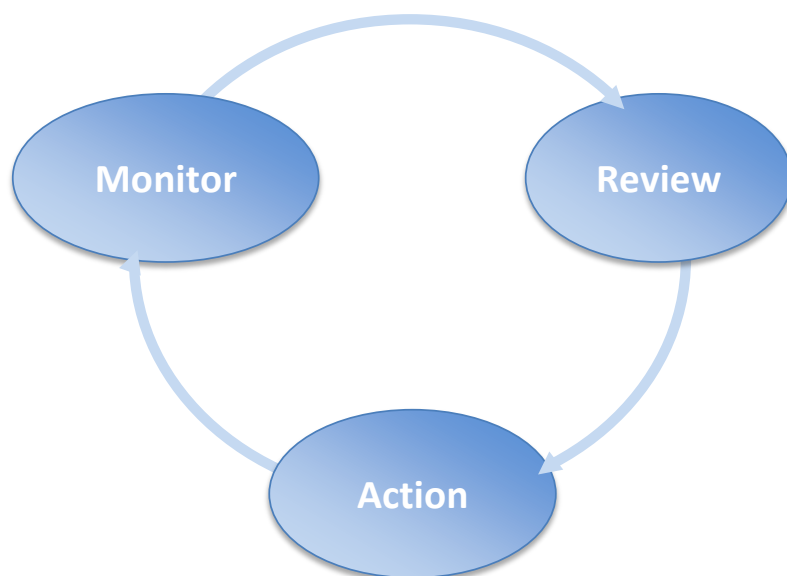


INSERT COUNTRY NAME

Country Accountability Framework

**A tool for assessing and planning implementation of
the country accountability framework for health
with a focus on women's and children's health**



18 September 2012

Purpose

1. To provide an overview of the current status of the different components of a country accountability framework, with a focus on MNCH
2. To lay the foundation for the development of a roadmap with specific activities to implement the country accountability framework
3. To serve as a general monitoring tool to track progress towards implementing the priority activities and accountability framework implementation

Information updated: INSERT DATE

Global strategy on women and children / commitment (PNMCH)			

National Health Sector Plan	Duration	Key priority areas/relevant information	Key funding partners

National RMNCH Plan (and other relevant programmatic plans - cMYP (immunization), HIV, malaria, etc.)	Duration	Key priority areas/relevant information	Key funding partners

Information updated: INSERT DATE

Key donors/partners investing in accountability activities	Approximate funding amount	Key priority areas funded/relevant information	Key funding partners
CRVS Monitoring of Results Information Communication Technology MDSR National review mechanisms Resource tracking Advocacy			

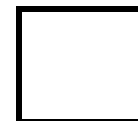
Calendar of major upcoming events/activities (e.g., national health sector reviews, programmatic reviews, Countdown events, national COIA workshop, IHP+ related events, grant development-related workshops (e.g., for GAVI or the Global Fund), etc.)	Dates	Key stakeholders involved/relevant information

Country team present at the multi-country Accountability Workshop



Score: (1) Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening ; (4) Already present, no action needed

A Civil registration and vital statistics systems (CRVS)	Situation analysis (strengths, weaknesses/gaps)	Score	Possible Actions
1 ASSESSMENT & PLAN			
a A rapid assessment of the status and practices of CRVS has been conducted in the last 5 years			Conduct rapid CRVS assessment and use results for advocacy /mobilization key stakeholders
b A full assessment of the status and practices of CRVS has been conducted and a improvement plan has been developed			Conduct full CRVS assessment and develop improvement plan
2 COORDINATING MECHANISM			
a There is an interagency coordinating committee that involves key stakeholders from civil registrar's office, national statistics office, ministry of health etc.			Establish / strengthen interagency coordinating committee involving all key stakeholders
3 HOSPITAL REPORTING			
a Hospital reporting of deaths is complete and accurate			Improve hospital reporting, use electronic reporting system
b Hospital reporting of deaths includes a cause of death, using the ICD-10, with regular quality control			Training of doctors in ICD 10; regular quality control of certification; improve coding practices
4 COMMUNITY REPORTING			
a Community births and deaths are reported, using ICT where appropriate, covering the whole country			Strengthen community reporting of births and deaths, implement innovative approaches
b Verbal autopsy (VA) is done for deaths without medical certification in the community			Strengthen community reporting through use of VA by community workers



Score: (1) Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening ; (4) Already present, no action needed

A Civil registration and vital statistics systems (CRVS)	Situation analysis (strengths, weaknesses/gaps)	Score	Possible Actions
5 VITAL STATISTICS			
a Vital statistics (fertility and mortality) are published every year, for national and subnational level, with data quality assessment			Strengthen the analytical capacity of vital statistics office, including data quality assessment
6 LOCAL STUDIES FOR MORTALITY STATISTICS (HDSS)			
a There are local health and demographic surveillance sites (HDSS) that provide regular and timely (less than 3 years old) vital statistics including cause of death that are used in annual health reviews			Develop/expand the HDSS system



