Report of the Webinar on
Strengthening National Technical Advisory Group (TAG) for sustaining and accelerating RMNCAH agenda and maintaining essential health services during the pandemic

30-31 March 2022
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Background

A webinar was held from 30-31 March 2022, to strengthen the National Technical Advisory Group (TAG) for sustaining and accelerating RMNCAH agenda and maintaining essential health services during the pandemic.

The RMNCAH programme managers from the Ministries of Health of Bangladesh, Bhutan, India, Indonesia, Nepal, Sri Lanka, Timor Leste, WHO Country Offices, SEARO, headquarters and UN staff from respective countries participated in the Webinar. Presentations were made by programme managers from Ministries of Health, WHO SEARO and headquarters. Approximately 150 number of participants attended the webinar each day.

Objectives

The objectives of the Webinar were:

General

• To assess the progress of the establishment of the Technical Advisory Group (TAG) for RMNCAH in the Member States of SEAR

Specific

• To map the availability and functionality of TAG for RMNCAH or TWG for RMNCAH in the Member States
• To share the lessons learned with regard to functional TAGs in selected Member States
• To share lessons learned from national TWGs/similar technical groups created during COVID-19, their role and effectiveness during the pandemic in the three investment project countries (Bangladesh, Nepal and Timor-Leste)
• To share a case study on successful TAG, such as the National Immunization Technical Advisory Group (NITAG)
• To discuss strategies to strengthen the role of RMNCAH TAG during and beyond the pandemic through policy dialogue.

Technical Sessions

Inaugural session

The Webinar was inaugurated by Dr V.K Paul (SEAR TAG chair) along with Dr Neena Raina), Director a.i, Department of UHC/ Family Health (FGL), SEARO.

After the warm welcome to all participants by Dr Neena Raina, Director a.i, Department of UHC/ Family Health (FGL), SEARO, the objectives of the Webinar were shared. The SEAR TAG on women's and children's Health (WCH) is one of the first to be globally established and was an initiative of the Regional Director (RD) SEARO to support the Regional Flagship Programme - acceleration of achieving SDG goals related to RMNCAH- one of the Flagship programmes of the RD. The Regional TAG has emphasized the creation of national TAGs from 2018. The RD has taken actions to promote the same, the latest being the letters to honorable Ministers of Health in the Region about creating national TAGs for RMNCAH. The chair of SEAR TAG, Dr Vinod K Paul (Member of NITI Aayog, GoI), appointed in 2015 in guiding the seven TAG meetings,
was acknowledged. The contributions of Dr Rajesh Mehta, former Regional Advisor, Newborn, Child and Adolescent Health, were also recognized. The Chair of SEAR TAG, Dr Vinod K Paul, highlighted the relevance of national TAGs for RMNCAH in increasing the visibility of MNCAH in achieving the SDG targets while competing with so many other health targets in the context of dwindling resources for Health, its role in continuing MNCAH services during public health emergencies as was evident from the ongoing COVID-19 pandemic, its role as a catalyst for change in countries for achieving women's and children's health goals through support to countries to adapt and adopt evidence-based interventions and action plans and overseeing the progress of processes and outcome targets and providing solutions to make women's and children's Health a success. The need for financial investments in the efficient functioning of TAG was emphasized.

Technical Advisory Groups in SEAR

The presentation of SEAR TAG on Women's and Children's Health covered the following. The Regional TAG for WCH, established in 2015, is the first to be globally established to support the Regional Flagship Priority 3 related to acceleration of achieving SDG goals related to RMNCAH. A sub-TAG on SRHR was created in 2019 to increase the focus on comprehensive abortion care, family planning and cervical cancer. The Terms of Reference (TOR) of the SEAR TAG and its membership was described. One of the key activities of the TAG is to support countries to create national TAGs for RMNCAH and has been a strong recommendation of the TAG since 2018.

