Monitoring and Evaluation Framework and Strategy

GAVI Alliance

2011-2015

I. Overview

The purpose of this document is to describe the GAVI Monitoring and Evaluation Framework and Strategy, which was developed to ensure that valid, reliable and useful measures of performance are available and used to support organisational and stakeholder learning, management of strategy, improvement of programmes, mitigation of risk and reporting of performance. The Monitoring and Evaluation Framework and Strategy is designed to contribute to meeting the GAVI Alliance's diverse information needs, including those related to internal business processes, support to countries and overall effectiveness, efficiency and impact.

The GAVI Monitoring and Evaluation Framework and Strategy builds explicitly upon the following:

- The common monitoring and evaluation framework developed by the Monitoring and Evaluation Working Group of the International Health Partnership and related initiatives (IHP+)[1]
- The operational framework developed for monitoring and evaluation of health systems strengthening developed by the World Health Organization, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance[2]
- The H8 Health Information Working Group's work on monitoring performance and evaluating progress toward the Health Millennium Development Goals[3]
- The recommendations from the GAVI Alliance Data Task Team[4]
- The GAVI Evaluation Policy[5] and the OECD/DAC criteria for evaluation[6]

II. Definition of terms

The terms used in this document follow standard definitions endorsed in the IHP+ common monitoring and evaluation framework.

Monitoring – is defined as the routine tracking and reporting of priority information on a programme and its intended outputs and outcomes. This includes the monitoring of programme inputs and outputs through record-keeping and regular reporting systems, which is sometimes referred to as "process evaluation." Monitoring is a basic component of all programmes to assess whether or not resources are being spent according to plan and whether or not the programme is delivering the expected outputs.

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[1] Monitoring and evaluation working group of the International Health Partnership (IHP+). Monitoring performance and evaluating progress in the scale-up for better health: a proposed common framework. April 2008. Geneva.

[2] Monitoring and evaluation of health systems strengthening: an operational framework. November 2009.

[3] H8 Health Information Working Group. Monitoring performance and evaluating progress towards the Health MDGs: ten strategic goals at global and country level. December 2008: Geneva. http://www.internationalhealthpartnership.net/en/working_groups/monitoring_and_evaluation

[4] http://www.gavialliance.org/resources/Final_summary_of_recommendations_28_02_09.pdf

[5] http://www.gavialliance.org/resources/GAVI_Evaluation_Policy_2008.doc

[6] http://www.oecd.org/document/22/0,2340,en_2649_34435_2086550_1_1_1_1,00.html

Where possible, the GAVI Monitoring and Evaluation Framework and Strategy seeks to incorporate impact measures into GAVI's routine monitoring and evaluation activities.

Performance monitoring – is a form of project or programme monitoring which aims to provide feedback to project or programme implementers for improving performance. Ideally, well-defined benchmarks are used to measure progress. Progress is often assessed in relation to inputs, primarily financing, in order to assess the extent to which resources are spent appropriately. Within the context of performance-based financing, performance monitoring is also used to guide decisions about the disbursement of funds.

Evaluation – is the rigorous and systematic collection and use of information on programme activities, characteristics, outcomes and impact to determine the value of a specific programme or intervention.

Monitoring and evaluation are linked, mutually reinforcing activities. Both monitoring and evaluation should ideally be developed and implemented prospectively, with a clear linkage to organisational or programmatic strategy and objectives. Sound monitoring should provide much of the data required for an evaluation, including baseline data. Results from monitoring and evaluation activities should constitute a summary of performance to date from a backward-looking perspective, but also inform decision-making moving forward to improve organisational or programme performance.

The GAVI Monitoring and Evaluation Framework and Strategy anticipates (to the extent possible) data needed for evaluations, but some data needs cannot be anticipated. Furthermore, contextual factors need to be taken into account in evaluations, and these are usually not captured in monitoring activities. For this reason the strategy has been designed to be flexible, with opportunities for change and refinement over time in response to changes in implementation, ongoing feedback and results and advances in evidence and methodological approaches.

