

Partnerships for a Healthy Region

Guidance on Partner Progress Reporting

Partner Overview Form

Overview	
<p>The Smarty Grants system uses three forms; the Partner Overview Form (this guidance), the Partner Annual Update Form (reporting covering January to December each year), and a Six-month Partner Update Form (additional information required for January to July each year).</p> <p>The purpose of the Partner Overview Form is to capture key project information including partner name, key contacts, organisational details, and a summary of alignment with Partnerships for a Healthy Region (PHR) outcomes and common indicators. This form is completed once at the beginning of the funding grant and can be updated at later stages if needed.</p> <p>Responses in this form will be used to pre-populate both the Partner Annual Update form and the Six-Month Update form.</p> <p>Important tips:</p> <ul style="list-style-type: none"> • Save the form regularly and on each page to avoid data loss. • To move to the next page, please click '>'. • At the end of the form, once all details have been provided, click 'review and submit' form. • If you need to update this form (once it has been submitted), please advise your PHR Program Manager. 	
Page 1- PHR Partner Overview Form	
Project Name	<p><u>Section 2:</u> Provide your project name.</p>
Partner type details	<p><u>Section 3:</u> Select the category that best describes your organisation type. Only one response can be selected.</p>
Project Details	<p><u>Section 4:</u> Provide your lead organisation name.</p> <p>On the question '<i>Is your organisation leading a consortia to deliver this project?</i>' Organisations that are leading a consortia will have been advised by their Program Managers. If you select 'yes': see section 6. If you select 'no', the form will navigate to section 7.</p> <p><u>Section 5:</u> Provide the name of your consortia partners. For multiple partners, please select 'add more'.</p> <p><u>Section 6:</u> The agreement number, agreement start date, agreement end date and the value of the DFAT PHR funding for this agreement are all specified in your contract document.</p> <p>For the question '<i>Do you receive PHR Global Fund Set-Aside Funding?</i>', your Program Manager will advise if you have received <i>PHR Global Fund Set-Aside Funding</i>. If you do receive this source of funding, your PHR Annual Update Form will automatically include an additional question.</p>
Contact Details	<p><u>Section 7:</u> Provide details for a key contact for your PHR project within your organisation. You can add additional contacts if more than one person.</p> <p>Those listed as contacts will receive the reporting template link, and any advice on reporting.</p>
Project summary	<p><u>Section 8:</u></p>

	Provide a high-level summary of your project. This can include what does your project aims to achieve, where you are working and with whom (limit of 200 words).
Global Health Division Themes	<u>Section 9:</u> Select relevant themes that your project will cover.
Country Information	<u>Section 10:</u> Select all the countries where your project is currently being implemented. If your project works at the Pacific or Southeast Asia regional level (i.e. where activities cannot be allocated to a specific country), select the region. Your Program Manager will advise if your project is considered a regional project. Provide the budget for each country (or at the regional level). Country budget includes both directly attributable budget and a pro-rata allocation of all overhead costs, across each country. If you have previously provided country level budgets to your Program Manager, and the information is the same, those amounts can be used. If your country budget allocation has changed since the design process, please include the current allocation and advise your Program Manager that there has been a change. Provide a summary of your program in each country - include high level outcome and activities. If it is still relevant you can copy summaries you may have previously provided. Countries selected will pre-populate the PHR Annual Update Form.
Independent Review/ Evaluation	<u>Section 11:</u> Select whether a mid-term review or end of program evaluation is planned during the lifecycle of your project. If there are plans to conduct both, please select 'both'. If you have not yet reached a decision on a mid-term review or end of program evaluation, select 'to be determined'.
Page 2- Alignment with PHR Outcomes and Indicators	
<p><i>This page enables you to select the PHR outcomes and aligned indicators, and the DFAT Tier 2 indicators covered by your project. Details on Tier 2 indicators can be found here: Australia's Development Program - Tier 2 Results Australian Government Department of Foreign Affairs and Trade. The list of PHR outcomes and indicators is attached to this guidance document (Annex 1).</i></p> <p>If you have question on which indicators your project can provide evidence/data towards, check with your Program Manager.</p> <p>Please note that the indicators selected in this form will pre-populate in the Annual Partner Update Form where you will be asked to submit reporting against the relevant indicator. If indicators are revised or changed during the lifecycle of the project, the change will need to be updated in this form.</p> <p>The PHR common indicator selection process is undertaken through six different sections for each of the PHR indicator groups:</p> <ul style="list-style-type: none"> • Cross cutting priority indicators • Communicable disease control indicators (EOPO1) • Non-communicable disease control indicators (EOPO2) • Sexual and Reproductive Health and Rights indicators (EOPO3) • Resilient Health Systems indicators (EOPO4) • DFAT Tier 2 indicators: Improved Governance, Gender Equality, Disability Equity, Strengthening Leadership, Strengthening Regional Architecture and Environment and Biodiversity <p>We have provided guidance on each section below.</p>	
Cross cutting priority indicators	<u>Section 1:</u> This section covers climate change, gender equality, disability equity and social inclusion (GEDSI), First Nations, and community engagement and locally led development.

