

**Reproductive,  
Maternal, Newborn,  
Child, and  
Adolescent Health  
Policy Survey 2018**



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## INTRODUCTION

The Global Reproductive, Maternal, Newborn, Child, and Adolescent Health Policy Survey is undertaken by the Departments of Maternal, Newborn, Child and Adolescent Health (MCA) and Reproductive Health and Research (RHR) of WHO. The objective is to track country progress in adopting WHO recommendations in national health policies, strategies and guidelines related to RMNCAH.

Previously, a WHO MNCAH Policy Survey was conducted in four rounds: 2009-10, 2011-12, 2013-14, and 2016. The results of these survey rounds can be found here:

[http://www.who.int/maternal\\_child\\_adolescent/epidemiology/policy-indicators/en/](http://www.who.int/maternal_child_adolescent/epidemiology/policy-indicators/en/)

We are now conducting a policy survey that includes reproductive health and has been revised to align with the Sustainable Development Goals (SDGs) and the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). We examined other data sources in an attempt to complete some of the information that has already been asked in the past. We have included this information in the survey for your review and verification. This survey is now conducted online in a modular format (cross cutting, maternal and newborn health, child health, adolescent health, reproductive health, and gender-based violence). This modular format allows for multiple respondents to contribute, with one lead respondent whose responsibility is to ensure all modules have been completed.

We ask that WHO country offices complete the interview with the Ministry of Health and other UN agencies, specifically including staff with appropriate expertise be designated as responsible for each module. When possible, is also important to consult relevant programmes within the Ministry of Health (e.g. malaria, nutrition, TB, HIV, etc.) and other Ministries (e.g. legal experts) where necessary. We also recommend gathering relevant documents (policies, guidelines, laws, etc.) before completing the survey modules.

The online survey is formatted with automatic skips which should decrease the time for completion. Please first watch the video with instructions on how to complete the survey prior to beginning.

Here is a link to the video: <http://datamncah.org/rmncah/vid/pv/>

A complete instruction manual can also be downloaded from here:

<https://drive.google.com/file/d/1RmKeSfyZINcUSMZUCWremEZbMxvu51Oh/view>

Prior to beginning the survey, we ask that you collect the following documents:

- National policies for the areas of Reproductive, Maternal, Newborn, Child and/or Adolescent Health
- Latest guidelines for Reproductive, Maternal, Newborn, Child and Adolescent Health
- Most recent report from national Health Management Information System

If you have further questions or need assistance please contact Elizabeth Katwan at [rmncahpolicysurvey@who.int](mailto:rmncahpolicysurvey@who.int)

## DATA SHARING AGREEMENT

Please note that all data collected by WHO, excluding emergencies and clinical trials, from Member States requires the below statement in all data collection forms.

For more information on the data policy go to: <http://intranet.who.int/homes/spi/datasharing/>  
or outside of WHO: <http://www.who.int/publishing/datapolicy/en/>

### **Statement of policy on data sharing**

Data are the basis for all sound public health actions and the benefits of data sharing are widely recognized, including scientific and public health benefits. Whenever possible, WHO wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the [Ministry of Health] [other responsible governmental entity] of [Country]:

Confirms that all data to be supplied to WHO (including but not limited to the types listed in Annex 3) hereunder have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;

Agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of [Country]:

- To publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as “the Data”) and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
- To use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO’s work and in accordance with the Organization’s policies and practices.

Except where data sharing and publication is required under legally binding instruments (IHR, WHO Nomenclature Regulations 1967, etc.), the [Ministry of Health] [other responsible governmental entity] of [Country] may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof in writing at the following address, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt out.

Elizabeth Katwan  
World Health Organization  
FWC/MCA/EME  
Office 5063  
1211 Geneva 27  
Switzerland

[rmncahpolicysurvey@who.int](mailto:rmncahpolicysurvey@who.int)

## MODULE 1: BASIC INFORMATION

1. Country name \_\_\_\_\_
2. Responsible lead from Ministry of Health (MoH) \_\_\_\_\_
3. Position title of responsible lead from MoH \_\_\_\_\_
4. Contact email of responsible lead from MoH \_\_\_\_\_
5. Person responsible for submitting survey online \_\_\_\_\_
6. Affiliation of person responsible for submitting survey online
  - ☐ MINISTRY OF HEALTH (MOH)
  - ☐ GOVERNMENT AGENCY (NOT MOH)
  - ☐ WHO
  - ☐ UNICEF
  - ☐ UNFPA
  - ☐ OTHER \_\_\_\_\_  
(specify)
7. Position title of person submitting survey online \_\_\_\_\_
8. Contact email of person submitting online survey \_\_\_\_\_
9. Date of completion of all modules of the survey \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DAY MONTH YEAR

## MODULE 2: CROSS CUTTING RMNCAH

### INSTRUCTIONS:

- You have been designated as the person responsible for submitting the **CROSS CUTTING Reproductive, Maternal, Newborn, Child, Adolescent Health (RMNCAH)** module in the online survey tool. We ask that you work with the responsible lead(s) from the Ministry of Health to complete the survey. Additionally you may consult RMNCAH focal points from WHO, UNICEF, or UNFPA country offices and/or other partners, as well as other Ministries/government organizations, specifically including staff with appropriate expertise.
- Each module is split into several sections. These sections can be completed in separate sessions and saved in the online survey tool. At the end of each section, you will be asked to upload relevant documents used to complete the section. If electronic copies of the documents are available, you will be asked to upload them in the online survey tool. If you are unable to upload the documents, you will be asked to provide an explanation.
- Thus, prior to beginning the survey, we ask that you collect the following documents, in electronic format when possible:
  - National policies for the areas of RMNCAH
  - Latest guidelines for RMNCAH
- The online survey is formatted with automatic skips which should decrease the time for completion. Please first watch the video with instructions on how to complete the survey prior to beginning. Here is a link to the video: <http://datamncah.org/rmncah/vid/pv/>
- A complete instruction manual can also be downloaded from here:
- <https://drive.google.com/file/d/1RmKeSfyZINcUSMZUCWremEZbMxvu51Oh/view> When all of the sections of the module are completed, the module can be submitted. After you complete the cross-cutting module, please press the submit button and notify the person responsible for submitting the survey online that you have completed your module.

CC\_1. Responsible lead from Ministry of Health (MoH) for the cross-cutting RMNCAH module

\_\_\_\_\_

CC\_2. Position title of responsible lead from MoH for the cross-cutting RMNCAH module

\_\_\_\_\_

CC\_3. Contact email of responsible lead from MoH for the cross-cutting RMNCAH module

\_\_\_\_\_

CC\_4. Person responsible for submitting the cross-cutting RMNCAH module online

\_\_\_\_\_

CC\_5. Affiliation of person responsible for submitting the cross-cutting RMNCAH module online

- ☐ MINISTRY OF HEALTH (MOH)
- ☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_ (specify)
- ☐ WHO
- ☐ UNICEF
- ☐ UNFPA
- ☐ OTHER \_\_\_\_\_ (specify)

CC\_6. Position title of person submitting the cross-cutting RMNCAH module online

\_\_\_\_\_



CC\_7. Contact email of person submitting the cross-cutting RMNCAH module online

---

CC\_8. Did the lead respondent consult with others to complete this module? ☐ YES ☐ NO ☐ UNKNOWN  
**If NO, UNKNOWN → skip to CC\_10**

CC\_9. Which institutions were consulted? SELECT ALL THAT APPLY.

- ☐ MINISTRY OF HEALTH (MOH)
- ☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_
- ☐ WHO . (specify)
- ☐ UNICEF
- ☐ UNFPA
- ☐ OTHER \_\_\_\_\_  
(specify)

#### **INTRODUCTORY SECTION**

CC\_10. Which national strategies/plans for the areas of Reproductive, Maternal, Newborn, Child and/or Adolescent Health and Gender-based Violence does your country currently have?

For example, different combinations could be:

- Maternal, Newborn, Child & Adolescent Health Strategy
- Sexual & Reproductive Health Strategy
- Maternal & Newborn Health Strategy
- Neonatal Health Action Plan
- Child & Adolescent Health Strategy
- Early Childhood Development Strategy
- National Action Plan on Gender Based Violence
- Reproductive, Maternal, Newborn, Child & Adolescent Health and Nutrition

*Note: This list of examples is not exhaustive.*

Please specify each strategy/plan and provide details on each by completing the table below.

*\*Reproductive Health can include family planning/contraception, sexually transmitted infections, infertility, cervical cancer, sexual health, etc.*

# RMNCAH Policy Survey 2018

	(A) Document title	(B) Check each topic (Reproductive, Maternal, Newborn, Child, Adolescent, Gender based violence included in each strategy/plan specified.						(C) Start (Year)	(D) End (Year)	(E) Is this strategy/ plan costed for its entire duration?  (YES, NO, UNKNOWN)	(F) Is this strategy/ plan fully funded for last financial year?  (YES, NO, UNKNOWN)	(G) Does this strategy/ plan address equity?  (YES, NO, UNKNOWN)	(H) Does this strategy/ plan include actions from other sectors (e.g. education, gender, infrastructure, local government, etc.) to deliver on its objectives?  (YES, NO, UNKNOWN)	(I) How often in the strategy/plan reviewed?  (ANNUAL, BIENNIAL, OTHER)	(J) When was the last review?  (MONTH/YEAR)	(K) Document Language  (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	(L) Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
		R (✓)	M (✓)	N (✓)	C (✓)	A (✓)	GBV (✓)										
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
11																	
12																	
13																	
14																	

CC\_11. Has your country developed a national target for any of the following indicators?

	(A) Yes/No <b>If NO → skip to next indicator</b>	(B) What is the target?	(C) Year	(D) Name of the document?
CC_11a. Maternal mortality ratio	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ per 100 000 live births	_____	_____
CC_11b. Under five mortality rate	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ per 1000 live births	_____	_____
CC_11c. Neonatal mortality rate	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ per 1000 live births	_____	_____
CC_11d. Stillbirth rate	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ per 1000 live births	_____	_____
CC_11e. Adolescent mortality rate	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ per 100 000	_____	_____
CC_11f. Stunting among children under 5 years	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ %	_____	_____
CC_11g. Proportion of births attended by skilled health personnel	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ %	_____	_____
CC_11h. Demand satisfied/met for family planning	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ %	_____	_____
CC_11i. Total fertility rate	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ live births per woman	_____	_____
CC_11j. Adolescent birth rate	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ per 1000 women (15-19 years)	_____	_____
CC_11k. Proportion of women making their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ %	_____	_____

CC\_12. Is there a national coordinating body that looks at RMNCAH or its components? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_17**

CC\_13. Please list the name(s) of the committee(s).

\_\_\_\_\_

CC\_14. Which of the following stakeholders are typically included in the RMNCAH coordinating body (e.g. steering committee, technical working group) in CC\_12?

- |  |                              |                             |                                  |
|--|------------------------------|-----------------------------|----------------------------------|
| CC_14a. Ministry of health?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_14b. Other government organizations/sectors?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_14c. H6 partnership organizations (UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_14d. Other implementing partners?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_14e. Donors?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_14f. Academia?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_14g. Professional associations?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_14h. Civil society?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_14i. Private sector?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_14j. Adolescents/young people?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_14k. Other? _____   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

(specify)

CC\_15. How often does the RMNCAH committee typically (from CC\_12) meet?

- ☐ MONTHLY  
☐ BI-MONTHLY  
☐ QUARTERLY  
☐ SEMI-ANNUALLY  
☐ ANNUALLY  
☐ UNKNOWN

CC\_16. When was the last time the RMNCAH committee (from CC\_12) met? \_\_\_\_/\_\_\_\_/\_\_\_\_

IF MONTH UNKNOWN, ENTER 99, IF YEAR UNKNOWN, ENTER 9999 MONTH YEAR

CC\_17. Is there a national policy to ensure engagement of civil society organisation representatives in national level planning of RMNCAH programmes? ☐ YES ☐ NO ☐ UNKNOWN

CC\_18. Is there a national policy to ensure engagement of civil society organisation representatives in periodic review of national programmes for RMNCAH? ☐ YES ☐ NO ☐ UNKNOWN

CC\_19. Do the reviews of the RMNCAH plan(s) include stakeholder participation? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_21**

CC\_20. Which of the following stakeholders participate in reviews of the RMNCAH plan(s)?

- |  |                              |                             |                                  |
|--|------------------------------|-----------------------------|----------------------------------|
| CC_20a. Ministry of health?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_20b. Other government organizations/sectors?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_20c. H6 partnership organizations (UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_20d. Other implementing partners?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_20e. Donors?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_20f. Academia?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

CC_20g. Professional associations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_20h. Civil society?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_20i. Private sector?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_20j. Adolescents/young people?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_20k. Other? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

### QUALITY OF CARE FOR RMNCAH

CC\_21. Is there a national policy/guideline to improve quality of care (QoC) for health services? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_23**

CC\_22. Does the national policy/guideline to improve QoC in health services address any of the following?

CC_22a. Sexual and reproductive health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_22b. Maternal health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_22c. Newborn health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_22d. Child health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_22e. Adolescent health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

CC\_23. Is there a national quality of care steering committee/technical working group? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_27**

CC\_24. Which health services does the national QoC steering committee/technical working group look at?

CC_24a. Sexual and reproductive health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_24b. Maternal health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_24c. Newborn health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_24d. Child health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_24e. Adolescent health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

CC\_25. How often does the national steering committee/technical working group that looks at QoC issues across RMNCAH meet?

- ☐ QUARTERLY
- ☐ SEMI-ANNUALLY
- ☐ ANNUALLY
- ☐ OTHER
- ☐ UNKNOWN

CC\_26. Which of the following stakeholders participate in the national RMNCAH QoC steering committee/technical working group?

CC_26a. Ministry of health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_26b. Other government organizations/sectors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_26c. H6 partnership organizations (UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_26d. Other implementing partners?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_26e. Donors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

- CC\_26f. Academia? ☐ YES ☐ NO ☐ UNKNOWN
- CC\_26g. Professional associations? ☐ YES ☐ NO ☐ UNKNOWN
- CC\_26h. Civil society? ☐ YES ☐ NO ☐ UNKNOWN
- CC\_26i. Private sector? ☐ YES ☐ NO ☐ UNKNOWN
- 26j. Adolescents/young people? ☐ YES ☐ NO ☐ UNKNOWN
- CC\_26k. Other? \_\_\_\_\_ ☐ YES ☐ NO ☐ UNKNOWN
- CC\_27. Have national quality of care standards and protocols for delivery of services in health facilities been developed? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_30**

CC\_28. Have national quality care standards and protocols for delivery of services been developed for any health facilities for the following?

