

# 10 STRATEGIES GUIDEES PAR LES DONNEES

## CHANGEONS LE MONDE

C S F

Cas pays – Suivi des stratégies nationales de développement

*Jeeveeta Soobarah Agnihotri*

# Community Systems Foundation

- Organisme à but non lucratif qui promeut l'application de la technologie pour le développement durable.
- Siège est à New York et nos laboratoires techniques sont à New Delhi et Singapour.
- Travaillons de près avec des agences onusiennes – UNICEF (DevInfo, PoliInfo, DI Monitoring, CMEInfo, MMEInfo, EQUIST, WASHBAT), UNDOCO (UNInfo Online), UNFPA/UNSD (CensusInfo), UNESCO (OpenEMIS), UNWomen entre autres.
- Présent dans plus de 120 pays sous le programme DevInfo, et d'autres outils qui œuvrent à gérer les données et révéler leur pouvoir pour une prise de décision basée sur les faits.
- **Notre motto – la technologie au service du développement**

# TECHNOLOGIE

Innovations. Changer des vies.



Chine

1,412 million



Inde

1,302 million



Facebook

1,712 million



USA

324 million

**Brouillage des frontières**

# TECHNOLOGIE

Innovations. Changer des vies.



Population

15.5 million



Facebook

2.3 million



Internet

7 million

# TECHNOLOGIE

Innovations. Changer des vies.

	Number of under-five deaths	Annual
2015 ▼		2000-2015 ▼
157 ▲	1. India 1,200,998 ▲	1. Maldives
139	2. Nigeria 750,111	2. Rwanda
137	3. Pakistan 431,568	3. Cambodia
130	4. Democratic Republic of the Congo 304,558	4. Estonia
120	5. Ethiopia 184,186	5. China
115	6. China 181,574	6. Belarus
109	7. Angola 169,310	7. Kazakhstan
100	8. Indonesia 147,162	8. Georgia
98	9. Bangladesh 119,326	9. Montenegro
96 ▼	10. United Republic of Tanzania 98,180 ▼	10. Turkey

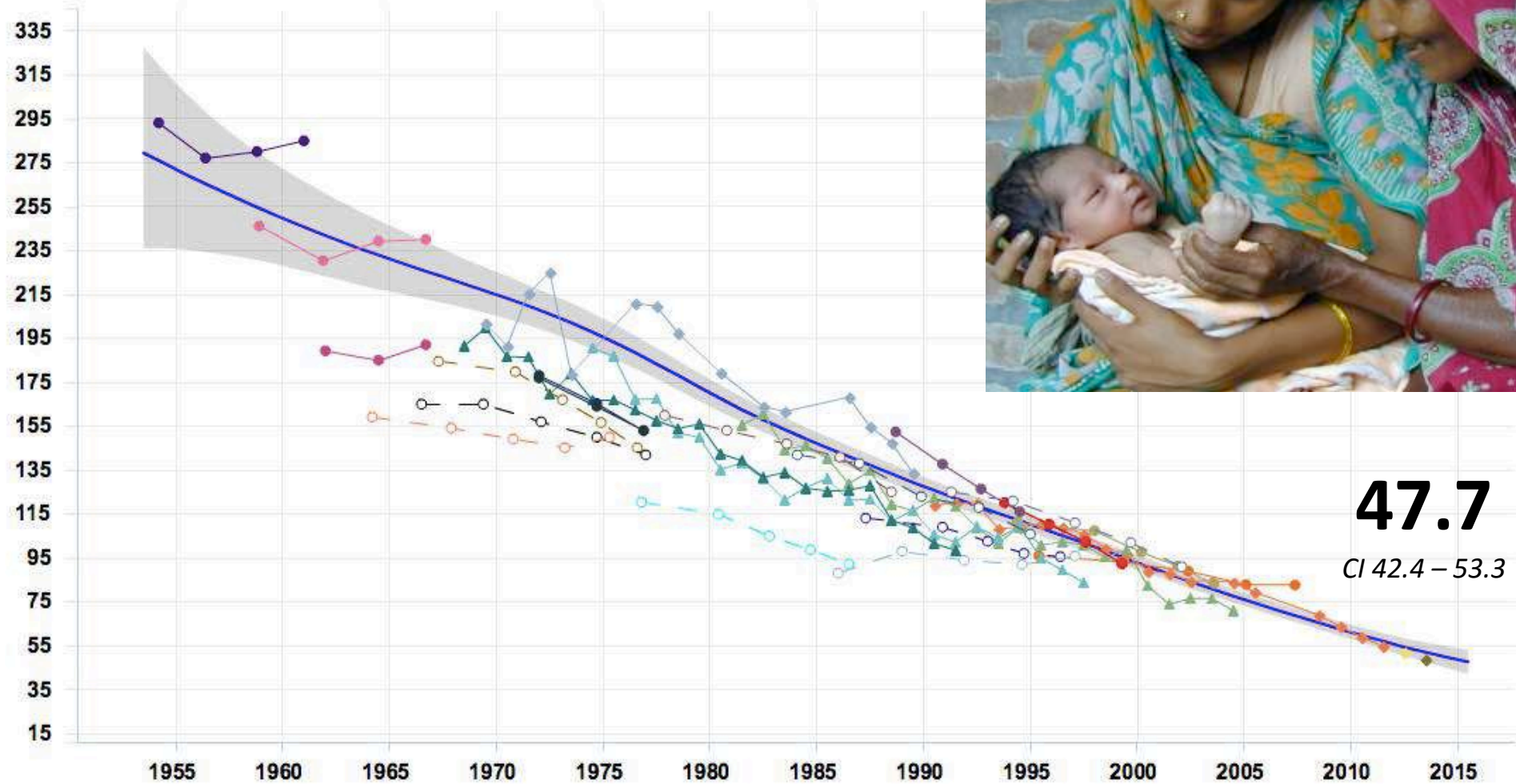
# INDIA



India

Under-Five Mortality Rate ▼

Total ▼



**47.7**

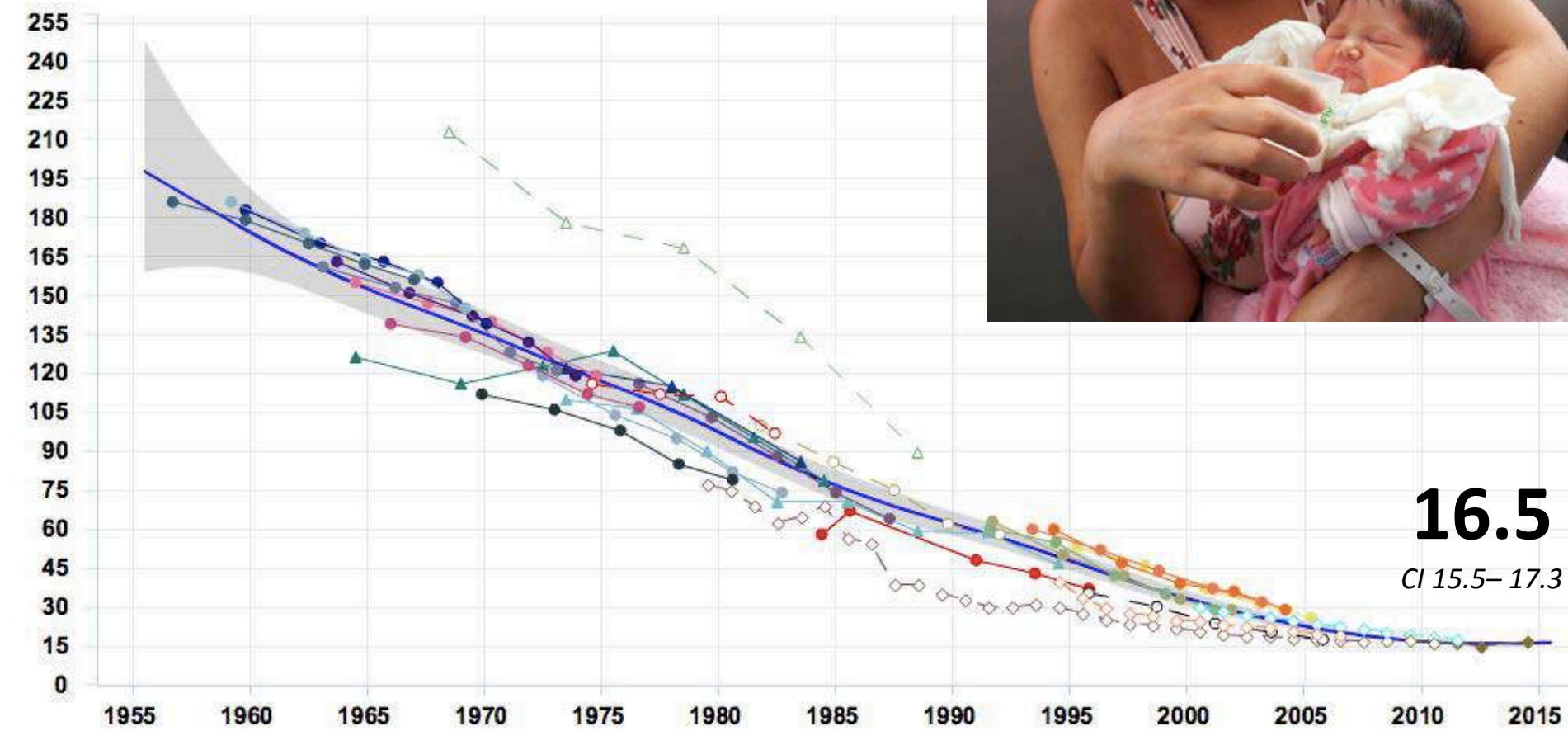
CI 42.4 – 53.3

# BRAZIL

Brazil

Under-Five Mortality Rate ▼

Total ▼



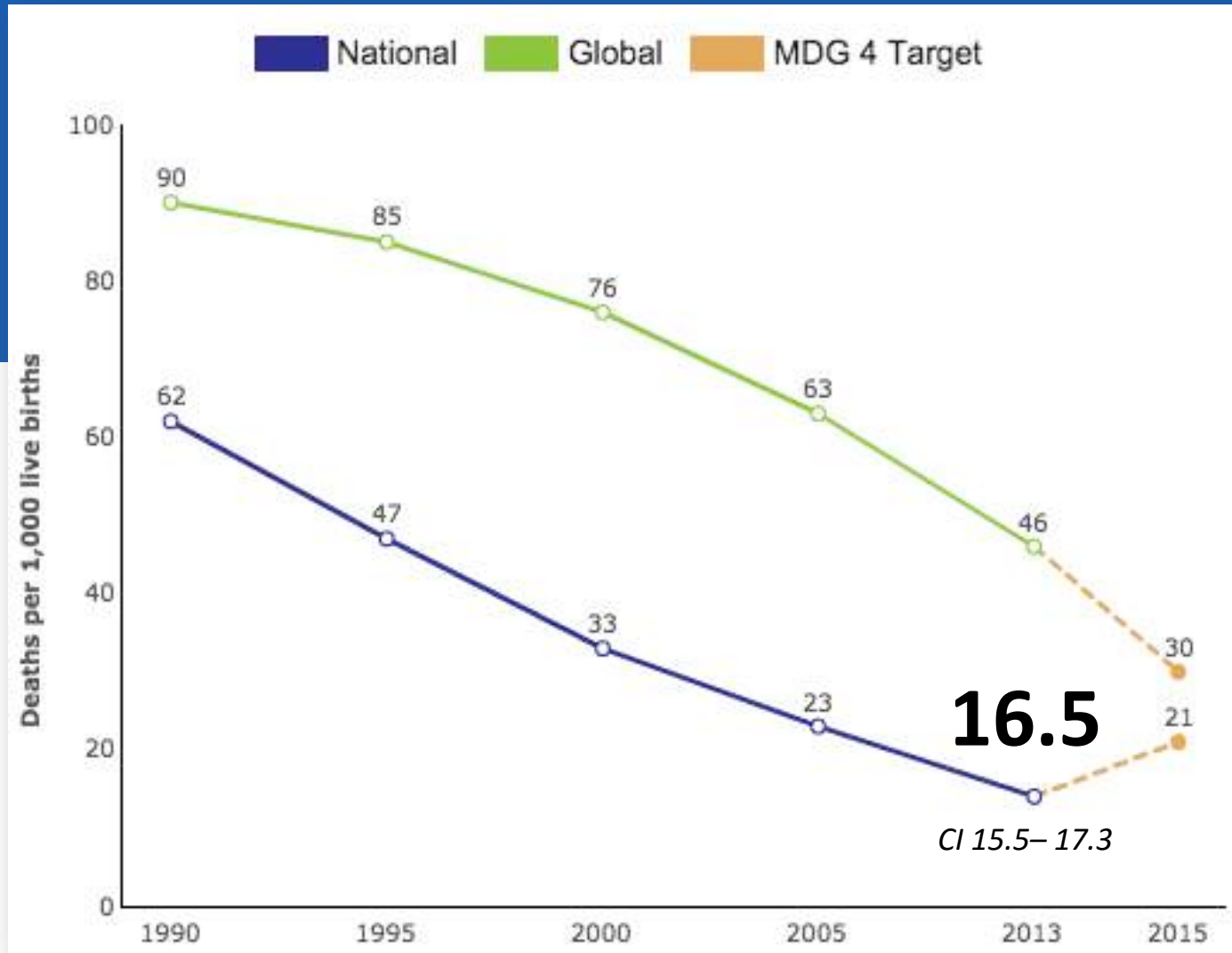
**16.5**

CI 15.5–17.3



# BRAZIL

En avance des OMD?





# MDG 4 in Brazil – Under-five mortality rate

Deaths per 1000 live births

## Country level



### Legend

Under-five mortality range

- 1,0 – 17,5
- 17,6 – 20,0
- 20,1 – 238,1
- Missing data

Source: MoH, SIM/SINASC. 2008 Data.

# MDG 4 in Brazil – Under-five mortality rate

Deaths per 1000 live births

## State level



### Legend

Under-five mortality range

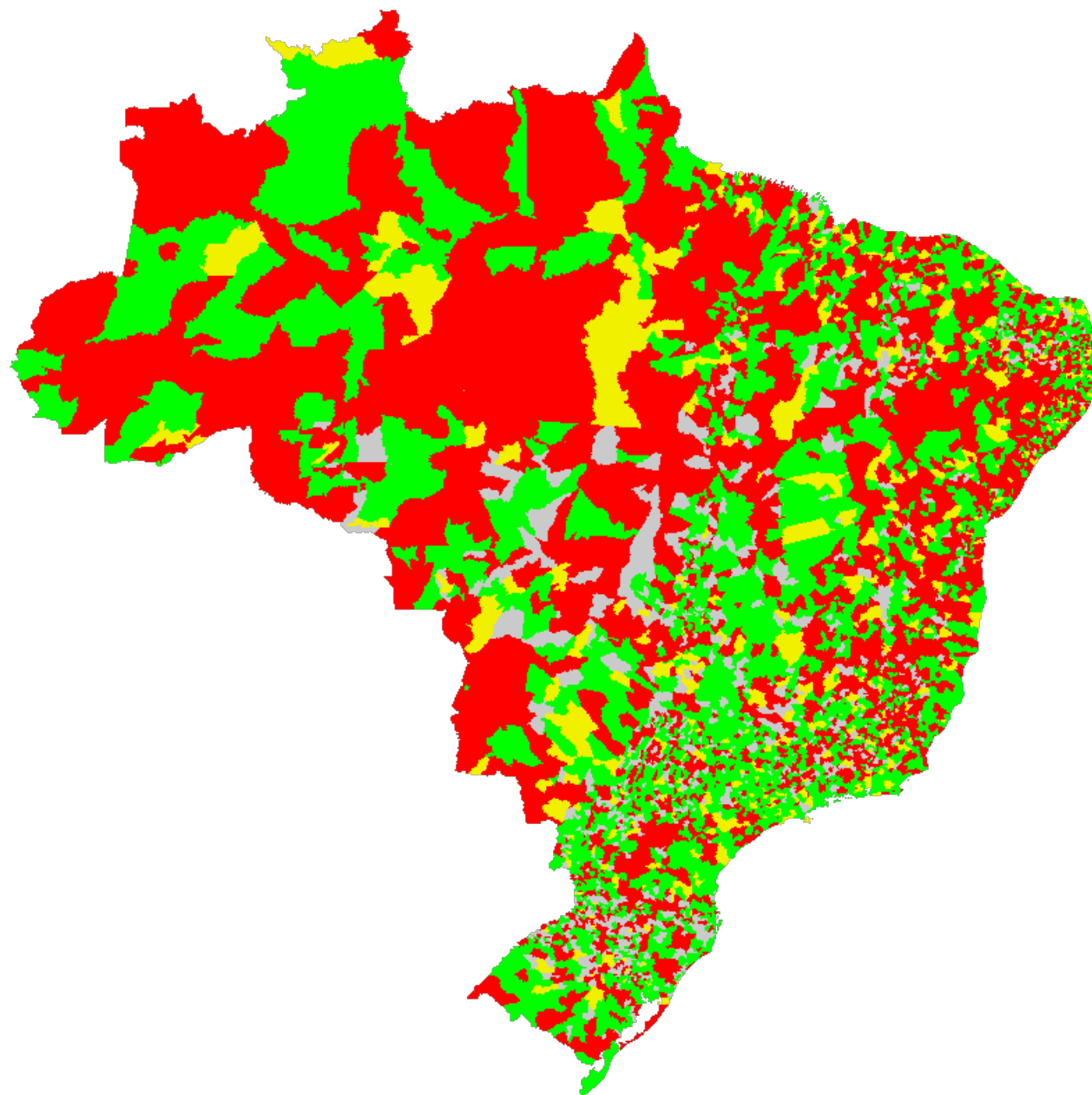
- 1,0 – 17,5
- 17,6 – 20,0
- 20,1 – 238,1
- Missing data

Source: MoH, SIM/SINASC. 2008 Data.

