



Monitoring and Evaluating the HSS

Attachment to: Vanuatu Health Sector Strategy (HSS), 2021-2030

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Table of Contents

Foreword from Director Corporate Services, Policy and Planning	2
1. Purpose and background	4
1.1 Why do we need an M&E Plan?	4
1.2 How will the M&E plan be actioned?	4
1.3 Who will use the information from the M&E System?	5
1.4 How will their information needs be met?	6
1.5 How will MOH and partners work together on M&E related to the HSS?	6
2. Implementation	7
2.1 How will progress be monitored?	7
2.2 How will the HSS be evaluated?	14
2.3 How will data be collected?	14
2.4 How will data be managed?	16
2.5 How will information be communicated?	16
2.6 How will M&E activities be coordinated, resourced and implemented?	18
2.7 When will the M&E Plan be reviewed and updated?	19

Annex 1: Glossary	20
Annex 2: Acronyms and Abbreviations	21

Foreword from Director Corporate Services, Policy and Planning



As Director responsible for Health sector planning, I am very pleased to present the Monitoring and Evaluation (M&E) Plan for the Health Sector Strategy 2021-2030 (HSS). The overarching aim of this Monitoring and Evaluation Plan is to ensure that there is accountability where resources are used efficiently and effectively in order to achieve the goals of the HSS.

The **purpose** of this M&E Plan is to outline how the MOH and its partners will measure progress against the goals and strategic objectives of the HSS, and the impact of these strategies on the health system and health outcomes. This M&E plan was developed alongside the HSS through the policy and planning Unit in close consultation with the Ministry of Health Executive and the four HSS working groups with several key development partners.

Through the development and implementation of an improved and more unified approach to M&E, it is expected that this M&E Plan will contribute to:

- A *shared understanding* of what MOH and partners are trying to achieve, and how.
- *Collective ownership* and responsibility for implementing the HSS and measuring results.

- An improved ability to document, attribute and *communicate progress and achievements*.
- *Evidence-informed lessons* on what works and why in the health sector.
- *Improved accountability* by MOH staff and partners, for the resources they use.
- More informed *strategic decision making*, particularly by the MOH Executive and DSPACC.

I wish to register my greatest gratitude to the chairs and members of the four working groups of the HSS, other Ministry of Health staff, our development partners and those who supported the development of this HSS M&E Plan.

May I take this opportunity to thank all people who have contributed in one way or another, big or small, my heartfelt gratitude for continually supporting the work and services provided by the Ministry of Health to achieving a healthy and wealthy Vanuatu.

Tankio tumas!



Posikai Samuel Tapo
Director
Corporate Services, Policy and Planning



Attachment of the HSS |

Monitoring and Evaluating the HSS

1. Purpose and background

1.1 Why do we need an M&E Plan?

The **purpose** of this M&E Plan is to outline how the MOH and its partners will measure progress against the goals and strategic objectives of the HSS, and the impact of these strategies on the health system and health outcomes. It has been developed by the MOH Policy and Planning Unit, in close consultation with the Ministry Executive, the four HSS working groups and several key development partners.

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- *Improved accountability* by MOH staff and partners, for the resources they use.
- More informed *strategic decision making*, particularly by the MOH Executive and DSPACC.

1.2 How will the M&E plan be actioned?

The M&E Plan takes a ‘cascading’ and ‘staged’ approach to implementing M&E over the 10-year period of the HSS. This will enable MOH and partners to build on what works and to develop locally owned data collection tools, capacity and data management processes.

At the same time, it is expected that MOH and partners will work to strengthen health monitoring, evaluation, research, information systems and information in line with the strategic objectives of the HSS (most notably, those associated with Strategic Goal 5). In effect MOH and partners will be ‘building the ship as they sail it’. Efforts will be made to ensure that the outcomes of this work reinforce, coordinate with and build on existing systems and capacity, and do not produce parallel systems or information.

