

RESOURCE MAPPING AND EXPENDITURE TRACKING (RMET) IN GFF COUNTRIES



1.

What is RMET?

2.

**What is the link
between RMET
and IC?**

3.

**What is the RMET
process in-
country?**

What is Resource Mapping (RM) and Expenditure Tracking (ET)?

- ▶ RM aims to rapidly capture **budget data** for the most recent fiscal year and high-level future commitments;
- ▶ **Annual** exercise;
- ▶ ET captures **ongoing expenditures** in the health sector;
- ▶ **Ongoing** (exceptions: NHA, PERs);

However, both RM and ET...

- ▶ ...look at **domestic and external financing** linked to IC priorities;
- ▶ ...can be sector-wide or **tailored to country needs** with deep dives into specific programs or be multisectoral;
- ▶ ... can go **beyond the scope of the IC** and focus on **mapping** the resources **of a National Health Plan or Strategy**;

What are the objectives of RMET?

The main objective of RMET is to ensure that MOH's priorities are:



Funded



Prioritized



Implemented

... in order to support the planning and budgeting process of the entire health sector

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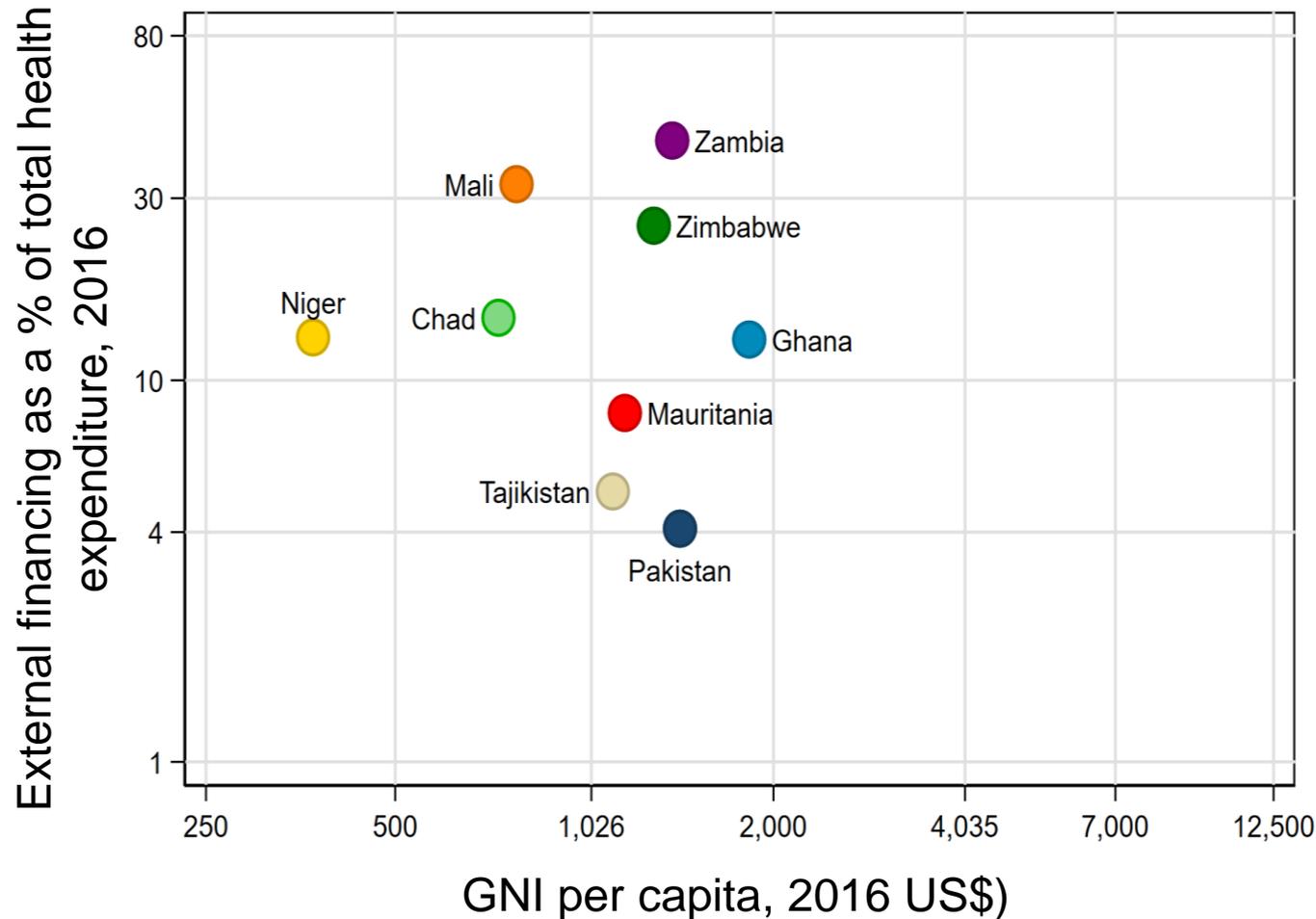
**What is the RMET
process in-
country?**

How does RMET link with the IC?