SEAR TAG on Immunization (SEAR ITAG) was created in 2016. The presentation pointed out that all the Member States have National TAGs for Immunization (NITAG) and all except one are funded from national budgets. The 70th WHA resolution (2017) urged member states to strengthen national processes and advisory bodies for independent, evidence-based, transparent advice and urged WHO to support NITAGs. NITAG is one of the most effective national advisory committees globally. Some of the key lessons learned from the NITAG are its membership with only core members (national experts) allowed to vote on decisions and the use of indicators for monitoring the functioning of the TAG such as formal TOR, legislative mandate (Ministerial Decree), regularity of meetings, no conflict of interest, etc. All member states meet the criteria. The NITAGs work closely with the regional ITAG and report regularly. External evaluation of the TAG is another significant factor that contributes to the success.

The presentation on WHO Strategic and Technical Advisory Group of Experts (STAGE) for MNCAH and Nutrition pointed out that the STAGE recommended strongly that support should be provided to MOH to establish national and subnational advisory groups for RMNCAH. Key recommendations related to the establishment of national TAGs included the creation of the national TAG within the national regulatory structure for the credibility of its recommendations and accountability. The recommendations on the role of national TAGs included support for planning, data collection for decision making, dissemination of evidence-based guidelines, quality improvement and advocacy for budget allocation for MNCAH. With regard to membership, the STAGE highlighted the need for intellectual independence, lack of conflict of interest and allowing for a range of perspectives.

Availability of national TAGs for RMNCAH in the Region and country examples

Among the Member States that have a functioning TAG for RMNCAH or a similar mechanism includes India, Myanmar, Nepal and Sri Lanka. None of the TAGs are independent All TAGs are led by Ministries of
Health, multisectoral participation, majority meet quarterly; none have the independence as NITAG and receive any financial support. Some Member States have Technical Working Groups (TWGs) – Indonesia, Myanmar, Nepal, Sri Lanka – on various thematic areas under RMNCAH and in Timor Leste- TWGs for MNCAH and adolescents & youth. Timor Leste is advocating for the creation of a TAG for RMNCAH. Other countries have technical core committees or advisory committees. All committees played an active role in the continuation of MNCAH services during COVID. In Nepal, a special TWG – the RH sub-cluster created during the earthquake- was reactivated. (Annex 2) The importance of the link between TWGs and TAG and inter-departmental collaboration was demonstrated through examples of Myanmar and Sri Lanka. The TOR suggested for national TAGs cover governance, coordination among different programme managers, decision making/advocacy, policy/strategy guidance and monitoring implementation. Suggested members include Chairperson, ideally a reputed expert in RMNCAH who can provide programmatic guidance, subject experts and public health experts, professional associations, academic institutions, UN and developmental partners and MOH senior officials in RMNCAH as ex-officio members.

Country examples of TAGs in India and Sri Lanka were presented. Both are led by MOH officials and have taken important policy decisions and have played a critical role during COVID in developing guidance for continuation of MNCAAH services. The National Committee on Family Health- (TAG for RMNCAH) played a leading role to advocate for the vaccination of pregnant and lactating women and breastfeeding during COVID, the availability of human resources and supplies. The TAG in India had taken key policy /strategic actions such as MTP rules amendment act and integrated counselors’ manual. India has three sub-TAGs - youth, RMNCAH technical resource group, MTP Rules committee and Gender technical resource group. The National Committee on Family Health (TAG for RMNCAH) in Sri Lanka is linked to other advisory committees such as for communicable diseases and school health. An analysis of the members’ interest in RMNCAH compared to their position in MOH hierarchy showed that the higher-level decision-makers have less interest in RMNCAH. Key decisions taken by the TAG are human resources for RMNCAYH, school health, child health, hospital-based HIS and establishing a hotline for victims of gender-based violence. Though the TAG functioned regularly and effectively, few gaps were identified that included lack of representation of clients/public in the TAG, exclusion of TAG in some decision-making, ability to influence financial allocations for policies and the lack of evaluation since its inception in 2007.

