Monitoring GFF Implementation

GFF Country Workshop
28 January – 1 February, 2018
How the GFF drives results

1. **Prioritizing**
   - Identifying priority investments to achieve RMNCAH outcomes
   - Identifying priority health financing reforms

2. **Coordinated**
   - Getting more results from existing resources and increasing financing from:
     - Domestic government resources
     - IDA/IBRD financing
     - Aligned external financing
     - Private sector resources

3. **Learning**
   - Strengthening systems to track progress, learn, and course-correct

Accelerate progress now on the health and wellbeing of women, children, and adolescents

Drive longer-term, transformational changes to health systems, particularly on financing
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
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 RMNCAH-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
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
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
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**

*Investment Case*
- Health Financing reforms

*Programmatic goals*
- Health Financing goals
Different IC implementation - Each country will take its own route

...multiple potential paths to get there

Country A Investment Case:
- Youth-friendly health services
- Availability of family planning commodities
- Behavior change campaigns targeting adolescents

Country B Investment Case:
- Work with education sector to keep adolescent girls in school
- Collaborating with community leaders to change social norms around child marriage

Investment Case
Health Financing reforms
Programmatic goals
Health Financing goals

Afghanistan
Tanzania
DRC
Rwanda
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

- 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

Enhanced access to and use of life saving RMNCAH interventions, commodities and equipment

Increased number of health workers in the RMNCAH critical cadres, their knowledge, skills and competence

% of births delivered in health facility

% of 15–49 years infected with HIV

% of births attended by skilled health professional

% of mothers who received postnatal care

% of HIV-pos pregnant women receiving ART

The GFF secretariat does not want to receive all IC relevant indicators; but a prioritize shortlist—this country specific shortlist can be agreed upon during the investment case development

Core indicators can be reported to GFF global secretariat through

- through direct access (DHIS2 / flat files) OR
- through reporting templates
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

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

Developing Results Monitoring Strategy for Results-Driven implementation

Strengthening the Health Systems to Collect and Use Quality Data
Expectations for including data in the Investment Case for monitoring results

1. Baseline/Impact assessment of health outcomes
2. Determine long- and short-term health outcome impact / goals and existing bottlenecks
3. Determine funding available
4. Use data & financial portfolio to develop prioritization of programs and the IC
5. Develop monitoring strategy & framework
6. Implement programs with continuous data-driven corrective action
7. Review routine data (process & outcome indicators)
A Learning Process - Monitoring the Investment Case

What elements are needed to monitor the investment case at country level?
Developing the monitoring strategy in the IC; should include:

- Define roles and responsibilities for data collection, management and use at national & subnational levels
- Develop and maintain a functioning country platform focused on real time course correction
- Defined in the M&E framework
- Prioritizing Investments to monitor the IC implementation (assess existing systems and HRH capacity and prioritize building on existing systems)
- Build in incentives for results monitoring at all levels of the healthcare system
- integrate HIS architecture and data use to enable resource tracking and IC implementation
- Determine the baseline by using reliable data sources and quality data to set baseline
- Set achievable IC targets within a time frame (e.g., annual)
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
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

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

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

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

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

Support and advance a country’s existing data systems
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 systems); 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:

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

Systems investments that may be needed to monitor the IC
Data driven IC implementation

1. Baseline/Impact assessment of health outcomes
2. Determine long- and short-term health outcome impact / goals and existing bottlenecks
3. Determine funding available
4. Use data & financial portfolio to develop prioritization of programs and the IC
5. Develop monitoring strategy & framework
6. Implement programs with continuous data-driven corrective action
7. Review routine data (process & outcome indicators)
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 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

- Facility & community data collection
- District collection & aggregation
- Provincial collection & aggregation
- Sector aggregation
- Multi-sector compilation & use

Data feedback loop must be bidirectional for optimal data quality and use

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
Levels of data collection, access & aggregation

Multi-sector integrated data compilation & use

Sector aggregation

Provincial collection & aggregation

District collection & aggregation

Facility & community data collection

Platforms for data use and corrective action

Number of skilled healthcare workers

Commodities

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

Align with resources tracking - Multi-sector – reallocation of allocated to health PHC

