

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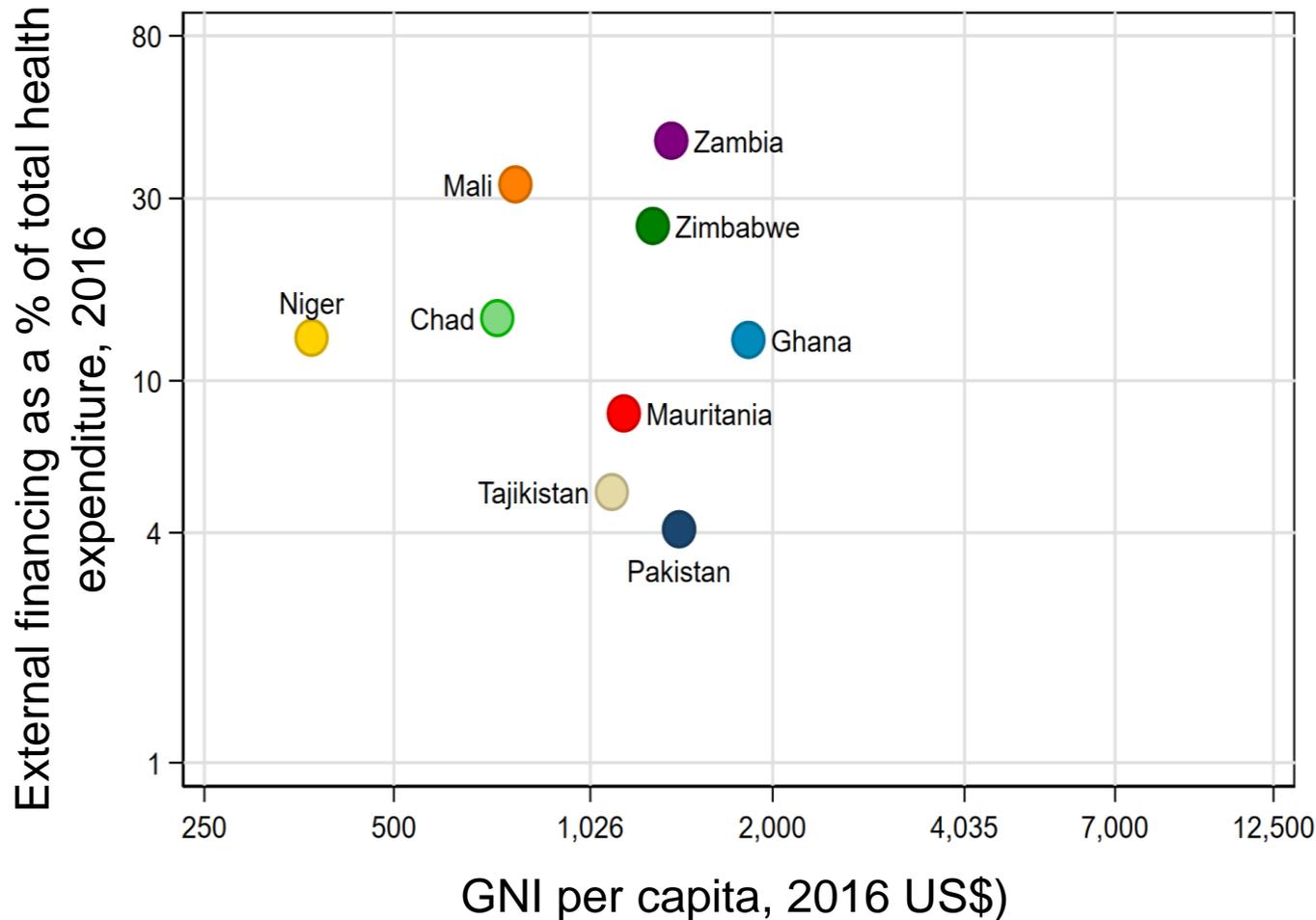
**What is the RMET  
process in-  
country?**