# MDG 4 in Brazil – Under-five mortality rate

Deaths per 1000 live births

## Municipal level



### Legend

Under-five mortality range

- 1,0 – 17,5
- 17,6 – 20,0
- 20,1 – 238,1
- Missing data

Source: MoH, SIM/SINASC. 2008 Data.

# INEGALITES

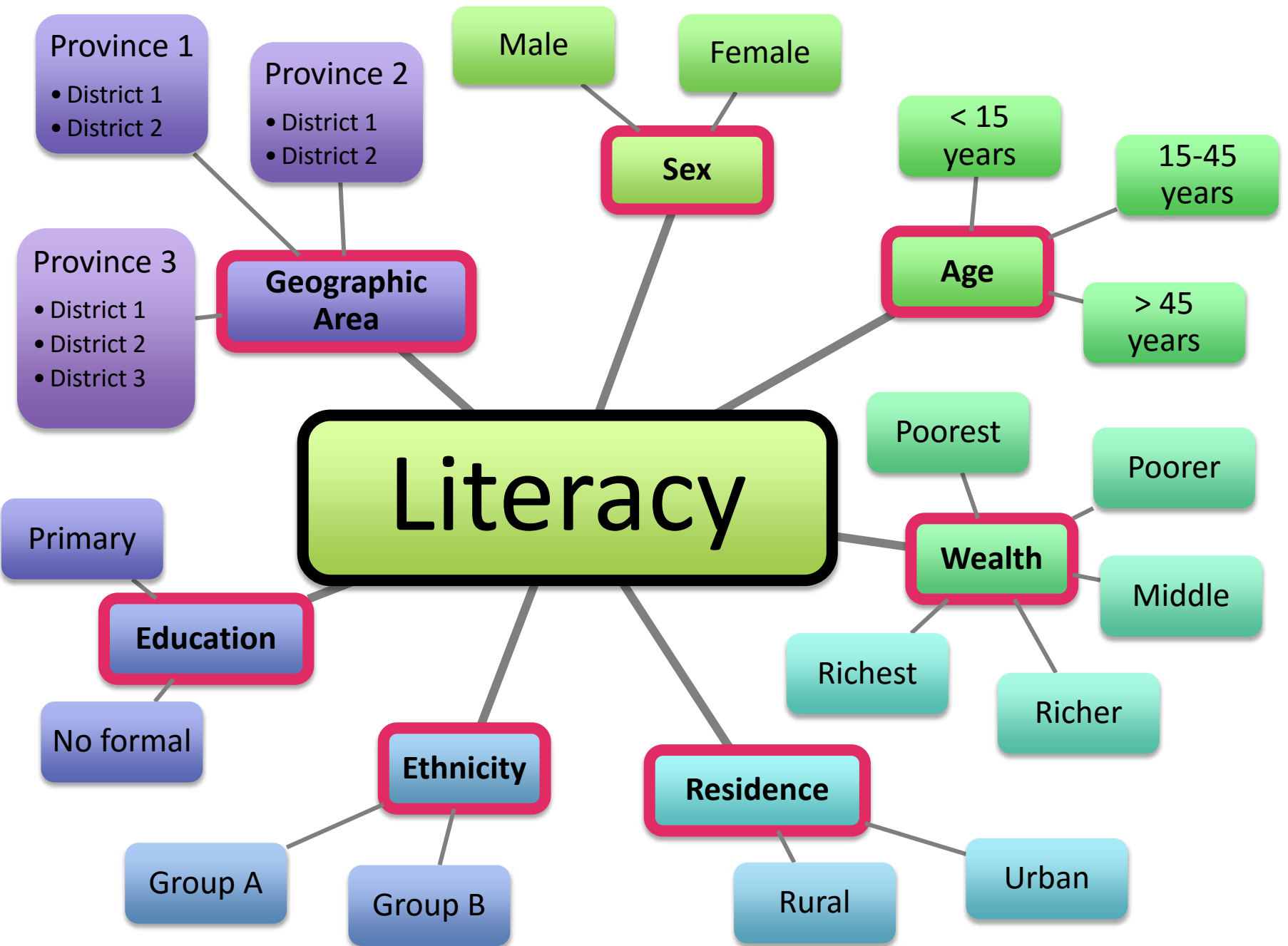
Les moyennes nationales masquent de grandes disparités



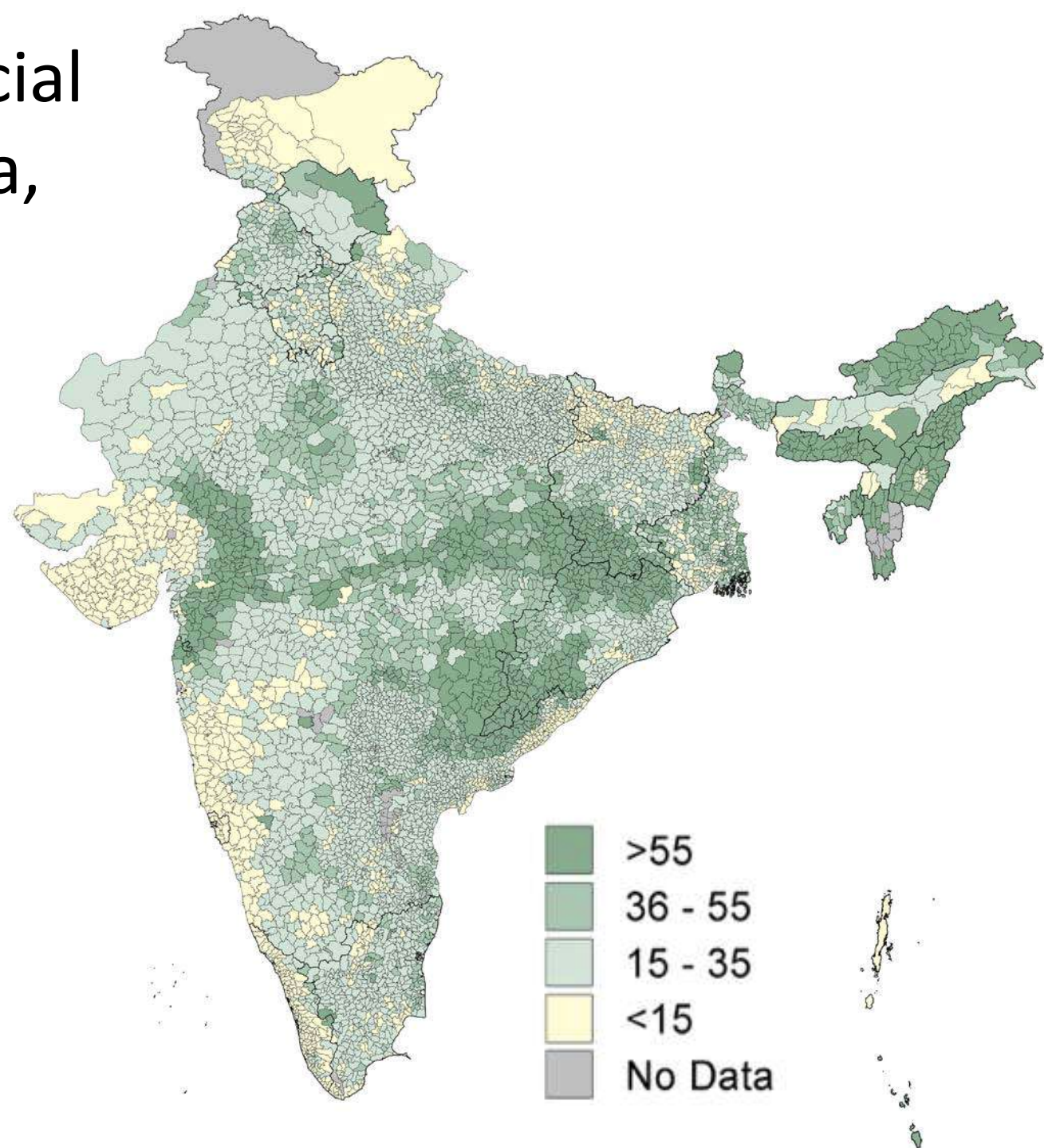
# Conclusions des leçons apprises

1

**DESAGREGATION**

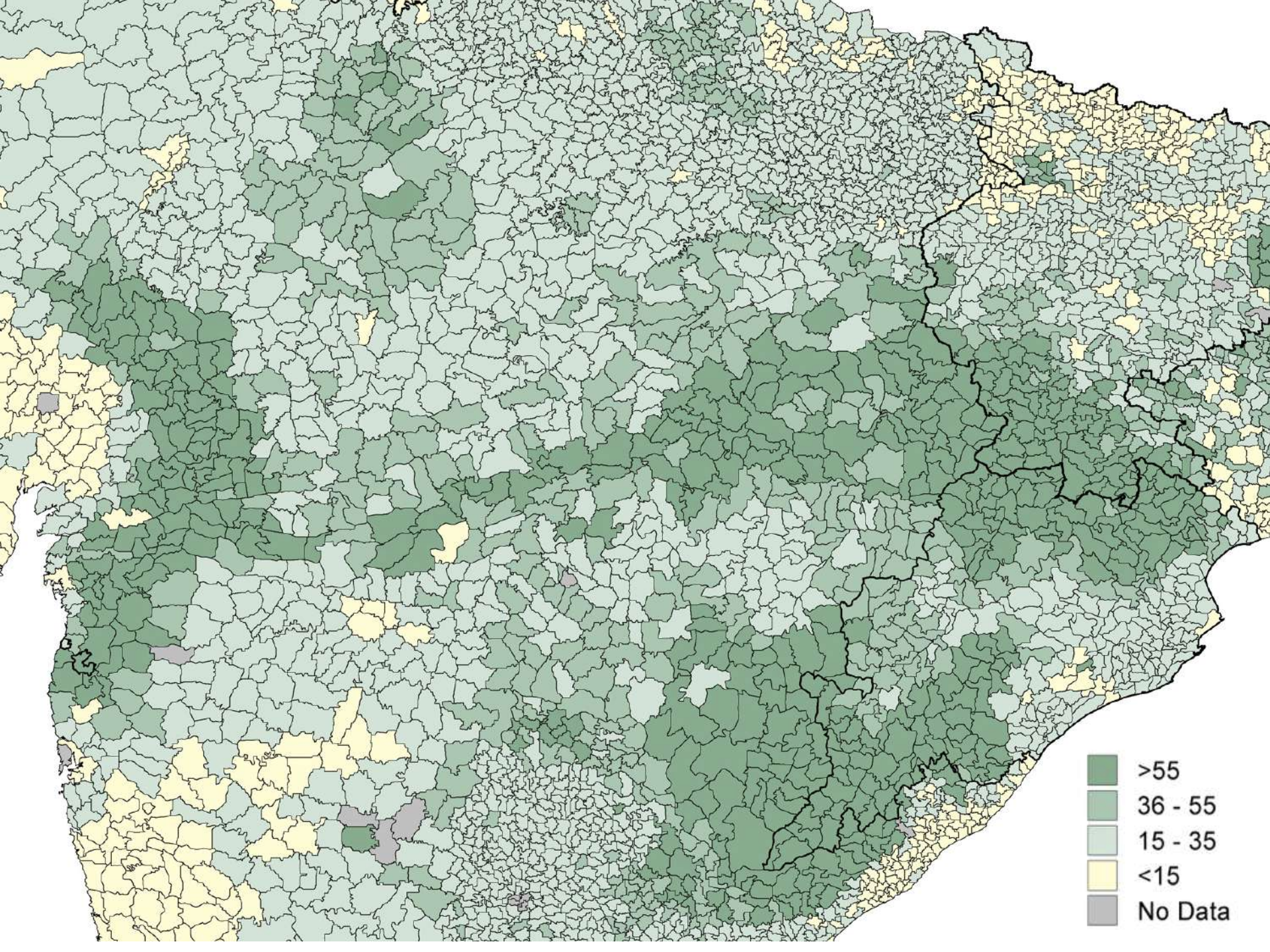


# Vulnerable social groups of India, 2001



Source: Census of India, 2001



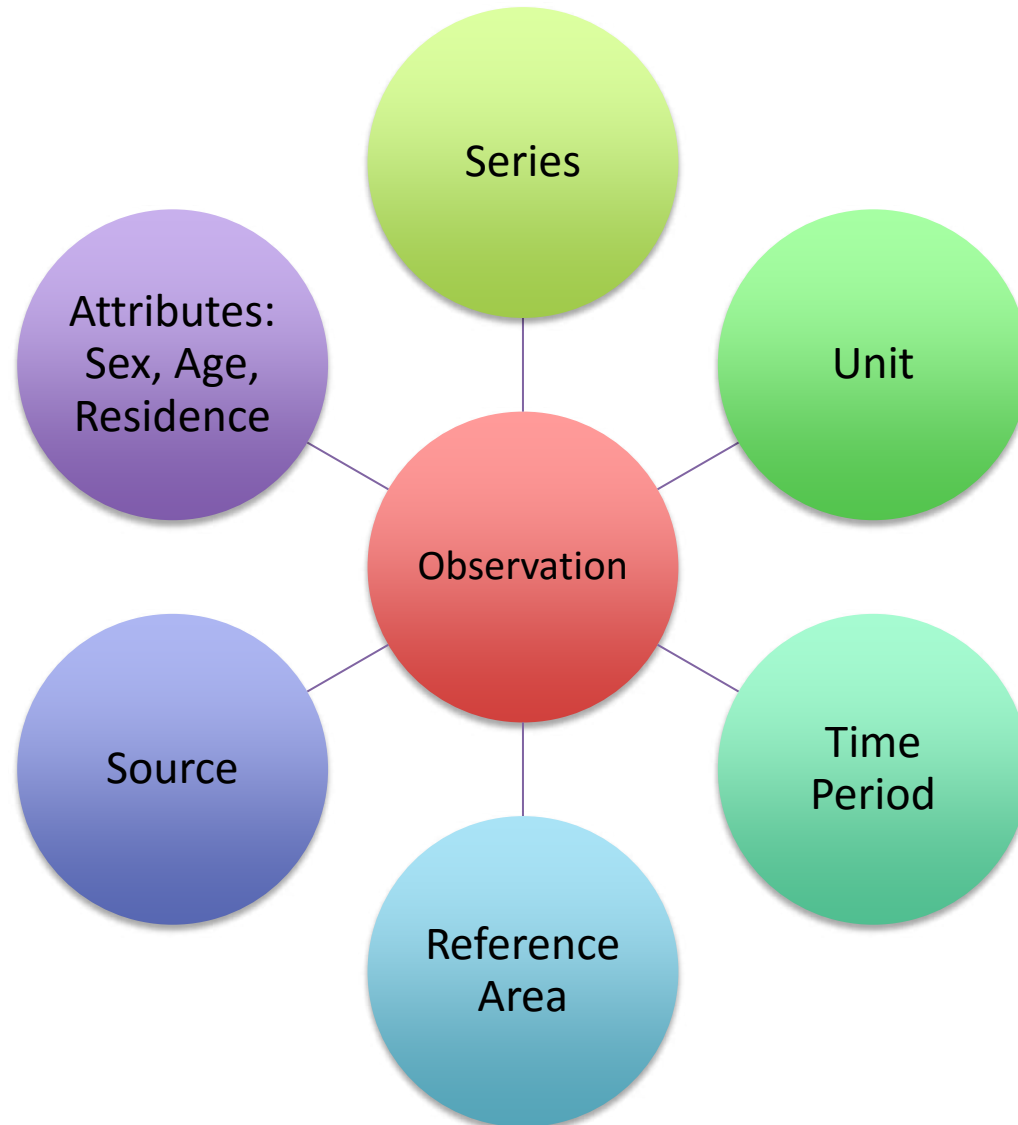


2

**STANDARDS**

# STRUCTURE DE DONNEES

## DEFINITION



# METADONEES

## DEFINITION

**Series title, unit of measurement**

**Contact point in international agency**

**Definition**

**Method of computation**

**Comments and limitations**

**Sources of discrepancies between global and national figures**

**Process of obtaining data**

**Treatment of missing values**

**Data availability**

**Regional and Global estimates**

**Expected time of release**

# METADONEES

## DEFINITION

### Definition

The proportion of the population using an improved drinking water source, total, urban, and rural, is the percentage of the population who use any of the following types of water supply for drinking: piped water into dwelling, plot or yard; public tap/standpipe; borehole/tube well; protected dug well; protected spring; rainwater collection and bottled water (if a secondary available source is also improved). It does not include unprotected well, unprotected spring, water provided by carts with small tanks/drums, tanker truck-provided water and bottled water (if secondary source is not an improved source) or surface water taken directly from rivers, ponds, streams, lakes, dams, or irrigation channels. Definitions and a detailed description of these facilities can be found at the website of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation at [www.wssinfo.org](http://www.wssinfo.org).

