Delivering results with health system strengthening grants

Measuring intermediate results for health system performance and improving data quality for monitoring of immunisation outcomes

GAVI's health systems goal (strategic goal 2) is to contribute to strengthening the capacity of integrated health systems to deliver immunisation. The strategic objectives under the health systems goal are to:

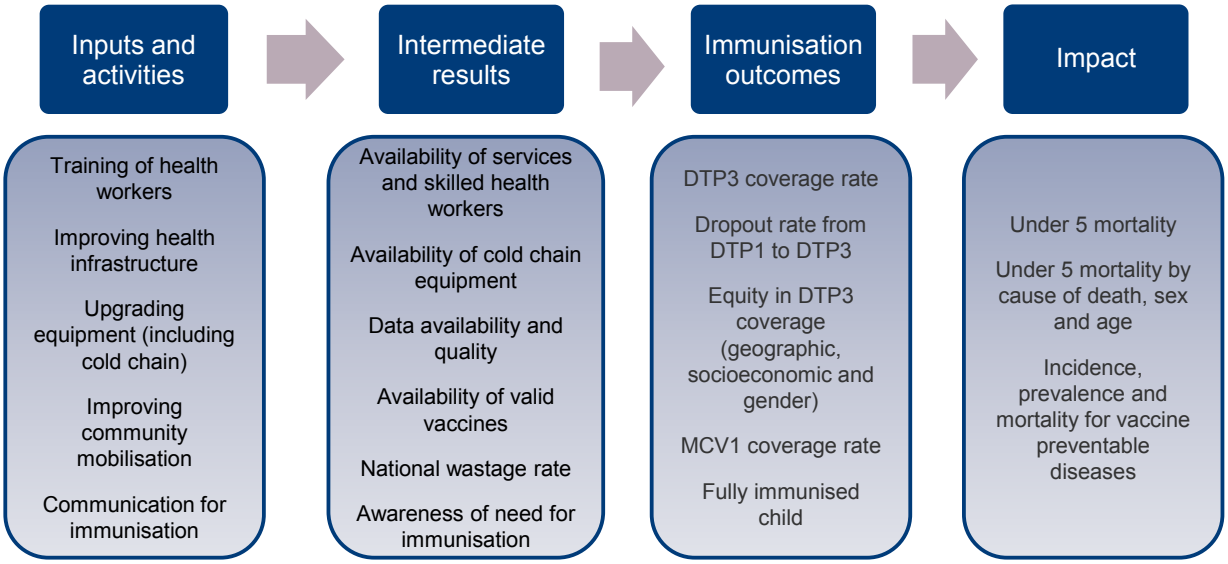
1. Contribute to resolving the major constraints to delivering immunisation.
2. Increase equity in access to services.
3. Strengthen civil society engagement in the health sector.

As part of a strengthened focus on results, GAVI has introduced performance based funding (PBF) for health system strengthening (HSS) grants. GAVI is drawing on the International Health Partnership (IHP+) Monitoring & Evaluation (M&E) framework and has been working with partners on intermediate results for health system performance. Intermediate results are now incorporated in the results chain and M&E framework for HSS grants (figure 1). Intermediate results provide the link between HSS grant activities and improved immunisation outcomes, such as coverage and equity.

For reporting on intermediate results, GAVI recommends that countries identify and use tools for data collection that are appropriate for the country context. GAVI collaborates with the World Health Organization (WHO) and other partners in using standardised tools that measure data quality, service readiness, and service availability. There are various tools available for facility surveys and data quality assessments. Countries can examine and select a tool deemed most beneficial and feasible for them while ensuring use of standard measures and methods. For reporting on the immunisation outcome indicators for GAVI HSS grants as listed in box 1, countries may use administrative data, surveys and WHO/UNICEF coverage estimates.

To improve results measurement and monitoring, GAVI is working with WHO, the Global Fund and other agencies to strengthen country health information systems and improve data quality. Assessing and improving data quality is essential for tracking progress adequately and monitoring health systems grants, as part of overall monitoring of national health plans. The approach builds on the IHP+ approach to strengthen one country-led platform for monitoring, evaluation and review of national health strategies and programme- specific strategies, including immunisation. The IHP+ M&E framework also highlights the importance of harnessing and developing analytical skills and expertise to critically evaluate data quality (see figure 2). The overall objective of these efforts is to strengthen the availability, quality and timeliness of country reporting systems and analysis and use of the data they produce.

