

Annex 1:

Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018–2019

Contents

Introduction	107
Data Sharing Agreement	108
Module 1: Basic Information	109
Module 2: Cross-cutting RMNCAH	110
INTRODUCTORY SECTION	112
QUALITY OF CARE FOR RMNCAH	117
FINANCIAL PROTECTION	120
POLICIES AND LEGISLATION RELATED TO HUMAN RIGHT TO HEALTH AND HEALTH CARE	124
POLICIES ON BIRTH AND DEATH REGISTRATION PROCESSES	126
SURVEYS AND HEALTH MANAGEMENT INFORMATION SYSTEM	128
HOME-BASED RECORDS	131
Module 3: Maternal and Newborn Health	133
ANTENATAL CARE POLICY	135
CHILDBIRTH POLICY	138
POSTNATAL CARE FOR MOTHER AND NEWBORN POLICY	140
MANAGEMENT OF PREMATURE/LOW-BIRTH-WEIGHT NEWBORNS	144
MANAGEMENT OF SICK NEWBORNS	145
LACTATION POLICY	147
HUMAN RESOURCES POLICY	148
ESSENTIAL MEDICINES AND EQUIPMENT	151
MATERNAL DEATHS	153
STILLBIRTHS	155
NEONATAL DEATHS	156
Module 4: Child Health	157
OVERALL STRATEGY OR PLAN FOR CHILD HEALTH AND DEVELOPMENT	159
PREVENTION AND MANAGEMENT OF PNEUMONIA	160
PREVENTION AND MANAGEMENT OF DIARRHOEA	162
PREVENTION AND MANAGEMENT OF MALARIA	163
PREVENTION AND MANAGEMENT OF ALL FORMS OF MALNUTRITION	165
PAEDIATRIC HOSPITAL CARE FOR SICK CHILDREN	167
ESSENTIAL MEDICINES AND EQUIPMENT	168
EARLY CHILDHOOD DEVELOPMENT	170
PROVISION OF INTEGRATED CHILD HEALTH SERVICES	172
Module 5: Adolescent Health	175
OVERALL PLANS/GUIDELINES FOR ADOLESCENT HEALTH	177
INFRASTRUCTURE AND TRAINING	179
CONSENT FOR SERVICES	181
LEGISLATION	183
Module 6: Reproductive Health	185
GENERAL REPRODUCTIVE HEALTH CARE	186
FAMILY PLANNING/CONTRACEPTION	188
SEXUALLY TRANSMITTED INFECTIONS	192
CERVICAL CANCER	194
INFERTILITY	196
SEXUAL HEALTH	198
Module 7: Gender-based Violence	200
GENERAL GENDER-BASED VIOLENCE	202
Glossary of Terms	205

Introduction

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

Previously, a WHO MNCAH Policy Survey was conducted in four rounds: 2009–2010, 2011–2012, 2013–2014 and 2016. The results of these survey rounds can be found here: http://www.who.int/maternal_child_adolescent/epidemiology/policy-indicators/en/

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

We ask that WHO country offices complete the interview with the Ministry of Health and other UN agencies, specifically including staff with

appropriate expertise designated as responsible for each module. When possible, is also important to consult relevant programmes within the Ministry of Health (e.g. malaria, nutrition, TB, HIV, etc.) and other Ministries (e.g. legal experts) where necessary. We also recommend gathering relevant documents (policies, guidelines, laws, etc.) before completing the survey modules.

The online survey is formatted with automatic skips which should decrease the time for completion. Please first watch the video with instructions on how to complete the survey prior to beginning. Here is a link to the video: <http://datamncah.org/rmncah/vid/pv/>

A complete instruction manual can also be downloaded from here: <https://drive.google.com/file/d/1RmKeSfyZINcUSMZUCWremEZbMxvu51Oh/view>

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

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

If you have further questions or need assistance please contact Elizabeth Katwan at rmncahpolicysurvey@who.int

Data Sharing Agreement

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

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

Statement of policy on data sharing

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

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

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

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

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

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

Elizabeth Katwan

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FWC/MCA/EME
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1211 Geneva 27
Switzerland
rmncahpolicysurvey@who.int

Module 1: Basic Information

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

Module 2: Cross-cutting RMNCAH

INSTRUCTIONS:

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

CC_1. Responsible lead from Ministry of Health (MoH) for the cross-cutting RMNCAH module

CC_2. Position title of responsible lead from MoH for the cross-cutting RMNCAH module

CC_3. Contact email of responsible lead from MoH for the cross-cutting RMNCAH module

CC_4. Person responsible for submitting the cross-cutting RMNCAH module online

CC_5. Affiliation of person responsible for submitting the cross-cutting RMNCAH module online

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

CC_6. Position title of person submitting the cross-cutting RMNCAH module online

CC_7. Contact email of person submitting the cross-cutting RMNCAH module online

CC_8. Did the lead respondent consult with others to complete this module?

- ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_10

CC_9. Which institutions were consulted? SELECT ALL THAT APPLY.

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

INTRODUCTORY SECTION

CC_10. Which national strategies/plans for the areas of Reproductive, Maternal, Newborn, Child and/or Adolescent Health and Gender-based Violence does your country currently have?

For example, different combinations could be:

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

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

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

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

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

CC_11. Has your country developed a national target for any of the following indicators?

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

CC_12. Is there a national coordinating body that looks at RMNCAH or its components? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to CC_17

CC_13. Please list the name(s) of the committee(s).

CC_14. Which of the following stakeholders are typically included in the RMNCAH coordinating body (e.g. steering committee, technical working group) in CC_12?

CC_14a. Ministry of Health? ☐ YES ☐ NO ☐ UNKNOWN

CC_14b. Other government organizations/sectors? ☐ YES ☐ NO ☐ UNKNOWN

CC_14c. H6 partnership organizations (UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank)? ☐ YES ☐ NO ☐ UNKNOWN

CC_14d. Other implementing partners? ☐ YES ☐ NO ☐ UNKNOWN

CC_14e. Donors? ☐ YES ☐ NO ☐ UNKNOWN

CC_14f. Academia? ☐ YES ☐ NO ☐ UNKNOWN

CC_14g. Professional associations? ☐ YES ☐ NO ☐ UNKNOWN

CC_14h. Civil society? ☐ YES ☐ NO ☐ UNKNOWN

CC_14i. Private sector? ☐ YES ☐ NO ☐ UNKNOWN

CC_14j. Adolescents/young people? ☐ YES ☐ NO ☐ UNKNOWN

CC_14k. Other? _____ ☐ YES ☐ NO ☐ UNKNOWN
 (specify)

CC_15. How often does the RMNCAH committee typically (from CC_12) meet?

☐ MONTHLY

☐ BI-MONTHLY

☐ QUARTERLY

☐ SEMI-ANNUALLY

☐ ANNUALLY

☐ UNKNOWN

CC_16. When was the last time the RMNCAH committee (from CC_12) met? _____/_____/_____
 IF MONTH UNKNOWN, ENTER 99. IF YEAR UNKNOWN, ENTER 9999. MONTH YEAR

CC_17. Is there a national policy to ensure engagement of civil society organization representatives in national-level planning of RMNCAH programmes? ☐ YES ☐ NO ☐ UNKNOWN

CC_18. Is there a national policy to ensure engagement of civil society organization representatives in periodic review of national programmes for RMNCAH? ☐ YES ☐ NO ☐ UNKNOWN

CC_19. Do the reviews of the RMNCAH plan(s) include stakeholder participation? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_21

CC_20. Which of the following stakeholders participate in reviews of the RMNCAH plan(s)?

CC_20a. Ministry of Health? ☐ YES ☐ NO ☐ UNKNOWN

CC_20b. Other government organizations/sectors? ☐ YES ☐ NO ☐ UNKNOWN

CC_20c. H6 partnership organizations (UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank)? ☐ YES ☐ NO ☐ UNKNOWN

CC_20d. Other implementing partners? ☐ YES ☐ NO ☐ UNKNOWN

CC_20e. Donors? ☐ YES ☐ NO ☐ UNKNOWN

CC_20f. Academia? ☐ YES ☐ NO ☐ UNKNOWN

CC_20g. Professional associations? ☐ YES ☐ NO ☐ UNKNOWN

CC_20h. Civil society? ☐ YES ☐ NO ☐ UNKNOWN

CC_20i. Private sector? ☐ YES ☐ NO ☐ UNKNOWN

CC_20j. Adolescents/young people? ☐ YES ☐ NO ☐ UNKNOWN

CC_20k. Other? _____
 (specify) ☐ YES ☐ NO ☐ UNKNOWN

QUALITY OF CARE FOR RMNCAH

CC_21. Is there a national policy/guideline to improve quality of care (QoC) for health services? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_23

CC_22. Does the national policy/guideline to improve QoC in health services address any of the following?

CC_22a. Sexual and reproductive health? ☐ YES ☐ NO ☐ UNKNOWN

CC_22b. Maternal health? ☐ YES ☐ NO ☐ UNKNOWN

CC_22c. Newborn health? ☐ YES ☐ NO ☐ UNKNOWN

CC_22d. Child health? ☐ YES ☐ NO ☐ UNKNOWN

CC_22e. Adolescent health? ☐ YES ☐ NO ☐ UNKNOWN

CC_23. Is there a national quality of care steering committee/technical working group? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_27

CC_24. Which health services does the national QoC steering committee/technical working group look at?

CC_24a. Sexual and reproductive health? ☐ YES ☐ NO ☐ UNKNOWN

CC_24b. Maternal health? ☐ YES ☐ NO ☐ UNKNOWN

CC_24c. Newborn health? ☐ YES ☐ NO ☐ UNKNOWN

CC_24d. Child health? ☐ YES ☐ NO ☐ UNKNOWN

CC_24e. Adolescent health? ☐ YES ☐ NO ☐ UNKNOWN

CC_25. How often does the national steering committee/technical working group that looks at QoC issues across RMNCAH meet?

☐ QUARTERLY

☐ SEMI-ANNUALLY

☐ ANNUALLY

☐ OTHER

☐ UNKNOWN

CC_26. Which of the following stakeholders participate in the national RMNCAH QoC steering committee/ technical working group?

- | | | | |
|---|------------------------------|-----------------------------|----------------------------------|
| CC_26a. Ministry of Health? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_26b. Other government organizations/sectors? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_26c. H6 partnership organizations (UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_26d. Other implementing partners? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_26e. Donors? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_26f. Academia? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_26g. Professional associations? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_26h. Civil society? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_26i. Private sector? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_26j. Adolescents/young people? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_26k. Other? _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

CC_27. Have national quality of care standards and protocols for delivery of services in health facilities been developed? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_30

CC_28. Have national quality of care standards and protocols for delivery of services been developed for any health facilities for the following?

- | | | | |
|--|---|-----------------------------|----------------------------------|
| CC_28a. Sexual and reproductive health? | <input type="checkbox"/> YES
<input type="checkbox"/> PRIMARY
<input type="checkbox"/> REFERRAL | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_28b. Maternal health? | <input type="checkbox"/> YES
<input type="checkbox"/> PRIMARY
<input type="checkbox"/> REFERRAL | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_28c. Newborn health? | <input type="checkbox"/> YES
<input type="checkbox"/> PRIMARY
<input type="checkbox"/> REFERRAL | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_28d. Child health? | <input type="checkbox"/> YES
<input type="checkbox"/> PRIMARY
<input type="checkbox"/> REFERRAL | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_28e. Early childhood development? | <input type="checkbox"/> YES
<input type="checkbox"/> PRIMARY
<input type="checkbox"/> REFERRAL | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_28f. Adolescent health? | <input type="checkbox"/> YES
<input type="checkbox"/> PRIMARY
<input type="checkbox"/> REFERRAL | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

CC_29. When were the national quality of care standards and protocols for RMNCAH health services last updated?

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

IF YEAR UNKNOWN, ENTER 9999.

☐ BEFORE 2000

☐ _____
RECORD YEAR

CC_30. Are there mechanisms in place at the facility level to solicit feedback on quality and access from community members (e.g. users, family)? ☐ YES ☐ NO ☐ UNKNOWN

CC_31. Please upload all of the documents you have used to complete this section QUALITY OF CARE FOR RMNCAH and provide details on each by completing the table below.

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

FINANCIAL PROTECTION

CC_32. Is there a national policy/legislation on free access to health services in the public sector at the point of use for any of the following groups?

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

CC_33. Are the following health services provided free of charge at point of use in the public sector for women of reproductive age?

- | | | | | |
|---|---|--|-----------------------------|----------------------------------|
| CC_33a. Family planning? | <input type="checkbox"/> YES,
FOR ALL
WOMEN | <input type="checkbox"/> YES,
FOR SELECTED
POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_33b. Antenatal care? | <input type="checkbox"/> YES,
FOR ALL
WOMEN | <input type="checkbox"/> YES,
FOR SELECTED
POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_33c. Childbirth (normal delivery)? | <input type="checkbox"/> YES,
FOR ALL
WOMEN | <input type="checkbox"/> YES,
FOR SELECTED
POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_33d. Caesarean section? | <input type="checkbox"/> YES,
FOR ALL
WOMEN | <input type="checkbox"/> YES,
FOR SELECTED
POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_33e. Management of other birth complications? | <input type="checkbox"/> YES,
FOR ALL
WOMEN | <input type="checkbox"/> YES,
FOR SELECTED
POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_33f. Postnatal care for mothers? | <input type="checkbox"/> YES,
FOR ALL
WOMEN | <input type="checkbox"/> YES,
FOR SELECTED
POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_33g. Immunization services during pregnancy? | <input type="checkbox"/> YES,
FOR ALL
WOMEN | <input type="checkbox"/> YES,
FOR SELECTED
POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CC_33h. Insecticide-treated bednets? | <input type="checkbox"/> YES,
FOR ALL
WOMEN | <input type="checkbox"/> YES,
FOR SELECTED
POPULATION GROUPS | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

- CC_33i.** Pharmaceutical products and/or other medical supplies if required for diagnosis and treatment or childbirth? ☐ YES, FOR ALL WOMEN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_33j.** Testing and treatment for sexually transmitted infections? ☐ YES, FOR ALL WOMEN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_33k.** Testing and treatment for syphilis? ☐ YES, FOR ALL WOMEN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_33l.** Testing and treatment for HIV? ☐ YES, FOR ALL WOMEN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_33m.** Infertility management? ☐ YES, FOR ALL WOMEN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_33n.** Screening for cervical cancer? ☐ YES, FOR ALL WOMEN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_34. Are the following health services provided free of charge at point of use in the public sector for newborns?

- CC_34a.** Management of birth complications (asphyxia, prematurity, sepsis, congenital anomalies)? ☐ YES, FOR ALL NEWBORNS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_34b.** Postnatal care? ☐ YES, FOR ALL NEWBORNS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_34c.** Immunization? ☐ YES, FOR ALL NEWBORNS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_34d.** Sick newborn care? ☐ YES, FOR ALL NEWBORNS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_34e.** Insecticide-treated bednets? ☐ YES, FOR ALL NEWBORNS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_34f. Pharmaceutical products and/or other medical supplies if required for diagnosis and treatment? ☐ YES, FOR ALL NEWBORNS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_35. Are all children exempt from user fees for the following services in the public sector?

CC_35a. Well child visits and growth monitoring? ☐ YES, FOR ALL CHILDREN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_35b. Immunization? ☐ YES, FOR ALL CHILDREN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_35c. Insecticide-treated bednets? ☐ YES, FOR ALL CHILDREN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_35d. Sick child outpatient care? ☐ YES, FOR ALL CHILDREN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_35e. Paediatric inpatient care? ☐ YES, FOR ALL CHILDREN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_35f. Pharmaceutical products and/or other medical supplies if required for diagnosis and treatment? ☐ YES, FOR ALL CHILDREN ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_36. Are adolescents exempt from user fees for the following health services in the public sector?

CC_36a. Outpatient care visits? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_36b. Inpatient care visits? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_36c. HIV testing and counselling? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_36d. Contraceptives? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_36e. Mental health? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

- CC_36f.** Rehab for substance abuse? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_36g.** Pharmaceutical products and/or other medical supplies if required for diagnosis and treatment? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_36h.** Testing and treatment for sexually transmitted infections? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN
- CC_36i.** Vaccination for HPV? ☐ YES, FOR ALL ADOLESCENTS ☐ YES, FOR SELECTED POPULATION GROUPS ☐ NO ☐ UNKNOWN

CC_37. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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

CC_38. Does the country have a dedicated law on:

CC_38a. Sexual health? ☐ YES ☐ NO ☐ UNKNOWN

CC_38b. Reproductive health? ☐ YES ☐ NO ☐ UNKNOWN

CC_38c. Reproductive rights? ☐ YES ☐ NO ☐ UNKNOWN

CC_38d. Maternal health? ☐ YES ☐ NO ☐ UNKNOWN

CC_38e. Newborn health? ☐ YES ☐ NO ☐ UNKNOWN

CC_38f. Child health? ☐ YES ☐ NO ☐ UNKNOWN

CC_38g. Adolescent health? ☐ YES ☐ NO ☐ UNKNOWN

CC_39. Is there a national law that guarantees universal access to primary health care? ☐ YES ☐ NO ☐ UNKNOWN

CC_40. Does the country have a dedicated Child Rights/Child Welfare Act/Law? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_43

CC_41. Does the Act/Law contain provisions which protect the right to health for all children and adolescents? ☐ YES ☐ NO ☐ UNKNOWN

CC_42. Does the Act/Law include provisions which guarantee equal access to health care for all children and adolescents? ☐ YES ☐ NO ☐ UNKNOWN

CC_43. Does the country have a national child rights institution (e.g. Ombudsperson for Children, national child rights commission/committee) mandated/authorized to consider matters related to RMNCAH? ☐ YES ☐ NO ☐ UNKNOWN

CC_44. Is there a national human rights institution (e.g. Ombudsperson, national human rights commission/committee) mandated/authorized to consider matters related to RMNCAH? ☐ YES ☐ NO ☐ UNKNOWN

CC_45. Is the information from these institutions made public (e.g. through periodic reports)? ☐ YES ☐ NO ☐ UNKNOWN

CC_46. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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

CC_47. Is there a national policy/law that requires every birth to be registered? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_49

CC_48. Does the policy/law that requires every birth to be registered do any of the following?

CC_48a. Indicate who is authorized to register births? ☐ YES ☐ NO ☐ UNKNOWN

CC_48b. Require the recording of specific health information on birth certificates? ☐ YES ☐ NO ☐ UNKNOWN

CC_48c. Specify a required time frame for registration? ☐ YES ☐ NO ☐ UNKNOWN

CC_48d. Contain provisions for advancing birth registration among vulnerable groups of children, such as orphans, illegal migrants, refugees and internally displaced persons (IDPs)? ☐ YES ☐ NO ☐ UNKNOWN

CC_48e. Specify restrictions on which caregiver or family members can register births? ☐ YES ☐ NO ☐ UNKNOWN

CC_48f. Specify costs or fees for families or individual caregivers registering births? ☐ YES ☐ NO ☐ UNKNOWN

CC_48g. Specify costs or fees for late or delayed registration of births? ☐ YES ☐ NO ☐ UNKNOWN

CC_49. Is there a policy/law which requires proof of a birth certificate as a precondition for children's access to health services? ☐ YES ☐ NO ☐ UNKNOWN

CC_50. Is there a policy/law which requires proof of a birth certificate as a precondition for children's access to education? ☐ YES ☐ NO ☐ UNKNOWN

CC_51. Is there a national policy/law that requires every death to be registered? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_53

CC_52. Does the policy/law require cause of death registration to be in line with ICD-10? ☐ YES ☐ NO ☐ UNKNOWN

CC_53. Is there a policy/law that requires routine audit and/or review of death certification for maternal, perinatal, neonatal and/or child deaths? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_55

CC_54. Does the policy/law that requires routine audit and/or review of death certification do any of the following?

CC_54a. Require the issuance of medical certificates of cause of death? ☐ YES ☐ NO ☐ UNKNOWN

- CC_54b.** Recommend training health workers in filling out death certificates using the International Classification of Diseases (ICD)? ☐ YES ☐ NO ☐ UNKNOWN
- CC_54c.** Require death data recorded at health facilities or by community health workers (CHWs) to be provided to the national statistics office, civil registration system or equivalent bodies? ☐ YES ☐ NO ☐ UNKNOWN
- CC_54d.** Require sharing individual death records within the health system and between central and district/regional levels? ☐ YES ☐ NO ☐ UNKNOWN
- CC_54e.** Recommend verbal autopsy on community deaths for determining cause of death? ☐ YES ☐ NO ☐ UNKNOWN

CC_55. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

	(A) Title of document	(B) Date of publication	(C) Type of document	(D) Document language (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 why it cannot be uploaded.
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SURVEYS AND HEALTH MANAGEMENT INFORMATION SYSTEM

CC_56. Have any of the following health facility surveys been conducted?

CC_56a. Service Availability and Readiness Assessment (SARA)? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_56b

CC_56a1. What was the latest year? _____

CC_56b. Service Provision Assessment (SPA)? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_56c

CC_56b1. What was the latest year? _____

CC_56c. Service Delivery Indicators Survey (SDI)? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_56d

CC_56c1. What was the latest year? _____

CC_56d. Assessment of Emergency Obstetric Care Services (EmOC)? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CC_56e

CC_56d1. What was the latest year? _____

CC_56e. Other? _____ ☐ YES ☐ NO ☐ UNKNOWN
(specify)

CC_56e1. What was the latest year? _____

CC_57. Does your national health information system (HIS) collect and report on the following data?