- CC\_28a. Sexual and reproductive health? ☐ YES ☐ NO ☐ UNKNOWN  
☐ PRIMARY  
☐ REFERRAL
- CC\_28b. Maternal health? ☐ YES ☐ NO ☐ UNKNOWN  
☐ PRIMARY  
☐ REFERRAL
- CC\_28c. Newborn health? ☐ YES ☐ NO ☐ UNKNOWN  
☐ PRIMARY  
☐ REFERRAL
- CC\_28d. Child health? ☐ YES ☐ NO ☐ UNKNOWN  
☐ PRIMARY  
☐ REFERRAL
- CC\_28e. Early childhood development? ☐ YES ☐ NO ☐ UNKNOWN  
☐ PRIMARY  
☐ REFERRAL
- CC\_28f. Adolescent health? ☐ YES ☐ NO ☐ UNKNOWN  
☐ PRIMARY  
☐ REFERRAL

CC\_29. When were the national quality of care standards and protocols for RMNCAH health services last updated?

**Note:** If there is more than one national quality care standard and protocol for RMNCAH health services document, provide the date of the most recently updated document.

IF YEAR UNKNOWN, ENTER 9999

☐ BEFORE 2000

☐ \_\_\_\_\_  
RECORD YEAR

CC\_30. Are there mechanisms in place at the facility level to solicit feedback on quality and access from community members (e.g. users, family)? ☐ YES ☐ NO ☐ UNKNOWN

CC\_31. Please upload all of the documents you have used to complete this section *QUALITY OF CARE FOR RMNCAH* and provide details on each by completing the table below.

	(A) Title of document	(B) Date of publication	(C) Type of document	(D) Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)	(E) Upload document  If the document is unavailable for upload, please provide a

					If available, please upload an English version of the document.	reason for why it cannot be uploaded.
01		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/STRATEGY <input type="checkbox"/> HOME BASED RECORD		
02		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/STRATEGY <input type="checkbox"/> HOME BASED RECORD		
03		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/STRATEGY <input type="checkbox"/> HOME BASED RECORD		
04		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/STRATEGY <input type="checkbox"/> HOME BASED RECORD		
05		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/STRATEGY <input type="checkbox"/> HOME BASED RECORD		

### FINANCIAL PROTECTION

CC\_32. Is there a national policy/legislation on free access to health services in the public sector at the point of use for any of the following groups?

- |  |                              |                             |                                  |
|--|------------------------------|-----------------------------|----------------------------------|
| CC_32a. Newborns (0-4 weeks)?          | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_32b. Children under age of 5 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_32c. Children 5-9 years?            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_32d. Adolescents (10-19 years)?     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_32e. Pregnant women?                | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

CC\_33. Are the following health services provided free of charge at point of use in the public sector for women of reproductive age?

- |                                       |   |  |                             |                                  |
|---------------------------------------|---|--|-----------------------------|----------------------------------|
| CC_33a. Family planning?              | <input type="checkbox"/> YES, FOR ALL WOMEN | <input type="checkbox"/> YES, FOR SELECTED POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_33b. Antenatal care?               | <input type="checkbox"/> YES, FOR ALL WOMEN | <input type="checkbox"/> YES, FOR SELECTED POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_33c. Childbirth (normal delivery)? | <input type="checkbox"/> YES, FOR ALL WOMEN | <input type="checkbox"/> YES, FOR SELECTED POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_33d. Caesarean section?            | <input type="checkbox"/> YES, FOR ALL WOMEN | <input type="checkbox"/> YES, FOR SELECTED POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

CC_33e. Management of other birth complications?	<input type="checkbox"/>	YES, FOR ALL WOMEN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_33f. Postnatal care for mothers?	<input type="checkbox"/>	YES, FOR ALL WOMEN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_33g. Immunization services during pregnancy?	<input type="checkbox"/>	YES, FOR ALL WOMEN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_33h. Insecticide treated bed nets?	<input type="checkbox"/>	YES, FOR ALL WOMEN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_33i. Pharmaceutical products and/or other medical supplies if required for diagnosis and treatment or childbirth?	<input type="checkbox"/>	YES, FOR ALL WOMEN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_33j. Testing and treatment for sexually transmitted infections?	<input type="checkbox"/>	YES, FOR ALL WOMEN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_33k. Testing and treatment for syphilis?	<input type="checkbox"/>	YES, FOR ALL WOMEN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_33l. Testing and treatment for HIV?	<input type="checkbox"/>	YES, FOR ALL WOMEN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_33m. Infertility management?	<input type="checkbox"/>	YES, FOR ALL WOMEN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_33n. Screening for cervical cancer?	<input type="checkbox"/>	YES, FOR ALL WOMEN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN

CC\_34. Are the following health services provided free of charge at point of use in the public sector for newborns?

CC_34a. Management of birth complications (asphyxia, prematurity, sepsis, congenital anomalies)?	<input type="checkbox"/>	YES, FOR ALL NEWBORNS	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_34b. Postnatal care?	<input type="checkbox"/>	YES, FOR ALL NEWBORNS	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_34c. Immunization?	<input type="checkbox"/>	YES, FOR ALL NEWBORNS	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_34d. Sick newborn care?	<input type="checkbox"/>	YES, FOR ALL NEWBORNS	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_34e. Insecticide treated nets?	<input type="checkbox"/>	YES, FOR ALL NEWBORNS	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_34f. Pharmaceutical products and/or other medical supplies if required for diagnosis and treatment?	<input type="checkbox"/>	YES, FOR ALL NEWBORNS	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN

CC\_35. Are all children exempt from user fees for the following services in the public sector?

CC_35a. Well child visits and growth monitoring?	<input type="checkbox"/>	YES, FOR ALL CHILDREN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_35b. Immunization?	<input type="checkbox"/>	YES, FOR ALL CHILDREN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN
CC_35c. Insecticide treated bed nets?	<input type="checkbox"/>	YES, FOR ALL CHILDREN	<input type="checkbox"/>	YES, FOR SELECTED POPULATION GROUPS	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNKNOWN



CC\_35d. Sick child outpatient care? ☐ YES, FOR ALL CHILDREN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_35e. Paediatric inpatient care? ☐ YES, FOR ALL CHILDREN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_35f. Pharmaceutical products and/or other medical supplies if required for diagnosis and treatment? ☐ YES, FOR ALL CHILDREN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_36. Are adolescents exempt from user fees for the following health services in the public sector?

CC\_36a. Outpatient care visits? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_36b. Inpatient care visits? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_36c. HIV testing and counselling? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_36d. Contraceptives? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_36e. Mental health? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_36f. Rehab for substance abuse? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_36g. Pharmaceutical products and/or other medical supplies if required for diagnosis and treatment? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_36h. Testing and treatment for sexually transmitted infections? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_36i. Vaccination for HPV? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC\_37. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

	(A) Title of document	(B) Date of publication	(C) Type of document		(D) Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	(E) Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		

02		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
03		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
04		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
05		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		

### **POLICIES AND LEGISLATION RELATED TO HUMAN RIGHT TO HEALTH AND HEALTHCARE**

CC\_38. Does the country have a dedicated law on:

- |                              |                              |                             |                                  |
|------------------------------|------------------------------|-----------------------------|----------------------------------|
| CC_38a. Sexual health?       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_38b. Reproductive health? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_38c. Reproductive rights? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_38d. Maternal health?     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_38e. Newborn health?      | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_38f. Child health?        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_38g. Adolescent health?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

CC\_39. Is there a national law that guarantees universal access to primary health care? ☐ YES ☐ NO ☐ UNKNOWN

CC\_40. Does the country have a dedicated Child Rights / Child Welfare Act/Law? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_43**

CC\_41. Does the Act/Law contain provisions which protect the right to health for all children and adolescents? ☐ YES ☐ NO ☐ UNKNOWN

CC\_42. Does the Act/Law include provisions which guarantee equal access to health care for all children and adolescents? ☐ YES ☐ NO ☐ UNKNOWN

CC\_43. Does the country have a national child rights institution (e.g. Ombudsperson for Children, national child rights commission/committee) mandated/authorized to consider matters related to RMNCAH? ☐ YES ☐ NO ☐ UNKNOWN

CC\_44. Is there a national human rights institution (e.g. Ombudsperson, national human rights ☐ YES ☐ NO ☐ UNKNOWN

commission/committee) mandated/authorized to consider matters related to RMNCAH?

CC\_45. Is the information from these institutions made public (e.g. through periodic reports)? ☐ YES ☐ NO ☐ UNKNOWN

CC\_46. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

	(A) Title of document	(B) Date of publication	(C) Type of document		(D) Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	(E) Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
02		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
03		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
04		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
05		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		

#### **POLICIES ON BIRTH AND DEATH REGISTRATION PROCESSES**

CC\_47. Is there a national policy /law that requires every birth to be registered? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_49**

CC\_48. Does the policy/law that requires every birth to be registered do any of the following?

CC\_48a. Indicate who is authorized to register births? ☐ YES ☐ NO ☐ UNKNOWN

CC\_48b. Require the recording of specific health information on birth certificates? ☐ YES ☐ NO ☐ UNKNOWN

CC\_48c. Specify a required timeframe for registration? ☐ YES ☐ NO ☐ UNKNOWN

CC\_48d. Contain provisions for advancing birth registration among vulnerable groups of children, such as orphans, illegal migrants, refugees, and internally displaced persons (IDPs)? ☐ YES ☐ NO ☐ UNKNOWN

CC\_48e. Specify restrictions on which caretaker or family members can register births? ☐ YES ☐ NO ☐ UNKNOWN

CC\_48f. Specify costs or fees for families or individual caretakers registering births? ☐ YES ☐ NO ☐ UNKNOWN

CC\_48g. Specify costs or fees for late or delayed registration of births? ☐ YES ☐ NO ☐ UNKNOWN

CC\_49. Is there a policy/law which requires proof of a birth certificate as a precondition for children's access to health services? ☐ YES ☐ NO ☐ UNKNOWN

CC\_50. Is there a policy/law which requires proof of a birth certificate as a precondition for children's access to education? ☐ YES ☐ NO ☐ UNKNOWN

CC\_51. Is there a national policy/law that requires every death to be registered? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_53**

CC\_52. Does the policy/law require cause of death registration to be in line with ICD 10? ☐ YES ☐ NO ☐ UNKNOWN

CC\_53. Is there a policy/law that requires routine audit and/or review of death certification for maternal, perinatal, neonatal, and/or child deaths? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_55**

CC\_54. Does the policy/law that requires routine audit and/or review of death certification do any of the following?

CC\_54a. Require the issuance of medical certificates of cause of death? ☐ YES ☐ NO ☐ UNKNOWN

CC\_54b. Recommend training health workers in filling out death certificates using the International Classification of Diseases (ICD)? ☐ YES ☐ NO ☐ UNKNOWN

CC\_54c. Require death data recorded at health facilities or by community health workers (CHWs) to be provided to the national statistics office, civil registration system, or equivalent bodies? ☐ YES ☐ NO ☐ UNKNOWN

CC\_54d. Require sharing individual death records within the health system and between central and district/regional levels? ☐ YES ☐ NO ☐ UNKNOWN

CC\_54e. Recommend verbal autopsy on community deaths for determining cause of death? ☐ YES ☐ NO ☐ UNKNOWN

CC\_55. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

	(A) Title of document	(B) Date of publication	(C) Type of document	(D) Document Language	(E) Upload document

					(ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
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02		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/STRATEGY <input type="checkbox"/> HOME BASED RECORD		
03		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/STRATEGY <input type="checkbox"/> HOME BASED RECORD		
04		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/STRATEGY <input type="checkbox"/> HOME BASED RECORD		
05		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/STRATEGY <input type="checkbox"/> HOME BASED RECORD		

### SURVEYS AND HEALTH MANAGEMENT INFORMATION SYSTEM

CC\_56. Have any of the following health facility surveys been conducted?

CC\_56a. Service Availability and Readiness Assessment (SARA)?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_56b**

CC\_56a1. What was the latest year?

\_\_\_\_\_

CC\_56b. Service Provision Assessment (SPA)?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_56c**

CC\_56b1. What was the latest year?

\_\_\_\_\_

CC\_56c. Service Delivery Indicators Survey (SDI)?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_56d**

CC\_56c1. What was the latest year?

\_\_\_\_\_

CC\_56d. Assessment of Emergency Obstetric Care Services (EmOC)?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CC\_56e**

CC\_56d1. What was the latest year? \_\_\_\_\_

CC\_56e. Other? \_\_\_\_\_  
(specify)

☐ YES ☐ NO ☐ UNKNOWN

CC\_56e1. What was the latest year? \_\_\_\_\_

CC\_57. Does your national health information system (HIS) collect and report on the following data?

**Note:** Please look at your most recent report from national health system report to ensure your answers below are accurate

CC_576a. Number or ratio of maternal deaths?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57b. Cause of maternal death?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57c. Number of antenatal care visits	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57d. Number or rate of caesarean sections?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57e. Number or rate of live births?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57f. Number or rates of stillbirths?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57g. Number or rates of newborn deaths?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57h. Causes of newborn death?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57i. Number or proportion of newborns breastfed within one hour of birth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57j. Weights of newborns?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57k. Number or proportion of low birth weight newborns (<2500g)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57l. Number or rate of preterm newborns?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57m. Proportion of premature newborns initiated on Kangaroo Mother Care (skin to skin contact)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57n. Number or rates of deaths among children under 5?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57o. Cause of death among children under 5?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57p. Number or proportion of children who have a length/height for age < -2 SD of Z score?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57q. Number or proportion of children who have weight for height <-2SD of Z score?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57r. Number or proportion of children who have weight for height > +2SD of Z score (overweight)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57s. Number or proportion of children under 5 with pneumonia or symptoms of respiratory illness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57t. Number or proportion of children with pneumonia or symptoms of respiratory illness that receive antibiotics?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57u. Number or proportion of children under 5 with diarrhoea?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_567. Number or proportion of children with diarrhoea who receive ORS and Zinc?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57w. Number or proportion of children under 5 with fever?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

CC_57x. Proportion of children under 5 with fever tested for malaria?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57y. Proportion of children who were tested for malaria that tested positive?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57z. Proportion of children who were tested for tuberculosis that tested positive?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57aa. Number or rates of deaths among children 5 to 9 years of age?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57ab. Number or rates of deaths among children 10 to 19 years of age	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57ac. Number or proportion of pregnant women tested for syphilis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57ad. Number or proportion of pregnant women tested for HIV?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57ae. Number of cases of male urethral discharge?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_58 . Is the national HIS able to present data disaggregated by age?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

CC\_59 . What are the three most commonly used data sources to compare **maternal, newborn, child, and adolescent mortality** rates in your country **to mortality** rates in other countries?

