Performance Framework Year 1 : Indicators, Targets, and Periods Covered

A. Program Details

Sub Recipient:	
Disease:	
Grant :	
County	

Reporting Periods	**Quarter**	**Quarter**	**Quarter**	**Quarter**
Period Covered: from 1st Jan 2018				
Period Covered: to 31st December 2018				

Objective Number	**Objective description**

Targets for year 1

Objective No.	**Activity**	**Service delivery Area**	**Out put indicator**	**quarter 1**	**quarter 2**	**quarter 3**	**quarter 4**	**TOTAL**	**Cumulative /Non-Cumulative**