

# Implementing the GFF model in-country



# Country Implementation guidelines

- Provide guidance to **national** governments and other stakeholders
- Focus on the **implementation** stage of the GFF process
  - Complement the investment case guidelines
- Some **adaptation** to country context expected
- Build on **existing experience** of GFF implementation and **feedback** from stakeholders
- Will be **updated regularly**, as more implementation experience is gained
- Will be accompanied by a **source book** with country and global resources

# What the guidelines are NOT

- Not a list of requirements to obtain or keep the GFF grant
- Not a list of documents that need to be produced
- Not a list that needs to be implemented entirely in each country – more of a framework



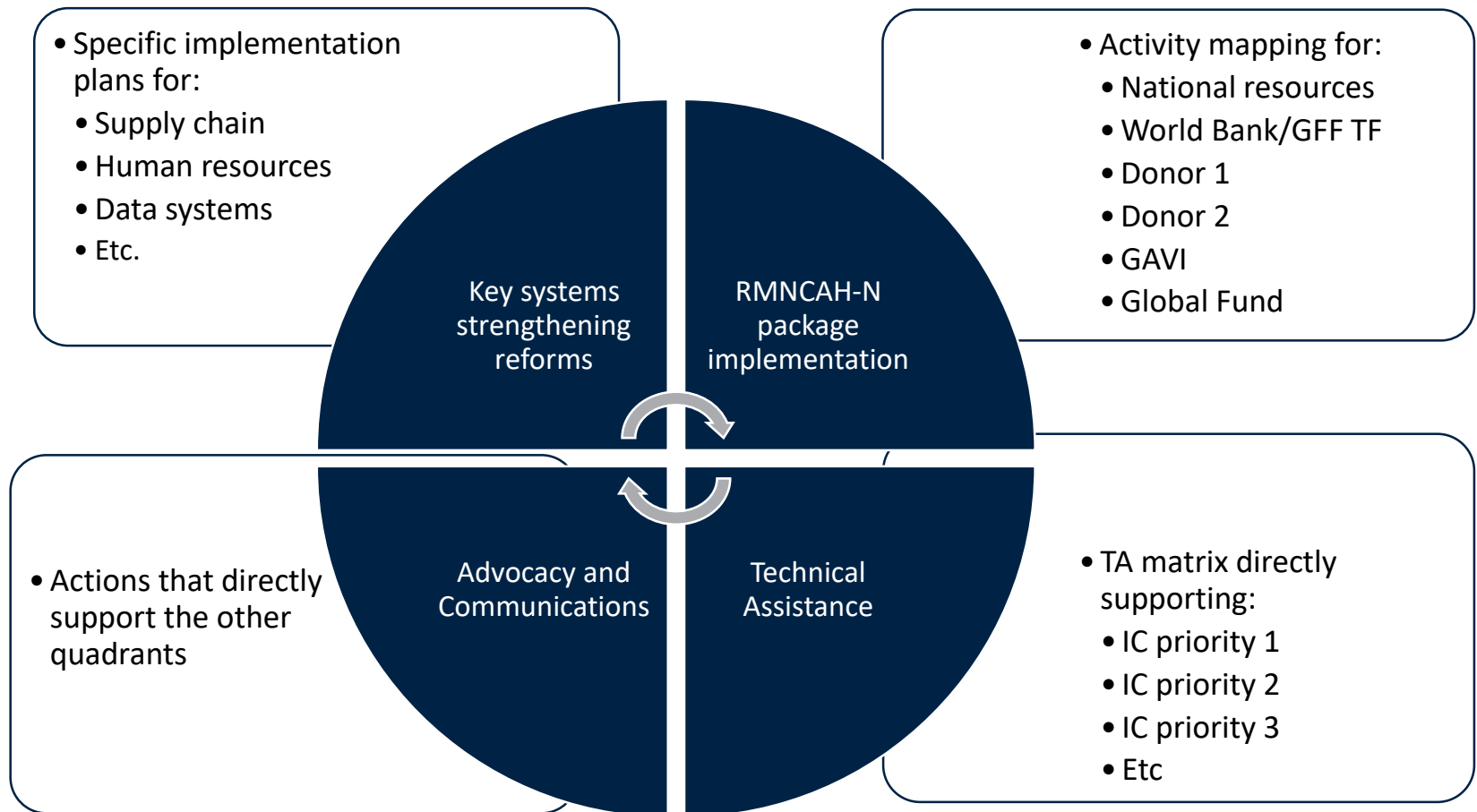
# Outline of the guidelines

1. Vision, mission
2. Scope of in-country engagement
3. GFF country platform
4. Health financing
5. Data for decision-making
6. Resource mapping and tracking
7. Implementation research
8. Technical assistance
9. Advocacy
10. Communication

