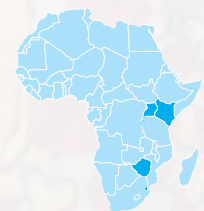


UNICEF Eastern and Southern Africa Institutional Support in Programme Monitoring and Response (PMR) Initiative 2014-2017

Moving from islands of excellence to implementation at scale in programme monitoring and response for child health



Lessons learned on going to scale and sustainability for near real-time monitoring of local health and nutrition interventions in Eastern and Southern Africa

Abstract

The United Nations Children's Fund (UNICEF) is embedding strategies for sustainability and scale up into programme design for real-time monitoring in health, to create more responsive local services to deliver better health outcomes for children. Several key approaches support this vision including national government ownership and leadership; integration and interoperability with existing systems; promoting partnerships with government, civil society and the private sector; and aligning with government accountability mechanisms. The Eastern and Southern Africa Region Programme Monitoring and Response (PMR) Initiative, supported by the Bill and Melinda Gates Foundation and the U.S. Fund for UNICEF, is using these principles to support decentralized government to synthesize the near real-time monitoring (NRTM) of localized data in health and nutrition with community feedback. The aim is to strengthen evidence-based decision-making and planning

at the district, ward and village levels where services are delivered, and to involve the community in improving outcomes for women and children.

UNICEF country offices in Kenya, Swaziland, Uganda and Zimbabwe are working hand-in-hand with their government counterparts to apply these supply-side and demand-side near real-time data to their different contexts. The initiative has produced a set of rich lessons on how to promote scale and sustainability in programme monitoring, including: capitalizing on high mobile phone penetration and decreasing phone costs in Kenya; the significance of high-level government support for citizen engagement in Swaziland; the benefits of working with a hybrid model of legacy paper-based and digitized systems in Uganda; and harnessing multisectoral partnerships in Zimbabwe.

UNICEF'S commitment to scale and sustainability

Ensuring that UNICEF programmes can be maintained by national governments and that local initiatives can go to scale and make a broad, cost-effective impact, can be challenged by funding which is donor driven and short term. UNICEF has therefore developed a commitment to incorporate sustainability and scale up into programme conception and design. Several key approaches support this vision (figure 1), with various aspects of partnership with government and its administrative systems strongly highlighted.

The PMR Initiative is exploring approaches to scale and sustainability in Eastern and Southern Africa through the NRTM of localized data in health and nutrition. This includes the status of indicators relating to maternal and child health, from rates of attendance of antenatal care visits

Figure 1: Scalability and sustainability: Conditions for Success

1. National ownership and leadership are key
2. Focus on integration into national systems i.e. design for scale
3. Promote partnerships with governments, civil society, and the private sector
4. Foster the development and/or improvement of national infrastructure and an enabling policy environment
5. Align with existing government accountability frameworks, incentives and actions
6. Be systematic about adopting and scaling of innovations that are proven to be effective
7. Invest in adequate technical capacity and facilitate reviews and actions
8. Allow sufficient time and investments for action and impact - focus on milestones

Source: Dr. Edward Addai, Regional Chief Programme Planning, Monitoring and Evaluation, UNICEF Eastern and Southern Africa Regional Office

to the numbers of children receiving vitamin A supplements. Supply-side data is generated by government health facilities through routine management information systems, such as the District Health Information System 2 (DHIS2). These are synthesized with demand-side data from SMS-based citizen feedback mechanisms and community dialogue meetings, to create a holistic picture of health service delivery and its shortfalls. The result is evidence-based analysis and action in support of improved service delivery for women and children.

"There is increasing demand from communities and the public for accountability, and because of technological advances we can make data-collection and citizen feedback feasible at scale. UNICEF has been experimenting in this area and is getting results. There is an appetite from countries to do more and an interest from donors."

Ian Thorpe, Chief,
Learning and Knowledge Exchange,
UNICEF Headquarters, New York

Ian Thorpe, Chief, Learning and Knowledge Exchange, UNICEF Headquarters, comments: "There is increasing demand from communities and the public for accountability, and because of technological advances we can make data-collection and citizen feedback feasible at scale. PMR is therefore an important contributor to effective programming. UNICEF has been experimenting in this area and is getting results. There is an appetite from countries to do more and an interest from donors. So, a confluence of these factors makes this an important initiative for UNICEF in terms of creating lasting government-owned interventions which positively impact women and children".

