

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

financing and implementing

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

GFF Results Monitoring: its strengths !

The GFF focuses data 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).

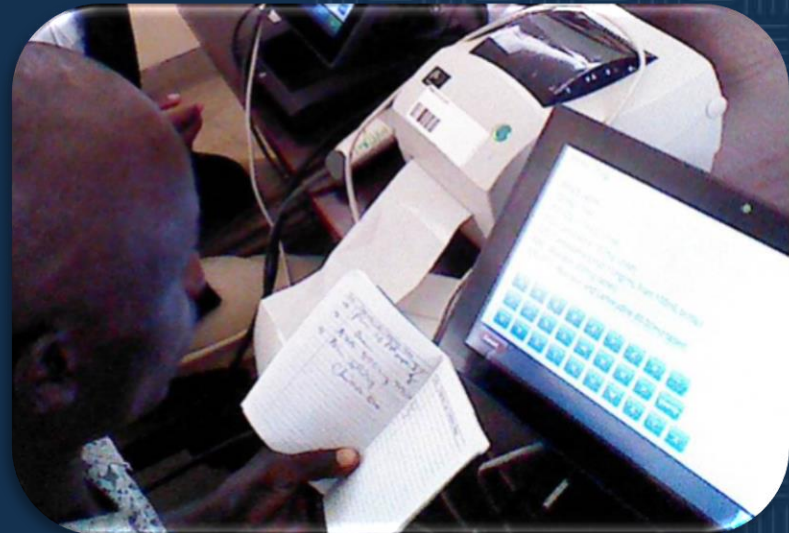
Objectives of session

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

1. Monitoring investment case funding flow.

MONITORING GEOGRAPHIC PRIORITIES (REGIONAL DISPARITIES, URBAN VERSUS RURAL)

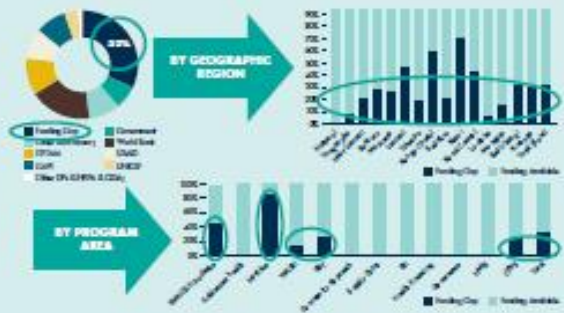
- Are we in the right places?
- Do the results match the available resources?
- Do the committed investments match the amounts disbursed?
- Are the funds matching the needs?



1



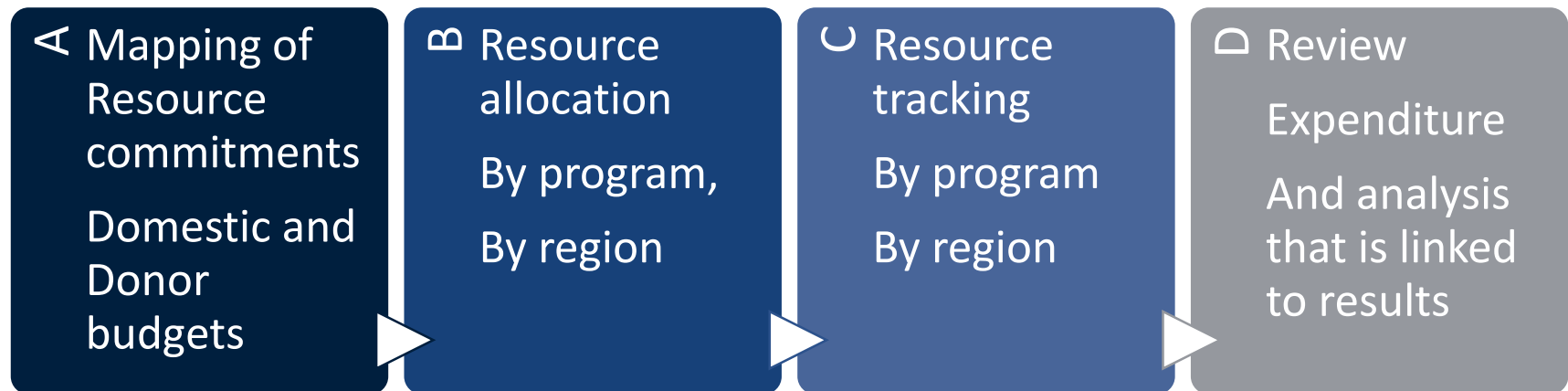
RESOURCE ALLOCATION COMMITMENTS



For AMCS (p011/16)	For SMCs (p016/17)	District Name	Difference for SMCs (p016/17)	Difference for AMCS (p011/16)
-12.8	-5.8	Sukinda District	22.7	22.7
		Balangan District	16.7	16.7
		Uttara District	22.7	16.7
		Chandernagar District	22.7	12.2
		Gandhinagar District	18.8	12.2
		Agartala District	14.9	12
		Agartala District	4.2	12
		Agartala District	0.6	12
-12.8	-6.8	Sukinda District	22.7	22.7
		Chandernagar District	22.7	16.7
		Agartala District	22.7	12.2
		Uttara District	22.7	12
		Chandernagar District	18.8	12
		Agartala District	14.9	12
		Agartala District	4.2	12
		Agartala District	0.6	12
-12.8	-6.8	Sukinda District	22.7	22.7
		Chandernagar District	22.7	16.7
		Agartala District	22.7	12.2
		Uttara District	22.7	12
		Chandernagar District	18.8	12
		Agartala District	14.9	12
		Agartala District	4.2	12
		Agartala District	0.6	12

1. Monitoring the funding flow of IC and beyond

Platforms:



Subnational data

Definitions that work for all 4 steps

Analysis and use at different layers of the system

Programmatic Efficiency
Allocative Efficiency
Technical Efficiency

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

2. Monitoring 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?



RESOURCE ALLOCATION COMMITMENTS



For ANCS (2011/12)	For ANCS (2016/17)	District Name	Difference for ANCS (2011/12)	Difference for ANCS (2016/17)
12.4	14	Subarkut District	11.7	12.7
		Madhya Pradesh	11.5	11.5
		Uttarakhand	11.1	11.1
		Chandigarh District	11.0	11.0
		Goa District	10.8	10.8
		Goa District	10.7	10.7
		Hyderabad District	10.5	10.5
		Uttarakhand	10.4	10.4
		Uttarakhand	10.3	10.3
		Uttarakhand	10.2	10.2
		Uttarakhand	10.1	10.1
		Uttarakhand	10.0	10.0
		Uttarakhand	9.9	9.9
		Uttarakhand	9.8	9.8
		Uttarakhand	9.7	9.7
		Uttarakhand	9.6	9.6
		Uttarakhand	9.5	9.5
		Uttarakhand	9.4	9.4
		Uttarakhand	9.3	9.3
		Uttarakhand	9.2	9.2
		Uttarakhand	9.1	9.1
		Uttarakhand	9.0	9.0
		Uttarakhand	8.9	8.9
		Uttarakhand	8.8	8.8
		Uttarakhand	8.7	8.7
		Uttarakhand	8.6	8.6
		Uttarakhand	8.5	8.5
		Uttarakhand	8.4	8.4
		Uttarakhand	8.3	8.3
		Uttarakhand	8.2	8.2
		Uttarakhand	8.1	8.1
		Uttarakhand	8.0	8.0
		Uttarakhand	7.9	7.9
		Uttarakhand	7.8	7.8
		Uttarakhand	7.7	7.7
		Uttarakhand	7.6	7.6
		Uttarakhand	7.5	7.5
		Uttarakhand	7.4	7.4
		Uttarakhand	7.3	7.3
		Uttarakhand	7.2	7.2
		Uttarakhand	7.1	7.1
		Uttarakhand	7.0	7.0
		Uttarakhand	6.9	6.9
		Uttarakhand	6.8	6.8
		Uttarakhand	6.7	6.7
		Uttarakhand	6.6	6.6
		Uttarakhand	6.5	6.5
		Uttarakhand	6.4	6.4
		Uttarakhand	6.3	6.3
		Uttarakhand	6.2	6.2
		Uttarakhand	6.1	6.1
		Uttarakhand	6.0	6.0
		Uttarakhand	5.9	5.9
		Uttarakhand	5.8	5.8
		Uttarakhand	5.7	5.7
		Uttarakhand	5.6	5.6
		Uttarakhand	5.5	5.5
		Uttarakhand	5.4	5.4
		Uttarakhand	5.3	5.3
		Uttarakhand	5.2	5.2
		Uttarakhand	5.1	5.1
		Uttarakhand	5.0	5.0
		Uttarakhand	4.9	4.9
		Uttarakhand	4.8	4.8
		Uttarakhand	4.7	4.7
		Uttarakhand	4.6	4.6
		Uttarakhand	4.5	4.5
		Uttarakhand	4.4	4.4
		Uttarakhand	4.3	4.3
		Uttarakhand	4.2	4.2
		Uttarakhand	4.1	4.1
		Uttarakhand	4.0	4.0
		Uttarakhand	3.9	3.9
		Uttarakhand	3.8	3.8
		Uttarakhand	3.7	3.7
		Uttarakhand	3.6	3.6
		Uttarakhand	3.5	3.5
		Uttarakhand	3.4	3.4
		Uttarakhand	3.3	3.3
		Uttarakhand	3.2	3.2
		Uttarakhand	3.1	3.1
		Uttarakhand	3.0	3.0
		Uttarakhand	2.9	2.9
		Uttarakhand	2.8	2.8
		Uttarakhand	2.7	2.7
		Uttarakhand	2.6	2.6
		Uttarakhand	2.5	2.5
		Uttarakhand	2.4	2.4
		Uttarakhand	2.3	2.3
		Uttarakhand	2.2	2.2
		Uttarakhand	2.1	2.1
		Uttarakhand	2.0	2.0
		Uttarakhand	1.9	1.9
		Uttarakhand	1.8	1.8
		Uttarakhand	1.7	1.7
		Uttarakhand	1.6	1.6
		Uttarakhand	1.5	1.5
		Uttarakhand	1.4	1.4
		Uttarakhand	1.3	1.3
		Uttarakhand	1.2	1.2
		Uttarakhand	1.1	1.1
		Uttarakhand	1.0	1.0
		Uttarakhand	0.9	0.9
		Uttarakhand	0.8	0.8
		Uttarakhand	0.7	0.7
		Uttarakhand	0.6	0.6
		Uttarakhand	0.5	0.5
		Uttarakhand	0.4	0.4
		Uttarakhand	0.3	0.3
		Uttarakhand	0.2	0.2
		Uttarakhand	0.1	0.1
		Uttarakhand	0.0	0.0
		Uttarakhand	-0.1	-0.1
		Uttarakhand	-0.2	-0.2
		Uttarakhand	-0.3	-0.3
		Uttarakhand	-0.4	-0.4
		Uttarakhand	-0.5	-0.5
		Uttarakhand	-0.6	-0.6
		Uttarakhand	-0.7	-0.7
		Uttarakhand	-0.8	-0.8
		Uttarakhand	-0.9	-0.9
		Uttarakhand	-1.0	-1.0
		Uttarakhand	-1.1	-1.1
		Uttarakhand	-1.2	-1.2
		Uttarakhand	-1.3	-1.3
		Uttarakhand	-1.4	-1.4
		Uttarakhand	-1.5	-1.5
		Uttarakhand	-1.6	-1.6
		Uttarakhand	-1.7	-1.7
		Uttarakhand	-1.8	-1.8
		Uttarakhand	-1.9	-1.9
		Uttarakhand	-2.0	-2.0
		Uttarakhand	-2.1	-2.1
		Uttarakhand	-2.2	-2.2
		Uttarakhand	-2.3	-2.3
		Uttarakhand	-2.4	-2.4
		Uttarakhand	-2.5	-2.5
		Uttarakhand	-2.6	-2.6
		Uttarakhand	-2.7	-2.7
		Uttarakhand	-2.8	-2.8
		Uttarakhand	-2.9	-2.9
		Uttarakhand	-3.0	-3.0
		Uttarakhand	-3.1	-3.1
		Uttarakhand	-3.2	-3.2
		Uttarakhand	-3.3	-3.3
		Uttarakhand	-3.4	-3.4
		Uttarakhand	-3.5	-3.5
		Uttarakhand	-3.6	-3.6
		Uttarakhand	-3.7	-3.7
		Uttarakhand	-3.8	-3.8
		Uttarakhand	-3.9	-3.9
		Uttarakhand	-4.0	-4.0
		Uttarakhand	-4.1	-4.1
		Uttarakhand	-4.2	-4.2
		Uttarakhand	-4.3	-4.3
		Uttarakhand	-4.4	-4.4
		Uttarakhand	-4.5	-4.5
		Uttarakhand	-4.6	-4.6
		Uttarakhand	-4.7	-4.7
		Uttarakhand	-4.8	-4.8
		Uttarakhand	-4.9	-4.9
		Uttarakhand	-5.0	-5.0

