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Name of Ministry:

**Template for the**

**Whole-of-Government (WoG) Half-yearly/Progress and Annual Performance Reports of Ministries’ Priority Projects/Major Initiatives**

**PREAMBLE**

Reporting Period:

*[This Template serves as the required standard for preparing the required performance information for each of the Ministries’ priority projects/major initiatives that support the Strategic Priorities of the Government of Jamaica. The original template has been revised to ensure that more relevant and adequate information is* ***BRIEFLY*** *captured on each initiative reported on, to strengthen the evaluability of the initiatives. As such, the Template seeks to better understand and communicate the logic on the initiative based on its objectives, related strategies and desired results, as well as its financial information and issues/constraints to be addressed.*

*All instructions are in italics and bracketed, or so instructed and highlighted in yellow, and should be deleted from the finalised report before submission, including this page.*

*Edit/redesign cover page to include minimal use of related picture(s) to the Ministry (optional), as well as the relevant title of the report and period for which the report is being submitted.*

*The Quality Assurance of Contents Checklist is a self-check instrument for Ministries to use to validate both the required contents and quality of the contents in the Report being prepared for submission. It, therefore, keeps track of what is done/not done to expectation. As such, Ministries should indicate appropriate response to the respective required elements listed. Ensure that the completed Checklist is included in the finalised Report to be submitted.*

***NB1*** *- What is reported on in the mid-year progress report should be what is reported on at the end of the FY, unless the priority project/major initiative has been concluded/ended by the mid-year and was already communicated in that report.*

***NB2*** *- The example used in Section H and the Theory of Change (ToC) at Appendix 1 and 1A is in relation to a health-related issue, which would be the responsibility of the Ministry of Health and Wellness, is purely fabricated and represents only an illustration to help guide preparation of the Ministry’s report.*

***NB3*** *- Before completing Section B (Performance Measurement Framework) and Section H (Performance Summary), first, undertake a critical/logical thinking exercise of the Theory of Change (ToC) for the initiative using the Template at Appendix 1. Ensure that the ToC Conceptual Framework and ToC (Appendix 1and 1A are attached to the finalised Report to be submitted.*

***NB4*** *- The information from the logical-thinking exercise will also be relevant to the completion of Appendix 2 (Additional Data on Initiative). This appendix supports the WoG Rating Methodology that is applied annually with respect to the achievements against targets, as well as the efficiency, effectiveness and change management in the implementation of the initiatives. Ensure that the Additional Data on Initiative (Appendix 2) is completed and attached to the finalised Report to be submitted.*

***NB5*** *- The key for determining the status of the key initiatives is not to be amended/adjusted or deleted. As such, this page must be included in the finalised Report to be submitted.*

***NB6*** *- The information for each initiative is to be treated as an ‘Executive Summary’ and therefore, the final report for each initiative should not exceed fifteen (15) pages (excluding the cover page). Failure to adhere will result in the deduction of a 1% mark for each additional page from the rated score applied per the WoG Rating Methodology.*

***NB7*** *– The Office of the Cabinet reserves the right to request any document relating to the project/change management elements (see Appendix 2) to support its assessment/evaluation of an initiative.*