Figure 1: **Illustrative results chain for GAVI HSS grants**



Specific objectives include:

- Generate evidence on progress in implementing immunisation programme and health sector strategies.
- Provide information for the monitoring and evaluation of GAVI grants to countries.
- Strengthen national institutional capacity for analysis and interpretation of results.

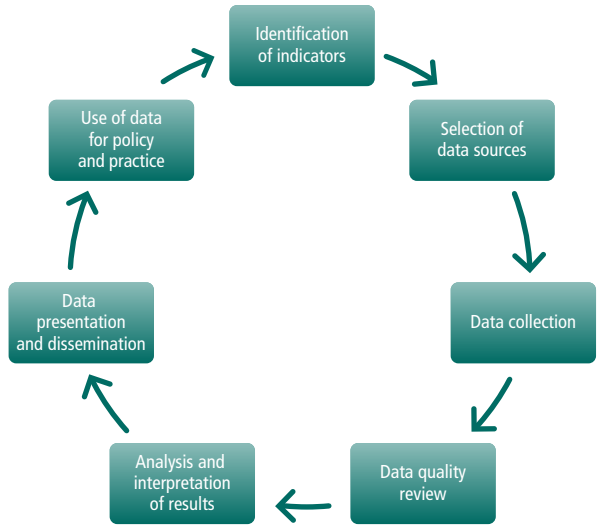
These efforts are designed to inform sector and programme reviews such as the joint annual reviews (JAR) and to improve planning and monitoring. GAVI recommends that all M&E activities are conducted as an integral part of a country's routine system of monitoring service delivery and data quality in close collaboration with the national programmes and ministries of health, and aligned with the country planning and review processes. The GAVI recommended approach promotes national ownership of monitoring and evaluation while ensuring objectivity, rigor, quality and accountability.

Illustrative intermediate results indicators

Service availability and readiness:

- Percentage of facilities offering routine child immunisation services, either at the facility or as outreach.
- Percentage of the population within a 5km of a health facility or health post offering routine immunisations.
- Percentage of facilities providing routine child immunisation services that have tracer items for delivery of immunisation including:
  - At least one staff member providing the service trained in some aspect of EPI in last two years.
  - Cold box/vaccine carrier with ice packs.
  - Functioning refrigerator and thermometer.
  - Sharps container.
  - Number of immunisation sessions planned and completed.

Figure 2: **From data to policy – an iterative cycle**



Source: WHO, 2013

- Vaccine wastage rates.
- Vaccine stock-out.
- Availability of valid vaccines.
- Vaccinator distribution, knowledge and skills.
- Percentage of registered private sector facilities providing and reporting on immunisation services.
- Percentage of vaccinations delivered by facility type and professional category.

Data quality

- Timeliness and completeness of district & facility reporting.
- Percentage of expected monthly facility reports received for a specified period time (usually one year).
- Data consistency across antigens and across data sources.

Community mobilisation and demand generation

- Proportion of caregivers of children between 13-24 months, interviewed about their knowledge, attitudes, beliefs and practices (KABP) of immunisation in a baseline and follow up survey.
- Proportion of information, education and communication (IEC) material which addresses immunisation issues, stratified for printed, Radio and TV and other, produced/procured by the MOH and/or IEC department/division.
- Proportion of the annual cMYP budget spent on IEC and social and behavioural change communication (SBCC) for immunisation and/or the measurements of the results thereof.
- Proportion of health workers (stratified for general, vaccinators, community-level) involved in immunisation services, trained and/or refreshed per year in inter-personal communication for immunisation (yearly).

Box 1: **Six immunisation outcome indicators mandatory for GAVI HSS grants**

- DTP3 coverage: Percent of surviving infants receiving 3 doses of DTP-containing vaccine.
- Measles coverage: Percent of surviving infants receiving first dose of measles containing vaccine (MCV1).
- Geographic equity of DTP3 coverage: Percent of districts with ≥80% DTP3 coverage.
- Socio-economic equity in immunisation coverage: Percentage point difference in DTP3 coverage between the lowest and the highest wealth quintile.
- Drop-out rate: Percentage point drop out between DTP1 and DTP3 coverage.
- Fully immunised child: Percent of children aged 12-23 months who receive all vaccinations in a country's routine immunisation schedule.

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