Bhutan and Indonesia participated in a panel discussion on the status of functioning advisory structures related to RMNCAH. Bhutan currently has a TAG for child health which has the potential to be expanded to RMNCAH TAG. Indonesia has a high-level working group, created by a Ministerial Decree, under the leadership of the Director-General of Community health and guided by a high-level steering committee. Four working groups under the TWG is responsible for Policy and Advocacy, Quality Improvement, Partnership and Community Empowerment, Surveillance, Monitoring, and Evaluation. The main achievements of the working group are development of a draft Presidential Decree for maternal mortality and infant mortality reduction, an application for referrals, an electronic record for MCH and a Ministerial Decree for local area reduction of maternal mortality and infant mortality.
RMNCAH TWGs or technical groups created especially during COVID in Bangladesh, Nepal and Timor-Leste (WHO' investment project' countries)

Bangladesh did not create a specific TWG for RMNCAH during the COVID-19 pandemic. RMNCAH services are covered by the National Core Committee on Essential Services under the Directorate General of Health Services (DGHS). The Committee is linked to the National Advisory Committee for COVID-19. The Committee's scope of work includes planning, policy formulation, coordination, and supervision for ensuring MCH services. The Committee has not been meeting regularly but has accomplished the continuation of MNCAH services at all levels, especially hard to reach and remote areas, continued routine immunization services, and ensured supplies and medicines at all levels. The Directorate General of Family Planning (DGFP) is not represented in the Committee. The Directorate had issued directives to provide short acting and long-acting family planning methods through alternate platforms. The way forward recommended support for functionalization of the Committee, coordination with stakeholders and formation of a TAG for RMNCAH to provide policy directions that will meet regularly and coordinate with the existing Technical Committees related to RMNCAH.

Nepal had reactivated its RH sub-cluster to respond to the RMNCAH service needs and ensure continuation. The RH sub-cluster of Nepal is globally recognized as a unique structure. It is led by the Director of Family Welfare Division and is linked vertically to the Incident Command System and Health Emergency Operation Centre and to provincial directorates and horizontally with other divisions of MOHP such as logistics management and health management information system. The sub-cluster meets regularly. Besides taking leadership in developing guidelines for continuation of RMNCAH services, mapping of partners that helped to coordinate the activities and avoid duplication, monitoring of continuation of services and supplies, provision of supplies for longer duration (oral contraceptives and iron and folic acid), coordination with local governments to help access of pregnant mothers to facilities for delivery during lock down, dissemination of IEC materials for COVID-19 prevention during pregnancy and lactation, facilitation through partners for establishment of helplines and tele-counselling, digital apps for registering and supporting pregnant mothers and home-based medical abortion services. The challenges included the diversion of health staff, shortage of supplies due to delayed procurement at provincial level, mobility of clients to seek care and timely utilization of data. The lessons learned include the prioritization of MNCH as an essential service, governance role of RH sub-cluster in coordinating and facilitating actions to maintain RMNCAH services and promoting digital platforms for delivery of services and training while facilitating decisions through its link with incident management committee.

Timor-Leste activated its existing TWG for MNCAH to maintain RMNCAH services during the pandemic. It is linked to the Health Executive Committee that is in response to COVID 19 pandemic. The Committee meets regularly. Its accomplishments include guidelines on management of COVID-19 in pregnancy and children, strengthening isolation centers for MNCH, development of protocols on antenatal, intrapartum and immediate postpartum care for mothers with COVID-19, guidelines for maintaining routine RMNCAH, nutrition and immunization services during COVID-19 and advocacy for vaccination of pregnant and lactating mothers which was implemented through NITAG and community outreach in municipalities with low service coverage. Since February 2021, the Ministry of Health has established the Adolescents and Youth as a stand-alone department within the Saude na Familia Directorate with a membership of other four departments of MCH, Nutrition, communicable diseases, non-communicable diseases and health
promotion and education within the Ministry of Health along with UN agencies including WHO, UNFPA and UNICEF and International and national NGOs within the Adolescent health focus areas. For Elderly Health, there has not been a working group established, however, it is embedded within the NCD department program implementation.

