Annex VI

Resource Mapping Exercise:
Rationale & Importance

FDRE Ministry of Health
August 2016

Why Resource Mapping? Governments are facing *increased resource constraints* coupled with a *lack of visibility* into health spending

Multiple challenges…

- Increasing resource constraints

- Increasing attention on greater 'value for money' and 'efficiency and effectiveness'

- Need for more transparency and accountability from all stakeholders

…can be addressed with a resource mapping tool

- A planning tool to reduce duplication and improve coordination and resource allocation;

- A resource mobilization tool to derive detailed gap analyses against costed national plans

- A harmonization tool to minimize multiple financial and programmatic data requests;

- A means to increase transparency and accountability across stakeholders in the health sector

Governments are being asked to do more with less, but do not have all the necessary information to do so!
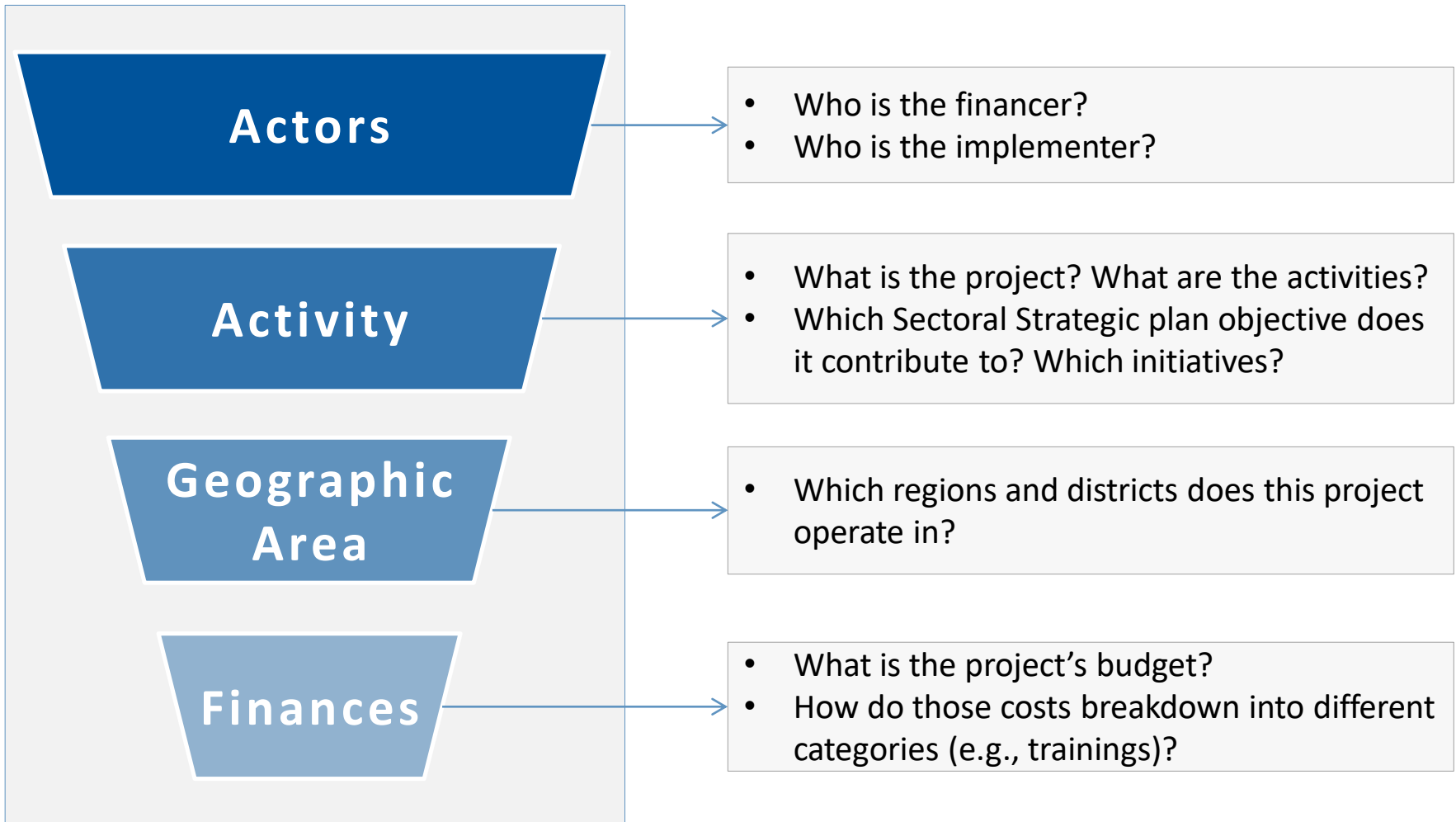
In Ethiopia MoH has three primary uses for resource mapping data

- **Assisting the district-based planning process**
  - All activity information will be distributed to each district so to assist integration and planning with implementing partner activities

- **Partner Harmonization**
  - The Resource Mobilization Directorate uses the data to identify concurrent activities between MoH and IPs to better harmonize efforts