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

CC_57a. Number or ratio of maternal deaths? ☐ YES ☐ NO ☐ UNKNOWN

CC_57b. Cause of maternal death? ☐ YES ☐ NO ☐ UNKNOWN

CC_57c. Number of antenatal care visits? ☐ YES ☐ NO ☐ UNKNOWN

CC_57d. Number or rate of caesarean sections? ☐ YES ☐ NO ☐ UNKNOWN

CC_57e. Number or rate of live births? ☐ YES ☐ NO ☐ UNKNOWN

CC_57f. Number or rates of stillbirths? ☐ YES ☐ NO ☐ UNKNOWN

CC_57g. Number or rates of newborn deaths? ☐ YES ☐ NO ☐ UNKNOWN

CC_57h. Causes of newborn death? ☐ YES ☐ NO ☐ UNKNOWN

CC_57i. Number or proportion of newborns breastfed within one hour of birth? ☐ YES ☐ NO ☐ UNKNOWN

CC_57j. Weights of newborns? ☐ YES ☐ NO ☐ UNKNOWN

CC_57k. Number or proportion of low-birth-weight newborns (<2500g)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57l. Number or rate of preterm newborns?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57m. Proportion of premature newborns initiated on Kangaroo Mother Care (skin-to-skin contact)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57n. Number or rates of deaths among children under 5?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57o. Cause of death among children under 5?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57p. Number or proportion of children who have a length/height for age < -2 SD of Z score?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57q. Number or proportion of children who have weight for height < -2 SD of Z score?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57r. Number or proportion of children who have weight for height > +2 SD of Z score (overweight)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57s. Number or proportion of children under 5 with pneumonia or symptoms of respiratory illness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57t. Number or proportion of children with pneumonia or symptoms of respiratory illness that receive antibiotics?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57u. Number or proportion of children under 5 with diarrhoea?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57v. Number or proportion of children with diarrhoea who receive ORS and Zinc?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57w. Number or proportion of children under 5 with fever?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57x. Proportion of children under 5 with fever tested for malaria?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57y. Proportion of children who were tested for malaria that tested positive?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57z. Proportion of children who were tested for tuberculosis that tested positive?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57aa. Number or rates of deaths among children 5–9 years of age?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57ab. Number or rates of deaths among children 10–19 years of age	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57ac. Number or proportion of pregnant women tested for syphilis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57ad. Number or proportion of pregnant women tested for HIV?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
CC_57ae. Number of cases of male urethral discharge?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

CC_58. Is the national HIS able to present data disaggregated by age? ☐ YES ☐ NO ☐ UNKNOWN

CC_59. What are the three most commonly used data sources to compare maternal, newborn, child and adolescent mortality rates in your country to mortality rates in other countries?
SELECT UP TO THREE OPTIONS.

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

HOME-BASED RECORDS

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

An online repository for home-based vaccination records, including national immunization or child health cards, is maintained at TechNet_21 to support the free and open exchange of information related to home-based record content and design, with the aim of improving child health outcomes. Direct access to the home-based record repository: <https://www.technet-21.org/en/topics/home-base-records>

CC_60. Are home-based records used in your country? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to MN_1

CC_61. Which types of home-based records were used during 2017?
SELECT ALL THAT APPLY.

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

CC_62. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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

Module 3: Maternal and Newborn Health

INSTRUCTIONS:

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

MN_1. Responsible lead from Ministry of Health (MoH) for the maternal and newborn health module

MN_2. Position title of responsible lead from MoH for the maternal and newborn health module

MN_3. Contact email of responsible lead from MoH for the maternal and newborn health module

MN_4. Person responsible for submitting the maternal and newborn health module online

MN_5. Affiliation of person responsible for submitting the maternal and newborn health module online

☐ MINISTRY OF HEALTH (MOH)

☐ GOVERNMENT AGENCY (NOT MOH) _____
(specify)

☐ WHO

☐ UNICEF

☐ UNFPA

☐ OTHER _____
(specify)

MN_6. Position title of person submitting the maternal and newborn health module online

MN_7. Contact email of person submitting the maternal and newborn health module online

MN_8. Did the lead respondent consult with others to complete this module?

☐ YES

☐ NO

☐ UNKNOWN

If NO, UNKNOWN → skip to MM_10

MN_9. Which institutions were consulted? SELECT ALL THAT APPLY.

☐ MINISTRY OF HEALTH (MOH)

☐ GOVERNMENT AGENCY (NOT MOH) _____
(specify)

☐ WHO

☐ UNICEF

☐ UNFPA

☐ OTHER _____
(specify)

ANTENATAL CARE POLICY

MN_10. Are there national policies/guidelines on antenatal care (ANC)? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_22

MN_11. Does the national policy/guideline on antenatal care indicate the minimum number of ANC contacts during the normal pregnancy? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_13

MN_12. What is the recommended number of ANC visits during the normal pregnancy indicated in the policy?

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

MN_13. Does the national policy/guideline on antenatal care specify when the first contact should occur? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_15

MN_14. When does the national policy/guideline on antenatal care recommend the first contact to occur?

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

MN_15. Does the national policy/guideline on antenatal care include a statement on counselling and interventions? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_17

MN_16. Which of the following counselling and intervention topics are included in the national policy/guideline on antenatal care?

MN_16a. Birth preparedness and complication readiness? ☐ YES ☐ NO ☐ UNKNOWN

MN_16b. Nutrition during pregnancy? ☐ YES ☐ NO ☐ UNKNOWN

MN_16c. Iron and folic acid during pregnancy? ☐ YES ☐ NO ☐ UNKNOWN

MN_16d. Immunization during pregnancy? ☐ YES ☐ NO ☐ UNKNOWN

MN_16e. Screening for sexually transmitted infections? ☐ YES ☐ NO ☐ UNKNOWN

MN_16f. Prevention and treatment of HIV in pregnancy? ☐ YES ☐ NO ☐ UNKNOWN

MN_16g. Prevention and treatment of syphilis in pregnancy? ☐ YES ☐ NO ☐ UNKNOWN

MN_16h. Prevention and treatment of TB in pregnancy? ☐ YES ☐ NO ☐ UNKNOWN

- MN_16i.** Intermittent preventive treatment in pregnancy (IPTp) for malaria? ☐ YES ☐ NO ☐ UNKNOWN
- MN_16j.** Prevention and management of gestational diabetes? ☐ YES ☐ NO ☐ UNKNOWN
- MN_16k.** Counselling on tobacco, alcohol and substance abuse during pregnancy? ☐ YES ☐ NO ☐ UNKNOWN
- MN_16l.** Partner involvement/couple counselling? ☐ YES ☐ NO ☐ UNKNOWN
- MN_17.** Does the national policy/guideline on antenatal care recommend use of ultrasound before 24 weeks of gestation? ☐ YES ☐ NO ☐ UNKNOWN
- MN_18.** Are there national policies/guidelines on improving preterm birth outcomes? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to MN_21
- MN_19.** Does the national policy/guideline improving preterm birth outcomes recommend the use of antenatal corticosteroids for prevention of preterm births? ☐ YES ☐ NO ☐ UNKNOWN
- MN_20.** Does the national policy/guideline specify clear criteria for when to use antenatal corticosteroids? ☐ YES ☐ NO ☐ UNKNOWN

MN_21. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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CHILDBIRTH POLICY

- MN_22.** Are there national policies/guidelines on childbirth? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to MN_33
- MN_23.** Does the country have a national policy/guideline on the right of every woman to have access to skilled care at childbirth? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to MN_28
- MN_24.** Does the national policy/guideline make recommendations on the place of childbirth? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to MN_26
- MN_25.** Does the national policy/guideline indicate designated health facilities as the preferred place of childbirth? ☐ YES ☐ NO ☐ UNKNOWN
- MN_26.** Does the national policy/guideline recommend the presence of a companion of choice during labour and birth? ☐ YES ☐ NO ☐ UNKNOWN
- MN_27.** Does the national policy/guideline recommend for the woman to choose the birthing position? ☐ YES ☐ NO ☐ UNKNOWN
- MN_28.** Does the country have a national policy/guideline on availability of clean water and sanitation in the facilities where births take place? ☐ YES ☐ NO ☐ UNKNOWN
- MN_29.** Does the country have a national policy/guideline on availability of essential equipment in facilities where births take place? ☐ YES ☐ NO ☐ UNKNOWN
- MN_30.** Does the national policy/guideline recommend the use of magnesium sulfate for the prevention and treatment of eclampsia? ☐ YES ☐ NO ☐ UNKNOWN
- MN_31.** Does the policy/guideline recommend any of the following specific drugs or prevention and treatment of postpartum haemorrhage?
- MN_31a.** Oxytocin? ☐ YES ☐ NO ☐ UNKNOWN
- MN_31b.** Ergometrine? ☐ YES ☐ NO ☐ UNKNOWN
- MN_31c.** Misoprostol? ☐ YES ☐ NO ☐ UNKNOWN

MN_32. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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POSTNATAL CARE FOR MOTHER AND NEWBORN POLICY

MN_33. Are there national policies/guidelines on postnatal care for mothers and newborns? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_46

MN_34. Does the national policy/guideline recommend the mother and baby rooming or being kept together until they are discharged from a facility? ☐ YES ☐ NO ☐ UNKNOWN

MN_35. Does the national policy/guideline recommend length of stay under observation of skilled attendant for mother and the baby, after normal childbirth, at facility? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_37

MN_36. For how long does the policy/guideline indicate the mother and baby should stay under skilled attendant's observation after normal childbirth at a facility?

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

MN_37. Does the national policy/guideline recommend postnatal follow-up contacts (visits/reviews) by a skilled attendant for mother and newborn after discharge from the facility? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_42

MN_38. Does the national policy/guideline specify if the postnatal care contacts (visits/reviews) are for mother and/or newborn?

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

MN_39. Does the national policy/guideline recommend a minimum number of additional contacts (visits/reviews) after 24 hours of birth within the first six weeks?

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

MN_40. Are the following timing of contacts from time of birth included in the national policy/guideline?

MN_40a. 1st contact within 24 hours from birth? ☐ YES ☐ NO ☐ UNKNOWN

MN_40b. 2nd contact within 72 hours? ☐ YES ☐ NO ☐ UNKNOWN

MN_40c. 3rd contact within 7 days? ☐ YES ☐ NO ☐ UNKNOWN

MN_40d. 4th contact within 28 days? ☐ YES ☐ NO ☐ UNKNOWN

MN_41. In the case of birth at home, does the national policy/guideline recommend that first postnatal contact should be as early as possible within 24 hours of birth? ☐ YES ☐ NO ☐ UNKNOWN

MN_42. Does the national policy/guideline describe who could provide care during the PNC contact(s) at home? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_44

MN_43. Who is specified to provide care during postnatal follow-up contacts at home?
SELECT ALL THAT APPLY.

☐ SKILLED ATTENDANT

☐ COMMUNITY HEALTH WORKER

☐ OTHER _____
(specify)

MN_44. Does the national policy/guideline recommend assessment of the mother and newborn?

☐ YES, MOTHER ONLY

☐ YES, NEWBORN ONLY

☐ YES, BOTH MOTHER AND NEWBORN

☐ NO

☐ UNKNOWN

MN_45. Does the national policy/guideline recommend counselling for the mother on any of the following?

MN_45a. Breastfeeding? ☐ YES ☐ NO ☐ UNKNOWN

MN_45b. Nutrition? ☐ YES ☐ NO ☐ UNKNOWN

MN_45c. Exercise and rest? ☐ YES ☐ NO ☐ UNKNOWN

MN_45d. Family planning? ☐ YES ☐ NO ☐ UNKNOWN

MN_45e. Recognition and reporting of illness/sickness for the mother and the newborn? ☐ YES ☐ NO ☐ UNKNOWN

MN_45f. Well-being advice for the mother and the newborn? ☐ YES ☐ NO ☐ UNKNOWN

MN_45g. Early childhood development? ☐ YES ☐ NO ☐ UNKNOWN

MN_46. Is there a national policy/guideline on essential newborn care?

If NO, UNKNOWN → skip to MN_48

MN_47. Does the national policy/guideline recommend any of the following?

MN_47a. Immediate skin-to-skin care after birth? ☐ YES ☐ NO ☐ UNKNOWN

MN_47b. Delayed cord clamping? ☐ YES ☐ NO ☐ UNKNOWN

MN_47c. Early initiation of breastfeeding? ☐ YES ☐ NO ☐ UNKNOWN

MN_47d. Basic resuscitation? ☐ YES ☐ NO ☐ UNKNOWN

MN_47e. Hepatitis B vaccination? ☐ YES ☐ NO ☐ UNKNOWN

MN_47f. BCG vaccination? ☐ YES ☐ NO ☐ UNKNOWN

MN_48. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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MANAGEMENT OF PREMATURE/LOW-BIRTH-WEIGHT NEWBORNS

MN_49. Is there a national policy/guideline on management of low-birth-weight and preterm newborns? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_55

MN_50. Does the policy/guideline recommend that preterm/low-birth-weight (LBW) newborns, including those with very low birth weight (VLBW), should be fed breastmilk? ☐ YES ☐ NO ☐ UNKNOWN

MN_51. Does the policy specify the presence of skilled personnel to assist mothers who have difficulties breastfeeding? ☐ YES ☐ NO ☐ UNKNOWN

MN_52. Does the national policy/guideline recommend Kangaroo Mother Care (skin-to-skin contact) for clinically stable newborns weighing 2000 g or less at birth, at health facilities? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_55

MN_53. Does the policy indicate the level of facility where Kangaroo Mother Care (KMC) should be provided? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_55

MN_54. At what level(s) is KMC provided? SELECT ALL THAT APPLY.

☐ FIRST-LEVEL HEALTH FACILITY

☐ REFERRAL-LEVEL HEALTH FACILITY

☐ OTHER _____

(specify)

MANAGEMENT OF SICK NEWBORNS

MN_55. Are there national standards for the management of newborn infants with severe illness? ☐ YES ☐ NO ☐ UNKNOWN

MN_56. Does the national policy/guideline specify availability of special newborn care units (SNCUs)? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_58

MN_57. At what level are SNCUs available?

☐ FIRST-LEVEL HEALTH FACILITY

☐ REFERRAL-LEVEL HEALTH FACILITY

☐ OTHER _____
(specify)

MN_58. Does the national policy/guideline specify availability of newborn intensive care units (NICUs)? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_60

MN_59. At what level are NICUs available?

☐ FIRST-LEVEL HEALTH FACILITY

☐ REFERRAL-LEVEL HEALTH FACILITY

☐ OTHER _____
(specify)

MN_60. Is there a national policy/guideline that recommends routine haemoculture before starting on antibiotics in case of suspected sepsis? ☐ YES ☐ NO ☐ UNKNOWN

MN_61. Is there a national policy/guideline for treatment of sick newborns with possible serious bacterial infection (PSBI) at primary health care facilities when referral is not feasible? ☐ YES ☐ NO ☐ UNKNOWN

MN_62. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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LACTATION POLICY

MN_63. Is there a national policy for the provision of human donor milk for babies whose mothers cannot produce sufficient breastmilk? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_65

MN_64. Does the policy set regulations for human milk banking? ☐ YES ☐ NO ☐ UNKNOWN

MN_65. Does the country have a policy to provide lactation management support to mothers of newborns and infants in inpatient care? ☐ YES ☐ NO ☐ UNKNOWN

MN_66. Is there a policy/guideline on the Baby-friendly Hospital Initiative? ☐ YES ☐ NO ☐ UNKNOWN

MN_67. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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HUMAN RESOURCES POLICY

- MN_68.** Are there national policies/guidelines that set forth a competency framework for maternal and/or newborn health care? ☐ YES ☐ NO ☐ UNKNOWN
- MN_69.** Is there a continuous professional education system in place for primary health care clinicians and/or nurses to receive maternal and/or newborn-specific training? ☐ YES ☐ NO ☐ UNKNOWN
- MN_70.** Is there a national policy/guideline on education of midwifery care providers based on International Confederation of Midwives (ICM) competencies? ☐ YES ☐ NO ☐ UNKNOWN
- MN_71.** Is there a national policy/guideline on regulation of midwifery care providers (doctors, nurses, and midwives) based on ICM competencies? ☐ YES ☐ NO ☐ UNKNOWN
- MN_72.** Is there a national policy/guideline that recommends midwife-led care for the following?
- | | | | | |
|----------------------------------|--|--|-----------------------------|----------------------------------|
| MN_72a. Pregnancy? | <input type="checkbox"/> YES,
MOTHER ONLY | <input type="checkbox"/> YES,
MOTHER AND
NEWBORN | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| MN_72b. Childbirth? | <input type="checkbox"/> YES,
MOTHER ONLY | <input type="checkbox"/> YES,
MOTHER AND
NEWBORN | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| MN_72c. Postnatal period? | <input type="checkbox"/> YES,
MOTHER ONLY | <input type="checkbox"/> YES,
MOTHER AND
NEWBORN | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

MN_73. Who is allowed to independently perform the following interventions other than a doctor?
SELECT ALL THAT APPLY FOR EACH OF THE FOLLOWING INTERVENTIONS.

	NURSE	MIDWIFE	NURSE- MIDWIFE	MEDICAL ASSISTANT	UNKNOWN
MN_73a. Assist normal childbirth?					
MN_73b. Administer parenteral antibiotics?					
MN_73c. Administer intravenous oxytocin?					
MN_73d. Administer misoprostol tablets?					
MN_73e. Administer parenteral anti-convulsants?					
MN_73f. Manually remove the placenta?					
MN_73g. Remove retained products of conception?					
MN_73h. Perform assisted vaginal birth?					
MN_73i. Perform caesarean section?					
MN_73j. Perform blood transfusion?					
MN_73k. Perform newborn resuscitation?					
MN_73l. Support Kangaroo Mother Care?					
MN_73m. Provide lactation management support to mothers who have difficulties breastfeeding?					
MN_73n. Support caregivers of very small or sick babies to participate in the care of their hospitalized infant?					

MN_74. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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ESSENTIAL MEDICINES AND EQUIPMENT

MN_75. Are there national policies/guidelines on essential medicines and equipment? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_79

MN_76. Does the national essential drugs list include any the following drugs indicated for use during pregnancy, childbirth and postpartum care?

MN_76a. Magnesium sulfate? ☐ YES ☐ NO ☐ UNKNOWN

MN_76b. Oxytocin? ☐ YES ☐ NO ☐ UNKNOWN

MN_76c. Misoprostol tablets? ☐ YES ☐ NO ☐ UNKNOWN

MN_76d. Ampicillin or amoxicillin injections? ☐ YES ☐ NO ☐ UNKNOWN

MN_76e. Gentamycin injection? ☐ YES ☐ NO ☐ UNKNOWN

MN_76f. Injection metronidazole? ☐ YES ☐ NO ☐ UNKNOWN

MN_76g. Procaine penicillin injection? ☐ YES ☐ NO ☐ UNKNOWN

MN_76h. Benzathine penicillin? ☐ YES ☐ NO ☐ UNKNOWN

MN_76i. Dexamethasone injection? ☐ YES ☐ NO ☐ UNKNOWN

MN_76j. Chlorhexidine? ☐ YES ☐ NO ☐ UNKNOWN

MN_76k. Ceftriaxone? ☐ YES ☐ NO ☐ UNKNOWN

MN_76l. Intravenous tranexamic acid? ☐ YES ☐ NO ☐ UNKNOWN

MN_77. Are any of the following supplies and equipment included in the national list of commodities indicated for use of pregnancy, childbirth and postpartum care?

MN_77a. Obstetric ultrasound machine? ☐ YES ☐ NO ☐ UNKNOWN

MN_77b. Self-inflating bag (newborn size) with neonatal and paediatric masks of different sizes and valves? ☐ YES ☐ NO ☐ UNKNOWN

MN_77c. Oxygen supply? ☐ YES ☐ NO ☐ UNKNOWN

MN_77d. Pulse oximeter? ☐ YES ☐ NO ☐ UNKNOWN

MN_77e. Blood and blood products? ☐ YES ☐ NO ☐ UNKNOWN

MN_77f. Vacuum aspiration? ☐ YES ☐ NO ☐ UNKNOWN

MN_78. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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MATERNAL DEATHS

MN_79. Is there a national policy/guideline/law requiring all maternal deaths to be notified within 24 hours to a central authority? ☐ YES ☐ NO ☐ UNKNOWN

MN_80. Is there a national policy/guideline/law requiring all maternal deaths to be reviewed? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_82

MN_81. Does the policy/guideline include development of a national action plan to implement recommendations identified in the maternal death review process? ☐ YES ☐ NO ☐ UNKNOWN

MN_82. Is there a national policy/guideline requiring classification of the causes of maternal deaths according to the ICD-MM (WHO application of ICD-10 to deaths during pregnancy, childbirth and puerperium) classification? ☐ YES ☐ NO ☐ UNKNOWN

MN_83. Is there a facility maternal death review and response (MDSR) process in place? ☐ YES ☐ NO ☐ UNKNOWN

MN_84. Is there a national panel (committee) to review maternal deaths in place? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to MN_90

MN_85. Does this national panel (committee) include women's groups or other civil society representatives? ☐ YES ☐ NO ☐ UNKNOWN

MN_86. Is there a mechanism in place to provide feedback to the community on results and recommendations from the national panel (committee)? ☐ YES ☐ NO ☐ UNKNOWN

MN_87. Does this national panel (committee) include stillbirth or neonatal death reviews? ☐ YES ☐ NO ☐ UNKNOWN

MN_88. How often does the national panel (committee) meet?

☐ MONTHLY

☐ QUARTERLY

☐ SEMI-ANNUALLY

☐ ANNUALLY

☐ UNKNOWN

MN_89. When did the panel meet last? _____ / _____
MONTH YEAR

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

MN_90. Is/are there a subnational panel(s)/committee(s) to review maternal deaths in place? ☐ YES ☐ NO ☐ UNKNOWN

MN_91. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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STILLBIRTHS

MN_92. Is there a national policy/guideline/law that requires stillbirths (fresh or macerated) to be reviewed? ☐ YES ☐ NO ☐ UNKNOWN

MN_93. Is there a facility stillbirth review process in place? ☐ YES ☐ NO ☐ UNKNOWN

MN_94. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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NEONATAL DEATHS

MN_95. Is there a national policy/guideline/law that requires neonatal deaths (0–28 days) to be reviewed? ☐ YES ☐ NO ☐ UNKNOWN

MN_96. Is there a national policy requiring classification of the causes of stillbirths and neonatal deaths according to the ICD-PM (WHO application of ICD-10 to deaths during the perinatal period) classification? ☐ YES ☐ NO ☐ UNKNOWN

MN_97. Is there a facility neonatal death review process in place? ☐ YES ☐ NO ☐ UNKNOWN

MN_98. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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Module 4: Child Health

INSTRUCTIONS:

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

CH_1. Responsible lead from Ministry of Health (MoH) for the child health module

CH_2. Position title of responsible lead from MoH for the child health module

CH_3. Contact email of responsible lead from MoH for the child health module

CH_4. Person responsible for submitting the child health module online

CH_5. Affiliation of person responsible for submitting the child health module online

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

CH_6. Position title of person submitting the child health module online

CH_7. Contact email of person submitting the child health module online

CH_8. Did the lead respondent consult with others to complete this module?

- ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CH_10

CH_9. Which institutions were consulted? SELECT ALL THAT APPLY.

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

OVERALL STRATEGY OR PLAN FOR CHILD HEALTH AND DEVELOPMENT

CH_10. Are there national policies/guidelines/laws that recognize the need for universal access to essential health services and medicines for children? ☐ YES, 0–5 YEARS ☐ YES, 5–9 YEARS ☐ NO ☐ UNKNOWN

CH_11. Are there national policies/guidelines on child health and development of children? ☐ YES, 0–5 YEARS ☐ YES, 5–9 YEARS ☐ NO ☐ UNKNOWN

CH_12. Are there national policies/guidelines that set forth a competency framework for child health care? ☐ YES ☐ NO ☐ UNKNOWN

CH_13. Is there a continuous professional education system in place for primary health care clinicians and/or nurses to receive child-specific training? ☐ YES ☐ NO ☐ UNKNOWN

CH_14. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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PREVENTION AND MANAGEMENT OF PNEUMONIA

- CH_15.** Is there a national policy/guideline on the management of childhood pneumonia for children? ☐ YES, 0–5 YEARS ☐ YES, 5–9 YEARS ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CH_21

- CH_16.** At what level of the system can pneumonia with chest in-drawing be treated?

