RESULTS MEASUREMENT: UPDATE

OVERVIEW

This paper presents an update on the GFF's approach to results measurement as initially described at the Third Investors Group Meeting (GFF/IG3/5). Since that time the approach has evolved in ways that reflect the GFF guiding principles of being country-focused and country-led. Although significant data and capacity challenges remain, the GFF is on track to produce a report on results in early/mid-2018.

SUMMARY OF FINDINGS

GFF countries face a range of challenges related to results measurement, so the GFF has developed a four-pronged approach to supporting countries in collaboration with partners:

1. Avoiding further stretching weak systems by using existing data sources;
2. Identifying weaknesses in data systems;
3. Strengthening data systems;
4. Building capacity to use data to inform programming.

To overcome the challenge of aggregating data from a diverse set of countries, the GFF has adopted an innovative approach to aggregation that has a set of core indicators used in all countries and a menu of indicators that can be tailored to fit a country's priorities. These indicators cover process, programmatic progress (including health systems strengthening), health financing, and monitoring and evaluation capacity. The GFF will release its second annual report in early/mid-2018, and it will contain a graduated reporting schedule based on when each country started in the GFF process.

With significant contributions from a range of partners, the GFF approach is strengthening systems to track progress, learn, and course-correct.

ACTION REQUESTED

For discussion.

BACKGROUND

A relentless focus on results has been central to the Global Financing Facility from its inception. The third Investors' Group Meeting in Geneva in June 2016 laid the groundwork for that approach (see paper GFF/IG3/5). This paper builds on that foundation and serves as an update on the GFF approach to results.

The GFF supports countries to get on a trajectory to achieve the SDGs through (1) prioritizing investments and health financing reforms; (2) getting more results from existing resources and increasing the total volume of financing; and (3) strengthening the systems to track progress, learn and course-correct.

The GFF approaches the last of these in three main ways.

1. A focus on results and an emphasis on data are at the heart of every Investment Case and health financing process supported by the GFF. To assist with this, the GFF Investors Group has agreed to a set of core indicators that cover four areas that reflect the breadth of the GFF approach: key processes, programmatic progress (including health systems strengthening), health financing, and M&E capacity.
2. The GFF supports capacity building for results measurement, and the GFF Trust Fund has dedicated resources for strengthening CRVS systems.
3. The GFF Secretariat has an extensive program of supporting cross-country learning, including periodically bringing country representatives together and regularly holding virtual seminars in which countries share their experiences.

This paper provides an update on the approach to results measurement. It begins with a sketch of the current state of RMNCAH and health financing in GFF countries. It then briefly describes the challenges associated with results measurement at the national level and examines how the GFF is working through partners to build capacity. The paper discusses the challenges with aggregation and global reporting and how the GFF is addressing them through an innovative approach for measuring results. The paper concludes with a short discussion positioning GFF results reporting among other global reports.

CURRENT STATUS OF GFF COUNTRIES

Understanding the current state of affairs is critical to being able to track progress. Table 1 provides data (drawn from the most recent data available) for the 16 current GFF countries on a set of core RMNCAH-N indicators (the eight indicators that were agreed in the GFF Business Plan process for a composite measure of "need", which were primarily from the Commission on Information and Accountability). Data for these indicators usually come from large household surveys like the DHS or MICS that measure coverage from beneficiary responses.

Table 1: Current Status of GFF Countries

Country	Birth registration	Maternal mortality ratio	Under-5 mortality rate	Demand for family planning met	DTP3	Skilled attendant at birth	Stunting	PMTCT
Bangladesh	37.00	176.00	37.60	75.00	97.00	42.10	36.10	17.00
Cameroon	66.10	596.00	87.90	41.00	84.00	64.70	31.70	74.00
DR Congo	95.90	693.00	98.30	20.00	81.00	80.10	42.60	70.00
Ethiopia	6.60	353.00	59.20	61.30	77.00	27.70	38.40	69.00
Guatemala	96.70	88.00	29.10	67.80	74.00	65.50	46.50	19.00

