

# 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

financing and implementing

## 3. Learning

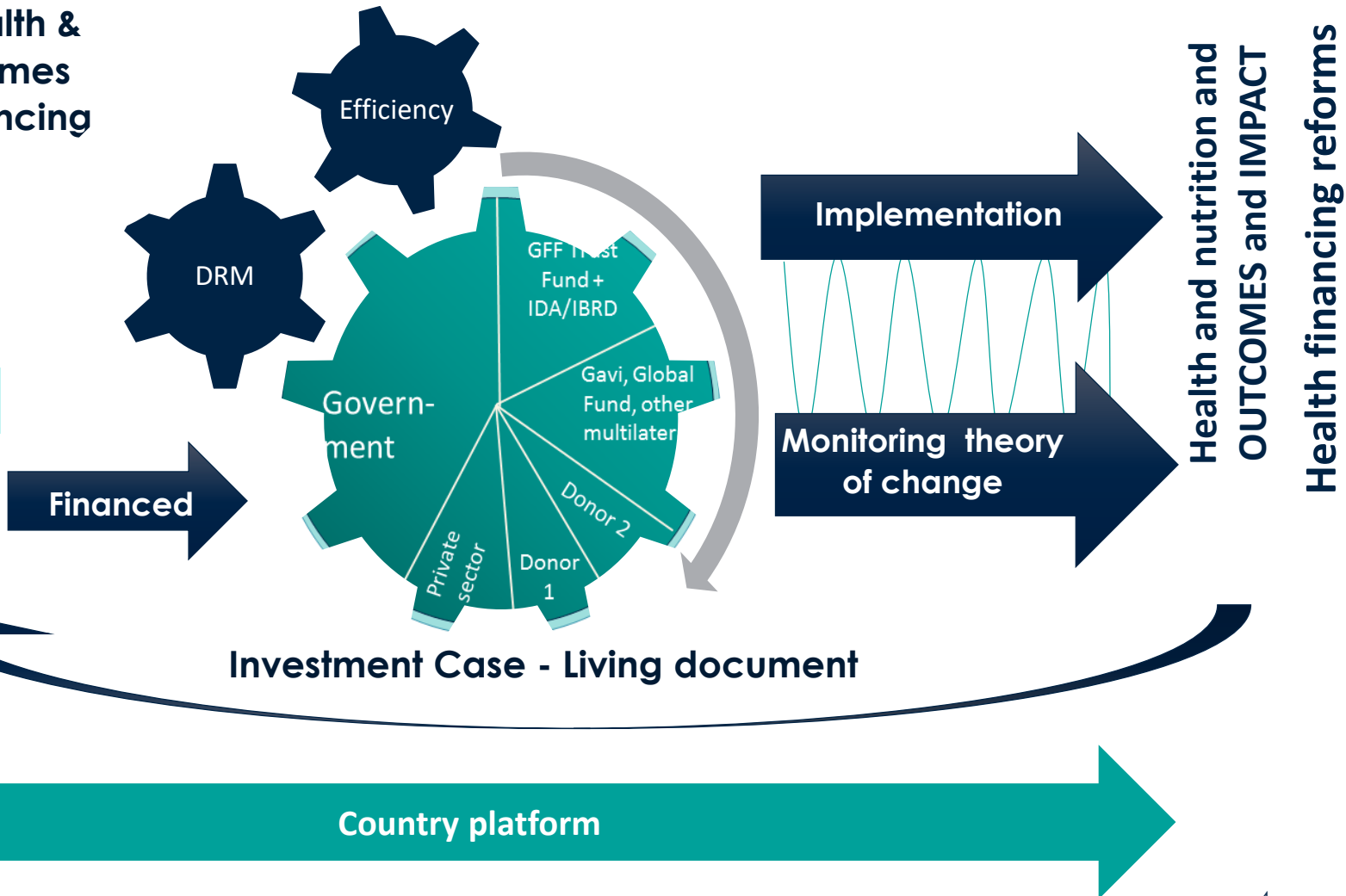
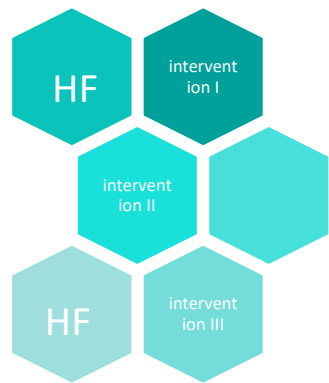
- ▶ Strengthening systems to track progress, learn, and course-correct