1.3 Who will use the information from the M&E System?

Their Role	Need for M&E information?	What info do they need?	How will they use info?	Where to get info from?
Audience: MOH Executive and DSPACC				
The key decision-making authorities. responsible for overseeing and managing the delivery of HSS strategies.	To make strategic decisions and set the direction of the health sector (in collaboration with partners).	<ul style="list-style-type: none">• Current health context, trends and issues (including potential future and emerging issues)• Partnerships and the strategic direction of the health sector• Resourcing and budgeting• Progress towards achieving the HSS vision, goals and strategic objectives• National, international and regional reports	<ul style="list-style-type: none">• Inform Executive Committee Meeting discussions and decisions• Conduct annual reflections• Lead the development of Annual Business Plans and five-year Corporate Plans• Draft the Annual Development Report (February/March each year)• Develop the Health Report Card• Report against international obligations to WHO, SPC and the UN Agencies	<ul style="list-style-type: none">• Directly from the Policy and Planning Unit (and other MOH units)• From partners M&E systems
Audience: Health staff, development partners, other Government Ministries and Departments and civil society partners				
Health Sector partners and contributors, who will support the implementation of HSS strategies.	To understand where and when to partner, and who to work with.	<ul style="list-style-type: none">• On the effectiveness of their individual investments (whether they be investments in time, money, in kind resources and/or effort)• On the contribution of their investments to the broader change outlined in the HSS (to improved health systems and outcomes)• On whether their investment efforts represent the best value for money• For reporting onward to their stakeholders	<ul style="list-style-type: none">• To inform partnership decisions and planning• To inform their own reporting	<ul style="list-style-type: none">• By reviewing MOH reports and statistics (i.e the Annual Development Report and Health Report Card)• Through MOH and provincial level counterparts¹• Via requests to the Policy and Planning Unit
Audience: The public				
Potential beneficiaries from any improved health services and systems, they are a key stakeholder in the outcomes of HSS related efforts.	To make informed choices regarding their health and the health of their family members.	<ul style="list-style-type: none">• High level information on how well the health sector is performing, the accessibility of services, and the quality, location and time services can be accessed	<ul style="list-style-type: none">• To make personal and family decisions	<ul style="list-style-type: none">• Health facilities and direct contact with health workers• MOH, provincial authorities and partners’ communication products (in person, through social media and/or via traditional media)

1 MOH staff and provincial authorities will need access to up-to-date and accurate information to convey information.

1.4 How will their information needs be met?

This M&E Plan has been designed to answer a series of Key Monitoring Questions (KMQs) and Key Evaluation Questions (KEQs), aligned to the information needs of the audiences (outlined above) in keeping with the HSS vision, goals and strategic objectives. The KMQs (see Table 1) and KEQs (see Table 2) will drive the development and implementation of the M&E system.

KMQ 1 focuses on the HSS vision and KMQ 2 on attainment of the Strategic Goals. Each has been broken into sub-KMQs to highlight the critical elements of each KMQ.

The KEQs have been developed with consideration of the OECD Development Assistance Committee criteria for evaluation², and an additional criterion of ‘equity’ which aims to highlight the importance of inclusive health and universal health care coverage.

1.5 How will MOH and partners work together on M&E related to the HSS?

Five principles underpin how MOH and partners will approach M&E. These principles will guide the ongoing development, growth and refinement of the M&E systems as more action focused Corporate, Business and other Plans (and results frameworks) are developed to realise the strategic vision and goals of the HSS.

- 1) **Be utilisation-focused and locally owned:** M&E systems and processes will be developed first and foremost with a focus on producing useful information that can inform decision making by the MOH Executive and DSPACC, in a way that promotes local ownership. Ni-Vanuatu ways of knowing, knowledge generation and knowledge sharing will be prioritised and embraced.