Guinea	57.90	679.00	93.70	21.50	54.00	45.30	31.30	43.00
Kenya	66.90	510.00	49.40	77.60	89.00	61.80	26.00	80.00
Liberia	24.60	725.00	69.90	39.40	52.00	61.10	32.10	70.00
Mozambique	47.90	489.00	78.50	41.70	80.00	54.30	43.10	80.00
Myanmar	72.40	178.00	50.00	75.60	89.00	60.20	29.20	87.00
Nigeria	29.80	814.00	108.80	36.50	49.00	35.20	32.90	32.00
Senegal	72.70	315.00	47.20	44.00	89.00	53.20	20.50	55.00
Sierra Leone	76.70	1360.00	120.40	38.20	86.00	59.70	37.90	87.00
Uganda	29.90	343.00	54.60	49.30	78.00	57.40	34.20	95.00
Tanzania	14.70	398.00	48.70	56.10	98.00	48.90	34.40	84.00
Viet Nam	96.10	54.00	21.70	77.60	97.00	93.80	24.60	66.00
Sources:	UNICEF 2016	UNICEF 2015	UNICEF 2015	UN DESA 2017	WHO/UNICEF 2017	UNICEF 2017	UNICEF/WHO 2017	UNAIDS 2017

Although the set of GFF-related activities and indicators will vary from country to country, these data are useful for understanding key mortality, coverage, and monitoring status for the GFF portfolio. These data are also useful for highlighting the wide variation across GFF countries in these indicators, which highlight the importance of developing approaches based on the specific needs of each country, identified through in-depth, in-country probing into the bottlenecks to improving results.

Table 2 presents data from a several sources indicating the starting position of countries in the GFF portfolio for domestic resource mobilization, efficiency, and donor coordination.

Table 2. Select Health Financing Data for GFF Countries

Country	GGHE per capita, 2014 (constant US$ 2010)	GGHE as % of GGE (2014)	Percent of current government health spending dedicated to primary health care	Budget execution rate (%)	Development partner health sector budget execution in 2014/15	Participating DPs have communicated their planned resources for the next 3 years to the MoH	Health aid on-budget
Bangladesh	7.3	5.70		90[a]			71%
Cameroon	12	4.30			84%	24%	18%
DR Congo	5.8	11.10	35% (2014)	41[b]	93%	33%	39%
Ethiopia	11.5	15.70		-Recurrent- Fed & Local: 96% Regional: 89%	94%	21%	65%
Guatemala	71.3	17.80		Wages: 90% Non-wages: 85%[b]			
Guinea	11.9	9.00		97[b]	95%	0%	46%
Kenya	38.6	12.80		75[b]			40%
Liberia	11.4	11.90	40% (2012)	81[b]	61%	71%	54%
Mozambique	18.6	8.80		84[c]	82%	46%	53%
Myanmar	10.2	3.60			95%	25%	27%
Nigeria	23.5	8.20			45%	23%	5%

Senegal	24.3	8.00			88%	45%	84%
Sierra Leone	12.1	10.80	42% (2013)	64[b]	82%	57%	39%
Uganda	11.5	11.00	33% (2014)	Wages: 90% Non-wages: 100%[d]	74%	36%	88%
Tanzania	20.2	12.30	33% (2012)	92[c]			
Vietnam	59.9	14.20	25% (2013)		100%	30%	84%
Source:	WHO Global Health Expenditure Database		PHCPI	a: Bangladesh Health Economics Unit b: Health PER, various years c: Guatemala Ministry of Finance d: HFG 2015	IHP+		

The initial situations for the GFF countries vary widely. General Government Health Expenditure ranges over an order of magnitude, from a low of $7.30 per person in Bangladesh to $71.30 in Guatemala. Although incomplete, the data that do exist on budget execution rates highlight a wide range, from 41% in DRC to reportedly 97% for Guinea; development partner's budget execution rates follow a similar pattern, though not necessarily coordinated with the government execution rate. Data gaps are significant for expenditure on primary health care (reported by less than half of GFF countries) and on budget execution.

SUPPORTING COUNTRIES TO ADDRESS GAPS IN DATA SYSTEMS

A. Key challenges

A number of data sources are used for GFF reporting on programmatic activities and health systems strengthening: administrative data systems, including the health management information systems (HMIS), data from the results based financing efforts, and the civil registration and vital statistics (CRVS) systems; national surveys, including Demographic and Health Surveys (DHS) and Multiple Cluster Indicator Surveys (MICS); facility surveys such as Service Availability and Readiness Assessments (SARA) and Service Delivery Indicator (SDI) surveys; and country specific data or other data from outside the health sector.