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

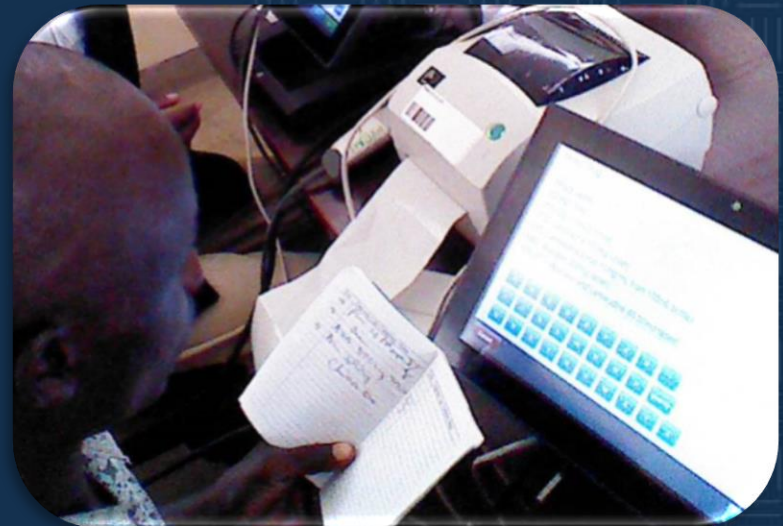
**Prioritized investments  
for RMNCA health &  
nutrition outcomes  
And health financing  
reforms**



# Monitoring Value Statement

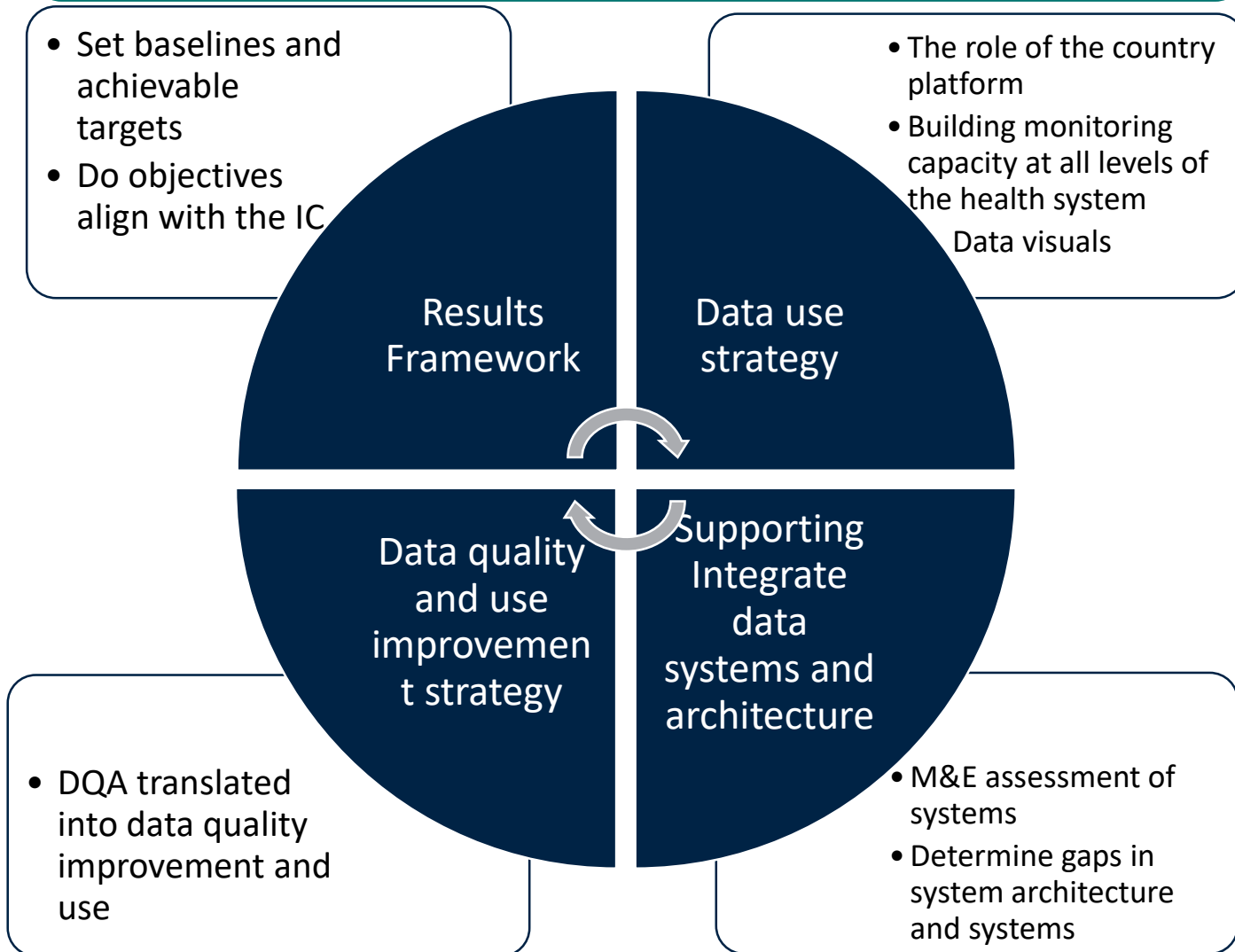
Increase demand for high quality data and meaningful country owned data-use for improved RMNCAH-N outcomes and health financing reforms:

- 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





# GFF approach – Mapping/ Tracking financial resources to results at subnational levels

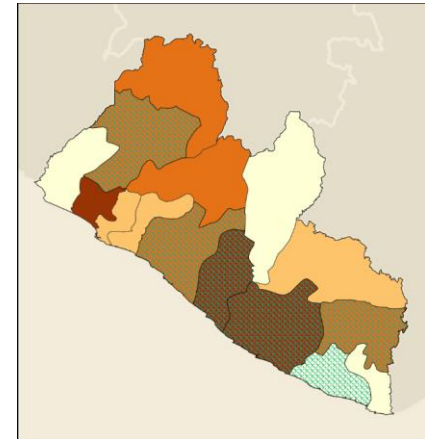
## Resource mapping & tracking

resource allocation commitments

## Monitoring geographic priorities (regional disparities, urban versus rural)

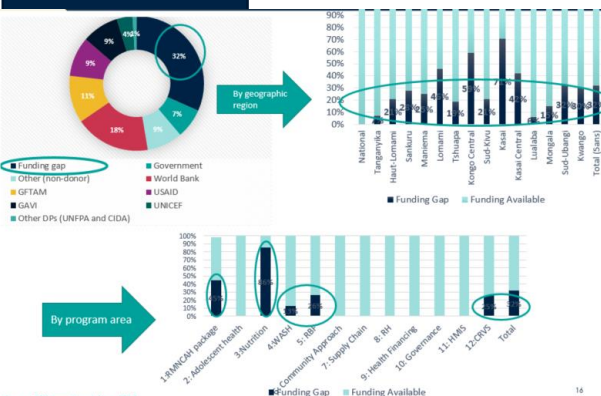
- Are we in the right places?
- Do the result match the available resources?
- Do the committed investments match the amounts disbursed?
- Are the funds matching the needs?

