



THE GFF APPROACH TO RESULTS

November 17 2021



Focus of session is on Strategic Direction 5

- **PROTECT and PROMOTE** essential reproductive, maternal, neonatal, child, adolescent health and nutrition services. **ACCELERATE** progress towards ensuring all women, children and adolescents can access the quality, affordable health care they need to survive and thrive.

Five Strategic Directions

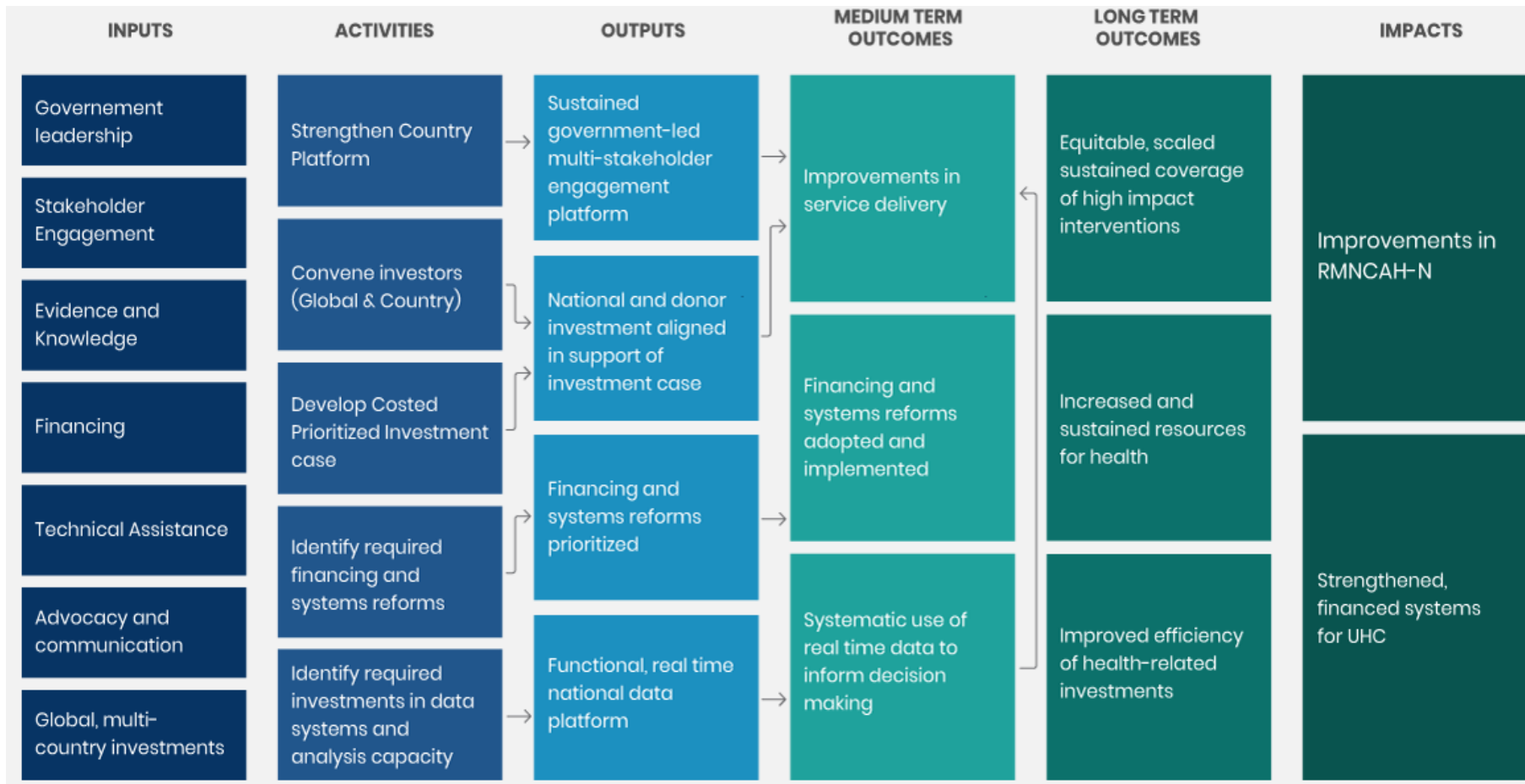


GFF Logic Model provides basis for measuring progress on the pathway to impact

ALL GFF COUNTRIES

IMPLEMENTING 1-3 YEARS

3+ YEARS



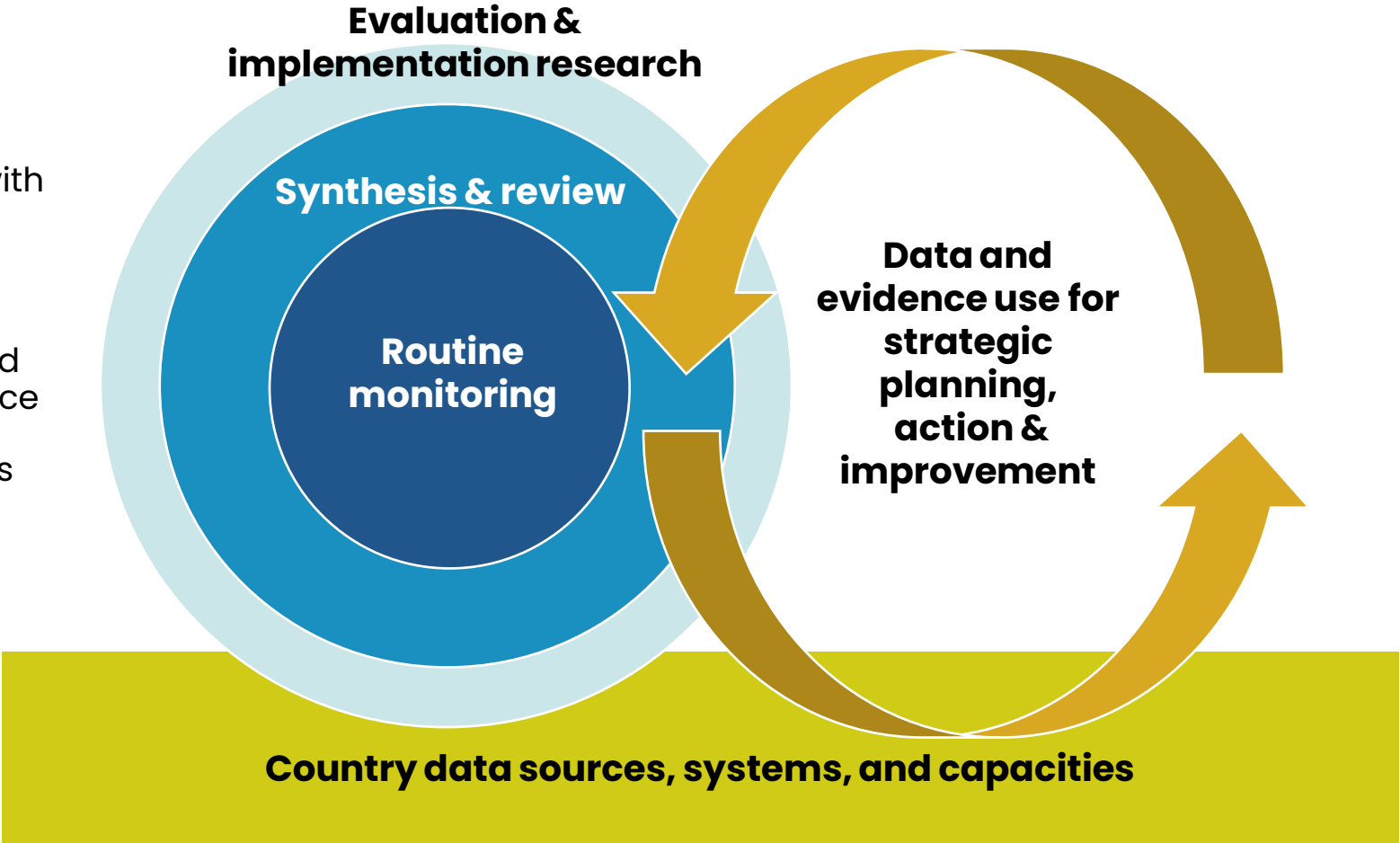
Areas where measurement is being strengthened:

- Gender, equity, SRHR, adolescents
- Private sector
- Quality and efficiency
- Alignment

The GFF adopts a **contribution perspective**. The impact achieved is led by and belongs to countries.

Framework for operationalizing results strategy: components are dynamic and inter-related

- GFF activities are aligned with country systems, connect to country-led processes and aim to reinforce data use at multiple levels



The GFF Annual Report provides country-specific data from multiple sources

THE GFF'S CATALYTIC ROLE

Developing a costed and prioritized investment case: Across Liberia, the GFF has helped prioritize six lagging counties based on remoteness, low performance, and limited resources. Four counties received additional funding based on identified needs, while a new quality improvement bonus has incentivized results and increased funding for frontline health centers. The GFF's resource mapping and expenditure tracking (RMET) exercise showed the investment case successfully aligned partners such as Global Fund, USAID, UNICEF, World Bank, and others around priorities.

Prioritizing and implementing health financing and system reforms: The GFF helped build and support country capacity to conduct an electronic RMET system and health financing strategy. A GFF-supported public expenditure review found significant inefficiencies and decreases in domestic and external funding for priority counties. The RMET results, along with the review's recommendations, are guiding reforms. The GFF is also supporting analytical work on performance-based financing (PBF) approaches implemented by partners to help create a harmonized national system. Partners have agreed to align approaches in the next funding cycle.

