# Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health Policy Survey 2023

# **TABLE OF CONTENTS**

INTRODUCTION	3
DATA SHARING AGREEMENT	5
BASIC INFORMATION	6
MODULE 1: CROSS CUTTING SRMNCAH	7
INTRODUCTORY SECTION	8
QUALITY OF CARE FOR SRMNCAH	12
FINANCIAL PROTECTION	14
POLICIES AND LEGISLATION RELATED TO HUMAN RIGHT TO HEALTH AND HEALTHCARE	18
POLICIES ON BIRTH REGISTRATION PROCESSES	20
MODULE 2: MATERNAL AND NEWBORN HEALTH	23
STRATEGIC PLAN	
ANTENATAL CARE POLICY	25
CHILDBIRTH POLICY	
POLICY ON POSTNATAL CARE FOR THE WOMAN AND NEWBORN	
MANAGEMENT OF PREMATURE /LOW BIRTHWEIGHT NEWBORNS	
MANAGEMENT OF SICK NEWBORNS	
MIDWIFERY POLICY	
MATERNAL AND PERINATAL DEATHS SURVEILLANCE AND RESPONSE	37
MODULE 3: CHILD HEALTH	40
STRATEGIC PLAN	42
PREVENTION AND MANAGEMENT OF PNEUMONIA	43
PREVENTION AND MANAGEMENT OF DIARRHOEA	45
PREVENTION AND MANAGEMENT OF MALARIA – situational for malaria endemic countries	
PAEDIATRIC HOSPITAL CARE FOR SICK CHILDREN	49
EARLY CHILDHOOD DEVELOPMENT	
PROVISION OF INTEGRATED CHILD HEALTH SERVICES/IMCI	53
MODULE 4: ADOLESCENT HEALTH	56
STRATEGIC PLAN	58
OVERALL PLANS/GUIDELINES FOR ADOLESCENT HEALTH	
INFRASTRUCTURE AND TRAINING	60
CONSENT FOR SERVICES	
LEGISLATION	64
MODULE 5: SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS	67
STRATEGIC PLAN	69
GENERAL SEXUAL AND REPRODUCTIVE HEALTH CARE	69
FAMILY PLANNING / CONTRACEPTION	70
SEXUALLY TRANSMITTED INFECTIONS	73
CERVICAL CANCER	
INFERTILITY	
SEXUAL HEALTH	
SELF-CARE FOR SEXUAL AND REPRODUCTIVE HEALTH	81
MODULE 6: GENDER-BASED VIOLENCE	83
STRATEGIC PLAN	85

# SRMNCAH Policy Survey 2023

GI	ILOSSARY OF TERMS	. 97
	GENERAL VIOLENCE AGAINST WOMEN/GENDER-BASED VIOLENCE (VAW/GBV) INDICATOR REVIEW	. 87
	GENERAL VIOLENCE AGAINST WOMEN/GENDER-BASED VIOLENCE (VAW/GBV)	. 85

# INTRODUCTION

The Global Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH) Policy Survey is coordinated by the World Health Organization (WHO) Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA) with the Department of Sexual and Reproductive Health and Research (SRH). The objective of the survey is to track country progress in adopting WHO recommendations in national health laws, policies, strategies and guidelines related to SRMNCAH.

The WHO maternal, newborn, child and adolescent health policy survey was conducted in four rounds: 2009-10, 2011-12, 2013-14, 2016. In 2018-19, a combined SRMNCAH survey was conducted and was completed by 150 Member States and five additional countries. The results of the 2018-19 survey round can be found here: https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies

We are now enumerating the sixth round of the SRMNCAH policy survey. For countries who completed the 2018-19 SRMNCAH policy survey, the process will involve a review of the responses to the 2018-19 survey; for this purpose, we have included the previous responses for your country throughout the survey for review and verification.

We ask that WHO country offices work with relevant SRMNCAH focal point(s) from the Ministry of Health to complete the survey and review all modules before submitting the survey before the deadline of 31 March 2023. Each Ministry of Health focal point will also be responsible for contacting the relevant programmes or units within the Ministry of Health (e.g. malaria, nutrition, TB, HIV, etc.) and other ministries or institutions (e.g. national institutes of statistics, ministries of education, women's rights mechanisms, etc.) where necessary. We also recommend gathering relevant national SRMNCAH documents (laws, policies, guidelines, strategic plans, etc.) before completing the survey modules. It may be helpful to review the questionnaire to understand and gather the types of documents that you will need to complete the survey.

The questionnaire consists of several modules covering: cross cutting SRMNCAH; maternal and newborn health; child health; adolescent health; sexual health and reproductive health; and gender-based violence. This survey is conducted through an online platform using a format that allows for multiple respondents to contribute to the different modules, with one lead respondent whose responsibility is to ensure all modules have been completed.

The online survey is formatted with automatic skips which should decrease the time for completion.

Prior to beginning each survey module, we ask that you collect all country relevant documents such as:

- National laws and policies for the areas of Sexual, Reproductive, Maternal, Newborn, Child and/or Adolescent Health
- Latest national guidelines for Sexual, Reproductive, Maternal, Newborn, Child and/or Adolescent Health
- Current national strategic plan(s) for Sexual, Reproductive, Maternal, Newborn, Child and/or Adolescent Health

Key definitions of topics covered in the survey are included in the glossary at the end of this document. Most questions in the survey will cover laws, policies, guidelines, and national health strategies (also known as national heath strategic plans or national health plans). For the purpose of this survey, these are defined as:

Law

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).

Policy refers to decisions, plans, and actions that are undertaken to achieve specific goals within a society (e.g. health or social goals). An explicit policy can achieve several **Policy** 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 Guidelines are systematically developed evidence-based statements which assist providers, recipients and other stakeholders to make informed decisions about Guideline appropriate health interventions. Health interventions are defined broadly to include not only clinical procedures but also public health actions. **National health** A national health strategy is a process of organizing decisions and actions to achieve strategy particular ends, set within a policy, providing "a model of an intended future situation (Also known as a and a programme of action predetermined to achieve the intended situation". Refers to national health 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 strategic plan or national health ensuring the involvement of other sectors, the range of political, social, economic and plan) technical factors, as well as constraints and ways of dealing with them" Key groups covered in this survey include newborns, children, and adolescents. For the purpose of this survey, these are defined as below (unless otherwise specified within the question): Newborn Newborns are defined as 0-4 weeks (0-27 days) old. Child Children are defined as 1 month to 9 years of age. Adolescent Adolescents are defined as 10–19 years of age. Where questions from the 2018-19 policy survey are asked again in this survey round, answers from countries who completed the 2018-19 survey will be presented to assist in responding. This will be structured as follows: ☐ YES ☐ NO ☐ UNKNOWN Is there a national coordinating body that is responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plans? [2018 response: YES] A validation exercise was conducted to review responses to the survey and compare them to uploaded documents. Where a mismatch was found between the uploaded document and the survey response, this information will also be presented as follows: ☐ YES ☐ NO ☐ UNKNOWN Is there a national coordinating body that is responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plans? [2018 response: YES. We found conflicting information in the uploaded document: On [PAGE NUMBER] of [DOCUMENT TITLE]: [TEXT FROM DOCUMENT PERTAINING TO QUESTION]. Please upload

If you have further questions or need assistance related to the questionnaire or content, please contact your regional SRMNCAH policy survey focal point.

supporting documents at the end of the section]

If you have questions or need assistance related to the online survey platform, please contact <a href="mmcahpolicysurvey@who.int">mmcahpolicysurvey@who.int</a>

# **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 https://www.who.int/about/policies/publishing/data-policy

### 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, the World Health Organization (WHO) wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

As used in this data collection tool, the term "Data provider" means a duly authorized representative of the governmental body with authority to release health data of the country to WHO (i.e. the Ministry of Health or other responsible governmental authority). The recipient of this data collection tool is responsible for ensuring that he/she is the Data provider, or for providing this data collection tool to the Data provider.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the Data provider:

- confirms that all data to be supplied to WHO (including but not limited to the types listed in Table 1
  (https://www.who.int/about/policies/publishing/data-policy/text-for-inclusion-in-data-collectionforms) 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 the country:
  - i. 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);
  - ii. 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 are required under legally binding instruments (International Health Regulations (2005), WHO Nomenclature Regulations 1967, etc.), the Data provider 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.

World Health Organization
WHO HQ/UHL/MCA/EME
1211 Geneva 27
Switzerland
rmncahpolicysurvey@who.int

[] I verify that I have read and understood the data sharing agreement

# **BASIC INFORMATION**

BI_1. Country name				
BI_2. Person responsible for completing survey	onlin	e		
BI_3. Affiliation of person responsible for compl  MINISTRY OF HEALTH (MOH) GOVERNMENT AGENCY (NOT MOH) WHO UNICEF UNFPA OTHER (specify)	eting	survey online		
BI_4. Position title of person completing survey	onlir	e		
BI_5. Contact email of person completing online	sur\	/ey		
BI_6. Date of completion of all modules of the s	urve	//	/ YEAR	
BI_7**. At what level are most¹ health guidelines developed?		NATIONAL SUBNATIONAL (E.G. DISTRICT, STATE, REGION)	OTHER (SPECIFY)	UNKNOWN
BI_8**. At what level are most¹ health policies/strategies developed?		NATIONAL SUBNATIONAL (E.G. DISTRICT, STATE, REGION)	OTHER  (SPECIFY)	UNKNOWN
BI_9**. At what level are most¹ health laws/regulations developed?		NATIONAL SUBNATIONAL (E.G. DISTRICT, STATE, REGION)	OTHER  (SPECIFY)	UNKNOWN

Please note: For countries with decentralized health systems, this survey is asking about laws, policies, or strategies developed at the national or federal level with the intention to guide the actions for the entire country.

<sup>&</sup>lt;sup>1</sup> More than half

# **MODULE 1: CROSS CUTTING SRMNCAH**

### **INSTRUCTIONS:**

- You have been designated as the person responsible for submitting the CROSS CUTTING Sexual, Reproductive, Maternal, Newborn, Child, Adolescent Health (SRMNCAH) 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 SRMNCAH 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 laws and policies for the areas of SRMNCAH
  - Latest guidelines for SRMNCAH
  - The current national health strategy<sup>2</sup>
- The online survey is formatted with automatic skips which should decrease the time for completion.
- When all of the sections of the module are completed, the module can be submitted.
- Please note: For countries with decentralized health systems, this survey is asking about laws, policies, or strategies developed at the national or federal level with the intention to guide the actions for the entire country

	SAME PERSON AS BA	ASIC INFORMATION	ross-cutting SRMNCAH module of N SECTION [ENTER NAME] TION SECTION→ skip to CC_4	nline
_	ffiliation of person re MINISTRY OF HEALT GOVERNMENT AGEN WHO UNICEF	Н (МОН)	npleting the cross-cutting SRMNC	AH module online
	UNFPA OTHER(spe	cify) on completing the	cross-cutting SRMNCAH module	online

<sup>&</sup>lt;sup>2</sup> A national health strategy is 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"

CC_4. Did the lead respondent for this mode complete this module?  If NO, U  replace parent_02_condition_value  → skip to CC_6	YES _ <b>02"N</b>				UNKNOWN			
CC_5. Which institutions were consulted? Si	ELEC	CT ALL THAT APPLY.						
☐ MINISTRY OF HEALTH (MOH) ☐ GOVERNMENT AGENCY (NOT MOT MOT MOT MOT MOT MOT MOT MOT MOT M	10H	)(specify)						
INTRODUCTORY SECTION								
CC_6**. Does your country have a current integrated national strategy/plan for the areas of sexual, reproductive, maternal, newborn, child and/or adolescent health?  An integrated strategy/plan includes at least two areas (of sexual and reproductive / maternal / newborn / child / adolescent)  If YES → skip to CC_8		YES	NO		UN	KNOW	/N	
CC_7**. Does your country have a current integrated subnational strategy/plan for the areas of sexual, reproductive, maternal, newborn, child and/or adolescent health?		YES, SPECIFY LEVEL:	NO		UN	KNOW	/N	
An integrated strategy/plan includes at least two areas (of sexual and reproductive / maternal / newborn / child / adolescent)								

CC\_8\*\*. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents in the next question.

	Document name	Start year	End year	Is this document current and correct?
1				☐ YES
				□ NO
2				☐ YES
				□ NO
3				☐ YES
				□ NO
				☐ YES
				□ NO

	CC_9 Please upload your (B)				(B)					(D)	(E)	(F)	(G)	(H)
	most <sup>3</sup>	Check each topic (Sexual, Reproductive,					2, 9	Start	End	How often is		Document		
	comprehensive/integrated	Mat	ernal,	Newbo	rn, Chi	ild, Add	lescent	t (`	(Year)	(Year)	the	When was the	Language	Upload document
	SRMNCAH strategic plan	inclu	ıded in	the sti	rategy/	'plan sp	pecified				strategy/plan	last review?		
	(A)	S	R	M	N	С	Α				reviewed?		(ARABIC, CHINESE,	
	Document title											(MONTH/YEAR)	ENGLISH, FRENCH,	If the document is
		(✓)	(√)	<b>(√)</b>	(√)	<b>(√)</b>	(✓)				(ANNUAL,		PORTUGUESE,	unavailable for upload,
											BIANNUAL,		RUSSIAN, SPANISH,	please provide a reason
											OTHER)		OTHER)	for why it cannot be
														uploaded.
													If available, please	
													upload an English	
													version of the	
													document.	
(1)														
(2)														

<sup>&</sup>lt;sup>3</sup> Please upload the **most** comprehensive/integrated strategic plan, meaning the plan which includes the most SRMNCAH service areas. For example, a strategic plan on Reproductive, Maternal, Newborn, and Child health would be more comprehensive/integrated than a strnategic plan on Maternal and Newborn health.

CC_10. Is there a national coordinating body⁴ that is responsible for developing, implementing, or oversight of any SRMNCAH strategy, policy, or plans?  If NO, UNKNOWN  → skip to CC_14	YES	NO	UNKNOWN
CC_11. Which of the following stakeholders <sup>5</sup> are typically included in the SRMNCAH coordinating body (e.g. steering committee, technical working group)?			
CC_11a. Ministry of health?	YES	NO	UNKNOWN
CC_11b. Other government organizations/sectors?	YES	NO	UNKNOWN
CC_11c. H6 partnership organizations (UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank)?	YES	NO	UNKNOWN
CC_11d. Other implementing partners?	YES	NO	UNKNOWN
CC_11e. Donors?	YES	NO	UNKNOWN
CC_11f. Academia?	YES	NO	UNKNOWN
CC_11g. Professional associations?	YES	NO	UNKNOWN
CC_11h.Civil society organisations?	YES	NO	UNKNOWN
CC_11i. Private sector?	YES	NO	UNKNOWN
CC_11j. Adolescents/young people?	YES	NO	UNKNOWN
CC_11k. Other?	YES	NO	UNKNOWN
(specify)			
CC_12. How often does the SRMNCAH committee typically meet?			
<ul> <li>MONTHLY</li> <li>BI-MONTHLY</li> <li>QUARTERLY</li> <li>SEMI-ANNUALLY</li> <li>ANNUALLY</li> <li>UNKNOWN</li> </ul>			

<sup>&</sup>lt;sup>4</sup> Committee or working group led by the Ministry of Health (or another institution at the national level?) and composed of different stakeholders responsible for developing, implementing, and oversight of the national SRMNCAH strategy, policy, and plans.

<sup>5</sup> Individual, group or an organization that has an interest in the organization and delivery of health care

CC_13. When was the last time the SRMNCAH committee met?										
MONTH YEAR										
IF MONTH UNKNOWN, ENTER 99, IF YEAR UNKNOWN, ENTER 9999										
CC_14. Do reviews <sup>6</sup> of the SRMNCAH pinclude stakeholder participation?	lan(s)	YES		NO		UNKNOWN				
If NO, UNKNOWN										
→ skip to CC_18										
CC_15. Which of the following stakeho participate in reviews <sup>5</sup> of the SRMNCAl plan(s)?										
CC15a. Ministry of health?		YES		NO		UNKNOWN				
CC_15b. Other government organizations/sectors?		YES		NO		UNKNOWN				
CC_15c. H6 partnership organiz (UNAIDS, UNFPA, UNICEF, WH0 Women, World Bank)?		YES		NO		UNKNOWN				
CC_15d. Other implementing partners <sup>7</sup> ?		YES		NO		UNKNOWN				
CC_15e.Donors?		YES		NO		UNKNOWN				
CC_15f. Academia?		YES		NO		UNKNOWN				
CC_15g Professional association	ns?	YES		NO		UNKNOWN				
CC_15h.Civil society organization	ons?	YES		NO		UNKNOWN				
CC_15i. Private sector?		YES		NO		UNKNOWN				
CC_15j. Adolescents/young peo	ople?	YES		NO		UNKNOWN				
CC_15k. Other?		YES		NO		UNKNOWN				
CC_16**. How often does the review to	CC 16**. How often does the review take place?									
☐ SEMI-ANNUALLY ☐ ANNUALLY ☐ OTHER (Specify)										

<sup>&</sup>lt;sup>6</sup> Review: strategic, periodic process of reviewing the progress made in implementation of national plan/strategy/road

map/etc. including identifying gaps, and making recommendations for the future <sup>7</sup> An implementer partner is any organization that assists the MOH in managing a program such as training staff, doing supply logistics etc.

