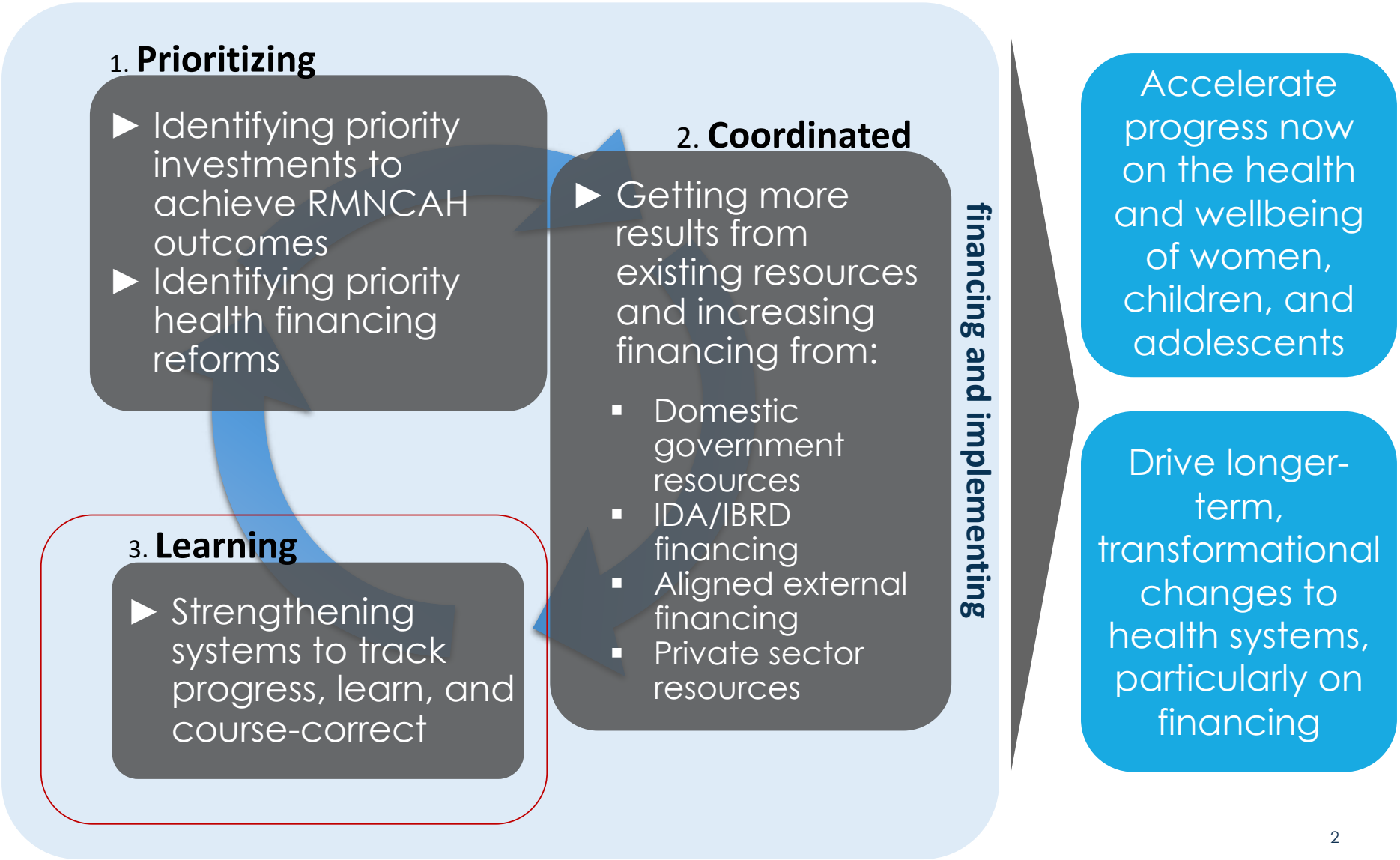
GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

GFF Country Workshop
28 January – 1 February, 2018

Monitoring GFF Implementation

How the GFF drives results

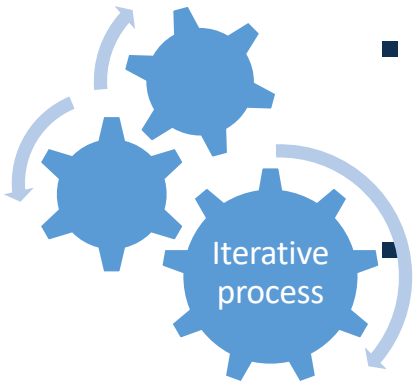


Results

- Better sustainable RMNCA health and nutrition
  1. Strengthening systems to sustain RMNCAH-N
  2. End preventable MNCA deaths and improved health and nutrition
- Increased the total volume of financing
  1. Increased efficiency from available resources
  2. Increased resources from domestic government resources ; Financing from IDA and IBRD ; Align external financing ; Private sector resources
- Impoverishment prevented in case of illness

GFF Results Monitoring

The GFF focuses data use at 3 levels (global, country and investment case) on the following areas:



- Guiding the planning, coordination, and implementation of the RNMCAH-N response (IC).
- Assessing the effectiveness of RMNCAH-N program and identifying areas for improvement during implementation.
  - Real time course correction
- Ensuring accountability to those affected by RMNCAH-N outcomes as well as to those providing resources (governments at all levels, CSO, donors, other stakeholders).

GFF
Global Agenda
M&E Strategy & Framework

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GFF's approach to overcoming challenges

- Country-led
- Collaboration with partners

- Global results monitoring strategy
  1. Avoiding further stretching weak systems by using existing data sources
  2. Identify weaknesses in data systems:
     - Stocktaking exercise and rapid assessments building
  3. Strengthen data systems:
     - Investment Cases include household and facility surveys, HMIS, CRVS
     - Collaboration with WHO on health accounts
  4. Build capacity at all levels of the healthcare system to use data to inform programming

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GFF Progress indicators – for all countries

Investment Case

Country has -

- Developed an Investment Case that meets defined quality standards
- At least three donors committing complementary financing to the Investment Case
- Private sector collaboration facilitated by the GFF that utilize country-level capacity
- Begun implementation of their Investment Cases
- Developed a health financing work plan with key milestones and deliverables identified
- A multi-sectoral component in their IC
- Conducted/ planned a baseline assessment of the country's M&E readiness for the IC
- Investment Case that include measurable targets for improving equity (e.g., gender, geography, wealth quintiles, excluded groups, isolated populations)*
- A finished, costed IC monitoring strategy
- CRVS as part of their IC or IC monitoring strategy

Country platform

- Country platform holds regular country meetings to discuss issues arising in the implementation of the IC *
- Country platforms that hold annual reviews of progress against the IC*
- Civil society represented at country platform meetings

Reporting Outcome and Impact – for all countries

Better sustainable RMNCA health & nutrition

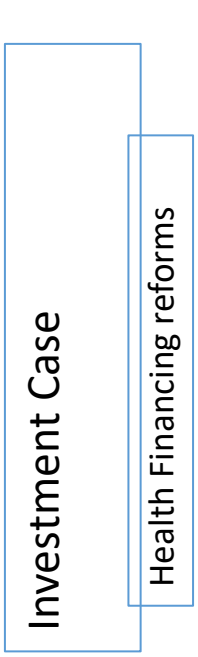
- Core programmatic indicators:
  - Maternal mortality ratio
  - Under 5 mortality rate
  - Neonatal mortality rate
  - Adolescent birth rate
  - Proportion of the most recent children age 0-23 months who were born at least 24 months after preceding birth
  - Prevalence of stunting among children under 5 years of age
  - Proportion of children who are developmentally on track

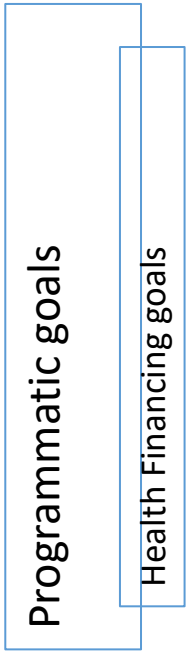
- Core health financing indicators:
  - Health expenditure per capita financed from domestic sources
  - Ratio of government health expenditure to total government expenditures
  - Growth rate in domestically sourced current total health expenditures since baseline divided by the growth rate of GDP
  - Percent of current health expenditures on primary health care
  - Incidence of financial catastrophe due to out of pocket payments
  - Incidence of impoverishment due to out of pocket payments

Challenges for a multi-country, multi-donor, multi-sector results framework -

Narrow, common sets of Input and Impact indicators, but…

Inputs	***Process***	***Outputs***	***Outcomes***	***Impacts***





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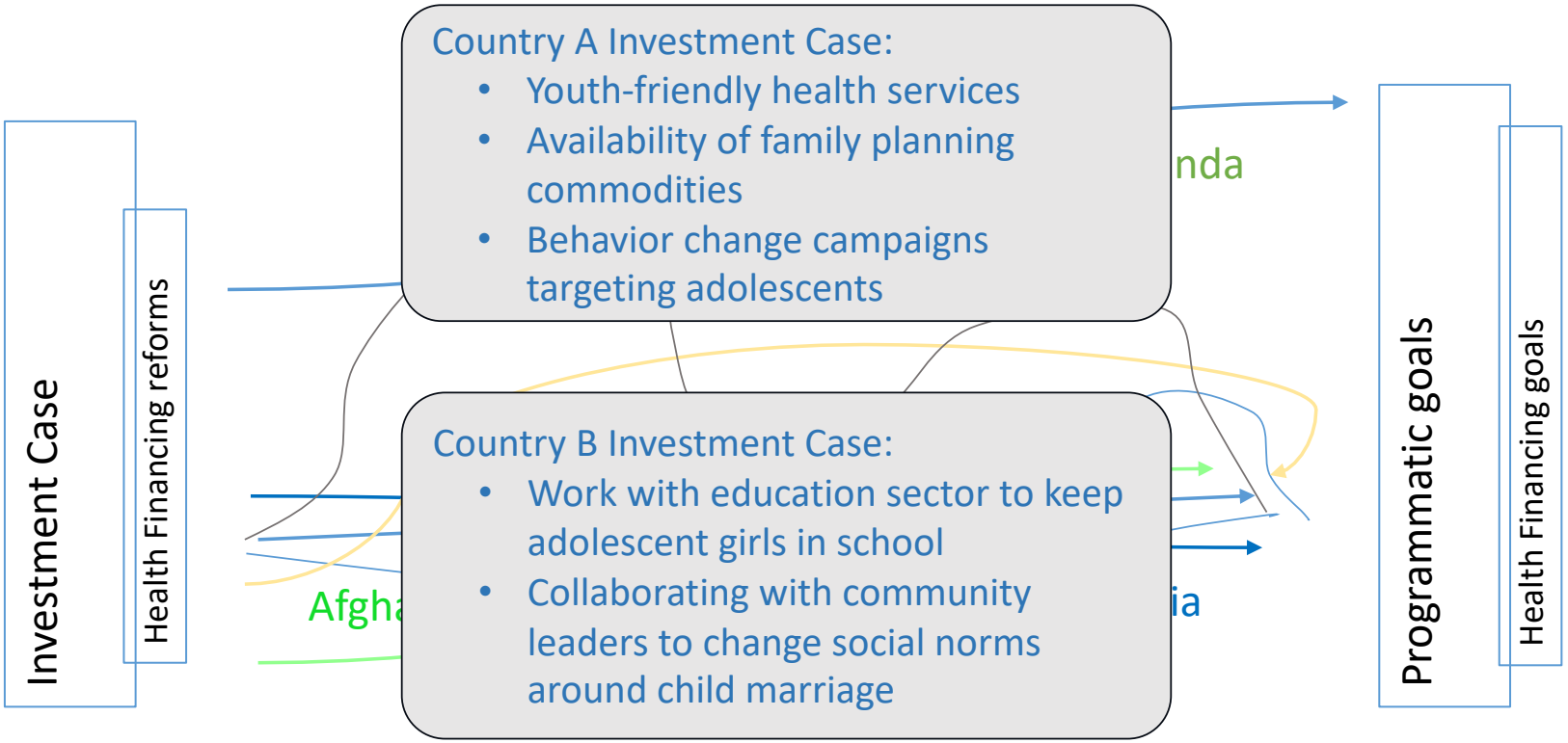
Different IC implementation - Each country will take its own route

