Guidance Note on Strengthening Data Use by the Country Platform

Purpose: This guidance note is intended to support GFF Country Platform stakeholders in strengthening their use of data for decision-making in order to guide implementation and financing of the investment case (IC). While this note is primarily intended to promote routine data use by the country platform, the building blocks can be applied more broadly to facilitate institutionalization of RMNCAH data use across relevant government ministries and other stakeholders.

Background: GFF places a strong focus on supporting data use at national and subnational levels, offering a variety of support to help Country Platforms put the systems in place to collect, analyse and use data for better RMNCAH and health financing decision-making across all layers of the health system. As outlined in this guidance note, this starts at the Country Platform level and will be expanded as countries become increasingly able to implement a broader data use agenda.

The main role of the country platform during implementation of the IC is to **steer performance through the use of data to improve RMNCAH+N outcomes, efficiency and alignment of partners.** Performance is measured against the IC results framework, which lays out the indicators and targets to be used for routine monitoring of the IC. It is recommended that as part of a standing agenda during country platform meetings, evidence of progress against IC targets should be assessed, with a focus on identifying any challenges or delays and agreeing on solutions as well as opportunities for scaling-up best practice. For these discussions to be meaningful and productive, it is important to have the essential building blocks of a data use strategy in place. For example, core to the ability to monitor implementation of the investment case is a 'fit-for-purpose' results framework that indicates data sources, establishes baselines and targets and disaggregates indicators by target population and geography, as appropriate. The results framework should include indicators that monitor the health financing, service delivery and health system strengthening activities being implemented. It is also necessary to have access to quality and timely data in relation to these indicators and user-friendly analysis that aligns with the results framework and health financing workplan. Finally, the country platform needs to actively review and critique this data on a routine basis, and have processes for sharing findings with key decision-makers at national and sub-national level.

This Guidance Note presents a **checklist of the essential building blocks for strengthening data use and the areas of potential support that GFF can provide**. This is intended to guide the country teams in identifying gaps or barriers to data use by the country platform as the basis for deciding on potential strategies and actions moving forward. The note also includes the following annexes:

1. A summary of questions that the country platform can consider in preparation for routine monitoring meetings, annual review, MTR and end-point evaluation.
2. Example of the range of indicators that might be included in the IC, covering health financing service delivery and health systems strengthening
3. Case study on strengthening data use

For GFF countries that are in the early stages of IC preparation and implementation, the checklist can be used to incorporate thinking about data use right from the start as the country platform is taking shape, identifying key stakeholders' defining roles and responsibilities, and identifying gaps that require stakeholder investment either through technical and/or financial assistance. It is recommended that countries consider undertaking a data use landscape assessment at this stage to systematically identify existing systems as well as gaps in data use. For countries that are already implementing their ICs, the checklist can be used to take stock of the extent to which the country platform is drawing on data to inform decision-making, to create momentum to strengthen data use moving forward and to identify areas for GFF support.

Why is Data Use Important?

The GFF believes that data use is essential to health systems reform and should be elevated to a level of critical importance for improving the overall healthcare systems in countries. As such, a data-driven approach is central to the overall GFF model and reflects a holistic approach to establishing an IC results framework to ensure that funded activities related to implementation of health financing, service delivery and health system reforms have representative indicators to enable course correction and decisions related to both programmatic and budgetary plans. According to the WHO, "the collection and analysis of data of good quality are critical to improvements in the effectiveness and efficiency of health-care delivery. A substantial fraction of the waste in health-care expenditure results from not knowing what works for particular patients in particular clinical contexts. Interventions that appear effective in population-based studies are often widely implemented without any monitoring or any attempt to identify the patients more likely to benefit from – or to be harmed by – the interventions. The challenges of generating, analysing and applying clinical data are particularly acute in low- and middle-income countries." (WHO, 2020: https://www.who.int/bulletin/volumes/93/3/14-139022/en/)

It is important to emphasise that as country platforms work towards strengthening their use of data, they clearly establish institutional arrangements for monitoring the results framework and this process should be outlined in the Investment Case Results Strategy. This includes identifying clear roles and responsibilities for monitoring progress on a quarterly and semi-annual basis as well as for the annual review and mid-point/end-point review.

