

Alignment Framework:

Pilot Implementation Manual

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This manual is intended as a reference document for health sector stakeholders involved in piloting the Alignment Framework – that is government, development partners (bilateral and multilateral agencies, including UN agencies), civil society organizations, and the private sector. It provides guidance for applying the Alignment Framework in partner countries, including important preparatory activities (e.g., gathering and agreeing on source data and establishing appropriate governance structures and operational committees) along with specific instructions for completing the diagnostic exercise, harmonizing views, applying the Alignment Maturity Model's grading system, and developing country action plans to improve alignment.

CONTENTS

SECTION 1 | Background

What is alignment and why invest in it?

Political economy of alignment

Alignment Working Group: Adding a country-led approach to the alignment agenda

Manual overview and key objectives of the Alignment Framework

SECTION 2 | Pilot prerequisites: What must be in place before starting?

SECTION 3 | Governance and implementation structures

SECTION 4 | How to apply the Alignment Framework Framework: Step-by-step guide

Step 1: Ensure everyone is on the same page

Step 2: Collate and agree on information/data sources

Step 3: Stakeholders complete diagnostic exercise separately (individual assessments)

Step 4: Stakeholders hold bilateral sessions with the government (as needed)

Step 5: Independent facilitator(s) prepare supporting materials for alignment workshop

Step 6: Hold alignment workshop to determine country maturity and priorities for action plan

Step 7: Prepare country action plan and define process for implementation and tracking

SECTION 5 | Alignment Maturity Model's scoring/grading system in practice

SECTION 6 | How feedback/learning will be gathered to inform refinement

References

Glossary

Annex 1: Sample implementation timeline

Annex 2: List of potential data sources

Annex 3: Outline agenda for alignment workshop

Annex 4: Maturity level score benchmarks

SECTION 1 | Background

Aid effectiveness recognizes that aid could – and should – be producing better impact. However, countries and development partners continue to fall short when it comes to working together effectively and efficiently. This less than efficient alignment has a major impact on maximizing use of resources to meet country needs and ultimately compromises progress towards universal health coverage and other health-related goals.

What is alignment and why invest in it?

Alignment is the process of planning and implementing policies, strategies, programs/projects, and priorities with all stakeholders at global and country levels following the basic principle of one plan, one budget and one report. Alignment in the health sector happens when assistance – be it technical or financial – is consistently informed by the priorities of the recipient country, as well as its sector and annual plans and processes, thereby actively contributing not only to the government's overall health-related mission, goals, and objectives but also strengthening country systems. It also refers to the *extent to which* sector stakeholders use government processes and systems throughout the planning, budgeting, and reporting / monitoring cycle.

While funding of the health sector is often the primary focus of discussion around alignment, the process does not seek to simply link development assistance with government priorities but to also consider how this assistance is contributing to agreed sector targets and outcomes. Alignment also requires the objectives and approaches articulated in different government plans as well as the different programs/projects funded by different partners to meaningfully connect and complement one another to minimize overlap or 'orphan' initiatives. Similarly, national- and sub-national-level actors must coordinate their efforts, both horizontally and vertically.

Considerable work has been done over the years to try to improve alignment. Over a dozen tools with relevance to the alignment process have been developed since 2005. These have rallied both countries and development partners, with the establishment of the International Health Partnership+ (IHP+) being one of the biggest efforts in recent years. This partnership aims to support greater knowledge-sharing and mutual accountability between partners to improve health in developing countries [1]. In line with the principles of the *Paris Declaration on Aid Effectiveness*, seven behaviors for cooperation in health were agreed, centered on support for national health sector strategies and the use of country systems. IHP+ member countries signed the Global Compact in 2007 and individual country compacts were developed and signed thereafter to enhance aid effectiveness principles at the country level. With the advent of the sustainable development agenda in 2015, IHP+ transformed into the International Health Partnership for Universal Health Coverage 2030 (UHC2030).

Political economy of alignment

The need to maintain a strong focus on improving alignment remains a core preoccupation in discussions on health service planning, delivery, and financing¹, but the challenges related to actualizing alignment have proven difficult to tackle [1]. A recent independent evaluation observed positive changes in terms of increased transparency and reduced development partner-driven initiatives [2], but also pointed to persistent issues in implementing other

¹ 12th Global Financing Facility Investors Group Meeting (March 2021)

elements of the alignment agenda such as limited ability to fully achieve joint planning and implementation. What is more, countries have had different experiences or are at varying stages of alignment, in terms of realizing one plan, one budget and one report [3].

Most developing countries have adopted the use of globally acceptable standards of planning, budgeting, and reporting to improve alignment [4]. However, in-country capacity to run these systems is sometimes perceived as inadequate, which creates risks such as inefficient fund use, untimely reporting, and audit issues (including delays in conducting them as well as implementation of their findings) [5]. This leads to mistrust in financial management systems and hinders alignment behind national plans and priorities. It also makes it hard for development partners to use government systems, and sector working groups become less important mainly due to limitations in mandate. This often results into stakeholders having less incentive to cooperate [6].

Non-technical aspects such as underlying interests, organizational culture, as well as perceived disruptions that might stem from uprooting current modes of operation – particularly the subsequent impact on the current beneficiaries of the systems – have all hindered progress on alignment [7]. Ensuring that partner governments and development partners have a clear understanding of these constraints during technical discussions about aid modalities, and their subsequent implementation, is critical so that a meaningful partnership can be forged [8].

Overcoming these complex issues requires stronger ownership, common understanding and joint concerted effort by all health stakeholders coupled with increased trust and a commitment and willingness to engage in efforts to improve alignment over the medium to long-term. Alignment might not immediately result in better health outcomes and can at times hinder innovation [9]. It does, however, offer a much more sustainable, context-driven pathway towards helping to guarantee effective access to healthcare without hardship, and stronger and more resilient health systems [10].

Alignment Working Group: Entrenching a country-led approach to the alignment agenda

The Alignment Working Group (AWG) brings together country representatives/leaders as well as development partners and civil society to bolster alignment efforts. Formed in March 2021, following high-level discussion about the need to maintain a strong focus on improving alignment at the twelfth Global Financing Facility (GFF) Investors Group meeting, the initiative is unique because of the strong leadership and political commitment it has secured by its eight partner country members².

During early meetings of the AWG, the absence of a way to measure progress over time was identified as a major bottleneck, as was the lack of an appropriate system to support and track improvements. Members agreed that a mechanism that considers the performance of countries and their development partners, while taking account of diverse contextual issues, would support the realization of outcomes within the existing alignment agenda³. Following further discussions by the various constituencies that form part of the AWG, two linked instruments – known as the **Alignment Framework** – were developed to support country-led alignment of health service delivery and financing.