…multiple potential paths to get there



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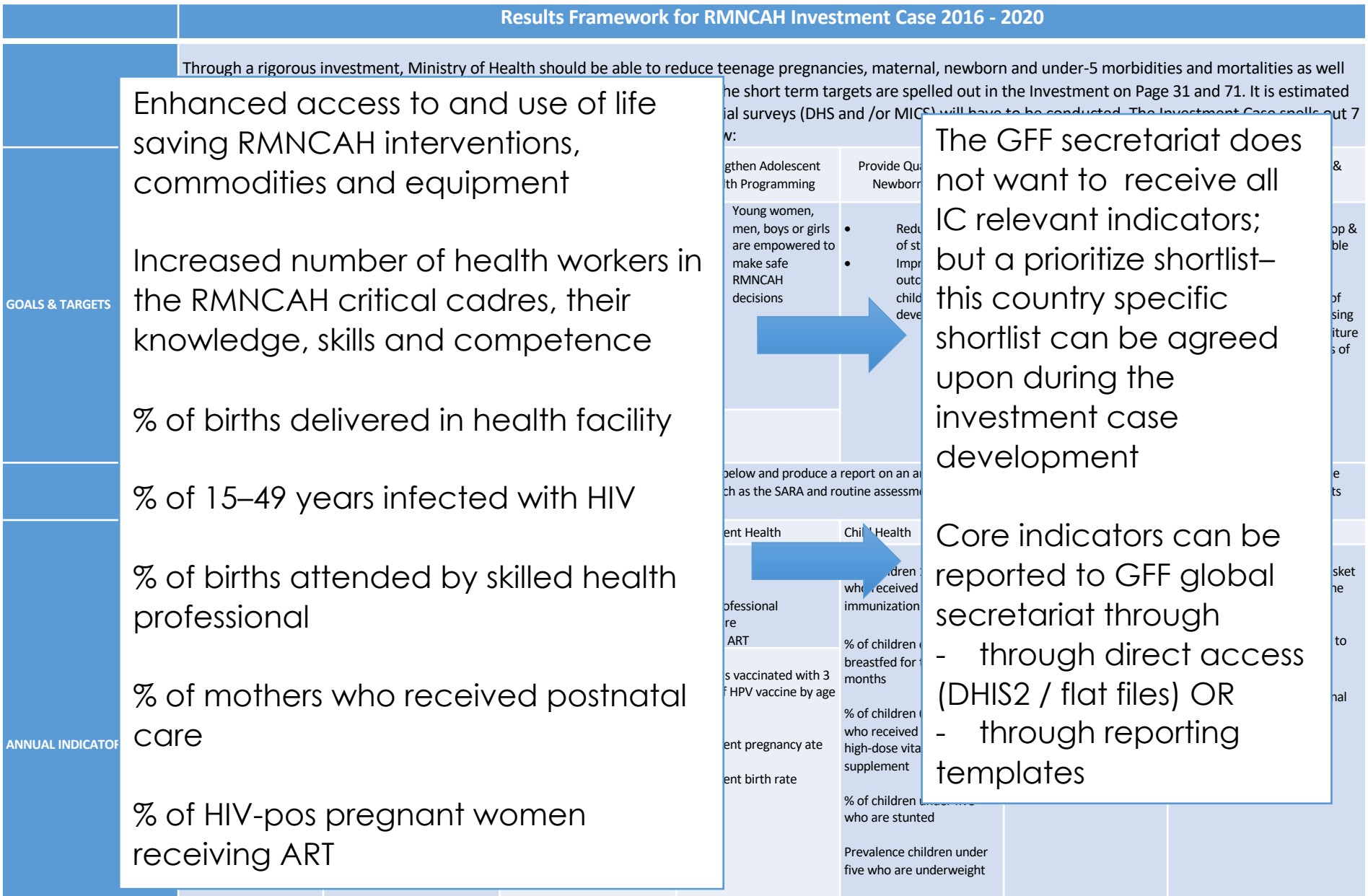
Indicators can be chosen from the GFF M&E Global framework

The GFF M&E framework has 131 indicators -

- Indicators drawn extensively from internationally-agreed sources
  - SDGs, Every Woman, Every Child, WHO Core 100, DHS Key Indicators
  - Early Years Initiative
- Indicators will be revisited periodically
- Countries are encouraged to use international standards for definitions of indicators

Programmatic	Country met its target for decreasing the percent of marriages by women <20 (or percent of women <20 who are married) ^
	Country met its target for increasing ANC4 coverage ^
	Country met its target for increasing the percent of births with SBA ^
	Country met its target for increasing the percent of girls of secondary school age enrolled ^
	Country met its target for increasing the percent of mothers receiving PNC within 48 hours ^
	Country met its target for increasing the percent of newborns receiving PNC within 48 hours ^
	Country met its target for increasing the percent of pregnant women using LLITNs ^
	Country met its target for increasing the percent of children under 5 using LLITNs ^
	Country met its target for increasing the modern contraceptive prevalence rate (age 15-19; 20-49) ^
	Country met its target for increasing couple-years of protection ^
	Country met its target for increasing the percent of children immunized (pentavalent) ^
	Country met its target for increasing the percent of pregnant women receiving IPT Malaria treatment ^
	Country met its target for increasing the proportion of children w/ suspected pneumonia taken to appropriate health provider ^
	Country met its target for increasing the percent of diarrheic children treated with ORT ^
	Country met its target for decreasing the DPT3 dropout rate ^
	Country met its target for decreasing the ANC dropout rate ^
	Country met its target for decreasing the prevalence of under weight in children under 5 ^
	Country met its target for increasing the percent of children 6-23 months that consume a minimum acceptable diet ^
	Country met its target for increasing the percent of children under 6 months who are exclusively breastfed ^
	Country met its target for increasing the percent of children breastfed within the first hour of birth ^
	Country met its target for decreasing the prevalence of anemia in children ^
	Country met its target for decreasing the prevalence of anemia in pregnant mothers ^
	Country met its target for increasing the percent of children aged 6–59 months who receive Vitamin A supplementation ^

Choosing the right indicators : Indicators that are aligned to country-specific IC



Choosing the right indicators: Indicators that are aligned to country-specific IC Using routine indicators collected in your country as not to create more data elements and increase data collection burden

	MNDSR	Community	EmONC, ANC & PNC	Adolescent Health	Child Health	CRVS	Management
ROUTINE INDICATORS	% of health facilities trained in the MNDSR Protocols. % of districts trained in the MNDSR Protocols. % of counties trained in the MNDSR Protocols. % of Newborn deaths reported and reviewed with corrective action. % of maternal deaths reported and reviewed with corrective action. % of maternal deaths with a verbal autopsy conducted	% of CHA's trained in the RH module % of women of reproductive age reached during integrated outreach family planning and immunization services	% of health facilities stocked out of Oxytocin % of health facilities stocked out of MgSO4 % of facilities stocked out of Depo % of health facilities stocked out of HIV test kits % of health facilities stocked out of Gentamycin % of health facilities stocked out of Ampicillin % of hospitals with functional blood banks % of health centers with functional blood banks % of health facilities with at least 2 health workers trained in the EmONC protocol % of pregnant women with birth preparedness plans % of ANC 1 attendees screened for tested for HIV % of ANC 1 attendees whose blood pressure was measured % of ANC 1 attendees provided with Feros % of ANC 1 attendees screened for syphilis % of pregnancies that received at least 2 doses of IPTP 2 % of pregnant women receiving LLINs % of deliveries provided with Oxytocin after delivery % of HIV positive pregnant women who received ARVs % of women of reproductive age accessing and taking FP services that receive		% of under-5 treated with antibiotic for pneumonia. % of children who received growth monitoring. % of newborns breastfeeding within one hour after birth. % of newborns that received KMC. % of babies born to HIV positive mothers that received ARVs. % of neonates who received LLINs. % of HIV positive children initiated on ART. % of facilities with neonatal ambubags and masks. % of facilities stocked out of 7.1% CHX.	% of CHA's trained in birth notification % of CHA's trained in Death Notification Number of Health workers trained in ICD 10	% of facilities with targets calculated for institutional deliveries & PNC % of health facilities that received a support supervision visit % of facilities submitting reports on time % of county health teams fully established and functional

Country Focus:

Developing Results Monitoring Strategy for Results-Driven implementation

Strengthening the Health Systems to Collect and Use Quality Data

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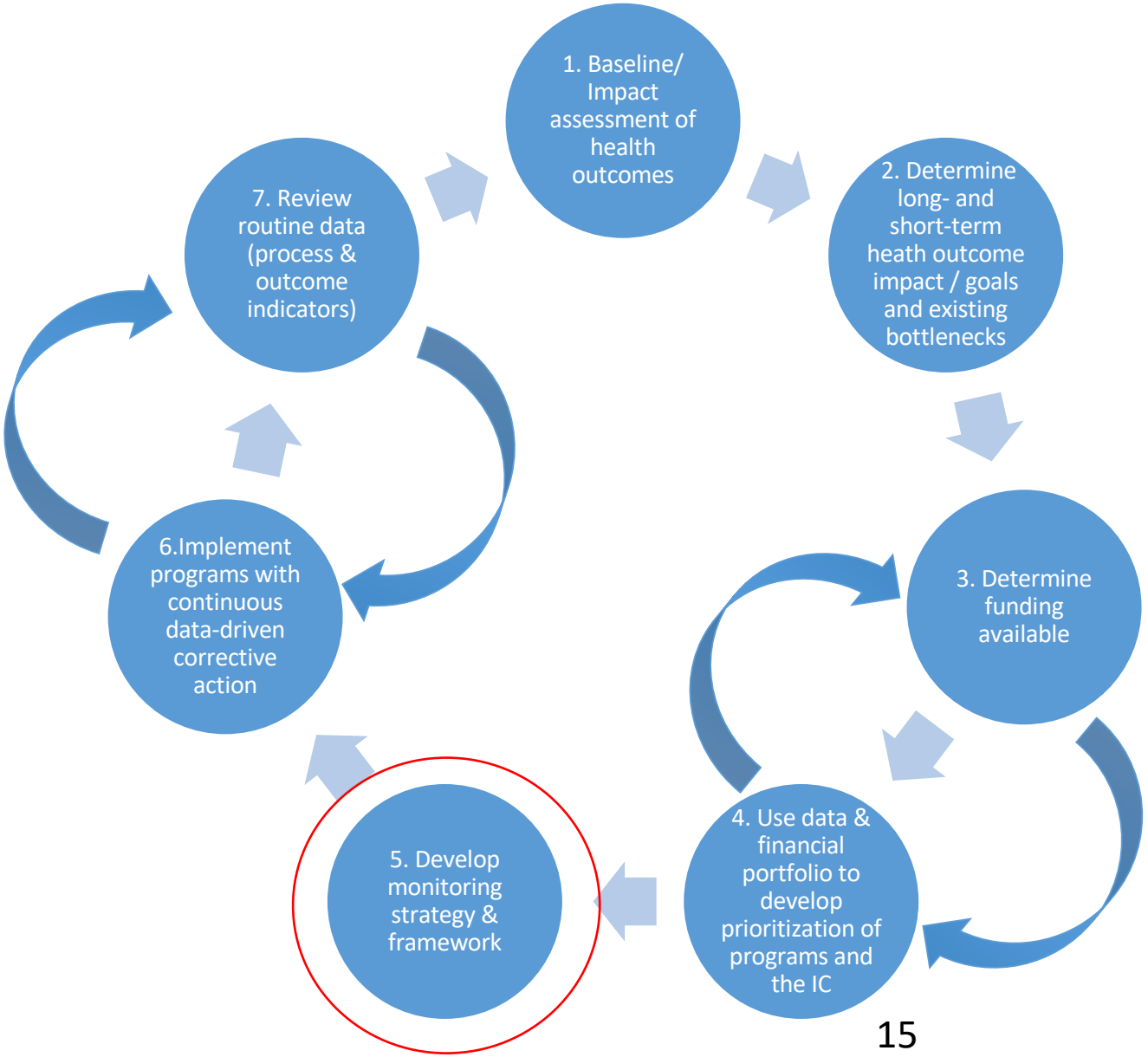
Expectations for including data in the Investment Case for monitoring results



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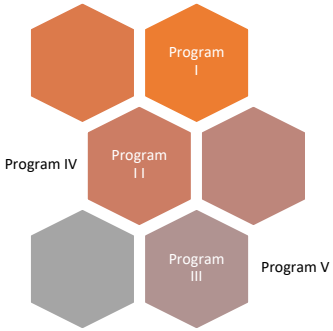
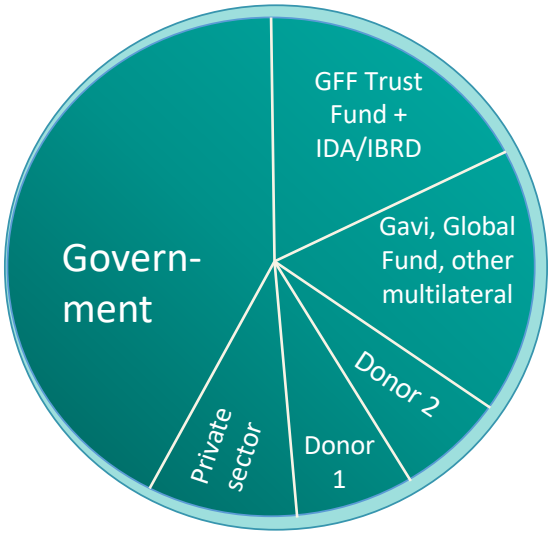
A Learning Process - Monitoring the Investment Case

Prioritized investments for RMNCA Health & Nutrition outcomes



financed



Implementation

Monitoring

OUTCOMES & IMPACT

Investment Case - Living document

What elements are needed to monitor the investment case at country level ?

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Developing the monitoring strategy in the IC; should include:

Results framework should be incorporated through-out the IC	• Define roles and responsibilities for data collection, management and use at national & subnational levels
The role of the country platform	• Develop and maintain a functioning country platform focused on real time course correction
Indicators aligned with IC goals, concrete and operational	• Defined in the M&E framework
Investments for improved results monitoring	• Prioritizing Investments to monitor the IC implementation (assess existing systems and HRH capacity and prioritize building on existing systems)
Build monitoring capacity at all health system levels	• Build in incentives for results monitoring at all levels of the healthcare system
Reduce siloed data use	• integrate HIS architecture and data use to enable resource tracking and IC implementation
Determine where you are now (set a baseline)	• Determine the baseline by using reliable data sources and quality data to set baseline
Determine where your RMNCAH-N program is going	• Set achievable IC targets within a time frame (e.g., annual)

Data informed adaptive investment case implementation with real time corrective action

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Developing your results monitoring framework

- Results expected to be impacted by the IC
  - Setting achievements (baseline and targets)

1. Mapping results to indicators
   - Planned resources
   - Expected achievements (target setting)
2. Determine the methodology employed to collected data/indicators
   - Determine the frequency and granularity of data/indicators needed
3. Determine the health systems investments needed fill gaps in national and subnational data systems:
   - Information systems & architecture,
   - Collection & management
   - Use & learning

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Example: Sierre Leone scenario

Objective improve quality and efficiency of PHC to reduce neonatal and maternal mortality

- Identify key drivers of inefficiency of the primary healthcare system (PHC)
- Prioritize, fund and implement a plan for PHC reform:
  - due to low quality of care
  - limited effectiveness of RBF,
  - poor distribution of staff
  - unequal distribution of facilities
- Objectives of the IC:
  - improve effectiveness of the RBF
  - use RBF as a tool to improve quality and right-size the health system and facilities
    - Use existing RBF scheme
    - Incentives for HR at health center level;
    - too many facilities – budget spread to thin

Matching results with well defined indicators

Objective or Goals Results	Indicator name	Indicator definition
Improve effectiveness of the RBF	(Resource) Timely disbursement of RBF funds	
Use RBF as a tool to improve quality and right-size the health system and facilities	(Quality): Number of skilled staff attending deliveries	A clearly defined indicator would include a measurable definition for what is skilled (binary).
	(Quality) Number of stock-outs of core delivery commodities	
	Percent of current health expenditures on primary healthcare	A clearly defined indicator would include a definition of primary healthcare

- What are the objectives you want to achieve with the program implementation –
  - Match/ develop well-defined indicators along the stages of implementation
    - Inputs, process, outputs, outcomes and impact linked to these objectives
    - Have clear operational definition for indicators and know the subgroups in which you are interested

Use existing indicators collected as not to create more data elements and increase data collection burden; unless absolutely necessary to collect something new

Determine the disaggregation, frequency and granularity of data/indicators needed

Objective or Goals	Indicator name	Indicator definition	Disaggregation	Frequency	Level
Improve effectiveness of the RBF	(Resource) Timely disbursement of RBF funds		Disbursement by donor Disbursement by district	Monthly Collected by National RBF unit,	site level data
Use RBF as a tool to improve quality and right-size the health system and facilities	(Quality): Number of skilled staff attending deliveries	A clearly defined indicator would include a measurable definition for what is skilled (binary).		(routine monitoring through DHIS2, monthly, site level; additionally episodic data collection through DHS)	Site level
	(Quality) Number of stock-outs of core delivery commodities		By commodity type	Monthly, HMIS commodities system, additionally episodic data collection through SARA, SDI);	- District level, - Episodic data collec-tion through surveys
	Percent of current health expenditures on primary healthcare	A clearly defined indicator would include a definition of primary healthcare		(national account data and/national data systems, annual,).	National level

2. Determine the methodology employed to collected data/indicators

Objective or Goals	Indicator name	Disaggregation	Frequency	Level	Methods/ source
Improve effectiveness of the RBF	(Resource) Timely disbursement of RBF funds	Disbursement by donor Disbursement by district	Monthly	site level data	Collected by National RBF unit,
Use RBF as a tool to improve quality and right-size the health system and facilities	(Quality): Number of skilled staff attending deliveries		- Monthly - Episodic	-Site level - National	- routine monitoring through DHIS2, - Additionally episodic data collection through DHS
	(Quality) Number of stock-outs of core delivery commodities	By commodity type	Monthly,	- District level, - Episodic data collection through surveys	- HMIS commodities system - Additionally episodic data collection through SARA, SDI;
	Percent of current health expenditures		Annual	National level	National account data and/national data systems, annual

Strengthening systems: Investments to achieve the GFF Results-driven implementation

- Are you able to monitor the progress of your IC
  - Assess current M&E capacity
    - build on past assessment (if any) and and/or
    - conduct rapid assessment
- Map of partner's activity related to M&E (including investments already outlined in the IC)
  - Build on strengths of existing systems
- Recognize gaps in data sources and systems, capacity for data management, analysis and use across all levels in the national healthcare systems
- Who collects the data an funds the data collection (i.e., DHS)

Support and advance a country's existing data systems

M&E assessment

- GFF countries face a range of challenges related to results measurement:
  - Avoiding further stretching weak systems by using existing data sources;
  - Identifying weaknesses in data systems;
  - Strengthening data systems;
  - Building capacity to use data to inform programming.

- Data quality is very important in the assessment
  - Routine Indicators data quality should be assessed

Rapid Assessment Questions Guidelines
I. CONTEXT FOR CRF MONITORING STRATEGY/IMPLEMENTATION PLAN
1. Is there a CRF monitoring strategy/implementation plan? Is it a separate document or part of the IC/HFS (i.e. annex, separate chapter)? If not, what is the status? (planned/not planned/in progress)
2. Has there been a process to review the activities in the IC/HFS that are being funded? Is there a mapping of partners supporting different activities in IC/HFS?
3. What are the type of indicators available in IC/HFS M&E framework (input, output, outcome, impact)?
4. Do the indicators have clear baseline, targets and means of verification (data sources, frequency of reporting)? If there are any missing values, can it be filled out?
5. Does the IC/HFS or IC/HFS monitoring strategy/implementation plan specify analytical outputs such as data quality reports, statistical reports and reports of progress and performance?
6. Does the IC/HFS or IC/HFS monitoring strategy/implementation plan specify roles and responsibilities of key stakeholders for M&E work?
7. Does the IC/HFS or IC/HFS monitoring strategy/implementation plan includes M&E capacity building plan?
8. What is the government unit(s) responsible for monitoring IC implementation?
9. Who are the key M&E staffs working on IC/HFS monitoring?
10. Which partners are particularly engaged in supporting IC/HFS monitoring? For the desk review, identify partners that could play important role in M&E
11. Does a coordination mechanism for IC/HFS results monitoring exist? Is it the same as the country platform? If yes, specify what are the roles of country platform? If not, what is the reason for having a separate platform?
12. Are there regular scheduled meetings for IC/HFS monitoring? Are these meetings documented?
13. What are the mechanisms for tracking follow ups on issues identified during the IC/HFS M&E coordinating committee?

