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INTERGOVERNMENTAL AUTHORITY ON DEVELOPMENT

IGAD Regional Health Data Sharing and Protection Policy Framework

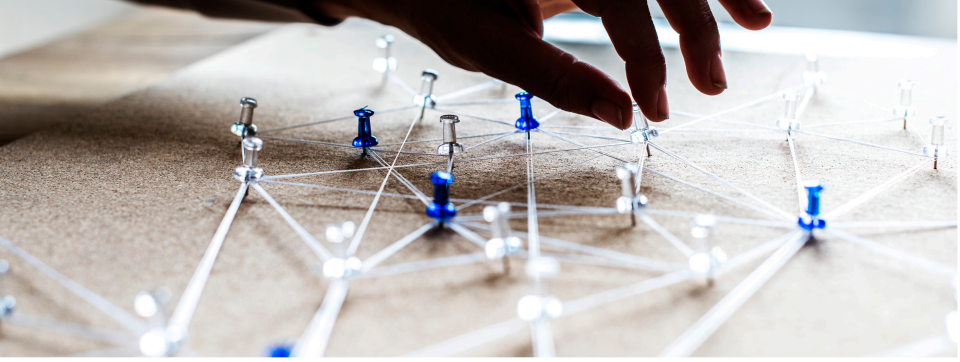
IMPLEMENTATION GUIDE

USAID FROM THE AMERICAN PEOPLE

BROADREACH health development

Duke GLOBAL HEALTH Innovation Center

jembi health systems NPC



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ACRONYMS

CBM	Cross-border Meetings
CBMP(S)	Cross-border Mobile Population(s)
HMIS	Health Management Information Systems
ICC	Inte-ragency Coordinating Committee
IGAD	Intergovernmental Authority on Development
MOH	Ministry of Health
RAD	Regional Action through Data
REC	Regional Economic Community
TWG	Technical Working Group
UNHCR	United Nations High Commissioner for Refugees

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INTRODUCTION

IGAD, with the support of the Regional Action through Data (RAD) Consortium and funding from USAID, has developed a Regional Health Data Sharing and Protection Policy that creates a framework for data sharing harmonization within the IGAD region. **This policy framework aims to mitigate challenges that emerge from a lack of consistent and aligned policies among the IGAD member states**, including the inability to effectively monitor routine health indicators for cross-border mobile populations (CBMPs); inaccurate and untimely predictions of disease outbreaks across the region; challenges in planning, resource allocation, and evidence-based decision-making; and inconsistent cross-border flow of health information, which does not meet current privacy standards. A landscape review conducted in 2017 in the IGAD region found that a lack of harmonized data protection laws and policies limited easy and efficient data sharing both within and across borders.

IGAD DEVELOPED A HEALTH DATA SHARING AND PROTECTION POLICY FRAMEWORK THAT WOULD PROMOTE HARMONIZATION OF POLICIES, PROTOCOLS, AND PRACTICES

IGAD, therefore, developed a health data sharing and protection policy framework that, with consistent uptake and implementation among member states, would promote harmonization of policies, protocols, and practices. The development of this policy was informed by a series of in-person and written consultations from experts and stakeholders in member states and draws on best practices from the existing data protection laws in member states, regional economic communities (RECs), and global bodies. **The policy was developed to establish a clear framework for health data sharing and protection**, thereby assisting the IGAD member states in considering the appropriate safeguards to apply while sharing health data in order to maximize the benefits of data sharing and safeguard the privacy and interests of individuals and the member states.

To maximize its intended impact on data sharing in the region, the policy must be consistently implemented in the member states. Implementation involves actions designed to put the policy in place to achieve desired goals.

Member states should endeavor to use existing regulatory frameworks and structures and, if necessary, scale the capacity of existing groups to be able to undertake the implementation of the policy. The groups should consist of small, focused, multisectoral implementation teams composed of individuals with expertise and interest in health data sharing and protection. They should have clear terms of reference and a timeline to forge the way for implementation.

The implementation teams are expected to consist of the following stakeholders:

- Member states' Ministries of Health (MoH) (national and subnational)
- Other public sector agencies engaged in data governance, such as national data protection authorities and information, communications, and technology ministries
- Private sector
- National health information departments and other health-care managers
- IGAD representative
- Civil society groups
- Academia

ENGAGING ALL KEY PARTNERS IN IMPLEMENTATION WILL HELP IN MAINTAINING COMMITMENT AND INVOLVEMENT OVER THE LONG TERM.

Suggestions for existing groups that can help drive implementation forward include technical working groups, interagency coordinating committees (ICCs), intergovernmental forums, national steering committees, health coordination councils, interministerial commissions, and e-government structures. If no such bodies currently exist, a new task force can be formed.