Health financing indicators will likewise use data from a variety of sources, including health accounts, household surveys of household income, and budget surveys. For the efficiency indicators, the data used will differ by country depending on the indicator selected and its availability, but could include household surveys, administrative data, and/or facility surveys.

Despite the wide range of tools used, the ability to generate and use data is weak in many GFF countries. Routine data systems such as HMIS and CRVS systems have improved in many GFF countries in recent years through the sustained efforts of many governments and partners (e.g., to support the roll-out of DHIS2), but considerable gaps remain. The quality of data poses a significant issue in a number of countries. Additionally, HMIS often only cover the public sector, missing the private sector, which is a key source of service provision in most GFF countries. National HMIS instances rarely collect individual level data, and so are not helpful in providing regular data disaggregations by gender or age—important considerations for RMNCAH-N strategies.

These challenges can be addressed through national representative household and facility surveys but as shown in Table 3, the frequency of these surveys makes them insufficient for use in regular monitoring. Countries often use large household surveys as data sources for baseline or endline data, but these data are less useful as they age: a dated baseline gives inaccurate information for planning, while a mismatched endline precludes accurate

evaluation. Moreover, only two countries have a recent facility survey; nearly half have never had a standardized health facility survey.

Table 3: Availability of Surveys and National Health Accounts

Country	BGD	CMR	DRC	ETH	GTM	GIN	KEN	LBR
Household survey (DHS/MICS)	2014 DHS	2014 MICS	2017 MICS	2011 DHS	2014-15 DHS	2016 MICS	2014 DHS	2013 DHS
Facility Survey (SDI, SARA)		2017 SDI	2014 SARA				2013 SARA	
National Health Account	2012	2011-12	2015	2013-14		2013	2012-13	2013-14

Country	MOZ	MMR	NGA	SEN	SLE	TZA	UGA	VNM
Household survey (DHS/MICS)	2011 DHS	2015-16 DHS	2016-17 MICS	2015 DHS	2017 MICS	2015-16 DHS	2011 DHS	2013-14 MICS
Facility Survey (SDI, SARA)	2014 SDI		2013 SDI	2010 SDI	2012 SARA	2016 SDI	2014 SARA	
National Health Account	2012		2014	2013	2014	2014-15	2013-14	2013

0-2 years | 2-3 years | 3-4 years | 5+ years

For health financing indicators, health accounts are still not produced regularly in most GFF countries, as illustrated by Table 3, and not all national health accounts have breakdowns by program area and age. There also tends to be a long lag between a budget year and completion of the NHA. Only DRC has recent NHA data, while half of the GFF countries' most recent NHA exercise is now 3-4 years old.

B. Addressing the challenges

The GFF has developed a four-pronged strategy to address these challenges:

1. Avoiding further stretching weak systems by using existing data sources;
2. Identifying weaknesses in data systems;
3. Strengthening data systems;
4. Building capacity to use data to inform programming.

First, the GFF seeks to minimize the monitoring and reporting burden imposed on countries by the GFF global results framework. Reporting for the GFF should be closely connected with national systems rather than treated as "project" reporting. With minimal exceptions, there will not be parallel efforts to collect data solely for the purposes of global reporting to the GFF; instead data will be drawn from existing sources to the maximum extent possible. To this end, the GFF is building a partnership to streamline the extraction of DHIS2 data at the global level, thereby reducing the burden on countries.

Particularly for the initial phase of reporting, this principle will mean drawing heavily on data coming from results based financing (RBF) programs, which are common in GFF countries and which are useful for results measurement because RBF requires investments in monitoring and data verification systems that improve data availability and quality.

Second, improving systems means understanding the weaknesses in them. To that end, the GFF Secretariat has begun working with countries on a stocktaking exercise to trace out the indicators each country will be reporting on and the availability of data to support those indicators. The Primary Health Care Performance Initiative (PHCPI) has been a valuable partner in supporting this effort. The work of the Health Data Collaborative (HDC) on setting up health data observatories in Kenya and Tanzania is a welcome development that can significantly aid in the availability of data while reducing country burden and duplication of effort. The GFF Secretariat is committed to continue to work with the HDC as it expands to more countries.