II. DATA SOURCES
1. What are the different types of RMNCAH data systems in the country that are **relevant** for tracking IC/HFS monitoring indicators? *(This question is intended to map comprehensively through which systems data on indicators in IC is collected in country. The types of data systems are: (1) CRVS; (2) Routine Health Information System that include health facility and community information system; (3) Population-based surveys and census; (4) Disease and Behavioral Surveillance; (5) Health System that include human and health resources tracking system, logistics and laboratory information system); and (6) If applicable, data system from other sectors indicated in IC (i.e. water and sanitation, education).*
2. Please complete the table below to describe the types of data that is collected through the different systems listed above in question **II.1.** Please respond (Yes/No) depending on whether the system collects the different types of information

Determine the investments needed fill gaps in national and subnational data:

Objective or Goals	Indicator name	Methods/ source	Country capacity	Investment needed	Who collects / funds
Improve effectiveness of the RBF	(Resource) Timely disbursement of RBF funds	Collected by National RBF unit,	Data collected and used at national level	Need investments in district and site level data access & use	National system (multi-donor funded)
Use RBF as a tool to improve quality and right-size the health system and facilities	(Quality): Number of skilled staff attending deliveries	- routine monitoring through DHIS2, - Additionally episodic data collection through DHS	- DHIS 2 funded - CRVS in 2 regions	CRVS should be expanded to 4 regions	Presently funded through…
	(Quality) Number of stock-outs of core delivery commodities	- HMIS commodities system - Additionally episodic data collection through SARA, SDI;	DHS planned in 2019	Fully funded or Funding gap?	USAID / MACRO
	Percent of current health	National account data and/national			

Health systems investments

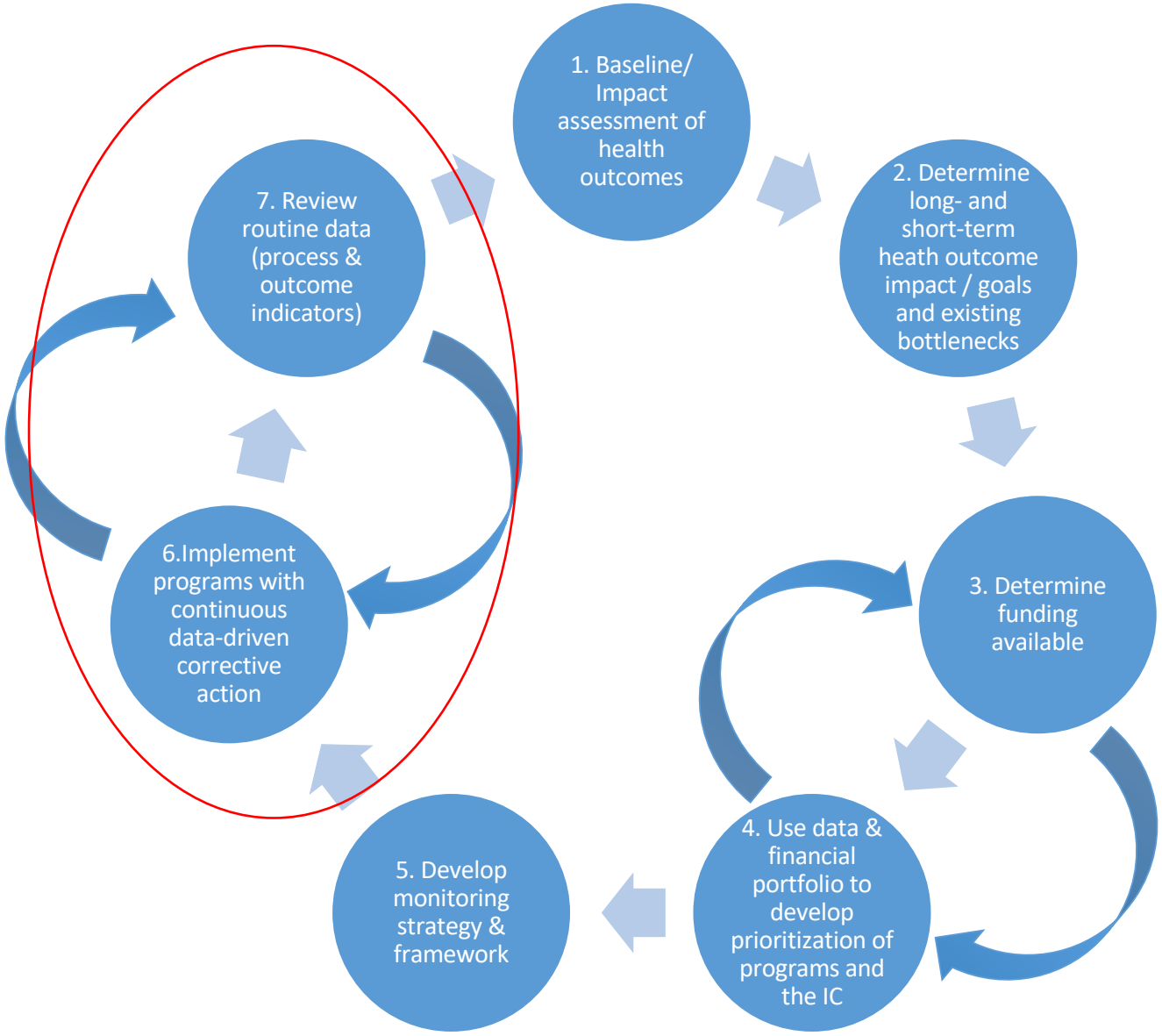
- **Health information systems (HIS);**
- **Health management information systems (laboratory systems, commodity systems)**
- **Surveys and Surveillance**
- **Resource tracking and other financial systems**
- **Human resources**

Systems investments that may be needed to monitor the IC

- **Civil registration (CR)** – the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of **vital events** pertaining to the population
- **Vital statistics (VS)** – the collection of statistics on vital events (births, deaths (+ causes of death), marriages, divorces, adoptions) in a lifetime of a person as well as relevant characteristics of the events themselves

More details on Thursday for CRVS investments

Data driven IC implementation



The role of the country platform in results monitoring

The overall monitoring of IC is the responsibility of a multi-stakeholder country platform, under the leadership of a Ministry of Health

Develop a results monitoring technical working group; or use an existing one
A joint implementation, monitoring and financing platform for priority activities
This platform plays a central role in the country level process to develop, implement and monitor national RMNCAH-N Investment Case that is aligned with the countries' broader national plans

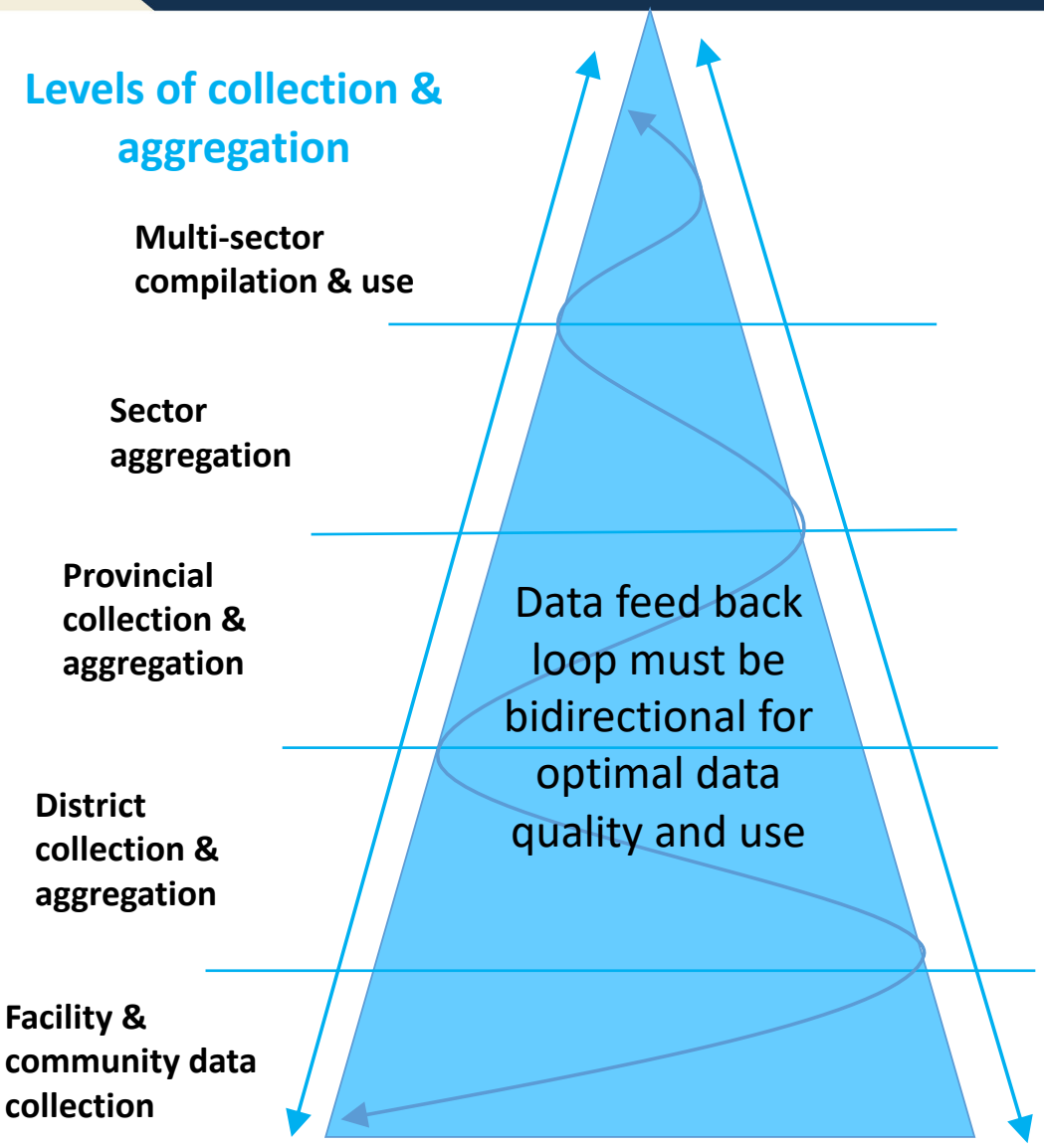
Transforming data into action

- Develop results framework for IC
- Review available evidence on RMNCAH-N outcomes and identify bottlenecks in the health system and beyond
- Monitor results framework

- Review implementation progress; problem solve to address challenges and support course corrections as needed
- Coordinate development of GFF results monitoring dashboard
- Build alignment of resources to country priorities and accountability system through collaborative process

Data collection and use at all levels in the health care system

Levels of collection & aggregation



Platforms for data use

Capacity building for relevant M&E staffs at all level, with emphasis on sub-national and service providers level,

e.g., utilize innovative e-learning approaches

Creating a coordinated multidimensional response

Make data accessible and visible, so all stakeholders can learn from the information

- With Active engagement of civil society
- With Facility-level stakeholders engaged in the results

Results Monitoring capacity

Data use at all level of implementation

- Continuous review of data and according adjustment of the program
- Adequate capacity to produce, analyze and follow up monitoring data at all levels
  - Training on data collection, practical data management, visualization and data analysis skills. i.e. train district and health facility staffs to use the dashboard and scorecards
- Raising awareness on importance of monitoring results and develop incentives for quality data