# 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**?

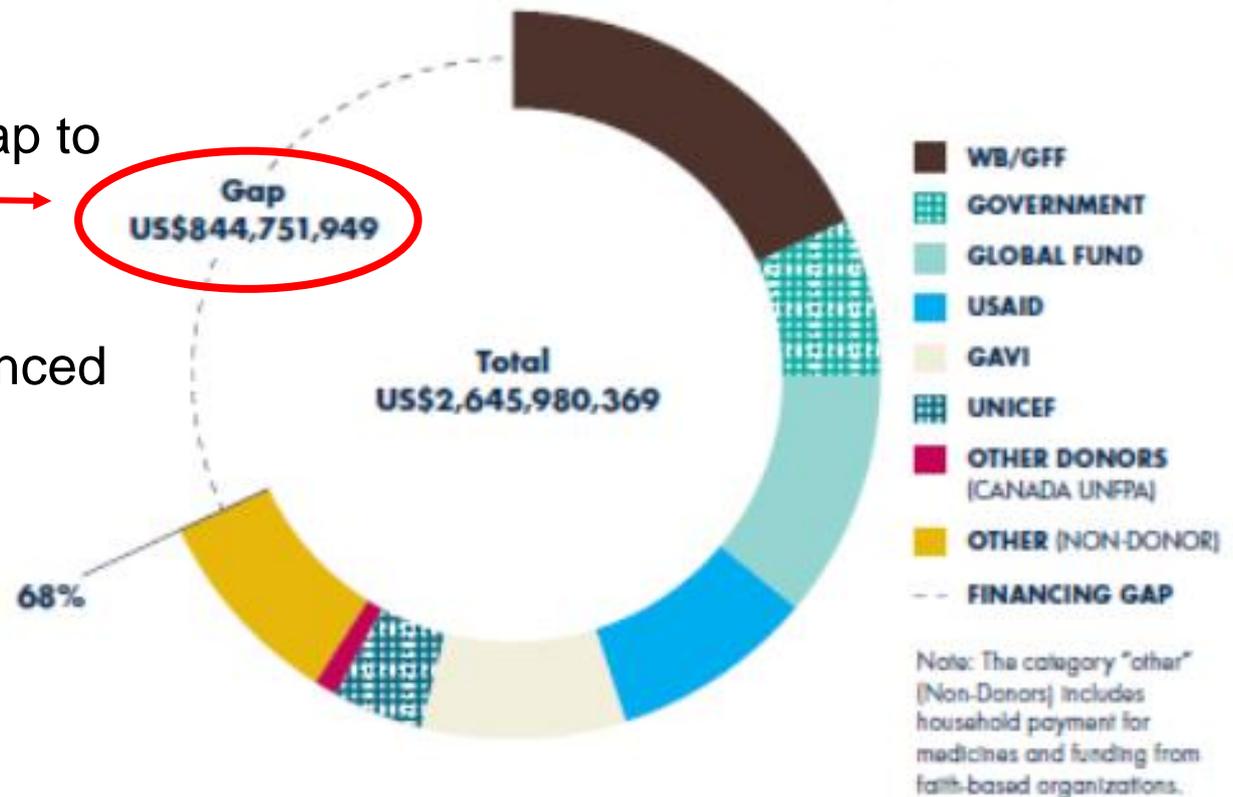
- Domestic Resource Mobilization: More money for health?
- Efficiency: More health for the money?
- Prioritization: More prioritization to further narrow activities?

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?

