

Table 1 Analytical framework for RMNCAH in the EMR

Governance	Health information systems with data on RMNCAH indicators	Financing modalities for RMNCAH	RMNCAH service delivery
Involvement of private healthcare sector in development of national legislation, health plans, policies, guidelines, and strategies related to RMNCAH at all levels	Routine data collection and maintenance by private healthcare sector (patient records, scorecards, routine surveillance system, registries)	Supply-side financing and sources of financing: -Public sector -Insurance (Social & private) -Out of pocket payments -Community -Donors	Compliance of private healthcare sector to evidence-based guidelines for RMNCAH service delivery Trends of private healthcare sector engagement in primary healthcare versus hospital level
PPPs and contracting to cater for RMNCAH services Capacity of Ministry of Health to engage private healthcare sector	Data sharing (mortality & morbidity data) -Mechanisms of incorporating information from private healthcare sector into national HIS -Role of surveys to capture information from the private sector - Triangulation of information (from surveys and HIS)	Demand-side financing: -Voucher schemes -Cards -Conditional cash transfers (introduce exemption schemes for priority target groups including pregnant mothers, newborn, children aged < 5 years)	Package of services for improving RMNCAH along the continuum of care to be delivered at all levels of care
Regulation, monitoring, and accreditation: -Private healthcare sector providers -Practice and quality of private healthcare services at all levels	Mechanisms of processing, analysing and using data and information for decision-making and policy-planning	Financial risk protection measures for interventions pertaining to RMNCAH services	Availability of RMNCAH essential drugs as well as commodities to the private sector
Establishing of RMNCAH essential service packages, and clinical practice guidelines	Key Indicators: 1. Proportion of family planning demand met with modern contraception 2. Proportion of women who have received the recommended number of doses of HPV vaccine before age 15 years 3. Antenatal coverage rate (≥ 4 times during pregnancy) 4. Number of stillbirths per 1000 births 5. 3 doses of combined DTP3 immunization coverage (12–23 months) 6. Antibiotic treatment for suspected pneumonia	Subsidize marketing of products with a public health benefit through retail networks	Capacity building: training supports or incentives to PHS providers to conform to service delivery standards
Key indicators: 1. Availability of frameworks, national strategic plans, and technical policy documents to govern the private healthcare sector 2. Existence of platforms for effective public-private collaboration 3. Number of PPPs facilitated, strengthened, or established in RMNCAH 4. Assessing the technical supervisory role of PHS to maintain quality of RMNCAH services		Key Indicators: 1. Private contribution (by households and other private entities) as % of THERH 2. Out-of-pocket spending as % of THERH 3. Out-of-pocket spending per woman of reproductive age 4. Out-of-pocket spending on reproductive health as % of overall out-of-pocket spending on health. 5. Percentage of RH funds managed by Ministry of Health and other public entities, nongovernmental organizations and donors, and households (through out-of-pocket payments)	- Role of PHS in community education campaigns and awareness raising related to RMNCAH - Perceptions of the community regarding service delivery of private healthcare sector related to RMNCAH Key indicators: 1. Proportion/number of antenatal clients with haemoglobin level measured 2. Proportion/number of ANC attendees or number of facility-based deliveries 3. Proportion/number of women received postnatal care 4. Proportion/number of children with pneumonia who received amoxicillin 5. Proportion/number of children who received treatment for diarrhoea 6. Proportion/number of antenatal clients with 4th ANC visit 7. Proportion/number of women of reproductive age who were screened for cervical cancer

RMNCAH = Reproductive, maternal, neonatal, child and adolescent health; EMR = Eastern Mediterranean Region; HPV = Human papillomavirus; THERH = Total health expenditure on reproductive health; PPP = Public-private partnership; HIS = Health information system; ANC = Antenatal care.