Joint country support

Accelerated implementation of maternal and newborn continuum of care as part of improving reproductive health

Mapping of in-country activities

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<th>Full Form</th>
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<tr>
<td>AFHS</td>
<td>adolescent-friendly health services</td>
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<td>AI</td>
<td>appreciative inquiry</td>
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<td>AIDS</td>
<td>acquired immunodeficiency syndrome</td>
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<td>ANC</td>
<td>antenatal care</td>
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<td>ART</td>
<td>antiretroviral therapy</td>
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<td>ASRH</td>
<td>adolescent sexual and reproductive health</td>
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<td>BCC</td>
<td>behaviour-change communication</td>
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<td>BEONC</td>
<td>basic obstetrics and neonatal care</td>
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<td>CARMMA</td>
<td>Campaign to Accelerate Reduction of Maternal Mortality</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CEONC</td>
<td>comprehensive obstetrics and neonatal care</td>
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<tr>
<td>CHW</td>
<td>community health worker</td>
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<tr>
<td>C-IMNCH</td>
<td>community-based integrated management of childhood illnesses</td>
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<td>CPA</td>
<td>complementary package of activities</td>
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<tr>
<td>CSBA</td>
<td>community-based skilled birth attendant</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DHS</td>
<td>demographic and health survey</td>
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<td>EC</td>
<td>European Commission</td>
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<td>EmOC</td>
<td>emergency obstetric care</td>
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<td>ENBC</td>
<td>essential newborn care</td>
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<td>EPI</td>
<td>extended programme on immunization</td>
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<td>FGM</td>
<td>female genital mutilation</td>
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<td>FP</td>
<td>family planning</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunisation</td>
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<td>GBV</td>
<td>gender-based violence</td>
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<td>HIS</td>
<td>health-information system</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>HMIS</td>
<td>health-management information system</td>
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<td>HSSP</td>
<td>Health Sector Strategic Plan</td>
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<td>IEC</td>
<td>information/education communication</td>
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<td>IFC</td>
<td>working with individuals, families and communities to improve MNH</td>
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<td>IHHTP</td>
<td>integrated health-care technology package</td>
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<td>IHP</td>
<td>international health partnership</td>
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<td>IMAI</td>
<td>integrated management of adolescent illnesses</td>
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<td>IMCI</td>
<td>integrated management of childhood illnesses</td>
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<tr>
<td>IMNCH</td>
<td>integrated management of maternal and child health</td>
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<tr>
<td>IMNCI</td>
<td>integrated management of neonatal and childhood illnesses</td>
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<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
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<tr>
<td>IPT</td>
<td>intermittent preventive treatment (for malaria)</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>IUD</td>
<td>intrauterine device</td>
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<td>ITN</td>
<td>insecticide-treated bednet</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>KAP</td>
<td>knowledge, attitudes, and practices (survey)</td>
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<td>LIMS</td>
<td>logistics information-management system</td>
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<tr>
<td>LLIN</td>
<td>long-lasting insecticidal net</td>
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<tr>
<td>MBB</td>
<td>marginal bottlenecks budgeting (tool)</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MEC</td>
<td>medical eligibility criteria (used in tables only)</td>
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<td>M&amp;E</td>
<td>monitoring and evaluation (used in tables only)</td>
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<td>MICS</td>
<td>multiple indication cluster survey (UNICEF)</td>
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<td>MIP</td>
<td>malaria in pregnancy (used in tables only)</td>
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<td>MIS</td>
<td>management-information system</td>
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<tr>
<td>MNCH</td>
<td>maternal, newborn, and child health</td>
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<td>MNH</td>
<td>maternal and newborn health</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MPA</td>
<td>minimum package of activity</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>PAC</td>
<td>post-abortion care</td>
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<td>PAIMAN</td>
<td>Pakistan Initiative for Mothers and Newborns</td>
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<tr>
<td>PCPNC</td>
<td>Pregnancy, childbirth, postpartum and newborn care guide (WHO)</td>
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<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission of HIV</td>
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<tr>
<td>PPTCT</td>
<td>prevention of parent-to-child transmission (of HIV)</td>
</tr>
<tr>
<td>PNC</td>
<td>postnatal care</td>
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<tr>
<td>RH</td>
<td>reproductive health</td>
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<td>RTI</td>
<td>reproductive tract infection</td>
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<td>SBA</td>
<td>skilled birth attendant</td>
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<td>SPP</td>
<td>Strategic Partnership Programme</td>
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<td>SRH</td>
<td>sexual and reproductive health</td>
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<td>STI</td>
<td>sexually transmitted infection</td>
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<td>SWAp</td>
<td>sector-wide approach</td>
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<td>TB</td>
<td>tuberculosis</td>
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<td>TBA</td>
<td>traditional birth attendant</td>
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<td>TOT</td>
<td>training of trainers</td>
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<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UN H4</td>
<td>Human Development, World Bank</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VAW</td>
<td>violence against women</td>
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<tr>
<td>VCT</td>
<td>voluntary counselling and testing</td>
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<tr>
<td>VIA</td>
<td>visual inspection with acetic acid</td>
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<tr>
<td>WB</td>
<td>World Bank (used in tables only)</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>YFHS</td>
<td>youth-friendly health services</td>
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Executive summary

The Heads of the World Health Organization (WHO), United Nations Population Fund (UNFPA), and United Nations Children’s Fund (UNICEF) and the Vice President, Human Development of The World Bank (UN H4), endorsed on 22 July 2008, a working document aimed at harmonizing support provided to countries in their efforts to accelerate progress on the reduction of maternal mortality, and improve reproductive health including maternal and newborn health (MNH). Following a joint statement published by the executive heads in September 2008, which drew further attention to the need to make progress on Millennium Development Goal 5 (MDG 5), it was resolved to prioritize, in the first instance, 25 of the 60 countries with a high burden of maternal mortality, for joint actions. A joint scope of work was developed to work with governments and civil society to strengthen national capacity, in particular in seven key programmatic action areas. As a first step, a baseline mapping of country-specific activities within the seven action areas that are being supported by United Nations (UN) H4 partners, either individually or collectively, was carried out. The exercise aimed to provide a rapid assessment of supported activities, with a view to identifying additional needs and gaps and helping in defining necessary actions in the priority 25 countries.

Needs assessments

Nineteen of the 25 countries have a needs assessment conducted in MNH, including emergency obstetric care (EmOC), midwifery, and/or obstetric services (usually at subnational levels). However, in some instances, the needs assessments referred to earlier time periods and many of them were conducted at subnational level and thus did not provide national information. A few countries reported needs assessments in other areas of reproductive health such as family planning, adolescent sexual and reproductive health, and obstetric fistulae.

Further action

For each country, support conduct of an in-depth review of the completed needs assessments, especially for EmOC and for family planning, with a view to complementing subnational assessments, updating those conducted in earlier time periods, and further defining gaps and identifying interventions that need to be scaled-up. Support conduct of assessments where these do not exist, and improvement of assessment tools.

Availability of costed national plans for maternal and newborn health

All countries, except three, reported the existence of costed national plans. These are either part of the general health-sector strategic plan or developed as a specific MNH/reproductive health plan, or they focus on a specific aspect of MNH (e.g. prevention of mother-to-child transmission of HIV (PMTCT)). Only two countries reported the existence of costed district health plans.

Further action

Support development of costed national and district plans where they do not exist, and, as much as possible, use harmonized costing tools. Support the actions defined within national plans. Work on the integration of MNH and family-planning plans within broader national sexual and reproductive health and health plans and financing mechanisms.

Scaling-up quality maternal and newborn health services

H4 partners support a wide variety of activities in strengthening MNH/reproductive health care in all countries, at both community and facility levels, specifically in MNH, family planning, and adolescent sexual and reproductive health. A key activity reported by most countries is the adaptation to country contexts, and/or adoption of WHO guidelines, in both family planning and MNH, and support to capacity-building to improve services. Other support includes reproductive health-commodity security, supplies and equipment, and community interventions to promote facility deliveries.

Although available reports do not allow a full understanding of the extent to which these interventions were taken to scale at all levels of health system, it is understood that, in most instances, interventions were implemented at subnational
level, or confined to selected districts. In addition, it appears that the H4 partners are likely to support implementation of a particular intervention within selected administrative regions (i.e. districts). Finally, the packages of interventions that are being implemented differ across countries. A more detailed mapping of these packages and the scale of their implementation, as well as the extent of which essential commodities and infrastructures are available in achieving full scale, will need to be ascertained in planning support within the scope of H4, to individual countries.

**Further action**

Where successful activities supported by individual agencies have been identified in districts, use the lessons drawn to support national scaling-up. Ascertain the scale of implementation of effective interventions in planning of support to individual countries. Draw and share further lessons from successes reported from other countries/districts.

**Addressing the urgent need for skilled health workers**

Eight countries have reported a comprehensive human-resource strategy for MNH. The urgent need for skilled health workers is being addressed through a number of activities or strategies (e.g. in-service training of health personnel in standards of service delivery and related training of trainers, updating training curricula, providing performance-based incentives, training/employment of community midwives, and exploration of task-shifting across different health cadres).

**Further action**

Support development and strengthening of human resources for MNH/reproductive health, in line with national human-resource needs, updating of curricula, and enhancing capacity to train/deploy/support and maintain skilled workers.

**Addressing financial barriers to access, especially for the poorest**

Limited interventions were identified to address financial barriers to accessing reproductive/MNH services. These include free pregnancy and/or delivery care, introduction or discussion on various financing schemes including community health insurance, and provision of voucher schemes.

**Further action**

Continued advocacy for removal of financial barriers to access of services. Advocacy for increasing national budget allocation for health, including ensuring sufficient financial support to reproductive health and related commodity security.

**Tackling the root causes of maternal mortality and morbidity**

Activities to support girls’ education and gender equity are carried out in the majority of countries. Other issues of gender-based violence (GBV), female genital mutilation (FGM), and malnutrition are also addressed to a lesser extent.

**Further action**

Continue and enhance support to programmes that address the root causes of maternal mortality, including girls’ education, income generation, gender equity, and nutrition.

**Strengthening monitoring and evaluation**

All countries have regular population-based surveys, mainly demographic and health survey (DHS) and multiple indicator cluster survey (MICS – UNICEF), undertaken with support from H4 partners. Some of them have conducted recent maternal mortality surveys. Reviews and audits of maternal deaths are increasingly undertaken in countries.

**Further action**

Ascertain and support actions taken to reduce maternal mortality, following the conduct of maternal (and to a lesser extent, perinatal) death reviews. Support reviews of institutionalization of maternal and perinatal death. Provide support to comprehensive monitoring frameworks to inform progress in outcomes and related input/process indicators.

**Strengths and weaknesses**

The following strengths and weaknesses in terms of the capacity of the four agencies for country support are identified.
**Strengths**

- Each agency has in-country staff in all the 25 countries.
- Each agency has some funding for the area of work.
- There is willingness at global, regional, and country level for collaborative work on reproductive, maternal, and newborn health.
- There is, in a few countries, one UN plan, e.g. Ethiopia, Haiti, Liberia, and Pakistan.

**Weaknesses**

- There are usually inadequate human and financial resources.
- The technical capacity of staff present in countries is variable.
- Each agency has its own programme planning and results-based reporting, and in some instances, geographical areas of focus.

The findings of the mapping exercise provide a basis for identifying gaps, needs, and interventions that require scaling-up to accelerate progress. On the basis of these findings, possible interventions will need to be tailored according to the individual country context, which take into account (i) gaps and needs identified from the mapping exercise; (ii) existing needs assessments; (iii) ongoing activities in the country; (iv) the comparative advantage of joint support by H4 to address the gaps.
1 Background

Progress towards the Millennium Development Goal (MDG) 5 has been slow and uneven, with middle- and low-income countries, particularly those in sub-Saharan Africa, showing the least advance.