# GFF country platform

- Coordination of the GFF engagement is led by the **government**, through a country platform
- Countries encouraged to use **existing platforms**
- Requires effective participation from:
  - Relevant ministries (national and sub-national)
  - Bilateral and multilateral partners
  - Civil society
  - Private sector
- GFF nodal Ministry to **notify in writing**, to all national stakeholders, what constitutes the GFF platform
  - **Reviewed and reconfirmed annually** during the annual review
- GFF country platform will likely need **sub-committees**
  - Data, health financing, etc.
- Shift from a “task force” to a system of coordination when IC implementation starts

# Kickstarting the implementation: importance of an implementation plan/balanced score card



Common tools for monitoring process and results, audits, harmonized policies, etc.

# Liberia example of activity mapping

## Example Liberia: Summary of Gaps in Priority Investment Area I

Intervention	Gbarpolu	Grand Bassa	River Gee	Rivercess	Sinoe	Grand Kru
EmONC infrastructure & equipment	UNFPA	USAID MCSP		UNFPA	UNFPA	
EmONC training	WB/UNFPA; WHO	USAID MCSP, USAID FARA	WB/UNFPA; UNICEF	WHO	UNICEF	WHO, UNICEF
EmONC mentoring	WHO; UNFPA	USAID FARA	UNFPA	WHO		
HW Motivation to stay after hours/weekends	GFF/WB through PBF	USAID FARA		GFF/WB through PBF	GFF/WB through PBF	

■ Gap across all facilities   
 ■ Gap across some facilities   
 ■ No gap

# Data for decision making

- The main role of the country platform during implementation is to **steer performance through the use of data**
- Country **performance dashboards** at national and sub-national levels
  - **Standardized** indicators and some **country-specific** indicators
    - Based on clear **theory of change** (global evidence as well as country context), determining baselines and setting annual targets
    - Roll-up of dashboards for **global GFF reporting**
    - Combination of **routine and survey data**
- Linking **financing to results**
  - **Incentives** at all levels of the system
  - Track only what is **funded**
  - Regularly **reallocating financing** based on budget executions/ absorption, disbursement and expenditure and performance (results)
- **Strengthening national data systems**, including CRVS



# Using data – coordination and governance

## Data should:

- ✓ Include health financing, health systems strengthening and RMNCAH-N outcomes
- ✓ Be of sufficient quality and reliability
- ✓ Be accessible and available on a routine basis
- ✓ Be cleaned and analyzed
- ✓ Be curated and interpreted
- ✓ Be disaggregated by subnational area, gender and age should be available to promote equity
- ✓ Include data from multiple sources and should be triangulated for data use

## Data use plan:

Establish a data sub-group to curate and analyze data for the country platform

- Define data use timelines collect and collate available data
- Ensure access and availability of prioritized data elements
- Curation and prioritization of data
- Develop standardized routine data visuals

Determine Institutional roles and responsibilities for data collection, analysis, use and dissemination