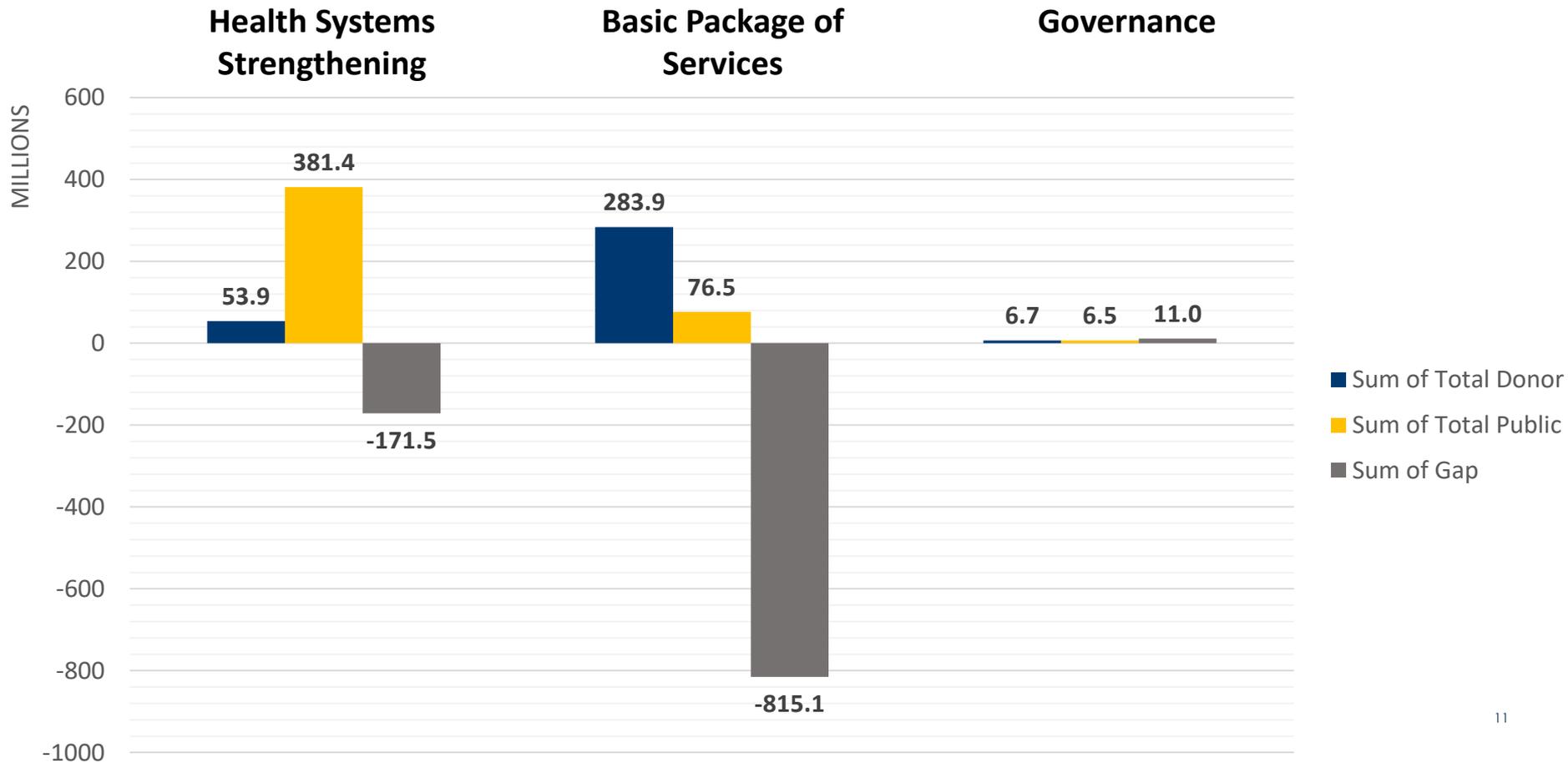
- Where are resources being allocated?
- Where does actual expenditure take place?

▶ **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?

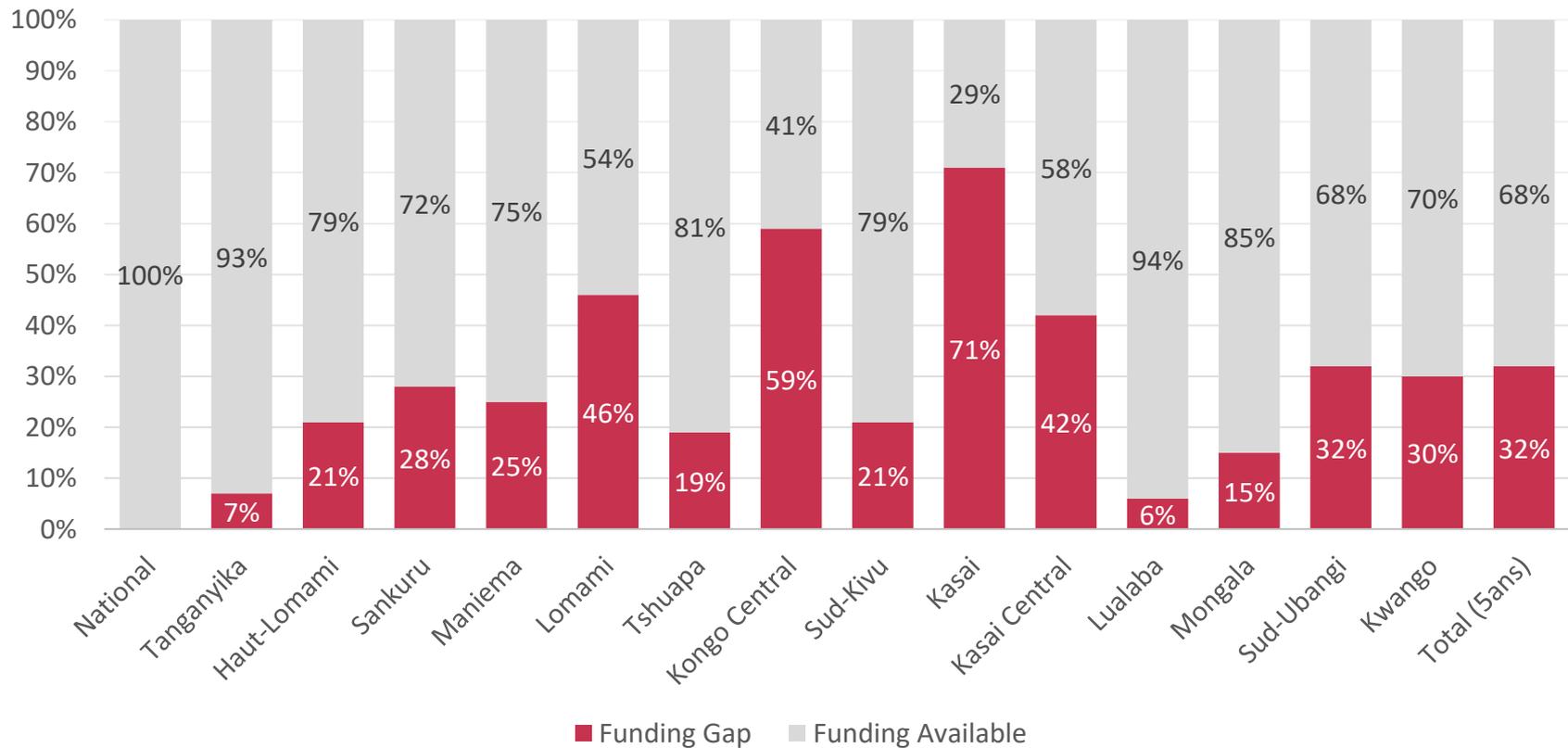
### 3. What specific programs are currently being funded from domestic and external sources?