### Method of computation

The indicator is computed as the ratio of the number of people who use an improved drinking water source to the total population, expressed as a percentage. The same method applies for the urban and rural breakdown. Coverage estimates are based on data from nationally representative household surveys and national censuses, which in some cases are adjusted to improve comparability among data over time. Survey and census data for urban and rural areas are then plotted on a time scale from 1980 to present. A linear trend line, based on the least-squares method, is drawn through these data points to estimate urban and rural coverage for the baseline year 1990 and for the year of most recent estimate. A linear regression line is drawn only if at least two survey data points are available, and they are spaced five or more years apart. The linear regression line may be extrapolated up to two years after, or before, the latest or earliest survey data point. Outside of these time limits, the extrapolated regression line is flat for up to four years, as necessary. If the extrapolated regression line would reach 100% coverage or beyond, or 0%, a flat line is drawn from the year prior to the year where coverage would reach 100% (or 0%). Total coverage estimates are computed from the urban and rural coverage estimates using the latest population estimates and distribution of urban and rural population provided by the United Nations Population Division <http://www.un.org/esa/population/unpop.htm> More information on this methodology is available at <http://www.childinfo.org> and <http://www.wssinfo.org>.

# METADONEES

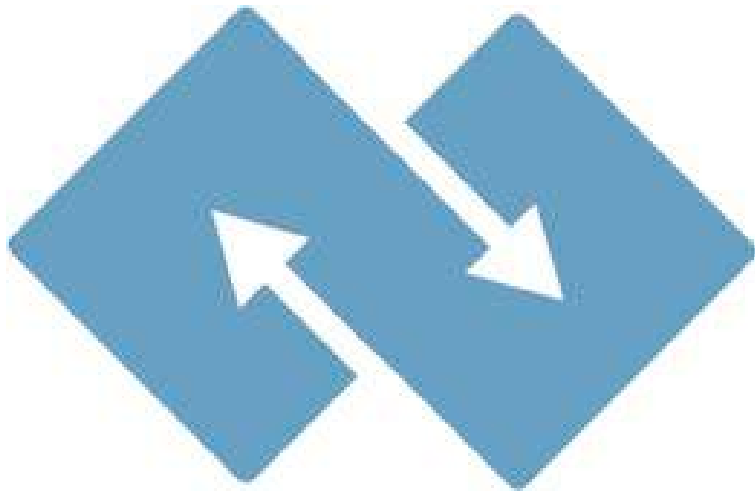
## Sources of discrepancies between global and national figures

The origins of the most common discrepancies between internationally reported and nationally reported figures are:

- Use of different definitions of what constitutes access to safe drinking water.
- Use of different total population estimates and different estimates for the distribution of the population among urban and rural areas.
- Use of population as the denominator for coverage as per the MDG indicator vs. the use of households as the denominator as was routinely done by DHS.
- Use of an estimate for coverage as is done internationally vs. the reporting of the latest survey or census findings, which is often done nationally.

# HARMONISATION

Standard International pour les  
données socioéconomiques



**sdmx**

Statistical Data and Metadata  
eXchange



## Registry

- Home
- Login
- Select
- Registration
- View Artefacts
- Feedback

## Data Structures

- Definitions
- Code Lists

## Metadata

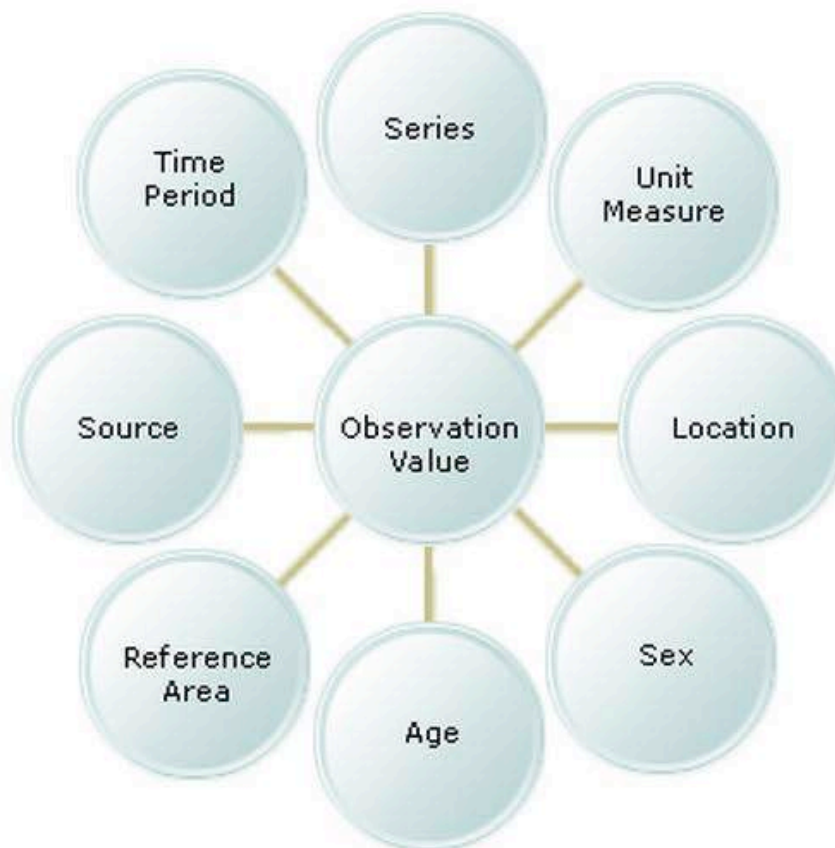
- Tags
- View

## Data

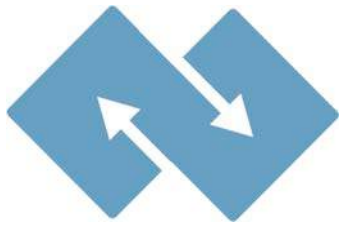
- View
- Validate
- Publish
- Agent
- Exchange

## Data Structures | Data Structure Definitions

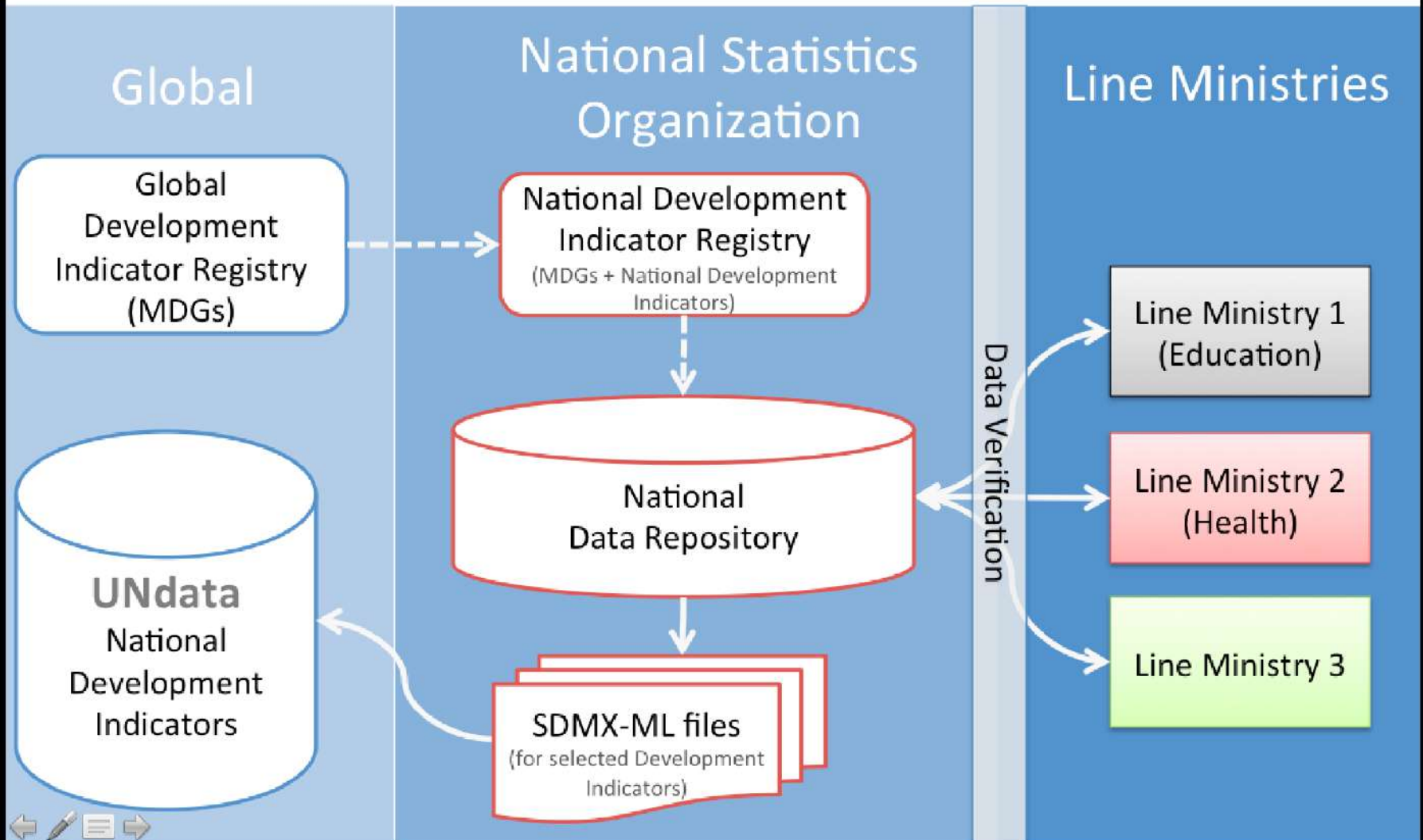
A data structure definition specifies a set of concepts which describe and identify a series. The concepts are the dimensions (identification and description) and which are attributes (just descriptions). The code lists provide the possible values for the dimensions and attributes. Here is the list of concepts under this registry.