Integrated data use

- Uses multiple data sources to validate data and ensure data quality
- Capacity to utilize and triangulate data from different sources (facility, survey data, budget and expenditure data)
- Build integrated, real-time routine health information systems
- Strengthen linkages across data systems (health information system, community information system, national-sub-national data information system, financial data systems)
- Combine information about resource allocation and results monitoring
- Integrated data platform and repository for different data sources for easy access and triangulation
- Use of data visualization tools for results, i.e. RMNCAH Score Card for data dissemination to stakeholders at all levels

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Levels of data collection, access & aggregation

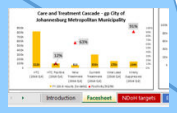
Multi-sector integrated data compilation & use

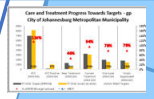
Sector aggregation

Provincial collection & aggregation

District collection & aggregation

Facility & community data collection





Data feed back loop must be bidirectional for optimal data quality and use (corrective action)

Platforms for data use and corrective action

Number of skilled healthcare workers	Commodities	
Align with resources tracking - Multi-sector – reallocation of allocated to health PHC	Align with resources tracking - Multi-sector – reallocation of allocated to health PHC	Resource tracking
Combine site data with HRIS system to assure enough A1 and A0 nurses ate being trained	Combine site data with HRIS system to assure enough A1 and A0 nurses are being trained	HRIS data
	Province reallocation of funds to high burden districts;	resource tracking
District reallocations staffing form one site to the other	District - site re-allocations of commodities from other sites (push – pull system)	
Data cleaning process informs site they were missing 1 week of data	Site level – find resources from neighboring sites that have excess commodities	

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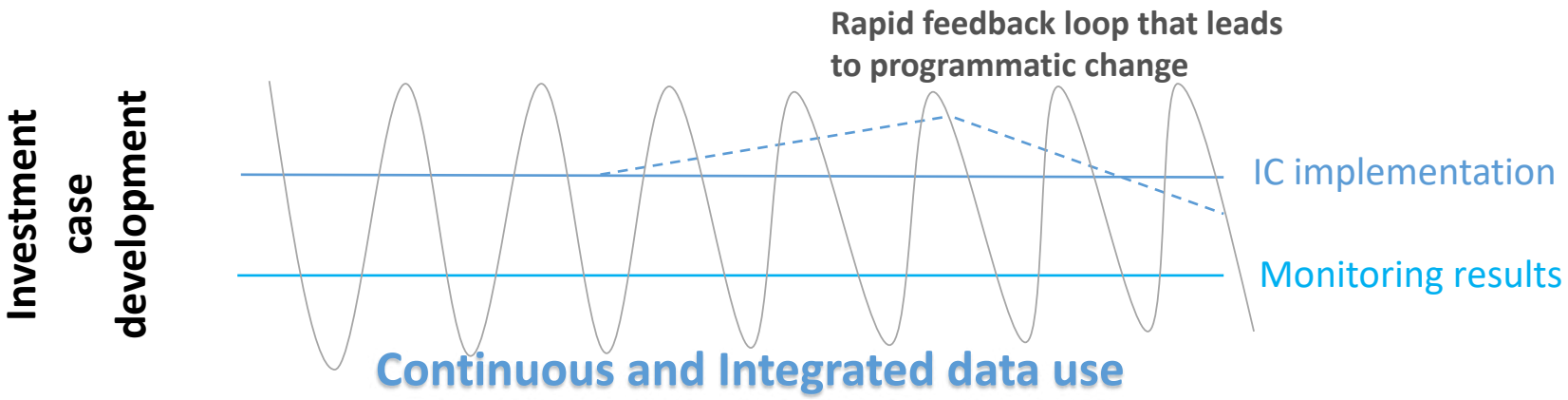
Adaptive IC Implementation with Rapid Feedback Loop for course correction

- Use of data for corrective actions
  - Generate quality data to build credible evidence
  - Implementation strategy that allows for iterative feedback loops and mid-course correction
  - Regular joint review of results and progress to operationalize rigorous data-driven monitoring and learning
    - Mechanism for follow up of findings/recommendations into decision making/course correction
  - Use of M&E data for supportive supervision
  - Explore variations in implementation results and use it to refine solutions
  - Recognizing the difference between data issues and programmatic issues (bottlenecks)



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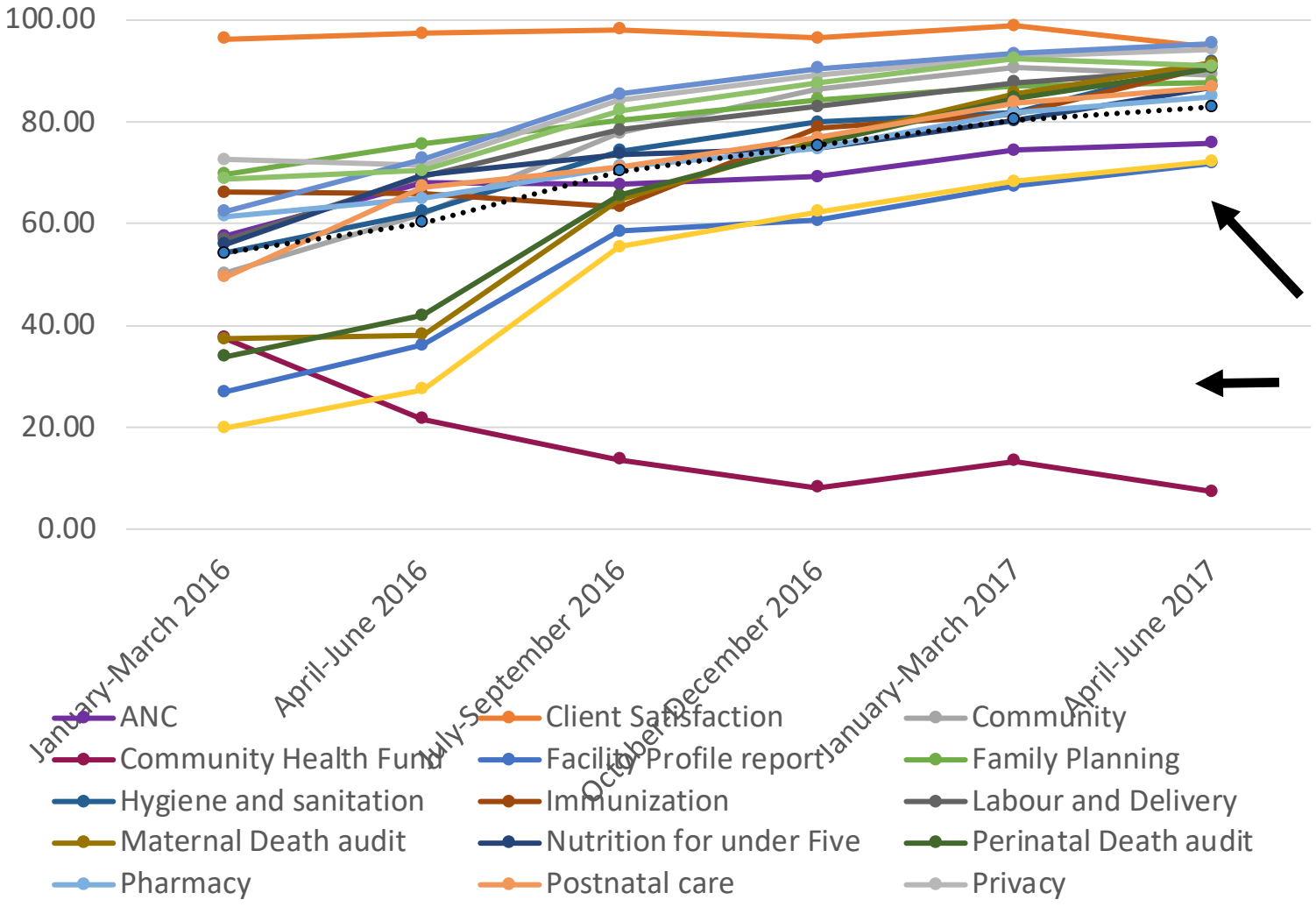
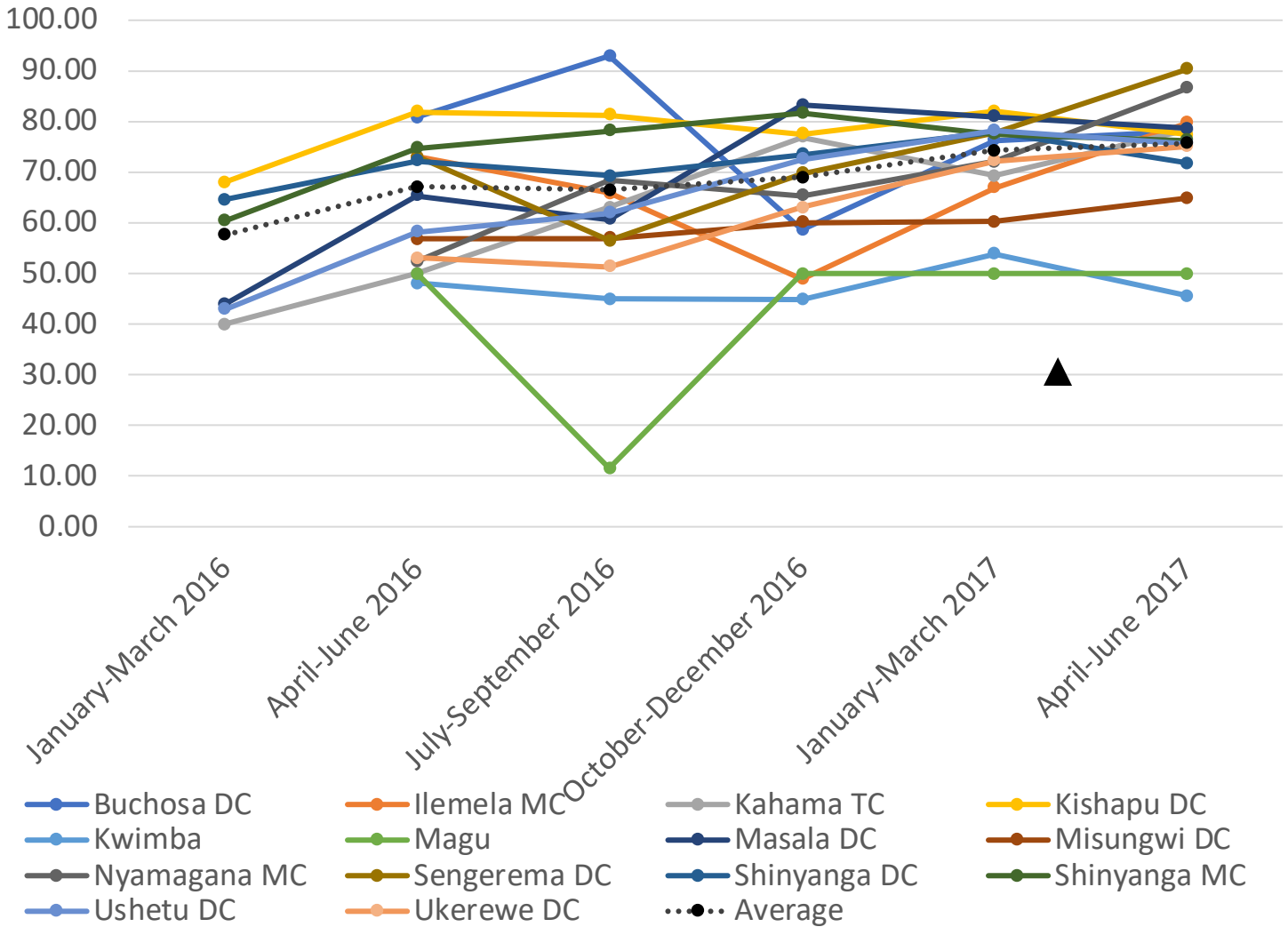
Tanzania RBF Average Quality Scores by Quarter January 2016-June 2017