To determine how to finance the IC, it is critical to understand the following...

- ▶ First, **how is the health sector financed?**
 - ▶ Second, **how much** do we need **to finance the IC?**
 - ▶ Third, **what specific programs and activities are currently being funded and where**, both in terms of domestic and/or external sources?
 - ▶ Fourth, **is expenditure on programs and activities aligned with allocations**, both in terms of domestic and/or external sources?
-
- RM
- ET

1. How is the health sector currently financed?



High donor
reliance



Partial donor
reliance



Low donor
reliance

2. How much is needed to finance the IC?

▶ What is the **funding gap**?

Cost of IC – Total resources available = funding gap

▶ **How** can we **fill this gap**?

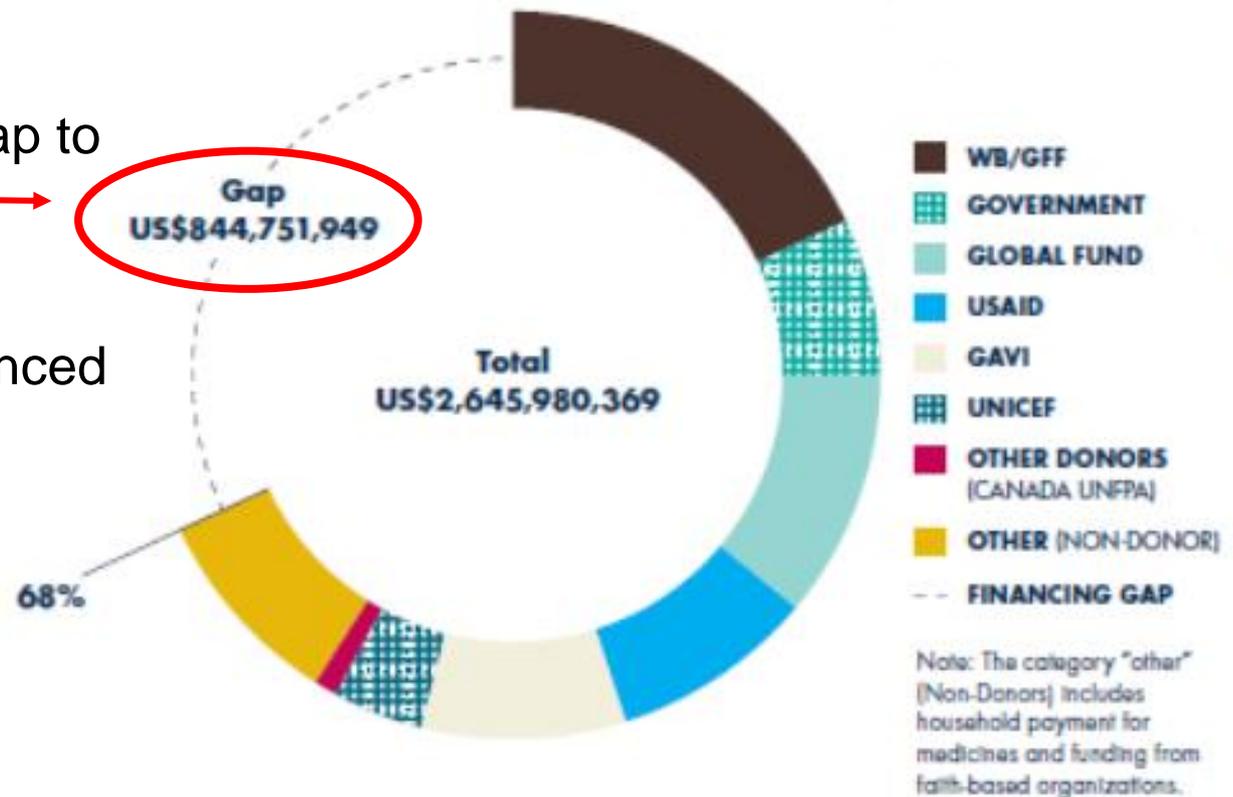
- Domestic Resource Mobilization: More money for health?
- Efficiency: More health for the money?
- Prioritization: More prioritization to further narrow activities?

1. How is the health sector financed?
2. How much do we need to finance priorities?

DRC: RM shows how health sector is financed, how much is needed to fund the IC, and the funding gap

Ideally, we want this gap to be reduced to zero; →

NO GAP = IC fully financed



3. What specific programs and activities are being funded and where?

4. What is actual domestic and/or external expenditure?

▶ **Domestic resources:** how are activities being funded?