Score: (1)Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening ; (4) Already present, no action needed

B Monitoring of results	Situation analysis (strengths, weaknesses/gaps)	Possible Actions
1 M&E PLAN		
<ul style="list-style-type: none"> a There is a comprehensive M&E plan for the National Health Strategy that specifies indicators, data sources, analysis, dissemination and roles and responsibilities b The RMNCH M&E plan is fully aligned with the overall health sector M&E plan and includes the 11 core RMNCH indicators 		<ul style="list-style-type: none"> Strengthen the M&E component of the NHS Review the RMNCH M&E plan(s) and align with the M&E of the NHS
2 M&E COORDINATION		
<ul style="list-style-type: none"> a There is a well-functioning national M&E coordination committee, with representation of the key constituencies (MOH, statistics, academia, civil society, development partners, UN) 		<ul style="list-style-type: none"> Establish/strengthen M&E coordinating body
3 HEALTH SURVEYS		
<ul style="list-style-type: none"> a There is a national household health survey plan b A MNCH intervention coverage survey is planned for 2012-2013 		<ul style="list-style-type: none"> Develop 10 year health survey plan Plan for a national coverage survey 2012-13, that includes RMNCH interventions
4 FACILITY DATA (HMIS)		
<ul style="list-style-type: none"> a There is a well functioning facility reporting system (HMIS) that provides subnational statistics for core indicators, with a data quality report b A facility survey for data verification and service readiness is carried out annually 		<ul style="list-style-type: none"> Strengthen analytical capacity, annual compilation of statistics from facilities with data quality assessment Conduct annual facility survey for data verification and service readiness

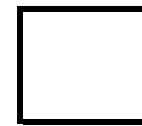
Score: (1)Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening ; (4) Already present, no action needed

B Monitoring of results	Situation analysis (strengths, weaknesses/gaps)	Possible Actions
5 ANALYTICAL CAPACITY		
a Good quality analytical reports of progress and performance are produced to inform reviews (annual, mid term, final)		Strengthen analytical capacity, involve key institutions; review contents, analyses and presentation
6 EQUITY		
a Disaggregated health data on key indicators (sex, income, minority and location) are used extensively in reviews		Strengthen equity analyses for reviews
7 DATA SHARING		
a There is a up-to-date country health data repository, including subnational data, for public access to all relevant reports and data on key health indicators		Develop/strengthen national data repository with all relevant data and reports



Score: (1) Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening ; (4) Already present, no action needed

C Maternal death surveillance and response	Situation analysis (strengths, weaknesses/gaps)	Score	Possible Actions
1 NOTIFICATION:			
a There is a national policy requiring notification of all maternal deaths (maternal death is a notifiable event within 24 hours)			Advocate/ develop national policy on maternal death notification
2 CAPACITY TO REVIEW AND ACT			
a There is national capacity to review and act as part of a system of maternal death surveillance and response			Strengthen national capacity through training in MDSR
b There is district capacity to review and act as part of a system of maternal death surveillance and response			Strengthen district capacity through training in MDSR
3 HOSPITALS/FACILITIES			
a Hospital reporting of maternal deaths is nearly complete (over 90%) and timely (within 24 hours) and provides reliable cause of death using ICD			Improve reporting by hospitals; Training in ICD certification and coding (links with CRVS)
b All maternal deaths occurring in hospitals (public and private) are reviewed			Strengthen hospital capacity and practices, including private sector
4 QUALITY OF CARE			
a Quality of care assessments are conducted in a sample of maternity facilities on a regular basis (at least once every two years)			Support a regular system of QoC assessments, with good dissemination of results for policy and planning



Score: (1) Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening ; (4) Already present, no action needed

C Maternal death surveillance and response	Situation analysis (strengths, weaknesses/gaps)	Score	Possible Actions
5 COMMUNITY REPORTING & FEEDBACK			
a All community maternal deaths are reported to districts within 24 hours			Develop / strengthen a community system of maternal death reporting and response, using ICT
b Electronic devices are used to get faster and more complete reporting from communities and to initiate response			Develop / strengthen a system of maternal death reporting and response initiation by electronic devices
c Verbal autopsies are done for community maternal deaths			Develop / strengthen VA for maternal deaths in communities
d Communities receive feedback and are involved in the review			Develop system of involving communities in review and response
6 REVIEW OF THE SYSTEM:			
The maternal death surveillance and response system is reviewed annually in terms of completeness of surveillance and quality of the response, including actions to improve quality of care			Support and strengthen review system including dissemination and use of the report



Score: (1) Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening ; (4) Already present, no action needed

