Monitoring the Investment Case

Country Implementation Workshop
Tanzania, Wednesday 16-21 September 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
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

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

Monitoring geographic priorities (regional disparities, urban versus rural)

Impact on health and nutrition outcomes and impoverishment due to OOP
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 within 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

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

Outcome: increase in skilled attendance at delivery

A. Causal link/assumption: Local patient surveys indicate that if drugs and equipment are available, then more women will have facility deliveries.

Outcome: improved contraceptive prevalence rate

B. Causal link/assumption: Interventions linked to Maternal mortality, What are the changes in your IC that are most pivotal, choose your indicators based on this.

Impact: reduced maternal mortality
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
Ensure inclusive Service Provision

• Procure medical supplies, equipment and educational materials
• Task Shifting
• Infrastructure improvements to Health Facilities

Gendered Decision making

Stock outs

Poor infrastructure

Few BeMONC/CeM Facilities (89/725; 4/725)

Inadequate HR skills to Meet Demand

Inadequate Adolescent Focused Programming

Current RMNCAH Implementation Platform

Facility/Individual

• Systemic capacity building along the hierarchy of needs
• Remuneration of Health workers
• Strengthen information and surveillance systems
• Institute CRVS mechanisms

• Ensure inclusive Service Provision
• Procure medical supplies, equipment and educational materials
• Task Shifting
• Infrastructure improvements to Health Facilities

Supply Side

• Institutionalize CHA’s
• Training and Mentorship
• Institute surveillance systems

Demand Side

• Conditional Cash Incentives
• Enhance Women rights/ reduce Gender Bottlenecks
• Maternity Waiting Homes
• Increased community Sensitization

Outreach

• procurement of Supplies and Equipment
• Increase Human resource
• Training, supervision and Mentorships

ENABLING ENVIRONMENT

• Better Coordination of non health actors that directly influence health outcomes (Education, Gender, etc)
• A Policy and Regulatory Framework that is Cognizant of current Bottlenecks
• Decentralization of Administrative and financial management processes
• Institute Public Private Partnerships in Health Service Delivery

Systemic capacity building along the hierarchy of needs

• Remuneration of Health workers
• Strengthen information and surveillance systems
• Institute CRVS mechanisms

• Performance Based Financing to enhance Service quality
• Seed Grants to fund initial phase of investment

Increased Access & Utilization of quality health services

Equipped health facilities:
- HR
- Medicines & Other supplies
- Infrastructure

Increased Skilled Birth Delivery

Improved CPR

Fully Immunized

Increased PNC coverage

Reduced engagement in harmful social practices

Increased empowerment of adolescent and the girl child

Strong coordination and integration at different platforms : MOH, county, district, health facility and community levels

Reduced Incidence of Still Birth

Improved Social Economic outcomes

Current Gap

Strategies and Interventions

Outputs

Results

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

- Reduction in Teenage Pregnancies
- Reduction of Maternal Mortality
- Reduction of Neonatal Mortality Rate
- Reduction of U5 Mortality
- Reduction of Still Birth

Increased Access & Utilization of quality health services

Increased PNC coverage

Improved Social Economic outcomes

Sustainable Development Goals 203
**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**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Interventions</th>
<th>Priority Investment</th>
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<tbody>
<tr>
<td>• % of pregnant women tested for syphilis</td>
<td>• <strong>Upgrade infrastructure in facilities to provide EmONC services:</strong> Upgrade and expansion of</td>
<td>Quality EmONC,</td>
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<tr>
<td>• % of delivery for which a partograph was correctly completed</td>
<td>maternities, build maternal waiting homes, build electricity in MCH room, build Maternal &amp;</td>
<td>including ANC, PNC,</td>
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<td>• % of Women who receive uterotonic drug during AMTSL/delivery</td>
<td>Pediatric Wing at Redemption hospital</td>
<td>Child Health</td>
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<td>• % of pregnant women who took 3rd dose of SP for IPTp</td>
<td>• <strong>Equip facilities with skilled providers to ensure provision of EmONC:</strong> Provide training</td>
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<tr>
<td>• % of deliveries at facilities attended by a skilled personnel</td>
<td>and mentoring in EmONC, provide motivational package for HWs to stay after hours</td>
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<td>• % of post partum women attending post natal care within 24 hours of</td>
<td>• <strong>Improve quality of service delivery:</strong> Establish monthly RHTC meetings, provide supportive</td>
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<td>delivery by skilled birth attendants</td>
<td>supervision, coaching to counties, involve national youth volunteers in monitoring, establish</td>
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<td>PBF at secondary and PHC level, establish peer to peer BeMONC mentoring</td>
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**Results:** Reduce MMR by 19.2% and NMR by 34% in 5 years