# SDMX Data Flows for SDG Indicators



3

**INTRANATIONAL**

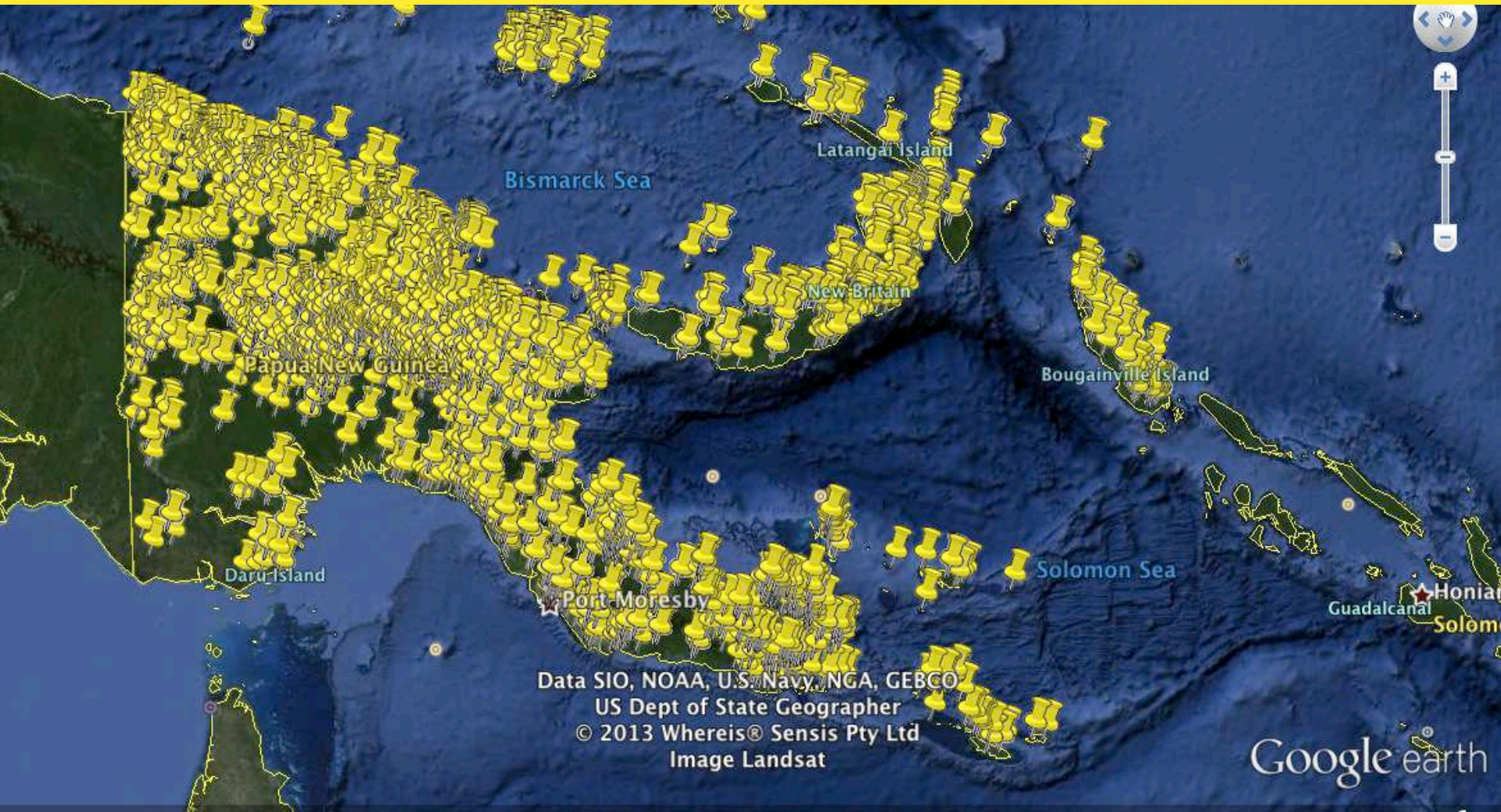
# DRILL DOWN

## Ecoles en Papua New Guinea



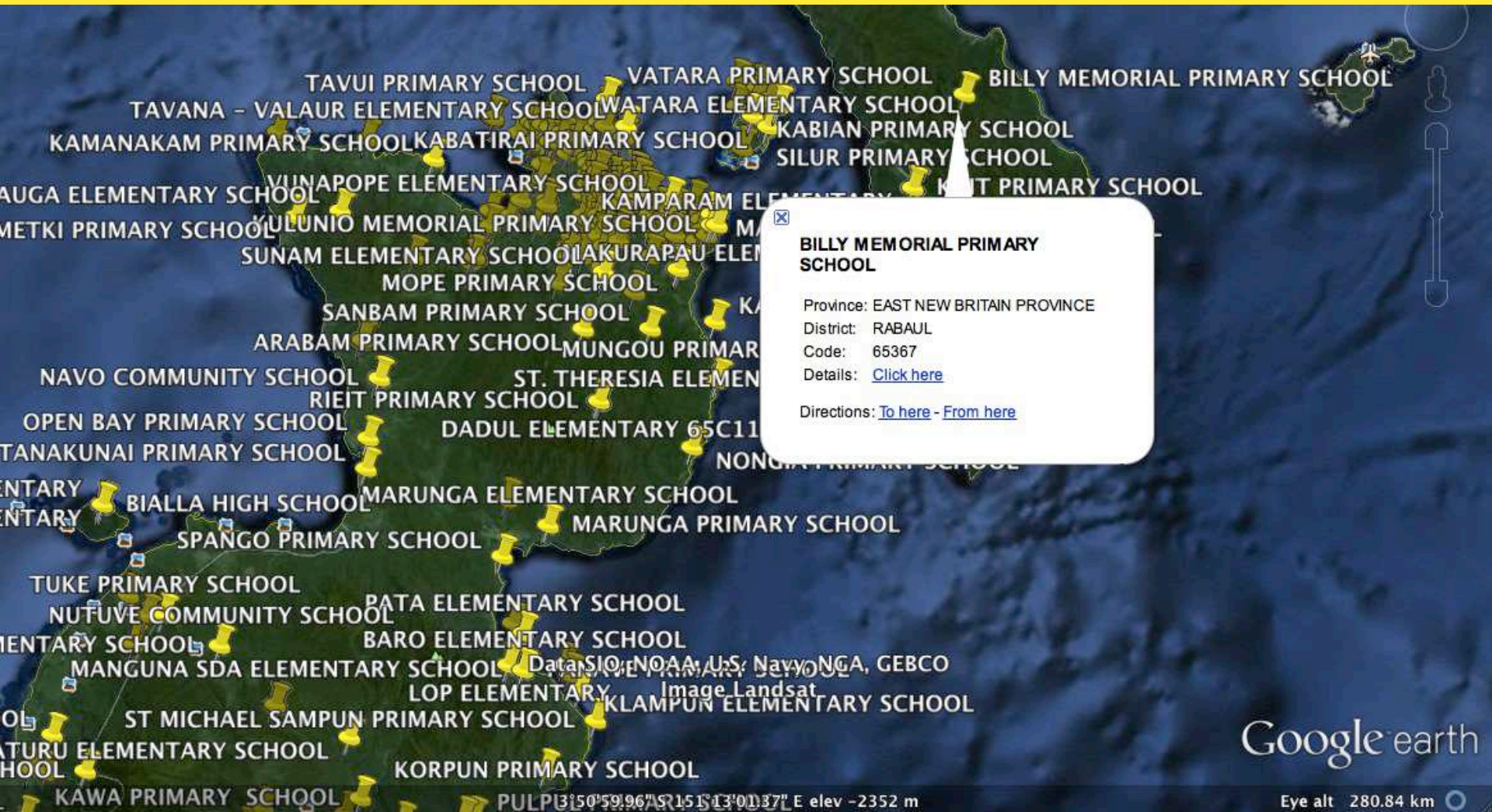
# DRILL DOWN

## Ecoles en Papua New Guinea



# DRILL DOWN

## Ecoles en Papua New Guinea





4

**SUIVI EN TEMPS REEL**

# Sources de Données

Pour les statistiques officielles

<i>Data Source</i>	<i>Frequency</i>	<i>Coverage</i>	<i>Cost</i>	<i>Quality</i>	<i>Report</i>
Population Census	10 years	Subnational	Very high	High	1-2 years
Household Survey	3-5 years	National	High	High	1-2 years
Administrative System	On-going	Subnational	Low	Medium	<u>Real-time</u>
Online/Mobile Survey	On demand	Varies	Low	Low	<u>Real-time</u>

Collecte de données non conventionnelles





# OpenEMIS

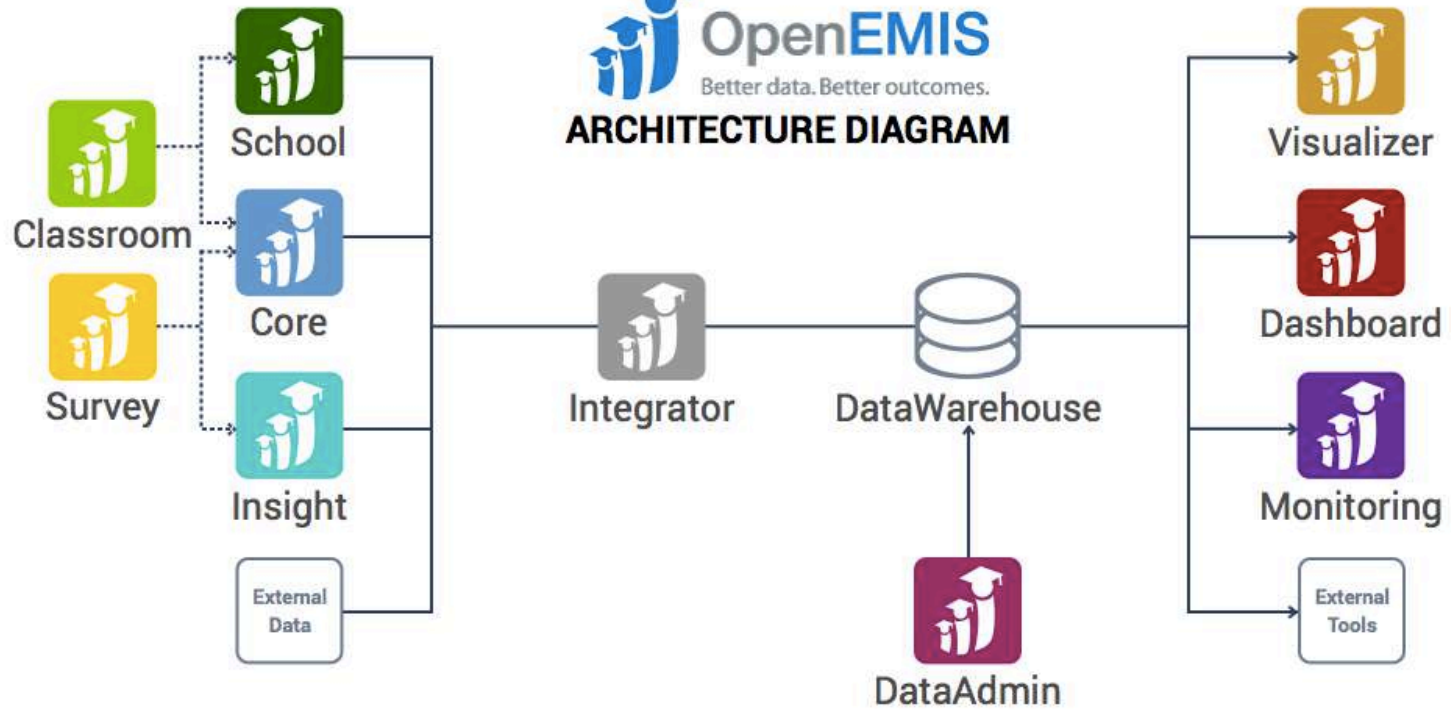
Better data. Better outcomes.



United Nations  
Educational, Scientific and  
Cultural Organization

C S F

 **OpenEMIS**  
Better data. Better outcomes.  
**ARCHITECTURE DIAGRAM**



**Collect**



**Manage**



**Analyze**

 RapidPro

unicef 

# How does it work?

Flows are powerful, but RapidPro presents them in a way that makes them easy to understand. Watch our overview video to see how easy it is to deploy your own custom SMS application with RapidPro.

**Introducing TextIt**  
from TextIt

**SMS Response**  
Great to hear, boiling prevents diseases that filters cannot. One last question, how many members are in your household? Answer with a number 1-20.

**SMS Response**  
You should always consider boiling water to before use to prevent diseases. How many members are there in your household? Answer with a number 1-20.

**SMS Response**  
Sorry, I didn't understand that, please answer with a number 1-20. How many people are there in your household?

**Household Members**  
1-20 Other

**SMS Response**  
Great! Thanks again for your time @contact.first\_name. Please contact us if you have any questions. In the meantime, enjoy your clean water!

05:40

HD vimeo

yes

Great to hear, boiling prevents diseases that filters cannot. One last question, how many members are in your household? Answer with a number 1-20.

4

Great! Thanks again for your time Test. Please contact us if you have any questions. In the meantime, enjoy your clean water!

Send

Add a field

# Boil

# Water Source

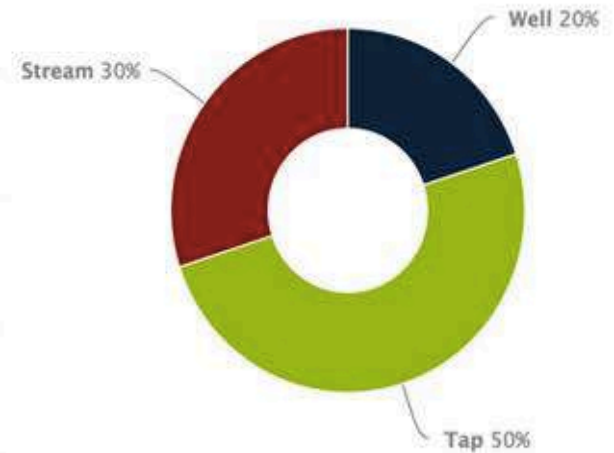
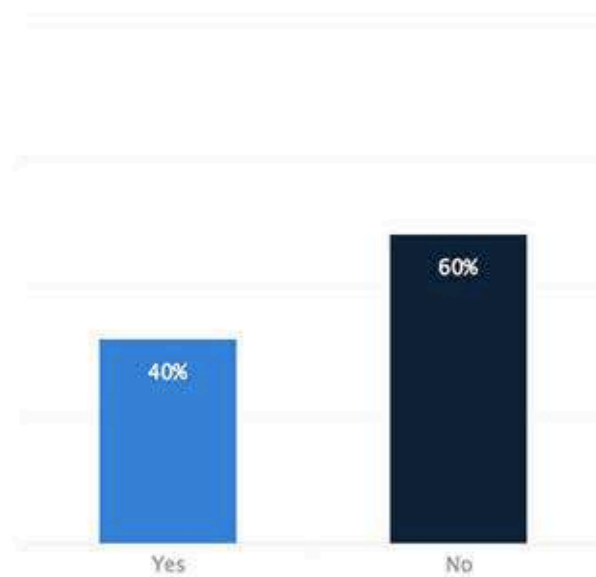
## Filters

### Household Members

- 2-6
- 6-10
- 10-15
- 15-19

## Charts

- Boil
- Water Source
- Household Members



Every interaction with a flow creates a datapoint that is automatically associated with each user. RapidPro lets you easily get that data into Excel for further analysis, or you can use our powerful real-time analytics to let you compare datasets across populations.

# OpenEMIS Logistics

## About OpenEMIS Logistics

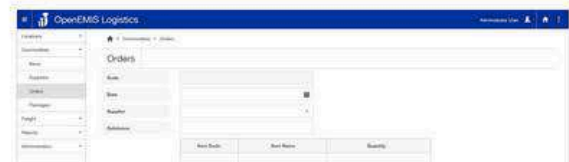
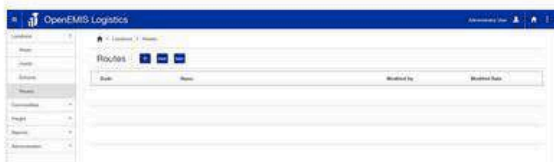
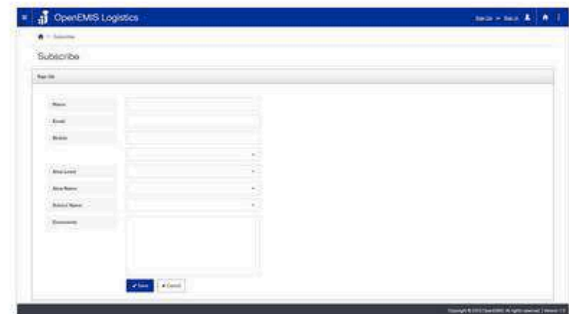
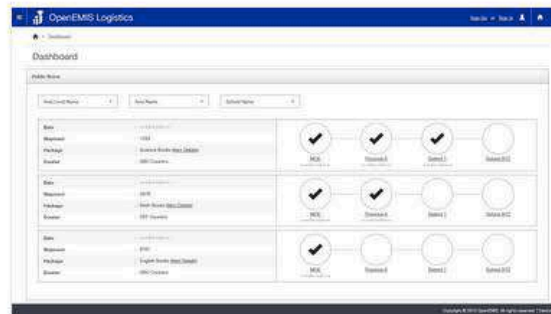


Track the delivery of items to schools

[Download Datasheet](#)

[Download Roadmap](#)

## Screenshots



# OpenEMIS Logistics

Traçage des manuels scolaires avec RapidPRO



Dashboard

## Dashboard

Public Home

Area Level Name  Area Name  School Name

<b>Date</b> : --/--/--				
<b>Shipment</b> : 1234	MOE --/--/--	Province A --/--/--	District 1 --/--/--	School XYZ
<b>Package</b> : Science Books <a href="#">(Item Details)</a>				
<b>Courier</b> : ABC Couriers				
<b>Date</b> : --/--/--				
<b>Shipment</b> : 5678	MOE --/--/--	Province A --/--/--	District 1 --/--/--	School XYZ
<b>Package</b> : Math Books <a href="#">(Item Details)</a>				
<b>Courier</b> : DEF Couriers				
<b>Date</b> : --/--/--				
<b>Shipment</b> : 9101	MOE --/--/--	Province A --/--/--	District 1 --/--/--	School XYZ
<b>Package</b> : English Books <a href="#">(Item Details)</a>				
<b>Courier</b> : ABC Couriers				

5

**INDEXING**



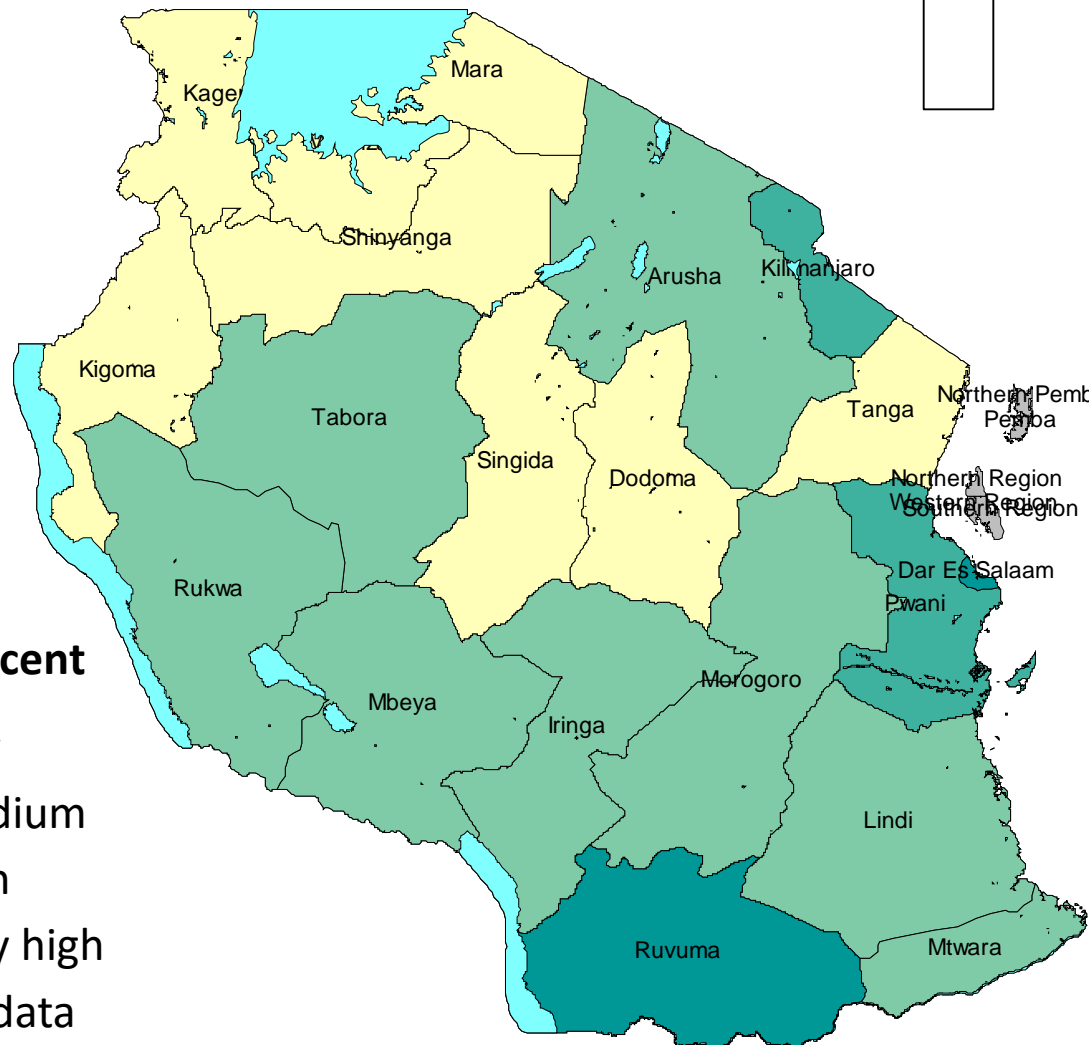


# TANZANIA

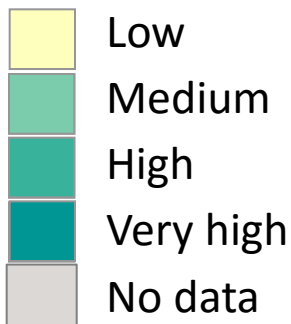
Indice Composite de soins précoces aux enfants