² Burkina Faso, Central African Republic, Côte d'Ivoire, Ethiopia, Ghana, Rwanda, Senegal, and Sierra Leone

³ Alignment Working Group Principles Meeting (September 2021)

Key objectives of the Alignment Framework are:

- 1) To foster country leadership to drive important reforms
- 2) To develop evidence-based action plans to improve alignment
- 3) To document alignment efforts/processes in the member countries
- 4) To support global action for universal health coverage and other health-related goals

Table 1: Understanding the Alignment Framework	
What the framework is	What the framework is not
<ul style="list-style-type: none">• Process guide to understand challenges around alignment• Tool to facilitate dialogue and action on how to enhance alignment• Draws on existing information to inform the start of dialogue around alignment	<ul style="list-style-type: none">• Government-wide PFM assessment and review• Focus on specific reforms (pooling purchasing) that should be addressed on sub strategies• Data quality audit and or assurance process• Independent/standalone assessment, program appraisal or process

The first, developed under the leadership of Central African Republic and Rwanda, is a **diagnostic exercise** that helps provide a ‘health check’ of a country’s status against the domains of one plan, one budget, and one report. Designed to be conducted by the government, development partners, private sector, and civil society as an entry point for dialogue, the exercise provides a baseline of a country’s alignment status and can be used on a routine basis to track progress over time. This exercise is contextual and should not be used to conduct cross-country comparisons.

Based on the outcome of this preliminary exercise (Diagnostic Exercise), the second instrument, known as the **Alignment Maturity Model**, is then deployed; Developed under the leadership of Burkina Faso and Ethiopia, this model uses the rich data gathered during the diagnostic exercise to generate a maturity grade, and then uses this grade to locate the country along a 5-level alignment spectrum. Throughout this process, critical discussions on bottlenecks and gaps are facilitated, which ultimately helps the country to develop an action plan to improve alignment.

The framework is based on an extensive mapping of existing efforts to assess alignment so that it builds on, rather than replaces, these mechanisms. As such, the initial diagnostic exercise is almost entirely based on data sources drawn from globally accepted guidelines, as well as specific assessment frameworks like the Public Expenditure and Financial Accountability (PEFA) tool. Likewise, the Alignment Maturity Model is comprised of recognized, tried, and tested indicators to measure aid effectiveness.

Endorsed at the GFF Investors Group meeting in November 2021, the Alignment Framework will be tested in a range of countries over the coming year. More details on the specific actors to be involved in the process, along with their roles and responsibilities, are provided below.

Manual overview and key objectives of Alignment Framework

This manual is intended as a reference document for health sector stakeholders involved in piloting the Alignment Framework. It will be used during training sessions to be provided prior to in-country implementation but should also be referred to frequently once the process begins. This manual provides guidance on applying the Alignment Framework in partner countries,

including important preparatory activities (e.g., gathering and agreeing on source data and establishing appropriate governance structures and operational committees) along with specific instructions for completing the individual assessment, capturing/sharing information, applying the scoring and grading system, and developing country action plans to improve alignment.

SECTION 2 | Prerequisites: What must be in place before starting?

This checklist sets out what must be in place before the Alignment Framework implementation gets underway in each country. It is complemented by the next section ([Key actors: Roles and responsibilities](#)), which describes the governance and implementation structures in more detail as well as how they will interact and who will lead key elements of the process.

Pre-pilot checklist:

- ⇒ Country's alignment platform identified (see suggested structure/responsibilities below)
- ⇒ Technical sub-committee under the in-country alignment platform established (see suggested structure/responsibilities below)
- ⇒ Country-specific pilot plans developed outlining key activities, timings and specifying roles and responsibilities (refer to [Annex 1: Sample Country Pilot Plan](#))

SECTION 3 | Governance and implementation structures

Several different actors will need to collaborate throughout the pilot to make it a success. This section outlines their roles and responsibilities, and how they will work together.

Countries' alignment platform

Before the pilot begins, each partner country should identify an 'Alignment Platform' to provide oversight of activities related to the implementation of the Alignment Framework, and keep stakeholders informed about progress. An initial rapid scoping⁴ of the health coordination environment in each of the pilot countries found that there are already suitable existing forums to play the role of this platform with good convening capacity (e.g., GFF country platforms such as the Joint Consultative Forum in Ethiopia and the Health Sector Working Group in Ghana, as well as the Country Coordination Mechanism, and others). Countries are therefore strongly encouraged to make strategic use of these established coordination mechanisms by securing a recurring agenda slot to discuss and endorse major pilot decisions/outputs, as well as other alignment-related issues.

Due to the highly political nature of the discussions around alignment, it is recommended that whichever forum is chosen should be Minister-led and comprised of high-level Representatives from the Health Ministry (as well as the Finance/Planning ministry, and other Ministries as appropriate) and Development Partners, along with civil society and private sector representatives. Since Ministers of Health ordinarily play a role in chairing high-level coordination forums in their respective countries, it is not anticipated that this will add undue burden on their time. What is more, day-to-day implementation of key activities related to the pilot will be handled by a technical sub-committee (more details below) who will provide periodic progress updates to the minister as needed.

However, in the unlikely event that a partner country feels that leveraging an existing structure is not viable, they should take steps to establish a new one. It should be noted that the composition of each alignment platform may vary from country to country. For example, in some contexts it may be appropriate for all development partners to participate, while in others it may make more sense for development partners to nominate a set of representatives who then report back at separate coordination meetings.

Specific responsibilities of the **alignment platforms** include:

- Overseeing the implementation of the Alignment Framework pilot process, including securing stakeholder engagement in the diagnostic exercise and the application of the Alignment Maturity Model.
- Discussing key alignment-related efforts
- Facilitating touch points with broader civil society, private sector and implementing partner stakeholder groups regarding the pilot; and
- Validating key decisions, including the country action plans to improve alignment.

The alignment platform should establish a focused technical sub-committee headed by a senior government technical official tasked with ensuring that specific components of the pilot are

⁴ Between January-March 2022, the AWG's technical team undertook scoping in all eight countries to map existing coordination structures and determine their suitability to drive piloting activities.

delivered. It is recommended that the committee should consist of up to three government representatives, one development partner representative, one civil society representative and one private sector representative. However, the ultimate composition of the committee will be determined by the country. The **technical sub-committee's** key tasks include:

- Developing country-specific pilot plans that specify activity timings as well as roles and responsibilities of key actors in close collaboration with the independent pilot facilitators
- Coordinating the delivery of the Alignment Framework pilot in their country, managing the day-to-day implementation of key activities (e.g., data collection, sessions that will enable the diagnostic exercise to be completed by relevant stakeholders, application of Alignment Maturity Model)
- Providing regular progress updates to the country's alignment platform and liaising regularly with the GFF
- Documenting key decisions, including drafting and monitoring country action plans once the Alignment Maturity Model has been applied; and
- Supporting pilot evaluation and feedback processes, including documenting challenges, lessons learned and best practices.

Ongoing support from GFF country liaison officers/focal points will be provided to both the platform and sub-committee and capacity to contract additional local consultants to assist with different elements of the pilot will be available should it be required. In addition, members of the technical sub-committee will be prioritized as participants in the upcoming round of GFF's Country Leadership Program to support the implementation of the Alignment Framework.

Independent facilitator(s) (up to two independent consultants per country)

To ensure a productive and constructive process, up to two **independent facilitator(s)**, accepted as impartial and trusted by stakeholder groups, will be contracted to work in each country to support specific parts of the process.

