

# DEVELOPING AN INVESTMENT CASE RESULTS FRAMEWORK BASED ON THE THEORY OF CHANGE

# Outline of presentation

## 1. Results Framework

- About the IC Results Framework
- Moving from Theory of Change (TOC) to Results Framework
- Steps for developing the Results Framework
- Baselines and targets
- Checklist for a fit-for-purpose Results Framework

## 2. M&E Plan

## 3. HIS strengthening activities/plan

## 4. Data use activities/plan

## 5. Resources

# About the IC Results Framework

- The IC Results Framework lays out the expected outputs, outcomes, and impacts of the IC, and how achievement of these will be measured through carefully selected indicators.
- The Results Framework should enable monitoring of the full scope of the IC (as reflected in the IC TOC), including not only RMNCAH-N/ PHC but also health financing and systems strengthening reforms.
- Development of the Results Framework is a consultative process, engaging health programmes, partners and other stakeholders to ensure the best selection of indicators and a collective commitment to targets.

# Moving from theory of change to Results Framework

- The IC TOC will have identified key changes at output and outcome level that are needed to achieve the desired impacts.
- These will be the basis for developing the Results Framework, by first mapping the key outputs, outcomes and impacts from the TOC over to the Results Framework, and then second, identifying suitable indicators that can measure achievement of these changes.
- By doing this, there will be a consistent link between the logic in the TOC and the Results Framework. This allows you to refer back to the TOC as you review progress in order to explore whether the logic and assumptions are bearing out in practice.

# Steps for developing the Results Framework

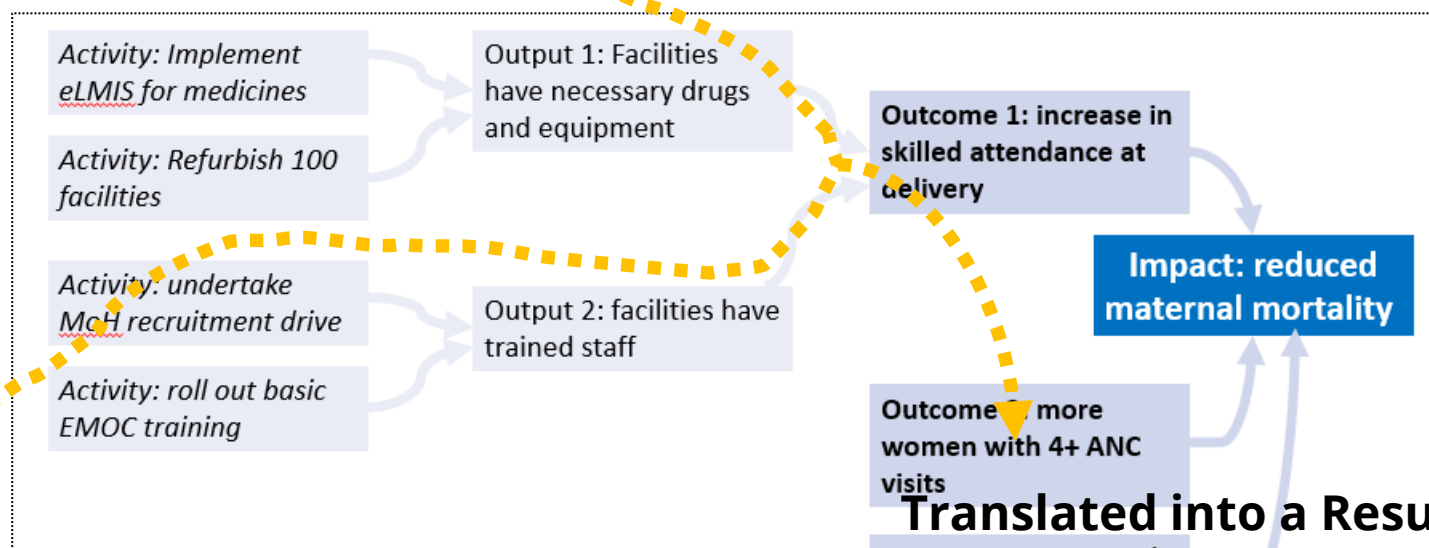
1. Identify the key outputs, outcomes and impacts that will be monitored to ensure that the critical changes outlined in your TOC are being achieved. Map these across to your Results Framework.
2. Identify a long list of possible indicators that would enable tracking of these outputs, outcomes and impacts.
3. Prioritise the most relevant indicators, according to:
  - relevance for tracking the most critical pathways of change
  - a balanced spread of indicators across the whole TOC
  - inclusion of gender and equity monitoring
  - capacity for sub-national analysis
  - alignment with national plans, related WB Projects and other indicator sets
  - availability (including frequency) and quality of data
  - whether the indicators are **SMART** (Specific, Measurable, Attributable, Realistic, Timely)

This prioritisation process should result in a smaller set of highly relevant indicators (it is important to avoid having too many indicators in the Results Framework, which can be very burdensome and time-consuming to measure and use).

