

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

TABLE OF CONTENTS

INTRODUCTION.....	3
DATA SHARING AGREEMENT	4
MODULE 1: BASIC INFORMATION	5
MODULE 2: CROSS CUTTING RMNCAH	6
INTRODUCTORY SECTION.....	7
QUALITY OF CARE FOR RMNCAH	11
FINANCIAL PROTECTION	13
POLICIES AND LEGISLATION RELATED TO HUMAN RIGHT TO HEALTH AND HEALTHCARE	16
POLICIES ON BIRTH AND DEATH REGISTRATION PROCESSES	17
SURVEYS AND HEALTH MANAGEMENT INFORMATION SYSTEM.....	19
HOME-BASED RECORDS	21
MODULE 3: MATERNAL AND NEWBORN HEALTH	24
ANTENATAL CARE POLICY	26
CHILDBIRTH POLICY.....	27
POSTNATAL CARE FOR MOTHER AND NEWBORN POLICY.....	29
MANAGEMENT OF PREMATURE /LOW BIRTH WEIGHT NEWBORNS	32
MANAGEMENT OF SICK NEWBORNS	32
LACTATION POLICY.....	33
HUMAN RESOURCES POLICY.....	34
ESSENTIAL MEDICINES AND EQUIPMENT	36
MATERNAL DEATHS	38
STILLBIRTHS.....	39
NEONATAL DEATHS.....	40
MODULE 4: CHILD HEALTH	42
OVERALL STRATEGY OR PLAN FOR CHILD HEALTH AND DEVELOPMENT	44
PREVENTION AND MANAGEMENT OF PNEUMONIA	45
PREVENTION AND MANAGEMENT OF DIARRHOEA.....	46
PREVENTION AND MANAGEMENT OF MALARIA	47
PREVENTION AND MANAGEMENT OF ALL FORMS OF MALNUTRITION.....	49
PAEDIATRIC HOSPITAL CARE FOR SICK CHILDREN	50
ESSENTIAL MEDICINES AND EQUIPMENT	51
EARLY CHILDHOOD DEVELOPMENT	52
PROVISION OF INTEGRATED CHILD HEALTH SERVICES	54
MODULE 5: ADOLESCENT HEALTH.....	57
OVERALL PLANS/GUIDELINES FOR ADOLESCENT HEALTH	59
INFRASTRUCTURE AND TRAINING	60
CONSENT FOR SERVICES	61
LEGISLATION.....	63
MODULE 6: REPRODUCTIVE HEALTH.....	65
GENERAL REPRODUCTIVE HEALTH CARE	67
FAMILY PLANNING / CONTRACEPTION	68
SEXUALLY TRANSMITTED INFECTIONS.....	71
CERVICAL CANCER.....	72
INFERTILITY.....	73

SEXUAL HEALTH.....	75
MODULE 7: GENDER BASED VIOLENCE.....	78
GENERAL GENDER BASED VIOLENCE	80
GLOSSARY OF TERMS	83

INTRODUCTION

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

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

http://www.who.int/maternal_child_adolescent/epidemiology/policy-indicators/en/

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

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

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

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

A complete instruction manual can also be downloaded from here:

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

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

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

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

DATA SHARING AGREEMENT

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

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

Statement of policy on data sharing

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

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

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

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

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

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

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

rmncahpolicysurvey@who.int

MODULE 1: BASIC INFORMATION

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

MODULE 2: CROSS CUTTING RMNCAH

INSTRUCTIONS:

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

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

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

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

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

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

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

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

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

CC_8. Did the lead respondent consult with others to complete this module? YES NO UNKNOWN
If NO, UNKNOWN → skip to CC_10

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

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

INTRODUCTORY SECTION

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

For example, different combinations could be:

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

Note: This list of examples is not exhaustive.

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

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

RMNCAH Policy Survey 2018

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

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

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

(specify)

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

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

CC_16. When was the last time the RMNCAH committee (from CC_12) met? _____/_____

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

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

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

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

If NO, UNKNOWN → skip to CC_21

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

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

- CC_20g. Professional associations? 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? _____ 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? YES NO UNKNOWN
- CC_26b. Other government organizations/sectors? YES NO UNKNOWN
- CC_26c. H6 partnership organizations (UNAIDS, UNFPA, UNICEF, WHO, UN Women, World Bank)? YES NO UNKNOWN
- CC_26d. Other implementing partners? YES NO UNKNOWN
- CC_26e. Donors? YES NO UNKNOWN

- CC_26f. Academia? YES NO UNKNOWN
- CC_26g. Professional associations? YES NO UNKNOWN
- CC_26h. Civil society? YES NO UNKNOWN
- CC_26i. Private sector? YES NO UNKNOWN
- 26j. Adolescents/young people? YES NO UNKNOWN
- CC_26k. Other? _____ YES NO UNKNOWN
- CC_27. Have national quality of care standards and protocols for delivery of services in health facilities been developed? YES NO UNKNOWN

If NO, UNKNOWN → skip to CC_30

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

- CC_28a. Sexual and reproductive health? YES NO UNKNOWN
 PRIMARY
 REFERRAL
- CC_28b. Maternal health? YES NO UNKNOWN
 PRIMARY
 REFERRAL
- CC_28c. Newborn health? YES NO UNKNOWN
 PRIMARY
 REFERRAL
- CC_28d. Child health? YES NO UNKNOWN
 PRIMARY
 REFERRAL
- CC_28e. Early childhood development? YES NO UNKNOWN
 PRIMARY
 REFERRAL
- CC_28f. Adolescent health? YES NO UNKNOWN
 PRIMARY
 REFERRAL