Specific responsibilities of the **independent facilitators** at the country level include:

- Gathering and cataloguing information sources needed to complete diagnostic exercise
- Facilitating the diagnostic exercise, which includes the initial assessments by stakeholders as well the subsequent one-to-one sessions between government and different stakeholders (development partner agencies, civil society networks, private sector networks) where the results will be jointly reviewed and discussed
- Designing and facilitating an alignment workshop where the outcome of the diagnostic exercises will be shared, and where stakeholders will then work together to agree scores under each domain (one plan, one budget, one report) and apply the Alignment Maturity Model; and
- Support the development of country action plans, including by preparing a detailed report summarizing the key themes discussed at the alignment workshop for the technical sub-committee to draw on, and providing drafting support, as needed.

Global Financing Facility

The GFF has been providing technical and operational support to the AWG since its inception, helping the group to deliver key activities in support of its mandate. Going forward, a core group of GFF technical staff will continue to provide support with responsibility for overseeing the overall pilot process through regular liaison with respective country alignment platforms. Specific responsibilities include:

- Providing regular technical support to all pilot countries, including supporting independent facilitators with the documentation of individual assessments, workshop reports and country action plans.
- Identifying and contracting additional support, as needed
- Providing regular progress updates to the AWG.
- Document the process, capture key lessons related to future scale up and ensure that the feedback loop remains short so that immediate pilot implementation issues can be solved effectively and quickly, including coordinating the evaluation of the pilot process.
- Conduct a review of the pilot process

Alignment Working Group

The AWG was established in March 2021 to bolster alignment efforts. Members include ministers (and technical alternates) from the eight partner countries to be involved in the pilot (Burkina Faso, Central African Republic, Côte d'Ivoire, Ethiopia, Ghana, Rwanda, Senegal, and Sierra Leone) as well as representatives of one United Nations agency (World Health Organization), one global health fund (Gavi, The Vaccine Alliance), one civil society organization (Wemos Health Unlimited), two bilateral agencies (United Kingdom and United States), and one foundation (Bill and Melinda Gates Foundation). Through regular high-level and technical meetings, the group will support the Alignment Framework pilot.

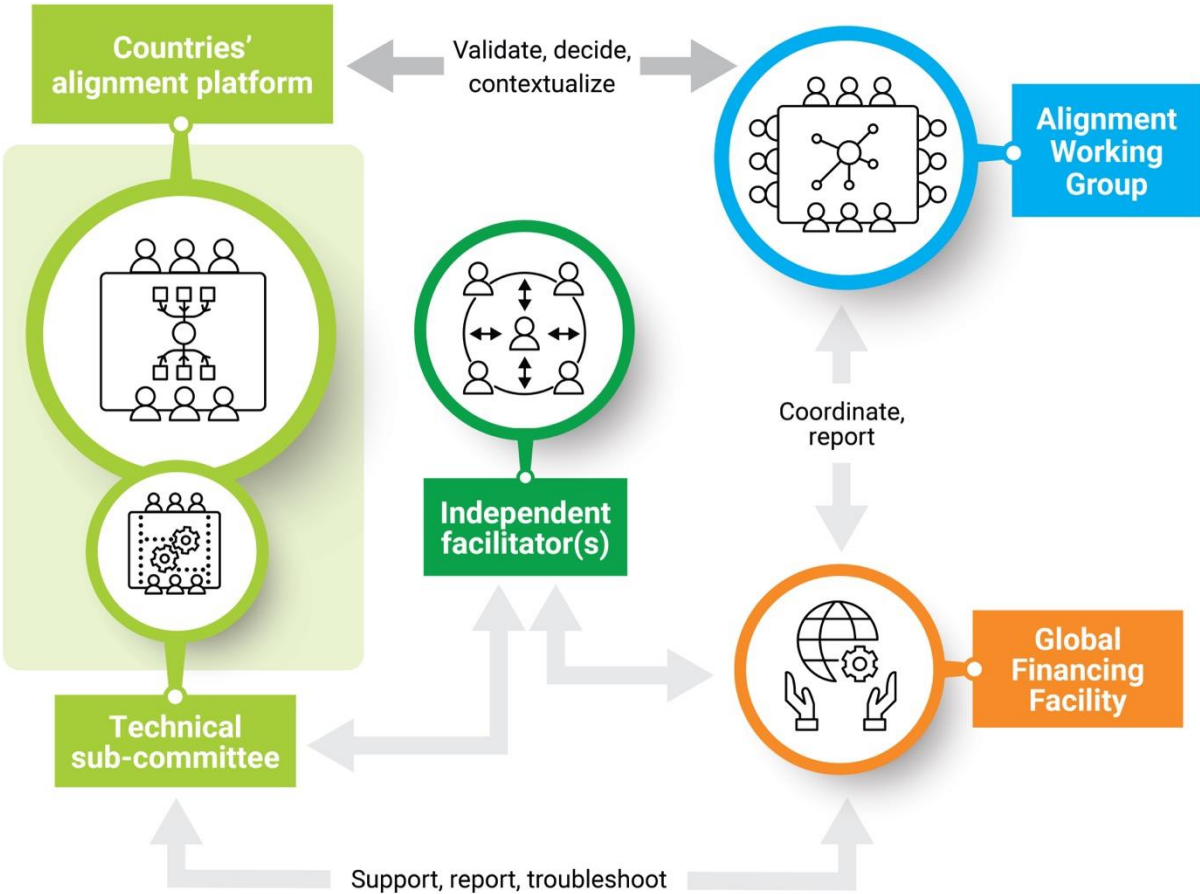
Specific responsibilities of the **AWG** include:

- Providing spaces and communication channels for stakeholders to receive routine updates and provide comments (e.g., principals meetings will take place quarterly, technical alternates will come together monthly, and all members will be expected to provide regular updates to their respective constituencies)
- Discussing and solving high-level issues as they arise
- Ensuring mutual accountability throughout the implementation process
- Onboarding new partner countries and providing them with short-term support for alignment-related efforts as needed; and

Maintaining links to existing regional and global alignment initiatives including the Sustainable Financing for Health Accelerator and the Health Data Collaborative through regular information sharing and strategic engagement when possible.

The figure below (Figure 1) provides a visual that shows the linkages of the structures described in the sections above.