**SELECT UP TO THREE OPTIONS.**

- ☐ EACH COUNTRIES' NATIONAL HEALTH STATISTICS
- ☐ CIVIL REGISTRATION AND VITAL STATISTICS
- ☐ EACH COUNTRIES' MOST RECENT NATIONAL POPULATION BASED SURVEY SUCH AS DHS OR MICS
- ☐ THE WORLD HEALTH ORGANIZATION WEBSITE OR REPORTS
- ☐ UNICEF WEBSITE OR REPORTS
- ☐ THE UNITED NATIONS SDG WEBSITE OR REPORTS
- ☐ THE WORLD BANK WEBSITE OR REPORTS
- ☐ THE UN POPULATION DIVISION WEBSITE OR REPORTS
- ☐ THE UNITED NATIONS POPULATION FUND WEBSITE OR REPORTS
- ☐ THE INSTITUTE FOR HEALTH METRICS GLOBAL BURDEN OF DISEASE
- ☐ COUNTDOWN to 2030 WEBSITE OR REPORTS
- ☐ OTHER \_\_\_\_\_  
(specify)
- ☐ UNKNOWN

## HOME-BASED RECORDS

A home-based record is a medical document—more often physical rather than electronic—issued by a health authority—such as a national, provincial, state or district health department—on which an individual's history covering one or more components of preventive/curative antenatal, postnatal, newborn, and child health, vaccination (including Human Papillomavirus (HPV)) and nutrition is recorded. These data are often collected through Immunization Programs and thus tend to focus mostly on vaccine cards, but we would like to ask about all home-based cards.

An online repository for home-based vaccination records, including national immunization or child health cards, is maintained at TechNet\_21 to support the free and open exchange of information related to home-based record content and design, with the aim of improving child health outcomes. Direct access to HBR repository: <https://www.technet-21.org/en/topics/home-base-records>

CC\_60 . Are home-based records used in your country?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_1**

CC\_61 . Which types of home-based records were used during 2017?

**SELECT ALL THAT APPLY.**

- ☐ VACCINATION CARD  
☐ VACCINATION CARD PLUS (i.e. vaccination record + growth chart)  
☐ CHILD HEALTH CARD/BOOKLET  
☐ MATERNAL (PREGNANCY) HEALTH CARD/BOOKLET  
☐ COMBINED MATERNAL, NEWBORN AND/OR CHILD HEALTH  
☐ FAMILY PLANNING CARD/BOOKLET  
☐ OTHER \_\_\_\_\_

(specify)

CC\_62 . Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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				<input type="checkbox"/> HOME BASED RECORD		
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## MODULE 3: MATERNAL AND NEWBORN HEALTH

### INSTRUCTIONS:

- You have been designated as the person responsible for submitting the **MATERNAL AND NEWBORN HEALTH** module in the online survey tool. We ask that you work with the responsible lead(s) from the Ministry of Health to complete the survey. Additionally, you may consult maternal and newborn health focal points from WHO, UNICEF, or UNFPA country offices and/or other partners, as well as other Ministries/government organizations, specifically including staff with appropriate expertise.
- Each module is split into several sections. These sections can be completed in separate sessions and saved in the online survey tool. At the end of each section, you will be asked to upload relevant documents used to complete the section. If electronic copies of the documents are available, you will be asked to upload them in the online survey tool. If you are unable to upload the documents, you will be asked to provide an explanation.
- Thus, prior to beginning the survey, we ask that you collect the following documents, in electronic format when possible:
  - National policies for the areas of maternal and newborn health
  - Latest guidelines for maternal and newborn health
- The online survey is formatted with automatic skips which should decrease the time for completion. Please first watch the video with instructions on how to complete the survey prior to beginning. Here is a link to the video: <http://datamncan.org/rmncah/vid/pv/>
- A complete instruction manual can also be downloaded from here: <https://drive.google.com/file/d/1RmKeSfyZINcUSMZUCWremEZbMxvu51Oh/view>
- When all of the sections of the module are completed, the module can be submitted. After you complete the maternal and newborn health module, please press the submit button and notify the person responsible for submitting the survey online that you have completed your module.

MN\_1. Responsible lead from Ministry of Health (MoH) for the maternal and newborn health module

\_\_\_\_\_

MN\_2. Position title of responsible lead from MoH for the maternal and newborn health module

\_\_\_\_\_

MN\_3. Contact email of responsible lead from MoH for the maternal and newborn health module

\_\_\_\_\_

MN\_4. Person responsible for submitting the maternal and newborn health module online

\_\_\_\_\_

MN\_5. Affiliation of person responsible for submitting the maternal and newborn health module online

- ☐ MINISTRY OF HEALTH (MOH)
- ☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_ (specify)
- ☐ WHO
- ☐ UNICEF
- ☐ UNFPA
- ☐ OTHER \_\_\_\_\_ (specify)

MN\_6. Position title of person submitting the maternal and newborn health module online

\_\_\_\_\_

MN\_7. Contact email of person submitting the maternal and newborn health module online

\_\_\_\_\_

MN\_8. Did the lead respondent consult with others to complete this module? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_10**

MN\_9. Which institutions were consulted? SELECT ALL THAT APPLY.

- ☐ MINISTRY OF HEALTH (MOH)
- ☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_
- ☐ WHO (specify)
- ☐ UNICEF
- ☐ UNFPA
- ☐ OTHER \_\_\_\_\_  
(specify)

# **ANTENATAL CARE POLICY**

MN\_10. Are there national policies/ guidelines on antenatal care (ANC)? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_22**

MN\_11. Does the national policy/guideline on antenatal care indicate the minimum number of ANC contacts during the normal pregnancy? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_13**

MN\_12. What is the recommended number of ANC visits during the normal pregnancy indicated in the policy?

- ☐ LESS THAN 4 VISITS
- ☐ AT LEAST 4 VISITS
- ☐ AT LEAST 8 VISITS
- ☐ UNKNOWN

MN\_13. Does the national policy/guideline on antenatal care specify when the first contact should occur? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_15**

MN\_14. When does the national policy/guideline on antenatal care policy recommend the first contact to occur?

- ☐ WITHIN THE FIRST 12 WEEKS OF PREGNANCY
- ☐ LATER THAN 12 WEEKS OF PREGNANCY
- ☐ UNKNOWN

MN\_15. Does the national policy/guideline on antenatal care include a statement on counselling and interventions? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_17**

MN\_16. Which of the following counselling and intervention topics are included in the national policy/guideline on antenatal care?

- MN\_16a. Birth preparedness and complication readiness? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_16b. Nutrition during pregnancy? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_16c. Iron and folic acid during pregnancy? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_16d. Immunization during pregnancy? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_16e. Screening for sexually transmitted infections? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_16f. Prevention and treatment of HIV in pregnancy? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_16g. Prevention and treatment of syphilis in pregnancy? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_16h. Prevention and treatment of TB in pregnancy? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_16i. Intermittent preventive treatment in pregnancy (IPTp) for malaria? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_16j. Prevention and management of gestational diabetes? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_16k. Counselling on tobacco, alcohol, and substance abuse during pregnancy? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_16l. Partner involvement/ couple counselling? ☐ YES ☐ NO ☐ UNKNOWN

MN\_17. Does the national policy/guideline on antenatal care recommend use of ultrasound before 24 weeks of gestation? ☐ YES ☐ NO ☐ UNKNOWN

MN\_18. Are there national policies/guidelines on improving preterm birth outcomes?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_21**

MN\_19. Does the national policy/guideline improving preterm birth outcomes recommend the use of antenatal corticosteroids for prevention of preterm births?

☐ YES ☐ NO ☐ UNKNOWN

MN\_20. Does the national policy/guideline specify clear criteria for when to use antenatal corticosteroids?

☐ YES ☐ NO ☐ UNKNOWN

MN\_21. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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### CHILDBIRTH POLICY

MN\_22. Are there national policies/ guidelines on childbirth?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_33**

MN\_23. Does the country have a national policy/guideline on the right of every woman to have access to skilled care at childbirth? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_28**

MN\_24. Does the national policy/guideline make recommendations on the place of childbirth? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_26**

MN\_25. Does the national policy/ guideline indicate designated health facilities as the preferred place of childbirth? ☐ YES ☐ NO ☐ UNKNOWN

MN\_26. Does the national policy/ guideline recommend the presence of a companion of choice during labour and birth? ☐ YES ☐ NO ☐ UNKNOWN

MN\_27. Does the national policy/ guideline recommend for the woman to choose the birthing position? ☐ YES ☐ NO ☐ UNKNOWN

MN\_28. Does the country have a national policy/ guideline on availability of clean water and sanitation in the facilities where births take place? ☐ YES ☐ NO ☐ UNKNOWN

MN\_29. Does the country have a national policy/ guideline on availability of essential equipment in facilities where births take place? ☐ YES ☐ NO ☐ UNKNOWN

MN\_30. Does the national policy/ guideline recommend the use of Magnesium Sulfate for the prevention and treatment of eclampsia? ☐ YES ☐ NO ☐ UNKNOWN

MN\_31. Does the policy/ guideline recommend any of the following specific drugs or prevention and treatment of PPH?

MN\_31a. Oxytocin? ☐ YES ☐ NO ☐ UNKNOWN

MN\_31b. Ergometrine? ☐ YES ☐ NO ☐ UNKNOWN

MN\_31c. Misoprostol? ☐ YES ☐ NO ☐ UNKNOWN

MN\_32. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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#### POSTNATAL CARE FOR MOTHER AND NEWBORN POLICY

MN\_33. Are there national policies/guidelines on postnatal care for mothers and newborns? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_46**

MN\_34 . Does the national policy/guideline recommend the mother and baby rooming or being kept together until they are discharged from a facility? ☐ YES ☐ NO ☐ UNKNOWN

MN\_35 . Does the national policy/guideline recommend length of stay under observation of skilled attendant for mother and the baby, after normal childbirth, at facility? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_37**

MN\_36 . For how long does the policy/guideline indicate the mother and baby should stay under skilled attendant's observation after normal childbirth at a facility?

- ☐ LESS THAN 12 HOURS
- ☐ 12 – 24 HOURS
- ☐ 25 – 48 HOURS
- ☐ GREATER THAN 48 HOURS
- ☐ UNKNOWN

MN\_37. Does the national policy/guideline recommend postnatal follow up contacts (visits/reviews) by a skilled attendant for mother and newborn after discharge from the facility? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_42**

MN\_38 . Does the national policy/guideline specify if the postnatal care contacts (visits/reviews) are for mother and/or newborn?

- ☐ YES, MOTHER ONLY
- ☐ YES, NEWBORN ONLY
- ☐ YES, BOTH MOTHER & NEWBORN
- ☐ NO
- ☐ UNKNOWN

MN\_39 . Does the national policy/guideline recommend a minimum number of additional contacts (visits/reviews) after 24 hours of birth within the first six weeks?

- ☐ YES, AT LEAST ONE
- ☐ YES, AT LEAST TWO
- ☐ YES, AT LEAST THREE
- ☐ YES, MORE THAN THREE
- ☐ NO
- ☐ UNKNOWN

MN\_40 . Are the following timing of contacts from time of birth included in the national policy/guideline?

- |   |                              |                             |                                  |
|---|------------------------------|-----------------------------|----------------------------------|
| MN_40a. 1st contact within 24 hours from birth? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| MN_40b. 2nd contact within 72 hours?            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| MN_40c. 3rd contact within 7 days?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| MN_40d. 4th contact within 28 days?             | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

MN\_41 . In the case of birth at home, does the national policy/guideline recommend that first postnatal contact should be as early as possible within 24 hours of birth?

- |                              |                             |                                  |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
|------------------------------|-----------------------------|----------------------------------|

MN\_42 . Does the national policy/guideline describe who could provide care during the PNC contact(s) at home?

- |                              |                             |                                  |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
|------------------------------|-----------------------------|----------------------------------|

**If NO, UNKNOWN → skip to MN\_44**

MN\_43 . Who is specified to provide care during postnatal follow up contacts at home?  
Select all that apply.

- ☐ SKILLED ATTENDANT
- ☐ COMMUNITY HEALTH WORKER
- ☐ OTHER \_\_\_\_\_  
(specify)

MN\_44 . Does the national policy/guideline recommend assessment of the mother and newborn?

- ☐ YES, MOTHER ONLY
- ☐ YES, NEWBORN ONLY
- ☐ YES, BOTH MOTHER & NEWBORN
- ☐ NO
- ☐ UNKNOWN

MN\_45 . Does the national policy/ guideline recommend counselling for the mother on any of the following?

- |   |                              |                             |                                  |
|---|------------------------------|-----------------------------|----------------------------------|
| MN_45a. Breastfeeding?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| MN_45b. Nutrition?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| MN_45c. Exercise and rest?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| MN_45d. Family planning?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| MN_45e. Recognition and reporting of illness/sickness for the mother and the newborn? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| MN_45f. Well-being advice for the mother and the newborn?                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| MN_45g. Early childhood development?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

MN\_46 . Is there a national policy/guideline on essential newborn care?

**If NO, UNKNOWN → skip to MN\_48**



MN\_47 . Does the national policy /guideline recommend any of the following?

- MN\_47a. Immediate skin to skin care after birth? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_47b. Delayed cord clamping? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_47c. Early initiation of breastfeeding? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_47d. Basic resuscitation? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_47e. Hepatitis B vaccination? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_47f. BCG vaccination? ☐ YES ☐ NO ☐ UNKNOWN

MN\_48 . Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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**MANAGEMENT OF PREMATURE /LOW BIRTH WEIGHT NEWBORNS**

MN\_49. Is there a national policy/guideline on management of low birth weight and preterm newborns? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_55**

MN\_50. Does the policy/guideline recommend that pre-term/low-birth-weight (LBW) newborns, including those with very low birth weight (VLBW), should be fed breastmilk? ☐ YES ☐ NO ☐ UNKNOWN

MN\_51. Does the policy specify the presence of skilled personnel to assist mothers who have difficulties breastfeeding? ☐ YES ☐ NO ☐ UNKNOWN

MN\_52. Does the national policy/guideline recommend Kangaroo Mother Care (skin to skin contact) for clinically stable newborns weighing 2000 g or less at birth, at health facilities? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_55**

MN\_53. Does the policy indicate the level of facility where Kangaroo Mother Care (KMC) should be provided? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_55**

MN\_54. At what level(s) is KMC provided? SELECT ALL THAT APPLY.

- ☐ FIRST LEVEL HEALTH FACILITY  
☐ REFERRAL LEVEL HEALTH FACILITY  
☐ OTHER \_\_\_\_\_  
(specify)

**MANAGEMENT OF SICK NEWBORNS**

MN\_55. Are there national standards for the management of newborn infants with severe illness? ☐ YES ☐ NO ☐ UNKNOWN

MN\_56. Does the national policy/guideline specify availability of special newborn care units (SNCU)? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_58**

MN\_57. At what level are SNCUs available?

- ☐ FIRST LEVEL HEALTH FACILITY  
☐ REFERRAL LEVEL HEALTH FACILITY  
☐ OTHER \_\_\_\_\_  
(specify)

MN\_58. Does the national policy/guideline specify availability of newborn intensive care units (NICU)? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_60**

MN\_59. At what level are NICUs available?

