GFF Monitoring strategy
GFF Results Monitoring: its strengths!

The GFF focuses data on the following areas:

• Guiding the planning, coordination, and implementation of the RMNCAH-N response (IC).

• Improve the financial sustainability of the investments (specifically DRM) and progress towards universal health coverage (UHC).

• Assessing the effectiveness of RMNCAH-N program and identifying areas for improvement during implementation.
  • Real time course correction
  • Link to implementation research

• Ensuring accountability to those affected by RMNCAH-N outcomes as well as to those providing resources (governments at all levels, CSO, donors, other stakeholders).
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
An Iterative Learning Process: developing and implementing the Investment Case and long-term health financing reforms

Prioritized investments for RMNCA health & nutrition outcomes
And health financing reforms

Efficiency

Government

Private sector

Donor 1

Donor 2

Gavi, Global Fund, other multilaterals

GFF Trust Fund + IDA/IBRD

Implementation

Monitoring theory of change

Health and nutrition and OUTCOMES and IMPACT

Health financing reforms

Investment Case - Living document

Country platform
Monitoring Value Statement

Increase demand for high quality data and meaningful country owned data-use for improved RMNCAH-N outcomes and health financing reforms:

• Through national systems (sustainable systems, e.g., CRVS and HMIS)

• Working in collaboration with other health stakeholders

• Investing in catalytic systemic areas to increase data quality, use & demand
Areas of strengthening: Monitoring strategy components

Develop a data informed adaptive investment case with real time corrective action implementation

- Set baselines and achievable targets
- Do objectives align with the IC

Results Framework

Data use strategy

- The role of the country platform
- Building monitoring capacity at all levels of the health system
  Data visuals

Supporting Integrate data systems and architecture

- M&E assessment of systems
- Determine gaps in system architecture and systems

Data quality and use improvement strategy

- DQA translated into data quality improvement and use
GFF approach – Mapping/ Tracking financial resources to results at subnational levels

Monitoring geographic priorities (regional disparities, urban versus rural)

- Are we in the right places?
- Do the result match the available resources?
- Do the committed investments match the amounts disbursed?
- Are the funds matching the needs?
How to measure the impact of the GFF

**Annual data:**
Measure HF reforms to increase the total volume of funds to RMNCAH-N: complementary funds, DRM mobilization, allocative efficiency and private sector

- National health accounts / Boost
- Budget allocation systems
- Mapping financial commitments to the RMNACH-N IC by program and regional priorities
- Integrated Financial Management Information System (IFMIS)
- Private sector fiscal space / market scoping analysis

**Routine data:**
Measure HF reforms to getting more results from existing resources technical efficiency agenda and equity

- RMNCAH-N performance data (LMIS, DHIS2 etc)
- Tracking expenditure/dibursement of funds against the IC
- Quality of care/ Service delivery

**Impact on RMNCAH-N outcomes**

**Impact on Financial protection**

**Data quality and use incentives for improved outcomes**

**Building on existing systems and leveraging partners focused on data systems**

**Integrated health information system and data architecture**

**Increased subnational demand for the use of quality data for decision making**

**Country platform**
Country examples

Developing a strong results framework – Kenya

Measuring/ tracking Resources; Mohinga in Myanmar

Quality of care Annual SPA in Senegal

Measuring and using results Nigeria

Supporting HMIS systems integration - Tanzania

Developing incentives DRC
Updated Global Results framework
Approved on April 2018 by TFC

IC Resource mapping
Progress/Process indicators
IC-aligned country specific indicators
Country Impact & health financing indicators

Where available
Set indicators for all countries
Tailored set of indicators
Set indicators for all countries

This will be available on the GFF webpage/dashboard and annual report
Resource mapping

Cameroon

Gap
$138,054,027

Total
$547,614,090

WB/GFF
GOVERNMENT
GFTAM
GAVI
AFD & BMZ/KFW
ISLAMIC BANK FOR
DEVELOPMENT
OMS
UNICEF
UNITAID
SABIN VACCINE INSTITUTE
ITALIAN NATCOM
MINJEC
IPPF
UNFPA
BMGF
ECHO
BMZ/KFW
FINANCING GAP
Progress indicator (under discussion)

**Investment case**
- Investment case for RMNCAH-N or equivalent
- Set of evidence based priorities financed
- A liaison or point of contact (in country)
- An inclusive process with CSO engagement

**Health financing**
- Health financing reforms
- IDA/IBRD/ GFF TF- Bank financing in support of the IC

**Monitoring Implementation**
- M&E strategy and framework in support of IC
- Country-led multi stakeholder platform (e.g., new or established from an existing platform)
- Disbursement of IDA/ GFF TF funds
Impact indicators

**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
- Prevalence of moderate to severe wasting 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 (SHA)
- Ratio of government health expenditure to total government expenditures (SHA)
- Percent of current health expenditures on primary health care (SHA)
- Incidence of financial catastrophe due to out of pocket payments (population-base survey)