- ☐ FIRST-LEVEL HEALTH FACILITY
☐ REFERRAL-LEVEL HEALTH FACILITY
☐ OTHER _____
(specify)

- CH_17.** What is the first line of treatment for pneumonia with chest indrawing?

- ☐ AMOXICILLIN
☐ CO-TRIMOXAZOLE
☐ OTHER _____
(specify)

- CH_18.** What is the first line of treatment for pneumonia with fast breathing?

- ☐ AMOXICILLIN
☐ CO-TRIMOXAZOLE
☐ OTHER _____
(specify)

- CH_19.** What is the recommended duration of treatment of pneumonia with fast breathing?

- ☐ 3 DAYS
☐ 5 DAYS
☐ OTHER _____
(specify)

CH_20. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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PREVENTION AND MANAGEMENT OF DIARRHOEA

- CH_21.** Is there a national policy/guideline on the management of childhood diarrhoea including children? ☐ YES, 0–5 YEARS ☐ YES, 5–9 YEARS ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to CH_24

- CH_22.** What is the recommended treatment for diarrhoea with dehydration?

- ☐ ORS, ZINC AND FLUID
☐ OTHER _____
 (specify)

- CH_23.** Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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PREVENTION AND MANAGEMENT OF MALARIA

CH_24. Is there a national policy/guideline on the management of malaria with appropriate recommendations for children? ☐ YES, 0–5 YEARS ☐ YES, 5–9 YEARS ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CH_30

CH_25. Does the policy/guideline recommend parasitological (i.e. microscopy or RDT) confirmation of malaria before treatment? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CH_27

CH_26. Which approach is used for confirmation of malaria?

☐ RAPID DIAGNOSTIC TEST

☐ MICROSCOPY

☐ OTHER _____
(specify)

CH_27. What is the first line of treatment for malaria?

☐ ARTEMETHER PLUS LUMEFANTRINE

☐ ARTESUNATE PLUS AMODIAQUINE

☐ ARTESUNATE PLUS MEFLOROQUINE

☐ DIHYDROARTEMISININ PLUS PIPERAQUINE

☐ ARTESUNATE PLUS SULFADOXINE-PYRIMETHAMINE

☐ OTHER _____
(specify)

CH_28. What is the pre-referral treatment for severe malaria?

☐ PARENTERAL QUININE

☐ PARENTERAL ARTESUNATE

☐ RECTAL ARTESUNATE

☐ OTHER _____
(specify)

CH_29. What is the first line of treatment for severe malaria?

☐ PARENTERAL QUININE

☐ PARENTERAL ARTESUNATE

☐ OTHER _____
(specify)

CH_30. Is there a national policy/guideline on prevention of malaria in children? ☐ YES, 0–5 YEARS ☐ YES, 5–9 YEARS ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CH_33

CH_31. Does the policy/guideline recommend Intermittent preventive treatment in infants (IPTi) for infants 0–1 years? ☐ YES ☐ NO ☐ UNKNOWN

CH_32. Does the policy/guideline recommend seasonal malaria chemoprevention (SMC) for children? ☐ YES ☐ NO ☐ UNKNOWN

CH_33. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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PREVENTION AND MANAGEMENT OF ALL FORMS OF MALNUTRITION

CH_34. Is there a national policy/guideline on the management of acute malnutrition in children? ☐ YES, 0-5 YEARS ☐ YES, 5-9 YEARS ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CH_37

CH_35. When were the national growth charts last updated?
IF YEAR UNKNOWN, ENTER 9999.

☐ BEFORE 2000
☐ _____
RECORD YEAR

CH_36. What does the policy/guideline recommend for the assessment of children for acute malnutrition?
SELECT ALL THAT APPLY.

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

CH_37. Is there a policy/guideline recommendation for routine assessment of children for overweight or obesity in health facilities? ☐ YES, 0-5 YEARS ☐ YES, 5-9 YEARS ☐ NO ☐ UNKNOWN

CH_38. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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PAEDIATRIC HOSPITAL CARE FOR SICK CHILDREN

CH_39. Is there a national policy/guideline on the management of hospitalized children (from 1 month to 9 years)? ☐ YES ☐ NO ☐ UNKNOWN

CH_40. Are there national clinical standards for the management of children with severe illness in hospitals? ☐ YES ☐ NO ☐ UNKNOWN

CH_41. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

	(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 why it cannot be uploaded.
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02		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/STRATEGY <input type="checkbox"/> HOME-BASED RECORD	
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ESSENTIAL MEDICINES AND EQUIPMENT

CH_42. Does the national essential drugs list include any of the following drugs indicated for management of childhood illness?

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

CH_43. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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EARLY CHILDHOOD DEVELOPMENT

CH_44. Does the country have a national policy/guideline on early childhood development (ECD)? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CH_47

CH_45. Which of the following time periods does the ECD policy/guideline address?

CH_45a. Preconception? ☐ YES ☐ NO ☐ UNKNOWN

CH_45b. Pregnancy? ☐ YES ☐ NO ☐ UNKNOWN

CH_45c. 0–4 years? ☐ YES ☐ NO ☐ UNKNOWN

CH_45d. 5–9 years? ☐ YES ☐ NO ☐ UNKNOWN

CH_45e. Other? ☐ YES ☐ NO ☐ UNKNOWN

CH_46. Does the policy/guideline recommend any of the following interventions?

CH_46a. Responsive care and early learning (e.g. care for child development)? ☐ YES ☐ NO ☐ UNKNOWN

CH_46b. Infant and young child nutrition? ☐ YES ☐ NO ☐ UNKNOWN

CH_46c. Care for children with developmental difficulties and disabilities? ☐ YES ☐ NO ☐ UNKNOWN

CH_47. Is there a national coordination mechanism for early childhood development? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to CH_50

CH_48. Which of the following sectors are involved?

CH_48a. Health? ☐ YES ☐ NO ☐ UNKNOWN

CH_48b. Nutrition? ☐ YES ☐ NO ☐ UNKNOWN

CH_48c. Education? ☐ YES ☐ NO ☐ UNKNOWN

CH_48d. Social welfare or social protection? ☐ YES ☐ NO ☐ UNKNOWN

CH_48e. Child protection? ☐ YES ☐ NO ☐ UNKNOWN

CH_48f. Environmental safety and security, including WASH? ☐ YES ☐ NO ☐ UNKNOWN

CH_48g. Other? Specify _____ ☐ YES ☐ NO ☐ UNKNOWN

CH_49. When was the last intersectoral coordination meeting held? _____ / _____
MONTH YEAR

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

CH_50. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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PROVISION OF INTEGRATED CHILD HEALTH SERVICES

CH_51. Is there a national policy/guideline on the integrated management of childhood illness (IMCI)? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to CH_53

CH_52. Which of the following conditions do the national IMCI guidelines address?

CH_52a. Diarrhoea? ☐ YES ☐ NO ☐ UNKNOWN

CH_52b. Pneumonia? ☐ YES ☐ NO ☐ UNKNOWN

CH_52c. Throat infection/sore throat? ☐ YES ☐ NO ☐ UNKNOWN

CH_52d. Wheezing? ☐ YES ☐ NO ☐ UNKNOWN

CH_52e. Tuberculosis? ☐ YES ☐ NO ☐ UNKNOWN

CH_52f. Malaria? ☐ YES ☐ NO ☐ UNKNOWN

CH_52g. Measles? ☐ YES ☐ NO ☐ UNKNOWN

CH_52h. Dengue? ☐ YES ☐ NO ☐ UNKNOWN

CH_52i. Acute malnutrition? ☐ YES ☐ NO ☐ UNKNOWN

CH_52j. Anaemia? ☐ YES ☐ NO ☐ UNKNOWN

CH_52k. Sickle cell anaemia? ☐ YES ☐ NO ☐ UNKNOWN

CH_52l. Ear infection? ☐ YES ☐ NO ☐ UNKNOWN

CH_52m. HIV? ☐ YES ☐ NO ☐ UNKNOWN

CH_52n. Congenital syphilis? ☐ YES ☐ NO ☐ UNKNOWN

CH_52o. Essential newborn care? ☐ YES ☐ NO ☐ UNKNOWN

CH_52p. Early childhood development? ☐ YES ☐ NO ☐ UNKNOWN

CH_52q. Infant and young child feeding? ☐ YES ☐ NO ☐ UNKNOWN

CH_52r. Skin conditions? ☐ YES ☐ NO ☐ UNKNOWN

CH_52s. Other? Specify_____ ☐ YES ☐ NO ☐ UNKNOWN

CH_53. Does your country have a national policy/guideline for treatment of young infants with possible serious bacterial infection (PSBI) at primary health care facilities when referral is not feasible? ☐ YES ☐ NO ☐ UNKNOWN

CH_54. Is there a policy/guideline for management of childhood illness by trained community health workers (CHWs)? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to CH_56

CH_55. Which of the following activities can be conducted by CHWs?

- | | | | |
|--|------------------------------|-----------------------------|----------------------------------|
| CH_55a. Assess and refer pneumonia? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_55b. Assess and treat pneumonia? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_55c. Assess and refer diarrhoea? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_55d. Assess and treat diarrhoea? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_55e. Assess and refer severe malaria? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_55f. Assess and treat uncomplicated malaria? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_55g. Assess and refer severe acute malnutrition? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_55h. Assess and treat severe acute malnutrition? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_55i. Assess and refer TB? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_55j. Assess and refer HIV? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_55k. Assess and refer congenital syphilis? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_55l. Other? Specify _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

CH_56. Is there a policy/guideline of integrated community case management (iCCM)? ☐ YES ☐ NO ☐ UNKNOWN

CH_57. Is there a policy/guideline on supporting home-care practices by trained community health workers? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to CH_59

CH_58. Which of the following home-care practices are included in the policy/guideline?

- | | | | |
|--|------------------------------|-----------------------------|----------------------------------|
| CH_58a. Essential newborn care? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_58b. Infant and young child nutrition? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_58c. Early childhood development? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_58d. Prevention of childhood illness? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_58e. Signs of illness and timely care seeking from a qualified provider? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_58f. Household contact screening for TB? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_58g. Index case testing for HIV? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| CH_58h. Treatment of presumed neonatal infection? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

CH_59. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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Module 5: Adolescent Health

INSTRUCTIONS:

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

AD_1. Responsible lead from Ministry of Health (MoH) for the adolescent health module

AD_2. Position title of responsible lead from MoH for the adolescent health module

AD_3. Contact email of responsible lead from MoH for the adolescent health module

AD_4. Person responsible for submitting the adolescent health module online

AD_5. Affiliation of person responsible for submitting the adolescent health module online

☐ MINISTRY OF HEALTH (MOH)

☐ GOVERNMENT AGENCY (NOT MOH) _____

- (specify)
- ☐ WHO
- ☐ UNICEF
- ☐ UNFPA
- ☐ OTHER _____
- (specify)

AD_6. Position title of person submitting the adolescent health module online

AD_7. Contact email of person submitting the adolescent health module online

AD_8. Did the lead respondent consult with others to complete this module?

- ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to AD_10

AD_9. Which institutions were consulted? SELECT ALL THAT APPLY.

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

OVERALL PLANS/GUIDELINES FOR ADOLESCENT HEALTH

- AD_10.** Are there national policies/guidelines that specifically address adolescent (10–19 years) health issues? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11.** Are adolescents cited as a specific target group for defined interventions/activities in a national policy/guideline for the following health issues?
- AD_11a.** Sexual and reproductive health, including adolescent pregnancy prevention? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11b.** Sexually transmitted infections? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11c.** HIV/AIDS? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11d.** Nutrition? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11e.** Diet? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11f.** Physical activity? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11g.** Tobacco? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11h.** Alcohol? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11i.** Substance use? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11j.** Mental health? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11k.** Injury prevention? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11l.** Violence? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11m.** Tuberculosis? ☐ YES ☐ NO ☐ UNKNOWN
- AD_11n.** Other communicable diseases (e.g. LRI, meningitis, diarrhoea)? ☐ YES ☐ NO ☐ UNKNOWN
- AD_12.** Does the country have national standards for delivery of health services to adolescents? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to AD_15
- AD_13.** Are activities being carried out to monitor the implementation of these standards for delivery? ☐ YES ☐ NO ☐ UNKNOWN
- AD_14.** Do these standards include a clearly defined comprehensive package of health services for adolescents? ☐ YES ☐ NO ☐ UNKNOWN
- AD_15.** Does the country have national standards for health-promoting schools? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to AD_17
- AD_16.** Are activities being carried out to monitor the implementation of these standards for delivery? ☐ YES ☐ NO ☐ UNKNOWN

AD_17. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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INFRASTRUCTURE AND TRAINING

- AD_18.** Is there a national adolescent health programme? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to AD_21
- AD_19.** Is there at least one designated full-time person for the national adolescent health programme? ☐ YES ☐ NO ☐ UNKNOWN
- AD_20.** Is there a regular government budget allocation to support the national adolescent health programme? ☐ YES ☐ NO ☐ UNKNOWN
- AD_21.** Are there national policies/guidelines that specify competencies of health workers in adolescent health? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to AD_23
- AD_22.** Do the competencies include the following domains?
- AD_22a.** Basic concepts in adolescent health and development? ☐ YES ☐ NO ☐ UNKNOWN
- AD_22b.** Effective communication with adolescents ☐ YES ☐ NO ☐ UNKNOWN
- AD_22c.** Law, policies? ☐ YES ☐ NO ☐ UNKNOWN
- AD_22d.** Quality standards? ☐ YES ☐ NO ☐ UNKNOWN
- AD_22e.** Clinical care of adolescents with specific conditions? ☐ YES ☐ NO ☐ UNKNOWN
- AD_23.** Is there a continuous professional education system for primary health workers to receive adolescent-specific training? ☐ YES ☐ NO ☐ UNKNOWN
- AD_24.** Is adolescent health included in pre-service training of the following?
- AD_24a.** Clinicians? ☐ YES ☐ NO ☐ UNKNOWN
- AD_24b.** Nurses? ☐ YES ☐ NO ☐ UNKNOWN
- AD_24c.** Community health workers? ☐ YES ☐ NO ☐ UNKNOWN

AD_25. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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

CONSENT FOR SERVICES

AD_26. Is there a legal age limit for unmarried adolescents to provide consent, without parental/legal guardian consent, to the following services?

AD_26a. Contraceptive services except sterilization?
If NO, UNKNOWN → skip to AD_26b

☐ YES ☐ NO ☐ UNKNOWN

AD_26a1. What is the age limit?

☐ YES ☐ NO ☐ UNKNOWN

AD_26b. Emergency contraception?

If NO, UNKNOWN → skip to AD_26c

☐ YES ☐ NO ☐ UNKNOWN

AD_26b1. What is the age limit?

☐ YES ☐ NO ☐ UNKNOWN

AD_26c. HIV testing and counselling services?

If NO, UNKNOWN → skip to AD_26d

☐ YES ☐ NO ☐ UNKNOWN

AD_26c1. What is the age limit?

☐ YES ☐ NO ☐ UNKNOWN

AD_26d. Harm reduction interventions for injecting drug users (needle exchange, opiate substitution therapy)?

If NO, UNKNOWN → skip to AD_26e

☐ YES ☐ NO ☐ UNKNOWN

AD_26d1. What is the age limit?

☐ YES ☐ NO ☐ UNKNOWN

AD_26e. Mental health services?

If NO, UNKNOWN → skip to AD_26f

☐ YES ☐ NO ☐ UNKNOWN

AD_26e1. At what age are (minor) adolescents allowed to receive mental health services without parental/legal consent?

☐ YES ☐ NO ☐ UNKNOWN

AD_26f. HIV care and treatment?

If NO, UNKNOWN → skip to AD_27

☐ YES ☐ NO ☐ UNKNOWN

AD_26f1. What is the age limit?

☐ YES ☐ NO ☐ UNKNOWN

AD_27. Is there a legal age limit for married adolescents to provide consent to the following services without spousal consent?

☐ YES ☐ NO ☐ UNKNOWN

AD_27a. Contraceptive services except sterilization?

☐ YES ☐ NO ☐ UNKNOWN

AD_27b. Emergency contraception?

☐ YES ☐ NO ☐ UNKNOWN

AD_27c. HIV testing and counselling services?

☐ YES ☐ NO ☐ UNKNOWN

AD_27d. HIV care and treatment?

☐ YES ☐ NO ☐ UNKNOWN

AD_27e. Harm reduction interventions for injecting drug users (needle exchange, opiate substitution therapy)? ☐ YES ☐ NO ☐ UNKNOWN

AD_27f. Mental health services? ☐ YES ☐ NO ☐ UNKNOWN

AD_28. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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LEGISLATION

AD_29. Does the country have laws/policies to do any of the following?

- | | | | |
|---|------------------------------|-----------------------------|----------------------------------|
| AD_29a. Punish perpetrators of coerced sex involving adolescent girls? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| AD_29b. Provide graduated licensing for novice drivers? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| AD_29c. Prohibit sales to minors of tobacco products? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| AD_29d. Regulate the marketing of alcohol to adolescents? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| AD_29e. Designate an appropriate minimum age for purchase or consumption of alcoholic beverages? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| AD_29f. Prohibit selling unhealthy foods and sweetened non-alcoholic beverages in or close to schools? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| AD_29g. Regulate marketing of foods and beverages high in sugar, salt and fat to children? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

AD_30. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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Module 6: Reproductive Health

INSTRUCTIONS:

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

RH_1. Responsible lead from Ministry of Health (MoH) for the reproductive health module

RH_2. Position title of responsible lead from MoH for the reproductive health module

RH_3. Contact email of responsible lead from MoH for the reproductive health module

RH_4. Person responsible for submitting the reproductive health module online

RH_5. Affiliation of person responsible for submitting the reproductive health module online

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

RH_6. Position title of person submitting the reproductive health module online

RH_7. Contact email of person submitting the reproductive health module online

RH_8. Did the lead respondent consult with others to complete this module?

☐ YES

☐ NO

☐ UNKNOWN

If NO, UNKNOWN → skip to RH_10

RH_9. Which institutions were consulted? SELECT ALL THAT APPLY.

☐ MINISTRY OF HEALTH (MOH)

☐ GOVERNMENT AGENCY (NOT MOH) _____
(specify)

☐ WHO

☐ UNICEF

☐ UNFPA

☐ OTHER _____
(specify)

GENERAL REPRODUCTIVE HEALTH CARE

RH_10. Are there national policies/guidelines on reproductive health care? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to RH_16

RH_11. Do these policies/guidelines include the following components?

RH_11a. Family planning/contraception? ☐ YES ☐ NO ☐ UNKNOWN

RH_11b. Abortion? ☐ YES ☐ NO ☐ UNKNOWN

RH_11c. Infertility/fertility care? ☐ YES ☐ NO ☐ UNKNOWN

RH_11d. Preconception care? ☐ YES ☐ NO ☐ UNKNOWN

RH_11e. Menopause? ☐ YES ☐ NO ☐ UNKNOWN

RH_11f. Cervical cancer? ☐ YES ☐ NO ☐ UNKNOWN

RH_11g. Violence against women? ☐ YES ☐ NO ☐ UNKNOWN

- RH_12.** Does the national policy/guideline on reproductive health care promote universal access to reproductive health care? ☐ YES ☐ NO ☐ UNKNOWN
- RH_13.** Was the national policy/guideline on reproductive health care informed by the WHO Global Reproductive Health Strategy? ☐ YES ☐ NO ☐ UNKNOWN
- RH_14.** Was the national policy/guideline on reproductive health care informed by the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)? ☐ YES ☐ NO ☐ UNKNOWN
- RH_16.** Are there national policies/guidelines that set forth a competency framework for reproductive health care? ☐ YES ☐ NO ☐ UNKNOWN
- RH_17.** Is there a continuous professional education system in place for primary health care clinicians and/or nurses to receive reproductive health-specific training? ☐ YES ☐ NO ☐ UNKNOWN

RH_18. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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FAMILY PLANNING/CONTRACEPTION

RH_19. Does the country have a national policy/guideline on family planning/contraception? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to RH_26

RH_20. Does the national policy/guideline on family planning/contraception prohibit any of the following contraceptives from being made available?

RH_20a. Injectables? ☐ YES ☐ NO ☐ UNKNOWN

RH_20b. Implants? ☐ YES ☐ NO ☐ UNKNOWN

RH_20c. Intrauterine device (IUD)? ☐ YES ☐ NO ☐ UNKNOWN

RH_20d. Emergency contraceptives? ☐ YES ☐ NO ☐ UNKNOWN

RH_20e. Other? ☐ YES ☐ NO ☐ UNKNOWN

RH_21. Does the national policy/guideline on family planning/contraception have provisions that restrict or limit access to contraception or family planning services to the following population groups?

RH_21a. Adolescents? ☐ YES ☐ NO ☐ UNKNOWN

RH_21b. Postpartum women? ☐ YES ☐ NO ☐ UNKNOWN

RH_21c. Post-abortion women? ☐ YES ☐ NO ☐ UNKNOWN

RH_21d. Unmarried individuals? ☐ YES ☐ NO ☐ UNKNOWN

RH_21e. Couples in humanitarian or crisis settings? ☐ YES ☐ NO ☐ UNKNOWN

RH_21f. Urban poor? ☐ YES ☐ NO ☐ UNKNOWN

RH_21g. Rural population groups? ☐ YES ☐ NO ☐ UNKNOWN

RH_21h. Migrant workers? ☐ YES ☐ NO ☐ UNKNOWN

RH_21i. Others? ☐ YES ☐ NO ☐ UNKNOWN

RH_22. Does the national policy/guideline on family planning/contraception mandate a national body that monitors access to voluntary, non-discriminatory family planning services? ☐ YES ☐ NO ☐ UNKNOWN

RH_23. Does the national policy/guideline on family planning/contraception include mechanisms that monitor denial of services on non-medical grounds (e.g. age, marital status, ability to pay) or coercion (such as inappropriate use of incentives to clients or providers)? ☐ YES ☐ NO ☐ UNKNOWN

RH_24. Does the national policy/guideline on family planning require a contraceptive commodity security plan? ☐ YES ☐ NO ☐ UNKNOWN

RH_25. Does the national policy/guideline on family planning/contraception require availability of data (survey or HMIS) disaggregated by the following population subgroups?