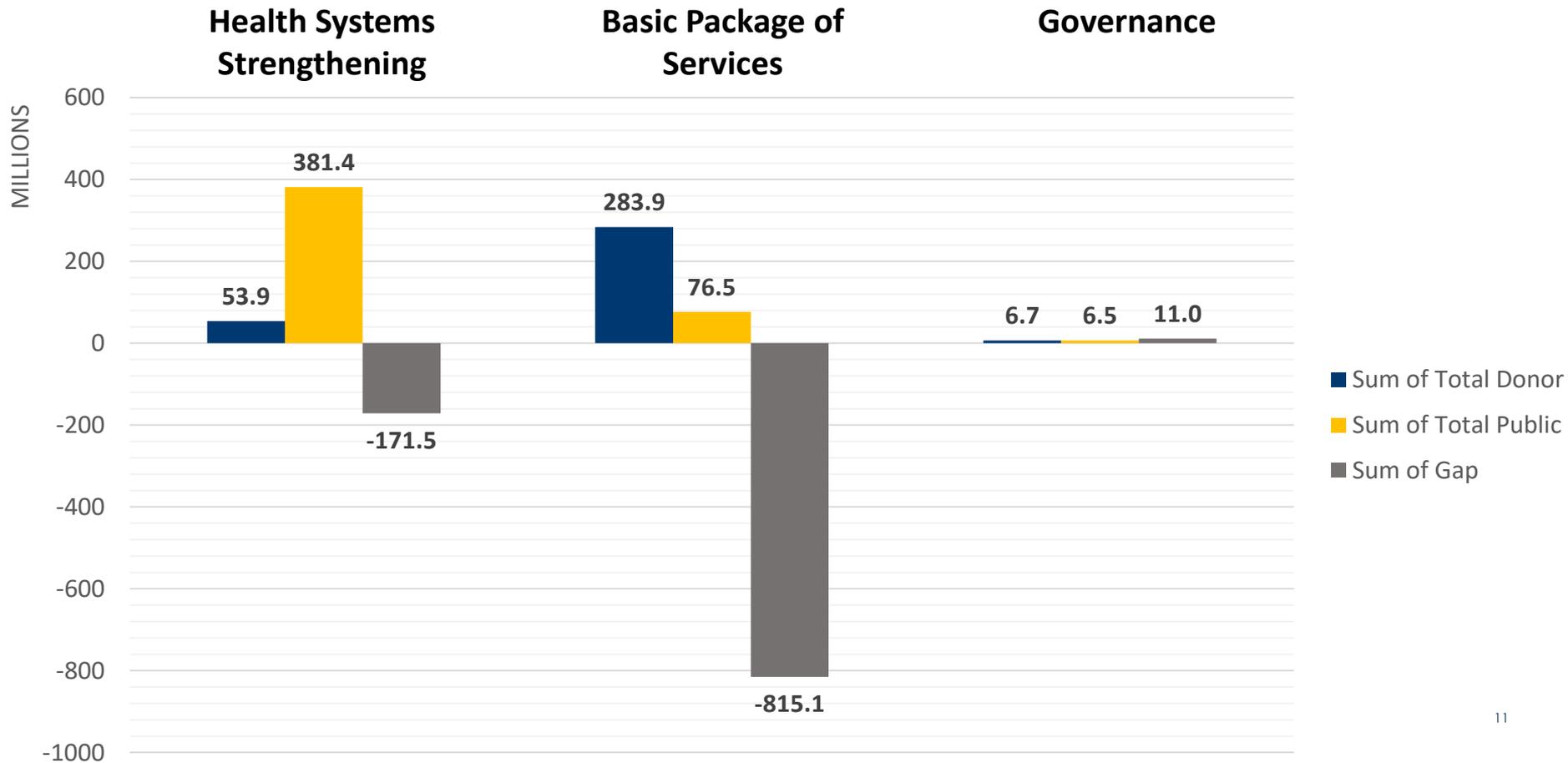
- Where are resources being allocated?
- Where does actual expenditure take place?

▶ **External resources:** what are donors funding?

- What activities are implementing partners engaging in?
- Are there certain provinces/ districts that receive most of the funding, while others have huge gaps?
- Where does actual expenditure take place?