## Regional priorities & equity

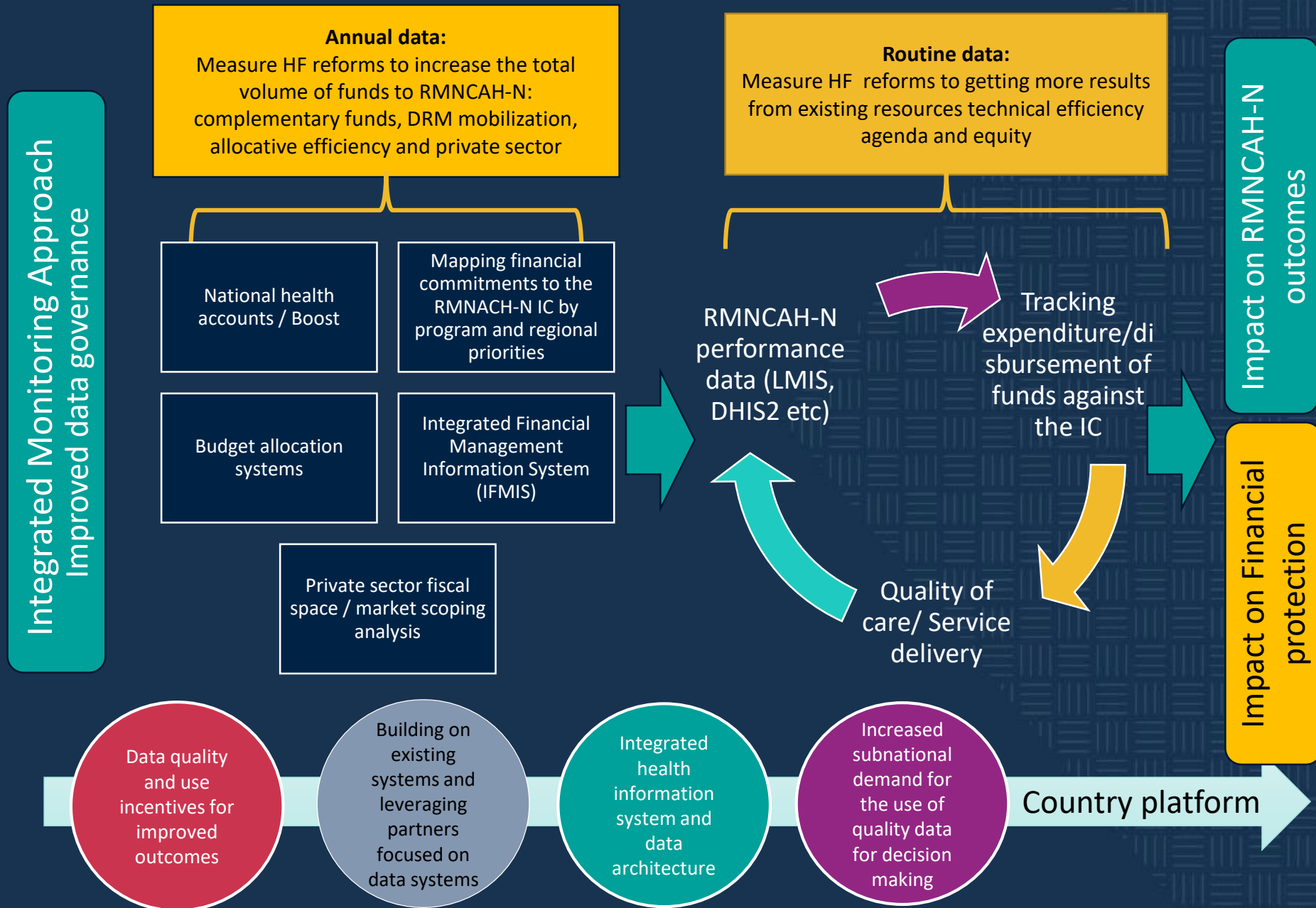


## Performance Results monitoring

for ANC4 (2015/16)	for ANC4 (2016/17)	District Name	Difference for ANC4 (2015/16)	DIFF ANC4
-17.8	-7.8	Kakonko District	-25.9	-1.7
		Buhigwe District	-24.7	-13.5
		Uvinza District	-22.9	-16.1
		Kibondo District	-21.5	-13.2
		Kasulu Town	-18.6	-15.5
		Kasulu District	-16.9	17
		Rigoma District	-14.3	-8.5
		Rigoma Municipal	-5.6	-9.5
		Lushoto District	-24.1	-18.2
		Muhesa District	-21.5	-22.4
		Korogwe District	-21.2	-15.5
		Handeni District	-20.4	-9
		Bumbuli District	-19.3	-9.4
		Pangani District	-18.8	-22.3
		Mkinga District	-18.6	-8.2
		Korogwe Town	-17	-10.6
		Tanga City	-12.4	2.9
		Kilindi District	5.3	11.7
		Handeni Town	NA	18.1
		Kondoa District	-19.6	-7.1
		Bahi District	-16.5	-22.2
		Chamwino District	-15.5	-11.3
		Kongwa District	-14.5	-1.3
		Chemba District	-5.8	-0.2
		Dodoma Municipal	-5.7	0.9
		Mpwapa District	-2.9	2.9
		Kondoa Town	NA	31.6