- ☐ FIRST LEVEL HEALTH FACILITY  
☐ REFERRAL LEVEL HEALTH FACILITY  
☐ OTHER \_\_\_\_\_  
(specify)

MN\_60. Is there a national policy/guideline that recommends routine hemoculture before starting on antibiotics in case of suspected sepsis? ☐ YES ☐ NO ☐ UNKNOWN

MN\_61. Is there a national policy/guideline for treatment of sick newborns with possible serious bacterial infection (PSBI) at primary health care facility when referral is not feasible? ☐ YES ☐ NO ☐ UNKNOWN

MN\_62. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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### LACTATION POLICY

MN\_63 . Is there a national policy for the provision of human donor milk for babies whose mothers cannot produce sufficient breastmilk? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_65**

MN\_64 . Does the policy set regulations for human milk banking? ☐ YES ☐ NO ☐ UNKNOWN

MN\_65 . Does the country have a policy to provide lactation management support to mothers of newborns and infants in inpatient care?

☐ YES ☐ NO ☐ UNKNOWN

MN\_66 . Is there a policy/guideline on the baby friendly hospital initiative?

☐ YES ☐ NO ☐ UNKNOWN

MN\_67 . Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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### HUMAN RESOURCES POLICY

MN\_68 . Are there national policies/guidelines that set forth a competency framework for maternal and/or newborn health care?

☐ YES ☐ NO ☐ UNKNOWN

MN\_69 . Is there a continuous professional education system in place for primary health-care clinicians and/or nurses to receive maternal and/or newborn-specific training?

☐ YES ☐ NO ☐ UNKNOWN

MN\_70 . Is there a national policy/guideline on education of midwifery care providers based on International Confederation of Midwives (ICM) competencies? ☐ YES ☐ NO ☐ UNKNOWN

MN\_71 . Is there a national policy/guideline on regulation of midwifery care providers (doctors, nurses, and midwives) based on ICM competencies? ☐ YES ☐ NO ☐ UNKNOWN

MN\_72 . there a national policy/guideline that recommends midwife-led care for the following?

MN_72a. Pregnancy?	<input type="checkbox"/> YES, MOTHER ONLY	<input type="checkbox"/> YES, MOTHER AND NEWBORN	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
MN_72b. Childbirth?	<input type="checkbox"/> YES, MOTHER ONLY	<input type="checkbox"/> YES, MOTHER AND NEWBORN	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
MN_72c. Postnatal period?	<input type="checkbox"/> YES, MOTHER ONLY	<input type="checkbox"/> YES, MOTHER AND NEWBORN	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

MN\_73 . Who is allowed to independently perform the following interventions other than a doctor? SELECT ALL THAT APPLY FOR EACH OF THE FOLLOWING INTERVENTIONS.

	NURSE	MIDWIFE	NURSE- MIDWIFE	MEDICAL ASSISTANT	UNKNOWN
MN_73a. Assist normal childbirth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73b. Administer parenteral antibiotics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73c. Administer intravenous oxytocin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73d. Administer misoprostol tablets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73e. Administer parenteral anti-convulsants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73f. Manually remove the placenta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73g. Remove retained products of conception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73h. Perform assisted vaginal birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73i. Perform caesarean section?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73j. Blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73k. Perform newborn resuscitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73l. Support Kangaroo Mother Care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MN_73m. Provide lactation management support to mothers who have breastfeeding difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NURSE MIDWIFE NURSE- MEDICAL UNKNOWN  
MIDWIFE ASSISTANT

MN\_73n. Support caregivers of very small or sick babies to participate in the care of their hospitalized infant?

☐ ☐ ☐ ☐ ☐

MN\_74. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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### ESSENTIAL MEDICINES AND EQUIPMENT

MN\_75. Are there national policies/guidelines on essential medicines and equipment?

☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN\_79

MN\_76. Does the national Essential Drugs List include any the following drugs indicated for use during pregnancy, childbirth and postpartum care?

- MN\_76a. Magnesium Sulfate? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_76b. Oxytocin? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_76c. Misoprostol tablets? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_76d. Ampicillin or amoxicillin injections? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_76e. Gentamycin injection? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_76f. Injection metronidazole? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_76g. Procaine penicillin injection? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_76h. Benzathine Penicillin? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_76i. Dexamethasone injection? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_76j. Chlorhexidine? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_76k. Ceftriaxone? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_76l. Intravenous tranexamic acid? ☐ YES ☐ NO ☐ UNKNOWN

MN\_77. Are any of the following supplies and equipment included in the national list of commodities indicated for use of pregnancy, childbirth and postpartum care?

- MN\_77a. Obstetric ultrasound machine? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_77b. Self-inflating bag (newborn size) with neonatal and paediatric masks of different size and valve? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_77c. Oxygen supply? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_77d. Pulse oximeter? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_77e. Blood and blood products? ☐ YES ☐ NO ☐ UNKNOWN
- MN\_77f. Vacuum aspiration? ☐ YES ☐ NO ☐ UNKNOWN

MN\_78. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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### MATERNAL DEATHS

MN\_79. Is there a national policy/guideline/law requiring all maternal deaths to be notified within 24 hours to a central authority?

☐ YES ☐ NO ☐ UNKNOWN

MN\_80. Is there a national policy/guideline/law requiring all maternal deaths to be reviewed?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_82**

MN\_81. Does the policy/guideline include development of a national action plan to implement recommendations identified in the maternal death review process?

☐ YES ☐ NO ☐ UNKNOWN

MN\_82. Is there a national policy/guideline requiring classification of the causes of maternal deaths according to the ICD-MM (WHO application of ICD-10 to deaths during pregnancy, childbirth and puerperium) classification?

☐ YES ☐ NO ☐ UNKNOWN

MN\_83. Is there a facility maternal death review and response (MDSR) process in place?

☐ YES ☐ NO ☐ UNKNOWN

MN\_84. Is there a national panel (committee) to review maternal deaths in place?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to MN\_90**

MN\_85. Does this national panel (committee) include women's groups or other civil society representatives?

☐ YES ☐ NO ☐ UNKNOWN

MN\_86. Is there a mechanism in place to provide feedback to the community on results and recommendations from the national panel (committee)?

☐ YES ☐ NO ☐ UNKNOWN

MN\_87. Does this national panel (committee) include stillbirth or neonatal death reviews?

☐ YES ☐ NO ☐ UNKNOWN

MN\_88. How often does the national panel (committee) meet?

- ☐ MONTHLY  
☐ QUARTERLY  
☐ SEMI-ANNUALLY



- ☐ ANNUALLY  
☐ UNKNOWN

MN\_89 . When did the panel meet last? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

IF MONTH UNKNOWN, ENTER 99 MONTH YEAR

IF YEAR UNKNOWN, ENTER 9999

MN\_90 . Is/are there a subnational panel(s) (committee(s)) to review maternal deaths in place? ☐ YES ☐ NO ☐ UNKNOWN

MN\_91 . Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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### STILLBIRTHS

MN\_92. Is there a national policy/guideline/law that requires stillbirths (fresh or macerated) to be reviewed? ☐ YES ☐ NO ☐ UNKNOWN

MN\_93. Is there a facility stillbirth review process in place?

☐ YES ☐ NO ☐ UNKNOWN

MN\_94. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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### NEONATAL DEATHS

MN\_95. Is there a national policy/guideline/law that requires neonatal deaths (0-28 days) to be reviewed?

☐ YES ☐ NO ☐ UNKNOWN

MN\_96. Is there a national policy requiring classification of the causes of stillbirths and neonatal deaths according to the ICD-PM (WHO application of ICD-10 to deaths during the perinatal period) classification?

☐ YES ☐ NO ☐ UNKNOWN

MN\_97. Is there a facility neonatal death review process in place?

☐ YES ☐ NO ☐ UNKNOWN

MN\_98. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

	(A) Title of document	(B) Date of publication	(C) Type of document		(D) Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	(E) Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
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## MODULE 4: CHILD HEALTH

### INSTRUCTIONS:

- You have been designated as the person responsible for submitting the **CHILD HEALTH** module in the online survey tool. We ask that you work with the responsible lead(s) from the Ministry of Health to complete the survey. Additionally, you may consult child health focal points from WHO, UNICEF, or UNFPA country offices and/or other partners, as well as other Ministries/government organizations, specifically including staff with appropriate expertise.
- Each module is split into several sections. These sections can be completed in separate sessions and saved in the online survey tool. At the end of each section, you will be asked to upload relevant documents used to complete the section. If electronic copies of the documents are available, you will be asked to upload them in the online survey tool. If you are unable to upload the documents, you will be asked to provide an explanation.
- Thus, prior to beginning the survey, we ask that you collect the following documents, in electronic format when possible:
  - National policies for the areas of child health
  - Latest guidelines for child health
- The online survey is formatted with automatic skips which should decrease the time for completion. Please first watch the video with instructions on how to complete the survey prior to beginning. Here is a link to the video: <http://datamncah.org/rmncah/vid/pv/>
- A complete instruction manual can also be downloaded from here: <https://drive.google.com/file/d/1RmKeSfyZINcUSMZUCWremEZbMxvu51Oh/view>
- When all of the sections of the module are completed, the module can be submitted. After you complete the child health module, please press the submit button and notify the person responsible for submitting the survey online that you have completed your module.

CH\_1. Responsible lead from Ministry of Health (MoH) for the child health module

\_\_\_\_\_

CH\_2. Position title of responsible lead from MoH for the child health module

\_\_\_\_\_

CH\_3. Contact email of responsible lead from MoH for the child health module

\_\_\_\_\_

CH\_4. Person responsible for submitting the cross-cutting child health online

\_\_\_\_\_

CH\_5. Affiliation of person responsible for submitting the child health module online

- ☐ MINISTRY OF HEALTH (MOH)  
☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_ (specify)  
☐ WHO  
☐ UNICEF  
☐ UNFPA  
☐ OTHER \_\_\_\_\_ (specify)

CH\_6. Position title of person submitting the child health module online

\_\_\_\_\_

CH\_7. Contact email of person submitting the child health module online

---

CH\_8. Did the lead respondent consult with others to complete this module? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CH\_10**

CH\_9. Which institutions were consulted? SELECT ALL THAT APPLY.

- ☐ MINISTRY OF HEALTH (MOH)
- ☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_
- ☐ WHO (specify)
- ☐ UNICEF
- ☐ UNFPA
- ☐ OTHER \_\_\_\_\_  
(specify)

**OVERALL STRATEGY OR PLAN FOR CHILD HEALTH AND DEVELOPMENT**

CH\_10. Are there national policies/guidelines/laws that recognize the need for universal access to essential health services and medicines for children? ☐ YES, 0-5 YEARS ☐ YES, 5-9 YEARS ☐ NO ☐ UNKNOWN

CH\_11. Are there national policies/guidelines on child health and development of children? ☐ YES, 0-5 YEARS ☐ YES, 5-9 YEARS ☐ NO ☐ UNKNOWN

CH\_12. Are there national policies/guidelines that set forth a competency framework for child health care? ☐ YES ☐ NO ☐ UNKNOWN

CH\_13. Is there a continuous professional education system in place for primary health-care clinicians and/or nurses to receive child-specific training? ☐ YES ☐ NO ☐ UNKNOWN

CH\_14. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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				<input type="checkbox"/> HOME BASED RECORD		
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# **PREVENTION AND MANAGEMENT OF PNEUMONIA**

CH\_15. Is there a national policy/guideline on the management of childhood pneumonia for children? ☐ YES, 0-5 YEARS ☐ YES, 5-9 YEARS ☐ NO ☐ UNKNOWN  
**If NO, UNKNOWN → skip to CH\_21**

CH\_16. At what level of the system can pneumonia with chest in-drawing be treated?

- ☐ FIRST LEVEL HEALTH FACILITY  
☐ REFERRAL LEVEL HEALTH FACILITY  
☐ OTHER \_\_\_\_\_  
(specify)

CH\_17. What is the first line treatment for pneumonia with chest in-drawing?

- ☐ AMOXICILLIN  
☐ CO-TRIMOXAZOLE  
☐ OTHER \_\_\_\_\_  
(specify)

CH\_18. What is the first line treatment for pneumonia with fast breathing?

- ☐ AMOXICILLIN  
☐ CO-TRIMOXAZOLE  
☐ OTHER \_\_\_\_\_  
(specify)

CH\_19. What is the recommended duration of treatment of pneumonia with fast breathing?

- ☐ 3 DAYS  
☐ 5 DAYS  
☐ OTHER \_\_\_\_\_  
(specify)

CH\_20. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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### PREVENTION AND MANAGEMENT OF DIARRHOEA

CH\_21. Is there a national policy/guideline on the management of childhood diarrhoea including children?

☐ YES, 0-5 YEARS    ☐ YES, 5-9 YEARS    ☐ NO    ☐ UNKNOWN

**If NO, UNKNOWN → skip to CH\_24**

CH\_22. What is the recommended treatment for diarrhoea with dehydration?

☐ ORS, ZINC, and fluid  
☐ OTHER \_\_\_\_\_  
(specify)

CH\_23. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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			<input type="checkbox"/> REPORT	<input type="checkbox"/> HOME BASED RECORD		
02		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
03		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
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05		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		

### PREVENTION AND MANAGEMENT OF MALARIA

CH\_24. Is there a national policy/guideline on the management of malaria with appropriate recommendations for children?

☐ YES, 0-5 YEARS ☐ YES, 5-9 YEARS ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CH\_30**

CH\_25. Does the policy/guideline recommend parasitological (i.e. microscopy or RDT) confirmation of malaria before treatment?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CH\_27**

CH\_26. Which approach is used for confirmation of malaria?

- ☐ RAPID DIAGNOSTIC TEST  
☐ MICROSCOPY  
☐ OTHER \_\_\_\_\_  
(specify)

CH\_27. What is the first line treatment for malaria?

- ☐ ARTEMETHER PLUS LUMEFANTRINE  
☐ ARTESUNATE PLUS AMODIAQUINE  
☐ ARTESUNATE PLUS MEFLOROQUINE  
☐ DIHYDROARTEMISININ PLUS PIPERAQUINE  
☐ ARTESUNATE PLUS SULFADOXINE-PYRIMETHAMINE  
☐ OTHER \_\_\_\_\_  
(specify)

CH\_28. What is the pre-referral treatment for severe malaria?

- ☐ PARENTERAL QUININE  
☐ PARENTERAL ARTESUNATE  
☐ RECTAL ARTESUNATE  
☐ OTHER \_\_\_\_\_  
(specify)

CH\_29. What is the first line treatment for severe malaria?

- ☐ PARENTERAL QUININE  
☐ PARENTERAL ARTESUNATE  
☐ OTHER \_\_\_\_\_  
(specify)

CH\_30. Is there a national policy/guideline on prevention of malaria in children?