The World Health Organization (WHO), United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA), and The World Bank have been collaborating at global, regional, and country levels to support improving maternal and reproductive health, and thus achievement of MDG 5. The joint production and launch of the “Handbook” for monitoring emergency obstetric care (EmOC), by UNFPA, UNICEF, and WHO; the Strategic Partnership Programme (SPP) between WHO and UNFPA to improve quality of and access to reproductive health care; and the joint monitoring of MDG 5 (targets of reduction of maternal mortality and achievement of universal access to reproductive health) by all four agencies, are among the recent collaborative activities aimed at providing joint support to country programmes.

In an effort to accelerate progress on reduction of maternal mortality, and to improve reproductive health including maternal and newborn health (MNH), the Heads of WHO, UNFPA, and UNICEF and the Vice President, Human Development of The World Bank (UN H4), endorsed on 22 July 2008, a working document aimed at harmonizing approaches to countries, and leveraging the resources necessary for providing concerted support. It was resolved to prioritize, in the first instance, 25 of the 60 countries with a high burden of maternal mortality, for joint actions in 2009–2010. On 25 September 2008, the four principals issued a Joint Statement on Maternal and Newborn Health – Accelerating efforts to save the lives of women and newborns, and a joint scope of work was developed to work with governments and civil society to strengthen national capacity in efforts to:

- conduct needs assessments and ensure that health plans are MDG driven and performance based;
- cost national plans and rapidly mobilize required resources;
- scale-up quality health services to ensure universal access to reproductive health, especially for family planning, skilled attendance at delivery, and EmOC and newborn care, ensuring linkages with human immunodeficiency virus (HIV) prevention and treatment;
- address the urgent need for skilled health workers, particularly midwives;
- address financial barriers to access, especially for the poorest;
- tackle the root causes of maternal mortality and morbidity including gender inequality, low access to education, especially for girls, child marriage, and adolescent pregnancy;
- strengthen monitoring and evaluation systems.

As a first step to support and translate these commitments into action, a baseline mapping of country-specific activities that are being supported by UN H4 partners, either individually or collectively, was carried out. The mapping exercise aimed to provide a rapid assessment of supported activities within the H4 scope of work, and addresses the seven action areas mentioned above. It also sought to explore additional needs and gaps. The findings of the mapping exercise are summarized within the following sections of this report.

2 Methods

A data-collection instrument that captures in-country activities supported by the H4 partners within the above seven programmatic areas was developed (see Annex 1), and sent to the country offices of each agencies. Each agency was assigned to coordinate the completion of the instrument in six to seven countries, including information provided by the other three agencies. The distribution of countries according to agency is as shown below:

- **UNFPA**: Benin, Cambodia, Ghana, Haïti, Sierra Leone, Uganda, and Zambia;
- **WHO**: Burkina Faso, Ethiopia, India, Nepal, the Niger, and Rwanda;
- **UNICEF**: Afghanistan, Bangladesh, the Democratic Republic of the Congo, Liberia, Mali, and Nigeria;
• World Bank: Kenya, Malawi, Mozambique, Pakistan, the United Republic of Tanzania, and Zimbabwe.

Completed instruments by respective country office staff were returned to WHO headquarters, where the data were entered onto a database constructed for this purpose. Information available for each country was synthesized by grouping specific in-country actions/interventions according to the seven action areas of the H4 scope of work, and other main themes.

A summary table, structured on the basis of the seven action areas and other relevant themes of H4 scope of work, including main activities supported by the four agencies (individually or jointly), was created for each country. The questionnaire also explored the relevant activities supported by other partners. However, the completeness of this information varied within the returned questionnaires. Therefore, even if available for some countries, this information is excluded from the summary tables and the narrative report. Draft country tables were shared with H4 country staff to confirm the information and, if necessary, add any missing key items.

Data from the country summaries were qualitatively analysed to provide a general summary of the baseline situation with respect to the action areas. The analysis was conducted in regular discussions with the H4 partners.

3 Findings

The mapping instrument was completed in all 25 countries. The general situation with respect to the seven action areas is synthesized in section 3.1, with reference to specific country examples. Country-specific information on main activities supported by the four agencies – individually or jointly – is tabulated for each country in Annex 2.

3.1 Programmatic action areas

3.1.1 Conduct of needs assessments

Nineteen out of the 25 countries have needs assessments conducted in MNH. Other assessments were also carried out in a few countries in other aspects of reproductive health (e.g. family planning, reproductive health commodity security, adolescent reproductive health, gender-based violence, abortion, and obstetric fistulae). In some instances, the assessments were at national level (e.g. MNH assessment in Zimbabwe in 2004; EmOC needs assessment in Ethiopia in 2008); in many others it was limited to a number of districts (e.g. rapid MNH assessment in three districts in Kenya; primary health-care needs assessment in two states in India; and assessment in 10 districts in Pakistan).

Fourteen countries have needs assessments conducted in EmOC, some of them including also newborn care. Available information did not permit the precise determination of the scale (i.e. national versus subnational) and timing of the assessment in each of the countries but, as in other assessments, it appears that some EmOC assessments were national (e.g. Ethiopia, Haiti), while others were conducted at subnational levels (e.g. in eight districts in Nepal). Reference periods of some assessments go back to earlier periods in time.

Eight countries have needs assessments conducted on midwifery or skilled birth attendants (Bangladesh, Benin, Cambodia, Ethiopia, Nepal, Sierra Leone, Uganda, and Zambia). Other assessments on specific aspects of MNH include assessment of maternity waiting homes (Zimbabwe), prevention of unsafe abortion (Zambia), obstetric fistulae (Afghanistan, Benin, and Zambia), or service availability mapping (the United Republic of Tanzania, and Uganda).

Nine countries have assessments of either adolescent reproductive health or school health services (Benin, Burkina Faso, Liberia, Niger, Nigeria, Sierra Leone, the United Republic of Tanzania, Zambia, and Zimbabwe). Family-planning assessments, usually using the WHO strategic approach, were reported in only five countries (Afghanistan, Haiti, Nepal, Niger, and Zambia).

All four agencies have provided both financial and technical support towards the assessments, provided either individually or jointly. In-depth study of the scale and findings of these existing assessments in each country will provide useful information for planning and identification of the country-specific acceleration actions within the H4 joint work plan. Needs assessments limited to subnational levels should be complemented and those that refer to earlier time periods should be updated, to provide more recent and national-level information.
3.1.2 Availability of costed national plans for maternal and newborn health

All countries except three (Afghanistan, Benin, and Pakistan) reported they have costed national plans. These are either part of the general health-sector strategic plan (e.g. Bangladesh, Kenya, Liberia, and Zambia) or as a specific MNH/reproductive health plan (e.g. the Democratic Republic of the Congo, India, Nepal, Nigeria, Sierra Leone, and Uganda). A number of countries (e.g. Cambodia, Ethiopia, Rwanda, and the United Republic of Tanzania) have MNH/reproductive health addressed within both general health-sector plans and specific MNH/reproductive health plans.

Twelve countries reported that they have roadmaps (costed) to reduce maternal and newborn mortality, either completed or in the process of completion. These include Benin, Burkina Faso, Ghana, Liberia, Malawi, Niger, Nigeria, Mali, Mozambique, Uganda, Zambia, and Zimbabwe.

There are also country plans focusing on specific aspects of MNH (e.g. prevention of mother-to-child transmission of HIV (PMTCT), obstetric care, nursing and midwifery, malaria in pregnancy). Only two countries (Burkina Faso and Uganda) reported national costed plans for reproductive commodity security – a key element of H4 scope of work – while some others cite the existence of a reproductive health-commodity security plan, but without specifying whether they were costed or not (e.g. Afghanistan, Nepal, Niger, and Sierra Leone).

Costed district plans have been reported in only three country assessments – Bangladesh, Sierra Leone, and Zambia (district roadmaps).

The tools used in costing national plans are not specified within the majority of the questionnaires. Among those reported, the United republic of Tanzania MNCH Plan is costed using WHO’s integrated health-care technology package (IHTP), while district investment case analysis in Bangladesh and the National Health Strategic Plan in Zambia are costed using the marginal bottlenecks budgeting (MBB) tool developed by UNICEF.

The H4 partners have been involved in differing combinations in development of the plans and their costing. It is important to further explore the components of these costed plans and support their implementation according to the prioritization by each country. Another emerging issue to strengthen support is the development of district MNH/reproductive health plans, which exist only in a few countries.

3.1.3 Scaling-up maternal and newborn health services to ensure universal access to reproductive health

A wide range of activities for achievement of universal access to reproductive health were reported to be supported by H4 partners. The nature of support in key areas of concern is described next.

3.1.3.1 Family planning

Family-planning activities supported in the 25 countries mainly consist of development/updating of clinical guidelines, in particular adoption/adaptation of WHO guidelines in the context of the WHO/UNFPA SPP (e.g. Nigeria, Zambia, and Zimbabwe). Also, training of health workers in provision of family planning has been supported in almost all countries. Another key activity supported mainly by UNFPA in the majority of the countries is contraceptive commodity security, and procurement of contraceptives as necessary. However, activities targeted to actual service delivery appear to be limited. For example, support to community-based distribution of contraceptives is reported in eight countries (Bangladesh, Benin, Cambodia, the Democratic Republic of the Congo, Mali, Niger, Pakistan, and Zambia).

To a lesser extent, other activities to support family-planning services are noted: introduction of new contraceptive methods such as emergency contraception in Cambodia, voluntary surgical contraceptive services in Nepal, and reintroduction of the female condom in Uganda. Demand-side activities reported include: in Afghanistan, through advocacy on removing misconceptions, involving men and religious leaders; in Nepal, through expanded information/education communication (IEC) activities with a rights-based approach; and in Niger through behaviour-change communication (BCC). Family-planning updates were included in medical curricula in the United Republic of Tanzania.

Support to the formation and implementation of the strategy on repositioning family planning is noted in Benin, Burkina Faso, Liberia, Nigeria, and the United Republic of Tanzania.
3.1.3.2 Community-based interventions for maternal and newborn health

Various initiatives are supported by UN H4 agencies to promote MNH at community level. In particular, activities targeting newborn care at community level are supported universally across the countries. Such activities include incorporation of newborn issues within the integrated management of childhood illnesses (IMCI) programmes, home-based newborn care, and promotion of exclusive breastfeeding. These usually involve training of community health workers (CHWs) or engaging community volunteers.

A variety of health workers are reported to be engaged in community-based care of newborns and mothers. For example, Mozambique has a traditional birth attendant (TBA) strategy, while Kenya has engaged community midwives, and Ethiopia health extension workers. Construction and establishment of compounds for community-based service provision are reported in a variety of countries (e.g. the Democratic Republic of the Congo, Ghana, Kenya, Mali, and Zambia).

Community activities for maternal health care supported by the agencies are very diverse across countries, but they are usually directed to promote deliveries at facilities, or support referral in case of emergency. For example, community support/action groups for safe motherhood have been supported in Bangladesh, Cambodia, Ghana, Mozambique, and Zambia. Transport systems or mobile clinics are supported in Afghanistan, Cambodia, Ghana, Liberia, Sierra Leone, and Zambia, and waiting homes for women at birth in Mozambique and Zambia. In Rwanda, incentives to both women and providers are provided to promote facility deliveries. In Haiti, TBAs are given incentives to refer women to health facilities for delivery.

Reported medical interventions supported within the community include community-based (in addition to facility-based) use of misoprostol for management of postpartum haemorrhage in Uganda, and in many other countries distribution of insecticide-treated bed nets (ITNs) and micronutrients to prevent anaemia. Vitamin A supplementation for newborns was also reported in a number of countries.

3.1.3.3 Facility-based interventions for maternal and newborn health

Strengthening provision of EmOC in facilities is reported as a key activity, with support by H4 partners in 20 out of 25 countries. Such support usually consists of the adaptation and/or adoption of WHO guidelines for improving the quality of clinical care; training of health providers; and provision of equipment, drugs, and supplies for provision of EmOC, antenatal care (ANC), and newborn care.