CC_17**. When was the last time the review took place?						
MONTH YEAR						
IF MONTH UNKNOWN, ENTER 99 IF YEAR UNKNOWN, ENTER 9999						
QUALITY OF CARE <sup>8</sup> FOR SRMNCAH						
CC_18. Is there a national policy/guideline to improve qualicare (QoC) that includes or is specific to any SRMNCAH service.	-		YES		NO	UNKNOWN
CC_19. Have national quality of care standards <sup>9</sup> and prot for delivery of services in health facilities been developed any SRMNCAH services?  If NO, UNKNOWN  → skip to CC_21a			YES		NO	UNKNOWN
CC_20. Have national quality care standards and protocols for delivery of services been developed for any health facilities for the following?						
CC_20a. Sexual and reproductive health?	F Y IF YEA UNKN	YES, RECOF YEAR _ AR IS NOWN		 R	NO	UNKNOWN
CC_20b. Maternal health?		(ES, RECOF (EAR _			NO	UNKNOWN
	9999	NOWN				
CC_20c. Newborn health?	F	(ES, RECOF (EAR _	RD		NO	UNKNOWN
	IF YEA					
CC_20d. Child health?	F Y	RECOF	RD		NO	UNKNOWN
	IF YEA UNKN 9999	NOWN	ENTE	R		

<sup>&</sup>lt;sup>8</sup> 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

<sup>&</sup>lt;sup>9</sup> A statement of a defined level of quality in the delivery of services that is required to meet the needs of intended beneficiaries. A standard defines the performance expectations, structures or processes needed for an organization to provide safe, equitable, acceptable, accessible, effective and appropriate services.

CC_20e. Adolescent health?	IF Y	YES, RECORD YEAR YEAR IS KNOWN ENTER	NO	UNKNOWN
		KNOWN ENTER		

CC21a\*\*. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents in the next question.

	(1) Document name	(2) Start year	(3) End year	(4) Is this document current and correct?
1				☐ YES ☐ NO
2				☐ YES ☐ NO
3				☐ YES ☐ NO
				☐ YES ☐ NO

CC\_21b. Please upload all of the documents you have used to complete this section *QUALITY OF CARE FOR SRMNCAH* and provide details on each by completing the table below.

	(A)	(B)	(C)	(D)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER GUIDANCE		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OTHER		

03	RECORD CEAR	OPERATIONAL GUIDANCE GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	PLAN- STRATEGY POLICY REPORT OTHER	
04	RECORD CEAR	GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	PLAN- STRATEGY POLICY REPORT OTHER	
05	RECORD	GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	PLAN- STRATEGY POLICY REPORT OTHER	

### **FINANCIAL PROTECTION**

CC\_22. Are the following health services provided free of charge<sup>10</sup> at point of care in the public sector for women of reproductive age (age 15-49)?

CC_22a. Family planning <sup>11</sup> ?	YES, FOR ALL WOMEN YES, ONLY FOR WOMEN OVER AGE 18	YES, FOR OTHER SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
CC_22b. Antenatal care <sup>12</sup> ?	YES, FOR ALL WOMEN YES, ONLY FOR WOMEN OVER AGE 18	YES, FOR OTHER SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
CC_22c. Childbirth (normal delivery)?	YES, FOR ALL WOMEN YES, ONLY FOR WOMEN OVER AGE 18	YES, FOR OTHER SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
CC_22d. Caesarean section?	YES, FOR ALL WOMEN YES, ONLY FOR WOMEN OVER AGE 18	YES, FOR OTHER SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN

<sup>&</sup>lt;sup>10</sup> User does not incur any expenses at the point of care

 <sup>11</sup> Family planning 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
 12 The care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both woman and baby during pregnancy. The components of antennal care (ANC) include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion

	CC_22e.  Management of birth complications?	YES, FOR ALL WOMEN YES, ONLY FOR WOMEN OVER AGE 18	YES, FOR OTHER SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_22f. Postpartum care for women?	YES, FOR ALL WOMEN YES, ONLY FOR WOMEN OVER AGE 18	YES, FOR OTHER SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_22g. Testing and treatment for sexually transmitted infections?	YES, FOR ALL WOMEN YES, ONLY FOR WOMEN OVER AGE 18	YES, FOR OTHER SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_22h. Infertility management?	YES, FOR ALL WOMEN YES, ONLY FOR WOMEN OVER AGE 18	YES, FOR OTHER SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_22i. Screening for cervical cancer?	YES, FOR ALL WOMEN YES, ONLY FOR WOMEN OVER AGE 18	YES, FOR OTHER SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_22j**.  Management of precancerous lesions?	YES, FOR ALL WOMEN YES, ONLY FOR WOMEN OVER AGE 18	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
health s	Are the following services provided charge at point of the public sector borns?					
	CC_23a.  Management of birth complications (asphyxia, prematurity, infections, congenital anomalies)?	YES, FOR ALL NEWBORNS	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_23b. Postnatal care <sup>13</sup> ?	YES, FOR ALL NEWBORNS	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN

<sup>&</sup>lt;sup>13</sup> 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 the woman and baby. The components of PNC include: assessment of wellbeing of the woman and baby; prevention, detection and management of postnatal related problems; management of concurrent diseases; and health education and health promotion.

_	CC_23c. Sick newborn care (e.g. care for newborns with asphyxia, prematurity, sepsis, and congenital anomalies)? Are all children from user fees		YES, FOR ALL NEWBORNS	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
for the in the p	following services public sector?						
	CC_24a. Well child visits and growth monitoring?		YES, FOR ALL CHILDREN UNDER 5 YES, FOR ALL CHILDREN 5-9	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_24b. Immunization?		YES, FOR ALL CHILDREN UNDER 5 YES, FOR ALL CHILDREN 5-9	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_24c. Sick child outpatient care?		YES, FOR ALL CHILDREN UNDER 5 YES, FOR ALL CHILDREN 5-9	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_24d. Paediatric inpatient care?	_ _	YES, FOR ALL CHILDREN UNDER 5 YES, FOR ALL CHILDREN 5-9	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
(age 10 user fee followir	Are adolescents 1-19) exempt from the session of the services oublic sector?						
	CC_25a. Outpatient care visits?		YES, FOR ALL ADOLESCENTS	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_25b. Inpatient care visits?		YES, FOR ALL ADOLESCENTS	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_25c. HIV testing and counselling?		YES, FOR ALL ADOLESCENTS	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_25d. Contraceptives?		YES, FOR ALL ADOLESCENTS	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
	CC_25e. Mental health?		YES, FOR ALL ADOLESCENTS	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN

CC_25f. Rehab for substance abuse?	YES, FOR ALL ADOLESCENTS	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
CC_25g. Testing and treatment for sexually transmitted infections?	YES, FOR ALL ADOLESCENTS	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN
CC_25h. Vaccination for HPV?	YES, FOR ALL ADOLESCENTS	YES, FOR SELECTED POPULATION GROUPS	NO	NOT APPLICABLE/SERVICE NOT AVAILABLE	UNKNOWN

CC\_26a\*\*. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents in the next question.

	(1) Document name	(2) Start year	(3) End year	(4) Is this document current and correct?
1				☐ YES ☐ NO
2				☐ YES ☐ NO
3				☐ YES ☐ NO
•••				☐ YES ☐ NO

CC\_26b. 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)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY		

			INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	POLICY REPORT OTHER		
03		RECORD YEAR	GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	PLAN- STRATEG POLICY REPORT OTHER		
04		RECORD YEAR	GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	PLAN- STRATEG POLICY REPORT OTHER		
05		RECORD YEAR	GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	PLAN- STRATEG POLICY REPORT OTHER		
CC un <b>If</b> I	LICIES AND LEGISLATION IS _27. Is there a national la liversal access to primary NO, UNKNOWN → skip to CC_29	w that guarantees	<b>SHT TO HEALTH AND</b> YES	NO	RE	UNKNOWN
gu	2_28**. What populations aranteed universal access re? (SELECT ALL THAT APF	to primary health	NON-CITIZENS UNDOCUMENTED MIGRANTS REFUGEES INTERNALLY DISPLACED PERSONS (IDPs) OTHER (SPECIFY)	NONE OF THE ABOVE		UNKNOWN
Ri	5_29**. Does the country ghts/Child Welfare/Child It/law <sup>14</sup> ?		YES	NO		UNKNOWN
_	If NO, UNKNOWN  → skip to CC_31a					
wł	C_30. Does the Act/Law conich protect the right to he adolescents?		YES	NO		UNKNOWN

 $<sup>^{14}</sup>$  Legally binding rules aimed at the protection of children's health, development and well-being.

CC\_31a\*\*. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents in the next question.

	(1) Document name	(2) Start year	(3) End year	(4) Is this document current and correct?
1				☐ YES ☐ NO
2				☐ YES ☐ NO
3				☐ YES ☐ NO
•••				☐ YES ☐ NO

CC\_31b. 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)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ GUIDANCE ☐ OTHER		
03		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ GUIDANCE ☐ OTHER		
04		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY		

				☐ INTERNATIONA AGREEMENT □ LAW □ OPERATIONAL GUIDANCE		POLICY REPORT OTHER		
05		RECORD Y	EAR	GUIDELINE INTERNATIONA AGREEMENT LAW OPERATIONAL GUIDANCE		STRATEGY POLICY REPORT		
POLI	ICIES ON BIRTH REGISTF	RATION <sup>15</sup> PROC	CESSI	ES				
guide birth	2. Is there a national eline/policy/law that red to be registered?  If NO, UNKNOWN kip to MN_1	Juires every		YES		NO	UNKNO	OWN
speci	3**. Does the guideline fy require that births be official government au	registered		YES		NO	UNKNO	OWN
speci mem regist	4**. Does the guideline fy which informants (e.go) bers or caretakers) are ster/notify a birth? If NO, UNKNOWN kip to CC_36	g. family		YES		NO	UNKNO	OWN
autho	5.** Are any of the follo orized to register/notify CCT ALL THAT APPLY]	_		PARENT OR CARETAKER OTHER FAMILY MEMBER LEGAL GUARDIAN HEALTH WORKER WORKING IN A HEAL FACILITY COMMUNITY HEALT WORKER	.TH	NONE OF THESE	UNKNO	OWN
_	6. Is there a timeframe tration?	for birth		YES		NO	UNKNC	OWN

<sup>&</sup>lt;sup>15</sup> Birth registration is the process of officially recording a child's birth with a government authority. It is a permanent and official record of a child's existence and provides legal recognition of that child's identity. At a minimum, it establishes a legal record of where the child was born and who his or her parents are.

indica proce vulne orpha	7. Does the guideline/ policy ate specific requirements or esses for birth registration amerable groups of children, such ans, undocumented migrants, ees, and internally displaced presents.	ong ı as		YES			NO		□ UNKNO	OWN
	8. Is there a fee for birth cration?			YES			NO		□ UNKNO	OWN
_	9**. Does the guideline/police re issuance of a birth certifica			YES			NO		□ UNKNO	OWN
which as a p	O. Is there a guideline/policy/on requires proof of a birth certorecondition for children's accomb services?	tificate		YES			NO		□ UNKNO	OWN
which as a p educa CC_4 Pleas	1. Is there a guideline/policy/in requires proof of a birth certorecondition for children's acception?  12a**. Please see below documents to the confirm if the following documents.	tificate less to ments up	oload			Н ро				
the r	next question.									
	(1) Document name			(2) Start year	(3)	) En	d year	do	Is this cument curr d correct?	ent
1									YES	
2									NO YES	
									NO	
3									YES	
									NO YES	
									NO	
CC_42b. 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)	(C)			(D)	(E)
	Title of document	Date publica		Тур	Type of document				Document Language (ARABIC, CHINESE,	Upload document

 $<sup>^{16}</sup>$  Birth certificate is a document issued by the State to the parent or caregiver as a result of the process of birth registration. It is a child's first legal proof of identity.

			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.
01	RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER GUIDANCE		
02	RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
03	RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
04	RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER GUIDANCE		
05	RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		

# **MODULE 2: 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
  - Most recent guidelines for maternal and newborn health
  - The current national health strategy
- The online survey is formatted with automatic skips which should decrease the time for completion. When all of the sections of the module are completed, the module can be submitted.
- Please note: For countries with decentralized health systems, this survey is asking about laws, policies, or strategies developed at the national or federal level with the intention to guide the actions for the entire country

MN_1.	Person responsible for completing the maternal and newborn health module online
	SAME PERSON AS BASIC INFORMATION SECTION
	[ENTER NAME]
	If SAME PERSON AS BASIC INFORMATION→ skip to MN_5
MN_2.	Affiliation of person responsible for completing the maternal and newborn health module online
	MINISTRY OF HEALTH (MOH)
	GOVERNMENT AGENCY (NOT MOH)
	WHO (specify)
	UNICEF
	UNFPA
	OTHER
	(specify)
MN_3.	Position title of person completing the maternal and newborn health module online
MN_4.	Contact email of person completing the maternal and newborn health module online
_	Did the lead respondent for this module consult with others to   YES  NO  UNKNOWN ete this module?
	If NO, UNKNOWN
$\rightarrow$ ski	p to MN_7

MN_6. Whi	ch institutions were consulted? SELEC	T ALL THAT APPLY.
	MINISTRY OF HEALTH (MOH)	
	GOVERNMENT AGENCY (NOT MOH)	
	WHO	(specify)
	UNICEF	
	UNFPA	
	OTHER	_
	(specify)	

STRATEGIC PLAN									
MN_7**. Is there a dedicated maternal and ne strategic plan?	wbo	orn health			YES		NC	) <b> </b>	UNKNOWN
ANTENATAL CARE <sup>17</sup> POLICY									
MN_8. Are there national policies/ guidelines (ANC)?	on a	ntenatal care	<u>;</u>		YES		NC		UNKNOWN
If NO, UNKNOWN → skip to MN_14a									
MN_9*. What is the recommended number of Apolicy/guideline?	ANC	contacts for	a no	rmal	pregr	nancy	y in	dicated	l in the
☐ CONTACTS (ENTER RECOMM ☐ POLICY/GUIDELINE DOES NOT SPEC ☐ UNKNOWN		ED MINIMUI	M NU	JMB	ER OF	CON	NTA(	CTS)	
MN_10*. When does the national policy/guideli  WEEKS [ENTER RECOMMEN  POLICY/GUIDELINE DOES NOT SPEC  UNKNOWN	DED							contact	to occur?
MN_11. Does the national policy/guideline on ANC for normal pregnancy recommend the following:									
MN_11a. Prevention and		YES		NO				UNKNC	OWN
management of gestational diabetes?  MN_11b**. Prevention and  management of hypertensive		YES		NO		[	]	UNKNC	OWN
disorders or pregnancy? MN_11c**. Self-care interventions		YES		NO		[		UNKNC	OWN
during pregnancy? MN_11d**. Screening for mental health issues during pregnancy (such		YES		NO		[	]	UNKNC	OWN
as depression and anxiety)?  MN_11e**. Integrated delivery of services during pregnancy including immunization, HIV, TB, and/or malaria?		YES		NO		[		UNKNC	OWN
MN_11f. Use of ultrasound before 24 weeks of gestation?		YES		NO		[		UNKNC	OWN
MN_12. Does a national policy/guideline recommend the use of antenatal		YES		NO		[	<b>-</b>	UNKNC	OWN

<sup>&</sup>lt;sup>17</sup> The care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both woman and baby during pregnancy. The components of antenatal care include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion.

birth MN_ spec cort MN_: Pleas	icosteroids for prevention of preterm 1 <sup>18</sup> complications? _13. Does a national policy/guideline cify criteria for when to use antenatal icosteroids?  14a**. Please see below documents to e confirm if the following documents ext question.	☐ YES	SRMNCAH policy sur	
	(1) Document name	(2) Start year	(3) End year	(4) Is this document current and correct?
1				☐ YES ☐ NO

MN\_14b. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

☐ YES

☐ YES ☐ NO

YES

□ NO

□ NO

	(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		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER GUIDANCE		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		

 $<sup>^{18}</sup>$  A baby born < 37 completed weeks gestation

2

3

...

