Results-Based Management Tip Sheet 3.1
Selection of Performance Indicators by Level of Outcome

This tip sheet is a companion to the Results-Based Management for International Assistance Programming at Global Affairs Canada: A How-to Guide. It expands on the discussion of performance indicators in the How-to Guide and provides a reference tool that you can use in your day-to-day work.

A performance measurement framework is the Results-Based Management tool used to systematically plan the collection of relevant indicator data during the lifetime of the project. One of the first tasks in developing the performance measurement framework is to identify indicators.

Indicators

An indicator, also known as a performance indicator, is a means of measuring actual outcomes and outputs. It can be qualitative or quantitative, and it is composed of a unit of measure, a unit of analysis and a context. Indicators are neutral: they neither indicate a direction of change, nor embed a target. Indicators allow us to collect data that tell us whether a change (outcome) is occurring or has been achieved. These data are what we refer to or analyze to determine if, and to what extent, progress is being made on the expected outcomes. These indicator data also let us know if something is going wrong, so we can take corrective action. These data are also used as evidence of progress on or towards the expected outcomes in narrative performance reports. As such, selecting the right indicators is vital for effective Results-Based Management (managing for results).

This tip sheet provides guidance on measuring change at each level of outcome in the logic model. Remember, when choosing indicators they must measure the specific outcome for which they have been selected.

Indicators by Level of Outcome

Ultimate Outcome: At this level of the logic model, you are looking for a positive change in the lives of people, i.e. a change in state, conditions or wellbeing of the individuals/communities (the ultimate beneficiaries) and not a change in surrounding circumstances. Indicators at the ultimate outcome level measure the longer-term positive changes experienced by these individuals/communities in their lives, to which the project contributes. The data collected on these indicators will let us know whether the lives of the individuals or communities has improved, e.g., are they healthier, more prosperous, more empowered, enjoying their rights and freedoms more, or do they feel more secure? For example:

- **Expected Ultimate Outcome:** Improved health of mothers in selected rural communities of Region X of Country Y
- **Indicators:**
  - Maternal mortality ratio by age group, adjusted (per 100,000 live births) for Region X
  - Level of wellbeing as perceived by mothers by age (1-5 scale)
  - Maternal morbidity ratio by age (for e.g. anemia, uterine prolapse, fistula, post-partum hemorrhage)
  - Age (average) of first pregnancy in region X.

Intermediate Outcomes: At this level of the logic model, you are looking for a change in the behavior, practices or performance of the intermediaries or beneficiaries stemming from the changes in capacity at the immediate-outcome level. Indicators at this level measure whether or not individuals, communities or organizations are doing something differently, or better, than they were before. The data collected on these indicators should also provide us with an indication of the reach and scope of the project (i.e. how broadly experienced is the

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change described?). Qualitative indicators at this level often measure clients’ (disaggregated by sex) perceptions of services provided by intermediaries.

For example:

**Expected Intermediate Outcome:**
- Increased use of skilled pre-, peri-, and post-natal care by mothers in selected rural communities in Region X

**Indicators:**
- %/total births attended by skilled health personnel
- #/total pregnant women (age/socio-economic status) who made use of trained pre-, peri-, and/or post-natal services during previous year
- Level of quality of pre-, peri-, and post-natal community services as perceived by local women, including mothers by age group (1-5 scale)

**Immediate Outcomes:** At this level of the logic model, you are looking for changes in the capacity of the intermediaries or beneficiaries, often expressed more specifically as changes in skills, abilities, awareness, knowledge, etc. Capacity could also include a change in access, depending on project’s theory of change. Qualitative indicators at this level, such as “level of confidence in...”, can provide evidence of changes in skills, abilities and knowledge. For example:

**Expected Immediate Outcome:**
- Increased skills in pre-, peri-, and post-natal care, including the identification of high-risk pregnancies, among birth attendants in Region X.

**Indicators:**
- #/total birth attendants trained that are able to demonstrate proficiency on a range of obstetric competencies to a senior clinician/arbiter (e.g. assisting births, risk assessment, infection prevention, neonatal resuscitation, IV insertion)
- #/total birth attendants trained who are granted certification or accreditation from professional nursing association or council
- #/total of birth attendants that routinely refer complicated cases that fall beyond their level of competency and skill to a higher level of care

**Output Level Indicators**
We also identified indicators for the output level. Outputs are the products and services produced by the project activities carried out by the implementer. Output indicators measure the quality, quantity and timeliness of the outputs, and/or the processes through which the outputs were produced or provided. This could include adherence to standards, regulations and norms. Output indicators provide evidence not only that the project activities were completed as expected, but that the planned products and services were provided to the project intermediary or beneficiary. For example:

**Expected Output:**
- Birth attendants, including traditional health-care providers, trained in pre-, peri-, and post-natal care.

**Indicators:**
- # of birth attendants trained in pre-, peri-, and post-natal care, including family planning and harmful traditional practices (f/m, urban/rural).
- # of birth attendants trained on the negative health repercussions caused by girl child pregnancy and early forced marriage.

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2 Changes in access can fall at either the immediate or the intermediate outcome level, depending on the context of the project and its theory of change.

3 Note: This is a lagging indicator. Making routine use of the referral system is a lagging measure of increased skills among health attendants, as it demonstrates the application of knowledge and respect of the parameters of their skill set, but comes before a system-level change in performance at the intermediate outcome level. Skilled birth attendance will likely be taught, as part of their training, when and how to refer problematic pregnancies to a higher level of care.
These tools will be updated annually as required. Enquiries or feedback on this tip sheet should be directed to:
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