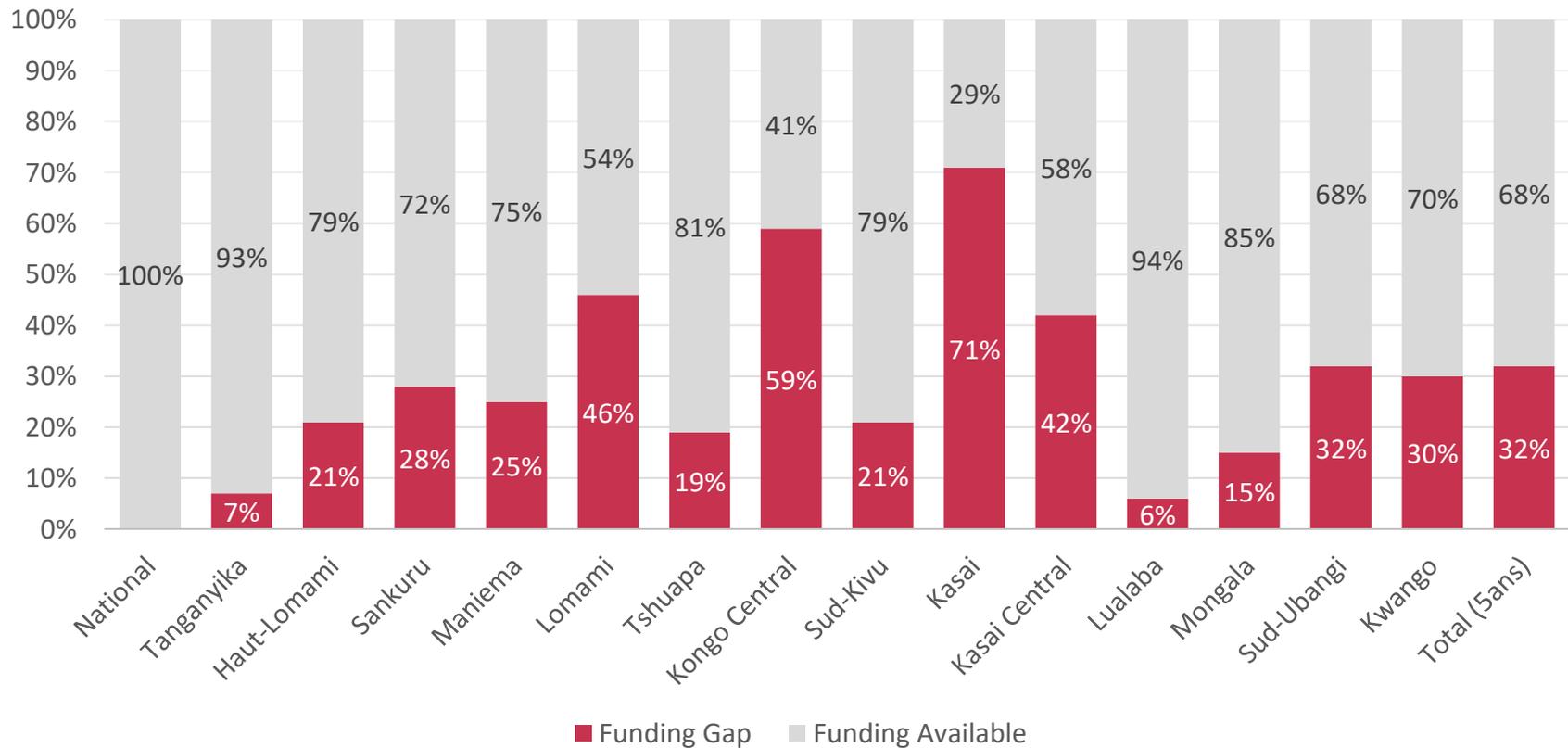
3. What specific programs are currently being funded from domestic and external sources?

DRC: RM identifies funding sources for main priority areas



3. Where are specific programs currently being funded from domestic and external sources?

DRC: RM determines how equitably resources are allocated across provinces



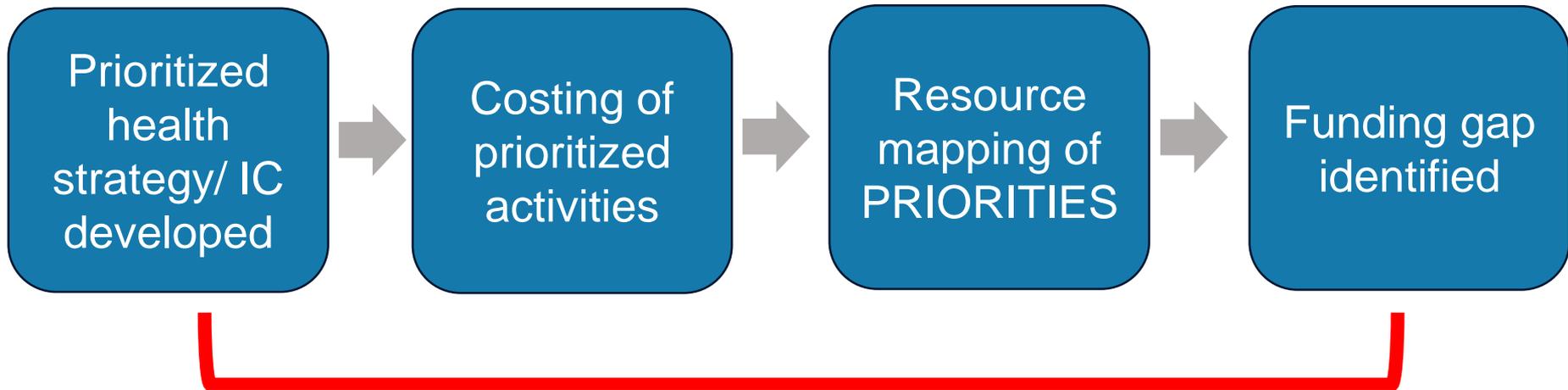
3. Where are specific programs currently being funded from domestic and external sources?