2. Performance results monitoring

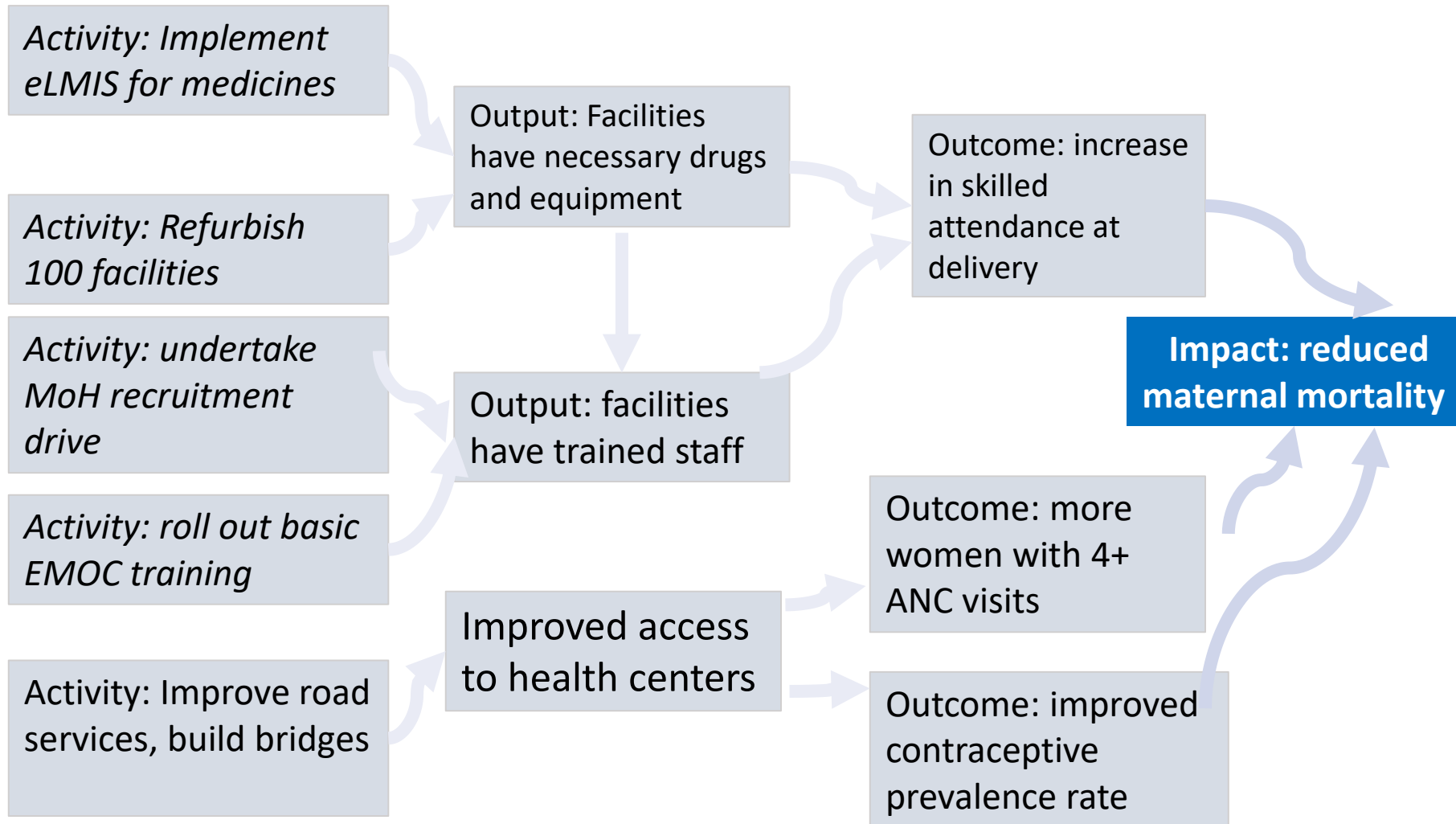
Activities &
Process

Output

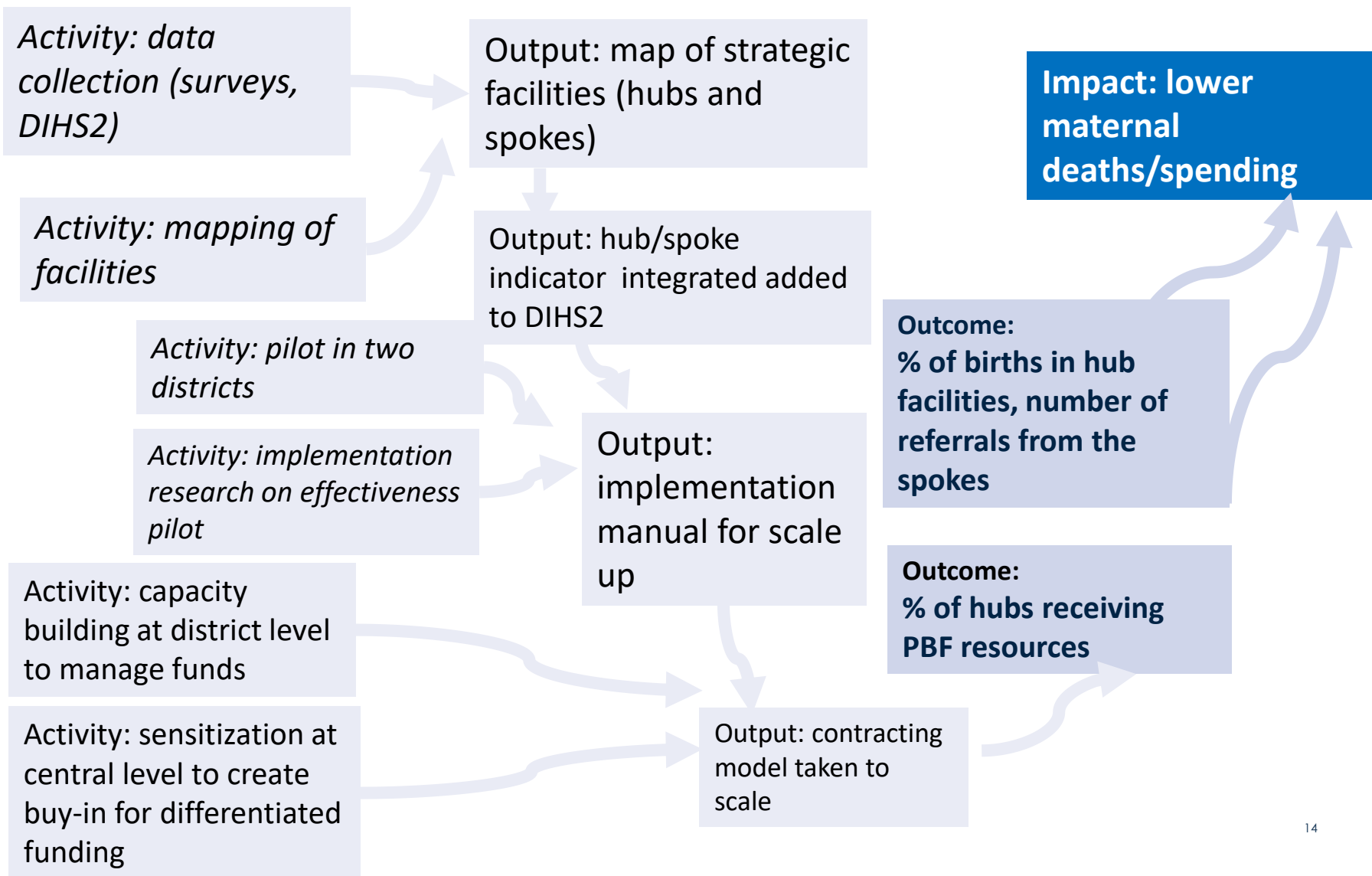
Outcome

Improved
health and
nutrition

Linking the Results Framework & Theory of Change



ToC for right-sizing the health sector through strategic contracting



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?

RESOURCE ALLOCATION COMMITMENTS



For RMC (2011/12)	For RMC (2016/17)	District Name	Difference for RMC (2011/12)	Difference for RMC (2016/17)
-1.4	-1.4	Subwa District	107	107
		Malung District	6.7	12.1
		Uman District	201	16.1
		Uwanda District	21.8	12.2
		Uwasi Town	18.8	12.1
		Uwasi District	14.9	17
		Uyuni District	4.3	6.1
		Uyuni (unpop)	0.6	10
-11.8	-1.2	Uyuni District	161	102
		Uyuni (unpop)	21.3	124
		Uyuni District	21.2	11.8
		Uyuni District	20.4	9
		Uyuni District	110	14
		Uyuni District	18.8	103
		Uyuni District	18.6	63
		Uyuni Town	17	16.6
		Uyuni City	12.4	29
		Uyuni District	12	11.7
		Uyuni Town	16	11
-1.1	-1.8	Uyuni District	116	11
		Uyuni District	14.1	112
		Uyuni District	13.1	6.3
		Uyuni District	4.8	1.3
		Uyuni District	18	10.1
		Uyuni (unpop)	17	10.8
		Uyuni District	2.9	2.9
		Uyuni Town	16	11.6

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

4. Bringing it altogether for analysis and decisions making



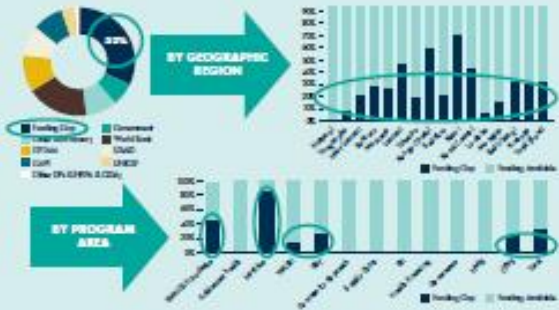
MONITORING GEOGRAPHIC PRIORITIES (REGIONAL DISPARITIES, URBAN VERSUS RURAL)

- 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?

RESOURCE ALLOCATION COMMITMENTS



For ANCA (2011/12)	For ANCA (2012/13)	Disputed Items	Difference for ANCA (2011/12)	Difference for ANCA (2012/13)
15.4	-1.4	Galuh District	12.7	12.7
		Garut District	16.7	16.1
		Uramas District	22.0	16.1
		Blawan District	21.0	12.0
		Garah Town	18.0	11.0
		Garah District	14.0	10.0
		Agung District	14.2	10.0
		Agung District	14.2	10.0
11.8	-4.1	Luhur District	16.1	16.2
		Indragiri District	21.2	16.4
		Gunungs District	21.2	13.8
		Harau District	20.4	9
		Harau District	19.0	-4
		Pangkal District	18.8	10.3
		Wakay District	18.0	10.7
		Wakay District	17	10.6
		Tanjung City	15.4	10
		Bandar District	11.2	11.7
		Bandar District	9.6	10.1
10	-0.8	Gunung District	10.6	11
		Arak District	10.1	10.2
		Cheraw District	13.1	11.1
		Gunung District	14.0	11
		Cheraw District	14.8	10.1
		Cheraw District	17	10
		Ajyung District	19	10
		Gunung District	16	11.0

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 ?

A young woman with dark skin and curly hair is sitting on the concrete step of a bright blue doorway. She is wearing a pink and black striped sleeveless top and pink patterned leggings. She is looking towards the camera with a slight smile. To her left, a black jacket and other items of clothing are hanging on a line. The doorway is framed by a blue-painted wooden frame. The background behind her is a red wall with a white geometric pattern. The overall scene is brightly lit, suggesting daylight.