- ☐ YES, 0-5 YEARS ☐ YES, 5-9 YEARS ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CH\_33**

CH\_31. Does the policy/guideline recommend Intermittent preventive treatment in infants (IPTi) for infants 0-1 years?

- ☐ YES ☐ NO ☐ UNKNOWN

CH\_32. Does the policy/guideline recommend seasonal malaria chemoprevention (SMC) for children?

- ☐ YES ☐ NO ☐ UNKNOWN

CH\_33. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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				<input type="checkbox"/> HOME BASED RECORD		
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**PREVENTION AND MANAGEMENT OF ALL FORMS OF MALNUTRITION**

CH\_34. Is there a national policy/guideline on the management of acute malnutrition in children? ☐ YES, 0-5 YEARS ☐ YES, 5-9 YEARS ☐ NO ☐ UNKNOWN  
If NO, UNKNOWN → skip to CH\_37

CH\_35. When were the national growth charts last updated?  
IF YEAR UNKNOWN, ENTER 9999

- ☐ BEFORE 2000  
☐ \_\_\_\_\_  
RECORD YEAR

CH\_36. What does the policy/guideline recommend for the assessment of children for acute malnutrition?  
SELECT ALL THAT APPLY.

- ☐ MUAC  
☐ WEIGHT FOR HEIGHT  
☐ WEIGHT FOR AGE  
☐ OEDEMA OF BOTH FEET

CH\_37. Is there a policy/guideline recommendation for routine assessment of children for overweight or obesity in health facilities? ☐ YES, 0-5 YEARS ☐ YES, 5-9 YEARS ☐ NO ☐ UNKNOWN

CH\_38. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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03		<input type="checkbox"/> BEFORE 2000	<input type="checkbox"/> GUIDELINE	<input type="checkbox"/> POLICY/ STRATEGY	

		<input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> HOME BASED RECORD		
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05		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		

### PAEDIATRIC HOSPITAL CARE FOR SICK CHILDREN

CH\_39. Is there a national policy/guideline on the management of hospitalised children (from 1 month to 9 years)? ☐ YES ☐ NO ☐ UNKNOWN

CH\_40. Are there national clinical standards for the management of children with severe illness in hospitals? ☐ YES ☐ NO ☐ UNKNOWN

CH\_41. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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			<input type="checkbox"/> REPORT	<input type="checkbox"/> HOME BASED RECORD		
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### ESSENTIAL MEDICINES AND EQUIPMENT

CH\_42. Does the national Essential Drugs List include any of the following drugs indicated for management of childhood illness?

CH_42a. Amoxicillin dispersible tablet (250 mg)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42b. Amoxicillin syrup (125 mg per 5 ml)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42c. Cotrimoxazole paediatric tablet (20 mg trimethoprim + 100 mg sulphamethoxazole)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42d. Cotrimoxazole Syrup (40 mg trimethoprim + 200 mg sulphamethoxazole)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42e. Ciprofloxacin tablets (250 mg OR 500 mg)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42f. Oral rehydration salts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42g. Zinc sulfate tablets (10 mg or 20mg)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42h. Rectal artesunate (50 mg or 100 mg)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42i. Salbutamol inhaler?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42j. Ampicillin injectable (250 mg vial)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42k. Gentamicin injectable (2 ml vial containing 20 mg)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42l. Gentamicin injectable (2 ml vial containing 80 mg)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42m. Ceftriaxone?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42n. Procaine penicillin (50 000 U)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42o. Aqueous benzyl penicillin (100 000–150 000 U)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CH_42p. Child-friendly TB formulations (RHZ, RH) and isoniazid?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

CH\_43. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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					version of the document.	
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### EARLY CHILDHOOD DEVELOPMENT

CH\_44. Does the country have a national policy/guideline on early childhood development (ECD)? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CH\_47**

CH\_45. Which of the following time periods does the ECD policy/guideline address?

CH\_45a. Preconception? ☐ YES ☐ NO ☐ UNKNOWN

CH\_45b. Pregnancy? ☐ YES ☐ NO ☐ UNKNOWN

CH\_45c. 0 – 4 years? ☐ YES ☐ NO ☐ UNKNOWN

CH\_45d. 5 – 9 years? ☐ YES ☐ NO ☐ UNKNOWN

CH\_45e. Other? ☐ YES ☐ NO ☐ UNKNOWN

CH\_46. Does the policy/guideline recommend any of the following interventions?

CH\_46a. Responsive care and early learning (e.g. care for child development)? ☐ YES ☐ NO ☐ UNKNOWN

CH\_46b. Infant and young child nutrition? ☐ YES ☐ NO ☐ UNKNOWN

CH\_46c. Care for children with developmental difficulties and disabilities? ☐ YES ☐ NO ☐ UNKNOWN

CH\_47. Is there a national coordination mechanism for early childhood development? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CH\_50**

CH\_48. Which of the following sectors are involved?

CH\_48a. Health? ☐ YES ☐ NO ☐ UNKNOWN

CH\_48b. Nutrition? ☐ YES ☐ NO ☐ UNKNOWN

CH\_48c. Education? ☐ YES ☐ NO ☐ UNKNOWN

CH\_48d. Social welfare or social protection? ☐ YES ☐ NO ☐ UNKNOWN

CH\_48e. Child protection? ☐ YES ☐ NO ☐ UNKNOWN

CH\_48f. Environmental safety and security, including WASH? ☐ YES ☐ NO ☐ UNKNOWN

CH\_48g. Other? Specify \_\_\_\_\_ ☐ YES ☐ NO ☐ UNKNOWN

CH\_49. When was the last intersectoral coordination meeting held? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

IF MONTH UNKNOWN, ENTER 99

MONTH YEAR

IF YEAR UNKNOWN, ENTER 9999

CH\_50. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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**PROVISION OF INTEGRATED CHILD HEALTH SERVICES**

CH\_51. Is there a national policy/guideline on the integrated management of childhood illness (IMCI)? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CH\_53**

CH\_52. Which of the following conditions do the national IMCI guidelines address?

CH\_52a. Diarrhoea? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52b. Pneumonia? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52c. Throat infection/sore throat? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52d. Wheezing? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52e. Tuberculosis? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52f. Malaria? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52g. Measles? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52h. Dengue? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52i. Acute malnutrition? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52j. Anaemia? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52k. Sickle cell anaemia? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52l. Ear infection? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52m. HIV? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52n. Congenital syphilis? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52o. Essential newborn care? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52p. Early childhood development? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52q. Infant and young child feeding? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52r. Skin conditions? ☐ YES ☐ NO ☐ UNKNOWN

CH\_52s. Other? Specify \_\_\_\_\_ ☐ YES ☐ NO ☐ UNKNOWN

CH\_53. Does your country have a national policy/guideline for treatment of young infants with possible serious bacterial infection (PSBI) at primary health care facility when referral is not feasible? ☐ YES ☐ NO ☐ UNKNOWN

CH\_54. Is there a policy /guideline for management of childhood illness by trained community health workers (CHWs)? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CH\_56**

CH\_55. Which of the following activities can be conducted by CHWs?

CH\_55a. Assess and refer pneumonia? ☐ YES ☐ NO ☐ UNKNOWN

CH\_55b. Assess and treat pneumonia? ☐ YES ☐ NO ☐ UNKNOWN

CH\_55c. Assess and refer diarrhoea? ☐ YES ☐ NO ☐ UNKNOWN

CH\_55d. Assess and treat diarrhoea? ☐ YES ☐ NO ☐ UNKNOWN

CH\_55e. Assess and refer severe malaria? ☐ YES ☐ NO ☐ UNKNOWN

CH\_55f. Assess and treat uncomplicated malaria? ☐ YES ☐ NO ☐ UNKNOWN

CH\_55g. Assess and refer severe acute malnutrition? ☐ YES ☐ NO ☐ UNKNOWN



- CH\_55h. Assess and treat severe acute malnutrition? ☐ YES ☐ NO ☐ UNKNOWN
- CH\_55i. Assess and refer TB? ☐ YES ☐ NO ☐ UNKNOWN
- CH\_55j. Assess and refer HIV? ☐ YES ☐ NO ☐ UNKNOWN
- CH\_55k. Assess and refer congenital syphilis)? ☐ YES ☐ NO ☐ UNKNOWN
- CH\_55l. Other? Specify \_\_\_\_\_ ☐ YES ☐ NO ☐ UNKNOWN

CH\_56. Is there a policy/guideline of integrated community case management (iCCM)? ☐ YES ☐ NO ☐ UNKNOWN

CH\_57. Is there a policy/guideline on supporting home care practices by trained community health workers? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to CH\_59**

CH\_58. Which of the following home care practices are included in the policy/guideline?

- CH\_58a. Essential newborn care? ☐ YES ☐ NO ☐ UNKNOWN
- CH\_58b. Infant and young child nutrition? ☐ YES ☐ NO ☐ UNKNOWN
- CH\_58c. Early childhood development? ☐ YES ☐ NO ☐ UNKNOWN
- CH\_58d. Prevention of childhood illness? ☐ YES ☐ NO ☐ UNKNOWN
- CH\_58e. Signs of illness and timely care-seeking from a qualified provider? ☐ YES ☐ NO ☐ UNKNOWN
- CH\_58f. Household contact screening for TB? ☐ YES ☐ NO ☐ UNKNOWN
- CH\_58g. Index case testing for HIV? ☐ YES ☐ NO ☐ UNKNOWN
- CH\_58h. Treatment of presumed neonatal infection? ☐ YES ☐ NO ☐ UNKNOWN

CH\_59. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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		RECORD YEAR	<input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> HOME BASED RECORD		
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## MODULE 5: ADOLESCENT HEALTH

### INSTRUCTIONS:

- You have been designated as the person responsible for submitting the **ADOLESCENT HEALTH** module in the online survey tool. We ask that you work with the responsible lead(s) from the Ministry of Health to complete the survey. Additionally, you may consult adolescent health focal points from WHO, UNICEF, or UNFPA country offices and/or other partners, as well as other Ministries/government organizations, specifically including staff with appropriate expertise.
- Each module is split into several sections. These sections can be completed in separate sessions and saved in the online survey tool. At the end of each section, you will be asked to upload relevant documents used to complete the section. If electronic copies of the documents are available, you will be asked to upload them in the online survey tool. If you are unable to upload the documents, you will be asked to provide an explanation.
- Thus, prior to beginning the survey, we ask that you collect the following documents, in electronic format when possible:
  - National policies for the areas of adolescent health
  - Latest guidelines for adolescent health
- The online survey is formatted with automatic skips which should decrease the time for completion. Please first watch the video with instructions on how to complete the survey prior to beginning. Here is a link to the video: <http://datamncah.org/rmncah/vid/pv/>
- A complete instruction manual can also be downloaded from here: <https://drive.google.com/file/d/1RmKeSfyZINcUSMZUCWremEZbMxvu51Oh/view>
- When all of the sections of the module are completed, the module can be submitted. After you complete the adolescent health module, please press the submit button and notify the person responsible for submitting the survey online that you have completed your module.

AD\_1. Responsible lead from Ministry of Health (MoH) for the adolescent health module

\_\_\_\_\_

AD\_2. Position title of responsible lead from MoH for the adolescent health module

\_\_\_\_\_

AD\_3. Contact email of responsible lead from MoH for the adolescent health module

\_\_\_\_\_

AD\_4. Person responsible for submitting the adolescent health module online

\_\_\_\_\_

AD\_5. Affiliation of person responsible for submitting the adolescent health module online

- ☐ MINISTRY OF HEALTH (MOH)  
☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_ (specify)  
☐ WHO  
☐ UNICEF  
☐ UNFPA  
☐ OTHER \_\_\_\_\_ (specify)

AD\_6. Position title of person submitting the adolescent health module online

\_\_\_\_\_

AD\_7. Contact email of person submitting the adolescent health module online

\_\_\_\_\_

AD\_8. Did the lead respondent consult with others to complete this module? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to AD\_10**

AD\_9. Which institutions were consulted? SELECT ALL THAT APPLY.

- ☐ MINISTRY OF HEALTH (MOH)
- ☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_
- ☐ WHO (specify)
- ☐ UNICEF
- ☐ UNFPA
- ☐ OTHER \_\_\_\_\_  
(specify)

# OVERALL PLANS/GUIDELINES FOR ADOLESCENT HEALTH

AD\_10. Are there national policies/ guidelines that specifically address adolescent (10 to 19 years) health issues? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11. Are adolescents cited as a specific target group for defined interventions/activities in a national policy/guideline for the following health issues?

AD\_11a. Sexual and Reproductive Health including adolescent pregnancy prevention? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11b. Sexually transmitted infections? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11c. HIV/AIDS? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11d. Nutrition? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11e. Diet? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11f. Physical activity? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11g. Tobacco? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11h. Alcohol? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11i. Substance use? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11j. Mental health? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11k. Injury prevention? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11l. Violence? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11m. Tuberculosis? ☐ YES ☐ NO ☐ UNKNOWN

AD\_11n. Other communicable diseases (e.g. LRI, meningitis, diarrhoea)? ☐ YES ☐ NO ☐ UNKNOWN

AD\_12. Does the country have national standards for delivery of health services to adolescents? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to AD\_15**

AD\_13. Are activities being carried out to monitor the implementation of these standards for delivery? ☐ YES ☐ NO ☐ UNKNOWN

AD\_14. Do these standards include a clearly defined comprehensive package of health services for adolescents? ☐ YES ☐ NO ☐ UNKNOWN

AD\_15. Does the country have national standards for Health Promoting Schools? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to AD\_17**

AD\_16. Are activities being carried out to monitor the implementation of these standards for delivery? ☐ YES ☐ NO ☐ UNKNOWN

AD\_17. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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### INFRASTRUCTURE AND TRAINING

AD\_18. Is there a national adolescent health programme?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to AD\_21**

AD\_19. Is there at least one designated full-time person for the national adolescent health programme?

☐ YES ☐ NO ☐ UNKNOWN

AD\_20. Is there a regular government budget allocation to support the national adolescent health programme?

☐ YES ☐ NO ☐ UNKNOWN

AD\_21. Are there national policies/guidelines that specify competencies of health workers in adolescent health?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to AD\_23**

AD\_22. Do the competencies include the following domains?

AD\_22a. Basic concepts in adolescent health and development?

☐ YES ☐ NO ☐ UNKNOWN

AD\_22b. Effective communication with adolescents

☐ YES ☐ NO ☐ UNKNOWN

AD\_22c. Law, policies?

☐ YES ☐ NO ☐ UNKNOWN

AD\_22d. Quality standards?

☐ YES ☐ NO ☐ UNKNOWN

AD\_22e. Clinical care of adolescents with specific conditions?

☐ YES ☐ NO ☐ UNKNOWN

AD\_23. Is there a continuous professional education system for primary health workers to receive adolescent-specific training?

☐ YES ☐ NO ☐ UNKNOWN

AD\_24. Is adolescent health included in pre-service training of the following?