This guide was developed to provide a framework and timeline for policy implementation. It is intended for use by implementation teams and working groups in the member states who are tasked with developing the policy implementation plan. This document will help IGAD member states identify and summarize typical requirements for the development of an implementation plan (road map) for the IGAD Regional Health Data Sharing and Protection Policy in order to ensure the policy achieves its intended outcomes. In addition, individuals and other groups may use this guide for reference as needed.

Photo credit: IGAD

STAGES OF IMPLEMENTATION

The implementation of the guiding principles and best practices highlighted in the IGAD Regional Health Data Sharing and Protection Policy Framework will ideally be done over a period of several months to years. While the principles align with best practices, their intended effects will not be achieved if not properly implemented. Implementation of the regional policy within the member states and the IGAD region will require significant commitment, investment in resources, and partnerships. National stakeholders, therefore, need to plan for communication, education, and training specifically allocated for implementation.

To achieve the above aims, it is recommended that national stakeholders, led by the Ministry of Health (MOH) in the Member States, plan for **implementation in three main stages**:

A

PLANNING

Development of a road map. A detailed plan/ road map of how the implementation of the policy will be undertaken should be developed under the planning phase.

Identify local issues and gaps, analyze issues, develop and prioritize solutions, and develop an implementation road map.

B

OPERATIONALIZATION

During the operationalization phase, the policy should be implemented as outlined in the road map.

Put the solutions into practice as outlined in the implementation road map.

C

PERFORMANCE MONITORING

Policy implementation progress should be tracked from the beginning of implementation and reviewed at specifically defined periods.

Track changes through ongoing monitoring in practice, evaluation, and communication.

While IGAD member states share many commonalities, the countries are also in various stages regarding their political, legal, and social structures as well as related data sharing, data protection, and health information systems. It is expected that countries will take this into account as they domesticate the regional data sharing policy framework to help guide the development of their health data sharing and protection policy.

Countries that already have data sharing policies in place should first undertake the step of ensuring that the principles articulated in the regional policy framework align with their national data protection policies before taking further steps toward full implementation of the policy framework

Countries that do not have a data protection policy in place will need to advocate for the development of a national health data sharing policy. The national policy should contain the principles that have been highlighted in the regional data sharing policy framework and agreed upon and endorsed by member states for cross-border data sharing. Countries that already have data sharing policies in place should first undertake the step of ensuring that the principles articulated in the regional policy framework align with their national data protection policies before taking further steps toward full implementation of the policy framework. Efforts should then be made to build the required infrastructure to implement the principles.

A

PLANNING
Development of a road map

The goal of the planning stage is the development of a country-specific road map for the implementation of the policy. Taking the time to create a viable and realistic plan (i.e., a "road map for implementation") is critical in ensuring effective implementation of the policy. Some of the benefits of having a clear, well-defined road map include increased cooperation across different stakeholders and organizations; increased and continuous buy-in from stakeholders; and increased likelihood of staying on track and achieving long-term objectives of the policy.