Use of subnational level data – Kenya



Republic of Kenya



Ministry of Health

Ministry of Health (Medicines and Service Delivery)



**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.

Region	Frequency & Newborns				Early Childhood			Late Childhood	Adolescent	Community	Health Systems
	Delivered by skilled health personnel coverage	% pregnant women attending T4 ANC and % pregnant women attending a T4 visit	Female infants (0-59 mo) on oral iron supplementation / Male infants (0-59 mo) on oral iron supplementation	IMR (1-59) Progression Rate (IMR1-59) / IMR (1-59) Progression Rate (IMR1-59)	Targeted immunisation coverage (0-59 mo) / PNC attendance	Stunted & overweight (2-59 mo)	Fully vaccinated (0-59 mo) Coverage				
Kenya	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Coast	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Eastern	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North Rift	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North West	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Central	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Kenya	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Coast	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Eastern	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North Rift	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North West	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Central	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Kenya	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Coast	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Eastern	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North Rift	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North West	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Central	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Kenya	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Coast	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Eastern	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North Rift	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North West	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Central	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Kenya	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Coast	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Eastern	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North Rift	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
North West	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Central	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
Kenya	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%	81%
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Central	81%	81%	81								

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

■ Action achieved ■ No progress
■ Some progress Deliverable not yet due

Overdue: 4 (50%)

Due: 4 (50%)

Completed: 0 (0%)

Region	Category	Action description	Date created	Deadline	Status	Status explanation	Owner	Stakeholder / collaborator	Community	# of comments
Ijara District Hospital - Masalani		increase in vitamin A coverage from 11% to 20%	Jun 17, 2016		Some progress		Madaraka			0
Korrissa Dispensary		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	Jul 12, 2016		Some progress	ongoing	Dekow			0
Ijara		Strengthening of referral of pregnant mothers from Community level to link Facility to improve 4th ANC from 8% to 50%,	Jul 12, 2016	Dec 6, 2016	Some progress	ongoing	Dekow			0
Ijara		Improve documentation of PNC mothers to increase coverage from 41% to 75% in next quarter	Jul 12, 2016	Aug 30, 2016	Some progress	ongoing	Dekow			0
Ijara		Strengthening of referral of pregnant mothers from Community level to link Facility to improve 1st ANC from 8% to 40% in Korrissa dispensary	Jul 12, 2016		Some progress	ongoing	Dekow			0
Ijara Health Centre		Enhance defaulter tracing for pregnant women to increase 4th ANC coverage from 13% to 40%	Jul 19, 2016	Aug 30, 2016	Some progress		Wakahiu			0
Ijara Health Centre		Improve documentation of vitamin A in both the registers, tallysheets and reporting to boost coverage from 6% in to 50%	Jul 19, 2016		Some progress		Wakahiu			0
Bura	PREGNANCY AND NEWBORN	1. SC ADM to fuel the ambulance, ready to transport mothers in labour from inaccessible areas	Apr 19, 2018	May 21, 2018	Deliverable not yet due			Finance department		0

Quarterly RMNCAH Indicator performance review meeting



Continuation

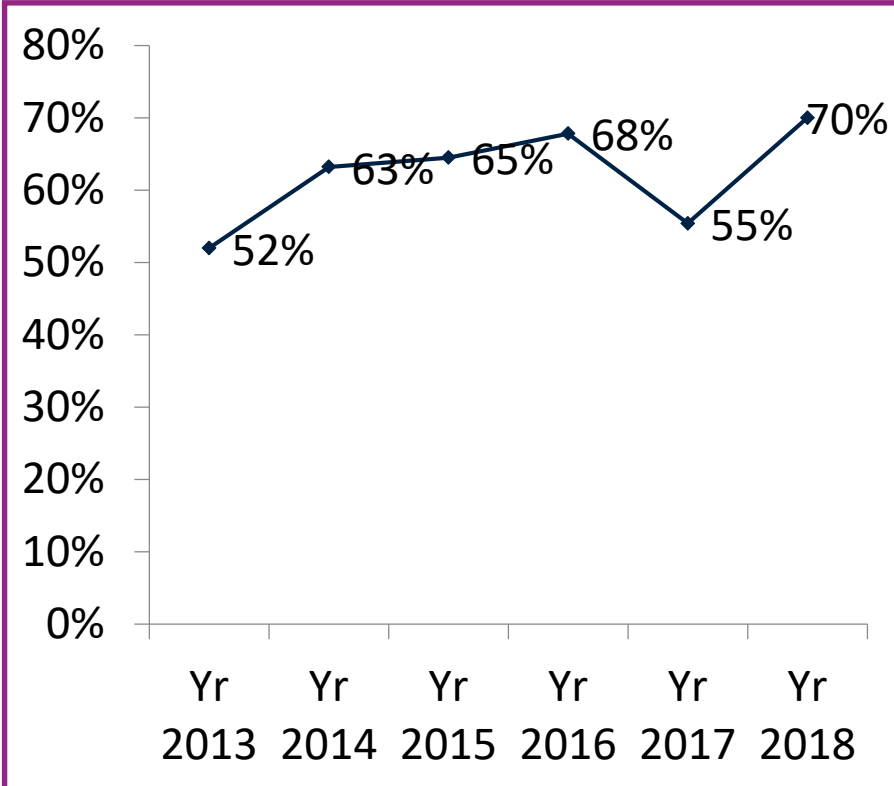
- ▶ Helped in documentation of best practices and innovation for service delivery provision:
 - Tickler box to reduce dropout - ANC and Immunization.
 - Mama Kit to increase skilled delivery.
 - Birth Cushions - alternative traditional birth position.
 - Maternal Shelter - waiting home.
 - UBT to address PPH.