D Innovation and eHealth	Situation analysis (strengths, weaknesses/gaps)	Score	Possible Actions
1 POLICY			
a A national eHealth strategy or policy has been developed, including the use of ICT for MNCH			Develop a national eHealth strategy with country leadership and broad buy in.
2 INFRASTRUCTURE			
a There is connectivity (Internet, broadband, and mobile) and infrastructure (computers) available for health reporting in urban areas, district capitals and rural areas			Determine desired outcomes and priorities for infrastructure deployment to support health services delivery and information flows.
3 SERVICES			
a eHealth services and applications are used to improve recording, reporting and performance of information systems (e.g., reporting on maternal death or immunization)			Determine the eHealth services required to support the country's priority programs and goals, particularly with respect to information flows.
b There is effective data sharing between systems (e.g. facility data on child health workload with health worker information)			
4 STANDARDS			
There are commonly agreed interoperability requirements or standards for eHealth services and application, e.g for data storing, transfer and compilation			Determine the eHealth standards and interoperability components required to support eHealth services, applications and infrastructure, as well as to support broader changes to health information flows.
5 GOVERNANCE			
There is a national coordination mechanism for eHealth, with stakeholder involvement (health and non-health) in planning and implementation.			Develop and support a strong effective coordination mechanism
6 PROTECTION			
a Data protection, legislation and regulatory frameworks exist for sharing health information.			Assure health sector, ministerial and government leadership and support. Ensure that the required program development skills and expertise are available.
b Data protection policies are enforced and adhered to			Enforce compliance to data protection policies



Score: (1) Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening ; (4) Already present, no action needed

Monitoring of resources	Situation analysis (strengths, weaknesses/gaps)	Score	Possible Actions
1 NATIONAL HEALTH ACCOUNTS (NHA) FRAMEWORK AND GOVERNANCE			
a There is an officially approved NHA framework built upon international guidelines (SHA 2011 key + beneficiaries			Develop NHA framework
b There is a formal governance mechanism that specifies coordination, management, national indicators and budget for implementing health accounts and tracking resources on key policy issues such as financial flows for RMNCH			Organize a meeting with decision makers and technical staff to develop institutional arrangements and team
2 COMPACT			
a There is a formal agreement (or compact) between government and partners that requires reporting on partner commitments and disbursements, and donor funded expenditures on health (including on flows for RMNCH).			Organize a meeting to engage government and development partners and work towards "compact"
3 COORDINATION			
a There is an NHA steering committee that provides technical oversight on data needs, methods of production and data use			Set up a steering committee, officially approved, with institutional support, and functioning using results-based management methods
b Key stakeholders are actively involved in the production of NHA (including government stakeholders at national and subnational level, CSOs, NGOS, partners, health insurance companies)			Ensure inclusion of all key stakeholders in resource tracking /NHA



Score: (1) Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening ; (4) Already present, no action needed

Monitoring of resources	Situation analysis (strengths, weaknesses/gaps)	Score	Possible Actions
4 PRODUCTION			
a There is adequate human capacity at national and subnational levels to produce NHA tables and core indicators, including on expenditure by beneficiaries for tracking flows on RMNCH			Train staff on system of health accounts 2011; train district and regional staff
b Government expenditure data conversion into NHA format is automated, including for expenditure by beneficiaries			Map government codes to NHA codes and develop IT conversion tool for NHA
c There is a central database for automated production of standard NHA tables, including tables by beneficiaries; automated production of key indicators (including COIA indicators); methods and sources are well documented and accessible			Develop /strengthen database for production of NHA
5 ANALYSIS			
a Analytical summaries are produced annually on SHA 2011 health accounts (including beneficiaries)			Strengthen analytical capacity in government and other institutions
b SHA 2011 NHA (including beneficiaries for tracking RMNCH) and indicators and analyses are publicly accessible			Disseminate report and analyses on public website
6 DATA USE			
a SHA 2011 NHA (including beneficiaries for tracking RMNCH) are an essential element of annual reviews and are used in the development of national policies, including RMNCH-specific policies			Advocate for /promote use of NHA data in policy making process



Score: (1) Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening ; (4) Already present, no action needed