**QUALITY ASSURANCE OF CONTENTS CHECKLIST FOR REPORT**

Please indicate appropriately to the required content/elements in checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **KEY ELEMENTS IN /ACTIONS TAKEN IN PREPARING AND FINALISING REPORT** | **RESPONSES** | | |
| **YES**  **(🗸)** | **NO**  **(X)** | **N/A**  **(🗸)** |
| 1 | The background information for the initiative has the allotted budget for its duration and for the FY, and the description and context are provided in a clear, concise way. |  |  | **RESPONSES RESTRICTED IN SHADED AREA**  **RESPONSES RESTRICTED IN SHADED AREA** |
| 2 | One (1) long-term/impact outcome stated. |  |  |
| 3 | At most two (2) intermediate outcomes stated. |  |  |
| 4 | At most three (3) immediate outcomes stated. |  |  |
| 5 | At least 2, or at most 10 key outputs stated, and they are the major tangible products and/or services to be achieved over the life of the initiative. |  |  |
| 6 | Strategic alignment fully made of the initiative with required elements of Vision 2030, SDGs and Strategic Priority of Government, Ministry Strategic Objectives and Programme/Sub-Programme. |  |  |
| 7 | Key issues and constraints to the implementation of the initiatives are clearly identified and presented. |  |  |
| 8 | PESTLE Risk factors to the initiatives are identified and briefly explained. |  |  |
| 9 | A list of the major achievements of the initiative for the past 5 years is provided and includes the key outputs and intended/unintended outcomes. |  |  |
| 10 | List provided of key lessons learnt from the implementation of the initiative inclusive of key successes and/or failures experienced. |  |  |
| 11 | All elements of the results chain (ie Performance Summary at Section H) for the initiative are completed, including the long-term outcome; objectives; major strategies; their related budget amounts stated for what was allocated and expended; related end-of-year measure of success (indicator) for the key outputs to include relevant targets (performance measure); appropriate selection of the stoplight status; and desired immediate and intermediate outcomes information and achievements (if any). |  |  |
| 12 | Any key output and outcome identified/reflected in Section H (Performance Summary) can also be found in Section B. |  |  |
| 13 | The explanation of variances provided are relating to either:- the physical progress with end-of-year targets that are lagging and/or met by more than 115%, and/or financial progress with noticeable underutilisation or over expenditure of the annual budget by mid-year (Progress Report); **OR** work performance with end-of-year targets that are ± 15% achieved and/or cost performance with ± 15% of the budget utilised by year end (Annual Report); as well as any desired outcome not achieved as planned, undesired outcome and/or positive unintended outcome. |  |  |  |
| 14 | Mitigating strategies are provided to either:- address the variances identified for end-of-year targets that are lagging and/or exceeded by 115% by mid-year (Progress Report); **OR** to address those targets not met by ± 15% by year end (Annual Report); as well as undesired outcomes. |  |  |  |
| 15 | The Conceptual Framework for the *Theory of Change* (Appendix 1) is developed with at least one (1) or at most four (4) behavioural theories that support/promote strategies that will be effective in solving the issues for which the initiative was design and for achieving the desired goals/outcomes, and the theories are referenced and sources cited. |  |  |  |
| 16 | *Theory of Change* (ToC - Appendix 1A) is completed for the initiative and all its elements populated as required. |  |  |
| 17 | The desired outcomes in the ToC at Appendix 1A are fully reflected at Section B (Performance Measurement Framework) and related ones appropriately reflected in Section H (Performance Summary) based on the major strategies/key activities being implemented. |  |  |
| 18 | *Additional Data for the Initiative* (Appendix 2) is completed as required with the immediate outcomes worded exactly as those in Section B. As required, they are appropriately represented by their respective performance indicator with rational/justification for their selection provide, and formula/method for determining their performance, as well as the data source documented. |  |  |
| 19 | All data/information relating to output targets, budget and immediate outcome indicators (including in the data dictionary), are provided in Appendix 2 as required. |  |  |
| 20 | An appropriate response and comments are provided as required on each of the 10 change/project management elements in Appendix 2, in relation to if present, not present, not yet available or not available. |  |  |
| 21 | All instructions provided as guide in blue italics and yellow highlights, and the asterisk (**\***) beside the word “*Effective”* in row 6 of Appendix 2 are deleted from the finalised report. |  |  |
| 22 | Pages on the *Preamble, Applicability of the Change Management Elements* (information sheet), and the *Glossary of Key Terms* are deleted from the finalised report. |  |  |
| 23 | The *Conceptual Framework* and *TOC* (Appendices 1 and 1A) and *Additional Data for the Initiative* (Appendix 2) are included in the finalised report. |  |  |
| 24 | The Report does not exceed 15 pages (excluding the cover page). |  |  |

**WHOLE-OF-GOVERNMENT (WoG) REPORTING TEMPLATE**

**REPORTING PERIOD:** *[April xxxx to \_\_\_\_ xxxx]*

**MINISTRY:** *[State name of Ministry]*

|  |
| --- |
| **SECTION A: BACKGROUND INFORMATION ON MAJOR INITIATIVE** |
| **NAME OF INITIATIVE:** *[State the title of and full budget for the life of the priority project/major initiative as well as the allotted budget for the FY. NB - A major initiative is either a key policy or project that contributes significantly to one or more Strategic Priorities of Government. Therefore, the programmes/sub-programmes identified in the MoFPS’ annual Estimates of Expenditure are not considered initiatives for the purpose of this Report.]*  **Budget Allotted for Initiative ($): Budget for Fiscal Year ($):** |
| **Description:** *[Summarise what the initiative is focusing on in relation to its goal(s), objective(s), targeted beneficiaries, varying components, key actions, duration, etc.]* |
| **Context:** *[State the specific issue(s) requiring the need for the intervention/initiative to be implemented to improve/resolve it/them.]* |
| **SECTION B: PERFORMANCE MEASUREMENT FRAMEWORK**  ***[******NB: Before completing this Section and Section H (Performance Summary for Current Fiscal Year), first, undertake a critical/logical thinking exercise of the Theory of Change (TOC) for the initiative using the Guide and Template at Appendices 1 and 1A, respectively. The information is also relevant to completing Appendix 2 (Additional Data on Initiative). Ensure that all appendices are attached to the finalised Report to be submitted. This instruction is to be deleted before submission.]*** |
| **Long-term Outcome/Impact:** *[State the highest-level desired change anticipated for this initiative – ie change in state, condition or well-being that the beneficiaries should experience. These outcomes reflected here should also be found in Appendices 1A.]* |
| **Intermediate Outcome(s):** *[State at most 2 desired changes anticipated after the immediate outcomes are achieved. These outcomes reflected here should also be found in Section H and the Appendices 1A and 2.]* |
| **Immediate Outcome(s):** *[State at most 3 direct change(s) anticipated if/when the key actions are undertaken, and key outputs are achieved. These outcomes reflected here should also be found in Section H and the Appendices 1A and 2.]* |
| **Key Outputs:** *[List, at most, ten (10) major deliverables that must be achieved over the life of the initiative. The major outputs identified/reflected here should also be found in Section H.* |
| **SECTION C: STRATEGIC ALIGNMENT TO VISION 2030, SDGS, STRATEGIC PRIORTIES OF GOVERNMENT & STRATEGIC OBJECTIVES OF THE MINISTRY** |
| **National Goal #:** |
| **National Outcome(s) #:** |
| **Medium Term Socio-economic Policy Framework - Sector Strategy(ies) [*if applicable*]:** |
| **SDG Goal(s) #:** |
| **SDG Target #:** |
| **Strategic Priority(ies) of Government:** |
| **Ministry’s Strategic Objective(s):** |
| **Ministry Programme/Sub-Programme:** |
| **SECTION D: ISSUES & CONSTRAINTS AFFECTING IMPLEMENTATION OF THE INITIATIVE** |
| *[List the main strategic issues/concerns/restrictions that are presently posing challenges to the implementation/progress of the initiative, and which must be addressed for the initiative to achieve its goals/objectives as planned.]* |
| **SECTION E: RISKS TO THE SUCCESS OF THE INITIATIVE** |
| *[List the key Political, Economic, Social, Technological, Legal and Environmental (PESTLE) risk factors and give brief explanation on each as necessary.]* |
| **SECTION F: ACHIEVEMENTS OVER THE PAST 5 YEARS** |
| **Summary of Achievements:** *[List the major achievements of the initiative in the past 5 years and up to present. Place emphasis on its key outputs achieved. If the initiative was previously evaluated, and depending on its level of maturity, include also, any outcomes achieved (intended or unintended), as well as resulting impact (if any).]* |
| **SECTION G: LESSONS LEARNED** |
| *[Considering the past successes and/or failures of the initiatives based on its implementation; changes made in implementation that may have negatively/positively impacted the initiative; and how the implementation could have been/can be improved**, list the key lessons learned.] The quality of this list should give the picture of what took place in the initiative while giving light to the successes that can be replicated in/recommended to the implementation of other initiatives, and/or to the failures that should be avoided in the implementation of other initiatives.]* |