RH_25a. Adolescents? ☐ YES ☐ NO ☐ UNKNOWN

RH_25b. Unmarried women? ☐ YES ☐ NO ☐ UNKNOWN

RH_25c. Unmarried adolescents?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25d. Postpartum women?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25e. Income status?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25f. Rural populations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25g. Post-abortion clients?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25h. HIV status?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_25i. Other?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_26. Are there national clinical practice guidelines on family planning/contraception?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
If NO, UNKNOWN → skip to RH_29			
RH_27. Are the national clinical practice guidelines on family planning/contraception updated using the latest WHO guidelines on contraceptive use (Medical Eligibility Criteria 5th edition 2015 and/or Selected Practices Recommendations 3rd edition 2016)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28. Do the national clinical practice guidelines on family planning/contraception include the following components?			
RH_28a. Counselling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28b. Male condoms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28c. Female condoms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28d. Pills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28e. Injectables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28f. Vaginal rings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28g. Implants?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28h. IUDs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28i. Male sterilization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28j. Female sterilization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28k. Lactational amenorrhea method?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28l. Standard days method?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28m. Two-day method?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28n. Sympto-thermal method?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28o. Calendar method?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
RH_28p. Emergency contraceptives?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

RH_29. Which of the following commodities are included in the essential drugs list?

- RH_29a.** Male condoms? ☐ YES ☐ NO ☐ UNKNOWN
- RH_29b.** Female condoms? ☐ YES ☐ NO ☐ UNKNOWN
- RH_29c.** Pills? ☐ YES ☐ NO ☐ UNKNOWN
- RH_29d.** Injectables? ☐ YES ☐ NO ☐ UNKNOWN
- RH_29e.** Vaginal rings? ☐ YES ☐ NO ☐ UNKNOWN
- RH_29f.** Implants? ☐ YES ☐ NO ☐ UNKNOWN
- RH_29g.** IUDs? ☐ YES ☐ NO ☐ UNKNOWN
- RH_29h.** Emergency contraceptives? ☐ YES ☐ NO ☐ UNKNOWN

RH_30. Is there a national policy/guideline on task-sharing of family planning services? ☐ YES ☐ NO ☐ UNKNOWN

RH_31. Who is allowed to independently perform the following services other than a specialist doctor?
SELECT ALL THAT APPLY FOR EACH OF THE FOLLOWING SERVICES.

	CHWs/LAY WORKERS	AUXILIARY MIDWIFE	AUXILIARY NURSE	MIDWIFE	NURSE	FAMILY DOCTOR	UNKNOWN
RH_31a. Injectable contraceptives?							
RH_31b. IUDs?							
RH_31c. Implants?							
RH_31d. Sterilization?							

RH_32. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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SEXUALLY TRANSMITTED INFECTIONS

RH_33. Are there national policies/guidelines on sexually transmitted infections (STIs) diagnosis, treatment and counselling? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to RH_44

RH_34. Does the national policy/guideline on STIs require the use of an STI surveillance system to monitor progress against global STI targets? ☐ YES ☐ NO ☐ UNKNOWN

RH_35. Are the national policies/guidelines aligned with the Global Health Sector Strategy on STIs (2016–2021) or latest WHO guidelines on STIs? ☐ YES ☐ NO ☐ UNKNOWN

RH_36. Does the national policy/guideline on STIs include a target for the reduction of *Treponema pallidum* (syphilis) infection? ☐ YES ☐ NO ☐ UNKNOWN

RH_37. Does the national strategy on STIs include a target that contributes to the reduction of congenital syphilis? ☐ YES ☐ NO ☐ UNKNOWN

RH_38. Does the national policy/guideline include a target that contributes to the reduction in *N. gonorrhoeae* incidence? ☐ YES ☐ NO ☐ UNKNOWN

RH_39. Does the national policy/guideline for STIs include a recommendation on integrated HIV and STI testing? ☐ YES ☐ NO ☐ UNKNOWN

RH_40. Is there a national policy/guideline that addresses screening for or reporting of congenital syphilis during ANC? ☐ YES ☐ NO ☐ UNKNOWN

RH_41. Is there a national policy/guideline on the elimination of mother-to-child transmission of HIV/syphilis?

☐ YES, BOTH HIV AND SYPHILIS

☐ YES, HIV ONLY

☐ YES, SYPHILIS ONLY

☐ NO

☐ UNKNOWN

RH_42. Does the national policy/guideline for STIs ensure the availability of benzathine penicillin in the service delivery points, for use in the treatment of syphilis? ☐ YES ☐ NO ☐ UNKNOWN

RH_43. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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CERVICAL CANCER

RH_44. Is there a comprehensive national cervical cancer prevention and control policy/guideline? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to RH_48

RH_45. Is the policy/guideline consistent with WHO Comprehensive Cervical Cancer Control Guidelines (2014)? ☐ YES ☐ NO ☐ UNKNOWN

RH_46. Does the policy/guideline on cervical cancer prevention and control allow the provision of any of the following services?

RH_46a. HPV vaccination programme? ☐ YES, AND FREE FOR TARGET POP. ☐ YES, BUT NOT FREE ☐ NO ☐ UNKNOWN

RH_46b. Screen for of cervical pre-cancer lesions? ☐ YES, AND FREE FOR TARGET POP. ☐ YES, BUT NOT FREE ☐ NO ☐ UNKNOWN

RH_46c. Treat cervical pre-cancer lesions? ☐ YES, AND FREE FOR TARGET POP. ☐ YES, BUT NOT FREE ☐ NO ☐ UNKNOWN

RH_46d. Diagnosis of cervical cancer? ☐ YES, AND FREE FOR TARGET POP. ☐ YES, BUT NOT FREE ☐ NO ☐ UNKNOWN

RH_46e. Treatment of cervical cancer? ☐ YES, AND FREE FOR TARGET POP. ☐ YES, BUT NOT FREE ☐ NO ☐ UNKNOWN

RH_46f. Palliative care of cervical cancer? ☐ YES, AND FREE FOR TARGET POP. ☐ YES, BUT NOT FREE ☐ NO ☐ UNKNOWN

RH_47. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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INFERTILITY

- RH_48.** Are there policies/laws on infertility management? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to RH_55
- RH_49.** Are there policies/laws that regulate access to the application or practice of Assisted Reproductive Technology? ☐ YES ☐ NO ☐ UNKNOWN
If NO, UNKNOWN → skip to RH_51
- RH_50.** Which of the following practices are regulated?
- RH_50a.** Posthumous reproduction? ☐ YES ☐ NO ☐ UNKNOWN
- RH_50b.** Gamete donation? ☐ YES ☐ NO ☐ UNKNOWN
- RH_50c.** Fetal reduction? ☐ YES ☐ NO ☐ UNKNOWN
- RH_50d.** In vitro fertilization (IVF) ☐ YES ☐ NO ☐ UNKNOWN
- RH_50e.** Sex selection? ☐ YES ☐ NO ☐ UNKNOWN
- RH_50f.** Same-sex/single parenting? ☐ YES ☐ NO ☐ UNKNOWN
- RH_50g.** Cross-border reproduction? ☐ YES ☐ NO ☐ UNKNOWN
- RH_51.** Are there penalties for the violation of the governance, licensing and credentials certification of the practice of Assisted Reproductive Technology? ☐ YES ☐ NO ☐ UNKNOWN
- RH_52.** Are there national programmes that provide financial support for the individual use of assisted fertility services? ☐ YES ☐ NO ☐ UNKNOWN
- RH_53.** Are the Assisted Reproductive Technology or IVF services available to the following groups of people?
- RH_53a.** Heterosexual couples in recognized relationships? ☐ YES ☐ NO ☐ UNKNOWN
- RH_53b.** Heterosexual couples not in a recognized relationship (unmarried)? ☐ YES ☐ NO ☐ UNKNOWN
- RH_53c.** Same-sex couples in a recognized relationship? ☐ YES ☐ NO ☐ UNKNOWN
- RH_53d.** Same-sex couples not in a recognized relationship (unmarried)? ☐ YES ☐ NO ☐ UNKNOWN

RH_54. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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SEXUAL HEALTH

RH_55. Are there national policies/laws on sexual health information and services? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to GBV_1

RH_56. Do the laws or policies on sexual health information and services have provisions for non-discrimination for the following groups?

RH_56a. Age? ☐ YES ☐ NO ☐ UNKNOWN

RH_56b. Sex? ☐ YES ☐ NO ☐ UNKNOWN

RH_56c. Sexual orientation? ☐ YES ☐ NO ☐ UNKNOWN

RH_56d. Gender identity? ☐ YES ☐ NO ☐ UNKNOWN

RH_56e. Disability? ☐ YES ☐ NO ☐ UNKNOWN

RH_56f. Race/ethnicity? ☐ YES ☐ NO ☐ UNKNOWN

RH_56g. Marital status? ☐ YES ☐ NO ☐ UNKNOWN

RH_56h. HIV status? ☐ YES ☐ NO ☐ UNKNOWN

RH_56i. Involvement in sex work? ☐ YES ☐ NO ☐ UNKNOWN

RH_56j. Others? ☐ YES ☐ NO ☐ UNKNOWN

RH_57. Are there laws or policies on any of the following?

RH_57a. Decriminalizing male commercial sex workers? ☐ YES ☐ NO ☐ UNKNOWN

RH_57b. Decriminalizing female commercial sex workers? ☐ YES ☐ NO ☐ UNKNOWN

RH_57c. Regulate sex work through regular medical check-ups? ☐ YES ☐ NO ☐ UNKNOWN

RH_58. Are there policies/laws prohibiting harmful practices related to sexual health ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to RH_60

RH_59. Do any policies/laws exist that prohibit the following?

RH_59a. Female genital mutilation (FGM)? ☐ YES ☐ NO ☐ UNKNOWN

RH_59b. Virginity testing? ☐ YES ☐ NO ☐ UNKNOWN

RH_59c. Preference for male child/son? ☐ YES ☐ NO ☐ UNKNOWN

RH_59d. Decriminalizing same-sex relationships? ☐ YES ☐ NO ☐ UNKNOWN

RH_60. Are there policies/laws establishing mandatory Comprehensive Sexuality Education (CSE) as part of the regular educational curriculum? ☐ YES ☐ NO ☐ UNKNOWN

RH_61. Do policies/laws exist on standard curricula for the training of health providers in sexuality counselling? ☐ YES ☐ NO ☐ UNKNOWN

RH_62. Do policies/laws exist on a strategy to provide sexuality counselling (as defined by WHO) through public services? ☐ YES ☐ NO ☐ UNKNOWN

RH_63. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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Module 7: Gender-based Violence

INSTRUCTIONS:

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

GBV_1. Responsible lead from Ministry of Health (MoH) for the gender-based violence module

GBV_2. Position title of responsible lead from MoH for the gender-based violence module

GBV_3. Contact email of responsible lead from MoH for the gender-based violence module

GBV_4. Person responsible for submitting the gender-based violence module online

GBV_5. Affiliation of person responsible for submitting the gender-based violence module online

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

GBV_6. Position title of person submitting the gender-based violence module online

GBV_7. Contact email of person submitting the gender-based violence module online

GBV_8. Did the lead respondent consult with others to complete this module?

- ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to GBV_10

GBV_9. Which institutions were consulted? SELECT ALL THAT APPLY.

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

GENERAL GENDER-BASED VIOLENCE

GBV_10. Are there national policies/guidelines that reference gender-based violence? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to GBV_12

GBV_11. Does the national policy on gender-based violence include the following?

GBV_11a. Social or gender norm change strategies? ☐ YES ☐ NO ☐ UNKNOWN

GBV_11b. Legal and police services for survivors? ☐ YES ☐ NO ☐ UNKNOWN

GBV_11c. Perpetrator programmes/interventions? ☐ YES ☐ NO ☐ UNKNOWN

GBV_11d. Mass media campaigns/awareness-raising initiatives? ☐ YES ☐ NO ☐ UNKNOWN

GBV_11e. Healthy relationship skills to manage conflicts? ☐ YES ☐ NO ☐ UNKNOWN

GBV_11f. Parenting programmes to prevent child abuse or to improve parent–child communication? ☐ YES ☐ NO ☐ UNKNOWN

GBV_11g. Minimum age of consensual sexual activity? ☐ YES ☐ NO ☐ UNKNOWN

GBV_11h. Interventions addressing alcohol or other substance misuse? ☐ YES ☐ NO ☐ UNKNOWN

GBV_11i. Promoting/enforcing laws and policies on “gender equality” (e.g. improving women’s employment, education, improving equality for women in marriage, custody or divorce laws)? ☐ YES ☐ NO ☐ UNKNOWN

GBV_11j. Capacity-building/skills training for service providers? ☐ YES ☐ NO ☐ UNKNOWN

GBV_11k. Monitoring and evaluation of gender-based violence (GBV) programmes? ☐ YES ☐ NO ☐ UNKNOWN

GBV_11l. Standardizing data collection, conducting research and documentation of GBV? ☐ YES ☐ NO ☐ UNKNOWN

GBV_12. Does your country have a multisectoral plan of action for gender-based violence? ☐ YES ☐ NO ☐ UNKNOWN

GBV_13. Is marital rape criminalized? ☐ YES ☐ NO ☐ UNKNOWN

GBV_14. Is there a budget line item for provision of health services for violence against women/gender-based violence in the government budget? ☐ YES ☐ NO ☐ UNKNOWN

GBV_15. Are there national guidelines or protocols to address violence against women/gender-based violence by the health sector? ☐ YES ☐ NO ☐ UNKNOWN

If NO, UNKNOWN → skip to GBV_18

GBV_16. Do the guidelines require the following?

GBV_16a. Sexual assault services available 24/7? ☐ YES ☐ NO ☐ UNKNOWN

- GBV_16b.** Privacy during consultation? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_16c.** Confidentiality (e.g. in providing care and documenting)? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_16d.** Non-judgemental, supportive response to disclosure? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_16e.** Providing referrals and strengthening linkages? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_17.** Do clinical guidelines/protocols include any of the following elements of care for survivors of violence against women/gender-based violence?
- GBV_17a.** Universal screening for domestic violence/intimate partner violence? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_17b.** Selective or clinical enquiry for domestic violence/intimate partner violence? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_17c.** Psychosocial support including psychological first aid/first-line support? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_17d.** Mandatory reporting for domestic violence/intimate partner violence? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_17e.** Sexual assault services available 24/7? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_17f.** Emergency contraception within 5 days of sexual assault? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_17g.** Access to safe abortion in cases of rape or incest? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_17h.** STI prophylaxis for survivors of sexual assault? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_17i.** HIV postexposure prophylaxis (PEP) for survivors of sexual assault? ☐ YES ☐ NO ☐ UNKNOWN
- GBV_18.** Does your country have a training programme to strengthen the capacity of health-care providers to respond to violence against women/gender-based violence? ☐ YES ☐ NO ☐ UNKNOWN

GBV_19. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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Glossary of Terms

Adolescent	For the purposes of this survey, an adolescent is 10–19 years of age. Young adolescent refers to those aged 10–14 years, while older adolescent refers to those aged 15–19 years.
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 mother and baby during pregnancy. The components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion.
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, pre-implantation 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.
Auxiliary nurse	Have some training in secondary school. A period of on-the-job training may be included, and sometimes formalized 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 a few months and 2–3 years. Different names include nurse assistant and enrolled nurse.
Auxiliary nurse midwife	Have some training in secondary school. A period of on-the-job training may be included, and sometimes formalized 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.
Baby-friendly Hospital Initiative	The Baby-friendly Hospital Initiative (BFHI) is a global effort to implement practices that protect, promote and support breastfeeding.

Births attended by skilled health personnel	<p>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:</p> <ul style="list-style-type: none"> (i) provide and promote evidence-based, human-rights-based, quality, socio-culturally sensitive and dignified care to women and newborns; (ii) facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience; and (iii) identify and manage or refer women and/or newborns with complications. <p>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.</p> <p><small>* 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).</small></p>
Calendar method	Contraceptive method where women monitor their pattern of menstrual cycle over 6 months, subtract 18 from shortest cycle length (estimated first fertile day) and subtract 11 from longest cycle length (estimated last fertile day). Also known as rhythm method.
Child	For the purposes of this survey, a child is 1 month to 9 years of age.
Child Rights/Child Welfare Act/Law	Legally binding rules aimed at the protection of children's health, development and well-being
Civil registration and vital statistics (CRVS)	Records such events as live births, deaths, foetal deaths, marriages, divorces and other related occurrences, such as adoptions. Vital or civil registration systems are established by law to meet the specific needs of governments and of the individuals subject to the jurisdiction of the civil registration law.
Comprehensive sexuality education (CSE)	Sexual education that focuses on physiology, sexual and reproductive health, but also address issues of gender and power in relationships, and participatory teaching methods
Coordinating body	A committee or group of individuals responsible for organizing and directing a specific activity with multiple stakeholders or participants (e.g. steering committee, technical working group)
Cross-border reproduction	The provision of reproductive health services in a different jurisdiction or outside a recognized national border within which the person or persons legally reside
Early childhood development	Encompasses physical, socio-emotional, cognitive and motor development between 0 and 8 years of age
Emergency contraception	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.

Emergency Obstetric Care Services (EmOC)	Services for the treatment of complications that arise during pregnancy and childbirth
Equity	Health equity is the absence of unfair and avoidable or remediable differences in health interventions and outcomes among groups of people, which may be defined socially, economically, demographically or geographically, or by other means of stratification.
Essential medicines list	List of essential medicines that satisfy the priority health-care needs of the population. The current versions of the WHO Model Lists of Essential Medicines are the 20th WHO Essential Medicines List (EML) and the 6th WHO Essential Medicines List for Children (EMLc) updated in March 2017.
Essential newborn care	Care for all newborns and includes immediate and thorough drying, skin-to-skin contact of the newborn with the mother, cord clamping and cutting after the first minutes after birth, early initiation of breastfeeding, and exclusive breastfeeding. Newborns who do not start breathing on their own by one minute after birth should receive positive pressure ventilation with room air by a self-inflating bag and mask. After the first hour of life, newborns should receive eye care, vitamin K and recommended immunizations (birth dose of OPV and Hepatitis B vaccine). They should be assessed for birth weight, gestational age, congenital defects and signs of newborn illness.
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
Fetal reduction	An intervention intended to reduce the number of gestational sacs or fetuses in a multiple gestation
Gamete donation	A process utilizing gametes (oocytes or sperms) collected from a donor (living or dead) for clinical application or research
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
Guideline	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.
Health information system (HIS)	A health information system (HIS) has four key functions: (i) data generation, (ii) compilation, (iii) analysis and synthesis, and (iv) communication and use. The HIS collects data from health and other relevant sectors, analyses the data and ensures their overall quality, relevance and timeliness, and converts the data into information for health-related decision-making.

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.
Home-based record	A medical document – more often physical rather than electronic – issued by a health authority – such as a national, provincial, state or district health department – on which an individual's history covering one or more components of preventive/curative antenatal, postnatal, newborn and child health, vaccination (including human papillomavirus (HPV)) and nutrition is recorded
Human rights institution	National human rights institutions are state bodies with a constitutional and/or legislative mandate to protect and promote human rights. They are part of the state apparatus and are funded by the State.
ICD-MM	WHO application of International Classification of Diseases (ICD-10) to deaths during pregnancy, childbirth and puerperium
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 of these 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)	A 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 by 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)	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 three 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).

International Confederation of Midwives (ICM)	An accredited non-governmental organization that works closely with WHO, UNFPA, UNICEF and other organizations worldwide to achieve common goals in the care of mothers and children
Intimate partner violence	Behaviour within an intimate relationship that causes physical, sexual or psychological harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours
Kangaroo Mother Care	The practice of providing continuous skin-to-skin contact between mother and baby, exclusive breastmilk feeding and early discharge from hospital
Lactational amenorrhea method	Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive or full breastfeeding day and night of an infant less than 6 months old
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).
Lay health worker	Any health worker who performs functions related to health-care delivery, was trained in some way in the context of the intervention but has received no formal professional or paraprofessional certificate or tertiary education degree. Different names include community health worker, village health worker, treatment supporter, promotores, etc.
Low birth weight	Birth weight of less than 2 500 g, irrespective of gestational age
Maternal death review 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
Midwife	A person who has been assessed and registered by a state midwifery regulatory authority or similar regulatory authority. They offer care to childbearing women during pregnancy, labour and birth, and during the postpartum period. They also care for the newborn and assist the mother with breastfeeding. Their education lasts three, four or more years in nursing school, and leads to a university or postgraduate university degree or the equivalent. A registered midwife has the full range of midwifery skills. Different names include registered midwife, midwife, community midwife.
Newborn	For the purposes of this survey, a newborn is 0–4 weeks old.
Newborn death	The death within 28 days of birth of any live-born baby regardless of weight or gestational age
Newborn intensive care unit (NICU)	Neonatal service provided at tertiary level of care for management of high-risk small and sick newborns

Nurse	A graduate who has been legally authorized (registered) to practise 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.
Postnatal care (PNC)	The care provided by skilled health-care professionals to women and their newborn in the postnatal period (defined from birth to 6 weeks) through four postnatal contacts in order to ensure the best health conditions for both mother and baby. The components of PNC include: assessment of well-being of mother and baby; prevention, detection and management of postnatal-related problems; management of concurrent diseases; and health education and health promotion.
Pneumonia with chest indrawing	The abnormal inward movement of subcostal tissue (i.e. the tissue inferior to the costal cartilage of the lower anterior chest wall) during inspiration. In children, chest indrawing 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 to increase the respiratory rate. This is a sign of severe pneumonia.
Possible serious bacterial infection (PSBI)	A young infant is classified as having PSBI or Very Severe Disease when any one or more of the following signs is present: not able to feed since birth or stopped feeding well (confirmed by observation); convulsions; fast breathing (60 breaths per minute or more); severe chest indrawing; fever (38° C or greater); low body temperature (less than 35.5°C).
Posthumous donation	A process utilizing gametes and/or embryos from a deceased person or persons with the intention of producing offspring
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. Pre-service 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
Programme	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 system components that administer specific services (e.g. national programmes for HIV, adolescent health or school health services).
Quality of care	The extent to which health 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-centred.

Same-sex/single parenting policy	The prospective parents to bring up or raise a child are of the same sex, or is a person without a partner.
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
Sex selection	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).
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).
Small for gestational age (SGA)	Birth weight less than 2 standard deviations below the mean or less than the 10th percentile according to local intrauterine growth charts. An SGA baby may be preterm or full-term.
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
Standard days method	Contraceptive method where women track their fertile periods (usually days 8–19 of each cycle of 26–32 days) using cycle beads or other aids
Stillbirth	A baby born with no signs of life, weighing $\geq 1\,000$ g or with more than 28 completed weeks of gestation and ≥ 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.
National health strategy (Also known as a national health strategic plan or national health plan)	A process of organizing decisions and actions to achieve particular ends, set within a policy, providing "a model of an intended future situation and a programme of action predetermined to achieve the intended situation". Refers to the broad, long-term lines of action to achieve the policy vision and goals for the health sector, incorporating "the identification of suitable points for intervention, the ways of ensuring the involvement of other sectors, the range of political, social, economic and technical factors, as well as constraints and ways of dealing with them"
Substance use	The harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs

Sympto-thermal method	Contraceptive method where women track their fertile periods by observing changes in the cervical mucus (clear texture), body temperature (slight increase) and consistency of the cervix (softening).
Target	An intermediate result towards an objective that a programme seeks to achieve, within a specified time frame, a target is more specific than an objective and lends itself more readily to being expressed in quantitative terms.
Two-day method	Contraceptive method where women track their fertile periods by observing presence of cervical mucus (of any type, colour or consistency)
Universal access	<p>“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.</p> <p>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.</p> <p>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.</p>
Very low birth weight	Birth weight of less than 1 500 g
Women of reproductive age	For purposes of this survey, a woman of reproductive age is 15–49 years of age.