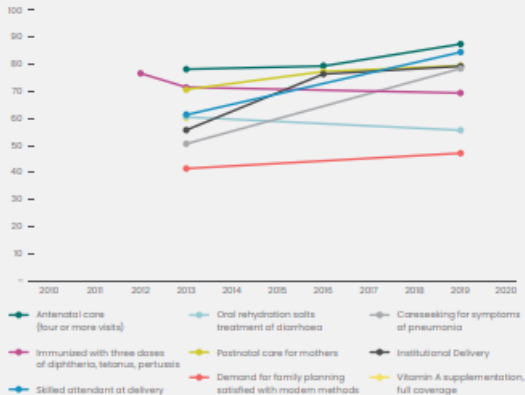
Strengthening the country platform and aligning financial and technical partners: The GFF has spearheaded joint donor missions with the World Bank, GAVI, Global Fund, and USAID, which resulted in agreement on specific actions with the Liberia Ministry of Health (MOH). The GFF is also supporting the Health Sector Coordination Committee, chaired by the MOH and promoting inclusion of nongovernmental and civil society organizations, along with country representatives. A 2020 country platform assessment (CPA) showed improved coordination and collaboration, including within joint missions.

Improving data for decision making: The CPA also demonstrated that GFF support for verification of PBF data by health facilities, use and dissemination of PBF and RMET data, and scorecard data visualizations have led to routine data quality improvements (for instance, the error rate fell from 45 percent in Q4 of 2018 to 11 percent in Q3 of 2020). The GFF has also helped expand CRVS in 85 percent of hospitals, 17 percent of health centers and 29 percent of health districts. Maternal and neonatal deaths are now reviewed weekly at the central level by a newly established technical committee supported by the GFF.

LIBERIA

RMNCAH-N COVERAGE INDICATORS

Data on immunization are presented from the WHO/UNICEF joint reporting process and recent population-based surveys. All other RMNCAH-N coverage indicators are presented from the most recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

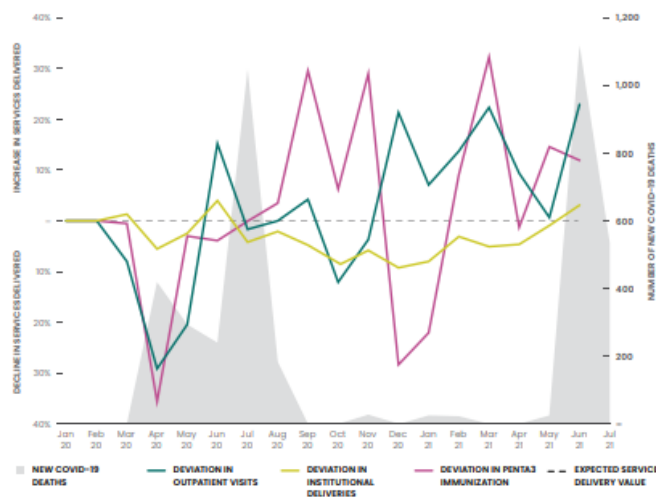
Indicator	Previous	Recent
Maternal mortality ratio (per 100,000 live births)	1,072*	742
Under 5 mortality rate (per 1,000 live births)	94	93
Neonatal mortality rate (per 1,000 live births)	26	37
Adolescent birth rate – 15–19 (per 1,000 women)	149	128
Births >24 months after the preceding birth (%)	15.5	–
Stunting among children under 5 years of age (%)	31.6	30
Moderate to severe wasting among children under 5 years of age (%)	5.6	3
Stillbirths (per 1,000 pregnancies)*	10.7	11.5

*2019 stillbirth rate represents pregnancy-related mortality.
*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Liberia is 26 for the year 2019 and 25 for the year 2013 (per 1,000 total births).

HEALTH FINANCING

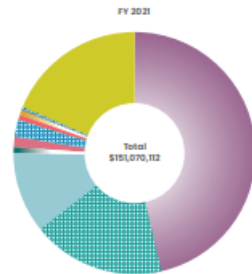
Indicator	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	12.4	11.7	12.9	13.0	14.3	16.3
Health budget execution rate (%)	88.7	88.8	69	84	79.3	99.9
Share of health expenditure going to frontline providers (%)	–	43	43	32	–	–
Domestic General Government Health Expenditure (DGHE), per capita (US\$)	8.3	9.9	9.8	11.4	–	–
Domestic General Government Health Expenditure (DGHE) as share of general government expenditure (%)	3.3	3.9	4.2	5.2	–	–
Out-of-pocket spending on health, per capita (US\$)	34.2	32.8	25.9	19	–	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services During COVID-19

In Liberia, the volume of outpatient consultations declined compared to expected values in the spring of 2020, reaching a shortfall of 29%. While outpatient consultations rose to 22% higher than expected values in December, institutional deliveries remained below expected levels through the spring of 2021. The number of children immunized with Penta3 dropped in the spring of 2020 compared to the expected values, reaching a 35% shortfall, but rose to 30% higher than expected values in September 2020 and remained above expected values through 2021.