**Policy dialogue under TWGs/TAGs**

Experiences of policy dialogue in investment project countries and capacity building initiatives of SEARO MCA unit

The importance of the establishment of National TAGs for MNCAH for policy dialogue as well as the challenges in establishing such a body were highlighted in the presentation by HQ staff. The presentation identified specific roles for TWG for RMNCAH – to be led by MOH with adequate stakeholder representation. Roles include coordination, harmonization and alignment; strategy development and implementation and accountability; facilitation of technical development and operationalization and facilitation and coordination with related working groups (specific thematic working groups or Global Financing Facility). For TAG, the members should be independent, merit-based experts. The roles identified are advice on evidence, strategy and policy, and governance with accountability power. Capacity building initiatives of SEARO for policy dialogue under the SRHR project were presented. The process involved and the final list of draft policies were shared. The list of draft policies developed by Member States have the potential to be further developed by National TAGs where they exist or when established in future.

**Use of data for action during the pandemic**

Using MNCAH data for decision making during the pandemic

The WHO headquarters presentation highlighted the various steps in identifying and interpreting COVID-19 related changes to MNCAH services. The key principles of analysis and interpretation include monitoring indicators over time to compare trends for the same periods, reviewing reporting completeness and timeliness, adding contextual information such as dates of key events (example. lockdown) and historical availability and the format of the data (example. counts or percentages, disaggregation, etc.). The role of data to inform decisions and that it is a continuous process was highlighted. It was also recommended that once data is collected and analyzed, an explanation for results should be identified, stakeholders should be identified, and decisions and plans of action should be documented and continuously monitored.

Monitoring using HMIS data during pandemic and use of data for policy dialogue – Challenges and way forward

The three WHO investment project countries presented their experiences with monitoring the continuation of services during the pandemic through routinely collected RMNCAH indicators. In general, all three countries showed a decline in coverage in 2020 with a slight increase in 2021, but less than the coverage in 2019. In Bangladesh, the coverage of facility births and oral contraceptives was lower in 2021 compared to 2020 and 2019. In Nepal, routine monitoring using HMIS data showed that coverage of ANC, institutional deliveries, post-abortion care, and injectable contraceptives have reached 2019 levels and have increased more than the 2019 levels in the latter half of 2021. In Timor Leste, monthly data for the last quarter of 2020 and 2021 was not available for family planning and child health indicators. ANC
coverage, facility births and postnatal visits showed improvement. The major concern was the increase in maternal deaths, stillbirths and newborn deaths in the latter half of 2021 compared to 2020 and 2019, and an in-depth review is being done. In Nepal, in addition to HMIS, data was also collected through assessments of SRMNCAH services, maternal death surveillance and response, and monitoring of supplies and commodities through e-LMIS and KOBO tools introduced to map partners' activities. In Bangladesh, the DGFP issued guidance to improve FP method use especially long acting and permanent methods, through the camp approach. In Nepal, the shortages of oral contraceptives and injectables were reported through e-LMIs and action was taken. Similarly, the identification of PPH as a major cause of maternal death led to the development of an action plan which is being implemented. In Timor Leste, the protocols for antenatal, intra-natal and postnatal care were developed; the scope and coverage of maternal and perinatal death surveillance and birth defects were accelerated; and standardized FP services were developed. All the countries faced challenges with regard to the completeness of data, timeliness and quality of data. Lack of indicators on adolescent health service use, gender-based violence and ageing population, information on COVID positive pregnant women and newborns, and human resources were other gaps. In Bangladesh, a specific challenge is the data reporting on similar indicators by DGHS and DGFP, which could create duplication of data, and availability of data from urban areas and the private sector. A few of the suggestions from the three countries for the way forward included improving the completeness, timeliness and quality of data, inclusion of indicators for adolescent health service, gender-based violence and services for an aging population. Bangladesh recommended the alignment of data from DGHS and DGFP and the collection of urban and private sector data. Timor Leste recommended strengthening the maternal and newborn surveillance system.