> *The current COVID-19 pandemic is likely to have a significant impact on the availability and quality of data, at a time when the use of timely evidence and analysis is essential for informed decision-making that is responsive to the evolving context. This Guidance Note will be updated with tools that may assist in deciding how to prioritise the most critical data to track the supply of and demand for essential RMNCAH services and identify alternative sources of data or proxy information to fill gaps in evidence that may be emerging as a result of the pandemic. (May 2020)*

Building Blocks for Strengthening Data at the Country Platform Level

The building blocks laid out in the following checklist are important for country platforms to have in place to 1) effectively monitor implementation of the IC and 2) enable stakeholders to easily recognize progress and challenges that require further discussion. While there may be a general progression in strengthening data use that starts with the alignment of data to the IC (Block A), followed by strengthening data quality/ availability (B), data products/ visualisations (C) through to a routine process for decision-making D), this is not purely a linear process. In practice, these building blocks will likely be developed in parallel and can become mutually reinforcing; for example, the more that data products and visuals are available to the country platform and analysed and discussed, the more impetus there should be to strengthen data quality and timeliness, contributing to a positive cycle of increasing demand for data use and improved data availability.
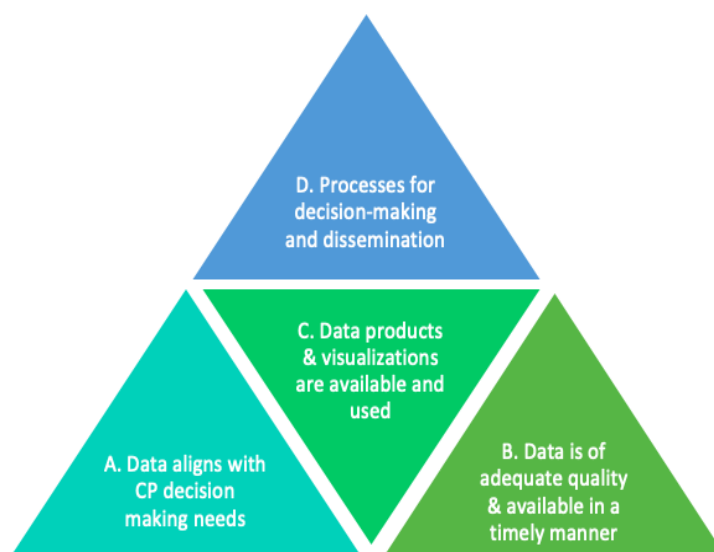
Checklist: Building blocks for strengthening data use at the country platform level

Building blocks	Key steps	Areas of GFF current support
A. Using data to prioritize HF, HSS, and RMNCHA interventions and reforms that fit available domestic and external financing	✓ The investment case is based on a comprehensive situation analysis that reviews key trends indicators by subnational and other equity dimensions for RMNCAH-N outcomes, as well as health systems and health financing priority areas.	✓ Funded during the development of the IC. TA provided via the GFF Focal Point who will appoint appropriate support as needed
	✓ Data use landscape assessed, gaps identified, and recommendations made for strengthening data use in relation to the IC	✓ Data use assessment provided based upon request and need. This request should be made early in the process to enable use of the findings in both the WB project and GFF TA planning.
	✓ The investment case results framework is fit-for-purpose, e.g. has well prioritized, SMART indicators covering all aspects of the investment case, including RMNCAH-N, health financing and systems strengthening, maps to the activities being implemented and includes baseline, target data and data source.	✓ Funded during the development of the IC and results framework. TA provided by GFF results monitoring staff and contracted firms. The GFF Focal Point who will appoint appropriate support as needed. ✓ Identified gaps from the data use assessment and development of the results framework should inform both the TA plan.
	✓ The investment case results framework has baseline and output and outcome targets at sub-national level that enable data-driven quarterly, annual, mid-term and end-point reviews.	
	✓ The investment case has an implementation research strategy based upon gaps identified during the situational analysis, which has been validated by country platform stakeholders.	✓ Presently not funded
B. Data is of adequate quality and available in a timely manner	✓ Routine administrative data are available on a timely basis to measure relevant investment case indicators.	✓ Based on request and need the GFF can provide support to improve routine data for decision making and can highlight HMIS needs for inclusion in WB projects based upon HMIS and data use assessments. (HMIS support, HFA Survey)
	✓ Survey data is available to measure relevant investment case outcome and impact level indicators; and specific areas of needs, such quality of care, adolescent health etc	✓ Based on request and need, identified during the situational analysis and IC development, support may be provided to perform health facility or population-based surveys.