## 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



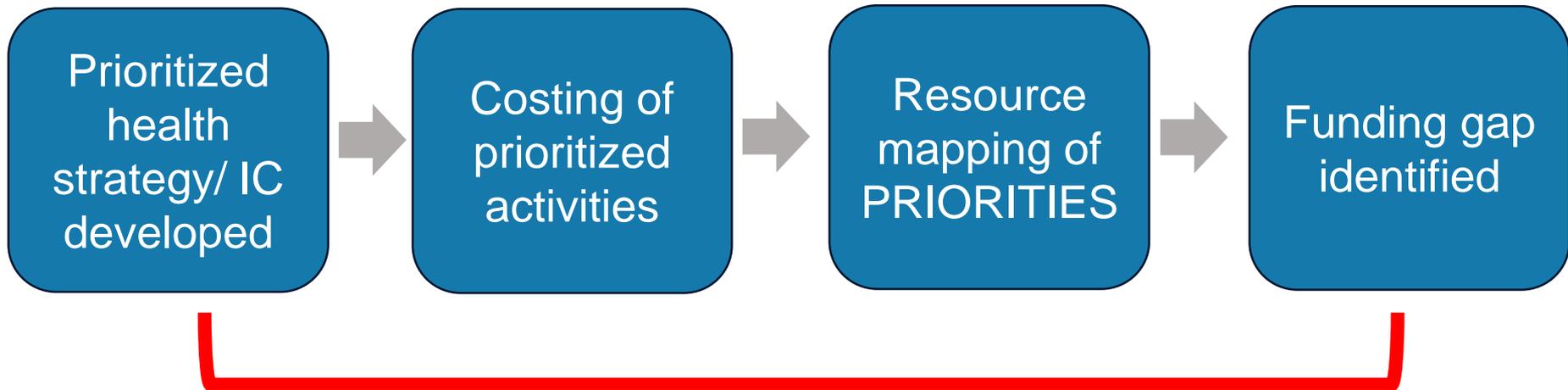
### 3. Where are specific programs currently being funded from domestic and external sources?

#### 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
<b>Quality Emergency Obstetric and Neonatal Care</b>							
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...