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

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

IF YEAR UNKNOWN, ENTER 9999

- BEFORE 2000
- _____
RECORD YEAR

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

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

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

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

FINANCIAL PROTECTION

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

- CC_32a. Newborns (0-4 weeks)? YES NO UNKNOWN
- CC_32b. Children under age of 5 years? YES NO UNKNOWN
- CC_32c. Children 5-9 years? YES NO UNKNOWN
- CC_32d. Adolescents (10-19 years)? YES NO UNKNOWN
- CC_32e. Pregnant women? YES NO 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? YES, FOR ALL WOMEN YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_33b. Antenatal care? YES, FOR ALL WOMEN YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_33c. Childbirth (normal delivery)? YES, FOR ALL WOMEN YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_33d. Caesarean section? YES, FOR ALL WOMEN YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN

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

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

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

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

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

- CC_35d. Sick child outpatient care? YES, FOR ALL CHILDREN YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_35e. Paediatric inpatient care? YES, FOR ALL CHILDREN YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_35f. Pharmaceutical products and/or other medical supplies if required for diagnosis and treatment? YES, FOR ALL CHILDREN YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN

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

- CC_36a. Outpatient care visits? YES, FOR ALL ADOLESCENTS YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_36b. Inpatient care visits? YES, FOR ALL ADOLESCENTS YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_36c. HIV testing and counselling? YES, FOR ALL ADOLESCENTS YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_36d. Contraceptives? YES, FOR ALL ADOLESCENTS YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_36e. Mental health? YES, FOR ALL ADOLESCENTS YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_36f. Rehab for substance abuse? YES, FOR ALL ADOLESCENTS YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_36g. Pharmaceutical products and/or other medical supplies if required for diagnosis and treatment? YES, FOR ALL ADOLESCENTS YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_36h. Testing and treatment for sexually transmitted infections? YES, FOR ALL ADOLESCENTS YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN
- CC_36i. Vaccination for HPV? YES, FOR ALL ADOLESCENTS YES, FOR SELECTED POPULATION GROUPS NO UNKNOWN

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

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

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

POLICIES AND LEGISLATION RELATED TO HUMAN RIGHT TO HEALTH AND HEALTHCARE

CC_38. Does the country have a dedicated law on:

- CC_38a. Sexual health? 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 YES NO UNKNOWN

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

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

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

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

POLICIES ON BIRTH AND DEATH REGISTRATION PROCESSES

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

If NO, UNKNOWN → skip to CC_49

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

- CC_48a. Indicate who is authorized to register births? YES NO UNKNOWN
- CC_48b. Require the recording of specific health information on birth certificates? YES NO UNKNOWN
- CC_48c. Specify a required timeframe for registration? YES NO UNKNOWN
- CC_48d. Contain provisions for advancing birth registration among vulnerable groups of children, such as orphans, illegal migrants, refugees, and internally displaced persons (IDPs)? YES NO UNKNOWN
- CC_48e. Specify restrictions on which caretaker or family members can register births? YES NO UNKNOWN
- CC_48f. Specify costs or fees for families or individual caretakers registering births? YES NO UNKNOWN
- CC_48g. Specify costs or fees for late or delayed registration of births? YES NO UNKNOWN
- CC_49. Is there a policy/law which requires proof of a birth certificate as a precondition for children’s access to health services? YES NO UNKNOWN
- CC_50. Is there a policy/law which requires proof of a birth certificate as a precondition for children’s access to education? YES NO UNKNOWN
- CC_51. Is there a national policy/law that requires every death to be registered? YES NO UNKNOWN
- If NO, UNKNOWN → skip to CC_53**
- CC_52. Does the policy/law require cause of death registration to be in line with ICD 10? YES NO UNKNOWN
- CC_53. Is there a policy/law that requires routine audit and/or review of death certification for maternal, perinatal, neonatal, and/or child deaths? YES NO UNKNOWN
- If NO, UNKNOWN → skip to CC_55**
- CC_54. Does the policy/law that requires routine audit and/or review of death certification do any of the following?
- CC_54a. Require the issuance of medical certificates of cause of death? YES NO UNKNOWN
- CC_54b. Recommend training health workers in filling out death certificates using the International Classification of Diseases (ICD)? YES NO UNKNOWN
- CC_54c. Require death data recorded at health facilities or by community health workers (CHWs) to be provided to the national statistics office, civil registration system, or equivalent bodies? YES NO UNKNOWN
- CC_54d. Require sharing individual death records within the health system and between central and district/regional levels? YES NO UNKNOWN
- CC_54e. Recommend verbal autopsy on community deaths for determining cause of death? YES NO UNKNOWN
- CC_55. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below.

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

					(ARABIC, CHINESE, ENGLISH, FRENCH, PORTUGUESE, RUSSIAN, SPANISH, OTHER) If available, please upload an English version of the document.	If the document is unavailable for upload, please provide a reason for why it cannot be uploaded.
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		

SURVEYS AND HEALTH MANAGEMENT INFORMATION SYSTEM

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

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

If NO, UNKNOWN → skip to CC_56b

CC_56a1. What was the latest year? _____

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

If NO, UNKNOWN → skip to CC_56c

CC_56b1. What was the latest year? _____

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

If NO, UNKNOWN → skip to CC_56d

CC_56c1. What was the latest year? _____

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

If NO, UNKNOWN → skip to CC_56e

CC_56d1. What was the latest year? _____

CC_56e. Other? _____
(specify)

YES NO UNKNOWN

CC_56e1. What was the latest year? _____

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

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

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

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

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

SELECT UP TO THREE OPTIONS.

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

HOME-BASED RECORDS

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

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

CC_60 . Are home-based records used in your country? YES NO UNKNOWN

If NO, UNKNOWN → skip to MN_1

CC_61 . Which types of home-based records were used during 2017?

SELECT ALL THAT APPLY.