Most of these indicators are collected through survey data such as the Demographic Health Surveys (DHS) and Multiple Indicator Cluster Survey (MICS) which optimally are conducted every 3-5 years to determine changes in these important health and nutrition outcomes.
Health financing indicators

HF Output indicators
- Share of health in total government budget
- Country monitors catastrophic and impoverishing health expenditure with data less than three years old
- Country has identified options for strengthening domestic resource mobilization (i.e. has done a fiscal space analysis)
- Country has implemented strategies to reduce key drivers of inefficiency (i.e. supply chain/distribution of frontline providers/budget execution, etc.)
- Country has identified drivers of limited financial protection (especially in relation to RMNCAH-N services)

Domestic resource mobilization:
- Country has taken actions to support DRM (i.e. efforts prioritized health in the budget, efforts to increase overall government revenue, efforts to support health specific revenue sources)

Donor alignment:
- Share of external funding for health that is pooled or on budget

Financial protection:
- Country has implemented reforms to address identified drivers of Financial Protection (esp. related to RMNCAH-N)

Efficiency:
- Distribution of health workers
- Availability of essential medicines
- Dropout Rate Between 1st and 3rd DTP Vaccination 2015
- Dropout rate between ANC1 to ANC4
- Health Budget Execution Rate
Private Sector: 

**Private Sector – country specific**

- % of GFF countries that have private sector engagement in their country platform
- % of GFF countries that have a done a baseline analysis of private sector in delivering services related to women and children’s health and nutrition, based on survey data (DHS-care seeking behavior, SDI, facility mapping, etc.)
- % of GFF countries that have done in-depth analysis of the private sector role in health system areas related to RMNACH-N (market scoping or private sector assessment)
- % of GFF countries that have a private sector intervention included in their investment case or linked to the IC (e.g., service delivery, supply chain, etc.)
- % of countries that are implementing private sector intervention (of the countries for which this was prioritized in their investment case or linked to the IC. Discuss the Likert scale option here?

**Private sector finance – Global focus**

- Private capital leveraged from private sector investors (total amount in $) through:
  - Financial market instruments (this is the funding raised by GFF-related bond issuances (non-earmarked and ear marked), counting the IBRD/IDA loans linked to buy-downs or co-financing).
  - Blended finance (private direct investment for GFF objectives catalyzed by GFF, including through IFC- think about re)
  - Other instruments (total amount of private capital)
Programmatic areas of focus: IC specific results framework

Areas of focus
- Family Planning & Sexual Reproductive health and rights (SRHR & ASRH)
- Maternal, neonatal, child health
- Nutrition & nutrition policy
- Gender
- Adolescents girls
- Early childhood development
- WASH

Cross-cutting areas of focus
- Civil registration and vital statistics (CRVS)
- Data quality and use
- Quality of care and service delivery
- Supply chain and commodities management
- Community health
- Human resources for health (HRH)
- Equity across regions and poverty index

Link to webpage with GFF country specific results frameworks, including baseline and targets
This will allow GFF to monitor performance by...

Data sharing agreements and country verification process will be important to ensure this work can be substantiated.

Cross country comparisons (Aligned indicators across all countries)

Country specific analyses (monitoring programmatic improvement overtime, and against country-specific targets)
## Example of results framework: Kenya IC and PAD