Review processes	Situation analysis (strengths, weaknesses/gaps)	Score	Possible Actions
1 REVIEWS			
a Multi-stakeholder review meetings are conducted every year to review health sector performance against annual and long term goals and targets			Advocate for annual reviews that are based on the goals, targets of the NHS
b Key stakeholders are actively involved in the preparation and execution of the reviews (MOH, other sectors, academia, development partners, UN, private sector and civil society including women's organizations,)			Define at country level a calendar events to ensure better quality of the annual review process
c RMNCH programme reviews are held annually and aligned with the national health sector review			Ensure that the RMNCH appraisals are held and that findings feed into the health sector reviews
2 SYNTHESIS OF INFORMATION AND POLICY CONTEXT			
a The health sector performance reviews are informed by a good synthesis of all relevant health data, including RMNCH, with sub national analyses			Strengthen the capacity to prepare analytical reports prior to the reviews
b The reviews are informed by a systematic analysis of qualitative data , e.g. policy changes, public opinion, service provider opinions			Develop/strengthen mechanism to compile all policy / qualitative information to inform annual reviews
3 FROM REVIEW TO PLANNING			
a There are mechanisms in place to translate results of the review meeting into planning processes and resource allocation decisions at all levels			Strengthen the use of review results for planning purposes
b Annual operational planning meetings have active participation of all key stakeholders			Ensure greater involvement of all stakeholders
4 COMPACTS OR SIMILAR MECHANISMS			
a There is a country compact or similar mechanism (a government-led process of planning, coordination and facilitation of all development partners, including funding flows) and adherence is good			Ensure the existence of a single M&E framework that fits into the single national health plan
b All major development partners are committed to the country "compact", aim to align their resource allocations and adjust their budget allocation according to country review & planning outcomes			

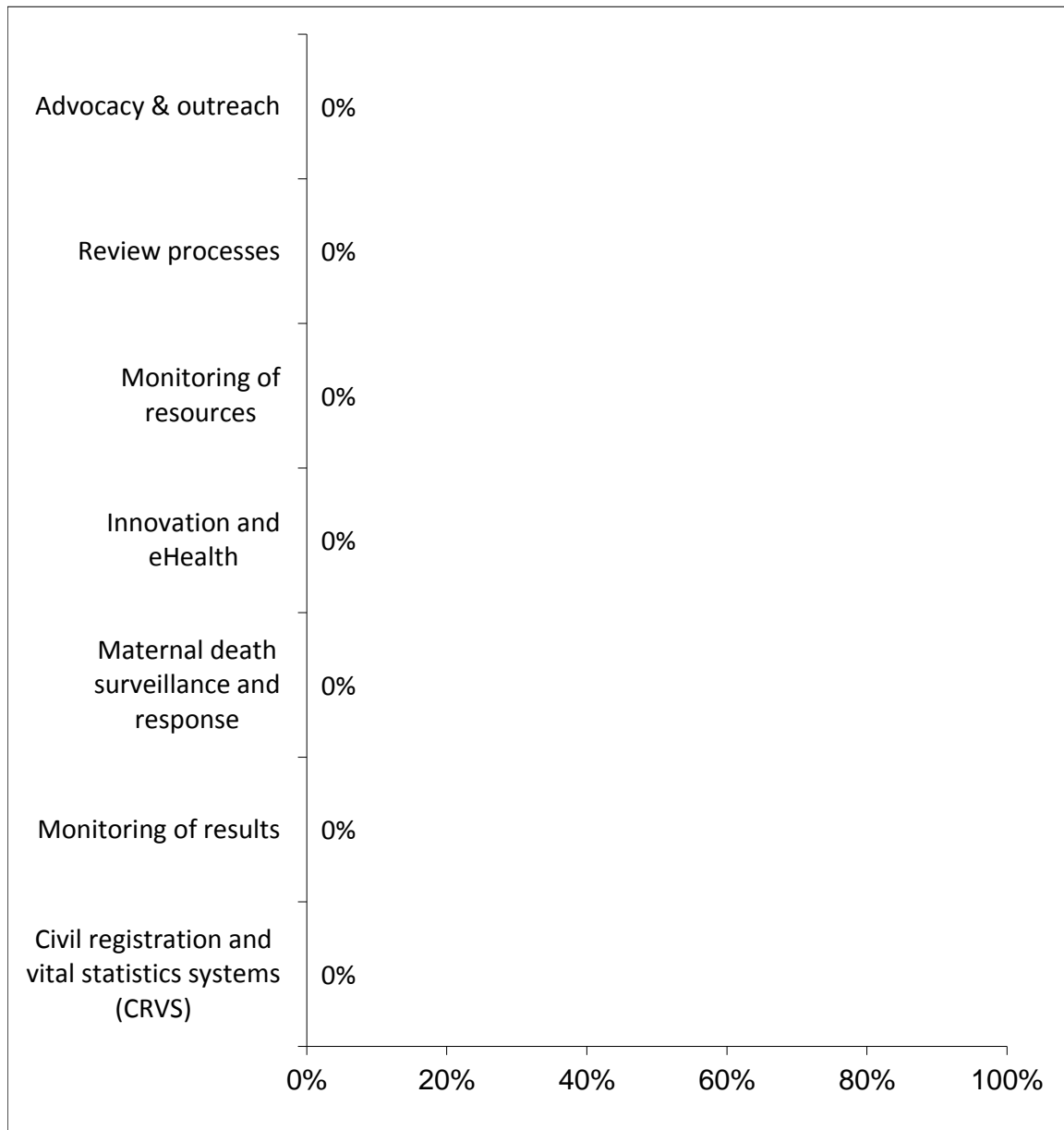


Score: (1) Not present, needs to be developed; (2) Needs a lot of strengthening; (3) Needs some strengthening ; (4) Already present, no action needed