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

(specify)

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

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

				<input type="checkbox"/> HOME BASED RECORD		
--	--	--	--	--	--	--

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://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 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) _____
- WHO (specify)
- UNICEF
- UNFPA
- OTHER _____ (specify)

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

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

MN_8. Did the lead respondent consult with others to complete this module? YES NO UNKNOWN
If NO, UNKNOWN → skip to MN_10

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

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

ANTENATAL CARE POLICY

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

If NO, UNKNOWN → skip to MN_22

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

If NO, UNKNOWN → skip to MN_13

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

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

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

If NO, UNKNOWN → skip to MN_15

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

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

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

If NO, UNKNOWN → skip to MN_17

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

- MN_16a. Birth preparedness and complication readiness? YES NO UNKNOWN
- MN_16b. Nutrition during pregnancy? YES NO UNKNOWN
- MN_16c. Iron and folic acid during pregnancy? YES NO UNKNOWN
- MN_16d. Immunization during pregnancy? YES NO UNKNOWN
- MN_16e. Screening for sexually transmitted infections? YES NO UNKNOWN
- MN_16f. Prevention and treatment of HIV in pregnancy? YES NO UNKNOWN
- MN_16g. Prevention and treatment of syphilis in pregnancy? YES NO UNKNOWN
- MN_16h. Prevention and treatment of TB in pregnancy? YES NO UNKNOWN
- MN_16i. Intermittent preventive treatment in pregnancy (IPTp) for malaria? YES NO UNKNOWN
- MN_16j. Prevention and management of gestational diabetes? YES NO UNKNOWN
- MN_16k. Counselling on tobacco, alcohol, and substance abuse during pregnancy? YES NO UNKNOWN
- MN_16l. Partner involvement/ couple counselling? YES NO UNKNOWN

MN_17. Does the national policy/guideline on antenatal care recommend use of ultrasound before 24 weeks of gestation? YES NO UNKNOWN

MN_18. Are there national policies/guidelines on improving preterm birth outcomes? YES NO UNKNOWN

If NO, UNKNOWN → skip to MN_21

MN_19. Does the national policy/guideline improving preterm birth outcomes recommend the use of antenatal corticosteroids for prevention of preterm births? YES NO UNKNOWN

MN_20. Does the national policy/guideline specify clear criteria for when to use antenatal corticosteroids? YES NO UNKNOWN

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

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

CHILDBIRTH POLICY

MN_22. Are there national policies/ guidelines on childbirth? YES NO UNKNOWN

If NO, UNKNOWN → skip to MN_33

MN_23. Does the country have a national policy/guideline on the right of every woman to have access to skilled care at childbirth? YES NO UNKNOWN

If NO, UNKNOWN → skip to MN_28

MN_24. Does the national policy/guideline make recommendations on the place of childbirth? YES NO UNKNOWN

If NO, UNKNOWN → skip to MN_26

MN_25. Does the national policy/ guideline indicate designated health facilities as the preferred place of childbirth? YES NO UNKNOWN

MN_26. Does the national policy/ guideline recommend the presence of a companion of choice during labour and birth? YES NO UNKNOWN

MN_27. Does the national policy/ guideline recommend for the woman to choose the birthing position? YES NO UNKNOWN

MN_28. Does the country have a national policy/ guideline on availability of clean water and sanitation in the facilities where births take place? YES NO UNKNOWN

MN_29. Does the country have a national policy/ guideline on availability of essential equipment in facilities where births take place? YES NO UNKNOWN

MN_30. Does the national policy/ guideline recommend the use of Magnesium Sulfate for the prevention and treatment of eclampsia? YES NO UNKNOWN

MN_31. Does the policy/ guideline recommend any of the following specific drugs or prevention and treatment of PPH?

MN_31a. Oxytocin? YES NO UNKNOWN

MN_31b. Ergometrine? YES NO UNKNOWN

MN_31c. Misoprostol? YES NO UNKNOWN

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

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

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

POSTNATAL CARE FOR MOTHER AND NEWBORN POLICY

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

If NO, UNKNOWN → skip to MN_46

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

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

If NO, UNKNOWN → skip to MN_37

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

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

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

If NO, UNKNOWN → skip to MN_42

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

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

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

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

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

- MN_40a. 1st contact within 24 hours from birth? 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 & 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.

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

MANAGEMENT OF PREMATURE /LOW BIRTH WEIGHT NEWBORNS

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

If NO, UNKNOWN → skip to MN_55

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

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

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

If NO, UNKNOWN → skip to MN_55

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

If NO, UNKNOWN → skip to MN_55

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

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

MANAGEMENT OF SICK NEWBORNS

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

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

If NO, UNKNOWN → skip to MN_58

MN_57. At what level are SNCUs available?

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

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

If NO, UNKNOWN → skip to MN_60

MN_59. At what level are NICUs available?

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

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

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

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

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

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.

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

HUMAN RESOURCES POLICY

MN_68 . Are there national policies/guidelines that set forth a competency framework for maternal and/or newborn health care? YES NO UNKNOWN

MN_69 . Is there a continuous professional education system in place for primary health-care clinicians and/or nurses to receive maternal and/or newborn-specific training? YES NO UNKNOWN

MN_70 . Is there a national policy/guideline on education of midwifery care providers based on International Confederation of Midwives (ICM) competencies? YES NO UNKNOWN

MN_71 . Is there a national policy/guideline on regulation of midwifery care providers (doctors, nurses, and midwives) based on ICM competencies? YES NO UNKNOWN

MN_72 . there a national policy/guideline that recommends midwife-led care for the following?

MN_72a. Pregnancy? YES, MOTHER ONLY YES, MOTHER AND NEWBORN NO UNKNOWN

MN_72b. Childbirth? YES, MOTHER ONLY YES, MOTHER AND NEWBORN NO UNKNOWN

MN_72c. Postnatal period? YES, MOTHER ONLY YES, MOTHER AND NEWBORN NO UNKNOWN

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

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

NURSE MIDWIFE NURSE- MEDICAL UNKNOWN
 MIDWIFE ASSISTANT

MN_73n. Support caregivers of very small or sick babies to participate in the care of their hospitalized infant?