Figure 1: Country governance and implementation structure



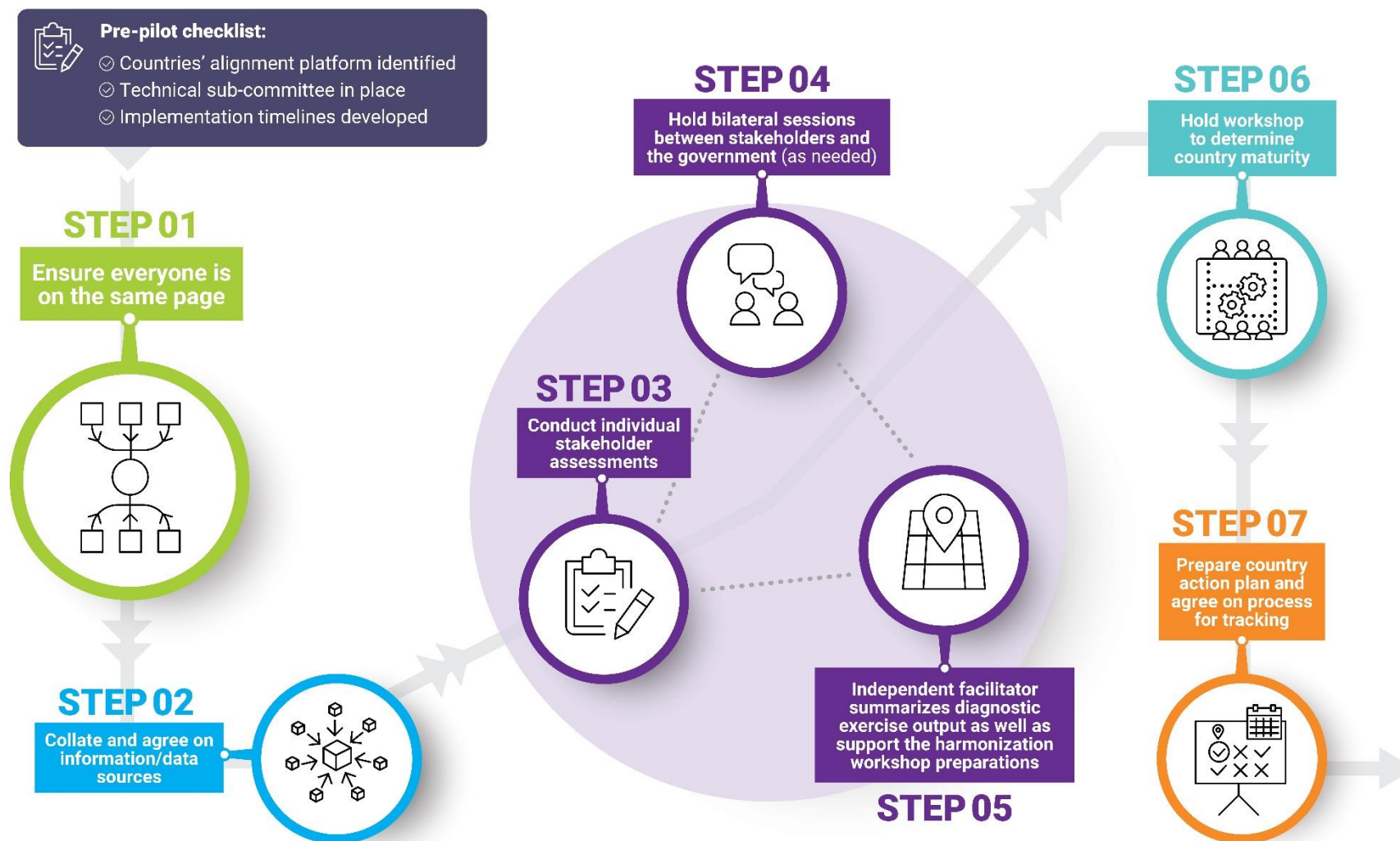
SECTION 4 | How to apply the Alignment Framework: step-by-step guide

This section explains how to apply the Alignment Framework in each pilot country from a **process perspective**. The process is presented in a linear way, organized into seven distinct steps. However, due to the qualitative nature of the exercise and the diverse settings in which the framework will be applied, some elements of the process may happen concurrently. Figure 2 (below) summarizes the steps outlined in this section (Figure 2: Visual journey of steps involved in applying the Alignment Framework).

Users should be aware that this section doesn't describe the technical process of implementing the Alignment Framework; [Section 5](#) provides more **technical information** on the link between the diagnostic exercise and the Alignment Maturity Model's scoring and grading system, including how stakeholder inputs will be used in practice.

As mentioned briefly above, this framework is not designed as an independent assessment; it uses existing assessments and published documents, as well as grey literature, as its source of information and then acts as a convening mechanism that fosters dialogue based on existing information. Up to two independent facilitators will guide stakeholders through key parts of this process. However, it is important for all participants to take the time to develop a clear understanding of its different steps and how they link and interact.

Figure 2: Visual journey of steps involved in applying the Alignment Framework



Step 1: Ensure everyone is on the same page

In each partner country, the government-led technical sub-committee should run a series of introductory sessions with a broad range of government actors explaining the rationale for implementing the Alignment Framework and its key elements and milestones. These sessions should primarily target officials from within the health ministry, including sub-national players as well as relevant directorates within the finance/planning ministry, and other sectors. The sub-committee should run similar sessions with development partners (bilateral and multilateral, including UN agencies), and civil society and private sector networks.

As this is a critical step to help ensure buy-in for the process, administrative and coordination support for these sessions will be provided by the GFF, including providing relevant presentation materials to help structure sessions. These sessions aim to ensure everyone is on the same page regarding the alignment agenda and that different stakeholders understand what is being asked of them as well as the points at which they will be involved.

Step 2: Collate and agree on information/data sources

To successfully respond to the statements that form the diagnostic exercise, country-specific and global information sources are needed. Stakeholders are likely to reference a combination of resources, drawing on data that is routinely maintained in country (e.g., country expenditure reports, resource mapping and expenditure tracking) as well as appraisals such as the Public Expenditure and Financial Accountability (PEFA) performance assessment reports, Country Policy and Institutional Assessment Reports by the World Bank, country assessments using WHO's Health Financing Progress Matrix, SDG Gap Accelerator Matrix, etc.

As a starting point, the independent facilitator(s) in each partner country will pull together as many relevant documents as possible, organize them by alignment domain, and upload them to the online document storage platform that has been created. Each country will have their own, secure platform to which only those participating in the pilot will have access. Once ready, the consolidated set of country information/data should be shared with all members of the technical sub-committee to validate its contents and suggest any additions.

Step 3: Stakeholders complete diagnostic exercise separately (individual assessments)

Completing the diagnostic exercise involves responding to a set of statements that have been mapped to 13 sub-domains under the three alignment domains (one plan, one budget, one report). The assessment uses a standardized online data collection tool to gather responses and is designed to elicit views and concerns regarding the country's alignment status (see detailed outline of technical aspects of the diagnostic exercise in [Section 5](#) below).

The diagnostic exercise relies heavily on the comprehensive set of data/information sources gathered during Steps 1 and 2 because participants will be asked to reference relevant documents to provide an evidence base for their responses.