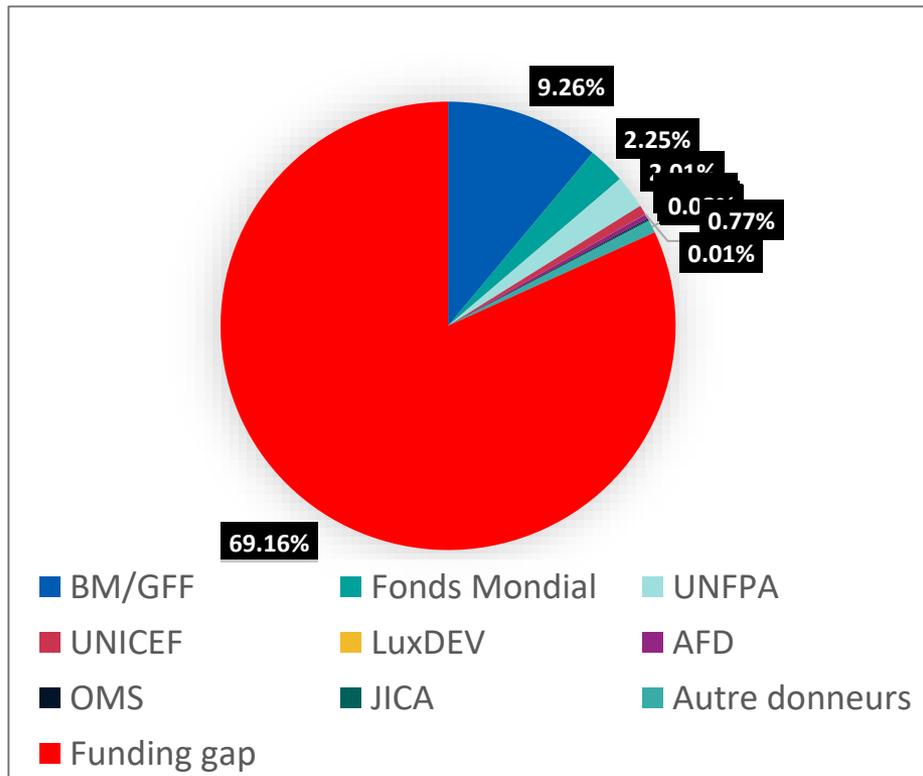
If gap is too large, then priority list needs to be further edited

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

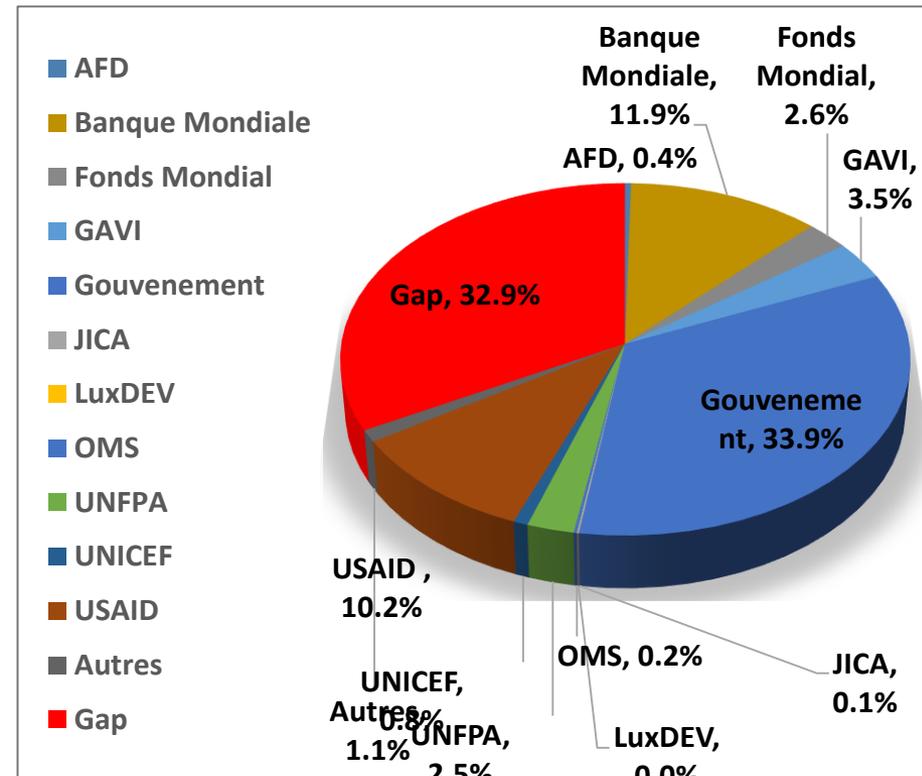
# Do we need to refine our priority list?