**KEY FOR STATUS**

**(Relevant to Completing Section H overleaf)**

| **STATUS:-** | **EXPLANATION** |
| --- | --- |
| **Ahead of End-of-Year**  **Target** | The target for the reporting period has been exceeded. |
| **End-of-Year Target**  **Achieved** | The annual target has been achieved in the reporting period. |
| **On Track to Achieve**  **End-of-Year Target** | Target is progressing as projected towards achieving the planned end-of year target, based on accumulated results of the preceding and current quarters in the FY. NB – this symbol is only relevant to be used in the mid-year progress report for the period, April to September of any given year. |
| **End-of-Year Target**  **Not Achieved** | The annual target has not been achieved in the reporting period. |
| **Behind Target** | The related activity(ies) is performing below projection and the planned end-of-year target may not be achieved. NB – this symbol is only relevant to be used in the mid-year progress report for the period, April to September of any given year. |
| **Inadequate**  **Information** | Information provided on targeted results is not adequate or clear |

|  |  |  |
| --- | --- | --- |
| **SECTION H: PERFORMANCE SUMMARY OF MAJOR INITIATIVE (for Current Fiscal Year)** | | |
| **Name of Major Initiative:*****Island-wide Malaria Surveillance Programme*** | **Budget Allotted for Initiative ($):** 200M | **Budget for Fiscal Year ($):** 80M |
| **Long-term Outcome:**  World Health Organisation (WHO) recertified Jamaica malaria free by 2030 | | |
| **Objective(s) of Initiative:**  To improve vigilance on individuals for evidence of malaria (via observation, interviews and monitoring); To achieve at least 3 consecutive years of zero indigenous cases of malaria | | **Duration of Initiative**: April 2006 – March 2035  **Reporting Period:** April 2022 – March 2023 |

|  | | | **KEY RESULTS OF INITIATIVE** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KEY OUTPUTS** | | | | **OUTCOMES** | | |
| **Major Strategy(ies)** | **Allotted Budget for the FY**  **($)** | **Expenditure to Date**  **($/%)** | **End-of-Year Performance Measures**  **(Key Outputs/Targets/ Indicators)** | **Baseline** | **Achievement of Key Outputs in the Current FY** | **STATUS:-** | **Immediate Outcome(s)**  *ie direct change results from outputs achieved*  *per Section B* | **Intermediate Outcome(s) of Initiative**  *ie – changes anticipated once the immediate outcomes are achieved*  *per Section B* | **Achievement of Immediate and/or Intermediate Outcome(s) in Current FY (as applicable)** |
| **Ahead of End-of-Year**  **target** |
| **End-of-Year Target**  **Achieved** |
| **On Track to Achieve End-of-Year Target (Only in Progress Report)** |
| **End-of-Year Target Not**  **Achieved** |
| **Behind Target**  **(Only in Progress Report)** |
| **Inadequate**  **Information** |
| 1. Implement public awareness programme in all 14 Parishes | 38,000,000 | 38,000,000 | Awareness/sensitisation sessions delivered in 80% of communities and major cities and towns across the Island | Malaria cases: ≤50/1000 population (2003) | Awareness/sensitisation sessions delivered in 100% of communities and major cities and towns |  | Increased public awareness of the malaria disease | Reduced cases of malaria throughout the population by at least 15% per annum | 93% of population surveyed have been sensitised. |
| 2. Implement standardised surveillance system in geographical locations and primary and secondary health care facilities | 10,000,000 | 10,000,000/  100% | 10,000 Field/site inspections conducted across all 14 Parishes | 13,000 field/site inspections conducted across all 14 Parishes |  | Increased inspection, detection, containment and treatment of malaria cases in geographical locations and health care facilities | Malaria cases reduced to an average of 6% of population per annum since 2019, due to increased field inspections and detection in health care facilities, communities and at ports of entry (ie on average only 2 imported cases per annum identified and contained 2019 - 2022) |
| 10,000,000 | 10,000,000 | Surveillance system fully operational in all 17 primary health care facilities | Surveillance system fully operational in all 17 primary health care facilities |  |
| 22,000,000 | 22,000,000/  97% | Surveillance system fully operational in all 33 secondary health care facilities | Surveillance System fully operational in 32 secondary health care facilities. |  |
| **Explanation of Variances Relating to Work Performance /Physical Progress** | *[In Progress Report – based on work performance, explain variances if targets are lagging, or if end-of-year targets have already been exceeded by more than 115% by mid-year. In Annual Report – explain variances if targets are met by less than 85% or more than 115% by year end. As appropriate in either report, include explanation of variances for desired outcomes not achieved in the expected timeline; positive unintended outcomes achieved; and undesired outcomes achieved].* | | | | | | | | |
| **Explanation of Variances Relating to Cost Performance/ Financial Progress** | *[Based on cost performance, explain variances to the annual budget for the initiative if noticeable underutilisation is taking place by mid-year;* ***OR*** *if the budget has been underutilised by less than 85% or over expended by more than 115% by year end.]* | | | | | | | | |
| **Mitigating Strategies/ Proposed Corrective Measures** | *[In the respective Report, please state strategies to address variance explained above, specifically to indicate how targets lagging will be achieved by the end of the current FY, or in the following FY, as well as for those targets met by less than 85% by the end of the FY; and how undesired outcomes will be addressed.]* | | | | | | | | |