Liberia: Activity mapping of external resources pins down partner activities in provinces

IC Priorities	National	Gbarpolu	Grand Bassa	Grand Kru	River Cess	River Gee	Sinoe
Quality Emergency Obstetric and Neonatal Care							
Construction and Renovation of Health Facilities	World Bank (Redemption)						
Focused Antenatal Care							
Quality Maternal and Newborn Health – Labor and Delivery: EmONC	CHAI, UNICEF, USAID, World Bank/GFF	CHAI, UNFPA, World Bank/GFF	CHAI	CHAI	CHAI, UNFPA, World Bank/GFF	CHAI, USAID	CHAI, UNFPA, World Bank/GFF
Child Health	GAVI, UNICEF	World Bank/GFF	Other	UNICEF	UNICEF, World Bank/GFF	UNICEF	UNICEF, World Bank/GFF
Ensure functioning supply chain	CHAI, UNICEF, USAID, World Bank	CHAI	CHAI	CHAI	CHAI	CHAI	CHAI
Improve Community Participation in Maternal Child Health Outcomes	Other	Other					Other
Prevention and Treatment of Breast and Cervical Cancers			GAVI				

How does RMET link with the IC?

- ▶ RM supports and informs **prioritization** in the health sector...



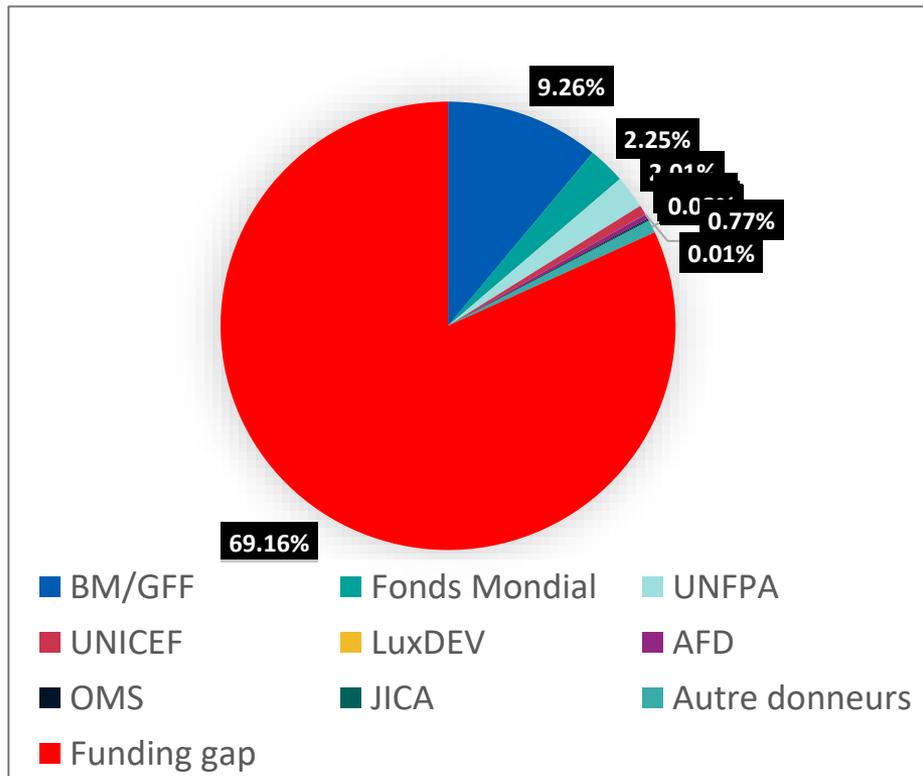
If gap is too large, then priority list needs to be further edited

- ▶ Realistic funding gap identified;
- ▶ Supports identification of “SMART” priorities – specific, measurable, achievable, realistic, and time-bound;