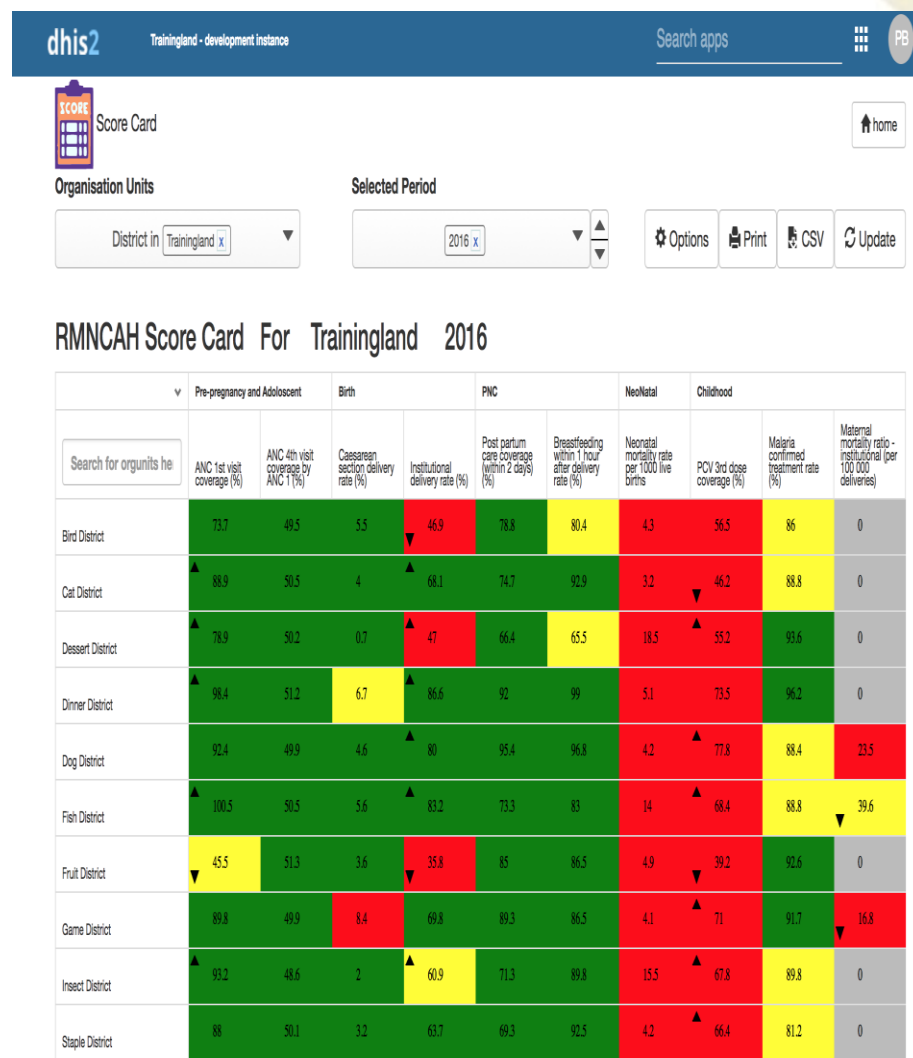
- Develop a feedback process in which data reaches the right decision makers
- Develop process for data decisions to be disseminated for improved implementation

# Data for decision making

- GFF builds on and aims to further harmonize **existing in-country initiatives** to strengthen data system
- GFF letter includes **agreement to share data** on:
  - Allocations and expenditures, process, coverage, impact
- **Annual review:** more comprehensive, including self assessment of the platform and of likelihood of reaching objectives of the investment case
- Possible **annual results conference** to engage stakeholders and to provide a platform to share results of implementation research and new global evidence
- More comprehensive **mid-term** and end-line reviews
- Data used for annual and mid-term reviews will be a key input into the **Country Investment Summary (CIS)** that will determine whether country enters into a next cycle of GFF partnership

# For example: Develop standardized routine data visuals

- Monitor RMNCAH program performance against county and national RMNCAH strategies and trigger action
- Provide at-a-glance view of performance
- Intuitive displays that help managers organize and make sense out of data
- Turn insight into action quickly
- Identify challenges and best practices, identify areas doing well and those with bottlenecks.
- Dashboards are only effective if they are available to end-users and end-users trust the information
- Easy to manage / edit / adaptable to new contexts & use cases
- User Friendly, One Click Customization of Display



# Data for Results: Scorecards

*sharing of experiences from Nigeria*

# Frameworks



## **Objective 42 (NSHDP II)**

Strengthen capacity to generate, transmit, analyze, and utilize routine health data, from all health facilities ...

## **NSHDP II M&E Plan**

...enable data users to understand or interpret the results and use them for decision making

## **M&E Framework for GSWCAH (2016-2030)**

...support of countries in development and improvement of scorecards or dashboards to strengthen analysis, communication and use of health data.