In each country, stakeholders should work through the diagnostic exercise separately with support from the independent facilitator(s). For each stakeholder group, the process should run as follows:

- **Government:** National and sub-national government actors from health, finance/planning and other ministries/commissions (as relevant) should come together as a group to complete the diagnostic exercise. (1 assessment only)
- **Development partners:** Considering the importance of the need to understand the specific perspectives and requirement of individual development partners about alignment, individual agencies (bilateral and multilateral, including relevant UN agencies) should complete the diagnostic exercise separately. This means that, in each country, multiple development partner assessments will be conducted – for example, one assessment by the United Kingdom (FCDO), one by the United States (USAID), one by the Bill and Melinda Gates Foundation, one for the United Nations Fund for Children, one by The Global Fund, etc. To keep the process manageable, it is recommended that the total number of development partner assessments be capped at 12. As the data collection tool uses digital technology, development partners without an in-country presence are welcome to conduct the assessment remotely. (12 assessments maximum)
- **Civil society:** Civil society assessments should be done through existing, representative networks, rather than by individual organizations. (2 assessments maximum)
- **Private sector:** As with the civil society stakeholder group, private sector assessments should be done through existing, representative networks, rather by individual entities. (2 assessments maximum)

These individual assessment sessions should be closed to provide space for frank discussion and reflection. The independent facilitator(s) will document and share the results of these sessions in preparation for bilateral sessions with government (Step 4). Stakeholders will only receive the results of the session they participated in. In other words, an assessment by one development partner agency will not be shared with other agencies, and the same applies for the different civil society or private sector networks that might participate – that is, one network will not receive the other network's assessment.

Step 4: Stakeholder hold bilateral sessions with the government (as needed)

Once Step 3 is complete, the facilitator(s) will suggest bilateral sessions between stakeholders and the government if there is considerable discordance between responses provided to the statements that form part of the diagnostic exercise. For development partners, this will involve meetings between the government and individual agencies. Development partners will not meet with the government as a large stakeholder group.

During these meetings, the results of the assessments should be discussed and debated. The facilitators will play an active role arbitrating these sessions and, through their involvement in previous sessions, be keenly aware of divergent views or potential areas for strategic action. Aside from providing a safe space to air concerns and potentially make progress on harmonizing views against the 13 sub-domains that comprise the diagnostic exercise, these sessions could also help fill knowledge gaps.

Step 5: Independent facilitator(s) prepare supporting materials for alignment workshop

The independent facilitator(s) will review all material and develop a summary of results from the diagnostic exercise process. This will include generating a set of visuals that capture diverging

and converging positions. It should be noted that the data will be summarized so as not to attribute positions to specific stakeholders.

The independent facilitator(s) will in addition work with the technical sub-committee to develop a detailed agenda for the alignment workshop, which is where the scoring and grading process will be carried out collaboratively using the Alignment Maturity Model (see Step 6 below). This agenda will be structured around the areas of remaining discordance between different stakeholders. To help them prepare, stakeholders will receive a copy of all relevant meeting documents at least a week before the workshop.

Step 6: Hold alignment workshop to determine country maturity

In each country, a multi-day alignment workshop should be held that brings all stakeholder groups together to present the rich information gathered as part of the diagnostic exercise and use it to apply the Alignment Maturity Model's scoring and grading system.

This might not be straightforward as stakeholders may still have divergent views regarding different sub-domains. As such, the workshop will provide a space for discussion and consensus building with a half day dedicated to synthesizing key gaps/weaknesses related to alignment and brainstorming areas to be included in country action plans.

Technical, logistical, and administrative support to organize this important event will be provided by the GFF. [Annex 3](#) provides a proposed structure for the workshop, but each country should adapt it to suit their context.

Following the workshop, a detailed meeting report will be drafted by the independent facilitator(s), reviewed by the technical sub-committee, and shared with participants to ensure full transparency among stakeholders.

Step 7: Prepare country action plan and define process for implementation and tracking

Drawing on gaps/weaknesses identified and refined as part of the diagnostic exercise, as well as the agreed country maturity grade, the independent facilitators and technical sub-committee should work together to prepare a country action plan to improve alignment. It is anticipated that some elements of the plan will require collective action, while others will require action by specific actors or groups of actors. As such, while the plan will be government-led, the 'owner' of specific tasks – that is, the stakeholder identified to complete it – may be a development partner agency or private sector enterprise. The plan will be costed, with particular attention given to the human resource capacity needed. It will also be realistic about what country-level actors (both government and development partners) can reasonably achieve given that some alignment bottlenecks are structural or institutional requiring higher level action. As such, in some cases, advocacy at global platforms might be identified as an action.

Once complete, the action plan should be presented to the in-country alignment platform for discussion and endorsement. An associated monitoring framework/plan should be developed with timelines for periodic monitoring and review. The action plan should be disseminated widely, including to other ministries, to build awareness, accountability, and trust.

The AWG will work closely with each country team to support the country action plan implementation, which should be built on existing structures, policies, and programs where

available. This includes designing an implementation research agenda to evaluate the impact of these plans on driving the alignment agenda.

SECTION 5 | Alignment Maturity Model’s scoring/grading system in practice

While [Section 4](#) details the process that should be followed to apply the Alignment Framework, this section provides specific information on how different elements of the framework work in practice – particularly the Alignment Maturity Model’s scoring and grading system.

Diagnostic exercise

A total of 13 sub-domains have been mapped to the three alignment domains of one plan, one budget, and one report. The one plan domain has four; the one budget domain has five; and the one report/M&E domain has four (Table 2: Overview of domains and sub-domains).

Table 2: Overview of domains and sub-domains

Domain	Sub-domains
One plan	<ol style="list-style-type: none"> 1. Level and institutionalization of stakeholder involvement in sector plan development 2. Existence and use of clear joint planning and review system enabling alignment across levels (as opposed to single partner planning processes/reviews) 3. Plan ownership by all stakeholders and consistency with national priorities 4. Resource commitment to costed sector plan
One budget	<ol style="list-style-type: none"> 5. Forecasting resources for planning and implementation 6. Method of budget allocation 7. Capture of external funding into government budget and use of public financial management systems 8. Average budget execution over last three years 9. Existence, application, and review of public financial management system
One report/M&E	<ol style="list-style-type: none"> 10. Clearly defined result framework (impact, outcome, and output indicators as part of strategic and annual plans) 11. Availability of timely, complete, reliable, and integrated data and information 12. Institutionalized monitoring, evaluation, learning and adaptation (MELA) process with effective joint and regular review mechanisms (AR, MTR, JAR, etc.) 13. Existence and use of mutual accountability framework by sector actors

To facilitate in-depth reflection around the level of alignment in a country, a set of statements have been mapped to each of the 13 sub-domains. During the individual assessment phase (Step 3), stakeholders will use a standardized data collection tool that requests respondents to use a 5-point Likert scale when rating the degree to which the statements provided apply/ reflect their country's reality and also provide narrative responses to guide as well as contextualize the responses in this process. The independent facilitator will review the completed data collection tool to make sure that narrative responses and ratings correlate and, where discordance is noted, will ask stakeholders to discuss and revisit those statements/sections.

It is important for stakeholders to dedicate time to responding to each of the statements as thoroughly as possible. This will help pinpoint where performance within the domain/sub-domain is weak. Using the data collection tool to note the gaps and challenges for each statement will also make the task of drafting country action plans later in the process much easier and may play a role in prioritizing tasks within the plan.

Scoring and grading using the Alignment Maturity Model

Once all stakeholders have completed their individual assessment and following bilateral session with the government where some harmonizing of perspectives (including Likert scale ratings) may have taken place (Step 5), the independent facilitators will prepare a summary of assessments for presentation at the alignment workshop that brings stakeholders together for discussion (Step 6). At the workshop, responses will be harmonized further with the aim of producing a set of ratings that all stakeholders agree upon.