Advocacy & outreach	Situation analysis (strengths, weaknesses/gaps)	Score	Possible Actions
1 PARLIAMENT ACTIVE ON RMNCH ISSUES			
a Parliament has established transparent accountability mechanism for RMNCH, such as a multi-stakeholder commission or committee that reports to parliament.		Parliamentarians are mobilized to engage in RMNCH accountability, especially on financing	
b Parliament organizes public forums for information sharing and discussions on RMNCH issues		Facilitate the organization of public hearings/forums for sharing of information on RMNCH	
2 CIVIL SOCIETY COALITION			
a Civil society coalitions exist, are funded, and meet regularly with key stakeholders, including government, parliamentarians, multi-sectoral policy/decision-making body, and media		Establish / support /strengthen coalition	
b Civil Society coalition(s) produce evidence-based advocacy messages and materials with effective dissemination strategy		Support capacity of civil society to synthesize evidence and disseminate messages	
3 MEDIA ROLE			
a There is frequent and robust media reporting on a wide range of RMNCH-related topics, including policy and budget action		Work with the media to strengthen their capacity to report on RMNCH related issues	
b Media are actively engaged in the accountability process, reporting on progress towards implementation of the national commitments towards the Global Strategy		Work with the media to strengthen their capacity to report on the monitoring the implementation of the Global Strategy	
c Media receive information and briefings from key national bodies (e.g. annual reviews) to generate reports and public discussion/debate		Improve information flows to media	
4 COUNTDOWN EVENT FOR RMNCH			
a At least one national Countdown event for RMNCH is held during 2012-2014, presenting available information on RMNCH and involving high-level decision makers (e.g. parliamentarians), government, civil society, media and other stakeholders		Countdown Coordinating Committee, UN agencies (H5), and other partners encourage/support national stakeholders to plan national Countdown	
b A country Countdown report or profile is produced and is of high quality		Prepare Countdown report / profile using all evidence	


Accountability framework
Summary scores of self assessment









INSERT COUNTRY NAME

















KEY:








- Not present, needs to be developed
- Needs a lot of strengthening
- Needs some strengthening
- Already present/no action needed






Civil registration & vital statistics systems 	Situation analysis (strengths, weaknesses/gaps)	Priority actions
Assessment & Plan ●		Conduct rapid CRVS assessment and use results for advocacy /mobilization key stakeholders Conduct full CRVS assessment and develop improvement plan
Coordinating Mechanism ●		Establish / strengthen interagency coordinating committee involving all key stakeholders
Hospital reporting ●		Improve hospital reporting, use electronic reporting system Training of doctors in ICD 10; regular quality control of certification; improve coding practices
Community reporting ●		Strengthen community reporting of births and deaths, implement innovative approaches Strengthen community reporting through use of VA by community workers
Vital statistics ●		Strengthen the analytical capacity of vital statistics office, including data quality assessment
Local studies for mortality ●		Develop/expand the HDSS system






Monitoring of results 	Situation analysis (strengths, weaknesses/gaps)	Possible actions
M&E Plan 		<p>Strengthen the M&E component of the NHS</p> <p>Review the RMNCH M&E plan(s) and align with the M&E of the NHS</p>
M&E Coordination 		<p>Establish/strengthen M&E coordinating body</p>
Health Surveys 		<p>Develop 10 year health survey plan</p> <p>Plan for a national coverage survey 2012-13, that includes RMNCH</p>
Facility data (HMIS) 		<p>Strengthen analytical capacity, annual compilation of statistics from facilities with data quality assessment</p> <p>Conduct annual facility survey for data verification and service readiness</p>
Analytical capacity 		<p>Strengthen analytical capacity, involve key institutions; review contents, analyses and presentation</p>
Equity 		<p>Strengthen equity analyses for reviews</p>
Data sharing 		<p>Develop/strengthen national data repository with all relevant data and reports</p>

Maternal death surveillance & response 	Situation analysis (strengths, weaknesses/gaps)	Possible actions
Notification 		Advocate/ develop national policy on maternal death notification
Capacity to review and act 		Strengthen national capacity through training in MDSR Strengthen district capacity through training in MDSR
Hospitals / facilities 		Improve reporting by hospitals; Training in ICD certification and coding (links with CRVS) Strengthen hospital capacity and practices, including private sector
Quality of care 		Support a regular system of QoC assessments, with good dissemination of results for policy and planning
Community reporting & feedback 		Develop / strengthen a community system of maternal death reporting and response, using ICT Develop / strengthen a system of maternal death reporting and response initiation by electronic devices Develop / strengthen VA for maternal deaths in communities Develop system of involving communities in review and response
Review of the system 		Support and strengthen review system including dissemination and use of the report