Monitoring and evaluation systems assessments by partners are particularly useful for understanding systemic weaknesses. The GFF looks forward to the completion of the health M&E Assessment and Planning Tool from the HDC, which aims to provide an overview of the status of the health sector's M&E platform and identify and prioritize actions to further strengthen and develop that system and is designed to be executed in days rather than the weeks required of some existing tools. The GFF anticipates building on that assessment for use as a standard part of the preparation of an Investment Case. A clear lesson learned from the initial phase of the GFF is the importance of having an accurate picture of the state of the M&E system early in the process. This is essential both to understand what investments in M&E capacity need to be included in Investment Cases and for establishing valid baselines.

Third, the GFF approach to strengthening health data systems instruments is responsive to country priorities. Many Investment Cases include household and/or facility surveys, nearly every Investment Case has prioritized investing in HMIS, and many contain activities to strengthen CRVS. Support for HMIS includes building capacity to generate sub-national scorecards in DRC, Ethiopia, Sierra Leone, and Tanzania. With the Ebola crisis still fresh in national memory Liberia is establishing disease surveillance and early warning systems and working to build capacity of data health systems across national, sub-national and local levels. Digitization and moving to eHealth and mHealth modalities has become a cornerstone of the revised HMIS strategies in Bangladesh, Ethiopia, Kenya, Myanmar, and Tanzania, and the interoperability of systems and common definition of data has been prioritized in Uganda, Ethiopia and Myanmar. Kenya, Sierra Leone, and Uganda are focusing on improving data quality, including through audits and facility visits for verification to improve accuracy in tracking changes in mortality and wellness patterns.

By linking to IDA funds, the GFF Trust Fund has contributed to significant investments in CRVS, ranging from US$1 million in Liberia to US$20 million in DRC. For example, this financing has allowed Ethiopia to establish an electronic registration system, support monitoring and supervision of registration processes, and safeguard registration documents. Similarly, Uganda and Liberia will establish integrated registration systems that incorporate both birth and death registration under one system. This financing is facilitating the expansion of civil registration offices through the establishment of permanent and/or mobile outreach offices in Cameroon, Kenya and Uganda. By working to establish electronic systems, GFF-related investments allow countries to assess the status of their registration systems, to produce vital statistics from the civil registration system, and to move towards interoperability of systems.

With regard to health financing, the GFF is participating in the consortium led by the World Health Organization's efforts to build capacity around tracking health expenditure through the roll-out of the System of Health Accounts 2011 and is helping to operationalize that platform.

Fourth, as part of its effort to build up institutional capacity to use data and analysis to improve programming, the GFF is working with partners to explore concrete opportunities to integrate methods of implementation research and delivery science (IRDS) into country operations to improve RMNCAH-N outcomes through adaptive implementation of GFF activities. The GFF secretariat and IRDS leaders from development partners (UNICEF, USAID, WHO, the World Bank and others) met on the sidelines of the World Bank annual meetings in October 2017 as the first step in identifying opportunities to help interested countries improve the effectiveness of their activities by building capacity to generate and analyze quality data to improve implementation.

GLOBAL AGGREGATION AND REPORTING

The GFF is primarily focused on improving country-level systems, but GFF partners are keen for information about progress across the full set of GFF countries. The first GFF annual report (https://www.globalfinancingfacility.org/global-financing-facility-annual-report-2016-2017country-powered-investments-every-woman-every-child) was recently released but covered a time period before many countries had begun implementation. As more countries move into implementation, subsequent annual reports will focus more heavily on reporting results in a systematic way across the portfolio. The next annual report, to be released in early/mid-2018, will cover portfolio performance over the preceding calendar year (i.e., over the course of 2017).

It is important for partners to understand the challenges associated with results reporting for a portfolio of countries that are very diverse, especially given how the GFF operates. In particular, countries own the GFF process, with a wide set of stakeholders coming together under government leadership to identify the results they want to achieve and ultimately to provide the financing to achieve them. Additionally, the GFF takes a multisectoral approach, including approaches from education, water and sanitation, social protection, and governance that contribute to improved RMNCAH-N outcomes.

This combination of country customization and multisectorality poses a challenge for aggregating and reporting global results: there are a small number of key inputs (e.g., related to the development of Investment Cases and health financing strategies) and a small number of ultimate impacts (a handful of impact indicators, largely from the SDGs), but a very large number of outputs and outcomes that reflect the diversity of approaches taken by different countries.