03		RECORD YEAR		GUIDELINE INTERNATIO AGREEMENT LAW OPERATION GUIDANCE	Γ		PLAN STRAT POLIC REPC OTHE	TEGY CY DRT ER			
04		RECORD YEAR		GUIDELINE INTERNATIO AGREEMENT LAW OPERATION GUIDANCE	Γ		PLAN- STRATPOLIC REPC	TEGY CY DRT			
05		RECORD YEAR		GUIDELINE INTERNATIO AGREEMENT LAW OPERATION GUIDANCE	Γ		PLAN STRAT POLIC REPC OTHE	TEGY CY DRT			
CHIL	DBIRTH POLICY										
	_15**. Is there a nation our monitoring tool (e.g.		/law	for using a		] YE	s 🗆	NO		UNKNO	WN
MN	_16. Is there a national	policy/ guideline th			the 🗆	] YE	s 🗆	NO		UNKNO	WN
MN	sence of a companion of _17. Is there a national	policy/ guideline th			for $\square$	] YE	s 🗆	NO		UNKNO	WN
MN	woman to choose the b _18**. Does the country	have a national p		_	n 🗆	] YE	s 🗆	NO		UNKNO	WN
MN	dbirth-related infection _19**. Does the countr				on E	] YE	s 🗆	NO		UNKNO	WN
MN	sted vaginal delivery? _20**. Does the country sarean section?	have a national p	olicy	/ guideline o	n E	] YE	s 🗆	NO		UNKNO	WN
MN of N	_21. Does the national   Magnesium Sulfate for thampsia?				se C	] YE	s 🗆	NO		UNKNO	WN
MN ute	_22. Does the national protonics for the prevention morrhage?				e of E	] YE	s 🗆	NO		UNKNO	WN
Pleas	23a**. Please see below se confirm if the followin next question.	·					•	•			
	(1) Document name	(2)	Start	year	(3) End	l year			-	nis docum t and corr	
1									YES NO		
2									YES		
								117	NO		

3		YES
		NO
•••		YES
		NO

MN\_23b. 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)	(E)
	Title of document	Date of	Type of document	Document	Upload
		publication		Language (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.
			☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL STRATEGY		
01		RECORD YEAR	☐ INTERNATIONAL STRATEGY AGREEMENT ☐ POLICY		
01			☐ LAW ☐ REPORT		
			☐ OPERATIONAL ☐ OTHER GUIDANCE		
		<u> </u>	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL STRATEGY		
02		RECORD YEAR	☐ INTERNATIONAL STRATEGY ☐ POLICY		
02			☐ LAW ☐ REPORT		
			☐ OPERATIONAL ☐ OTHER GUIDANCE		
			☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL STRATEGY		
03		RECORD YEAR	☐ INTERNATIONAL STRATEGY AGREEMENT ☐ POLICY		
US			☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER		
			☐ OPERATIONAL ☐ OTHER GUIDANCE		
			☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL STRATEGY		
04		RECORD YEAR	☐ INTERNATIONAL STRATEGY ☐ AGREEMENT ☐ POLICY		
04			☐ LAW ☐ REPORT		
		_	☐ OPERATIONAL ☐ OTHER GUIDANCE		
			☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL STRATEGY		
0.5		RECORD YEAR	☐ INTERNATIONAL STRATEGY ☐ POLICY		
05			☐ LAW ☐ REPORT		
			☐ OPERATIONAL ☐ OTHER GUIDANCE		

### POLICY ON POSTNATAL CARE<sup>19</sup> FOR THE WOMAN AND NEWBORN

_	**. Is there a national policy /guideline thather that the following for essential newborn care <sup>20</sup> :	commends						
-	MN_24a**. Delayed cord clamping?				YES		NO	UNKNOWN
	MN_24b**. Weighing at birth and identifica birthweight <sup>21</sup> newborns?	ation	of low		YES		NO	UNKNOWN
					YES		NO	UNKNOWN
MN_24d**. Immediate skin to skin care after birth?					YES		NO	UNKNOWN
	MN_24e**. Initiation of breastfeeding within first hour after birth?						NO	UNKNOWN
	MN_24f**. Hepatitis B birth dose vaccination	on?			YES		NO	UNKNOWN
MN_24g**. BCG vaccination?							NO	UNKNOWN
MN_25 . Is there a national policy/guideline that recommends rooming-in (the woman and newborn be kept together from birth until they are discharged from a facility)?							NO	UNKNOWN
	i. Are there national policies/guidelines on pmen and/or newborns?	oost	natal care		YES		NO	UNKNOWN
_	**. Is there a national policy/guideline that Im length of stay in a facility for the woman rth?				YES		NO	UNKNOWN
→ ski <sub>l</sub>	If NO, UNKNOWN p to MN_28							
of stay newbor	Ta*. What is the minimum length in a facility for the woman and rn after normal vaginal birth (e.g. t complication)?	acility for the woman and RECOMMEN  er normal vaginal birth (e.g. NOT SPECIE  NOT SPECIE						
length (	b**. What is the minimum of stay in a facility for the woman wborn after caesarean section?		RECOMMEND NUMBER OF I	DED HOU	ENTER			

<sup>&</sup>lt;sup>19</sup> 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 the woman and baby. The components of PNC include: assessment of wellbeing of the woman and baby; prevention, detection and management of postnatal related problems; management of concurrent diseases; and health education and health promotion.

<sup>&</sup>lt;sup>20</sup> Care for all newborns and includes immediate and thorough drying, skin to skin contact of the newborn with the woman, 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.

<sup>&</sup>lt;sup>21</sup> Low birthweight is defined as a weight at birth of less than 2 500g, irrespective of gestational age

MN_28**. Does the national policy/guideline specify criteria for discharge for the woman and/or newborn after facility birth?	YES, WOMEN ONLY YES, NEWBORN ONLY YES, BOTH WOMEN & NEWBORN	□ NO □ UNKNOWN
MN_29*. What is the recommende policy/guideline?  DOES NOT SPECIFY UNKNOWN		e contacts indicated in the national  JMBER OF POSTNATAL CONTACTS]
MN_30**. Does the national policy/guideline recommend the timings of routine postnatal contacts for women or newborns?  If NO, UNKNOWN  → skip to MN_31  COMPLETE FOR NEWBORNS AND	☐ YES ☐ NO ☐ UNKNOWN	
WOMEN	NEWBORN	WOMAN
MN_30a**. Timing of the first contact (during the facility stay if facility birth or if home birth, the first contact after birth)	☐HOURS ☐DAYS ☐WEEKS ☐ DOES NOT SPECIFY TIMING ☐ UNKNOWN	☐HOURS ☐DAYS ☐WEEKS ☐ DOES NOT SPECIFY TIMING ☐ UNKNOWN
MN_30b**. Timing of the second visit?	☐HOURS ☐DAYS ☐WEEKS ☐ DOES NOT SPECIFY TIMING ☐ UNKNOWN	☐HOURS ☐DAYS ☐WEEKS ☐ DOES NOT SPECIFY TIMING ☐ UNKNOWN ☐
MN_30c**. Timing of the third visit?	☐HOURS ☐DAYS ☐WEEKS ☐ DOES NOT SPECIFY TIMING ☐ UNKNOWN	☐HOURS ☐DAYS ☐WEEKS ☐ DOES NOT SPECIFY TIMING ☐ UNKNOWN ☐
MN_30d**. Timing of the fourth visit?	☐HOURS ☐DAYS ☐WEEKS ☐ DOES NOT SPECIFY TIMING ☐ UNKNOWN	☐HOURS ☐DAYS ☐WEEKS ☐ DOES NOT SPECIFY TIMING ☐ UNKNOWN

MN_31**. Does the national policy/guideline recommend a home visit for the postnatal contact during the first week after birth ? [SELECT ALL THAT APPLY]		YES, BY A SKILLED H PROFESSIONAL <sup>22</sup> YES, BY A TRAINED COMMUNITY HEAL WORKER YES BY OTHER (SPECIFY)	TH	TH 🗀	NO UNKNO	WN	
MN_32**. Does the national policy/guideline recommend screening for postpartum depression and anxiety in postnatal contacts?		YES NO UNKNOWN					
MN_33**. Is there a national policy/guideline that includes postpartum family planning <sup>23</sup> counselling? MN_34**. Does the national		YES NO UNKNOWN YES					
policy/guideline include integrated delivery of services during postnatal care, including HIV, TB, and/or malaria?		NO UNKNOWN					
MN_35**. Does the national police screening for the following newbo MN_35a**. Congenital hea	rn cc	onditions:		YES		NO	UNKNOWN
MN_35b**. Metabolic disc hypothyroidism)?	orde	rs (i.e.		YES		NO	UNKNOWN
MN_35c**. Eye abnormali	tiesi	)		YES		NO	UNKNOWN
MN_35d**. Hearing defici	t?			YES		NO	UNKNOWN
MN_35e**. Jaundice?				YES		NO	UNKNOWN
MN_36**. Is there a birth defect s the country?	urve	illance system in		YES		NO	UNKNOWN
MN_37. Are there regulations for I	num	an milk banking?		YES		NO	UNKNOWN

MN\_38a\*\*. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents in the next question.

<sup>&</sup>lt;sup>22</sup> 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. (https://www.who.int/publications/i/item/WHO-RHR-18.14)

<sup>&</sup>lt;sup>23</sup> Family planning 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

	(1) Document name	(2) Start year	(3) End year	(4) Is this document
				current and correct?
1				☐ YES
				□ NO
2				☐ YES
				□ NO
3				☐ YES
				□ NO
•••				☐ YES
				□ NO

MN\_38b. 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)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER	document.	
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- INTERNATIONAL AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER GUIDANCE		
03		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
04		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
05		<b></b>	☐ GUIDELINE ☐ PLAN- STRATEGY		

	RECORD YEAR		INTER AGREE LAW OPERA GUIDA	EME ATIO	NT NAL		POLIC REPO OTHE	RT		
MANAGEMENT OF PREMAT	URE /LOW BIRTHWE	:IGH	T <sup>24</sup> NE	WB	ORNS					
MN_39. Is there a national management of low birthwonewborns?					YES, LOV BIRTHW YES, PRETERI YES, BO	'EIGI M	П НТ	NO	UNKNO	WN
MN_40. Is there a national recommends pre-term/ low including those with very lobreastmilk?	-birth-weight newbo	orns,			YES			NO	UNKNO	WN
If NO, UNKNOWN → skip to MN_42										
MN_41. Does the policy sper personnel to assist women breastfeeding pre-term/low	who have difficulties	6			YES			NO	UNKNO	WN
MN_42. Is there a national precommends Kangaroo Morclinically stable newborns whirth, at health facilities?	ther Care (KMC) <sup>26</sup> fo	r	:		YES			NO	UNKNO	WN
If NO, UNKNOWN → skip to MN_44										
MN_43**. Does the national recommend support for Kar home after discharge for we low birthweight infants star facilities?	ngaroo Mother Care omen/parents of pre	tern	•		YES			NO	UNKNO	WN
MN_44**. Is there a nation recommends mother/parer routine care of their preterninside the newborn care un	nt/family participation or low birthweigh	n in	ants		YES			NO	UNKNO	WN
MN_45**. Is there a nation recommends support for st			Care		YES			NO	UNKNO	WN

 $<sup>^{24}</sup>$  Low birthweight is defined as a weight at birth of less than 2 500g, irrespective of gestational age

<sup>&</sup>lt;sup>25</sup> A baby born < 37 completed weeks gestation

<sup>&</sup>lt;sup>26</sup> The practice of providing continuous skin-to-skin contact between mother and baby, exclusive breastmilk feeding, and early discharge from hospital

(KMC at home (community-initiated KMC) for low birthweight babies born at home or discharged without KMC, who do not need care in a newborn care unit?

GFMFNT		

Conf of re	_46**. Is there a national policy/guide tinuous Positive Airway Pressure (CPA espiratory support for preterm infants frome?	AP) as the primary me	ans		YES	NO		UNKNOWN
	_47. Are there policies/guidelines for born infants with severe illness?	the management of			YES	NO		UNKNOWN
trea bact	_48*. Does your country have a nation tment of young infants (0-59 days) wi erial infection (PSBI) <sup>27</sup> at primary hea rral is not feasible?	th possible serious			YES	NO		UNKNOWN
new feas	_49**. Is there a national policy/guide borns at home or a health centre who ible? 50a**. Please see below documents u	en referral is not				NO rvey	□ (if ap	UNKNOWN
Pleas	e confirm if the following documents ext question.							
	(1) Document name	(2) Start year	(3) E	nd y	ear			is document and correct?
1							YES NO	
2							YES NO	
3							YES NO	
						П	۷FS	

MN\_50b. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

□ NO

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

<sup>&</sup>lt;sup>27</sup> A young infant (0-59 days) 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)

					OTHER)  If available, please upload an English version of the document.	reason for why it cannot be uploaded.
01		RECORD YEAR	☐ INTERNATIONAL  AGREEMENT ☐ LAW  GOIDELINE  LAW  GOIDELINE  GOID	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER		
02		RECORD YEAR	☐ INTERNATIONAL  AGREEMENT  LAW  GOIDELINE  LAW  LAW  LAW  LAW  LAW  LAW  LAW  LA	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER		
03		RECORD YEAR	☐ INTERNATIONAL  AGREEMENT  LAW  GOIDELINE  LAW  LAW  LAW  LAW  LAW  LAW  LAW  LA	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER		
04		RECORD YEAR	☐ INTERNATIONAL  AGREEMENT  LAW  GOIDELINE  LAW  LAW  LAW  LAW  LAW  LAW  LAW  LA	☐ PLAN- STRATEGY ☐ POLICY ☐ REPORT ☐ OTHER		
05		RECORD YEAR	☐ INTERNATIONAL AGREEMENT □ LAW □	☐ PLAN- STRATEGY ☐ POLICY ☐ REPORT ☐ OTHER		
MN	<i>WIFERY POLICY</i> _51** . Is there a national lwifery care providers that			YES 🗆 NO	□ UNKNO\	WN

pregnancy and antenatal care<sup>28</sup>, care during labour and birth, and

ongoing care of women and newborns?

<sup>&</sup>lt;sup>28</sup> The care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both woman 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.

☐ YES ☐ NO

☐ YES

□ NO

YES

☐ UNKNOWN

MN 52\*\*. Is there a national policy recognising a distinct

occupational group of midwives<sup>29</sup>, separate to nurses<sup>30</sup>?

Pleas	53a**. Please see below documents use confirm if the following documents ext question.	•	• • • • • • • • • • • • • • • • • • • •	
	(1) Document name	(2) Start year	(3) End year	(4) Is this document current and correct?
1				☐ YES ☐ NO
2				☐ YES ☐ NO

MN\_53b. 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		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER GUIDANCE		
02		<b>———</b>	☐ GUIDELINE ☐ PLAN- STRATEGY		

<sup>&</sup>lt;sup>29</sup> A midwife is 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 woman 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.

3

•••

<sup>&</sup>lt;sup>30</sup> A nurse is 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.

		RECORD YEAR		INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE		POLICY REPORT OTHER			
03		RECORD YEAR		INTERNATIONAL AGREEMENT		PLAN- STRATEGY POLICY REPORT OTHER			
04		RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE		PLAN- STRATEGY POLICY REPORT OTHER			
05		RECORD YEAR		INTERNATIONAL AGREEMENT LAW		PLAN- STRATEGY POLICY REPORT OTHER			
MAT	MATERNAL AND PERINATAL DEATHS SURVEILLANCE AND RESPONSE								
gui	I_54**. Is there a national deline/policy/law that require iew <sup>31</sup> of maternal or perinata	es audit and/or		YES, MATERNAL YES, PERINATAL YES, MATERNAL & PERINATAL	t.	□ NO		UNKN	IOWN
/ la dea not	N_55**. Is there a national guing we requiring all maternal and paths happening in health facilicified within 24 hours to the te, or provincial authority?	perinatal ties to be		YES, MATERNAL YES, PERINATAL YES, MATERNAL & PERINATAL	L.	□ NO		UNKN	IOWN
MN / la dea to l	I_56**. Is there a national gui w requiring all maternal and paths happening outside the he be notified within 48 hours to te, or provincial authority?	perinatal ealth facilities		YES, MATERNAL YES, PERINATAL YES, MATERNAL & PERINATAL	ı	□ NO		UNKN	IOWN

<sup>&</sup>lt;sup>31</sup> Review of maternal / perinatal death by MPDSR committee: Examination of medical and nonmedical contributing factors that led to the death, assessment of avoidability and development of recommendations for preventing future deaths, and immediate implementation of pertinent recommendations.