- 2) **Use logic:** M&E systems and processes will seek to use and test logic. They will identify and seek to measure results at multiple levels, test assumptions and capture learning.
- 3) **Be meaningful and efficient:** Key stakeholders’ pressing information needs will be prioritised. Indicators, targets and data sources that are no longer useful will be let go. Duplicate systems will be eliminated.
- 4) **Build on what works and learn:** Tried and tested data collection tools, indicators, data sources, approaches and systems will be used as much as possible, including approaches that have been proven to work well with local communities. Good practices will be scaled up and shared, where appropriate. When new practices are needed, approaches will start small and/or be piloted. Learning about M&E will be documented and shared.
- 5) **Support inclusivity and diversity:** M&E systems and process will be designed to support and further equity and inclusion. At a minimum, data will be disaggregated by age, sex, location and disability. Other social determinants and socio-economic factors will be included where relevant, practical and ethical. Partnerships with marginalised groups will be fostered to support better and more inclusive data collection, analysis and reporting practices (embracing the ‘nothing for us, without us’ principle).

2. Implementation

2.1 How will progress be monitored?

A series of key performance indicators (KPIs) will be the focus of HSS monitoring. These indicators have been aligned to the sub-KMQs and will be reported annually through the Health Report Card (see HSS).

Table 1: HSS Key Monitoring Questions




Vision level	<p>KMQ 1: To what degree is the HSS vision being realized?</p> <p>Sub-questions:</p> <ul style="list-style-type: none">• KMQ 1.1: What is the current health and wellbeing status of the population?• KMQ 1.2: Is the health system decentralized and effective?• KMQ 1.3: Is primary care supported by strong secondary and tertiary health care?• KMQ 1.4: To what degree is strong and effective leadership promoting health sector governance?
Goal level	<p>KMQ 2: What progress is being made against the HSS goals and strategic objectives?</p> <p>Sub-questions:</p> <ul style="list-style-type: none">• KMQ 2.1: Are all people who need health care able to receive it (without financial hardship)? (Goal 1)• KMQ 2.2: Is there equitable access to affordable, quality health care? (Goal 2)• KMQ 2.3: Do the public have confidence in the health care system and services? (Goal 2)• KMQ 2.4: Is the health system more resilient to health shocks? (Goal 3)• KMQ 2.5: Is there better prevention, detection and management of communicable diseases? (Goal 3)• KMQ 2.6: Have there been improvements in healthy lifestyles and health-seeking behaviours? (Goal 4)• KMQ 2.7: Is there stronger health sector management, accountability and governance? (Goal 5)• KMQ 2.8: Are evidence-based policies and plans and stronger monitoring and information systems informing health sector management? (Goal 5)• KMQ 2.9: Are partnerships supporting the greater health needs of the people of Vanuatu? (Goal 6)

2 OECD (2021), “The six criteria: Their purpose and role within evaluation”, in *Applying Evaluation Criteria Thoughtfully*, OECD Publishing, Paris, <https://doi.org/10.1787/dedc34d7-en>

KMQ 1: To what degree is the HSS vision being realized?