The challenge of results measurement in a GFF setting can best be seen in an example. Two countries are each interested in reducing the adolescent birth rate. Country A develops an Investment Case that approaches this by improving access to youth-friendly health services, increasing the availability of family planning commodities, and conducting behavior change campaigns targeted at adolescents. Country B prepares an Investment Case that prioritizes working with the education sector to keep adolescent girls in school and collaborating with local community leaders to address social norms that permit child marriage. Aggregating data from these two countries is not straightforward: they share a key input (the Investment Case) and a common impact (adolescent birth rate) but their outputs and outcomes are completely different because they have different theories of change.

The GFF has addressed this complexity through an innovative, flexible approach of using a combination of universal and “menu” indicators. Universal indicators are required for all countries and are a fairly small set, limited largely to core GFF processes (e.g., whether or not the country has completed a document serving as an Investment Case). Menu indicators—found predominantly in the sets of output and outcome indicators—are those that will vary according to the theory of change implied by the activities a country undertakes as part of its Investment Case.

The natural consequence of this menu approach is a lengthy set of indicators, which are presented in the Annex, divided into four domains: process, programming (including health systems strengthening), health financing, and M&E capacity. The expanded indicator list is still derived primarily from partners (e.g., EWEC, Countdown to 2030, WHO Core 100). This expansion also allows countries to more clearly work toward the second of GFF's guiding principles, equity, by including more "gender" indicators and encouraging disaggregation by gender, age, locality, socio-economic status, or other relevant dimensions.

The revised list is also responsive to requests from countries and partners made as part of the GFF Secretariat's consultations on results measurement, including an August 2017 webinar with country platforms from GFF countries, and a series of bilateral conversations with global partners including UNICEF, WHO, the Health Data Collaborative, Countdown to 2030, and FP2020. This process of adding and winnowing indicators in the global GFF results framework may continue from time to time in response to country needs and the GFF's own learning.

The 16 GFF countries started at different points in time, so the upcoming annual report will include a mix of performance on output indicators for the five countries that have been implementing for a longer period, and input indicators for newer 11 countries. It is important to highlight that because of the menu approach, not every country will be reporting on every indicator. The primary unit of aggregation will be the number (or share) of countries progressing on each indicator.

Development partners were consulted on the contents of the GFF annual report to be sure that it complements other upcoming reports on RMNCAH-N from Countdown to 2030, Every Woman Every Child, and the UN Secretary General's Independent Accountability Panel. Details of how the GFF report intersects with those other three is found in Box 1.

In addition to the annual report, the GFF is making strides toward building a dashboard of results that should be operational within 2018. The dashboard will allow country stakeholders, donors and partners to see GFF countries' latest progress available.

CONCLUSION

Over its two years of operation, the GFF has been laying the groundwork for building systems and processes for results measurement. With significant contributions from a range of partners, the GFF approach is strengthening systems to track progress, learn, and course-correct. Building on the approach to results monitoring agreed to at the Third Investors Group meeting, the GFF has positioned itself to be able to report on countries' progress while also being flexible enough to realize its country-led vision.

Box 1. Comparing 2018 Annual Reports from Global Partners

COUNTDOWN TO 2030

Because of its broad remit of reporting on core RMNCAH indicators across the continuum of care for the 81 countries with the highest maternal and child mortality burden, Countdown to 2030 provides key source material for other partners' reports. Countdown analyzes DHS and MICS surveys and integrates information from databases from WHO, UNICEF and other UN agencies. Countdown's 2017 report will focus on coverage indicators for RMNCAH and nutrition across the continuum of care, and explore drivers of coverage, including conflict settings, dimensions of inequality and adolescent health.

EVERY WOMAN EVERY CHILD

EWEC Global Strategy progress reporting will comprise several products. The WHO Secretariat will submit a paper to the member states on progress towards the Global Strategy on the theme of Early Childhood Development at the World Health Assembly in May 2018, alongside which WHO with partners will release a 25-page report on progress towards the 60 Global Strategy indicators. PMNCH will develop a 20-page top-level advocacy report due to be released to accompany the above products and will analyze the commitments to the EWEC Global Strategy, including reporting on Official Development Assistance.