Support to training health providers includes both training on essential services, best practices, and use of guidelines, and also training on practical skills. Specifically, in Burkina Faso, Mali, and Niger, training of health providers on obstetric surgery was noted. In Ethiopia, Niger, and Zimbabwe, task-shifting to increase the number of staff who can provide EmOC has been supported. For example in Zimbabwe, nurses are now allowed to perform manual removal of placenta, and in family planning, insertion of contraceptive implants. Both interventions were previously carried out only by doctors. In Benin, training of midwives in the use of vacuum for delivery is supported.

Facility-based newborn care is also supported, in some cases as part of EmOC, and in others by promoting essential newborn care (ENBC). Support to provision of family planning specifically to adolescents as part of post-abortion care (PAC) in Mozambique, and strengthening of PAC in the United Republic of Tanzania is also reported.

All countries reported support to a variety of activities in relation to integration or linking HIV services with aspects of sexual and reproductive health including MNH services, and integrated provision of different elements of reproductive services. For example, ANC and PMTCT services are integrated in the majority of the countries. Malaria prevention is also an integral part of pregnancy care in most of the cases. Incorporation of PAC into EmOC in Zambia, and linkage between HIV and sexually transmitted infection (STI) services in India are reported to be supported.

Actions to improve coverage of services are also supported. A specific activity to improve access to services in India aims to expand provision of reproductive and child health services at private health facilities. In Rwanda and Zambia, incentives (in terms of supply) to health-care facilities are provided to improve coverage of key interventions.
3.1.3.4 Adolescents

Strategies or policies for addressing adolescent reproductive health exist in 17 countries (Afghanistan, Bangladesh, Benin, Burkina Faso, Ethiopia, Ghana, Haiti, India, Liberia, Nepal, Niger, Nigeria, Pakistan, Rwanda, Uganda, the United Republic of Tanzania, and Zimbabwe). In terms of services, youth-friendly health services are supported in Bangladesh, Benin, Cambodia, Ethiopia, Haiti, Malawi, Mozambique, Nepal, Sierra Leone, Uganda, the United Republic of Tanzania, and Zimbabwe; youth centres in Rwanda; and youth information centres in a few districts in Afghanistan. Peer education on sexual and reproductive health, often with a view to preventing HIV, is a common intervention, supported, for example, in the Democratic Republic of the Congo, Mozambique, Nigeria, Sierra Leone, and Zambia. Incorporation of reproductive health education in schools is reported in Cambodia, Haiti, Uganda, and Zimbabwe, while educational activities for out-of-school adolescents are noted in Cambodia, the Democratic Republic of the Congo, Nepal, and Zimbabwe. Training of service providers on provision of services to adolescents, and development of standards for youth-friendly service provision are supported widely across the countries. Specific targeting of pregnant adolescents for ANC provision is supported in Afghanistan and Mozambique, and for PAC (which includes family planning) in Mozambique and the United Republic of Tanzania. In Afghanistan, pregnant adolescents are targeted to wait for delivery in maternity waiting homes.

Incorporation of sex education in secondary school curricula is noted in Cambodia, Haiti, and Uganda, and emphasis on adolescents within medical school curricula is reported in India. Advocacy on adolescent reproductive health for the community has also been supported through adolescent networks or youth organizations (e.g. Bangladesh, Cambodia, and Zambia); or multimedia campaigns (e.g. Burkina Faso). Other support included provision of equipment for youth-friendly services (e.g. Zimbabwe), conduct of situation analysis (e.g. Burkina Faso), evaluation of life-skills education (the United Republic of Tanzania), or training religious leaders as resource persons for adolescent reproductive health (Afghanistan).

3.1.3.5 Scale of reported activities

In general, data on actions supported by H4 partners in all four thematic areas did not allow for full understanding of the extent to which these reported interventions were taken to scale at all levels of the health-care system. In most of the cases, the extent of the reported actions appears to be limited to a number of districts.

Another important finding that should be taken into consideration in planning of the accelerated support within the context of the joint H4 work is that agencies have usually been working in selected administrative regions (i.e. districts), where they support implementation of a particular intervention within those areas.

It appears from the findings that the packages of interventions that are being implemented differ across countries. A more detailed assessment of these packages and the scale of their implementation, as well as the extent to which essential commodities and infrastructure are available in achieving full scale, will need to be ascertained in planning support to individual countries.

3.1.4 Addressing the urgent need for skilled health workers

The urgent need for skilled health workers is being addressed through a number of strategies with support from H4 partners. The most commonly reported intervention is the in-service training of health providers in standards of service delivery and related training of trainers, supported universally across countries. Such capacity-building activities are carried out in different aspects of reproductive health, including MNH, by all countries.

Other more recent solutions were also put in place in countries to meet the need for skilled health workers, and supported by the four agencies. For example, human resources for health plans including MNH nurses and midwives are developed or being developed in eight countries (Afghanistan, Bangladesh, Cambodia, Liberia, Mozambique, Pakistan, the United Republic of Tanzania, and Zambia). Preservice training curricula for nurses and/or midwives were reported to be updated in 12 countries to include elements of reproductive health (Benin, Burkina Faso, Cambodia, Kenya, Mali, Mozambique, Nepal, Nigeria, Niger, Sierra Leone, Uganda, and Zambia).
In nine countries, H4 partners have been supporting development and/or implementation of performance-based incentives to health personnel working in MNH, in particular those located in rural areas (Bangladesh, Burkina Faso, Cambodia, Haiti, Liberia, Pakistan, Sierra Leone, Uganda, and Zimbabwe). A few countries have been proceeding with training and employing community midwives (e.g. Afghanistan, Bangladesh, Pakistan, and Zambia). Others implement (e.g. Ethiopia, Niger, Zimbabwe) or consider (e.g. the United Republic of Tanzania, Uganda) task-shifting between different cadres of health-care workers.

Several training/retaining or recruitment policies have also been supported for addressing MNH/reproductive health human resources in some countries (e.g. Bangladesh, Benin, Burkina Faso, Cambodia, Liberia, Mali, Uganda, and Zambia). Zambia reported opening of new nursing/midwifery schools according to its Strategic Plan on Human Resources for Health and Ethiopia plans to provide increases in the number of the health workforce. In Bangladesh, support to reviewing the basic health workers’ and village doctors’ package was noted.

Countries are diverse in application of such interventions. Thus, before finalizing specific in-country plans, in-depth information will need to be gathered on the scale of the reported interventions, including the status of the planned outputs of human-resource plans, update of curricula, capacity to train/deploy skilled health workers, and provision of incentive schemes.

### 3.1.5 Addressing financial barriers to access, especially for the poorest

Findings of the mapping exercise indicate an increasing tendency across countries to provide free maternal health care (e.g. ANC, delivery care), removing an important barrier in accessing care. Haiti, Liberia, Nepal, Niger and the United Republic of Tanzania report free pregnancy and delivery care, while preventive care in Burkina Faso and transport for women in birth in Ghana are reported as free. H4 partners are supporting, via advocacy, removal of user fees for pregnancy and delivery care in Ghana and Sierra Leone. In Benin, a feasibility study for free caesarean section was supported by all four agencies.

In other countries, introduction or discussion on various financing schemes (e.g. demand-side financing in Bangladesh, health equity funds and community health insurance in Cambodia, conditional cash transfer scheme for women for institutional delivery in India, mutual health insurance in Mali, health insurance in Rwanda) are being reported as a solution to reducing financial barriers for receiving maternal health care.

Information on the extent to which these interventions are implemented is limited, but it appears that there is some basis in countries on which to build in accelerating this aspect of the H4 scope of work.

Other interventions to address financial barriers were also reported, such as food incentives and voucher schemes in Pakistan.

Within-country advocacy to increase the national budget allocation for health, to meet the Abuja target, is noted in Zambia. H4 partners support governments in provision of care through strengthening infrastructure and ensuring the availability of supplies (e.g. equipment for caesarean sections and free delivery kits in Niger, and drugs for EmOC in Sierra Leone), as well as in capacity-building in allocation and distribution of funds (e.g. implementation of a new resource-allocation formula for block grants to districts in the United Republic of Tanzania).

### 3.1.6 Tackling the root causes of maternal mortality and morbidity

A number of actions that could contribute to addressing the root causes of maternal mortality are being supported by agencies. For example, girls’ education is supported in nearly all countries, mainly by UNICEF. Afghanistan, Benin, and Uganda are further supported in improving women’s literacy.

Activities to support gender equity at both community (e.g. community mobilization to address gender equity) and health-system level (e.g. training health workers in gender) also take place with support from agencies, particularly UNFPA.

Income-generating activities are noted to be supported in Afghanistan, Niger, Pakistan, and Uganda. Evidence is generated in the United Republic of Tanzania on the effect of social determinants on health MDGs. Other issues of GBV, FGM, and malnutrition, which can all increase risk for maternal mortality and morbidity, are being addressed in a number of countries.
No activities towards addressing broader determinants of maternal mortality with support from H4 partners are reported in Burkina Faso, Ethiopia, and Rwanda.

Systematic inclusion of such interventions in national plans where they are not included, will need to be established and accelerated for their effective and at-scale implementation.

3.1.7 Strengthening monitoring and evaluation

All countries have population surveys, mainly demographic and health survey (DHS) and multiple indicator cluster survey (MICS), undertaken with support from H4 partners. Some of them have conducted recent maternal mortality surveys (e.g. Ghana and Zimbabwe) and some are in the process of conducting them (Afghanistan and Nepal).

A key finding shows that reviews and audits of maternal death are increasingly undertaken in countries. Eighteen countries have maternal death reviews undertaken with support from H4 agencies. In many instances, these reviews are not yet conducted at national levels. In addition, it would be important to explore the actions taken to reduce maternal mortality, following the conduct of maternal death reviews. Perinatal death reviews are less common across countries, and are reported by fewer countries (e.g. Burkina Faso, Mozambique, Rwanda, Uganda, and Zimbabwe). Although not noted in each completed questionnaire, it is understood that maternal and perinatal death reviews are usually limited to facilities and/or particular areas.

Support to capacity-building in data collection, management, and analysis is reported to be provided within the context of national monitoring and surveillance systems in some countries (e.g. Bangladesh, Benin, the Democratic Republic of the Congo, Kenya, Mali, and Uganda). Review of health-management information systems (HMISs) for better monitoring national-level progress in MDG 5 is under way in a few others (e.g. Pakistan and the United Republic of Tanzania).

Key reproductive health/MNH indicators are reported to be included in major national frameworks, for example a joint assistance budget framework in Uganda, a national health-system monitoring framework in the United Republic of Tanzania (being developed), Afghanistan, and Cambodia, and in the UNDAF framework in Bangladesh. Support to development and tracking of comprehensive monitoring frameworks to inform progress in outcomes, and key input and process indicators as well as broader determinants should be a key element of the accelerated actions.