## 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:

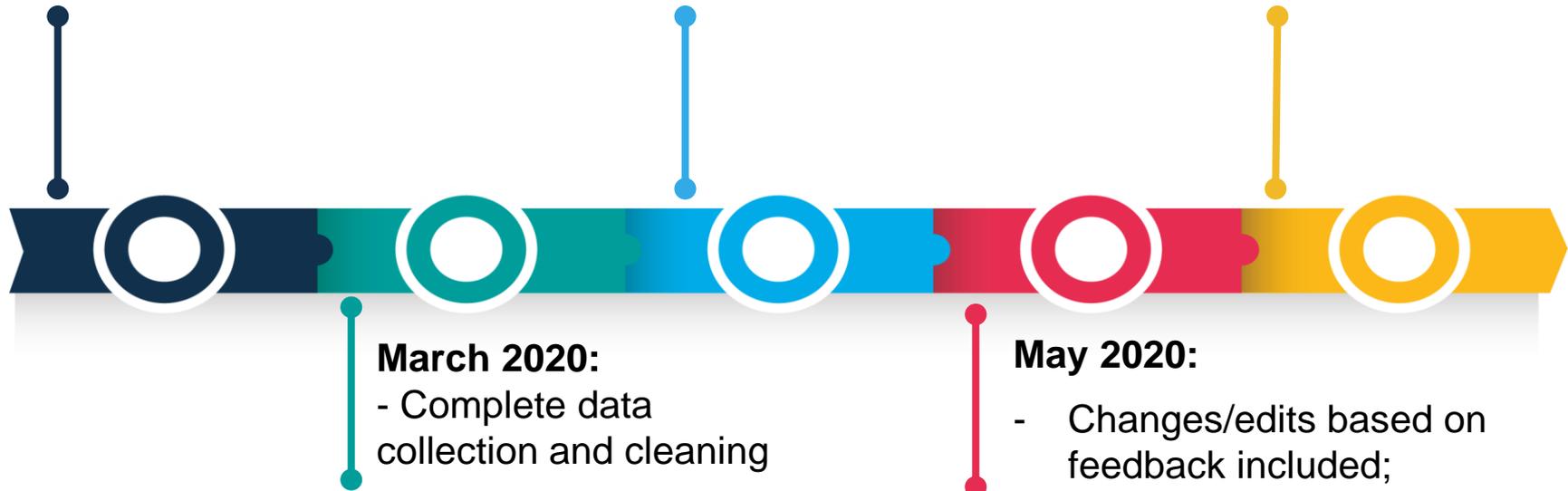
- RM report (final draft);
- Discuss next steps;

## 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

AutoSave On Somalia\_RMET\_AM\_tool\_Donor Financing Data Collection\_20191216.xlsx - Saved to OneDrive - WBG Vibhuti Nishikant Hate

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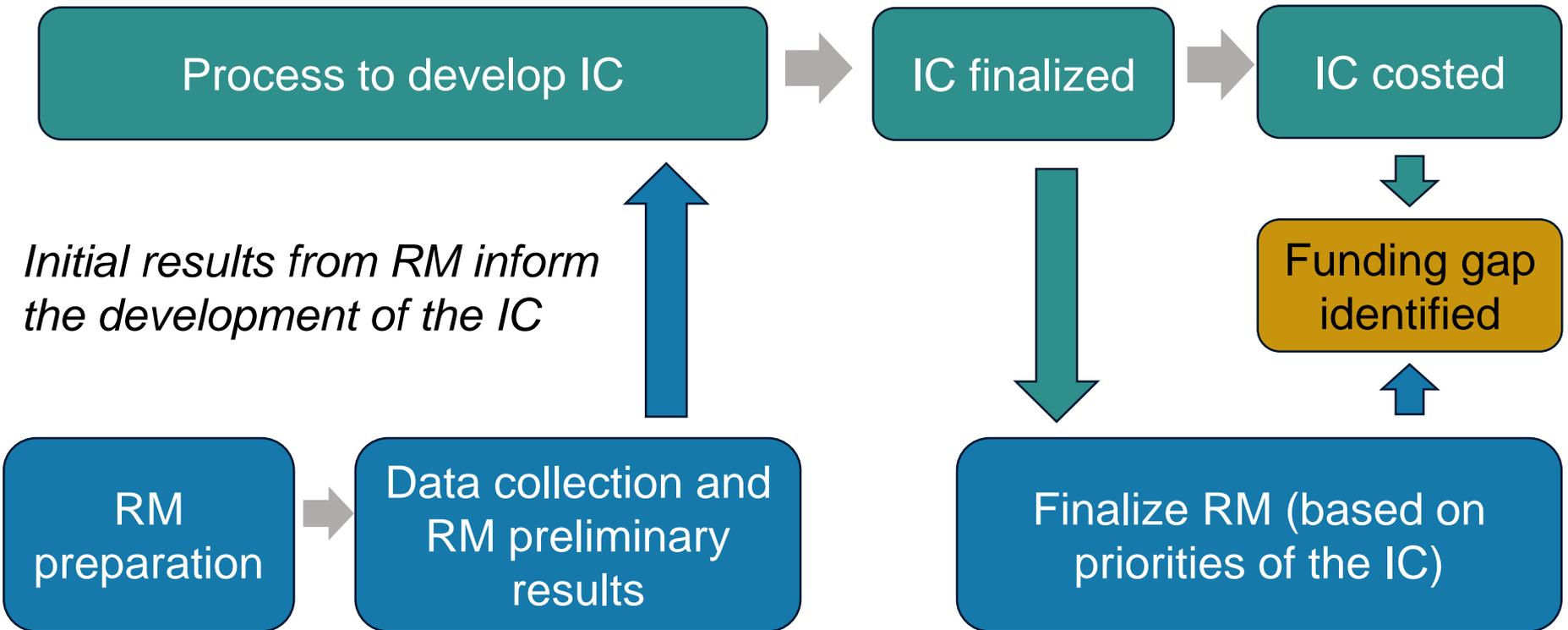
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# Questions to consider before starting RMET

