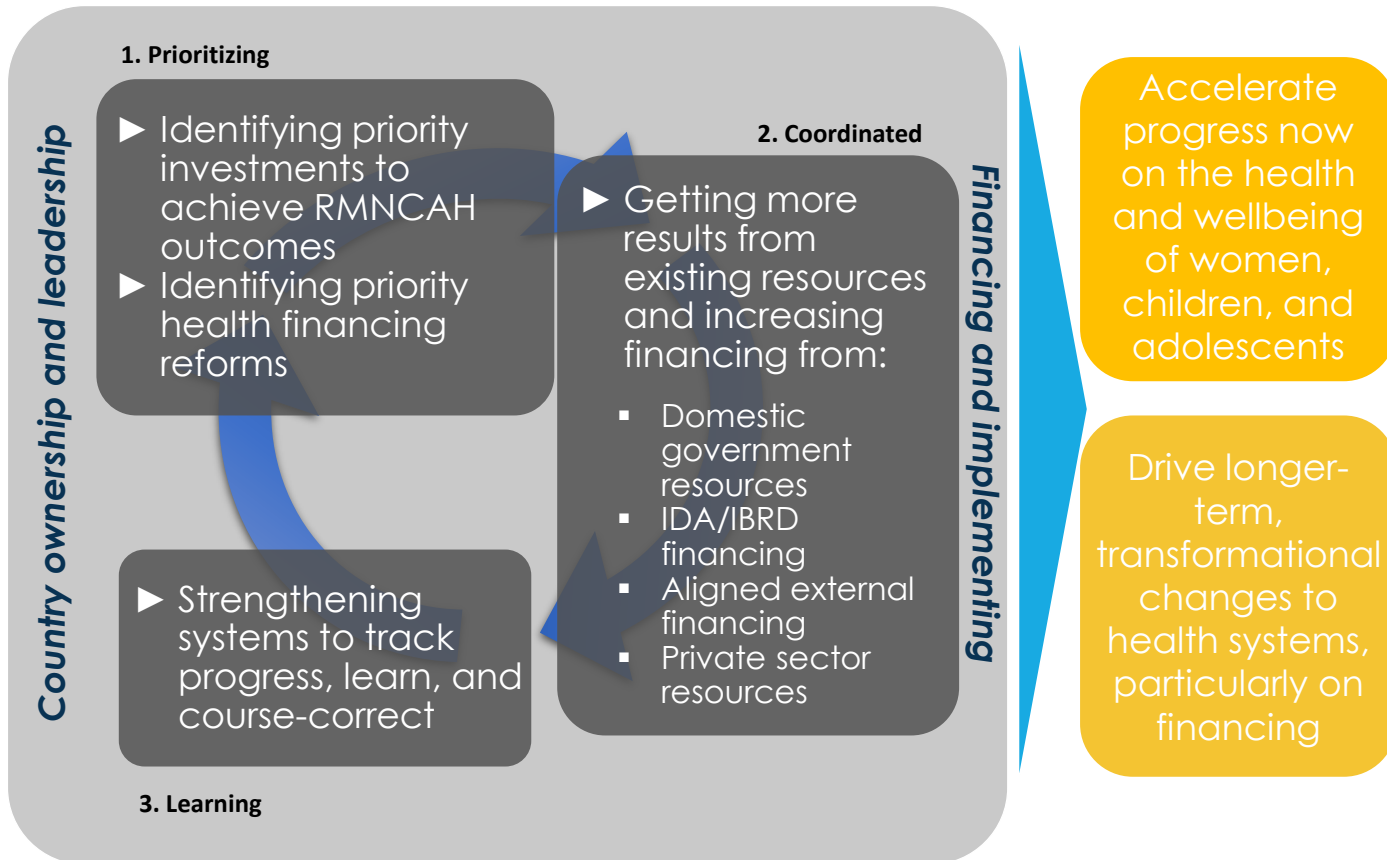


# Monitoring the Investment Case

Country Implementation Workshop  
Tanzania, Wednesday 16-21 September 2018



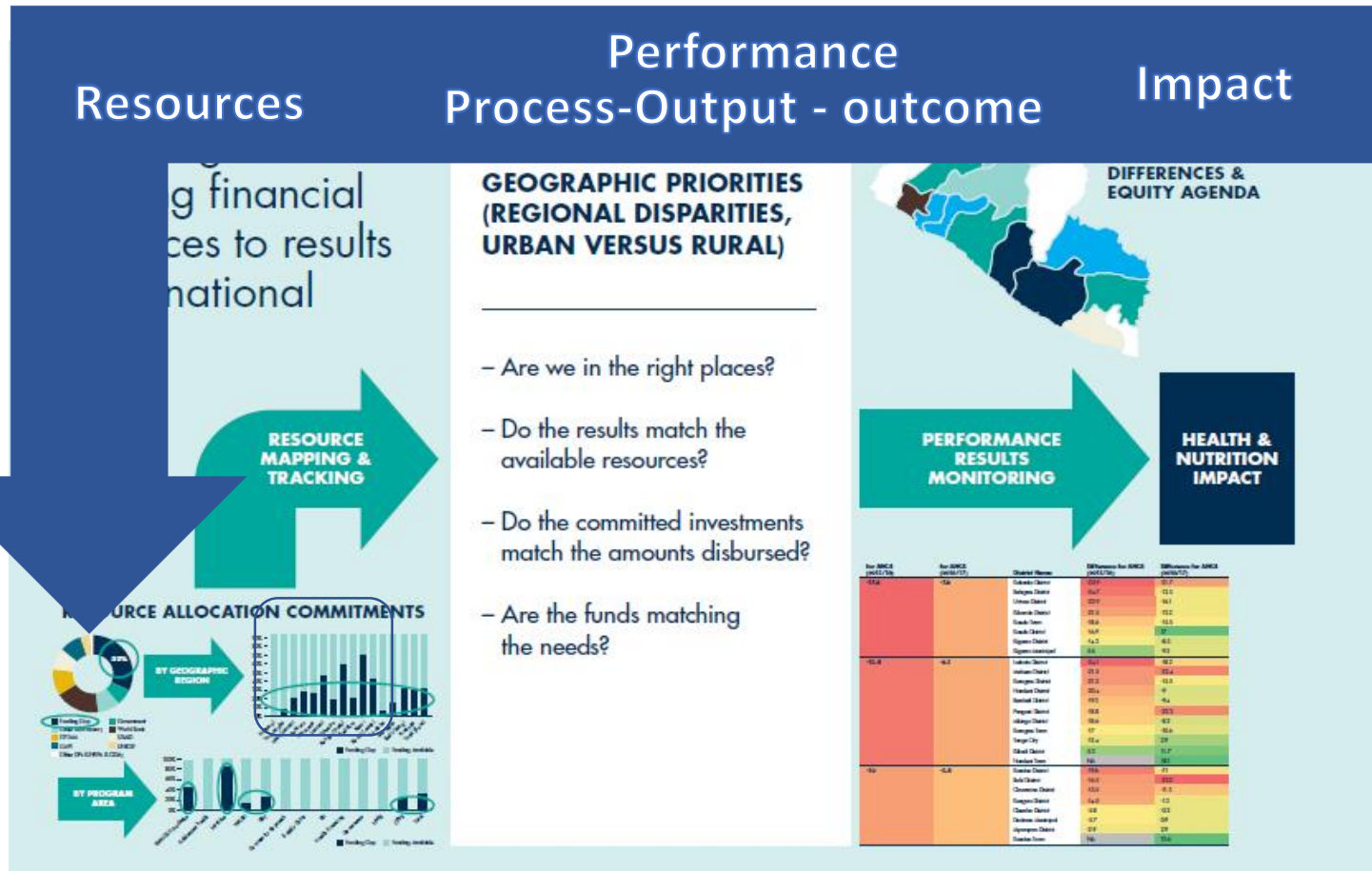
# How the GFF drives results



# Session Objectives

1. Understanding the theory of change concept and how it is linked to the IC's results framework
2. Refresh countries' existing results frameworks
  1. Setting achievable targets
  2. Ensure it is fit for purpose
  3. Uses integrated sources
  4. Is multisectoral, where appropriate
3. Improve upon country data systems
  1. Is data quality good enough? And how can it be improved
  2. Are the correct indicators available?
  3. Are the needed systems in place?
4. Is the right data getting to the right user at the right time?

# GFF approach

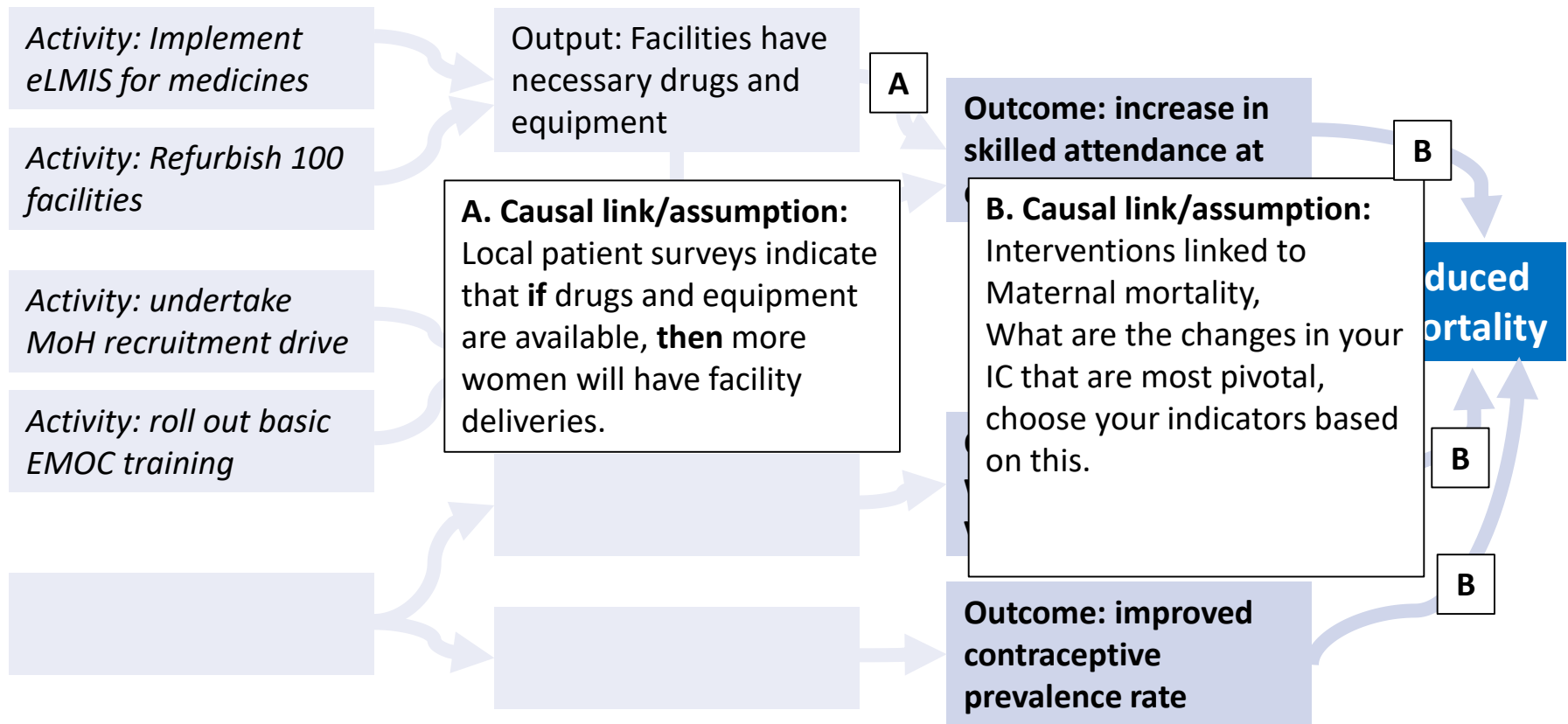


**1. Understanding the theory of change concept and how it is linked to the IC's results framework**

## What is A 'Theory of Change'?

- ▶ Every program or project has a theory of change: a hypothesis for how change will happen.
- ▶ With traditional planning approaches, this is often hidden – we describe activities, outcomes and impact, but make *assumptions* that each of these will lead to the next.
- ▶ Theory of Change (capital letters) is an approach where we discuss and clearly document these assumptions – the chain of cause-and-effect that will achieve our desired impact
- ▶ This enables us to monitor each component with in the chain of cause-and-effect
- ▶ The term 'Theory of Change' is used both for the **process** (the approach used to understand and plan change) and for the **description/diagram** of how change will happen.

# A simple example: Theory of Change



# What is the 'Theory of Change' Approach?

## **Approach:**

- ▶ Work backwards from our desired impact to identify the 'pre-conditions' that are needed to achieve it.
- ▶ Identifies impact, outcomes, outputs and activities.
- ▶ Documents 'causal links' (cause-and-effect), drawing on *evidence* that the expected change will work in this context.
- ▶ Includes external factors, not just our own activities.
- ▶ Not linear – causal links can flow sideways and backwards.