KMQ	KPI #	KPI	Indicator Reference	Where can we get the data?	Who is responsible?	How often?
KMQ 1.1: What is the current health and wellbeing status of the population?	1.1a	# of under five years of age deaths	Core Indicator Framework (CIF); NSDP SOC 3.3.3	Health Information System (HIS) (existing data)	Health Information Unit Manager	Annually
	1.1b	# of maternal deaths	CIF; NSDP SOC 3.1.2	HIS (existing data)	Health Information Unit Manager	Annually
	1.1c	# of neonatal deaths (infants <1 month)	CIF	HIS (existing data)	Health Information Unit Manager	Annually
	1.1d	# of deaths (disaggregated by cause)	n/a – new indicator	Civil Registry	Director of Hospitals and Curative Services	Annually
KMQ 1.2: Is the health system decentralized and effective?	1.2a	Proportion of open health centres and dispensaries with all of the selected subset of essential equipment	CIF	Master Health Facility List	Principal Health Planner	Annually
	1.2b	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	SDG 3.B.3	Master Health Facility List	Principal Pharmacist	Annually
	1.2c	% of fully functional Health Facilities according to Role Delineation Policy	NSDP SOC 3.1.3	Human Resources Management Information System (HRMIS) (staffing)	Human Resources Management and Development (HRM&D) Manager	Annually
				Assets Registry (equipment and infrastructure)	Assets and Infrastructure Manager	Annually
				Health Facilitates Audits (services)	Principal Health Planner	Annually
	1.2d	Coverage of essential health services	SDG 3.8.1	Physical Accessibility Study	Principal Health Planner	3-5 years
	1.2e	Examples of locally-driven initiatives	n/a – new indicator	Reports from Managers/ Provincial Authorities	Principal Health Planner	Annually
KMQ 1.3: Is primary care supported by strong secondary and tertiary health care?	1.3a	# of referred patients with standardised patient referral form complete	Inclusive Health WG	HIS (existing data)	Health Information Unit Manager	Annually
	1.3b	# of outpatient visits (per 100,000) (disaggregated by facility level)	WHO Global Health Observatory	HIS (existing data)	Health Information Unit Manager	Annually
	1.3c	# of specialists (doctors and nurses) compare against the standards in the Clinical Services Plan	n/a – new indicator	HRMIS (staffing)	HRM&D Manager	Annually
KMQ 1.4: To what degree is strong and effective leadership promoting health sector governance?	1.4a	# of changes in the senior health management structure in the last year	n/a – new indicator	HRMIS (staffing)	HRM&D Manager	Annually
	1.4b	MOH Executive and Provincial Health Executive convening on a regular basis	n/a – new indicator	Meeting minutes	MOH Executive Officer; Provincial Health Administrators	Annually

KMQ 2: What progress is being made against the HSS goals and strategic objectives

Goal	Sub-KMQ	KPI #	KPI	Indicator Reference	Where can we get the data?	Who is responsible?	How often?
 Goal 1: Ensure all people of Vanuatu who need health services receive them, including women, youth, the elderly and vulnerable groups, without undue financial hardship	2.1: Are <u>all</u> people who need health care able to receive it (without financial hardship)?	2.1a	Average number of outpatient visits to hospitals, health centres, dispensaries and aid posts per person per year Target - proportionate numbers attending	CIF	HIS (existing data)	Health Information Unit Manager	Annually
 Goal 2: Rebuild the public's confidence in our health system by reinforcing public health and clinical service delivery and ensuring equitable access to affordable, quality health care	2.2: Is there equitable access to affordable, quality health care?	2.2a	Number of skilled health workers per 10,000 population (stratified by cadre)	CIF; NSDP SOC 3.1.1	HIS (existing data)	Health Information Unit Manager	Annually
		2.2b	Deliveries with skilled birth attendants (%)	CIF	HIS (existing data)	Health Information Unit Manager	Annually
		2.2c	Diphtheria, tetanus toxoid and pertussis (DTP3) immunisation coverage among 1-year olds (%)	Health Report Card	HIS (existing data)	Health Information Unit Manager	Annually
	2.3: Do the public have confidence in the health care system and services?	2.3a	% of the public who report that their experience with the health system is high quality, accessible and affordable	n/a – new indicator	Client Satisfaction Survey	Principal Health Planner	2-3 years
 Goal 3: Redesign our health system to be more resilient to health shocks caused by disease outbreaks, disasters and climate change while we better prevent, detect and manage communicable diseases	2.4: Is the health system more resilient to health shocks?	2.4a	% of attributes attained based on International Health Regulation Index (IHR) including health emergency preparedness	CIF; NSDP SOC 3.4.2	State Parties Annual Self-Assessment of IHR	Director of Public Health	Annually
	2.5: Is there better prevention, detection and management of communicable diseases?	2.5a	Malaria annual parasitic incidence (API)	CIF; SOC 3.2.3	Public Health Information System	EPI Manager	Annually
		2.5b	TB incidence per 100,000 population	CIF; NSDP SOC 3.2.2	Public Health Annual Report	TB and Leprosy Program Manager	Annually
		2.5c	# of people that have been detected and appropriately treated for HIV, STIs, TB, NTDs, VBDs, viral hepatitis, ARI, ILI	Public Health WG	HIS (treatment) and Public Health Annual Report	Director of Public Health	Annually
		2.5d	# of monthly surveillance reports received on time by each reporting health facilities	Public Health WG	HIS (existing data)	Health Information Unit Manager	Annually