	✓ Quality assurance mechanisms for routine data are in place; for example, routine data quality process/ assessment, verification process etc, annual data cleaning /verification process).	✓ Based upon request and need identified during the data use assessment, the GFF can work with in-country stakeholders to routinize data quality assurance processes.
	✓ The country platform includes (or is linked to) an analytic working group that collates, analyses and triangulates data from different sources to create visuals, reports and highlights issues for the country platform to review and discuss.	✓ Based upon request and need(s) identified during the data use assessment, the GFF can work with in-country stakeholders to both build capacity for and establish routine data collection, collation and multi-sectoral analytic processes
c. Data products/ visualisations are available and used	✓ Government staff have been identified and are available to maintain data products/visuals and conduct additional analyses/interpretations. (*To enable this – some type of storage (server/ cloud) and printing facility may be needed.*)	✓ Apply findings from the data use assessment, to determine: 1) if there are existing visuals in country that meet the needs of the country platform; 2) whether these are being utilised; 3) what types of additional analyses/ reports are needed for routine use by the CP; 4) if there is capacity in country to develop these further if they don't exist
	✓ Develop Data products (reports/visuals) cover sufficient indicators to enable investment case monitoring and include sub-national disaggregation and targets.	
	✓ The country platform meets on a routine basis and has an agenda item to review progress, including trends over time and achievements against targets; During country platform meetings data analyses (scorecards, dashboards, data products, etc) are reviewed. (Use of data often contributes to increased momentum to strengthen quality and availability of data)	✓ Supported by the GFF Liaison Officer
	✓ Annual, mid-point and end point reviews are planned, conducted and the findings are discussed by the country platform. Annual reports, mid-point and end point reviews include analysis of achievement of IC programme outputs and outcomes as relevant, and link to progress / achievements in health financing indicators. Please see the 'Summary Questions' below for details of what should be included in these reports.	✓ This is supported through a GFF relationship with Countdown to 2030 in 22 countries by building a relationship between the countdown network, International and locally based universities to support the ministry of health in developing annual, mid-term and end points reviews.

	✓ Country platform members review the summary analyses and are able to share this with key decision-makers.	✓ Based upon the data use assessment, the process for data sharing/dissemination can be supported based upon request/need.
	✓ Agreed actions from country platform meetings are documented and followed up on.	✓ The GFF Liaison officer will work with the Country Platform to set up a system in which agreed upon actions are documented and follow up with those responsible
d. Processes for dissemination and decision-making are in place	✓ Country Platform acts as a champion for data use, by ensuring that processes are in place for issues flagged by the country platform to be shared with relevant decision-makers, including with government at national and sub-national level and development partners. This includes processes for issuing policies, orders or memorandums necessary to implement actions agreed by decision-makers. ✓	✓ Based upon the data use assessment, the process for data sharing/dissemination can be supported based upon request/need. ✓

ANNEX 1A. SUMMARY QUESTIONS TO CONSIDER FOR QUARTERLY/ SEMI-ANNUAL REVIEWS

Purpose of the quarterly review: Review progress of IC implementation leveraging the routine data collected from the IC results framework and other sources as applicable e.g. recent surveys/assessments. Document discussion and decision points from the review to enable course correction and production of summary reports with defined action items.