RESOURCE MAPPING

The resource mapping above is sourced from the Liberian government's online resource mapping system for Liberia (ZOMO). As of October 2021, government and donors included above collectively contribute \$151 million USD to the investment case. Domestic government resources account for approximately 47% of total resources available. As donor contributions are verified at the end of the 2021 calendar year,* the total amount of resources will increase. The Liberian government is committed to funding the IC through increased resource mobilization and demonstrates their commitment through updating, analyzing, and making informed decisions on resource mapping data.

*Contributions from World Bank and the GFF Trust Fund forthcoming.

MONITORING THE COUNTRY-LED PROCESS

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

Investment Case in development (2018) → Investment Case being implemented (2019) → Investment Case fully implemented (2020)

An inclusive country platform process with CSO engagement

CSOs not included in the process (2018) → CSO representative engaged in monitoring of IC (2019) → CSOs fully engaged (2020)

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

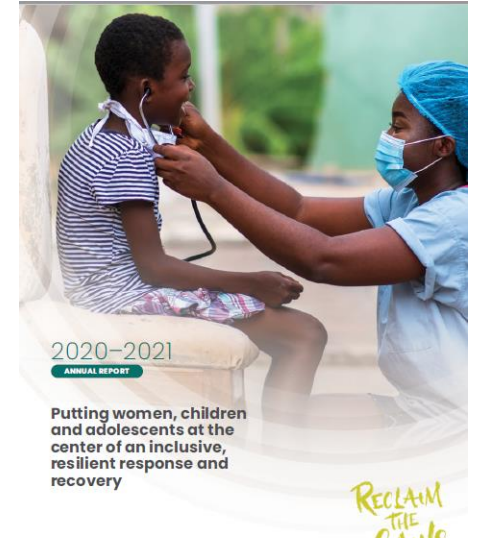
Not developed (2018) → Routine analysis of progress available to country platform (2019) → Results monitoring strategy and framework developed (2020)

An implementation plan including initiatives to improve DfM, efficiency, and/or financial protection

Not considered at this time (2018) → Health financing reform developed and progressing (2019) → Implementation plan developed (2020)

Gender analysis/gender strategy

No analysis conducted (2018) → Included in IC and being used to close gender gaps (2019) → Gender analysis/gender strategy developed (2020)



2020-2021 ANNUAL REPORT

Putting women, children and adolescents at the center of an inclusive, resilient response and recovery

RECLAIM THE GAINS

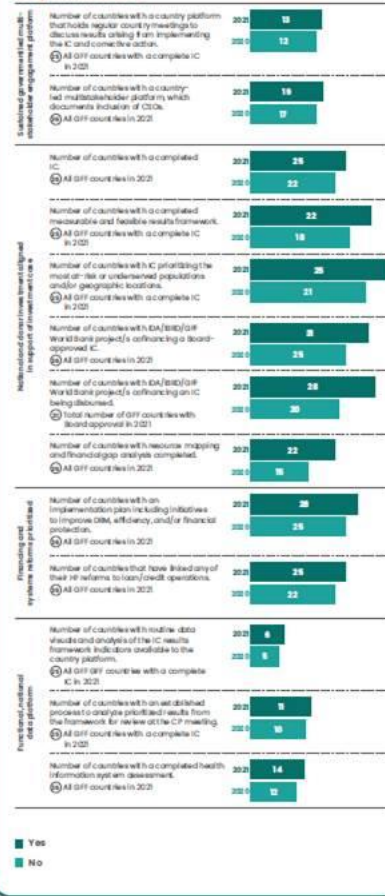
GLOBAL FINANCING FACILITY WORLD BANK GROUP

The Annual Report also provides a cross-cutting summary of progress across the portfolio

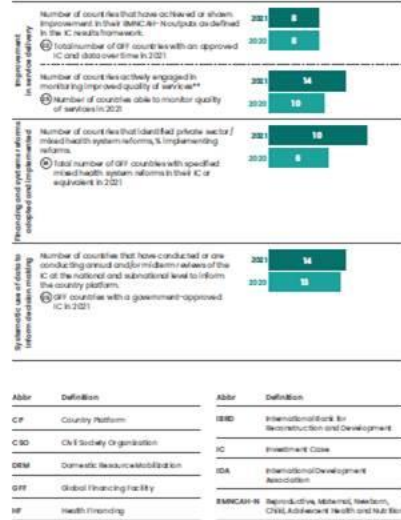
Figure 1.3. Progress against GFF Logic Model

The tables below summarize the progress and achievements across the portfolio of the 36 GFF partner countries in terms of outputs, outcomes, and impact indicators under the GFF Logic Model, as of June 2020. They also include a summary of priority areas under country investment cases such as RMNCAH-N, health financing, health systems strengthening and equity.