- **Allocation efficiency and Gap Analyses**
  - MoH uses the data to analyze if the current priorities are receiving sufficient funding and where funding gaps are
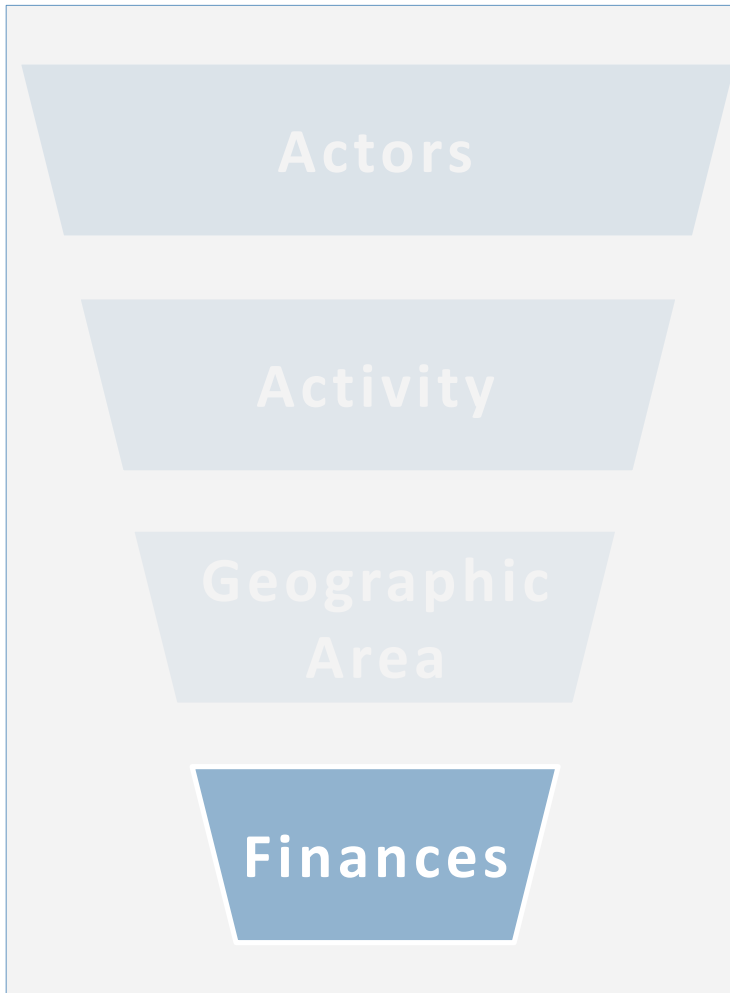
The annual resource mapping exercise captures 4 levels of information about all health programs

Actors
- Who is the financer?
- Who is the implementer?

Activity
- What is the project? What are the activities?
- Which Sectoral Strategic plan objective does it contribute to? Which initiatives?

Geographic Area
- Which regions and districts does this project operate in?

Finances
- What is the project's budget?
- How do those costs breakdown into different categories (e.g., trainings)?

Finances are also broken down into Funding Channels

Actors

Activity

Geographic Area

Finances

Donor funds can flow through one of 3 Channels:

- **1A (MoFEC, un-earmarked)**

Funding goes into the government's account and is disbursed though government procedures. the disbursement and accounting functions remain with MOFEC, BOFEDs, and WoFED offices. Health sector support

- **1B (MoFEC, earmarked)**

Funding goes into the government channel and the money is earmarked for specific use. GAVI Vaccine

- **2A (MoH, unearmarked)**

Funding flows directly into accounts managed by health sector units and without earmarks. Eg MDG pool fund

- **2B (MoH, earmarked)**

Funding flows directly into accounts managed by health sector units and the money is earmarked for specific use. Eg CIFF nutrition

- **3 (non-governmental)**

Funding does not enter government accounts and is expended out of government procedures.

How is the data collected? Resource mapping collects data in a basic excel based tool, allowing for simple and standardized data input by multiple stakeholders

Resource Mapping Tool Snapshot

What? | Who? | What strategic plan objectives will it contribute to? | Where? | With how much? | When?

- The tool is a **basic spreadsheet** that is easy for data to be inputted by **multiple stakeholders** and then aggregated into a master data set

- All categories are **pre-defined and standardized** so to collect a standardized data set that is comparable across development partners, and government

- Web-based platform is possible, but should be considered on a case-by-case basis

How long does Resource Mapping take? The resource mapping exercise typically takes approximately four months to complete

Completion of the whole process is expected to take 11-16 Weeks (4 Months)

	1-2 Weeks	2 Weeks	4 Weeks	4-6 Weeks	Continuously
Resource Mapping Activity	• Agreement from all stakeholders on level of detail of data to collect	• Setting-up of Excel tool and testing • Train entities on data entry	• Data gathering	• Data cleaning, quality checks and validation • Analysis	• Dissemination • Continuous use and identification of entry points

Guiding Principles

- Process is completed hand in hand with MOH counterparts
- Final data set validated with all those having made submissions prior to dissemination
- Followed up with support to institutionalize data collection, analysis and application
- Extra time may be necessary, particularly during the first round, in order to provide varying levels of support during data entry phase

How can Resource Mapping inform in-country decision-making? Outputs of resource mapping can inform decision making continuously throughout the year

Resource Mapping Analyses	Multiple opportunities throughout the year to inform decision making

- Funding, programs, activities and strategies by:
  - Funding source/ implementing agency
  - Cost category
  - Activity
  - Geographic location

- Investments measured against:
  - Epidemiological data
  - International benchmarks
  - Strategic plan resource projection

- Annual government budget and planning negotiations

- Mid year budget review (if revisions are necessary)

- Partner budget negotiations (i.e. Country Operational Plan)

- Proposal development (i.e. GFATM Concept Note development)

- Development of donor and gov't business cases

- Development of health sector wide or disease specific strategic plans

- Partner investment planning

How does Resource Mapping fit within the broader financial system? This annual process can help quantify available resources and inform gap analyses

1

How much will the HIV response plan cost to execute?
Projected need
i.e. costed plans