- ▶ 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?

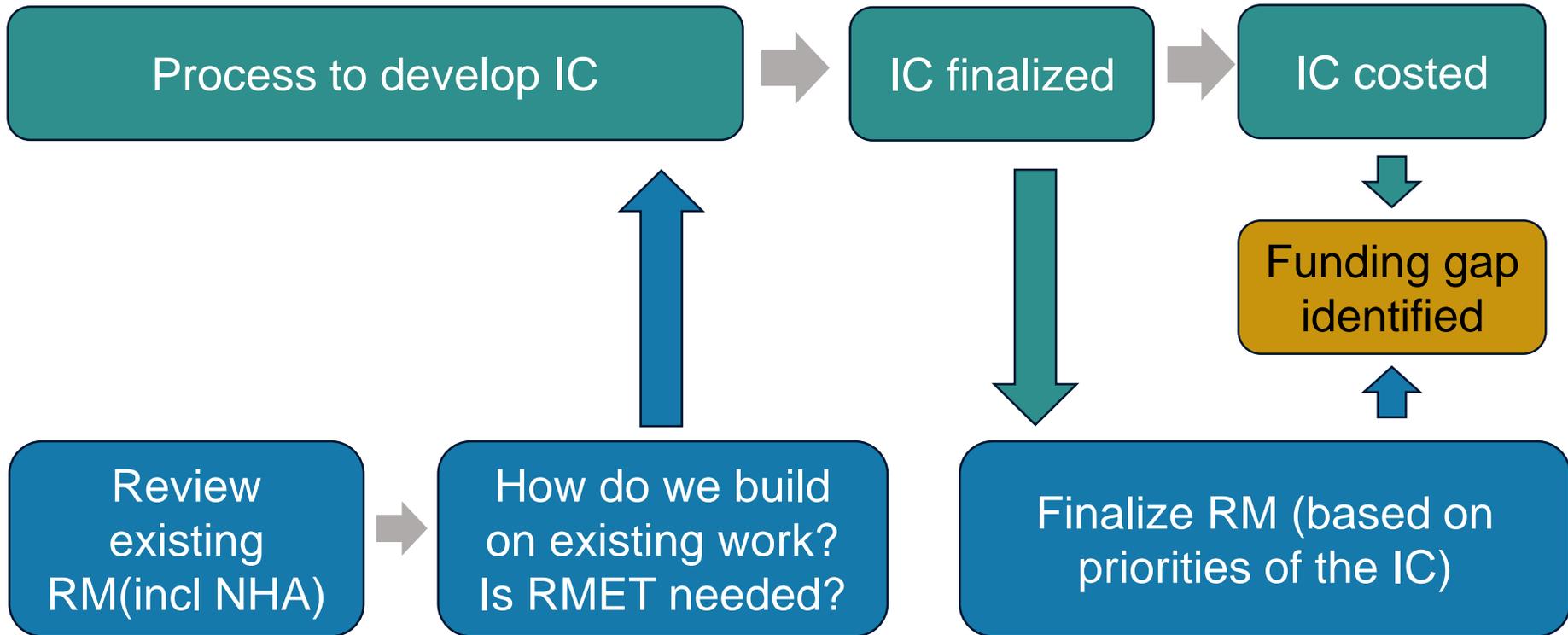
# Process if resource mapping has not been done before