III. Principles and framework

The IHP+ common evaluation framework is adopted for use as GAVI's results framework. The common evaluation framework is the basis for the common monitoring and evaluation platform developed in association with the Health Systems Funding Platform. This framework builds upon GAVI's support for the IHP+ process and principles derived from the Paris Declaration on Aid Effectiveness: alignment with country processes, balance between country ownership and independence, harmonised approaches using international standards, capacity building and system strengthening, collective action and adequate investment. The GAVI Alliance, along with other H8 organisations, is also committed to transparency in aid and to the principle of open access to health information as a public good.[7]

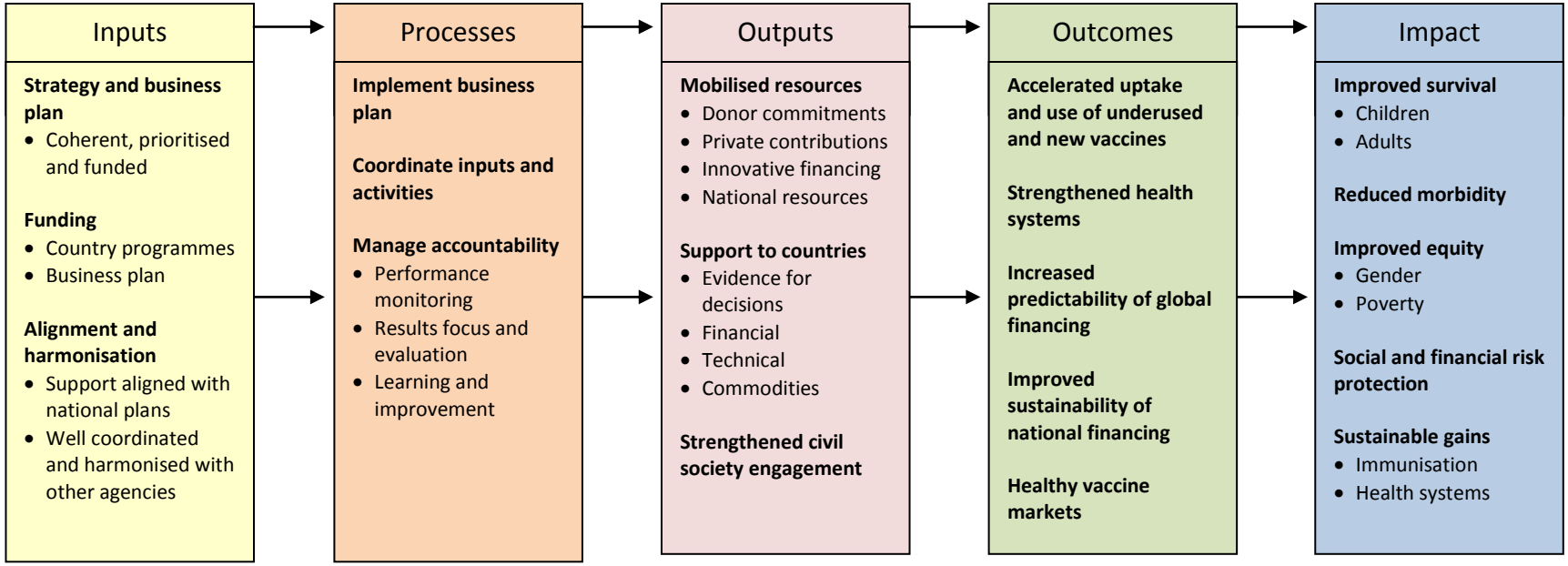
[7] Chan M, Kazatchkine M, Lob-Levyt J, Obaid T, Schweizer J, et al. Meeting the Demand for Results and Accountability: A Call for Action on Health Data from Eight Global Health Agencies. PLoS Med 2010;7(1): e1000223. doi:10.1371/journal.pmed.1000223

As shown in Figure 1, GAVI's results framework outlines the stepwise progression from inputs and processes to outputs, outcomes and impact. The framework links indicators and data sources across each step of the results chain. Impact is broadly defined as including reduced mortality, reduced morbidity, protection from social and financial risk and sustainable gains in immunisation and health systems. Immunisation contributes to improved equity when the poor, girls and marginalised populations are reached with vaccination. Immunisation contributes to social and financial risk protection by reducing household health expenditures and increasing productivity through disease prevention. In some cases, impact will be measured directly through primary data collection; in other cases, models using available secondary data—e.g., coverage estimates—will be employed to produce estimates of GAVI impact.