2

What resources are available to fund this plan?
Projected available funding
i.e. resource mapping
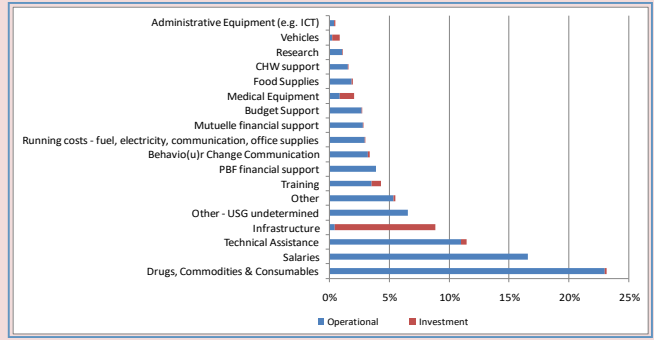
3

What is the gap between the $$ needed and the $$ available?
Demand – Supply = Gaps
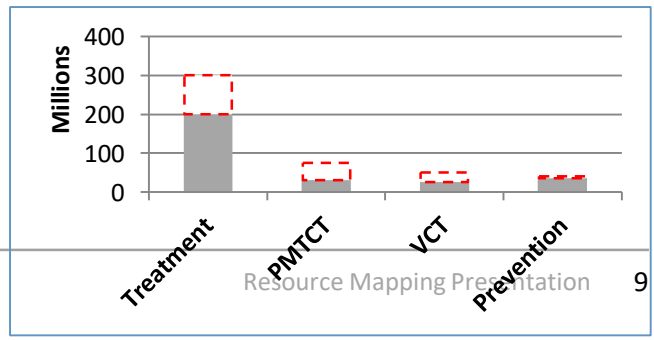
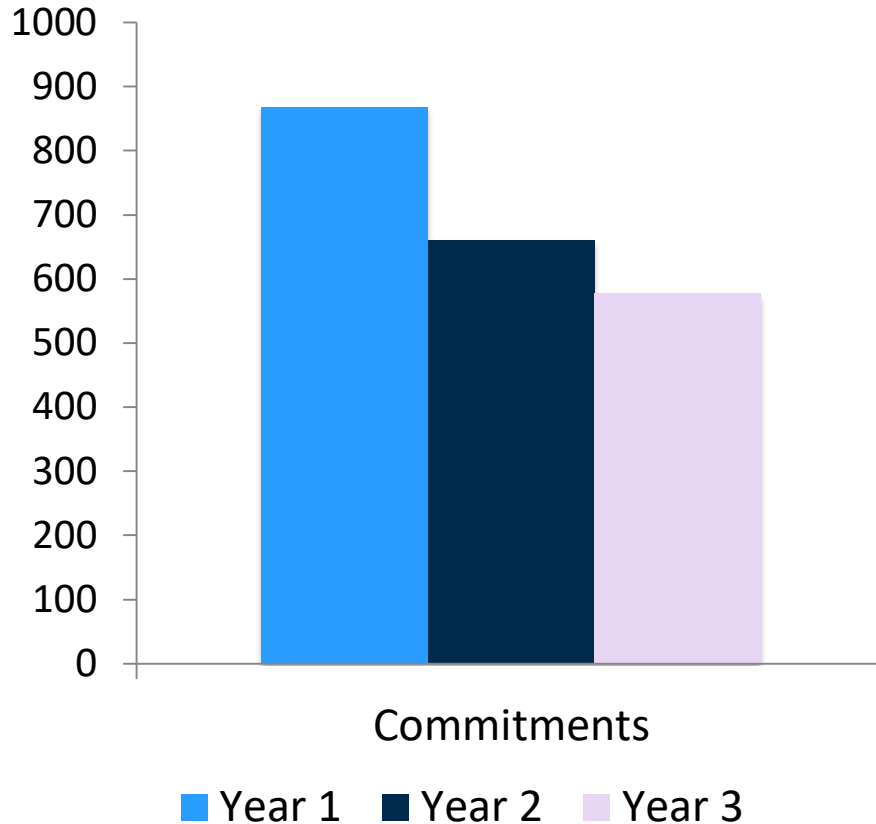# Sample findings to understand the process

The exercise captures donors' expenditure for the current year and commitments for the next year

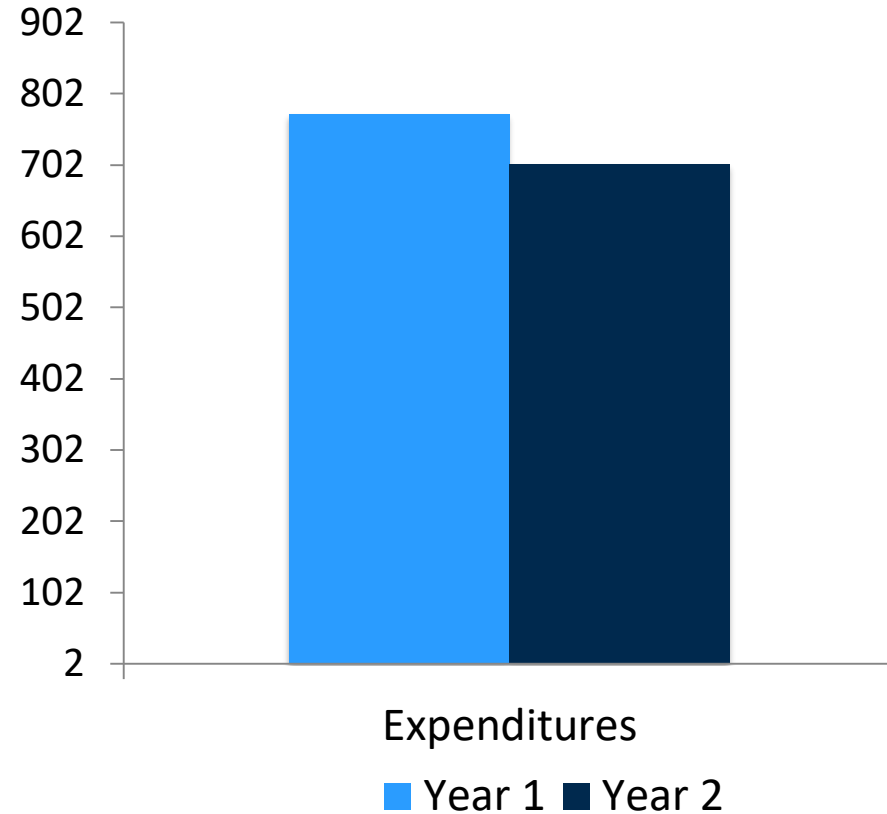**Total Health Commitments**
USD Million • Includes funds to be mobilized