<sup>&</sup>lt;sup>32</sup> Definitions of perinatal death may vary by country, according to ICD-11 perinatal death is defined as fetal deaths of at least 22 weeks of gestation and newborn deaths up to and including the first seven days after birth

<sup>&</sup>lt;sup>33</sup> Notification of maternal / perinatal death: Identification of suspected maternal deaths in facilities (maternity and other wards) and communities, followed by immediate notification (within 24 and 48 hours, respectively) to the appropriate authorities. Generally, classifying an event or disease as notifiable means it must be reported to the authorities within 24 hours and followed up by a more thorough report of medical causes and contributing factors.

guid of m	_57**. Is there a national eline/policy/law that requires the issuance of cause of death side the health facility?	E ance	l YES		NO		UNKNON
mate (WH	_58. Is there a national policy/guideline uiring classification of the causes of ernal deaths according to the ICD-MM IO application of ICD-10 to deaths during anancy, childbirth and puerperium) sification?		l YES		NO		UNKNOWN
requestillation to the deat	_59**. Is there a national policy/guidel uiring classification of the causes of pirths <sup>34</sup> and/or neonatal deaths accordine ICD-PM (WHO application of ICD-10 ths during the perinatal period) sification?	ing [	YES, NE	LLBIRTH ONLY DNATAL ONLY H	NO		UNKNOWN
Peri	_60**. Is there a national Maternal and natal Death Surveillance and Response DSR) team/committee of the Ministry (lth?	<b>!</b>	l YES		NO		UNKNOWN
$\rightarrow$	If NO, UNKNOWN skip to MN_63a						
guid Com deve impi	_61**. Is there a national leline/policy/law requiring the MPDSR mittee at health facilities or the MoH telop a response plan on quality rovements based on the analysed deatews?		1 YES		NO		UNKNOWN
MN_	_62**. Are MPDSR reports published?		] YES		NO		UNKNOWN
Pleas	63a**. Please see below documents u e confirm if the following documents a ext question.						
	(1) Document name	(2) Start	year	(3) End year		•	document nd correct?
1						_	
2						YES	
3						] YES	
•••						I NO	

 $<sup>^{34}</sup>$  A stillbirth is 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.

MN\_63b. Please upload all of the document 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		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL — STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
03		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ GUIDANCE ☐ OTHER		
04		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
05		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		

## **MODULE 3: 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 laws and policies for the areas of SRMNCAH
  - Latest guidelines for SRMNCAH
  - The current national health strategy<sup>35</sup>
- The online survey is formatted with automatic skips which should decrease the time for completion.
- When all of the sections of the module are completed, the module can be submitted.
- Please note: For countries with decentralized health systems, this survey is asking about laws, policies, or strategies developed at the national or federal level with the intention to quide the actions for the entire country

CH_1. I	. Person responsible for completing the child health module online	
	SAME PERSON AS BASIC INFORMATION SECTION	
	][ENTER NAME]	
	If SAME PERSON AS BASIC INFORMATION SECTION→ skip to CH_5	
CH_2. <i>i</i>	. Affiliation of person responsible for completing the child health modul	e online
	MINISTRY OF HEALTH (MOH)	
	GOVERNMENT AGENCY (NOT MOH)	
	] WHO (specify)	
	] UNICEF	
	] UNFPA	
	] OTHER	
	(specify)	
CH_3. I	. Position title of person completing the child health module online	
CH_4. (	. Contact email of person completing the child health module online	
	<del></del>	
35		

CH_5. Did the lead respondent for this module cons complete this module?  If NO, UNKNOWN  → skip to CH_7	ult with others to	YES	NO	UNKNOWI
CH_6. Which institutions were consulted? SELECT A	LL THAT APPLY.			
<ul><li>☐ MINISTRY OF HEALTH (MOH)</li><li>☐ GOVERNMENT AGENCY (NOT MOH)</li><li>☐ WHO</li><li>☐ UNICEF</li></ul>	(specify)			
☐ UNFPA ☐ OTHER				
(specify)				

## STRATEGIC PLAN

CH_	7**. Is there a dedicated child <sup>36</sup> healt		YES		NO		UNKNOWN			
CH_8a**. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents in the next question.										
	(1) Document name	(2) Start year	(3) End ye	ar				s document and correct?		
1							YES NO			
2							YES NO			
3							YES NO			
							YES			

CH\_8b. 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)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
03		<u> </u>	☐ GUIDELINE ☐ PLAN- STRATEGY		

<sup>&</sup>lt;sup>36</sup> 1 month to 9 years

04		RECORD YEAR  I RECORD YEAR	☐ INTERNATIONAL    AGREEMENT ☐ LAW ☐ OPERATIONAL    GUIDANCE ☐ GUIDELINE ☐ INTERNATIONAL    AGREEMENT ☐ LAW ☐ OPERATIONAL    GUIDANCE	□ POLICY □ REPORT □ OTHER □ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER
05		RECORD YEAR	GUIDANCE  GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER
PRE	/ENTION AND MANAGEMEN	T OF PNEUMON	IA	
mai age → CH_	_9. Is there a national policy/g nagement of childhood pneur 2 – 59 months? If NO, UNKNOWN skip to CH_14 _10. At what level of the syste  ☐ FIRST LEVEL HEALTH F ☐ REFERRAL LEVEL HEAL ☐ OTHER ☐ (specif	monia for childre m can pneumor ACILITY TH FACILITY	iia with chest in-drawii	
	☐ CO-TRIMOXAZOLE ☐ OTHER(specif			
	_12. What is the first line trea  AMOXICILLIN CO-TRIMOXAZOLE OTHER	tment for pneur y)	reatment of pneumon	

<sup>&</sup>lt;sup>37</sup> 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.

<sup>&</sup>lt;sup>38</sup> 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.

	(specify)						
CH_14. Is there a national policy/guideline on the management of childhood pneumonia for children age 5-9 years?							UNKNOWN
Pleas	5a**. Please see below documents պ e confirm if the following documents ext question.			•			•
	(1) Document name	(2) Start year	ſ	(3) End year		-	is document and correct?
1						YES NO	
2						YES NO	
3						YES NO	

CH\_15b. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

☐ YES ☐ NO

	(A)	(B)	(C)	(D)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ GUIDANCE ☐ OTHER	document.	
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ GUIDANCE ☐ OTHER		
03		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL AGREEMENT ☐ POLICY		_

				LAW OPERATIONAL GUIDANCE		REPORT OTHER		
1		RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE		PLAN- STRATEGY POLICY REPORT OTHER		
5		RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE		PLAN- STRATEGY POLICY REPORT OTHER		
PRE	VENTION AND MANAGEME	NT OF DIARRH	DEA					
foll	nagement of childhood diar owing age groups?  If NO, UNKNOWN  skip to CH_19			☐ YES, FOR 5-9 YEARS☐ YES, FOR 0-9 YEARS	9			
CH_: Plea	□ ORS □ ZINC □ FLUID (e.g. water, so □ OTHER □ (special seconfirm of the following denext question.	oup, yoghurt di  cify) cuments uploac	inks, — led in	the 2018 SRMNCA	e, co H po	ntinued bre	astfeeding) if applicable).	
CH_: Plea	☐ ORS ☐ ZINC ☐ FLUID (e.g. water, so ☐ OTHER ☐ (specials)  18a**. Please see below documents of the following documents of the following documents.	cify) cuments upload	inks, — led in	weak tea, fruit juice the 2018 SRMNCA at. Please upload ar	e, co H po ny up	ntinued bre dicy survey ( dated or mi	astfeeding) if applicable).	nts in
CH_: Plea	☐ ORS ☐ ZINC ☐ FLUID (e.g. water, so other) ☐ OTHER ☐ (spectable)  18a**. Please see below does see confirm if the following denext question.	cify) cuments upload	inks, — led in urren	weak tea, fruit juice the 2018 SRMNCA at. Please upload ar	e, co H po ny up	ntinued bred dicy survey ( dated or mi	astfeeding)  if applicable). ssing docume  Is this document and correct and correct.	nts in
CH_: Plea the i	☐ ORS ☐ ZINC ☐ FLUID (e.g. water, so other) ☐ OTHER ☐ (spectable)  18a**. Please see below does see confirm if the following denext question.	cify) cuments upload	inks, — led in urren	weak tea, fruit juice the 2018 SRMNCA at. Please upload ar	e, co H po ny up	ntinued breading survey (addited or missing cu	astfeeding)  if applicable). ssing docume  Is this document and correct and co	nts in
CH_: Plea the i	☐ ORS ☐ ZINC ☐ FLUID (e.g. water, so other) ☐ OTHER ☐ (spectable)  18a**. Please see below does see confirm if the following denext question.	cify) cuments upload	inks, — led in urren	weak tea, fruit juice the 2018 SRMNCA at. Please upload ar	e, co H po ny up	ntinued breading survey (adated or mi	astfeeding)  if applicable). ssing docume  Is this docun rrent and corr YES NO	nts in

(A)

Title of document

(B)

Date of publication

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(E)

Upload

document

(D) Document

Language

(C)

Type of document

				(ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.
01		RECORD YEAR	AGREEMENT POI	N- ATEGY
02		RECORD YEAR	AGREEMENT	ATEGY LICY PORT HER
03		RECORD YEAR	AGREEMENT POI	ATEGY
04		RECORD YEAR	AGREEMENT POI	ATEGY
05		RECORD YEAR	AGREEMENT POI	ATEGY
CH <sub>-</sub>	VENTION AND MANAGE  _19. Is there a national p nagement of malaria wit	oolicy/guideline on tl		nic countries  NO
chil If N → IF N	Idren? IO, UNKNOWN Skip to CH_25 NOT APPLICABLE skip to CH_29	commendations	YES, FOR 5-9 YEARS YES, FOR 0-9 YEARS	APPLICABL E (E.G. NOT MALARIA ENDEMIC COUNTRY)
	_20. Does the policy/guid	·		□ NO □ UNKNOWN

## If NO, UNKNOWN $\rightarrow$ skip to CH\_22

CH_21. Which approach is use	ed for confirmation of ma	alaria	?						
☐ RAPID DIAGNOST	IC TEST								
<ul><li>☐ MICROSCOPY</li><li>☐ OTHER</li></ul>									
	pecify)								
CH_22. What is the first line t	reatment for malaria?								
☐ ARTEMETHER PLU ☐ ARTESUNATE PLU ☐ DIHYDROARTEMI ☐ ARTESUNATE PLU ☐ OTHER	JS LUMEFANTRINE S AMODIAQUINE S MEFLOQUINE SININ PLUS PIPERAQUINE S SULFADOXINE-PYRIME		MINE						
CH_23. What is the pre-referr	al treatment for severe n	nalar	ia?						
□ PARENTERAL QUI									
☐ PARENTERAL ART									
☐ RECTAL ARTESUN									
□ OTHER(si	pecify)								
CH_24. What is the first line t	• •	ria?							
☐ PARENTERAL QUI		ıııa:							
☐ PARENTERAL ART	ESUNATE								
☐ OTHER(si	oecify)								
	•	_	V.50	_	\/FC	_		_	
CH_25. Is there a national popular prevention of malaria in child	_	Ц	YES, 0-4	ш	YES, 5-9	Ц	NO	Ц	UNKNOWN
If NO, UNKNOWN	aren:		YEARS						
→ skip to CH_28a					YES,				
					0-9				
					YEARS				
CH_26. Does the policy/guid preventive treatment in infa for infants 0-1 years?		itten	t		] YES		NO		UNKNOWN
CH_27. Does the policy/guid chemoprevention (SMC) <sup>40</sup> fo		ial m	alaria		] YES		NO		UNKNOWN

<sup>&</sup>lt;sup>39</sup> 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).

<sup>40</sup> The intermittent administration of full treatment courses of an antimalarial medicine to children in areas of highly seasonal transmission during the malaria season

CH\_28a\*\*. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents in the next question.

	(1) Document name	(2) Start year	(3) End year	(4) Is this document current and correct?
1				☐ YES ☐ NO
2				☐ YES ☐ NO
3				☐ YES ☐ NO
•••				☐ YES ☐ NO

CH\_28b. 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)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE,	Upload document
				ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload	document is unavailable for upload, please provide a reason for why it cannot be
				an English version of the document.	uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER GUIDANCE		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
03		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
04		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL AGREEMENT ☐ POLICY		

				LAW OPERATION GUIDANCE			REPOF OTHER				
		RECOR YEAR		GUIDELINE INTERNATIO AGREEMEN LAW OPERATION GUIDANCE	ONAL NT NAL		PLAN- STRATE POLICY REPOR OTHER	, RT			
	<b>DIATRIC HOSPITAL CARE FO</b> 29. Is there a national polic			anagement (	of □	VE	: П	NO	П	UNKN	10\4/4
СП	•	,		magement (	01 🗀	YES	, ц	NO	Ц	UNKI	IOVVIV
_	pitalised children (from 1 m	ionth to 9 yea	rs) ?								
hos	pitalised children (from 1 m 30. Are there national clini	•	-	nanagemen	nt 🗆	YES	5 <b></b>	NO		UNKN	IOWN
hosp CH_ of cl	30. Are there national clini hildren with severe illness i	cal standards n hospitals?	for the n	-							
hosi CH_ of cl CH_3 Pleas	30. Are there national clini	cal standards n hospitals? cuments uploa locuments are	for the n	he 2018 SRI . Please uplo	MNCAF	H po y up	icy sur	vey (i	f appositions	olicable	e). nents umen
hosi CH_ of cl CH_3 Pleas	30. Are there national clini hildren with severe illness is 1a**. Please see below do e confirm if the following dext question.	cal standards n hospitals? cuments uploa locuments are	for the naded in tecurrent	he 2018 SRI . Please uplo	MNCAF	H po y up	icy sur	vey (i or mis (4) cur	f appositions	olicable docun	e). nents umen
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	Title of document	Date of publication	Type of document	Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
				an English version of the document.	
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☐ GUIDELINE

☐ INTERNATIONAL

RECORD

☐ PLAN-

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01		YEAR	AGREEMENT  LAW  OPERATIONAL GUIDANCE	□ POLICY □ REPORT □ OTHER			
02		RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER			
03		RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER			
04		RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER			
05		RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER			
CH_ chil	EARLY CHILDHOOD DEVELOPMENT <sup>41</sup> CH_32. Does the country have a national policy/guideline on early □ YES □ NO □ UNKNOWN childhood development (ECD)?  If NO, UNKNOWN  → skip to CH_35						
_	_33. Which of the following icy/guideline address? CH_33a. Preconception	•		□ YES □ NO	□ UNKNOWN		
	CH_33b. Pregnancy?		Γ	□ YES □ NO	□ UNKNOWN		
	CH_33c*. 0 – 3 years?		Γ	□ YES □ NO	□ UNKNOWN		
	CH_33d_1**. 0-8 years	?	[	☐ YES ☐ NO	□ UNKNOWN		

 $^{41}$  Early child development (ECD) encompasses physical, socio-emotional, cognitive and motor development between 0-8 years of

	CH_33e. Other?	YES		NO	UNKNOWN
_	. Does the ECD policy/guideline include or address any of				
tne toi	lowing?  CH_34a. Responsive care and early learning (e.g. care for child development)?	YES		NO	UNKNOWN
	CH_34b. Infant and young child nutrition?	YES		NO	UNKNOWN
	CH_34c. Care for children with developmental difficulties and disabilities?	YES		NO	UNKNOWN
	CH_34d**. Protection of children from violence?	YES		NO	UNKNOWN
	CH_34e**. Family social welfare support?	YES		NO	UNKNOWN
_	. Is there a national coordination mechanism for early bood development?	YES		NO	UNKNOWN
→ ski	If NO, UNKNOWN p to CH_37a				
CH_36	. Which of the following sectors are involved? CH_36a. Health?	YES		NO	UNKNOWN
	CH_36b. Nutrition?	YES		NO	UNKNOWN
	CH_36c. Education?	YES		NO	UNKNOWN
	CH_36d. Social welfare or social protection?	YES		NO	UNKNOWN
	CH_36e. Child protection?	YES		NO	UNKNOWN
	CH_36f. Environmental safety and security, including	YES		NO	UNKNOWN
	Water and Sanitation? CH_36g. Other? Specify	YES		NO	UNKNOWN
lease c	**. Please see below documents uploaded in the 2018 SRMN onfirm if the following documents are current. Please upload	-	-	-	

CI n the next question.

	(1) Document name	(2) Start year	(3) End year	(4) Is this document
				current and correct?
1				☐ YES
				□ NO
2				☐ YES
				□ NO
3				□ YES
				□ NO
•••				☐ YES
				□ NO

CH\_37b. 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)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL — STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL — STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
03		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL — STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
04		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
05		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		

## PROVISION OF INTEGRATED CHILD HEALTH SERVICES/IMCI

CH_38. Is there a national policy/guideline on the integrated management of childhood illness (IMCI) <sup>42</sup> ?  If NO, UNKNOWN  → skip to CH_40		YES	NO	UNKNOWN
CH_39. Which of the following conditions do the national IMCI guidelines address?				
CH_39a. Diarrhoea?		YES	NO	UNKNOWN
CH_39b. Pneumonia?		YES	NO	UNKNOWN
CH_39c. Malaria?		YES	NO	UNKNOWN
CH_39d. Measles?		YES	NO	UNKNOWN
CH_39e. Acute malnutrition?		YES	NO	UNKNOWN
CH_39f. Anaemia?		YES	NO	UNKNOWN
CH_39g. Essential newborn care <sup>43</sup> ?		YES	NO	UNKNOWN
CH_39h. Infant and young child feeding?		YES	NO	UNKNOWN
CH_40. Is there a policy/guideline of integrated community case management (iCCM) <sup>44</sup> ?		YES	NO	UNKNOWN
CH_41. Is there a policy /guideline for management of childhood illness by trained community health workers (CHWs)?  If NO, UNKNOWN  → skip to CH_43a		YES	NO	UNKNOWN
CH_42. Which of the following activities can be conducted by CHWs?	_	VEC	 NO	 LINUALOUR
CH_42a. Assess and refer pneumonia?		YES	NO	UNKNOWN

<sup>&</sup>lt;sup>42</sup> 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.