Annex 2: Tables

Table A.2.1. Availability of national policies/guidelines on reproductive health

		National policy/guideline exists on reproductive health care	Total number of countries
WHO region	AFR	98%	42
	AMR	86%	29
	EMR	100%	15
	EUR	92%	39
	SEAR	100%	11
	WPR	86%	14
World Bank income group	Low-income	97%	32
	Lower-middle-income	100%	39
	Upper-middle-income	95%	41
	High-income	82%	38
Global		93%	150

Table A.2.2. Components included in national policies/guidelines on reproductive health care, by WHO region and World Bank income group

		Family planning/contraception	Abortion	Infertility/fertility care	Preconception care	Menopause	Cervical cancer	Violence against women	Average proportion of topics included in national policy	Proportion of countries with all topics included in national policy	Total number of countries
WHO region	AFR	98%	83%	74%	71%	55%	86%	86%	79%	45%	42
	AMR	86%	69%	52%	69%	38%	76%	83%	67%	28%	29
	EMR	93%	67%	67%	93%	87%	93%	100%	86%	53%	15
	EUR	92%	85%	87%	69%	49%	85%	82%	78%	36%	39
	SEAR	100%	91%	82%	64%	64%	91%	82%	82%	27%	11
	WPR	86%	79%	71%	64%	64%	86%	71%	74%	50%	14
World Bank income group	Low-income	97%	81%	81%	75%	56%	84%	78%	79%	44%	32
	Lower-middle-income	100%	90%	82%	72%	72%	92%	95%	86%	54%	39
	Upper-middle-income	95%	85%	59%	78%	49%	93%	90%	78%	32%	41
	High-income	79%	61%	71%	61%	42%	68%	71%	65%	29%	38
Global		93%	79%	73%	71%	55%	85%	84%	77%	39%	150

Table A.2.3. Availability of national policies/guidelines on family planning/contraception and inclusion of requirement of contraceptive commodity security plan, by WHO region and World Bank income group

		National policy/ guideline exists on family planning/ contraception	National policy/guideline on family planning requires contraceptive commodity security plan	Total number of countries
WHO region	AFR	100%	83%	42
	AMR	86%	55%	29
	EMR	93%	87%	15
	EUR	74%	44%	39
	SEAR	100%	73%	11
	WPR	79%	64%	14
World Bank income group	Low-income	100%	88%	32
	Lower-middle-income	100%	95%	39
	Upper-middle-income	90%	51%	41
	High-income	63%	42%	38
Global		88%	65%	150

Table A.2.4. Availability of national clinical practice guidelines on family planning/contraception using latest WHO guidelines, by WHO region and World Bank income group

		National clinical practice guidelines on family planning/ contraception exist	National clinical practice guidelines on family planning/ contraception are updated using the latest WHO guidelines on contraceptive use	Total number of countries
WHO region	AFR	90%	79%	42
	AMR	79%	69%	29
	EMR	67%	60%	15
	EUR	56%	36%	39
	SEAR	100%	91%	11
	WPR	64%	64%	14
World Bank income group	Low-income	88%	75%	32
	Lower-middle-income	97%	87%	39
	Upper-middle-income	80%	63%	41
	High-income	37%	29%	38
Global		75%	63%	150

Table A.2.5. Family planning commodities included in national essential drugs list, by WHO region and World Bank income group

		Male condoms	Female condoms	Pills	Injectables	Vaginal rings	Implants	IUDs	Emergency contraceptives	Average proportion of items	Proportion of countries with all items	Total number of countries
WHO region	AFR	88%	86%	88%	88%	31%	83%	88%	74%	78%	19%	42
	AMR	90%	62%	93%	86%	14%	69%	90%	79%	73%	10%	29
	EMR	87%	33%	93%	93%	20%	67%	87%	60%	68%	13%	15
	EUR	38%	26%	59%	49%	44%	44%	59%	49%	46%	21%	39
	SEAR	100%	9%	100%	91%	18%	82%	100%	91%	74%	0%	11
	WPR	64%	36%	86%	86%	0%	64%	79%	57%	59%	0%	14
World Bank income group	Low-income	94%	75%	94%	91%	34%	91%	94%	78%	81%	22%	32
	Lower-middle-income	85%	51%	90%	87%	10%	74%	87%	67%	69%	5%	39
	Upper-middle-income	71%	46%	78%	76%	20%	56%	76%	63%	61%	10%	41
	High-income	50%	32%	71%	61%	42%	50%	68%	61%	54%	21%	38
Global		74%	50%	83%	78%	26%	67%	81%	67%	66%	14%	150

Table A.2.6. Availability of national policies/guidelines on task-sharing of family planning services, by WHO region and World Bank income group

		National policy/guideline exists on task-sharing of family planning services	Total number of countries
WHO region	AFR	71%	42
	AMR	69%	29
	EMR	47%	15
	EUR	36%	39
	SEAR	91%	11
	WPR	64%	14
World Bank income group	Low-income	69%	32
	Lower-middle-income	79%	39
	Upper-middle-income	63%	41
	High-income	29%	38
Global		60%	150

Table A.2.7. Availability of national policies/guidelines on diagnosis, treatment and counselling for sexually transmitted infections (STIs), by WHO region and World Bank income group

		National policy/guideline exists on STI diagnosis, treatment and counselling
WHO region	AFR	93%
	AMR	93%
	EMR	80%
	EUR	72%
	SEAR	91%
	WPR	100%
World Bank income group	Low-income	88%
	Lower-middle-income	95%
	Upper-middle-income	88%
	High-income	76%
Global		87%

Table A.2.8. Components included in national policy/guideline on STI diagnosis, treatment and counselling, by WHO region and World Bank income group

		Requires the use of STI surveillance system to monitor progress against global STI targets	Aligns with the Global Health Sector Strategy on STIs (2016–2021) or latest WHO guidelines on STIs	Includes a target for reduction of <i>Treponema pallidum</i> (syphilis) infection	Includes a target that contributes to reduction of congenital syphilis	Includes a target that contributes to reduction in <i>N. gonorrhoeae</i> incidence	Includes recommendation on integrated HIV and STI testing	Average proportion of items included in national STI policy/guideline	Proportion of countries with all items included in national STI policy/guideline	Total number of countries
WHO region	AFR	69%	76%	76%	81%	69%	81%	75%	52%	42
	AMR	79%	69%	69%	86%	48%	79%	72%	34%	29
	EMR	47%	53%	27%	33%	20%	67%	41%	20%	15
	EUR	56%	49%	46%	59%	49%	67%	54%	33%	39
	SEAR	91%	73%	73%	82%	55%	82%	76%	45%	11
	WPR	71%	64%	64%	64%	50%	79%	65%	35%	14
World Bank income group	Low-income	59%	72%	56%	56%	53%	81%	63%	44%	32
	Lower-middle-income	79%	72%	72%	85%	57%	79%	74%	41%	39
	Upper-middle-income	71%	63%	73%	78%	61%	73%	70%	44%	41
	High-income	58%	50%	39%	58%	37%	68%	52%	26%	38
Global		67%	64%	61%	70%	52%	75%	65%	39%	150

Table A.2.9. Availability of national policies/guidelines on comprehensive national cervical cancer prevention and control, by WHO region and World Bank income group

		Comprehensive national cervical cancer prevention and control policy/guideline exists
WHO region	AFR	79%
	AMR	79%
	EMR	47%
	EUR	87%
	SEAR	100%
	WPR	86%
World Bank income group	Low-income	75%
	Lower-middle-income	82%
	Upper-middle-income	85%
	High-income	76%
Global		80%

Table A.2.10. Components included in national comprehensive cervical cancer control policies/guidelines, by WHO region and World Bank income group

		Is consistent with WHO Comprehensive Cervical Cancer Control Guidelines (2014)	HPV vaccination programme	Screening for cervical pre-cancer lesions	Treatment of cervical pre-cancer lesions	Diagnosis of cervical cancer	Treatment of cervical cancer	Palliative care for cervical cancer	Average proportion of items included in national cervical cancer policy/guideline	Proportion of countries with all items included in national cervical cancer policy/guideline	Total number of countries
WHO region	AFR	64%	55%	74%	74%	74%	69%	69%	68%	40%	42
	AMR	66%	59%	79%	79%	79%	76%	76%	73%	45%	29
	EMR	40%	20%	33%	40%	47%	40%	33%	36%	13%	15
	EUR	67%	77%	85%	85%	85%	85%	74%	79%	56%	39
	SEAR	82%	72%	100%	91%	82%	82%	73%	83%	55%	11
	WPR	64%	64%	86%	79%	86%	71%	57%	72%	29%	14
World Bank income group	Low-income	69%	56%	69%	69%	72%	69%	63%	67%	44%	32
	Lower-middle-income	67%	49%	77%	74%	77%	69%	64%	68%	33%	39
	Upper-middle-income	66%	61%	83%	83%	80%	76%	73%	75%	39%	41
	High-income	55%	74%	76%	76%	76%	76%	68%	72%	55%	38
Global		64%	60%	77%	76%	77%	73%	67%	70%	43%	150

Table A.2.11. Availability of national policies/guidelines on antenatal care (ANC), by WHO region and World Bank income group

		National policy/guideline on ANC exists	Total number of countries
WHO region	AFR	95%	42
	AMR	100%	29
	EMR	93%	15
	EUR	97%	39
	SEAR	100%	11
	WPR	86%	14
World Bank income group	Low-income	94%	32
	Lower-middle-income	95%	39
	Upper-middle-income	100%	41
	High-income	95%	38
Global		96%	150

Table A.2.12. National policy/guideline on ANC specifies minimum number of ANC contacts during a normal pregnancy, by WHO region and World Bank income group

		National policy/guideline on ANC specifies minimum number of contacts during a normal pregnancy	Recommendation is less than 4 ANC contacts during a normal pregnancy	Recommendation is at least 4 ANC contacts during a normal pregnancy	Recommendation is at least 8 ANC contacts during a normal pregnancy	Total number of countries
WHO region	AFR	95%	7%	41%	48%	42
	AMR	93%	0%	66%	28%	29
	EMR	93%	0%	80%	13%	15
	EUR	95%	3%	36%	56%	39
	SEAR	100%	0%	64%	36%	11
	WPR	79%	0%	64%	14%	14
World Bank income group	Low-income	94%	3%	56%	34%	32
	Lower-middle-income	95%	0%	62%	33%	39
	Upper-middle-income	100%	5%	54%	41%	41
	High-income	84%	3%	37%	45%	38
Global		93%	3%	52%	39%	150

Table A.2.13. National policy/guideline on ANC specifies time of first contact, by WHO region and World Bank income group

		National policy/ guideline on ANC specifies when first contact should occur	Recommendation is within first 12 weeks of pregnancy	Recommendation is later than 12 weeks of pregnancy	Total number of countries
WHO region	AFR	90%	88%	2%	42
	AMR	100%	97%	3%	29
	EMR	93%	80%	7%	15
	EUR	97%	95%	3%	39
	SEAR	100%	91%	9%	11
	WPR	79%	79%	0%	14
World Bank income group	Low-income	88%	84%	3%	32
	Lower-middle-income	92%	82%	8%	39
	Upper-middle-income	100%	98%	2%	41
	High-income	95%	95%	0%	38
Global		94%	90%	3%	150

Table A.2.14. National policy/guideline on ANC includes statement on counselling and interventions, by WHO region and World Bank income group

		National policy/guideline on ANC includes statement on counselling and interventions
WHO region	AFR	95%
	AMR	93%
	EMR	93%
	EUR	97%
	SEAR	100%
	WPR	79%
World Bank income group	Low-income	94%
	Lower-middle-income	92%
	Upper-middle-income	98%
	High-income	92%
Global		94%

Table A.2.15. Components included in ANC policies/guidelines, by WHO region and World Bank income group

		Birth preparedness and complication readiness	Nutrition during pregnancy	Iron and folic acid during pregnancy	Immunization during pregnancy	Screening for STIs during pregnancy	Prevention and treatment of HIV in pregnancy	Prevention and treatment of syphilis in pregnancy	Prevention and treatment of TB in pregnancy	Intermittent preventive treatment in pregnancy for malaria*	Prevention and management of gestational diabetes	Counselling on tobacco, alcohol and substance abuse during pregnancy	Total number of countries	Total number of countries: malaria-specific
WHO region	AFR	90%	93%	95%	95%	93%	95%	95%	60%	74%	71%	83%	42	42
	AMR	86%	90%	90%	90%	93%	90%	93%	69%	45%	90%	90%	29	29
	EMR	87%	87%	93%	93%	93%	87%	87%	60%	20%	87%	80%	15	15
	EUR	92%	92%	97%	82%	92%	82%	82%	51%	N/A	90%	90%	39	N/A
	SEAR	100%	100%	100%	100%	91%	82%	100%	91%	45%	91%	100%	11	11
	WPR	79%	71%	79%	50%	71%	71%	71%	36%	21%	79%	57%	14	14
World Bank income group	Low-income	91%	94%	94%	94%	91%	88%	88%	59%	72%	63%	81%	32	31
	Lower-middle-income	90%	90%	92%	87%	87%	90%	92%	74%	49%	87%	85%	39	35
	Upper-middle-income	95%	88%	95%	85%	95%	90%	93%	61%	22%	93%	88%	41	30
	High-income	82%	89%	92%	82%	89%	79%	82%	42%	11%	87%	84%	38	15
Global		89%	90%	93%	87%	91%	87%	89%	59%	37%	83%	85%	150	111

* For malaria, see malaria-specific denominator, which excludes European Region.

Table A.2.16. National policy/guideline on ANC recommends use of ultrasound before 24 weeks of gestation, by WHO region and World Bank income group

		National policy/guideline on ANC recommends use of ultrasound before 24 weeks of gestation	Total number of countries
WHO region	AFR	67%	42
	AMR	86%	29
	EMR	73%	15
	EUR	97%	39
	SEAR	82%	11
	WPR	57%	14
World Bank income group	Low-income	63%	32
	Lower-middle-income	69%	39
	Upper-middle-income	93%	41
	High-income	89%	38
Global		79%	150

Table A.2.17. Average proportion of policy components and proportion of countries with all components included in ANC national policy/guideline, by WHO region and World Bank group

		Average proportion of items included in national ANC policy/guideline	Proportion of countries with all items included in national ANC policy/guideline	Total number of countries
WHO region	AFR	79%	0%	42
	AMR	80%	0%	29
	EMR	76%	0%	15
	EUR	74%	0%	39
	SEAR	85%	0%	11
	WPR	61%	0%	14
World Bank income group	Low-income	77%	0%	32
	Lower-middle-income	78%	0%	39
	Upper-middle-income	79%	0%	41
	High-income	71%	0%	38
Global		76%	0%	150

Table A.2.18. Availability of national policy/guideline on childbirth and inclusion of the right to access to skilled care during childbirth, by WHO region and World Bank income group

		National policy/guideline on childbirth exists	National policy/guideline exists on the right of every woman to have access to skilled care at childbirth	Total number of countries
WHO region	AFR	93%	86%	42
	AMR	93%	90%	29
	EMR	93%	93%	15
	EUR	92%	92%	39
	SEAR	91%	91%	11
	WPR	79%	64%	14
World Bank income group	Low-income	94%	88%	32
	Lower-middle-income	97%	95%	39
	Upper-middle-income	90%	88%	41
	High-income	84%	79%	38
Global		91%	87%	150

Table A.2.19. Components included in national childbirth policies/guidelines, by WHO region and World Bank income group

		Recommends place of childbirth	Indicates designated health facilities as preferred places of childbirth	Recommends presence of a companion of choice during labour and birth	Recommends for the woman to choose the birthing position	Recommends use of magnesium sulfate for prevention and treatment of eclampsia	Recommends oxytocin for prevention and treatment of postpartum haemorrhage	Total number of countries
WHO region	AFR	86%	81%	52%	40%	93%	93%	42
	AMR	90%	76%	76%	62%	93%	93%	29
	EMR	80%	60%	20%	20%	93%	93%	15
	EUR	79%	77%	72%	51%	74%	77%	39
	SEAR	91%	91%	73%	64%	91%	91%	11
	WPR	64%	50%	43%	29%	71%	71%	14
World Bank income group	Low-income	84%	75%	63%	50%	91%	94%	32
	Lower-middle-income	92%	82%	59%	56%	97%	97%	39
	Upper-middle-income	80%	73%	59%	37%	88%	85%	41
	High-income	74%	68%	58%	42%	68%	71%	38
Global		83%	75%	59%	46%	86%	87%	150

Table A.2.20. Average proportion of policy components and proportion of countries with all components included in national policy/guideline on the right of every woman to have access to skilled care at childbirth, by WHO region and World Bank income group

		Average proportion of items included in national policy/guideline on the right of every woman to have access to skilled care at childbirth	Proportion of countries with all items included in national policy/guideline on the right of every woman to have access to skilled care at childbirth	Total number of countries
WHO region	AFR	74%	36%	42
	AMR	82%	48%	29
	EMR	61%	13%	15
	EUR	72%	36%	39
	SEAR	83%	55%	11
	WPR	55%	21%	14
World Bank income group	Low-income	76%	38%	32
	Lower-middle-income	81%	49%	39
	Upper-middle-income	70%	29%	41
	High-income	64%	29%	38
Global		73%	36%	150

Table A.2.21. Availability of national policies/guidelines on availability of clean water and sanitation and essential equipment in facilities where births take place, by WHO region and World Bank income group

		National policy/guideline on availability of clean water and sanitation in facilities where births take place	National policy/guideline on availability of essential equipment in facilities where births take place	Total number of countries
WHO region	AFR	83%	90%	42
	AMR	76%	83%	29
	EMR	73%	93%	15
	EUR	82%	90%	39
	SEAR	91%	91%	11
	WPR	43%	50%	14
World Bank income group	Low-income	88%	91%	32
	Lower-middle-income	79%	95%	39
	Upper-middle-income	78%	80%	41
	High-income	66%	76%	38
Global		77%	85%	150

Table A.2.22. Availability of national policies/guidelines/laws on maternal, stillbirth and neonatal death notification and review, by WHO region and World Bank income group

		National policy/guideline/law requiring all maternal deaths to be reviewed	National policy/guideline/law requiring all maternal deaths to be notified within 24 hours to a central authority	National policy/guideline/law requiring stillbirths (fresh or macerated) to be reviewed	National policy/guideline/law requiring neonatal deaths (0–28 days) to be reviewed	Total number of countries
WHO region	AFR	93%	98%	48%	71%	42
	AMR	90%	79%	48%	72%	29
	EMR	87%	87%	33%	53%	15
	EUR	72%	69%	41%	59%	39
	SEAR	100%	82%	45%	91%	11
	WPR	64%	64%	36%	57%	14
World Bank income group	Low-income	91%	94%	41%	69%	32
	Lower-middle-income	95%	90%	44%	74%	39
	Upper-middle-income	85%	78%	46%	73%	41
	High-income	66%	66%	42%	50%	38
Global		84%	81%	43%	67%	150

Table A.2.23. Availability of national policies/guidelines setting forth a competency framework for maternal and/or newborn health care, by WHO region and World Bank income group

		National policy/guideline that sets forth a competency framework for maternal and/or newborn health care	Total number of countries
WHO region	AFR	76%	42
	AMR	79%	29
	EMR	73%	15
	EUR	82%	39
	SEAR	91%	11
	WPR	57%	14
World Bank income group	Low-income	75%	32
	Lower-middle-income	79%	39
	Upper-middle-income	78%	41
	High-income	76%	38
Global		77%	150

Table A.2.24. Availability of national policies/guidelines on essential medicines and equipment, by WHO region and World Bank income group

		National policy/guideline on essential medicines and equipment
WHO region	AFR	98%
	AMR	97%
	EMR	100%
	EUR	74%
	SEAR	100%
	WPR	86%
World Bank income group	Low-income	97%
	Lower-middle-income	92%
	Upper-middle-income	95%
	High-income	79%
Global		91%

Table A.2.25. Items indicated for use during pregnancy, childbirth and postpartum care included in national essential drugs list and national commodities list, by WHO region and World Bank income group

		Magnesium sulfate	Oxytocin	Misoprostol tablets	Ampicillin or amoxicillin injections	Gentamycin injection	Metronidazole injection	Procaine penicillin injection	Benzathine penicillin
WHO region	AFR	98%	98%	95%	98%	98%	93%	88%	98%
	AMR	97%	97%	79%	93%	93%	86%	86%	97%
	EMR	93%	100%	80%	100%	93%	100%	80%	80%
	EUR	72%	72%	59%	67%	64%	62%	33%	59%
	SEAR	100%	100%	82%	100%	100%	100%	91%	91%
	WPR	86%	86%	64%	86%	86%	79%	71%	86%
World Bank income group	Low-income	97%	97%	94%	97%	97%	91%	84%	88%
	Lower-middle-income	92%	92%	82%	92%	92%	87%	79%	90%
	Upper-middle-income	95%	95%	76%	93%	90%	88%	78%	88%
	High-income	74%	76%	61%	71%	68%	68%	44%	71%
Global		89%	90%	77%	88%	87%	83%	71%	84%

Table A.2.26. Items indicated for use during pregnancy, childbirth and postpartum care included in national essential drugs list and national commodities list, by WHO region and World Bank income group (continued)

		Dexamethasone injection	Chlorhexidine	Ceftriaxone	Intravenous tranexamic acid	Obstetric ultrasound machine	Self-inflating bag (newborn size) with neonatal and paediatric masks of different sizes and valves	Oxygen supply	Pulse oximeter	Blood and blood products	Vacuum aspiration	Total number of countries
WHO region	AFR	95%	86%	86%	45%	76%	76%	86%	79%	88%	83%	42
	AMR	97%	86%	97%	45%	86%	90%	90%	90%	90%	79%	29
	EMR	93%	93%	93%	53%	80%	93%	93%	93%	87%	93%	15
	EUR	67%	62%	69%	59%	69%	69%	69%	69%	67%	67%	39
	SEAR	100%	100%	100%	82%	82%	91%	82%	73%	82%	73%	11
	WPR	86%	64%	86%	64%	71%	86%	86%	86%	86%	71%	14
World Bank income group	Low-income	91%	94%	88%	47%	72%	78%	88%	81%	91%	88%	32
	Lower-middle-income	92%	85%	85%	51%	69%	79%	79%	77%	77%	74%	39
	Upper-middle-income	93%	76%	92%	51%	90%	88%	88%	85%	88%	78%	41
	High-income	74%	66%	74%	66%	74%	76%	76%	76%	74%	71%	38
Global		87%	79%	85%	54%	77%	81%	83%	80%	82%	77%	150