# How to measure the impact of the GFF



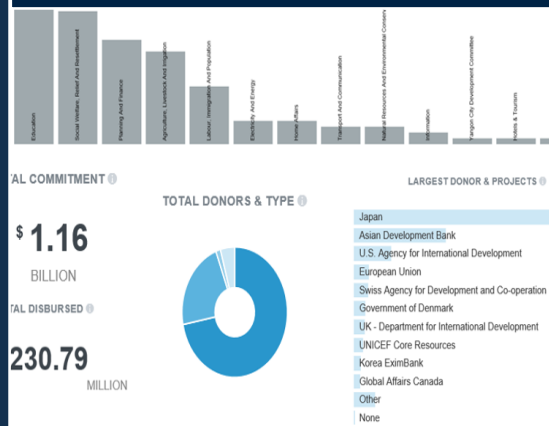


# Country examples

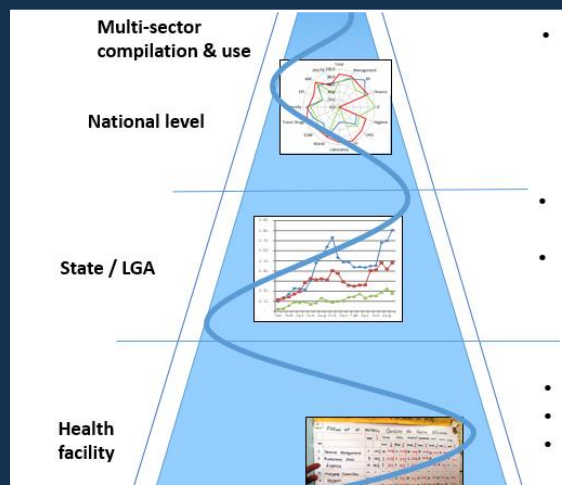
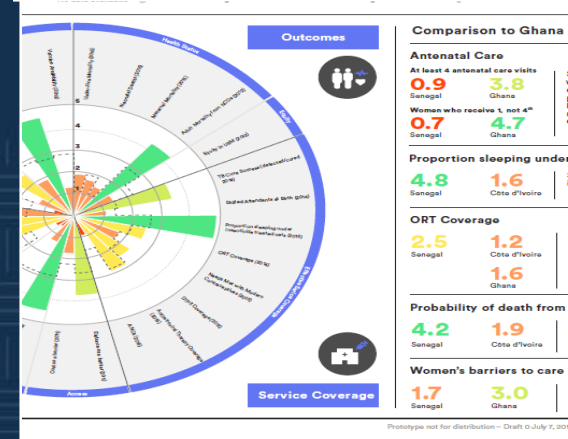
## Developing a strong results framework – Kenya

	10	11	Surveys and
	362	297	113 Surveys
	22	17.9	13 Surveys and
	39	32.8	20 Surveys and
	52	42.1	24 Surveys and
	26	19.3	16 Surveys
	11	3.5	4 Surveys
	11	8.1 ***	Surveys, Cou
	5	3 ***	Surveys
ive method	53	72	Surveys and
	58	73.1	Surveys and

## Measuring/ tracking Resources; Mohinga in Myanmar



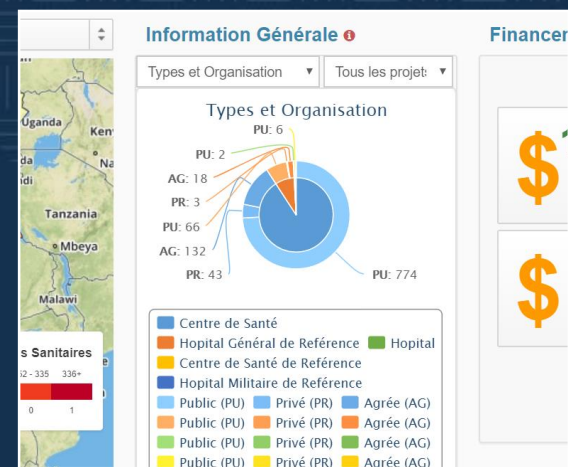
## Quality of care Annual SPA in Senegal



## Measuring and using results Nigeria



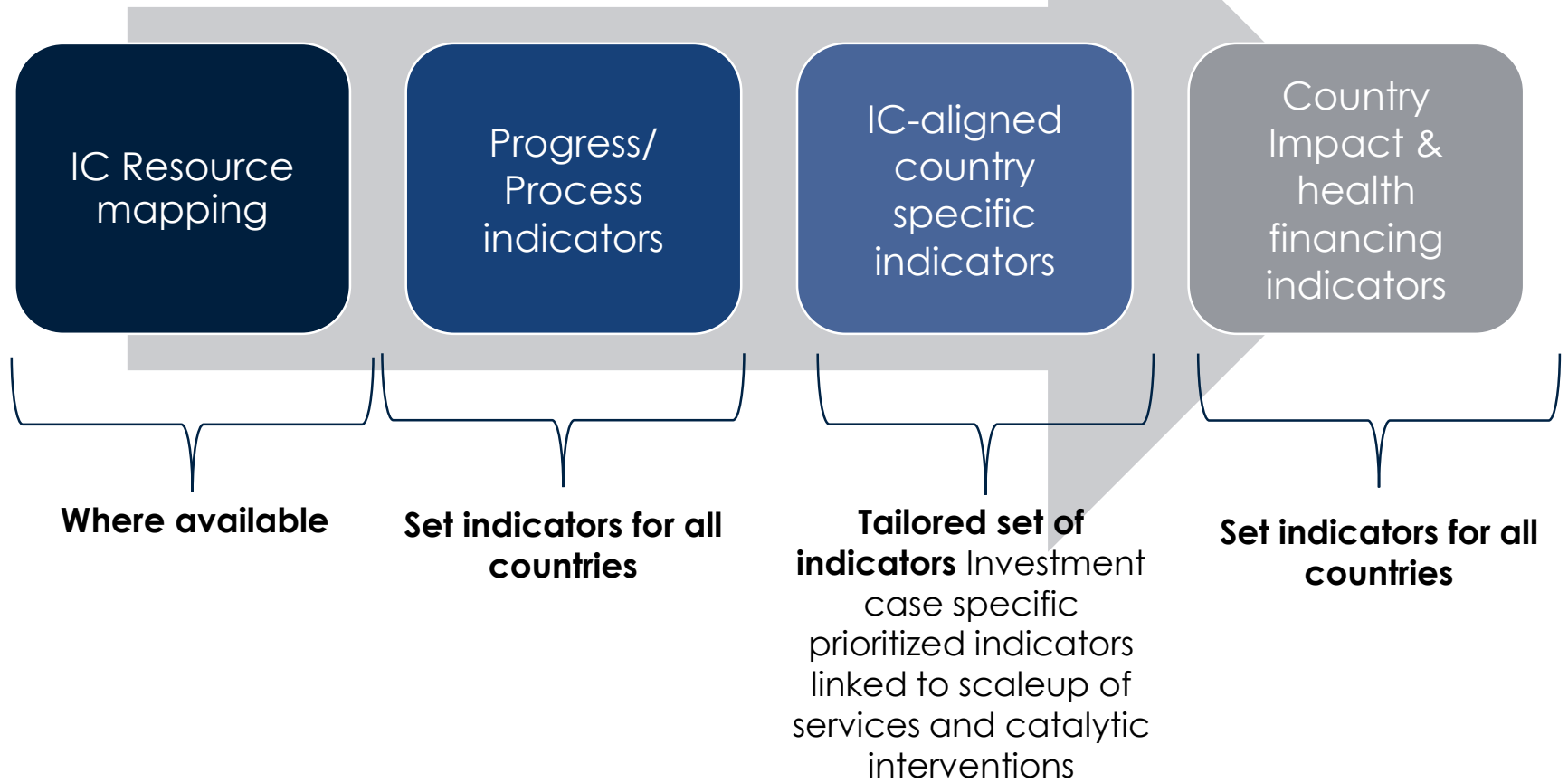
## Supporting HMIS systems integration - Tanzania