1

Proportion d'accouchements réalisés avec l'assistance d'un personnel qualifié



Per cent





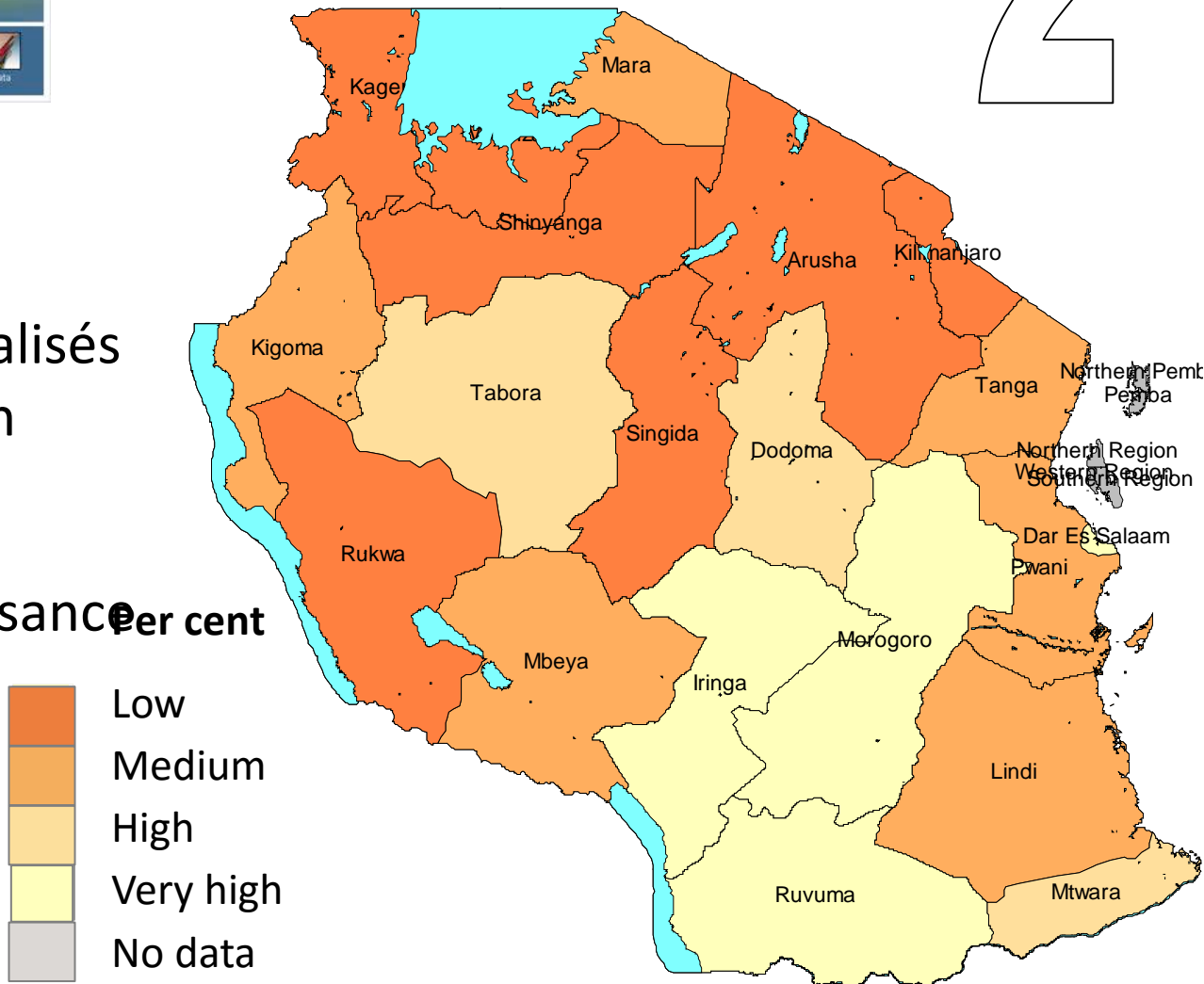
# TANZANIA

Indice Composite de soins précoces aux enfants

2

- Proportion d'accouchements réalisés avec l'assistance d'un personnel qualifié

- Faible poids à la naissance





# TANZANIA

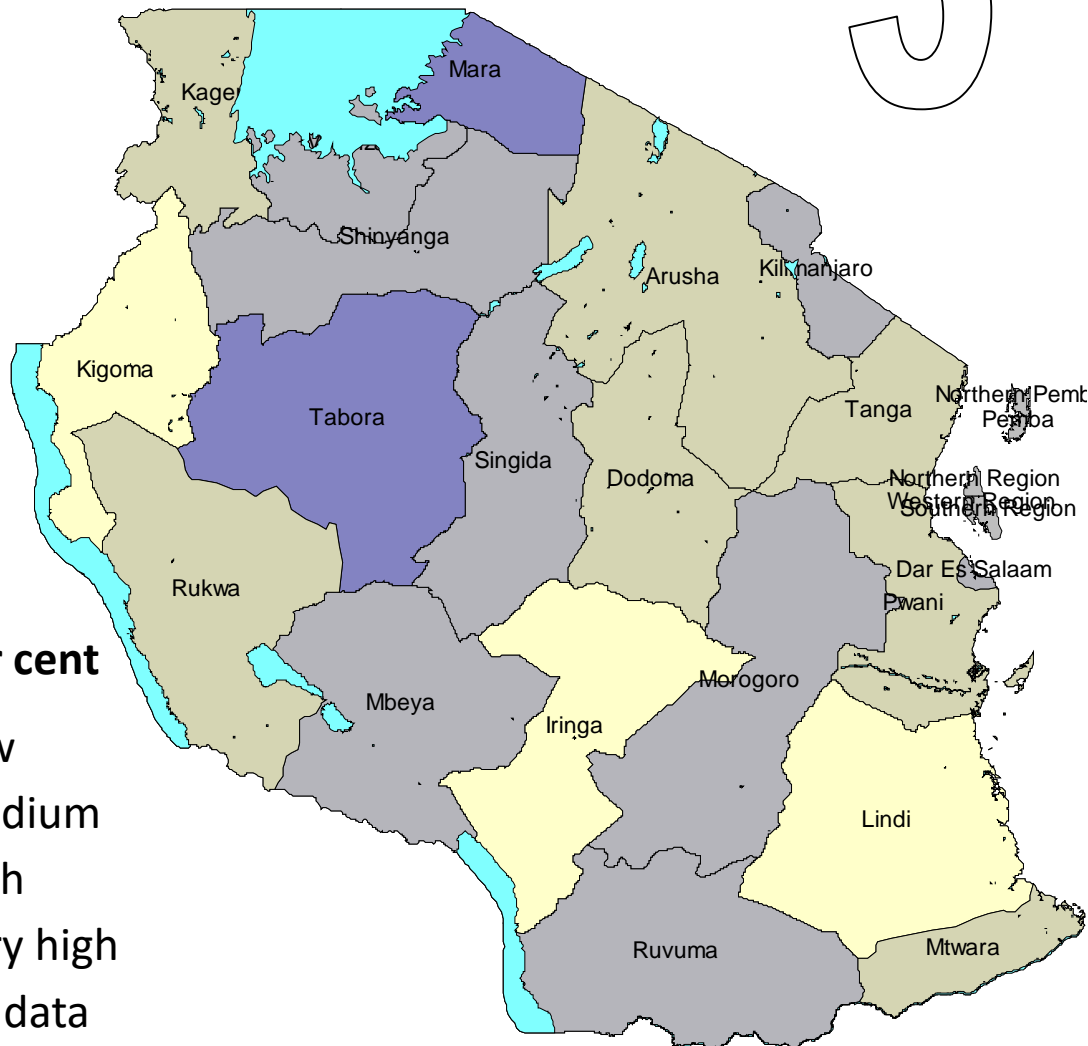
## Indice Composite de soins précoces aux enfants

# 3

Proportion d'accouchements réalisés avec l'assistance d'un personnel qualifié

Faible poids à la naissance

Insuffisance pondérale



**Per cent**



Low

Medium

High

Very high

No data

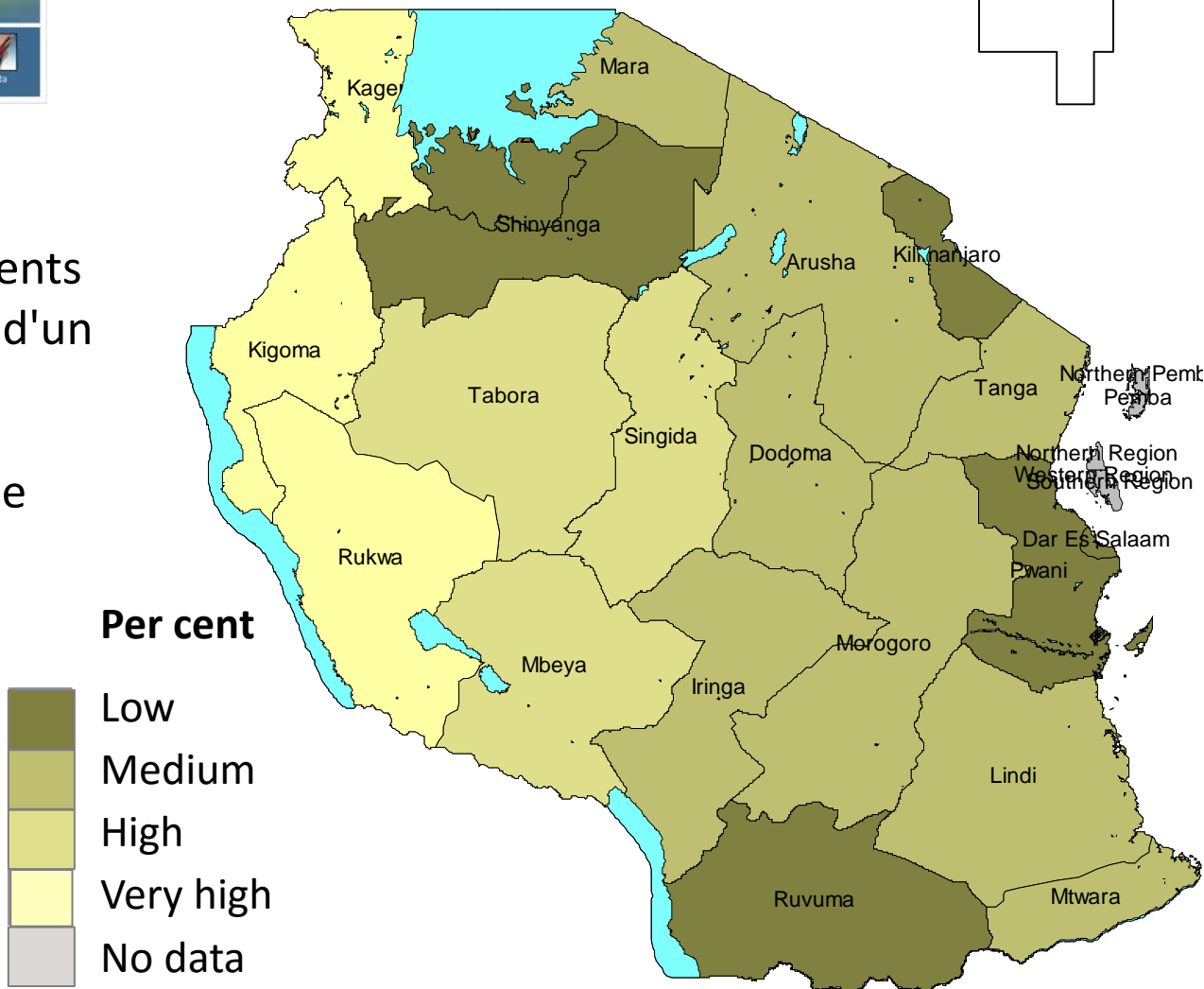


# TANZANIA

## Indice Composite de soins précoces aux enfants

# 4

- Proportion d'accouchements réalisés avec l'assistance d'un personnel qualifié
- Faible poids à la naissance
- Insuffisance pondérale
- Cas de diarrhée





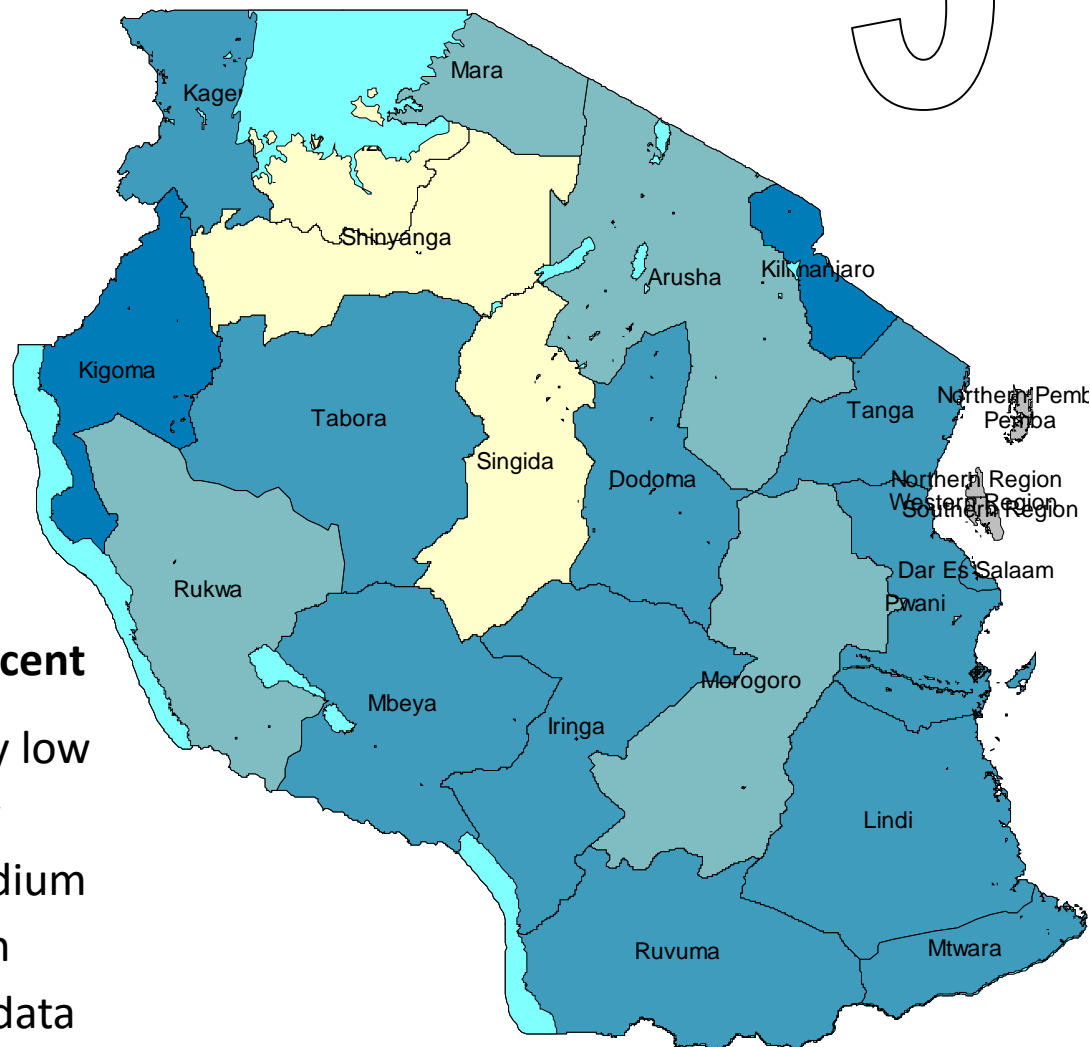
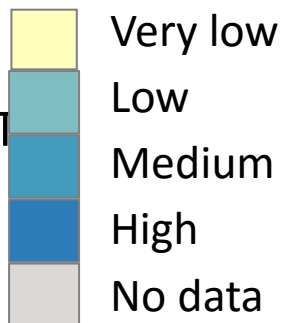
# TANZANIA

Indice Composite de soins précoces aux enfants

5

- Proportion d'accouchements réalisés avec l'assistance d'un personnel qualifié
- Faible poids à la naissance
- Insuffisance pondérale
- Cas de diarrhée
- Couverture vaccinale DPT

Per cent





# TANZANIA

## Indice Composite de soins précoces aux enfants

Source: TZA\_DHS96, Demographic Health Survey, National Bureau of Statistics, Tanzania, 1996