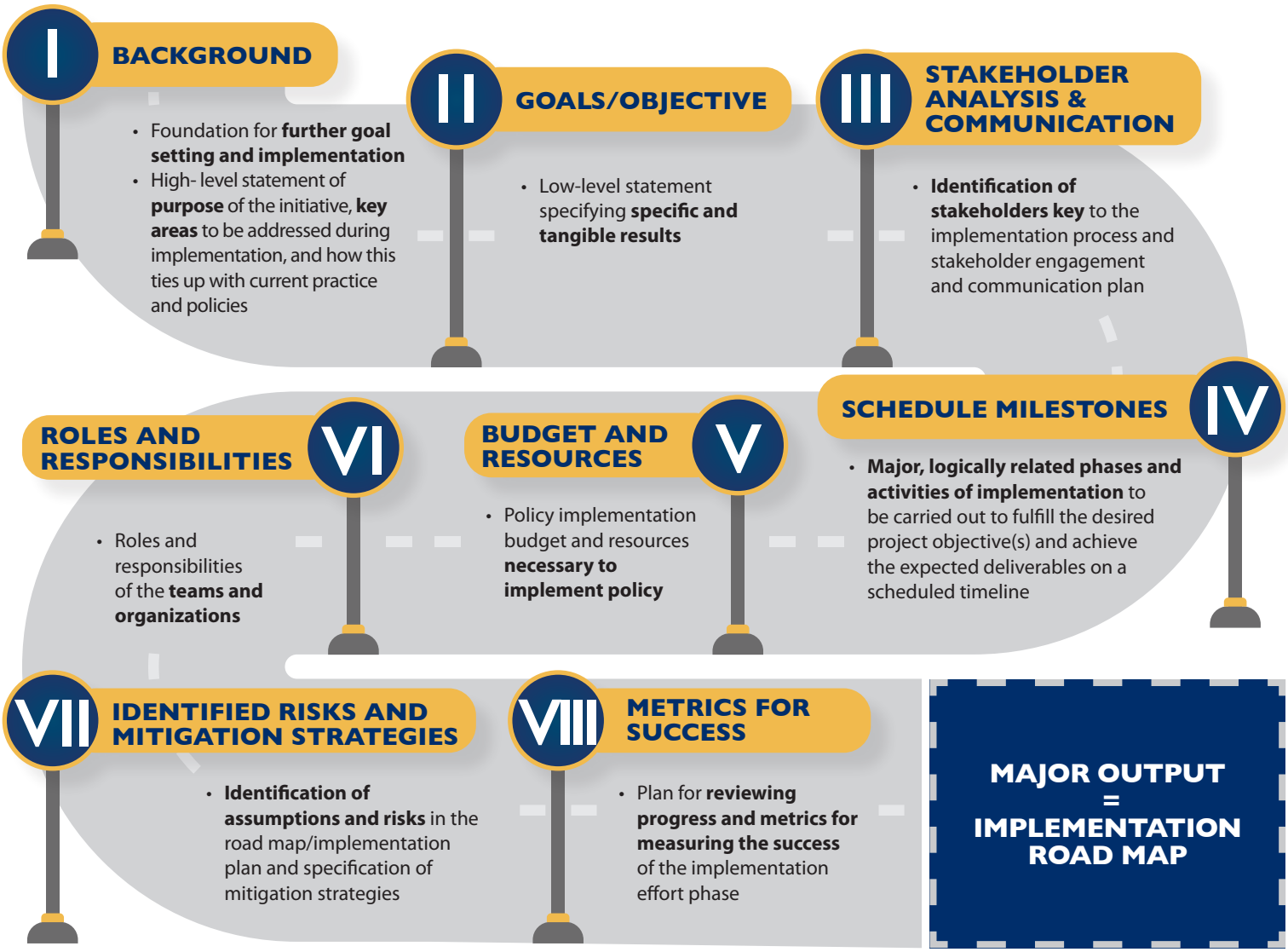
The policy implementation road map should describe the logical sequence of events that will result in the change desired by a member state. It works like a strategy map that helps member states to drill down from broad goals to midterm outcomes and finally to concrete strategies and action steps.

There is no standard, one-size-fits-all solution when it comes to developing a road map. When creating a country-specific road map, each member state should consider the current complexities within its country and the region, including any sensitivities associated with health data sharing within its country. Particular attention should be paid to the political and regulatory environment; any requirement for subsequent development of systems, structures, and micro-policies that need to be in place; and any other requirements such as training.

While the final road maps will vary due to local context and priority issues within the different countries, the process to develop a road map and its key components are consistent. The road map should include details such as stages and milestones of implementation, key stakeholders, roles and responsibilities, time frame, resourcing, assumptions made, and information about how the implementation process will be monitored and evaluated. Critical implementation success factors and risks to implementation, including how potential barriers to implementation will be dealt with through the entire implementation process (not just at the beginning), should also be highlighted. Each road map should provide enough contextual detail to support and inform successful implementation.

Representatives from all organizations and parties responsible for the implementation of the policy should be included in the development of the road map. **Figure 1** lists the key components of a road map. Details of each of the sections that would drive the creation of a successful implementation road map follow.

FIGURE 1: COMPONENTS OF A ROAD MAP



I BACKGROUND

The purpose of the background section is to provide an overview of the implementation process, including country-specific contextual information related to data protection and justification for implementing the policy, thus providing a foundation for further goal setting and implementation.

A situation analysis that includes a diagnosis of a country's current health data sharing and protection status (such as an assessment/review of existing regulations and laws related to data sharing and protection) and that determines a country's pressing needs should be undertaken as part of the background section.

Having an unambiguous background will enable more accurate planning for implementation. The background should explain why health data sharing and protection is important in the specific country, to whom it is important, and what key areas need to be addressed during the implementation of the policy. Prerequisites of implementation, high-level explanation of the desired outcomes, and estimation of the benefits that will be delivered by the implementation of the policy should also be described.