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

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

ESSENTIAL MEDICINES AND EQUIPMENT

MN_75. Are there national policies/guidelines on essential medicines and equipment?

YES NO UNKNOWN

If NO, UNKNOWN → skip to MN_79

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

- MN_76a. Magnesium Sulfate? YES NO UNKNOWN
- MN_76b. Oxytocin? YES NO UNKNOWN
- MN_76c. Misoprostol tablets? YES NO UNKNOWN
- MN_76d. Ampicillin or amoxicillin injections? YES NO UNKNOWN
- MN_76e. Gentamycin injection? YES NO UNKNOWN
- MN_76f. Injection metronidazole? YES NO UNKNOWN
- MN_76g. Procaine penicillin injection? YES NO UNKNOWN
- MN_76h. Benzathine Penicillin? YES NO UNKNOWN
- MN_76i. Dexamethasone injection? YES NO UNKNOWN
- MN_76j. Chlorhexidine? YES NO UNKNOWN
- MN_76k. Ceftriaxone? YES NO UNKNOWN
- MN_76l. Intravenous tranexamic acid? YES NO UNKNOWN

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

- MN_77a. Obstetric ultrasound machine? YES NO UNKNOWN
- MN_77b. Self-inflating bag (newborn size) with neonatal and paediatric masks of different size and valve? YES NO UNKNOWN
- MN_77c. Oxygen supply? YES NO UNKNOWN
- MN_77d. Pulse oximeter? YES NO UNKNOWN
- MN_77e. Blood and blood products? YES NO UNKNOWN
- MN_77f. Vacuum aspiration? YES NO UNKNOWN

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

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

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

MATERNAL DEATHS

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

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

If NO, UNKNOWN → skip to MN_82

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

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

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

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

If NO, UNKNOWN → skip to MN_90

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

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

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

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

- MONTHLY
- QUARTERLY
- SEMI-ANNUALLY

- ANNUALLY
- UNKNOWN

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

IF MONTH UNKNOWN, ENTER 99 MONTH YEAR

IF YEAR UNKNOWN, ENTER 9999

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

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

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

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.

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

NEONATAL DEATHS

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

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

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

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

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

MODULE 4: CHILD HEALTH

INSTRUCTIONS:

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

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

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

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

CH_4. Person responsible for submitting the cross-cutting child health online

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

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

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

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

CH_8. Did the lead respondent consult with others to complete this module? YES NO UNKNOWN
If NO, UNKNOWN → skip to CH_10

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

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

OVERALL STRATEGY OR PLAN FOR CHILD HEALTH AND DEVELOPMENT

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

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

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

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

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

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

				<input type="checkbox"/> HOME BASED RECORD		
--	--	--	--	--	--	--

PREVENTION AND MANAGEMENT OF PNEUMONIA

CH_15. Is there a national policy/guideline on the management of childhood pneumonia for children? YES, 0-5 YEARS YES, 5-9 YEARS NO UNKNOWN
If NO, UNKNOWN → skip to CH_21

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

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

CH_17. What is the first line treatment for pneumonia with chest in-drawing?

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

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

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

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

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

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

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

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

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.

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

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

PREVENTION AND MANAGEMENT OF MALARIA

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

If NO, UNKNOWN → skip to CH_30

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

If NO, UNKNOWN → skip to CH_27

CH_26. Which approach is used for confirmation of malaria?

- RAPID DIAGNOSTIC TEST
- MICROSCOPY
- OTHER _____
(specify)

CH_27. What is the first line treatment for malaria?

- ARTEMETHER PLUS LUMEFANTRINE
- ARTESUNATE PLUS AMODIAQUINE
- ARTESUNATE PLUS MEFLOQUINE
- DIHYDROARTEMISININ PLUS PIPERAQUINE
- ARTESUNATE PLUS SULFADOXINE-PYRIMETHAMINE
- OTHER _____
(specify)

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

- PARENTERAL QUININE
- PARENTERAL ARTESUNATE
- RECTAL ARTESUNATE
- OTHER _____
(specify)

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

- PARENTERAL QUININE
- PARENTERAL ARTESUNATE
- OTHER _____
(specify)

CH_30. Is there a national policy/guideline on prevention of malaria in children?

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

If NO, UNKNOWN → skip to CH_33

CH_31. Does the policy/guideline recommend Intermittent preventive treatment in infants (IPTi) for infants 0-1 years?

- YES
- NO
- UNKNOWN

CH_32. Does the policy/guideline recommend seasonal malaria chemoprevention (SMC) for children?

- YES
- NO
- UNKNOWN

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

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

				<input type="checkbox"/> HOME BASED RECORD		
--	--	--	--	--	--	--

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.

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

		<input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> HOME BASED RECORD		
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		

PAEDIATRIC HOSPITAL CARE FOR SICK CHILDREN

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

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

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

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

			<input type="checkbox"/> REPORT	<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		

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

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

					version of the document.	
01		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
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		

EARLY CHILDHOOD DEVELOPMENT

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

If NO, UNKNOWN → skip to CH_47

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

- CH_45a. Preconception? YES NO UNKNOWN
- CH_45b. Pregnancy? YES NO UNKNOWN
- CH_45c. 0 – 4 years? YES NO UNKNOWN
- CH_45d. 5 – 9 years? YES NO UNKNOWN
- CH_45e. Other? YES NO UNKNOWN

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

- CH_46a. Responsive care and early learning (e.g. care for child development)? YES NO UNKNOWN
- CH_46b. Infant and young child nutrition? YES NO UNKNOWN
- CH_46c. Care for children with developmental difficulties and disabilities? YES NO UNKNOWN

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

If NO, UNKNOWN → skip to CH_50

CH_48. Which of the following sectors are involved?