## How can we use 'Theory of Change'?

- ▶ Can be used during the **development of an investment case**, to help stakeholders discuss how to achieve desired impact.
- ▶ Can also be used to help understand the **assumptions** that have been made around cause-and-effect.
- ▶ Can help us to better **monitor, implement** and **evaluate** – if we monitor key assumptions around cause-and-effect, we can quickly course-correct if they do not hold true in this context.

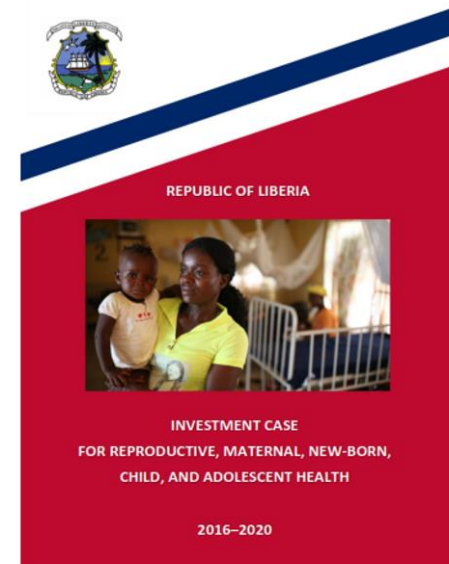


# Liberia's Investment Case for RMNCAH

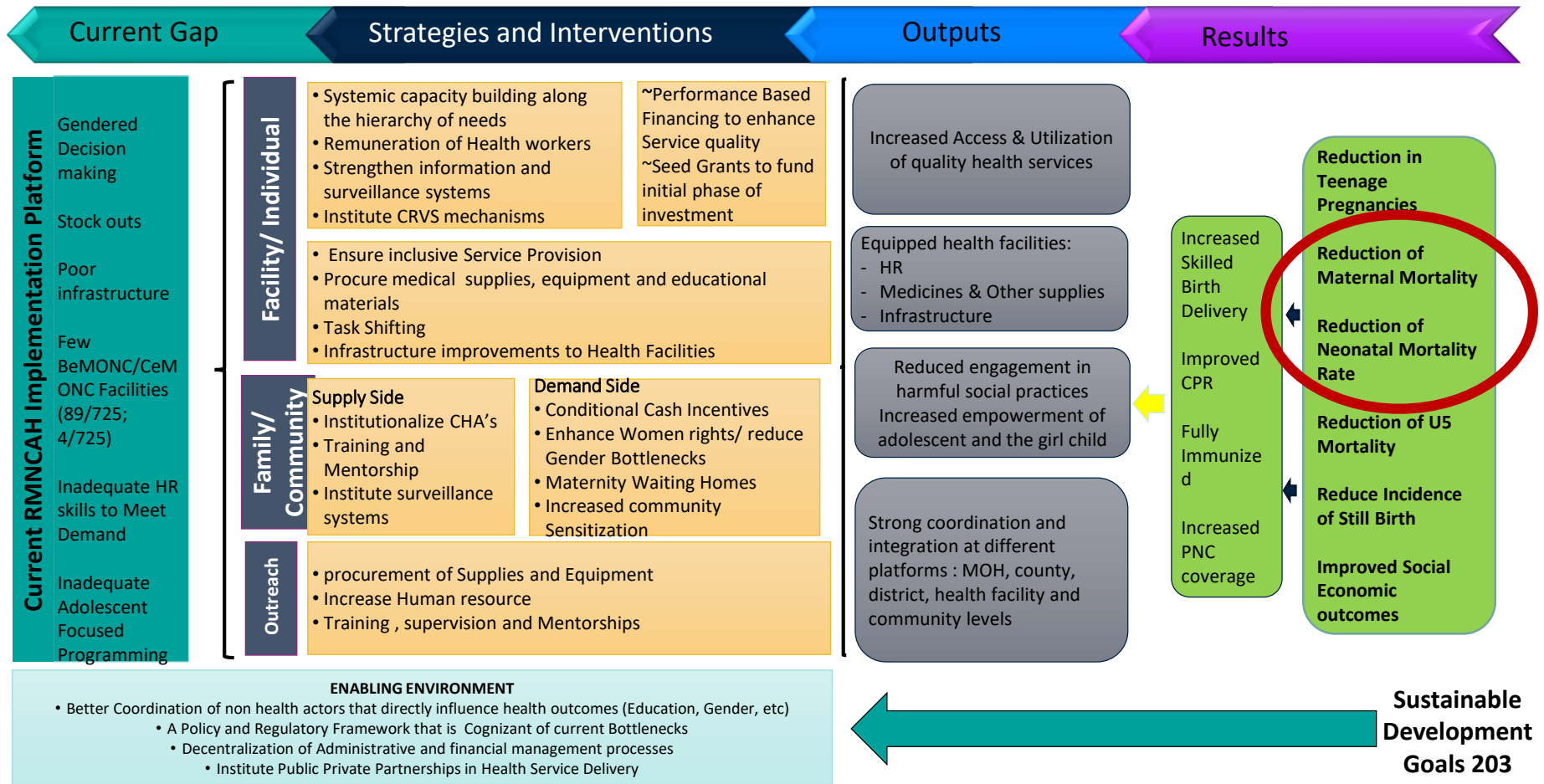
# Liberia's Investment Case for RMNCAH

## *Theory of Change*

Ministry of Health, Liberia  
GFF Implementation Workshop, Sept. 2018  
Dar es Salaam, Tanzania



# Theory of Change – Start by defining desired results and work backwards



# Results: Reduce MMR by 19.2% and NMR by 34% in 5 years

HOW to measure the change?

Core areas of change within priority investment areas

Priority investment areas to reduce MMR & NMR

Indicators	Interventions	Priority Investment
<ul style="list-style-type: none"> <li>• % of pregnant women tested for syphilis</li> <li>• % of delivery for which a partograph was correctly completed</li> <li>• % of Women who receive uterotonic drug during AMTSL/delivery</li> <li>• % of pregnant women who took 3rd dose of SP for IPTp</li> <li>• % of deliveries at facilities attended by a skilled personnel</li> <li>• % of post partum women attending post natal care within 24 hours of delivery by skilled birth attendants</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Upgrade infrastructure in facilities to provide EmONC services:</u> Upgrade and expansion of maternities, build maternal waiting homes, build electricity in MCH room, build Maternal &amp; Pediatric Wing at Redemption hospital</li> <li>• <u>Equip facilities with skilled providers to ensure provision of EmONC:</u> Provide training and mentoring in EmONC, provide motivational package for HWs to stay after hours</li> <li>• <u>Improve quality of service delivery:</u> Establish monthly RHTC meetings, provide supportive supervision, coaching to counties, involve national youth volunteers in monitoring, establish PBF at secondary and PHC level, establish peer to peer BeMONC mentoring</li> </ul>	<p><b>Quality EmONC, including ANC, PNC, Child Health</b></p>

## Results: Reduce MMR by 19.2% and NMR by 34% in 5 years

HOW to measure the change?