## Developing incentives DRC

# Updated Global Results framework

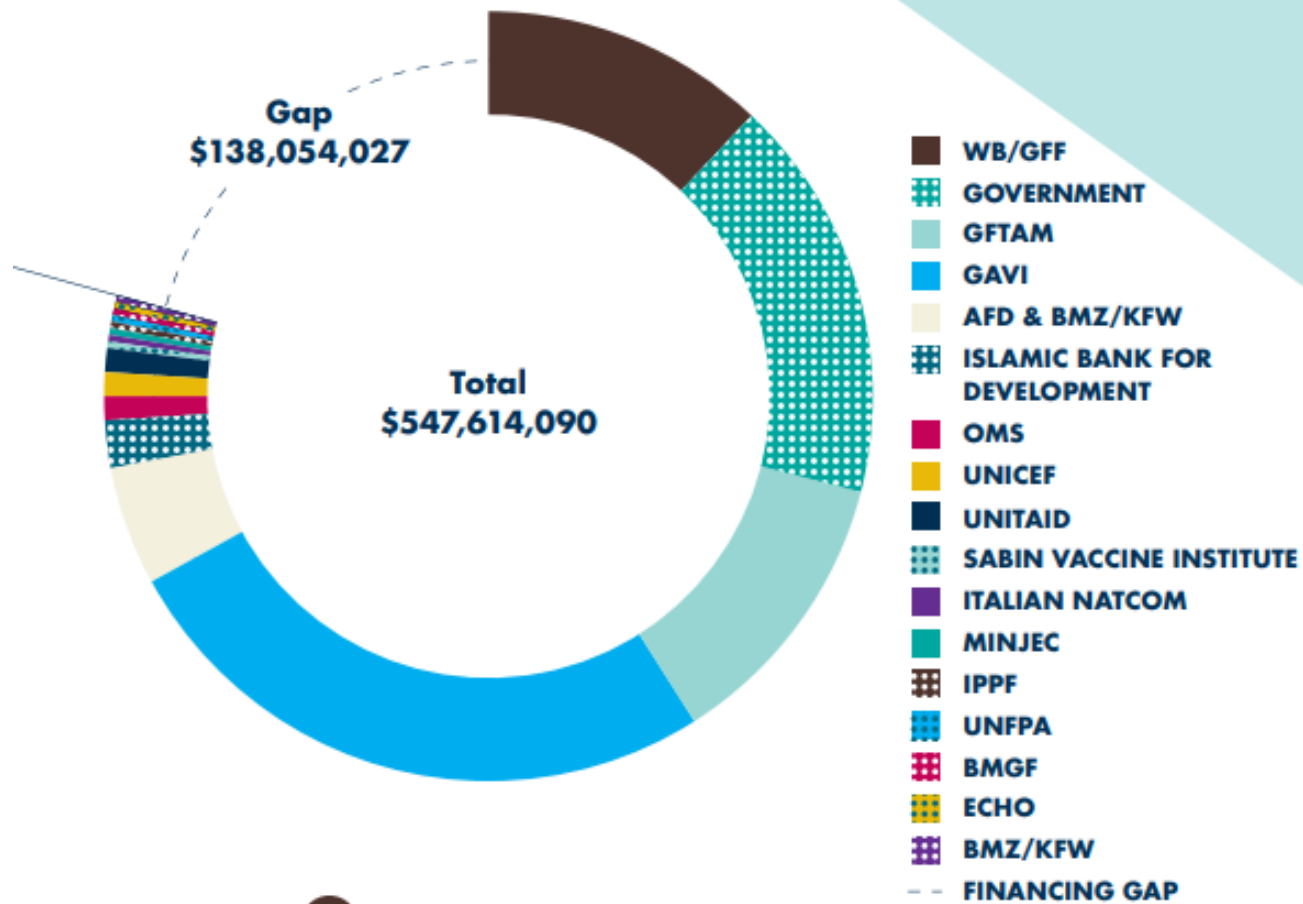
## Approved on April 2018 by TFC



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

# Resource mapping

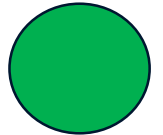
## Cameroon



# Progress indicator (under discussion)

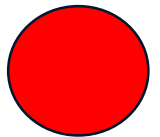
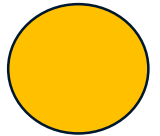