UNICEF DRAFT FOR ILLUSTRATION AND REVIEW



# Nigeria National-State RMNCAH+N Scorecard

Survey data - Updated as of 2019Q3

	Child mortality		Stunting		Maternal & Newborn Care						Childhood Illness		Immunization			Nutrition	
	Under five deaths per 1,000 births	Number of child deaths per year	Percent of children stunted	Number of children less than age five stunted	Four or more antenatal visits	IPTp2 given if received antenatal care	HIV test in Antenatal care	Skilled birth attendant	Postnatal care	Contraceptive prevalence rate	Diarrhea treated with ORS & Zinc	Testing for malaria for fevers receiving care	BCG vaccine	Penta 3 vaccine	Fully immunized	Vitamin A coverage	Deworming coverage
<b>Nigeria</b>	<b>120</b>	<b>1,001,492</b>	<b>37%</b>	<b>15,439,668</b>	<b>57%</b>	<b>60%</b>	<b>55%</b>	<b>43%</b>	<b>42%</b>	<b>12%</b>	<b>23%</b>	<b>20%</b>	<b>67%</b>	<b>50%</b>	<b>31%</b>	<b>41%</b>	<b>40%</b>
Abia	83	13,303	22%	176,306	89%	90%	63%	95%	57%	11%		19%	96%	80%	39%	28%	71%
Adamawa	84	15,436	39%	360,176	67%	46%	58%	41%	51%	18%	17%	14%	79%	66%	37%	47%	32%
Akwa-Ibom	73	17,679	20%	236,124	65%	60%	67%	39%	61%	16%	15%	26%	84%	62%	42%	49%	49%
Anambra	53	12,466	14%	162,294	83%	71%	74%	91%	82%	17%	51%	8%	92%	87%	76%	31%	63%
Bauchi	164	46,513	58%	843,583	42%	78%	58%	27%	42%	5%	17%	25%	51%	32%	20%	29%	23%
Bayelsa	95	9,386	24%	120,538	26%	28%	33%	25%	27%	3%		4%	66%	55%	18%	33%	44%
Benue	82	20,323	21%	255,279	56%	64%	55%	71%	51%	16%	18%	14%	82%	59%	27%	11%	13%
Borno	82	21,029	48%	616,758	34%	81%	56%	30%	31%	5%	43%	15%	63%	36%	22%	58%	47%
Cross River	52	8,714	23%	192,708	66%	94%	65%	56%	43%	19%			89%	64%	46%	47%	49%
Delta	63	15,554	23%	282,693	72%	55%	64%	63%	60%	13%			83%	72%	44%	30%	34%
Ebonyi	62	7,718	25%	155,611	74%	67%	52%	58%	50%	6%	20%	28%	96%	82%	45%	32%	35%
Edo	72	13,105	16%	144,702	72%	75%	56%	90%	72%	15%			95%	81%	56%	32%	45%
Ekiti	74	10,424	22%	158,849	86%	53%	60%	79%	82%	25%	21%	48%	95%	93%	41%	67%	55%
Enugu	111	21,239	15%	141,590	88%	57%	59%	90%	81%	18%		13%	93%	81%	36%	42%	45%
FCT Abuja	70	5,926	20%	85,498	72%	49%	84%	72%	61%	20%	20%	18%	88%	74%	50%	41%	43%
Gombe	162	22,972	51%	363,011	44%	86%	70%	21%	33%	16%	11%	11%	43%	26%	18%	59%	45%
Imo	96	22,756	17%	200,302	86%	69%	81%	94%	82%	11%	18%	29%	93%	80%	63%	33%	76%
Jigawa	192	48,430	68%	853,833	48%	67%	66%	21%	23%	4%	49%	22%	53%	36%	24%	74%	64%
Kaduna	82	29,221	51%	899,804	54%	48%	63%	23%	24%	14%	2%	10%	52%	32%	22%	38%	19%
Kano	203	116,207	61%	1,743,110	51%	52%	54%	24%	23%	6%	37%	20%	61%	46%	34%	37%	32%
Katsina	135	45,936	63%	1,070,130	38%	51%	27%	19%	17%	3%	29%	19%	46%	34%	21%	13%	17%
Kebbi	174	33,522	68%	654,069	27%		33%	9%	18%	3%	22%	28%	26%	11%	6%	24%	19%
Kogi	75	14,444	21%	201,249	71%	60%	63%	78%	74%	12%	2%	48%	80%	56%	26%	20%	21%
Kwara	45	6,268	34%	238,170	66%	46%	59%	58%	58%	17%	7%	20%	64%	55%	29%	8%	20%
Lagos	50	27,149	17%	469,686	80%	52%	83%	80%	73%	29%	34%	44%	97%	91%	62%	56%	65%
Nasarawa	121	13,244	31%	170,744	67%	69%	61%	58%	43%	14%	72%	80%	88%	60%	39%	47%	34%
Niger	149	36,361	28%	344,089	33%	47%	51%	31%	24%	6%	19%	18%	62%	39%	23%	45%	48%
Ogun	66.5	15,124	26%	291,113	91%	44%	63%	77%	78%	17%			74%	50%	23%	52%	45%
Ondo	67	13,543	20%	206,173	84%	57%	49%	83%	75%	18%	7%	53%	84%	77%	51%	64%	47%
Osun	101	20,830	22%	229,957	96%	44%	75%	95%	82%	27%	22%	40%	94%	84%	34%	87%	63%
Oyo	73	25,217	35%	595,870	80%	26%	58%	77%	81%	22%	32%	20%	89%	44%	23%	69%	51%
Plateau	80	14,382	45%	403,593	55%	35%	51%	46%	43%	21%	5%	42%	82%	72%	48%	26%	13%
Rivers	58	18,580	17%	270,686	81%	66%	57%	67%	44%	20%	21%	10%	84%	75%	39%	60%	51%
Sokoto	119	25,843	60%	654,758	31%		25%	13%	32%	2%	21%	4%	36%	7%	5%	6%	8%
Taraba	105	13,889	41%	273,815	50%	47%	47%	37%	25%	9%	2%	11%	70%	42%	24%	23%	23%
Yobe	102	14,814	65%	473,465	36%	80%	45%	16%	18%	2%	22%	22%	45%	29%	21%	63%	63%
Zamfara	210	41,239	55%	543,968	26%	75%	13%	12%	13%	7%	24%	10%	16%	11%	7%	10%	12%
Source:	MICS16	MICS16	DHS18	DHS18	DHS18	DHS18	NNHS18	DHS18	DHS18	DHS18	DHS18	DHS18	DHS18	DHS18	DHS18	NNHS18	NNHS18