UN SECRETARY GENERAL'S INDEPENDENT ACCOUNTABILITY PANEL (IAP)

The IAP annual report will be launched in July 2018 and will focus on the theme of private sector accountability for RMNCAH. The IAP relies on a wide range of available qualitative and quantitative secondary data sources and monitoring reports, and commissions select data analyses linked to its annual themes to generate unique products for its reports that can bring value-added to those of other partners. This includes, for example, drawing on EWEC-related global monitoring reports to inform its analyses, on Countdown's expertise on coverage and equity, or on the OECD 's data analyses.

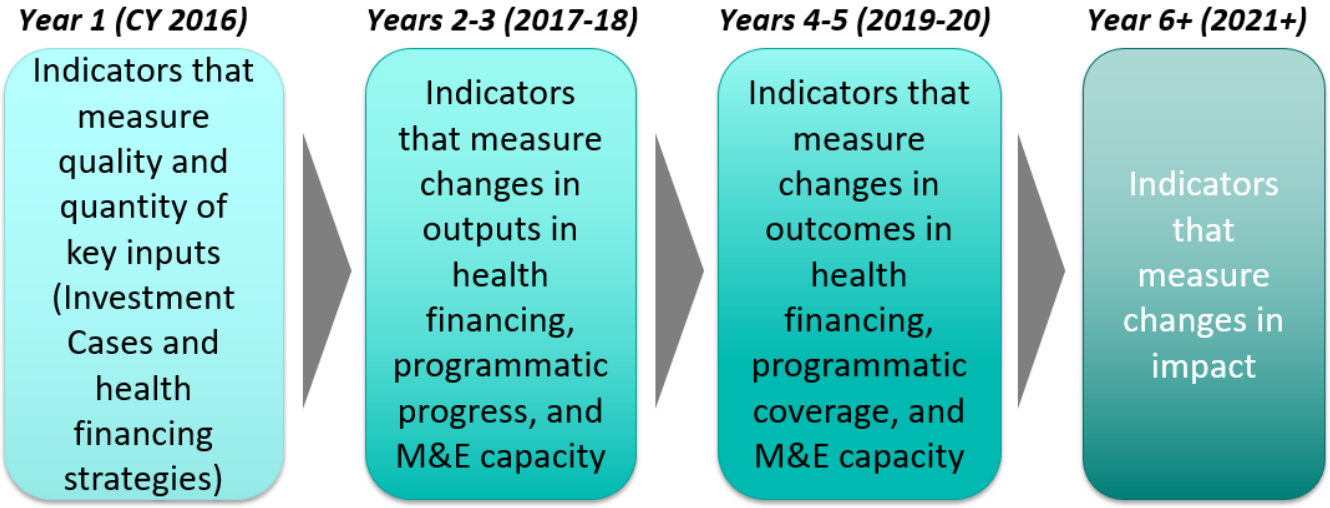
GLOBAL FINANCING FACILITY

In comparison to the other reports listed, GFF reporting is focused on a narrower set of countries. In early/mid-2018, the second annual progress report of the GFF will present performance of the five countries that will have completed their second year in the GFF by December 31, 2017 and the 11 countries completing their first year. As the GFF portfolio matures, the number of countries and indicators reported upon will expand. GFF reporting will be on progress against countries' Investment Case and health financing work.

ANNEX: GFF RESULTS FRAMEWORK AND TIMING OF RESULTS REPORTING BY INDICATOR

Indicators are arranged by cluster (Process, Programmatic/Health Systems Strengthening, Health Financing, and Monitoring and Evaluation Capacity) and by order in the results chain (input, output, outcome, impact). Figure A1 Illustrates the Results Chain for a notional country.

Figure A1: GFF Results Chain



Cluster	**Indicators**
	Input Indicators
Process	The country has developed an Investment Case that meets defined quality standards
	At least 3 donors committing complementary financing to the IC
	Private sector collaboration facilitated by the GFF that utilize country-level capacity
	Implementation of the IC has begun
	The country has developed a health financing workplan with key milestones and deliverables identified
	There is a multisectoral component of the Investment Case
	Country has a baseline assessment of the country's M&E readiness for the IC
	Output Indicators
	Country held regular country platform meetings to discuss issues arising in the implementation of the IC*
	Country Platforms holds/held annual reviews of progress against IC*
	Country has a finished, costed IC monitoring strategy
	Civil Society is represented at the country platform meetings
	Country is working on CRVS as part of its IC or IC monitoring strategy
Programmatic Health Strengthening	***Output Indicators***
	Country met its target for Basic equipment availability ^ *