## Investment case

- ▶ 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 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

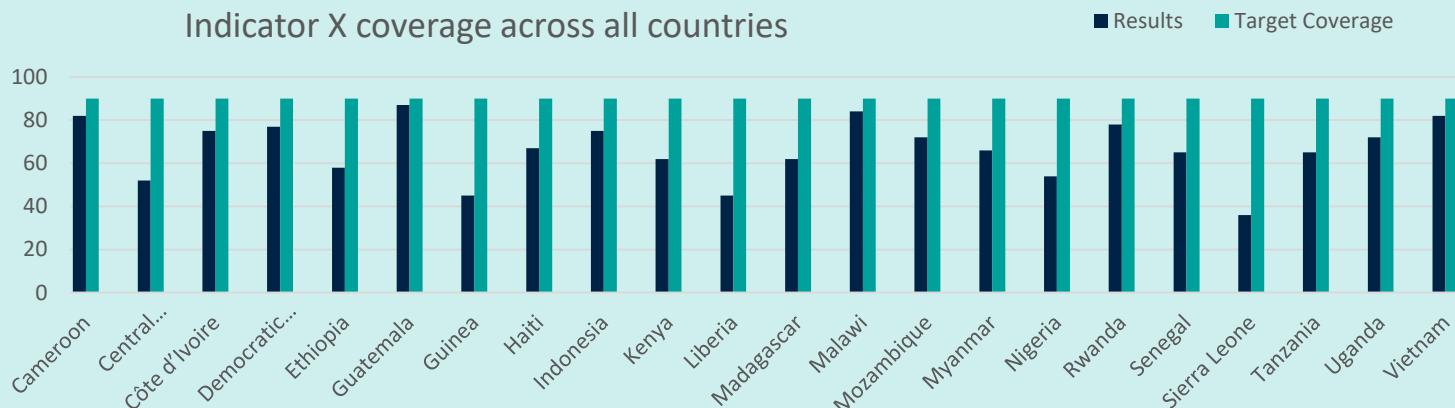
Link to webpage with GFF country specific results frameworks,  
including baseline and targets

# 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.

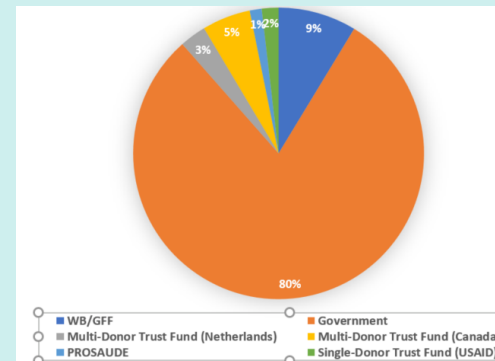
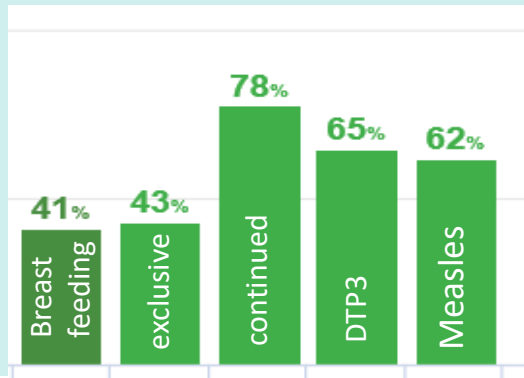
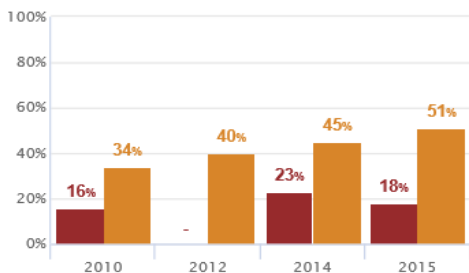
## Cross country comparisons (Aligned indicators across all countries)