- CH_48a. Health? YES NO UNKNOWN
- CH_48b. Nutrition? YES NO UNKNOWN
- CH_48c. Education? YES NO UNKNOWN
- CH_48d. Social welfare or social protection? YES NO UNKNOWN
- CH_48e. Child protection? YES NO UNKNOWN
- CH_48f. Environmental safety and security, including WASH? YES NO UNKNOWN
- CH_48g. Other? Specify _____ YES NO UNKNOWN

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

IF MONTH UNKNOWN, ENTER 99

MONTH YEAR

IF YEAR UNKNOWN, ENTER 9999

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

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

PROVISION OF INTEGRATED CHILD HEALTH SERVICES

CH_51. Is there a national policy/guideline on the integrated management of childhood illness (IMCI)? YES NO UNKNOWN

If NO, UNKNOWN → skip to CH_53

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

CH_52a. Diarrhoea? YES NO UNKNOWN

CH_52b. Pneumonia? YES NO UNKNOWN

CH_52c. Throat infection/sore throat? YES NO UNKNOWN

CH_52d. Wheezing? YES NO UNKNOWN

CH_52e. Tuberculosis? YES NO UNKNOWN

CH_52f. Malaria? YES NO UNKNOWN

CH_52g. Measles? YES NO UNKNOWN

CH_52h. Dengue? YES NO UNKNOWN

CH_52i. Acute malnutrition? YES NO UNKNOWN

CH_52j. Anaemia? YES NO UNKNOWN

CH_52k. Sickle cell anaemia? YES NO UNKNOWN

CH_52l. Ear infection? YES NO UNKNOWN

CH_52m. HIV? YES NO UNKNOWN

CH_52n. Congenital syphilis? YES NO UNKNOWN

CH_52o. Essential newborn care? YES NO UNKNOWN

CH_52p. Early childhood development? YES NO UNKNOWN

CH_52q. Infant and young child feeding? YES NO UNKNOWN

CH_52r. Skin conditions? YES NO UNKNOWN

CH_52s. Other? Specify _____ YES NO UNKNOWN

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

CH_54. Is there a policy /guideline for management of childhood illness by trained community health workers (CHWs)? YES NO UNKNOWN

If NO, UNKNOWN → skip to CH_56

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

CH_55a. Assess and refer pneumonia? YES NO UNKNOWN

CH_55b. Assess and treat pneumonia? YES NO UNKNOWN

CH_55c. Assess and refer diarrhoea? YES NO UNKNOWN

CH_55d. Assess and treat diarrhoea? YES NO UNKNOWN

CH_55e. Assess and refer severe malaria? YES NO UNKNOWN

CH_55f. Assess and treat uncomplicated malaria? YES NO UNKNOWN

CH_55g. Assess and refer severe acute malnutrition? YES NO UNKNOWN

- CH_55h. Assess and treat severe acute malnutrition? YES NO UNKNOWN
- CH_55i. Assess and refer TB? YES NO UNKNOWN
- CH_55j. Assess and refer HIV? YES NO UNKNOWN
- CH_55k. Assess and refer congenital syphilis)? YES NO UNKNOWN
- CH_55l. Other? Specify _____ YES NO UNKNOWN

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

CH_57. Is there a policy/guideline on supporting home care practices by trained community health workers? YES NO UNKNOWN

If NO, UNKNOWN → skip to CH_59

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

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

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

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

		RECORD YEAR	<input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> HOME BASED RECORD		
04		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
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 5: ADOLESCENT HEALTH

INSTRUCTIONS:

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

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

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

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

AD_4. Person responsible for submitting the adolescent health module online

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

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

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

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

AD_8. Did the lead respondent consult with others to complete this module? YES NO UNKNOWN
If NO, UNKNOWN → skip to AD_10

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

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

OVERALL PLANS/GUIDELINES FOR ADOLESCENT HEALTH

AD_10. Are there national policies/ guidelines that specifically address adolescent (10 to 19 years) health issues? YES NO UNKNOWN

AD_11. Are adolescents cited as a specific target group for defined interventions/activities in a national policy/guideline for the following health issues?

AD_11a. Sexual and Reproductive Health including adolescent pregnancy prevention? YES NO UNKNOWN

AD_11b. Sexually transmitted infections? YES NO UNKNOWN

AD_11c. HIV/AIDS? YES NO UNKNOWN

AD_11d. Nutrition? YES NO UNKNOWN

AD_11e. Diet? YES NO UNKNOWN

AD_11f. Physical activity? YES NO UNKNOWN

AD_11g. Tobacco? YES NO UNKNOWN

AD_11h. Alcohol? YES NO UNKNOWN

AD_11i. Substance use? YES NO UNKNOWN

AD_11j. Mental health? YES NO UNKNOWN

AD_11k. Injury prevention? YES NO UNKNOWN

AD_11l. Violence? YES NO UNKNOWN

AD_11m. Tuberculosis? YES NO UNKNOWN

AD_11n. Other communicable diseases (e.g. LRI, meningitis, diarrhoea)? YES NO UNKNOWN

AD_12. Does the country have national standards for delivery of health services to adolescents? YES NO UNKNOWN

If NO, UNKNOWN → skip to AD_15

AD_13. Are activities being carried out to monitor the implementation of these standards for delivery? YES NO UNKNOWN

AD_14. Do these standards include a clearly defined comprehensive package of health services for adolescents? YES NO UNKNOWN

AD_15. Does the country have national standards for Health Promoting Schools? YES NO UNKNOWN

If NO, UNKNOWN → skip to AD_17

AD_16. Are activities being carried out to monitor the implementation of these standards for delivery? YES NO UNKNOWN

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

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

					If available, please upload an English version of the document.	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		

INFRASTRUCTURE AND TRAINING

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

AD_24. Is adolescent health included in pre-service training of the following?

- AD_24a. Clinicians? YES NO UNKNOWN
 AD_24b. Nurses? YES NO UNKNOWN
 AD_24c. Community health workers? YES NO UNKNOWN

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

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

CONSENT FOR SERVICES

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

AD_26a. Contraceptive services except sterilization? YES NO UNKNOWN

If NO, UNKNOWN → skip to AD_26b

AD_26a1. What is the age limit?