What questions need to be answered?

- What progress has been achieved and how does this compare with past performance?
- Are the targets on track to achieve planned outputs? If not, why are they off track and what can be done to address this?
- Have there been improvements / challenges in trends relating to equity (gender, sub-national geographic area, urban/rural, age-groups = children/adolescents/adults, sub-populations etc)?
- Are underlying (implementation, policy, financial, capacity, supply chain, demand side, access) barriers and bottlenecks? Are the previously identified barriers and bottlenecks to progress being addressed?
- What have been the main successes during the year? What can be learned from these, and how can they be scaled?
- If there are challenges in availability or quality of data and analysis to inform the review, what action needs to be taken to address this?
- How can the analysis and lessons learned from the review be shared with key decision-makers and disseminated more widely to other stakeholders?

What data is necessary to answer these questions?

- IC Results Framework
- IC Implementation workplan where relevant
- Data on IC indicators, disaggregated by sub-national level, gender, age, underserved populations etc as specified by the IC results framework. (Sources will include HMIS, facility surveys, civil registration, vital statistics)
- Resource mapping and Expenditure tracking, and tracking of disbursement of funds against the investment case.
- Key health financing indicators, including sources of health financing (e.g. national health accounts and household survey, private sector, out of pocket, IDA, aid)

What decisions / actions need to be considered and documented?

- For indicators that are off track, decide specific action that needs to be taken to course correct and who will be responsible.
- Are interventions / reforms / programs funded to implement as needed?
- How are the bottlenecks and barriers being concretely addressed?
- Is technical assistance needed? If yes, specify rationale, what kind of TA and by when. Are there partners willing to support this?
- For any other concerns that have been identified, decide concrete action needs to be taken and who will be responsible. For example, is there slower progress in some sub-national areas than in others that need to be addressed, inequities in gender, urban/rural, disabilities etc. Are there policies / orders / memorandums that need to be developed, amended or changed?
- Review the targets/milestones that should be achieved by the next quarter and identify any action that needs to be taken to ensure plans proceed effectively.
- Disseminate disaggregated data to service providers, demonstrating how subnational data is contributing to national results. How can lessons learned be disseminated?
- Identify action to be taken to improve availability/quality of data and analysis, and to strengthen use of data by the Country Platform.

ANNEX 1B. SUMMARY QUESTIONS TO CONSIDER FOR ANNUAL REVIEWS

Purpose of the annual review: Ensure progress is on track in achieving outputs (and outcomes, where relevant) and course correct IC implementation, strategies and targets as necessary

What questions need to be answered?

- Are the targets on track to achieve outputs (and outcomes, where relevant)? If not, why are they off track and what can be done to achieve progress?
- Have there been improvements / challenges in trends relating to equity (gender, sub-national geographic areas, urban/rural, sub-populations etc)?
- What have been the main programmatic successes? What can be learned and how can they be scaled? How can lessons be disseminated?
- Are underlying (implementation, policy, financial, capacity, supply chain, demand side, access) barriers and bottlenecks? Are the previously identified barriers and bottlenecks to progress being resolved?
- Is the underlying logic in the IC theory of change, including the choice of strategies and how they will contribute to achieving change, proving to be effective in practice? Is there a need to re-prioritize?
- If there are challenges in availability or quality of data and analysis to inform the review, are plans for strengthening health information systems adequate?
- Are health financing reforms on track? Is the country on track with its projected mix of health financing (i.e. are government, out of pocket, private sector and other sources of financing at the targeted levels?)
- Are financial commitments to the RMNACH-N investment case being met?
- Are the sources of health financing sustainable, and if not, what needs to happen to address this?
- How can the analysis and lessons learned from the review be shared with key decision-makers and disseminated more widely to other stakeholders?