Goal 4:
Optimise real improvements in population health and well-being through promotion and active facilitation of healthy lifestyles and health-seeking behaviours

2.6: Have there been improvements in healthy lifestyles and health-seeking behaviours?	2.6a	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	SDG 3.4.1	HIS (existing data)	Health Information Unit Manager	Annually
	2.6b	# of diabetic related lower limb amputations	CIF; NSDP SOC 3.2.1	HIS (existing data)	Health Information Unit Manager	Annually
	2.6c	Prevalence of obesity amongst the adult population	NSDP indicator	STEPS survey	Director of Public Health	Every 5 years
	2.6d	Prevalence of high blood pressure in adult population	Health Report Card	STEPS survey	Director of Public Health	Every 5 years
	2.6e	Prevalence of stunting	Healthy Islands Monitoring Framework (HIMF) 3.14	Vanuatu Demographic and Health Survey	Health Information Unit Manager	Every 5 years
	2.6f	% of children attending health facilities who are a) moderately or b) severely underweight	n/a – new indicator	HIS (existing data)	Health Information Unit Manager	Annually
	2.6g	People with access to improved water supply	HIMF 4.3	Vanuatu Demographic and Health Survey / Census	Environmental Health Unit Manager	Every 5 years
	2.6h	People with access to improved sanitation facilities	HIMF 4.4	Vanuatu Demographic and Health Survey / Census	Environmental Health Unit Manager	Every 5 years
	2.6i	Proportion of infants 0-5 months exclusively breast-fed	HIMF 3.1	Vanuatu Demographic and Health Survey	Health Information Unit Manager	Every 5 years



Goal 5:
Revitalise health sector management capacity and systems at all levels, including accountability through corporate and clinical governance and leadership with evidence-based policies and plans supported by strong monitoring and information systems

2.7: Is there stronger health sector management, accountability and governance?	2.7a	# of clinicians in leadership positions	Hospital and Curative Services WG	HRMIS	Director of Hospitals and Curative Services	Annually
	2.7b	% of corporate positions within MOH filled on permanent basis	CIF; NSDP SOC 3.4.2	HRMIS	HRM&D Manager	Annually
	2.7c	% of units with current strategic plans in place that link with the HSS	CIF	Annual Review of Unit Strategic Plans	Principal Health Planner	Annually
	2.8a	% of MOH staff, health managers and administrators who report that they have access to and have used information to manage their unit or program	Corporate Services WG	Health Managers Survey	Principal Health Planner	Annually
	2.9a	% of new and existing partners who are aligning their support to the HSS	n/a – new indicator	Partnership agreements and work plans (Finance unit monitor)	Principal Health Planner	3-5 years

2.2 How will the HSS be evaluated?

The HSS will be evaluated every five years, to inform the development of the 2026 Corporate Plan and next HSS. Evaluations will be guided by the KEQs (see Table 2) and completed by an evaluation team made up of internal stakeholders and independent experts. The exact composition of the evaluation team, final KEQs and sub-KEQs,

approach and timing for each evaluation will be outlined in an Evaluation Plan. The Policy and Planning Unit, with support from key partners, will be responsible for coordinating the development of the Evaluation Plans and overseeing the completion of the evaluations in keeping with the HSS.