3.2 Contribution of H4 partners in actions

The mapping exercise also sought to identify the contribution of each agency to existing country-level activities within the scope of work. Country tables presented in Annex 2 show the support of each agency to reported activities. Overall, the findings indicate that in many instances, all three agencies (WHO, UNFPA and UNICEF), and to a lesser extent, all four (WHO, UNFPA, UNICEF, and The World Bank) jointly contribute (financially and technically) to a particular activity. Nevertheless, the following patterns emerge on the type of contribution each agency provides from available information:

- **WHO**: support to strategic planning (including roadmaps to reduce maternal mortality), development/adaptation and adoption of norms, standards and guidelines, building capacity in their use, conduct of maternal and perinatal death audits and monitoring frameworks;

- **UNFPA**: provision of supplies, equipment and commodities (especially for family planning and EmOC), support to capacity-building, support to surveys and censuses, and monitoring frameworks, adolescent reproductive health, and addressing social determinants, specifically related to gender;

- **UNICEF**: support to community-based initiatives and interventions, monitoring and evaluation (in particular MICS surveys and related capacity-building), provision of equipment (especially for MNH), national planning and implementation, education of girl children;

- **The World Bank**: support to financing schemes, poverty alleviation, addressing social determinants.
3.3 Existing gaps

A range of activities within the scope of work are already being carried out in countries. Gaps that are emerging from the mapping exercise include:

- a need for systematic complementary actions in the respective countries that address MDG 5, in particular on the causes of maternal mortality and actions to reduce maternal deaths;
- needs assessments exist, but not at national level in most cases and some refer to a number of years back. There is a need to carry out national needs assessments where they do not exist or to update those where they are outdated;
- information about family planning is limited. Further assessments are necessary to look at family planning in more depth for better understanding of the situation. Wider implementation of community-based distribution of family-planning methods is necessary;
- strengthening of national plans (especially costing where not yet done), including development of district-level service-delivery plans and support to implementation of roadmaps;
- countries use different costing tools, either the WHO or the UNICEF or the UNFPA costing tools, that might reflect different visions. It is necessary to harmonize costing tools for more consistent findings;
- where not included, ensuring that national plans (with a systematic approach to reach out to specific populations including first-time young mothers) address adolescent health and highlight the health risks of child marriage and early childbearing, female genital cutting, and sexual violence;
- ensuring integration of costed MNH/reproductive health plans in national health plans and financing mechanisms;
- although a range of interventions for universal access to reproductive health including MNH care are carried out, they are usually implemented at a limited scale. Systematic scale-up of effective clinical interventions with appropriate delivery strategies remains to be of focus;
- completion of gaps in availability of commodities/health-system infrastructure per country;
- support to development and strengthening of human resources, in particular for midwives and others with midwifery competencies, in line with national human-resource needs;
- support to effective financing schemes;
- strengthening monitoring of progress in MDG 5, including incorporation of national-level indicators in monitoring frameworks and support to strengthening capacity to collect, analyse, and utilize information at health facilities.

3.4 Strengths and weaknesses

The following strengths and weaknesses in terms of the capacity of the four agencies for country support are identified in general.

Strengths

- Each agency has in-country staff in all the 25 countries.
- Each agency has some funding for the area of work.
- There is willingness at global, regional, and country level for collaborative work on reproductive, maternal, and newborn health.
- There are, in a few countries, one United Nations (UN) plan, e.g. Ethiopia, Haiti, Pakistan, and Liberia.

Weaknesses

- There are usually inadequate human and financial resources.
- The technical capacity of staff present in countries is variable.
- Each agency has its own programme planning and results-based reporting, and, in some instances, geographical areas of focus.
4 Discussion and recommendations

The mapping exercise aimed to provide a rapid assessment of the extent of support H4 partners currently provide to country-level activities within the key action areas of the H4 scope of work, with a view to exploring gaps and needs. The findings indicate that a wide variety of activities that fall into seven action areas of the scope of work are being supported by four agencies in countries. For example, 19 of the 25 countries have needs assessments conducted in MNH including EmOC; the majority of the countries have national plans incorporating MNH/reproductive health; a wide range of activities in strengthening MNH/reproductive health care in all countries, at both community and facility levels, are being supported (albeit usually at limited scale); various actions to address the urgent need for skilled health workers and to tackle financial barriers to access have been initiated; population-based surveys or maternal death reviews are supported to monitor progress.

However, important gaps, as elaborated in section 3.3, exist in all these areas. In summary, many of the needs assessments are limited to subnational levels and some were conducted more than 5 years ago; costed national plans used different tools, requiring harmonization of costing tools; and the range of interventions for MNH/reproductive health are usually implemented at a limited scale. Support to strategies to develop and strengthen human resources for MNH/reproductive health and to effective financing schemes needs to be harmonized and/or enhanced; and strengthening monitoring of progress in MDG 5, including capacity to collect, analyse, and utilize information at health facilities, would require continuous support.

It should be noted that the information gathered with this exercise does not give in-depth information on all aspects of reproductive, maternal, and newborn health care; neither did the analysis elaborate the support of other organizations active in this area. Therefore, the full range of activities that are taking place in countries might not have been identified or elaborated in detail in this report.

Nevertheless, the mapping exercise provides a starting point for identifying country-specific gaps, needs, and interventions that require scaling-up to accelerate progress. Moreover, the teamwork involving country, regional, and headquarters staff of all four agencies in collecting, validating, and analysing data for this exercise has helped strengthen the collaboration across agencies on which to build in operationalizing joint support in countries within the H4 scope of work.

Building on the initial findings of the mapping exercise, possible interventions for nationwide scale-up within the H4 scope of work will need to be determined according to the individual country context that takes into account:

- gaps and needs identified from the mapping exercise;
- existing needs assessments;
- existing country plans and ongoing activities;
- the comparative advantage of joint support by H4 to address the gaps.
Annex 1  Mapping instrument – questionnaire

Overall interventions

1. What are the family planning activities in the country that are supported by any of the four agencies (individually or in partnership) or by other source?

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2. What are the community interventions for improving maternal and/or newborn health in the country that are supported by any of the four agencies (individually or in partnership) or by other source?

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3. What are the facility-level interventions for improving maternal and/or newborn health in the country that are supported by any of the four agencies (individually or in partnership) or by other source?

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4. What are the activities targeting adolescent reproductive health/adolescent pregnancy supported by any of the four agencies (individually or in partnership) or by other source?

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Policy and programmatic interventions

5. Have any needs assessments been conducted in reproductive, maternal, and newborn health in the country supported by any of the four agencies (individually or in partnership) or by other source?

Yes ☐   No ☐   Don’t know ☐

If yes, please specify

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6. Are reproductive/maternal/newborn health services integrated with support from any of the four agencies (individually or in partnership) or by other source?

Yes ☐   No ☐   Don’t know ☐

If yes, please specify

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7. Are linkages between HIV and reproductive/maternal/newborn services strengthened with support from any of the four agencies (individually or in partnership) or by other source?

Yes ☐   No ☐   Don’t know ☐

If yes, please specify

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8. Are there activities to establish linkages between reproductive/maternal/newborn services and other relevant health services such as malaria with support from any of the four agencies (individually or in partnership) or by other source?

Yes ☐  No ☐  Don’t know ☐

If yes, please specify

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Financial issues

9. Are there any activities to address financial barriers to access to care supported by any of the four agencies (individually or in partnership) or by other source?

Yes ☐  No ☐  Don’t know ☐

If yes, please specify

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10. Have costed national plans been developed for reproductive, maternal, and newborn health activities in the country with support from any of the four agencies (individually or in partnership) or by other source?

Yes ☐  No ☐  Don’t know ☐

If yes, please specify

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Human resources and capacity-strengthening

11. Are there any activities to adequately train and/or retain skilled health workers for assisting deliveries, in particular midwives, supported by any of the four agencies (individually or in partnership) or by other source?

Yes  ☐  No  ☐  Don’t know  ☐

If yes, please specify

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12. Are there any other activities directed to enhance human resources (e.g. task-shifting, new schools, incentives, etc.) for reproductive/maternal/newborn health in the country by any of the four agencies (individually or in partnership) or by other source?

Yes  ☐  No  ☐  Don’t know  ☐

If yes, please specify

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13. Has any support been provided to strengthen capacity to improve quality of and/or access to sexual and reproductive health services by any of the four agencies (individually or in partnership) or by other source?

Yes  ☐  No  ☐  Don’t know  ☐

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<th>Elements of sexual and reproductive health</th>
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<td>Prevention and control of sexually transmitted/reproductive tract infections</td>
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Social determinants and advocacy

14. Are there any activities to address social determinants (or root causes) of maternal deaths and reproductive morbidities supported by any of the four agencies (individually or in partnership) or by other source?

Yes [ ]  No [ ]  Don’t know [ ]

If yes, please specify

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15. Are there any in-country advocacy events to increase awareness about maternal/reproductive and newborn health and burden, supported by any of the four agencies (individually or in partnership) or by other source?

Yes [ ]  No [ ]  Don’t know [ ]

If yes, please specify

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Resource mobilization

16. Are there any resource-mobilization activities supported by any of the four agencies (individually or in partnership) or by other source?

Yes [ ]  No [ ]  Don’t know [ ]

If yes, please specify

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</table>
Monitoring and evaluation

17. Are special surveys to measure/monitor maternal mortality conducted with support from any of the four agencies (individually or in partnership) or by other source?

Yes ☐   No ☐   Don’t know ☐

If yes, please specify

<table>
<thead>
<tr>
<th>Survey</th>
<th>Nature of support</th>
<th>By whom</th>
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18. Are maternal death reviews conducted at national level supported by any of the four agencies (individually or in partnership) or by other source?

Yes ☐   No ☐   Don’t know ☐

If yes, please specify

<table>
<thead>
<tr>
<th>Description of review</th>
<th>Nature of support</th>
<th>By whom</th>
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</table>

19. Are perinatal death reviews conducted at national level supported by any of the four agencies (individually or in partnership) or by other source?

Yes ☐   No ☐   Don’t know ☐

If yes, please specify

<table>
<thead>
<tr>
<th>Description of review</th>
<th>Nature of support</th>
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</table>
20. Does the health-information system include a range of indicators to monitor national-level progress in MDG 5 (targets of reducing maternal mortality and achieving universal access to reproductive health) with support from any of the four agencies (individually or in partnership) or by other source?

Yes ☐  No ☐  Don’t know ☐

If yes, please specify

<table>
<thead>
<tr>
<th>Activity</th>
<th>Nature of support</th>
<th>By whom</th>
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</table>

Other

21. Are there other in-country activities supported by one or more of the four agencies (individually or in partnership) or by other source?

Yes ☐  No ☐  Don’t know ☐

If yes, please specify

<table>
<thead>
<tr>
<th>Activity</th>
<th>Nature of support</th>
<th>By whom</th>
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</tbody>
</table>

22. What is the staffing situation in the area of reproductive/maternal/newborn health in the country offices of the four agencies?

<table>
<thead>
<tr>
<th></th>
<th>Staff specifically working on reproductive/maternal/newborn health (number)</th>
<th>Nature of support the relevant staff provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO</td>
<td></td>
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<tr>
<td>UNICEF</td>
<td></td>
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<tr>
<td>UNFPA</td>
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<tr>
<td>The World Bank</td>
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<td></td>
</tr>
</tbody>
</table>

23. In your opinion, what are the additional needs to reduce maternal mortality and improve reproductive health, including newborn health in the country?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

THANK YOU!!
### Annex 2  Country tables – summary of interventions supported by H4 partners within the seven key action areas

#### Afghanistan

Note: ‘all four agencies’ refers to UNFPA, UNICEF, WHO and World Bank (WB).

