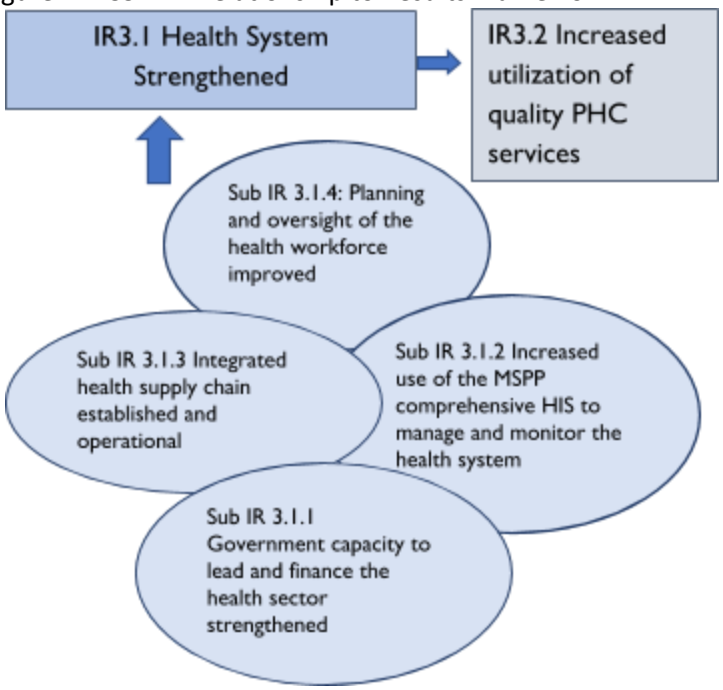
# Annex G: Health Systems Strengthening Project
# MEL PLan

***Introduction***

The project purpose is to *strengthen the health system in Haiti whereby at the end of the Project the GoH is the leader of a coordinated system that is less reliant on external partners for core responsibilities*. The project falls within the Strategic Framework results framework (RF), under Development Objective (DO) 3 Health Outcomes Improved and Intermediate Result (IR) 3.1 Health Systems Strengthened. (See Figure 1) To achieve this result, the project will improve health system functions of governance, financing, human resources, supply chain, and information systems.

Figure 1: HSS PAD Relationship to Results Framework




The MEL plan details how the project team will:

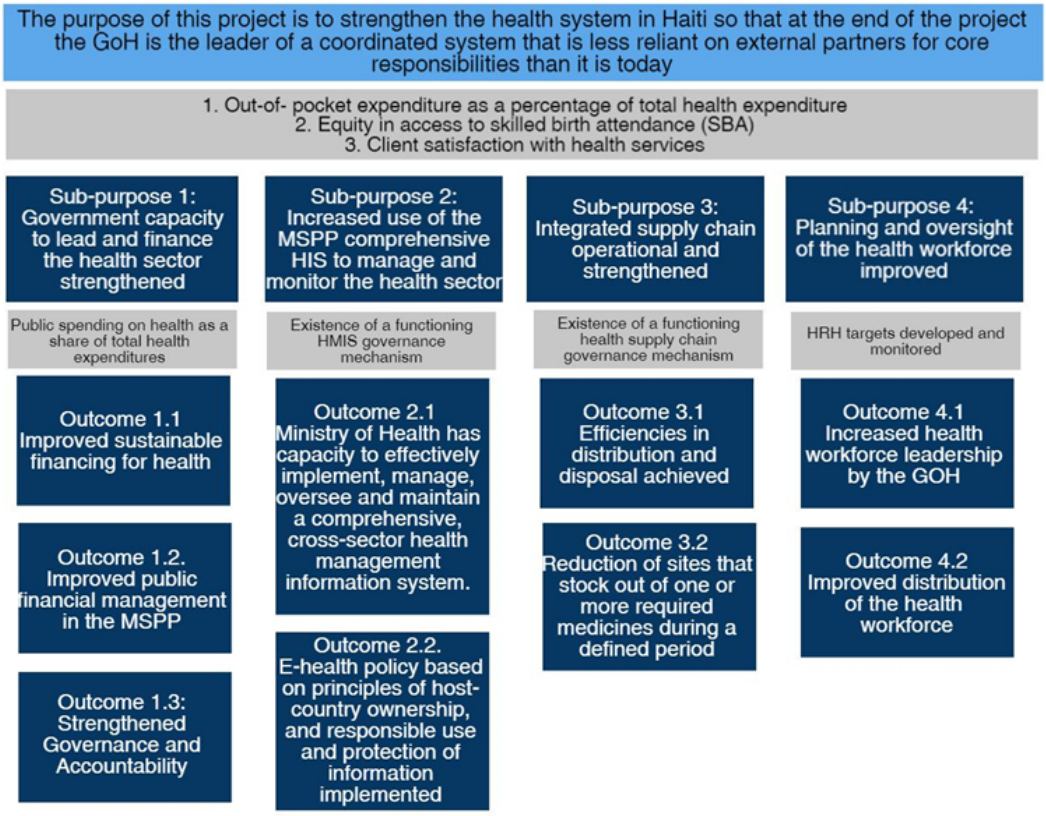
- Monitor project performance,
- Evaluate the project's ability to achieve the results laid out in the theory of change,
- Use M&E information for learning and adaptive management.