The principle of scale operates not only at the national level, where participating countries Kenya, Swaziland, Uganda and Zimbabwe now have access to models of effective PMR, but also at the global and organizational levels. Through the initiative, UNICEF is contributing to the global knowledge base on successful decentralized action generated by

Different contexts, different approaches to scaling up and sustaining near real-time monitoring

Four UNICEF country offices have developed different approaches and applications for NRTM, adapted to their local contexts. All have scale and sustainability measures built into programme design. These include the institutionalization of data use by subnational government through routine quarterly performance review meetings, low cost SMS-based citizen feedback mechanisms, and the development of resourced national plans.

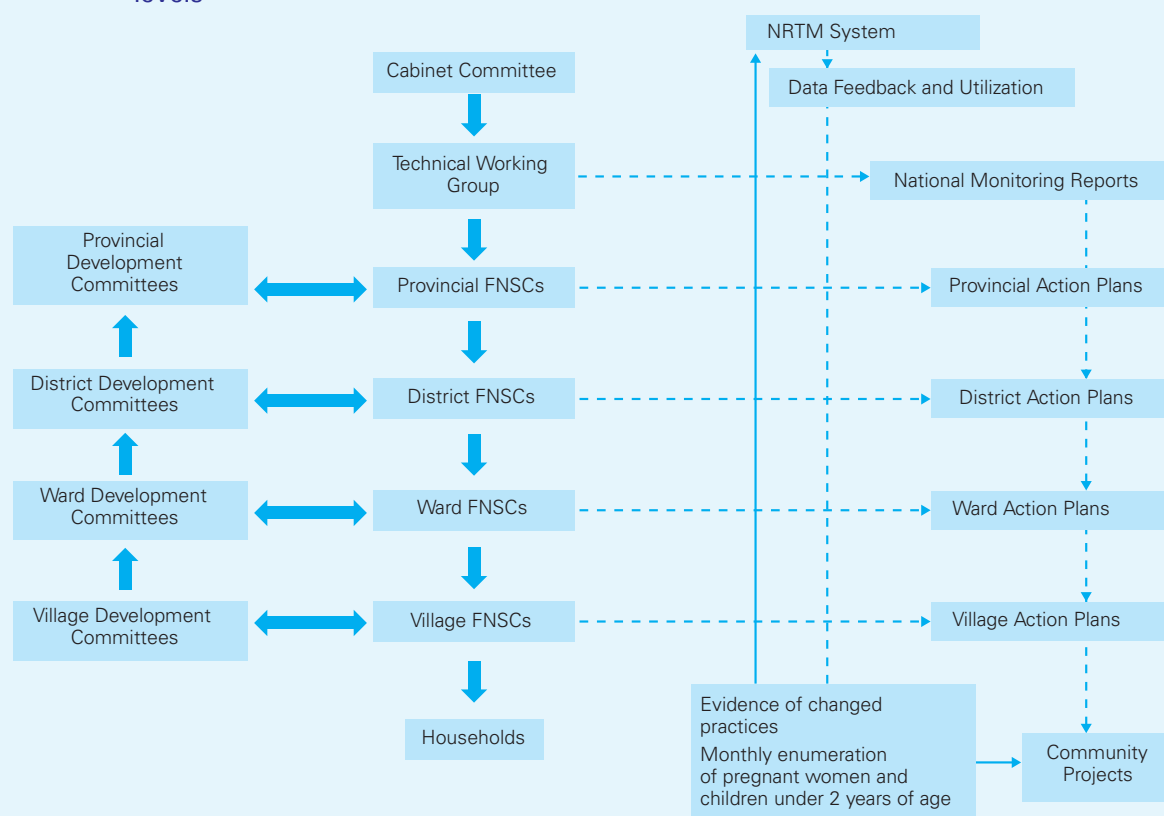
UNICEF Kenya is supporting the roll out of the reproductive, maternal, newborn, child, and adolescent health (RMNCAH) scorecard and customized DHIS2 dashboards to county and sub-county Health Management Teams, as part of Government maternal and child health and community health services strategies. New tools and practices are digital or decentralized versions of existing Ministry of Health-defined tools and guidelines.

UNICEF Swaziland is institutionalizing NRTM in the existing health management information system and new electronic client management information system. A citizen feedback mechanism has high-level support from the Cabinet, with discussion under way on how Government might have greater administrative control over the information generated, while respecting the privacy of respondents.

UNICEF Uganda partnered with Government and other stakeholders to determine 21 indicators on the RMNCAH scorecard, which is linked to bottleneck analysis (BNA) to identify root causes of poorly performing indicators and is automatically generated in DHIS2 at district and health facility levels. The BNA and associated causal analysis is being rolled out in all districts in Uganda and has been institutionalized as part of new district health planning guidelines.