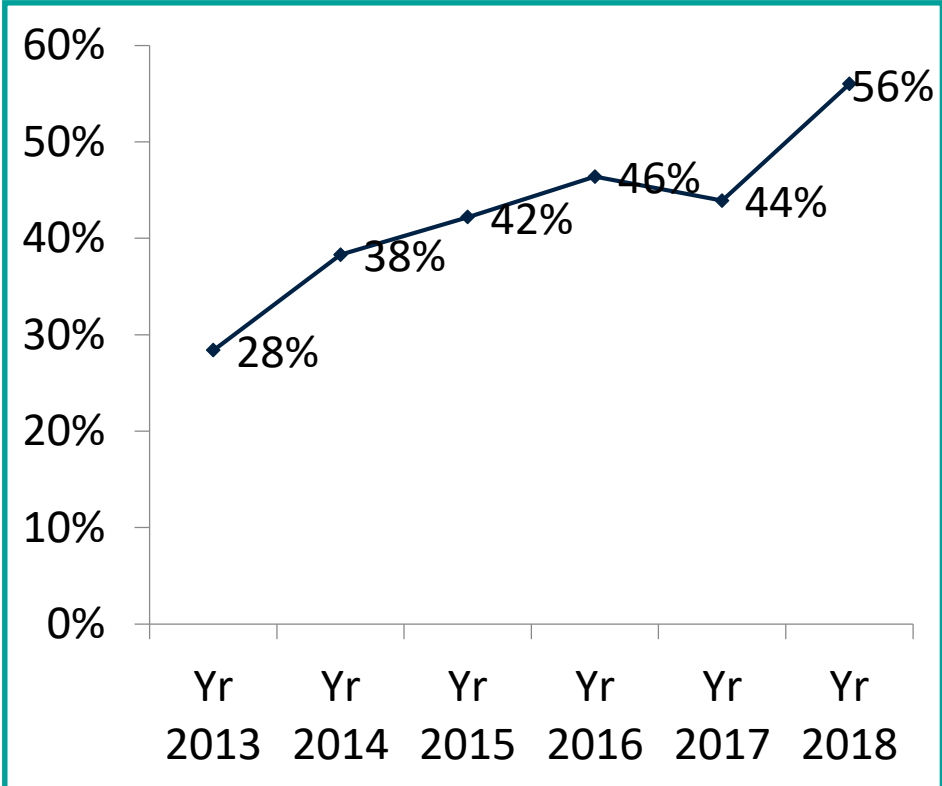


Change of Results

Immunisation- Fully Immunized Child Coverage



Skilled Delivery Coverage



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



18 2017-2018 ANNUAL REPORT

Systems investment: Four key takeaways, ensure that systems

- Produce quality data

- Produce data that people can use

- ▶ Can be used together, with multiple sources of data coming together

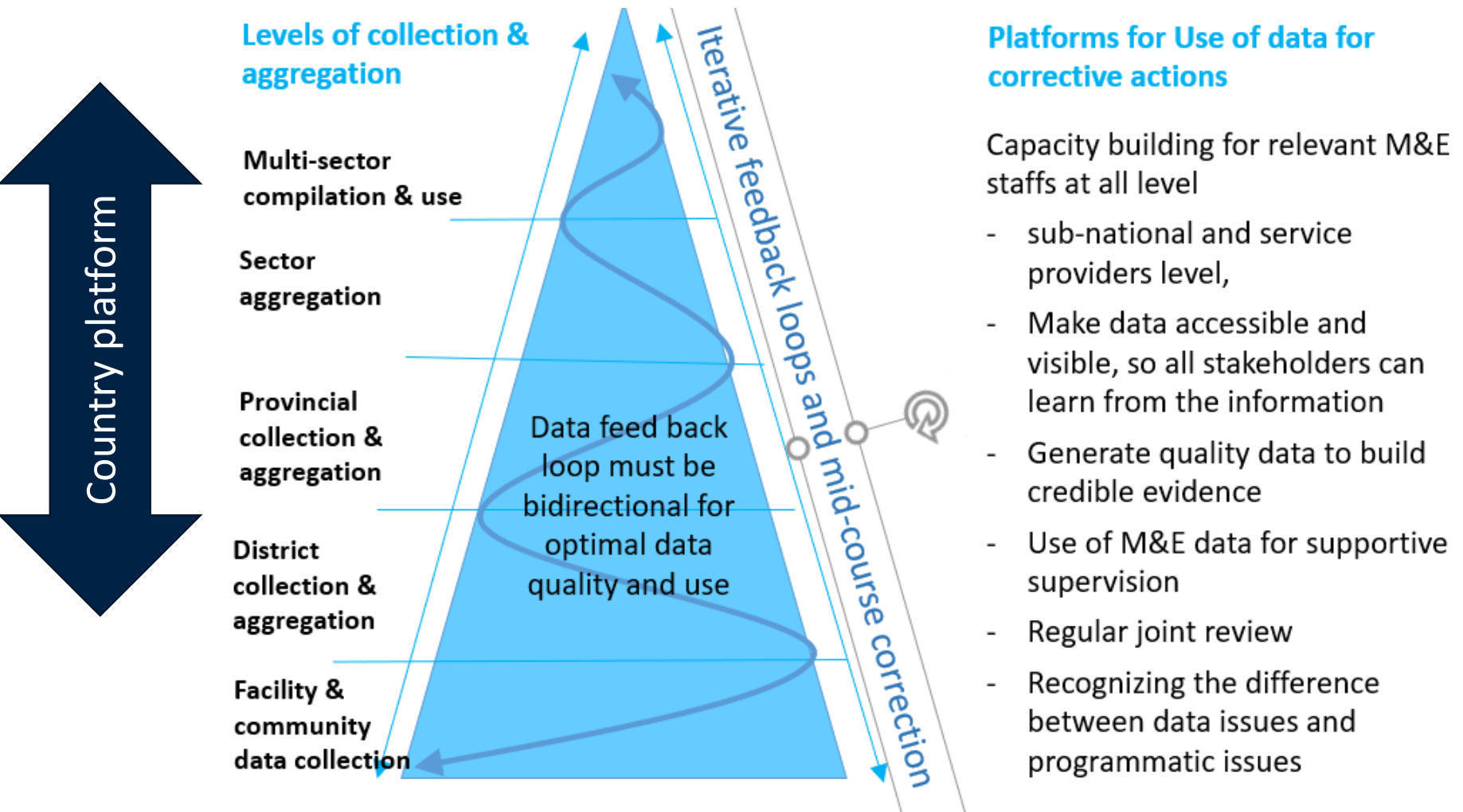
- ▶ Can be accessed by decision makers at all levels of the healthcare system hierarchy

Investments in Monitoring & Health Information Systems can lead to:

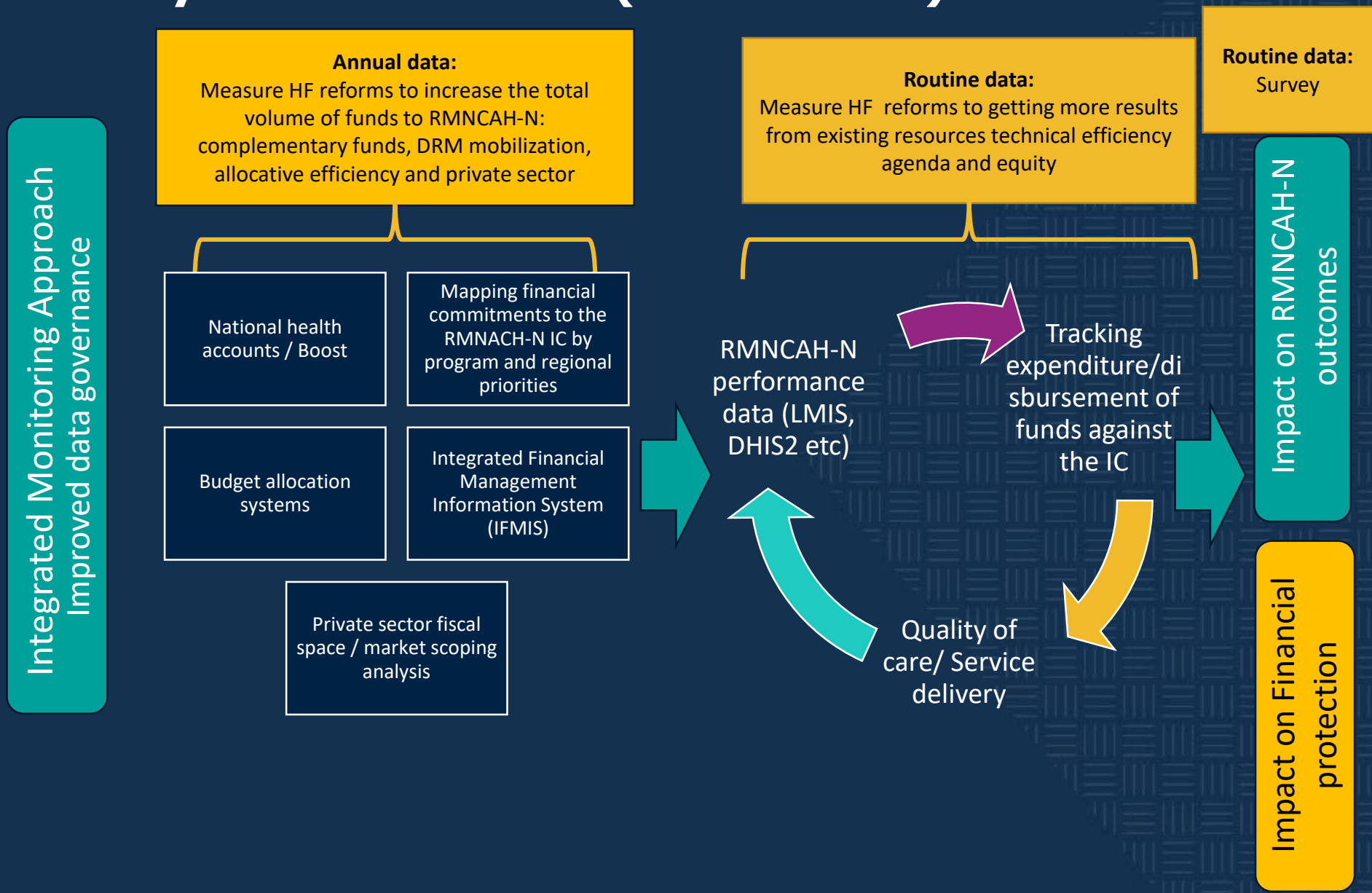
- Financial and results data are available,
 - Increased transparency,
 - Increase use of data by different administrative levels of the healthcare system
 - data are service delivery focused, to support increases in technical and allocative efficiency.
 - Improved data quality
- Increased equity in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