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<th>Indicators*</th>
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<tr>
<td>% of young pregnant</td>
<td>Develop Post Abortion Care policy</td>
<td>Adolescent health</td>
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<td>women aged 10-19</td>
<td>Revisit abortion in Public Health Law</td>
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<td>years who attended</td>
<td>Strengthen law against domestic violence, early marriage</td>
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<td>ANC 1</td>
<td>Integrate ASRH programs into a multisectoral agenda</td>
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<td>% of health facilities providing youth friendly services</td>
<td>Improve education on ASRH for “in school“ adolescents through school programs</td>
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<tr>
<td># of adolescents receiving family planning counselling</td>
<td>Improve education on ASRH for “out of school“ adolescents through youth volunteers</td>
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<td>Provide in-service training on ASRH</td>
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<td>Disaggregate routine data collection tools to include age groups 10-24</td>
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</table>

*Some of these indicators still need to be confirmed/reporting tools adjusted.

**Core areas of change within priority investment areas**

**Priority investment areas to reduce MMR & NMR**

**How to measure the change?**
**Results:** Reduce MMR by 19.2% and NMR by 34% in 5 years

**HOW to measure the change?**

<table>
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<th>Interventions</th>
<th>Priority Investment Area</th>
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</table>
| • [# and %] of Maternal deaths reported with reviews conducted (disaggregated by facility and community level) | • **IDSR:** 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.  
• **MNDSR:** 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 | **Emergency Preparedness and Response, especially MNDSR** |
| • % of health facilities with trained personnel in ICD 10 classification |                                                                                                                                                |                                               |
## RMNCH Scorecard (HMIS 2016)

| Counties         | ANC 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)                         |                               |                              |                             |                               |                                 |                             |
| Montserrat       | 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

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

| Counties         | ANC4 Rate | Caesarean Section Rate | Delivery in Facility attended by SBA | PNC within 2 days | IPTp2 | 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             | 51%       | 5%                     | 64%                                | 63%               | 18%  | 47%              | 2%               | 85%                  | 70%                                               | 36%                          | 35%                          | 55%                          | 2%                                   | (79.8 / 63.1)             |
| Bong             | 82%       | 5%                     | 96%                                | 94%               | 74%  | 95%              | 4%               | 107%                 | 66%                                               | 63%                          | 12%                          | 96%                          | 65%                                   | (95.6 / 95.4)             |
| Gbarpolu         | 41%       | 5%                     | 43%                                | 43%               | 25%  | 63%              | 3%               | 84%                  | 47%                                               | 51%                          | 35%                          | 34%                          | 21%                                   | (100 / 77.2)              |
| Grand Bassa      | 79%       | 3%                     | 66%                                | 65%               | 34%  | 69%              | 2%               | 59%                  | 59%                                               | 63%                          | 10%                          | 60%                          | 27%                                   | (98.2 / 89.9)             |
| Grand Cape Mount | 47%       | 1%                     | 43%                                | 41%               | 31%  | 46%              | 4%               | 62%                  | 58%                                               | 57%                          | 31%                          | 64%                          | 34%                                   | (45.9 / 82.6)             |
| Grand Gedeh      | 65%       | 4%                     | 61%                                | 60%               | 48%  | 39%              | 4%               | 55%                  | 52%                                               | 56%                          | 22%                          | 59%                          | 67%                                   | (107)                    |
| Grand Kru        | 57%       | 4%                     | 62%                                | 62%               | 31%  | 55%              | 1%               | 103%                 | 69%                                               | 71%                          | 17%                          | 126%                         | 28%                                   | (93)                     |
| Lofa             | 64%       | 7%                     | 77%                                | 77%               | 52%  | 74%              | 3%               | 82%                  | 61%                                               | 63%                          | 33%                          | 63%                          | 62%                                   | (23)                     |
| Margibi          | 41%       | 7%                     | 60%                                | 58%               | 22%  | 42%              | 2%               | 78%                  | 55%                                               | 35%                          | 1%                           | 46%                          | 25%                                   | (8)                      |
| Maryland         | 59%       | 4%                     | 53%                                | 53%               | 45%  | 44%              | 3%               | 54%                  | 56%                                               | 44%                          | 7%                           | 54%                          | 29%                                   | (2)                      |
| Montserrado      | 42%       | 10%                    | 37%                                | 36%               | 11%  | 34%              | 3%               | 78%                  | 56%                                               | 48%                          | 48%                          | 125%                         | 24%                                   | (20)                     |
| Nimba            | 92%       | 4%                     | 97%                                | 97%               | 55%  | 90%              | 2%               | 84%                  | 82%                                               | 57%                          | 9%                           | 96%                          | 80%                                   | (8)                      |
| River Gee        | 30%       | 5%                     | 42%                                | 41%               | 39%  | 52%              | 5%               | 58%                  | 41%                                               | 51%                          | 19%                          | 34%                          | 39%                                   | (3)                      |
| Rivercess        | 44%       | 2%                     | 54%                                | 53%               | 5%   | 28%              | 2%               | 58%                  | 49%                                               | 63%                          | 43%                          | 62%                          | 22%                                   | (30)                     |
| Sinoe            | 59%       | 3%                     | 71%                                | 70%               | 33%  | 60%              | 1%               | 75%                  | 52%                                               | 46%                          | 6%                           | 60%                          | 14%                                   | (48)                     |
| Liberia          | 59%       | 6%                     | 61%                                | 60%               | 34%  | 57%              | 3%               | 78%                  | 61%                                               | 54%                          | 33%                          | 88%                          | 41%                                   | (29)                     |

