Results Monitoring: Monitoring resources and achievements to improve health & nutrition

Country Implementation Workshop
Tanzania, Tuesday 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

Improved health and wellbeing of women, children, and adolescents

Drive longer-term, transformational changes to health systems, particularly on financing
The GFF focuses 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).
Objectives of session

1. To better understand the GFF approach to monitoring resources and results to improve health and nutrition outcomes

2. Developing systems to increase the demand for high quality data and meaningful country owned data-use for improved RMNCAH-N outcomes and health financing reforms

3. To set clear expectations of the relationship between GFF countries and GFF secretariat in data sharing for performance assessment and reporting purposes

4. GFF support to countries, understanding the needs of countries better
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
1. To better understand the GFF approach to monitoring resources and results to improve health and nutrition outcomes
The GFF focuses on four monitoring areas:

1. Funding flow of the investment case

2. Performance and quality of the Investment Case and Health finance reforms

3. Using the data for decision making
   • Subnational data use

4. Bringing it altogether for (subnational) analysis and decisions making
   • Country platform
GFF approach – Mapping/ Tracking financial resources to results at subnational levels

GFF approach: Mapping and tracking financial resources to results at subnational levels

MONITORING GEOGRAPHIC PRIORITIES (REGIONAL DISPARITIES, URBAN VERSUS RURAL)

- 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?

REGIONAL DIFFERENCES & EQUITY AGENDA

PERFORMANCE RESULTS MONITORING

HEALTH & NUTRITION IMPACT

RESOURCE MAPPING & TRACKING

RESOURCE ALLOCATION COMMITMENTS

REGIONAL PRIORITIES & EQUITY

IMPACT ON HEALTH AND NUTRITION OUTCOMES AND IMPOVERISHMENT DUE TO OOP
GFF approach – Mapping/ Tracking financial resources to results at subnational levels

1. Monitoring investment case funding flow.

MONITORING GEOGRAPHIC PRIORITIES (REGIONAL DISPARITIES, URBAN VERSUS RURAL)

- Are we in the right places?
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REGIONAL DIFFERENCES & EQUITY AGENDA

PERFORMANCE RESULTS MONITORING

HEALTH & NUTRITION IMPACT
1. Monitoring the funding flow of IC and beyond

Platforms:

- **Mapping of Resource commitments**
  - Domestic and Donor budgets

- **Resource allocation**
  - By program
  - By region

- **Resource tracking**
  - By program
  - By region

- **Review Expenditure**
  - And analysis that is linked to results

Definitions that work for all 4 steps

Subnational data

Programmatic Efficiency
Allocative Efficiency
Technical Efficiency

Analysis and use at different layers of the system
GFF approach – Mapping/Tracking financial resources to results at subnational levels

2. Monitoring performance indicators

- 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?
2. Performance results monitoring

<table>
<thead>
<tr>
<th>Activities &amp; Process</th>
<th>Output</th>
<th>Outcome</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Improved health and nutrition</td>
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- Improved health and nutrition
Linking the Results Framework & Theory of Change

**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**

**Output: Facilities have necessary drugs and equipment**

**Output: facilities have trained staff**

**Improved access to health centers**

**Outcome: increase in skilled attendance at delivery**

**Outcome: more women with 4+ ANC visits**

**Outcome: improved contraceptive prevalence rate**

**Impact: reduced maternal mortality**
ToC for right-sizing the health sector through strategic contracting

**Activity: data collection (surveys, DIHS2)**

**Output: map of strategic facilities (hubs and spokes)**

**Activity: mapping of facilities**

**Output: hub/spoke indicator integrated added to DIHS2**

**Activity: pilot in two districts**

**Output: implementation research on effectiveness pilot**

**Outcome: % of births in hub facilities, number of referrals from the spokes**

**Impact: lower maternal deaths/spending**

**Activity: capacity building at district level to manage funds**

**Activity: sensitization at central level to create buy-in for differentiated funding**

**Output: implementation manual for scale up**

**Outcome: % of hubs receiving PBF resources**

**Output: contracting model taken to scale**
GFF approach – Mapping/Tracking financial resources to results at subnational levels

3. Monitoring subnational performance indicators

Monitoring geographic priorities (regional disparities, urban versus rural)
- 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 subnational performance indicators