Innovation and eHealth 	Situation analysis (strengths, weaknesses/gaps)	Possible actions
Policy 		Develop a national eHealth strategy with country leadership and broad buy in.
Infrastructure 		Determine desired outcomes and priorities for infrastructure deployment to support health services delivery and information flows.
Services 		Determine the eHealth services required to support the country’s priority programs and goals, particularly with respect to information flows.
Standards 		Determine the eHealth standards and interoperability components required to support eHealth services, applications and infrastructure, as well as to support broader changes to health information flows.
Governance 		Develop and support a strong effective coordination mechanism
Protection 		Assure health sector, ministerial and government leadership and support. Ensure that the required program development skills and expertise are available. Enforce compliance to data protection policies

Monitoring of resources 	Situation analysis (strengths, weaknesses/gaps)	Possible actions
National health accounts 		Develop NHA framework Organize a meeting with decision makers and technical staff to develop institutional arrangements and team
Compact 		Organize a meeting to engage government and development partners and work towards "compact"
Coordination 		Set up a steering committee, officially approved, with institutional support, and functioning using results-based management methods Ensure inclusion of all key stakeholders in resource tracking /NHA
Production 		Train staff on system of health accounts 2011; train district and regional staff Map government codes to NHA codes and develop IT conversion tool for NHA Develop /strengthen database for production of NHA
Analysis 		Strengthen analytical capacity in government and other institutions Disseminate report and analyses on public website
Data Use 		Advocate for /promote use of NHA data in policy making process

Review processes 	Situation analysis (strengths, weaknesses/gaps)	Possible actions
Reviews 		<p>Advocate for annual reviews that are based on the goals, targets of the NHS</p> <p>Define at country level a calendar events to ensure better quality of the annual review process</p> <p>Ensure that the RMNCH appraisals are held and that findings feed into the health sector reviews</p>
Synthesis of information & policy context 		<p>Strengthen the capacity to prepare analytical reports prior to the reviews</p> <p>Develop/strengthen mechanism to compile all policy / qualitative information to inform annual reviews</p>
From review to planning 		<p>Strengthen the use of review results for planning purposes</p> <p>Ensure greater involvement of all stakeholders</p>
Compacts or equivalent mechanisms 		<p>Ensure the existence of a single M&E framework that fits into the single national health plan</p>

Advocacy & outreach 	Situation analysis (strengths, weaknesses/gaps)	Possible actions
Parliament active on RMNCH issues 		Parliamentarians are mobilized to engage in RMNCH accountability, especially on financing Facilitate the organization of public hearings/forums for sharing of information on RMNCH
Civil Society Coalition 		Establish / support /strengthen coalition Support capacity of civil society to synthesize evidence and disseminate messages
Media role 		Work with the media to strengthen their capacity to report on RMNCH related issues Work with the media to strengthen their capacity to report on the monitoring the implementation of the Global Strategy Improve information flows to media
Countdown event for RMNCH 		Countdown Coordinating Committee, UN agencies (H5), and other partners encourage/support national stakeholders to plan national Countdown Prepare Countdown report / profile using all evidence

SUMMARY ROADMAP

INSERT COUNTRY NAME

Score	Actions (replaced as required)	Priority (1=very high, 2=high, 3=medium, 4=low)	Suggested approach/methods (replace as required)	Responsibility		Year of implementation				Total Estimated Cost per action	2012/13 Catalytic funding (total max. amount \$250k)	Unfunded balance	Potential sources for funding unmet balance
				Lead govt/ national institute	Partners	2012	2013	2014	2015				
%	CIVIL REGISTRATION AND VITAL STATISTICS SYSTEMS (CRVS)												
	Conduct rapid CRVS assessment and use results for advocacy /mobilization key stakeholders		Organize national stake holders meeting, apply rapid assessment tool										
	Conduct full CRVS assessment and develop improvement plan		Apply full assessment tool and develop improvement plan										
	Establish / strengthen interagency coordinating committee involving all key stakeholders		Multi-stakeholder workshop /mobilisation exercise										
	Improve hospital reporting, use electronic reporting system		Invest in strengthening HMIS										
	Training of doctors in ICD 10; regular quality control of certification; improve coding practices		Train national facilitators, apply electronic tools										
	Strengthen community reporting of births and deaths, implement innovative approaches		Identify short list of variables for birth and death reporting (HMN/WHO)										
	Strengthen community reporting through use of VA by community workers		Test verbal autopsy tool for mobile phones										
	Strengthen the analytical capacity of vital statistics office, including data quality assessment		Training in analyses of relevant staff										
	Develop/expand the HDSS system		Assess and invest in HDSS										