<table>
<thead>
<tr>
<th>MNH/reproductive health (RH) needs assessments</th>
<th>Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>EmOC facility needs assessment (technical, financial; UNICEF, UNFPA)</td>
<td></td>
</tr>
<tr>
<td>Obstetric fistula programme (technical, financial; UNFPA)</td>
<td></td>
</tr>
<tr>
<td>Strategic assessment of family planning services (technical, financial; WHO)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Costed national MNH/RH plans</th>
<th>Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>None reported</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scaling-up quality maternal and newborn health services</th>
<th>Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning (FP)</td>
<td></td>
</tr>
<tr>
<td>Strategic assessment of FP services, and introducing and adopting decision-making tools (technical, financial; WHO)</td>
<td></td>
</tr>
<tr>
<td>Developing FP strategy and plan of action (technical; all four agencies)</td>
<td></td>
</tr>
<tr>
<td>Establishment of FP training centres at Kabul, Mazar, and Jalalabad (financial; UNFPA)</td>
<td></td>
</tr>
<tr>
<td>Advocacy (myths and misconceptions about FP methods), male involvement in FP (technical, financial; UNFPA)</td>
<td></td>
</tr>
<tr>
<td>Demand-creation for RH services through the involvement of religious leaders and empowerment of CHWs (technical, financial; UNFPA, UNICEF, WHO)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Community interventions for MNH</th>
<th>Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment for ANC (financial; UNICEF, WHO)</td>
<td></td>
</tr>
<tr>
<td>Mobile health units to reinforce link between community and health workers (financial; UNFPA)</td>
<td></td>
</tr>
<tr>
<td>Community midwife training (technical, financial; UNFPA, UNICEF, WHO)</td>
<td></td>
</tr>
<tr>
<td>Community groups discussions on maternal deaths (technical; UNICEF)</td>
<td></td>
</tr>
<tr>
<td>Introduced IFC (working together with individuals, families and communities to improve MNH) to stakeholders, national IFC steering committee formed, two districts selected for piloting</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility interventions for MNH</th>
<th>Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>EmOC training, capacity-building, service delivery (technical, financial; UNICEF, UNFPA, WHO)</td>
<td></td>
</tr>
<tr>
<td>Quality-assurance training (technical, financial; UNICEF)</td>
<td></td>
</tr>
<tr>
<td>Equipment for MNH care (financial; UNICEF, UNFPA)</td>
<td></td>
</tr>
<tr>
<td>Adaptation of WHO guidelines and training of trainers (TOT) (technical, financial; WHO)</td>
<td></td>
</tr>
<tr>
<td>Capacity-building in partograph and haemoglobin colour scale use (technical, financial; WHO)</td>
<td></td>
</tr>
</tbody>
</table>

### Adolescents
- Child and adolescent health policy and strategy development
- Tetanus vaccination of adolescents
- School health initiative
- Introduction and development of a model of reproductive health information centre in Kabul, establishment of four youth information centres
- Religious leaders trained as resource persons from 17 provinces
- HIV/AIDS programme communication targeting adolescents
- Community-based BCC project targeting adolescents (technical, financial; WHO)
- Maternity waiting homes – adolescents are referred (technical, financial; UNICEF)

### Human resources for health/ addressing the need for skilled health workers
- Community midwife training (technical, financial; UNFPA, UNICEF, WHO)
- Strengthening EmOC and skilled birth attendants (SBAs) (technical, financial; UNFPA)
- Adaptation and printing of WHO guidelines and provision to community midwifery schools (technical, financial; WHO)
- CHW training on community-based integrated management of childhood illnesses (C-IMNCI) technical, financial; WHO, UNICEF (technical, financial; all four agencies); Expansion of the numbers of lady health workers – aiming for at least one woman CHW capable of C-IMNCI per district
- Incentives for reproductive and child health personnel (financial; UNICEF, UNFPA, WHO)
- Revision of curricula for RH and MNH

### Addressing financial barriers to access to care
- Discussion on establishment of Afghanistan trust fund (technical; UNICEF, WHO, UNFPA)

### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)
- Women’s literacy programme (technical, financial; UNICEF)
- Basic development needs programme (technical, financial; WHO)

### Monitoring and evaluation (M&E)
- Maternal mortality survey 2002 (UNICEF, Centers for Disease Control and Prevention (CDC))
- MICS 2003, 2005 (UNICEF)
- MICS planned for 2009 (UNICEF)
- Maternal death review within EmOC assessments (UNICEF, WHO)
- Technical and financial support for M&E workshop for RH indicators of MDG 5 (WHO)
- EmOC progress monitoring (technical, financial; UNICEF, UNFPA, WHO)
### Other interventions/additional needs

| Advocacy and resource-mobilization activities | • Safe motherhood campaign, International Women’s Day, periodic press conferences and media campaign for safe motherhood initiative, FP, EmOC, obstetric fistula, ANC (technical, financial; UNICEF, UNFPA, WHO) |
| Integration | **Reproductive/maternal/newborn services**  
  • Integration of RH services in primary health care (technical, financial; all four agencies)  
  **Reproductive/maternal/newborn services and HIV**  
  • Integration with STI (technical, financial; UNFPA, WHO)  
  • PMTCT (technical, financial; UNICEF, WHO)  
  **Reproductive/maternal/newborn services and malaria**  
  • Malaria in pregnancy (MIP) treatment protocol and bednet distribution to pregnant women (technical, financial; UNICEF, WHO) |
| Additional needs | • Scaling-up maternal and newborn health and community-based activities  
  • Introducing international/regional best practices  
  • Research activities  
  • Fundraising activities at all levels to improve funding situation for maternal and newborn health  
  • RH in emergencies  
  • Gender and reproductive rights |
### Bangladesh

#### MNH/RH needs assessments
- Needs assessment for community-based SBAs; and midwifery services (technical, financial; UNFPA, WHO)
- Maternal, newborn, and child health (MNCH) services at community and facility level in 12 districts (technical, financial; UNICEF)
- Training needs assessment on EmOC services (technical, financial; UNICEF, UNFPA)
- Development of the nursing council including midwifery ordinance 2009 (nursing and midwifery law) (technical, financial; WHO)
- Development of tools and conducting hospital assessment for management of sick children (technical, financial; WHO)
- Linkages of HIV and sexual and reproductive health (SRH) – ongoing (technical, financial; UNFPA)

#### Costed national MNH/RH plans
- National Plan of Action for Nursing and Midwifery 2009–2015 (technical; WHO)
- District investment case analysis (using MBB tool) for MNCH in two districts (technical, financial; UNICEF, UNFPA, WB)

#### Scaling-up quality MNH services

##### Family planning
- Training of health-care providers on clinical contraception (technical, financial; UNFPA)
- Development of the National RH Commodity Security strategy with implementation plan (UNFPA)
- Orientation of RH commodity security, with special emphasis on distribution and reporting for Thana (subdistrict)-level managers and supply officers (UNFPA)
- Procurement and supply of contraceptives, equipment, and drugs (UNFPA)
- Updating the National FP guidelines and tools by adapting WHO guidelines (technical, financial; WHO)
- Adaptation of decision-making tools (technical, financial; WHO)
- Strengthening National Menstrual Regulation Programme (prevention of unsafe abortion) (technical, financial; WHO)
### Community interventions for MNH
- Community mobilization programmes on safe motherhood, delivery by SBAs (community-based), and FP in two low-performing districts (technical, financial; UNFPA)
- Development of an accreditation system to regulate training centres (technical, financial; WHO)
- Guidelines and tools for: community-based maternal and perinatal death audit; for referral linkage between communities and health facilities (technical, financial; WHO)
- Establishment of community support groups (technical, financial; UNICEF, WHO)
- Establishment of community-based pregnancy surveillance system (technical, financial; UNICEF)
- Development of training package for C-IMCI, ANC, ENBC, and postnatal care (PNC) counselling for CHWs (UNICEF)
- Revision of basic health worker package and village doctors’ training package on MNCH (UNICEF)
- Training of health workers in providing essential MNCH services (UNICEF)
- Training of CHWs on counselling and service provision at the household/community level (ANC/PNC, supply of iron, folic acid, clean delivery kit, deworming tablets, danger signs, referral etc.) (UNICEF)
- Promotion of infant and young child feeding (IYCF) at community level, through mother-support group (UNICEF)
- Postnatal vitamin A supplementation at community level (UNICEF)
- Training on FP, cervical cancer screening through visual inspection with acetic acid (VIA), and breast cancer screening (technical, financial; UNFPA)
- Training materials for training of district and upazilla-level health providers on best practices in obstetric care (technical, financial; WHO)
- TOT on ENBC; operations research in MCH and RH (technical, financial; WHO)
- Curriculum for ENBC training adapted from WHO Pregnancy, childbirth, postpartum and newborn care guide (PCPNC), (technical, financial; WHO)
- Guidelines for facility-based audit of maternal and perinatal death, for referral linkage of health facilities (from community to upper level) (technical, financial; WHO)
- Training on EmOC (for providers under DGFP) (technical, financial; WHO)
- Capacity-building of health managers on EmOC (technical, financial; UNICEF)
- Adaptation of the global strategy for IYCF and the development of a national guideline on IYCF (technical; UNICEF, WHO)

### Facility interventions for MNH
- Training on FP, cervical cancer screening through visual inspection with acetic acid (VIA), and breast cancer screening (technical, financial; UNFPA)
- Training on EmOC (for providers under DGFP) (technical, financial; WHO)
- Capacity-building of health managers on EmOC (technical, financial; UNICEF)
- Adaptation of the global strategy for IYCF and the development of a national guideline on IYCF (technical; UNICEF, WHO)
<table>
<thead>
<tr>
<th>Facility interventions for MNH (continued)</th>
<th>Adolescents</th>
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<tbody>
<tr>
<td>• Baby-friendly hospital initiative (technical; UNICEF, WHO)</td>
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<tr>
<td>• Quality assurance of EmOC and newborn care services (UNICEF)</td>
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<tr>
<td>• Provision of maintenance support for smooth running of facilities (minor renovation etc.) (financial; UNICEF)</td>
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<tr>
<td>• Procurement and supply of essential equipment, essential drugs, and logistics (IMCI/MNCH and newborn programmes) (UNICEF)</td>
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<tr>
<td>• Postnatal vitamin A supplementation at health facilities (technical; UNICEF)</td>
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<tr>
<td>• Development of adolescent RH strategy (technical, financial; UNICEF)</td>
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<tr>
<td>• Prevention and control of iron-deficiency anaemia in the community – iron supplementation to adolescent girls, tetanus vaccination (technical, financial; UNICEF)</td>
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<tr>
<td>• Study on “Access to health services for adolescent girls” in selected districts (technical, financial; UNICEF)</td>
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<tr>
<td>• Life-skills training for adolescent girls (technical, financial; UNICEF)</td>
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<thead>
<tr>
<th>Human resources for health/ addressing the need for skilled health workers</th>
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<tbody>
<tr>
<td>• Basic clinical training of community-based skilled birth attendants (CSBAs) and training of CSBA’s supervisor (technical, financial; UNFPA, WHO)</td>
</tr>
<tr>
<td>• Guidelines and tools for certification and registration of CSBAs (WHO)</td>
</tr>
<tr>
<td>• Performance-based incentive scheme for providers and clients (UNICEF)</td>
</tr>
<tr>
<td>• Adaptation and translation of the WHO regional midwifery standards for nurse-midwives (technical, financial WHO)</td>
</tr>
<tr>
<td>• Eight-day training programme on the midwifery standards for nurse-midwives (WHO)</td>
</tr>
<tr>
<td>• Three-month implementation of the training programme on midwifery standards for nurse-midwives (technical; WHO)</td>
</tr>
<tr>
<td>• Development of leadership and management programme in collaboration with International Council of Nurses</td>
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<tr>
<td>• Tracer study to track the trained human resources (EmOC providers) (design, plan and implement the study; UNICEF)</td>
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<thead>
<tr>
<th>Addressing financial barriers to access to care</th>
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<tbody>
<tr>
<td>• Development and scale-up of demand-side financing (technical, financial; all four agencies)</td>
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<tr>
<td>• Performance-based incentive plan, community mobilization (technical, financial; UNICEF)</td>
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<thead>
<tr>
<th>Tackling root causes of maternal mortality/morbidity (activities to address social determinants)</th>
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<tbody>
<tr>
<td>• Mainstreaming gender (technical, financial; UNFPA, UNICEF)</td>
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<tr>
<td>• Violence against women (VAW) (technical; UNFPA)</td>
</tr>
<tr>
<td>• Community support system (technical, financial; UNICEF)</td>
</tr>
<tr>
<td>• Micronutrient supplementation at community level to prevent anaemia in selected area (technical, financial; UNICEF)</td>
</tr>
<tr>
<td>• Gender, VAW, and rights training (technical, financial; UNICEF)</td>
</tr>
</tbody>
</table>
### Monitoring and evaluation

- Maternal mortality survey (UNFPA)
- Following-up the progress of MDG 5 through United Nations Development Assistance Framework (UNDAF) (financial; UNFPA)
- Management-information system (MIS) tool and software development, training of staff (technical, financial; UNICEF)
- Reporting system for maternal and perinatal death – review system to be established (UNICEF)
- Development of guidelines for facility- and community-based maternal and perinatal death audit (technical, financial; WHO)
- Low-birth-weight survey (technical, financial; UNICEF)
- Nutrition and anaemia surveys (technical, financial; UNICEF)
- Tracking MDG 5 process indicators through HMIS, and community-based tracking in selected districts (technical, financial; UNICEF)
- The goal of the HNPSP included in the overall development policy framework of the Government of Bangladesh, is monitored through MDG health indicators