Performance results monitoring

Regional differences & equity agenda

Health & nutrition impact

Process output outcome

Resource mapping & tracking

Resource allocation commitments

By geographic region

By program area
GFF approach – Mapping/Tracking financial resources to results at subnational levels

4. Bringing it altogether for analysis and decisions making

Monitoring geographic priorities (regional disparities, urban versus rural)
- 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?
The role of the country platform -

What are the responsibilities of the country platform for monitoring the program:

- This platform plays a central role in the country level process to develop, implement and monitor national RMNCAH-N Investment Case that is aligned with the countries’ broader national plans.
- Review implementation progress; problem solve to address challenges and support course corrections as needed.
- Coordinate development of GFF results monitoring dashboard.
- Build alignment of resources to country priorities and accountability system through collaborative process.

What would a country platform look like in your country to develop the M&E framework and continuous monitoring:

- Who should lead the country platform?
- Who should be part of the country platform?
- How frequently should they meet?
- Is this part of an existing entity or would develop something new?
- Should you develop a results monitoring technical working group as part of the platforms?
- What types of data should be reviewed?
What is the role of the Country Platform (the back bone to data use):

• To develop a results framework that maps to the health financing reforms, the IC, both it funding flows as well as the achievements
  • Fit for purpose and aligned with the theory of change

• To use the data to make decisions and course correct on a frequent basis
  • To ensure equity (gender, regional, vulnerable populations)
  • To ensure data is in real-time
  • To ensure subnational data is used
  • To ensure data come from multiple sources and multisectoral where needed
3. Role of the country platform: Focus of the analysis – making decisions based on data

The types of questions that the country platform should be able to discuss with data to determine whether countries are achieving their results and reasons why they may not be:

- Are the funds matching the needs?
  - Do the result match the available resources?
  - Can you measure to what extent expenditures match planned implementation?
- Are services of quality?
- Are efficiencies being found?
- Are you able to determine if budgets are in alignment with geographic areas greatest need?
  - Are there any geographies in which the cost of doing business is extremely high (or low)?
  - Can you identify bottlenecks from financing to planning to implementation?
- Are we in the right places?
- What health financing reforms are needed to improve outcomes?
Use of subnational level data — Kenya
Use of RMNCAH scorecard to strengthen data driven service delivery in a devolved health system
Garissa County, Kenya
Shale Abdi
Why the Scorecard in Kenya?

National level

- **Accountability**: hold leaders and service providers accountable to improve the health of women and children in line with the constitution, KHP 2014-2030, VISION 2030, and Regional and Global commitments.

- **Track performance for SDGs** (Goal 3, 2 and 6), – measure progress against National Health Policy and Strategy.

- **For advocacy and to highlight areas of need/success** for national initiatives - e.g. Her Excellency the First Lady’s Beyond Zero campaign, “Linda MAMA” programme.

- **Global accountability** - Track global commitments - e.g GFF.
Why the Scorecard in Kenya?

- Monitor RMNCAH program performance against county and national RMNCAH strategies and trigger action
- Identify challenges and best practices, identify areas doing well and those with bottlenecks.
- Transparency, advocacy and prioritization: county government and partners made aware of RMNCAH progress and challenges; evidence-based advocacy.
- Mutual accountability and dialogue with community and civil society: communities hold leaders accountable.
Use of RMNCAH Scorecard

- Bridged disparity and increase equitable coverage through prioritized investment and accelerate action.

- Addressed prioritised demand side barriers to increase utilisation, coverage and affordability of RMNCAH services.

- Addressed prioritised supply side bottlenecks in the health system to improve access to high impact intervention.
  - Recruitment and retention of HRH.
  - Upscaling of infrastructural development e.g. maternities and dispensaries to bridge geographical access.
  - Quarterly supply of Health products and commodities.