UNICEF Zimbabwe is using NRTM to strengthen the evidence-base of the Multisectoral Community-based Approach for Reduction of Stunting Programme. UNICEF is training and working with existing staff and structures such as district and ward level government extension workers and Food and Nutrition Security Committees (FNSCs) to support implementation of ward-level stunting reduction action plans (figure 2).

Figure 2: Zimbabwe's Food and Nutrition Security Policy implementation structure, and utilization of NRTM data for action planning by multisectoral FNSCs at the various governance levels



Source: Zimbabwe 2016 NRTM Project Annual Report, UNICEF January 2017

NRTM practices and systems; and UNICEF's internal capacity to support governments on PMR is being strengthened, as is its ability to achieve and demonstrate programme results using NRTM. As a result of this a number of other countries across Africa are adopting or considering adopting similar approaches with the support of UNICEF.

National ownership and leadership

Every UNICEF country office in the initiative has forged strong alliances with government: in each case, it is the national and decentralized administrations, not UNICEF, which own and drive policy and action related to the use of near real-time data for health. For example, in Siaya County, Kenya, the county government is institutionalizing the work of community health volunteers (CHVs) and the vital role they play in data collection and community outreach. CHVs are currently unpaid, but using volunteers that receive little or no incentive can lead to sporadic and inconsistent data-collection. However, a monthly stipend will be provided to CHVs through a new County Community Health Services Bill. Likewise, in Zimbabwe, there are plans to incentivize village health workers and to provide refresher training on data collection.

Meanwhile in Swaziland, UNICEF and partners assessed what government supported sustaining effects were already in place, such as a new electronic medical record system in all health facilities, a new eGovernment Unit, and a Communications Bill that provides for the funding of government computer services and which can be leveraged to avoid the need to make heavy equipment investments.

"Swaziland is an interesting case around the whole idea of sustainability. Because Swaziland has a pre-existing policy to roll out technology in health and other sectors, we do not need to talk about political buy-in anymore because it is there already."

Kelvin Sikwibele, Co-Founder and C.E.O.,
Institute for Health Measurement
Southern Africa

The Institute for Health Measurement (IHM) Southern Africa is a key partner in some of these areas and is also supporting the PMR Initiative. Kelvin Sikwibele, Co-Founder and C.E.O., IHM, comments: "Swaziland is an interesting case around the whole idea of sustainability in the sense that the PMR Initiative comes in the middle of these other related Government initiatives. Because Swaziland has a pre-existing policy to roll out technology in health and other sectors, we do not need to talk about political buy-in anymore because it is there already."

Government commitment is also high in Uganda, but one of the most technically competent government professionals working on health indicators had to be regularly pulled away to work on other projects, which delayed programme implementation. However, it is exactly this high-level expertise within government that will ensure the sustainability of the initiative. Sean Blaschke, Technology for Development Specialist and Health Systems Strengthening Specialist, UNICEF Uganda, comments: "UNICEF is no longer the expert, it is often the government counterpart. Uganda is fortunate in having a great deal of national government capacity, particularly in technology."

Strengthening national administrative systems

All countries in the initiative have invested in routine data sources. Interoperability with national information management systems such as DHIS2, is a priority to maximize value, national ownership and sustainability. Quality and timely data which self-perpetuates in real-time through established systems has striking benefits, compared to one-off surveys which are costly and slow and can produce historical data which are of limited utility.

The timeliness of data is particularly important for critical maternal and child health interventions. By using a bottleneck analysis (BNA) with NRTM, health staff can quickly identify barriers to service delivery and create an agile response which can literally save lives. Dr. Flavia Mpanga, Health Specialist, UNICEF Uganda, comments: "A case in point is the weekly reporting on drug stock outs which uses



In the Spotlight: **Swaziland**

Government commitment to citizen engagement

The UNICEF SMS-based citizen engagement platform U-Report is used to generate feedback from health facility clients through the use of polls and to promote public health messages. However, the use of U-Report was put on hold early on to allow UNICEF to gain Government support for the concept of social accountability. This cooperation with Government proved to be a critical first step, which has since allowed U-Report results to contribute to transforming health care service delivery in Swaziland. To gain the trust and understanding of health facility staff, the benefits of U-Report as a health system strengthening platform was the focus of their engagement.