What data is necessary to answer those questions?

- IC Strategy, Theory of Change and Results Framework
- Implementation workplan where relevant
- Data on status of annual progress against targets for IC output indicators and relevant outcome indicators, disaggregated by sub-national level, gender, age, sub-populations etc. Sources will include HMIS, facility surveys, civil registration, vital statistics. (Any new large-scale survey data, such as DHS, MICS, SARA, SDI, census, etc could also be used to triangulate with routine data).
- Resource mapping, expenditure tracking, and tracking of disbursement of funds against the IC.
- Key health financing indicators, including sources of health financing (e.g. national health accounts and household survey, private sector, out of pocket, IDA, aid)

What decisions / actions need to be considered and documented?

To take the relevant decisions and actions, it is recommended to host an annual review of the IC with national stakeholders as the primary audience and participation of relevant international actors. Include agenda items that address – 1) investment case, 2) input and output data, 3) assessment of outcomes. For GFF's internal annual reporting, requirements are decided between March-April and GFF countries are expected to provide data on key priority indicators.

- For indicators that are off track, decide specific action for course correction and who will be responsible.
- Are interventions / reforms / programs funded to implement as needed?
- Specify rationale for any TA needed and when it is needed. Are there partners willing to support this?
- For other concerns identified, decide concrete action and who will be responsible. E.g. Is there slower progress in some sub-national areas than in others or inequities in gender, urban/rural, disabilities etc. Are there policies, orders or memorandums that need to be developed, amended or changed?
- Review the targets that should be achieved for the coming year to ensure they are realistic and identify any action needed to ensure plans proceed effectively.
- Disseminate findings to service providers, demonstrating how subnational data is contributing to national results.
- Identify key lessons learned and opportunities to scale up successes.

- Identify any key strategies or action to be taken in the coming year to improve availability/quality of data and analysis, and to strengthen use of data by the Country Platform.

ANNEX 1C. SUMMARY QUESTIONS TO CONSIDER FOR MIDLINE / END LINE REVIEWS

Purpose of midline and endline review: To take stock of progress towards or final achievement of outcomes and impact. These are comprehensive reviews that assess the effectiveness of the programme logic, with a focus on identifying best practices and lessons learned to make key decisions about whether broad shifts in the IC are needed (mid-point) and whether / how to engage in a new IC cycle and provide critical inputs into updates to official country strategy documents.

What questions need to be answered?

- To what extent have the planned RMNCAH-N outcomes and impacts been achieved through the investment case?
- What have been the major successes?
- What impact on financial sustainability was achieved through the investment case?
- How efficiently were resources employed to achieve planned outcomes?
- To what extent are the achievements/advances made likely to be sustained (both at the national and sub-national level)?
- Did the investment case improve government accountability to citizens?
- Do any critical barriers/bottlenecks persist?
- What progress towards equity has been achieved? (gender, sub-national, urban/rural, sub-populations etc.)
- Has the underlying logic in the IC theory of change, including the choice of strategies and how they have contributed to achieving change, proved relevant and effective in practice?
- What are the key lessons learned? Are there best practices that can be documented and disseminated?
- How can the data revealed via the investment case better inform advocacy efforts?

What data is necessary to answer those questions?

- IC Strategy, Theory of Change and Results Framework
- Implementation workplan where relevant
- Data in relation to the results framework indicators at outcome and impact level. Data disaggregate by sex and age, when feasible, and by subnational level. (Data to include new large-scale survey data, as they become available, such as DHS, MICS, SARA, SDI, census, etc.)
- Resource mapping and expenditure tracking, and tracking of disbursement of funds against the investment case.
- Sources of health financing (e.g. government, private sector, out of pocket, IDA, aid)
- New large-scale survey data, as they become available, such as the DHS, MICS, SARA, SDI, census, etc and core health financing data).