<sup>&</sup>lt;sup>43</sup> Care for all newborns and includes immediate and thorough drying, skin to skin contact of the newborn with the woman, 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.

<sup>&</sup>lt;sup>44</sup> 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.

☐ YES ☐ NO ☐ UNKNOWN

☐ YES ☐ NO ☐ UNKNOWN

CH\_42b. Assess and treat pneumonia?

CH\_42c. Assess and refer diarrhoea?

RECORD

YEAR

	CH_42d. Assess and trea	t diarrhoea?	ļ		YES		NO		UNKNOWN	l	
	CH_42e. Assess and refer	r severe malar	ria?		YES		NO		UNKNOWN	I	
	CH_42f. Assess and treat malaria?	uncomplicate	ed l		YES		NO		UNKNOWN	I	
	CH_42g. Assess and refermalnutrition?	r severe acute	1		YES		NO		UNKNOWN	I	
	CH_42h. Assess and treat malnutrition?	t severe acute	: 1		YES		NO		UNKNOWN	I	
	CH_42m**. Assess and rein newborns?	efer danger si	gns		YES		NO		UNKNOWN	I	
Pleas	H3a**. Please see below docuse confirm if the following domext question.	-						-			nts in
	(1) Document name	(2) 5	Start yea	ar		(3	S) End	year	, ,	Is this documerent and corre	
1										YES NO	
2										YES	
3										NO YES	
										NO YES	
•••										NO NO	
	43b. Please upload all of the h by completing the table bel	-	ou have	e us	sed to	cor	npleto	e thi	s section and	d provide deta	ils on
	(A)	(B)					(C)			(D) Document	(E) Upload
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GUIDELINE

INTERNATIONAL

**AGREEMENT** 

please upload

an English version of the document.

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01

		☐ LAW ☐ OPERATIONAL GUIDANCE	☐ REPORT☐ OTHER	
02	RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER	
03	RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER	
04	RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER	
05	RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER	

## **MODULE 4: 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 laws and policies for the areas of adolescent health
  - Latest guidelines for adolescent health
  - The current national health strategy<sup>45</sup>
- The online survey is formatted with automatic skips which should decrease the time for completion.
- When all of the sections of the module are completed, the module can be submitted.
- Please note: For countries with decentralized health systems, this survey is asking about laws, policies, or strategies developed at the national or federal level with the intention to guide the actions for the entire country

AD_1	I. Person responsible for completing the a	dolescent health module online
	SAME PERSON AS BASIC INFORMATION	N SECTION [ENTER NAME]
	If SAME PERSON AS BASIC INFORMAT	TON SECTION→ skip to AD_5
	·	pleting the adolescent health module online
	☐ MINISTRY OF HEALTH (MOH) ☐ GOVERNMENT AGENCY (NOT MOH)	
	□ WHO □ UNICEF □ UNFPA	(specify)
	(specify)	
AD 3	3. Position title of person completing the a	idolescent health module online

<sup>&</sup>lt;sup>45</sup> A national health strategy is 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"

AD_4. Contact email of person completing the ad	olescent health module on	lline		
AD_5. Did the lead respondent for this module cocomplete this module?  If NO, UNKNOWN  → skip to AD_7	onsult with others to	□ YES	□ NO	□ UNKNOWI
AD_6. Which institutions were consulted? SELECT	ALL THAT APPLY.			
☐ MINISTRY OF HEALTH (MOH) ☐ GOVERNMENT AGENCY (NOT MOH)				
□ WHO □ UNICEF	(specify)			
☐ UNFPA				
☐ OTHER	_			
(specify)				

STRATEGIC PLAN			
AD_7**. Is there a dedicated adolescent health/well-being strategic plan?	YES	NO	UNKNOWN
OVERALL PLANS/GUIDELINES FOR ADOLESCENT HEALTH			
AD_8. Are adolescents cited as a specific target group for defined interventions/activities in a national policy/guideline for the following health issues?			
AD_8a. Sexual and Reproductive Health including	YES	NO	UNKNOWN
adolescent pregnancy prevention? AD_8b. Sexually transmitted infections?	YES	NO	UNKNOWN
AD_8c. HIV/AIDS?	YES	NO	UNKNOWN
AD_8d. Nutrition?	YES	NO	UNKNOWN
AD_8e. Physical activity?	YES	NO	UNKNOWN
AD_8f. Tobacco?	YES	NO	UNKNOWN
AD_8g. Alcohol?	YES	NO	UNKNOWN
AD_8h. Substance use <sup>46</sup> ?	YES	NO	UNKNOWN
AD_8i. Mental health?	YES	NO	UNKNOWN
AD_8j. Injury prevention?	YES	NO	UNKNOWN
AD_8k. Violence?	YES	NO	UNKNOWN
AD_8I**. Services for victims/survivors of violence against women and girls?	YES	NO	UNKNOWN
AD_8m. Tuberculosis?	YES	NO	UNKNOWN
AD_9. Does the country have national standards <sup>47</sup> for delivery of health services to adolescents?  If NO, UNKNOWN  → skip to AD_12	YES	NO	UNKNOWN
AD_10. Is the implementation of these standards for delivery of health services being monitored?	YES	NO	UNKNOWN

<sup>&</sup>lt;sup>46</sup> Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

<sup>&</sup>lt;sup>47</sup> A statement of a defined level of quality in the delivery of services that is required to meet the needs of intended beneficiaries. A standard defines the performance expectations, structures or processes needed for an organization to provide safe, equitable, acceptable, accessible, effective and appropriate services.

_	11. Do these standards include a classification prehensive 14 package of health serv		YES		NO		UNKNOWN	
Proi	12. Does the country have national moting Schools?  If NO, UNKNOWN skip to AD_14a		YES		NO		UNKNOWN	
AD_13. Is the implementation of these standards for Health ☐ YES ☐ NO ☐ UNKNOWN Promoting Schools being monitored?								
AD_14a**. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents the next question.							•	
	(1) Document name	(2) Start year	(3) End	year				is document and correct?
1							YES NO	
2							YES NO	
3							YES	
							NO YES	
							NO	
AD	14b. Please upload all of the docum	ents you have used to	complete	e this s	sectio	on an	d pro	vide details on

each by completing the table below.

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т	itle of document	Date of	Type of document	Document	Upload	
		publication	Type of document	Language (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.	

<sup>&</sup>lt;sup>48</sup> Comprehensive (health services): the extent to which the spectrum of care and range of services respond to the full range of health problems in a given community. Ideally, comprehensive services address all health areas relevant to their student population, including: positive health and development; unintentional injury; violence; sexual and reproductive health, including HIV; communicable disease; noncommunicable disease, sensory functions, physical disability oral health, nutrition and physical activity; and mental health, substance use and self-harm. The term "comprehensive" is used in this document in accordance with the WHO guideline on school health services. (ref. Global Standards and indicators for health promoting schools https://www.who.int/publications/i/item/9789240025059)

01			RECORD YEAR RECORD YEAR	GUIDELINE INTERNATION AGREEMENT LAW OPERATIONA GUIDANCE GUIDELINE INTERNATION AGREEMENT LAW OPERATIONA	NAL		PLAN- STRATEGY POLICY REPORT OTHER PLAN- STRATEGY POLICY REPORT OTHER		
03			RECORD YEAR	GUIDANCE GUIDELINE INTERNATION AGREEMENT LAW OPERATIONA GUIDANCE			PLAN- STRATEGY POLICY REPORT OTHER		
04			RECORD YEAR	GUIDELINE INTERNATION AGREEMENT LAW OPERATIONA GUIDANCE			PLAN- STRATEGY POLICY REPORT OTHER		
05			RECORD YEAR	GUIDELINE INTERNATION AGREEMENT LAW OPERATIONA GUIDANCE			PLAN- STRATEGY POLICY REPORT OTHER		
INFR	ASTRUCTURE AND TRAINING	6							
tim	_15. Is there at least one desi e person for the national ado alth/well-being programme?	_		YES	□ N	10		UNKNOWN	
allo	_16. Is there a regular governo ecation to support the nationa alth/well-being programme?		_	YES	□ N	10		UNKNOWN	
edu	_17. Is there a continuous pro Ication system for primary he receive adolescent-specific tra	alth v	workers	YES	□ N	10		UNKNOWN	

AD_18. Is adolescent health/well-being
included in pre-service training <sup>49</sup> of the
following?

AD_18a. Medical doctors (e.g. ISCO-	☐ YES	□ NO	□ UNKNOWN
08 221)?			
AD_18b. Nurses <sup>50</sup> (e.g. ISCO-08	☐ YES	□ NO	□ UNKNOWN
2221)?			
AD_18c. Community health workers	☐ YES	□ NO	□ UNKNOWN
(e.g. ISCO-08 3253)?			
AD_18d**. Midwives <sup>51</sup> (e.g. ISCO-08	☐ YES	□ NO	□ UNKNOWN
2222)?			

AD\_19a\*\*. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents in the next question.

	(1) Document name	(2) Start year	(3) End year	(4) Is this document current and correct?
1				☐ YES ☐ NO
2				☐ YES ☐ NO
3				☐ YES ☐ NO
•••				☐ YES ☐ NO

AD\_19b. 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)	(E)
Title of document	Date of publication	Type of document	Document	Upload
Title of document	Pate of publication	Type of document	Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)	If the document is unavailable for upload, please provide a reason for

<sup>&</sup>lt;sup>49</sup> 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).

<sup>&</sup>lt;sup>50</sup> A nurse is 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.

<sup>&</sup>lt;sup>51</sup> A midwife is 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 woman 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.

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01			RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	L		PLAN- STRAT POLIC REPC OTHE	TEGY Y RT			
02			RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	L		PLAN- STRAT POLIC REPC OTHE	TEGY Y RT			
03			RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	L		PLAN- STRAT POLIC REPC OTHE	TEGY Y RT			
04			RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	L		PLAN- STRAT POLIC REPC OTHE	TEGY Y RT			
05			RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	L		PLAN- STRAT POLIC REPC OTHE	TEGY Y RT			
CON	SENT FOR SERVICES											
pro	_20. Is there a legal age vide consent, without powing services?											
	AD_20a. Contracep	otive	services except	steri	lization?		YES		NO		UNKNOV	WN
	AD_20b. Emergend	су са	ontraception <sup>52</sup> ?				YES		NO		UNKNOV	VN
	AD_20c. HIV testin	g an	d counselling ser	vices	s?		YES		NO		UNKNOV	WN

<sup>&</sup>lt;sup>52</sup> 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.

	AD_20d. Harm reduction interventions for Injecting Drugues (needle exchange, opiate substitution, therapy)?				YES		NO		UNKNOWN	
	AD_20e. Mental Health Services?				YES		NO		UNKNOWN	
	AD_20f. HIV care and treatmer	nt?			YES		NO		UNKNOWN	
_	21. Is there a legal age limit for ma ide consent to the following service ent?									
	AD_21a. Contraceptive services	s except sterilization?			YES		NO		UNKNOWN	
	AD_21b. Emergency contracep	tion?			YES		NO		UNKNOWN	
	AD_21c. HIV testing and counse	elling services?			YES		NO		UNKNOWN	
	AD_21d. HIV care and treatment	nt?			YES		NO		UNKNOWN	
	AD_21e. Harm reduction interv Users (needle exchange, opiate		-		YES		NO		UNKNOWN	
	AD_21f. Mental health services		•		YES		NO		UNKNOWN	
Please	2a**. Please see below documents confirm if the following document ext question.	-			-	-				
	(1) Document name	(2) Start year	(3) I	End y	ear				is document and correct?	
1								YES		
2								NO YES		
								NO		
3								YES NO		
•••								YES NO		
_	•	D_22b. Please upload all of the documents you have used to complete this section and provide details on ach by completing the table below.								

each	by completing the table belo	w.	·		
	(A)	(B)	(C)	(D)	(E

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

01	RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY COME NOT	an English version of the document.
02	RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ GUIDANCE ☐ OTHER	
03	RECORD YEAR	☐ GUIDELINE ☐ PLAN- INTERNATIONAL AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER	
04	RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ GUIDANCE ☐ OTHER	
05	RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER	

## **LEGISLATION**

following?  $AD\_23a. \ Provide \ graduated \ licensing^{53} \ for \ novice \qquad \square \ \ YES \qquad \square \ \ NO \ \square \ \ UNKNOWN \ drivers? \qquad \\ AD\_23b. \ Regulate \ the \ marketing \ of \ alcohol \ to \ minors^{54}? \qquad \square \ \ YES \qquad \square \ \ NO \ \square \ \ UNKNOWN \$ 

AD\_23c\*\*. Designate an appropriate minimum age of a ☐ YES ☐ NO ☐ UNKNOWN

customer for the sale alcoholic beverages?

AD\_23. Does the country have laws/policies to do any of the

<sup>&</sup>lt;sup>53</sup> Graduated licensing system phases young driver privileges (e.g. driving at night or with passengers) over time, such as first an extended learner period involving training and low-risk, supervised driving; then a license with temporary restrictions; and finally a full license.

<sup>&</sup>lt;sup>54</sup> Persons under the age set by domestic law or eighteen who have not acquired all of their legal rights under domestic law (e.g. to purchase certain products such as tobacco or alcohol)

AD\_24a\*\*. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents in the next question.

	(1) Document name	(2) Start year	(3) End year	(4) Is this document current and correct?
1				☐ YES ☐ NO
2				☐ YES ☐ NO
3				☐ YES ☐ NO
				☐ YES ☐ NO

AD\_24b. 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)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
03		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
04		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT		

		OPERATIONAL GUIDANCE	OTHER	
05	RECORD YEAR	GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	PLAN- STRATEGY POLICY REPORT OTHER	

# MODULE 5: SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS

#### **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 SEXUAL &
  REPRODUCTIVE HEALTH module.
- The online survey is formatted with automatic skips which should decrease the time for completion.
- Prior to beginning the survey, we ask that you collect the following documents:
  - o National laws and policies for the areas of sexual and reproductive health
  - o Latest guidelines for sexual and reproductive health
  - o The current national health strategy<sup>55</sup>
- When all of the sections of the module are completed, the module can be submitted.
- Please note: For countries with decentralized health systems, this survey is asking about laws, policies, or strategies developed at the national or federal level with the intention to guide the actions for the entire country

RH_1. F	erson responsible for completing the sexual and reproductive health module online						
	☐ SAME PERSON AS BASIC INFORMATION SECTION						
	□[ENTER NAME]						
	If SAME PERSON AS BASIC INFORMATION SECTION→ skip to RH_5						
RH_2. A	Affiliation of person responsible for completing the sexual and reproductive health module online						
	MINISTRY OF HEALTH (MOH)						
	GOVERNMENT AGENCY (NOT MOH)						
	WHO (specify)						
	UNICEF						
	UNFPA						
	OTHER						
	(specify)						
RH_3. F	osition title of person completing the sexual and reproductive health module online						
RH_4. (	Contact email of person completing the sexual and reproductive health module online						
comple	Did the lead respondent for this module consult with others to YES NO UNKNOWN te this module?  If NO, UNKNOWN  to to RH_7						
RH_5. [ comple	Did the lead respondent for this module consult with others to YES NO UNKNOV te this module?  If NO, UNKNOWN						

<sup>&</sup>lt;sup>55</sup> A national health strategy is 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"

RH_6. Whic	ch institutions were consulted? SELECT	ALL THAT APPLY.
	MINISTRY OF HEALTH (MOH)	
	GOVERNMENT AGENCY (NOT MOH)	
	WHO	(specify)
	UNICEF	
	UNFPA	
	OTHER	_
	(specify)	

STRA	TEGIC PLAN										
_	.7**. Is there a dedicated sex tegic plan?	uctive health			YES		NO		UNKNO	WN	
GENE	ERAL SEXUAL AND REPRODU	CTIVE HEALTH	CARE								
RH_8. Are there national policies/guidelines on sexual and reproductive health care?  If NO, UNKNOWN  → skip to RH_10						YES		NO		UNKNOV	٧N
RH_9. Does the national policy/guideline on sexual and reproductive health care promote universal access to sexual and reproductive health care?								NO		UNKNOV	WN
com	10. Are there national policient pol			l and		YES		NO		UNKNOV	VN
RH_11. Is there a continuous professional education system in place for primary health-care clinicians and/or nurses to receive sexual and reproductive health-specific training?										WN	
RH 1	.2a**. Please see below docu	ments uploade	ed in the 2018	SRMN	ICAH	l polic	v sur	vev (i	f apr	olicable).	
Pleas	e confirm if the following do ext question.	•						-			nts in
	(1) Document name	(2) St	Start year (3) E			·			) Is this document irrent and correct?		
1									YES		
2									NO YES		
									NO		
3									YES NO		
									YES		
									NO		
	12b. Please upload all of the by completing the table bel	•	u have used to	comp	lete	this s	ectio	n and	l pro	vide deta	ils on
	(A)	(B)		(C)					(D)	(E)	
	Title of document	Date of publication	Type of do			•				ocument Inguage ARABIC, EHINESE,	Upload document
											If the document is

<sup>&</sup>lt;sup>56</sup> The abilities of a person to integrate knowledge, skills and attitudes in their performance of tasks in a given context. Competencies are durable, trainable and, through the expression of behaviours, measurable.

								ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	unavailabl for upload please provide a reason for why it cannot be uploaded
01			RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE		PLAN- STRATEGY POLICY REPORT OTHER		
02			RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE		PLAN- STRATEGY POLICY REPORT OTHER		
03			RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE		PLAN- STRATEGY POLICY REPORT OTHER		
04			RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE		PLAN- STRATEGY POLICY REPORT OTHER		
05			RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE		PLAN- STRATEGY POLICY REPORT OTHER		
RH <sub>_</sub> fam → RH <sub>_</sub> pla	_13. Does the country have a nily planning/ contraception? If NO, UNKNOWN skip to RH_15 _14. Does the national policy	natio /guio ovisio	onal policy, deline on fa	amily	y t or limit	YE	S □ NO	□ UNKNOV	VN
	ess to contraception or family owing population groups?	y plar	nning servi	ces	to the				

<sup>&</sup>lt;sup>57</sup> Family planning 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

RH_14a. Add	olescents?					YES		NO		UNKNOWN
RH_14b. Pos	t-abortion w	vomen?				YES		NO		UNKNOWN
RH_14c. Unr	married indiv	viduals?				YES		NO		UNKNOWN
RH_14d. Hui	manitarian o	r crises settii	ngs?			YES		NO		UNKNOWN
RH_14e. Oth	ners?					YES		NO		UNKNOWN
RH_15. Are there na planning/ contracep		Il practice gu	idelines on f	amily		YES		NO		UNKNOWN
RH_16. Who is allowe SELECT ALL THAT APP	•			-	ces	other	thar	n a spe	eciali	st doctor?
	CHWs/ LAY WORKERS	AUXILIARY MIDWIFE 59	AUXILIARY NURSE <sup>60</sup>	MIDWIFE		NURS	E <sup>61</sup>		MILY	
RH_16a. Injectable contraceptives?										
RH_16b. IUDs insertion and removal?										
RH_16c. Implant insertion and removal? RH_16d**.										
Vasectomy (Sterilization)?										
RH_16e**. Tubal										

ligation

(Sterilization)?

<sup>&</sup>lt;sup>58</sup> 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, promotors, etc.

<sup>&</sup>lt;sup>59</sup> 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 midwife (or 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.

<sup>&</sup>lt;sup>60</sup> 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

<sup>&</sup>lt;sup>61</sup> 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.

RH\_17a\*\*. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents in the next question.

	(1) Document name	(2) Start year	(3) End year	(4) Is this document current and correct?
1				☐ YES ☐ NO
2				☐ YES ☐ NO
3				☐ YES ☐ NO
•••				☐ YES ☐ NO

RH\_17b. 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)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER GUIDANCE		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
03		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ GUIDANCE ☐ OTHER		
04		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL AGREEMENT ☐ POLICY		

			☐ LAW	☐ REPC			
			OPERATIONAL GUIDANCE	ОТНІ	ER		
			☐ GUIDELINE	☐ PLAN	-		
		RECORD	☐ INTERNATIONA				
		YEAR	AGREEMENT	□ POLIC			
			☐ LAW ☐ OPERATIONAL	☐ REPO			
			GUIDANCE		-11		
RH_ sex trea	JALLY TRANSMITTED II _18. Are there any nationally transmitted infect atment and counselling If NO, UNKNOWN	onal policies /guidelin tions (STIs) diagnoses		□ NO	□ U	INKNOWN	
RH_	skip to RH_23 _19. Does the national		-	□ NO	<b>□</b> ∪	INKNOWN	
	t contributes to the rec	_		_			
	_20. Is there a national eening for syphilis durir		addresses	□ NO	□ U	INKNOWN	
			Tio in alcodo D VEC		□ u	JNKNOWN	
	_21. Does the Hational ecommendation on inte		TIs include	L NO		JINKINOWIN	
a re		egrating HIV and STI to	esting? ed in the 2018 SRMN	CAH policy su	ırvey (if	applicable).	nts in
a re	ecommendation on inte 22a**. Please see below se confirm if the follow next question.	egrating HIV and STI to with a documents uploade ing documents are cu	esting? ed in the 2018 SRMN urrent. Please upload	CAH policy su	ırvey (if or miss	applicable). sing documer	
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a re RH_2 Pleas the r  RH_RH_R	22a**. Please see belowese confirm if the follownext question.  (1) Document name	of the documents yo	esting?  ed in the 2018 SRMNurrent. Please upload  tart year (3) E	CAH policy su any updated nd year	(4) I curr	applicable). sing documer sthis documerent and correct YES NO YES NO YES NO YES NO YES	ent ect?

Title of document

Date of publication

document

Language (ARABIC, CHINESE,

Type of document

				ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the	If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01	Г	RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER	document.	
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
03		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
04		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
05		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER GUIDANCE		

### **CERVICAL CANCER**

RH\_23. Is there a national cervical cancer prevention and control  $\Box$  YES  $\Box$  NO  $\Box$  UNKNOWN policy/guideline?

If NO, UNKNOWN

 $\rightarrow$  skip to RH\_26

canc	24. Does the policy/guideline on cerver prevention and control recommer rision of any of the following services	nd								
	RH_24a**. Human papillomavirus vaccination program?			YES, AND FRI AT POINT OF SERVICE DELIVERY IN PUBLIC SECT	:	YES, BUT NOT FREE		NO		UNKNOWN
	RH_24b**. Screening for of cervion cancer lesions?	cal pre-		YES, AND FRI AT POINT OF SERVICE DELIVERY IN PUBLIC SECT	EE 🗆	YES, BUT NOT FREE		NO		UNKNOWN
	RH_24c**. Treatment of cervical cancer lesions?	pre-		YES, AND FRI AT POINT OF SERVICE DELIVERY IN PUBLIC SECT	EE 🗆	YES, BUT NOT FREE		NO		UNKOWN
	RH_24d**. Diagnosis of cervical o	ancer?		YES, AND FRI AT POINT OF SERVICE DELIVERY IN PUBLIC SECT	EE 🗆	YES, BUT NOT FREE		NO		UNKNOWN
	RH_24e**. Treatment of cervical cancer?			YES, AND FRI AT POINT OF SERVICE DELIVERY IN PUBLIC SECT	EE 🗆	YES, BUT NOT FREE		NO		UNKNOWN
	RH_24f**. Palliative care of cervice cancer?	cal		YES, AND FRI AT POINT OF SERVICE DELIVERY IN PUBLIC SECT	EE 🗆	YES, BUT NOT FREE		NO		UNKNOWN
Please	5a**. Please see below documents upe confirm if the following documents ext question.									
	(1) Document name	(2) Start	t yea	ar	(3) Enc	l year		-		ocument d correct?
1								YES NO		
2								YES NO		
3								YES NO		
								YES NO		
_	25b. Please upload all of the docume	nts you h	ave	used to co	omple	te this sectio	n an	d pro	ovide	e details on

	(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,
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					PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	☐ PLAN- STRATEGY ☐ POLICY ☐ REPORT ☐ OTHER		
02		RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER		
03		RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER		
04		RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER		
05		RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER		
RH <sub>_</sub> ma	RTILITY  _26. Are there any laws/p nagement (e.g. preventio     If NO, UNKNOWN skip to RH_31	_	-	YES 🗆 NO	□ UNKNOV	WN
	_27**. Are there licensing ctice of Assisted Reprodu			YES 🗆 NO	□ UNKNOV	WN

<sup>&</sup>lt;sup>62</sup> 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.

	_28. Are there programme individual use of assisted			ncial support f	or I		YES		NO		UNKNOV	VN
_	_29. Are Assisted Reproduchership		logy <sup>62</sup>	services availa	able							
	RH_29a**. Same sex	couples <sup>63</sup> ?			I		YES		NO		UNKNOV	VN
	RH_29b**. Unmarried	d individuals/	single	e individuals?	ı		YES		NO		UNKNOV	VN
Pleas	30a**. Please see below do se confirm if the following next question.	-					-	-	-			nts in
	(1) Document name		(2) Sta	art year	(3) En	ıd yı	ear				nis docum	
1										YES NO		
2										YES NO		
3										YES		
										NO		
•••										YES NO		
_	30b. Please upload all of the by completing the table b		s you	have used to c	omple	te t	his se	ection	n and	l prov		
	(A)	(B)			(C)					Do	(D) ocument	(E) Upload
	Title of document	Date of publicatio		Тур	oe of do	ocur	nent			Li ( PO	anguage (ARABIC, CHINESE, ENGLISH, FRENCH, RTUGUESE, RUSSIAN, SPANISH, OTHER)	document  If the document is unavailable for upload, please provide a reason for why it

☐ GUIDELINE

LAW

☐ INTERNATIONAL

**AGREEMENT** 

OPERATIONAL

**GUIDANCE** 

**GUIDELINE** 

**AGREEMENT** 

INTERNATIONAL

RECORD

RECORD

YEAR

YEAR

01

02

If available,

please upload

an English version of the document.

☐ PLAN-

□ POLICY

☐ REPORT

□ OTHER

□ POLICY

PLAN-

STRATEGY

STRATEGY

cannot be

uploaded.

<sup>&</sup>lt;sup>63</sup> The prospective parents are of the same sex, or is a person without a partner, to bring up or raise the child.

				LAW OPERATIONAL GUIDANCE	REPORT OTHER		
03		RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	PLAN- STRATEGY POLICY REPORT OTHER		
04		RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	PLAN- STRATEGY POLICY REPORT OTHER		
05		RECORD YEAR		GUIDELINE INTERNATIONAL AGREEMENT LAW OPERATIONAL GUIDANCE	PLAN- STRATEGY POLICY REPORT OTHER		
RH <sub>.</sub> sex → RH <sub>.</sub> hav	JAL HEALTH  _31. Are there any national rual health services?  If NO, UNKNOWN  skip to RH_37  _32. Do the laws or policies be provisions for non-discrireria/groups?	/guidelines on se:	xual	health	NO	UNKNO	WN
	RH_32a. Sexual orienta	ation?		☐ YES	NO	UNKNO	WN
	RH_32b. Gender ident	ity?		☐ YES	NO	UNKNO	WN
	RH_32c. Disability?			☐ YES	NO	UNKNO	WN
	RH_32d. Commercial	sex workers?		☐ YES	NO	UNKNO	ΝN
	_33. Do any policies/laws e.owing?	xist that prohibit t	the				
	RH_33a. Female genita	al mutilation (FGN	1) <sup>64</sup> ?	□ YES	NO	UNKNO	ΝN
	RH_33b. Virginity testi	ng <sup>65</sup> ?		☐ YES	NO	UNKNO	WN

 $<sup>^{64}</sup>$  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

 $<sup>^{65}</sup>$  Virginity testing or the two finger test or per-vaginal examination or hymen examination is an

	RH_33c**. Sex selection <sup>66</sup> ?			YES		NO			UNKNOWN
	RH_33d. Same sex relationships o	r behaviours?		YES		NO			UNKNOWN
	RH_33e**. Early/forced marriage	?		YES		NO			UNKNOWN
Com	34. Are there policies /laws/guideline prehensive Sexuality Education (CSE) lar educational curriculum?	-		YES		NO			UNKNOWN
mini	35**. Are there national policies /law mum age of consent to marriage? D, UNKNOWN p to RH_36a	s stating the		YES		NO			UNKNOWN
_	35a**. What is the minimum age of criage for women/girls?	onsent to		years		NOT SPECIF	FIED		UNKNOWN
_	35b**. What is the minimum age of criage for men/boys?	onsent to		age years of age		NOT SPECII	FIED		UNKNOWN
Pleas	6a**. Please see below documents up e confirm if the following documents ext question.	are current. Please	uplc	ad any	upc	-	r mis	sing	documents in
	(1) Document name	(2) Start year	(3	3) End ye	ear				is document and correct?
1								YES	
2								NO YES	
								NO	
3								YES NO	
•••									
							ш	NO	

inspection of the female genitalia meant to determine whether a woman or girl has had vaginal intercourse. It is carried out by health care professionals. The purpose of such an examination varies across settings. In many settings, it is conducted to ascertain whether or not rape has occurred based on survivors' prior sexual history. In other settings, virginity testing on women prisoners or women in detention centers. And in some contexts, it is carried out as a communal tradition to celebrate women's virginity and marriageability (WHO 2017).

<sup>&</sup>lt;sup>66</sup> Fetal 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).

<sup>&</sup>lt;sup>67</sup> Sexual education that focuses on physiology, sexual and reproductive health, but also address issues of gender and power in relationships, and participatory teaching methods.

RH\_36b. 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)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL — STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
03		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
04		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
05		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		

SELF-CARE FOR SEXUAL AND REPRODUCTIVE HEALTH			
RH_37**. Does the country have a national policy/guideline on self-care interventions for sexual and reproductive health?	YES	NO	UNKNOWN
If NO, UNKNOWN  → skip to VAW_1			
RH_38**. Does the self-care policy/guideline include the following interventions:			
RH_38a**. Self-use of contraceptives (ex. self-injectable and oral hormonal contraception, condoms, diaphragm)?	YES	NO	UNKNOWN
RH_38b**. Self-monitoring of blood pressure/blood glucose, including during pregnancy?	YES	NO	UNKNOWN
RH_38c**. Over-the-counter sexual and reproductive health products, devices and diagnostics available at pharmacies without a prescription (ex. lubricants, homebased ovulation-predictor kits, contraception, menstrual hygiene)?	YES	NO	UNKNOWN
RH_38d**. Self-collection of samples for STIs and HPV screening?	YES	NO	UNKNOWN
RH_38e**. Self-testing (e.g. for HIV, HCV, Pregnancy, COVID-19)?	YES	NO	UNKNOWN

RH\_39a\*\*. Please see below documents uploaded in the 2018 SRMNCAH policy survey (if applicable). Please confirm if the following documents are current. Please upload any updated or missing documents in the next question.

☐ YES ☐ NO ☐ UNKNOWN

RH\_38f\*\*. Self-management of medical abortion in the

first trimester?

	(1) Document name	(2) Start year	(3) End year	(4) Is this document
				current and correct?
1				☐ YES
				□ NO
2				☐ YES
				□ NO
3				☐ YES
				□ NO
•••				☐ YES
				□ NO

RH\_39b. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

			PORTUGUESE, RUSSIAN, SPANISH, OTHER) If available, please upload an English version of the document.	for upload, please provide a reason for why it cannot be uploaded.
01	RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
02	RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
03	RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
04	RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
05	RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		

### **MODULE 6: GENDER-BASED VIOLENCE**

#### **INSTRUCTIONS:**

- You have been designated as the person responsible for submitting the VIOLENCE AGAINST WOMEN/GENDER-BASED VIOLENCE (VAW/GBV) module in the online survey tool.
  - We ask that you work with the responsible lead(s) from the Ministry of Health and other relevant sectoral Ministries (e.g. Ministries of Gender, Women's or Social Development) that oversee policies and programmes to address VAW/GBV to complete the survey.
  - Additionally, you may consult VAW/GBV focal points from WHO, UN WOMEN, UNFPA, or UNICEF country offices and/or other partners, as well as other
     Ministries/government organizations, specifically including staff with appropriate expertise or knowledge of policy content on VAW/GBV.
- Throughout this module we use the term violence against women and gender-based violence (VAW/GBV) interchangeably to mean the same thing. We recognize that different countries may use different terms with different definitions of what is included as part of gender-based violence or violence against women.
  - For purposes of this module, we are focusing on policies that respond to partner or spousal, domestic or sexual violence perpetrated against women and girls in all their diversity, while recognizing that the concept includes a much broader set of definitions and types.
  - We also recognize policy making is a complex process and that different countries may include violence against women and girls as part of gender-based, interpersonal or family violence policies or even within gender-equality policies more broadly, recognizing such violence as driven by gender inequalities.
  - In interpreting the term we have used of violence against women/gender-based violence, you can reference policy documents that address either or interpersonal or family violence or gender equality policies that may include chapters on violence against women.
- 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 laws and policies for the area of gender-based violence
  - Latest guidelines for gender-based violence
- By policies we mean one of the following types of documents sectoral (health) and multisectoral:
  - Policies
  - Plans
  - Strategies
  - Guidelines/SOPs/Protocols
  - Training materials
  - Ministerial orders, circulars, directives
  - Laws that specify guidance for health sector response to violence against women
- The online survey is formatted with automatic skips and jumps which should decrease the time for completion.