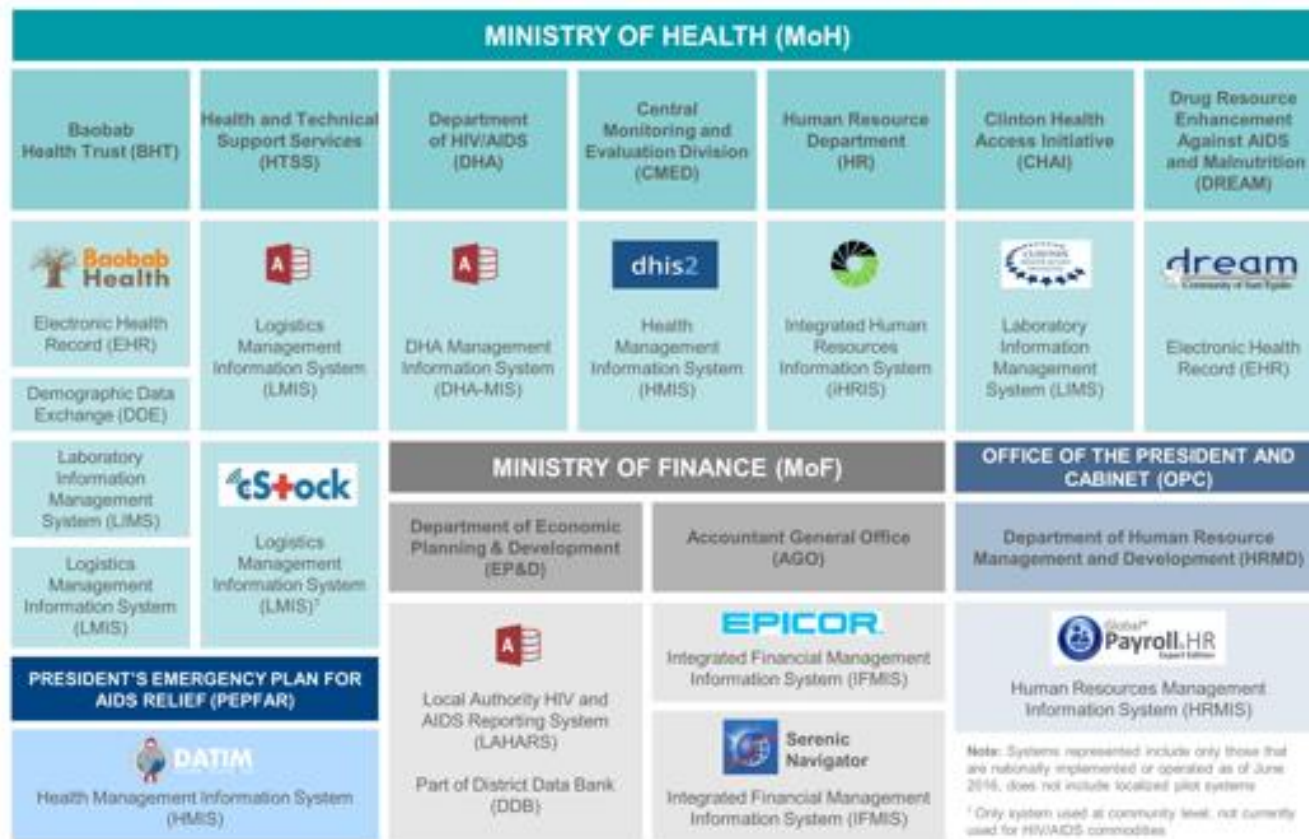
The system backbone (to the data)



Aligning Data Systems

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

Electronic Health Information System (HIS) Landscape for HIV/AIDS in Malawi



- How do we ensure the data is available, do the systems exist 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
Improved data governance

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

Mapping financial commitments to the RMNACH-N IC by program and regional priorities

Budget allocation systems

Integrated Financial Management Information System (IFMIS)

Private sector fiscal space / market scoping analysis

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/dibursement of funds against the IC

Quality of care/ Service delivery

Impact on RMNCAH-N outcomes

Impact on Financial protection

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

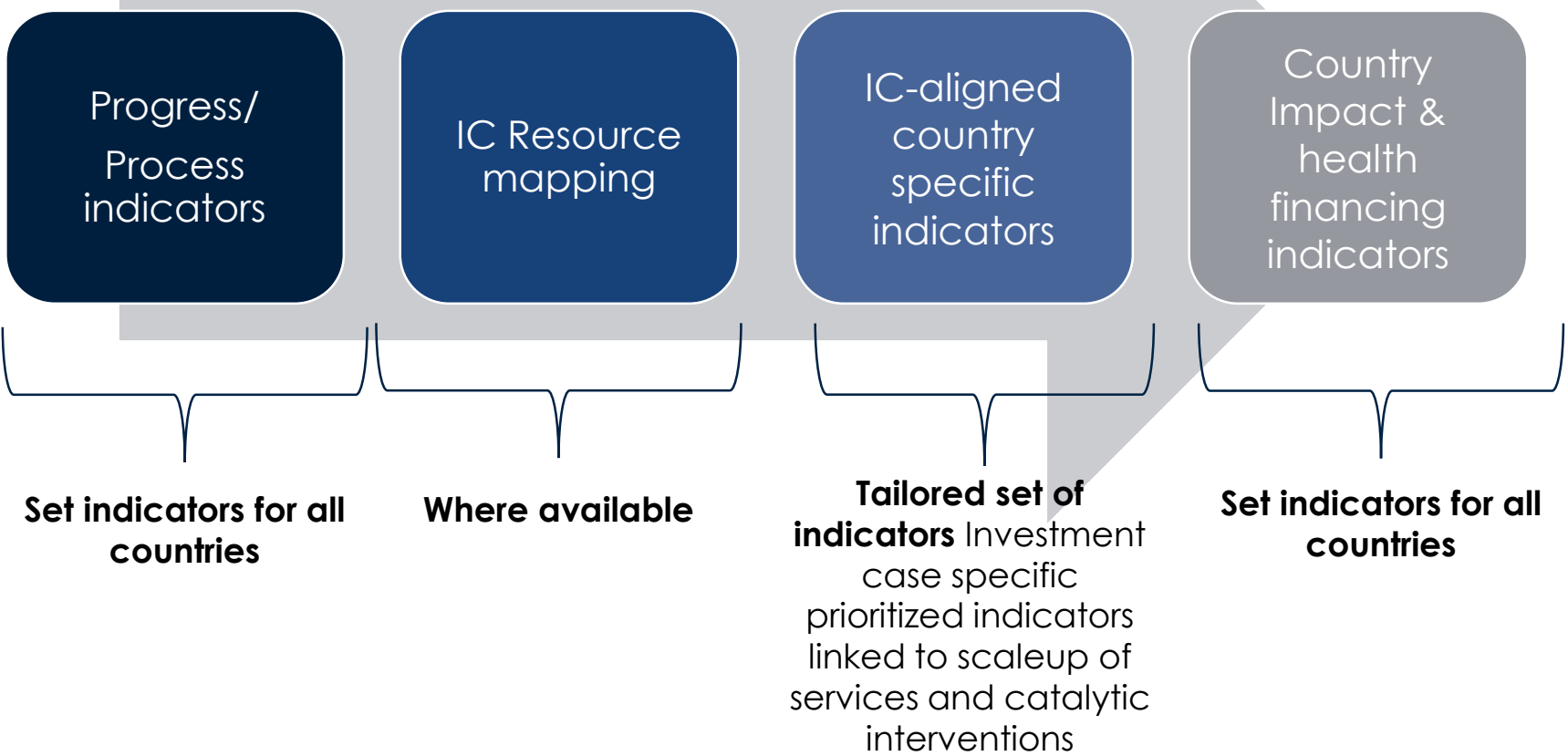
Country platform



"Before I write my name on the board, I'll need to know how you're planning to use that data."