**DGFP – Directorate General of Family Planning.**

### Other interventions/additional needs

#### Advocacy and resource-mobilization activities

- Development and implementation of BCC strategy for facility and community level (technical, financial; UNFPA)
- Advocacy at the national and community level, production of IEC materials
- Development of community strategy materials (technical, financial; UNICEF)
- The National Safe Motherhood Day and award-giving ceremony (technical, financial; UNICEF; technical; UNFPA, WHO)
- Celebrating Breastfeeding Week (technical, financial; WHO, UNICEF)
- Organising national, international and subnational forums, workings groups, and technical committees, to advocate for MNH issues (technical, financial; UNFPA, UNICEF)
- Writing funding proposals (technical: UNICEF)
- HIV/AIDS as entry point to provide youth-friendly health services within GRAFTM (technical; WHO)
- Workshops to increase capacity of professional staff for fundraising (technical; WHO)
## Integration

**Reproductive/maternal/newborn services**
- Development and update of the national neonatal health strategy and guidelines (technical, financial; UNFPA, UNICEF, WHO)

**Reproductive/maternal/newborn services and HIV**
- Sensitization workshop for divisional- and national-level government and non-government stakeholders on linkages of HIV with SRH (technical, financial; UNFPA)
- Life-skill training for adolescents on linkages of HIV and SRH
- Development of a module on HIV/AIDS for the nurse-midwives (technical, financial; WHO)
- Development of strategy and guidelines for prevention of parent-to-child transmission (PPTCT) (technical, financial; UNFPA, UNICEF, WHO)
- Piloting PPTCT of HIV (technical, financial; UNICEF)

**Reproductive/maternal/newborn services and malaria**
- Revision of National Strategic Plan on Malaria Control to include MIP (technical, financial; WHO)
- Training of medical officers and nurses on management of severe malaria and MIP; community-based IEC/advocacy; updating IMCI algorithm for management of malaria (technical; WHO)
- Identification of malaria and tuberculosis cases through CHWs at household/community level and referral to the facilities for testing and treatment (technical; UNICEF)

## Other

- Operations research on community-based newborn sepsis pneumonia management (technical, financial; UNICEF)

## Additional needs

- Give priority to midwifery in the health system and strengthen the midwifery skills
- Strengthen CSBA programme
- Develop national operational plan to increase coverage of evidenced-based MNH interventions
- Address equity issues in each programme to reach mothers in the lowest quintile
- Innovative approaches to deploy and retain trained human resources, particularly in the hard-to-reach areas
- Address maternal nutrition

GRAFTM – Global Fund to Fight Aids, Tuberculosis and Malaria.
### Benin

<table>
<thead>
<tr>
<th>MNH/RH needs assessments</th>
<th>Needs assessment on EmOC and newborn care (technical, financial; UNFPA, UNICEF, WHO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evaluation of care of newborns in the community (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td></td>
<td>Rapid assessment of health facilities for adolescents (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td></td>
<td>Evaluation of national RH (technical, financial; UNFPA, UNICEF, WHO)</td>
</tr>
<tr>
<td></td>
<td>Situational analysis on RH commodities (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td></td>
<td>Situation analysis on obstetric fistula (technical, financial; UNFPA, UNICEF, WHO)</td>
</tr>
<tr>
<td>Costed national MNH/RH plans</td>
<td>Costed national plans for PMTCT (The national plan for PMTCT was costed for 2006–2008 period; another one is not done by 2009)</td>
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<tr>
<td></td>
<td>MIP (technical, financial; UNFPA, UNICEF, WHO)</td>
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<td></td>
<td>Development of roadmap (awaiting printing) (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td></td>
<td>Development of the national strategy in maternal and neonatal mortality reduction and its operationalization plan 2006–2015 (technical, financial; UNFPA, UNICEF, WHO) (not costed)</td>
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<table>
<thead>
<tr>
<th>Scaling-up quality MNH services</th>
<th>Family planning</th>
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<tbody>
<tr>
<td></td>
<td>Adaptation of directives and protocols of FP/STI, based on the new guidelines from WHO; production, dissemination, and formation of health providers</td>
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<tr>
<td></td>
<td>Quarterly follow-up of trained providers and targeted supervision of providers on new guidelines FP/STI/HIV</td>
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<td></td>
<td>Strengthening of family-planning teaching in schools for health professionals (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td></td>
<td>Repositioning FP – development of a strategic plan of advocacy</td>
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<td></td>
<td>Review of support of IEC</td>
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<td></td>
<td>Updating of the image box based on WHO guidelines</td>
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<td>Analysis of situation in RH community security, updating strategic plan and condom programming</td>
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<td></td>
<td>Purchase of contraceptive products</td>
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<td></td>
<td>Training of providers on logistics and contraceptive technology</td>
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<td></td>
<td>Study of acceptability of RH services</td>
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<tr>
<td></td>
<td>Development of the document on coverage of mother and newborn within the community</td>
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<td></td>
<td>Development of tools for the promotion of breastfeeding</td>
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<td>Distribution of condoms, pills, and insecticide bednets</td>
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<td>Training of community relays (community-based groups of volunteers) on the recognition of signs of danger</td>
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<td></td>
<td>Training on the social mobilization technique (technical, financial; all four agencies)</td>
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<tr>
<th>Community interventions for MNH</th>
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</table>


### Facility interventions for MNH

- Formation on guidelines and training on focused ANC, prevention of postpartum haemorrhage, and PAC
- Training modules on EmOC, on usual care and resuscitation of newborn
- Training modules on the use of obstetrical vacuum by the midwife
- National strategy against obstetrical fistula (technical, financial; UNFPA, UNICEF, WHO)
- Rehabilitation of maternities (technical, financial; UNFPA, WB, WHO)
- Supply of ambulances, delivery kits, EmOC, essential medicines, and materials (technical, financial; all four agencies)

### Adolescents

- Development of the national policy of youth
- Action plan of implementation of youth policy
- Strategy of institutionalization of the prevention of HIV in the youth programme at the Ministry of Youth
- Training programme for young people on entrepreneurship at the Ministry of Youth
- Training peer educators (technical, financial; UNICEF, WB, WHO)
- Training of providers in IEC
- Rehabilitation of play areas in youth centres and leisure
- Implementation of youth-friendly services at the health centres
- Allocation of SRAJ (adolescent-friendly health services (AFHS)) with IEC material and reagents for HIV screening
- Training of peer educators in SRAJ (technical, financial; all four agencies)

### Human resources for health/addressing the need for skilled health workers

- Evaluation of training programmes in nursing and midwifery from December 2007 to June 2009 (technical, financial; all four agencies)
- Levelling of teachers in nursing and midwifery schools on EmOC, newborn care, and FP
- Day for reflecting on the midwife's role in the reduction of maternal and neonatal mortality
- Providing the midwifery school with anatomical models and didactic material
- Workshops on adequacy between usual practice of midwives and recent norms
- Supporting training for gynaecologists and public-health doctors (financial; WB, WHO, UNFPA)

### Addressing financial barriers to access to care

- Research, implementation and reinforcement of health insurance companies (technical; all four agencies)
- Development of decentralized prenatal consultation (technical, financial; all four agencies)
- Free caesarean section (technical, financial; UNFPA, UNICEF, WHO)
### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)

- Support to income-generating activities that reinforce women's economic power
- Training of women in rural areas to improve functional literacy
- Education of girls in formal and informal setting
- Education of young people to family life (technical, financial; all four agencies)
- National strategy on feeding newborn and young infants, including HIV (technical, financial; UNFPA, UNICEF, WHO)

### Monitoring and evaluation

- DHS Enquête Démographique et de Santé (EDS) (financial; UNFPA, UNICEF)
- Global inventory of population and lodging (technical, financial; UNFPA)
- Maternal death review

**SRAJ:** santé sexuelle et de la reproduction des adolescents et des jeunes (adolescent sexual and reproductive health).

### Other interventions/additional needs

#### Advocacy and resource-mobilization activities

- Submission to Global Alliance for Vaccines and Immunisation (GAVI) (technical; all four agencies)
- Submission to Global Fund (technical; all four agencies)
- Advocacy with Benin Government for increasing the fund allocated to health (technical; all four agencies)
- Development of partnership with other UN agencies and other partners dealing with RH (technical; all four agencies)

**Reproductive/maternal/newborn services and HIV**

- Advocacy for the collaboration with a view to integrating PMTCT in the family health activities (technical; all four agencies)
- Development of PMTCT part in Global Fund Round 9 proposal submission (technical; all four agencies)
- Study of quick evaluation of the integration of HIV and SRH (technical, financial: UNFPA; technical: UNAIDS, UNICEF, WHO)
- Voluntary and free screening of HIV/AIDS (all four agencies)

**Reproductive/maternal/newborn services and malaria**

- Adaptation of guidelines on malaria coverage for pregnant women and children under 5 years, and training of health providers (technical; all four agencies)
- Malaria prevention and coverage of fever at home (technical; all four agencies)
### Additional needs

- Strengthen country offices in human resources, both quantitatively and qualitatively
- Support for human resources at the country level for maternal and neonatal health, both quantitatively and qualitatively
- Advocacy for resource mobilization
- National capacity in monitoring and evaluation
- Research mainly in following:
  - the community level
  - basic training for health professionals in maternal health
  - promoting best practices
  - supervision of providers
### Burkina Faso

| MNH/RH needs assessments | • Needs assessment on school and university health (technical, financial; UNICEF, UNFPA, WHO)  
| | • Study on unmet obstetric needs (technical, financial; UNFPA, UNICEF, WHO)  
| | • Situation analysis of RH services (technical, financial; UNFPA, WHO) |
| Costed national MNH/RH plans | • Roadmap to reduce maternal mortality  
| | • PMTCT of HIV  
| | • Strategic work plan on the security of RH material  
| | • Development and implementation of the joint UNFPA/UNICEF/WB/WHO project on financing PMNCH in accelerating the reduction of maternal, neonatal, child, and adolescent mortality in north and central-north regions  
| | • Strategic plan for adolescent health 2009–2013 (technical, financial; all four agencies)  
| | • Development of the “midwives” project (technical, financial; UNFPA, UNICEF, WHO) |
| Scaling-up quality MNH services | **Family planning**  
| | • Plan for the repositioning of FP  
| | • Workshops on contraceptive provision  
| | • National advocacy on FP  
| | • Communication for behaviour change (technical, financial; UNFPA, WHO)  
| | • Development of policy, protocols, standards in RH (technical, financial; all four agencies)  
| | • Repositioning FP (technical, financial; UNFPA, WHO)  
| | • Design and dissemination of posters for public awareness on danger signs during pregnancy, childbirth, and postpartum  
| | • Development and dissemination of information for the management of obstetric and neonatal emergencies in the village and on the reorientation of village midwives in their new role  
| | • Commemoration of the African day to fight against maternal and neonatal mortality  
| | • Elaboration of the strategic plan of the community component of the IMCI 2009–2013 (technical, financial; UNFPA, UNICEF, WHO)  
| | • Strengthening of medical and technical platform to offer good-quality EmOC and newborn care  
| | • Institutionalization of audits of maternal and neonatal deaths (including training facility staff)  
| | • Tracking/monitoring of maternal and newborn health (technical, financial; all four agencies) |
| Community interventions for MNH |  
| Facility interventions for MNH |  
|
| Adolescents | • Managing complications of abortions (PAC) (technical, financial; UNFPA, WB, WHO)  
| | • Training of health districts in the orientation programme in youth health (technical, financial; UNFPA, UNICEF, WHO)  
| | • Development of guidelines on school and university health (technical, financial; UNFPA, UNICEF, WHO)  
| | • Rebuilding and provision of equipment for youth centres (technical, financial; UNFPA)  
| | • Integration of adolescent reproductive health in training for health-service providers in the periphery (technical, financial; UNFPA, WHO)  
| | • Organization of multimedia campaigns on sexual and reproductive health (technical, financial; UNFPA, WHO)  
| | • Plans for prevention of HIV infection in young people (technical; UNFPA, UNICEF) |
| Human resources for health/addressing the need for skilled health workers | • Training of doctors on obstetrics to improve the activities of regional hospitals (technical, financial; WHO), and training of doctors at district level on basic surgery to improve the activities of district hospitals (technical, financial; all four agencies)  
| | • Establish a team of trainers in EmOC and newborn care  
| | • Recruit midwives at regional level to assure stability  
| | • Provide indemnity/incentive for service providers in rural zones  
| | • Opening of a professional network for midwives in order to assure and refresh the quality of service they provide  
| | • Study on motivations of health providers  
| | • Inclusion of integration of emerging issues in RH and HIV in curricula  
| | • Initiate discussion on task-shifting (technical, financial; UNFPA, UNICEF, WHO) |
| Addressing financial barriers to access to care | • Provision of free preventive care during pregnancy and for children aged under 5 years (technical, financial; UNFPA, UNICEF, WHO)  
| | • Free preventive care for and management of severe malaria during pregnancy and in children of 5 years of age (technical, financial; UNFPA, UNICEF, WHO)  
| | • National subsidy for delivery and EmOC, provision of care without payment of deposit (prepayment)  
| | • Implement the health mutual services and other systems of cost-sharing (technical, financial; UNFPA, UNICEF, WHO) |
| Tackling root causes of maternal mortality/morbidity (activities to address social determinants) | None reported |
### Monitoring and evaluation