Core areas of change within priority investment areas

Priority investment areas to reduce MMR & NMR

Indicators*	Interventions	Priority Investment
<ul style="list-style-type: none"> <li>• % of young pregnant women aged 10-19 years who attended ANC 1</li> <li>• % of health facilities providing youth friendly services</li> <li>• # of adolescents receiving family planning counselling</li> </ul> <p>*Some of these indicators still need to be confirmed/reporting tools adjusted.</p>	<ul style="list-style-type: none"> <li>• Develop Post Abortion Care policy</li> <li>• Revisit abortion in Public Health Law</li> <li>• Strengthen law against domestic violence, early marriage</li> <li>• Integrate ASRH programs into a multisectoral agenda</li> <li>• Improve education on ASRH for “in school” adolescents through school programs</li> <li>• Improve education on ASRH for “out of school” adolescents through youth volunteers</li> <li>• Provide in-service training on ASRH</li> <li>• Disaggregate routine data collection tools to include age groups 10-24</li> </ul>	<p><b>Adolescent health</b></p>

# Results: Reduce MMR by 19.2% and NMR by 34% in 5 years

HOW to measure the change?

Core areas of change within priority investment areas

Priority investment areas to reduce MMR & NMR

Indicators	Interventions	Priority Investment Area
<ul style="list-style-type: none"> <li>• [# and %] of Maternal deaths reported with reviews conducted (disaggregated by facility and community level)</li> <li>• % of health facilities with trained personnel in ICD 10 classification</li> </ul>	<ul style="list-style-type: none"> <li>• <u>IDSR</u>: Provide capacity building at county and district level on notification, investigation, verification, supervision; establish functioning Incident Management Center; develop CEBS-case definition, training of HWs and community persons on ICD 10.</li> <li>• <u>MNDSR</u>: Provide training in MNDSR for clinicians and community health assistants to implement MNDSR; facilitate standardization and harmonization of MNDSR at community, facility, district and county level; improve flow and use of information at different levels of health system</li> </ul>	<p><b>Emergency Preparedness and Response, especially MNDSR</b></p>

# RMNCH Scorecard (HMIS 2016)

Counties	ANC 4	Caesarean Section Rate	Institutional deliveries	Deliveries in Facility attended by SBA	PNC within 2 days	IPTp 2	Low birth weight	Fully immunized	ITN ANC distribution	Pregnant women tested for HIV / PMTCT	Pregnant women initiated on ARV	ANC iron folate distribution	Exclusive breastfeeding (0-6 mos)	Acute malnutrition treated and cured	HMIS completeness / Timeliness
Bomi	59%	5%	68%	67%	0%	40%	5%	83%	60%	69%	35%	30%	78%	37%	(84.9 / 76.3)
Bong	81%	5%	88%	88%	0%	81%	4%	97%	66%	71%	60%	100%	85%	60%	(94.3 / 91.1)
Gbarpolu	41%	5%	39%	38%	0%	39%	2%	86%	58%	31%	21%	32%	28%	32%	(99.4 / 93.3)
Grand Bassa	75%	3%	56%	55%	0%	59%	3%	59%	71%	77%	33%	61%	31%	66%	(90.7 / 82.8)
Grand Cape Mount	51%	2%	49%	49%	0%	46%	3%	59%	58%	54%	66%	78%	41%	41%	(94.4 / 78.3)
Grand Gedeh	80%	3%	54%	53%	0%	49%	3%	52%	56%	42%	42%	27%	34%	49%	(95.7 / 85.9)
Grand Kru	47%	5%	44%	42%	0%	40%	2%	91%	66%	42%	37%	91%	17%	41%	(100 / 98.2)
Lofa	68%	6%	67%	67%	0%	60%	2%	76%	55%	43%	86%	55%	101%	47%	(96.6 / 79.1)
Margibi	45%	7%	54%	54%	0%	38%	3%	90%	63%	50%	39%	44%	32%	46%	(71.3 / 62.5)
Maryland	67%	5%	51%	50%	0%	48%	3%	62%	62%	56%	49%	58%	20%	45%	(100 / 98.6)
Montserrado	46%	10%	36%	35%	0%	26%	8%	61%	37%	45%	20%	142%	17%	45%	(64.4 / 53.2)
Nimba	78%	5%	82%	82%	0%	69%	2%	61%	49%	51%	71%	206%	105%	39%	(95.9 / 87.1)
River Gee	37%	5%	41%	41%	0%	39%	4%	40%	49%	49%	60%	17%	25%	56%	(99.1 / 93.4)
Rivercess	62%	2%	53%	53%	0%	51%	2%	61%	83%	67%	63%	78%	37%	47%	(100 / 96.9)
Sinoe	61%	3%	62%	59%	0%	53%	2%	69%	57%	38%	39%	49%	13%	55%	(94.1 / 92.3)
Liberia	60%	6%	56%	55%	0%	47%	4%	68%	52%	52%	40%	106%	47%	47%	(82.4 / 73.1)

- The colours show baseline to target (Dark green: on track → Red: Below the target)