Country met its target for basic drug availability ^*
Country met its target for decreasing percentage of facilities stocked out of contraceptives ^ *
Country met its target for total number of women, adolescents, and children benefitting from cash transfer programs ^ *
Country met its target related to increasing health worker density or distribution ^ *
Country met its target related to increasing availability of Basic Emergency Obstetric and Neonatal Care (BEmONC) ^
Country met its target related to increasing availability of Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) ^
Country met its target for diagnostic accuracy ^ *
Country met its target for referrals (initiation or completion)
Country met its target for training health workers to provide adolescent and youth friendly services ^
Country met its target for provision of safely managed drinking-water services ^
Country met its target for provision of safely managed sanitation services ^
Country met its target for provision of modern fuels for cooking/heating/lighting ^
Outcome Indicators
Percent of IC outcome indicators met
Country met its target for decreasing the percent of marriages by women <20 (or percent of women <20 who are married) ^
Country met its target for increasing ANC4 coverage ^
Country met its target for increasing the percent of births with SBA ^
Country met its target for increasing the percent of girls of secondary school age enrolled ^
Country met its target for increasing the percent of mothers receiving PNC within 48 hours ^
Country met its target for increasing the percent of newborns receiving PNC within 48 hours ^
Country met its target for increasing the percent of pregnant women using LLITNs ^
Country met its target for increasing the percent of children under 5 using LLITNs ^
Country met its target for increasing the modern contraceptive prevalence rate (age 15-19; 20-49) ^
Country met its target for increasing couple-years of protection ^
Country met its target for increasing the percent of children immunized (pentavalent) ^
Country met its target for increasing the percent of pregnant women receiving IPT Malaria treatment ^
Country met its target for increasing the proportion of children w/ suspected pneumonia taken to appropriate health provider ^
Country met its target for increasing the percent of diarrheic children treated with ORT ^
Country met its target for decreasing the DPT3 dropout rate ^
Country met its target for decreasing the ANC dropout rate ^
Country met its target for decreasing the prevalence of under weight in children under 5 ^
Country met its target for increasing the percent of children 6-23 months that consume a minimum acceptable diet ^
Country met its target for increasing the percent of children under 6 months who are exclusively breastfed ^
Country met its target for increasing the percent of children breastfed within the first hour of birth ^
Country met its target for decreasing the prevalence of anemia in children ^
Country met its target for decreasing the prevalence of anemia in pregnant mothers ^
Country met its target for increasing the percent of children aged 6–59 months who receive Vitamin A supplementation ^

	Country met its target for increasing the percent of children 36-59 months with whom an adult household member engaged in activities that promote learning and school readiness during the last three days ^
	Country met its target for reducing the provider absence rate ^
	Country has met its target for improving provider competence ^
	Country met its target for increasing the percent of confirmed malaria cases of children under 5 that receive first-line anti-malarial treatment ^
	Country met its target for prevention of mother-to-child-transmission of HIV ^
	Country met its target for use of safely managed drinking-water services ^
	Country met its target for use of safely managed sanitation services ^
	Country met its target for use of modern fuels for cooking/heating/lighting ^
	Impact Indicators
	Maternal mortality ratio (*Global Strategy key; SDG*) ^
	Under 5 mortality rate (*Global Strategy key; SDG*) ^
	Neonatal mortality rate (*Global Strategy key; SDG*) ^
	Adolescent birth rate (*Global Strategy key; SDG*) ^
	Birth Spacing: Percentage of the most recent children age 0-23 months who were born at least 24 months after preceding birth (*DHS Family Planning module of Key Indicator Survey*) ^
	Prevalence of stunting among children under 5 years of age (*Global Strategy key; SDG*) ^
	Percent of children that are developmentally on track (*Early Years)* ^
	RBF Indicators
	Is country an HRITF country receiving support from RBF Country Pilot Grants? ^
	If yes: Number of 1-year-olds fully immunized through the RBF ^
	If yes: Number of women delivering with Skilled Birth Attendant through the RBF ^
	If yes: Number of pregnant women receiving at least one antenatal care visit through the RBF^
	If yes: Number of pregnant women receiving a postnatal care visit through the RBF ^
	If yes: Number of women 15-49 using mCPM through the RBF ^
	Output Indicators
Health Financing	Country has developed year-specific milestones and deliverables to be achieved for the health financing strategy
	The PAD for the IDA/IBRD-GFF Trust Fund project provides a diagnostic describing the main health financing issues specific to the country.
	The IDA/IBRD-GFF Trust Fund project has a results framework with at least one indicator (and identified data source) related to Smart, Scaled and Sustainable health financing
	Annual ministry of health budget comprises a larger share of the total government budget than in the preceding year ^
	Country monitors catastrophic and impoverishing health expenditure with data less than three years old
	Country HFS is working on donor coordination
	Country has identified drivers of fractionalized donor coordination ^
	Country has planned reforms for improvement of donor coordination^
	Country has identified a monitoring framework for donor coordination ^
	Country HFS is working on Domestic Resource Mobilization (DRM)
	The country has identified drivers of low DRM for health ^
	The country has planned reforms to improve DRM for health ^
	Country has identified a monitoring framework for DRM for health ^