The outcomes in the framework are based on the GAVI Alliance's four strategic goals for the 2011-15 period. A concise summary of the GAVI Alliance Strategy 2011-15, and the key performance indicators adopted as part of the strategy, is included in Annex 1.

GAVI's monitoring and evaluation activities will cover each step in the results chain. Although it is not possible to attribute with a high level of certainty changes in outcomes and impact to the inputs, processes and outputs that are tracked, GAVI's strategy reflects a logic model that represents a plausible theory about the pathways through which GAVI's inputs and activities produce the outcomes and impact that are specified. In seeking to understand and document causal attribution where possible, the strategy adopts a "contributorship" approach to attribution. This approach acknowledges that results are the joint product of global, regional and country level financing and activities and seeks to understand where possible how multiple interventions interact to produce outcomes. Causal relationships will be assessed where possible, with the understanding that GAVI is one actor among several—including country level actors, most notably—that jointly contribute to producing impact.

Figure 1: GAVI Results Framework
Adapted from IHP+ Common Framework



Key questions to be addressed

To what extent are appropriate plans and funding in place?

To what extent is implementation happening as planned?

To what extent are resource mobilisation and support to countries effective?

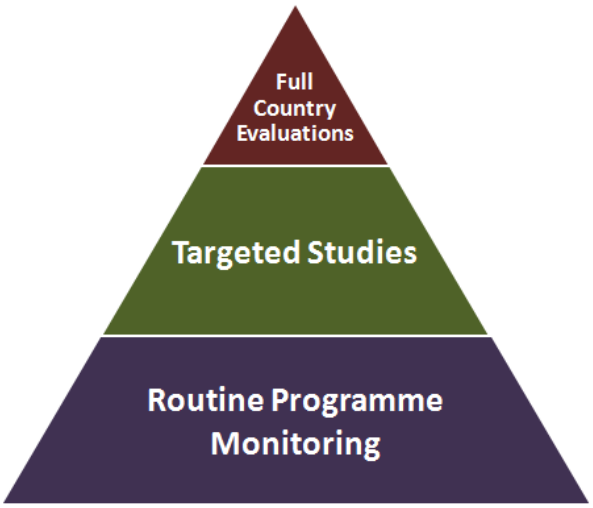
To what extent have GAVI's strategic goals been met?

To what extent has population heath impact occurred?

IV. A tiered approach

The GAVI Alliance's monitoring and evaluation strategy is based on a tiered approach that links routine programme monitoring, targeted studies and large-scale public health effectiveness evaluation through a prospective, stepwise design. The three tiers and the linkages between them are described below.

Figure 2: A tiered approach that synchronises routine programme monitoring, targeted studies and full country evaluations.



Routine programme monitoring

Routine programme monitoring systematically tracks core indicators over time and across countries to document progress and identify gaps and areas needing special attention. This occurs on an ongoing basis in all countries supported by GAVI, and covers all of GAVI's windows of support to countries. The monitoring draws upon the Country Health Systems Surveillance (CHeSS) approach[8] used as the basis for the monitoring and evaluation of the Health Systems Funding Platform—this approach supports the harmonisation of monitoring procedures used by global entities and their alignment with country systems. Much of the data used for routine programme monitoring is reported by countries, but with appropriate checks and balances to assess the quality of data reported. Additional data are used from global estimates of coverage and burden of disease, as well as from household surveys. The indicators used are derived from the results framework presented in figure 1.

Targeted studies

The targeted studies represent focused, shorter-term efforts to assess specific strategies across countries, to document end of programme learning in countries and to inform the development of tools and strategies. These studies respond to the

[8] Global initiative to strengthen country health systems surveillance (CHeSS). [Summary report]. In: Technical meeting, Bellagio Rockefeller Center, Bellagio, Italy, 2008.

need to address specific questions in order to foster organisational learning and the improvement of policies and programmes. The specific questions to be addressed will be generated based on knowledge gaps identified from programme monitoring and full country evaluations, among other sources. Examples include targeted studies to:

- Assess specific financing mechanisms (e.g., evaluation of the International Finance Facility for Immunisation)
- Document end of programme learning in China, and identify lessons learned for working with other large population countries
- Assess the effectiveness of the innovative management structure of the Accelerated Vaccine Introduction Initiative
- Develop a revised data quality audit tool

Some targeted studies involve primary data collection at the country or global level, while others consist of a review and synthesis of existing data.