Area	<i>Births attended</i>		<i>Diarrhoea cases</i>		<i>DPT imm</i>		<i>Low birth weight</i>		<i>Underweight</i>		<i>Composite Index</i>
		<i>Index</i>		<i>Index</i>		<i>Index</i>		<i>Index</i>		<i>Index</i>	
Kilimanjaro	55.9	0.54	9.6	0.76	100.0	1.00	3.2	0.86	21.0	0.80	<b>0.79</b>
D'Salaam	86.7	1.00	10.0	0.74	91.3	0.76	9.0	0.26	22.2	0.76	<b>0.70</b>
Pwani	51.1	0.47	4.7	1.00	90.0	0.72	4.9	0.69	34.3	0.41	<b>0.66</b>
Tabora	48.7	0.43	18.5	0.33	94.1	0.84	6.7	0.50	14.2	1.00	<b>0.62</b>
Mara	30.4	0.16	11.0	0.69	85.0	0.58	4.6	0.72	18.9	0.86	<b>0.60</b>
Mbeya	44.4	0.37	18.7	0.32	93.8	0.83	5.4	0.64	20.8	0.81	<b>0.59</b>
Mwanza	30.9	0.17	7.8	0.85	73.8	0.27	1.9	1.00	27.0	0.62	<b>0.58</b>
Ruvuma	68.3	0.73	7.4	0.87	90.3	0.73	11.5	0.00	29.4	0.55	<b>0.58</b>
Lindi	47.8	0.42	13.0	0.60	92.5	0.79	5.5	0.63	41.4	0.20	<b>0.53</b>
Mtwara	40.5	0.31	11.2	0.68	92.0	0.78	7.6	0.41	35.6	0.37	<b>0.51</b>
Arusha	36.9	0.26	14.8	0.51	84.5	0.57	3.9	0.79	35.1	0.39	<b>0.50</b>
Morogoro	44.4	0.37	12.9	0.60	82.1	0.50	8.3	0.33	25.5	0.67	<b>0.49</b>
Shinyanga	25.7	0.09	7.3	0.87	64.1	0.00	3.5	0.83	27.8	0.60	<b>0.48</b>
Dodoma	32.9	0.20	14.7	0.51	91.3	0.76	7.2	0.45	34.2	0.41	<b>0.47</b>
Tanga	25.9	0.09	13.5	0.57	86.8	0.63	5.4	0.64	36.2	0.35	<b>0.46</b>
Kagera	19.6	0.00	20.3	0.24	92.3	0.79	3.4	0.84	36.0	0.36	<b>0.45</b>
Rukwa	36.2	0.25	22.2	0.15	82.4	0.51	4.0	0.78	30.5	0.52	<b>0.44</b>
Singida	34.5	0.22	18.2	0.34	70.3	0.17	3.1	0.88	28.4	0.58	<b>0.44</b>
Iringa	36.8	0.26	12.0	0.64	94.2	0.84	10.1	0.15	48.2	0.00	<b>0.38</b>
Kigoma	22.9	0.05	25.2	0.00	95.1	0.86	4.5	0.73	43.1	0.15	<b>0.36</b>

**TSED**  
TANZANIA SOCIO-ECONOMIC DATABASE

**Information**  
NBS  
TSED

**Data**  
Search

**Gallery**  
Presentations  
Reports  
Images

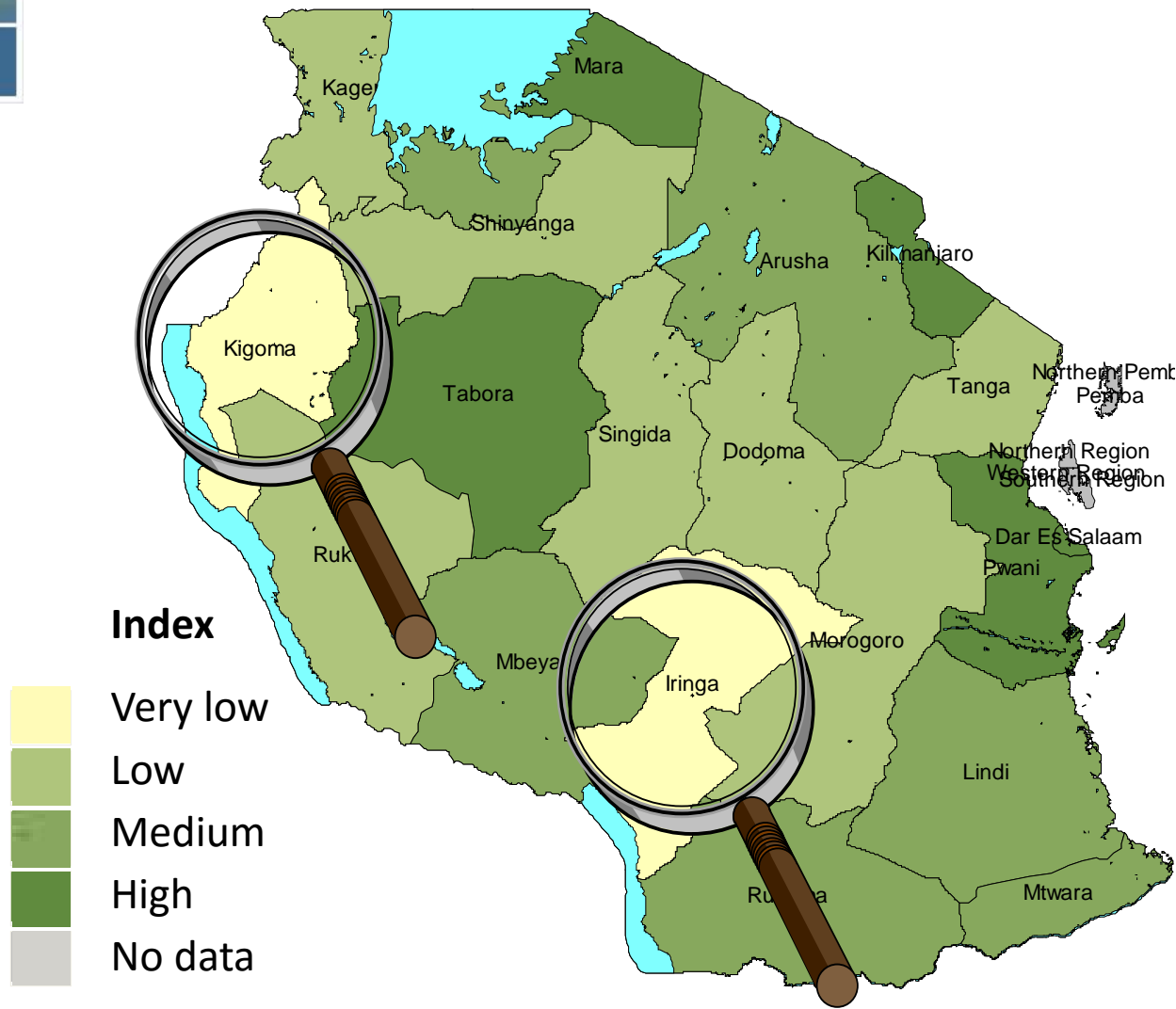
**Help**  
Contents  
Tour  
Helpdesk

Indicators Time Areas Data

Show on Startup

# TANZANIA

## Indice Composite de soins précoces aux enfants



# 6

## ALIGNEMENT DES ODDs



# Monitoring

## Lao PDR Education Plan

FRAMEWORK

INDICATOR

Baseline - Target

di Monitoring  
Lao PDR National Education Plan  
Lao\_Education Sector Development Framework as of 2011

ESDF PILLAR 1 - Expand equitable access

1.1 - Reducing Cost Barriers for Education

1.1.1 - Abolition of registration and instructional fees for early childhood playgroups, primary, lower-secondary, NFE, and teacher education

1.1.2 - Introduction of school block grants to off-set fee abolition for school operational (non-salary) budgets and school development plans

Indicator	Responsible party	ESDF Reference	Legislative Requirement	Status	Baseline	2011	2012	2013	2014	Target
Schools receiving block grants (Number)	DOF (DOP, DPC)	Page 33, Page 34	Ministerial Instruction and guidance on utilization	Planned	1,000	1,500	2,000	2,500	3,000	4,000
				Actual		1,021				

1.1.3 - School readiness programmes for primary school entry

Indicator	Responsible party	ESDF Reference	Legislative Requirement	Status	Baseline	2011	2012	2013	2014	Target
NER (Percent, 5 year old)	DPPE	Page 22, Page 33	Ministerial Decision on early childhood	Planned						
NER (Percent, 3 year old)	DPPE	Page 22, Page 33	Ministerial Decision on	Planned						

Status

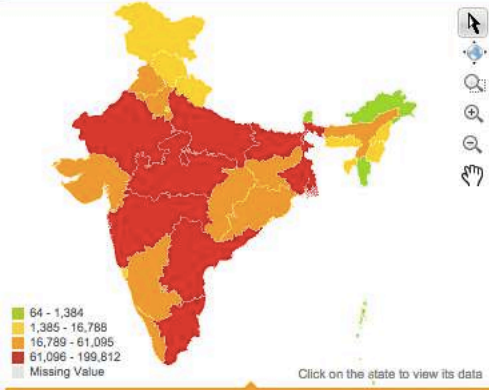
Planned - Actual

7

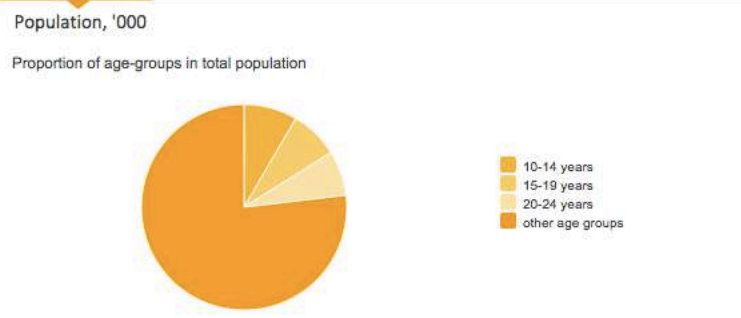
# INFOGRAPHIE

Dévoiler la beauté des données

# Tableaux de bord Indicateurs clés

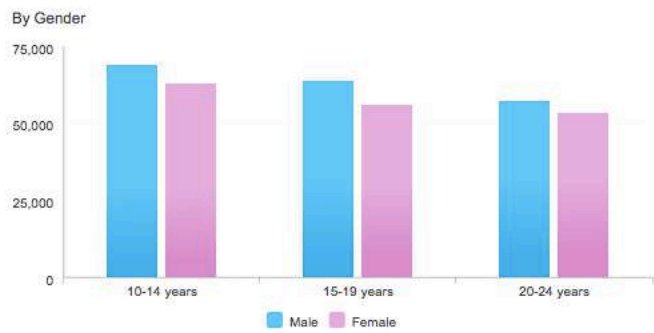


Population size '000, Total	1,210,854.98
Population size '000, Female 10-14 years	63,290.38
Population size '000, Female 15-19 years	56,544.05
Population size '000, Female 20-24 years	53,839.53
Population size '000, Female 10-19 years	119,834.43
Population size '000, Male 10-14 years	69,418.84
Population size '000, Male 15-19 years	63,982.4



Absolute figures

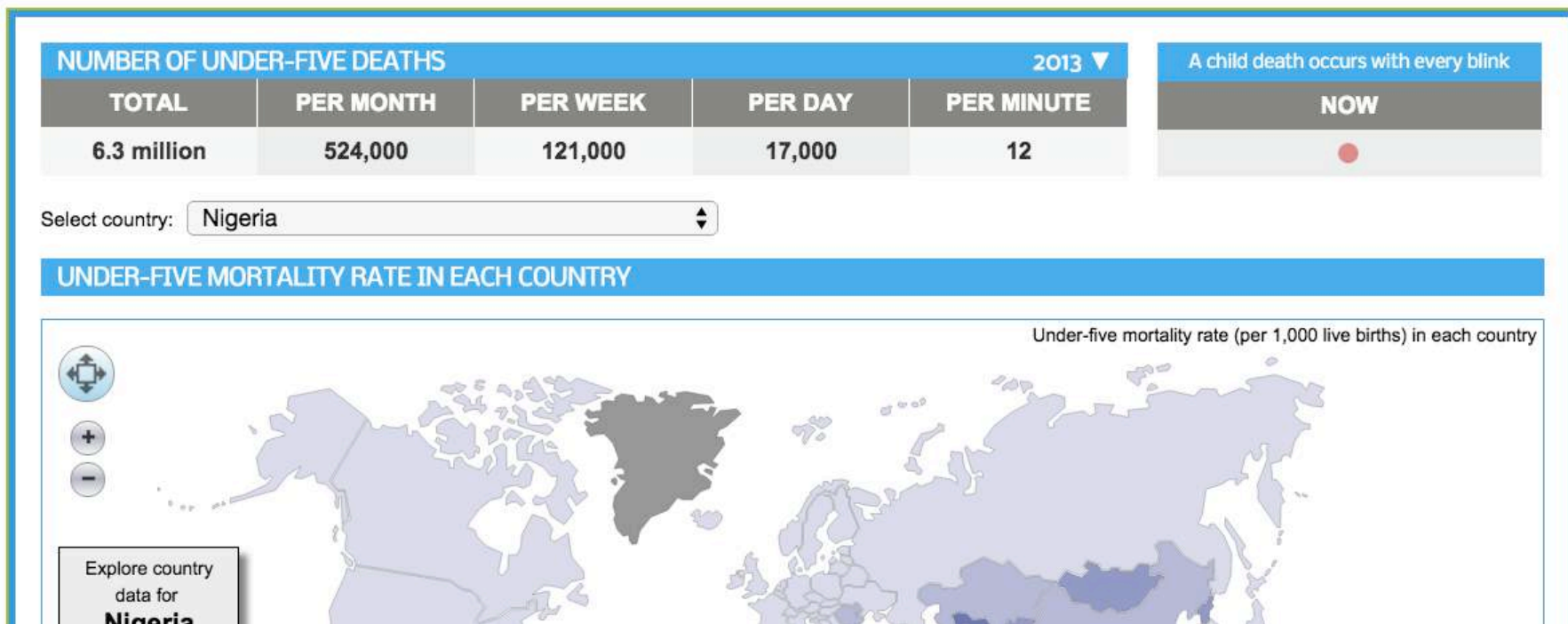
1,210,854	132,709	120,526	111,424
All ages	10-14 years	15-19 years	20-24 years



Source: Census, 2011

# Under-Five Mortality Dashboard

What are the leading causes of child deaths in different countries around the world? Which countries have reduced child mortality the most over the past 40 years? Explore these and other questions in the new interactive under-five mortality dashboard. It uses rich maps, bubble graphs, and other visualizations to bring the data to life.