**APPENDIX 1**

**THEORY OF CHANGE/CONCEPTUAL FRAMEWORK**

***(BELOW IS THE GUIDANCE FOR PREPARING THE THEORY OF CHANGE/CONCEPTUAL FRAMEWORK)***

*[A good intervention has a solid Theory of Change (ToC) to guide its development and implementation. A ToC explains the process of how a change will occur; it illustrates the relationships between actions and outcomes and how they can work together to bring about a desired change (Anderson, 2005). Essentially, a ToC is what put the logic in a logic model. Developing a ToC allows you to explore how and why you think your initiative will work (WK Kellog G Foundation, 2004). Through this process, assumptions you have will become clear; you will determine where there are gaps or missing parts that need to be filled to meet your goals (Anderson, 2005). Using a cause-and-effect approach, ToC asks us to think about the future and predict what needs to happen and in what order, to bring about change (Milestein & Chapel, nd).]*

*[Before attempting to populate the ToC Template at Appendix 1A, it is best to first develop the conceptual framework for the ToC relevant to the initiative. The conceptual framework provides the varying angles/perspectives that help make sense of the existence of the issue(s) specifically as it relates to the beliefs and behaviours causing it, as well as the behavioural change(s) that need to take place to effectively eliminate the issue(s) or reduce its effects/impact. Therefore, in developing the conceptual framework, provide short narrative for at least one (1), but at most, four (4) theories that will contribute to the development of strategies relevant/appropriate to addressing the issues/problems/concerns for which the initiative is to be designed or was designed, so that the desired change and long-range results can be achieved through effective implementation.]*

*[The sample ToC/conceptual framework overleaf relates to the fabricated malaria health-issue example. The following theories were explored and found to support the development of some of the strategies (documented in the ToC diagram) that will effect change to make Jamaica Malaria free by 2030. These theories should be deleted and replaced with relevant ones to support the desired behavioural change(s) for the specific initiative(s) of the Ministry.]*

*[When populating the Template at Appendix 1A, please note the steps to take, as it is best to: 1) identify the problems; 2) determine the desired outcomes (long term, intermediate and immediate); 3) determine the assumptions; 4) determine the internal/external constraints; 5) determine the critical success factors; 6) determine the change variables; and 7) determine the strategies. Further guidance on the quality information expected is provided at the top of each column in the Template. Note that the desired outcomes should also be documented in Section B (Performance Measurement Framework), and the related ones appropriately mentioned in Section H (Performance Summary) based on the major strategies/key activities being implemented for the FY.]*

***NB: The narrative for the ToC/Conceptual Framework must not exceed one (1) page. Also, the ToC Template must not exceed one (1) page.***

**SAMPLE THEORY OF CHANGE/CONCEPTUAL FRAMEWORK**

In consideration of the ***Island-wide Malaria Surveillance Programme****,* which was design to eliminate incidences of malaria, making Jamaica malaria-free by 2030, the following Theories of Change were explored and considered relevant in the development of the strategies to be implemented/being implemented to effectively address the issues for which the initiative was designed and for achieving its desired goals/outcomes:

1. **Integrated Mosquito Management Theory (Sir Ronald Ross, 1897)**

**A comprehensive and holistic approach.** The Integrated Mosquito Management Theory promotes the use of all appropriate technological and management techniques that bring about an effective degree of mosquito prevention and suppression in a safe, cost-effective and environmentally sound manner. The basic components of this Theory include surveillance, source reduction, control of mosquito life stages (biological control), insecticide resistance testing (larviciding and adultciding), public education, community involvement and evaluation of actions taken.[[1]](#footnote-1)

