



Workshop Report on Operationalizing the updated Global Strategy for Women's, Children's and Adolescents' Health: Best practices and lessons learnt from the RMNCH Scorecard and the RMNCH Fund
Kampala, Uganda
26th to 30th October 2015

Accompanying documentation is available at

<https://www.dropbox.com/sh/m72vumzzvcm8nff/AABggdnPbQyApRoZVelp5UfDa?dl=0&s=so>

1. Background

Launched by the U.N. Secretary-General in September 2015, the Global Strategy for Women's, Children's and Adolescents' Health (available at everywomaneverychild.org) lays out an ambitious vision for a world "in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies," focusing on nine key areas for action. This strategy is intended to serve as the platform for achieving the health-related post-2015 Sustainable Development Goals to end all preventable deaths of women, children and adolescents by 2030 and improve their health.

Over the last five years, many initiatives paved the road to this engagement. Among them, the application of the RMNCH Scorecards, which promotes greater accountability **and action** across the continuum of care; and additional financial support through the RMNCH Fund, which supported catalytic programming towards national RMNCH-related plans, including the implementation of the recommendations from the UN Commission on Life Saving Commodities. As a result, taking stock of progress and lessons learned is critical to inform the implementation of the new strategies beyond 2015.

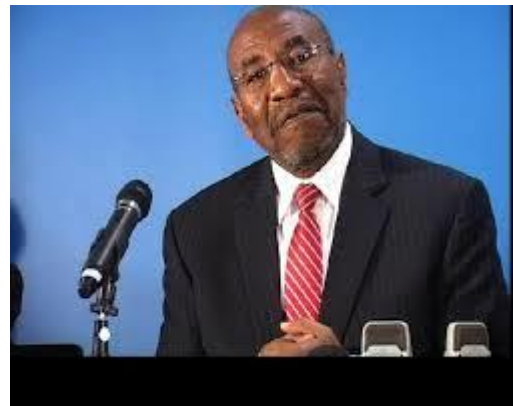
2. Objectives of the workshop

The workshop brought together over one hundred and fifty participants, representing ministries of health, development partners, H4+ agencies, and civil society representatives from twenty eight countries as well as regional and global stakeholders with three objectives:

1. To review country experience and best-practices in monitoring and accountability with a focus on the RMNCH Scorecards
2. To profile learning that has taken place through coordinated approaches to RMNCH programing through the RMNCH Fund
3. To conduct a consultation on the updated Global Strategy and draft Operational Framework

3. Workshop Report

The tone of the workshop was set by the Rt. Hon Dr. Ruhakana Rugunda, the Prime Minister (PM) of Uganda. In his key note, the PM appreciated the timing of the workshop as an excellent opportunity for representatives of African governments and key partners to reflect on the experiences and lessons of the MDG era and plan for the future, as countries move towards the post-2015 era. The PM highlighted the importance of strong political and national leadership, effective global partnerships, accountability for RMNCH and financing for health as critical for achieving the SDGs.



Uganda PM: Rt. Hon Dr. Ruhakana Rugunda

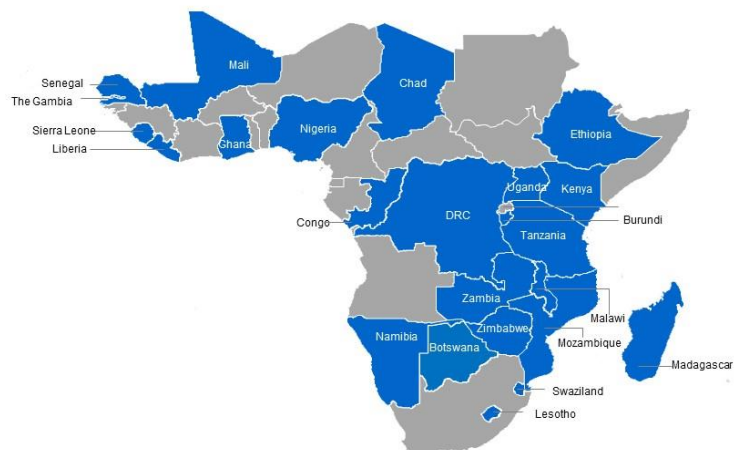
The workshop was further informed by an overview of progress against the MDGs and the new Sustainable Development Goals agenda; the updated Global Strategy and Operational Framework; the Global Financing Facility; and the role of the H4+ in support of the SDGs, the Global Strategy and the GFF. An overview of the RMNCH Fund and integrated RMNCH programming, and the RMNCH scorecards for accountability and action was provided.