	<p><u>Using a dropdown menu</u> – select the PHR cross cutting priority outcome relevant to your project, and then add <u>the indicators that are relevant to your project</u>.</p> <p>You can only add / select one indicator at a time. Please use the ‘+’ to add more indicators against each cross-cutting outcome.</p>
<p>Communicable disease control indicators (EOPO1)</p>	<p><u>Section 2:</u></p> <p><u>Using a dropdown menu</u> – select the PHR EOPO1, and any intermediate outcomes (IOs) relevant to your project.</p> <p>You can only add / select one indicator at a time. Please use the ‘+’ to add more indicators.</p> <p>If your project does not cover EOPO1 - please skip this section.</p>
<p>Non-communicable disease control indicators (EOPO2)</p>	<p><u>Section 3:</u></p> <p><u>Using a dropdown menu</u> – select the PHR EOPO2, and any intermediate outcomes (IOs) relevant to your project.</p> <p>You can only add / select one indicator at a time. Please use the ‘+’ to add more indicators.</p> <p>If your project does not cover EOPO2 - please skip this section.</p>
<p>Sexual and Reproductive Health and Rights indicators (EOPO3)</p>	<p><u>Section 4:</u></p> <p><u>Using a dropdown menu</u> – select the PHR EOPO3, and any intermediate outcomes (IOs) if they are <u>relevant to your project</u>.</p> <p>You can only add / select one indicator at a time. Please use the ‘+’ to add more indicators.</p> <p>If your project does not cover EOPO3 - please skip this section.</p>
<p>Resilient Health Systems (EOPO4)</p>	<p><u>Section 5:</u></p> <p><u>Using a dropdown menu</u> – select the PHR EOPO4, and any intermediate outcomes (IOs) if they are <u>relevant to your project</u>.</p> <p>You can only add / select one indicator at a time. Please use the ‘+’ to add more indicators.</p> <p>If your project does not cover EOPO4- please skip this section.</p>
<p>Tier 2 indicators:</p>	<p><u>Section 6:</u></p> <p>This section covers the following categories: Improved Governance, Gender Equality, Disability Equity, Strengthening Leadership, Strengthening Regional Architecture and Environment and Biodiversity</p> <p>The Tier 2 indicators provide an agency-wide performance measure of ‘Australia’s International Development Policy’. All Australian aid investments report against the Tier 2 indicators that are relevant to them. Review the DFAT Tier 2 Technical Notes to determine which indicators you can report against.</p> <p>Please select all the Tier 2 indicators relevant to your project. Confirm your selection with your Program Manager. To input into the form, select the relevant category (see above) from the drop-down menu. This will then prompt you to select the related indicator.</p> <p>You can only add / select one indicator at a time. Please use the ‘+’ to add more indicators.</p>
Page 3- Attachments	
<p>Attachments</p>	<p><u>Section 1:</u></p> <p>Attach key project documents including your MEL Plan, GEDSI Analysis, GEDSI Strategy or Plan, budget and program logic.</p> <p>Multiple documents under one heading can be uploaded. For example, if your budget is supported by multiple docs, for this simply mark all documents you wish to upload, and then press ‘upload document.’</p> <p>Documents that are not yet finalised do not need to be attached. They can be attached at a later date by uploading them to the Partner Update form (either the annual update or the six-month update).</p>

Annex 1: Partnerships for a Healthy Region (PHR) Common Indicators

Notes on PHR common indicators

- This list provides high-level PHR indicators for use by implementing partners. They are organised by PHR cross-cutting priorities, End of Program Outcomes (EOPOs) and Intermediate Outcomes (IOs).
- All indicators refer to where Australian support has contributed to the change.
- DFAT utilises a three-tier indicator framework, presenting latest data for regional development indicators (Tier 1), results against selected indicators of Australian development assistance (Tier 2) and organisational effectiveness/ways of working (Tier 3) (see [Australia’s Development-Policy Performance and Delivery Framework](#) for details).
- Relevant health-related Tier 2 and 3 indicators are included in the list of common indicators (Section 1). Section 2 of this document includes additional Tier 2 indicators, that may be relevant to some programs. Technical notes for these indicators are available here: [Australia’s Development Program - Tier 2 Results](#)