Stewardship of an institutional structure that has a mandate to monitor and respond to U-Report responses is important. UNICEF is therefore considering where citizen feedback information is best managed to protect anonymity and confidentiality, while ensuring that Government services are accountable.

While national Government buy-in is strong, securing ownership from local authorities is proving to be more challenging, as current U-Report technology makes it difficult to customize polls to individual facilities. Further, sustaining the initiative will require that respondents are updated on actions being taken at the local level in response to their feedback.



U-Report citizen engagement and social accountability SMS platform

© UNICEF Swaziland/2016/Mbuyane

SMS to connect hospitals to the national drug chain. The district health manager would literally be able to prevent deaths from malaria, if artemisinin-based combination therapies (ACTs) are redistributed in real-time from overstocked to understocked health facilities.”

“The district health manager would literally be able to prevent deaths from malaria, if artemisinin-based combination therapies (ACTs) are redistributed in real-time from overstocked to understocked health facilities.”

**Dr. Flavia Mpanga, Health Specialist,
UNICEF Uganda**

The programmes in Kenya and Uganda are focused around the development of a suite of dashboards which fully automate a reproductive, maternal, newborn, child, and adolescent health (RMNCAH) scorecard in DHIS2. In both countries interoperability is key. Raphael Pundo,

Consulting Health Informatician, University of Nairobi School of Computing and Informatics, and Team Lead, Health Information System Program in Kenya, comments: “One of the most critical pieces in terms of scale up and sustainability in Kenya, is that all the county health records and information officers have been trained in DHIS. So, this system is part of the normal practice of managing information and because of that continuity, there is no disruption in terms of capacity in delivering NRTM associated with this particular application.”

Teething problems experienced as systems begin to integrate and interact can be overcome by embracing a hybrid model. In Uganda, many related aspects of the health system are undergoing reform, digitization and strengthening. However, while the data needed for the BNA is already built into the health management information system (HMIS), problems can arise when progress in one area is out of synch with another and so the new digital system cannot be relied upon alone. Sean Blaschke, UNICEF Uganda, gives an example:



Uganda adopts a commitment to RMNCAH
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“The medical commodity system has functional paper stock cards in many districts which can be used to populate data in the digitized BNA database. Where we are finding progress is most successful is in a hybrid model of legacy paper-based and digitized systems. The latter, more efficient and accurate systems will eventually go to scale, but in the meantime, this is a good compromise.”

Digitizing systems is also a good way to demonstrate gaps in data, and therefore what needs to be done in terms of data gathering and data quality. In Swaziland, an unforeseen outcome of the PMR Initiative has been to improve data quality, which is a critical investment layer. UNICEF spent unanticipated time working with government staff at the national level to standardize input fields in the HMIS on maternal and child health. So that

it was not possible, for example, for staff to erroneously input that a male is pregnant, which had been occurring. While outside the scope of the original programme, this work was vital and further strengthened government systems by training government staff to undertake the work going forward. The resulting adjustments now positively affect data entry and data quality for every facility in the country, as well as making the data more trustworthy for decisions makers.

The technical assistance and funding has been catalytic for national structures. However, Dr. Edward Addai, Regional Chief Programme Planning, Monitoring and Evaluation, UNICEF Eastern and Southern Africa Regional Office (ESARO), explains that when working with existing systems, a key challenge can be contextual: “National-level infrastructure can either be a constraint or an enabler depending on its level of development. The reality hits when you start rolling things out and try to bring the whole system along for replication. It is critical to get the initial system conditions right – this is not an option if you want to go to scale. It also means you have to manage expectations in terms of what can be done, and the scope and pace of this.”

Sean Blaschke agrees, citing an example from Uganda: “There were huge expectations that once the BNA tools were developed for DHIS2, you would immediately get nice colour-coded charts saying exactly what a particular medical stock is in a facility and that was the bottleneck to be



In the Spotlight: **Uganda**

Scaling up with a set of global goods

UNICEF Uganda’s development of the RMNCAH dashboard suite provides an integrated and comprehensive set of performance management tools for real-time evidence-based monitoring, decision-making, and action in Uganda’s health sector.

The PMR Initiative in Uganda has two goals: a functional NRTM system for Uganda and a set of global goods that other countries can invest in. Plans are therefore being developed for customizable versions of the tools, so that other countries using DHIS2 (of which there are currently 60) do not have to build these from scratch.