• When all of the sections of the module are completed, the module can be submitted.

FOR ANY QUESTIONS ON THE GENDER-BASED VIOLENCE/VIOLENCE AGAINST WOMEN MODULE, PLEASE CONTACT <a href="mmcahpolicysurvey@who.int">mmcahpolicysurvey@who.int</a>.

VAW_1. Person responsible for completing the gender-	-based violence module	onlin	e				
☐ SAME PERSON AS BASIC INFORMATION SECTION	N						
	ER NAME]						
If SAME PERSON AS BASIC INFORMATION SEC	TION→ skip to VAW_7						
VAW_2. Affiliation of person responsible for completin	g the gender-based vio	lence i	modul	e on	line		
☐ MINISTRY OF HEALTH (MOH)							
☐ GOVERNMENT AGENCY (NOT MOH)							
□ WHO							
☐ UN WOMEN	(specify)						
UNICEF							
☐ UNFPA							
☐ OTHER(specify)							
VAW_3. Position title of person completing the gender	-based violence module	onlin	e				
VAW_4. Contact email of person completing the gende	r-based violence modu	le onli	ne				
VAW_5**. Is the above person the same who content in this module. If YES  → skip to VAW_7	can be contacted for spo	ecific d	querie	s rela	ated t	o	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	the constant		YES			] N	0
VAW_6** If No, provide the name & contact email of be approached with queries	•						
VAW_7**. Did the lead respondent for this module corcomplete this module?  If NO, UNKNOWN  → skip to VAW_9	nsult with others to		YES		NO		UNKNOW
VAW_8. Which institutions were consulted? SELECT AL	L THAT APPLY.						
☐ MINISTRY OF HEALTH (MOH)							
☐ GOVERNMENT AGENCY (NOT MOH)		_					
□ WHO							
☐ UN WOMEN	(specify)						
UNICEF							
☐ UNFPA							
OTHER							
(specify)							

### STRATEGIC PLAN

VAW_9**. Is there a dedicated gender-based violence (GBV) <sup>68</sup> /violence against women (VAW) strategic plan?				YES	5 🗆	NO		UNKNOWN	
GENERA	AL VIOLENCE AGAINST WOMEN/GENDER-E	BASE	ED VIOLENCE (	VAW	/GB	V)			
VAW_ develo	10**. At what level are VAW/GBV policies pped?		National Subnational			Both			NKNOWN A
service the fol or sub please	11**. Is VAW /GBV programming (e.g. es, prevention interventions) included into lowing types of policy, either at <b>national</b> -national level? For all Yes responses, upload a pdf file or provide a url link (see 13 below).								
*****=	VAW_11a**. Health policy/strategy?		YES			NO		N, do	NKNOWN /A (policy pes not kist)
	VAW_11b**. Sexual/reproductive health/family planning <sup>69</sup> policy/strategy?		YES			NO		UI N, do	NKNOWN /A (policy pes not kist)
	VAW_11c**. HIV policy/strategy?		YES			NO		UI N, do	NKNOWN /A (policy pes not kist)
	VAW_11d**. reproductive/maternal/newborn/child health policy/strategy?		YES			NO		UI N, do	NKNOWN /A (policy pes not kist)
	VAW_11e**. mental health policy/strategy?		YES			NO		UI N, do	NKNOWN /A (policy pes not kist)
	VAW_11f**. adolescent health policy/strategy?		YES			NO		UI N, do	NKNOWN /A (policy pes not kist)
	VAW_11g**. multisectoral policy/strategy that addresses VAW/GBV (e.g. gender equality or women's empowerment or violence against women plan)?		YES			NO		UI N, do	NKNOWN /A (policy pes not kist)

<sup>&</sup>lt;sup>68</sup> 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.

<sup>&</sup>lt;sup>69</sup> Family planning 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

gui	W_11h**. Health sector clinical delines, protocols or standard erating procedures on GBV/VAW?	YES	NO	UNKNOWN N/A (policy does not exist)
	W_11i**. Emergency preparedness & sponse plans	YES	NO	UNKNOWN N/A (policy does not exist)
for	W_11j**. Training curriculum or plan health professionals (under-graduate pre or in-service)	YES	NO	UNKNOWN N/A (policy does not exist)
VA	W_11k**. Other	YES, specify	NO	UNKNOWN N/A (policy does not exist)
allocation i	. Was there domestic budgetary n the last financial year for the ation of VAW/GBV programmes	YES, IN MULTISECTORAL PLAN	NO	UNKNOWN
(Select all t	hat apply)?	YES, HEALTH SECTOR BUDGET YES, OTHER		

VAW\_13. 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)	(E)
	Title of document	Date of publication	Type of document	Document Language (ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER)  If available, please upload an English version of the document.	Upload document  If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
01		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL GUIDANCE ☐ OTHER		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- STRATEGY AGREEMENT ☐ POLICY DOPERATIONAL ☐ REPORT GUIDANCE ☐ OTHER		
03		<b></b>	☐ GUIDELINE ☐ PLAN- STRATEGY		

	RECORD YEAR	☐ INTERNATIONAL AGREEMENT □ LAW □ OPERATIONAL GUIDANCE	□ POLICY □ REPORT □ OTHER	
04	RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER	
05	RECORD YEAR	☐ GUIDELINE ☐ INTERNATIONAL AGREEMENT ☐ LAW ☐ OPERATIONAL GUIDANCE	□ PLAN- STRATEGY □ POLICY □ REPORT □ OTHER	

### GENERAL VIOLENCE AGAINST WOMEN/GENDER-BASED VIOLENCE (VAW/GBV) INDICATOR REVIEW

We are now inviting you to look at the attached pre-filled data for a number of indicators that reflect HOW VAW is addressed in the health and multisectoral policies that exist in your countries. These pre-filled responses are based on a VAW policies database that was created from documents that you submitted in the 2018-2019 Survey Response. Following this survey and the documents you submitted, we conducted a content analysis of these policy documents you submitted in 2018-2019 along with documents that we found from Ministry websites and that were procured from WHO country offices.

We have pre-populated the responses based on the text that was found in the policy documents and have available the exact page number and text extract based on which the responses were entered into the database.

We are requesting you to verify whether or not you agree with these pre-filled responses in the VAW policies database for your country. If you disagree with the responses we have pre-filled, we ask that you additionally review additional questions we used to pre-fill the responses so that you can examine how we arrived at the pre-filled answers. If you still disagree with the criteria we used to pre-fill the response categories, please provide us with the exact document and text extract based on which you are proposing to change the answers so that we can update the database with the new information you have provided us with.

FOR ANY QUESTIONS ON THE GENDER-BASED VIOLENCE/VIOLENCE AGAINST WOMEN MODULE, PLEASE CONTACT <a href="maintain:rmnachpolicysurvey@who.int">rmnachpolicysurvey@who.int</a>.

Thank you.

VAW_IR_1**. Is mandatory reporting <sup>70</sup> of violence against women required by health care providers in policy? [PROVIDE PRE-FILLED ANSWER FOR THE COUNTRY FROM THE FOLLOWING OPTIONS (YES INCLUDED, NOT SPECIFIED, NO – NOT INCLUDED, UNCLEAR, VARIES WITH JURISDICTION, NO POLICY DOCUMENTS FOUND, UNKNOWN- TRANSLATION NOT AVAILABLE/USABLE, OTHER)] If RESPONSE PROVIDED CORRECT, UNKNOWN	RESPONSE PROVIDED IS CORRECT	RESPONSE PROVIDED IS INCORRECT	UNKNOWN
→ skip to VAW_IR_2  VAW_IR_1_a**. Please review the source of the information regarding mandatory reporting of violence against women by health care providers:  Name of document: [DOCUMENT NAME FROM DATABASE]  Page number: [PAGE NUMBER FROM DATABASE]  Supporting text: [TEXT FROM DATABASE]	YES, INCLUDED	NO, NOT INCLUDED VARIES WITH JURISDICTION	NOT SPECIFIED NO POLICY DOCUMENT AVAILABLE UNCLEAR OTHER Specify
Is mandatory reporting <sup>15</sup> of violence against women required by health care providers in policy? If the above document is incorrect, please provide the correct document at the end of this section.  VAW_IR_2**. 1. Does the policy include privacy as a principle <sup>71</sup> of providing womancentred care to survivors of violence? [(PROVIDE PRE-FILLED ANSWER FOR THE COUNTRY FROM THE FOLLOWING OPTIONS (YES INCLUDED, NOT SPECIFIED, NO – NOT INCLUDED, UNCLEAR, VARIES WITH JURISDICTION, NO POLICY DOCUMENTS FOUND, UNKNOWN- TRANSLATION NOT AVAILABLE/USABLE, OTHER)]	RESPONSE PROVIDED IS CORRECT	RESPONSE PROVIDED IS INCORRECT	UNKNOWN

 $<sup>^{70}</sup>$  By mandatory reporting, we mean does the policy specifically call out: compulsory, obligatory, automatic, reporting of ALL women who disclose violence to the health care provider to the police or other designated authority irrespective of whether or not women consent or agree or want to report to the police.

If the reporting requirement is not Mandatory for ALL women, but just a sub-set of women such as minors, women with disabilities, then the answer category could be marked as Other with a specific explanation of which population groups does the mandatory reporting requirement apply to.

If the policy mentions that health care providers can offer to report to the police if the woman wants and desires to report to the police and with her specific consent, then mandatory reporting is NOT INCLUDED.

<sup>&</sup>lt;sup>71</sup> By this we mean: policy articulates privacy as a principle or a right that should be upheld or promoted by the health system and/or in a clinical setting.

#### If RESPONSE PROVIDED CORRECT, **UNKNOWN** → skip to VAW\_IR\_3\* VAW IR 2 a\*\*. Please review the source ☐ YES, □ NO, NOT □ NOT **SPECIFIED INCLUDED INCLUDED** of the information regarding privacy as a □ VARIES WITH □ NO POLICY principle16 of providing woman-centred JURISDICTION **DOCUMENT** care to survivors of violence: **AVAILABLE** Name of document: [DOCUMENT NAME ☐ UNCLEAR FROM DATABASE] ☐ OTHER Page number: [PAGE NUMBER FROM Specify DATABASE] Supporting text: [TEXT FROM DATABASE] Does the policy include privacy as a principle of providing woman-centred care to survivors of violence? If the above document is incorrect, please provide the correct document at the end of this section. VAW\_IR\_3\*\*. Does policy include respect for ☐ RESPONSE ☐ RESPONSE □ UNKNOWN **PROVIDED PROVIDED IS** privacy<sup>72</sup> during consultations between provider IS **INCORRECT** and survivor? [(PROVIDE PRE-FILLED ANSWER FOR CORRECT THE COUNTRY FROM THE FOLLOWING OPTIONS (YES INCLUDED, NOT SPECIFIED, NO - NOT INCLUDED, UNCLEAR, VARIES WITH JURISDICTION, NO POLICY DOCUMENTS FOUND, UNKNOWN-TRANSLATION NOT AVAILABLE/USABLE, OTHER)] If RESPONSE PROVIDED CORRECT, **UNKNOWN** → skip to VAW\_IR\_4\* VAW\_IR\_3\_a\*\*. Please review the source ☐ YES, $\square$ NO, NOT □ NOT **INCLUDED SPECIFIED INCLUDED** of the information regarding respect for □ VARIES WITH □ NO POLICY privacy during consultations: JURISDICTION **DOCUMENT** Name of document: [DOCUMENT NAME **AVAILABLE** FROM DATABASE] ☐ UNCLEAR Page number: [PAGE NUMBER FROM ☐ OTHER DATABASE] Specify\_\_\_ Supporting text: [TEXT FROM DATABASE] Does policy include respect for privacy<sup>17</sup> during consultations between provider and survivor? If the above document is incorrect, please provide the correct document at the end of this section.

<sup>&</sup>lt;sup>72</sup> By this we mean: that the policy specifies either visual and/or auditory privacy to be respected in service provision or consultation settings with survivors.

VAW_IR_4**. Does the policy include first-line support <sup>73</sup> for survivors? [(PROVIDE PRE-FILLED ANSWER FOR THE COUNTRY FROM THE FOLLOWING OPTIONS (YES INCLUDED, NOT SPECIFIED, NO – NOT INCLUDED, UNCLEAR, VARIES WITH JURISDICTION, NO POLICY DOCUMENTS FOUND, UNKNOWN-TRANSLATION NOT AVAILABLE/USABLE, OTHER)]  If RESPONSE PROVIDED CORRECT, UNKNOWN	RESPONSE PROVIDED IS CORRECT		RESPONSE PROVIDED IS INCORRECT	UNKNOWN
→ skip to VAW_IR_5*  VAW_IR_4_a**. Please review the source of the information regarding respect for first-line support for survivors:  [DOCUMENT NAME FROM DATABASE]  Page number: [PAGE NUMBER FROM DATABASE]  Supporting text: [TEXT FROM DATABASE]	YES, INCLUDED	_ _	NO, NOT INCLUDED VARIES WITH JURISDICTION	NOT SPECIFIED NO POLICY DOCUMENT AVAILABLE UNCLEAR OTHER Specify
Does the policy include first-line support <sup>18</sup> for survivors? If the above document is incorrect, please provide the correct document at the end of this section.  VAW_IR_5**. Does the policy include universal screening for violence <sup>74</sup> ? [(PROVIDE PRE-FILLED ANSWER FOR THE COUNTRY FROM THE FOLLOWING OPTIONS (YES INCLUDED, NOT SPECIFIED, NO – NOT INCLUDED, UNCLEAR, VARIES WITH JURISDICTION, NO POLICY DOCUMENTS FOUND, UNKNOWN- TRANSLATION NOT AVAILABLE/USABLE, OTHER)] If RESPONSE PROVIDED CORRECT, UNKNOWN	RESPONSE PROVIDED IS CORRECT		RESPONSE PROVIDED IS INCORRECT	UNKNOWN
→ skip to VAW_IR_6*  VAW_IR_5_a**. Please review the source of the information regarding universal screening for violence:  Name of document: [DOCUMENT NAME FROM DATABASE]  Page number: [PAGE NUMBER FROM DATABASE]  Supporting text: [TEXT FROM DATABASE]	YES, INCLUDED	_ _	NO, NOT INCLUDED VARIES WITH JURISDICTION	NOT SPECIFIED NO POLICY DOCUMENT AVAILABLE UNCLEAR OTHER Specify

<sup>&</sup>lt;sup>73</sup> By this we mean that the policy includes one or more of the following interventions or services -psychological first aid, psychosocial support; counseling services;; offering LIVES (listening with empathy, inquire about needs, validate or offer non-judgmental response, enhance safety, and facilitate social support); meeting the practical and emotional needs of the survivor.

<sup>&</sup>lt;sup>74</sup> By this we mean: routine inquiry, screening, asking every woman who comes in to health facility, using standard tool with questions that are asked of every woman who walks into the clinic about experience of violence. Asking about violence in all health care facilities routinely to all women.

Does the policy include universal screening for violence <sup>19</sup> ? If the above document is incorrect, please provide the correct document at the end of this section.  VAW_IR_6**. Does the policy include clinical inquiry for violence <sup>75</sup> ? [(PROVIDE PRE-FILLED ANSWER FOR THE COUNTRY FROM THE FOLLOWING OPTIONS (YES INCLUDED, NOT SPECIFIED, NO – NOT INCLUDED, UNCLEAR, VARIES WITH JURISDICTION, NO POLICY DOCUMENTS FOUND, UNKNOWN-TRANSLATION NOT AVAILABLE/USABLE, OTHER)]  If RESPONSE PROVIDED CORRECT, UNKNOWN	RESPONSE PROVIDED IS CORRECT	RESPONSE PROVIDED IS INCORRECT	UNKNOWN
→ skip to VAW_IR_7*  VAW_IR_6_a**. Please review the source of the information regarding clinical inquiry for violence:  Name of document: [DOCUMENT NAME FROM DATABASE]  Page number: [PAGE NUMBER FROM DATABASE]  Supporting text: [TEXT FROM DATABASE]	YES, INCLUDED	 NO, NOT INCLUDED VARIES WITH JURISDICTION	NOT SPECIFIED NO POLICY DOCUMENT AVAILABLE UNCLEAR OTHER Specify
Does the policy include clinical inquiry for violence <sup>20</sup> ? If the above document is incorrect, please provide the correct document at the end of this section.  VAW_IR_7**. Does policy include mental health assessment <sup>76</sup> of survivors? [(PROVIDE PRE-FILLED ANSWER FOR THE COUNTRY FROM THE FOLLOWING OPTIONS (YES INCLUDED, NOT SPECIFIED, NO – NOT INCLUDED, UNCLEAR, VARIES WITH JURISDICTION, NO POLICY DOCUMENTS FOUND, UNKNOWN-TRANSLATION NOT AVAILABLE/USABLE, OTHER)]	RESPONSE PROVIDED IS CORRECT	RESPONSE PROVIDED IS INCORRECT	UNKNOWN

<sup>&</sup>lt;sup>75</sup> By this we mean: targeted identification of women presenting at healthcare facilities who meet criteria as potentially having experienced violence based on clinical symptoms, or signs. It is also referred to as: Selective enquiry; clinical enquiry, case finding, selective screening or inquiry.