- Population census (technical, financial; UNFPA, UNICEF, WHO)
- DHS (technical, financial; UNFPA, UNICEF, WHO)
- Survey maternal mortality (technical, financial; UNFPA, UNICEF, WHO)
- Follow-up of National Health Development Plan (technical, financial; UNFPA, UNICEF, WHO)
- Follow-up of Poverty Reduction Strategic Framework (technical, financial; UNFPA, UNICEF, WHO)
- Institutionalize the audit of maternal and neonatal deaths; implement the registration of maternal deaths in all hospitals and districts (technical, financial; UNFPA, UNICEF, WHO)
- Follow-up indicators of strategies and programmes for the reduction of maternal/newborn mortality (by maternal/newborn mortality reduction follow-up committee) (technical, financial; UNFPA, UNICEF, WB, WHO)
- Support of the revision of indicators for the National Health Development Plan and strengthen the national health-information system (HIS) to include indicators of: contraceptive use, ANC coverage, skilled attendance at birth, caesarean section rates (technical, financial; UNFPA, UNICEF, WB, WHO)

### Other interventions/additional needs

#### Advocacy and resource-mobilization activities

- Commemorate the African day to combat maternal and neonatal mortality (technical, financial; UNICEF, UNFPA, WB, WHO)
- Address maternal and neonatal health issues to media and parliamentarians (technical, financial; UNFPA, UNICEF, WB)
- Commemorate the World Breastfeeding Week (technical, financial; UNFPA, UNICEF, WB, WHO)
- Commemorate the International Midwife Day (technical, financial; UNFPA, UNICEF, WHO)
- Commemorate International Women's Day (technical, financial; UNFPA, UNICEF, WHO)
- Organize obstetrics/gynaecology and midwives assembly and health professionals association network (technical, financial; UNFPA, UNICEF, WHO)
- Develop proposal for maternal health fund (technical; UNFPA)
- Develop and submit proposal to GAVI Fund (technical; UNFPA)
- Develop proposal for the Round 9 of Global Fund (technical, financial; UNFPA, UNICEF, WHO)
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<thead>
<tr>
<th>Integration</th>
<th>Reproductive/maternal/newborn services and HIV</th>
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<tbody>
<tr>
<td>• Integrated training of health workers on obstetric and neonatal emergencies</td>
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<td>• Training of doctors and senior staff on the management of health district (where the services are integrated) (technical, financial; UNFPA, UNICEF, WB, WHO)</td>
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<th>Reproductive/maternal/newborn services and HIV</th>
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<tr>
<td>• Communicate the integration of reproductive health in the programmes to combat HIV (technical; UNFPA, WHO)</td>
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<td>• Development of the documents on PMTCT (technical, financial; UNFPA, UNICEF, WHO)</td>
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<th>Reproductive/maternal/newborn services and malaria</th>
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<tr>
<td>• Free preventive malaria care during pregnancy (technical, financial; UNFPA, UNICEF, WHO)</td>
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<th>Additional needs</th>
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<tr>
<td>• Reinforce the human resources: basic training, follow-up training, recruitment in all health districts, and supervision and motivation of health-service providers</td>
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<tr>
<td>• Reinforce the medical and technical side of health infrastructures</td>
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<tr>
<td>• Maintain and reinforce the achievements (maternal and neonatal deaths audit, provision of preventive care free of charge, subsidy for delivery, and EmOC and newborn care)</td>
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<tr>
<td>• Reinforce the community involvement in MNH services</td>
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### Cambodia

| **MNH/RH needs assessments** | - Obstacles to delivery by trained health providers (technical, financial; UNFPA)
  - Midwifery review (2006) (technical, financial; UNFPA, technical; WHO)
  - EmOC and Newborn Care assessment (2009) (technical, financial; UNFPA, technical; WHO) |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| **Costed national MNH/RH plans** | - Development of Health Strategic Plan (2008–2015) (technical, financial; all four agencies)
  - Development of reproductive health costing (2006–2015) (technical, financial; UNFPA, technical; WHO) |
| **Scaling-up quality MNH services** | **Family planning** |
|                            | - Revision of national protocol on birth spacing (technical, financial, through SWAP/SWIM agreement; UNFPA)
  - Family-planning forecasting and costing (technical, financial, through SWAP/SWIM agreement; UNFPA)
  - Introduction of new methods such as female condom, Implanon® and emergency contraception, and if requested, their procurement (technical, financial, through SWAP/SWIM agreement; UNFPA).
  - Community-based distribution and promotion of appropriate methods (technical, financial, through SWAP/SWIM; UNFPA).
  - Provision of up-to-date information and materials (technical; WHO)
  - Commune councils, village health support groups, and training of community volunteers on MNH such as on birth preparedness (technical, financial; UNFPA, UNICEF)
  - Development of a training programme on ANC and PNC for village health support groups (technical, financial; UNFPA, UNICEF, WHO)
  - Promotion of deliveries at health facility by supporting referral system and links between health staff and traditional birth attendants (technical, financial; UNFPA, UNICEF)
  - Development/piloting of the community care of mothers and newborns package (technical, financial; UNICEF, WHO)
  - Updating IMCI training modules; and development of the implementation package for baby-friendly community initiative (technical; UNICEF, WHO)
  - Within the context of the health-sector support programme, scaling-up of baby-friendly community initiative (technical, financial; all four agencies) |
| **Community interventions for MNH** | **for MNH** |
| Total:  | **Total:** |
### Facility interventions for MNH
- EmOC and neonatal care through skills training of health providers and provision of necessary equipment and materials (technical, financial; UNFPA)
- An MNH symposium for updating reproductive health physicians on evidence-based interventions; and revision/development of protocols on safe motherhood and PAC (technical, financial; UNFPA, WHO)
- Implementation of baby-friendly hospital initiative (technical; UNICEF, WHO)
- Within the context of the health-sector support programme, scaling-up of baby-friendly hospital initiative (technical, financial; all four agencies)
- Provision of equipment for obstetric care to two hospitals and seven health centres (UNICEF)
- Development/piloting and advocacy for scaling-up of integrated postpartum care training for midwives at health centres (technical, financial; UNICEF)

### Adolescents
- Development of youth-friendly services for Ministry of Health (MOH), and implementation in selected locations (financial; UNFPA)
- Life-skills programme of the Ministry of Education, Youth and Support (financial; UNFPA)
- Outreach interventions (through a youth organization) (financial; UNFPA)
- Development of RH curriculum for youth (financial; WHO)

### Human resources for health/ addressing the need for skilled health workers
- Pre- and in-service training for health personnel (technical, financial; UNFPA)
- Development of 3-year direct entry midwifery programme and development of standard in-service training curriculum for midwives (technical, financial, support and provision of standards/norms; UNFPA, WHO)
- Expansion and delegation of training to subnational levels (financial; UNFPA, UNICEF, WB)
- Aggressive civil-service recruitment including midwives (financial; UNFPA, UNICEF, WB)
- Performance-based support to health-care providers (financial; UNFPA, UNICEF, WB)
- Establishment and function of high-level midwifery task force (financial; UNFPA), support development of its multi-year plan to include production, deployment, and retention (as members) (technical; UNICEF, WHO).
- Training methods course for trainers of midwives (financial; WHO)

### Addressing financial barriers to access to care
- Establishment of health equity funds (technical, financial; UNFPA, UNICEF, WB).
- Development of health-strategic plan, including health-care financing strategy (technical; WHO)
- Community health insurance (financial, WB).
### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)
- Gender and women empowerment (technical, financial; UNFPA)
- Micronutrient supplementation (technical, financial; UNICEF)
- Study on gender-specific aspects of health-financing scheme and development of country profile on gender, human rights, and equity in health-care policies (technical, financial; WHO)

### Monitoring and evaluation
- DHS (technical, financial; UNFPA, UNICEF, WHO)
- Population census (financial, UNFPA)
- Maternal death reviews/audits (technical, financial; all four agencies)
- National-level monitoring of progress in MDG 5 (technical; WHO)

### Other interventions/additional needs

#### Advocacy and resource-mobilization activities
- Parliamentary briefing on MDGs 4 and 5 (financial; UNFPA, UNICEF, WHO)
- Technical working group for health, and government donor coordination committee (participation; all four agencies)
- Joint UN media network (financial; UNFPA, UNICEF)
- Reproductive, maternal, newborn and child health task force (participation; UNFPA, UNICEF, WHO)
- Implementation of government action plan on harmonization and alignment of support for results, and to implement international health partnership (IHP)-funded work plan (technical, financial; all four agencies).
- Management of resources for implementation of health programmes

#### Integration

**Reproductive/maternal/newborn services**
- Reproductive/maternal/newborn services are integrated into a minimum package of activity (MPA) for health services and a complementary package of activities (CPA) for referral hospitals. (financial, capacity-building, and monitoring and supervision support; UNFPA, UNICEF, WB)
- Introduction of Global Reproductive Health Strategy, that recommends integration (technical; WHO)

**Reproductive/maternal/newborn services and HIV**
- Demonstration project on linkages of RH services with HIV in two provinces (technical, financial; WHO)
- PMTCT services within antenatal, delivery and postnatal care (pooled funds; UNICEF, UNFPA, WB)

**Reproductive/maternal/newborn services and malaria**
- Piloting of a programme on malaria in pregnancy (technical; WHO)