# RMNCH Scorecard (HMIS 2017): Progress shows mixed results – Some counties are falling behind

Counties	ANC4	Caesarean Section Rate	Institutional deliveries	Deliveries in Facility attended by SBA	PNC within 2 days	IPTp2	Low birth weight	Fully immunized	ITN distribution	ANC distribution	Pregnant women tested for HIV / PMTCT	Pregnant women initiated on ARV	ANC iron folate distribution	Exclusive breastfeeding (0-6 mos)	Acute malnutrition treated and cured	HMIS completeness / Timeliness
Bomi	51%	5%	64%	63%	18%	47%	2%	85%	70%	80%	36%	35%	55%	2%	(79.8 / 63.1)	
Bong	82%	5%	96%	94%	74%	95%	4%	107%	66%	63%	12%	96%	65%	23%	(95.6 / 95.4)	
Gbarpolu	41%	5%	43%	43%	25%	63%	3%	84%	47%	51%	35%	34%	21%	75%	(100 / 77.2)	
Grand Bassa	79%	3%	66%	65%	34%	69%	2%	59%	59%	63%	10%	60%	27%	268%	(98.2 / 89.9)	
Grand Cape Mount	47%	1%	43%	41%	31%	46%	4%	62%	58%	57%	31%	64%	34%	45%	(94.9 / 82.6)	
Grand Gedeh	65%	4%	61%	60%	48%	39%	4%	55%	52%	56%	22%	59%	67%	107%	(98.9 / 92.4)	
Grand Kru	57%	4%	62%	62%	31%	55%	1%	103%	69%	71%	17%	126%	28%	93%	(100 / 99.1)	
Lofa	64%	7%	77%	77%	52%	74%	3%	82%	61%	63%	33%	63%	62%	23%	(96.6 / 91.7)	
Margibi	41%	7%	60%	58%	22%	42%	2%	78%	55%	35%	1%	46%	25%	8%	(88.7 / 72.8)	
Maryland	59%	4%	53%	53%	45%	44%	3%	54%	56%	44%	7%	54%	29%	2%	(97.9 / 83.3)	
Montserrado	42%	10%	37%	36%	11%	34%	3%	78%	56%	48%	48%	125%	24%	20%	(72.6 / 56.9)	
Nimba	92%	4%	97%	97%	55%	90%	2%	84%	82%	57%	9%	96%	80%	8%	(96.3 / 94.1)	
River Gee	30%	5%	42%	41%	39%	52%	5%	58%	41%	51%	19%	34%	39%	3%	(99.1 / 97.8)	
Rivercess	44%	2%	54%	53%	5%	28%	2%	58%	49%	63%	43%	62%	22%	30%	(97.8 / 90.4)	
Sinoe	59%	3%	71%	70%	33%	60%	1%	75%	52%	46%	6%	60%	14%	48%	(96.6 / 96.4)	
Liberia	59%	6%	61%	60%	34%	57%	3%	78%	61%	54%	33%	88%	41%	29%	(86.9 / 76.7)	

- The colours show baseline to target (Dark green: on track → Red: Below the target)

# Progress from 2016 to 2017: Mixed results – Some increases in indicators yet also a lot of declines.

Counties	ANC4	Caesarean Section Rate	Institutional deliveries	Deliveries in Facility attended by SBA	PNC within 2 days	IPTp2	Low birth weight	Fully immunized	ITN ANC distribution	Pregnant women tested for HIV	Pregnant women initiated on ARV	ANC iron folate distribution	Exclusive breastfeeding (0-6 mos)	Acute malnutrition treated and cured
Bomi	-7%	0%	-4%	-5%	3%	6%	-3%	2%	10%	12%	1%	5%	-23%	-36%
Bong	1%	-1%	7%	6%	16%	15%	-1%	10%	1%	-7%	-48%	-4%	-20%	-37%
Gbarpolu	0%	0%	5%	5%	9%	24%	1%	-2%	-11%	20%	14%	2%	-7%	44%
Grand Bassa	3%	0%	10%	11%	6%	10%	-1%	1%	-13%	-14%	-23%	-1%	-4%	202%
Grand Cape Mount	-5%	0%	-7%	-7%	7%	0%	1%	3%	0%	3%	-35%	-14%	-8%	4%
Grand Gedeh	-15%	0%	7%	7%	-10%	-10%	0%	3%	-4%	14%	-20%	33%	33%	58%
Grand Kru	10%	-1%	18%	20%	5%	15%	-1%	12%	3%	29%	-20%	34%	10%	52%
Lofa	-5%	1%	11%	11%	22%	14%	0%	5%	6%	20%	-53%	8%	-39%	-25%
Margibi	-5%	-1%	5%	4%	4%	3%	-1%	-12%	-8%	-15%	-37%	2%	-7%	-39%
Maryland	-9%	-1%	2%	3%	3%	-3%	0%	-7%	-7%	-12%	-42%	-5%	9%	-43%
Montserrado	-4%	0%	1%	1%	3%	8%	-5%	17%	20%	3%	29%	-17%	7%	-25%
Nimba	13%	-1%	15%	15%	16%	21%	0%	23%	33%	6%	-62%	-110%	-25%	-30%
River Gee	-7%	0%	0%	0%	1%	13%	1%	18%	-8%	1%	-42%	17%	14%	-53%
Rivercess	-18%	1%	1%	0%		-23%	0%	-3%	-34%	-4%	-20%	-16%	-15%	-17%
Sinoe	-2%	0%	9%	10%	17%	7%	0%	6%	-5%	9%	-33%	11%	1%	-6%
Liberia	-2%	0%	6%	5%	8%	9%	-1%	10%	9%	2%	-7%	-18%	-6%	-18%

Decline in indicators

Increase in indicator

Source: HMIS 2018

## Liberia Key M&E Implications – How to improve results?

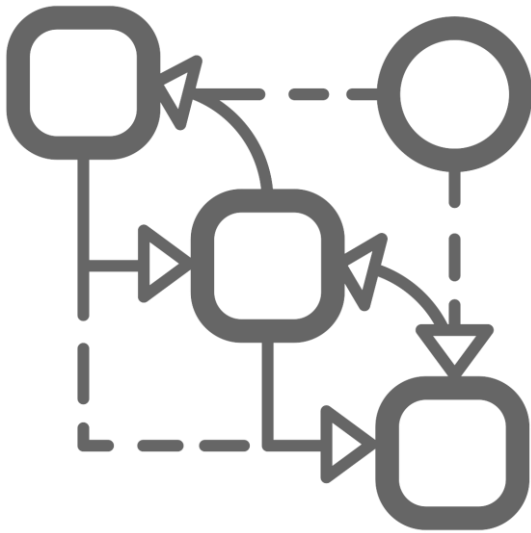
- Health Information System capacity enhancement
- Data quality improvement
- Progress monitoring
- Verification of implementations
- Information product generation & dissemination
- Strengthening of capacity for data analysis and use

# 1. Linking the results framework to the theory of change

Refresh countries' existing results frameworks: is it fit for purpose

- Setting achievable targets
- Ensure it is fit for purpose
- Uses integrated sources
- Is multisectoral, where appropriate

# Results Framework - Refresher



*“A results framework is an explicit articulation (graphic display, matrix, or summary) of the different levels, or chains, of results expected from a particular intervention—project, program, or development strategy.”*

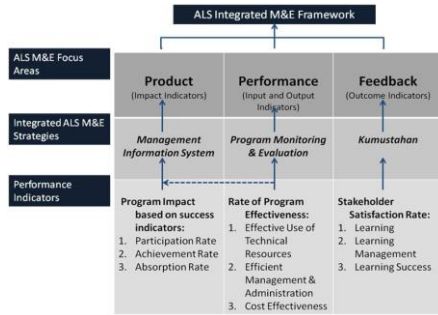
*A results framework must be based on a clear understanding and specification of how planned interventions are expected to lead to desired health and nutrition outcomes .*