- Increased Health Budgetary allocation from 19% to 28.7% of County allocation.
## Action items for Garissa: RMNCAH Scorecard

### Overdue: 4 (50%)

<table>
<thead>
<tr>
<th>Region</th>
<th>Category</th>
<th>Action description</th>
<th>Date created</th>
<th>Deadline</th>
<th>Status</th>
<th>Status explanation</th>
<th>Owner</th>
<th>Stakeholder/ collaborator</th>
<th># of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ijara District Hospital - Masalani</td>
<td></td>
<td>Increase in vitamin A coverage from 11% to 20%</td>
<td>Jun 17, 2016</td>
<td></td>
<td>Some progress</td>
<td></td>
<td>Madaraka</td>
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<tr>
<td>Korissa Dispensary</td>
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<td>Sensitization and strengthening of referral of pregnant mothers from the community units to the facility to help increase 4th ANC visit from current 8% to 40% in two months</td>
<td>Jul 12, 2016</td>
<td></td>
<td>Some progress</td>
<td>ongoing</td>
<td>Dekow</td>
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<tr>
<td>Ijara</td>
<td></td>
<td>Strengthening of referral of pregnant mothers from Community level to link Facility to improve 4th ANC from 8% to 50%</td>
<td>Jul 12, 2016</td>
<td>Dec 6, 2016</td>
<td>No progress</td>
<td></td>
<td>Dekow</td>
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<tr>
<td>Ijara</td>
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<td>Improve documentation of PNC mothers to increase coverage from 41% to 75% in next quarter</td>
<td>Jul 12, 2016</td>
<td>Aug 30, 2016</td>
<td>Some progress</td>
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<td>Dekow</td>
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<tr>
<td>Ijara</td>
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<td>Strengthening of referral of pregnant mothers from Community level to link Facility to improve 1st ANC from 8% to 40% in Korissa dispensary</td>
<td>Jul 12, 2016</td>
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<td>Some progress</td>
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<td>Dekow</td>
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<tr>
<td>Ijara Health Centre</td>
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<td>Enhance defaulter tracing for pregnant women to increase 4th ANC coverage from 13% to 40%</td>
<td>Jul 19, 2016</td>
<td>Aug 30, 2016</td>
<td>Some progress</td>
<td></td>
<td>Wakahiui</td>
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<tr>
<td>Ijara Health Centre</td>
<td></td>
<td>Improve documentation of vitamin A in both the registers, tallysheets ans reporting to boost coverage from 6% in to 50%</td>
<td>Jul 19, 2016</td>
<td></td>
<td>Some progress</td>
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<td>Wakahiui</td>
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<tr>
<td>Bura</td>
<td>PREGNANCY AND NEWBORN</td>
<td>1. SC ADM to fuel the ambulance, ready to transport mothers in labour from inaccessible areas</td>
<td>Apr 19, 2018</td>
<td>May 21, 2018</td>
<td>Deliverable not yet due</td>
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<td>Finance department</td>
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</table>
Quarterly RMNCAH Indicator performance review meeting
Helped in documentation of best practices and innovation for service delivery provision:

- Tickler box to reduce dropout - ANC and Immunization.
- Mama Kit to increase skilled delivery.
- Birth Cushions - alternative traditional birth position.
- Maternal Shelter - waiting home.
- UBT to address PPH.
Change of Results

Immunisation - Fully Immunized Child Coverage

- Yr 2013: 52%
- Yr 2014: 63%
- Yr 2015: 65%
- Yr 2016: 68%
- Yr 2017: 55%
- Yr 2018: 70%

Skilled Delivery Coverage

- Yr 2013: 28%
- Yr 2014: 38%
- Yr 2015: 42%
- Yr 2016: 46%
- Yr 2017: 44%
- Yr 2018: 56%
3. Developing systems to increase the demand for high quality data and meaningful country owned data-use for improved RMNCAH-N outcomes and health financing reforms
Systems investment: Four key takeaways, ensure that systems

- Produce quality data
- Can be used together, with multiple sources of data coming together
- Can be accessed by decision makers at all levels of the healthcare system hierarchy
- Produce data that people can use
Investments in Monitoring & Health Information Systems can lead to:

- Financial and results data are available,
  - Increased transparency,
  - Increase use of data by different administrative levels of the healthcare system
  - Data are service delivery focused, to support increases in technical and allocative efficiency.
  - Improved data quality

- Increased equity in funding decisions;
  - Leaving no woman or child behind,
  - UHC and financial protection,
  - Mapping resources geographically according to regional needs

- Increased confidence for financiers,
  - Which can lead to an increase in domestic resources and development funds focused on health and nutrition outcomes
Do the data meet the need of the end user:

Do systems allow for access, use, quality at the subnational level?
Are systems service-delivery focused?