Outcomes (EOPOs and IOs)	PHR Common Indicators
PHR Cross Cutting Priorities	
IO CC1: Greater adoption of One Health approaches and integration of climate change considerations	1. Evidence of utilising risk-informed data to address health and climate-induced disasters and emergencies.
	2. Evidence of alignment between program strategies and climate legislation, policies, and frameworks.
	3. Evidence that project activities have considered how climate change is impacting their health areas of focus
	4. Evidence that project activities engage in and/or strengthen One Health approaches
IO CC2: PHR investments effectively progress gender equality, disability equity and social inclusion (GEDSI) outcomes.	5. Evidence of GEDSI outcomes in policy, capacity, practice, and/or norms and social change.
	6. Evidence that PHR investments effectively progress and integrate gender equality. <i>(linked to Tier 3 indicator)</i>
	7. Evidence that PHR investments effectively progress and integrate disability equity in implementation. <i>(linked to Tier 3 indicator)</i>
IO CC3: PHR programming is enhanced by First Nations Australians perspectives (Tier 3)	8. Evidence of First Nations Australian’s perspectives being effectively embedded into PHR programming <i>(linked to Tier 3 indicator)</i> .
IO CC4: Increased community engagement and locally led development across PHR investments.	9. Evidence of local communities and non-government/civil society being meaningfully engaged in planning, delivery, monitoring and governance of PHR activities.
	10. Evidence of strengthened community systems to influence health policy and programs (at local, sub-national or national level).
EOPO 1 Communicable Disease Control	
EOPO 1: Australian assistance contributes to improved ability of partner countries to anticipate, prevent, detect and control	11. Evidence of improved capability to anticipate, prevent, detect and control communicable disease threats, including for diverse communities.

communicable disease threats and to address equity in the delivery of these functions)	
IO1.1 Strengthened capacity and systems to respond to epidemic and endemic communicable disease threats.	12. Evidence of meaningful/equitable inclusion of groups who experience social disadvantage in programs and/or services aimed at reduced communicable disease threats.
	13. Evidence of strengthened multisectoral outbreak response systems. (JEE P.4.1)
	14. Evidence of strengthened multisectoral laboratory systems (JEE D.1.1)
	15. Evidence of evidence-based health policies with consideration to principles of equity and inclusion.
	16. Evidence of improved treatment and case management of communicable diseases that considers equity and inclusion.
IO1.2 Strengthened pandemic preparedness and outbreak response systems and capacity.	17. Evidence of improved use of early warning and public health surveillance systems, including those that use a One Health approach and/or are at community level. (JEE R.2.2)
IO1.3 Increased development, trialling, registration of, and access to new or modified medical products.	18. Number of products, developed with support from the Australian Government, that are available and being accessed by Indo-Pacific populations in the past year.
	19. Evidence that PDAPs have institutionalised approaches within their organisations that are responsive to gender, disability and social determinants.

EOPO 2 Non-Communicable Disease Control	Indicators
EOPO2: Australian assistance contributes to improved capacity of partner countries to prevent and control non-communicable disease in an equitable way	20. Evidence of strengthened prevention, early detection, and management of non-communicable diseases, including mental health, aligned with national NCD plans and policies, as applicable.
	21. Evidence of strengthened NCD policy and programming, including consideration of the social and commercial determinants of health.
IO 2.1: Effective health promotion, policy and regulatory reform focused on NCD risk factors resulting in changes in behaviour	22. Examples of implementation of evidence-based and inclusive public education and awareness campaigns which support adoption of behaviours, aligned with partner countries NCD plans and policies.
	23. Evidence of the policy-process being engaged to reduce the impact of NCD risk factors, such as (but not limited to) marketing of foods, sugar, salt/sodium, sweetened drinks, alcohol, and tobacco adopted by partner countries
IO 2.2: Strengthened screening, early detection, and management of priority NCDs	24. Evidence of improved quality screening/diagnosis of, and /or access to early treatment, for children, adolescents, women, and men, in all their diversity, for priority diseases and risk factors, such as (but not limited to) cervical cancer, hypertension, and diabetes.
IO 2.3 Effective models of care are supported which promote physical and psychosocial wellbeing	25. Evidence of improved knowledge, attitudes and behaviours and reduced stigma of community members, families and/or service providers towards people with mental health conditions and psychosocial disabilities.