Full country evaluations

Linked to the routine programme monitoring and targeted studies are full country evaluations implemented in a small number of countries. An initial set of five or six countries will be invited to participate in full evaluations, understanding that the methods and approaches developed may be extended to additional countries over time as appropriate. These comprehensive public health effectiveness evaluations will be designed and implemented prospectively from the start of the 2011-15 period, following a stepwise approach. These evaluations will examine the effectiveness and cost-effectiveness of GAVI's support to each of the participating countries. The key features of the full country evaluations are:

- Prospective study design established from the beginning of the period covered by the new strategy
- Entire results framework described in GAVI's M&E Framework and Strategy covered, from inputs to impact
- Indicators and data sources defined in advance of implementation of the new strategy, based on GAVI's results framework and the indicators endorsed by the GAVI Alliance Board as part of its strategy for the 2011-15 period
- Baseline values documented from the beginning, with data collection conducted on a regular basis throughout the full period of time covered by the new GAVI Alliance strategy
- Contextual factors that affect implementation—and positive and negative unintended consequences—examined and fully documented
- Results reported on regular and frequent basis
- Consortium of independent evaluators conducts evaluation, with country teams led by a research or evaluation institution originating from within each country participating in all phases of the evaluation, starting from the design stage

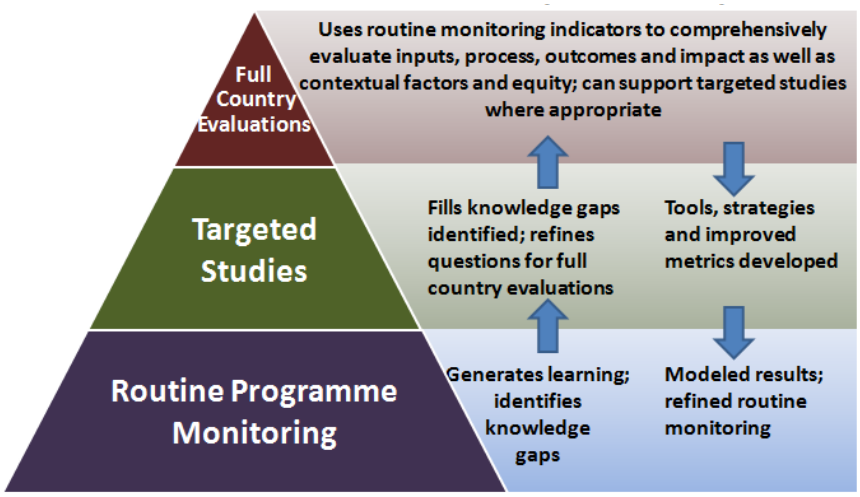
Opportunities will be explored to increase harmonisation between global initiatives and alignment with country systems by partnering with other agencies and linking the

full country evaluations to the Health Systems Funding Platform and the National Evaluation Platform approach.[9] This will enable countries, the GAVI Alliance and other global initiatives to evaluate the outcomes and impact of multiple initiatives implemented simultaneously, while capturing synergies and reducing reporting burdens and transaction costs. This approach supports country ownership of national programmes and their evaluation, and promotes donor coordination in the spirit of the Paris Declaration.

Linkages and synergies across the three tiers

Routine programme monitoring, targeted studies and full country evaluations will be linked through the use of a standard set of core indicators based on the results framework presented in figure 1, as well as documentation of programme implementation and contextual factors, and the synthesis of information across tiers. Each tier in the strategy informs the work of the others.

Figure 3: Linkages and synergies across the three tiers



Routine programme monitoring generates learning on an ongoing basis and identifies knowledge gaps that are addressed in targeted studies and full country evaluations. Full country evaluations incorporate the standard indicators used in routine monitoring (although these may be measured in more rigorous ways in some instances) and extend them as needed to examine inputs, process, outcomes and impact comprehensively, as well as contextual factors and equity. The full evaluations also serve as a platform to support the implementation of targeted studies where appropriate, and enable the development of improved metrics for use in routine programme monitoring and the modelling of results to estimate impact in countries where full country evaluations are not conducted. Where appropriate, targeted studies will be designed to tap into potential synergies with the full country evaluations by making use of institutional networks and data collection processes

[9] Victora C, Black R, Bryce J. Evaluating child survival programmes. Bull World Health Organ 2009;87:83. doi:10.2471/BLT.09.062828

already in place. The full country evaluations and targeted studies will provide high quality data on relationships and effectiveness to inform modelling exercises using programme monitoring data, supporting estimates of lives saved and other impact measures across all countries receiving GAVI support.

