

*	Population (000s)	9,850	Total health expenditure (%GDP)	8.7
	GNI per capita (PPP Int \$)	550	ICT Development Index rank	
돌矣	Physician density (per 10 000 population)	0.03	Mobile-cellular subscriptions (% inhabitants)	22.81
	Nurse and midwife density (per 10 000 population)		Internet users (% of individuals)	1.2
	Hospital bed density (per 10 000 population)	19	Maternal mortality ratio (per 100 000 live births)	800
.=	Life expectancy at birth (years)	53	Infant mortality rate (per 100 000 live births)	36 [21-61]

eHealth policy/strategy Status of eHealth and women's and children's health policy/strategy			
National eHealth policy/strategy exists	No		
Year adopted			
Implementation status			
Refers to the use of eHealth in women's and children's health policy/strategy			
Special funding allocated for implementation			
Women's and children's health			
National policy/strategy for women's and children's health exists	Yes		
Policy/strategy refers to the use of eHealth, mHealth or social media	No		

eHealth systems An overview of the types of eHealth systems in place, their purpose and level	
Electronic information system collects and reports births, deaths and causes of death data	No
Year introduced	
At least one electronic information system exists at the district level to collect and report health data	Yes
Resource tracking system in place to report total health expenditure by financing source, per capita	No
Type of resource tracking system	
Resource tracking system level	
Resource tracking system in place to report total reproductive, maternal, newborn, and child health (RMNCH) expenditure by financing source, per capita	No
Type of resource tracking system	
Resource tracking system level	

Monitoring the status of women's and children's health An overview of the measurement of the 11 ColA indicators by monitoring frequency and format

Indicator measured	Monitor	Frequency	Format: Paper, Electronic, or Both
Maternal mortality ratio	Yes	Every 5 years	Paper
Under 5 child mortality with the proportion of newborn deaths	Yes	Every 5 years	Paper
Children under 5 who are stunted	Yes	Every 5 years	Paper
Met need for contraception	No		
Antenatal care coverage	Yes	Every year	Paper
Prevention of mother-to-child HIV transmission (PMTCT)	Yes	Every year	Paper
Skilled attendant at birth	Yes	Every year	Paper
Postnatal care for mothers and babies	No		
Exclusive breastfeeding for six months	Yes	Every year	Paper
3 doses of the combined diphtheria, pertussis and tetanus vaccine	Yes	Every year	Paper
Antibiotic treatment for pneumonia	Yes	Every 5 years	Paper

eHealth initiatives – national overview				
eHealth supports major women's and children's health initiatives	Yes			
Funding sources	Public funding, Donor funding			



Possible barriers to implementing eHealth services The most important barriers hindering the implementation of eHealth services			
Infrastructure - not yet adequate, accessible, or cost-effective to support desired services	Yes		
Standards - lack of nationally adopted standards (e.g.ICD, DICOM, HL7, SNOMED) for the systematic adoption of eHealth services or health information systems	Yes		
Human resources - lack of suitably qualified or experienced professionals who can develop and implement eHealth projects and promote their use	Yes		
Financial - limited or no reimbursement by insurance companies for services; business models not yet developed for broad and sustainable eHealth delivery	Yes		

ICT training	
Tertiary institutions offer ICT training for students of health sciences	No
Continuing education in ICT for health professionals	No

Internet health information quality Approaches taken to ensure quality of health-related content on the Internet	
Voluntary compliance - by content providers or website owners to quality criteria for health-related sites	Yes
Dedicated website(s) - concerning women's & children's health	No

Online safety for children Approaches taken by government to protect children in the online environment	
Government provides information and education to citizens on internet safety and literacy	No
Some initiatives are aimed specifically to protect children	
Safety tools and security technologies are required by law for schools, libraries and other public places where children have Internet access	Do not know
ISPs are legally mandated to provide online safety tools to protect children	Do not know

Privacy and security of personal and health-related data Legislation to protect women and children	
Privacy laws exist to protect citizens' personal identifiable data irrespective of format (paper or digital)	Do not know
Privacy laws exist to protect citizens' health data held in digitized format in an Electronic Medical Record (EMR) or Electronic Health Record (EHR)	No
Parental consent required for the creation of a child's EMR/EHR	
Parental access to a child's EMR/EHR is possible	
Correction of errors in a child's EMR/EHR is possible	
Legislation exists enabling the sharing of EMR/EHR between health care entities within the same country	
Parental consent is required	
Legislation exists enabling the sharing of EMR/EHR between health care entities in other countries	
Parental consent is required	
Legislation exists which grants a child the right to control over its EMR/EHR	
From age (years)	

Social media Countries are recognizing the benefit of using social media for health	
Some health programmes use social media (eg. Facebook, Twitter, YouTube)	No