AD\_24a. Clinicians?

☐ YES ☐ NO ☐ UNKNOWN

AD\_24b. Nurses?

☐ YES ☐ NO ☐ UNKNOWN

AD\_24c. Community health workers?

☐ YES ☐ NO ☐ UNKNOWN

AD\_25. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

	(A) Title of document	(B) Date of publication	(C) Type of document		(D) Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	(E) Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
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### CONSENT FOR SERVICES

AD\_26. Is there a legal age limit for unmarried adolescents to provide consent, without parental/legal guardian consent, to the following services?

AD\_26a. Contraceptive services except sterilization? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to AD\_26b**

AD\_26a1. What is the age limit?

\_\_\_\_ YEARS OLD  
☐ YES ☐ NO ☐ UNKNOWN

AD\_26b. Emergency contraception?

**If NO, UNKNOWN → skip to AD\_26c**

AD\_26b1. What is the age limit?

\_\_\_\_ YEARS OLD  
☐ YES ☐ NO ☐ UNKNOWN

AD\_26c. HIV testing and counselling services?

**If NO, UNKNOWN → skip to AD\_26d**

AD\_26c1. What is the age limit?

\_\_\_\_ YEARS OLD  
☐ YES ☐ NO ☐ UNKNOWN

AD\_26d. Harm reduction interventions for Injecting Drug Users (needle exchange, opiate substitution, therapy)?

**If NO, UNKNOWN → skip to AD\_26e**

AD\_26d1. What is the age limit?

\_\_\_\_ YEARS OLD  
☐ YES ☐ NO ☐ UNKNOWN

AD\_26e. Mental Health Services?

**If NO, UNKNOWN → skip to AD\_26f**

AD\_26e1. At what age are (minor) adolescents allowed to receive mental health services without parent/legal consent?

\_\_\_\_ YEARS OLD

AD\_26f. HIV care and treatment?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to AD\_27**

AD\_26f1. What is the age limit?

\_\_\_\_ YEARS OLD

AD\_27. Is there a legal age limit for married adolescents to provide consent to the following services without spousal consent?

AD\_27a. Contraceptive services except sterilization? ☐ YES ☐ NO ☐ UNKNOWN

AD\_27b. Emergency contraception? ☐ YES ☐ NO ☐ UNKNOWN

AD\_27c. HIV testing and counselling services? ☐ YES ☐ NO ☐ UNKNOWN

AD\_27d. HIV care and treatment? ☐ YES ☐ NO ☐ UNKNOWN

AD\_27e. Harm reduction interventions for Injecting Drug Users (needle exchange, opiate substitution, therapy)? ☐ YES ☐ NO ☐ UNKNOWN

AD\_27f. Mental health services? ☐ YES ☐ NO ☐ UNKNOWN

AD\_28. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

	(A) Title of document	(B) Date of publication	(C) Type of document	(D) Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English	(E) Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.



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## LEGISLATION

AD\_29. Does the country have laws/policies to do any of the following?

- AD\_29a. Punish perpetrators of coerced sex involving adolescent girls? ☐ YES ☐ NO ☐ UNKNOWN
- AD\_29b. Provide graduated licensing for novice drivers? ☐ YES ☐ NO ☐ UNKNOWN
- AD\_29c. Prohibit sales to minors of tobacco products? ☐ YES ☐ NO ☐ UNKNOWN
- AD\_29d. Regulate the marketing of alcohol to adolescents? ☐ YES ☐ NO ☐ UNKNOWN
- AD\_29e. Designate an appropriate minimum age for purchase or consumption of alcoholic beverages? ☐ YES ☐ NO ☐ UNKNOWN
- AD\_29f. Prohibit selling unhealthy foods and sweetened non-alcoholic beverages in or close to schools? ☐ YES ☐ NO ☐ UNKNOWN
- AD\_29g. Regulate marketing of foods and beverages high in sugar, salt and fat to children? ☐ YES ☐ NO ☐ UNKNOWN

AD\_30. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

	(A) Title of document	(B) Date of publication	(C) Type of document	(D) Document Language (ARABIC, CHINESE, ENGLISH, FRENCH,	(E) Upload document  If the document is unavailable for upload, please

					PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	provide a reason for why it cannot be uploaded.
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## MODULE 6: REPRODUCTIVE HEALTH

### INSTRUCTIONS:

- We ask that WHO country offices complete the interview with the Ministry of Health and other UN agencies, specifically including staff with appropriate expertise be designated as responsible for each module. You have been designated as responsible for completing the **REPRODUCTIVE HEALTH** module.
- The online survey is formatted with automatic skips which should decrease the time for completion. Please first watch the video with instructions on how to complete the survey prior to beginning. Here is a link to the video: <http://datamncan.org/rmncah/vid/pv/>
- A complete instruction manual can also be downloaded from here: <https://drive.google.com/file/d/1RmKeSfyZINcUSMZUCWremEZbMxvu51Oh/view>
- Prior to beginning the survey, we ask that you collect the following documents:
  - National policies for the areas of reproductive health
  - Latest guidelines for reproductive health
- After you complete the survey, please press the submit button and notify the lead respondent for the overall survey that you have completed your module.

RH\_1. Responsible lead from Ministry of Health (MoH) for the reproductive health module

\_\_\_\_\_

RH\_2. Position title of responsible lead from MoH for the reproductive health module

\_\_\_\_\_

RH\_3. Contact email of responsible lead from MoH for the reproductive health module

\_\_\_\_\_

RH\_4. Person responsible for submitting the reproductive health module online

\_\_\_\_\_

RH\_5. Affiliation of person responsible for submitting the reproductive health module online

- ☐ MINISTRY OF HEALTH (MOH)
- ☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_ (specify)
- ☐ WHO
- ☐ UNICEF
- ☐ UNFPA
- ☐ OTHER \_\_\_\_\_ (specify)

RH\_6. Position title of person submitting the reproductive health module online

\_\_\_\_\_

RH\_7. Contact email of person submitting the reproductive health module online

\_\_\_\_\_

RH\_8. Did the lead respondent consult with others to complete this module? ☐ YES ☐ NO ☐ UNKNOWN  
If NO, UNKNOWN → skip to RH\_10

RH\_9. Which institutions were consulted? SELECT ALL THAT APPLY.

- ☐ MINISTRY OF HEALTH (MOH)
- ☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_

- ☐ WHO (specify)
- ☐ UNICEF
- ☐ UNFPA
- ☐ OTHER \_\_\_\_\_  
(specify)

# GENERAL REPRODUCTIVE HEALTH CARE

RH\_10. Are there national policies/guidelines on reproductive health care? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to RH\_16**

RH\_11. Do these policies/guidelines include the following components?

RH\_11a. Family planning/contraception? ☐ YES ☐ NO ☐ UNKNOWN  
 RH\_11b. Abortion? ☐ YES ☐ NO ☐ UNKNOWN  
 RH\_11c. Infertility/Fertility care? ☐ YES ☐ NO ☐ UNKNOWN  
 RH\_11d. Preconception care? ☐ YES ☐ NO ☐ UNKNOWN  
 RH\_11e. Menopause? ☐ YES ☐ NO ☐ UNKNOWN  
 RH\_11f. Cervical cancer? ☐ YES ☐ NO ☐ UNKNOWN  
 RH\_11g. Violence against women? ☐ YES ☐ NO ☐ UNKNOWN

RH\_12. Does the national policy/guideline on reproductive health care promote universal access to reproductive health care? ☐ YES ☐ NO ☐ UNKNOWN

RH\_13. Was the national policy/guideline on reproductive health care informed by the WHO Global Reproductive Health Strategy? ☐ YES ☐ NO ☐ UNKNOWN

RH\_14. Was the national policy/guideline on reproductive health care informed by the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)? ☐ YES ☐ NO ☐ UNKNOWN

RH\_16. Are there national policies/guidelines that set forth a competency framework for reproductive health care? ☐ YES ☐ NO ☐ UNKNOWN

RH\_17. Is there a continuous professional education system in place for primary health-care clinicians and/or nurses to receive reproductive health-specific training? ☐ YES ☐ NO ☐ UNKNOWN

RH\_18. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

	(A) Title of document	(B) Date of publication	(C) Type of document		(D) Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	(E) Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
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### FAMILY PLANNING / CONTRACEPTION

RH\_19. Does the country have a national policy/guideline on family planning/ contraception?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to RH\_26**

RH\_20 . Does the national policy/guideline on family planning/contraception prohibit any of the following contraceptives from being made available?

RH\_20a. Injectables?

☐ YES ☐ NO ☐ UNKNOWN

RH\_20b. Implants?

☐ YES ☐ NO ☐ UNKNOWN

RH\_20c. Intrauterine device (IUD)?

☐ YES ☐ NO ☐ UNKNOWN

RH\_20d. Emergency contraceptives?

☐ YES ☐ NO ☐ UNKNOWN

RH\_20e. Other?

☐ YES ☐ NO ☐ UNKNOWN

RH\_21 . Does the national policy/guideline on family planning/contraception have provisions that restrict or limit access to contraception or family planning services to the following population groups?

RH\_21a. Adolescents?

☐ YES ☐ NO ☐ UNKNOWN

RH\_21b. Post-partum women?

☐ YES ☐ NO ☐ UNKNOWN

RH\_21c. Post-abortion women?

☐ YES ☐ NO ☐ UNKNOWN

RH\_21d. Unmarried individuals?

☐ YES ☐ NO ☐ UNKNOWN

RH\_21e. Couples in humanitarian or crises settings?

☐ YES ☐ NO ☐ UNKNOWN

RH\_21f. Urban poor?

☐ YES ☐ NO ☐ UNKNOWN

RH\_21g. Rural population groups?

☐ YES ☐ NO ☐ UNKNOWN

RH\_21h. Migrant workers?

☐ YES ☐ NO ☐ UNKNOWN

RH\_21i. Others?

☐ YES ☐ NO ☐ UNKNOWN

RH\_22. Does the national policy/guideline on FP/contraception mandate a national body that monitors access to voluntary, non-discriminatory family planning services?

☐ YES ☐ NO ☐ UNKNOWN

RH_23. Does the national policy /guideline on FP/contraception include mechanisms that monitor denial of services on non-medical grounds (e.g. age, marital status, ability to pay), or coercion (such as inappropriate use of incentives to clients or providers)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_24. Does the national policy/guideline on family planning require a contraceptive commodity security plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25. Does the national policy/guideline on FP/contraception require availability of data (survey or HMIS) disaggregated by the following population subgroups?			
RH_25a. Adolescents?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25b. Unmarried women?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25c. Unmarried adolescents?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25d. Post-partum women?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25e. Income status?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25f. Rural populations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25g. Post-abortion clients?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25h. HIV status?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25i. Other?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_26. Are there national clinical practice guidelines on family planning/ contraception?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>If NO, UNKNOWN → skip to RH_29</b>			
RH_27. Are the national clinical practice guidelines on family planning/ contraception updated using the latest WHO guidelines on contraceptive use (Medical Eligibility Criteria 5th edition 2015 and/or Selected Practices Recommendations 3rd edition 2016)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28. Do the national clinical practice guidelines on family planning/ contraception include the following components?			
RH_28a. Counselling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28b. Male condoms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28c. Female condoms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28d. Pills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28e. Injectables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28f. Vaginal rings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28g. Implants?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28h. IUDs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28i. Male sterilization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28j. Female sterilization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28k. Lactational amenorrhea method?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28l. Standard days method?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28m. Two-day method?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28n. Sympto-thermal method?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28o. Calendar method?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28p. Emergency contraceptives?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_29. Which of the following commodities are included in the Essential Drug list?			
RH_29a. Male condoms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

RH\_29b. Female condoms? ☐ YES ☐ NO ☐ UNKNOWN

RH\_29c. Pills? ☐ YES ☐ NO ☐ UNKNOWN

RH\_29d. Injectables? ☐ YES ☐ NO ☐ UNKNOWN

RH\_29e. Vaginal rings? ☐ YES ☐ NO ☐ UNKNOWN

RH\_29f. Implants? ☐ YES ☐ NO ☐ UNKNOWN

RH\_29g. IUDs? ☐ YES ☐ NO ☐ UNKNOWN

RH\_29h. Emergency contraceptives? ☐ YES ☐ NO ☐ UNKNOWN

RH\_30. Is there a national policy/guideline on task sharing of family planning services? ☐ YES ☐ NO ☐ UNKNOWN

RH\_31. Who is allowed to independently perform the following services other than a specialist doctor?  
SELECT ALL THAT APPLY FOR EACH OF THE FOLLOWING SERVICES.

	CHWs/ LAY WORKERS	AUXILIARY MIDWIFE	AUXILIARY NURSE	MIDWIFE	NURSE	FAMILY DOCTOR	UNKNOWN
RH_31a. Injectable contraceptives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RH_31b. IUDs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RH_31c. Implants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RH_31d. Sterilization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RH\_32. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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01		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
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03		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN	<input type="checkbox"/> POLICY/ STRATEGY		



			<input type="checkbox"/> REPORT	<input type="checkbox"/> HOME BASED RECORD		
04		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
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### SEXUALLY TRANSMITTED INFECTIONS

RH\_33. Are there national policies /guidelines on sexually transmitted infections (STIs) diagnoses, treatment and counselling?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to RH\_44**

RH\_34. Does the national policy/guideline on STIs require the use of STI surveillance system to monitor the progress to global STI targets?

☐ YES ☐ NO ☐ UNKNOWN

RH\_35. Are the national policies/guidelines aligned with the Global Health Sector Strategy on STIs (2016-2021) or latest WHO guidelines on STIs?

☐ YES ☐ NO ☐ UNKNOWN

RH\_36. Does the national policy/guideline on STIs include a target for the reduction of Treponema pallidum (syphilis) infection?

☐ YES ☐ NO ☐ UNKNOWN

RH\_37. Does the national strategy on STIs include a target that contributes to the reducing of congenital syphilis?

☐ YES ☐ NO ☐ UNKNOWN

RH\_38. Does the national policy/guideline include a target that contributes to the reduction in N. gonorrhoeae incidence?

☐ YES ☐ NO ☐ UNKNOWN

RH\_39. Does the national policy/guideline for STIs include a recommendation on integrated HIV and STI testing?

☐ YES ☐ NO ☐ UNKNOWN

RH\_40. Is there a national policy/guideline that addresses screening for or reporting of congenital syphilis during ANC?

☐ YES ☐ NO ☐ UNKNOWN

RH\_41. Is there a national policy/guideline on the elimination of mother to child transmission of HIV/syphilis?

- ☐ YES, BOTH HIV AND SYPHILIS
- ☐ YES, HIV ONLY
- ☐ YES, SYPHILIS ONLY
- ☐ NO
- ☐ UNKNOWN

RH\_42. Does the national policy/guideline for STIs ensure the availability of Benzathine Penicillin in the service delivery points, for use in the treatment of syphilis?