The discussions of the workshop were organized in two parallel tracks: 1) Accountability and the RMNCH Scorecards; 2) Integrated RMNCH Programming. Additional information was provided during joint plenary sessions on issues related to the work of the UN Commission on Life-Saving Commodities' Technical Resource Teams and application of the scorecards at the country level. The last day of the workshop was dedicated to consultations on the Global Strategy and its draft Operational Framework.

3.1 Accountability and RMNCH Scorecards

Following the success of the ALMA Malaria Scorecard for Action and Accountability, ALMA was requested by countries to support the development of country owned country led accountability and action management scorecards for Reproductive, Maternal, Newborn and Child Health. RMNCH country scorecards and action tracking tools were developed as a management tool for Ministries of Health to facilitate accountability by tracking and reporting on intervention implementation, identifying bottlenecks around national priorities and taking action to address these bottlenecks. RMNCH scorecard and action tracking has been introduced in 24 countries. The workshop provided an opportunity for country exchange of best practices in use of

Countries with RMNCH Scorecards



RMNCH scorecards and action tracking and identification of areas for further strengthening and integrating these systems in the post-2015 era as well as developing country action plans to ensure long-term sustainability. Countries presented and discussed best practices associated with their RMNCH scorecard and action tracking implementation.

Country best practices were highlighted:

- Malawi shared how their RMNCH scorecard reflects national priorities, in particular, maternal and newborn health interventions.
- Zimbabwe showed how they have maintained the scorecard as a dynamic tool, with a systematic transition to second wave indicators.
- Ethiopia shared their plans for ensuring the long term sustainability of the RMNCH scorecard
- Madagascar demonstrated how their RMNCH scorecard is integrated into existing management processes.
- Ghana demonstrated their extensive use of the action tracker at all levels.
- Tanzania showed how the scorecard has enhanced high-level technical and political engagement in health
- Uganda showed how a bottom up participatory process has been used to tailor the scorecards subnationally

Country group work discussed key topics including:

Indicator Category Selection and identifying actions

National priorities, as reflected in national plans and strategies, are the determining factors in the choice of indicator categories and selection of individual indicators for inclusion in the Scorecard. The RMNCH Scorecards include indicators that cover the full continuum of care and service delivery. Revisions to the categories and individual indicators in the Scorecards will depend on revisions to national priorities; improvements in the ability of the country HMIS to capture the most appropriate data; and the review cycle for national development plans. Consideration of a broader, multi-sectoral approach should be included in the sustainable and integrated development of the Scorecard to take into account emerging priority areas, such as nutrition and food security and adolescent health, and countries shared examples of how this has been done to date.

Sierra Leone and Zambia use a District Monitoring/DIVA (Diagnose, Intervene, Verify and Act) activity approach, with bottleneck analysis, utilizing many indicators for each programme area. The RMNCH Scorecard alerts the district that it has a problem and calls for the deeper bottleneck analysis that helps identify solutions. The Action Tracker ensures accountability by monitoring actions. Including specific health-facility and community level data into Scorecards is seen as desirable, as it can facilitate comparison across facilities and can encourage engagement of local/traditional leaders. It is important to ensure a two-way exchange of information, so that communities and individual health facilities receive constructive feedback.

In several countries, IT challenges can prevent synchronization across different existing databases. The DHIS2 platform can help solve this issue, as it has the provision to migrate data from other systems.

Action tracking

A number of country examples were provided showing how the RMNCH scorecard tool has facilitated action including allocation of additional resources, training, task-shifting, mentoring and policy change. Countries shared how they tracked actions including through the scorecard action tracker and through existing mechanisms such as meeting minutes and district action plans.

Integration with existing systems

The Scorecard and action tracking tool are easily integrated into existing systems in order to maximize usefulness. The scorecard allows consolidation of key data and analysis of performance and disparities among districts within a province and health facilities within a district, as well as between interventions. Feedback to peripheral levels and follow-up of corrective actions by decision-makers reinforces and sustains the process.