*Therefore, a Results Framework tells you where you are (baseline), where do you want to go (outcomes), and how are you going to check-in to make sure you are on track (indicators).*

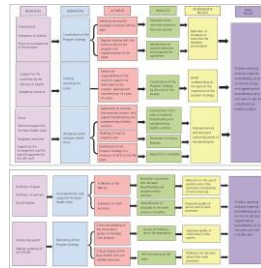
WB Designing Results Framework Guide: [https://siteresources.worldbank.org/EXTEVACAPDEV/Resources/designing\\_results\\_framework.pdf](https://siteresources.worldbank.org/EXTEVACAPDEV/Resources/designing_results_framework.pdf)

# A Results Framework is also known as...

## M&E Framework



## LogFrame/Logical Framework



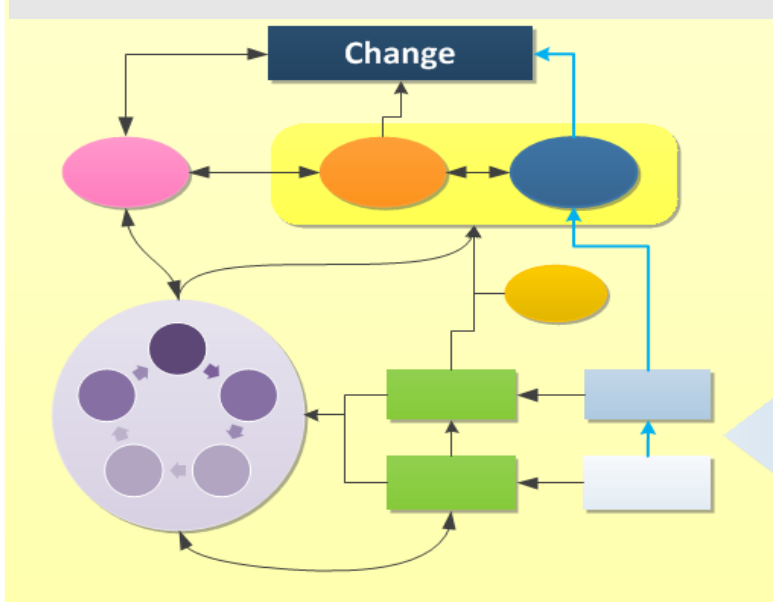
<b>Outputs:</b>			
Network of trained and traveling midwives	Decrease ratio of number of Ghanaian women per midwife per year to X:1	Mobile Phone Service Records	Communication infrastructures remain reliable
Reliable and efficient texting emergency service	Increase by X% the number of maternal-health-related texts exchanged per month	Media reception surveys	
National strategy for achieving MDG	70 appropriately equipped midwives in project region.	Community Surveys	
Social marketing and birth spacing campaign (health promotion)	Increase by X% the number of certified midwives registered in the network monthly	Midwife Surveys	
	Number of media materials disseminated (radio ads, posters, billboards)		
	% increase in the number of women seeking midwife services per month		

Overview	CBHFA PMER TOOLKIT (PPRC GUIDELINE)	CBHFA PMER TOOLKIT (ASOP by PMI)	Initiative/ Addressive Tools by PMI	Means of Verification and Supporting Tools Used in Sample LogFrame
<b>1. PLANNING</b>	<ol style="list-style-type: none"> <li>1.1. Concept paper template</li> <li>1.2. Proposal template</li> <li>1.3. Logframe template</li> <li>1.4. CBHFA indicator guide</li> <li>1.5. MSE plan template</li> <li>1.6. Plan of action template</li> <li>1.7. Sustainability planning template</li> </ol>	<ol style="list-style-type: none"> <li>1. Concept paper template</li> <li>2. Proposal template</li> <li>3. Logframe template</li> <li>4. CBHFA indicator guide</li> <li>5. Village Plan of Action Template</li> <li>6. Project Sustainability Task-list</li> </ol>	5.	<ul style="list-style-type: none"> <li>• Later work plan for next year (with determine some activities as a proof of sustainability)</li> <li>• Organization guidelines and regulation</li> <li>• Filling system guideline</li> <li>• Structure Organization</li> <li>• Expansion work plan document</li> <li>• Social Assessments from the communities</li> <li>• Social Assess Project proposal document</li> <li>• PCCA document for school activities</li> </ul>
<b>2. MONITORING</b>	<ol style="list-style-type: none"> <li>2.1. Volunteer record book</li> <li>2.2. Home visit guide</li> <li>2.3. Supportive supervision checklist</li> <li>2.4. Community Health Committee visit and community satisfaction checklist</li> </ol>	<ol style="list-style-type: none"> <li>1. Volunteers Household Visits Record</li> <li>2. Volunteers Team Leader Log</li> <li>3. Village Health Committee Progress Report</li> <li>4. Template of health community sign</li> </ol>	<ol style="list-style-type: none"> <li>1. Training, Orientation &amp; Workshop Form</li> <li>2. Use of VHM/regione FA &amp; Health Promotion</li> <li>3. CQ &amp; A data</li> <li>4. Monitoring checklist</li> </ol>	<ul style="list-style-type: none"> <li>• Performance Appraisal for staff</li> <li>• Monitoring and visit reports</li> <li>• Accounting and Organizing letters record</li> </ul>

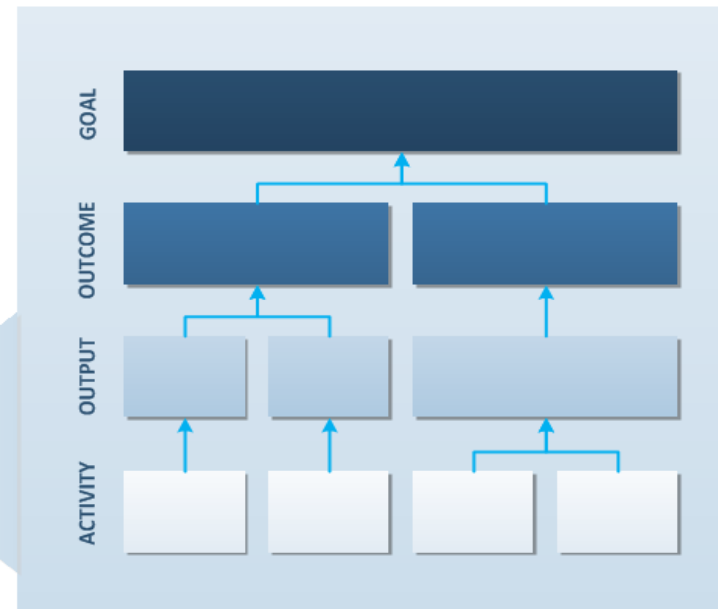
*For our purposes – these are all the same.....*