This project MEL plan will include key indicators from the Mission-wide PMP and will act as a guide for implementing partner development of activity-level MEL plans. It will also define the roles and responsibilities for project MEL activities.

***Monitoring***

This MEL plan outlines how USAID/Haiti will monitor progress towards the the outcomes, sub-purpose and purpose outlined in the logic model depicted in Figure 2: HSS Logic Model.

Figure 2: HSS Logic Model




The project team identified key indicators that will be used to monitor the project purpose and sub purposes, as well as outcomes. The project team will be responsible for monitoring project-wide performance, specifically the project purpose indicators which measure whether the activities are working together towards the achievement of the overall project purpose. Sub-purpose and outcome level indicators will be incorporated into the activity level MEL plans, managed by AOR/CORs and reported to the project manager on a quarterly basis.

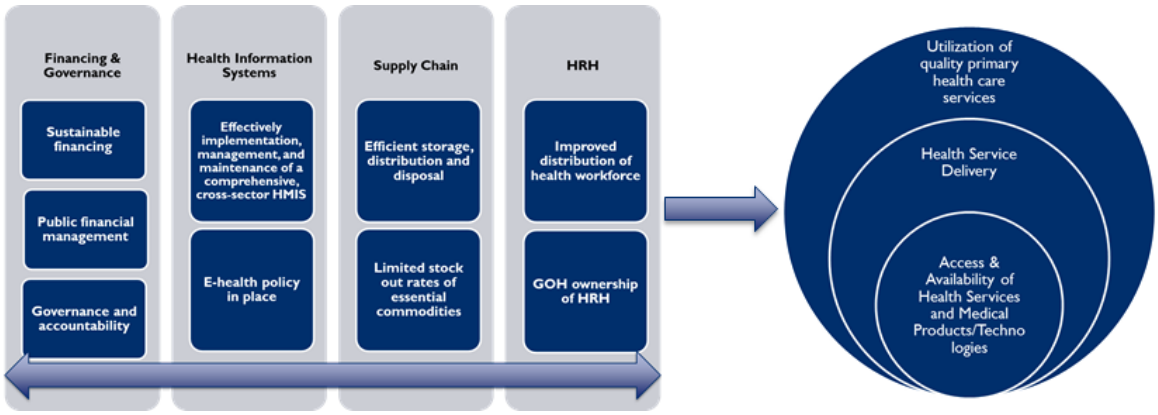
Given the chronic instability and high level of influence of the enabling environment on the health system in Haiti, project MEL will also include context monitoring. Key context indicators will be routinely monitored by the project manager to monitor assumptions and potential triggers that can have significant impact on project performance.

Governance, financing, human resources, supply chains and management information systems (MIS) are essential and interrelated components that work together to ensure a strong, well-functioning health system. These components are interrelated, working together to ensure improved access and availability of health services and medical products and technologies.

The project team will not only monitor the performance of each individual function, but also the interactions between these functions. The interrelated nature of these functions will be an integral part of progress towards the project purpose.

The project team identified how these functions interact in the MEL framework depicted in Figure 3: MEL Framework.