Output Indicators



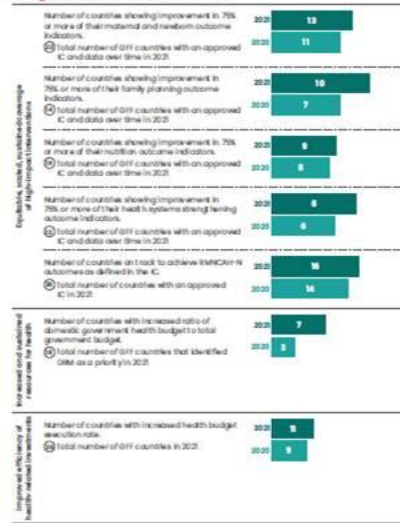
Medium-term Outcome Indicators



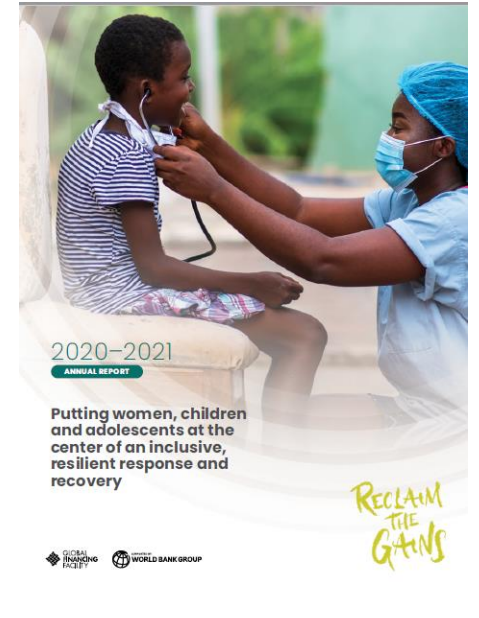
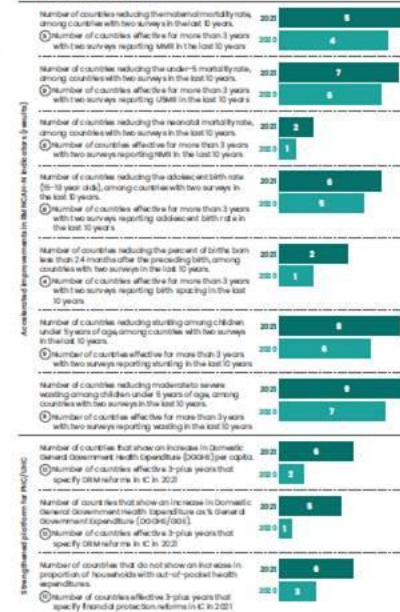
Investment Case Prioritization

Country	RMNCAH-N												
	Health System	Health Financing	Health Systems Strengthening	Equity	Health Financing	Health Systems Strengthening	Equity	Health Financing	Health Systems Strengthening	Equity	Health Financing	Health Systems Strengthening	Equity
Afghanistan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bangladesh	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Burkina Faso	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cambodia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cameroon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Central African Republic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cote d'Ivoire	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DR Congo	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Egypt	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ghana	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
India	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Indonesia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kenya	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Madagascar	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mali	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mozambique	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nigeria	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rwanda	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Senegal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sierra Leone	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tanzania	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Togo	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vietnam	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Long-term Outcome Indicators