Table A.2.27. Average proportion of items and proportion of countries with all items included in national essential drugs list and list of essential commodities, by WHO region and World Bank income group

		Average proportion of items included in national essential drugs list and national list of essential commodities	Proportion of countries with all items included in national essential drugs list and national list of essential commodities	Total number of countries
WHO region	AFR	87%	26%	42
	AMR	88%	31%	29
	EMR	89%	33%	15
	EUR	64%	28%	39
	SEAR	90%	45%	11
	WPR	79%	29%	14
World Bank income group	Low-income	87%	34%	32
	Lower-middle-income	82%	26%	39
	Upper-middle-income	85%	29%	41
	High-income	70%	32%	38
Global		81%	30%	150

Table A.2.28. National policy/guideline on postnatal care recommends assessment of both mother and newborn, mother only or newborn only by WHO region and World Bank income group

		National policy/guideline exists on postnatal care for mothers and newborns	National policy/guideline recommends assessment of both mother and newborn	National policy/guideline recommends assessment of mother only	National policy/guideline recommends assessment of newborn only	Total number of countries
WHO region	AFR	90%	90%	0%	0%	42
	AMR	93%	86%	3%	0%	29
	EMR	93%	93%	0%	0%	15
	EUR	95%	90%	0%	0%	39
	SEAR	100%	100%	0%	0%	11
	WPR	79%	79%	0%	0%	14
World Bank income group	Low-income	91%	91%	0%	0%	32
	Lower-middle-income	95%	92%	0%	0%	39
	Upper-middle-income	93%	93%	0%	0%	41
	High-income	89%	82%	3%	0%	38
Global		92%	89%	1%	0%	150

Table A.2.29. Availability of national policies/guidelines on management of low-birth-weight and preterm newborns, by WHO region and World Bank income group

		National policy/guideline exists on management of low-birth-weight and preterm newborns	Total number of countries
WHO region	AFR	90%	42
	AMR	90%	29
	EMR	87%	15
	EUR	79%	39
	SEAR	100%	11
	WPR	57%	14
World Bank income group	Low-income	88%	32
	Lower-middle-income	92%	39
	Upper-middle-income	88%	41
	High-income	71%	38
Global		85%	150

Table A.2.30. Components included in national policies/guidelines on management of low-birth-weight and preterm newborns, by WHO region and World Bank income group

		Recommends that preterm/low-birth-weight newborns, including those with very low birth weight, should be fed breastmilk	Specifies the presence of skilled personnel to assist mothers who have difficulties breastfeeding	Recommends Kangaroo Mother Care (skin-to-skin contact) at health facilities for clinically stable newborns weighing 2000 g or less at birth	Indicates the level of facility where Kangaroo Mother Care should be provided	Average proportion of components included in national policy/guideline on management of low-birth-weight and preterm newborns	Proportion of countries with all components included in national policy/guideline on management of low-birth-weight and preterm newborns	Total number of countries
WHO region	AFR	88%	81%	86%	69%	81%	62%	42
	AMR	86%	90%	79%	59%	78%	59%	29
	EMR	80%	80%	67%	60%	72%	53%	15
	EUR	72%	74%	56%	41%	61%	41%	39
	SEAR	100%	100%	91%	73%	91%	73%	11
	WPR	57%	57%	36%	21%	43%	21%	14
World Bank income group	Low-income	84%	75%	81%	56%	74%	47%	32
	Lower-middle-income	90%	92%	79%	69%	83%	67%	39
	Upper-middle-income	85%	83%	68%	61%	74%	61%	41
	High-income	63%	68%	55%	32%	55%	32%	38
Global		81%	80%	71%	55%	72%	52%	150

Table A.2.31. National policy/guideline on low-birth-weight and preterm newborns indicates level of facility where Kangaroo Mother Care (KMC) should be provided, by WHO region and World Bank income group

		KMC provided at first-level and referral facilities	KMC provided at first-level facilities only	KMC provided at referral facilities only	Total number of countries
WHO region	AFR	38%	7%	24%	42
	AMR	21%	3%	31%	29
	EMR	20%	13%	27%	15
	EUR	10%	10%	15%	39
	SEAR	56%	0%	18%	11
	WPR	14%	0%	7%	14
World Bank income group	Low-income	28%	6%	22%	32
	Lower-middle-income	49%	0%	21%	39
	Upper-middle-income	15%	12%	27%	41
	High-income	8%	8%	16%	38
Global		25%	7%	21%	150

Table A.2.32. National standards exist for management of newborn infants with severe illness and specify availability of special newborn care units (SNCUs) and newborn intensive care units (NICUs), by WHO region and World Bank income group

		National standards exist for management of newborn infants with severe illness	National policy/guideline specifies availability of SNCUs	National policy/guideline specifies availability of NICUs	Total number of countries
WHO region	AFR	93%	79%	74%	42
	AMR	86%	83%	83%	29
	EMR	93%	80%	67%	15
	EUR	72%	82%	82%	39
	SEAR	91%	91%	100%	11
	WPR	57%	36%	50%	14
World Bank income group	Low-income	97%	81%	72%	32
	Lower-middle-income	90%	74%	79%	39
	Upper-middle-income	80%	85%	83%	41
	High-income	66%	68%	71%	38
Global		83%	77%	77%	150

Table A.2.33. National standards on management of newborn infants with severe illness specify level at which SNCUs and NICUs are available, by WHO region and World Bank income group

		SNCUs available at first-level and referral facilities	SNCUs available at first-level facilities only	SNCUs available at referral facilities only	NICUs available at first-level and referral facilities	NICUs available at first-level facilities only	NICUs available at referral facilities only	Total number of countries
WHO region	AFR	12%	2%	64%	5%	0%	64%	42
	AMR	14%	7%	52%	3%	7%	66%	29
	EMR	7%	0%	73%	0%	0%	60%	15
	EUR	8%	15%	44%	8%	8%	49%	39
	SEAR	0%	9%	82%	9%	9%	73%	11
	WPR	7%	0%	29%	7%	0%	43%	14
World Bank income group	Low-income	19%	3%	59%	9%	0%	56%	32
	Lower-middle-income	5%	0%	67%	5%	0%	69%	39
	Upper-middle-income	7%	5%	59%	0%	5%	63%	41
	High-income	8%	18%	37%	8%	11%	45%	38
Global		9%	7%	55%	5%	4%	59%	150

Table A.2.34. Availability of national policy/guideline that recommends routine haemoculture in newborns before starting on antibiotics in case of suspected sepsis, and availability of national policy/guideline for treatment of sick newborns with possible serious bacterial infection (PSBI) at primary health care facilities when referral is not feasible, by WHO region and World Bank income group

		National policy/guideline exists that recommends routine haemoculture before starting on antibiotics in case of suspected sepsis	National policy/guideline exists for treatment of sick newborns with PSBI at primary health care facilities when referral is not feasible	Total number of countries
WHO region	AFR	31%	67%	42
	AMR	76%	48%	29
	EMR	67%	60%	15
	EUR	67%	54%	39
	SEAR	55%	64%	11
	WPR	36%	14%	14
World Bank income group	Low-income	41%	72%	32
	Lower-middle-income	54%	67%	39
	Upper-middle-income	61%	44%	41
	High-income	61%	37%	38
Global		55%	54%	150

Table A.2.35. Availability of national policies/guidelines on child health and development of children, by WHO region and World Bank income group

		National policy/ guideline on child health and development of children: ages 0–9 years	National policy/ guideline on child health and development of children: ages 0–5 years only	National policy/ guideline on child health and development of children: ages 5–9 only	Total number of countries
WHO region	AFR	50%	43%	0%	42
	AMR	59%	38%	0%	29
	EMR	20%	73%	0%	15
	EUR	72%	21%	3%	39
	SEAR	73%	27%	0%	11
	WPR	43%	36%	7%	14
World Bank income group	Low-income	41%	50%	0%	32
	Lower-middle-income	44%	46%	3%	39
	Upper-middle-income	61%	34%	0%	41
	High-income	74%	21%	3%	38
Global		55%	37%	1%	150

Table A.2.36. Availability of national policy/guideline setting forth a competency framework for child health care, and availability of a continuous professional education system for primary health care clinicians and/or nurses to receive child-specific training, by WHO region and World Bank income group

		National policy/guideline that sets forth a competency framework for child health care	Continuous professional education system is in place for primary health care clinicians and/or nurses to receive child-specific training	Total number of countries
WHO region	AFR	64%	76%	42
	AMR	86%	66%	29
	EMR	67%	67%	15
	EUR	82%	82%	39
	SEAR	100%	82%	11
	WPR	50%	71%	14
World Bank income group	Low-income	72%	75%	32
	Lower-middle-income	64%	79%	39
	Upper-middle-income	85%	68%	41
	High-income	76%	76%	38
Global		75%	75%	150

Table A.2.37. Availability of national policies/guidelines on management of childhood pneumonia, by WHO region and World Bank income group

		National policy/ guideline on management of childhood pneumonia for ages 0–9 years	National policy/ guideline on management of childhood pneumonia for ages 0–5 years only	National policy/ guideline on management of childhood pneumonia for ages 5–9 years only	Total number of countries
WHO region	AFR	38%	55%	0%	42
	AMR	45%	34%	0%	29
	EMR	13%	87%	0%	15
	EUR	49%	10%	0%	39
	SEAR	36%	64%	0%	11
	WPR	21%	29%	7%	14
World Bank income group	Low-income	31%	66%	0%	32
	Lower-middle-income	33%	56%	3%	39
	Upper-middle-income	42%	32%	0%	41
	High-income	45%	13%	0%	38
Global		38%	41%	1%	150

Table A.2.38. National policy/guideline on management of childhood pneumonia specifies level of system at which pneumonia with chest indrawing can be treated, by WHO region and World Bank income group

		Pneumonia with chest indrawing to be treated at first-level facilities	Pneumonia with chest indrawing to be treated at referral facilities	Total number of countries
WHO region	AFR	40%	43%	42
	AMR	24%	45%	29
	EMR	27%	67%	15
	EUR	23%	26%	39
	SEAR	45%	55%	11
	WPR	21%	29%	14
World Bank income group	Low-income	38%	50%	32
	Lower-middle-income	41%	41%	39
	Upper-middle-income	17%	46%	41
	High-income	26%	26%	38
Global		30%	41%	150

Table A.2.39. National policy/guideline on management of childhood pneumonia specifies first line of treatment for pneumonia with chest indrawing and fast breathing, by WHO region and World Bank income group

		First-line treatment for pneumonia with chest indrawing: AMOXICILLIN	First-line treatment for pneumonia with chest indrawing: CO-TRIMOXAZOLE	First-line treatment for pneumonia with fast breathing: AMOXICILLIN	First-line treatment for pneumonia with fast breathing: CO-TRIMOXAZOLE	Recommended duration of treatment for pneumonia with fast breathing: 3 DAYS	Recommended duration of treatment for pneumonia with fast breathing: 5 DAYS	Total number of countries
WHO region	AFR	86%	5%	86%	7%	5%	71%	42
	AMR	59%	3%	66%	3%	7%	21%	29
	EMR	47%	27%	67%	20%	7%	73%	15
	EUR	38%	0%	46%	0%	3%	13%	39
	SEAR	73%	0%	82%	0%	18%	64%	11
	WPR	43%	7%	43%	7%	21%	29%	14
World Bank income group	Low-income	88%	6%	84%	13%	6%	72%	32
	Lower-middle-income	74%	10%	79%	5%	18%	62%	39
	Upper-middle-income	41%	5%	54%	5%	5%	29%	41
	High-income	39%	0%	47%	0%	0%	11%	38
Global		59%	5%	65%	5%	7%	42%	150

Table A.2.40. Availability of national policies/guidelines on management of childhood diarrhoea, by WHO region and World Bank income group

		National policy/ guideline on management of childhood diarrhoea: ages 0–9 years	National policy/ guideline on management of childhood diarrhoea: ages 0–5 years only	National policy/ guideline on management of childhood diarrhoea: ages 5–9 years only	Total number of countries
WHO region	AFR	33%	60%	0%	42
	AMR	52%	34%	0%	29
	EMR	27%	67%	0%	15
	EUR	44%	18%	0%	39
	SEAR	18%	82%	0%	11
	WPR	21%	29%	7%	14
World Bank income group	Low-income	31%	63%	0%	32
	Lower-middle-income	33%	59%	3%	39
	Upper-middle-income	34%	49%	0%	41
	High-income	47%	5%	0%	38
Global		37%	43%	1%	150

Table A.2.41. Recommended treatment for diarrhoea with dehydration specified in national policy/guideline, by WHO region and World Bank income group

		Recommended treatment for diarrhoea with dehydration: ORS, zinc and fluid	Total number of countries
WHO region	AFR	93%	42
	AMR	72%	29
	EMR	93%	15
	EUR	46%	39
	SEAR	91%	11
	WPR	57%	14
World Bank income group	Low-income	94%	32
	Lower-middle-income	95%	39
	Upper-middle-income	68%	41
	High-income	39%	38
Global		73%	150

Table A.2.42. Availability of national policies/guidelines on management of malaria with appropriate recommendations for children, by WHO region and World Bank income group

		National policy/ guideline on management of malaria with appropriate recommendations for children: ages 0–9 years	National policy/ guideline on management of malaria with appropriate recommendations for children: ages 0–5 years only	National policy/ guideline on management of malaria with appropriate recommendations for children: ages 5–9 years only	Total number of countries
WHO region	AFR	55%	38%	0%	42
	AMR	85%	10%	5%	20
	EMR	47%	27%	7%	15
	EUR	N/A	N/A	N/A	N/A
	SEAR	55%	36%	0%	11
	WPR	7%	7%	7%	14
World Bank income group	Low-income	52%	42%	3%	31
	Lower-middle-income	43%	31%	6%	35
	Upper-middle-income	69%	8%	0%	26
	High-income	50%	10%	0%	10
Global		53%	26%	3%	102

Note: Excludes countries in the European Region and the following countries in the Region of the Americas: Antigua and Barbuda, Argentina, Barbados, Cuba, Dominica, Grenada, Paraguay, Saint Kitts and Nevis, Uruguay.

Table A.2.43. National policy/guideline on management of malaria with appropriate recommendations for children specifies recommended parasitological confirmation (microscopy or RDT) of malaria before treatment, by WHO region and World Bank income group

		National policy/ guideline recommends parasitological confirmation of malaria before treatment	Approach used for confirmation of malaria: RDT	Approach used for confirmation of malaria: MICROSCOPY	Total number of countries
WHO region	AFR	93%	67%	12%	42
	AMR	100%	35%	65%	20
	EMR	73%	33%	40%	15
	EUR	N/A	N/A	N/A	N/A
	SEAR	91%	45%	45%	11
	WPR	14%	14%	0%	14
World Bank income group	Low-income	94%	61%	16%	31
	Lower-middle-income	77%	57%	17%	35
	Upper-middle-income	77%	30%	46%	26
	High-income	60%	0%	60%	10
Global		80%	46%	28%	102

Note: Excludes countries in the European Region and the following countries in the Region of the Americas: Antigua and Barbuda, Argentina, Barbados, Cuba, Dominica, Grenada, Paraguay, Saint Kitts and Nevis, Uruguay.

Table A.2.44. Availability of national policies/guidelines on management of acute malnutrition in children, by WHO region and World Bank income group

		National policy/ guideline on management of acute malnutrition in children: ages 0–9 years	National policy/ guideline on management of acute malnutrition in children: ages 0–5 years only	National policy/ guideline on management of acute malnutrition in children: ages 5–9 years only	Total number of countries
WHO region	AFR	41%	52%	0%	42
	AMR	52%	28%	0%	29
	EMR	27%	73%	0%	15
	EUR	28%	10%	0%	39
	SEAR	55%	45%	0%	11
	WPR	14%	36%	7%	14
World Bank income group	Low-income	38%	59%	0%	32
	Lower-middle-income	33%	54%	3%	39
	Upper-middle-income	46%	29%	0%	41
	High-income	29%	8%	0%	38
Global		37%	37%	1%	150

Table A.2.45. Availability of national policies/guidelines on routine assessment of children for overweight or obesity in health facilities, by WHO region and World Bank income group

		National policy/ guideline for routine assessment of children for overweight or obesity in health facilities: ages 0–9 years	National policy/ guideline for routine assessment of children for overweight or obesity in health facilities: ages 0–5 years only	National policy/ guideline for routine assessment of children for overweight or obesity in health facilities: ages 5–9 years only	Total number of countries
WHO region	AFR	19%	29%	0%	42
	AMR	59%	24%	0%	29
	EMR	20%	33%	0%	15
	EUR	51%	5%	3%	39
	SEAR	27%	18%	0%	11
	WPR	29%	21%	0%	14
World Bank income group	Low-income	16%	25%	0%	32
	Lower-middle-income	23%	28%	0%	39
	Upper-middle-income	46%	22%	0%	41
	High-income	58%	8%	3%	38
Global		37%	21%	1%	150

Table A.2.46. Availability of national policies/guidelines on management of hospitalized children (aged 1 month to 9 years), and availability of national clinical standards for management of children with severe illnesses in hospitals, by WHO region and World Bank income group

		National policy/guideline on management of hospitalized children (aged 1 month to 9 years)	National clinical standards for management of children with severe illness in hospitals	Total number of countries
WHO region	AFR	69%	74%	42
	AMR	66%	62%	29
	EMR	53%	67%	15
	EUR	56%	62%	39
	SEAR	73%	64%	11
	WPR	36%	43%	14
World Bank income group	Low-income	72%	75%	32
	Lower-middle-income	74%	74%	39
	Upper-middle-income	54%	61%	41
	High-income	45%	47%	38
Global		61%	64%	150

Table A.2.47. Drugs indicated for management of childhood illness included in national essential drugs list, by WHO region and World Bank income group

	Amoxicillin dispersible tablet (250 mg)	Amoxicillin syrup (125 mg per 5 ml)	Cotrimoxazole paediatric tablet (20 mg trimethoprim + 100 mg sulfamethoxazole)	Cotrimoxazole syrup (40 mg trimethoprim + 200 mg sulfamethoxazole)	Ciprofloxacin tablets (250 mg or 500 mg)	Oral rehydration salts	Zinc sulfate tablets (10 mg or 20mg)	Rectal artesunate (50 mg or 100 mg)	Salbutamol inhaler	Ampicillin injectable (250 mg vial)	Gentamicin injectable (2 ml vial containing 20 mg)	Gentamicin injectable (2 ml vial containing 80 mg)	Ceftriaxone	Procaine penicillin (50 000 U)	Aqueous benzyl penicillin (100 000–150 000 U)	Child-friendly TB formulations (RHZ, RH) and isoniazid	Average proportion of items included in national essential drugs list	Proportion of countries with all items included in national essential drugs list	Total number of countries
AFR	83%	98%	81%	95%	88%	98%	86%	67%	93%	88%	83%	90%	95%	79%	93%	90%	88%	41%	42
AMR	55%	83%	38%	90%	86%	93%	55%	34%	90%	76%	76%	83%	90%	62%	62%	72%	72%	10%	29
EMR	80%	100%	47%	80%	93%	100%	87%	33%	100%	93%	93%	93%	93%	67%	73%	73%	82%	13%	15
EUR	64%	69%	51%	64%	69%	62%	33%	8%	69%	59%	46%	67%	74%	38%	56%	46%	55%	5%	39
SEAR	91%	91%	73%	82%	82%	100%	100%	45%	91%	91%	82%	100%	91%	73%	82%	91%	85%	27%	11
WPR	64%	79%	64%	79%	93%	93%	71%	36%	86%	64%	50%	86%	93%	64%	79%	50%	72%	0%	14
Low-income	91%	100%	81%	94%	94%	100%	94%	75%	94%	97%	84%	97%	97%	81%	91%	94%	91%	41%	32
Lower-middle-income	74%	89%	64%	85%	82%	95%	90%	44%	92%	85%	82%	92%	92%	67%	82%	72%	80%	23%	39
Upper-middle-income	71%	80%	46%	78%	81%	90%	54%	20%	93%	71%	68%	76%	85%	59%	66%	68%	68%	5%	41
High-income	53%	74%	50%	74%	79%	66%	32%	18%	76%	58%	47%	71%	79%	45%	58%	50%	58%	8%	38
Global	71%	85%	59%	82%	83%	87%	66%	37%	86%	77%	70%	83%	88%	62%	73%	70%	74%	18%	150

Table A.2.48. Availability of national policies/guidelines on early childhood development (ECD), by WHO region and World Bank income group

		National policy/guideline on ECD	Total number of countries
WHO region	AFR	69%	42
	AMR	93%	29
	EMR	60%	15
	EUR	87%	39
	SEAR	82%	11
	WPR	57%	14
World Bank income group	Low-income	66%	32
	Lower-middle-income	74%	39
	Upper-middle-income	83%	41
	High-income	84%	38
Global		77%	150

Table A.2.49. Availability of national policies/guidelines on integrated management of childhood illness (IMCI), by WHO region and World Bank income group

		National policy/guideline on IMCI	Total number of countries
WHO region	AFR	95%	42
	AMR	69%	29
	EMR	87%	15
	EUR	51%	39
	SEAR	100%	11
	WPR	57%	14
World Bank income group	Low-income	97%	32
	Lower-middle-income	92%	39
	Upper-middle-income	73%	41
	High-income	39%	38
Global		75%	150

Table A.2.50. Service areas included in national policies/guidelines on IMCI, by WHO region and World Bank income group

		Diarrhoea	Pneumonia	Malaria*	Acute malnutrition	Essential newborn care	Average number of services addressed in national IMCI guidelines**	Proportion of countries with all services included in national IMCI guidelines**	Total number of countries	Total number of countries: malaria-specific
WHO region	AFR	95%	95%	90%	93%	90%	93%	14%	42	42
	AMR	66%	69%	59%	66%	59%	63%	45%	29	29
	EMR	87%	87%	53%	87%	60%	75%	73%	15	15
	EUR	49%	51%	N/A	38%	49%	47%	67%	39	N/A
	SEAR	100%	100%	100%	91%	82%	95%	27%	11	11
	WPR	43%	50%	36%	36%	43%	41%	71%	14	14
World Bank income group	Low-income	97%	97%	94%	94%	91%	94%	84%	32	31
	Lower-middle-income	90%	90%	80%	90%	77%	86%	69%	39	35
	Upper-middle-income	73%	73%	67%	63%	66%	68%	49%	41	30
	High-income	32%	39%	13%	26%	32%	31%	18%	38	15
Global		72%	75%	71%	67%	65%	69%	54%	150	111

* For malaria, see malaria-specific denominator, which excludes the European Region.