Table 2: Illustrative HSS Key Evaluation Questions

<i>KEQ 1: To what degree are we contributing to expected change? (effectiveness)</i>
<i>KEQ 2: What assumptions have held true? What have not? Why? (effectiveness)</i>
<i>KEQ 3: Are the HSS strategies impacting on the health and wellbeing of the population (including on marginalized groups)? (impact)</i>
<i>KEQ 4: How equitable are the health outcomes? (equity)</i>
<i>KEQ 5: Are our strategies the right strategies to influence the change we want to see? (relevance)</i>
<i>KEQ 6: Are we engaging with the right types of partners at the right time to influence change? (relevance)</i>
<i>KEQ 7: Are we making the most of the resources (human, financial, in kind) that we have available? (efficiency)</i>
<i>KEQ 8: Are the health gains and system improvements sustainable? (sustainability)</i>
<i>KEQ 9: How do we compare to other similar health systems and international best practices? (coherence)</i>

2.3 How will data be collected?

As outlined in Section 2.1, data will be collected from a variety of new and existing data sources. The key data sources are briefly described below.

Health Information System (HIS): Vanuatu currently uses the District Health Information System version 2.0 (DHIS2) and Patient Information System (PIS) to collect and report information from health facilities across Vanuatu. The system is overseen by

the Health Information Unit Manager with support from WHO. Data is entered into DHIS2 by HIS Officers based in the provincial health offices, and into the PIS by two HIS Officers based at Vila Central Hospital and Northern Provincial Hospital. Much of the data collected is routine clinical data, which is compiled in DHIS2 and housed at the national office.

Civil Registry: The Civil Registration and

Vital Statistics Department registers all vital events in Vanuatu such as births, deaths (including foetal and still birth) and marriages. Civil Registration has sub-registration offices in each province and at the sub-district level. The Director of Hospital and Curative Services is the MOH focal point for liaising with Civil Registration.

Master Health Facility List: This is the complete, authoritative listing of health facilities. It includes information on each facility, including the facility name, unique facility identifier, location, contact information, type, ownership, and operational status. The Master Health Facility List is maintained and updated through the Policy and Planning Unit on an annual basis.

Human Resources Management Information System (HRMIS): The HRMIS for the MOH is maintained by the Human Resources Management Unit, in keeping with Public Service Commission directives. It contains information on individual employees at the MOH, including information on their recruitment, performance, benefits and career progression.

Assets Registry: The Asset Management Unit maintains a register of all MOH Infrastructure assets. The Asset Registry includes information on all buildings, water and power supplies, communications, transport and medical equipment.

Health Facility Audits: The Health Facility Audit is an annual process that is currently being developed to assesses the resourcing of health facilities in line with the Role Delineation Policy. The audits will capture information on staffing, equipment, infrastructure, training, services, management and programming at each health facility and will be captured through the completion of a ‘Supervisory Checklist’. The Principal Health Planner will be responsible for overseeing the audits and updating the Master Health Facility List with the information captured.

Physical Accessibility Study: The first Physical Accessibility to Health Services Study was completed in 2019. It sought to determine physical access to health care, the geographical coverage of the existing health network, referral times and distances between health facilities, and opportunities for scaling up services, drawing on a GIS analysis. The MOH intends to repeat this study every 3-5 years. The study will be led by the Principal Health Planner with support from partner Ministries and WHO.

Client Satisfaction Survey: A simple and succinct (5-7 questions) Client Satisfaction Survey will be administered every 2-3 years to capture perceptions of, and satisfaction with health services. It is expected that this survey will be administered via SMS, as users exit health facility visits and/or via social media. The Principal Health Planner, with support from health staff, will be responsible for overseeing the design and completion of the survey.

State Parties Annual Self-Assessment of IHR: The State Parties Annual Self-Assessment of IHR focuses on Vanuatu’s obligation “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”. As part of this obligation the MOH reports annually to the World Health Assembly on the country’s capacity to address international disease threats and other health risks. The self-assessment involves answering a series of questions via WHO’s online reporting portal.

Public Health Information System/ Public Health Annual Report: The Directorate of Public Health runs 12 core public health programs and several related subsidiary programs. Many of these programs have developed information and reporting systems that feed into national reporting (and development partner) requirements. Where possible, these

systems and reports will be used or adapted to inform several KPIs.