Several examples of the use of the Scorecard to support global and regional initiatives were shared, including: A Promise Renewed; Sharpened One Plan, the Global Vaccine Action Plan; and Results Based Financing tracking

Summary of Lessons Learned in RMNCH Scorecard and Action Tracking Implementation

- The launch of the Scorecard for accountability and action by the President or other senior political leader, in the presence of a wide range of stakeholders, is highly effective at securing political support at all levels. Launching or explicitly linking RMNCH Scorecard and action tracking with key national policies or strategies generates political buy-in and ownership
- The RMNCH scorecard and action tracking approach has been well integrated into the existing management systems at country level, enhancing country-ownership and reducing transaction costs. Inclusion of Scorecard review as a standing agenda item in key pre-existing decision-making fora and meetings at all levels stimulates action
- Regular, wide dissemination of the Scorecard, including posting on publicly-accessible websites, strengthens commitment, ownership, transparency and accountability
- Country priorities have been emphasized through the ‘pressure testing’ exercise conducted during initial scorecard indicator selection. This supports the underlying principle that RMNCH scorecards should primarily reflect national priorities. These indicators are to a large extent aligned with internationally agreed priorities, but respond to country specific needs and priority setting
- Sub-national roll-out of the Scorecard and action tracking enhances ability to identify bottlenecks, make recommendations and track actions. In addition, bottleneck analysis at all levels supports the identification of constraints and the design of solutions
- Development of costed action plans for Scorecard and action tracking roll-out and launch, including specific deadlines and identification of responsible programmes within the Ministry

facilitates effective implementation

- Use of the scorecard and action tracker as a management tool has encouraged routine data validation exercises; and data audits ensure data quality
- Regular review of indicators and transition to new indicator 'waves' keeps the Scorecard relevant and avoids complacency and maintains the scorecard and action tracking as a dynamic management tool
- Ministries of Health are working to ensure the long term sustainability of the scorecard approach by creating scorecard budget lines, inclusion of RMNCH scorecard and action tracking training as part of the pre-service and in-service training of health staff, and including responsibilities for the scorecard functioning within staff job descriptions
- Use of the action tracker module facilitates improved quality and efficiency of management meeting discussions and serves as an accessible system to track implementation of agreed actions linked to indicator performance
- The Scorecard and action tracker model can be used in other management processes, beyond RMNCH, e.g.: Results Based Financing for Health, selection of topics and regions for situation analyses to inform development of national health strategies and plans
- There are a number of positive examples of the RMNCH scorecards & action tracking tool being used by political and technical leaders, and key development partners to address bottlenecks identified. Examples include targeted support missions from governments and their partners, enhanced resource commitments to underperforming districts or indicators, enhanced technical support, supervision and mentoring and support to in-depth bottleneck analysis and development and implementation of action plans

3.2 Session on Integrated RMNCH programming and the RMNCH Fund

The RMNCH Fund was established as a catalytic financing mechanism to support integrated RMNCH programming and to implement the recommendations of the UN Commission on Life Saving Commodities (UNCoLSC). It has provided US\$202.5 million in direct technical and financial support to 19 countries, 16 of which are in Africa. During the workshop, country teams discussed lessons learned and experiences around the following 3 themes: 1) Country team and coordination mechanisms 2) RMNCH prioritization and 3) RMNCH Fund implementation. Participants were encouraged to share their experiences and lessons as well as thoughts to improve similar processes in the future.

RMNCH Fund Countries in Africa



All documents related to the UNCoLSC and RMNCH Programming sessions can be found on:
www.lifesavingcommodities.org

RMNCH country team and coordination mechanisms

The aim of this theme was to bring together lessons learned around the development, use and sustainability of country platforms for harmonization and alignment of stakeholders engaged in RMNCH programmatic areas. Some key takeaways were:

- **Multi-sectorality.** Very few multi-sectoral platforms for health (or RMNCH) exist; where they do, they are often new. One challenge is that the non-health sectors tend to be even less well resourced, coordinated, and data-driven than the health sector.
- **Sub-national platforms.** At sub-national level, platforms tend to be more multi-sectoral, especially with decentralization/devolution - but this often creates additional stress on prioritizations for limited resources. Engaging with sub-national platforms can in some cases alleviate vertical and programmatic biases coming from the national level.
- **Single vs multiple platforms.** It is difficult to have one platform that caters to all needs. Typically, RMNCH platform is a sub-set of a larger health platform. Despite guidance to use existing platforms, most countries tend to set-up a specific coordination platform for each financing source or initiative – while not ideal, this can work if the linkages across and between various platforms are clear. Countries felt it important to have the flexibility to convene sub-platforms for specific task, or to manage/oversee particular processes
- **Government stewardship.** Government leadership is essential for a functioning platform; where this is weak (i.e. lack of leadership, or divided leadership), parallel platforms tend to emerge, driven by development partners. This should be avoided and partners need to invest more in strengthening national stewardship function.
- **Enablers.** External initiatives, financing or support can help strengthen country platforms, as has been demonstrated by the Muskoka Initiative and the RMNCH Fund country engagement process. The GFF was also cited as an enabler to expand country platforms to constituencies under-represented.
- **Uses of country platforms.** To date, platforms have been mainly used for national level planning and policy dialogue. This must be expanded to cover program implementation follow-up, monitoring as well as accountability.

Prioritizing of national RMNCH plans

Given limited resources, countries are constantly having to make difficult choices around what to prioritize. The aim of this theme was to summarize lessons around the prioritization process taking place in countries in the context of RMNCH programming. Some key takeaways were:

- **Needs-based vs resource-based planning.** Countries expressed a preference for needs-based planning as it was more comprehensive, could be used for more than one financing source and created a process that federates in-country stakeholders. However, a resource-based approach was seen as an approach that ensures realistic planning based on a robust gap analysis. Prioritization is an iterative process involving both perspectives.

- **Government leadership.** Where this is strong, prioritization is relatively straight-forward. Where it is weak, the agenda risks being driven by a dominant development partner. The government must be the ultimate decision-makers and all partners should respect this.
- **Civil society.** Civil society is key to maintain pressure on key sensitive issues, transparency in the process and accountability for decisions.
- **Data-driven.** The more the prioritization process is evidence-based and data-driven, the more one can minimize bias towards ‘those with the loudest voice’.
- **Approaches to prioritization.** In addition to evidence and data, prioritization should also consider: implementation feasibility; absolute vs relative needs (e.g. of geographical regions); local cultural and political context; geographical equity; and remain pragmatic by taking into account what already exists and build on that.
- **Facilitating the process.** Transparency is key – in particular around resources; a legal framework to formalize this can be established. External facilitation has proved helpful to broker difficult discussions and bring in experience from other countries. Involving key stakeholders and decision-makers (e.g., political level, sub-national level) early on will increase effective prioritization. Aligning the prioritization process with national planning cycles is important.
- **Tools.** There are enough tools; sometimes too many in fact and a streamlining at global and regional level would be welcome – though countries must retain choice in which tools to use. The key issue is that data to make effective use of the tools is often lacking and more needs to be invested for this.

RMNCH Fund Implementation

Sixteen country teams present in the workshop have rolled out the RMNCH Country Engagement approach and are implementing activities funded by the RMNCH Fund. During this session countries were invited to reflect on the operational arrangements related to this funding mechanism (e.g., planning, financial flows, implementation, reporting, etc.). Some key takeaways from a country perspective are highlighted below.

- **Using existing systems.** The RMNCH Fund was credited for using existing structures and systems for planning and implementation. This was said to promote existing national plans, joint planning and co-financing in some cases, as well as strengthening the existing coordination structures. Government has taken full ownership & leadership.
- **Flexibility.** Despite the short-term nature of the financing, the Fund was commended for being very flexible particularly in reprogramming based on new information, unforeseen bottlenecks, etc. This is a critical factor in any financing mechanism.
- **Challenge of short-term view.** While the catalytic nature of the financing was well understood, it was felt to represent a challenge in terms of effective programming and sustainability. 12-18 month grants are too short, especially given some of the complexities of implementation.
- **Flow of funds.** At country level there have been challenges in disbursing funds to NGOs and to the government. Standard administrative procedures of the UN system did not match the expectations to move with ‘urgency’. Some challenges included: different procedures across WHO, UNICEF and UNFPA; budget ceilings and fiscal cycles misaligned; blocked transfers to

government partners due to unrelated qualified audits; months-long process to establish contracts with NGOs; etc.