What decisions / actions need to be considered and documented?

- At the midline, agree on the key adjustments necessary to the IC design and the results framework. For any other concerns that have been identified, decide concrete action needs to be taken and who will be responsible (for example, to address slower progress in some sub-national areas than others, inequities in gender, urban/rural, disabilities etc).
- At endline, evaluate how results achieved will be sustained after the investment case concludes or during the next IC cycle.
- Determine how the review findings will be disseminated to a wide audience, including sub-nationally.
- Identify key lessons learned and opportunities to scale up successes, and how this can be taken forward.

The Ethiopian Ministry of Health has been committed to strengthening the use of data for decision-making within the sector but faced challenges in achieving data quality and institutionalizing data use across the health system. To address these challenges, the Ministry launched the 'Information Revolution' as part of the transformation agenda of the Health Sector Transformation Plan (HSTP I) in 2016. The Information Revolution objective is to bring a radical shift away from traditional approaches to data utilization towards a systematic information management approach, powered by a corresponding level of technology. The Information Revolution is not only about changing the techniques used for data and information management, but also about bringing fundamental cultural and attitudinal change regarding the perceived value and practical use of information.

The Information Revolution agenda consists of three basic pillars: Data Use, Digitalization and Governance, each considered equally important for achieving change. The major interventions implemented by the Ministry to strengthen data use included:

1. **Strengthening HMIS:** The DHIS2 system was rolled-out across more than 4000 health centres and 400 hospitals as the national HMIS platform. A dashboard was created at national level to inform program managers and senior leadership of the status of key performance indicators.
2. **Establishing performance monitoring teams (PMT):** The Ministry developed data use guidelines and PMTs were established from national down to facility level, consisting of program managers and M&E Experts. The PMTs are responsible for conducting data analysis for major selected KPIs, carrying out data quality checks using the Lot Quality Assurance sampling or RDQA, identifying root causes for low performing KPIs, displaying charts at facility level and preparing dashboards every month. The PMT is also expected to provide feedback to the lower level or departments.
3. **Monthly analytics report for essential services:** A Data Use Technical Working Group was established to carry out in-depth analysis of essential health services using DHIS2, triangulating with different data sources, and disseminating the findings to stakeholders every month.
4. **Policy brief and dialogue forum:** The Ministry established research advisory groups for major programs like RMNCAH, TB, HIV, Malaria etc. These groups identify different research questions, conduct evidence synthesis, prepare policy briefs and hold a research conference every two years. The Ministry is also establishing a policy analysis unit in coordination with the Ethiopian Public Health Institute (currently a work in progress).
5. **Enhancing collaboration among data use partners:** A data use forum was established with participation from the MOH, local universities, the Regional Health Bureau, data use partners and donors. The forum serves as a thought-leader on data use, sharing lessons-learned and best practices, and harmonizing MOH initiatives on data use.
6. **Incentivizing health institutions and individuals to strengthen data use, data quality and performance:** The MoH recently designed incentive guidelines to motivate health facilities and individuals to champion routine data use.

Forums for Data use

A. **Annual /Biannual/Review meeting:** Review meetings are expected to be conducted quarterly from national to facility level from which evidence-based decisions are taken.
B. **Annual health sector Woreda-base planning:** The Ministry conducts an annual planning exercise from the IC and targets are set based on the evidence drawn from HMIS and other sources.
C. **Joint Steering Committee (JSC):** The JSC is one of the governance structures of the HSTP and is responsible for overseeing implementation of the HSTP plan. It meets on a quarterly basis and is chaired by the health minister, with participation from state ministers, RHB heads, planning and monitoring regional heads, directors from ministries and agencies.
D. **Supportive supervision:** Supportive supervision is conducted annually from the national MOH to lower levels, biannually by the Regional Health Bureau, and quarterly at lower levels. During supportive supervision, experts use data to support and inform the supervision by evidence.