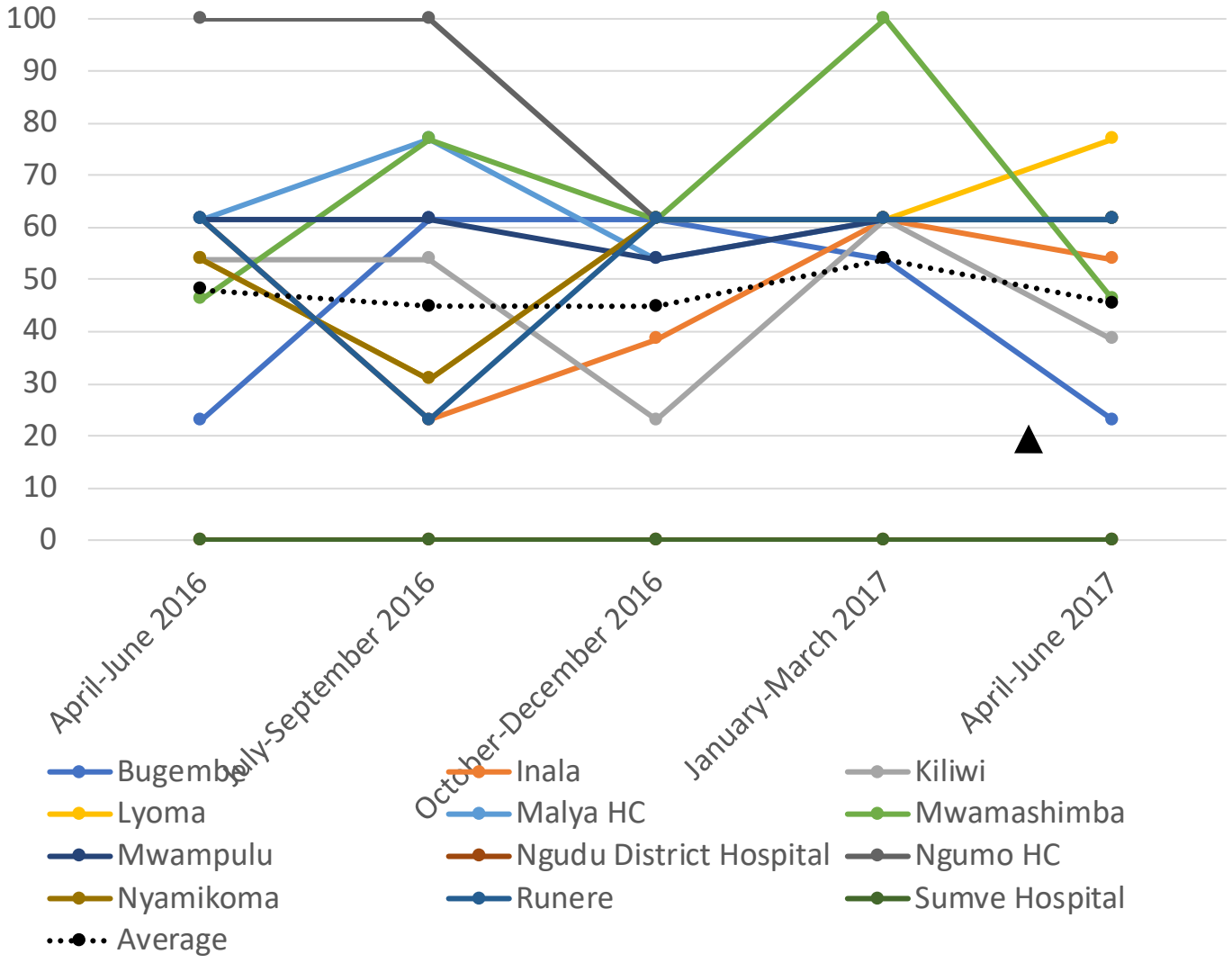
Analysis showed that the Antenatal Care (ANC) quality score stagnated and that the Community Health Fund indicator declined.

ANC Quality Score by Quarter January 2016 - June 2017



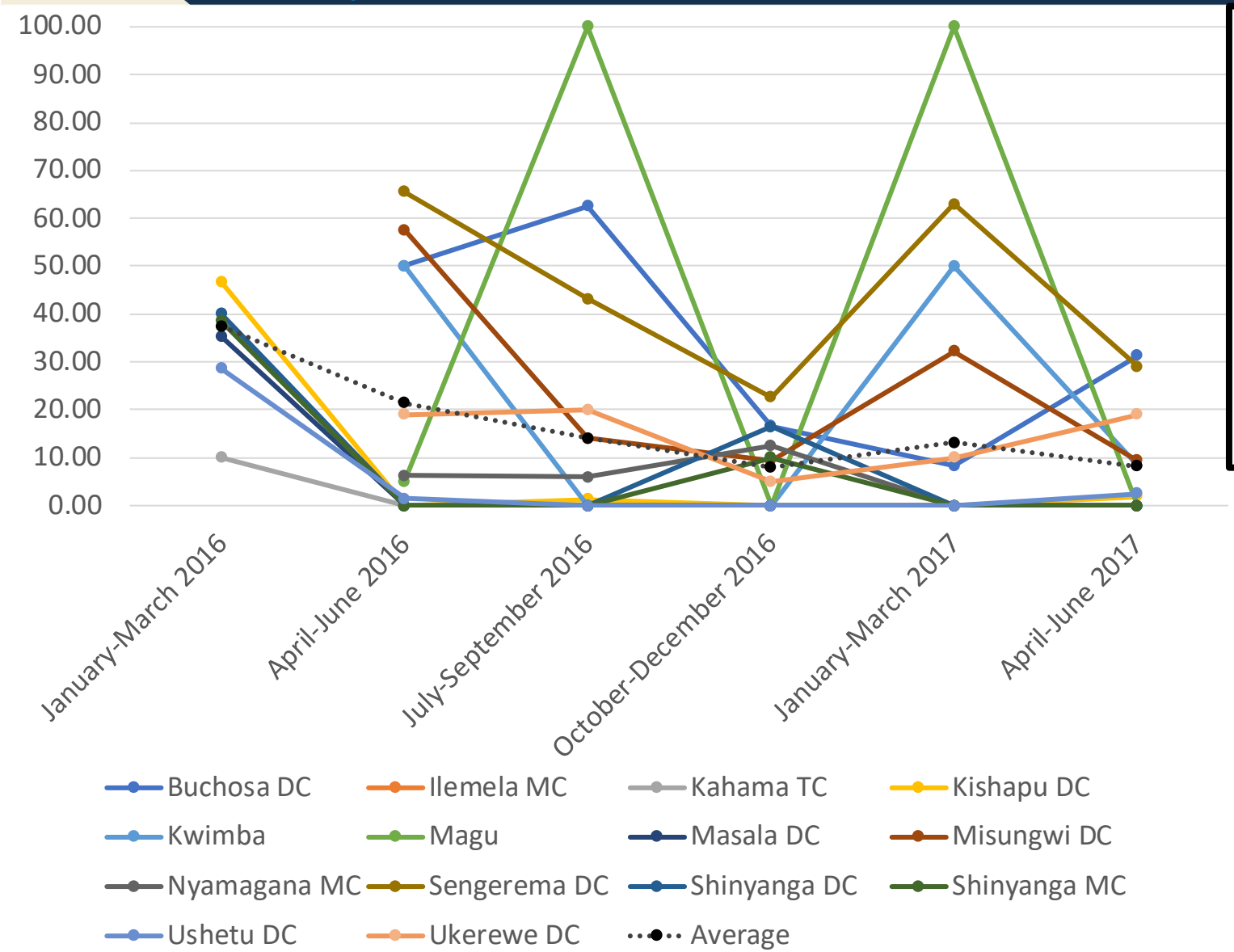
Further analysis of the ANC indicator showed that most LGAs stagnated or had limited improvements, which indicates further exploration of the indicator is needed. Some, LGAs such as Kwimbwa, have lower scores with overall declines.

Kwimbwa ANC April 2016-June 2017 by Facility



Facility-level analysis of Kimbwa's ANC quality scores indicates a combination of volatility and declines in scores across many facilities, as well as a hospital with consistent zero scores. This information can help focus further exploration into the indicator at the facility level.

Community Health Fund Quality Score by Quarter January 2016 - June 2017

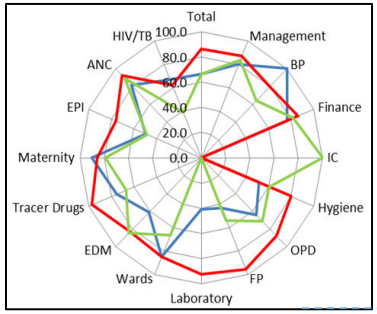


Further analysis of the Community Health Fund indicator showed that declines and volatility are consistent across LGAs. Further analysis into the indicator is needed.

Nigeria (1/2): Joint monitoring & learning to improve performance at all levels

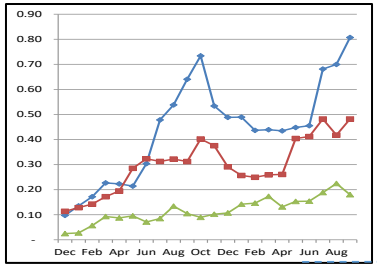
Example: Result Based Financing in Nigeria

National



- Online dashboard for open access
- Trend of each state compared every quarter, and corrective actions made by federal and state governments.

