village-based health workers per 10,000 rural population	State/Region; number and proportion
OP21	Number of townships updating Human Resource Information System (HRIS) central data warehouse as per national guideline	State/Region; number and proportion

Health infrastructure		
IO1	Number of Townships in which at least x% of health facilities have met a minimum Readiness Score to provide basic Essential Package of Health Services, by type of facility	State/Region; health facility type (RHC; SRHC; Private Clinic; Public Hospitals; Private Hospitals; EHO health facilities; NGO health facilities)
IO2	Number of Townships with an operational Township Health Working Group	State/Region; number and proportion
IO4	Proportion of individuals who believed they needed medical attention but did not seek it	State/Region, according to the survey results
OP1	Number of Townships with at last x health facilities per 10,000 population	State/Region; health facility type (RHC; SRHC; Private Clinic; Public Hospitals; Private Hospitals; EHO health facilities; NGO health facilities)
OP4	Number of Townships in which x% of health facilities have at least 80% of essential medicines and commodities kept in optimum stock levels	State/Region
OP7	Proportion of health facilities meeting minimum standards of care for selected tracer interventions	State/Region; Township; health facility type (RHC; SRHC; Private Clinic; Public Hospitals; Private Hospitals; EHO health facilities; NGO health facilities)
OP8	Number of non-MoHS health providers contracted by purchasing entity	State/Region; Township
OP9	Number of Townships in which at least one CSO performs independent monitoring functions	State/Region; number and proportion
OP10	Number of Townships in which at least x% of villages have the Terms of Reference and the roles & responsibilities of the different working groups (at village, village tract, Township and State/Region) displayed in a public place	State/Region; number and proportion
OP22	Number of Townships updating Logistic Management Information System (LMIS) central database as per national guidelines	State/Region; number and proportion