**Total Health Expenditures**
USD Million

The resource mapping exercise shows the priority areas funded by donors

**Year 1 Total Expenditure**
USD Million

- Communicable diseases
- Health system strengthening
- Reproductive health
- Non communicable diseases
- Vaccines
- Family Planning
- Nutrition
- Child Health
- Tuberculosis
- Regional system support
- NON-CLASSIFIED/UNPLANNED
- Wereda system support
- Other

Communicable diseases, $153

Health system strengthening, $117

Reproductive health, $91

Non communicable diseases, $73

Vaccines, $57

$44

$41

$30

$27
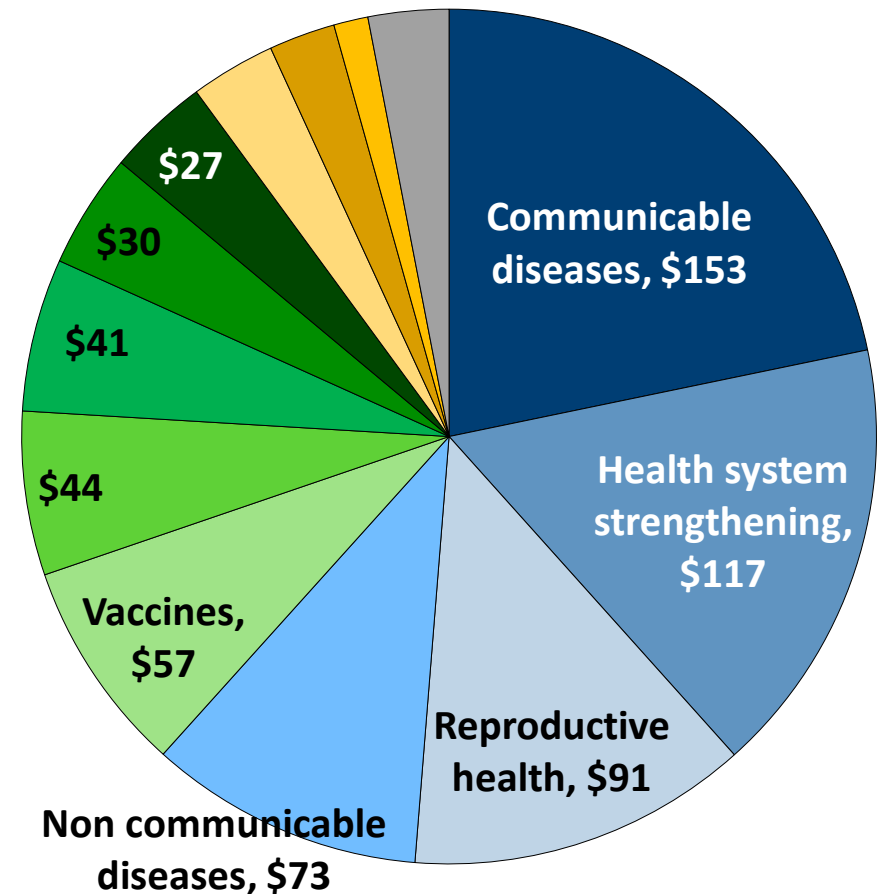
The resource mapping exercise can capture whether donors' priorities change across time.
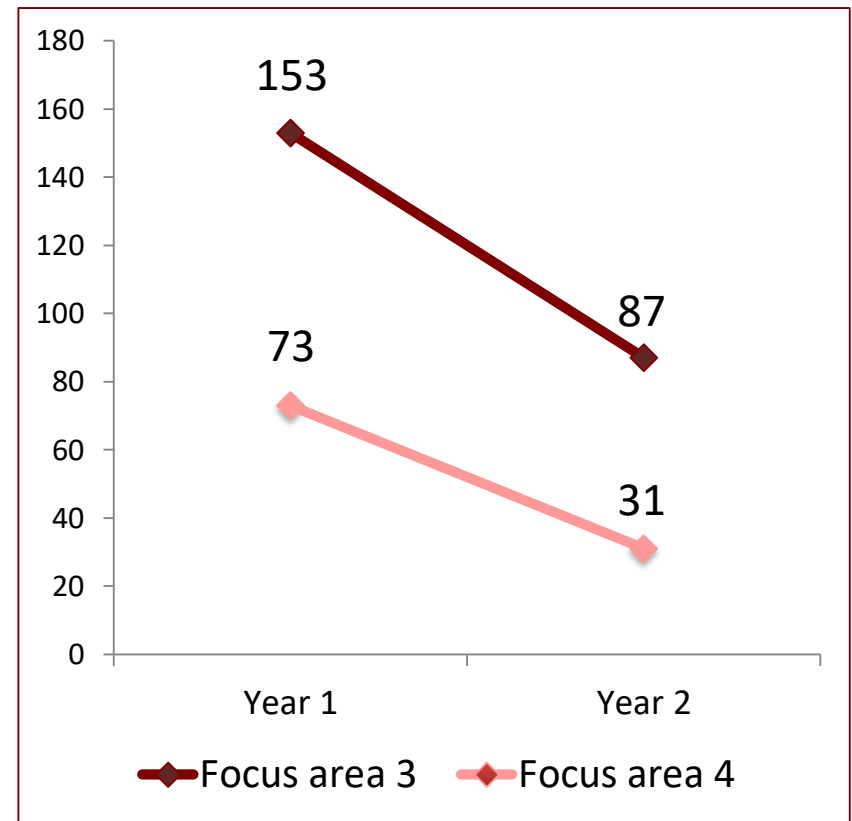
Trend in focus area 1 and focus area 2
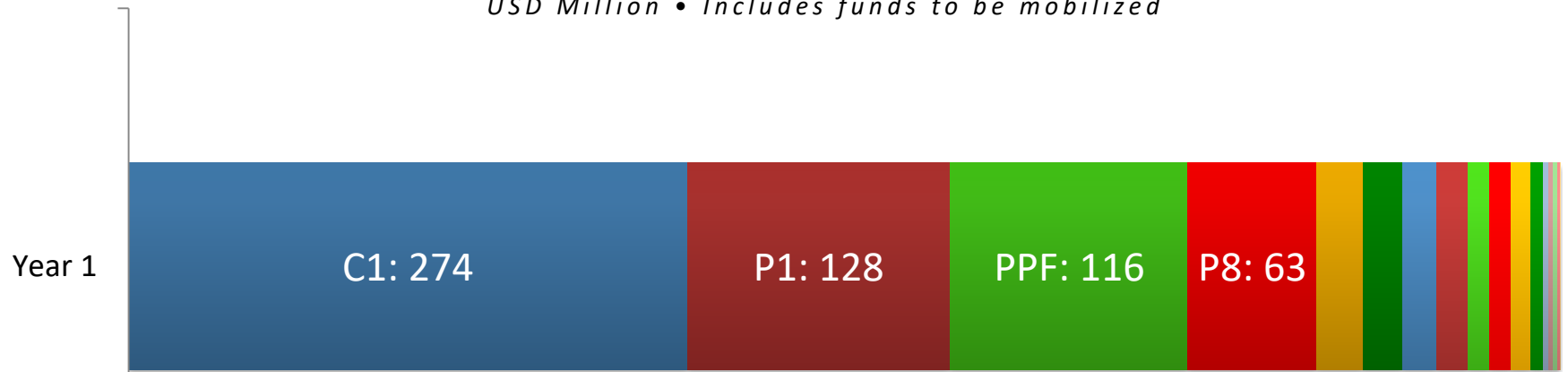*USD Million • Includes funds to be mobilized*
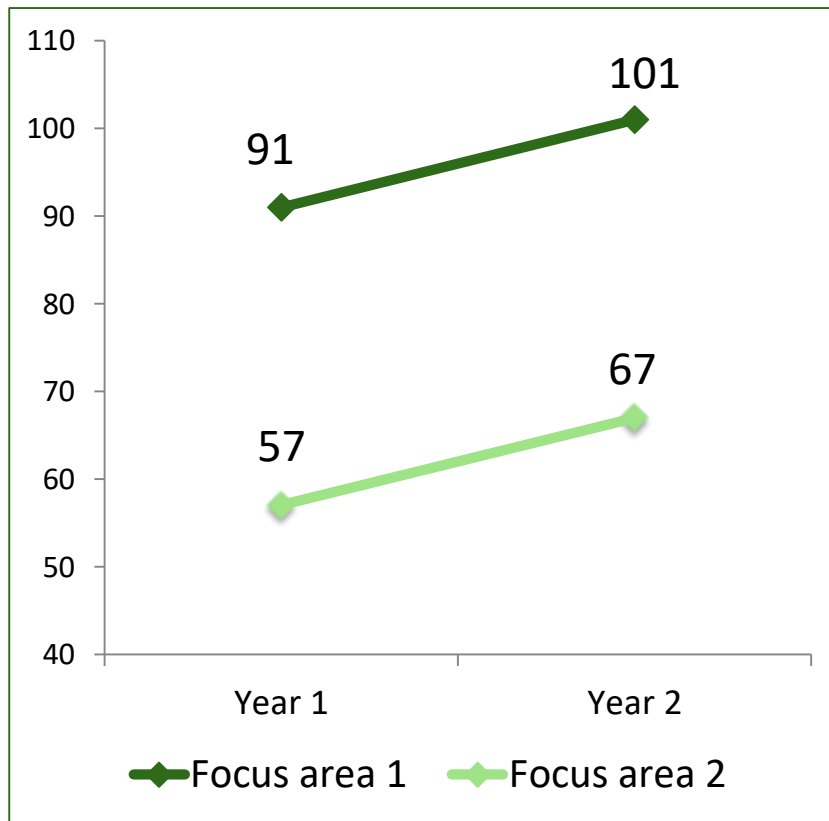
Trend in focus area 3 and focus area 4
USD Million • Includes funds to be mobilized

The Resource mapping exercise can show donors' alignment with National Plan objectives