1. **Philosophy of Mosquito Control (America Mosquito Control Association, 1978)**[[2]](#footnote-2)

**Tackling the mosquito problem at its source**. The philosophy of mosquito control posits that the greatest control impact on mosquito populations will occur when they are concentrated, immobile and accessible which are the vector breeding sites at the source/larvae stage of the life cycle. The philosophy, therefore, focuses on habitat management and controlling the immature stages before mosquitoes emerge as adults; and reducing the need for widespread pesticide application in residential areas which is less effective than generally believed and should primarily be used by personnel who are supervised and certified in accordance with relevant laws and regulations. An effective, efficient, and sustainable integrated mosquito management programme therefore aims at the removal/reduction of mosquito breeding habitat. This is best achieved by educating residents to conduct regular inspections of their surroundings/containers/man-made structures and sanitation to reduce breeding sites.

1. **Health Belief Model (Hochbaum & Rosenstock, 1952)**[[3]](#footnote-3)

**Influencing values and attitudes to take appropriate health actions**. The Health Belief Model explains decision making on health risks and posits that an individual’s course of action often depends on his/her perceptions of the benefits and barriers related to health behaviour. The core proposal is that people are most likely to take preventative action if they perceive the threat of the health risk to be serious, that they are personally susceptible and if they feel there are more benefits than costs to engaging in protective action. Therefore, when there is a health threat, people 1) desire to avoid the illness, or desire to get well if they are already ill; and 2) they believe that a specific health action will prevent or cure the illness.

1. **Social Cognitive Theory (Alberta Bandura, 1974)**[[4]](#footnote-4)

**The power of social influencers to affect behaviour**. Social Cognitive Theory suggest that human behaviour is learned and developed through interactions with other people and the environment. This learned behaviour comes naturally by observing what happens to others within the context of social interactions, experiences and media influences, and the selection of the behaviour is based on the desire to achieve a desired goal/outcome. Therefore, if children see adults performing activities that result in the reduction of mosquito breeding habitat and supporting educational programmes that call attentions to the hazards for environmental cleanup, they will grow into adults carrying out the same activities in their surroundings.

**APPENDIX 1A**

**THEORY OF CHANGE**

| **PROBLEMS IDENTIFIED**  **1** | **STRATEGIES**  **7** | | **TARGETED CHANGE VARIABLES**  **6** | | **DESIRED OUTCOMES**  **2** |
| --- | --- | --- | --- | --- | --- |
| *[These are the underlining issues that the initiative was designed to address]*   * Mosquito breeding sites in homes, businesses and communities * Imported malaria cases (indigenous persons travelling to countries with malaria infection cases and are diagnosed upon reaching Jamaica) * Vulnerable/weak healthcare system   **3** | *[These are the core key activities that the Ministry undertakes to influence the targeted change variables to achieve the desired outcomes]*   * Public education programme and promotion of prevention strategies to lower the risk of getting mosquito bites: (ie use of bed nets when sleeping; repellants, coils and vaporizers; window screens; wearing protective clothing; and clean surroundings free of breeding sites) * Vector control strategies (ie wide-spread fogging in communities, vaccine treatment) * Early detection, diagnosis and response treatment strategy (ie vigilance; microscopy and rapid testing; antimalaria drugs) * Partnerships (ie national, regional and international) | | *[These variables include the following factors: social, cultural, political, environmental, physical, technological, behavioural, relational, beliefs, etc. which the initiative must influence changes in if the desired outcomes are to be achieved]*   * Malaria is prevalent in poor/ underdeveloped tropical countries. * Poor sanitation practices of surroundings resulting in vector-breeding sites (eg disposing of water-retaining receptacles, tyres and drum covers in the backyard). * Tendency to close doors and windows during fogging exercise. * Growing level of vaccine hesitancy among Jamaicans could leave high risked groups if developing complications if they contract malaria while unvaccinated. | | *[These are the expected changes of behaviour and state that the strategies should achieve. Indicate how the immediate, intermediate and long-term outcomes fit as a cause-and-effect (’if-then’) relationship]*   * Jamaica’s population malaria free * Reduced cases of malaria * Increased inspection, detection, containment and treatment of malaria * Improved practices of individuals keeping their environment free of vector breeding sites * Increased public awareness of the disease and its effects |
| **ASSUMPTIONS** | | **INTERNAL & EXTERNAL CONSTRAINTS**  **4** | | **CRITICAL SUCCESS FACTORS**  **5** | |
| *[These are the factors that are considered to be true, without proof, for when the initiative is successfully implemented. The factors must be stated in the affirmative]*   * All primary/secondary healthcare facilities are equipped with resources to detect, contain and treat malaria cases, and a robust record management system in place. * Persons travelling to Jamaica are not infected with the malaria parasite; and if infected are on medication to eliminate the parasite from their liver. * People are vigilant of their surroundings and will act appropriately with respect to possible breeding sites and easily identify persons showing symptoms of malaria. * Persons are using all the methods to reduce the chances of being bitten by mosquitos. * National, regional and international partners are readily available to provide resource support, if necessary (ie medicine, medical personnel, microscopic sample testing, etc) * Supplies to prevent/reduce chances of being bitten are readily available for purchase/distribution. * Public Health Inspectors make regular checks in communities and general public spaces (ie residences and businesses) * Long term fogging of communities | | *[These are limiting factors to the initiative that can impact its quality, delivery and overall success. Internal factors are imposed by the project team (eg deadline, budget, scope; and external factors are imposed from outside sources (eg regulations, laws]*   * Inadequate number of Public Health Inspectors to monitor surroundings. * Inadequate physical infrastructure, storage facilities and healthcare personnel if malaria cases become an epidemic or a pandemic. * Logistic and supply chain issues may affect Jamaica in the event of a pandemic because:   + Jamaica does not produce its own supplies for diagnosing and eliminating the malaria parasite. Therefore, there is heavy reliance on international suppliers for test kits, medicine, insecticides, etc.   + Jamaica does not produce its own supplies for reducing the chances of being bitten by mosquitos. Therefore, there is heavy reliance on international suppliers for bed nets, repellants/coils/vaporizers, material for building window screens, etc.   + The already lengthy procurement process will further delay purchases of supplies. * Laboratories are not equipped to conduct microscopic testing of samples to help with diagnoses. Therefore, results will be inordinately late from international laboratories. This delay will affect the updating of records. * Lacking the technical capacity to determine the level of resistance of the parasite to existing repellants and insecticides. Therefore, there is a reliance on international testing and information results in this regard. * Poor garbage disposal practices and waste collection system. | | *[These are the specific elements/activities/project milestones that are deemed necessary, or must be accomplished for the initiative to achieve its outputs/outcomes/ objectives. CSFs can be identified for different levels of the results chain.]*   * Adequate budgetary allocations to all Regional Health Authorities (RHA) * Availability of effective vector management tools (eg insecticides, bed nets) * Proper drainage apparatus in communities * Trained medical personnel in identifying and treating patients with the disease * Trained Public Health Officers in identifying vector breeding sights and infected persons * Persons in communities and at businesses appropriate managing their environment from vector breeding sites | |