**Closing session**

The Director closed the session by thanking all the partners. The importance of establishing national TAGs was reiterated. The importance of learning lessons from countries with functioning TAGs and NITAGs in their own countries was mentioned. SEARO's interest in assisting countries with funding for establishing the TAG was mentioned. The importance of monitoring, adhering to international definitions for indicators and taking action also was emphasized.
Annexes

Annex-1: Agenda

**Day 1: Technical Advisory Group for RMNCAH**

**Opening session**
- Welcome remarks, objectives, and background of SEAR-TAG
- Inaugural Address

**Session 1: Technical advisory groups in SEARO**
- Brief presentation on SEARO TAG including SRHR sub-TAG for women and children: Inception, process and progress
- Immunization TAGs in SEAR:
- Achievements, success factors and remaining challenges
- Global perspectives (STAGE)

**Session 2: Mapping the availability and functionality of TAG for RMNCAH or TWG for RMNCAH in the Member States**
- Status of RMNCAH TAG/TWG in the Member States and Expected role of national TWGs/TAGs on RMNCAH
- Reproductive Health TAG and thematic TWGs in India
- RMNCAH TAG and TWGs in Sri Lanka
- Moderated panel discussion on pre-pandemic policy and advisory structures for RMNCAH in Member States and any future plans
- Q/A and Discussions
- Closure

**Day 2: Role of RMNCAH TAG in evidence-based policy dialogue**

**Session 1: Policy dialogue under TWGs/TAGs**
- Summary of Day 1
- RMNCAH TWGs or technical groups created especially during COVID (10 minutes each)
- Clarifications with lessons learned
- Q/A and Discussions
- Experience of policy dialogue in investment project countries including examples using TAG
- Experience with training on policy dialogue through Regional SRH Project
- Q/A and Discussions
- Use of data for action during the pandemic
- Monitoring using HMIS data during pandemic and use of data for policy dialogue – Challenges and way forward
- Q/A and Discussions
- Closing session
Annex 2: Description, Availability, and functioning of RMNCAH TAG and TWG in SEAR based on country reported data in 2021 and validated in 2022

### Description of the Technical Working Groups

<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
<th>Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAN</td>
<td>Nine TWC/core committee (CC)/Technical committee (TC)</td>
<td>TXG on accelerating of maternal and infant mortalities</td>
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<tr>
<td>BHU</td>
<td>child Advisory group</td>
<td>No update</td>
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<tr>
<td>IND</td>
<td>MTP rules committee (2021) TRGs on RMNCAH, Jan-Aug 2021 &amp; Gender Dec 2021</td>
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<tr>
<td>INO</td>
<td>TWG on accelerating of maternal and infant mortalities</td>
<td>4 sub TWGs: Policy and advocacy, Service quality improvement, Partnership and community engagement, Surveillance, Monitoring and Evaluation</td>
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<tr>
<td>MAV</td>
<td>No update</td>
<td>• RH TWG</td>
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<tr>
<td>MMR</td>
<td>• FP TWG</td>
<td>• Child Health TWG</td>
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<tr>
<td>NEP</td>
<td>Adolescent and Youth Health TWG</td>
<td>Safe motherhood sub-committee</td>
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<tr>
<td>SRL</td>
<td>1. Technical advisory committee on Maternal Health and Family Planning (TAC MH/FP)</td>
<td>FP sub-committee</td>
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<tr>
<td>TLS</td>
<td>TWG on MCH (covers FP) (AH not included)</td>
<td>ARH sub-committee, RH morbidities sub-committee</td>
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</table>

**Multipurpose Development Strategy and Research (MPDSR)**

**Obstetric fistula**

- (no information), IMCI (DGHS)
- FPCC
- 3 on immunization

**TWG on accelerating of maternal and infant mortalities**

- 4 sub TWGs: Policy and advocacy, Service quality improvement, Partnership and community engagement, Surveillance, Monitoring and Evaluation