Indicator X coverage across all countries



## Country specific analyses (monitoring programmatic improvement overtime, and against country-specific targets)

■ Antenatal care (4+ visits)  
■ Skilled birth attendant



# Example of results framework: Kenya IC and PAD

INDICATOR	Type of Indicator	Baseline (2015)	Target (2020)	Target (2030)	Source
Teenage Birth Rate	IMPACT	18	11	***	Surveys and vital statistics
Infant mortality rate	IMPACT	39	32.8	20	Surveys and service statistics
Under-five Mortality Rate	IMPACT	52	42.1	24	Surveys and service statistics
Stunting Prevalence	IMPACT	26	19.3	16	Surveys
Underweight	IMPACT	11	3.5	4	Surveys
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))	OUTCOME	71.3	76		Surveys and service statistics
Children under5 treated for diarrhoea	OUTCOME	58	68.7		Surveys and service statistics
Children under age 1 who slept under a factory treated net that does not require any further treatment LLINs	OUTCOME	53	58.7		Surveys
Increase Birth coverage registration	OUTCOME	68	94.3		Service statistics
Increase Death registration	OUTCOME	46	52.9		Service statistics
Female genital mutilation for 15-19 years	OUTCOME	11	8.1		Surveys
Gender based violence among women	OUTCOME	5	3		Surveys
Government spending of health as a percentage of total government spending	OUTCOME	6.80%	11.00%		Government accounts
Number of facilities with completeness/timeliness of HMIS data	Output	77*	88.6		Surveys
Maternal Mortality Ratio	IMPACT	362	297		Surveys
Women aged 15 – 49 who had at least 4 prenatal visits attended by trained health personnel	OUTCOME	58	69.1		Surveys
Deliveries by skilled provider	OUTCOME	62	87.4		Surveys

## GLOBAL RESULTS FRAMEWORK

## INDICATORS BY TOPIC

## COUNTRY INDICATORS

BANGLADESH

CAMEROON

DEMOCRATIC REPUBLIC OF CONGO

ETHIOPIA



GUATEMALA

GUINEA

KENYA

LIBERIA





# Example of results framework for adolescent health and nutrition

## Adolescent Sexual & Reproductive Health

Ethiopia	Liberia	Kenya	Tanzania	Uganda	Nigeria	Sierra Leone	DRC	Senegal
Reduce Adolescent Pregnancy rate from 12 to 3%	#of aged 15 in target population/catchment areas who have received three doses of HPV	Reduce Teenage pregnancy rate from 18 to 11%	Reduce adolescent birth rate from 116 to 80/1000	Increase to 50% the health professionals trained in providing Adolescent & Youth friendly services	Reduce Adolescent MMR by 50%	reduce adolescent birth rate from 125 to 74/1000	Utilization of health services by young adults aged 15 - 24 years	Fertility rate of adolescents and youth aged 15 - 19 years
5% reduction in prevalence of insufficient physical activities	# of women Pregnant aged 15 - 19 years that attended ANC 1	Reduce FGM among adolescents from 11 to 8.1%	# of adolescents (15-19) who received post abortion care services	Reduce teenage pregnancy from 24 to 14% by 2020	Increase access to AYFHS by 60%	% of adolescents who know their HIV status	% of health facilities integrated with health services adapted to adolescents and youth	Rate of utilization of sexual and reproductive health services by adolescents (male+female) aged 10 - 19 years
35% reduction in consumption of Khat	# of program staff receiving specific training to provide education/counseling in adolescent health care		# of adolescents (below 20 years) who delivered in a health facility	% of girls married by 18 years				
Increase condom use among 15 - 49 from 33.7 to 80%	# of clients who aged 15 - 19 who received a contraceptive method in a given time period		# of adolescents (below 20 years) who received PNC within 48 hours of delivery					

# DATA SYSTEMS, QUALITY AND USE DIAGNOSTIC REVIEW

**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.