Funding by objective for Year 1
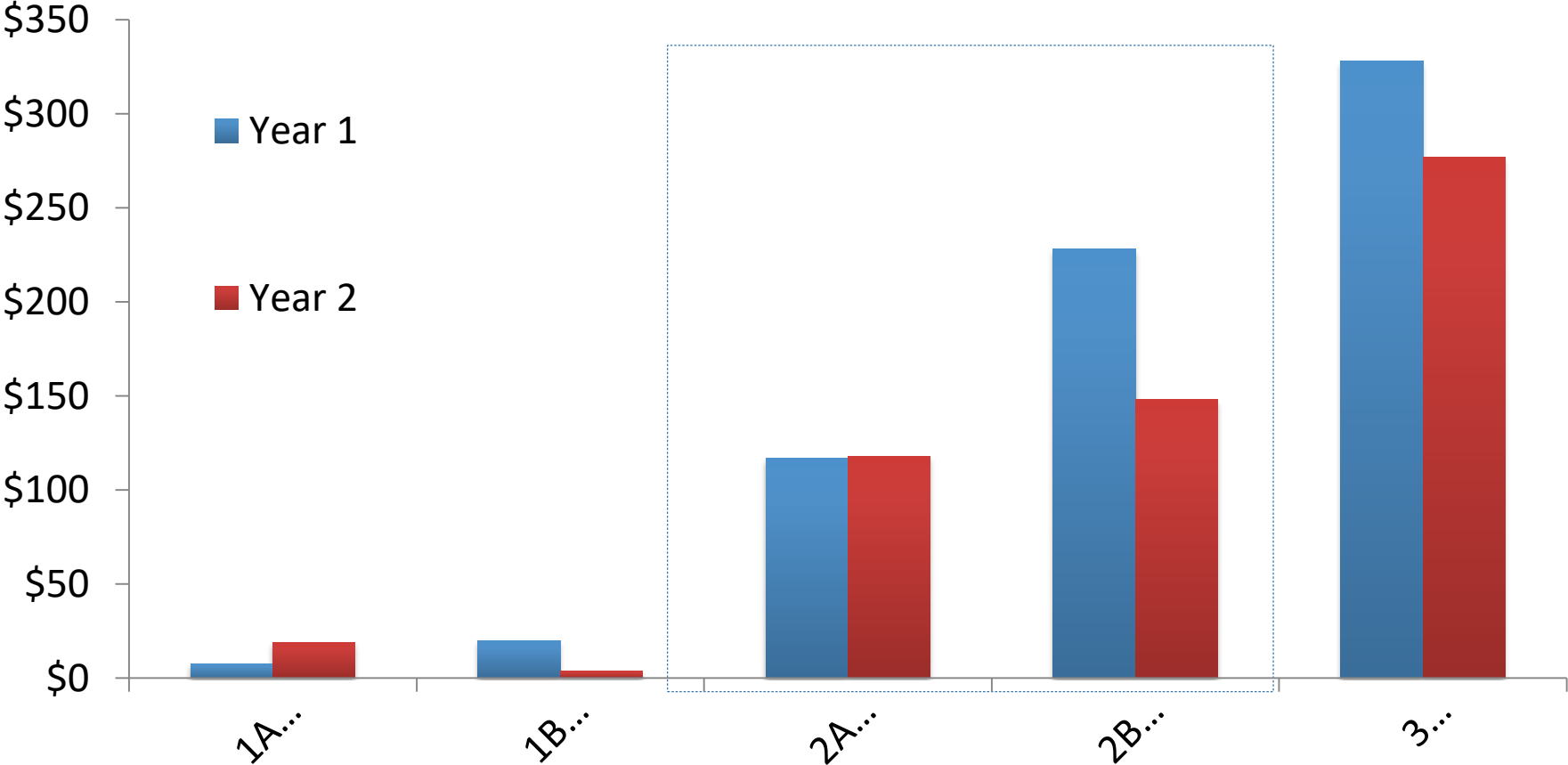*USD Million • Includes funds to be mobilized*

Year 1

| C1: 274 | P1: 128 | PPF: 116 | P8: 63 | |

- ■ C1: Improve Health Status
- ■ PRIORITY POOLED FUND
- ■ CB2: Improve Development & Management of HRH
- ■ Other
- ■ CB3: Improve Health Infrastructure
- ■ F1: Improve Efficiency and Effectiveness
- ■ C2: Enhance Community Ownership
- ■ CB1: Enhance Use of Technology & Innovation
- ■ P2: Improve Health Emergency Risk Management

- ■ P1: Improve Equitable Access to Quality Health Services
- ■ P8: Improve Research and Evidence for Decision-Making
- ■ P3: Enhance Good Governance
- ■ CB4: Enhance Policy and Procedures
- ■ P5: Improve Supply Chain and Logistic Management
- ■ P7: Improve Resource Mobilization
- ■ P4: Improve Regulatory System
- ■ P6: Improve Community Participation & Engagement

The Resource mapping exercise shows which are the preferred channels of funding by donors

