Australian Government

INDO-PACIFIC CENTRE FOR HEALTH SECURITY

Health Security Initiative

Principles of reporting:

The following principals apply to all monitoring and evaluation reporting. This information should be collected and included in all progress reporting for the Health Security Initiative. Outcomes, starting point and magnitude can be added in the tabular reporting against output and intermediate outcomes indicators, the significance and contribution can be included in the narrative reporting of results in the body of the partner progress report.

1. **Starting point:** *What was the situation before my project started?*

Possible data sources: a baseline report, situational analysis, other report.
Example: Before this project started, only 3 nurses had received training in infection prevention and control.

2. **Magnitude***: What is the size of the results compared to the magnitude of the problem?*

Possible data sources: project or other reporting, contextual information, description of the size of the solution compared to the size of the problem.
Example: This project trained 25 of the 30 nurses who work in AAA Hospital (85%). *(i.e. what is the **magnitude** of the training need? Is it 2 nurses out of a hospital of 10 or 2 out of a hospital of 200?)*

3. **Significance:** *What is the significance of the result? What is the context? Why is this result important to the institution and/or country?*

Possible data sources: project or other reporting, contextual information, interviews with project staff or target populations.
Example: This is the first time nurses have received country-specific infection prevention and control training which has been an important component of AAA country's COVID-19 response

4. **Contribution:** *Are the results reported due solely to my project's efforts? Are there other contributing bodies or factors?*

Possible data sources: other people working in the area, national government support, other funders funding the same or similar projects.
Example: This project was co-funded by the AAA Donor Foundation, with DFAT providing 50% of the funding and AAA Donor providing the remaining 50%. AAA Donor also provided funding to re-surface the floor of the hospital, which further improved infection prevention and control in the hospital.

5. **Outcome-level results:** *What are the short and medium-term effects of my project? How have the outputs of my project contributed to these changes? (**Outcome level results** ask "What **effect** did my project have?" as compared to **Output-level** results which ask "What are the **immediate results** of my project?" See definitions on the next page for more details and examples)*

Possible data sources: project or other reporting, focus interviews, publicly available data

Example: This project has contributed to a decrease from 10 hospital acquired infections at AAA hospital each month to 5, and nurses reported being seen as leaders in infection prevention and control. Senior nurses also contributed to the government's plans for repatriation flights and trained staff aboard the flights in infection prevention and control.

6. **Evidence:** *What is the evidence of change? How can I substantiate the results?*

Possible data sources: questionnaires, publicly available data, audits, reviews, scientific studies
Example: Handwashing compliance at AAA hospital has improved, as demonstrated by three hand hygiene audits. In the first audit, completed prior to the project starting, hand hygiene compliance was at 60%, but compliance rose to 85% after staff completed the training and remained at that level 2 years later at the completion of the project.

7. **Cross-cutting themes:** *How has my project addressed the needs of women and/ or people with a disability? How has my project contributed to improvements in climate resilience or One Health approaches?*

Possible data sources: interviews with project staff or target populations, questionnaires, contextual information
Example: All project information, training and signage around the hospital was provided in a variety of accessible formats and channels. Additional leadership training was provided to female nurses, increasing the participation of women in leadership positions in the infection prevention and control network of the hospital.

Key Definitions:

End of program outcomes - the desired development change(s) or effects that are anticipated by the end of the program or project period. DFAT's standards require outcomes to define: an 'end state' when the outcome has been achieved; who or what is expected to change; the type of change expected to occur: knowledge (awareness of new ideas, techniques or strategies); action (behaviour change based upon new information/ideas); or condition (organisational or societal conditions changes due to the stakeholder's actions); and the time by which the change is expected to occur.

Intermediate outcomes – the short and medium-term effects of a program or project's outputs observed during program or project implementation. Short-term outcomes include changes in knowledge, attitudes, skills, while medium term outcomes often reflect changes in behaviour, practice and decisions.

Outputs - the products, goods and services that are the immediate results of a program or project (e.g. nurses trained, funding provided, policy reviewed, laboratory equipment provided), NOT the activities themselves.

Performance indicator – quantitative or qualitative measures of progress, that need to be specific, observable, and measurable (if quantitative) or able to show evidence of progress (if qualitative).

More information on terms used in the Australian aid program is available at:
https://www.dfat.gov.au/about-us/publications/Pages/aid-programming-guide