Figure 3: HSS Project MEL Framework




Due to uncertainty of cause and effects of the interrelated nature of the health system functions and the anticipated implementing mechanisms, the project will incorporate outcome monitoring approaches such as most significant change, outcome mapping, or outcome harvesting to identify high-level outcomes for beneficiaries, organizational units, system-wide changes and any unintended consequences.

Access to and availability of quality health services is a core precondition of health services utilization. The project will monitor its potential effects on the other Health Service Delivery project (IR3.2).

The project team proposes the following indicators to monitor project-wide performance. Indicators may change over the life of the project.

Table 1: Indicators

| # | Indicator | Type | Data Source | Reporting Frequency | Unit of Measure | Baseline (# and Date) | End of Project Target |
|---|---|---|---|---|---|---|---|
| **Project Purpose** | | | | | | | |
| 1 | F Indicator HL-1: Universal Health Coverage Implementation Score | Input | Implementing partner reports | Annually | Count | N/A | 5 of 5 |
| 2 | Select responsibilities transferred from partner management to national authorities | Outcome | Implementing partner reports | Semi Annually | % | 0 | To be established by implementing partner |
| **Project-Wide Context Indicators** | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Percentage of GOH budget allocated to health | Context | NHA/Global Health Observatory | Annually | % | 6% (2014) | 15% (2030) |
| | Presence of natural disasters or shocks | Context | | N/A | Qualitative | No significant incidentes 2017 | N/A |
| | Political instabilities (changes in administration, policy, political upheaval) | Context | | N/A | Qualitative | Change in Administration began February 2017 | N/A |
| Sub-Purpose 1: Government Capacity to lead and finance the health sector strengthened | | | | | | | |
| 1.1 | Decrease in % of total health expenditures externally financed | Outcome | NHA/Global Health Observatory | Annually | % | Increase of 2.08% 2013-2014 | TTBD in Health Finance Strategy |
| 1.2 | Percentage of GOH operating units (national, departmental, local) that meet defined standards of good management of health services | Outcome | Implementing Partner Reports | Semi Annually | % | TBD Baseline to be established by partner | TBD by implementing partner |
| Outcome 1.1: Improved sustainable financing for health | | | | | | | |
| 1.1.1 | Percentage of private and public spending on health care has increased | Outcome | NHA/Global Health Observatory | Annually | % | 2013-2014 79% private, 21% public; no change | TBD in Health Finance Strategy |
| Outcome 1.2: Improved public financial management in MSPP | | | | | | | |
| 1.2.1 | % of government health budget Expended | Outcome | NHA/Global Health Observatory | Annually | % | FY 2016: 89.21%[1] | 100% |
| 1.2.2 | % of planned RBF expended | Output | G2G contract milestones met and invoicing | Quarterly | % | As of 10/2017: 50% | TBD by implementing partner |
| Outcome 1.3: Strengthened Governance and Accountability | | | | | | | |
| 1.3.1 | Number of community-based organizations that formally participate in health decision-making at the national, department, and local level | Output | Implementing Partner Reports | Annually | # | TBD - Baseline to be established by partner | TBD by implementing partner |

[1] http://www.mef.gouv.ht/upload/doc/Budget%20Execution%202015-2016%20Octobre%20-Septembre2016.xls