Note: Under five mortality for Edo and Enugu are from IHME 2013. PNC includes care from TBAs.

RMNCAH+N = Reproductive, Maternal, Newborn, Child, Adolescent Health + Nutrition

# Sample of a Nigerian State-LGA scorecard



## Bauchi RMNCAH Scorecard 2018Q4



### State Level Indicators

ANC 5 months	SBA	Penta 3	Vitamin A	Exclusive BF	HIV testing in ANC
46%	22%	19%	14%	21%	39%

Source: MICS 2016, except Vitamin A from NNHS 2015

State/LGA	Maternal/Newborn			Immunization			IMCI		Malaria		Nutrition			FP	BR	HIV
	ANC <20 wks	SBA	PNC1&3	LQAS score	Penta 3	Diarrhea ORS/Zinc	Pneumonia Antibiotics	Diagnostic Text	ACT treatment	Vitamin A	Exclusive BF	CMAM admit	LARC/ Users	Age under one (2018)	HIV CTRR/ ANC1	
Bauchi State	30%	40%	86%	65%	72%	76%	87%	87%	102%	2%	9%	34%	19%	98%	44%	
Alkaleri LGA	35%	44%	114%	82%	61%	84%	92%	83%	102%	1%	3%	0%	18%	90%	20%	
Bauchi LGA	23%	57%	75%	77%	93%	59%	78%	88%	103%	5%	16%	93%	28%	122%	72%	
Bogoro LGA	46%	28%	50%	60%	77%	89%	94%	97%	90%	2%	13%	0%	11%	54%	18%	
Dambam LGA	25%	33%	120%	27%	76%	24%	57%	70%	65%	1%	3%	109%	5%	204%	41%	
Darazo LGA	25%	39%	101%	87%	68%	95%	86%	83%	101%	5%	22%	38%	5%	49%	45%	
Dass LGA	70%	122%	92%	58%	104%	91%	88%	98%	103%	5%	62%	0%	24%	113%	167%	
Gamawa LGA	34%	37%	133%	57%	60%	49%	90%	83%	108%	3%	6%	57%	8%	47%	51%	
Ganjuwa LGA	24%	28%	64%	57%	93%	78%	82%	86%	96%	2%	2%	0%	31%	85%	27%	
Giade LGA	37%	30%	32%	58%	101%	91%	76%	87%	100%	1%	3%	0%	10%	149%	13%	
Itas/Gadau	23%	20%	56%	83%	59%	81%	101%	93%	100%	2%	6%	23%	13%	92%	73%	
Jama'are LGA	23%	32%	57%	35%	51%	96%	88%	63%	91%	2%	4%	0%	10%	193%	12%	
Katagum LGA	43%	53%	142%	48%	59%	41%	98%	95%	91%	4%	7%	107%	40%	107%	104%	
Kirfi LGA	23%	42%	86%	85%	76%	98%	99%	94%	102%	3%	7%	106%	29%	55%	12%	
Misau LGA	31%	37%	52%	50%	58%	100%	97%	94%	120%	1%	9%	0%	13%	71%	5%	
Ningi LGA	28%	26%	49%	42%	65%	90%	87%	92%	120%	1%	0%	0%	21%	69%	13%	
Shira LGA	35%	36%	36%	68%	55%	87%	88%	76%	86%	1%	3%	0%	7%	85%	58%	
Tafawa-Balewa LGA	32%	44%	103%	97%	78%	86%	60%	94%	99%	2%	10%	74%	24%	80%	35%	
Toro LGA	28%	51%	74%	62%	86%	75%	91%	80%	104%	2%	12%	0%	8%	82%	32%	
Warji LGA	30%	39%	102%	80%	68%	93%	94%	101%	101%	1%	3%	17%	10%	118%	28%	
Zaki LGA	27%	15%	90%	98%	55%	97%	94%	78%	384%	4%	5%	0%	4%	219%	22%	
Source:	DHS2	DHS2	DHS2	LQAS	DHS2	DHS2	DHS2	DHS2	DHS2	DHS2	DHS2	CMAM	DHS2	RapidSMS	DHS2	