Impact Indicators



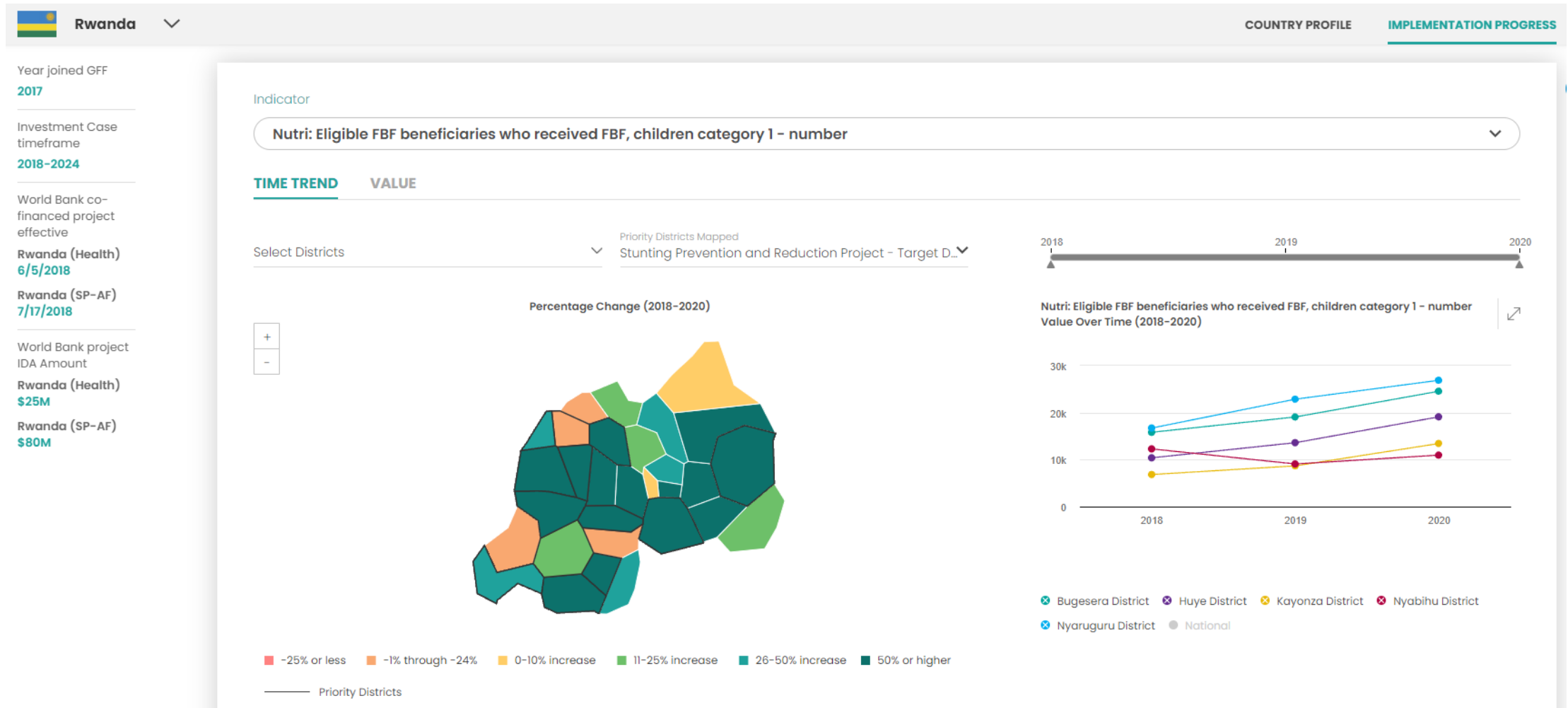
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ANNUAL REPORT

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RECLAIM THE GAINS

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The GFF has launched a portal to facilitate use of disaggregated data at multiple levels



Key priorities moving forward for GFF results agenda

1. Mainstream monitoring of essential health services
2. Strengthen regular use of data from multiple sources by Country Platforms to inform policy, prioritization and program improvement
3. Support countries to strengthen the quality of underlying data and its analysis to ensure they can systematically track progress in RMNCAH-N coverage, equity and quality on a regular basis
4. Work closely with Results Advisory Group to advance practice in three key areas, with strengthened collaboration across partners
 1. Gender & Equity
 2. Rapid Cycle Monitoring
 3. Implementation Research and Evaluation



Approches de partenariat du MSP/P/AS et l'INS pour un renforcement des capacités analytiques

Appui en Analyses de la Santé Reproductive, de la Mère, du Nouveau-né, de l'Enfant et de l'Adolescent et la Nutrition (SRMNEA-N) au Niger

Présentée par:

M. IDRISSE ALICHINA KOURGUENI

Directeur Général de l'Institut National de la Statistique (INS)

Niamey, le 17/11/2021



Plan de présentation

- Collaboration INS- MSP/P/AS dans l'amélioration de la qualité des données SRMNEA-N,
- Evolution des principaux indicateurs sociodémographiques du Niger,
- Collaboration INS, MSP/P/AS et Countdown 2030,
- Collaboration INS dans le processus GFF et partenariats.

Collaboration INS-MSP/P/AS (amélioration de la qualité des données du SRMNEA-N

1. L'INS coordonne le Système Statistique National (SSN) et a ce titre apporte un appui technique au Ministère de la Santé Publique, de la Population et des Affaires Sociales (MSP/P/AS) dans la productions des données sanitaires;
2. Il a été crée au sein de l'INS, un comité qualité qui valide les indicateurs produits par le SSN dont ceux du MSP/P/AS;
3. Participation du ministère dans toutes les équipes techniques et les comités de pilotage des grandes enquêtes sur la santé;
4. Participation de l'INS à l'élaboration et au suivi évaluation du Plan de Développement Sanitaire (PDS).