Levels of collection & aggregation

- Multi-sector compilation & use
- Sector aggregation
- Provincial collection & aggregation
- District collection & aggregation
- Facility & community data collection

Data feed back loop must be bidirectional for optimal data quality and use

Platforms for Use of data for corrective actions

Capacity building for relevant M&E staffs at all level
- sub-national and service providers level,
- Make data accessible and visible, so all stakeholders can learn from the information
- Generate quality data to build credible evidence
- Use of M&E data for supportive supervision
- Regular joint review
- Recognizing the difference between data issues and programmatic issues
The system backbone (to the data)

**Annual data:**
Measure HF reforms to increase the total volume of funds to RMNCAH-N: complementary funds, DRM mobilization, allocative efficiency and private sector

- National health accounts / Boost
- Budget allocation systems
- Mapping financial commitments to the RMNACH-N IC by program and regional priorities
- Integrated Financial Management Information System (IFMIS)
- Integrated Monitoring Approach

**Routine data:**
Measure HF reforms to getting more results from existing resources technical efficiency agenda and equity

- RMNCAH-N performance data (LMIS, DHIS2 etc)
- Tracking expenditure/disbursement of funds against the IC
- Quality of care/Service delivery
- National health accounts / Boost
- Routine data: Survey

**Impact on RMNCAH-N outcomes**

**Impact on Financial protection**

**Integrated Monitoring Approach**
Improved data governance

**Private sector fiscal space / market scoping analysis**
Aligning Data Systems

Health systems are functional but fragmented, preventing decision-makers from fully using data to improve services and optimally use resources.

- How do we ensure the data is available, do the systems exists and are the data widely available?
- How can we align these systems?
- How can these systems align to national systems,
- How do we improve quality and access, integrated use, and use at different levels in the health care system
Integrated Monitoring Approach

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Measure HF reforms to increase the total volume of funds to RMNCAH-N: complementary funds, DRM mobilization, allocative efficiency and private sector

- National health accounts / Boost
- Budget allocation systems
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- Tracking expenditure/dischbursement of funds against the IC
- Quality of care/ Service delivery

**Country platform**

- Data quality and use incentives for improved outcomes
- Building on existing systems and leveraging partners focused on data systems
- Integrated health information system and data architecture
- Increased subnational demand for the use of quality data for decision making

**Impact on RMNCAH-N outcomes**

- Impact on Financial protection
- Impact on Financial protection
3. To set clear expectations of the relationship between GFF countries and GFF secretariat in data sharing for performance assessment and reporting purposes
GFF Global Results framework

- Progress/Process indicators
  - Set indicators for all countries

- IC Resource mapping
  - Where available

- IC-aligned country specific indicators
  - Tailored set of indicators
    - Investment case specific prioritized indicators linked to scaleup of services and catalytic interventions

- Country Impact & health financing indicators
  - Set indicators for all countries

https://www.globalfinancingfacility.org/results-monitoring
Country-led process indicator

Monitoring the Country-led Process

**Country Platform**
- Government focal point identified with contact available online (GFF website)
- Country platform holds regular country meetings to discuss results arising from implementing the IC and corrective action
- Developed and initial assessment of results monitoring capacity available
- Not yet established
- Not developed
- Established and initial meeting held
- Government focal point identified
- Government focal point not yet identified
- Civil society represented at routine country platform meetings to discuss implementing IC and results

**Investment Case**
- Investment Case being implemented
- Investment Case complete
- Investment Case in development
- Set of evidence based priorities financed
- Results monitoring strategy and framework in support of IC
- Country-led multi-stakeholder platform (e.g., new or established from an existing platform)
- An inclusive country platform process with CSO engagement

**Heath Financing**
- Health financing in progress
- Developed but not integrated in IC
- Not considered at this time
- Project disbursements
- Project approved and available online
- Project under preparation
- Private sector engagement not identified at this time
- Private sector engagement not identified at this time
- Private sector engagement identified as a priority
- Private sector engagement identified as a priority
- CRVS priority funded (e.g., GFF Trust Fund, IDA, other)
- CRVS not identified as priority
- Supply chain/commodity management interventions funded

**Other Areas of Interest**
- World Bank-funded project in support of the IC
- Civil registration and vital statistics (CRVS) made a priority
- Management of medicines and supplies/supply chain interventions
Funding flow of the IC: Resource mapping or tracking data from all partners

Cameroon
Impact indicators

• Most of these indicators are collected through survey data (Demographic Health Surveys (DHS) and Multiple Indicator Cluster Survey (MICS))

• Optimally are conducted every 3-5 years to determine changes in these important health and nutrition outcomes.