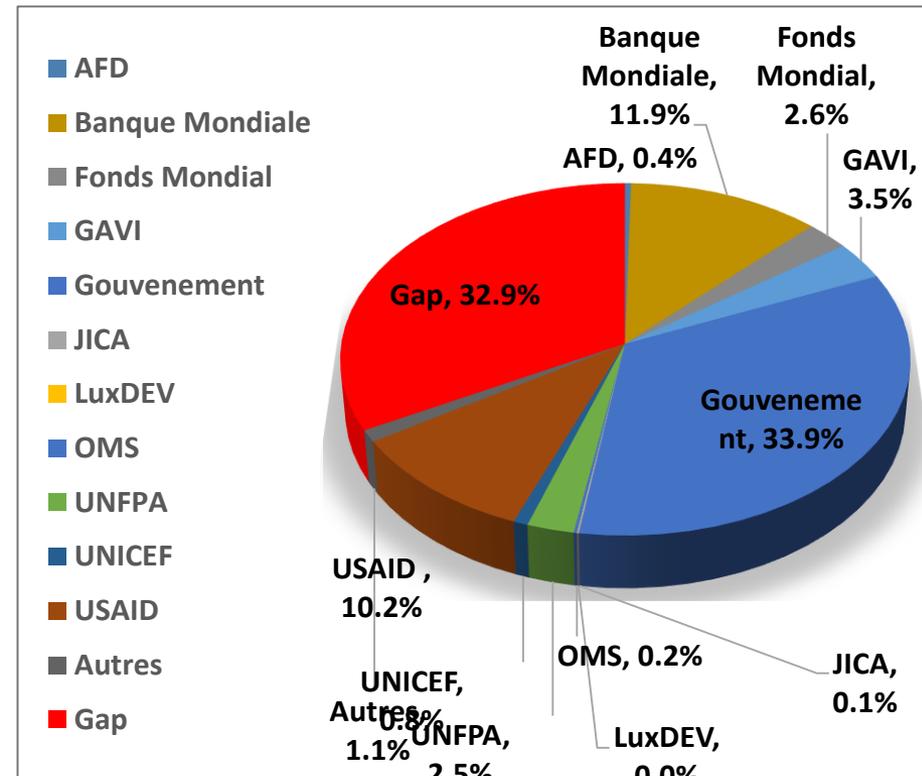
Do we need to refine our priority list?

Senegal: RM identifies need for further prioritizing the IC

Initial Resource Mapping



Final Resource Mapping



1.

**Overview of
resource mapping
and expenditure
tracking (RMET)**

2.

**RMET and IC: how
do they link?**

3.

**What is the RMET
process in-
country?**

How long does RMET generally take?

Preparation

1-2 Months

- Purpose and scope of the analysis
- Desk review of existing data
- Team roles and responsibilities
- Stakeholder engagement
- Process for data collection and analysis

Data Collection

2-6+ months

(Highly variable depending on context and data available)

- Adapt data collection tools
- Conduct data collection – mapping from donors and domestic sources
- Conduct data collection – tracking
- Iterate, as necessary

Data Analysis

2-3+ Months

(May require revisions as additional data collected)

- Data Analysis complete
- Disseminate results
- Conduct stakeholder engagement
- Promote data use for decision- and policy-making
- Establish process for institutionalisation

Example of timeline for RM

January 2020:

- RM begins;

April 2020:

- Data validation complete;
- Preliminary analysis presented to donors and government;

June/July 2020:

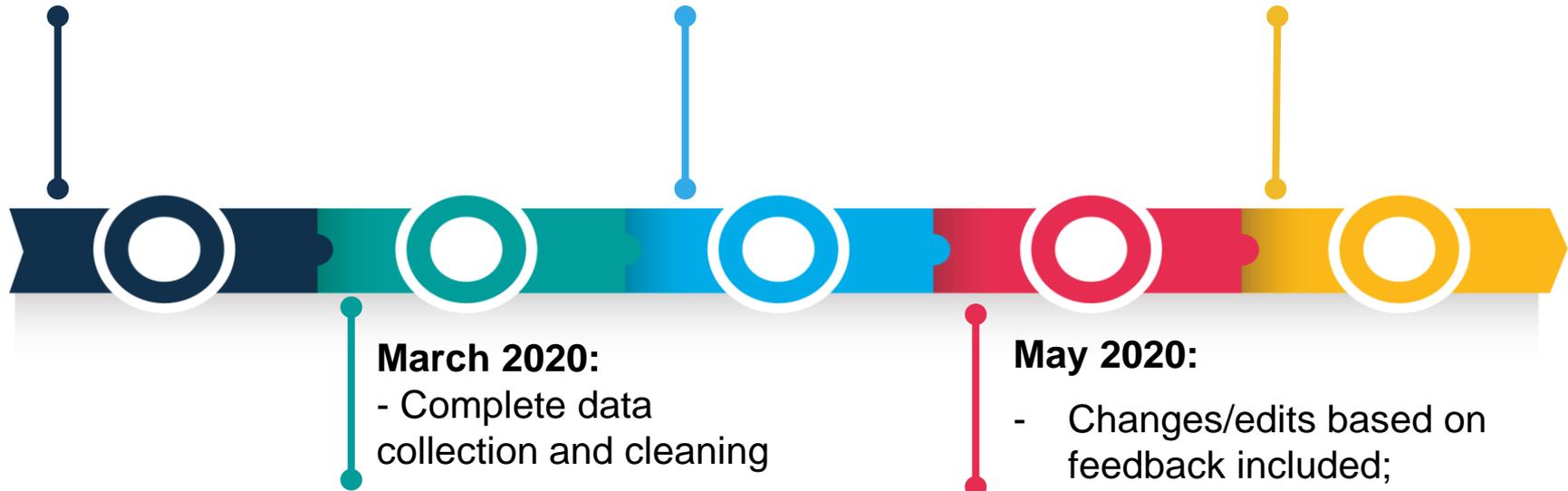
- RM report (final draft);
- Discuss next steps;