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1.3.2 | Percentage change in governance and accountability index for key functions | Output | Implementing Partner Reports | Annually | % | TBD - Baseline to be established by partner | TTBD by implementing partner |
| Sub-Purpose 2: Increased use of the MSPP comprehensive HIS to manage and monitor the health sector | | | | | | | |
| 2.1 | Number of MOH meetings where HIS data is used for decision-making | Output | Implementing Partner Reports | Quarterly | # | TBD Baseline to be established by partner | TBD by implementing partner |
| | Proportion of health facilities submitting timely and accurate data | Outcome | Implementing Partner Reports | Monthly | % | TBD Baseline to be established by partner | TBD by implementing partner |
| Outcome 2.1: Ministry of Health has capacity to effectively implement, manage, oversee and maintain a comprehensive, cross-sector health management information system | | | | | | | |
| 2.1.1 | Number of individual health databases that integrate with SISNU | Outcome | Implementing Partner Reports | Semi Annually | # | 0 | 5 |
| 2.1.2 | Number of core health indicators included in SISNU | Output | Implementing Partner Reports Spot audits | Annually | # | 0 | 8 |
| Outcome 2.2: E-health policy based on principles of host-country ownership, and responsible use and protection of information implemented | | | | | | | |
| 2.2 | Percentage of partners that are compliant with eHealth policy guidelines | Outcome | Implementing Partner Reports | Annually | % | 0 | 65% |
| Sub-Purpose 3: Integrated supply chain operational and strengthened | | | | | | | |
| 3.1 | Percentage of initially GHSC-PSM-supported supply chain functions carried out by national authorities that are done without external technical assistance | Output | Implementing Partner Reports | Semi Annually | % | 0 | TBD Targets to be established by PSM |
| 3.2 | Service Delivery Point (SDP) reporting rate to the Logistics Management Information System (LMIS) | Outcome | Implementing Partner Reports | Quarterly | % | TBD Baseline to be established by PSM | TBD Targets to be established by PSM |
| Outcome 3.1: Efficiencies in distribution and disposal achieved | | | | | | | |
| 3.1.1 | Functional logistics coordination mechanism in place | Outcome | Implementing Partner Reports | Semi-Annually | Yes/No | No | Yes |
| Outcome 3.2: Reduction of sites that stock out of one or more required medicines during a defined period | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3.2.1 | Percentage of USG-assisted service delivery points (SDPs) that experience stockouts at any time during the defined reporting period of any tracer commodity that the SDP is expected to provide | Outcome | MSPP and Implementing Partner Reports | Monthly | % | TBD Baseline to be established by PSM | TBD Targets to be established by PSM |
| Sub-purpose 4: Planning and oversight of the health workforce improved | | | | | | | |
| 4.1 | Total number of health care workers relative to population and disaggregated by cadre, sex, age and distribution (geographic, facility and sector) | Outcome | National Health Workforce Accounts | Annually | ratio | 1.4 physicians and 1.8 nurses in the public sector; 1 physician and 2.1 nurses in the private sector per 10,000 population.[2]<br><br>Further breakdown TBD with Final DHS | TBD in HRH Strategy |
| Outcome 4.1: Increased health workforce leadership by the GOH | | | | | | | |
| 4.1.1 | # of new tools designed and used for HRM purposes within the MOH platform | Output | National Health Workforce Accounts | Semi Annually | # | 0 | TBD by implementing partner |
| 4.1.2 | Percentage of national health budget allocated to human resources development and management annually | Outcome | MEF annual reporting | Annually | % | 90% (2016) | TBD in HRH and Health Finance Strategies |
| 4.1.3 | Success stories of individuals benefitting from updated position descriptions, better leveraging existing or new skills gained through PAD activities, etc | N/A | Implementing Partner Reports | Quarterly | N/A | N/A | TBD by implementing partner |
| Outcome 4.2: Improved distribution of the health workforce | | | | | | | |
| 4.2.1 | Ratio of health workforce per 10,000 population | Outcome | Carte Sanitaire Survey | Annually | Ratio | 21 per 10,000 | TBD in HRH Strategy |

[2] http://www.paho.org/salud-en-las-americas-2017/?page_id=131

For performance indicators, baseline data will be collected or identified from primary and secondary sources prior to the start of activity implementation. Activity Managers will work with implementing partners to ensure that targets are ambitious yet reasonable. All monitoring data will be reviewed and analyzed on at least a quarterly basis to gauge if activity implementation is on track and progress is being made as expected, and deliverables are made on time. Activity Managers may also participate in project activities and conduct site visits to support verification, learning and adapting.

To ensure data collected and used are of sufficiently high quality to support robust MEL, USAID and partners will incorporate regular data quality assessments (DQAs) into activity implementation. These DQAs will provide information on the strengths and weaknesses of data (e.g. validity, precision, and reliability) and the extent to which data integrity can be trusted to influence decision-making.