Liberia (86.9 / 76.7)

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

<table>
<thead>
<tr>
<th>Counties</th>
<th>ANC4</th>
<th>Caesarean Section Rate</th>
<th>Institutional deliveries</th>
<th>Deliveries in Facility attended by SBA</th>
<th>PNC within 2 days</th>
<th>IPTp2</th>
<th>Low birth weight</th>
<th>Fully immunized</th>
<th>ITN ANC distribution</th>
<th>Pregnant women tested for HIV</th>
<th>Pregnant women initiated on ARV</th>
<th>ANC iron folate distribution</th>
<th>Exclusive breastfeeding (0-6 mos)</th>
<th>Acute malnutrition treated and cured</th>
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</tbody>
</table>

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
“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).

A Results Framework is also known as…

M&E Framework

LogFrame/Logical Framework

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

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

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

Results Framework

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 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)
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.
### Define How to Achieve Success

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Outcomes / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improvements in Quality of Care for MNCH</td>
<td></td>
</tr>
<tr>
<td>• Hiring skilled birth attendants</td>
<td></td>
</tr>
<tr>
<td>• Functional LMIS for MNCH commodities</td>
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<tr>
<td>Reduce Maternal Mortality</td>
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</tbody>
</table>

### 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:

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

Define

- % 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
Outcome: increase in skilled attendance at delivery

Outcome: improved contraceptive prevalence rate

Outcome: more women with 4+ ANC visits

Impact: reduced maternal mortality

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?

Does it make sense?
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

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
Theory of Change brings other sectors

Increase in modern contraceptive prevalence rate

Deliver health services to the school

Improve health services seeking behaviors

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

Keep girls in school

Impact: Reduce adolescent fertility rates

Is funding directed to the school health program

Implementation of policy increasing age of legal marriage (18)

Is there financing expended for contraceptives

Community based referral systems
What systems are needed to monitor the IC using integrated systems?

Increase in modern contraceptive prevalence rate

Deliver health services to the school

Stock available at HF

Is there financing expended for contraceptives

Keep girls in school

Deliver health services to the school

Is funding directed to the school health program

Impact: Reduce adolescent fertility rates

Implementation of policy increasing age of legal marriage (18)

Community based referral systems

Integrated systems
Linking the Results Framework & Theory of Change helps you think outside only one sector.

**Increase in modern contraceptive prevalence rate**

Deliver health services to the school

Improve health services seeking behaviors (increase adolescent visits)

Community based referral systems

Is there financing expended for contraceptives

Is funding directed to the school health program

Implementation of policy increasing age of legal marriage (18)

**Map your indicators to the theory of change – are they evenly spread? Do they focus on pivotal interventions of the IC?**

Too many indicators leads to a burden on the system, data quality and hamper data use

Impact: Reduce adolescent fertility rates

Keep girls in school

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

Determine the details and methodology employed to collect data/indicators.
Wednesday groupwork

- 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
End section one

Thank you