Align with resources tracking - Multi-sector – reallocation of allocated to health PHC

Combine site data with HRIS system to assure enough A1 and A0 nurses are being trained

Combine site data with HRIS system to assure enough A1 and A0 nurses are being trained

Province reallocation of funds to high burden districts;

District reallocations staffing form one site to the other

District - site reallocations 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

Resource tracking

HRIS data

Resource tracking
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)

Continuous and Integrated data use

Rapid feedback loop that leads to programmatic change
Analysis showed that the Antenatal Care (ANC) quality score stagnated and that the Community Health Fund indicator declined.
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.
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.
Further analysis of the Community Health Fund indicator showed that declines and volatility are consistent across LGAs. Further analysis into the indicator is needed.
Example: Result Based Financing in Nigeria

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

Levels of collection & aggregation

Multi-sector compilation & use

National level

State / LGA

Health facility

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**

<table>
<thead>
<tr>
<th>Issues and study</th>
<th>Learnings</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Large variations in performance among health centers under performance-based financing (PBF)</td>
<td>• Engagement with community leaders and community is critical</td>
<td>• Use managers of high-performing health center as “master manager” to mentor managers of poor performers</td>
</tr>
<tr>
<td>• Qualitative case study comparing high and low performers, to identify determinants of performance improvement</td>
<td>• Good managers carry out various strategies to attract patients and motivate staff, and use performance review for improvement</td>
<td>• Mutual learning by “master managers” on improvement and mentoring strategies</td>
</tr>
<tr>
<td></td>
<td>• Staff shortage and remoteness can be overcome with good managers</td>
<td>• Pressure to replace managers who are not willing to improve with mentoring</td>
</tr>
<tr>
<td></td>
<td>• Management capacity building requires long-term mentoring</td>
<td></td>
</tr>
</tbody>
</table>
GFF global community
Benefits and Commitments
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
Country specific – we need your thoughts on this -

South Africa District Profiles
Open Data for Bilateral Planning, Coordination and Monitoring

- Provinces
  - Select a province for detailed profile

- Districts
  - Select a district for detailed profile

- Datasets
  - Browse and download public datasets from our HIV data library

- Financial
  - Overview of PEPFAR budgets and expenditures

- Care and Treatment
  - HIV care and treatment overview with clinical cascade

- Human Resources for Health
  - Overview of PEPFAR support of the health workforce

- Prevention
  - HIV prevention overview including voluntary medical male circumcision and key populations

- DREAMS
  - DREAMS program for Adolescent Girls and Young Women
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
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 ??
Monitoring/Reporting Process

County RMNCH Scorecard
### County RMNCH scorecard

#### National indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MMR</th>
<th>IMR</th>
<th>Under 5</th>
<th>Stunting</th>
</tr>
</thead>
<tbody>
<tr>
<td>General govt</td>
<td>UMR</td>
<td>UMR</td>
<td>UMR</td>
<td>UMR</td>
</tr>
<tr>
<td>Expenditure on health</td>
<td>UMR (facility-based)</td>
<td>UMR</td>
<td>UMR</td>
<td>UMR</td>
</tr>
</tbody>
</table>

#### RMNCH Scorecard - Q2/2014

<table>
<thead>
<tr>
<th>Scorecard</th>
<th>Pregnancy &amp; Newborn</th>
<th>Early Childhood</th>
<th>Late Childhood</th>
<th>Adulthood</th>
<th>Community</th>
<th>Health Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Deliveries by skilled health attendants</td>
<td>Female Infants &lt;6 mos. on exclusive breastfeeding</td>
<td>Rate Infants &lt;6 mos. on exclusive breastfeeding</td>
<td>PMTCT ARV Prophylaxis Rate (Infant)</td>
<td>PMTCT ARV Prophylaxis Rate (Mother)</td>
<td>HIV + pregnant mothers</td>
</tr>
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<td>-----------</td>
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<tr>
<td>#</td>
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<tr>
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</table>
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