*Initial results from RM inform the development of the IC*

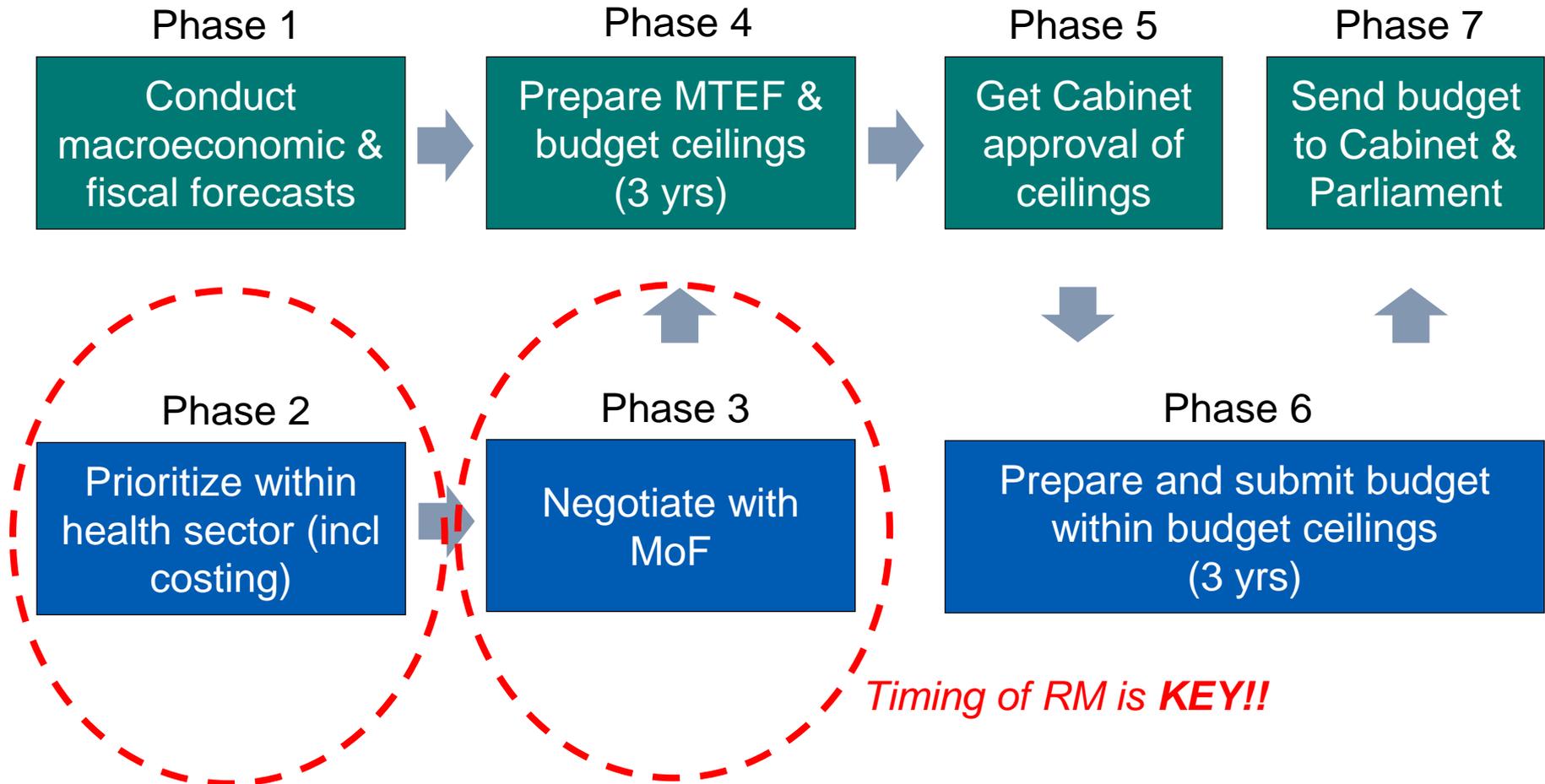
*Sustainability and capacity building is main focus:  
Full participation from government team*

# 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



■ Activities within the MoF   ■ Activities within the MoH



# THANK YOU

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