_____ YEARS OLD
 YES NO UNKNOWN

AD_26b. Emergency contraception?

If NO, UNKNOWN → skip to AD_26c

AD_26b1. What is the age limit?

_____ YEARS OLD
 YES NO UNKNOWN

AD_26c. HIV testing and counselling services?

If NO, UNKNOWN → skip to AD_26d

AD_26c1. What is the age limit?

_____ YEARS OLD
 YES NO UNKNOWN

AD_26d. Harm reduction interventions for Injecting Drug Users (needle exchange, opiate substitution, therapy)?

If NO, UNKNOWN → skip to AD_26e

AD_26d1. What is the age limit?

_____ YEARS OLD
 YES NO UNKNOWN

AD_26e. Mental Health Services?

If NO, UNKNOWN → skip to AD_26f

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

_____ YEARS OLD

AD_26f. HIV care and treatment?

If NO, UNKNOWN → skip to AD_27

AD_26f1. What is the age limit?

_____ YEARS OLD

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

AD_27a. Contraceptive services except sterilization? YES NO UNKNOWN

AD_27b. Emergency contraception? YES NO UNKNOWN

AD_27c. HIV testing and counselling services? YES NO UNKNOWN

AD_27d. HIV care and treatment? YES NO UNKNOWN

AD_27e. Harm reduction interventions for Injecting Drug Users (needle exchange, opiate substitution, therapy)? YES NO UNKNOWN

AD_27f. Mental health services? YES NO UNKNOWN

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

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

					version of the document.	
01		<input type="checkbox"/> BEFORE 2000 <input type="checkbox"/> _____ RECORD YEAR	<input type="checkbox"/> GUIDELINE <input type="checkbox"/> LAW <input type="checkbox"/> PLAN <input type="checkbox"/> REPORT	<input type="checkbox"/> POLICY/ STRATEGY <input type="checkbox"/> HOME BASED RECORD		
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		

LEGISLATION

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

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

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

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

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

MODULE 6: REPRODUCTIVE HEALTH

INSTRUCTIONS:

- We ask that WHO country offices complete the interview with the Ministry of Health and other UN agencies, specifically including staff with appropriate expertise be designated as responsible for each module. You have been designated as responsible for completing the **REPRODUCTIVE HEALTH** module.
- The online survey is formatted with automatic skips which should decrease the time for completion. Please first watch the video with instructions on how to complete the survey prior to beginning. Here is a link to the video: <http://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 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) _____
 - WHO (specify)
 - UNICEF
 - UNFPA
 - OTHER _____
- (specify)

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

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

RH_8. Did the lead respondent consult with others to complete this module? YES NO UNKNOWN
If NO, UNKNOWN → skip to RH_10

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

- MINISTRY OF HEALTH (MOH)
- GOVERNMENT AGENCY (NOT MOH) _____

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

GENERAL REPRODUCTIVE HEALTH CARE

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

If NO, UNKNOWN → skip to RH_16

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

- RH_11a. Family planning/contraception? YES NO UNKNOWN
- RH_11b. Abortion? YES NO UNKNOWN
- RH_11c. Infertility/Fertility care? YES NO UNKNOWN
- RH_11d. Preconception care? YES NO UNKNOWN
- RH_11e. Menopause? YES NO UNKNOWN
- RH_11f. Cervical cancer? YES NO UNKNOWN
- RH_11g. Violence against women? YES NO UNKNOWN

RH_12. Does the national policy/guideline on reproductive health care promote universal access to reproductive health care? YES NO UNKNOWN

RH_13. Was the national policy/guideline on reproductive health care informed by the WHO Global Reproductive Health Strategy? YES NO UNKNOWN

RH_14. Was the national policy/guideline on reproductive health care informed by the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)? YES NO UNKNOWN

RH_16. Are there national policies/guidelines that set forth a competency framework for reproductive health care? YES NO UNKNOWN

RH_17. Is there a continuous professional education system in place for primary health-care clinicians and/or nurses to receive reproductive health-specific training? YES NO UNKNOWN

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

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

FAMILY PLANNING / CONTRACEPTION

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

If NO, UNKNOWN → skip to RH_26

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

- RH_20a. Injectables? YES NO UNKNOWN
- RH_20b. Implants? YES NO UNKNOWN
- RH_20c. Intrauterine device (IUD)? YES NO UNKNOWN
- RH_20d. Emergency contraceptives? YES NO UNKNOWN
- RH_20e. Other? YES NO UNKNOWN

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

- RH_21a. Adolescents? YES NO UNKNOWN
- RH_21b. Post-partum women? YES NO UNKNOWN
- RH_21c. Post-abortion women? YES NO UNKNOWN
- RH_21d. Unmarried individuals? YES NO UNKNOWN
- RH_21e. Couples in humanitarian or crises settings? YES NO UNKNOWN
- RH_21f. Urban poor? YES NO UNKNOWN
- RH_21g. Rural population groups? YES NO UNKNOWN
- RH_21h. Migrant workers? YES NO UNKNOWN
- RH_21i. Others? YES NO UNKNOWN