** Average items and all items scores do not include malaria for the European Region.

Table A.2.51. Availability of national policies/guidelines for treatment of young infants with PSBI at primary health care facilities when referral is not feasible, by WHO region and World Bank income group

		National policy/guideline for treatment of young infants with PSBI at primary health care facilities when referral is not feasible	Total number of countries
WHO region	AFR	62%	42
	AMR	52%	29
	EMR	53%	15
	EUR	36%	39
	SEAR	82%	11
	WPR	29%	14
World Bank income group	Low-income	66%	32
	Lower-middle-income	67%	39
	Upper-middle-income	49%	41
	High-income	24%	38
Global		51%	150

Table A.2.52. Availability of national policies/guidelines for management of childhood illness by trained community health workers, by WHO region and World Bank income group

		National policy/guideline for management of childhood illness by trained community health workers	Total number of countries
WHO region	AFR	83%	42
	AMR	55%	29
	EMR	53%	15
	EUR	N/A	N/A
	SEAR	91%	11
	WPR	43%	14
World Bank income group	Low-income	97%	31
	Lower-middle-income	77%	35
	Upper-middle-income	50%	30
	High-income	20%	15
Global		68%	111

Note: Excludes countries in the European Region.

Table A.2.53. National policy/guideline on management of childhood illness by trained community health workers specifies which activities can be performed, by WHO region and World Bank income group

		Assess and refer pneumonia	Assess and treat pneumonia	Assess and refer diarrhoea	Assess and treat diarrhoea	Assess and refer severe malaria	Assess and treat uncomplicated malaria	Total number of countries
WHO region	AFR	79%	57%	74%	76%	76%	62%	42
	AMR	55%	14%	55%	34%	45%	24%	29
	EMR	53%	33%	53%	47%	40%	33%	15
	EUR	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	SEAR	91%	64%	91%	73%	82%	64%	11
	WPR	36%	21%	36%	21%	21%	14%	14
World Bank income group	Low-income	90%	74%	87%	90%	87%	81%	31
	Lower-middle-income	74%	37%	74%	57%	60%	40%	35
	Upper-middle-income	50%	23%	47%	37%	43%	27%	30
	High-income	20%	0%	20%	7%	13%	0%	15
Global		65%	39%	63%	54%	57%	42%	111

Note: Excludes countries in the European Region.

Table A.2.54. Availability of national policies/guidelines on integrated community case management (iCCM), by WHO region and World Bank income group

		National policy/guideline on iCCM	Total number of countries
WHO region	AFR	69%	42
	AMR	41%	29
	EMR	60%	15
	EUR	N/A	N/A
	SEAR	73%	11
	WPR	14%	14
World Bank income group	Low-income	84%	31
	Lower-middle-income	66%	35
	Upper-middle-income	27%	30
	High-income	20%	15
Global		54%	111

Table A.2.55. Availability of national policies/guidelines on supporting home-care practices by trained community health workers, by WHO region and World Bank income group

		National policy/guideline on supporting home-care practices by trained community health workers	Total number of countries
WHO region	AFR	81%	42
	AMR	48%	29
	EMR	53%	15
	EUR	N/A	N/A
	SEAR	91%	11
	WPR	36%	14
World Bank income group	Low-income	94%	31
	Lower-middle-income	69%	35
	Upper-middle-income	47%	30
	High-income	27%	15
Global		64%	111

Note: Excludes countries in the European Region.

Table A.2.56. Components included in national policies/guidelines on supporting home-care practices by trained community health workers (CHWs), by WHO region and World Bank income group

		Essential newborn care	Infant and young child nutrition	Prevention of childhood illness	Average proportion of home-care practices by CHWs included in national policy	Proportion of countries with all home-care practices by CHWs included in national policy	Total number of countries
WHO region	AFR	67%	76%	79%	74%	64%	42
	AMR	48%	45%	45%	46%	41%	29
	EMR	47%	53%	53%	51%	47%	15
	EUR	N/A	N/A	N/A	N/A	N/A	N/A
	SEAR	91%	91%	91%	91%	91%	11
	WPR	29%	21%	21%	24%	21%	14
World Bank income group	Low-income	77%	90%	90%	86%	77%	31
	Lower-middle-income	63%	63%	66%	64%	60%	35
	Upper-middle-income	43%	43%	47%	44%	40%	30
	High-income	27%	20%	13%	20%	13%	15
Global		57%	60%	60%	59%	53%	111

Note: Excludes countries in the European Region.

Table A.2.57. Availability of national policy guideline that specifically addresses adolescent (10–19 years) health issues, by WHO region and World Bank income group

		National policy/guideline exists that specifically addresses adolescent (10–19 years) health issues	Total number of countries
WHO region	AFR	91%	42
	AMR	93%	29
	EMR	60%	15
	EUR	82%	39
	SEAR	81%	11
	WPR	86%	14
World Bank income group	Low-income	81%	32
	Lower-middle-income	87%	39
	Upper-middle-income	83%	41
	High-income	87%	38
Global		85%	150

Table A.2.58. Availability of national standards for delivery of health services to adolescents that include clearly defined comprehensive package of health services, and activities to monitor implementation of these standards, by WHO region and World Bank income group

		National standards exist for delivery of health services to adolescents	Standards include clearly defined comprehensive package of health services for adolescents	Activities are being carried out to monitor implementation of these standards for delivery	Total number of countries
WHO region	AFR	76%	71%	62%	42
	AMR	79%	72%	55%	29
	EMR	27%	20%	27%	15
	EUR	51%	41%	33%	39
	SEAR	82%	82%	73%	11
	WPR	36%	36%	21%	14
World Bank income group	Low-income	63%	59%	53%	32
	Lower-middle-income	69%	67%	56%	39
	Upper-middle-income	54%	54%	42%	41
	High-income	63%	45%	37%	38
Global		62%	56%	47%	150

Table A.2.59. Availability of national standards for health-promoting schools, and activities to monitor implementation, by WHO region and World Bank income group

		National standard exists for health-promoting schools	Activities are being carried out to monitor implementation of these standards for delivery	Total number of countries
WHO region	AFR	74%	69%	42
	AMR	66%	62%	29
	EMR	67%	47%	15
	EUR	46%	23%	39
	SEAR	82%	82%	11
	WPR	64%	43%	14
World Bank income group	Low-income	75%	66%	32
	Lower-middle-income	69%	59%	39
	Upper-middle-income	63%	54%	41
	High-income	50%	32%	38
Global		64%	52%	150

Table A.2.60. Availability of national adolescent health programme with at least one designated full-time employee and regular government budget allocation, by WHO region and World Bank income group

		National adolescent health programme exists	At least one designated full-time person for national adolescent health programme	Regular government budget allocation to support national adolescent health programme	Total number of countries
WHO region	AFR	74%	69%	31%	42
	AMR	66%	62%	41%	29
	EMR	67%	47%	20%	15
	EUR	46%	23%	28%	39
	SEAR	82%	82%	64%	11
	WPR	64%	43%	36%	14
World Bank income group	Low-income	75%	66%	28%	32
	Lower-middle-income	69%	59%	41%	39
	Upper-middle-income	63%	54%	34%	41
	High-income	50%	32%	32%	38
Global		64%	52%	34%	150

Table A.2.61. Availability of national policy/guideline that specifies competencies of health workers in adolescent health, availability of continuous professional education system for primary health workers to receive adolescent-specific training, and availability of pre-service training for clinicians, nurses and community health workers that includes adolescent health, by WHO region and World Bank income group

		National policy/ guideline exists that specifies competencies of health workers in adolescent health	Continuous professional education system exists for primary health workers to receive adolescent-specific training	Adolescent health included in pre-service training for clinicians, nurses and community health workers	Total number of countries
WHO region	AFR	57%	52%	21%	42
	AMR	62%	38%	48%	29
	EMR	33%	33%	13%	15
	EUR	46%	49%	31%	39
	SEAR	82%	73%	64%	11
	WPR	43%	43%	29%	14
World Bank income group	Low-income	47%	50%	19%	32
	Lower-middle-income	69%	64%	36%	39
	Upper-middle-income	49%	34%	34%	41
	High-income	47%	42%	37%	38
Global		53%	47%	32%	150

Table A.2.62. Availability of national multisectoral plan of action for response to violence against women, by WHO region and World Bank income group

		National multisectoral plan of action for gender-based violence	Total number of countries
WHO region	AFR	74%	42
	AMR	79%	29
	EMR	53%	15
	EUR	72%	39
	SEAR	91%	11
	WPR	64%	14
World Bank income group	Low-income	63%	32
	Lower-middle-income	85%	39
	Upper-middle-income	73%	41
	High-income	68%	38
Global		73%	150

Table A.2.63. Availability of national guidelines/protocols for the health sector to address violence against women/gender-based violence, by WHO region and World Bank income group

		National guidelines or protocols to address violence against women/gender-based violence by the health sector	Total number of countries
WHO region	AFR	83%	42
	AMR	86%	29
	EMR	80%	15
	EUR	72%	39
	SEAR	91%	11
	WPR	57%	14
World Bank income group	Low-income	75%	32
	Lower-middle-income	82%	39
	Upper-middle-income	85%	41
	High-income	71%	38
Global		79%	150

Table A.2.64. Components included in national guidelines/protocols to address violence against women, by WHO region and World Bank income group

		Universal screening for domestic violence/ intimate partner violence*	Selective or clinical enquiry for domestic violence/intimate partner violence	Psychosocial support including psychological first aid/first-line support	Mandatory reporting for domestic violence/ intimate partner violence*	Sexual assault services available 24/7	Emergency contraception within 5 days of sexual assault	Access to safe abortion in cases of rape or incest	STI prophylaxis for survivors of sexual assault	HIV postexposure prophylaxis for survivors of sexual assault	Average proportion of components included in national guideline/protocol**	Proportion of countries with all components included in national guideline/protocol**	Total number of countries
WHO region	AFR	43%	52%	74%	38%	62%	79%	45%	76%	76%	66%	26%	42
	AMR	48%	66%	83%	55%	83%	72%	41%	83%	83%	73%	34%	29
	EMR	33%	67%	80%	33%	60%	80%	20%	80%	73%	66%	20%	15
	EUR	36%	46%	62%	54%	59%	59%	56%	59%	59%	57%	33%	39
	SEAR	36%	82%	91%	55%	82%	73%	45%	91%	91%	79%	27%	11
	WPR	36%	43%	43%	43%	43%	43%	43%	43%	50%	44%	36%	14
World Bank income group	Low-income	31%	50%	66%	38%	53%	69%	38%	66%	66%	58%	22%	32
	Lower-middle-income	44%	64%	79%	38%	69%	74%	38%	79%	82%	70%	28%	39
	Upper-middle-income	44%	59%	78%	63%	72%	71%	51%	78%	78%	70%	39%	41
	High-income	39%	50%	61%	45%	61%	61%	50%	61%	58%	57%	29%	38
Global		40%	56%	71%	47%	65%	69%	45%	71%	71%	64%	30%	150

* These two components – universal screening and mandatory reporting – are not included in WHO guidance.

**Calculated on the basis of the seven components endorsed in WHO guidance.

Table A.2.65. Availability of national training programme to strengthen capacity of health-care providers to respond to violence against women/gender-based violence, by WHO region and World Bank income group

		National training programme to strengthen capacity of health-care providers to respond to violence against women/gender-based violence	Total number of countries
WHO region	AFR	64%	42
	AMR	66%	29
	EMR	67%	15
	EUR	62%	39
	SEAR	91%	11
	WPR	64%	14
World Bank income group	Low-income	63%	32
	Lower-middle-income	72%	39
	Upper-middle-income	63%	41
	High-income	66%	38
Global		66%	150

Table A.2.66. Availability of national targets for key monitoring indicators, by WHO region and World Bank income group

		Maternal mortality ratio	Under-five mortality rate	Neonatal mortality rate	Stillbirth rate	Adolescent mortality rate	Stunting among children under 5 years	Proportion of births attended by skilled health personnel	Demand satisfied/met need for family planning	Total fertility rate	Adolescent birth rate	Proportion of women making their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	Total number of countries
WHO region	AFR	95%	93%	88%	31%	10%	60%	74%	55%	40%	33%	5%	42
	AMR	72%	62%	59%	7%	3%	17%	55%	24%	17%	28%	0%	29
	EMR	93%	93%	73%	20%	13%	73%	93%	67%	47%	33%	13%	15
	EUR	51%	44%	44%	13%	13%	13%	21%	5%	10%	13%	5%	39
	SEAR	100%	100%	100%	64%	9%	100%	91%	73%	82%	73%	18%	11
	WPR	71%	64%	50%	7%	0%	57%	57%	43%	43%	29%	7%	14
World Bank income group	Low-income	100%	97%	91%	31%	9%	69%	84%	53%	41%	31%	0%	32
	Lower-middle-income	90%	87%	79%	33%	3%	59%	74%	62%	49%	44%	15%	39
	Upper-middle-income	83%	71%	63%	10%	7%	34%	51%	29%	29%	24%	5%	41
	High-income	39%	37%	37%	11%	16%	16%	26%	8%	11%	18%	3%	38
Global		77%	72%	67%	21%	9%	43%	58%	37%	32%	29%	6%	150

Table A.2.67. Availability of national coordinating body responsible for SRMNCAH or its components, by WHO region and World Bank income group

		National coordinating body responsible for SRMNCAH or its components	Total number of countries
WHO region	AFR	83%	42
	AMR	83%	29
	EMR	60%	15
	EUR	62%	39
	SEAR	100%	11
	WPR	50%	14
World Bank income group	Low-income	84%	32
	Lower-middle-income	79%	39
	Upper-middle-income	85%	41
	High-income	45%	38
Global		73%	150

Table A.2.68. Availability of national policy to ensure engagement of civil society organization representatives in national-level planning and periodic reviews of SRMNCAH programmes, by WHO region and World Bank income group

		National policy to ensure engagement of civil society organization representatives in national-level planning of SRMNCAH programmes	National policy to ensure engagement of civil society organization representatives in periodic reviews of national SRMNCAH programmes	Reviews of SRMNCAH programmes include stakeholder participation	Total number of countries
WHO region	AFR	62%	67%	98%	42
	AMR	62%	59%	83%	29
	EMR	53%	40%	80%	15
	EUR	46%	41%	64%	39
	SEAR	64%	55%	100%	11
	WPR	36%	29%	79%	14
World Bank income group	Low-income	66%	69%	97%	32
	Lower-middle-income	62%	62%	95%	39
	Upper-middle-income	59%	46%	88%	41
	High-income	34%	32%	53%	38
Global		55%	51%	83%	150

Table A.2.69. Participation of stakeholders in periodic reviews of SRMNCAH programmes, by WHO region and World Bank income group

		Ministry of Health	Other government organizations/sectors	H6 partnership organizations	Other implementing partners	Donors	Academia	Professional associations	Civil society	Private sector	Adolescents/young people	Total number of countries
WHO region	AFR	98%	91%	98%	79%	79%	83%	74%	88%	69%	69%	42
	AMR	83%	79%	76%	52%	28%	69%	66%	66%	48%	45%	29
	EMR	80%	73%	80%	73%	33%	67%	60%	67%	13%	20%	15
	EUR	64%	59%	41%	44%	21%	51%	62%	49%	23%	23%	39
	SEAR	100%	100%	100%	100%	82%	100%	82%	91%	73%	55%	11
	WPR	79%	71%	57%	71%	43%	36%	57%	50%	29%	36%	14
World Bank income group	Low-income	97%	91%	94%	91%	81%	88%	81%	94%	69%	69%	32
	Lower-middle-income	95%	85%	92%	82%	72%	74%	72%	77%	49%	44%	39
	Upper-middle-income	88%	83%	81%	54%	37%	68%	63%	66%	34%	44%	41
	High-income	53%	53%	29%	37%	0%	42%	53%	39%	29%	21%	38
Global		83%	77%	73%	65%	46%	67%	67%	68%	44%	43%	150

Table A.2.70. Areas addressed by national policies/guidelines to improve quality of care in SRMNCAH services, by WHO region and World Bank income group

		Sexual and reproductive health	Maternal health	Newborn health	Child health	Adolescent health	Average proportion of service areas included in national policies/guidelines	Proportion of countries with all service areas included in national policies/guidelines	Total number of countries
WHO region	AFR	60%	69%	69%	64%	64%	65%	52%	42
	AMR	79%	83%	83%	79%	79%	81%	76%	29
	EMR	87%	93%	93%	87%	67%	85%	60%	15
	EUR	67%	77%	79%	79%	59%	72%	51%	39
	SEAR	82%	91%	100%	100%	82%	91%	73%	11
	WPR	57%	57%	50%	57%	43%	53%	36%	14
World Bank income group	Low-income	66%	72%	72%	66%	63%	68%	53%	32
	Lower-middle-income	77%	85%	87%	87%	77%	83%	67%	39
	Upper-middle-income	76%	83%	83%	80%	63%	77%	56%	41
	High-income	58%	66%	66%	66%	58%	63%	53%	38
Global		69%	77%	77%	75%	65%	73%	57%	150

Table A.2.71. Availability of national quality of care steering committee/technical working group for SRMNCAH, by WHO region and World Bank income group

		National quality of care steering committee/technical working group for SRMNCAH	Total number of countries
WHO region	AFR	52%	42
	AMR	52%	29
	EMR	47%	15
	EUR	44%	39
	SEAR	82%	11
	WPR	43%	14
World Bank income group	Low-income	47%	32
	Lower-middle-income	67%	39
	Upper-middle-income	51%	41
	High-income	37%	38
Global		51%	150

Table A.2.72. Most commonly used data sources to compare national maternal, newborn, child and adolescent mortality rates to mortality rates in other countries, by WHO region and World Bank income group

		National health statistics	Civil registration and vital statistics	Population survey (e.g. DHS, MICS)	WHO website or reports	UNICEF website or reports	UN SDG website or reports	World Bank website or reports	UN Population Division website or reports	UNFPA website or reports	Institute for Health Metrics Global Burden of Disease	Countdown to 2030 website or reports	Total number of countries
WHO region	AFR	64%	14%	81%	69%	21%	7%	5%	0%	2%	5%	12%	42
	AMR	69%	62%	41%	72%	0%	10%	17%	7%	0%	3%	3%	29
	EMR	33%	20%	67%	67%	27%	40%	0%	7%	7%	7%	7%	15
	EUR	62%	44%	18%	69%	15%	10%	5%	3%	3%	3%	0%	39
	SEAR	55%	45%	91%	64%	0%	9%	9%	0%	0%	9%	9%	11
	WPR	50%	50%	50%	43%	21%	14%	14%	0%	7%	7%	0%	14
World Bank income group	Low-income	69%	13%	88%	66%	16%	9%	3%	0%	3%	3%	13%	32
	Lower-middle-income	54%	31%	72%	64%	26%	13%	5%	0%	5%	5%	8%	39
	Upper-middle-income	54%	46%	49%	68%	15%	15%	15%	5%	2%	5%	2%	41
	High-income	63%	55%	11%	68%	3%	13%	8%	5%	0%	5%	0%	38
Global		59%	37%	53%	67%	15%	13%	8%	3%	3%	5%	5%	150

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Annex 4: MCA Policy Tracking Survey Report

October 2017

Introduction

Under the Sustainable Development Goals (SDGs) and the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), all countries have committed to improving the health of women, children and adolescents via transformative multisectoral action to accelerate coverage of interventions, reduce gender and equity gaps, and improve quality of services. Achieving these goals will require the adoption and implementation of strong, evidence-informed and equity-focused policy areas spanning the continuum of care for reproductive, maternal, newborn, child and adolescent health (RMNCAH) reaching beyond traditional health system boundaries.

In 2017, the World Health Organization's Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA) decided to review and streamline its process for tracking RMNCAH policy areas and strategies as tracers for understanding the broader policy context related to health outcomes under Every Woman Every Child (EWEC). WHO will seek to use the data to stimulate global and national policy dialogue, linked with the development of country-specific investment plans, with accountability for accelerated progress towards the Global Strategy 2.0 goals and targets. The tracking initiative will be global in scope, with special attention to 81 low- and

middle-income countries accounting for the highest burden of maternal, newborn and child mortality.¹

To obtain expert advice on the content and utilization of the policy tracking, the MCA Department and the Department of Sexual and Reproductive Health and Research (SRH) established a Global RMNCAH Policy Reference Group (PRG), and called its first meeting in March 2017 to discuss which policy areas should be tracked. At that time, the PRG agreed that WHO should select 15–17 core policy indicators and monitor policy areas that:

- Speak to the Global Strategy targets and are universal (and some situational);
- Cover the continuum of care for women, children and adolescents;
- Cover health system building blocks (governance including accountability, legal rights, health financing, health workforce, commodities, health information, service delivery);
- Cover essential multisectoral (i.e. social) dimensions, including income, labour, education, discrimination, gender equality and basic needs.

¹ The 81 countries will also be the subject of Countdown to 2030: tracking progress in maternal, newborn and child survival.

Meeting participants agreed that these policy areas would be identified via a multi-step process: first, by agreeing on a framework to balance technical, health systems and social policy areas; next by conducting an online survey to allow PRG members to provide input on a suggested list; and finally by running a consultative process with PRG members and other stakeholders to reach consensus on a final set of policies to be tracked. This report conveys findings from the online survey, as an input into the ongoing process.

Methods

In July–August 2017 a survey was circulated via SurveyMonkey to the PRG, a group of experts constituted by WHO specifically to advise on RMNCAH policy, as well as a defined set of other RMNCAH experts. The online survey included questions about respondents' identity, institutional affiliation and areas of expertise, followed by a series of questions in which respondents provided recommendations about whether to drop, consider retaining or keep tracking specific RMNCAH policy areas; a final section of the survey asked respondents to list policy areas they felt were missing from the list.

Survey responses were compiled in an Excel spreadsheet at WHO headquarters in Geneva and analysed by an independent analyst in collaboration with WHO MCA Department staff in September 2017. Responses were analysed by reporting the number and percentage of respondents who said that WHO “must keep” tracking certain policy areas, categorized by respondent type. This decision was made, as only small numbers of respondents recommended that specific policy areas could be dropped (range: 0–2 “drop” answers from 12 PRG members, 0–3 “drop” answers from 20 other respondents); slightly higher numbers of respondents selected “consider retaining” (range: 0–5 for PRG members, 0–9 for other respondents). These results provided largely redundant information combined with the “must keep” option and therefore have been omitted for clarity and concision. Qualitative responses to open-ended questions were grouped in categories by policy area, edited for concision and tallied.