2 GOALS/OBJECTIVES

Establishing implementation objectives takes place during the planning phase to understand the most pressing concerns related to health data sharing and protection and thus, priorities of implementation. Having clear implementation objectives will provide the foundation that will allow for the development of targeted strategies, activities, and communications. It will be almost impossible to plan for the results of implementation (deliverables) without a clear definition of objectives. The implementation objectives should, therefore, be **specific, measurable, achievable, relevant, and time-bound or "SMART."**

3 STAKEHOLDER ANALYSIS AND COMMUNICATION

During planning for implementation, it will be crucial to understand stakeholders or stakeholder groups within a particular country who have legitimate interests in or who would be impacted by the health data sharing and protection policy and would therefore need to be engaged to help move the policy implementation forward. Lack of proper identification and involvement of all stakeholders early in the implementation process creates the risk that some may object to various elements of the policy, thus causing implementation failure. It would be beneficial to assess the possible risk and impact on implementation if stakeholders are not engaged.

STAKEHOLDER GROUPS AND INDIVIDUALS SHOULD BE IDENTIFIED FROM ALL SECTORS INCLUDING:

- The government sector *[Ministry of Health, Information and Communication Technology, Bureau of Statistics]*,
- Civil Society,
- Political Sector,
- Commercial/Private Sector,
- Academia, Non-Government Sector, and International donors.

Additionally, it is important to highlight key stakeholders who would be able to support the implementation of the policy and to detail their possible contributions. These contributions could include providing funding for implementation activities, helping with policy awareness campaigns, mobilizing resources, coordinating support, aiding in large-scale system and administrative or operational changes, or providing training and research support.

The engagement strategy for each relevant stakeholder should be clearly defined. The communication strategy should be structured around the success criteria for the implementation, describing what will be communicated, how it will be communicated, the schedule and timing of communications, and who will provide the communications.

4 SCHEDULE MILESTONES

An implementation schedule should outline logically related phases and activities of implementation to be carried out to fulfill the desired project objective(s) and achieve the expected deliverables. While detailed tasks and deadlines will be formally set after completion of the road map, the schedule for implementation milestones, including predicted phase durations and task order, should be roughly outlined in the planning phase. A few key activities that could be planned for include dissemination of the policy (including the popular version), awareness generation campaigns, monitoring & evaluation activities, capacity building, or work to link the policy document to the broader sector or national strategies (within a national health policy, other strategic health sector document, or national development plan).

5 BUDGET AND RESOURCES

The implementation of the policy will require the right types of skills and resources, available at the right time, to achieve expected policy objectives. These include resources for funding, staffing, and infrastructure. If there is a misalignment between needs and available resources during the implementation stage, there is a risk that required outcomes will not be achieved in time or at all. An assessment and identification of the resources and skill sets, both required and available, that will be integrated and used during the implementation process should therefore be undertaken early on during implementation planning. Seeking expert opinions from those who have experience in issues relevant to data sharing and protection would help to accurately identify these required resources.

6 ROLES AND RESPONSIBILITIES

Once the list of actions that will ensure the completion of implementation activities has been established, the roles and responsibilities of the implementation team need to be determined. In this section, how implementation will be managed should be described. This includes who is managing it, the underlying roles and responsibilities, and key points of contact. The roles of all stakeholders, including other government sectors, civil society organizations, the non-governmental sector, and the private sector should be clearly defined.

A few of the roles, to ensure successful implementation of the policy, are highlighted below. Additional roles and responsibilities for the implementation of the policy are outlined in the IGAD Regional Health Data Sharing and Protection Policy.

- Each member state is expected to **assign a key contact** from the designated department, unit or directorate in the ministry of health to work closely with IGAD to address the policy implementation.
- IGAD will provide **financial and technical support at the regional and national levels** and at cross-border sites to facilitate the implementation of the policy. Support may include bringing member states into regional forums to discuss issues, facilitating capacity building through training, creating forums for follow-up meetings to ensure operationalization, and ensuring inclusive stakeholder participation.
- IGAD and other development partners will **foster cross-country learning and the exchange of ideas**. Development partners can promote the diffusion of data sharing and protection innovation and good practices by serving as neutral facilitators of knowledge exchange among member states and between member states and other middle-income countries.
- IGAD will facilitate and support the **process of developing a road map or action plan** that will help in planning and operationalizing the policy in each member state.

7 IDENTIFIED RISKS AND MITIGATION STRATEGIES

It is important to map out the assumptions and risks in the road map/implementation plan. Factors outside the implementation team's control that could significantly alter the success of implementation should be considered and emergent strategies created ahead of time.

8 METRICS FOR SUCCESS

A strategy for the regular monitoring and review of key implementation milestones should be agreed upon and established during the implementation planning phase. Tracking progress in implementation can help assess the extent to which the adopted implementation approach is contributing to the achievement of policy objectives. The implementation team should discuss and reach consensus on monitoring arrangements, the level and frequency of information to be provided, and what success looks like.