*We would like yours to be based on a theory of change*

*Big picture, causal pathways and high level thinking of how one thing will affect another.*



*Detailed plan about how we are going to implement the theory of change.*



*The theory of change allows stakeholders to visualize the logic of an intervention and identify the proposed causal links among inputs, activities, outputs, and outcomes.*

# Linking the Results Framework & Theory of Change

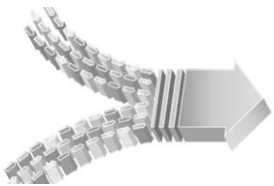
Linking your Results Framework to your theory of change can help streamline its development:



*Keep it simple!*



*Does it make sense?*



*Consider multi-sectorial approach and multiple sources of data*



*Avoid indicatoritis (i.e. indicator overload)*



Activity: Implement eLMIS for medicines

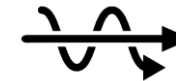
Activity: Refurbish 100 facilities

Activity: undertake MoH recruitment drive

Activity: roll out basic EMOC training

Output: Facilities have necessary drugs and

*Structure your Results Framework around key achievements in the theory of change – focus on the most pivotal changes of the IC interventions, you don't have to capture all the details*



*Keep it simple!*

Increase in  
attendance at

**Impact: reduced maternal mortality**

more  
than 4+ ANC

VISITS

**Outcome: improved contraceptive prevalence rate**

## DEFINE HOW TO ACHIEVE SUCCESS

OUTPUTS	OUTCOMES /IMPACT
<ul style="list-style-type: none"><li>• Improvements in Quality of Care for MNCH</li><li>• Hiring skilled birth attendants</li><li>• Functional LMIS for MNCH commodities</li></ul>	Reduce Maternal Mortality

## DEFINE MEASURABLE SUCCESS

**BASELINE:** 634/100,000  
Maternal Mortality Ratio (2018)

**TARGET:** 317/100,000 by 2023

**MIDLINE:** 475/100,000 BY 2021

**SOURCE:** Demographic Health survey



# Setting realistic targets for IC results

## Maternal Mortality Ratio (2018)

- **TARGET:** 317/100,000 by **2023**
- **MIDLINE:** 475/100,000 by **2021**
- **BASELINE:** 634/100,000 in **2015**



### Outputs needed - what is needed to achieve targets:

### Define

- Improvements in MNCH Quality of Care
- Hiring skilled birth attendants
- Functional LMIS for MNCH commodities



% of women whose blood pressure was measured during ANC visit



5000 newly trained and deployed to facilities



Monthly District-level stock out reports available

## Core principles for setting targets

- 1) S.M.A.R.T – just like indicators: Specific, measurable, achievable, realistic, time-bound
- 2) Match what can be achieved with the available funding, (consider areas that IC can and cannot not affect)
- 3) Target set as early as possible (this helps with performance)
- 4) Can be met given appropriate programmatic effort & resource allocation
- 5) Consider relevant data (i.e. baseline data, previous trend data, etc)
- 6) Targets should be set at the sub-national level as well

Activity: Implement eLMIS for medicines

Activity: Refurbish 100 facilities

Activity: undertake MoH recruitment drive

Activity: roll out basic EMOC training

Output: Facilities have necessary drugs and equipment

*Remember the causal chain in your theory of change – is this flow captured in your Results Framework?*

Outcome: increase in skilled attendance at delivery

Outcome: more women with 4+ ANC visits

Outcome: improved contraceptive prevalence rate

**Impact: reduced maternal mortality**



*Does it make sense?*

Activity: Implement eLMIS for medicines

Activity: Refurbish 100 facilities

Activity: undertake MoH recruitment drive

Activity: roll out basic EMOC training

Activity: Improve road services, build bridges

*By working backwards from the impact you have targeted you can look outside your own sector*

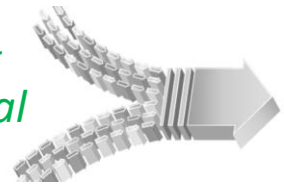
*What are you able to achieve if you are not able to affect road services?*

*will you reach these targets with other influences that are outside of control*

*OR do we revise the targets*

*OR add another activity*

*Multi-sectorial*



Outcome: increase in attendance at primary health care

Outcome: more women with 4+ ANC

Outcome: improved contraceptive prevalence rate

**Impact: reduced maternal mortality**

Community based referral systems

Improve health services seeking behaviors

Is there financing expended for contraceptives

Is funding directed to the school health program

Implementation of policy increasing age of legal marriage (18)

*By working backwards from the impact you have targeted you can look outside your own sector -*

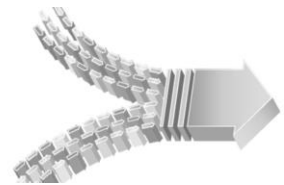
*This may lead you to activities/ interventions outside of the health focus that need to be addressed*