# KWAMI LGA SCORECARD 2019

LGA	Ward	Health Facility	ANC Completion Rate	HIV Testing at ANC	PNC with 72 hours	Expected Deliveries in HF's	Deliveries by SBA	Penta 3 Immunized	Penta Drop-out rate	Fully Immunized	Expected Diarrhea cases against facility reports	Diarrhea given ORS/Zinc in HF's	Expected Pneumonia cases against facility reports	Pneumonia given Antibiotics in HF's	Expected Fever cases against facility reports	Fever cases tested by RDT	Uncomplicated Malaria treated with ACT	Vitamin A
Kwami LGA	Bojude Ward	Bele Health Post						82%	1%	38%	2%	89%		20%	96%	100%		
Kwami LGA	Bojude Ward	Bojude Health Clinic			7%	33%	114%	79%	7%	17%	2%	100%	2%	100%	30%	100%	100%	
Kwami LGA	Bojude Ward	Bojude Cottage Hospital	9%	65%	22%	54%	103%	57%	3%	26%	2%	100%	1%	100%	22%	95%	100%	
Kwami LGA	Bojude Ward	Dirri Health Centre	15%	35%	27%	14%	100%	45%	9%	13%	1%	100%		36%	99%	100%	5%	
Kwami LGA	Bojude Ward	Jorre Health Post						69%	-18%	12%	1%	100%		34%	100%	100%		
Kwami LGA	Daban Fulani Ward	D/Fulani PHC	61%	62%	14%	70%	94%	49%	24%	60%	9%	90%	12%	100%	71%	100%	88%	24%
Kwami LGA	Daban Fulani Ward	Mettako Health Post	16%					120%	14%	41%	8%	100%	1%	100%	90%	100%	92%	
Kwami LGA	Daban Fulani Ward	Tumbushi Health Post						47%	0%	21%	6%	100%		24%	100%	94%	62%	
Kwami LGA	Daban Fulani Ward	Wuro Lule Health Post	22%					108%	-40%	41%	8%	87%		22%	98%	94%	20%	
Kwami LGA	Doho Ward	Doho PHC	17%		7%	72%	92%	88%	17%	41%	3%	100%		43%	100%	100%		
Kwami LGA	Doho Ward	Jauro Gabdo Health Post	30%	14%				99%	-19%	42%	4%	100%		47%	99%	100%		
Kwami LGA	Doho Ward	Shugu Health Clinic			8%	21%	100%	72%	3%	13%	4%	100%	3%	100%	15%	100%	100%	
Kwami LGA	Doho Ward	Wuro Dole Health Clinic	23%	41%	34%	70%	100%	79%	12%	30%	22%	57%		85%	100%	100%	3%	
Kwami LGA	Dukkul Ward	Ahlugel Health Post	22%	39%				98%	22%	36%	8%	92%		72%	47%	100%		
Kwami LGA	Dukkul Ward	Dukkul Maternity Home	16%	78%	50%	22%	97%	65%	0%	28%	4%	89%		24%	88%	100%		
Kwami LGA	Dukkul Ward	Gafara Galadima Health Post						98%	-14%	67%	6%	58%	2%	100%	23%	105%	106%	
Kwami LGA	Dukkul Ward	Gwaram Health Post	1%					76%	17%	24%	6%	89%	13%	100%	31%	100%	100%	
Kwami LGA	Gadam Ward	Tappi PHC	13%	31%	35%	25%	122%	88%	14%	39%	2%	100%		11%	89%	100%	8%	
Kwami LGA	Gadam Ward	Dawo Health Post	10%					247%	9%	109%	3%	100%		27%	100%	100%	16%	
Kwami LGA	Gadam Ward	Gadam PHC	1%		24%	38%	94%	83%	0%	37%	4%	96%	2%	100%	30%	100%	100%	1%
Kwami LGA	Gadam Ward	Yame Health Post						152%	0%	45%	7%	93%		23%	83%	100%	24%	
Kwami LGA	Jurara Ward	Jauro Isa TonHealth Post						31%	-3%	18%	0%	100%		43%	99%	100%		
Kwami LGA	Jurara Ward	Jurara PHC	17%		5%	35%	100%	92%	13%	28%	2%	100%	3%	100%	19%	100%	100%	46%