STAGES OF IMPLEMENTATION

Table 1 describes key milestones that are essential to policy implementation and that should be completed before the policy goes into full effect in the IGAD region. This list should be viewed as goals to be reached over several months to a year.

TABLE 1: KEY MILESTONES

PHASES OF IMPLEMENTATION	MILESTONES
Pre- Planning	The focal person to work with IGAD identified/appointed
	Preliminary stakeholder mapping undertaken (to include partner mapping at the border)
	Implementation working group formed
Planning *(Key deliverable– Implementation plan/ Road Map)*	High-level background document developed (to include context, objectives, benefit statement)
	Stakeholders identified; stakeholder engagement and communication plan developed
	Implementation activities defined; schedule and resource plan with clear roles, responsibilities, and budget developed
	Risk management plan developed
	Process/protocol for collecting, collating and transmitting data (including timeline) developed
	Road map completed and approved by the implementation team
Implementation *(Dependent on prioritized objectives)*	Assessment of current infrastructure for data sharing against IGAD's minimum system/process requirements for data sharing completed
	Creation and/or updating of the existing data sharing infrastructure and systems completed (minimization of gaps between technology, interoperability of health information systems)
	Agreement reached on minimum data sets/indicators to report, calendars for reporting, and feedback mechanism
	Standardized tools for data collection/reporting developed, agreed upon, and shared
	Sections on cross-border data included in national health/statistics report
	Standard operating Procedures and training programs developed and carried out
	Continuous identification, sensitization, and engagement of all stakeholders performed
Performance Monitoring	Key performance Indicator matrix developed and agreed upon
	Coordination structure developed to support implementation and tracking of the policy
	Policy monitoring undertaken in relation to impact measurement
	Regular review meetings conducted and progress reports submitted

B

OPERATIONALIZATION

Operationalization of the policy should be done within the existing policies and laws and within the existing health information infrastructure, in line with the completed road map. Ongoing projects (e.g., IGAD COVID-19 database) could be used as entry points for policy implementations.

IGAD will work with the various focal persons appointed by each member state to support the implementation of the policy according to the specific priorities identified and agreed upon. Further to this, IGAD will support the formation of technical working groups to strengthen coordination among member countries and encourage coordination meetings within countries and between countries, including virtual meetings.

While operationalizing the policy, it will be important to ensure that all stakeholders are continually engaged, as per the stakeholder engagement and communication strategy developed during the planning phase of the implementation. This should include continuous engagement with government bodies (e.g., refugee commissions), the UN Refugee Agency (UNHCR) and other government stakeholders, nongovernmental partners, and the private sector at the country level as well as engagement with regional bodies (e.g., the East African Community, African Union) by IGAD at the regional level. While language and cultural differences may create barriers, these potential challenges can be mitigated through advocacy, sensitization, and training about the policy with key stakeholders, including those who are involved in service provision and data sharing and protection.

It is important to ensure that all prerequisites are in place before implementing the policy. Effort should be made to strengthen existing health management information systems (HMIS) to support the harmonization of data quality among member states. In addition, it will be essential to ensure the interoperability of management information systems across member states.

OPERATIONALIZATION OF THE POLICY SHOULD INCLUDE STANDARDIZATION OF TOOLS, REPORTING TEMPLATES/ FORMATS, AND INDICATORS.

C

TRACKING PROGRESS ON IMPLEMENTATION

Tracking progress of the adoption of the policy within member states and the implementation of cross-border data sharing within the IGAD region will ensure that the stated policy objectives are met. As a first step, IGAD, in collaboration with member states, will achieve consensus on a core set of progress indicators based on a shared understanding of the desired policy objectives. Member states and IGAD will also define the monitoring arrangements at regional and member state levels, the type and frequency of information to be collected, and how progress on the defined milestones will be communicated. This agreed-upon monitoring plan will support the overall goal of the Regional Health Data Sharing and Protection Policy, which is to improve cross-border health data sharing within the IGAD region.

Monitoring implementation will support:

ACCOUNTABILITY

Member states, with support from IGAD, will **determine how to integrate the reporting of implementation progress and resultant outcomes** from the policy through existing structures for increased accountability.

PHASED POLICY IMPLEMENTATION

Because the regional policy will ideally be implemented in phases, the progress indicators developed by member states will **allow the region to have a snapshot of the extent to which the policy has been integrated** by member states over time.

FOCUS ON OUTCOMES

In tandem with measuring progress on the process of implementation, it is important for IGAD and its member states to **identify key health outcomes to track**. Because the ultimate objective of the regional policy is to support enhanced cross-border sharing of health data, countries will also need to monitor how data sharing improves evidence-based decision-making.