March 2020:

- Complete data collection and cleaning

May 2020:

- Changes/edits based on feedback included;
- Final analysis complete;
- RMET report (draft 1);



Standardized RMET tool can be part of data collection process

The image shows a screenshot of a Microsoft Excel spreadsheet. The title bar at the top indicates the file name is 'Somalia_RMET_AM_tool_Donor Financing Data Collection_20191216.xlsx' and it is saved to OneDrive. The user's name, 'Vibhuti Nishikant Hate', is also visible. The ribbon is set to 'Home', and the active cell is I32. The main content of the spreadsheet is a title page with a dark grey header box containing the text 'Resource Mapping and Tracking Tool Donor Financing Data Collection Template'. Below this, there is a logo for the Ministry of Health, Federal Republic of Somalia, and contact information: 'Last Updated: 25 November 2019' and 'Contact: Planning@moh.gov.so; akumar45@worldbank.org'. To the right, there are logos for the Global Financing Facility and the World Bank Group. The bottom of the spreadsheet shows a navigation bar with tabs for 'TitlePage', 'Instructions', 'Tool Setup', 'Lists', 'Sub-national & Somaliland', 'Donor Financing', and 'Donor Expenditure', with 'Donor Financing' and 'Donor Expenditure' highlighted.

AutoSave On Somalia_RMET_AM_tool_Donor Financing Data Collection_20191216.xlsx - Saved to OneDrive - WBG Vibhuti Nishikant Hate

File Home Insert Draw Page Layout Formulas Data Review View Help Tell me what you want to do Share Comments

Clipboard Font Alignment Number Styles Cells Editing

I32

Resource Mapping and Tracking Tool
Donor Financing Data Collection Template

Ministry of Health
Federal Republic of Somalia

Last Updated: 25 November 2019
Contact: Planning@moh.gov.so; akumar45@worldbank.org

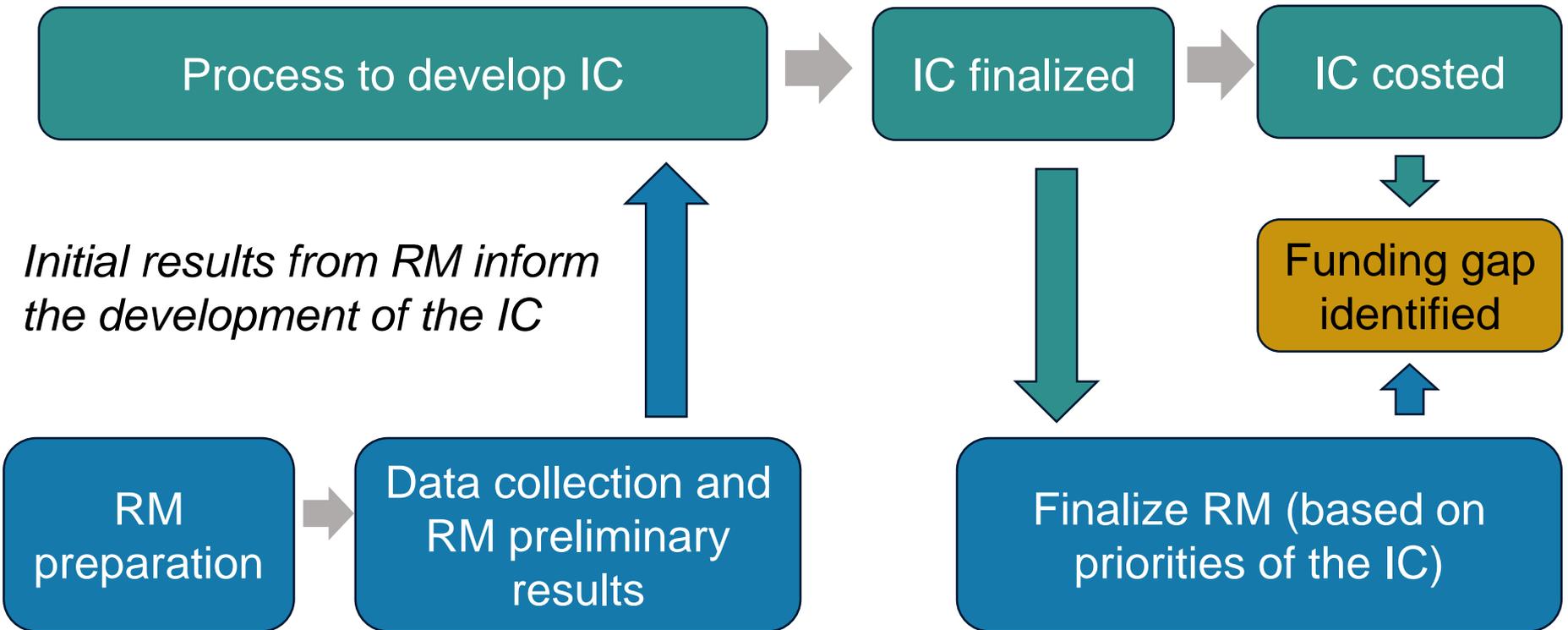
GLOBAL FINANCING FACILITY
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TitlePage Instructions Tool Setup Lists Sub-national & Somaliland Donor Financing Donor Expenditure