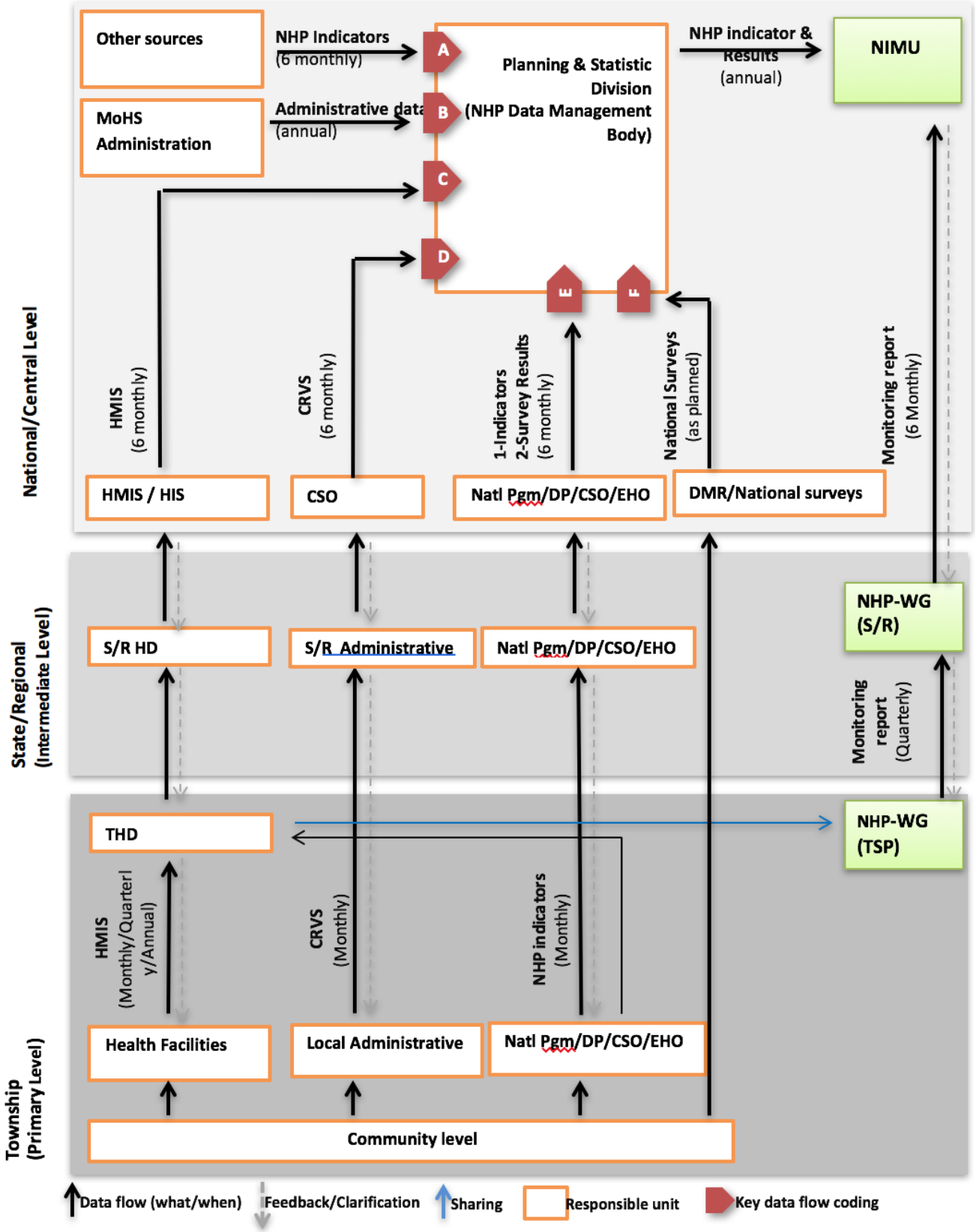
Service delivery		
IM5	Total Fertility Rate	Residence (urban/rural); State/Region; Education (no education / primary / secondary/ more than secondary); wealth quintile
IM6	Adolescent Fertility Rate	Residence (urban/rural); State/Region; education (no education / primary / secondary/ more than secondary); wealth quintile
OC1	Contraceptive Prevalence Rate	Age (15-19;20-24;25-29;30-34;35-39;40-44;45-49); residence (urban/rural); State/Region; education (no education / primary / secondary/ more than secondary); wealth quintile
OC2	Antenatal care coverage rate – at least four visits	Mother's age (<20;20-34;35-49); residence (urban/rural); State/Region; mother's education (no education / primary / secondary/ more than secondary); wealth quintile
OC3	Exclusive breastfeeding rate in infants 0-5 months of age	Mother's age (<20;20-34;35-49); residence (urban/rural); State/Region; mother's education (no education / primary / secondary/ more than secondary); wealth quintile
OC4	Vitamin A supplementation coverage	Sex (male/female); residence (urban/rural); State/Region; mother's education (no education / primary / secondary/ more than secondary); wealth quintile
OC5	DPT3 coverage rate	Sex (male/female); residence (urban/rural); State/Region; mother's education (no education / primary / secondary/ more than secondary); wealth quintile
OC6	Population using safely managed drinking water sources	State/Region
OC7	Percentage of population using safely managed sanitation services	State/Region
OC9	Births attended by skilled health personnel	Residence (urban/rural); State/Region; mother's education (no education / primary / secondary/ more than secondary); wealth quintile
OC10	Antiretroviral therapy (ART) coverage	Age (15-19;20-24;25-29;30-39;40-49); sex (male/female); key populations (female sex workers (FSW); clients of FSWs; injecting drug users (IDUs); men who have sex with men (MSM)); State/Region; wealth quintile

Service delivery		
OC12	Insecticide-treated net (ITN) coverage for malaria prevention	Residence (urban/rural); State/Region; wealth quintile
OP18	Number of Townships for which the data from the comprehensive assessment of service coverage has been entered into the national database	State/Region
OP20	Number of Townships submitting their HMIS data using DHIS2	State/Region
OP23	Proportion of hospitals using ICD10, by type of hospitals	State/Region; type of hospital (public/private by type)
OP25	Number of Townships in which a mechanism to systematically capture the voice of the community has been established	State/Region; number and proportion
OC11	TB treatment success rate	State/Region
Health financing		
IM16	Poverty headcount ratio	State/Region
OC13	Out-of-pocket expenditure as a percentage of total expenditure on health	State/Region
OC14	Headcount ratio of catastrophic health expenditure	State/Region
OC15	Headcount ratio of impoverishing health expenditure	State/Region
OP5	Number of Townships that have prepared inclusive Township Health Plans (ITHP	State/Region; number and proportion
OP6	Number of States / Regions that have prepared an inclusive health plan	State/Region
OP11	Number of Townships in which at least x% of health facilities have received Health Facility Funds (HFF) by type of facility	State/Region; number and proportion
OP12	Number of Townships sending electronic copies of financial reports	State/Region; number and proportion