State/LGA

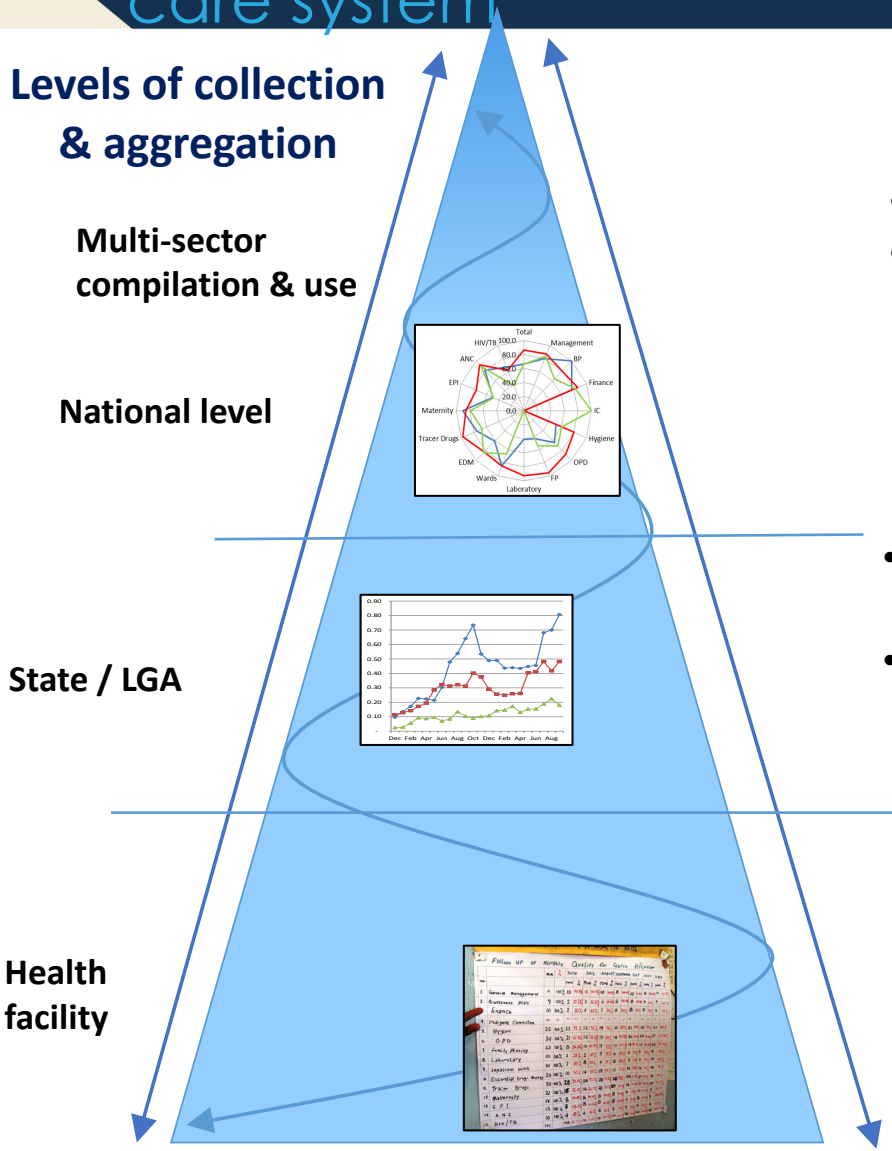


- Trend of each health facility are compared, and poor performers addressed (e.g., OIC change).
- TA consultants live in each state and facilitate performance trend monitoring and corrective actions.

Health facility

- Indicator trend visualized in on a wall.
- Update “stretch” targets of health services.
- Review achievement of targets every month among staff and with community leaders.
- Health workers could explain the targets and results of the recent month.

Data collection and use at all levels in the health care system



Platforms for data use

- Online dashboard for open access
- Trend of each state compared every quarter, and corrective actions made by federal and state governments.

- Trend of each health facility are compared, and poor performers addressed (e.g., OIC change).
- TA consultants live in each state and facilitate performance trend monitoring and corrective actions.

- Indicator trend visualized in on a wall.
- Update “stretch” targets of health services.
- Review achievement of targets every month among staff and with community leaders.
- Health workers could explain the targets and results of the recent month.

Nigeria (2/2): Study on determinants of success

Issues and study

- **Large variations in performance** among health centers under performance-based financing (PBF)
- **Qualitative case study** comparing high and low performers, to identify determinants of performance improvement

Learnings

- Engagement with community leaders and community is critical
- Good managers carry out various strategies to attract patients and motivate staff, and use performance review for improvement
- Staff shortage and remoteness can be overcome with good managers
- Management capacity building requires long-term mentoring

Interventions

- Use managers of high-performing health center as "master manager" to mentor managers of poor performers
- Mutual learning by "master managers" on improvement and mentoring strategies
- Pressure to replace managers who are not willing to improve with mentoring

GFF global community
Benefits and Commitments

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Benefits

- Shared data and use platform
  - Joint technical meetings
  - Sharing experiences across countries
    - South-south learning
  - Leveraging resource and technical assistance mobilization
    - Convening power for data systems and data use (HDC, Countdown 2030)

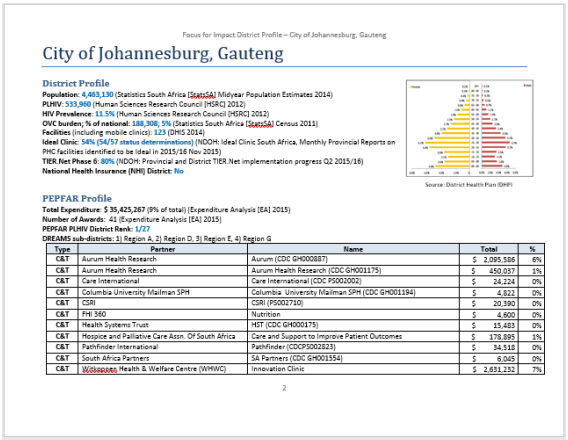
- Technical data systems and use expertise
  - Global network – HCD, countdown 2030
  - CRVS technical assistance
  - M&E assessment tools
  - Routine results, monitoring and evaluation
    - Existing ME framework
    - Existing GFF indicator menu
  - M&E tools and learning
  - Architecture and use of Information systems and data management
  - Support to integration of results/outcomes data and financial data

Financial support for health information system, data management and use to monitor the IC

South Africa District Profiles

Aspirational example

Phase 1 **Phase 2** **Phase 3**



Focus for Impact District Profile – City of Johannesburg, Gauteng

City of Johannesburg, Gauteng

District Profile

Population: 4,803,130 (Statistics South Africa [StatsSA] Midyear Population Estimates 2014)
PLHIV: 533,960 (Human Sciences Research Council [HSRC] 2012)
HIV Prevalence: 11.5% (Human Sciences Research Council [HSRC] 2012)
OVC burden; % of national: 188,308; 5% (Statistics South Africa [StatsSA] Census 2011)
Facilities (including mobile clinics): 123 (DHIS 2014)
Ideal Clinic: 58% (54/57 status determinations) (NDOH: Ideal Clinic South Africa, Monthly Provincial Reports on PHC facilities identified to be Ideal in 2015/16 Nov 2015)
TIER.Net Phase 8: 80% (NDOH: Provincial and District TIER.Net implementation progress Q2 2015/16)
National Health Insurance (NHI) District: No

Source: District Health Plan (DHP)

PEPFAR Profile

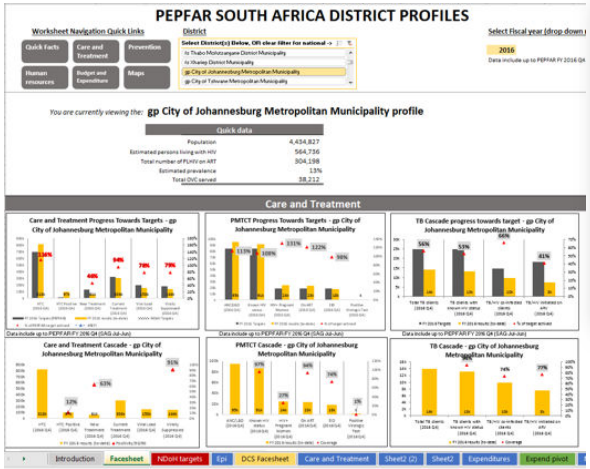
Total Expenditure: $ 35,425,267 (9% of total) (Expenditure Analysis [EA] 2015)
Number of Awards: 41 (Expenditure Analysis [EA] 2015)
PEPFAR PLHIV District Rank: 1/27
DREAMS sub-districts: 1) Region A, 2) Region D, 3) Region E, 4) Region G

Type	Partner	Name	Total	%
C&T	Aurum Health Research	Aurum (CDC GH000887)	$ 2,095,586	6%
C&T	Aurum Health Research	Aurum Health Research (CDC GH001175)	$ 450,037	1%
C&T	Care International	Care International (CDC PS002002)	$ 24,224	0%
C&T	Columbia University Mailman SPH	Columbia University Mailman SPH (CDC GH001184)	$ 4,822	0%
C&T	CSRI	CSRI (PS002710)	$ 20,390	0%
C&T	FHI 360	Nutrition	$ 4,600	0%
C&T	Health Systems Trust	HST (CDC GH000175)	$ 15,483	0%
C&T	Hospice and Palliative Care Assn. Of South Africa	Care and Support to Improve Patient Outcomes	$ 178,895	1%
C&T	Pathfinder International	Pathfinder (CDCPS002823)	$ 34,518	0%
C&T	South Africa Partners	SA Partners (CDC GH001354)	$ 6,045	0%
C&T	Witkoppen Health & Welfare Centre (WHWC)	Innovation Clinic	$ 2,631,232	7%

2

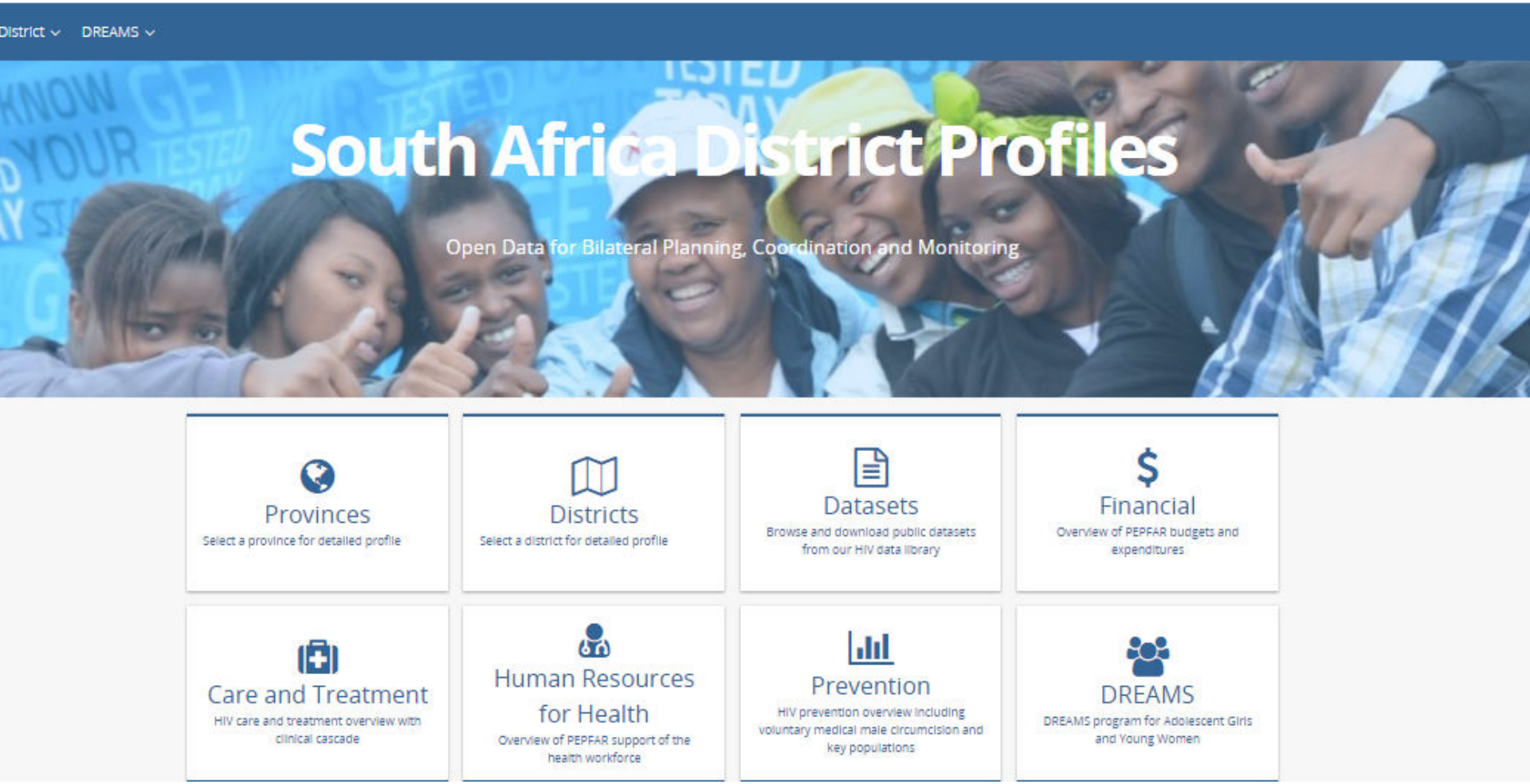
Focus for Impact District Profile – City of Johannesburg, Gauteng