- **Implementing Partners.** Need to balance between having enough implementing partners for broad buy-in and increased absorptive capacity, with having too many partners, which increases fragmentation and administrative burden.
- **Technical Assistance.** Most countries requested technical assistance to prepare financing request and many recruited a dedicated person to oversee implementation. However, the global Technical Resource Teams (TRTs) linked to the UNCoLSC were under-utilized, possibly due to lack of information by country teams.
- **Sustainability.** Countries underlined that the funding was geared principally for one-time catalytic investments or to increase/scale existing programs. The GFF was seen as a potential source of continued financing though many questions remained in terms of practical implications. Given the World Bank's ways of operating, concerns were expressed in terms of the likely speed of funding flows and the ability to work through different types of partners.

Global support for RMNCH programs – experience and outputs from the UNCoLSC's Technical Resource Teams

This session aimed to share the experience and outputs from the UNCoLSC Technical Resource Teams (TRTs). TRTs are a consortium of global experts – ~85 affiliated organizations including H4+, academics and implementing partners – who support countries to implement the UNCoLSC agenda. In the session, members from some of these groups showcased the various toolkits developed on the 13 life-saving commodities:

- ✓ The **Advocacy TRT**, illustrated a [tool kit](#) which provides information about the UNCoLSC, and examples of how its ten recommendations to improve access and availability are being applied globally and within countries. It also provides advocacy resources for utilizing the Commodities Commission platform to raise awareness and engage stakeholders in addressing commodity-related gaps in global and national plans, policies, and initiatives, as well as providing strategic input to advance implementation of the recommendations.
- ✓ The **Demand Generation TRT** showcased their [tool kit](#) for underutilized lifesaving commodities, which guides users along a strategic approach to social and behavior change communication (SBCC) design.
- ✓ The **Health Worker Performance TRT** shared their toolkit, which compiles all service delivery related information in one document for reference by health workers in a bid to improve their service. The same tool kit maybe used for managers for resource planning and to supervise service delivery.
- ✓ A **Global Regulation, Markets, and Policy TRT** was created to support upstream challenges with global manufacturing, commodity availability and price, import and regulatory hurdles, post-market surveillance and pharmacovigilance. During the workshop, a presentation on the status of RH commodities in the 22 EWEC countries revealed that overall, 15 RH products have been registered through WHO-PQT collaborative procedure as of 8th October 2015 and the total failure rate of the lifesaving commodities is 24%. More deliverables from this TRT can be accessed via this [link](#).

Overall, the TRTs have developed more than 400 knowledge products related to the UNCoLSC recommendations, ranging from quantification algorithms to policy briefs, advocacy materials, clinical guidelines and evidence frameworks. For more of these resources, please explore this [link](#). Countries have already adapted and implemented some the above materials. For example, in Nigeria, the zinc/ORS video, The Strength to Fight, which was developed by the Child Health TRT has been translated into several local languages and is being used by SHOPS, CHAI and ICARE projects during trainings for proprietary patent medicine vendors ('PPMVs' or drug shop operators). In Uganda, the Ministry of Health adapted the tools to train more than 10,000 frontline healthcare workers, 12,000 rural and urban retail drug shop owners, and 6,000 clinicians from faith-based clinics.

RMNCH Landscape Synthesis Discussions

The RMNCH Landscape Synthesis is a monitoring tool that identifies commodity-specific and systems-related bottlenecks by leveraging existing data sources, such as RMNCH strategic and programmatic documents, health and logistics information systems (e.g. HMIS, LMIS), population-based surveys and complemented with expert interviews. During the workshop, participants at all levels – country, regional and global – had an opportunity to review and discuss the RMNCH Landscape Synthesis monitoring tool, processes for stakeholder review in-country, integration into management practices, areas for modification/improvement and overall lessons learned.