# Under-Five Mortality Dashboard

## NUMBER OF UNDER-FIVE DEATHS

2013 ▼

TOTAL	PER MONTH	PER WEEK	PER DAY	PER MINUTE
6.3 million	524,000	121,000	17,000	12

A child death occurs with every blink

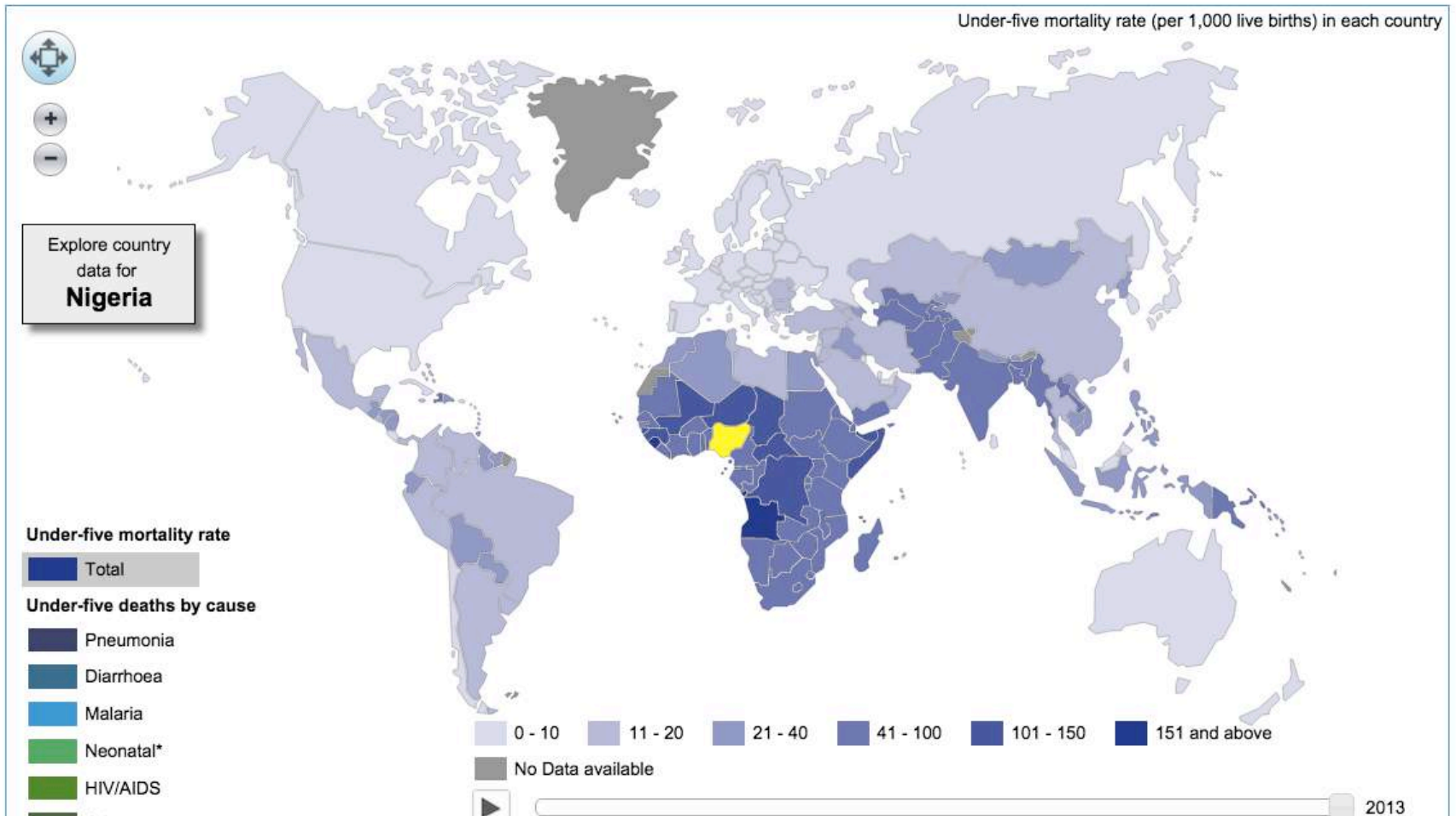
NOW



Select country: Nigeria

## UNDER-FIVE MORTALITY RATE IN EACH COUNTRY

Under-five mortality rate (per 1,000 live births) in each country



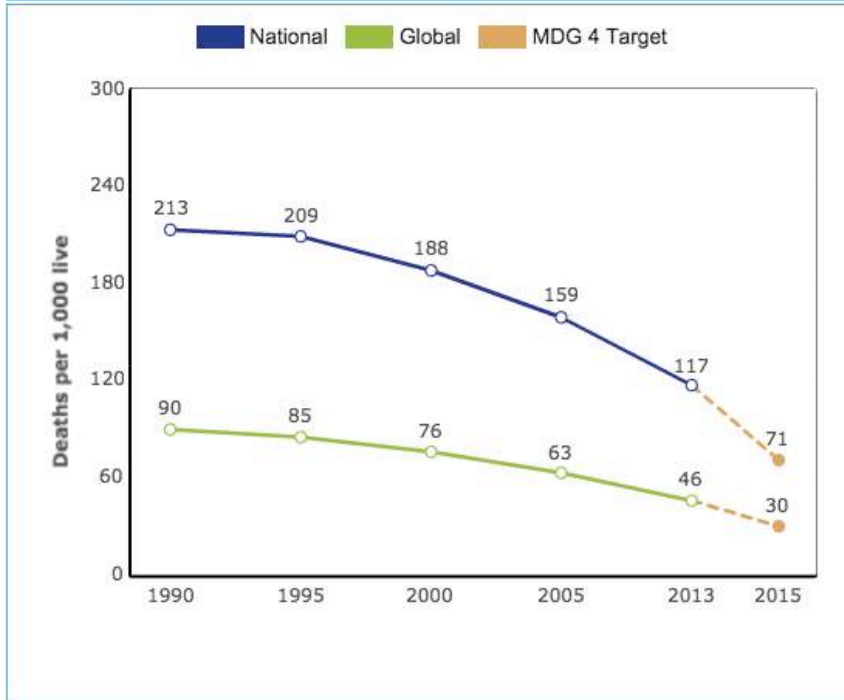
# Nigeria

[Back to Global](#)

Under-Five Population (2013)	Live Births (2013)	Under-Five Deaths (2013)	Under-Five Mortality Rate (2013)	Annual Rate of Reduction (1990-2000)	Annual Rate of Reduction (2000-2013)
<b>30,546,274</b>	<b>7,173,020</b>	<b>804,429</b>	<b>117</b> <small>(per 1,000 births)</small>	<b>1.3%</b>	<b>3.6%</b>

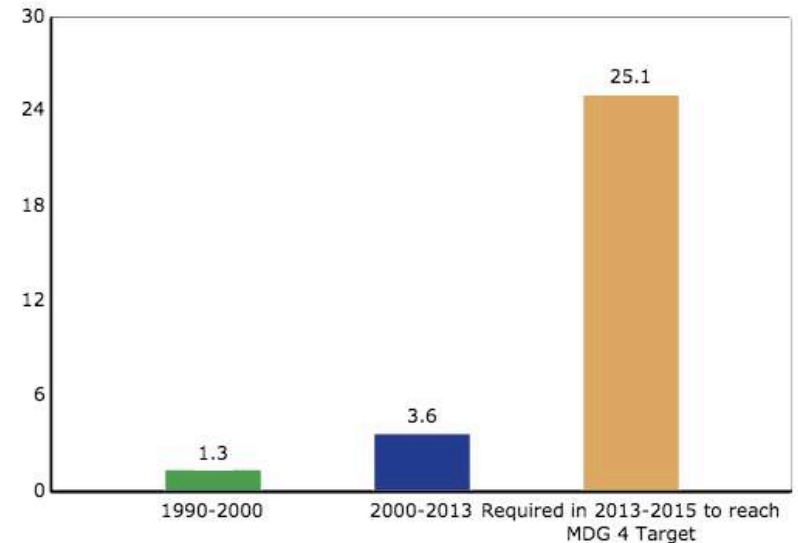
Select country:

## TREND (ACTUAL AND PROJECTED)



## ANNUAL RATE OF REDUCTION

The annual rate of reduction (ARR) for under-five mortality rate refers to annual average decline in under-five mortality rate for a given period in percentage points.



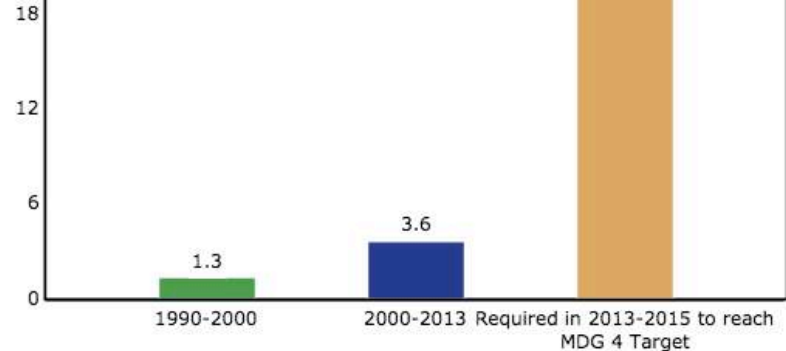
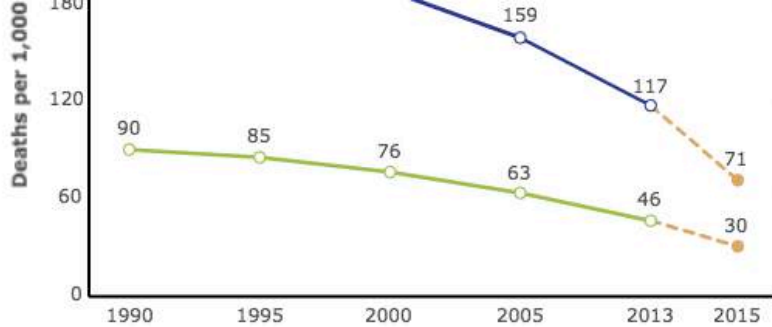
## UNDER-FIVE DEATHS BY CAUSE

Note: According to this year's analysis, around half of child deaths are attributable to undernutrition.

## DISPARITIES IN UNDER-FIVE MORTALITY RATE

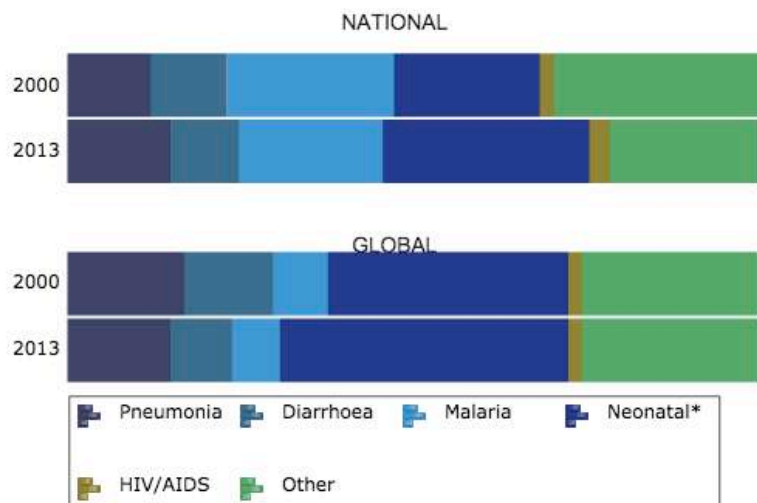
"Wealth Quintiles" separates households into five groups to compare the influence of wealth in under-five mortality rate.

- Wealth Quintiles
- Mother's Education



## UNDER-FIVE DEATHS BY CAUSE

Note: According to this year's analysis, around half of child deaths are attributable to undernutrition.

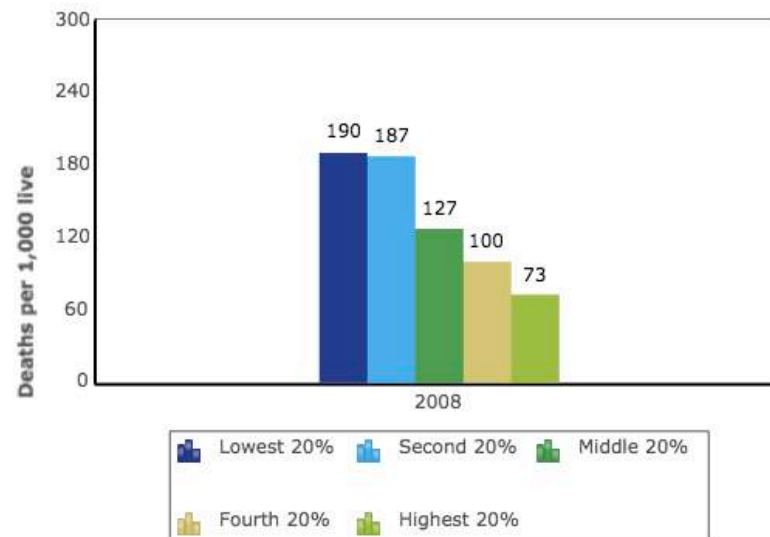


\* Excludes neonatal deaths caused by pneumonia, diarrhoea, malaria and HIV/AIDS.

## DISPARITIES IN UNDER-FIVE MORTALITY RATE

"Wealth Quintiles" separates households into five groups to compare the influence of wealth in under-five mortality rate.

- Wealth Quintiles
- Mother's Education



Download underlying [data](#)

Data from: [www.childmortality.org](http://www.childmortality.org) | [data.unicef.org](http://data.unicef.org) | [www.cherg.org](http://www.cherg.org)

Embed: `<iframe src="http://www.devinfo.org/products/dipromis">`

# Données et Story telling

Source: SIL, DHS, 2013

Source: SIL, DHS, 2013

## Sierra Leone

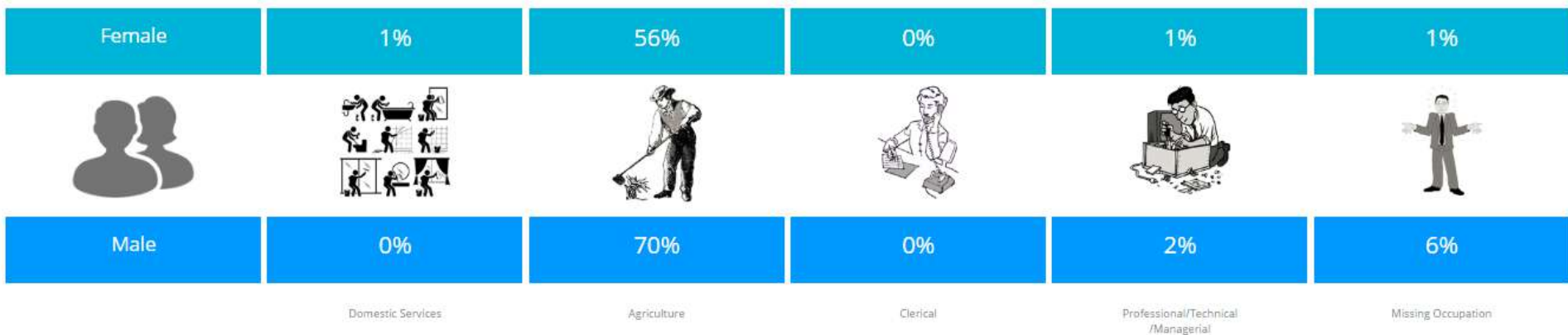
### EMPLOYMENT STATUS

Employment status of population aged 15-49 years in , percent



Source: SIL, DHS, 2013

Employed population, percent



Domestic Services

Agriculture

Clerical

Professional/Technical/Managerial

Missing Occupation



# Profils

# Coup d'oeil sur les données

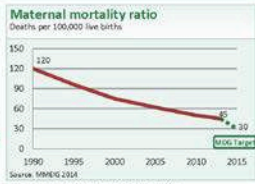
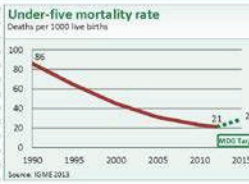
## Countdown to 2015 Maternal, Newborn & Child Survival

Fulfilling the Health Agenda for Women and Children  
The 2014 Report

### Egypt

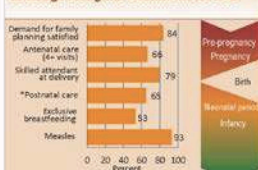
#### DEMOGRAPHICS

Total population (2008)	80,722	(Mk)
Total under-five population (2008)	9,237	(Mk)
Births (2008)	1,698	(Mk)
Birth registration (%)	99	(Mk)
Total under-five deaths (2008)	42	(Mk)
Neonatal deaths: % of all under-5 deaths	56	(Mk)
Neonatal mortality rate (per 1000 live births)	12	(Mk)
Infant mortality rate (per 1000 live births)	18	(Mk)
Stillbirth rate (per 1000 total births)	18	(Mk)
Total maternal deaths	860	(Mk)
Lifetime risk of maternal death (1 in N)	710	(Mk)
Total fertility rate (per woman)	2.8	(Mk)
Adolescent birth rate (per 1000 girls)	50	(Mk)

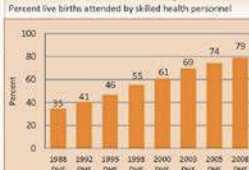


#### MATERNAL AND NEWBORN HEALTH

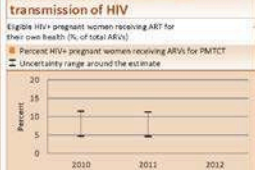
##### Coverage along the continuum of care



##### Skilled attendant at delivery

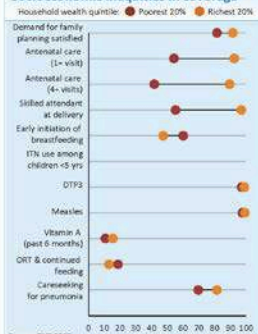


##### Prevention of mother-to-child transmission of HIV



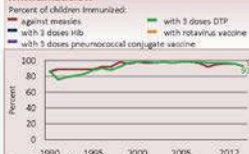
#### EQUITY

##### Socioeconomic inequities in coverage

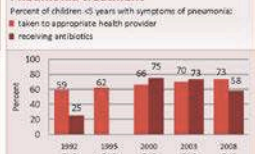


#### CHILD HEALTH

##### Immunization

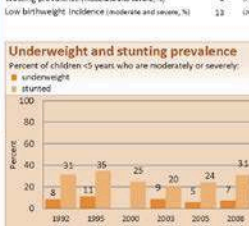


##### Pneumonia treatment



#### NUTRITION

##### Underweight and stunting prevalence



##### Exclusive breastfeeding

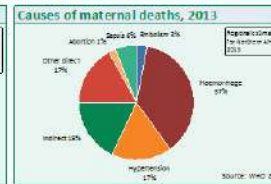
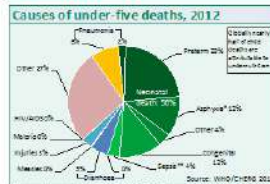


Fulfilling the Health Agenda for Women and Children  
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## Countdown to 2015 Maternal, Newborn & Child Survival