SUMMARY ROADMAP

INSERT COUNTRY NAME

Score	Actions (replaced as required)	Priority (1=very high, 2=high, 3=medium, 4=low)	Suggested approach/methods (replace as required)	Responsibility		Year of implementation				Total Estimated Cost per action	2012/13 Catalytic funding (total max. amount \$250k)	Unfunded balance	Potential sources for funding unmet balance
				Lead gov't/national institute	Partners	2012	2013	2014	2015				
%	MONITORING OF RESULTS												
	Strengthen the M&E component of the NHS		Review M&E component, revise according to WHO/IHP+ guidance										
	Review the RMNCH M&E plan(s) and align with the M&E of the NHS		Workshop with key stakeholders										
	Establish/strengthen M&E coordinating body		Link with National Statistical Plan, mapping all health surveys										
	Develop 10 year health survey plan		Liaise with MICS, DHS, raise funding, determine contents										
	Plan for a national coverage survey 2012-13, that includes RMNCH interventions		Use WHO analytical approach including data quality score card analysis										
	Strengthen analytical capacity, annual compilation of statistics from facilities with data quality assessment		TA and training on analyses and development of annual statistical report										
	Conduct annual facility survey for data verification and service readiness		Plan sample survey of facility (about 100) prior to review using WHO standard instrument										
	Strengthen analytical capacity, involve key institutions; review contents, analyses and presentation		Build upon current national and regional observatory approaches, WHO analysis and data quality tools										
	Strengthen equity analyses for reviews		Technical assistance and training on equity analyses										
	Develop/strengthen national data repository with all relevant data and reports		Technical assistance for national observatory/portal										

SUMMARY ROADMAP

INSERT COUNTRY NAME

Score	Actions (replaced as required)	Priority (1=very high, 2=high, 3=medium, 4=low)	Suggested approach/methods (replace as required)	Responsibility		Year of implementation				Total Estimated Cost per action	2012/13 Catalytic funding (total max. amount \$250k)	Unfunded balance	Potential sources for funding unmet balance
				Lead gov't/ national institute	Partners	2012	2013	2014	2015				
%	MATERNAL DEATH SURVEILLANCE AND RESPONSE												
	Advocate/ develop national policy on maternal death notification		Workshop for mobilisation of key decision makers										
	Strengthen national capacity through training in MDSR		National capacity building workshops										
	Strengthen district capacity through training in MDSR		District capacity building workshops										
	Improve reporting by hospitals; Training in ICD certification and coding (links with CRVS)		Training of hospital staff in ICD and coding (link with CRVS)										
	Strengthen hospital capacity and practices, including private sector		Routine reviews/audits										
	Support a regular system of QoC assessments, with good dissemination of results for policy and planning		Technical assistance and training for facility assessment										
	Develop / strengthen a community system of maternal death reporting and response, using ICT		Develop plan for strengthening MDSR in community										
	Develop / strengthen a system of maternal death reporting and response initiation by electronic devices		Introduce/train on community reporting using ICT										
	Develop / strengthen VA for maternal deaths in communities		Training on VA at community level										
	Develop system of involving communities in review and response		Develop system for review process and feedback/interpretation of data										
	Support and strengthen review system including dissemination and use of the report												

SUMMARY ROADMAP

INSERT COUNTRY NAME

Score	Actions (replaced as required)	Priority (1=very high, 2=high, 3=medium, 4=low)	Suggested approach/methods (replace as required)	Responsibility		Year of implementation				Total Estimated Cost per action	2012/13 Catalytic funding (total max. amount \$250k)	Unfunded balance	Potential sources for funding unmet balance
				Lead gov't/ national institute	Partners	2012	2013	2014	2015				
%	INNOVATION AND E-HEALTH												
	Develop a national eHealth strategy with country leadership and broad buy in.		Ensure leadership commitment and manage the process leading to development of a national eHealth strategy.										
	Determine desired outcomes and priorities for infrastructure deployment to support health services delivery and information flows.		Assess infrastructure status for priority information systems coverage, status, and functioning; develop action plan in line with overall national goals. This should be done with health and ICT sector participation and in the context of a national planning exercise.										
	Determine the eHealth services required to support the country's priority programs and goals, particularly with respect to information flows.		Assess the services and applications being implemented across the sector, and any opportunities this provides. This should be done with health and ICT sector participation and in the context of a national planning exercise.										
	Determine the eHealth standards and interoperability components required to support eHealth services, applications and infrastructure, as well as to support broader changes to health information flows.		The selection, agreement and adoption of standards should be linked to the improvement of priority services and systems. This foundational step should be done in the context of national eHealth planning.										
	Develop and support a strong effective coordination mechanism		Establish a national steering group for eHealth, supported by a project team with planning skills and knowledge of eHealth. Assess which organizations or groups are active in eHealth, and their potential role in the development of a national eHealth program.										