DoS	U.S. Department of State	Community Grants	$ 33,028	0%
DSP	Anova Health Institute	Systems Strengthening for Better HIV/TB Patient Outcomes	$ 3,251,868	9%
DSP	Right To Care, South Africa	Performance for Health through Focused Outputs, Results	$ 8,022,381	23%
DSP	Wits Reproductive Health& HIV Institute	Systems Strengthening for Better HIV/TB Patient Outcomes	$ 4,340,395	12%
HSS	Johns Hopkins University, Bloomberg SPH	Health Communication Capacity Collaborative (HC3)	$ 165,517	0%
HSS	Partnership for Supply Chain Management	Supply Chain Management System (SCMS)	$ 2,948,673	8%
HSS	South African National AIDS Council	South African National AIDS Council (CDC GH001173)	$ 6,142	0%
HSS	University of Washington	TECH: University of Washington ((HRSA U91HA06801)	$ 15,317	0%
HSS	University Research Corporation, LLC	Applying Science to Strengthen and Improve Systems (ASSIST)	$ 59,931	0%
KP	Anova Health Institute	Health 4 Men	$ 1,078,773	3%



Socrata®

Country specific – we need your thoughts on this -



GFF Monitoring Community Commitments

- Developing a results monitoring strategy in the IC
  - M&E framework
  - M&E capacity assessment
  - CRVS/HIS and other investments costed in IC
- Setting IC achievable targets at national and subnational levels
  - Baseline assessment with realistic projections
- Progress Requirements
  - Progress indicators
  - Process, Outcomes and impact indicators aligned to your IC
- Data access and sharing agreements
  - Core indicators can be reported to GFF global secretariat through
    - through direct access (DHIS2 / flat files) OR
    - through reporting templates
- Results-driven culture

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Reflecting on the country needs

- What do they need? Working groups (15-20 mins session);

- Challenges in monitoring
- Needs for GFF secretariat needs

- M&E TWG
- 10 country –
- 16 country
- 26 countries ??

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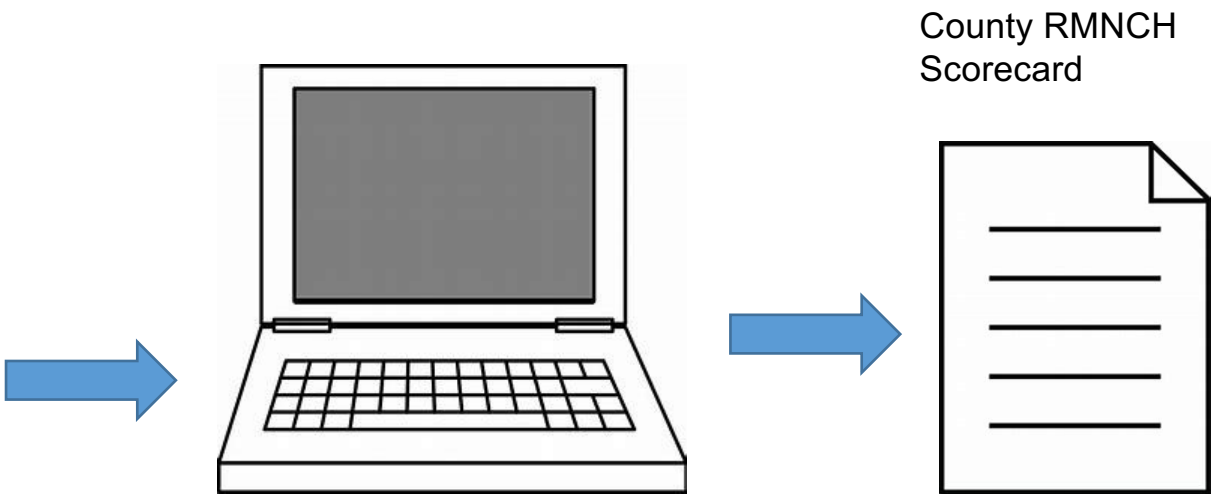
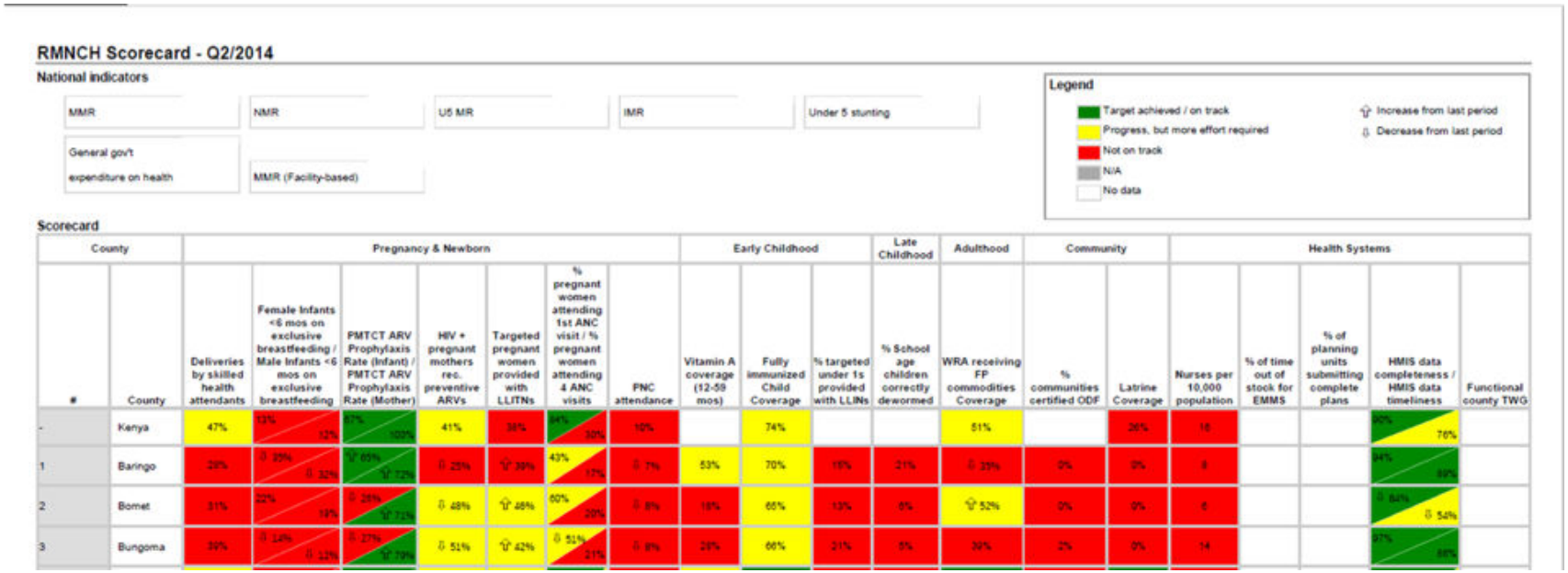
Monitoring/Reporting Process



County RMNCH scorecard



RMNCH Scorecard - Q2/2014

National indicators

MMR	NMR	U5 MR	IMR	Under 5 stunting
General gov't expenditure on health	MMR (Facility-based)			

Legend

- Target achieved / on track
- Progress, but more effort required
- Not on track
- N/A
- No data
- ⇧ Increase from last period
- ⇩ Decrease from last period

Scorecard

County		Pregnancy & Newborn							Early Childhood			Late Childhood	Adulthood	Community		Health Systems				
#	County	Deliveries by skilled health attendants	Female Infants <6 mos on exclusive breastfeeding / Male Infants <6 mos on exclusive breastfeeding	PMTCT ARV Prophylaxis Rate (Infant) / PMTCT ARV Prophylaxis Rate (Mother)	HIV + pregnant mothers rec. preventive ARVs	Targeted pregnant women provided with LLITNs	% pregnant women attending 1st ANC visit / % pregnant women attending 4 ANC visits	PNC attendance	Vitamin A coverage (12-59 mos)	Fully immunized Child Coverage	% targeted under 1s provided with LLINs	% School age children correctly dewormed	WRA receiving FP commodities Coverage	% communities certified ODF	Latrine Coverage	Nurses per 10,000 population	% of time out of stock for EMMS	% of planning units submitting complete plans	HMIS data completeness / HMIS data timeliness	Functional county TWG
-	Kenya	47%	13% / 12%	87% / 103%	41%	38%	84% / 32%	10%		74%			51%		26%	16			80% / 76%	
1	Baringo	28%	⇩ 35% / ⇩ 32%	⇧ 65% / ⇧ 72%	⇩ 25%	⇧ 39%	43% / 17%	⇩ 7%	53%	70%	15%	21%	⇩ 35%	0%	0%	8			84% / 89%	
2	Bomet	31%	22% / 19%	⇩ 28% / ⇧ 71%	⇩ 48%	⇧ 46%	60% / 20%	⇩ 8%	18%	65%	13%	6%	⇧ 52%	0%	0%	6			⇩ 82% / ⇩ 54%	
3	Bungoma	39%	⇩ 14% / ⇩ 33%	⇩ 27% / ⇧ 79%	⇩ 51%	⇧ 42%	⇩ 51% / 21%	⇩ 8%	28%	66%	21%	5%	30%	2%	0%	14			87% / 86%	

Lessons Learned

- Need a champion in government
- Routine monitoring of the results requires a committed entity (i.e. TWG, country platform) that meets regularly to review the results and follow up corrective action taken
- Engage a wide range of stakeholders in the review process
- Consider building on existing monitoring tool rather than creating an entirely new tool
- Use of existing monitoring tool rather than creating an entirely new tool and reducing paperwork both help to ensure sustainability
- Resource mapping is critical to implement the IC