Core programmatic impact 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
# Measuring Impact: planned & most recent National surveys

<table>
<thead>
<tr>
<th></th>
<th>DHS</th>
<th>MICS</th>
<th>MIS</th>
<th>SPA</th>
<th>AIS</th>
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<tr>
<td><strong>Cameroon</strong></td>
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## Timeline

- **DHS / MIS**
  - 2011
- **MICS**
  - 2014
- **IC finalized**
  - 2016
- **IDA disbursement**
  - 2017
- **IC mid term review**
  - 2018-19
- **New national survey**
  - 2019
- **New national survey**
  - 2024
- **New national survey**
  - 2029
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) %
Data sharing agreement

MoU on Data-Sharing and Use between the Ministry of Health ____ (Country) and the Global Financing Facility

This Memorandum of Understanding (MOU) documents the understanding between the Ministry of Health [and/or Finance] and the Global Financing Facility in Support of Every Woman Every Child (GFF). This MOU serves as a recognition of the goal of both parties to improve the health and well-being of all [insert name of country’s citizens, e.g. xxxxx] through increased access and use of timely and accurate health information.

Data Sources, Types, Frequency, Formats

Appendix A outlines the types of indicators, sources, expected format, and frequency of updates. Additional resources and support are available from the GFF to help with data cleaning, quality, in-country use, and transfer. The GFF will also provide capacity building training and support to the Government of X to ensure in-country capacity is available to assist with this effort and strengthen national systems.

Data Confidentiality

The confidentiality of data pertaining to parties will be protected as follows:

a. The data recipient will not release information that could be linked to an individual, nor will the recipient present the results of data analysis (including maps) in any manner that would reveal the identity of individuals.

b. The data recipient will not release individual addresses, nor will the recipient present the results of data analysis (including maps) in any manner that would reveal individual addresses.

c. Both parties shall comply with all national laws and regulations governing the confidentiality of the information as per Laws of ________________ (country) that is the subject of this Agreement.

1. The data recipient will not release data to a third party without prior consultation from the data provider.
The data sharing agreement should include

- A clear understanding of who will be sharing their data
- A clear understanding of which data will be shared
  - Data sources
  - Frequency
  - Types and formats
- How the data will be used
- Types of access
- Frequency of data sharing
- Defined users
- Confidentiality

Most importantly, we would like to set up systems to ensure as little burden as possible to the country, and work with HMIS teams to develop simple exchange systems.
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.

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

Cross country comparisons (Aligned indicators across all countries)
4. GFF partnership and its support to countries
The GFF continues to invest in health information and routine data, as these are critical to achieving health-financing reforms and increasing the total volume of funding allocated to health and achieving RMNCAH-N outcomes.

Investing in health information gives governments and other policymakers, donors, and partners greater visibility into where, and how efficiently, resources are being allocated.

► We (GFF and partners) are here to support

► Please tell us your greatest needs
  ▪ please complete 3-5 greatest data, data systems, data use etc needs for your IC
4. What support would your country need to operationalize this?
Some examples of GFF and partnership support for improved monitoring and results-driven culture

| Support the development of results framework to accompany the IC |
| Support the development of achievable targets at national and subnational levels |
| Support the development of routine visualizations |
| Support capacity for integrated annual / mid-term reviews with public health institution support |
| Assessment and recommendations for improve data quality and use |
| Support implementation research to complement routine monitoring |
| Support digital health endeavors |
| Support interoperability between systems, particularly financial data systems and routine data |
| Support development of HMIS systems, for example DHIS2, community health systems, etc |
| Support to coordination of HMIS |
| Support development of expenditure systems |
Q & A
Homework for tonight

Choose 1-2 priority areas in your existing investment case and 1 health financing reform
- with either the weakest results framework or
- areas that you have not seen improvement in results