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

- RH_23. Does the national policy /guideline on FP/contraception include mechanisms that monitor denial of services on non-medical grounds (e.g. age, marital status, ability to pay), or coercion (such as inappropriate use of incentives to clients or providers)? 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 FP/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? YES NO UNKNOWN
- RH_25d. Post-partum women? YES NO UNKNOWN
- RH_25e. Income status? YES NO UNKNOWN
- RH_25f. Rural populations? YES NO UNKNOWN
- RH_25g. Post-abortion clients? YES NO UNKNOWN
- RH_25h. HIV status? YES NO UNKNOWN
- RH_25i. Other? YES NO UNKNOWN
- RH_26. Are there national clinical practice guidelines on family planning/ contraception? YES NO 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)? YES NO UNKNOWN
- RH_28. Do the national clinical practice guidelines on family planning/ contraception include the following components?
- RH_28a. Counselling? YES NO UNKNOWN
- RH_28b. Male condoms? YES NO UNKNOWN
- RH_28c. Female condoms? YES NO UNKNOWN
- RH_28d. Pills? YES NO UNKNOWN
- RH_28e. Injectables? YES NO UNKNOWN
- RH_28f. Vaginal rings? YES NO UNKNOWN
- RH_28g. Implants? YES NO UNKNOWN
- RH_28h. IUDs? YES NO UNKNOWN
- RH_28i. Male sterilization? YES NO UNKNOWN
- RH_28j. Female sterilization? YES NO UNKNOWN
- RH_28k. Lactational amenorrhea method? YES NO UNKNOWN
- RH_28l. Standard days method? YES NO UNKNOWN
- RH_28m. Two-day method? YES NO UNKNOWN
- RH_28n. Sympto-thermal method? YES NO UNKNOWN
- RH_28o. Calendar method? YES NO UNKNOWN
- RH_28p. Emergency contraceptives? YES NO UNKNOWN
- RH_29. Which of the following commodities are included in the Essential Drug 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?	<input type="checkbox"/>						
RH_31b. IUDs?	<input type="checkbox"/>						
RH_31c. Implants?	<input type="checkbox"/>						
RH_31d. Sterilization?	<input type="checkbox"/>						

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

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

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

SEXUALLY TRANSMITTED INFECTIONS

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

If NO, UNKNOWN → skip to RH_44

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

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

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

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

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

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

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

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

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

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

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

	(A)	(B)	(C)	(D) Document	(E)
--	-----	-----	-----	-----------------	-----

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

CERVICAL CANCER

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

If NO, UNKNOWN → skip to RH_48

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

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

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

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

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

- RH_46d. Diagnosis of cervical cancer? YES, AND FREE FOR TARGET POP YES, BUT NOT FREE NO UNKNOWN
- RH_46e. Treatment of cervical cancer? YES, AND FREE FOR TARGET POP YES, BUT NOT FREE NO UNKNOWN
- RH_46f. Palliative care of cervical cancer? YES, AND FREE FOR TARGET POP YES, BUT NOT FREE NO UNKNOWN

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

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

INFERTILITY

- RH_48. Are there policies/ laws on infertility management? YES NO UNKNOWN
If NO, UNKNOWN → skip to RH_55

RH_49. Are there policies/laws that regulate access to the application or practice of Assisted Reproductive Technology? YES NO UNKNOWN

If NO, UNKNOWN → skip to RH_51

RH_50. Which of the following practices are regulated?

RH_50a. Posthumous reproduction? YES NO UNKNOWN

RH_50b. Gamete Donation? YES NO UNKNOWN

RH_50c. Foetal reduction? YES NO UNKNOWN

RH_50d. In vitro fertilization (IVF) YES NO UNKNOWN

RH_50e. Sex Selection? YES NO UNKNOWN

RH_50f. Same sex/single parenting? YES NO UNKNOWN

RH_50g. Cross border reproduction? YES NO UNKNOWN

RH_51. Are there penalties for the violation of the governance, licensing and credentials certification of the practice of Assisted Reproductive Technology? YES NO UNKNOWN

RH_52. Are there national programmes that provide financial support for the individual use of assisted fertility services? YES NO UNKNOWN

RH_53. Are the Assisted Reproductive Technology or IVF services available to the following groups of people?

RH_53a. Heterosexual couples in recognized relationships? YES NO UNKNOWN

RH_53b. Heterosexual couples not in a recognized relationship (unmarried)? YES NO UNKNOWN

RH_53c. Same sex couples in a recognized relationship? YES NO UNKNOWN

RH_53d. Same sex couples not in a recognized relationship (unmarried)? YES NO UNKNOWN

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

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

			<input type="checkbox"/> REPORT	<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		

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.

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

MODULE 7: GENDER BASED VIOLENCE

INSTRUCTIONS:

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

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

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

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

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

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

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

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

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

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

YES NO UNKNOWN

If NO, UNKNOWN → skip to GBV_10

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

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

GENERAL GENDER BASED VIOLENCE

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

If NO, UNKNOWN → skip to GBV_12

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

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

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

GBV_11c. Perpetrator programs/interventions? YES NO UNKNOWN

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

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

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

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

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

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

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

GBV_11k. Monitoring & evaluation of Gender-based Violence (GBV) programmes? YES NO UNKNOWN

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

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

GBV_13. Is marital rape criminalized? YES NO UNKNOWN

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

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

If NO, UNKNOWN → skip to GBV_18

GBV_16. Do the guidelines require the following?

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

GBV_16b. Privacy during consultation? YES NO UNKNOWN

GBV_16c. Confidentiality (e.g. in providing care and documenting)? YES NO UNKNOWN

GBV_16d. Non-judgemental, supportive response to disclosure? YES NO UNKNOWN

GBV_16e. Providing referrals and strengthening linkages? YES NO UNKNOWN

GBV_17. Do clinical guidelines/ protocol include any of the following elements of care for survivors of violence against women/gender-based violence?