SUMMARY ROADMAP

INSERT COUNTRY NAME

Score	Actions (replaced as required)	Priority (1=very high, 2=high, 3=medium, 4=low)	Suggested approach/methods (replace as required)	Responsibility		Year of implementation				Total Estimated Cost per action	2012/13 Catalytic funding (total max. amount \$250k)	Unfunded balance	Potential sources for funding unmet balance
				Lead gov't/national institute	Partners	2012	2013	2014	2015				
	Assure health sector, ministerial and government leadership and support. Ensure that the required program development skills and expertise are available.		Assess current legislation, regulation and policies for their appropriateness and potential revision towards supporting improved eHealth environment. This should take place in the context of a national eHealth planning process.										
	Enforce compliance to data protection policies												

SUMMARY ROADMAP

INSERT COUNTRY NAME

Score	Actions (replaced as required)	Priority (1=very high, 2=high, 3=medium, 4=low)	Suggested approach/methods (replace as required)	Responsibility		Year of implementation				Total Estimated Cost per action	2012/13 Catalytic funding (total max. amount \$250k)	Unfunded balance	Potential sources for funding unmet balance
				Lead gov't/national institute	Partners	2012	2013	2014	2015				
%	MONITORING OF RESOURCES												
	Develop NHA framework		Apply/validate one national health accounts framework										
	Organize a meeting with decision makers and technical staff to develop institutional arrangements and team		Stakeholder workshop to establish governance and TOR										
	Organize a meeting to engage government and development partners and work towards "compact"		TA (via IHP+) for the development of a "compact"										
	Set up a steering committee, officially approved, with institutional support, and functioning using results-based management methods		Regular meetings of technical steering committee										
	Ensure inclusion of all key stakeholders in resource tracking /NHA												
	Train staff on system of health accounts 2011; train district and regional staff		Technical support and training in NHA at national and district level										
	Map government codes to NHA codes and develop IT conversion tool for NHA		Development of IT tool for mapping and conversion of data to NHA										
	Develop /strengthen database for production of NHA		Consultant for development of database										
	Strengthen analytical capacity in government and other institutions		Training workshops for production of reports										
	Disseminate report and analyses on public website		Establish central website for dissemination of results (links with national observatory)										
	Advocate for /promote use of NHA data in policy making process		Meetings with policy makers to identify needs and integration of NHA data in policy process										

SUMMARY ROADMAP

INSERT COUNTRY NAME

Score	Actions (replaced as required)	Priority (1=very high, 2=high, 3=medium, 4=low)	Suggested approach/methods (replace as required)	Responsibility		Year of implementation				Total Estimated Cost per action	2012/13 Catalytic funding (total max. amount \$250k)	Unfunded balance	Potential sources for funding unmet balance
				Lead govt/ national institute	Partners	2012	2013	2014	2015				
%	REVIEW PROCESSES												
	Advocate for annual reviews that are based on the goals, targets of the NHS		Workshops to prepare for reviews including field visits										
	Define at country level a calendar events to ensure better quality of the annual review process		Use /apply process for assessing national planning process, such as IHP+ JANS										
	Ensure that the RMNCH appraisals are held and that findings feed into the health sector reviews		Prepare report of RMNCH review to inform health sector review										
	Strengthen the capacity to prepare analytical reports prior to the reviews		Prepare and discuss good synthesis of results and information based on analytical report										
	Develop/strengthen mechanism to compile all policy / qualitative information to inform annual reviews		Conduct workshop with all key stakeholders to analyse/discuss the results and other contextual information										
	Strengthen the use of review results for planning purposes												
	Ensure greater involvement of all stakeholders												
	Ensure the existence of a single M&E framework that fits into the single national health plan		IHP+ approach to develop compact										
			Joint field visits as part of preparation of reviews										

SUMMARY ROADMAP

INSERT COUNTRY NAME

Score	Actions (replaced as required)	Priority (1=very high, 2=high, 3=medium, 4=low)	Suggested approach/methods (replace as required)	Responsibility		Year of implementation				Total Estimated Cost per action	2012/13 Catalytic funding (total max. amount \$250k)	Unfunded balance	Potential sources for funding unmet balance
				Lead gov't/national institute	Partners	2012	2013	2014	2015				
%	ADVOCACY & OUTREACH												
	Parliamentarians are mobilized to engage in RMNCH accountability, especially on financing												
	Facilitate the organization of public hearings/forums for sharing of information on RMNCH												
	Establish / support /strengthen coalition												
	Support capacity of civil society to synthesize evidence and disseminate messages												
	Work with the media to strengthen their capacity to report on RMNCH related issues												
	Work with the media to strengthen their capacity to report on the monitoring the implementation of the Global Strategy												
	Improve information flows to media												
	Countdown Coordinating Committee, UN agencies (H5), and other partners encourage/support national stakeholders to plan national Countdown												
	Prepare Countdown report / profile using all evidence												

TOTAL CATALYTIC FUNDING (ESTIMATED NEED)