	26. # of people (sex/disability, age disaggregated if available) that have accessed rights based mental health and psychosocial support services
	27. Evidence of strengthened workforce capability to provide rights based mental health support services and referrals

EOPO 3 Sexual and Reproductive Health and Right	Indicators
EOPO3: Australian assistance contributes to increased capacity of partner countries to advance equitable and comprehensive SRHR, particularly for women and girls	28. Contraceptive protection (total couple years of protection) from unplanned pregnancies made available (<i>Tier 2 indicator</i>).
IO 3.1: Improved systems and capabilities to deliver comprehensive, rights based SRH services and quality information and education	29. Evidence of strengthened health workforce skills/capacity in partner countries, in line with international good practice, to deliver comprehensive rights based SRH services.
IO 3.2: Australia and partners advocate for and support for strengthened legislative and policy environments that advance universal, equitable SRHR	30. Instances where DFAT and partners' advocacy and support for strengthened enabling environments has advanced universal and equitable sexual and reproductive health and rights.
IO 3.3: Improved quality, range and availability of SRH commodities and services, particularly for women and girls	31. Evidence of increased range and quality of SRH commodities being accessed by partner country populations, increasing SRH choices.

EOPO 4 Resilient Health Systems	Indicators
EOPO4: Australian assistance contributes to partner countries improved regulatory mechanisms, data systems, and capabilities to deliver equitable public health action	32. Evidence of improved health system capacity to provide quality, accessible, affordable health services. (<i>Tier 2 Indicator</i>)
	33. Evidence of strengthened health system capabilities to promote climate resilience and health emergency preparedness.
	34. Instances where information/data on gender, disability and other social determinants of health is used to inform decisions on health policies and programs.
IO 4.1: Improved regulatory systems increase the availability of high quality safe, effective and essential medicines and products.	35. Number of new medical products that are registered and available to support disease control and improved health outcome.
	36. Evidence of improved regulatory practice as a result of business process and system improvements.
IO 4.2: Strengthened data systems, with quality data increasingly informing evidence-based decision making to enhance health policy and programming.	37. Evidence of strengthened health information systems. ¹
	38. Evidence of partner countries utilising data to better inform decision-making, including for prevention and early warning systems.
IO 4.3: Workforce skills enhanced across key areas, addressing partner government priority needs	39. Evidence of strengthened national or regional health workforce capacity, aligned with country and regional workforce strategies. (<i>JEE D.4.3</i>)

¹ For example, health systems that are underpinned by health information strategies, consistent definitions, disaggregated information, policies, supporting legislation and civil registration system.

	40. # of people (sex/disability) trained in delivering quality and accessible health services. ²
IO 4.4: High quality advice made available to meet partner needs, including by deployees.	41. Evidence that technical advice provided by partners is used by partner governments.
	42. Number of public health experts (sex/disability) from the Pacific and Southeast Asia trained to be deployed to a public health emergency.

Tier 2 Indicators

This list includes the DFAT Tier 2 indicators that are not included in the PHR Framework above. Tier 2 indicators are from [Australia's Development-Policy Performance and Delivery Framework](#). Guidance notes for all Tier 2 indicators can be found here: [Australia's Development Program - Tier 2 Results](#)

DFAT strategy outcome area	Tier 2 Indicator (does not include Tier 2 indicators in the PHR list in section 1)
Improved Governance	T1: Number of organisations Australia has supported in the reporting period to strengthen accountability and/or inclusion, including examples of assistance provided and significant policy change achieved, at the following levels: <ul style="list-style-type: none"> a. Government institutions, organisations or systems (by type and level) b. Civil society organisations or systems (by type and level) c. Private sector organisations (by type and level).
Gender Equality	T2: ODA funding channelled to Women's Equality Organisations and Institutions.
	T3: Number of services provided to victim/survivors of sexual and gender-based violence.
Disability Equity	T4: Number of organisations of persons with disabilities (regional/national/state/local) receiving capacity building support.
Strengthening Leadership	T5: Number of people who successfully complete a tertiary or technical/vocational course or work-related training.
Strengthening regional architecture	T6: Examples of support to ASEAN.
	T7: Examples of support to Pacific regional organisations such as the Pacific Islands Forum, the Pacific Community (SPC), Forum Fisheries Agency (FFA), and the Secretariat of the Pacific Regional Environment Programme (SPREP).
Environment and Biodiversity	T8: Number of people using basic or safely managed drinking water services.
	T9: Number of people using basic or safely managed sanitation services and/or a handwashing facility with soap and water.
	T10: Number and value of investments which promote/ deliver nature-positive outcomes.

² Examples include training for the delivering health services such in non-communicable and communicable disease prevention, diagnosis and treatment and critical and emergency care.