Box 1 presents two brief examples to illustrate the potential synergies of using a tiered approach to monitoring and evaluation. The first example addresses new vaccine introduction, while the second example focuses on an important challenge related to the integrated delivery of services to mothers, newborns and young children through community-based health workers.

Box 1 Why a tiered approach adds value: two examples

Example 1: New vaccine introduction

Programme monitoring highlights the issue: Routine monitoring provides country-level information on the timing of new vaccine introduction and the level of coverage achieved each year. Routine monitoring also tracks to the extent possible the management and use of vaccine supply—this information can help identify problems of over- or under-supply, but constraints in the availability and quality of data hinder such efforts for some countries.

Targeted studies provide key evidence: A New Vaccine Post-Introduction Evaluation is conducted between 6 and 12 months after a country has introduced a new vaccine to assess pre-introduction planning, vaccine storage and wastage, logistics of administering the vaccine, community receptiveness of the vaccine, the scale up of coverage and other system-wide effects.

Full country evaluations assess effectiveness and cost: As part of the full country evaluations, in-depth work is conducted in a small number of countries to assess the impact and cost-effectiveness of introducing and scaling up coverage of the new vaccine that has been introduced. Impact measures include the number of future deaths averted, the number of cases of disease averted, and the cost per death and case averted.

Results inform routine monitoring and impact modeling: The results from across the three tiers help illuminate the impact and cost-effectiveness of new vaccine introduction and inform the refinement of GAVI's routine monitoring of new vaccine introduction and use. The lessons learned from the Post-Introduction Evaluation help refine the questions addressed and methods used in both routine monitoring and the full country evaluation. The results from the full country evaluations help inform the modeling of impact over time and across all countries that GAVI supports, enabling GAVI to better understand and report on the impact of its support.

Example 2: Integrated delivery of services to mothers, newborns and young children through improved recruitment and retention strategies for community-based health workers

Programme monitoring highlights the issue: The routine monitoring of HSS grants provides information on the scaling up of integrated delivery of services to mothers, newborns and young children in several GAVI supported countries. Through this monitoring, GAVI is able to track the increase in the number of community-based health workers recruited, trained and deployed over time. At the same time, GAVI monitors changes over time in immunisation coverage and under-five mortality. However, little information is available on the recruitment and retention of community-based health workers, the constellation of services they provide and community uptake of those services. The linkage of changes in immunisation coverage and under-five mortality to changes in the number of community-based health workers deployed is difficult to establish, given the large number of other changes occurring within these countries and the lag time between changes in health worker recruitment strategies and changes in health at the population level.

Targeted studies provide key evidence: A one-time, targeted study is conducted to help fill a knowledge gap by examining the constellation of services provided by community-based health workers financed through support from GAVI HSS and community uptake of immunisation and other services provided by such health workers.

Full country evaluations assess effectiveness and cost: As part of the full country evaluations, in-depth work is conducted to establish the effectiveness and cost-effectiveness of GAVI support for integrated services delivered through community-based health workers. Measured results include children immunised and child deaths averted by source of care (community-based care vs routine services in health facilities and campaigns); it is also determined whether deployment of community-based health workers has contributed to reductions in neonatal mortality and increases in coverage of other services, including appropriate antibiotic treatment, oral rehydration therapy, antenatal care and skilled birth attendance. The cost-effectiveness of complementing current delivery strategies with delivery by community-based workers is assessed.

Results inform routine monitoring and impact modeling: As a result of what is learned, GAVI is better able to understand and report on the impact of an intervention commonly supported through its HSS window. Lessons learned from the targeted study and full country evaluation are synthesised to help inform refinements to the routine monitoring of GAVI support for integrated delivery of immunisation services.