Results

Responses were received from 12 members of the PRG (75% response rate) and 20 other experts (23% response rate), a group that included WHO regional focal points, H6 technical working group members and other specialists, for a total of 32 completed surveys (see **Annex 1** for details). Respondents who were not members of the PRG generally advocated for inclusion of a larger number of policy areas than members of the PRG; however, both groups were far more likely to advocate for tracking policy areas than for dropping them.

Regarding the first set of proposed policy areas (**Table 1**), a majority of PRG respondents said WHO “must keep” 17 of 18 policy areas; super-majorities (more than 75% of respondents) said WHO “must keep” 8 policy areas. As for non-PRG respondents, a majority favoured keeping 16 of 18 policy areas, with 11 areas gaining support from more than 75% of respondents. Only one policy area had less than 50% of respondents in both groups saying WHO “must keep” it:

9. Review of national RMNCAH strategy and policy areas is required on an annual basis and provides for participation of civil society and other stakeholders.

Policy areas with the greatest support from the PRG (>75% respondents saying WHO “must keep” the policy area) are (N=8):

2. National legislation that recognizes universal coverage and access to essential health services and to essential medicines
3. Overall strategy or plan to improve RMNCAH that is aligned with SDGs targets and supported by adequate level of financial resources
4. Package of essential RMNCAH interventions and services is up to date and reflects WHO technical guidelines
7. National RMNCAH strategies and plans are linked with the health sector planning cycle and integrated within the overall health sector strategy

10. RMNCAH financial resources are tracked and annually reported on in disaggregated ways (per population group and per decentralized implementation area)

14. Standards for quality of care for RMNCAH are aligned with the national package of services for each level of care, and governance mechanisms for implementation are institutionalized

16. National Essential Medicines List includes life-saving commodities for RMNCAH interventions

17. Health information system disaggregates information by gender and age; civil registration and vital statistics (CRVS) systems are aligned with international standards

Regarding policy area #16, one respondent later said, “standards for essential medicines and procurement guidelines are still underdeveloped. It is one thing to identify an essential medicine, but ... [c]urrently the WHO pre-qualification process is insufficient to protect the health of those who need products, to ensure the availability of quality products and provide guarantees that the funds are invested wisely.”

Additional policy areas labelled as “must keep” by ≥75% of non-PRG respondents are (N=5):

1. National legislation that recognizes the right to the highest attainable standard of health

6. Emergency and humanitarian preparedness and response plans are in place, include provisions to address RMNCAH needs, and are supported by adequate level of financial resources

11. A national human resource strategy for the health sector has been developed and addresses health workforce requirements for RMNCAH

12. Roles and responsibilities of various

cadres of health workers are well defined and have taken consideration of evidence-based recommendations for task-sharing and/or delegation, including for community health workers

15. Infrastructure requirements for health facilities are well defined, including for safe and uninterrupted supply of water and energy, and sanitation.

The largest disagreements between PRG and non-PRG members (>15% difference in those responding WHO “must keep” a given policy area) were:

6. Emergency and humanitarian preparedness and response plans are in place, include provisions to address RMNCAH needs, and are supported by adequate level of financial resources (58% PRG, 75% non-PRG)

7. National RMNCAH strategies and plans are linked with the health sector planning cycle and integrated within the overall health sector strategy (91% PRG, 65% non-PRG)

11. A national human resource strategy for the health sector has been developed and addresses health workforce requirements for RMNCAH (73% PRG, 95% non-PRG)

15. Infrastructure requirements for health facilities are well defined, including for safe and uninterrupted supply of water and energy, and sanitation (64% PRG, 80% non-PRG)

18. An integrated national strategy for community participation and community-based health promotion has been developed (50% PRG, 68% non-PRG).

Table 1. Proposed RMNCAH policy areas to be tracked

Number and percentage of respondents saying the MCA Department “must keep” a given policy area (excludes those who stated they had no opinion)	PRG members Number (%)	Other experts Number (%)
A. Sections or articles in a State’s constitution or national legislation that		
1. recognize the right to the highest attainable standard of health	8/12 (67%)	15/20 (75%)
2. recognize universal coverage and access to essential health services and to essential medicines	8/12 (92%)	16/20 (80%)
B. Policy areas to ensure access to services and interventions for all women, children and adolescents		
3. Overall strategy or plan to improve RMNCAH that is aligned with SDGs targets and supported by adequate level of financial resources	11/12 (92%)	17/20 (85%)
4. Package of essential RMNCAH interventions and services is up to date and reflects WHO technical guidelines	9/12 (75%)	17/20 (85%)
5. Essential RMNCAH interventions and services are free of charge at the point of delivery	8/11 (73%)	12/20 (60%)
6. Emergency and humanitarian preparedness and response plans are in place, include provisions to address RMNCAH needs, and are supported by adequate level of financial resources	7/12 (58%)	15/20 (75%)
C. Policy areas to ensure accountability and participation in national strategy development, review and policy-making for women, children and adolescents:		
7. National RMNCAH strategies and plans are linked with the health sector planning cycle and integrated within the overall health sector strategy	10/11 (91%)	13/20 (65%)
8. Development of RMNCAH national plan provides for participation of civil society and other stakeholders	5/10 (50%)	11/18 (61%)
9. Review of national RMNCAH strategy and policy areas is required on an annual basis and provides for participation of civil society and other stakeholders	4/11 (36%)	8/20 (40%)
10. RMNCAH financial resources are tracked and annually reported on in disaggregated ways (per population group and per decentralized implementation area)	9/12 (75%)	13/20 (65%)
D. Policy areas that regulate a fit-for-context service delivery for women, children and adolescents:		
11. A national human resource strategy for the health sector has been developed and addresses health workforce requirements for RMNCAH	8/11 (73%)	18/19 (95%)
12. Roles and responsibilities of various cadres of health workers are well defined and have taken consideration of evidence-based recommendations for task-sharing and/or delegation, including for community health workers	8/11 (73%)	16/20 (80%)
13. An institutional mechanism for accreditation and certification of health-care providers is in place and functional and aligned with needs of service delivery for each cadre and level of the system	7/12 (58%)	9/20 (45%)
14. Standards for quality of care for RMNCAH are aligned with the national package of services for each level of care, and governance mechanisms for implementation are institutionalized	9/11 (82%)	17/20 (85%)
15. Infrastructure requirements for health facilities are well defined, including for safe and uninterrupted supply of water and energy, and sanitation	7/11 (64%)	16/20 (80%)
16. National Essential Medicines List includes life-saving commodities for RMNCAH interventions	12/12 (100%)	19/20 (95%)
17. Health information system disaggregates information by gender and age; civil registration and vital statistics (CRVS) systems are aligned with international standards	9/12 (75%)	16/20 (80%)
18. An integrated national strategy for community participation and community-based health promotion has been developed	6/12 (50%)	13/19 (68%)

Colour coding:

≥ 75% agreement
 ≥ 50% agreement < 75%
 < 50% agreement

The second section of the survey asked respondents who self-identified as experts in certain technical areas to opine on whether specific policy areas should be tracked by WHO, using the same standardized responses as in the first section. (Non-experts also answered these questions; these data are not presented here.) Given the small number of experts, the combined responses from PRG and non-PRG respondents are also presented (**Table 2**).

Generally there was quite a bit of disagreement between PRG and non-PRG experts, with PRG experts again more discriminating (i.e. recommending that a smaller total number of policy areas be retained by WHO). More than 75% of PRG experts agreed WHO “must keep” the following policy areas:

20. *Maternal/newborn health*: Enforcement of the International Code for Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions

22. *Child health*: Ratification of the Convention on the Rights of the Child, supported by regular review, reporting and action

28. *Reproductive health and family planning*: The right to information and provision of services with a good methods mix of contraceptives at key service delivery points by various sectors of society

29. *Reproductive health and family planning*: Legal status on the provision of abortion services

More than 75% of non-PRG experts additionally recommended including:

21. *Maternal/newborn health*: Maternal and perinatal surveillance and response is institutionalized and regulated

25. *Adolescent health*: School health policy areas in regards to health education and school health services

30. *Reproductive health and family planning*: Response to intimate partner violence and sexual violence against women

There was fairly widespread agreement among both groups that the following policy areas could be dropped:

23. *Child health*: Families to access time and resources to provide nurturing care for young children to support Early Childhood Development

26. *Adolescent health*: Regular adolescent-specific training for health providers in first-level facilities

27. *Adolescent health*: Laws and regulations that allow adolescents to seek health-related services without parental/spousal consent.

Table 2. RMNCAH policy areas by technical area

Self-defined experts' saying that the MCA Department "must keep" a given policy area (excludes non-experts and those who stated they had no opinion)	PRG members Number (%)	Other experts Number (%)	Combined total Number (%)
Maternal and newborn health			
19. Ratification of Maternity Protection Convention (2000, No. 183)	4/6 (67%)	8/12 (67%)	12/18 (67%)
20. Enforcement of the International Code for Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions	7/7 (100%)	10/13 (77%)	17/20 (85%)
21. Maternal and perinatal surveillance and response is institutionalized and regulated	5/7 (71%)	10/12 (83%)	15/19 (79%)
Child health			
22. Ratification of the Convention on the Rights of the Child, supported by regular review, reporting and action	6/8 (75%)	3/7 (43%)	9/15 (60%)
23. Families to access time and resources to provide nurturing care for young children to support Early Childhood Development	3/7 (43%)	2/6 (33%)	5/13 (28%)
Adolescent health			
24. Delivery of health services specifically for young people (ages 10–24)	4/8 (50%)	4/6 (67%)	8/14 (57%)
25. School health policy areas in regards to health education and school health services	5/8 (63%)	12/13 (92%)	17/21 (81%)
26. Regular adolescent-specific training for health providers in first-level facilities	3/8 (38%)	4/7 (57%)	7/15 (47%)
27. Laws and regulations that allow adolescents to seek health-related services without parental/spousal consent	0/7 (0%)	5/7 (71%)	5/14 (36%)
Reproductive health and family planning			
28. The right to information and provision of services with a good methods mix of contraceptives at key service delivery points by various sectors of society	5/5 (100%)	8/8 (100%)	13/13 (100%)
29. Legal status on the provision of abortion services	5/6 (83%)	7/12 (58%)	12/18 (67%)
30. Response to intimate partner violence and sexual violence against women*	8/12 (67%)	17/20 (85%)	25/32 (78%)
31. Addressing the needs of infertile couples	3/6 (50%)	7/12 (58%)	10/18 (56%)

* Disaggregation between experts and non-experts not available for this policy area.

Colour coding:

≥ 75% agreement
 ≥ 50% agreement < 75%
 < 50% agreement

Finally, the **third section of the survey** asked respondents to identify policy areas that were not among those suggested in the first two sections but were nonetheless important for WHO to track as part of its effort to monitor countries' policy environments with respect to targets and goals under the SDGs and the Global Strategy. Seven of 12 PRG members provided answers in this section, resulting in a total of 20 suggestions. However not all were specific policy areas (e.g. a suggestion to update EMONC indicators) and thus may not appear here. Ten of 20 non-PRG members answered, providing about 24 suggested additions (**Table 3**).

Respondents' suggestions were aggregated into a set of policy areas, the most frequently mentioned of which were: 1) accountability, 2) universal health coverage (UHC)/health financing, 3) decentralization, 4) multisectoral action, 5) equity. (There was some overlap between these categories, which were not always able to be clearly distinguished.) Specific suggestions were provided for all of these policy areas; some may be directly retained by WHO or used to replace polices suggested earlier in the survey. For example, one respondent discussing the importance of tracking financing policy areas for RMNCAH remarked of the following policy area, "often this just draws a blank":

10. RMNCAH financial resources are tracked and annually reported on in disaggregated ways (per population group and per decentralized implementation area).

The lack of appropriate financing policy areas was remarked on by a number of respondents. It was suggested that policy area #10 could be replaced by the following policy areas, or others referred to in annexes to the Global Strategy (see **Figure 1**):

- Institutionalization and remuneration of all health worker cadres, including community health workers;
- Policy areas on social protection, including health insurance and incentivization;
- Progressive universalism of health financing, with focus on worst-off groups and RMNCAH;
- Presence of national health accounts for financial tracking.

Respondents were particularly vocal about the under-representation of multisectoral action in the policy areas suggested to be tracked. As one respondent said, "There was substantial discussion at the Geneva meeting about [the social determinants of health] ... This is a grave omission, as they account for more than half of differences in RMNCAH. They are neither indicated here nor is there a clear mapping of how they are being collected by others." Others pointed out that multisectoral action is a priority under the SDGs and the Global Strategy, among other initiatives. Suggested policy areas to track included the existence of multisectoral governance mechanisms and/or joint monitoring, as well as specific policy areas outside the health sector (in education, water and sanitation, policy areas against early/forced marriage, etc.).

Finally, many respondents mentioned a need for greater integration among RMNCAH programmes and policy areas, both at global level and within countries. One typical comment: "Integrated support to the development and implementation of national health strategies [is needed] to avoid duplication and fragmentation." This is included here as a general comment on WHO's policy work, rather than a specific policy area to be tracked.

Figure 1. Table on health financing areas from Annex 3 of the Global Strategy

Health Sector Investment Area	Policy on:
Financing	<ul style="list-style-type: none"> • Adequate fiscal space for health generally and women's, children's and adolescents' health specifically • Sustainable financing of women's, children's and adolescents' health with effective and efficient use of domestic and external resources • Financing compacts between country governments and all major development partners • Annual tracking and reporting of total health expenditure by financing source, per capita; and total reproductive, maternal, newborn, child and adolescent health expenditures by financing source and per capita

Table 3. Responses to open-ended survey question –
Missing RMNCAH policy areas that should be tracked

Policy area	Suggested policy areas	Rationale	# of mentions
1. Accountability	<ul style="list-style-type: none"> • Existence of an independent national accountability mechanism; • Availability of public information systems on national RMNCAH resource commitment and performance; • Community participation in accountability mechanisms; • Institution of annual review of performance and planning in all areas of RMNCAH; • Governance of development assistance for RMNCAH.* 	<ul style="list-style-type: none"> • Accountability is a central and defining feature of the new Global Strategy and key to its successful implementation. Ideally we want to see some policy statement to this effect, and a means for operationalizing and financing it. • In the proposed policy areas, there is some reference to accountability but not an independent accountability mechanism clearly linked to systems of remedy and redress. 	5 PRG 1 other
2. UHC and financing	<ul style="list-style-type: none"> • Guaranteed minimum package of RMNCAH services; • Institutionalization and remuneration of all health worker cadres, including community health workers; • Policy areas on social protection, including health insurance and incentivization; • Progressive universalism of health financing, with focus on worst-off groups and RMNCAH; • Presence of national health accounts for financial tracking. 	<ul style="list-style-type: none"> • A guaranteed minimum package could be used to track UHC and/or financing for health services. • Institutionalization of health workers is key to ensuring UHC in resource-poor settings and to realizing potential of CHWs. • Social protection/health insurance is key in emerging middle-income countries, where 73% of the poorest globally live. • Options for financing UHC are not yet clearly articulated. • Should select a policy area to replace #10 on disaggregated RMNCAH financing, as often this just draws a blank. • The shortfalls in funding for health goals are well documented. Need to ensure investment in health. 	5 PRG 3 others
3. Decentralization	<ul style="list-style-type: none"> • Existence of subnational plans for countries with large populations/devolved systems; • Policy areas on local governance in health; • Legislative or decentralized health sector mandate for health committees. 	<ul style="list-style-type: none"> • Mainly policy areas at the national level have been addressed; however, especially in very decentralized health systems, policy areas on local governance are equally important. • Given increasing decentralization, should include subnational implementation plans (with community participation) to show how national plan is cascaded down. 	3 PRG 1 other

Policy area	Suggested policy areas	Rationale	# of mentions
4. Multisectoral policy areas	<ul style="list-style-type: none"> Existence of multisectoral governance arrangements/strategies/action plans; Relevant policy areas in other sectors with direct bearing on RMNCAH, e.g. education (school enrolment), water and environment (safe water coverage and sanitation), agriculture (food security), policy areas protecting women and girls from early/forced marriage, prevention and response to violence and injury, protection of children of incarcerated mothers or those living in institutions Joint monitoring across sectors of impact of policy areas on RMNCAH, especially of policy areas beyond the health sector, with accountabilities clear for each sector. 	<ul style="list-style-type: none"> Impacts in RMNCAH often lie outside the health sector, yet we have no way to track enabling policy environments for multisectoral cooperation. A multisectoral approach is key to drive achievement of SDG RMNCAH targets. Multisectoral collaboration is being currently pushed through the SUN movement and all UN agencies. 	5 PRG 3 others
5. Equity	<ul style="list-style-type: none"> Pro-poor policy areas such as conditional cash transfers targeting bottom quintile(s); Fee exemption policy for caesarean section in public maternity hospitals; Ensure EMONC services meet needs of population. 	<ul style="list-style-type: none"> Focus on the poor/equity is a crucial objective of the SDGs and the Global Strategy 2.0. Financial barriers are an important obstacle to access to emergency obstetric care and contribute to the too-slow reduction in maternal mortality. 	1 PRG 2 other
6. Nutrition	<ul style="list-style-type: none"> Prevention/management of malnutrition for at least U-5 after breastfeeding period; Fetal development + prevention of anaemia and other adverse conditions in pregnant women and girls. 	<ul style="list-style-type: none"> Nutrition is a key underlying risk factor throughout the RMNCAH spectrum. 	2 other
7. Quality of care	<ul style="list-style-type: none"> Policy on client-centred care; Policy on management of medical waste. 	<ul style="list-style-type: none"> This is an integral part of the WHO quality of care framework. Medical wastes need to be managed properly. 	2 other
8. HMIS	<ul style="list-style-type: none"> Policy areas on more robust information systems, beyond disaggregation, moving towards adapting geographic identifiers and linking data between diverse information systems, not merely on disease but wellness as well. 	<ul style="list-style-type: none"> Health will be increasingly data driven. Reliance on antiquated systems of reporting is no longer an option. Health information systems need to keep abreast of the need for data, evidence and decision-trees to facilitate sound policy-making. 	1 other
10. Family planning	<ul style="list-style-type: none"> Inclusion of rights and legislation addressing access to information about family planning methods and infertility care for boys and men. 	<ul style="list-style-type: none"> Men's exposure to family planning information promotes their involvement in decisions and facilitates adoption of modern methods. In case of infertility, this disease cannot be addressed properly if the male partner is ignored. 	2 other

* This would not be tracked at country level but is included here for consideration by WHO.

Conclusions

The results of this survey reveal a certain degree of heterogeneity in respondents' opinions about which policy areas should be tracked by WHO. Interpretation of results will depend on the weight given to the opinions of PRG members with respect to non-PRG members, as these two types of respondents were not always in agreement. Generally, PRG members recommended retaining a smaller number of policy areas than other respondents, likely reflecting a consciousness of the need for parsimony in the final list.

Next steps for using these survey results might include creating a list of:

- Policy areas from section 1 that $\geq 75\%$ of PRG members said WHO "must keep" (N=8);

- Policy areas from section 2 that $\geq 75\%$ of technical area experts said WHO "must keep" (N=5);

- Selected policy areas from section 3 that complement the above list (N=2–4).

This would result in a list of 15–17 policy areas, as recommended by the PRG at the March meeting (see **Annex 2** for an example). Alternatively, a slightly larger list could be compiled by lowering the threshold of agreement (e.g. to $\geq 66.6\%$) and then editing the resulting list to reach the desired number of policy areas. In any case, reference should be made to the PRG's established criteria for policy areas to be monitored, reproduced in **Figure 2**.

Figure 2. Criteria for policy areas to be monitored

- Definable, linked to an outcome
- Actionable
- Aligned with global evidence-based recommendations or normative guidance
- Annotatable with selected implementation measures
- Collectable in a reliable and valid way
- Universality (if possible)

Source: Report, 1st PRG meeting (Geneva, 1–2 March 2017).

Annex 1 – Methodology

Table A1. Response rate of survey participants

Type of survey participant	Number invited	Number responded	% responded
PRG members	16	12	75.0
WHO regional focal points	48	12	25.0
H6 technical working group members	26	3	11.5
RHR experts	14	5	35.7
Total	104	32	30.8

Table A2. Background characteristics of survey respondents

Characteristics	Number	%*
1. PRG member	12	37.5
2. H6 technical working group member	3	9.4
3. Organizational affiliation		
WHO	13	40.6
Academic Institution	6	18.8
NGO	4	12.5
UNICEF	3	9.4
Government	3	9.4
UNAIDS	1	3.1
Other (former WHO and BMGF)	2	6.3
4. Areas of expertise		
Reproductive health	18	56.3
Maternal health	16	50.0
Newborn health	16	50.0
Child health	15	46.9
Adolescent health	14	43.8
Family planning	13	40.6
Health systems	15	46.9
Health policy	14	43.8
Monitoring and evaluation	11	34.4
Research	12	37.5
Total respondents	32	100

* Percentages may not add up to 100% due to rounding.

Annex 2 – Proposed list of policy areas for tracking

Policy area	Selection criteria
Section I – Proposed RMNCAH policy areas to be tracked	
1. National legislation that recognizes universal coverage and access to essential health services and to essential medicines	≥75% of PRG members said WHO “must keep”
2. Overall strategy or plan to improve RMNCAH that is aligned with SDGs targets, and supported by adequate level of financial resources¹	
3. Package of essential RMNCAH interventions and services is up to date and reflects WHO technical guidelines¹	
4. National RMNCAH strategies/plans are linked with the health sector planning cycle and integrated within the overall health sector strategy	
5. RMNCAH financial resources are tracked and annually reported on in disaggregated ways (per population group and per decentralized implementation area)	
6. Standards for quality of care for RMNCAH are aligned with the national package of services for each level of care, and governance mechanisms for implementation are institutionalized²	
7. National Essential Medicines List includes life-saving commodities for RMNCAH interventions	
8. Health information system disaggregates information by gender and age; civil registration and vital statistics (CRVS) systems are aligned with international standards.	
Section II – RMNCAH policy areas by technical area	
9. Enforcement of the International Code for Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions	≥75% of technical area experts said WHO “must keep”
10. Maternal and perinatal surveillance and response is institutionalized and regulated	
11. School health policy areas in regards to health education and school health services	
12. The right to information and provision of services with a good methods mix of contraceptives at key service delivery points by various sectors of society³	
13. Response to intimate partner violence and sexual violence against women.	
Section III – Missing RMNCAH policy areas that should be tracked	
14. Existence of subnational plans for countries with large populations/devolved systems	Complementary to policies listed above
15. Existence of an independent national accountability mechanism [with community participation]	
16. Existence of multi-sectoral governance arrangements/strategies/action plans	
17. Progressive universalism of health financing, with focus on worst-off groups.	

1 Suggestion to include a guaranteed minimum package of RMNCAH services.

2 Could include link to policy on client-centred care.

3 Some respondents said this policy area should include reference to men's right to access to information.