☐ YES ☐ NO ☐ UNKNOWN

RH\_43. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

	(A)	(B)	(C)	(D) Document	(E)
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	Title of document	Date of publication	Type of document		Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)	Upload document
01		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
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### CERVICAL CANCER

RH\_44. Is there a comprehensive national cervical cancer prevention and control policy/guideline?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to RH\_48**

RH\_45. Is the policy/guideline consistent with WHO Comprehensive Cervical Cancer Control guidelines (2014)?

☐ YES ☐ NO ☐ UNKNOWN

RH\_46. Does the policy/guideline on cervical cancer prevention and control allow the provision of any of the following services?

RH\_46a. HPV vaccination program?

☐ YES, AND FREE FOR TARGET POP  
☐ YES, BUT NOT FREE  
☐ NO  
☐ UNKNOWN

RH\_46b. Screen for of cervical pre-cancer lesions?

☐ YES, AND FREE FOR TARGET POP  
☐ YES, BUT NOT FREE  
☐ NO  
☐ UNKNOWN

RH\_46c. Treat cervical pre-cancer lesions?

☐ YES, AND FREE FOR TARGET POP  
☐ YES, BUT NOT FREE  
☐ NO  
☐ UNKNOWN

- RH\_46d. Diagnosis of cervical cancer? ☐ YES, AND FREE FOR TARGET POP ☐ YES, BUT NOT FREE ☐ NO ☐ UNKNOWN
- RH\_46e. Treatment of cervical cancer? ☐ YES, AND FREE FOR TARGET POP ☐ YES, BUT NOT FREE ☐ NO ☐ UNKNOWN
- RH\_46f. Palliative care of cervical cancer? ☐ YES, AND FREE FOR TARGET POP ☐ YES, BUT NOT FREE ☐ NO ☐ UNKNOWN

RH\_47. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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## INFERTILITY

- RH\_48. Are there policies/ laws on infertility management? ☐ YES ☐ NO ☐ UNKNOWN  
If NO, UNKNOWN → skip to RH\_55

RH\_49. Are there policies/laws that regulate access to the application or practice of Assisted Reproductive Technology?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to RH\_51**

RH\_50. Which of the following practices are regulated?

RH\_50a. Posthumous reproduction?

☐ YES ☐ NO ☐ UNKNOWN

RH\_50b. Gamete Donation?

☐ YES ☐ NO ☐ UNKNOWN

RH\_50c. Foetal reduction?

☐ YES ☐ NO ☐ UNKNOWN

RH\_50d. In vitro fertilization (IVF)

☐ YES ☐ NO ☐ UNKNOWN

RH\_50e. Sex Selection?

☐ YES ☐ NO ☐ UNKNOWN

RH\_50f. Same sex/single parenting?

☐ YES ☐ NO ☐ UNKNOWN

RH\_50g. Cross border reproduction?

☐ YES ☐ NO ☐ UNKNOWN

RH\_51. Are there penalties for the violation of the governance, licensing and credentials certification of the practice of Assisted Reproductive Technology?

☐ YES ☐ NO ☐ UNKNOWN

RH\_52. Are there national programmes that provide financial support for the individual use of assisted fertility services?

☐ YES ☐ NO ☐ UNKNOWN

RH\_53. Are the Assisted Reproductive Technology or IVF services available to the following groups of people?

RH\_53a. Heterosexual couples in recognized relationships?

☐ YES ☐ NO ☐ UNKNOWN

RH\_53b. Heterosexual couples not in a recognized relationship (unmarried)?

☐ YES ☐ NO ☐ UNKNOWN

RH\_53c. Same sex couples in a recognized relationship?

☐ YES ☐ NO ☐ UNKNOWN

RH\_53d. Same sex couples not in a recognized relationship (unmarried)?

☐ YES ☐ NO ☐ UNKNOWN

RH\_54. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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### SEXUAL HEALTH

RH\_55. Are there national policies/laws on sexual health information and services?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to GBV\_1**

RH\_56. Do the laws or policies on sexual health information and services have provisions for non-discrimination for the following groups?

RH\_56a. Age?

☐ YES ☐ NO ☐ UNKNOWN

RH\_56b. Sex?

☐ YES ☐ NO ☐ UNKNOWN

RH\_56c. Sexual orientation?

☐ YES ☐ NO ☐ UNKNOWN

RH\_56d. Gender identity?

☐ YES ☐ NO ☐ UNKNOWN

RH\_56e. Disability?

☐ YES ☐ NO ☐ UNKNOWN

RH\_56f. Race/ethnicity?

☐ YES ☐ NO ☐ UNKNOWN

RH\_56g. Marital status?

☐ YES ☐ NO ☐ UNKNOWN

RH\_56h. HIV status?

☐ YES ☐ NO ☐ UNKNOWN

RH\_56i. Involvement in sex work?

☐ YES ☐ NO ☐ UNKNOWN

RH\_56j. Others?

☐ YES ☐ NO ☐ UNKNOWN

RH\_57. Are there laws or policies on any of the following?

RH\_57a. Decriminalizing male commercial sex workers?

☐ YES ☐ NO ☐ UNKNOWN

RH\_57b. Decriminalizing female commercial sex workers?

☐ YES ☐ NO ☐ UNKNOWN

RH\_57c. Regulate sex work through regular medical check-ups?

☐ YES ☐ NO ☐ UNKNOWN

RH\_58. Are there policies/laws prohibiting harmful practices related to sexual health?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to RH\_60**

RH\_59. Do any policies/laws exist that prohibit the following?

RH\_59a. Female genital mutilation (FGM)?

☐ YES ☐ NO ☐ UNKNOWN

RH\_59b. Virginity testing?

☐ YES ☐ NO ☐ UNKNOWN

RH\_59c. Preference for male child/son?

☐ YES ☐ NO ☐ UNKNOWN

RH\_59d. Decriminalizing same sex relationships?

☐ YES ☐ NO ☐ UNKNOWN

RH\_60. Are there policies /laws establishing mandatory Comprehensive Sexuality Education (CSE) as part of the regular educational curriculum?

☐ YES ☐ NO ☐ UNKNOWN

RH\_61. Do policies/laws exist on standard curricula for the training of health providers in sexuality counselling?

☐ YES ☐ NO ☐ UNKNOWN

RH\_62. Do policies/laws exist on a strategy to provide sexuality counselling (as defined by WHO) through public services?

☐ YES ☐ NO ☐ UNKNOWN

RH\_63. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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## MODULE 7: GENDER BASED VIOLENCE

### INSTRUCTIONS:

- You have been designated as the person responsible for submitting the **GENDER BASED VIOLENCE** module in the online survey tool. We ask that you work with the responsible lead(s) from the Ministry of Health to complete the survey. Additionally, you may consult gender based violence focal points from WHO, UNICEF, or UNFPA country offices and/or other partners, as well as other Ministries/government organizations, specifically including staff with appropriate expertise.
- Each module is split into several sections. These sections can be completed in separate sessions and saved in the online survey tool. At the end of each section, you will be asked to upload relevant documents used to complete the section. If electronic copies of the documents are available, you will be asked to upload them in the online survey tool. If you are unable to upload the documents, you will be asked to provide an explanation.
- Thus, prior to beginning the survey, we ask that you collect the following documents, in electronic format when possible:
  - National policies for the area of gender based violence
  - Latest guidelines for gender based violence
- The online survey is formatted with automatic skips and jumps which should decrease the time for completion. Please first watch the video with instructions on how to complete the survey prior to beginning. Here is a link to the video: <http://datamncah.org/rmncah/vid/pv/>
- A complete instruction manual can also be downloaded from here: <https://drive.google.com/file/d/1RmKeSfyZINcUSMZUCWremEZbMxvu51Oh/view>
- When all of the sections of the module are completed, the module can be submitted. After you complete the gender based violence module, please press the submit button and notify the person responsible for submitting the survey online that you have completed your module.

GBV\_1. Responsible lead from Ministry of Health (MoH) for the gender based violence module

\_\_\_\_\_

GBV\_2. Position title of responsible lead from MoH for the gender based violence module

\_\_\_\_\_

GBV\_3. Contact email of responsible lead from MoH for the gender based violence module

\_\_\_\_\_

GBV\_4. Person responsible for submitting the gender based violence module online

\_\_\_\_\_

GBV\_5. Affiliation of person responsible for submitting the gender based violence module online

- ☐ MINISTRY OF HEALTH (MOH)
- ☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_ (specify)
- ☐ WHO
- ☐ UNICEF
- ☐ UNFPA
- ☐ OTHER \_\_\_\_\_ (specify)

GBV\_6. Position title of person submitting the gender based violence module online

\_\_\_\_\_



GBV\_7. Contact email of person submitting the gender based violence module online

\_\_\_\_\_

GBV\_8. Did the lead respondent consult with others to complete this module?

☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to GBV\_10**

GBV\_9. Which institutions were consulted? SELECT ALL THAT APPLY.

- ☐ MINISTRY OF HEALTH (MOH)
- ☐ GOVERNMENT AGENCY (NOT MOH) \_\_\_\_\_
- ☐ WHO (specify)
- ☐ UNICEF
- ☐ UNFPA
- ☐ OTHER \_\_\_\_\_  
(specify)

# GENERAL GENDER BASED VIOLENCE

GBV\_10. Are there national policies/guidelines that reference gender-based violence? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to GBV\_12**

GBV\_11. Does the national policy on gender-based violence include the following?

GBV\_11a. Social or gender norm change strategies? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_11b. Legal and police services for survivors? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_11c. Perpetrator programs/interventions? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_11d. Mass media campaigns/ awareness raising initiatives? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_11e. Healthy relationship skills to manage conflicts? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_11f. Parenting programmes to prevent child abuse or to improve parent-child communication? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_11g. Minimum age of consensual sexual activity? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_11h. Interventions addressing alcohol or other substance misuse? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_11i. Promoting/enforcing laws and policies on 'gender equality' (e.g. improving women's employment, education, improving equality for women in marriage, custody or divorce laws)? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_11j. Capacity building/ skills training for service providers? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_11k. Monitoring & evaluation of Gender-based Violence (GBV) programmes? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_11l. Standardizing data collection, conducting research and documentation of GBV? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_12. Does your country have a multi-sectoral plan of action for gender-based violence? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_13. Is marital rape criminalized? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_14. Is there a budget line item for provision of health services for violence against women/gender-based violence in the government budget? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_15. Are there national guidelines or protocols to address violence against women/gender-based violence by the health sector? ☐ YES ☐ NO ☐ UNKNOWN

**If NO, UNKNOWN → skip to GBV\_18**

GBV\_16. Do the guidelines require the following?

GBV\_16a. Sexual assault services available 24/7? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_16b. Privacy during consultation? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_16c. Confidentiality (e.g. in providing care and documenting)? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_16d. Non-judgemental, supportive response to disclosure? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_16e. Providing referrals and strengthening linkages? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_17. Do clinical guidelines/ protocol include any of the following elements of care for survivors of violence against women/gender-based violence?

- GBV\_17a. Universal screening for domestic violence/intimate partner violence? ☐ YES ☐ NO ☐ UNKNOWN
- GBV\_17b. Selective or clinical enquiry for domestic violence/intimate partner violence? ☐ YES ☐ NO ☐ UNKNOWN
- GBV\_17c. Psychosocial support including psychological first aid/ first line support? ☐ YES ☐ NO ☐ UNKNOWN
- GBV\_17d. Mandatory reporting for domestic violence/intimate partner violence? ☐ YES ☐ NO ☐ UNKNOWN
- GBV\_17e. Sexual assault services available 24/7? ☐ YES ☐ NO ☐ UNKNOWN
- GBV\_17f. Emergency contraception within 5 days of sexual assault? ☐ YES ☐ NO ☐ UNKNOWN
- GBV\_17g. Access to safe abortion in cases of rape or incest? ☐ YES ☐ NO ☐ UNKNOWN
- GBV\_17h. STI prophylaxis for survivors of sexual assault? ☐ YES ☐ NO ☐ UNKNOWN
- GBV\_17i. HIV post-exposure prophylaxis (PEP) for survivors of sexual assault? ☐ YES ☐ NO ☐ UNKNOWN
- GBV\_18. Does your country have a training program to strengthen the capacity of health care providers to respond to violence against women/gender-based violence? ☐ YES ☐ NO ☐ UNKNOWN

GBV\_19. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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01		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
02		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
03		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY		

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04		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
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## GLOSSARY OF TERMS

<b>Adolescent</b>	For the purposes of this survey, an adolescent is 10–19 years of age. Young adolescent refers to 10–14 year olds, while older adolescent refers to 15–19 year olds.
<b>Antenatal care (ANC)</b>	The care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy. The components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion
<b>Assisted Reproductive Technology (ART)</b>	All procedures that include the in vitro handling of both human oocytes and sperm or of embryos for the purpose of reproduction. This includes, but is not limited to, In vitro fertilization and embryo transfer, intracytoplasmic sperm injection (ICSI), embryo biopsy, preimplantation genetic testing, assisted hatching, gamete intrafallopian transfer, zygote intrafallopian transfer, gamete and embryo cryopreservation, semen, oocyte and embryo donation, and gestational carrier cycles. Thus, ART does not, and ART-only registries do not, include assisted insemination using sperm from either a woman's partner or a sperm donor.
<b>Auxiliary nurse</b>	Have some training in secondary school. A period of on-the job training may be included, and sometimes formalised in apprenticeships. An auxiliary nurse has basic nursing skills and no training in nursing decision-making. However, in different countries the level of training may vary between few months to 2-3 years. Different names include nurse assistant and enrolled nurse.
<b>Auxiliary nurse midwife</b>	Have some training in secondary school. A period of on-the job training may be included, and sometimes formalised in apprenticeships. Like an auxiliary nurse, an auxiliary nurse midwife has basic nursing skills and no training in nursing decision-making. Auxiliary nurse midwives assist in the provision of maternal and newborn health care, particularly during childbirth but also in the prenatal and postpartum periods. They possess some of the competencies in midwifery but are not fully qualified as midwives. Different names include auxiliary midwife.
<b>Baby friendly hospital initiative</b>	The Baby-friendly Hospital Initiative (BFHI) is a global effort to implement practices that protect, promote and support breastfeeding. Skilled health personnel, as referenced by SDG indicator 3.1.2, are competent maternal and newborn health (MNH) professionals educated, trained and regulated to national and international standards. They are competent to: (i) provide and promote evidence-based, human-rights-based, quality, socio-culturally sensitive and dignified care to women and newborns; (ii) facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience; and (iii) identify and manage or refer women and/or newborns with complications. In addition, as part of an integrated team of MNH professionals (including, in alphabetical order, anaesthetists, doctors [such as obstetricians and paediatricians], midwives and nurses), they perform all signal functions of emergency maternal and newborn care to optimize the health and well-being of women and newborns.*
<b>Births attended by skilled health personnel</b>	Within an enabling environment, midwives educated and regulated to International Confederation of Midwives (ICM) standards can provide nearly all of the essential care needed for women and newborns. (In different countries, these competencies are held by professionals with varying occupational titles).