Questions to consider before starting RMET

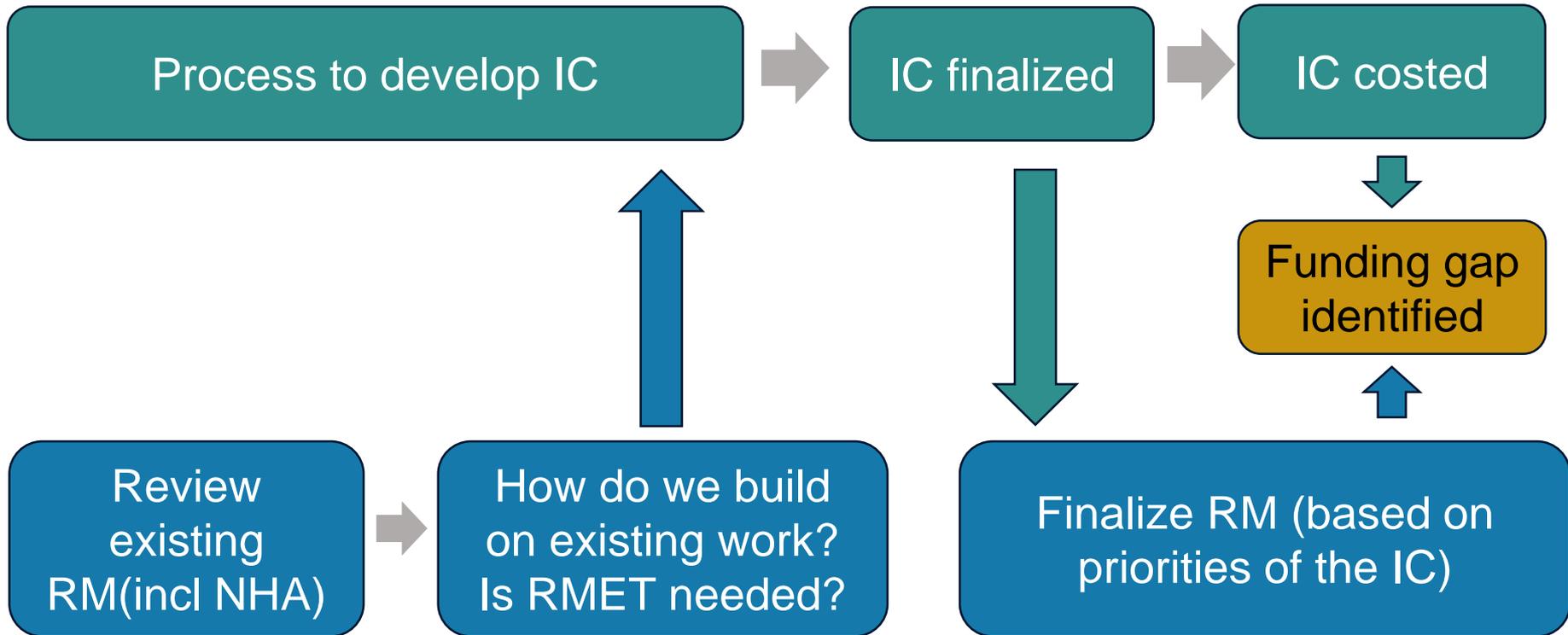
- ▶ RMET? **OR** Resource mapping and then Expenditure Tracking?
- ▶ What will be the scope of RM?
 - Relevant health strategy document(s) which the RM exercise will be based on (including IC)?
- ▶ What sub-national level should the RMET be conducted at? Which states?
- ▶ What is a realistic timeline for RMET?
- ▶ Has resource mapping been done before?

Process if resource mapping has not been done before



*Sustainability and capacity building is main focus:
Full participation from government team*

Process if resource mapping has been done before



Prevent duplication is main focus: Support existing work done by government team

Importance of aligning RM process with budget cycle

Phase 1

Conduct macroeconomic & fiscal forecasts



Phase 4

Prepare MTEF & budget ceilings (3 yrs)



Phase 5

Get Cabinet approval of ceilings

Phase 7

Send budget to Cabinet & Parliament

Phase 2

Prioritize within health sector (incl costing)



Phase 3

Negotiate with MoF



Phase 6

Prepare and submit budget within budget ceilings (3 yrs)



*Timing of RM is **KEY!!***

■ Activities within the MoF ■ Activities within the MoH



THANK YOU

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