Sean Blaschke, Technology for Development Specialist and Health Systems Strengthening Specialist, UNICEF Uganda, comments: “Countries are increasingly building systems based on common standards, but which consider the maturity of their own systems and how the data will be populated. This is particularly important with health systems strengthening, as different countries deal with their denominators in different ways and at different levels: for example, at the national, district, sub-county or facility level. A customized tool would take care of that.”

addressed. But if this information is being collected on scraps of paper in clinics, of course it is not going to be in the electronic tool at this stage.”

Partnerships with government, civil society and the private sector

Leveraging expanded partnerships with stakeholders rather than UNICEF engaging in direct implementation is one option to achieve scale and sustainable outcomes. For example, in Kenya, the initiative is operating in two out of 47 counties and UNICEF will be working with the UK Department for International Development (DFID) to scale the innovation to six counties. UNICEF Uganda is working with the Ministry of Health to develop an RMNCAH investment case, including citizen engagement, for inclusion in a multi-year Global Financing Facility proposal which will continue NRTM for health. Dr. Flavia Mpanga, UNICEF Uganda, comments: “We need to include the collaboration of other development partners who are supporting resilient and sustainable systems for health so they can use this model now that it has been embraced by the Government of Uganda”.

Partnerships with funders are also vital at the local level in terms of leveraging resources for un- or under-funded priorities which are identified through NRTM. An inherent risk of the initiative is that NRTM creates an appetite for evidence-based change and improvement, but if this funding is not there, then health staff and the communities they serve could become disheartened. Resource mobilization strategies ensure that funding gaps identified can be addressed with action.

“When this project started, it was seen as a small pilot. We needed to articulate the potential much earlier in the project cycle and frame this not as a monitoring and evaluation project for a narrow audience, but as cross-cutting, with huge implications for other UNICEF sections.”

Sean Blaschke, Technology for Development Specialist and Health Systems Strengthening Specialist, UNICEF Uganda

Ivan Mwesigwa, Biostatistician, Mukono District, Uganda, explains: “As a District we make our work plans, look at what the bottlenecks are and what is funded and what is unfunded. We do not rely on one funder to bridge the funding gap but undertake resource mobilization through all civil society organizations, community organizations, all implementing partners supporting the District. Facility in-charges present unfunded priorities at a workshop, and we ask for stakeholder commitment to fund what they can afford.”

Cross-sectoral partnerships are also key as costs and expertise can be shared across disciplines and no individual sector is responsible for maintaining momentum. However, there is a need to lay out the vision of the multisectoral nature of such an initiative at its inception, particularly within UNICEF itself. Sean Blaschke, UNICEF Uganda, explains: “When this project started it was seen as a small pilot. We needed to articulate the potential much earlier in the project cycle and frame this not as a monitoring and evaluation project for a narrow audience, but as cross-cutting, with huge implications for other UNICEF sections. That way we could have got extra resources.”

Sean continues: “An emphasis on monitoring and evaluation can also lead to a focus on the immediate work people are doing, so in spite of the desire to incorporate the initiative into existing systems, which takes time and is a long-term goal, there can be a tendency for stakeholders to want to show progress and demonstrate quick results. A key challenge is therefore moving away from the project perception, to a vision of mainstreaming of tools and approaches through a practice which is to be adopted and taken to scale.”

In Zimbabwe, the initiative has a very clear multisectoral mandate as the NRTM system supports the Multisectoral Community-based Approach for Reduction of Stunting (MSCBARS) Programme, which coordinates action through Food and Nutrition Security Committees (FNSCs) across sectors including nutrition, agriculture and food security, health, water, sanitation and hygiene (WASH), education, and social protection. Previously, stunting was addressed through a health intervention or a nutrition intervention, but neither shared data or spoke to each other. Munyaradzi Dodzo, Planning and Monitoring Specialist at UNICEF Zimbabwe, comments: “This is the first time we have got

all the sectors around a table and turned their heads to look in one direction.”

“Capacity-building activities with Food and Nutrition Security Committee members on nutrition issues has resulted in most players mainstreaming nutrition in their respective sectors, a task which is too big for the Ministry of Health and Child Care alone.”

Matimbira Isheunesu,
District Nutritionist, Chiredzi

Members of community-based FNSCs address nutrition issues by using data from NRTM: for example, Ward Development Coordinators from Zimbabwe’s Ministry of Women Affairs, Gender and Community Development use the data to teach women’s groups about infant and young child feeding. Matimbira Isheunesu, District Nutritionist, Chiredzi, member of Chiredzi District FNSC, comments: “The project recognizes that every sector has a role to play as far as addressing the problem of chronic malnutrition is concerned. One of the things that excites me most is that capacity-building activities with FNSC members on nutrition issues has resulted in most players mainstreaming nutrition in their respective sectors, a task which is too big for the Ministry of Health and Child Care alone.”