<sup>&</sup>lt;sup>76</sup> By this we mean: does the policy mention assessment of mental health status of a survivor. This could be immediately after the violence has occurred, at follow up visit or months later. It can also include mentions of the following in the policy: mental health diagnosis, evaluation, signs and symptoms of mental health, refer to guidance in mHGAP for mental health assessment, assessment of distress, anxiety, depression, suicidal ideation, emotional or psychological distress or stress or post-traumatic stress disorder (PTSD).

If RESPONSE PROVIDED CORRECT, UNKNOWN			
→ skip to VAW_IR_8*  VAW_IR_7_a**. Please review the source of the information regarding mental health assessment of survivors:  Name of document: [DOCUMENT NAME FROM DATABASE]  Page number: [PAGE NUMBER FROM DATABASE]  Supporting text: [TEXT FROM DATABASE]	YES, INCLUDED	NO, NOT INCLUDED VARIES WITH JURISDICTION	NOT SPECIFIED NO POLICY DOCUMENT AVAILABLE UNCLEAR OTHER Specify
Does policy include mental health assessment <sup>21</sup> of survivors? If the above document is incorrect, please provide the correct document at the end of this section.  VAW_IR_8**. Does the policy include referral to mental health services for survivors <sup>77</sup> ? [(PROVIDE PRE-FILLED ANSWER FOR THE COUNTRY FROM THE FOLLOWING OPTIONS (YES INCLUDED, NOT SPECIFIED, NO – NOT INCLUDED, UNCLEAR, VARIES WITH JURISDICTION, NO POLICY DOCUMENTS FOUND, UNKNOWN-TRANSLATION NOT AVAILABLE/USABLE,	RESPONSE PROVIDED IS CORRECT	RESPONSE PROVIDED IS INCORRECT	UNKNOWN
If RESPONSE PROVIDED CORRECT, UNKNOWN  → skip to VAW_IR_9*  VAW_IR_8_a**. Please review the source of the information regarding mental health referral for survivors:  Name of document: [DOCUMENT NAME FROM DATABASE]  Page number: [PAGE NUMBER FROM DATABASE]  Supporting text: [TEXT FROM DATABASE]	YES, INCLUDED	 NO, NOT INCLUDED VARIES WITH JURISDICTION	NOT SPECIFIED NO POLICY DOCUMENT AVAILABLE UNCLEAR OTHER Specify
Does the policy include referral to mental health services for survivors <sup>22</sup> ? <i>If the above document is incorrect, please</i>			

<sup>&</sup>lt;sup>77</sup> By this we mean: A mental health referral would be to more specialist services/providers for psychological interventions or mental health treatments such as psychotherapy; cognitive behavioural therapy (CBT); eye movement desensitization and reprocessing (EMDR); antidepressants; benzodiazepine; diazepam.

For the referral indicator to be fulfilled, there must be a mention of psychological interventions or care used separate from psychosocial services/support. References to psychosocial services/support used alone will not meet this indicator. The timing of the referral can be immediately after violence has occurred, at a follow-up visit, or months later.

provide the correct document at the end of this section.  VAW_IR_9**. Does the policy include mental health treatment for survivors <sup>78</sup> ? [(PROVIDE PRE-FILLED ANSWER FOR THE COUNTRY FROM THE FOLLOWING OPTIONS (YES INCLUDED, NOT SPECIFIED, NO – NOT INCLUDED, UNCLEAR, VARIES WITH JURISDICTION, NO POLICY DOCUMENTS FOUND, UNKNOWN- TRANSLATION NOT AVAILABLE/USABLE, OTHER)]		RESPONSE PROVIDED IS CORRECT	RESPONSE PROVIDED IS INCORRECT	UNKNOWN
If RESPONSE PROVIDED CORRECT,				
UNKNOWN				
→ skip to VAW_IR_10*	_	VEC	NO NOT	NOT
VAW_IR_9_a**. Please review the source of the information regarding mental health treatment for survivors:  Name of document: [DOCUMENT NAME FROM DATABASE]  Page number: [PAGE NUMBER FROM DATABASE]  Supporting text: [TEXT FROM DATABASE]  Does the policy include mental health treatment for survivors <sup>23</sup> ? If the above document is incorrect, please provide the correct document at the end of this		YES, INCLUDED	NO, NOT INCLUDED VARIES WITH JURISDICTION	NOT SPECIFIED NO POLICY DOCUMENT AVAILABLE UNCLEAR OTHER Specify
section.  VAW_IR_10**. Does policy recognise adolescent girls and/or young women as a population that is vulnerable to violence <sup>79</sup> ? [(PROVIDE PRE-FILLED ANSWER FOR THE COUNTRY FROM THE FOLLOWING OPTIONS (YES INCLUDED, NOT SPECIFIED, NO – NOT		RESPONSE PROVIDED IS CORRECT	RESPONSE PROVIDED IS INCORRECT	UNKNOWN

Treatment is a clinical intervention used for a diagnosed mental health condition. A broad definition of treatment is applied here. This may be a reference to clinical treatment for mental health, but a mention of 'psychological interventions/care' or 'mental health care' (or other such variations that infer treatment such as psychological 'healing' or 'accompaniment'), a 'mental health programme', or references to specialised treatment or doctors/specialists can also be considered as mental health treatment.

For the policy to include mental health treatment, there must be a mention of psychological interventions/care separately from the mention of psychosocial support or counselling or psychological first aid. The timing of the treatment can be immediately after violence has occurred, at a follow-up visit, or months later.

 $<sup>^{78}</sup>$  By this we mean

<sup>&</sup>lt;sup>79</sup> By this we mean: Adolescent girls (10 - 19 years) and young women (10 - 24 years) are explicitly recognized as being vulnerable or disproportionately at risk of violence. The policy should mention their risk or vulnerability in relation to not just gender, but also age. It can be reflected through specific mention of their vulnerability, risks, higher burden or prevalence or recognizing that many more cases occur in this population.

INCLUDED, UNCLEAR, VARIES WITH JURISDICTION, NO POLICY DOCUMENTS FOUND, UNKNOWN-TRANSLATION NOT AVAILABLE/USABLE, OTHER)] If RESPONSE PROVIDED CORRECT, **UNKNOWN** → skip to VAW\_IR\_11\* VAW IR 10 a\*\*. Please review the ☐ YES. □ NO, NOT **INCLUDED INCLUDED** source of the information regarding

□ NOT **SPECIFIED** □ VARIES WITH □ NO POLICY adolescent girls or young women as a JURISDICTION **DOCUMENT** population vulnerable to violence: **AVAILABLE** Name of document: [DOCUMENT NAME ☐ UNCLEAR FROM DATABASE] ☐ OTHER Page number: [PAGE NUMBER FROM Specify\_\_\_ DATABASE] Supporting text: [TEXT FROM DATABASE] Does policy recognise adolescent girls and/or young women as a population that is vulnerable to violence<sup>24</sup>? If the above document is incorrect, please provide the correct document at the end of this section. VAW\_IR\_11\*\*. Does the policy specify provision ☐ RESPONSE ☐ RESPONSE ☐ UNKNOWN **PROVIDED PROVIDED IS** of specific or differentiated services<sup>80</sup> for IS **INCORRECT** adolescent girls and/or young women subjected CORRECT to violence? [(PROVIDE PRE-FILLED ANSWER FOR THE COUNTRY FROM THE FOLLOWING OPTIONS (YES INCLUDED, NOT SPECIFIED, NO - NOT INCLUDED, UNCLEAR, VARIES WITH JURISDICTION, NO POLICY DOCUMENTS FOUND, UNKNOWN- TRANSLATION NOT AVAILABLE/USABLE, OTHER)] If RESPONSE PROVIDED CORRECT, **UNKNOWN** → skip to VAW\_IR\_12\* VAW IR 11 a\*\*. Please review the ☐ YES, □ NO, NOT □ NOT **INCLUDED INCLUDED SPECIFIED** source of the information regarding □ VARIES WITH □ NO POLICY specific services for adolescent girls or JURISDICTION **DOCUMENT** young women subjected to violence: **AVAILABLE** Name of document: [DOCUMENT NAME □ UNCLEAR FROM DATABASE] ☐ OTHER Page number: [PAGE NUMBER FROM □ Specify DATABASE]

<sup>80</sup> By this we mean: that the policy specifies services for adolescent girls and young women subjected to violence or describes services for young people. It can also include mentions of training of health providers to address specific needs of adolescent girls and young women survivors of violence. It may also include calling out specific services for children and adolescents subjected to violence.

Supporting text: [TEXT FROM DATABASE]

Does the policy specify provision of specific or differentiated services<sup>25</sup> for adolescent girls and/or young women subjected to violence? *If the above document is incorrect, please provide the correct document at the end of this section.* 

VAW\_IR\_12\*\*. 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		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
02		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ GUIDANCE ☐ OTHER		
03		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ STRATEGY ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ OTHER ☐ GUIDANCE		
04		RECORD YEAR	☐ GUIDELINE ☐ PLAN- ☐ INTERNATIONAL ☐ AGREEMENT ☐ POLICY ☐ LAW ☐ REPORT ☐ OPERATIONAL ☐ GUIDANCE ☐ OTHER		
05		□	☐ GUIDELINE ☐ PLAN- STRATEGY		

	RECORD	INTERNATIONAL	POLICY	
	YEAR	AGREEMENT	REPORT	
		LAW	OTHER	
		OPERATIONAL		
		GUIDANCE		

### **GLOSSARY OF TERMS**

#### Adolescent

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.

### Antenatal care (ANC)

The care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both woman 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

### Assisted Reproductive Technology (ART)

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. 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.

### **Auxiliary nurse**

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.

### Auxiliary nurse midwife

Birth certificate is a document issued by the State to the parent or caregiver as a result of the process of birth registration. It is a child's first legal proof of identity.

### **Birth certificate**

Birth registration and birth certificates ideally go hand in hand. However, because the processes for issuing birth certificates can vary depending on location, a child might be registered but never receive a birth certificate.

### Birth registration

Birth registration is the process of officially recording a child's birth with a government authority. It is a permanent and official record of a child's existence, and provides legal recognition of that child's identity. At a minimum, it establishes a legal record of where the child was born and who his or her parents are.

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, socioculturally 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.\*

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).

For the purposes of this survey, a child is 1 month to 9 years of age.

Legally binding rules aimed at the protection of children's health, development and well-being

Sexual education that focuses on physiology, sexual and reproductive health, but also address issues of gender and power in relationships, and participatory teaching methods

The abilities of a person to integrate knowledge, skills and attitudes in their performance of tasks in a given context. Competencies are durable, trainable and, through the expression of behaviours, measurable.

Notification of maternal / perinatal death: Identification of suspected maternal deaths in facilities (maternity and other wards) and communities, followed by immediate notification (within 24 and 48 hours, respectively) to the appropriate authorities. Generally, classifying an event or disease as notifiable means it must be reported to the authorities within 24 hours and followed up by a more thorough report of medical causes and contributing factors.

Review of maternal / perinatal death by MPDSR committee: Examination of medical and nonmedical contributing factors that led to the death, assessment of avoidability and development of recommendations for preventing future deaths, and immediate implementation of pertinent recommendations.

Early child development (ECD) encompasses physical, socio-emotional, cognitive and motor development between 0-8 years of age

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.

Care for all newborns and includes immediate and thorough drying, skin to skin contact of the newborn with the woman, 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).

# Skilled health personnel

Child

Child Rights / Child Welfare Act/Law Comprehensive

sexuality education (CSE)

**Competencies** 

**Death notification** 

**Death review** 

Early childhood development

Emergency contraception

Essential newborn care

They should be assessed for birth weight, gestational age, congenital defects and signs of newborn illness.

**Family planning** 

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

Female genital mutilation

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

An intervention intended to reduce the number of gestational sacs or fetuses in a multiple gestation

Foetal reduction

Gender-based violence

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 Graduated licensing system phases young driver privileges (e.g. driving at night or with passengers) over time, such as first an extended learner period involving training and low-risk, supervised driving; then a license with temporary restrictions; and finally a full license.

Graduated licensing

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.

Guideline

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

**Health policy** 

WHO application of International classification of Diseases (ICD-10) to deaths during pregnancy, childbirth and puerperium

ICD-MM

ICD-PM

WHO application of International classification of Diseases (ICD-10) to deaths during the perinatal period

In vitro fertilization An assisted reproductive technology procedure that involves extracorporeal fertilization. It includes conventional in vitro insemination and intracytoplasmic sperm injection (ICSI)

Integrated community case management of childhood illness (iCCM) 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.

Integrated management of childhood illness (IMCI) 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.

Intermittent preventive treatment in infants (IPTi) 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).

Kangaroo mother care

The practice of providing continuous skin-to-skin contact between mother and baby, exclusive breastmilk feeding, and early discharge from hospital 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).

Law

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, promotors, etc.

Lay health worker

Low birthweight

A weight at birth of less than 2 500g, irrespective of gestational age

Maternal death surveillance and response (MDSR)

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. 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 woman 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.

Midwife

Minor

Persons under the age set by domestic law or eighteen who have not acquired all of their legal rights under domestic law (e.g. to purchase certain products such as tobacco or alcohol)

National Coordinating Body Newborn Committee or working group led by the Ministry of Health or national level institution and composed of different stakeholders responsible for developing, implementing, and oversight of the national SRMNCAH strategy, policy, and plans.

For the purposes of this survey, a newborn is 0-4 weeks old.

licensed nurse, diploma nurse, BS nurse, nurse clinician.

Newborn death

The death within 28 days of birth of any live-born baby regardless of weight or gestational age

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,

Nurse

#### **Perinatal**

Definitions of perinatal death may vary by country, according to ICD-11 perinatal death is defined as fetal deaths of at least 22 weeks of gestation and newborn deaths up to and including the first seven days after birth

### **Postnatal care**

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 the woman and baby. The components of PNC include: assessment of wellbeing of the woman and baby; prevention, detection and management of postnatal related problems; management of concurrent diseases; and health education and health promotion.

### Pneumonia with chest in-drawing

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.

### Pneumonia with fast breathing

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.

# Possible serious bacterial infection (PSBI)

A young infant (0-59 days) 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)

## Pre-service training

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).

### Preterm birth

A baby born < 37 completed weeks gestation

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,

# Programme

adolescent health or school health services)

bring up or raise the child.

### Quality of care

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 The prospective parents are of the same sex, or is a person without a partner, to

Same sex/single parenting policy Seasonal malaria chemoprevention (SMC)

The intermittent administration of full treatment courses of an antimalarial medicine to children in areas of highly seasonal transmission during the malaria season

Self-care

The ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider

### Sex selection

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).

Sexual violence

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)

Stakeholder

Individual, group or an organization that has an interest in the organization and delivery of health care

**Standards** 

A statement of a defined level of quality in the delivery of services that is required to meet the needs of intended beneficiaries. A standard defines the performance expectations, structures or processes needed for an organization to provide safe, equitable, acceptable, accessible, effective and appropriate services. Example of standards for adolescent health care services in WHO/UNAIDS Global Standards A baby born with no signs of life, weighing  $\geq 1\,000\,\mathrm{g}$  or with more than 28 completed weeks of gestation and  $\geq 35\,\mathrm{cm}$  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.

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

Stillbirth

National health strategy

(Also known as a national health strategic plan or national health plan)

Substance use

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" Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

An intermediate result towards an objective that a programme seeks to achieve,

**Target** 

within a specified time frame, a target is more specific than an objective and lends itself more readily to being expressed in quantitative terms.

"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.

Universal access

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.

Very low birthweight

A weight at birth of less than 1500 g

Virginity testing

Virginity testing or the two finger test or per-vaginal examination or hymen examination is an inspection of the female genitalia meant to determine whether a woman or girl has had vaginal intercourse. It is carried out by health care professionals. The purpose of such an examination varies across settings. In many settings, it is conducted to ascertain whether or not rape has occurred based on survivors' prior sexual history. In other settings, virginity testing on women

prisoners or women in detention centers. And in some contexts, it is carried out as a communal tradition to celebrate women's virginity and marriageability (WHO 2017).

# Women of reproductive age

For purposes of this survey, a woman of reproductive age is 15-49 years of age