Year 1 & Year 2 donors contributions by Funding Channel
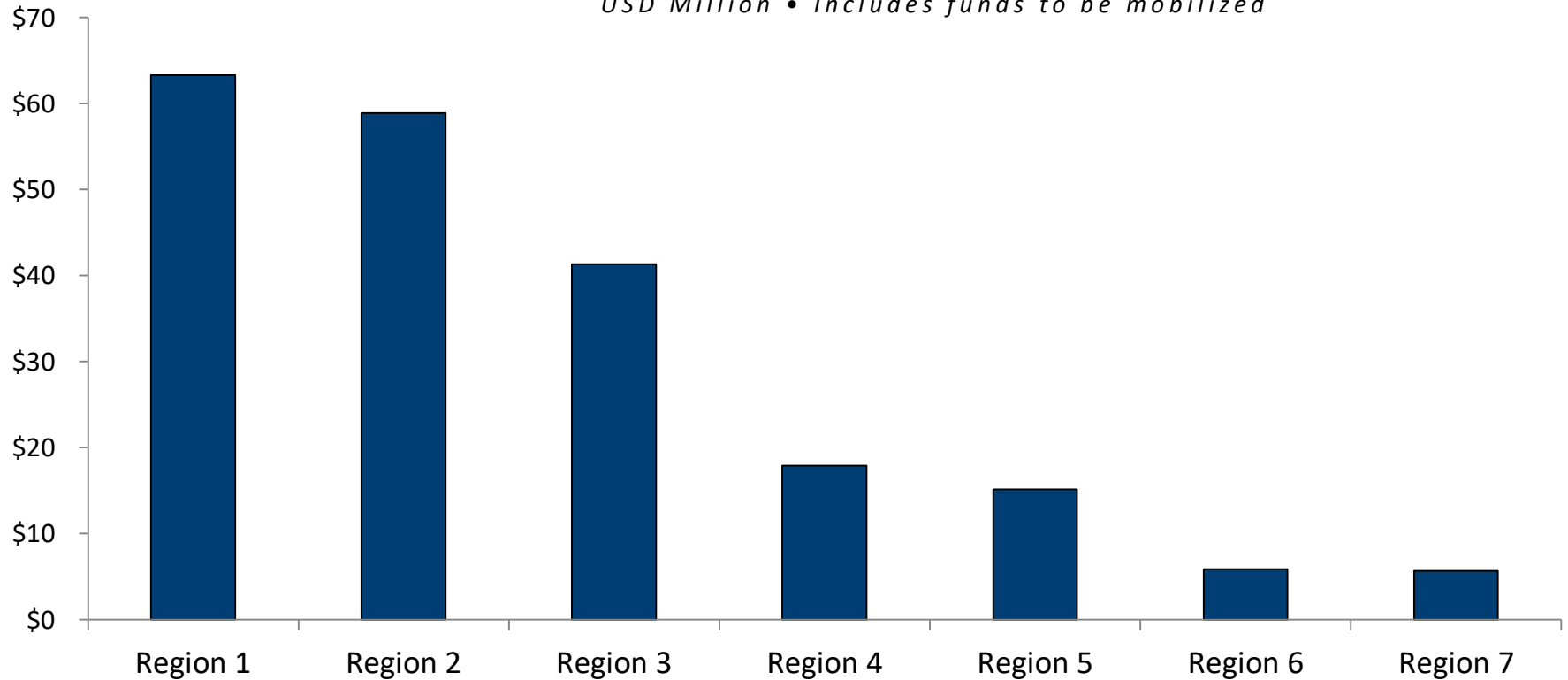■ *USD Million Includes funds to be mobilized*

The resource mapping exercise captures the geographical distribution of donors' funding

Year 1 Expenditures by Region
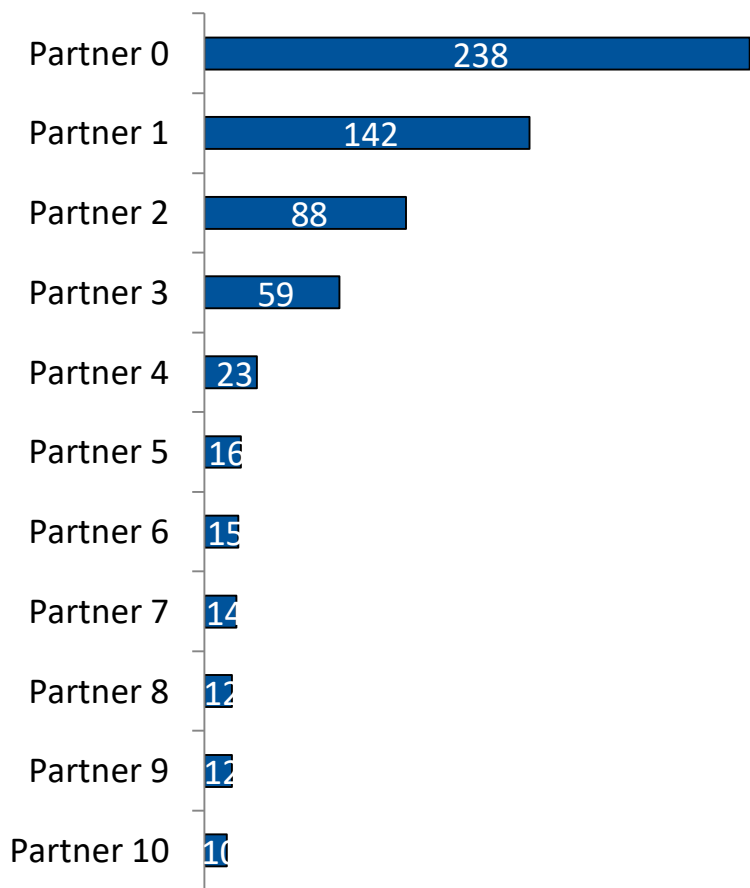*USD Million • Includes funds to be mobilized*

The Resource mapping exercise identifies who are the main funding partners and which funding channels they prefer
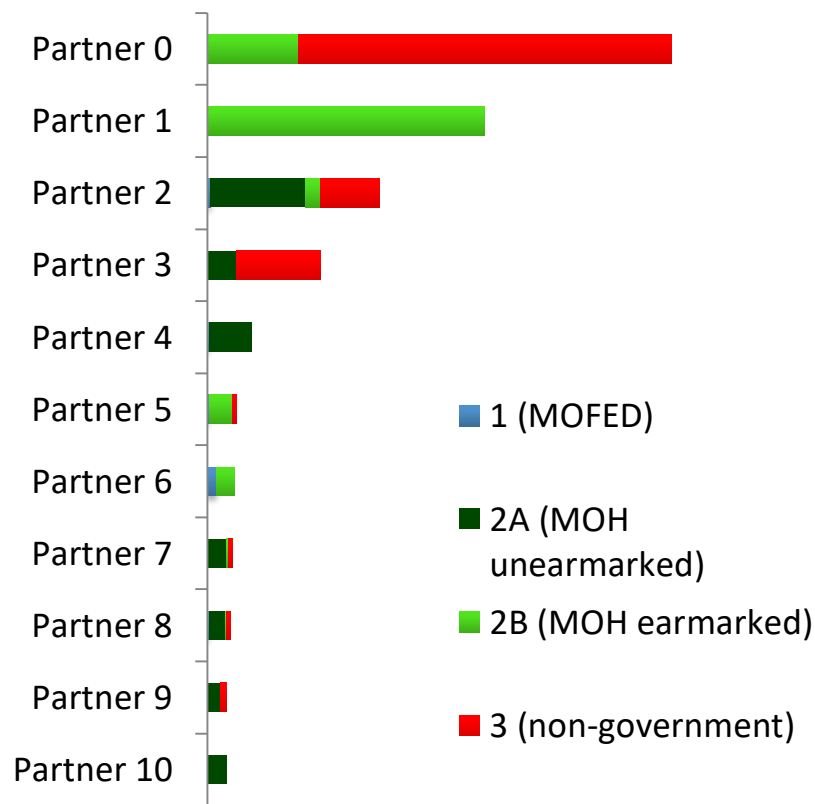