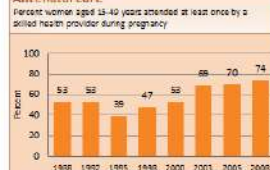
### Egypt

#### DEMOGRAPHICS



#### MATERNAL AND NEWBORN HEALTH

##### Antenatal care

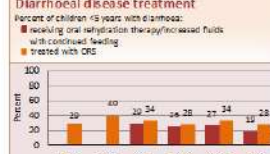


##### Antenatal care (continued)

Demand for family planning satisfied (%)	85	(Mk)
Antenatal care (4 or more visits %)	60	(Mk)
Maternal deaths during pregnancy - intermittent preventive treatment (%)	-	(Mk)
C-section rate (total, urban, rural %)	26, 37, 22	(Mk)
Neonatal tetanus vaccine	80	(Mk)
Postnatal visit for baby (within 2 days after home birth, %)	6	(Mk)
Postnatal visit for mother (within 2 days after home birth, %)	65	(Mk)
Women with low body mass index (<18.5 kg/m <sup>2</sup> )	-	(Mk)

#### CHILD HEALTH

##### Diarrhoeal disease treatment

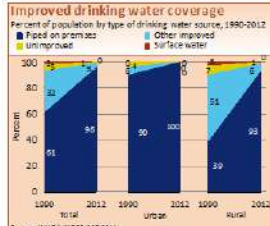


##### Malaria prevention and treatment

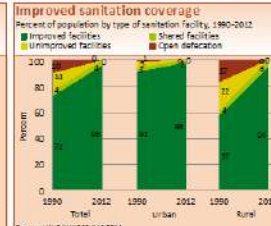
Percent of children <5 years with symptoms of malaria receiving oral sulphadoxine-pyrimethamine (with continued feeding) or treated with ORS	-	(Mk)
Percent of children <5 years with symptoms of malaria receiving oral sulphadoxine-pyrimethamine (with continued feeding) or treated with ORS	-	(Mk)
Percent of children <5 years sleeping under ITNs	-	(Mk)

#### WATER AND SANITATION

##### Improved drinking water coverage



##### Improved sanitation coverage



#### POLICIES

Law or regulations that allow adolescents to access contraceptive services without parental or spousal consent	Partial
Legal status of abortion (in at least 1 circumstance)	1
Midwives authorized for specific tasks (not tasks)	-
Maternity protection (Convention 183)	No
Maternal deaths notification	Yes
Facilitate home visits in the first week after birth	Yes
Kangaroo Mother Care in facilities for low birthweight/preterm newborns	No
Antenatal corticosteroids as part of management of preterm labour	Yes
International Code of Marketing of Breastmilk Substitutes	Yes
Community ownership of pneumonia and tuberculosis	No
Low cost oral by ORS and zinc for management of diarrhoea	Yes

#### SYSTEMS

Coordinated national implementation plan(s) for maternal, newborn and child health services	740	(Mk)
Life Saving Commodities in Essential Medicine List: Reproductive health (x or y)	0	(Mk)
Maternal health (x or y)	2	(Mk)
Newborn health (x or y)	2	(Mk)
Child health (x or y)	6	(Mk)
Density of doctors, nurses and midwives (per 1,000 population)	65.5	(Mk)
National availability of Emergency Obstetric Care services (near women's residence)	-	(Mk)

#### FINANCING

Per capita total expenditure on health (US\$)	525	(Mk)
General government expenditure on health as % of total government expenditure (%)	6	(Mk)
Out of pocket expenditure as % of total expenditure on health (%)	60	(Mk)
Reproductive, maternal, newborn and child health expenditure by source: External sources	-	(Mk)
General government expenditure	-	(Mk)
Out-of-pocket expenditure	-	(Mk)
Other	-	(Mk)
ODA to child health (per child US\$)	2	(Mk)
ODA to maternal and neonatal health (per live birth US\$)	6	(Mk)

# 8

## Cibler les populations vulnérables



# EQUIST

Equitable Strategies to Save Lives

# EQUIST

## EQUitable Impact Sensitive Tool

Cibler les populations vulnérables

- Par quintile, géographie



Identifier les maladies prioritaires



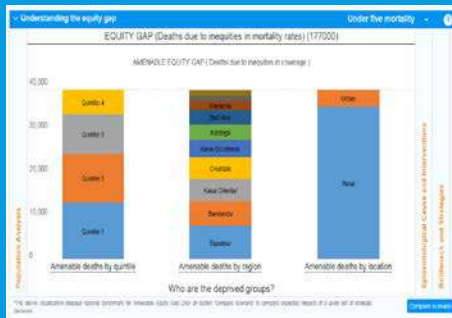
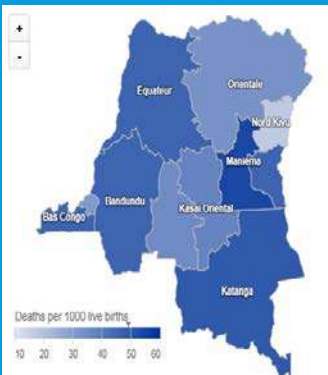
Sélectionner un forfait d'interventions



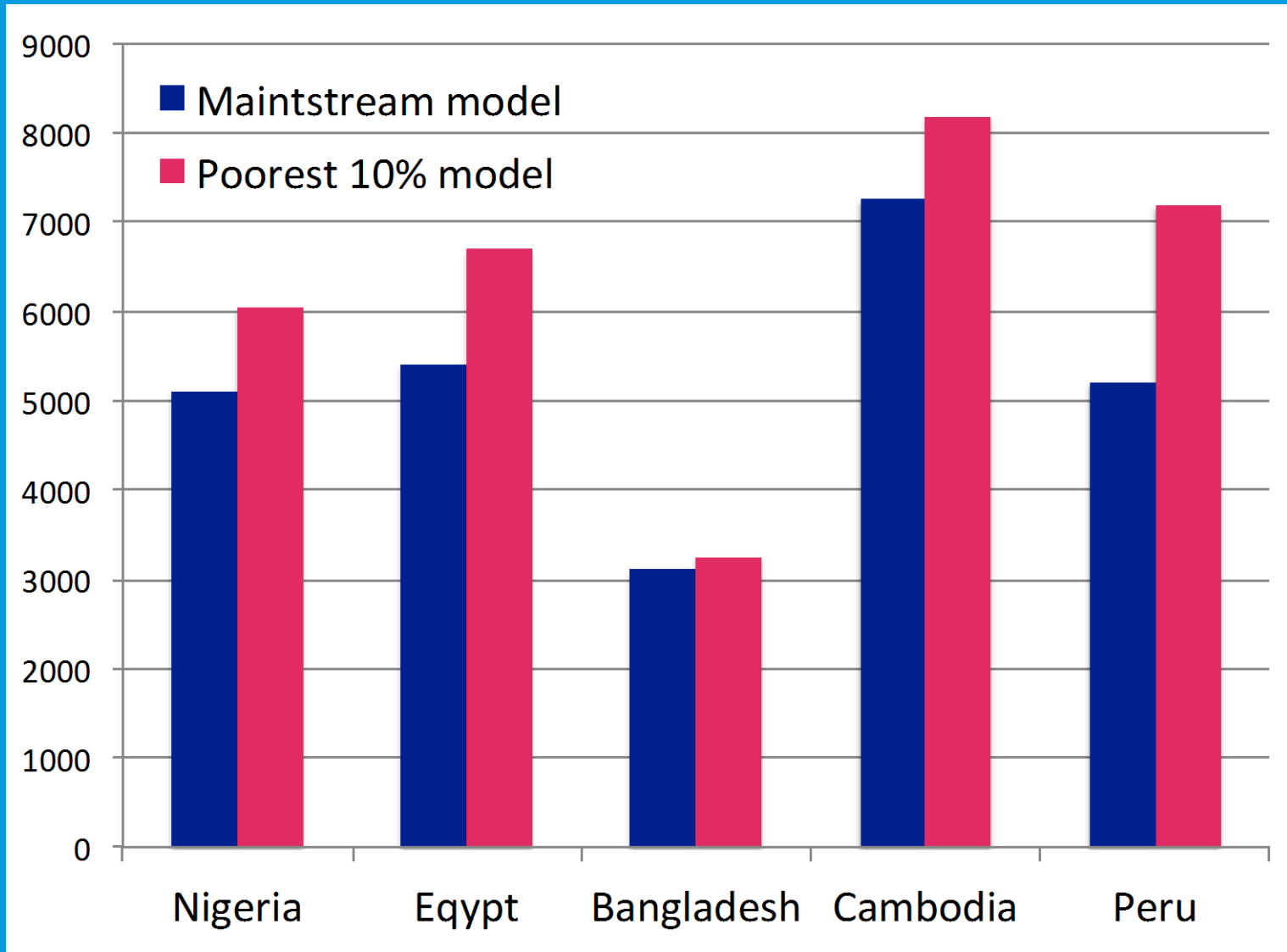
Analyser les goulets, stratégies et coûts.



Calculate potential lives saved



# Number of lives saved for US\$ 1 million investment according to Mainstream vs Equity-promoting model



9

**BIG DATA**

# Eyes Everywhere

Drone data helped focus emergency response after an earthquake on 25 Apr 2015 in Nepal

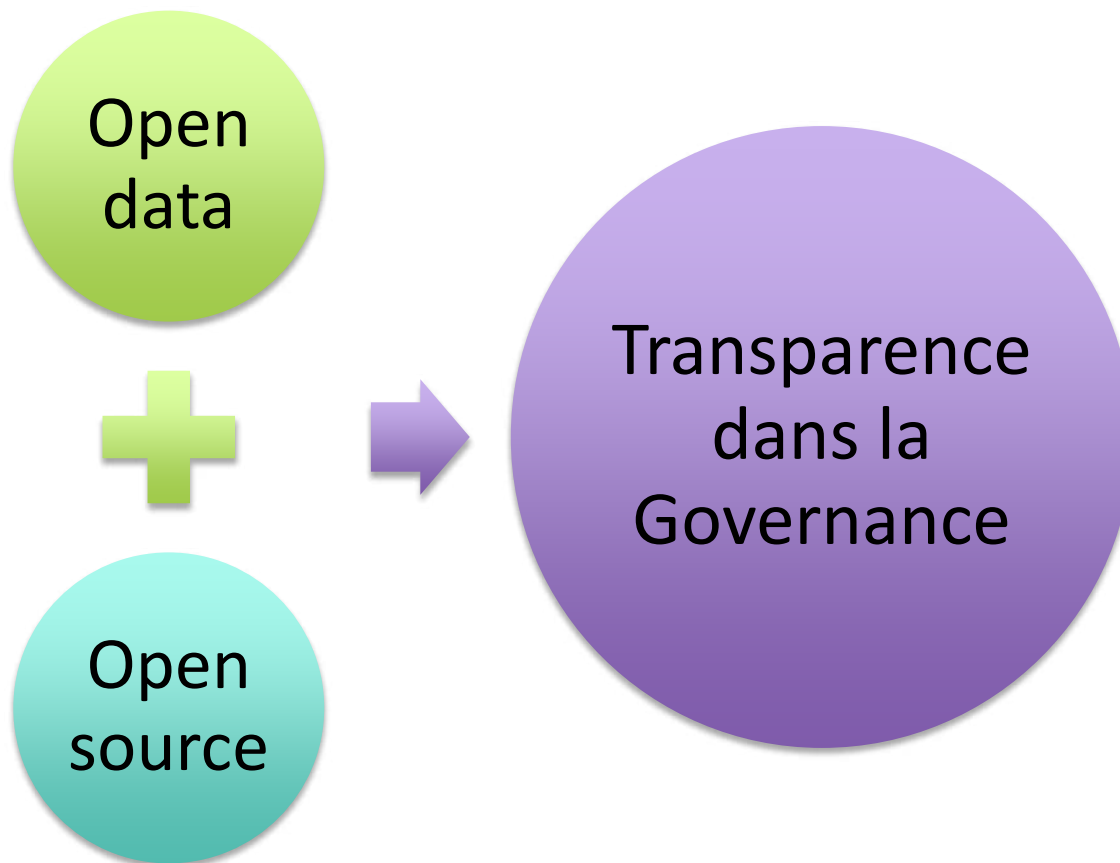


# 10

**OPEN DATA**

**OPEN SOURCE**





1 Désagrégation

2 Standards

3 Infranational

4 Données en temps  
reel

5 Indexing

6 Droits humains

7 Infographie

8 Cibler les populations  
vulnérables

9 Big data

10 Open data, source

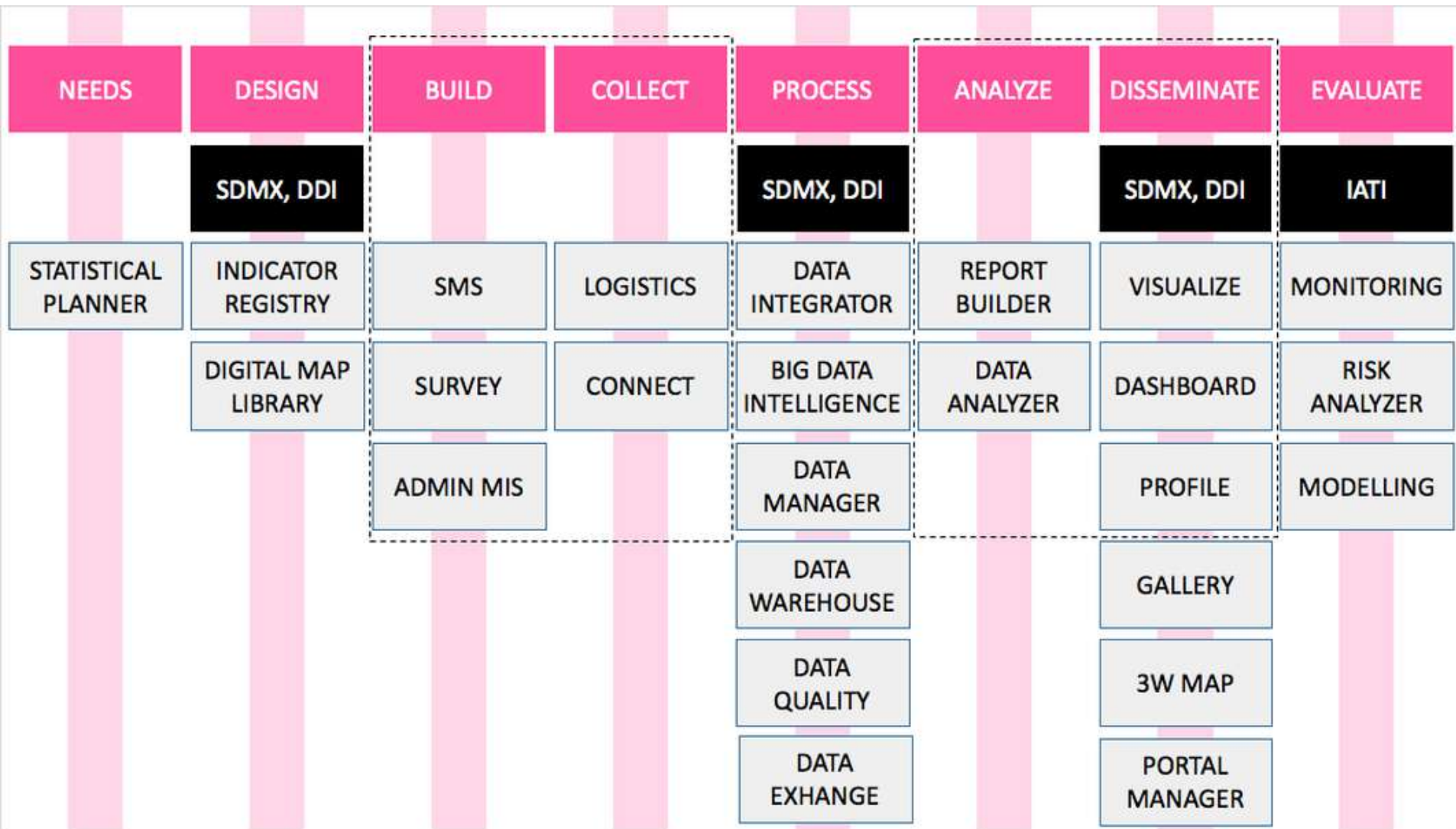
10

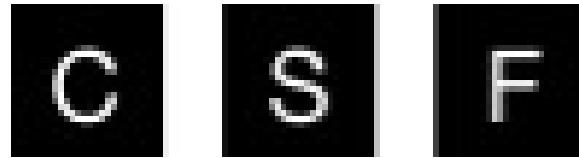
**DATA-DRIVEN STRATEGIES**

**TO CHANGE THE WORLD**

DATA  
FOR  
ALL

[www.dataforall.org](http://www.dataforall.org)





# Merci

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Chief Programme Officer

CSF

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