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Type of Indicator</th>
<th>Baseline (2015)</th>
<th>Target (2020)</th>
<th>Target (2030)</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenage Birth Rate</td>
<td>IMPACT</td>
<td>18</td>
<td>11 ***</td>
<td>20 ***</td>
<td>Surveys and vital statistics</td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>IMPACT</td>
<td>39</td>
<td>32.8</td>
<td>20</td>
<td>Surveys and service statistics</td>
</tr>
<tr>
<td>Under-five Mortality Rate</td>
<td>IMPACT</td>
<td>52</td>
<td>42.1</td>
<td>24</td>
<td>Surveys and service statistics</td>
</tr>
<tr>
<td>Stunting Prevalence</td>
<td>IMPACT</td>
<td>26</td>
<td>19.3</td>
<td>16</td>
<td>Surveys</td>
</tr>
<tr>
<td>Underweight</td>
<td>IMPACT</td>
<td>11</td>
<td>3.5</td>
<td>4</td>
<td>Surveys</td>
</tr>
<tr>
<td>Children receiving all basic vaccinations by 12 months of age (BCG, measles and three doses each of DPT-HepB, polio (excluding polio vaccine given at birth))</td>
<td>OUTCOME</td>
<td>71.3</td>
<td>76</td>
<td>Surveys and service statistics</td>
<td></td>
</tr>
<tr>
<td>Children under 5 treated for diarrhoea</td>
<td>OUTCOME</td>
<td>58</td>
<td>68.7</td>
<td>Surveys and service statistics</td>
<td></td>
</tr>
<tr>
<td>Children under age 1 who slept under a factory treated net that does not require any further treatment LLNs</td>
<td>OUTCOME</td>
<td>53</td>
<td>58.7</td>
<td>Surveys</td>
<td></td>
</tr>
<tr>
<td>Increase Birth coverage registration</td>
<td>OUTCOME</td>
<td>68</td>
<td>94.3</td>
<td>Surveys and service statistics</td>
<td></td>
</tr>
<tr>
<td>Increase Death registration</td>
<td>OUTCOME</td>
<td>46</td>
<td>52.9</td>
<td>Surveys</td>
<td></td>
</tr>
<tr>
<td>Female genital mutilation for 15-19 years</td>
<td>OUTCOME</td>
<td>11</td>
<td>8.1</td>
<td>Surveys</td>
<td></td>
</tr>
<tr>
<td>Gender based violence among women</td>
<td>OUTCOME</td>
<td>5</td>
<td>3</td>
<td>Surveys</td>
<td></td>
</tr>
<tr>
<td>Government spending of health as a percentage of total government spending</td>
<td>OUTCOME</td>
<td>6.80%</td>
<td>11.00%</td>
<td>Surveys and service statistics</td>
<td></td>
</tr>
<tr>
<td>Number of facilities with completeness/timeliness of HMIS data</td>
<td>Output</td>
<td>77*</td>
<td>88.6</td>
<td>Surveys</td>
<td></td>
</tr>
<tr>
<td>Maternal Mortality Ratio</td>
<td>IMPACT</td>
<td>362</td>
<td>297</td>
<td>Surveys and service statistics</td>
<td></td>
</tr>
<tr>
<td>Women aged 15 – 49 who had at least 4 prenatal visits attended by trained health personnel</td>
<td>OUTCOME</td>
<td>58</td>
<td>69.1</td>
<td>Surveys</td>
<td></td>
</tr>
<tr>
<td>Deliveries by skilled provider</td>
<td>OUTCOME</td>
<td>62</td>
<td>87.4</td>
<td>Surveys and service statistics</td>
<td></td>
</tr>
</tbody>
</table>
## Example of results framework for adolescent health and nutrition

### Adolescent Sexual & Reproductive Health

<table>
<thead>
<tr>
<th>Country</th>
<th>Objective</th>
<th>Indicator</th>
<th>Target</th>
<th>Current</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Reduce Adolescent Pregnancy rate from 12 to 3%</td>
<td># of aged 15 in target population/catchment areas who have received three doses of HPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liberia</td>
<td># of women Pregnant aged 15-19 years that attended ANC 1</td>
<td>Reduce FGM among adolescents from 11 to 8.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>Reduce Adolescent Pregnancy rate from 18 to 11%</td>
<td># of adolescents (15-19) who received post abortion care services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td>Reduce adolescent birth rate from 116 to 80/1000</td>
<td>Reduce teenage pregnancy rate from 24 to 14% by 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>Increase to 50% the health professionals trained in providing Adolescent &amp; Youth friendly services</td>
<td>Increase access to AYFHS by 60%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Reduce Adolescent MMR by 50%</td>
<td>% of adolescents who know their HIV status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td># of adolescents (below 20 years) who delivered in a health facility</td>
<td>% of girls married by 18 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRC</td>
<td>reduce adolescent birth rate from 125 to 74/1000</td>
<td>% of health facilities integrated with health services adapted to adolescents and youth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senegal</td>
<td>Utilization of health services by young adults aged 15-24 years</td>
<td>Rate of utilization of sexual and reproductive health services by adolescents (male+female) aged 10-19 years</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Objectives

- 5% reduction in prevalence of insufficient physical activities
- 35% reduction in consumption of Khat
- Increase condom use among 15-49 from 33.7 to 80%
- 35% reduction in consumption of Khat
- Increase condom use among 15-49 from 33.7 to 80%
**Objective:** To assess the ability for the country to monitoring their IC and determine where there are gaps compared to the scenario presented earlier and who to determine who is best to fill these gaps (government, partners, others) and where GFF’s comparative advantage is and what investments should be made (including desk review).

**Content:**
- Identifying indicators and data sources currently available or under development, reviewing quality of data sources, timeliness, and assessing the sustainability of their use on an on-going basis, identifying which existing data sources are ideally suited to an on-going M&E framework for potential GFF projects and identifying what investments may be needed in the future to develop more relevant, accurate and continuous data sources to support monitoring in the future.
- Determine whether present investments are sufficient to monitor their investment case and whether additional investments are needed.
- Determine whether, technical support is needed to support country gaps for monitoring their IC; including developing resource mapping, tracking and expenditure systems; as well support to existing HMIS systems, surveys and surveillance where needed.

**Outcomes:** Together with government and partners develop a set of objectives for improvements against the optimal standard (slide presented earlier), set the baseline for each of the above and a workplan with the government and partners for improvement and investments for the GFF and others. Technical support to fill country gaps for monitoring their IC; including developing resource mapping, tracking and expenditure systems; as well support to existing HMIS systems, surveys and surveillance where needed.