***Evaluation***

As required in ADS 201, all evaluations will include a robust post-evaluation action plan that will identify any management or other program actions needed based on the evaluation findings or recommendations and assign/document for each action the person(s) responsible and the time frame for completing each action. Each activity-specific MEL plan will follow the above specifications for evaluations as much as is feasible.

| Evaluation Purpose | Associated Activity | Key Questions | Estimated Timeline |
|---|---|---|---|
| Mid-term evaluation | Health Information System | Did the project strengthen SISNU by addressing gap information and data exchange in order to make it capable of hosting complete HIS data? How does the project impact data-driven decision making? How do e-policies impact the inter-operability between the various systes (MESI E-sante etc…)? | 2021 |
| Final evaluation (pending funding availability) | Health Leadership Project | Did the project improve the capacity of the MSPP in managing all sources | 2023 |

| | | | |
|---|---|---|---|
| | | of funding, including USG funds? How many policies have been developed based on evidence? Did the project support the MOH in improving allocation and effectiveness of health sector resources (both human and financial?) | |
| Final evaluation | Supply chain | Did the project through SNADI reinforce the MSPP capacity to manage health commodities? Did the project strengthen the MSPP capacity to establish the pharmaceutical waste treatment and disposal facility? | 2021 |

While no additional analyses are presently planned at the PAD level, there may be analyses completed within and for activities which fall under the PAD which will be used to assess the performance of and adjust interventions within the PAD.

***Collaboration, Learning and Adaptive Management***

The project manager and team will use information from monitoring and evaluation to inform learning and adaptive management throughout the life of the project. Through review of routine monitoring data and key pause and reflect moments such as after action reviews and portfolio reviews, the project team will be able to assess progress and make course corrections to activity implementation during the life of the project.

Each activity will outline a learning plan in their activity level MEL Plan. This should outline analytical methods and operational/management processes to enable routine internal review, reflection, and learning, the application of such learning within their own activity approaches and interventions, and the sharing of this learning with USAID and other project implementing partners. The project manager will be responsible for routine review of the progress of activity level learning plans as well as the project level learning plan.

During the course of this project, USAID/Haiti will attempt to better understand key outstanding questions through the learning agenda detailed below

| Topic | Question(s) | Explanation | Suggested Approach to Address Question |
|---|---|---|---|
| Systems Integration | What are the positive and negative effects of integrating Health Information Systems? (HMIS, HRIS, LMIS) | This project aims to integrate health information systems into a centrally managed, integrated system.<br><br>This learning question aims to better understand what the impact of this integration is throughout the system. | TBD |
| Data Use | What are the key interventions or support that institutionalize data-driven decision-making? | This project aims to implement health information systems with the intention that this data will help improve MOH management of the health system.<br><br>This learning question asks what are the key elements that translate the existence of health data into institutionalization of data-driven decision-making. | TBD |
| Package of Essential Services | What lessons learned from the model departments should be applied to the scale up of the Package of Essential Services? | Inform implementing partners on how to use lessons learned to adapt the PES roll out in all 10 departments | TBD |
| Links between DO3 Intermediate Results | How does health systems strengthening impact HSD?<br><br>How does the WASH enabling environment improved through IR 3.3 impact the capacity/capability of the health system?<br><br>Does improved leadership and ownership translate to improved HSD? | The HSS project is closely related to both the HSD and WASH PADs under the results framework DO3. These questions explore the relationship between the different projects undertaken by USAID/Haiti. | TBD |

A key component of learning will include collaboration between the implementing partners responsible for the activities under this project. This will include sharing of results and challenges across partners. It may also include cross-activity coordination on select MEL activities that span multiple HSS functions which facilitates project-wide learning and adapting.

***Roles and Responsibilities***

Project-level MEL will be managed by the Project Manager. This role will be primarily responsible for monitoring the theory of change and logical framework, ensuring that the activities are achieving the intended project level results. The Project Manager will be responsible for the Project MEL Plan including annual updates.

For each activity, the AOR/CORs will review and approve Activity MEL Plans. They will be the points of contact for implementing mechanisms for performance reporting. AOR/CORs will send performance reports to the Project Manager.

Health Office M&E Specialists provide monitoring and evaluation expertise for activities and projects that are managed by their offices. This could include reviewing Activity MEL plans, conducting Data Quality Assessments, and designing evaluations.