These harmonized ratings will ultimately become the scores that feed the Alignment Maturity Model, with '1' corresponding to the lowest rating and '5' corresponding to the highest rating. The average of these scores will then be used to generate a score by sub-domain, with the same logic applied to generate a score by domain level. In other words, the overall score for the one plan domain will be calculated by averaging the scores given to all statement against it.

The domain scores will then be aggregated to generate an overall 'maturity grade', which will be color coded to show the country's status along a 5-level maturity spectrum. On this spectrum, level 1 denotes very limited alignment, and level 5 denotes very high alignment or full 'maturity'. Figure 3 (below) provides an example of how data will be brought together and calculated, along with an associated scoring guide (Figure 3: Alignment Maturity Model calculation and scoring guide).

As agreed during the design of the Alignment Framework, this grade will be calculated by applying weightings of 25%, 40% and 35% to the one plan, one budget and one report domains respectively. This recognizes that countries have made greater progress in terms of alignment around the planning domain, and that the one budget and one report/M&E domains require focused attention.

Once a maturity level has been determined, stakeholders should refer to the Maturity Level Score Benchmark tables developed for each domain (see [Annex 3: Maturity Level Score Benchmark](#)). These tables can also be referenced during the development of country action plans (Step 7) as the levels are incremental and therefore help provide a snapshot of the gaps that need to be addressed to get to the next level of maturity.

Figure 3: Sample Alignment Maturity Model calculation and scoring guide - Afriana State

Domain	Sub-domain	Score	Notes
One Plan	Level and institutionalization of stakeholder involvement in sector plan development	4	We need to strengthen how we link our plans to the available resources
	Existence and use of clear joint planning and review system enabling alignment across levels (as opposed to single partner planning processes/reviews)	3	
	Plan ownership by all stakeholders and consistency with national priorities	3	
	Resource commitment to costed sector plan	3	
	Total (minimum 4; maximum 20)	13	
	Score for this domain (weighted @25%)	3.25	
One Budget	Forecasting resources for planning and implementation	2	Still have challenges around budget execution that need to be addressed
	Method of budget allocation	3	
	Capture of external funding into government budget and use of public financial management systems	2	
	Average budget execution over last three years	2	
	Existence, application, and review of public financial management system	3	
	Total (minimum 5; maximum 25)	12	Improve mechanisms to capture external financing
	Score for this domain (weighted @40%)	4.8	
One Report/M&E	Clearly defined result framework (impact, outcome, and output indicators as part of strategic and annual plans)	2	we still have a lot of program specific systems. This fragments our Reporting mechanisms
	Availability of timely, complete, reliable, and integrated data and information	2	
	Institutionalized monitoring, evaluation, learning and adaptation (MELA) process with effective joint and regular review mechanisms (AR, MTR, JAR, etc.)	2	
	Existence and use of mutual accountability framework by sector actors	2	
	Total (minimum 5; maximum 20)	8	
	Score for this domain (weighted @35%)	2.8	
Country maturity grade	Weighted grade across all domains	10.85	
	Maturity Level	3	Level 1: 4.4 and below
			Level 2: From 4.4 to 8.8
			Level 3: From 8.8 to 13.2
			Level 4: From 13.2 to 17.6
			Level 5: From 17.6 to 22

SECTION 6 | Enabling countries to pilot the Alignment Framework and capturing lessons from the process

The GFF will use its already existing programs and functions, described below, to support the learning and documentation process of the pilot, ensuring it is integrated into its broader implementation research agenda. At the end of the pilot period, the GFF will conduct a review of the entire process and use the results to inform broader scale up.

1) Country Leadership Program

The success of the pilot not only requires strong engagement and commitment by key stakeholder groups but shifts in their mindsets and ways of working. While many of the steps outlined above could be carried out as mere mechanical endeavors, the effective institutionalization of ‘one plan, one budget, one report’ principles in partner countries will require seismic, long-term changes to governance and management practices. This relies on strong leaders who are open to gathering and using insights to drive efforts in support of better alignment, including moving away from business-as-usual dynamics. It also relies on solid leadership approaches and instrument to help effectively steer the process in the face of complexity, ambiguity, resource constraints, conflicting interests, and tensions.

In 2021, the GFF developed and rolled out the first offering of the Country Leadership Program to help strength country leadership in areas such as integrated governance, evidence-based policymaking, systems approaches and behavioral change. The program is designed to support leaders to effectively engage in health system change, especially when it comes to dealing with and responding to highly complex challenges. Given its focus, it is highly relevant as a capacity building input for pilot countries. As such, the next offering of the program will be made available to pilot countries. In addition to the senior leadership, members of technical sub-committees tasked with coordinating the delivery of the Alignment Framework in their respective countries will participate in this learning program, although as in previous years the participants list will be finalized and communicated by the government of the participating country. The program will be tailored to the needs of the diverse context involved, combining in-person workshops as well as individual and team coaching to help enhance the impact of their leadership in the pilot process.

2) Documentation, analysis, and learning

Throughout the pilot, documentation will be continuously captured, analyzed, and made available to key stakeholders for critical reflection, learning and agile adaptation. This will help the different teams involved in day-to-day implementation capture real-time process issues quickly and respond to them effectively. This is a vital role as it will also contribute towards refining the different components of the Alignment Framework to ensure the groundwork is in place for successful scale up to other countries.

The GFF will support technical sub-committees and independent facilitators in each of the countries to undertake routine documentation by providing a reporting structure, associated templates and minuting support at critical consensus-building meetings and workshops. This will be integrated into the pilot itself so that a memory of the process can be built by those involved. Capturing information in this way (i.e., by those directly involved) will build a sense of authorship

and belonging and is also likely to improve the reliability and transparency of the learning process contributing to strengthened accountability.

In addition, other feedback mechanisms will be used, including surveys and virtual suggestion boards, at critical milestones to gather feedback on both the process and any technical issues from the wide range of stakeholder groups involved. All inputs will be gathered and stored on a single platform to facilitate analysis. Figure 6 provides a preliminary list of the anticipated inputs.

Figure 6: Anticipated inputs to be used as part of the process

AWG concept note	Country progress reports
Alignment Framework objectives (including theory of change)	Completed diagnostic exercise forms
AWG minutes	Post-meeting/workshop surveys
Country's alignment platform minutes	Virtual suggestion board
Independent facilitator meeting/workshop reports	Country action plans

Rather than taking a passive reporting approach, moments for **critical reflection** and learning will be incorporated, enabling the use of new findings and insights to course-correct implementation as needed. Independently facilitated sessions will be organized bringing key stakeholders together to present emerging issues and a **dynamic participatory approach** will be used to solve problems with a particular focus on promoting South-South exchange and mutual learning. Where issues raised require high-level intervention and additional technical support, they will be tabled at relevant AWG meetings by the GFF. Individual or organizational capacity issues may be tackled under the banner of the Country Leadership Program.