In the Spotlight: **Zimbabwe**

Creating partnerships for sustainability through community engagement

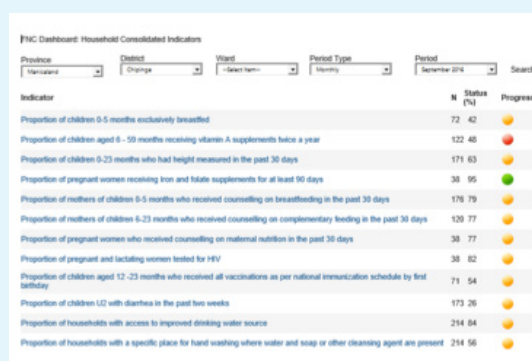
In Zimbabwe, data from an SMS-based social accountability system allow 60 village FNSCs to respond to monthly client satisfaction polls on stunting prevention service delivery, with the results fed back to sectors and communities for action. Secondary data are collected from district- and ward-level sectoral extension workers. The qualitative and quantitative data are then fed back to communities in the four pilot districts via the digital dashboards (Figure 3). SMS alerts are sent to communities on under-performing indicators so that corrective action can be taken.

Leonard Turugari, Monitoring and Evaluation Officer and Coordinator of the NRTM Project, UNICEF Zimbabwe, comments: “The community participation and ownership means the process and the changes made will last, as they are integrated into the community and their ways of living.”

Matimbira Isheunesu, District Nutritionist, Chiredzi, agrees: “The initiative enhances active community participation and programme ownership and in that way eliminates donor syndrome as it focuses on what is within the community’s ability and means in fighting stunting”.

Key to the next stage of the project is strengthening the pre-existing government and civil society structures, which are vital to the programme’s success, and cooperating with partners which already have a significant presence in delivering nutrition interventions on the ground. Civil society organizations, for example, have programmes reaching down to individual women and children, and likewise international non-governmental organizations, such as Plan International and World Vision International, manage nutrition interventions throughout Zimbabwe at the village level. Munyaradzi Dodzo comments: “We need to work more in partnership so we can conduct outreach at the village level, and work with government to strengthen village structures and bring them alive.”

Figure 3: Sample Zimbabwe Food and Nutrition Council dashboard showing household nutrition-specific and nutrition-sensitive indicators



Source: Zimbabwe NRTM system

However, coordination of a multisectoral and partnership approach can be a challenge in terms of the time required on the part of UNICEF and other institutions, including various government ministries. It is therefore key to address these issues during scale up.

In Zimbabwe, strengthening the capacities of government-led coordination structures in the form of subnational FNSCs has given rise to challenges. Leonard Turugari, Monitoring and Evaluation Officer and Coordinator of the NRTM Project, UNICEF Zimbabwe, explains: “A key driver of the programme has been to use pre-existing government and community structures to make scale up and sustainability realistic from the outset. Initially we thought the village FNSCs would be involved; however, it transpired they are not very functional. It was therefore agreed that microplanning be done at ward level in consultation with relevant village-level structures, and information flows had to be adjusted accordingly.”

This need for functioning government structures on a broader scale highlights the fact that a one-off pilot which gives good results may not necessarily bode well for scaling up. Ian Thorpe, UNICEF Headquarters, comments: “I’m not convinced by the ‘small but perfect’ argument. You may get much better results, but they will likely be much harder to scale nationally. My own view is that it is better to get good results across several localities or facilities with different levels of capacity, if you are to make the case for scaling, as you have more realistic evidence about the challenges to build on”.

Private sector partnerships are another important area. For example, investing in open source technology that has a critical mass of users behind it is a core principle of UNICEF programming. One of the great advantages of open source systems is they attract a vast number of developers who build on the platform free of charge, and an extensive network of stakeholders committed to the



In the Spotlight: Kenya

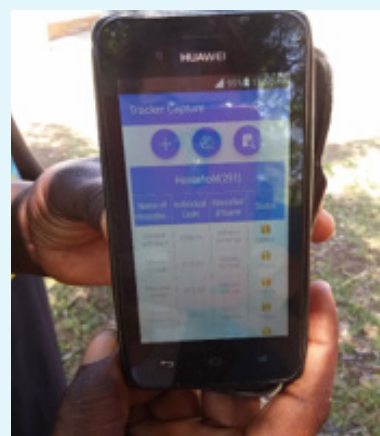
Capitalizing on high mobile phone penetration and decreasing phone costs

UNICEF Kenya is supporting the roll-out of new a new mobile app for community health workers to collect standard community HMIS data in support of the RMNCAH scorecard. This involves the provision of smart phones, data bundles, community health worker training and ongoing technical support.