4. Identify baseline data and set targets.

# A simple example of moving from Theory of Change to Results Framework

## Sample from a theory of change



## Translated into a Results Framework

Impact/outcomes/outputs	Indicators	Baseline	Target	Data Source
Impact	Reduced maternal mortality			Maternal mortality ratio
Outcome 1	Increase in skilled attendance in delivery			Proportion of births attended by skilled health personnel
Output 1.1	Facilities have necessary drugs and equipment			Percentage of health centers with stock-out of nationally selected tracer drugs
Output 1.2	Facilities have trained staff			Percentage of facilities that meet WHO standards for staffing

# Establishing baselines

- In order to track progress of each indicator, it is essential to identify a starting point (the baseline) and the end point (the target).
- For baselines, you may be able to use existing data from routine health information systems or from recent survey data such as the SARA, DHS or MICS.
- To ensure consistency, it is important that the same data source is used for the baseline and the ongoing monitoring of each indicator (survey data and routine data may give quite different results for the same indicator).
- Where baseline data is not available through existing sources, it may be necessary to do new HMIS analysis or commission a survey. It is essential to do this in a timely manner, so that there is a clear starting point against which to measure progress.

# Establishing targets

- While it can be difficult to establish targets given the unpredictable and evolving environments in which ICs are often implemented, targets are important to clarify expectations, incentivize performance and enable accountability.
- There are a range of ways in which targets can be set. These include:
  - using tools such as EQUIST and OneHealth to generate estimates;
  - doing custom analyses of historical trends as the basis for projections of changes given IC interventions;
  - using targets within national plans and strategies, if these have been robustly estimated.
- When setting targets, it is important to consider:
  - striking the right balance between ambition and achievability;
  - including breakdowns for sub-national levels (while ensuring the sum of subnational targets will deliver national targets);
  - ensuring targets are fully costed (i.e., the IC targets and IC costing are based on the same assumptions).



# Checklist for a fit-for-purpose Results Framework

As a minimum, the Results Framework should:

- have a clear link to the key desired changes (outputs, outcomes and impacts) identified in the TOC;
- have commitment from key stakeholders involved in delivering, monitoring and overseeing the IC;
- have a set of priority indicators that:
  - enable effective monitoring of the intended outputs, outcomes and impacts;
  - cover the full scope of the IC, including indicators for RMNCAH-N/PHC, health financing and health systems strengthening;
  - include gender and equity monitoring;
  - align with national plans, related WB Projects and other indicator sets;
  - have data available for measurement with adequate frequency and quality
  - are ‘SMART’;
  - have baselines and realistic, costed targets (including sub-national targets where possible).

# M&E Plan

Once the Results Framework is developed, it is important to prepare an M&E Plan in order to clarify *how* the indicators will be monitored and *by whom*. The M&E Plan should include:

- the arrangements for monitoring the results framework, including institutional/governance arrangements to hold country platform members accountable for progress against commitments;
- clear roles and responsibilities for monitoring progress on a quarterly basis, annual review and mid-point/end-point review;
- plans for mid-term review and endline evaluation;
- plans for implementation research.

# HIS-strengthening interventions/plans

- It is important to assess the health information and systems that will provide the data for monitoring the Results Framework, and identify actions needed to strengthen those systems, including addressing data quality issues.
- The aim is to ensure that adequate, quality data is available in a timely manner to decision-makers at national and subnational levels to track the IC indicators.
- This can be included either as part of the IC's interventions, the M&E Plan or as a stand-alone plan.

# Data use strengthening interventions/plan

- The GFF places strong emphasis not only on measurement but also on ensuring the data gathered is actively used to inform decision-making and action.
- It is therefore important to understand decision-makers' needs and identify key activities to promote data use. These can be included either as part of the IC's interventions, the M&E Plan, the HIS Strengthening Plan or as a stand-alone Data Use Plan.
- GFF is developing Data Use Guidance [coming soon] to support the identification of potential opportunities for the GFF to engage most strategically and to complement engagement by other stakeholders.
- The Data Use activities or plan should consider:
  - Data users' needs/key questions
  - Strategic areas of engagement
  - Potential Data Use champions
  - Key roles and responsibilities for implementing the plan

# Resources for standard, global indicator definitions

[WHO Core 100 Health Indicators](#)

[WHO Toolkit for Routine Health Information Systems Data](#)

[Every Newborn Action Plan \(ENAP\) indicators](#)