**APPENDIX 2**

**ADDITIONAL DATA ON INITIATIVE**

**(Required for application of the WoG Rating Methodology)**

| Ministry: |  | | | | |
| --- | --- | --- | --- | --- | --- |
| Reporting Period: |  | | | | |
| Name of Initiative: |  | | | | |
| Immediate Outcome 1: | *[State the same as in Section B]* | | | | |
| Immediate Outcome 2: | *[State the same as in Section B]* | | | | |
| Immediate Outcome 3: | *[State the same as in Section B]* | | | | |
| OUTPUT TARGETS | | | **EFFECTIVENESS\*** | | |
| # of targets for the period: | *[State number of targets here]* | | **Immediate Outcome Indicators** | **Targets** | **Achieved** |
| Indicator 1 (if any): |  |  |
| # of targets for the period met by ≥80%: | *[State number of targets here]* | |
| EFFICIENCY | | | Indicator 2 (if any): |  |  |
| Planned Value (PV): Budget for the period ($) | | *[State budget amount here]* |
| Actual Cost (AC): Actual expenditure for the period ($) | | *[State expenditure amount here]* | Indicator 3 (if any): |  |  |
| CHANGE MANAGEMENT (Policy/Programme/Project) | | | | | |
| *Delete this entire row before submitting finalised Report*  *Instructions: Complete this section by identifying in the Response column if each element is: Present, Not Present, Not YET Applicable, or Not Applicable, and appropriate justifications or additional data in the Comments column.*  *Present means the element is completed, approved and in effect. Where Present is identified in the Response column, the Comments column must identify the date when this element was approved or last updated/conducted.*  *Not Present means the element is either not completed or not approved. Where Not Present is identified in the Response column, the Comments column should identify the intended completion date.*  *Not YET Applicable means that the initiative is not yet at the stage to produce/possess the change management element. Where Not Yet Applicable is identified in the Response column, the number of implementation years completed under this initiative should be identified in the Comments column.*  *Not Applicable means the element is not requires for this initiative. Where Not Applicable is identified in the Response column, the reason must be specified in the Comments column.*  *See Applicability of Change Management Element\*\* information sheet (page 10) to appropriately determine your response/comments to this section.* | | | | | |
| CHANGE/PROJECT MANAGEMENT ELEMENTS: | | | **RESPONSE** | **COMMENTS** | |
| 1. Concept Paper/Proposal/Business Case | | |  |  | |
| 1. Pre-feasibility/Feasibility Study | | |  |  | |
| 1. Theory of Change & Conceptual Framework in this WoG Report | | |  |  | |
| 1. Stakeholder Consultation Report | | |  |  | |
| 1. Benefits Realisation Plan | | |  |  | |
| 1. Management/Implementation Plan: Policy, Project, Programme, Marketing, etc | | |  |  | |
| 1. Monitoring/Progress Report: Policy, Project, Programme (eg Quarterly/Annual) | | |  |  | |
| 1. Steering/Technical Committee | | |  |  | |
| 1. Process/Mid-Term/Ex-post/Impact Evaluation | | |  |  | |
| 1. Explanation of variances ±15% in this WoG Report | | |  |  | |