This section provides a starting point for metric development and seeks to spur IGAD member states to systematically measure progress made in the adaptation and implementation of the Regional Health Data Sharing and Protection Policy framework. Given the dynamic nature of health data sharing and data protection, it is expected that the monitoring plans developed at the regional and national levels will be living documents that IGAD and its member states will regularly update based on new developments in the region and within individual countries.

INDICATOR DEVELOPMENT

The identified progress indicators will track both the process of adopting the regional policy at the country level and the results of the policy implementation. To systematically measure progress, it is proposed that indicators be developed to measure three aspects:

1. ADOPTION AND INTEGRATION: Indicators will be needed to ensure that progress in policy adoption by national ministries of health is documented. Member states in consultation with IGAD should define measures to be tracked to ensure that the policy has been harmonized with existing national regulations and related policies and is in line with current practices regarding health data sharing and data protection.

2. CHANGES IN CROSS-BORDER DATA SHARING: Following the development of the national policy implementation road map, member states will need to implement systematic cross-border sharing of health data in line with the principles of data protection outlined in the regional policy. This implementation will be tracked through indicators such as those measuring the extent of integration of cross-border health data sharing in annual and midterm public sector plans and the resources dedicated to supporting cross-border data sharing. In addition, the IGAD secretariat should support tracking of indicators that measure the increase in cross-border data sharing between member states and with IGAD.

3 CHANGES IN HEALTH OUTCOMES: In 2018, IGAD and its member states identified a set of regional health indicators for which countries committed to provide data. The data shared by IGAD member states supports collation and analysis of regional health disease burden and identification of interventions needed to improve public health. Implementing the Regional Health Data Sharing and Protection Policy across the IGAD region will lead to timely evidence-based decision-making at all levels. Therefore, IGAD and member states will need to select a subset of the regional health indicators that rely on improved cross-border data sharing to show the intermediate health outcomes that result from implementation of the policy.

The tables that follow outline an implementation monitoring plan for the regional policy based on the anticipated impact and identified outcomes outlined in the policy. Table 2 provides a high-level overview of the impact of implementing the IGAD Regional Health Data Sharing and Protection Policy. The detailed process and output indicators in Table 3 were developed in collaboration with the IGAD/RAD technical working group that is made up of technical experts from all IGAD member states.

TABLE 2: REGIONAL POLICY IMPACT, OUTCOME AND SELECTED OUTPUTS

IMPACT	Improved health and wellbeing of individuals and populations in the the IGAD region due to regular and efficient, secure sharing of health and health-related data among IGAD member states (through IGAD) and directly between member states			
OUTCOMES	Timely, evidence-based decision-making at all levels	Improved epidemic control	Increased resource allocation	Enhanced pharmacovigilance
OUTPUTS				
	Improved health indicators attributable to enhanced cross-border data sharing	Increased timeliness of reports shared with IGAD based on identified indicators	Policies influenced through evidence from increased cross-border data sharing	More facilities using standardized cross-border data sharing templates

The data required to monitor the indicators and outcomes will be generated by IGAD member states with the IGAD secretariat providing support toward tracking, collating, and disseminating the data at a regional level. Existing policy and implementation structures within each member state, such as technical working groups and cross-border committees, will need to be sensitized to integrate key activities that support adoption and implementation of the regional policy. The IGAD secretariat will support all member states in developing national implementation plans and facilitate experience-sharing to ensure that all member states are able to produce a minimum data set for the regional health indicators and roll out standardized processes that support cross-border data sharing with other member states.

Raising additional resources to specifically support implementation of the policy will be critical in making sure that all member states have the required technical and human resource capacity to collate and share data among themselves and with IGAD. There are therefore several indicators related to resource mobilization. Finally, the enduring impact of the policy will be best showcased by the improved health status of citizens within the IGAD region. Timely, evidence-based decisions by member states based on cross-border and regional collated data that maps to the IGAD regional health indicators will contribute to improved health outcomes in the region.