**TWG for Adolescents and Youth**

- (by the newly created stand-alone department within the Saude na Familia Directorate in Feb 2021)
- The first TWG meeting was held on August 4th, 2021
- *Members include MCH, Nutrition, CDD and NCD, health promotion and education along with UN agencies and other international and national NGOs working on adolescent health*
- Members include Head of HMIS, policy planning, M&E, programme officers, UN and INGOs and NGOs
<table>
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<tr>
<th>Country</th>
<th>Frequency</th>
<th>Last Meeting</th>
<th>Frequency</th>
<th>Last Meeting</th>
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<tr>
<td>BAN</td>
<td>No specific responsibility; members part of national core committee on essential services under which RMNCAH is included</td>
<td>None</td>
<td>Not known</td>
<td>Frequency quarterly</td>
<td>No info</td>
<td>No info</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Reactivated TWG on MCH</td>
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<tr>
<td>BHU</td>
<td>Frequency quarterly for most 6m IMCI EOC CC and TC NB met in 2021</td>
<td>Frequency Annual Met in 2019</td>
<td>Not known</td>
<td>Frequency quarterly</td>
<td>3 meetings held in 2020, none in 2021 due to change in Govt</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>No info</td>
<td>None</td>
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<tr>
<td>IND</td>
<td>None (separate national advisory group for technical advice)</td>
<td>Provided support on the development of the guideline on management of COVID-19 in pregnancy, delivery, postpartum and infants, vaccination</td>
<td>Through RH sub-cluster and EHS pillar</td>
<td>Through RH sub-cluster and EHS pillar</td>
<td>No info</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>INO</td>
<td>- Last meeting was in Dec 2020. Additionally, each sub TWG involves directly in national meeting related to MCH programmes</td>
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<tr>
<td>NEP</td>
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<td>Need-based</td>
<td>No meeting in 2020, 2021 (decisions through RH-subcluster created for emergencies)</td>
<td>Through RH sub-cluster</td>
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[9]
## Availability of national Technical Advisory Group (TAG) /Technical Working Group (TWG) on RMNCAH or other topics

<table>
<thead>
<tr>
<th>Country</th>
<th>TAG / TWG Existence</th>
<th>Chair and Members</th>
<th>Main Work</th>
<th>To Provide Policy and Strategic Guidance</th>
<th>Integration of Service Delivery</th>
<th>Highest Level Policy Making Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAN</td>
<td>No RMNCAH TAG</td>
<td>Chaired by national referral hospital and members include programme officers of RMNCAH, HOD paediatrics of a national referral hospital</td>
<td>No TOR</td>
<td>Technical guidance on promoting innovation and universal access to high-quality reproductive health through</td>
<td>Contribute to maternal and infant policies; provide input on policy formulation</td>
<td>No specific ToR. To oversee the overall implementation of the RMNCAH activities within the Ministry of Health</td>
</tr>
<tr>
<td>BHU</td>
<td>No RMNCAH TAG</td>
<td>Chaired by Addl. Sec and mission director NHM, joint secretaries under NHM, advisor FP and MH, state NHM directors, representation of NHSRC, ICMR, AIIMS, IIPS, RGI, INC, FOGSI, FPAL, H6, Convener: WR India</td>
<td>Yes, for SAMARTH project (Sustain, Accelerate, Mainstream: Access to Reproductive Health through Health Systems) but has wider advisory role</td>
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<tr>
<td>IND</td>
<td>Nine WG exists</td>
<td>Chaired by Director General of Public Health, Vice-Chairman by Director General of Health Services, secretaries by Secretaries of Directorate General of Public Health</td>
<td>Chaired by DDG (RMNCAH/SH/N) and core members include directors of allied departments of health, UN, INGOs, MMA, MCWA</td>
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<tr>
<td>INO</td>
<td>No TAG RMNCAH</td>
<td>Chaired by Secretary, members include Director-General HS, Joint Secretaries of WCD, education, NMC, NNC, Health professional council, legal officer, 2 representatives of institutions (nominated), NVHA, Director FWD</td>
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<tr>
<td>MAV</td>
<td>No TAG RMNCAH</td>
<td>Chaired by DDG (RMNCAH/SH/N) and core members include directors of allied departments of health, UN, INGOs, MMA, MCWA</td>
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<tr>
<td>MMR</td>
<td>No TAG RMNCAH</td>
<td>Chaired by Secretary, members include Director-General HS, Joint Secretaries of WCD, education, NMC, NNC, Health professional council, legal officer, 2 representatives of institutions (nominated), NVHA, Director FWD</td>
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<tr>
<td>NEP</td>
<td>Yes RMNCAH TAG</td>
<td>Chaired by Secretary MOH, representation of senior officials of MOH, MOE, Finance, Western Province, DGHS, PH, provincial director, national programme managers, etc., UN and World Bank</td>
<td>Yes RH coordination committee (mandated by SM and RH act)</td>
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<tr>
<td>SRL</td>
<td>No TAG RMNCAH</td>
<td>Chaired by Secretary MOH, representation of senior officials of MOH, MOE, Finance, Western Province, DGHS, PH, provincial director, national programme managers, etc., UN and World Bank</td>
<td>Yes National Committee on Family Health</td>
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<tr>
<td>TLS</td>
<td>No TAG RMNCAH</td>
<td>Chaired by Secretary MOH, representation of senior officials of MOH, MOE, Finance, Western Province, DGHS, PH, provincial director, national programme managers, etc., UN and World Bank</td>
<td>No specific ToR. To oversee the overall implementation of the RMNCAH activities within the Ministry of Health</td>
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<td>BAN</td>
<td>BHU</td>
<td>IND</td>
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<td>Comp. PHC with focus on RH, use of technological innovations, monitor, support TWG, etc.</td>
<td>planning, budgeting and financing related to maternal and infant health; 3. Conduct socialization and advocacy related to maternal and infant health.</td>
<td>across HW force for RMNCAH, integrated LMIS. HMIS, and integrated M&amp;E, coordination within MOHP and with development partners and INGOs and NGOs, financing, research, data</td>
<td></td>
<td>leadership to FH, and direction to sub-national levels, sustain close dialogue with finance commission at all levels, ensure UN and other stakeholders adhere to policies, address policy issues, monitor key SDG indicators related to RMNCAH</td>
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### Policy support provided