Health status		
IM1	Maternal Mortality Ratio	State/Region; residence (urban/rural); wealth quintile; education (no education; primary; secondary; more than secondary)
IM2	Neonatal Mortality Rate	State/Region; sex (male/female); residence (urban/rural); wealth quintile
IM3	Infant Mortality Rate	State/Region; sex (male/female); residence (urban/rural); wealth quintile
IM4	Under-Five Mortality Rate	State/Region; sex (male/female); residence (urban/rural); wealth quintile
IM7	Children under 5 years who are stunted	State/Region; sex (male/female); residence (urban/rural); mother's education (no education; primary; secondary; more than secondary); wealth quintile
IM8	Children under 5 years who are wasted	State/Region; sex (male/female); residence (urban/rural); mother's education (no education; primary; secondary; more than secondary); wealth quintile
IM9	Anaemia prevalence in women of reproductive age	Age (<20;20-34;35-49); State/Region; residence (urban/rural); education (no education; primary; secondary; more than secondary); wealth quintile
IM10	Incidence of low birth weight among new-borns	Mother's age (<20;20-34;35-49); State/Region; residence (urban/rural); education (no education; primary; secondary; more than secondary); wealth quintile
IM11	HIV incidence rate (per 1,000 population)	Age (15-19;20-24;25-29;30-39;40-49); sex (male/female); key populations (female sex workers (FSWs); clients of FSWs; injecting drug users (IDUs); men who have sex with men (MSM); State/Region; wealth quintile
IM12	Tuberculosis (TB) incidence rate (per 100,000 population)	State/Region; residence (urban/rural); sex (male/female)
IM13	Malaria incidence rate (per 1,000 population)	State/Region; residence (urban/rural); age (<15;>15)
IM14	Raised blood pressure among adults	Sex (male/female)

Health status		
IM15	Raised blood glucose / diabetes among adults	Sex (male/female)
OC8	Age-standardized prevalence of current tobacco use	Sex (male/female)
IM16	Stillbirth rate	Mother's education (no education; primary; secondary; more than secondary); residence (urban/rural); ANC (no ANC; 1-4 ANC; >4 ANC); wealth quintile

ANNEX 3 INFORMATION FLOW



Data Flow Coding:	A	B	C	D	E	F
Responsible units/Source:	**Other sources:** **- Global references** **- Modelling** **- NIMU**	**MoHS Administration:** **- HR** **- Planning & Budgeting**	**HIS:** **- HMIS** **- Hospital statistics** **- LMIS** **- HRIS**	**CRVS:**	**Stakeholders:** **- National Pgms** **- DP** **- CSO** **- EHO**	**National surveys:** **- DMR** **- focal units**
Impact	IM1 to 4 *UNIAG* IM11 *Modelling*		IM1 to 2 *HMIS* IM10 *HMIS* IM16 *HMIS*	IM1 CSO		IM 1 to 6 *MDHS* IM 7 to 8 *MDHS/surveillance* IM9 *MDHS* IM 11 to 13 *Survey/surveillance* IM 14 to 15 *STEP survey* IM16 *HH Exp. Survey*
Outcome			OC2 *HMIS* OC4 *HMIS* OC9 *HMIS* OC11-12 *HIS*		OC4 *Nutrition pgm* OC5 *EPI pgm* OC10 *Natl AIDS pgm* OC11 *Natl TB pgm* OC12 *Natl Malaria pgm*	OC 1 to 4 *MDHS* OC 6 to 7 *MDHS* OC8 *STEP / Youth survey* OC9 *Survey* OC 13 to 14 *HH Exp. Survey* OC 15 to 17 *HH Exp. Survey*
Intermediate Outcome	IO2 IO3					IO1 *SARA* IO4 *MPLCS* IO5
Output	OP5 to 6 *NIMU* OP8 to 10 *NIMU* OP 13 to 14 *NIMU* OP18 *National DB* OP 24 to 33 *NIMU*	OP2 *HR Database* OP11 to 12 *Planning/Budgeting* OP 15 *System of Health Ac.* OP 16 to 17 *PER/NHA*	OP4 *LMIS* OP19 *HIS* OP20 *HMIS* OP21 *HRIS* OP22 *LMIS* OP23			OP1 *SARA* OP3 *SARA* OP7 *Facility survey*