STEPS Survey: The WHO STEPwise Approach to NCD Risk Factor Surveillance (STEPS Survey) is a simple, standardized method for collecting, analysing and disseminating data on key NCD risk factors in countries. The survey instrument covers key behavioural risk factors: tobacco use, alcohol use, physical inactivity, unhealthy diet, as well as key physiological risk factors: overweight and obesity, raised blood pressure, raised blood glucose, and abnormal blood lipids. Expanded modules can be included to cover additional topics such as oral health, sexual health and road safety. The Director of Public Health is responsible for leading the STEPS survey every 5-10 years. The next STEPS survey is scheduled for 2022.

Vanuatu Demographic and Health Survey: Also referred to as the Multiple Indicator Cluster Survey, the Vanuatu Demographic and Health Survey aims to gather information on the health of the population to inform and assess policies and programs. Topics covered in the survey include housing conditions, maternal and child health, HIV and STIs, disability, malaria, nutrition, women's empowerment, and family planning. In the last survey (completed in 2013) a sample of household cooking salt was taken and analysed for iodine content, and anthropometric measurements, and blood samples were taken to check for anaemia in persons born in 2008 and later. The next survey is scheduled for 2025. The Health Information Unit Manager is responsible for the survey, with support from the Vanuatu National Statistics Office and partners.

Annual Review of Strategic Plans: The Principal Health Planner reviews MOH Unit Strategic Plans and Reports as part of the business planning process to ensure their alignment to the HSS on an annual basis.

Health Managers Survey: A new annual Health Managers Survey will be introduced

by the Principal Health Planner to assess health managers' perceptions of the health system, including the degree to which data is captured, reported and used. It is expected that the survey will be completed online once a year.

Partnership Agreements and Work Plans: Development Partner agreements and work plans will be reviewed every 3-5 years by the Principal Health Planner to assess the degree to which they are contributing to the HSS. Data will be disaggregated by 'on plan, on system and on budget' support, and by support type.

Evaluation Studies: It is expected that additional data collection will complement and build on the monitoring data collected by the MOH and partners (outlined above). This data collection will likely include focus groups, key informant interviews, surveys and observations. The specific data collection tools will be developed to answer the KEQs, based on the resources available, and outlined in Evaluation Plans.

2.4 How will data be managed?

The Principal Health Planner, with support from partners, will be responsible for coordinating the collection, review, validation, and compilation of M&E data in preparation for sense-making and reporting. Data will be stored in a secure centralised spreadsheet or database and analysed for trends where feasible. The Ministry Executive will quality review and approve reports and other information products before they are released to partners and the public.

2.5 How will information be communicated?

The Health Planning Unit will be responsible for overseeing and coordinating the development of information products based on the data collected in keeping with this M&E Plan. The key information products are outlined in Table 3.

Table 3: HSS M&E Information Products

M&E Product	Primary Audience	Intended Use	Frequency	Evaluation of Effectiveness
Health Report Card	MOH Executive, DSPACC, Partners	Provide a succinct update on the performance in keeping with the KPIs	Annual	Feedback from partners and staff
Annual Development Report	MOH Executive, DSPACC, Partners	Provide a detailed update of MOH performance, progress and challenges	Annual	Feedback from partners and staff
Evaluation Reports	MOH Executive, DSPACC, Partners	Provide an in-depth understanding of what is working, what is not and why in the health sector	Every 5 years	Feedback from partners and staff
Briefs	Staff, MOH Executive	Provide health sector staff with information on specific health sector issues that they can use to communicate with the public, partners and other stakeholders	As needed	Health Managers Survey
Social Media Posts	Public	To provide the public with information on health services and issues	As needed	Client Satisfaction Survey

2.6 How will M&E activities be coordinated, resourced and implemented?

The MOH Executive will lead the coordination of support and resources, with assistance from the Policy and Planning Unit and partners, via new and existing governance and coordination mechanisms. The existing Health Steering Committee, Joint Partnership Working Group, Vanuatu Health Research and Ethics Committee and Digital Health Steering Committee will all play important roles:

- **Health Steering Committee:**
The main forum for coordinating development partner support for the MOH to deliver on the HSS and monitor performance.
- **Joint Partnership Working Group:**
Aims to support the implementation of five-year Corporate and Annual Business plans, including M&E of the plans.