Raphael Pundo, Consulting Health Informatician, University of Nairobi School of Computing and Informatics, which is partnering UNICEF Kenya in the initiative, comments: “Data need to be collected by government staff, so over time they get used to the technology, they find it useful and friendly, and there is a demand for similar technologies going forward. The most exciting thing is the use of entry-level smart phones costing between \$40 and \$60 which are now readily available and which will become even more cost-effective in the next few years. These are cheap but durable enough to provide a long service, with longer battery life. So, the capital cost is reduced and the usability of these devices prolonged”.

As part of plans for sustainability the county governments are to fund ongoing internet connectivity for the phones used by community health workers.

Raphael Pundo concludes: “UNICEF’s focus on NRTM is really exciting and this is where monitoring and evaluation is headed. We will see a lot of movement on this going forward, seeing many counties within Kenya and other countries taking up this NRTM tool and moving away from very costly Unstructured Supplementary Service Data (USSD) implementations. Kenya is a good trialing ground as there is very high mobile penetration here and semi-literate members of the population still use mobile money on their phones.”



Mobile phone interface of the Community Health Information System used by community health workers in Homa Bay Kenya to collect data to populate the scorecard

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open source product. This contributes to the longevity of the service and to the sustainability of the investment. DHIS2 is now used by 60 governments, and this popularity means there is a large pool of vendors to ensure the most qualified cost-effective support is available.

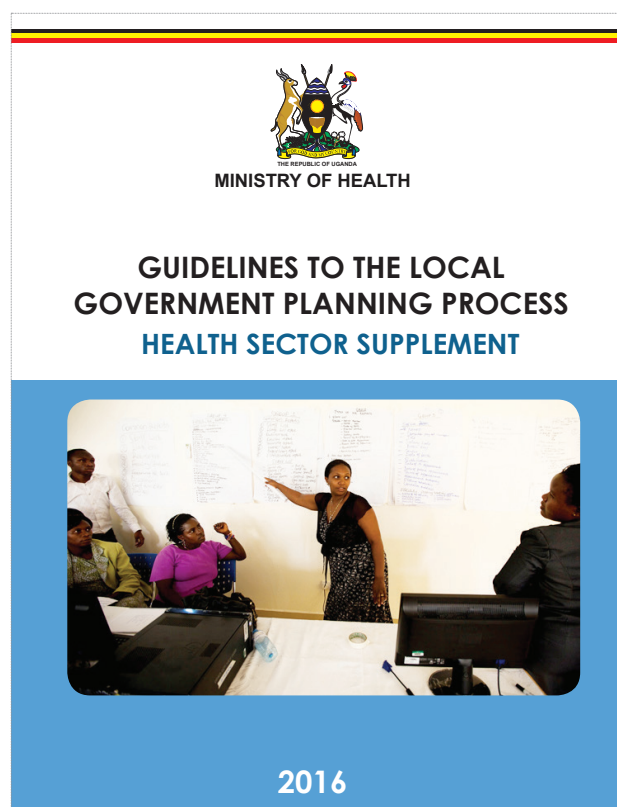
Georgia Hill, Innovation Lead, UNICEF ESARO, comments: “Using open source software is one of UNICEF’s innovation principles. The PMR Initiative’s sustainability is a key consideration for its success and strengthening national systems using open source tools is crucial to the long-term impact.”

Sean Blaschke adds: “Adopting common standards means you can build common, cost-effective tools. African countries will have a digitized HMIS decades before some developed countries because of this approach.”

Aligning with government accountability frameworks

For an initiative to be sustained, it must align with existing government management and monitoring systems or have mechanisms which can become institutionalized. All countries have initiated quarterly performance review meetings among district health staff to generate updated action plans and allow for the monitoring of responses at the community level. Dr. Flavia Mpanga, UNICEF Uganda, observes: “We need to ensure these review meetings can be sustained. We have done some simple calculations that show Uganda will need only \$600,000 per annum for every district to do quarterly reviews to assess performance using the scorecard and determine whether bottlenecks are reducing and make programme adjustments. The benefit is immense in terms of the eventual reduction of maternal and child mortality. There is an investment case to be written on the savings made as a result of this approach, and how that easily offsets the annual monitoring cost”.