Some lessons from implementation include:

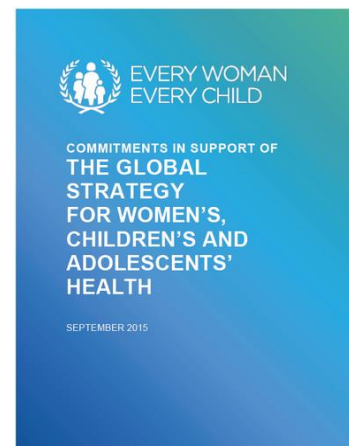
- **Improve Data Review and Use:** The RMNCH Landscape Synthesis is a useful monitoring tool, but improvements are needed for an inclusive stakeholder review process, integration into MOH and partner planning cycles, and recommendation and tracking of subsequent remedial actions.
- **Timely Annual Results:** The RMNCH Landscape Synthesis should be conducted annually with data processing completed and results available one month prior to the MOH annual review process.
- **Sustainability:** In collaboration with global / regional stakeholders, a post-2016 sustainability plan for the monitoring tool must be defined with an emphasis on country ownership including data entry, processing, quality assurance and analysis.
- **Tool Modifications:** Modification and/or adaptation of the monitoring tool was requested by countries including the addition of sub-national / district level indicator (where available) to improve the overall managerial value of the tool.

Key lessons learned and ingredients for a success data cycle (monitor-review-act):

- **High-level Advocacy:** High-level political and technical engagement and advocacy is a key component for successful buy-in, ownership and use of the results. Identify the right level for engagement – ‘the higher, the better’
- **Set Expectations:** Identify stakeholders at all phases of the process (monitoring, review, action) and outline expectations with each stakeholder as early as possible.
- **Review Forums:** Identify forums or meetings for sharing results and prepare participants/stakeholders where possible by distributing results beforehand to ensure
- **Track Actions:** Develop a process for documenting remedial actions and tracking progress for review during subsequent years.
- **Data Quality:** Data quality is often a defence for unfavorable results, so ensure data quality issues are left to the underlying data systems – not the Landscape review process.
- **Dynamic Communications:** ‘Data is political by nature’, so review facilitators need to be adaptable and prepared for a dynamic communications and discussion processes

3.4 Session on Overview of the Global Strategy & Operational Framework

The Government of India, Partners in Population and Development and UNICEF are co-chairing the process of developing an Operational Framework for the Global Strategy for Women's Children's and Adolescents' Health. The Operational Framework aims to be a resource to support governments, the private sector, and civil society to implement the Global Strategy within countries, integrating its action areas into national and sub-national plans and programming, with a focus on the first five years of implementation of the Sustainable Development Goals, from 2016-2020.



At this consultation, the content of the current draft of the Operational Framework was presented, focusing on its constituent nine ingredients for action (corresponding to the nine action areas of the Global Strategy):

1. Fostering country leadership
2. Aligning and mobilizing financing
3. Supporting community engagement, participation & advocacy
4. Reinforcing global and national accountability mechanisms
5. Strengthening health systems
6. Enhancing mechanisms for multisectoral action
7. Establishing priorities for adolescent health programmes and early child development
8. Strengthening capacity for action in humanitarian settings
9. Fostering research and innovation

Participants in the consultation split into groups to consider the following questions:

1. Do the content areas cover key areas for implementation on this theme in your country?
2. What areas are missing?
3. What sort of tools would be useful to link to in these sections?
4. Is the flow of the document (guidance, country case studies, links to tools) useful, or would another format be preferable?

Each group discussed two ingredients for action.

Overall, participants welcomed the Operational Framework and found its format useful. There was agreement that a relatively short document with links to resources with more detailed guidance was appropriate.

Key points raised for each ingredient for action included:

1. Fostering country leadership

- Greater emphasis should be paid to subnational levels of leadership

- Advocacy is required for linking other stakeholders for resource management and accountability
- 2. Aligning and mobilizing financing**
 - Financing and flows of funds needs more attention in accountability activities
 - 3. Supporting community engagement, participation & advocacy**
 - It is important to define levels and strategy for community engagement
 - Community gatekeepers should be identified and engaged
 - 4. Reinforcing global and national accountability mechanisms**
 - It is important to link monitoring activities and tools, including at subnational level
 - Accountability should be elevated above the health sector or Minister of Health – to the Prime Minister or President
 - There is a need for much more regional involvement (AU, ECOWAS, EAC, SADC, etc.) with peer review every 2-3 years at presidential level; possible establishing regional targets
 - 5. Strengthening health systems**
 - Tools for data collection on health system performance (such as bottleneck analysis) should be harmonized
 - 6. Enhancing mechanisms for multisectoral action**
 - Further attention should be paid to assembling a coalition of NGOs for multisectoral action
 - 7. Establishing priorities for adolescent health programmes and early child development**
 - Given that work on these issues is often in early stages in many countries, guidance on how to establish programmes should be given
 - 8. Strengthening capacity for action in humanitarian settings**
 - More attention should be paid to the specific vulnerabilities of women and children in humanitarian settings, including issues of gender in both risk and response
 - Consideration should be given to broad themes of preparedness, response, and how to access global resources
 - Accountability mechanisms also need to include humanitarian settings
 - Regional or global funding mechanisms are required for action in humanitarian settings
 - 9. Fostering research and innovation**
 - In enhancing management capacity, emphasis should be on research capacity in local institutions; translating research to policy; a rights based approach; and research collaboration with other regions/countries
 - A national research agenda is key based on local needs
 - There is a need for greater dissemination of research findings beyond institutions

4.0 Workshop Summary

The workshop closing remarks suggested that for countries to move forward the following will need to be addressed:

- **Country leadership:** National governments will need to coordinate, own, prioritize, allocate domestic resources and ensure accountability for sustainability.
- **Community Engagement:** Also highlighted is the need to ensure that communities participate and own all the programmes introduced to them to maximize the utilization of services.
- **Human Resources:** The need to train, retain, remunerate and motivate health workers who are the backbone of the health system.
- **Learning:** The need to support each other- by learning best practices from neighboring countries.

For this to happen, the workshop highlighted the following key lessons by workshop thematic focus:

Monitoring and accountability focusing on the RMNCH scorecard

- A solid foundation for RMNCAH has been established with the use of the RMNCAH Scorecard & Action Tracker for accountability and results.
- Integrating effective RMNCAH monitoring, accountability and action tracking mechanisms into existing country mechanisms will be vital to ensure sustainable action in the post 2015 era
- Wide dissemination of the Scorecard to a broad range of stakeholders and high-level political engagement enhances ownership, facilitates action and will ensure sustainability
- Scorecards are essentially management tools that reflect national priorities and facilitate action. They are not designed to replace existing regional or global monitoring tools
- Scorecards and Action Trackers can be used to support national, global and regional initiatives, for example: A Promise Renewed; Sharpened One Plan (Tanzania), the Global Vaccine Action Plan; Results Based Financing tracking
- The Scorecard and Action Tracking approach can be expanded to support other areas, for example nutrition, the broader health landscape and other national development priorities
- Ministries of Health are working to ensure the long term sustainability of the scorecard approach by creating scorecard budget lines, inclusion of RMNCH scorecard and action tracking training as part of the pre-service and in-service training of health staff, and including responsibilities for the scorecard functioning within staff job descriptions
- Countries are ready to engage in enhanced South / South collaboration in the area of RMNCAH monitoring and action

Integrated RMNCH Programming

- Country platforms will continue to play a critical role the SDG era. However, there will be a need for linkages for the multi sectoral platforms, along with governments being more accountable and in the driving seat.

- Prioritization means tradeoffs and pragmatism. With this, there is need for data, having the right tools and the right people during the prioritization process, for joint ownership.
- Any financing mechanism needs to be simple and flexible to the country needs is critical
- It is critical to better linking all the different levels- community level, regional, national and global level. In the same vein, H4 plus should utilize a single integrated support delivery system at country level to minimize transaction costs and maximize efficiency
- The importance of development being seen as about people- every single child, adolescent, woman- about human rights was also highlighted, including the role we each have to play to serve our beneficiaries- to be more efficient, results oriented and accountable

Global Strategy & Operational Framework

- The inputs from the consultation were very useful and are now being used to finalize the Operational Framework (along with inputs from a number of other consultations). The process should be completed by early 2016 and the Operational Framework will then be available on the everywomaneverychild.org website as part of an online resource center.

APPENDIX

List of workshop attendees

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