

HEALTH SYSTEMS 20/20 CARIBBEAN MONITORING & EVALUATION PLAN REVISED APRIL 2013

Revised April 2013



April 2013

Cooperative Agreement No.: AID-538-LA-12-00001

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I. MONITORING AND EVALUATION PLAN

Under the Health Systems 20/20 Caribbean project, Abt Associates and its partner HEU/Centre for Health Economics of the University of the West Indies (UWI-HEU) will continue the technical assistance program we initiated under the Health Systems 20/20 (HS 20/20) and Strengthening Health Outcomes *through* the Private Sector (SHOPS) projects. The Abt team will work to build improved health financing capacity and leadership to ensure long-term sustainability of health and HIV programs in seven countries (Antigua and Barbuda, Barbados, Dominica, Grenada, St. Kitts and Nevis, Saint Lucia, and St. Vincent and the Grenadines). This Monitoring and Evaluation Plan summarizes project indicators and targets for the period August 20, 2012-December 31, 2013¹, including the source and frequency of data collection.

The monitoring and evaluation (M&E) plan will play an important role in the Health Systems 20/20 Caribbean project by setting targets for financing system improvements and providing a management tool to keep the project focused on the ultimate objective of stronger financial sustainability of HIV/AIDS programs in the eastern Caribbean. Our project management team will be responsible for measuring the project's results, monitoring the successful completion of activities, and meeting reporting requirements for USAID. Data collected for monitoring and evaluation will be used to inform program implementation and will be shared with other partners in the region for their planning purposes.

The project's timeframe is short. Measurement of outcomes and impacts typically requires a longer period of analysis. Measuring financial sustainability inherently is a long-term effort, and these countries' needs for basic data to inform sustainability planning are substantial. Therefore, the plan below, while relatively limited in scope, is realistic and feasible in focusing on activities and outputs for the coming year; over a longer timeframe, they will link to the broader outcomes and impacts outlined in the log frame model (represented visually in Annex I).

The theory of change underlying this project assumes that with improved financial data and training on how to interpret and use that data, countries can create evidence-based policies to address documented resource needs for the health sector in general and HIV specifically. Policies that are rooted in analysis of financial and epidemiological data will lead to better health resource allocations, greater equity in healthcare access, and eventually improved health outcomes. The availability of data, and improved skills to interpret and use it, also help lead to better ongoing management, necessary course corrections, and greater overall ownership. In sum, improved use of financial data promotes adequate and appropriate resource allocation for health and HIV, which in turn facilitates quality service provision and finally improved health outcomes.

Plan for collecting qualitative and quantitative information. Several of the activities (National Health Accounts [NHA], HIV subaccounts, costing studies) will directly generate data contributing to the indicators below. We will also collect information from Ministries of Health (MOH) to document use of data generated through this project. Document reviews and qualitative interviews with other stakeholders will be used to supplement discussions with MOH leaders as needed.

¹ Pending approval of a proposed no-cost extension to the project period of performance.

Indicators and targets. Given the project’s one-year duration, we will utilize a logical framework that includes proposed indicators primarily at the process and output level. The final annual project report will be the main reporting mechanism, with some indicators available on a quarterly basis.

No.	Indicators	Target (Country)	Source	Frequency	Assumptions
1	# of countries where full National Health Accounts (NHA) estimation has been completed	2 (St. Kitts and Nevis, Dominica)	NHA reports	end of project	Consistent participation of government and private sector officials
2	# of countries where HIV subaccounts completed	2 (St. Kitts and Nevis, Dominica)	NHA reports	end of project	Consistent participation of government and private sector officials
3	# of tools, templates, and mechanisms developed and delivered for improved counterpart financial management	2 (Antigua, St. Lucia)	project reports	quarterly and end of project	
4	# of countries with unit costs for HIV clinical services estimated	2 (Antigua, Grenada)	project reports, strategic plans	end of project	
5	# of Ministry of Health (MOH) staff trained in costing and/or use of cost data	10 (Antigua, Grenada)	project reports, attendance lists	quarterly and end of project	Training leads to increased capacity for financial management.
6	# countries where National Health Insurance preparatory analyses submitted to MOH	0 (Grenada)	project reports	end of project	
7	# of economists at regional institutions with strengthened capacity to provide health financing technical assistance	3	project reports, interviews with regional institution staff	end of project	Key staff at UWI-HEU will be able to lead National Health Accounts and HIV subaccounts estimations independently.
8	# of regional events or meetings at which the project disseminates findings or contributes to regional policy discussions	3	project reports	quarterly and end of project	Participating in such events magnifies the impact of USAID’s investments and contributes to knowledge translation.

Annex 1: Logical Framework for the Financial Sustainability Project