- **Vanuatu Health Research and Ethics Committee:** Aims to promote the quality of health research (including evaluations) that benefits the population of Vanuatu, in keeping with national priorities. The Committee will provide ethics review of any evaluations and assist with dissemination of M&E information.
- **Digital Health Steering Committee:**
Responsible for planning and developing Vanuatu's health information systems and data collection, including data that informs the HSS M&E.

A calendar for key M&E activities (evaluations, reports, workshops, etc) will be outlined in the annual Corporate Services Business Plans and detailed with a budget in the annual work plan of the Policy and Planning Unit. Table 4 provides an overview of some key HSS M&E-related activities.

2.7 When will the M&E Plan be reviewed and updated?

The HSS M&E Plan will be revisited, reviewed and updated every five years, following evaluations. This process will be led by the Principal Health Planner.

Other M&E plans/results frameworks, which feed up into the HSS M&E Plan, and which are aligned to Corporate and Business Plans, will be reviewed and updated in keeping with the Ministries planning cycles.

Table 4: Schedule of Key M&E-related Activities

Activity	Expected Completion Date
HSS M&E Plan adopted and approved, baselines established	August 2021
Corporate Plan and Business Plans and results frameworks developed in keeping with new HSS	December 2021
First Client Satisfaction Survey	January 2022
First Health Managers Survey	February 2022
First Annual Development Report and Health Report Card developed in keeping with new HSS	March 2022
STEPS Survey	June 2022
Vanuatu Demographic and Health Survey	December 2025
Physical Accessibility Study	June 2024
Mid-term Evaluation of the HSS	October 2025
Update HSS M&E Plan	December 2024
Summative Evaluation of the HSS	October 2029

Annex 1 | Glossary

What do we mean by *monitoring*?

Monitoring means collecting, tracking and analysing data to determine what is happening, where, and to whom. Monitoring uses a set of core indicators and targets to provide timely and accurate information in order to inform progress and performance reviews and decision-making processes. In the context of HSS, the indicators and targets should be linked to the strategic directions and key objectives for the health sector.³

What do we mean by *evaluation*?

Evaluation builds upon the monitoring data but the analysis goes much deeper. Additional data are often needed to take into account contextual changes and determine if change is attributable to services.⁴

3 MOH uses the WHO definitions. See O'Neill K, Viswanathan K, Celades E, Boerma T. Chapter 9. Monitoring, evaluation and review of national health policies, strategies and plans. In: Schmets G, Rajan D, Kadandale S, editors. Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016. p.1

4 Ibid.

Annex 2 | Acronyms and Abbreviations

API	Annual Parasitic Incidence
CIF	Core Indicator Framework
DHIS2	District Health Information System version 2.0
DSPACC	Department of Strategic Policy, Planning and Aid Coordination
HIMF	Healthy Islands Monitoring Framework
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HRM&D	Human Resources Management and Development
HRMIS	Human Resources Management Information System
IHR	International Health Regulations
KEQ	Key Evaluation Question
KMQ	Key Monitoring Question
KPI	Key Performance Indicator
MOH	Ministry of Health
NCD	Non-Communicable Disease
NSDP	National Sustainable Development Plan
OECD	Organisation for Economic Co-operation and Development
PIS	Patient Information System
SDG	Sustainable Development Goals
SOC	Society Pillar
STEPs Survey	STEPwise Approach to NCD Risk Factor Surveillance
STI	Sexually Transmitted Infection
TB	Tuberculosis
WHO	World Health Organization