\*The state of the world's midwifery 2014: a universal pathway: a woman's right to health. New York (NY): United Nations Population Fund; 2014 ([www.unfpa.org/sowmy](http://www.unfpa.org/sowmy)).

<b>Calendar method</b>	Contraceptive method where women monitor their pattern of menstrual cycle over 6 months, subtracts 18 from shortest cycle length (estimated 1st fertile day) and subtracts 11 from longest cycle length (estimated last fertile day). Also known as rhythm method.
<b>Child</b>	For the purposes of this survey, a child is 1 month to 9 years of age.
<b>Child Rights / Child Welfare Act/Law</b>	Legally binding rules aimed at the protection of children's health, development and well-being
<b>Civil registration and vital statistics (CRVS)</b>	Records such events as live births, deaths, foetal deaths, marriages, divorces and other related occurrences, such as adoptions. Vital or civil registration systems are established by law to meet the specific needs of governments and of the individuals subject to the jurisdiction of the civil registration law.
<b>Comprehensive sexuality education (CSE)</b>	Sexual education that focuses on physiology, sexual and reproductive health, but also address issues of gender and power in relationships, and participatory teaching methods
<b>Coordinating body</b>	A committee or group of individuals responsible for organizing and directing a specific activity with multiple stakeholders or participants (e.g. steering committee, technical working group)
<b>Cross border reproduction</b>	The provision of reproductive health services in a different jurisdiction or outside of a recognized national border within which the person or persons legally reside
<b>Early childhood development</b>	Early child development (ECD) encompasses physical, socio-emotional, cognitive and motor development between 0-8 years of age
<b>Emergency contraception</b>	Refers to methods of contraception that can be used to prevent pregnancy after sexual intercourse. These are recommended for use within 5 days but are more effective the sooner they are used after the act of intercourse.
<b>Emergency Obstetric Care Services (EmOC)</b>	Services for the treatment of complications that arise during pregnancy and childbirth
<b>Equity</b>	Health equity is the absence of unfair and avoidable or remediable differences in health interventions and outcomes among groups of people, which may be defined socially, economically, demographically or geographically, or by other means of stratification.
<b>Essential medicines list</b>	List of essential medicines are those that satisfy the priority health care needs of the population. The current versions of the WHO Model Lists of Essential Medicines are the 20th WHO Essential Medicines List (EML) and the 6th WHO Essential Medicines List for Children (EMLc) updated in March 2017.
<b>Essential newborn care</b>	Care for all newborns and includes immediate and thorough drying, skin to skin contact of the newborn with the mother, cord clamping and cutting after the first minutes after birth, early initiation of breastfeeding, and exclusive breastfeeding. Newborns who do not start breathing on their own by one minute after birth should receive positive pressure ventilation with room air by a self-inflating bag and mask. After the first hour of life, newborns should receive eye care, vitamin K, and recommended immunizations (birth dose of OPV and Hepatitis B vaccine). They should be assessed for birth weight, gestational age, congenital defects and signs of newborn illness.
<b>Family planning</b>	Allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility
<b>Female genital mutilation</b>	Comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons
<b>Foetal reduction</b>	An intervention intended to reduce the number of gestational sacs or fetuses in a multiple gestation
<b>Gamete donation</b>	A process utilizing gametes (oocytes or sperms) collected from a donor (living or dead) for clinical application or research

<b>Gender based violence</b>	Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life
<b>Guideline</b>	Systematically developed evidence-based statements which assist providers, recipients and other stakeholders to make informed decisions about appropriate health interventions. Health interventions are defined broadly to include not only clinical procedures but also public health actions.
<b>Health information system (HIS)</b>	A health information system (HIS) has four key functions: (i) data generation, (ii) compilation, (iii) analysis and synthesis, and (iv) communication and use. The health information system collects data from health and other relevant sectors, analyses the data and ensures their overall quality, relevance and timeliness, and converts the data into information for health-related decision-making.
<b>Health policy</b>	Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. An explicit health policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term. It outlines priorities and the expected roles of different groups; and it builds consensus and informs people
<b>Home based record</b>	A medical document—more often physical rather than electronic—issued by a health authority—such as a national, provincial, state or district health department—on which an individual's history covering one or more components of preventive/curative antenatal, postnatal, newborn, and child health, vaccination (including Human Papillomavirus (HPV)) and nutrition is recorded.
<b>Human rights institution</b>	National human rights institutions are State bodies with a constitutional and/or legislative mandate to protect and promote human rights. They are part of the State apparatus and are funded by the State.
<b>ICD MM</b>	WHO application of International classification of Diseases (ICD-10) to deaths during pregnancy, childbirth and puerperium
<b>ICD PM</b>	WHO application of International classification of Diseases (ICD-10) to deaths during the perinatal period
<b>In vitro fertilization</b>	An assisted reproductive technology procedure that involves extracorporeal fertilization. It includes conventional in-vitro insemination and intracytoplasmic sperm injection (ICSI)
<b>Integrated community case management of childhood illness (iCCM)</b>	A strategy to equip, train, support and supervise community health workers to assess children and deliver curative treatment, specifically, providing treatment for pneumonia and diarrhoea in non-malaria endemic countries or pneumonia, diarrhoea and malaria treatment in malaria endemic countries. Two or three the just described treatments must be present to be considered iCCM. ICCM may also include screening, referral and treatment for malnutrition, and of newborns with illness.
<b>Integrated management of childhood illness (IMCI)</b>	IMCI is an integrated approach to child health that focuses on the well-being of the whole child. The approach focuses on the major causes of death in children through improving case management skills of health workers, strengthening the health system, and addressing family and community practices. The three components of the IMCI strategy are most effective when they are implemented simultaneously.
<b>Intermittent preventive treatment in infants (IPTi)</b>	Intermittent preventive treatment in infants is a full therapeutic course of antimalarial medicine delivered to infants through routine immunization services, regardless of whether the child is infected with malaria. IPTi reduces clinical malaria, anaemia and severe malaria in the first year of life. Treatment is given 3 times during the first year of life at approximately 10 weeks, 14 weeks, and 9 months of age, corresponding to the routine vaccination schedule of the Expanded Programme on Immunization (EPI).

<b>International Confederation of Midwives (ICM)</b>	An accredited non-governmental organization that works closely with the WHO, UNFPA, UNICEF and other organizations worldwide to achieve common goals in the care of mothers and children
<b>Intimate partner violence</b>	Behaviour within an intimate relationship that causes physical, sexual or psychological harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours
<b>Kangaroo mother care</b>	The practice of providing continuous skin-to-skin contact between mother and baby, exclusive breastmilk feeding, and early discharge from hospital
<b>Lactational amenorrhea method</b>	Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive or full breastfeeding day and night of an infant less than 6 months old
<b>Law</b>	Rules that govern behaviour. Laws can be made by a legislature, resulting in primary legislation (often called statutes or acts), by executive or local government through the issue of secondary legislation (including decrees, regulations and bylaws), or by judges through the making of binding legal precedent (normally in common law jurisdictions). Any health worker who performs functions related to health-care delivery; was trained in some way in the context of the intervention; but has received no formal professional or paraprofessional certificate or tertiary education degree. Different names include community health worker, village health worker, treatment supporter, promotores, etc.
<b>Lay health worker</b>	
<b>Low birth weight</b>	Birth weight of less than 2 500g, irrespective of gestational age
<b>Maternal death review and response (MDSR)</b>	Continuous cycle of notification, review, analysis and response that works to increase the avoidability of preventable maternal mortality by involving all stakeholders in the process of identifying maternal deaths, understanding why they happened and taking action to prevent similar deaths occurring in the future.
<b>Midwife</b>	A person who has been assessed and registered by a state midwifery regulatory authority or similar regulatory authority. They offer care to childbearing women during pregnancy, labour and birth, and during the postpartum period. They also care for the newborn and assist the mother with breastfeeding. Their education lasts three, four or more years in nursing school, and leads to a university or postgraduate university degree, or the equivalent. A registered midwife has the full range of midwifery skills. Different names include registered midwife, midwife, community midwife.
<b>Newborn</b>	For the purposes of this survey, a newborn is 0-4 weeks old.
<b>Newborn death</b>	The death within 28 days of birth of any live-born baby regardless of weight or gestational age
<b>Newborn intensive care unit (NICU)</b>	Neonatal service provided at tertiary level of care for management of high risk small and sick newborns
<b>Nurse</b>	A graduate who has been legally authorised (registered) to practice after examination by a state board of nurse examiners or similar regulatory authority. Education includes three, four or more years in nursing school, and leads to a university or postgraduate university degree or the equivalent. A registered nurse has the full range of nursing skills. Different names include registered nurse, nurse practitioner, clinical nurse specialist, advance practice nurse, practice nurse, licensed nurse, diploma nurse, BS nurse, nurse clinician.
<b>Postnatal care</b>	The care provided by skilled health-care professionals to women and their newborn in the postnatal period (defined from birth to 6 weeks), through four postnatal contacts in order to ensure the best health conditions for both mother and baby. The components of PNC include: assessment of wellbeing of mother and baby; prevention, detection and management of postnatal related problems; management of concurrent diseases; and health education and health promotion.



<b>Pneumonia with chest in-drawing</b>	Chest in-drawing, is the abnormal inward movement of subcostal tissue (i.e. the tissue inferior to the costal cartilage of the lower anterior chest wall) during inspiration, and in children, chest in-drawing often occurs during respiratory diseases with poorly compliant, or “stiff,” lungs. This is a sign of severe pneumonia.
<b>Pneumonia with fast breathing</b>	One of the body’s responses to hypoxia due to infection in the lungs, is increasing the respiratory rate. This is a sign of severe pneumonia.
<b>Possible serious bacterial infection (PSBI)</b>	A young infant is classified as having PSBI or Very Severe Disease when any one or more of the following signs is present: not able to feed since birth or stopped feeding well (confirmed by observation); convulsions; fast breathing (60 breaths per minute or more); severe chest in-drawing; fever (38° C or greater); low body temperature (less than 35.5°C)
<b>Posthumous donation</b>	A process utilizing gametes and/or embryos from a deceased person or persons with the intention of producing offspring
<b>Pre-service training</b>	Learning that takes place in preparation for taking on a future role, for example, as a doctor or nurse. This education provides a broad array of knowledge, skills and attitudes needed to fulfil that future role and from which the student can later select what is needed in a specific situation. Preservice education most often takes place in schools and universities (e.g. medical, nursing and midwifery schools).
<b>Preterm birth</b>	A baby born < 37 completed weeks gestation
<b>Programme</b>	A coordinated and comprehensive set of planned, sequential health strategies, activities and services designed to achieve well-defined objectives and targets. A national programme usually has national, subnational and local coordinators, and dedicated funding to support planned activities. Within the health sector the term national health programme is often used to indicate national health-care system components that administer specific services (e.g. national programmes for HIV, adolescent health or school health services)
<b>Quality of care</b>	The extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centered
<b>Same sex/single parenting policy</b>	The prospective parents are of the same sex, or is a person without a partner, to bring up or raise the child.
<b>Seasonal malaria chemoprevention (SMC)</b>	The intermittent administration of full treatment courses of an antimalarial medicine to children in areas of highly seasonal transmission during the malaria season
<b>Sex selection</b>	Foetal reduction based on a preferred sex of the embryo. Sex selection can be performed at preconception (selection of enriched fractions of X- or Y- bearing sperm, pre-implantation (male or female embryo selection) and prenatal (sex selection abortion). It can be medical (acceptable) or non-medical (controversial). Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Three types of sexual violence are commonly distinguished: sexual violence involving intercourse (i.e. rape), contact sexual violence (e.g. unwanted touching, but excluding intercourse), and non-contact sexual violence (e.g. threatened sexual violence, exhibitionism, and verbal sexual harassment)
<b>Sexual violence</b>	
<b>Small for gestational age (SGA)</b>	Birth weight less than 2 standard deviations below the mean or less than the 10th percentile according to local intrauterine growth charts. An SGA baby may be preterm or full-term.
<b>Stakeholder</b>	Individual, group or an organization that has an interest in the organization and delivery of health care
<b>Standards</b>	A statement of a defined level of quality in the delivery of services that is required to meet the needs of intended beneficiaries.

<b>Standard days method</b>	Contraceptive method where women track their fertile periods (usually days 8 to 19 of each 26 to 32 day cycle) using cycle beads or other aids
<b>Stillbirth</b>	A baby born with no signs of life, weighing $\geq 1\,000$ g or with more than 28 completed weeks of gestation and $\geq 35$ cm body length (birth weight given priority over gestational age). This is for international comparison. Other countries may have adopted lower cut-offs for stillbirths: a baby born with no signs of life, weighing 500 g or more with more than 22 completed weeks of gestation and body length of 25 cm or more.
<b>National health strategy</b> (Also known as a national health strategic plan or national health plan)	A process of organizing decisions and actions to achieve particular ends, set within a policy, providing "a model of an intended future situation and a programme of action predetermined to achieve the intended situation". Refers to the broad, long term lines of action to achieve the policy vision and goals for the health sector, incorporating "the identification of suitable points for intervention, the ways of ensuring the involvement of other sectors, the range of political, social, economic and technical factors, as well as constraints and ways of dealing with them"
<b>Substance use</b>	Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.
<b>Sympto-thermal method</b>	Contraceptive method where women track their fertile periods by observing changes in the cervical mucus (clear texture), body temperature (slight increase) and consistency of the cervix (softening).
<b>Target</b>	An intermediate result towards an objective that a programme seeks to achieve, within a specified time frame, a target is more specific than an objective and lends itself more readily to being expressed in quantitative terms.
<b>Two-day method</b>	Contraceptive method where women track their fertile periods by observing presence of cervical mucus (if any type color or consistency) "Access" is understood as a broad concept that measures three dimensions of key health sector interventions: availability, coverage, and outcome and impact. Availability is defined in terms of the reachability (physical access), affordability (economic access) and acceptability (sociocultural access) of services that meet a minimum standard of quality. Making services available, affordable and acceptable is an essential precondition for achieving universal access.
<b>Universal access</b>	Coverage is defined as the proportion of people needing an intervention who receive it. Coverage is influenced by the supply or provision of services, and by the demand from those who need services and their health-seeking behaviour. Outcome and impact are defined in terms of medium-term effects, such as behavioural change or higher survival rates, and long-term effects, such as lower infection rates. Outcome and impact are the result of coverage, and depend on the efficiency and effectiveness of interventions.
<b>Very low birth weight</b>	Birth weight of less than 1 500 g
<b>Women of reproductive age</b>	For purposes of this survey, a woman of reproductive age is 15-49 years of age