Kwami LGA	Komfulata Ward	Abuja PHC	43%		14%	97%	89%	140%	2%	79%	12%	74%	17%	100%	66%	100%	102%	9%
Kwami LGA	Komfulata Ward	Bornala Health Post						41%	10%	9%	0%	100%	1%	100%	13%	100%	100%	
Kwami LGA	Komfulata Ward	Daniya Health Post	17%	45%				96%	0%	56%	9%	100%		38%	76%	100%		
Kwami LGA	Komfulata Ward	Dinawa Health Post	13%					91%	-22%	55%	3%	83%		23%	98%	100%		
Kwami LGA	Komfulata Ward	Dokari Health Post	46%	9%				62%	-15%	32%	15%	100%		59%	100%	87%		
Kwami LGA	Komfulata Ward	Garin Abbasu Health Clinic	24%	35%	14%	22%	114%	177%	3%	70%	5%	100%		14%	75%	158%		
Kwami LGA	Komfulata Ward	Jamji Primary Health Center	20%	52%	16%	35%	101%	98%	12%	21%	7%	94%	1%	100%	37%	96%	100%	
Kwami LGA	Komfulata Ward	Komfulata Health Post	18%	27%				104%	2%	18%	4%	70%		45%	96%	100%	23%	
Kwami LGA	Komfulata Ward	ShonHealth Clinic	25%		12%	37%	101%	126%	-5%	53%	4%	80%		31%	100%	100%		
Kwami LGA	Kwami Ward	Gerkwami Health Clinic	31%	35%	39%	19%	82%	119%	5%	47%	7%	103%	1%	100%	53%	100%	100%	1%
Kwami LGA	Kwami Ward	Kufa'i Health Clinic	17%	88%	6%	23%	109%	104%	4%	49%	4%	61%		41%	101%	100%	2%	
Kwami LGA	Kwami Ward	Madu Kellumi Health Clinic	19%	48%				203%	-47%	43%	11%	87%	5%	100%	78%	92%	100%	
Kwami LGA	Kwami Ward	Kwami Model PHC	22%		3%	56%	96%	82%	7%	34%	4%	94%		36%	95%	100%	17%	
Kwami LGA	Kwami Ward	Titi Health Post						112%	0%	58%	6%	96%		38%	102%	100%		
Kwami LGA	Malam Sidi Ward	Kurugu Health Post	13%		44%	47%	97%	129%	-7%	75%	39%	99%		115%	98%	92%		
Kwami LGA	Malam Sidi Ward	Malan/Sidi Cottage Hospital	8%		10%	52%	78%	36%	10%		5%	100%	9%	79%	26%	85%	100%	8%
Kwami LGA	Malam Sidi Ward	Kivari Health Clinic			72%	9%	100%	116%	2%	39%	6%	96%		49%	93%	100%	19%	
Kwami LGA	Malam Sidi Ward	Malhan/Sidi PHC	43%		23%	119%	101%	104%	9%	49%	3%	68%	3%	100%	47%	82%	100%	6%
Kwami LGA	Malleri Ward	Laro Health Post	20%					58%	32%	39%	4%	97%	2%	100%	27%	100%	100%	24%
Kwami LGA	Malleri Ward	Malleri Health Clinic	44%		31%	31%	93%	109%	18%	52%	9%	97%	1%	100%	37%	100%	100%	45%
Kwami LGA	Malleri Ward	Tinda Health Post						94%	31%	29%	10%	69%		24%	100%	92%		



# Progress and Results

- Scorecards used at highest levels – Governors/senate/etc. to track progress on RMNCAH + N

- Positive contributions to:
  - Service outputs
  - Service quality
  - Data quality and reporting:
    - Decreasing gap between survey and routine data
  - Advocacy
  - Prioritization
  - Resource mobilization

# Next Steps



## Data quality improvement plan



### More work planned:

- Shadow scorecards - in depth programme score cards
- Community level scorecards
- Document success



- Partnership for scorecards
- Further scale up score card training to other states
- Explore further scope.