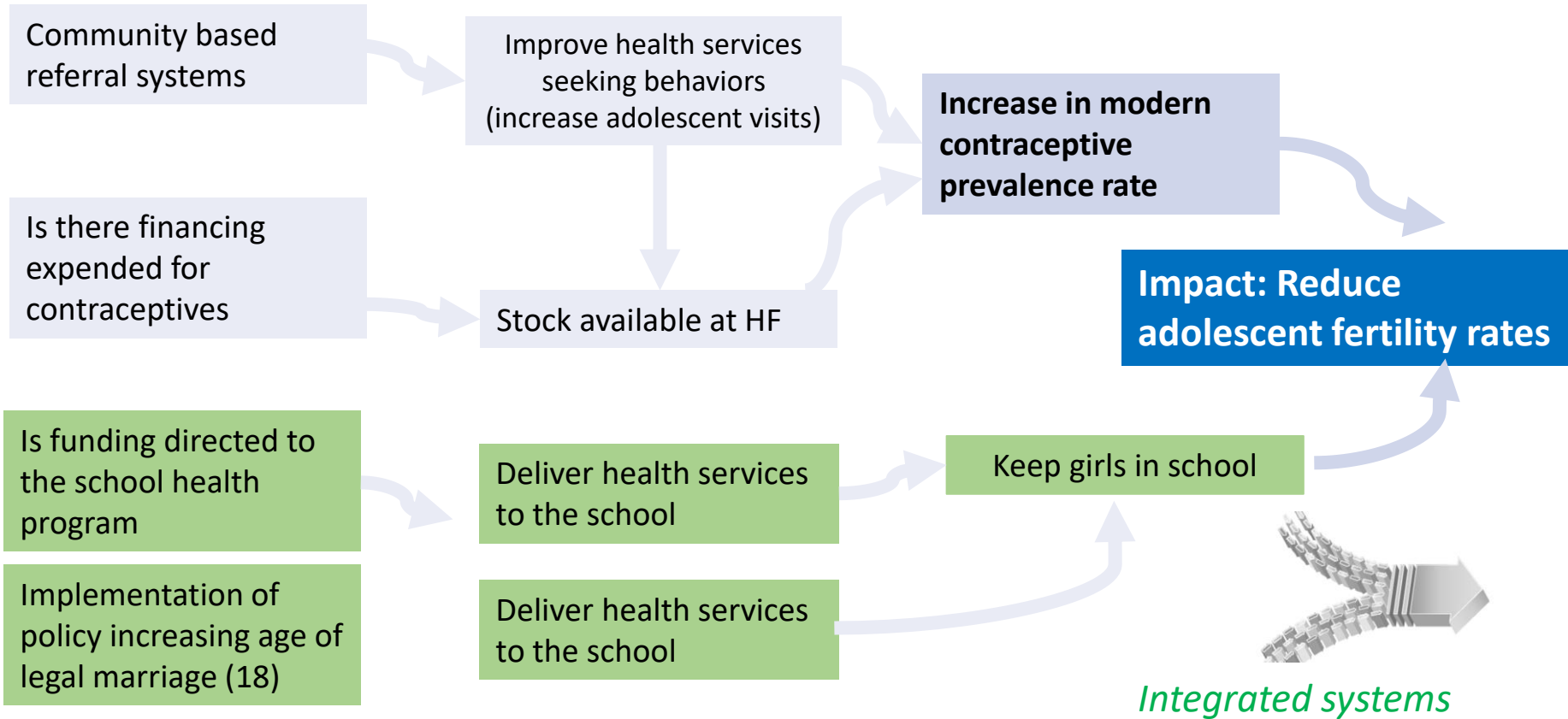
Deliver health services to the school

Increase in modern contraceptive prevalence rate

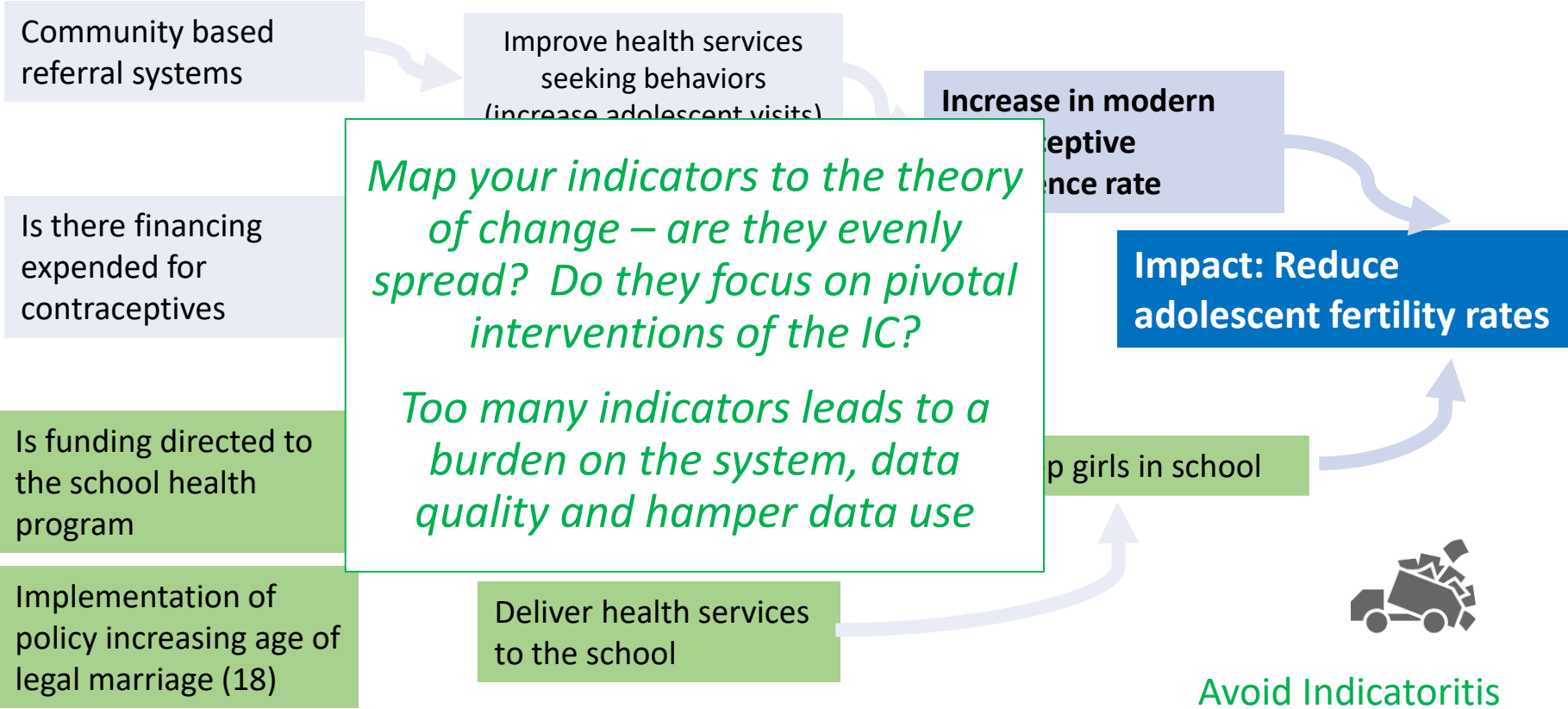
Keep girls in school

**Impact: Reduce adolescent fertility rates**









Priority	Indicator name	Disaggregation	Frequency	Level	Targets
Adolescent Health	# of adolescents girls referred to HF through referral agents (CHW)	-Age -Married / -unmarried -pregnant	Monthly	Community	By
	Share of forecasted supplies procured	-District. HF (geographic) - Contraceptives type	MCPR		
	% of facilities that offer at least 5 methods	-District. HF (geographic) - Contraceptives type			
	Percent of current health expenditures on primary healthcare		Annual	National level	
	Number of adolescent visits	-Married / -unmarried -pregnant			
	MCPR	-District. HF (geographic) - Contraceptives type			

- ▶ Choose 1-2 priority areas in your investment case and 1 health financing reform
- ▶ With the weakest results framework or areas that you have not yet seen improvement in results:
- ▶ Focus on reviewing the theory of change and ensuring that the results framework fit for purpose and maps to the TOC?
  - Map out your theory of change on the template
  - Choose appropriate indicators throughout for both financing and implementation for improved health and nutrition outcomes
  - How would you calculate the targets



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# Thank you

## End section one