TABLE 3: PROCESS INDICATORS PROPOSED BY IGAD MEMBER STATES

PHASES OF IMPLEMENTATION	OUTCOMES	PROCESS AND OUTPUT INDICATORS FOR EACH OUTCOME AREA
ADOPTION AND INTEGRATION OF POLICY BY MEMBER STATES	Increased knowledge and awareness of policy among member state stakeholders	Number of technical working group meetings held in member states to discuss health data sharing and protection
	Increased sensitization on policy among cross-border mobile populations	Percentage of communities at cross-border sites that are aware of the popular version of the policy
	Increased external resources mobilized for policy implementation	Number of meetings per country with donors and implementation partners to raise resources for implementation
	Evidence of adoption of regional policy at member state level	Number of countries with a clear implementation plan
CHANGES IN CROSS-BORDER DATA SHARING	Increased cross-border referrals among member states	Number of Health Facilities using standardized cross-border referral forms/templates to share data on identified health indicators
	Increased sharing of health data between member states	Number of cross-border meetings conducted between member states
	Increased sharing of member state health data with IGAD	Number of member states reporting to IGAD
	Improved quality of member state health data shared with IGAD	Number of timely reports submitted by member states to IGAD per agreed-upon reporting deadlines
	Improved quality of member state health data shared with IGAD	Percentage of complete reports submitted by member states on identified health indicators
	Evidence of utilization of health data shared among IGAD member states	Number of forums for presentation of evidence and insights to key stakeholders based on policy implementation
CHANGES IN HEALTH OUTCOMES	Timely, evidence-based decision-making at all levels	Percentage change in identified health indicators at cross-border regions implementing the policy
	Increased resource allocation	Increase in resources allocated to health data sharing and protection within IGAD member states
	Increased resource allocation	Percentage of budget allocated to policy implementation in each IGAD member state
	Improved epidemic control	Percentage change in identified health indicators within IGAD region based on collated health data

COORDINATION

As several institutions will be involved in the implementation of the policy, a coordinated approach for cross-organization reporting will be needed. With support from the IGAD secretariat, member states will identify the best coordination structure to support implementation and tracking of the policy. It is proposed that IGAD member states consider forming a technical working group (TWG) that finalizes decisions on open questions regarding indicators. This TWG will also provide accountability for the thematic area of cross-border health data sharing and data protection.

COUNTRY IMPLEMENTATION ROAD MAP TEMPLATE

FOLLOW INSTRUCTIONS AND FILL OUT THE SAMPLE BLANK WORKSHEETS IN EACH SECTION.

OVERVIEW

BACKGROUND
The background section is intended to provide the information necessary to place the policy and the following sections of the road map into perspective. This section should be completed at a general level. It may be as long as necessary, but most information should be contained to half a page. *Provide a statement explaining why the policy is being implemented, where it fits within the wider picture, and, in broad terms, what is to be achieved by the implementation of the policy. Assessments and estimations of the benefits to be delivered by the implementation of the policy should be highlighted. Also, alignment between the regional priorities and the national/local priorities should be shown.*

PRIORITY AREAS
Enter here the top issues your country has selected as priorities to address at this time.

GOALS
Write a broad statement of what you hope to accomplish related to priority areas.

IMPLEMENTATION OBJECTIVES
The implementation objectives indicate how the policy implementation will be measured. What do you want to accomplish? Who will it impact? Each implementation objective should name the specific change that the country would like to achieve. State four or five objectives that will stem from the implementation of the project.

Project objective(s) should be **SMART**:

S SPECIFIC — Identify the **precise result to be realized**. (What needs to be accomplished and where? Who is involved?)

M MEASURABLE — Define a **method to monitor and measure** progress in meeting the objective

A ATTAINABLE — Ensure the objective is attainable given the available time frame and resources (i.e., that it is realistic).

R RELEVANT — Ensure the **objective is the right one** to achieve your goal

T TIMELY — Be certain to **establish the time frame** in which the objective is expected to be met.

STAKEHOLDER ANALYSIS

This section identifies stakeholders who are interested in or will be impacted by the policy and helps in planning how to engage and communicate with the different stakeholder groups during implementation.

Name of stakeholder organization, group, or individual *National, regional or local?*	**Stakeholder description** *The primary purpose, affiliation, funding*	**Potential role in the policy process** *Vested interest, role, responsibility*	**Level of knowledge of the issue** *Specific areas of expertise*	**What do we need them to know?**	**What do they want to know?**	**Level of commitment** *Support or oppose the activity, to what extent, and why?*	**Available resources** *Staff, volunteers, money, technology, information, influence*	**Constraints** *Limitations: need funds to participate, lack of personnel, political or other barriers*
Government sector								
Political sector								
Private Sector								
Non-governmental sector								
Other civil society target audiences								
International donors								

SCHEDULE MILESTONES

This section of the road map provides a schedule of activities to be accomplished.

Outline the steps you will take to achieve each objective. The activities are the "how" portion of the action plan. It is best to arrange activities chronologically by start dates. Place each activity in a separate row and add as many rows as you need to the template. Include all of the subplans contained within the implementation plan (training, documentation, communication, etc.).

Show the major deliverables and milestones in chronological order. Some deliverables may be known at the beginning of the implementation; others, however, will only become apparent during the operational phase of implementation. This table can be updated with specific deliverables agreed upon by the implementation team.