# Acknowledgements

- FMOH DPRS,
- NPHCDA,
- State Governments
- ALMA
- UNICEF Country and field teams,

FMOH DPRS = Federal Ministry of Health – Department of Planning Research and Statistics

NPHCDA = National Primary Health Care Development Agency

ALMA = The African Leaders Malaria Alliance.

# Resource mapping and tracking

## Resource Mapping during Investment Case Development

- Resource mapping is a key step in the **preparation** of the investment case
  - Determine **available resources**
    - Domestic and external
  - See how resources are **spread** across interventions, geographically
  - Identify **under-financed priorities** (e.g., family planning, nutrition), leading to further prioritization
  - Further **advocacy or prioritization** when resource mapping reveals insufficient resources
  - Need to **adjust resource mapping** when new financiers join the investment case

# Resource mapping and tracking

## Resource Tracking during Implementation

- **Annual resource tracking** is integral part of GFF implementation
- Discussed during GFF **Annual review**
- Create **mutual accountability**
  - Government and external financiers
- Start with **government resources and main financiers**, gradually expanding to smaller financiers
- **Letter** signed at the start of the GFF engagement will define data sharing requirements to enable the resource tracking
- GFF Secretariat has developed a **resource mapping/tracking IT tool** to facilitate the process
  - Aligned with the National Health Account 2011 methodology

# Implementation research

- Implementation research is critical to understand if, **why, how and in what contexts** certain interventions supported by the investment case produce results
- Enables **adjustments as necessary** to the investment case
- Additional information on **“real” costs**
- Rapid **feedback loops** for implementers
- **Implementation research** integrated into the overall investment case implementation plan
- **Regular reviews** through the GFF country platform
- Larger **results conferences/workshops** as appropriate
- Contribution to the **GFF global knowledge and learning** agenda

# Technical assistance

- **Objective:** to maximize the efficiency of the investment case resources to achieve the intended results
- Includes **analytical work** as well as **implementation support**
  - Internships, setting up an advisory board to an (insurance) agency, etc.
- **Country-based mechanism** to source the TA:
  - Identify the **needs** (e.g., bottleneck analysis)
  - **Map** available TA
  - Develop **TA matrix** or similar tool and fill gaps
- **GFF Secretariat can assist** in the coordination of TA
- **Regular reviews** of TA implementation
  - Sub-committee of the country platform
- Collaboration with **national and regional institutions**, facilitated through GFF network

# Advocacy

- **Objective:** to accelerate and facilitate the achievement of the results agreed in the investment case
  - Especially those results which require **government leadership and policy decisions**
- **Political economy analysis** will form the basis of the advocacy strategy
- **Advocacy plan** to be integrated into the IC implementation plan
  - Long-term and short-term
  - Specific actions linked to key members of the country platform
- Opportunity to engage with **national and international CSOs**, as well as other stakeholders such as:
  - Business leaders, media, professional associations, Parliamentarians



# Communication

- **Objective:** to accelerate and facilitate the achievement of the results agreed in the investment case
- Generating and sustaining a **common understanding** of the GFF approach and creating **motivation for continued engagement** from each stakeholder
- **Communications** activities should be integrated in the implementation plan
  - Initial focus on familiarizing with the GFF approach, gradual shift to communicating results
- GFF is a **collective endeavor**, need to focus on contribution (not attribution) of GFF and no need for **GFF “branding”** in country
- Progress on communications activities implementation **reviewed regularly** by the country platform

## In summary...

- GFF is a country-driven change management process that builds on existing systems and aims to strengthen them
- Relentless focus on data, corrective action and results
- The transition from IC preparation to implementation has been challenging for some countries
- Country implementation guidelines are a framework; not a set of requirements or documents to prepare
- Implementation plan has been a useful tool; need to sharpen the focus on the alignment of TA
- GFF-supported processes should be embedded and need not be visible/"branded"
- Important to have data (results and process) to track implementation and take corrective action
- Not focus only on technical issues – advocacy and communications