In Uganda, the use of the RMNCAH scorecard and principles of BNA and subsequent development of priority interventions have been incorporated into the Ministry of Health’s Guidelines to the Local Government Planning Process 2016. The PMR initiative has therefore



Uganda Ministry of Health Guidelines to the Local Government Planning Process 2016.

been fully institutionalized in government policy, with all districts now mandated to use NRTM and BNA to inform their District Health Plans.

A key area for eliciting government accountability is citizen engagement. Various lessons have been learned about addressing the problem of effectively scaling community feedback via technology platforms and associated meetings and dialogues, and making these sustainable.

- In Kenya, a citizen engagement hotline for communities was planned. However, an analysis revealed the cost to be prohibitive. It was therefore decided to use community meetings for citizen feedback, as these build on established local practices. Dr. Edward Addai, UNICEF ESARO, comments: “The initiative has created a sustainable and scalable citizen feedback mechanism based on technology. However, the UNICEF Kenya team instead took a community-based approach where feedback is gathered through meetings. This approach is valuable in exploring inequities and in drilling deep into particular problems and challenges, but it is not easy to go to scale: it takes much longer and requires much more investment

than other approaches.” While it is important to provide contextual solutions, it is also critical that new opportunities are explored and exploited, rather than having a focus on historical investments.

- In Swaziland, UNICEF created networks of partners to respond to feedback given through the SMS citizen engagement. For example, the National Emergency Response Council on HIV/AIDS was trained to reply to the large number of questions from young people on HIV and AIDS.
- In Uganda, while UNICEF believes community dialogues/barazas are important components of community health information systems and service provision performance monitoring, it was not clear how these could be held regularly over the long term. Health facilities are therefore mandated to hold community dialogues to understand customer perspectives of the BNA, supplemented by citizen feedback using the U-Report platform.

Conclusion

After only a three-year implementation period, the PMR Initiative is successfully advancing UNICEF’s work with governments and partners to promote effective, scaled up and sustainable NRTM practices in support of results for maternal and child health.

Sustainability has been built into the initiative by using existing systems and capacities in the proof of concept. Strong national partnerships have been built to ensure government is in the driving seat and owns the practice going forward. The initiative has also been designed with scale in mind. All the initial fixed costs and technical expertise are covered by the initiative including creating the public goods and tools in terms of NRTM technology. In terms of replication, only relatively small investments are now needed for e.g. maintenance and training. A knowledge management system which accompanies the initiative and includes an online community of practice, will assist with this process of sharing good practice and lessons, and cost-effective and simple replication.

Meanwhile the use of adaptive programming embraced by the initiative, has allowed for responsive and flexible planning and is a better approach for scaling as it gives the opportunity to reflect upon and adjust things that are not working, rather than waiting for an end evaluation. Thomas Hurley, Deputy Director, Office of Multilateral Partnerships, Bill and Melinda Gates Foundation, comments: “As a philanthropic organization, we have a unique role to play. This initiative is a great example of how we provide catalytic funding that supports innovations that supports the evidence-base, but is a bit risky. We are a learning organization and we want our partners to take risks. What we see here is four countries that have taken four different paths. They all took risks, they all learned a lot and where we are today, is a much better place.”



Community dialogue meeting in Siaya County Kenya, where CHVs and community members agree priority actions to address poorly performing indicators of the RMNCAH scorecard.

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“This initiative is a great example of how we provide catalytic funding that supports innovations that supports the evidence-base, but is a bit risky. We are a learning organization and we want our partners to take risks. What we see here is four countries that have taken four different paths. They all took risks, they all learned a lot and where we are today, is a much better place.”

Thomas Hurley, Deputy Director,
Office of Multilateral Partnerships,
Bill and Melinda Gates Foundation

Edward Addai, UNICEF ESARO, agrees: “This has been an incredible learning experience. It would be good to treat each country as a laboratory where stakeholders from other countries can go for social learning so that replication can be faster. We could structure the initiative slightly differently and take a more modular approach, creating demand at each stage. So, for example, we would get the NRTM side working to create demand with partners for quality of data through data use, then bring in citizen engagement, each in, say, three-month

stages. That way you are building credibility gradually and creating a solid foundation with stakeholders as you go, which could lend itself more readily to scaling up”.

The next step is moving the scale up into the national budget for each country which will be the thrust of UNICEF’s advocacy work going forward. Other sectors beyond health and nutrition can become the focus of NRTM, so that the benefits can also be proved in areas such education or WASH.



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Further information

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