V. Roles and responsibilities

The GAVI Secretariat is responsible for coordinating monitoring and evaluation activities across the three tiers, with oversight from the GAVI Board Evaluation Advisory Committee. In coordinating these activities, the GAVI Secretariat works with Alliance partners. Routine programme monitoring builds upon two separate streams of work led by the World Health Organization: the monitoring of immunisation programmes led by the Immunization, Vaccines and Biologicals Department and the Country Health Systems Surveillance platform led by the Health Statistics and Informatics Department. Through the Health Systems Funding Platform, the GAVI Secretariat also works in partnership with the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria to harmonise monitoring and evaluation activities between partners and align these activities with country systems.

With oversight from the Board Evaluation Advisory Committee, the GAVI Secretariat will be responsible for ensuring quality and timely delivery of targeted studies and full country evaluations—and for ensuring that such studies and evaluations contribute in a coherent and systematic way to GAVI's overall monitoring and evaluation systems. The Secretariat is responsible for synthesising and disseminating results from across the three tiers. The GAVI Secretariat will commission the full country evaluations and many of the targeted studies to outsourced entities, following GAVI procurement rules. In some cases, targeted studies will be conducted by Alliance partners through the GAVI Business Plan. Value is placed on the active involvement of developing country institutions in the design and implementation of targeted studies and full country evaluations. In the full country evaluations, the country level work will be led by a research or evaluation institution originating from within each participating country. The firm or consortium of firms to whom the full country evaluations is commissioned will be responsible for providing a consolidated synthesis of results from across all of the country studies.

Annex 1 Summary of GAVI Alliance Strategy 2011-15 (NB: key performance indicators highlighted in red)

Mission	To save children's lives and protect people's health by increasing access to immunisation in poor countries	Mission Indicators: I. Under five mortality rate II. Number of future deaths averted III. Number of children fully immunised		
Operating Principles	As a public-private partnership including civil society, the GAVI Alliance plays a catalytic role providing funding to countries and demonstrates "added-value" by: 1. Advocating for immunisation in the context of a broader set of cost-effective public health interventions 2. Contributing to achieving the Millennium Development Goals (MDGs) 3. Supporting national priorities, integrated delivery, budget processes and decision-making 4. Focusing on innovation, efficiency, equity, performance and results 5. Maximising cooperation and accountability among partners through the Secretariat 6. Ensuring gender equity in all areas of engagement			
Cross-cutting	Monitoring and Evaluation Advocacy, Communication and Public Policy			
Strategic Goals	SG1 Accelerate the uptake and use of underused and new vaccines	SG2 Contribute to strengthening the capacity of integrated health systems to deliver immunisation	SG3 Increase the predictability of global financing and improve the sustainability of national financing for immunisation	SG4 Shape vaccine markets for poor countries
Goal-level Indicators	I. Country introductions of underused and new vaccines - Number of GAVI supported countries introducing underused and new vaccines II. Coverage of underused and new vaccines – Coverage of underused and new vaccines in GAVI supported countries	I. Drop-out rate – Drop out between DTP1 and DTP3 coverage II. DTP3 coverage – % of surviving infants receiving 3 doses of DTP-containing vaccine III. Equity in immunisation coverage – % of GAVI supported countries where DTP3 coverage in the lowest wealth quintile is +/- 20% points of coverage in the highest wealth quintile	I. Resource mobilisation – Resources mobilised as a % of resources needed to finance forecasted country demand for vaccine support II. Country investments in vaccines per child – Average government expenditure on vaccines per surviving infant III. Fulfilment of co-financing commitments - % of countries that meet their co-financing commitments in a timely manner	I. Reduction in vaccine price - Change in weighted average price per dose for pentavalent and rotavirus vaccines II. Suppliers in the market – Number of manufacturers with a pre-qualified vaccine, and active supply, in the market
Strategic Objectives	1. Increase evidence based decision-making by countries 2. Strengthen country introduction to help meet demand	1. Contribute to the resolving of the major constraints to delivering immunisation 2. Increase equity in access to services 3. Strengthen civil society engagement in the health sector	1. Increase and sustain allocation of national resources to immunisation 2. Increase donor commitments and private contributions to GAVI 3. Mobilise resources via innovative financing mechanisms	1. Ensure adequate supply to meet demand 2. Minimise costs of vaccines to GAVI and countries