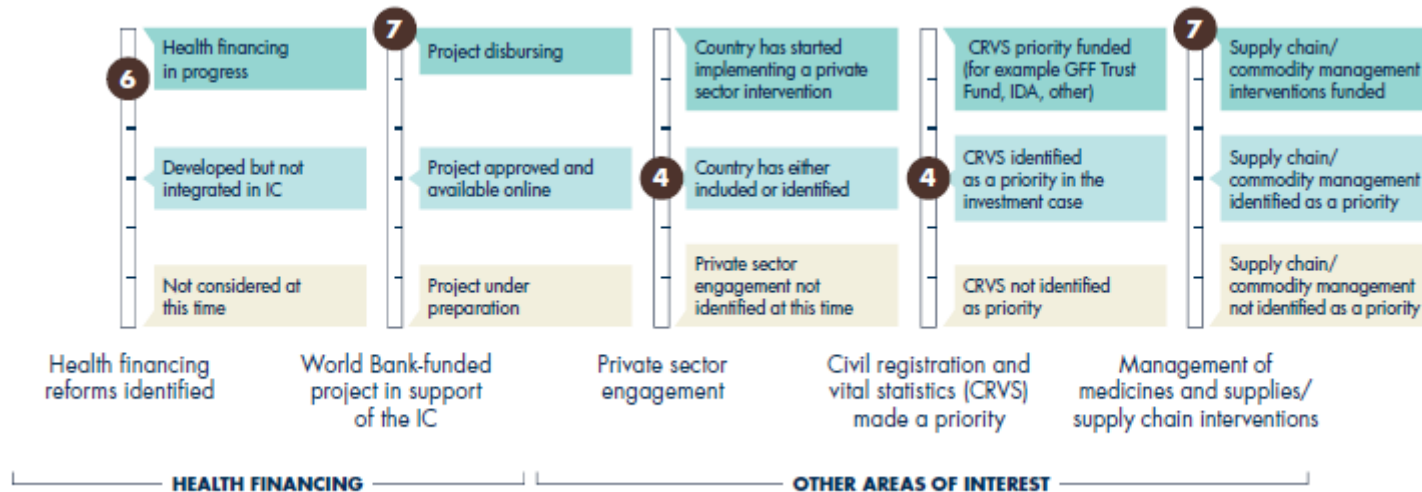
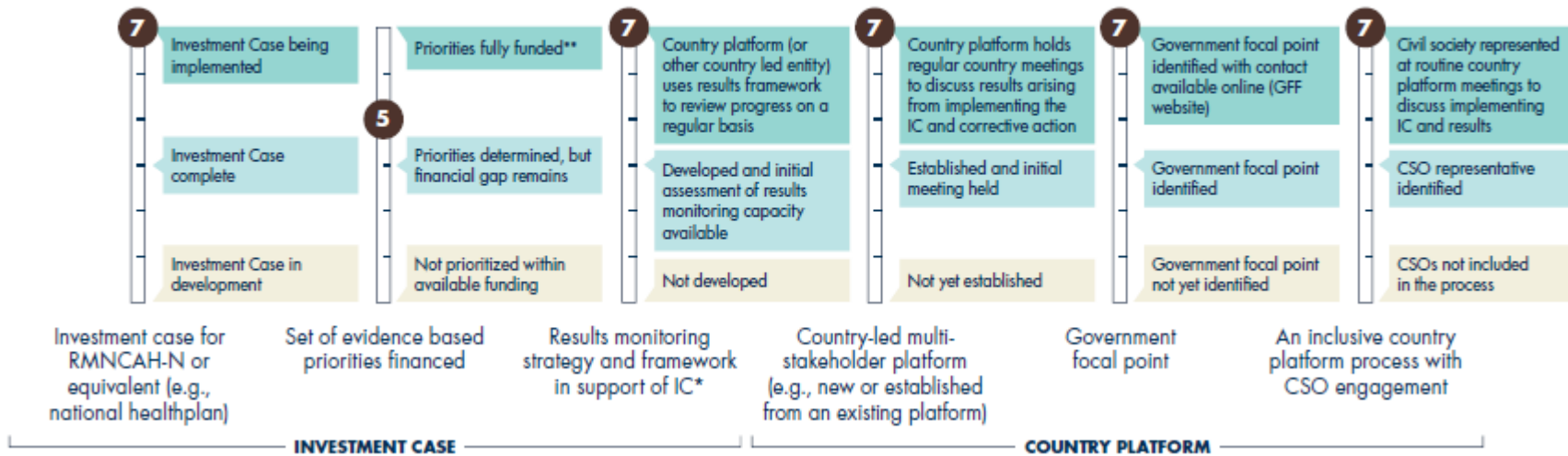
3. To set clear expectations of the relationship between GFF countries and GFF secretariat in data sharing for performance assessment and reporting purposes