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<td>Recommendations included in work plans</td>
<td>MTP Act revision, integration of RH in Ayushman Bharat,</td>
<td>All policies and strategies related to RMNCAH, however no specific decisions due to the Pandemic and civil disturbances</td>
<td>As mandated by law, have the power for policy and strategy decisions</td>
<td>Policies /strategies related to SRH</td>
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### Regularity of meetings

| Exp. Frequency – 6 m | Created in Dec 2020 Meeting held when it was created | Last meeting was held in December 2020 | Created in 2014, Exp. frequency - Quarterly met three times in 2020, None in 2021 (change in govt) | Established in 2018 for specified frequency- need-based. None in 2020, 2021 | Established in 2007 Frequency once In 3 m 2020- 2 meetings Last meeting May 21 | Established in 2010. Meeting scheduled every quarter. Since COVID-19 pandemic, meetings every 2 weeks and monthly based on necessity. 2020 - about 15 meetings, last meeting November 29th |

### Role during COVID

<p>| National advisory group constituted to provide TA on continuation of essential services (not the same as the | Prioritized RH during COVID (as in the TOR), supported guidelines for maintaining | Maintaining RH services, management of COVID in pregnancy, vaccination of pregnant, surge | Chair and members from MOHP lead the mitigation efforts under health cluster. Recommendations of the specific group created for diasters- | Management of COVID-19 during pregnancy and in children (referral pathways, minimal package of services, maintaining SRH | Management of COVID in pregnancy and Children through development of specific protocols and |</p>
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<td>advisory group mentioned above) Operational guidelines for management of COVID 19 in pregnancy, vaccination pregnant, etc.</td>
<td>RH services, COVID-19 vaccination of pregnant and lactating</td>
<td>in midwifery employment (retired, SOP for RMNCAH delivery)</td>
<td>RH sub-cluster is also discussed</td>
<td>services, Vaccination of pregnant (endorsed the recommendations of the Advisory Committee of CD), key decisions on HR, establishment of hotline for GBV survivors, etc.</td>
<td>guidelines, vaccination of pregnant women and continuation of outreach activity to improve low coverage services implemented</td>
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Annex-3: Photographs