**NB: Information in Sections B and H above are relevant to completing this Appendix.**

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| **IMMEDIATE OUTCOME INDICATOR DICTIONARY** | |
| **Immediate Outcome Indicator 1:** | *[State appropriate outcome indicator for the same immediate outcome 1 identified above and as in Section B]* |
| Rationale/Justification for selection |  |
| Formula/Method of determining performance data |  |
| Data source |  |
| **Immediate Outcome Indicator 2 (if any):** | *[State appropriate outcome indicator for the same immediate outcome 2 identified above and as in Section B]* |
| Rationale/Justification for selection |  |
| Formula/Method of determining performance data |  |
| Data source |  |
| **Immediate Outcome Indicator 3 (if any):** | *[State appropriate outcome indicator for the same immediate outcome 3 identified above and as in Section B]* |
| Rationale/Justification for selection |  |
| Formula/Method of determining performance data |  |
| Data source |  |

*Please note the following information on Effectiveness\* in row 6. Delete this statement, as well as the narrative below and the* ***Applicability of the Change Management Elements\*\**** *information sheet overleaf, before submitting the finalised Report*

***\*****Effectiveness: The required outcome indicators are measures of success that track the progress towards realising the stated immediate outcomes for the initiative. These outcomes are outlined in rows 3 – 4 of the first table in this Appendix and in the results chain at Section H above (Performance Summary). Therefore, each outcome (rows 3 – 4) should be supported by at least one and no more than two outcome indicators. The selected outcome indicators must be quantitative and monitorable annually when the initiative reaches the stage of realising the related outcome(s).*

*In some instances, performance information on selected immediate outcome indicators may be ascertained with the use of performance data from manageable annual surveys conducted.*

**Applicability of the Change Management Elements**

**(Information Sheet Relevant to Completing Appendix 2)**

*(This page is to be deleted and not be included in finalised report*)

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| Change Management Element | When the Element Must be Present | When the Element is Not Applicable/Not Yet Applicable |
| 1. Concept Paper/Proposal/ Business Case | * It is a new initiative, less than 6 years old. * Significant budget increase or new strategies are required to respond to changes in the market or environment. | * The initiative is older than 6 years old: Not Applicable. * Predictable Market: No foreseeable need for a significant budget increase or updated response strategies: Not Applicable |
| 1. Pre-feasibility/Feasibility Study | * All capital projects. * Where a Business Case is **not** done for the project. | * For non-capital projects where a Business Case is done: Not Applicable. |
| 1. Theory of Change/Conceptual Framework | * All new and ongoing initiatives, regardless of their type (policy, programme, or project) or age, require a theory of change. Where one does not exist for the initiative, it should be prepared forthwith as it is a requirement for evaluating initiatives and assessing whether the selected strategies are appropriate and adequate to produce the intended results. | |
| 1. Stakeholder Consultation Report | All initiatives require a stakeholder consultation report:   * Legislations and policies at the drafting stage (stage 3) require public consultation. Therefore, all draft policies and regulations must possess a consultation report. This requirement also applies to legislations and policies that are being updated. * Programmes and projects should have produced a stakeholder consultation report in their developmental phase. Where one does not exist, it should be prepared forthwith. A stakeholder consultation report should also be prepared during implementation (at least once every 5 years) to ascertain how well the goods and services of the initiative meets the needs of its stakeholders and what updates are required for the initiative to remain relevant. | |
| 1. Benefits Realisation Plan | All initiatives require a Benefits Realisation Plan:   * This document, updatable every 5 years, should have been prepared during the development of the initiative to articulate the benefits to be delivered through the initiative, the major beneficiaries, the needs of major beneficiaries, the approach/strategies to producing these benefits, selecting beneficiaries who are to receive these limited benefits and making these benefits sustainable. | |
| 1. Management Plan: Programme, Project, or Marketing Plan, etc. | All initiatives require a Management Plan:   * This document should, at minimum, outline the goals, outcomes, objectives, strategies, key performance indicators, indicators, beneficiaries, situational analysis, method and frequency of monitoring and evaluation, financial and non-financial needs for the initiative. This document should be updated at least once every 5 years. | |
| 1. Policy/Programme/Project Monitoring Report (Quarterly/Annual) | * All programmes and projects must be monitored at least once every quarter. * All policies at the implementation stage should produce a quarterly monitoring report on how the various projects of the policy are performing. | * Initiatives that have not yet reached the implementation phase: Not Yet Applicable. |
| 1. Steering/Technical Committee | * All initiatives under implementation and using government funds should be directed by a steering/technical committee. | |
| 1. Process/Mid-Term/Ex-post/ Impact Evaluation | * All initiatives that have completed 4 years of implementation should have an evaluation completed. | * Initiatives that have not completed 4 years of implementation: Not Yet Applicable. |
| 1. Explanation of Variances ±15% | * Initiatives with variances of 15% or more in cost or achievement of targets require adequate explanation. That is, initiatives spending less than 85% or more than 115% of its budget require variance explanation. Likewise, targets met by less than 85% or more than 115% require variance explanation. | * Initiatives with performance achievement/expenditure within 86% and 114% of target/budget DO NOT require an explanation of variance: Not Applicable. |

*[The Glossary of Terms below is included in this template for information and learning purposes only and is* ***not to be included*** *as a part of the final submission of the Report on the Ministry’s Priority Projects/Major Initiatives that support the Strategic Priorities of Government.]*

**Glossary of Key Terms**

**(Sources include but not limited to: OECD-DAC, UNDP, Global Affairs Canada, IDEAS)**

**Activities:** Actions taken, or work performed through which inputs, such as funds, technical assistance and other types of resources are mobilised to produce specific outputs.