Appui en analyse et renforcement des capacités analytiques

Objectifs

- ❖ Conduire des analyses et synthèses pour fournir les explications nécessaires aux évaluations annuelles, a mi-parcours et finales du plan de santé des femmes, des enfants et des adolescents ;
- ❖ Renforcer la capacité du pays en analyse des données en relation avec le PDS et le dossier d'investissement de Niger dans le domaine de la SRMNEA-N et la nutrition.

Principes

- ❖ Les analyses doivent s'appuyer sur les indicateurs du MSP/P/AS, définis dans le PDS;
- ❖ Lien avec le priorités définies dans le Dossier d'investissement SRMNEA-N du Niger;
- ❖ Discussion et dissémination des résultats avec les acteurs clés.



Etat de la production des données SRMNEA-N au Niger

Les enquêtes

- ❖ EDSN/ENAFEME
- ❖ SMART (Nutrition)
- ❖ Survie mortalité
- ❖ Mariage précoce

Etudes

- ❖ Gratuité des soins
- ❖ Déterminants de la baisse de la mortalité
- ❖ Evaluation des campagnes de vaccination (rougeole, polio ...)

Données administratives

- ❖ Données de routines de SNIS (annuaire statistiques)
- ❖ Données de la DSME

L'évolution des principaux indicateurs sociodémographiques du Niger

Indicateurs	EDS 2006	EDSN 2012	ENAFEME 2021
ISF	7,1	7,6	6,2
Soins postnatals pour la femme dans les 2 jours après la naissance	12,3	36,4	33,9
Naissances en établissement sanitaire	17	29,8	44,3
Naissances assistées par un prestataire formé	32,9	29,3	43,6
4 visites prénatales ou plus	14,9	32,8	37,5
Soins prénatals	46,4	82,8	83,5
Mortalité infantile	81	51	73
Mortalité juvénile	126	81	55
Mortalité infanto-juvénile	198	127	123

Source : INS

Fécondité des adolescentes (15-19 ans) et disparités

Caractéristique sociodémographique	On eu une naissance vivante	Sont enceintes du premier enfant	Pourcentage ayant commencé leur vie procréative
Age			
15	1,8	2,5	4,3
16	8,9	4,9	13,7
17	17,3	7,5	24,8
18	37,0	8,9	45,9
19	43,1	7,7	50,8
Résidence			
Urbain	5,6	2,9	8,5
Rural	21,3	6,5	27,9
Région			
Agadez	11,7	5,5	17,1
Diffa	15,4	3,3	18,7
Dosso	17,7	4,7	22,4
Maradi	25,3	10,1	35,4
Tahoua	15,6	4,0	19,6
Tillabéri	12,3	10,1	22,4
Zinder	28,7	4,1	32,8
Niamey	6,5	2,7	9,2
Niveau d'instruction			
Pas d'instruction	26,1	8,4	34,5
Primaire	14,2	3,4	17,6
Moyen/Secondaire ou plus	7,8	3,2	10,9
Total	18,8	6,0	24,7

Collaboration INS, MSP/P/AS et Countdown 2030 pour apporter des evidences de qualité pour le Niger

La collaboration au Niger inclus deux volets:

1. Appui en analyse et renforcement des capacités analytiques pour des analyses sur SRMNEA-N pour informer les revues du plan de santé et du dossier d'investissement de Niger (Mortalité Néonatale, Santé reproductive et planification familiale, Couverture et équité des interventions de sante de la mère, du nouveau-né, et de l'enfant, Qualité des soins maternels et du nouveau-né, Nutrition et Etude de l'impact du COVID-19 sur l'utilisation des services de santé)
2. Etude "Exemplar" pour analyser et documenter les facteurs de succès et résultats de Niger pour la baisse de la mortalité maternelle et néonatale depuis l'an 2000

Intégration du processus GFF par l'INS

La collaboration se résume comme suit:

1. L'INS assiste aux ateliers et réunions organisés par la Plateforme nationale GFF pilotée par le MSP/P/AS pour lui apporter son appui technique en terme d'expertise des données SRMNEA-N ;
2. L'INS est fortement impliqué dans le renseignement des indicateurs de la base EQUIST utilisée pour le développement du dossier d'investissement SRMNEA-N du Niger et inclut des représentants de la Plateforme nationale GFF dans des formations sur des analyses de données sanitaires;

Le partenariat pour un renforcement de capacités

Au niveau national

- ❖ Institut National de la Statistique (INS)
- ❖ Direction des Statistiques (DS) du MSP/P/AS
- ❖ Partenaires : Banque Mondiale/GFF, UNICEF, OMS, UNFPA