As the pilot progresses in countries, knowledge products will be produced to capture learning drawing on the inputs and processes mentioned above. The exact format and scope will be decided by AWG members but may include lessons learned papers or an end-of-pilot evaluation.

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GLOSSARY

Term/concept	Definition
Alignment	The process of planning and implementing policies, strategies, and priorities with all stakeholders at global and country levels following the basic principle of one plan, one budget and one report.
One plan	A process in which countries have one country-wide shared and agreed operationalized plan, arrived at through extensive consultation and engagement with all stakeholders including financiers, implementers, and technical agencies.
One budget	A process of comprehensive budgeting to reflect the contributions of stakeholders to match the priorities outlined in the one plan.
One report	The use of a set of (key) indicators, joint processes, and procedures to monitor progress in achieving the targets and results stipulated in the one plan. In an ideal situation, all stakeholders report according to the standard reporting format and use the countries set of (key) indicators, without duplicating the channels of reporting.
Public financial management (PFM)	A set of rules and processes that govern how public resources are collected, allocated, spent, and accounted for, with the objectives of strategic allocation of resources, efficient service delivery, aggregate fiscal discipline, and financial transparency and accountability (UHC2030)
Mutual accountability	Mutual accountability is a process by which two (or multiple) partners agree to be held responsible for the commitments that they have voluntarily made to each other. It relies on trust and partnership around shared agendas, rather than on hard sanctions for non-compliance, to encourage the behavior change needed to meet commitments (OECD, 2008)
Aid effectiveness	Aid effectiveness recognizes that aid could – and should – be producing better impact. It is formulated around five central pillars: ownership, alignment, harmonization, managing for results and mutual accountability (OECD, 2008).

Annex 1: Sample Country Pilot Plan

This annex presents a sample implementation timeline for pilot countries to refer to when drawing up their own. While dummy names/dates have been used, the timeline gives a sense of the amount of time each step is anticipated to take as well as the sequencing of key activities.

Sample Country Pilot Plan

Description of country's alignment platform: The Joint Health Forum will function as the Country's alignment platform. It is minister-led, meets monthly, and includes relevant government actors as well all major health development partners operating in the country along with civil society and private sector networks.

Description of structure to lead operational aspects of pilot: The technical sub-committee has been established and will be led by Dr. Rita Mumbi, Director General, Ministry of Health. Development partner stakeholders will be represented by John Drom, chair of the Health Partners Network, a forum that includes membership from all major partners involved in health (including implementing partners). The technical sub-committee will initially meet bi-weekly and has set up monthly check-in calls with the GFF.

Sample timeline for delivery of Alignment Framework pilot

Main activity	Responsibility	Timeline ⁵
Establish technical sub-committee to provide operational support to pilot	MoH as head of Joint Health Forum	w/c 10 Jan
Develop work plan and agree membership/frequency of meetings/comms channels	Head, technical sub-committee	w/c 17 Jan
Pilot briefing sessions (gov, DPs, civil society, private sector) - est. five sessions	Head, technical sub-committee	w/c 7 Feb
Disseminate guidance on conducting assessments and connect stakeholders with independent facilitators	Head, technical sub-committee	w/c 17 Feb
Assessment sessions by government / DP agencies / Civil society networks / Private sector networks	Independent facilitator	w/c 21 Feb
One-on-one consensus sessions with government – est. four sessions	Independent facilitator	w/c 21 Mar
Development of summary of assessment results and preparation for workshop	Head, technical sub-committee with support from independent facilitator	w/c 4 April
Alignment workshop	Head, technical sub-committee	w/c 25 Apr
Development of country action plan	Head, technical sub-committee	w/c 9 May
Endorsement of country action plans	Joint Health Forum	w/c 30 May
Implementation begins following development of agree monitoring framework	Head, technical sub-committee	w/c 14 June

⁵ These dates are fictional and are merely intended to give a general sense of how long key activities might take.

Annex 2: List of potential data sources

<i>Domain</i>	<i>Sub-domain</i>	<i>Source of Information/Data</i>
One Plan	Level and institutionalization of stakeholder involvement in sector plan development	National Development Plan; Investment Case National Health sector strategic plan Disease-specific and system strengthening strategic plans, strategy papers program performance reports/appraisals Stakeholder consultation reports (development partners, civil society organizations) National guidelines for development of sector plan Joint Assessment of national/subnational strategies Development partners' program appraisal reports Interviews with national departments and local level government structures Background assessments, studies and reports by development partners, research bodies, etc. Project implementation and coordination reports Guidelines for development and approval of projects/programs
	Existence and use of clear joint planning and review system enabling alignment across levels (as opposed to single partner planning processes/reviews)	National and sub-national planning guidelines/manuals National planning & budget framework Sector specific planning guidelines and calendars Stakeholder planning consultation reports Sector review guidelines Sector annual and mid-terms review reports Annual/Joint review meeting notes and reports
	Plan ownership and consistency with national priorities	National and sector Planning guidelines Engagement report of stakeholders at national and lower levels Stakeholder planning consultation reports Report on the sector planning process National and sub-national planning guidelines/manuals Stakeholder analysis reports National sector planning, monitoring, and evaluation framework Performance report of development partners, civil society organizations and private sector coordination structures
	Resource commitment to costed sector plan	National planning & budget framework; sector specific planning guidelines Annual sector resource allocation ceilings at different levels of government National health sector plan Medium-term Expenditure Framework Fiscal space analysis report at different levels of government

One Budget	<i>Sub-domain</i>	<i>Source of Information/Data</i>
	Forecasting resources for planning and implementation	National Medium-term Expenditure Framework National budget framework papers Sector Medium-term Expenditure Framework review reports National health sector budgets and its annual ceiling and performance Health sector resource mapping/tracking reports Sub-national health sector budgets and expenditure reports Annual budget performance and expenditure reports Health sector annual budget monitoring reports
	Method of budget allocation	National budget framework paper Resource allocation criteria (among sectors and between different levels of government) and its implementation Health sector budget framework paper National expenditure policies Analysis reports of government budget allocation criteria National budgeting reports Analyses of national health sector budgets
	Capture of external funding into Government budget and use of public financial management systems	National budgeting proclamations and reports Analyses of national health sector budgets External funding reports from development partners Mapping reports on analyses of health sector external funding through government and outside government system by development partner Mapping report of development partner's use of government accounting, procurement, and auditing systems
	Average budget execution over last 3 years	Budget disbursement reports Budget utilization reports at different levels of government, and by government and civil society organizations Government and external audit reports
	Existence, application, and review of public financial management system	National guidelines on public financial management National procurement guidelines Public financial management reports Procurement and supply management reports Assessment reports on use of PFM and PSCM systems Central Medical Stores annual reports Rapid stakeholder surveys on use of national PFM and PSCM systems

One Report/M&E	<i>Sub-domain</i>	<i>Source of Information/Data</i>
	Clearly defined result framework (impact, outcome, and output indicators as part of strategic and annual plans)	National planning, monitoring, and evaluation framework Health sector national plan five year and annual targets Annual plan targets
	Availability of timely, complete, reliable, and integrated data and information	National health information management policy National health information management plan National health information management reports (quarterly and annual) Reports on review of health information and data sources Reports of periodic community-based surveys (census, community-based surveys)
	Existence of effective joint and regular review mechanisms (AR, MTR, JRM, etc.)	National health reporting policy Joint health sector review reports Reports on reviews of national reporting instruments Reports on health sector coordination Annual review meeting reports and action plans
	Existence of mutual accountability framework and its use by sector stakeholders	National health sector coordination mechanisms and reports Governance structures and reports at national and sub-national level Joint planning, monitoring, and review reports Monitoring and evaluation frameworks Reports on performance of National COMPACTs Rapid surveys on health sector accountability (government-development partner(s); government -community, including private sector) Reports on national health summits

Annex 3: Outline agenda for alignment workshop

Each country will hold an alignment workshop to present the information gathered as part of the diagnostic exercise; apply the Alignment Maturity Model's scoring and grading system; and brainstorm areas to be included in the action plan to improve alignment. A suggested agenda is provided below, but countries can decide how to structure the event based on their given context.