Year 1 10 Largest Funding partners
USD Million

- Partner 0: 238
- Partner 1: 142
- Partner 2: 88
- Partner 3: 59
- Partner 4: 23
- Partner 5: 16
- Partner 6: 15
- Partner 7: 14
- Partner 8: 12
- Partner 9: 12
- Partner 10: 10

Year 1 largest Funding partners commitment by channel
USD Million

Legend:
- 1 (MOFED)
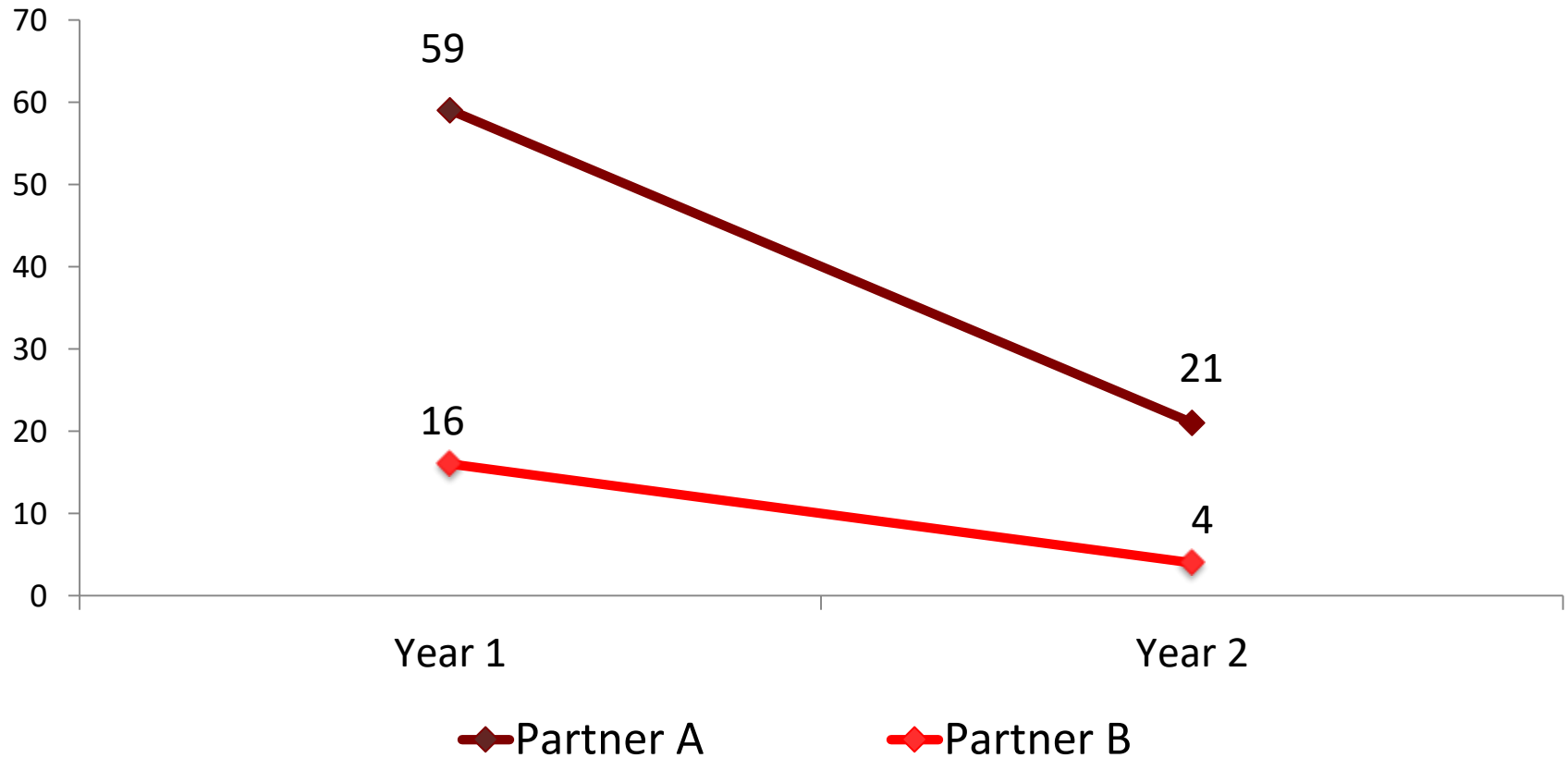- 2A (MOH unearmarked)
- 2B (MOH earmarked)
- 3 (non-government)

The exercise can detect donors who decide to cut their contributions to the health sector across time

Funding trends for two of the main donors from Year 1 to Year 2

USD Million

All Directorates of the MoH can make significant use of this data for its planning purposes

- Resource Mapping can answer questions around how much is being spent by donors on various programs and where those programs are operating

- Program-specific or region-specific reports can be accessed

- Team Leaders can use the data to assist the annual planning process or answer the following questions:

Are donors spending money in a harmonized manner?
Are we planning activities to maximize patient outcomes?
Which critical areas are under-funded and need to be advocated for?

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Thank YOU!!