ACTIVITY	DELIVERABLE	DESCRIPTION	ESTIMATED DATE
Develop communication plan	*Communication plan*	*Document outlining plan for communication with stakeholders.*	
Develop monitoring plan	*Monitoring Plan*	*A document detailing how the project will be monitored throughout the life of the project.*	

BUDGET AND RESOURCES

Include all resources needed for implementation (for example, funding, staff time, space needs, supplies, technology, equipment, and key partners). Describe resources that have already been committed or that are expected, including support from IGAD. Specific resources required from other organizations should also be highlighted.

RESOURCE	ORGANIZATION	DESCRIPTION	COMMITTED OR EXPECTED

ROLES AND RESPONSIBILITIES

This section should serve as a quick reference of the players and the responsibilities of the teams and organizations. It is important to clearly outline the role that each organization will play during implementation to ensure that communications are directed to the appropriate groups quickly. Further, the responsibilities for each organization should be described clearly. This will allow not only the responsible party but others working on implementation to understand and appreciate whose duties are whose. Identify by name the key person who will initiate the activity, provide direction for the work, and monitor progress.

ROLE	RESPONSIBILITY	ORGANIZATION	NAME/POSITION	CONTACT

RISK MANAGEMENT

Identify and assess the risks to the successful implementation and communication of the policy and how those risks should be managed. Think about any external dependencies; assumptions made about the project concerning resources, scope, expectations, schedules, and so on; and the principal constraints and limitations under which the policy must be conducted. Constraints will relate to the project environment or parameters (time frames and deadlines, funding, knowledge/skill level of the project team, resource availability, etc.).

NO.	RISK (*fill in risk title & description*)	RISK SOURCES AND IMPACTS (*Fill in source of risk & potential impact*)	CURRENT RISK IMPACT (*Select consequence & likely hood of risk*)	ACCEPT RISK? (*Select whether risk is acceptable or not*)	CURRENT RISK TREATMENT STRATEGIES (*Indicate additional actions to modify the risk rating*)	TARGET RISK (*Select consequence & like hood of risk after risk treatments are applied*)
1	*Risk title: XXX* *Risk description: xxx*	***Sources:*** *• xxx* ***Impacts:*** *• xxx*	***Consequence:*** *_ Mild* *_ Moderate* *_ Severe* ***Likelyhood:*** *_Rare* *_Unlikely* *_Possible* *_Likely*	*_ Yes* *_ No*	*1.1 xxx* *1.2 xxx* *1.3 xxx*	***Consequence:*** *_ Mild* *_ Moderate* *_ Severe* ***Likelyhood:*** *_Rare* *_Unlikely* *_Possible* *_Likely*
2	*Risk title: XXX* *Risk description: xxx*	***Sources:*** *• xxx* ***Impacts:*** *• xxx*	***Consequence:*** *_ Mild* *_ Moderate* *_ Severe* ***Likelyhood:*** *_Rare* *_Unlikely* *_Possible* *_Likely*	*_ Yes* *_ No*	*1.1 xxx* *1.2 xxx* *1.3 xxx*	***Consequence:*** *_ Mild* *_ Moderate* *_ Severe* ***Likelyhood:*** *_Rare* *_Unlikely* *_Possible* *_Likely*

METRICS OF SUCCESS

Define the metrics by which you will measure success.

	DESCRIPTION	INDICATORS (*Markers of accomplishment or progress towards achieving a specific output or outcome*)	MEANS OF VERIFICATION	RISKS/ASSUMPTION (*Record risks or assumptions that should be taken into account when planning your project as relates to what needs to be in place to achieve outputs, outcomes and goal*)
GOAL	GOAL: *(Write description of overall goal (Impact) of policy implementation)*	*Define indicators that will allow measurement of progress against main goal)*	*Note how the data for indicators for goal will be collected/verified*	
OUTCOMES	OUTCOME 1: OUTCOME 2: *(Write Description of desired outcomes from outputs from activities. i.e. What you seek to achieve in support of the goal above. Statement should clarify what will be changed and who will benefit. Can have one or more outcomes*	*Define indicators that will allow measurement of progress against outcomes)*	*Note how the data for indicators for outcome will be collected/verified*	
OUTPUTS	OUTPUT 1: OUTPUT 2: *(Write description of intended outputs from implementation of activities i.e. Observable, measurable changes and tangible produced/services to be delivered by the intervention, which serve to achieve the above goal and purpose*	*Define indicators that will allow measurement of progress against outputs)*	*Note how the data for indicators for output will be collected/verified*	
ACTIVITIES	ACTIVITY 1: ACTIVITY 2: *(Note range of activities planned as part of policy implementation so that the outputs are achieved)*			