Session 1: The state of alignment: a 360-degree view

- - Progress update on the Alignment Framework pilot
- - Presentation of key findings from government assessment
- - Presentation of key findings from different development partner agencies
- - Presentation of key findings from civil society assessment
- - Presentation of key findings from private sector assessment
- - Discussion

Session 2: One plan

- - Overview of agenda and assignment of participants to group
- - Scoring against four sub-domains under Domain 1
- - Break groups report back
- - Discussion and consensus building

Session 3: One budget

- - Overview of agenda and assignment of participants to group
- - Scoring against five sub-domains under Domain 2
- - Break groups report back
- - Discussion and consensus building

Session 4: One report

- - Overview of agenda and assignment of participants to group
- - Scoring against four sub-domains under Domain 3
- - Break groups report back
- - Discussion and consensus building

Session 5: Bringing it all together and next steps

- - Presentation of scoring/grading
- - Discussion
- - Consensus building around country's maturity level based on grading
- - Next steps session including key areas to include in action plan

Annex 4: Maturity Level Score Benchmarks

One Plan	Sub-domain	Status per level of maturity				
		Level 1	Level 2	Level 3	Level 4	Level 5
	Level and institutionalization of stakeholder involvement in sector plan development	National priorities not clearly identified in the health sector plan; and existence of different and parallel project plans	National priorities identified in the plan but not owned by all stakeholders; and most, but not all, project plans incorporated in the health sector plan	National priorities identified and owned by all stakeholders but not well reflected in plan; health sector plan constituting components of project plans	National priorities well-articulated and reflected in one common health sector plan	National plans, owned by all stakeholders and based on national priorities, institutionalized
	Existence and use of clear joint planning and review system enabling alignment across levels (as opposed to single partner planning processes/reviews)	No existing planning calendar, no alignment of national and local plans; and no system for joint review of plans	Existing planning calendar but no alignment between national and local level plans, and no system for joint review of plans	Existing planning calendar with provision for alignment of national and local plans but no system for joint review of draft plans	existing planning calendar with alignment of national and local plans and with systems for joint review of plans	Institutionalized joint planning with clear calendar, alignment across levels and systematic joint review of plans
	Resource commitment to costed sector plan	Erratic resource availability from both government and partners to the health sector plan with unrelated multiple objectives, limited fiscal space consideration and targets	Partial resource commitment by both the government and partners to health sector plan with objectives, limited fiscal space consideration and targets	Full resource commitment by the government and partial resource commitment by partners to costed health sector plan with unrealistic, though clear, and measurable, objectives and targets	Full resource commitment by both the government and partners to health sector costed plan with clear, measurable, and realistic objectives and targets	Multi-year resource commitments by both the government and partners to costed sector plan with clear, measurable, and realistic objectives and targets
	Plan ownership and consistency with national priorities	Participation in health sector plan development limited to the government and development partners	Improved stakeholder participation in health sector plan development but with limited private sector and community participation	Improved stakeholder participation in health sector plan development but with limited community participation	Full participation of all stakeholders in health sector plan development	Institutionalized participatory planning framework (systematically and routinely done)

One Budget	Sub-domain	Status of criterion per level of maturity				
		Level 1	Level 2	Level 3	Level 4	Level 5
	Forecasting resources for planning and implementation	No resource forecasting	Resource forecasting but only for domestic funds	Resource forecasting for both domestic and external funding	Comprehensive MTEF including external funding, private sector, and community / household funding	Institutionalized rolling comprehensive MTEF
	Method of budget allocation	Irrational budget allocation	Budget allocation according to national priorities but as line-item budget	Budget allocation according to national priorities in form of program budget	Result-based budget allocation in line with national priorities	Framework to guide budget allocation and approval according to national priorities institutionalized
	Capture of external funding into government budget and use of public financial management systems	All development partners are running parallel procurement and supply chain systems	DP is investing in the strengthening the government's PSCM system	Development partners not using the government's PSCM system. DP is using additional PSCM mechanisms that are endorsed by the gov	Partial use of the government's PSCM systems	Full use of the government's PSCM systems
	Average budget execution over last 3 years	Less than 50% budget execution	50 - 60% budget execution	61 – 79% budget execution	80 – 90% budget execution	More than 90% budget execution
	Existence, application, and review of public financial management systems	Lack of clear public financial management systems	Existing public financial management systems but not fully operationalized	Public financial management systems operationalized but not fully adopted by development partners	Public financial management systems operationalized and used for both domestic and external funding	System in place to routinely support use of review and revise public financial management systems

One Report/M&E	Sub-domain	Status of Criterion per level of maturity				
		Level 1	Level 2	Level 3	Level 4	Level 5
	Clearly defined result framework (impact, outcome, and output indicators as part of strategic and annual plans)	No results framework	Existing results framework with too many targets and indicators	Existing results framework with core targets and indicators but not used by all stakeholders	Existence of a clear results framework with targets and indicators, agreed and used by all stakeholders	Sector monitoring and evaluation framework institutionalized for use by all stakeholders
	Availability of timely, complete, reliable, and integrated data and information	Inadequate and non-interoperable multiple sources of data and information	Interoperable routine data and information systems but with limited geographical coverage	National coverage of routine data and information but with limited population-based data (surveys, etc.)	National coverage of routine data and information with regular periodic population-based data	Institutionalized national health observatory and integrated database
	Existence of effective joint and regular review mechanisms (AR, MTR, JRM, etc.)	Occasional performance reviews	Regular performance reviews but not jointly conducted	Regular performance reviews with limited stakeholders	Regular joint performance reviews with all stakeholders	Institutionalized regular periodic joint performance reviews in line with the M&E framework
	Existence of mutual accountability framework and its use by sector stakeholders	No accountability framework and no stakeholder review of performance against expectations and deliverables	existing accountability framework but with occasional stakeholder review of performance against expectations and deliverables	Existing mutual accountability framework but only with regular review of government performance against expectations and deliverables	Existing mutual accountability framework with regular joint review of performance of government and development partners against expectations and deliverables	Institutionalized mutual accountability with joint performance of all stakeholders against expectations and deliverables