Au niveau régional et international

- ❖ John Hopkins University (JHU)
- ❖ African Population Health Research Center (APHRC) - Réunions annuelles des pays pour des échanges
- ❖ Les centres d'analyse de données de Countdown (e.g. Equite (Pelotas, Brazil), Financement (LSHTM), analyses géospatiales (U. Southampton))



**MERCI DE VOTRE AIMABLE
ATTENTION**



REPORT FROM GFF RESULTS ADVISORY GROUP

DR NKECHI OLALERE

November 2021



Advisory Group has focused on 3 challenge topics where it is critical to strengthen practice

- Gender and equity – Asha George (lead)
- Implementation research (IR) and evaluation – Shams El Arifeen (lead)
- Rapid cycle monitoring – Nkechi Olalere (lead)

Challenge area: Gender and Equity



Overview of challenge: problem statement



Progress in RMNCAH-N and SRHR outcomes is constrained by gender power relations intersecting with other forms of social inequality. These inequalities are getting worse with COVID-19 and remain insufficiently accounted for and inadequately addressed.

Root dimensions include:

- **Data gaps:** Limitations in the availability, quality and systematic use of data
- **Everywhere & nowhere:** Fragmented plethora of guidance, toolkits, resources on gender make it difficult to strategically focus on highest priorities
- **Beyond usual business & partners:** Progress requires innovation to overcome status quo & multi-sectoral approach that extends beyond health
- **Implementation gaps:** While commitments are made, this doesn't lead to systematically investing and implementing gender programming
- **Not just technical:** Requires political and social commitment.

Advisory Group recommendations in development



1. Strengthen situation analysis of gender & equity as core to GFF country engagement model
2. Mainstream gender & equity across each step of IC development, implementation and review cycle
3. Review, prioritize and facilitate use of gender & equity guidance, tools and resources
4. Support design, conduct and use of implementation research on what works, where and why for gender and equity inclusion
5. Strengthen country level commitment to gender equality

Challenge area: Implementation Research (IR) and Evaluation



Overview of challenge: problem statement



- In GFF-supported countries, there are significant missed opportunities to design and conduct implementation research and evaluation to meet priority learning needs
- When studies are conducted, they are often under-utilized
- Underinvestment in learning remains a challenge at multiple levels
- This hinders the ability of policymakers, managers, service providers and other key stakeholders to generate and use evidence and learning to inform decisions and improve programs and outcomes

Advisory Group recommendations in development



Overarching recommendation: GFF to develop explicit, forward-looking strategic approach to help inform when, where and how it will support the design, implementation and use of IR and evaluation

- Principles
- Policy context
- Criteria for informing where, where and how GFF will support design, financing and implementation
- Roles and responsibilities
- Thematic priorities of focus
- Implications for stages of Investment Case process and WB/GFF co-financed projects
- Approach to supporting use of findings for learning and accountability

Challenge area: Rapid Cycle Monitoring



What does success look like in this area?



Enabling environment – external factors and governance

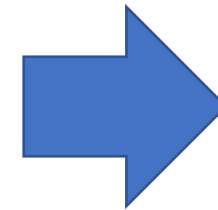
The cycles of data generation, analysis and use are shortened, reducing time lags



Multiple data sources relevant to the needs of managers and decision makers are considered together



Data availability is better aligned with the needs of managers and decision makers



Enhanced use of data and evidence from multiple sources to inform decision-making and improve policies/ programs

Enabling environment – external factors and governance

Advisory Group recommendations in development



- Strengthen the Health Ministerial Network as a pathway to securing political buy-in and enhancing governance
- Using the Country Leadership Program as a key entry point, support timely and effective data use as key enabler of achieving articulated goals
- Leverage Country Platforms to strengthen demand for, review and timely use of data for decision-making each quarter
- Mainstream monitoring of essential health services (MEHS) as part of routine approach

Example of near-term recommendation that is immediately actionable




Mainstream monitoring of essential health services

1. Integrate approach with routine operational activities, to help identify and manage disruptions and inform systems strengthening efforts on ongoing basis
2. Monthly HMIS analysis + high frequency household and facility surveys
3. Mainstream gender & equity within approach
4. Enhance regular use of data using Country Platforms as key entry point to inform EHS grants, WB/GFF projects and IC processes
5. Further develop explicit capacity strengthening component centered around national HMIS and M&E units

Examples of longer-term recommendations for further exploration



- Blockchain
- Artificial Intelligence
- Data marketplaces and exchanges
- Hackathons
- Citizen innovation exchanges + social accountability platforms
- 7-1-7: develop similar benchmark for RMNCAH-N data identification and response cycle..?

 Viewpoint



7-1-7: an organising principle, target, and accountability metric to make the world safer from pandemics

Thomas R Frieden, Christopher T Lee, Aaron F Bochner, Marine Buissonnière, Amanda McClelland



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