- GBV_17a. Universal screening for domestic violence/intimate partner violence? YES NO UNKNOWN
- GBV_17b. Selective or clinical enquiry for domestic violence/intimate partner violence? YES NO UNKNOWN
- GBV_17c. Psychosocial support including psychological first aid/ first line support? YES NO UNKNOWN
- GBV_17d. Mandatory reporting for domestic violence/intimate partner violence? YES NO UNKNOWN
- GBV_17e. Sexual assault services available 24/7? YES NO UNKNOWN
- GBV_17f. Emergency contraception within 5 days of sexual assault? YES NO UNKNOWN
- GBV_17g. Access to safe abortion in cases of rape or incest? YES NO UNKNOWN
- GBV_17h. STI prophylaxis for survivors of sexual assault? YES NO UNKNOWN
- GBV_17i. HIV post-exposure prophylaxis (PEP) for survivors of sexual assault? YES NO UNKNOWN

GBV_18. Does your country have a training program to strengthen the capacity of health care providers to respond to violence against women/gender-based violence? YES NO UNKNOWN

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

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

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

GLOSSARY OF TERMS

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

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

Calendar method	Contraceptive method where women monitor their pattern of menstrual cycle over 6 months, subtracts 18 from shortest cycle length (estimated 1st fertile day) and subtracts 11 from longest cycle length (estimated last fertile day). Also known as rhythm method.
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 of a recognized national border within which the person or persons legally reside
Early childhood development	Early child development (ECD) encompasses physical, socio-emotional, cognitive and motor development between 0-8 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 are those that satisfy the priority health care needs of the population. The current versions of the WHO Model Lists of Essential Medicines are the 20th WHO Essential Medicines List (EML) and the 6th WHO Essential Medicines List for Children (EMLc) updated in March 2017.
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
Foetal 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 health information system collects data from health and other relevant sectors, analyses the data and ensures their overall quality, relevance and timeliness, and converts the data into information for health-related decision-making.
Health policy	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 the just described treatments must be present to be considered iCCM. ICCM may also include screening, referral and treatment for malnutrition, and of newborns with illness.
Integrated management of childhood illness (IMCI)	IMCI is an integrated approach to child health that focuses on the well-being of the whole child. The approach focuses on the major causes of death in children through improving case management skills of health workers, strengthening the health system, and addressing family and community practices. The three components of the IMCI strategy are most effective when they are implemented simultaneously.
Intermittent preventive treatment in infants (IPTi)	Intermittent preventive treatment in infants is a full therapeutic course of antimalarial medicine delivered to infants through routine immunization services, regardless of whether the child is infected with malaria. IPTi reduces clinical malaria, anaemia and severe malaria in the first year of life. Treatment is given 3 times during the first year of life at approximately 10 weeks, 14 weeks, and 9 months of age, corresponding to the routine vaccination schedule of the Expanded Programme on Immunization (EPI).

International Confederation of Midwives (ICM)	An accredited non-governmental organization that works closely with the WHO, UNFPA, UNICEF and other organizations worldwide to achieve common goals in the care of mothers and children
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). 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.
Lay health worker	
Low birth weight	Birth weight of less than 2 500g, 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 authorised (registered) to practice after examination by a state board of nurse examiners or similar regulatory authority. Education includes three, four or more years in nursing school, and leads to a university or postgraduate university degree or the equivalent. A registered nurse has the full range of nursing skills. Different names include registered nurse, nurse practitioner, clinical nurse specialist, advance practice nurse, practice nurse, licensed nurse, diploma nurse, BS nurse, nurse clinician.
Postnatal care	The care provided by skilled health-care professionals to women and their newborn in the postnatal period (defined from birth to 6 weeks), through four postnatal contacts in order to ensure the best health conditions for both mother and baby. The components of PNC include: assessment of wellbeing of mother and baby; prevention, detection and management of postnatal related problems; management of concurrent diseases; and health education and health promotion.

Pneumonia with chest in-drawing	Chest in-drawing, is the abnormal inward movement of subcostal tissue (i.e. the tissue inferior to the costal cartilage of the lower anterior chest wall) during inspiration, and in children, chest in-drawing often occurs during respiratory diseases with poorly compliant, or “stiff,” lungs. This is a sign of severe pneumonia.
Pneumonia with fast breathing	One of the body’s responses to hypoxia due to infection in the lungs, is increasing the respiratory rate. This is a sign of severe pneumonia.
Possible serious bacterial infection (PSBI)	A young infant is classified as having PSBI or Very Severe Disease when any one or more of the following signs is present: not able to feed since birth or stopped feeding well (confirmed by observation); convulsions; fast breathing (60 breaths per minute or more); severe chest in-drawing; fever (38° C or greater); low body temperature (less than 35.5°C)
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. Preservice education most often takes place in schools and universities (e.g. medical, nursing and midwifery schools).
Preterm birth	A baby born < 37 completed weeks gestation
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-care 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 care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centered
Same sex/single parenting policy	The prospective parents are of the same sex, or is a person without a partner, to bring up or raise the child.
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	Foetal reduction based on a preferred sex of the embryo. Sex selection can be performed at preconception (selection of enriched fractions of X- or Y- bearing sperm, pre-implantation (male or female embryo selection) and prenatal (sex selection abortion). It can be medical (acceptable) or non-medical (controversial). Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Three types of sexual violence are commonly distinguished: sexual violence involving intercourse (i.e. rape), contact sexual violence (e.g. unwanted touching, but excluding intercourse), and non-contact sexual violence (e.g. threatened sexual violence, exhibitionism, and verbal sexual harassment)
Sexual violence	
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 to 19 of each 26 to 32 day cycle) 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 <i>(Also known as a national health strategic plan or national health plan)</i>	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	Substance abuse refers to 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 (if any type color or consistency) "Access" is understood as a broad concept that measures three dimensions of key health sector interventions: availability, coverage, and outcome and impact. Availability is defined in terms of the reachability (physical access), affordability (economic access) and acceptability (sociocultural access) of services that meet a minimum standard of quality. Making services available, affordable and acceptable is an essential precondition for achieving universal access.
Universal access	Coverage is defined as the proportion of people needing an intervention who receive it. Coverage is influenced by the supply or provision of services, and by the demand from those who need services and their health-seeking behaviour. Outcome and impact are defined in terms of medium-term effects, such as behavioural change or higher survival rates, and long-term effects, such as lower infection rates. Outcome and impact are the result of coverage, and depend on the efficiency and effectiveness of interventions.
Very low 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