	Country HFS is working on improving efficiency
	Country has identified drivers of low efficiency ^
	Country has planned reforms for improving efficiency ^
	Country has identified a monitoring framework for improving efficiency ^
	Country HFS is working on financial protection
	Country has identified drivers of low financial protection ^
	Country has planned reforms for improving financial protection ^
	Country has identified a monitoring framework for financial protection ^
	Outcome Indicators
	Ministry of Health has increased the country budget execution rate by at least 5 percentage points from baseline ^
	Share of external funding for health that is on budget has increased from the baseline ^
	Country has implemented reforms on donor coordination
	Country has made progress on donor coordination as measured by HF monitoring framework
	Country has implemented reforms on DRM
	Country has made progress on DRM as measured by HF monitoring framework
	Country has implemented reforms on Efficiency
	Country has made progress on Efficiency as measured by HF monitoring framework
	Country has implemented reforms on Financial Protection
	Country has made progress on Financial Protection as measured by HF monitoring framework
	Current country health expenditure per capita financed from domestic public sources
	Ratio of government health expenditure to total government expenditures
	Growth rate in domestically sourced current total health expenditures since baseline divided by the growth rate of GDP
	Percent of current health expenditures on primary care
	Improvements in nationally-agreed indicators of efficiency
	Composite indicator on efficiency (TBC)
	Incidence of financial catastrophe due to out of pocket payments
	Incidence of impoverishment due to out of pocket payments (those pushed below the national poverty line + those pushed further below)
Monitoring and Evaluation Capacity	***Output Indicators***
	Country has a national health account with distributive matrices produced within the last 3 years *
	Country has completed a report on government expenditures (including on-budget funding from external partners) including on RMNCAH for the previous financial year*
	Country has data from a household expenditure survey/module including health expenditures undertaken in the past three years *
	Share of IC monitoring indicators for which the country has/will have validated baseline data
	Country has a set of indicators to monitor progress on improving monitoring and evaluation capability ^ *
	Country has planned IC activities to strengthen HMIS
	Country has planned IC activities to strengthen CRVS
	Country has improved HMIS quality of reporting ^ *
	Country has allocated 5-10% of IC budget envelope budgeted for monitoring and evaluation*
	Percent of births included in electronic civil registration system ^ *
	Percent of deaths included in electronic civil registration system ^ *

	Country Investment Cases includes (Y1) and tracks progress (Y2-Y5) against measurable targets for improving equity (e.g., gender, geography, wealth quintiles, excluded groups, isolated populations)*
	Country is actively engaged in implementation research
	Outcome Indicators
	Percent of IC intermediate M&E outcome indicators met
	Country improves by X points on HMIS score (measured by HDC tool, WHO Health information system performance index, or other agreed instrument)
	Percent of births known to be registered by CRVS ^
	Percent of deaths known to be registered by CRVS ^
	Percent of CRVS-recorded deaths that include cause of death following ICD10*
	Country has made significant documented decisions or adjustments to implementation in response to new data
Notes:	* denotes indicators that are to be carried forward for continued reporting in subsequent periods ^ denotes "menu" indicators which countries should use if the indicator fits with the theory of change of the activities selected in their investment case or health financing strategy.