GFF Global Results framework



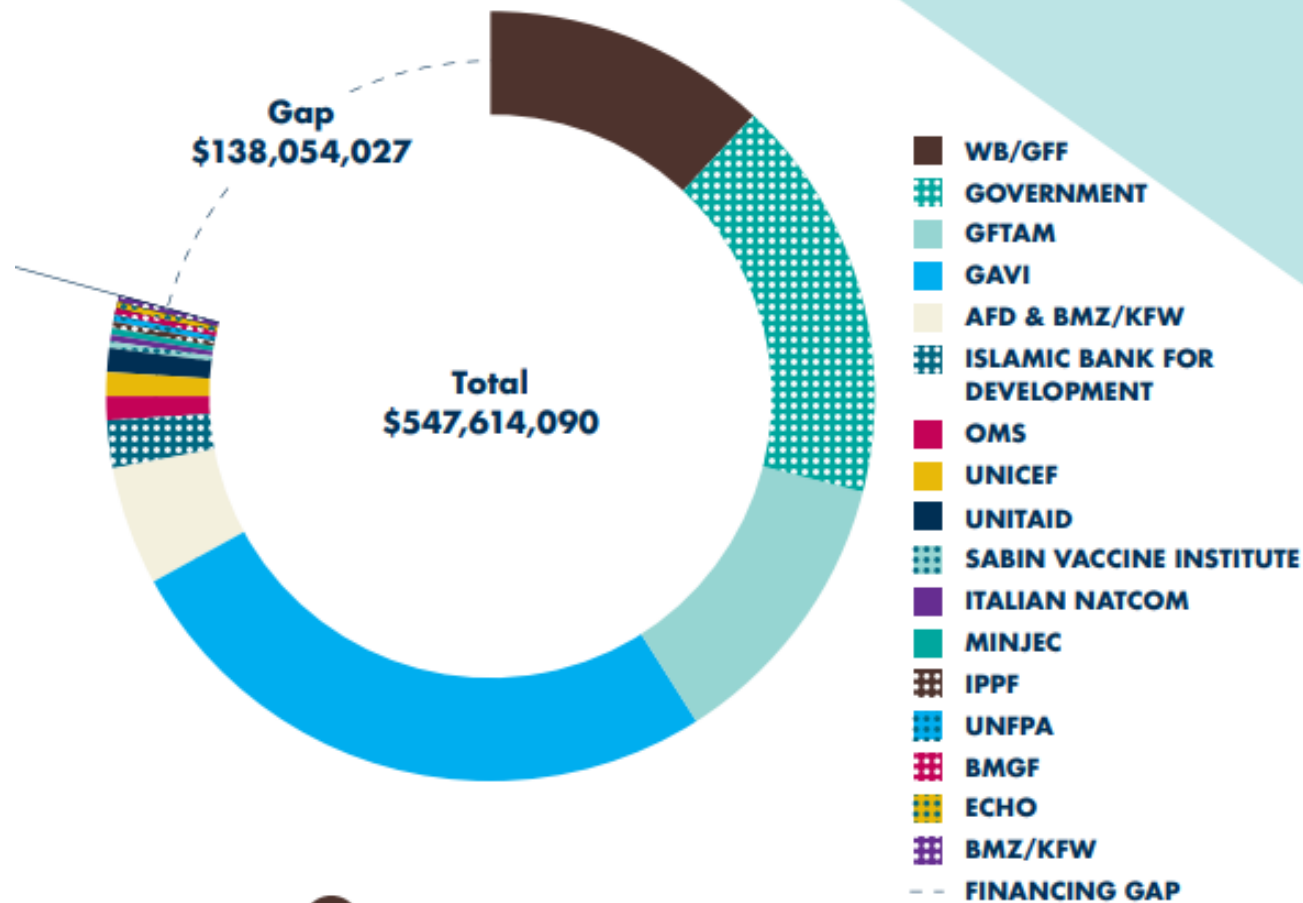
Country-led process indicator

Monitoring the Country-led Process



Funding flow of the IC: Resource mapping or tracking data from all partners

Cameroon



Impact indicators

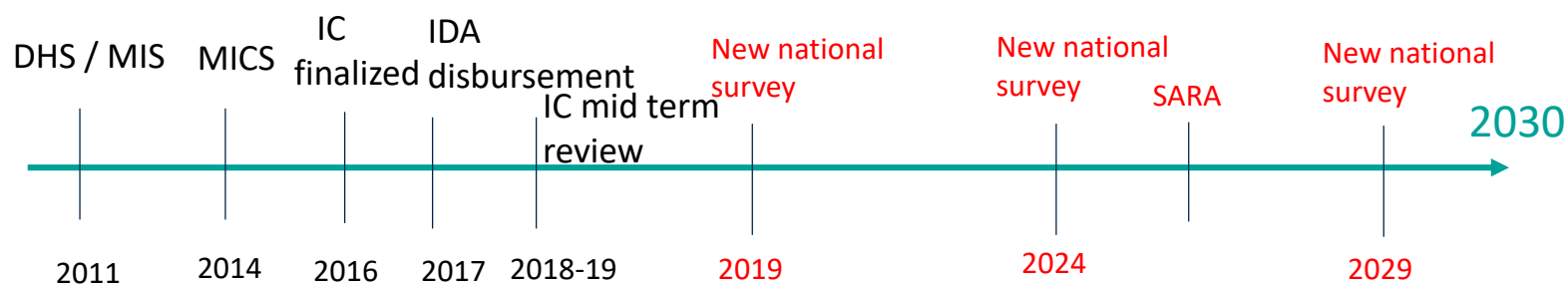
- Most of these indicators are collected through **survey** data (Demographic Health Surveys (DHS) and Multiple Indicator Cluster Survey (MICS))
- Optimally are conducted every 3-5 years to determine changes in these important health and nutrition outcomes.

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

	DHS	MICS	MIS	SPA	AIS	National Census
Cameroon	2011	2014	2011			2018
Ethiopia	2016	1995	2011			2017
Kenya	2014	2015	2015		2012	2019
Liberia	2013	2016	2016			2018
Nigeria	2018	2016-2017	2015			2017
Tanzania	2015-2016		2015	2011-2012	2011-2012	2022
Uganda	2016		2014-2015	2011	2011	2024



Core health financing indicators:

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

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

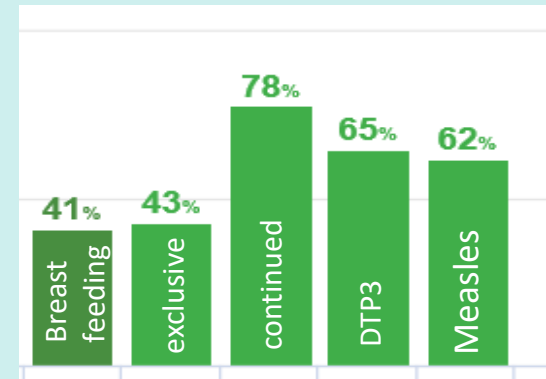
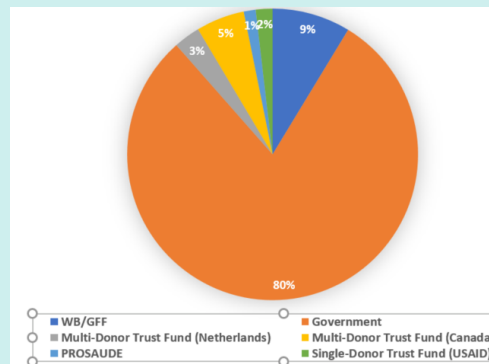
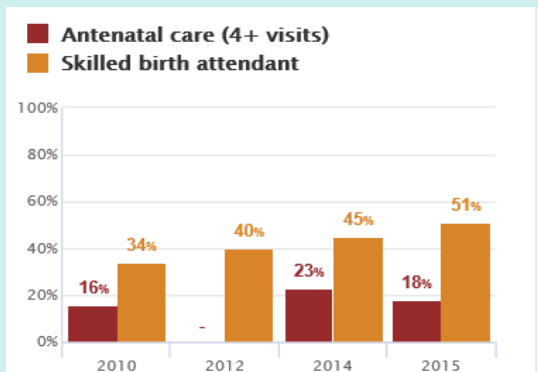
- A clear understanding of who will be sharing their data
- A clear understanding of which data will be shared
 - Data sources
 - Frequency
 - Types and formats
- How the data will be used
- Types of access
- Frequency of data sharing
- Defined users
- Confidentiality

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.

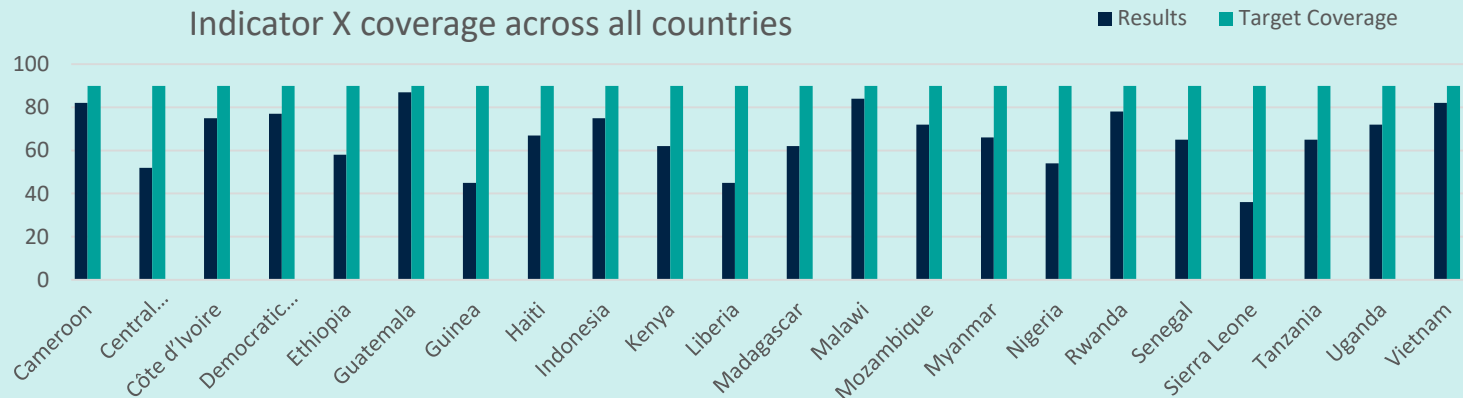
This will allow GFF to monitor performance by...

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

GFF monitoring support

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?

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



RESOURCE ALLOCATION COMMITMENTS



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?



Per BMCI (2018/19)	Per BMCI (2016/17)	District Name	Difference for BMCI (2018/19)	Difference for BMCI (2016/17)
-5.2	-5.6	Dire Dawa District	-0.7	-0.7
		Hararge District	-0.7	-0.1
		Urban District	-0.7	-0.1
		Harar District	-0.1	-0.1
		South Zone	-0.8	-0.1
		South District	-0.8	-0.1
-5.8	-6.1	Harar District	-0.4	-0.3
		Urban District	-0.3	-0.4
		Hararge District	-0.3	-0.1
		Harar District	-0.4	-0.1
		Harar District	-0.1	-0.4
		Pirbright District	-0.8	-0.1
		Urban District	-0.8	-0.1
		Hararge Zone	-0.7	-0.6
		Tigray City	-0.4	-0.9
-6.0	-6.8	Urban District	-0.2	-1.7
		Harar District	-0.6	-0.1
		Hararge District	-0.6	-0.1
		Hararge District	-0.6	-0.1
		Hararge District	-1.0	-0.1
		Hararge District	-1.0	-0.1

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