**Assumptions:** Assumptions in a Theory of Change (ToC) are the causal connections, events and conditions that need to be realised for the intervention to work/be successful/achieve its goals or objectives. As such, cause-effect assumptions imply a causal relationship, typically between one result and another, or between an activity and a result. Therefore, in the context of the TOC (and logic model), assumptions are conditions that must exist if the relationships in the TOC are to behave as expected. Accordingly, care should be taken to make explicit the important assumptions upon which the internal logic of the TOC is based. Therefore, these assumptions should be stated in the positive in the TOC/logic model (ie as if they are already in place).

For eg, based on an initiative being/to be implemented and the supporting activities undertaken at every level of results, there are *reach assumptions* in expectant of the outputs to be achieved; *capacity change assumptions* in expectant of the desired immediate outcome results; *behaviour change assumptions* in expectant of the desired intermediate outcome results; *direct benefits assumption* in expectant of the desired long-term outcome results; and *wellbeing change assumptions* in expectant of the desired results at the impact level.

**Baseline:** This is the result from an analysis describing the situation prior to an intervention, or since changes made to the intervention against which progress can be assessed or comparisons made; It provides a specific value for an indicator at the outset of an initiative; is collected at one point in time; and is used a s point of reference against which progress on the achievement of outcomes will be measured or assessed.

**Change variables:** These include factors such as social, cultural, political, environmental, physical, technological, behavioural, relational, beliefs, etc, which the initiative must influence changes in if the desired outcomes are to be achieved.

**Components:** Any specific element/segment of the entirety of a project, or the key strategies included in a project for which a portion of the overall budget is individually allotted.

**Critical Success Factor**s: Clearly defined elements/milestones in a project that are critical to the project achieving its mission or goal, which can be tracked with Key Performance Indicators (KPIs). They are aspects of a project considered most essential to its success or failure.

**Initiatives:** A key national measure/action that is intended to solve a problem while improving efficiency and effectiveness.

**Inputs:** The financial, human and material resources (eg, technology, equipment, machinery, documents, etc) used in the development and implementation of an intervention/initiative.

**Internal/External Constraints:** The limitations/restrictions that can affect the successful completion of a project (eg, time, budget, resources, scope, quality, rules/laws, regulations and policies, etc). Internal constraints are limitations/restrictions that the organisation place on itself; and external constraints are limitations/restrictions placed on the organisation from outside sources. Both constraints impede the organisation from achieving its mission/goal(s), or the goal(s) or objective(s) of the project/initiative being implemented.

**Key Performance Indicator:** A measure that tells you what to do to increase performance dramatically.

**Logic Model:** This is a diagram or picture that illustrates the logical, cause and effect (”if-then”) linkages/connections between planned work (activities) and the expected/intended results (output, outcomes and impacts). It is a visual way of expressing the rationale, theory of change or story behind a project/initiative.

**Outcomes:** The likely or achieved short-term, medium-term and long-term effects of an intervention/initiative. They are expected changes of state that the strategies and desired outputs achieved should lead to. Note however, that intended and/or untended or desired and/or undesired outcomes may occur as consequences.

**Outputs:** The *(tangible)* products, capital goods and services which result from an intervention/initiative.

**Problems:** These are the underlining issues that the initiative was designed to address.

**Risks:** These are potential conditions or events that, if occur, could prevent, delay, undermine the forecasted implementation and success of the initiative.

**Strategies:** These are core key activities that the Ministry undertakes to influence the targeted change variables to achieve the desired outcomes. A strategy refers to a plan of action designed to achieve a particular goal.

**Theory of Change (ToC):** A graphical/narrative representation detailing a set of beliefs or hypotheses about specific changes that are expected to result from a programme. It also includes a set of assumptions, risks and external factors that describe how and why the intervention/initiative is intended to work. This theory connects the intervention’s/initiative’s activities with its expected ultimate outcome(s). The ToC is the *logic* in the logic model, as it explains the process of how a change will occur, and it illustrates the relationships between actions and outcomes and how they can work together to bring about a desired change. While a logic model is usually constructed after the programme is developed, a ToC is most useful when considered before programme development as it determines the best intervention(s) for the desired outcome to be achieved.

1. Centers for Disease Control and Prevention, *Integrated Mosquito Management*. <https://www.cdc.gov/mosquitoes/mosquito-control/professionals/integrated-mosquito-management.html#:~:text=The%20basic%20components%20of%20IMM,and%20evaluation%20of%20actions%20taken> (visited November 14, 2023). [↑](#footnote-ref-1)
2. New Mexico Department of Health, *Philosophy of Mosquito Control. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.nmhealth.org/publication/view/guide/992/* (visited November 6, 2023). [↑](#footnote-ref-2)
3. McKellar, Kerry & Sillence, Elizabeth, *Teenagers, Sexual Health Information and the Digital Age,* (Chp. 2)2020. <https://www.sciencedirect.com/topics/medicine-and-dentistry/health-belief-model> (visited November 6, 2023). [↑](#footnote-ref-3)
4. Michie, Susan, Campbell, Rona, et al, *ABC of Behaviour Change Theories: An Essential Resource for Researchers, Policy Makers and Practitioners*, 63rd of 83 Theories, Silverback Publishing, Great Britain, 2014. [↑](#footnote-ref-4)