### Additional needs
None reported
### The Democratic Republic of the Congo

| MNH/RH needs assessments | • Study on free health care (which package of interventions can be subsidized) (technical, financial; UNICEF, WHO)  
|                         | • Cost study on the intervention in health centres and general referral hospitals  
|                         | • Estimation of the scale of fistulae and situational analysis for RH (technical, financial; UNFPA) |
| Costed national MNH/RH plans | • Strategic plan of RH (technical, financial; UNFPA, WHO)  
|                         | • Strategic plan of PMTCT (technical, financial; UNFPA, WHO) |
| Scaling-up quality MNH services |  
| Family planning | • Contraceptive supplies (financial; UNFPA)  
| Community interventions for MNH | • Training of health workers on FP (technical, financial; UNFPA)  
|                         | • Development of guidelines for home-based newborn care (technical, financial; UNFPA, UNICEF, WHO)  
|                         | • Capacity-building of community workers and distributors of contraceptives (technical, financial; UNFPA, UNICEF, WHO)  
|                         | • Establishment and support of community sites for care (technical, financial; UNICEF) |
| Facility interventions for MNH | • Training of health workers on EmOC (technical, financial; UNFPA, UNICEF, WHO)  
|                         | • Supervision of health workers and district health managers (technical, financial; UNFPA, UNICEF, WHO)  
|                         | • Rehabilitation of health structures (maternities, delivery rooms, surgical/gynaecology units, counselling rooms) (technical, financial; UNFPA, UNICEF, WHO)  
|                         | • Equipment for maternity, delivery – and newborn intensive care units (technical, financial; all four agencies)  
|                         | • Clinical services for adolescents – equipment of youth health centres and provision of supplies and drugs (technical, financial; UNFPA, UNICEF, WHO)  
|                         | • Development of standards for services to adolescents (technical, financial; WHO)  
|                         | • Training of peer educators inside and outside of school system (technical, financial; UNFPA, UNICEF) |
| Adolescents |  
| Human resources for health/ addressing the need for skilled health workers | • Training and supervision of activities (technical, financial; all four agencies)  
|                         | • Scholarships to women executives of the MOH for public health/RH issues (technical, financial; UNFPA, UNICEF, WHO) |
| Addressing financial barriers to access to care | None reported |
### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)
- Advocacy to remove legal barriers and to increase the budget of services providing medical care to mothers, newborns, and children (technical, financial; WHO, UNICEF)
- Revision of the family code (especially teenage marriage and pregnancy, gender-sensitive regulation) (financial; UNICEF, WHO)
- Micro-credits to community members (financial; UNFPA, WHO)
- Start-up package for teenage mothers, widows, and orphans (financial; UNFPA)
- Gender promotion, advocacy for school education of young girls (technical, financial; UNFPA UNICEF, WB)

### Monitoring and evaluation
- DHS, MICS (technical, financial; UNFPA, UNICEF, WHO)
- Knowledge, attitudes, and practices (KAP) survey (technical, financial; UNFPA, UNICEF)
- Institutionalization of maternal death audits in the structures of care (technical, financial; UNFPA, UNICEF, WHO)
- HMIS data collection (financial, UNICEF, UNFPA)
- Statistical yearbook (financial, UNICEF)

### Other interventions/additional needs
- Advocacy and resource-mobilization activities
  - Celebration of special events (International Women’s Day, International Day of the Child, campaign against sexual violence, campaign for FP) (financial; UNFPA, UNICEF, WHO)
  - Advocacy for the institutionalization for an international day on maternal and newborn deaths (technical, financial; UNFPA, WHO)
  - National forum on the aid effectiveness (technical; WB)

- Integration
  - Development of guidelines for the integration of PMTCT in the minimum package of activities (technical, financial; UNFPA, UNICEF, WHO)
  - Supervision of integrated activities
  - The health care of newborns is integrated in the service packages (technical, financial; UNICEF)

- Reproductive/maternal/newborn services and HIV
  - Training of health workers in maternity and health centres on ANC, MPA/PMTCT and MPA/paediatric care in reproductive units (technical, financial; UNICEF)
  - Training of laboratory technicians on HIV screening

### Additional needs
None reported
**Ethiopia**

| MNH/RH needs assessments | • National assessment of EmOC (technical, financial; UNFPA, UNICEF, WHO)  
| | • Gap assessment of medical and midwifery training (technical, financial; UNFPA) |
| Costed national MNH/RH plans | • National RH strategy action plan (technical, financial; UNFPA)  
| | • National Adolescent and Youth RH strategy (technical, financial; UNFPA)  
| | • Third health-sector-development programme (technical, financial; UNICEF, UNFPA, WHO) |
| Scoring-up quality MNH services | • Forecasting, procurement of commodities (technical, financial; UNFPA)  
| | • Training in logistics management (technical, financial; UNFPA)  
| | • Training of health-extension workers on safe delivery (technical, financial; UNFPA, UNICEF, WHO)  
| | • Strengthening basic and comprehensive EmOC (technical, financial; UNFPA, UNICEF, WHO)  
| | • Strengthening referral system, provision of ambulances, (technical, financial; UNFPA)  
| | • Training on the use of management guidelines (technical, financial; UNFPA, WHO)  
| | • Introduction of task-shifting and life-saving procedures (technical, financial; UNFPA)  
| | • Improving quality of midwifery care (technical, financial; UNICEF, UNFPA, WHO)  
| | • Development of the National Adolescent and Youth RH strategy and the standards and training materials for AFHS (technical; UNFPA, UNICEF, WHO) (implementation plan developed – needs to be rolled out)  
| | • Training of providers on AFHS (financial; WHO)  
| | • Development (ongoing) of national guideline for planning, implementation and monitoring of national standards for AFHS (technical, financial; UNFPA, UNICEF, WHO)  
| | • Active member of the national adolescent health technical working group (participation; WHO) |
### Human resources for health/ addressing the need for skilled health workers

- Capacity-building of midwifery schools, training, and equipment (technical, financial; UNFPA, UNICEF, WHO)
- Capacity-building of medical schools (technical, financial; UNFPA)
- Establish evidence on human-resource planning, management, and innovative financing (WB)
- Capacity-building of nurse midwifery associations (financial; UNFPA)
- MSc programme for health officers on emergency obstetric surgery
- Upgrading certificate to diploma midwife level (financial; UNFPA)
- Support to the scaling-up of training of “integrated emergency surgery professionals”\(^a\) (technical; WHO)
- Support to implementation of the Treat, Train, Retain (TTR) plan to strengthen the health workforce by addressing both the causes and the effects of HIV on health workers

### Addressing financial barriers to access to care

- Strengthening integrated financial management information system of the MOH (technical, financial; UNFPA)

### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)

None reported

### Monitoring and evaluation

- DHS 2005, DHS 2010 preparation (financial; UNFPA)
- Census 2007
- Joint review of the health-sector-development programme focusing on maternal health and tuberculosis

\(^a\) Non-physician clinicians with prime task to provide emergency obstetric care in rural areas of the country.

### Other interventions/additional needs

#### Advocacy and resource-mobilization activities

- High-level advocacy for maternal health (technical, financial; UNFPA)
- High-level advocacy for maternal health on task-shifting, (technical, financial; UNFPA, UNICEF, WHO)
- IHP+ compact – signed by 11 major development partners – maternal health is a priority area for expenditure from pooled funds

#### Integration

**Reproductive/maternal/newborn services and HIV**
- Comprehensive abortion care services with maternal and child health (technical, financial; UNFPA)

**Reproductive/maternal/newborn services and malaria**
- Maternal health with PMTCT (technical; UNICEF, WHO)
- FP and HIV in youth centres, (technical, financial; UNFPA)

#### Other

- Development partners meetings – monthly; development partners business meetings – quarterly; and health-summit – biannual (financial; UNICEF, UNFPA, WHO)

#### Additional needs

- Retention of trained human resources
- Expansion of training midwives
- Building capacity of training institutions
- Strengthening health systems and infrastructure
- Supporting pharmaceutical supplies and management
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<tr>
<td><strong>MNH/RH needs assessments</strong></td>
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<tr>
<td>Needs assessment on making pregnancy/delivery safer (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td><strong>Costed national MNH/RH plans</strong></td>
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<tr>
<td>Costed national plans for PMTCT, MIP (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td>Development of roadmap (awaiting printing) (technical, financial; UNFPA, UNICEF, WHO)</td>
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<td><strong>Scaling-up quality MNH services</strong></td>
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<tr>
<td><strong>Family planning</strong></td>
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<tr>
<td>Review of policy, protocols, standards, and guidelines (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td>Training of health workers (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td>Development and documentation of medical eligibility criteria (MEC) wheel as best practice (technical, financial; UNFPA, WHO)</td>
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<tr>
<td>Advocacy (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td>UNFPA is providing RH commodity security, and contraceptives (technical, financial; UNFPA)</td>
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<tr>
<td>Formation of support groups (SMILE) (technical, financial; UNFPA, UNICEF, WHO)</td>
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<td>Development of neonatal care guidelines (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td>Construction of community-based compounds and service provision, community integrated management of neonatal and childhood illnesses (IMNCI); training of community health officers (technical, financial; UNICEF)</td>
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<td>Community-based transport system for women in labour for safe delivery, in partnership with private transport owners (GPRTU) (technical, financial; UNICEF, WHO)</td>
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<tr>
<td>Development and review of protocols, standards, and guidelines (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td>Advocacy for construction of maternity wings to existing health facilities (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td>Procurement of equipment for obstetrics care (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td>Training of health workers in life-saving skills (technical, financial; UNFPA, UNICEF, WHO)</td>
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<td>Operationalization of district roadmaps (technical, financial; UNFPA, UNICEF, WHO)</td>
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<td>Train and equip midwives and midwifery schools (technical, financial; UNFPA)</td>
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<tr>
<td>Training in ENBC (technical, financial; UNICEF, WHO)</td>
</tr>
<tr>
<td>Printing of ANC cards nationally (technical, financial; UNICEF)</td>
</tr>
<tr>
<td>Refrigerators for blood bank (financial; UNFPA, WHO)</td>
</tr>
<tr>
<td>Development of strategic plan (technical, financial; UNICEF, UNFPA, WHO)</td>
</tr>
<tr>
<td>Standards development (technical, financial; UNFPA, UNICEF, WHO)</td>
</tr>
<tr>
<td><strong>Community interventions for MNH</strong></td>
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<tr>
<td><strong>Facility interventions for MNH</strong></td>
</tr>
<tr>
<td>Adolescents</td>
</tr>
<tr>
<td><strong>Adolescents</strong></td>
</tr>
<tr>
<td>Development of strategic plan (technical, financial; UNICEF, UNFPA, WHO)</td>
</tr>
</tbody>
</table>
### Human resources for health/addressing the need for skilled health workers

- Training of health personnel – doctors, midwives
- Procurement of training materials for training institutions nationwide (technical, financial; UNFPA, UNICEF, WHO)

### Addressing financial barriers to access to care

- Provision of support to national health insurance,
- Advocacy for free maternal health services including delivery
- Free ambulance services and transport for women in labour (technical, financial; UNFPA, UNICEF, WHO)

### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)

- Advocacy, training in FGM, gender mainstreaming (technical, financial; UNFPA, UNICEF, WHO)

### Monitoring and evaluation

- Maternal health survey, DHS (financial; UNFPA, UNICEF, WHO)
- Maternal death audits (technical; UNFPA, UNICEF, WHO)
- MICS (technical, financial; UNICEF)

GPRTU – Ghana Private Road and Transport Union.

### Other interventions/additional needs

### Advocacy and resource-mobilization activities

- Maternal and Child Health Week celebrations, (UNFPA, financial; UNICEF, WHO)
- Launch of “kangaroo” mother care (financial; UNICEF)
- National consultative meeting on MDG 5 (participation; UNFPA, UNICEF, WHO)

### Integration

**Reproductive/maternal/newborn services and HIV**

- Development of rapid assessment tool for integration in SRH, STI, HIV (technical, financial; UNFPA, UNICEF, WHO)
- Developing implementation strategies for PMTCT scale-up (technical, financial; UNFPA, UNICEF, WHO)
- Provision of test kits for syphilis/HIV detection (technical, financial; UNICEF)

**Reproductive/maternal/newborn services and malaria**

- Preventive interventions for MIP (intermittent preventive treatment (IPT)/ITN) (technical; WHO, UNICEF)

### Other

- Development partners’ meetings – monthly; development partners business meetings – quarterly; and health summit – biannual (financial; UNFPA, UNICEF, WHO)

### Additional needs

- More financial support for health-systems strengthening
- Support to ensure FP commodity security
- Continue needs assessment of newborn
- Continue to provide support for RH commodity security
### Haiti

| MHN/RH needs assessments | • Needs assessment in FP and neonatal care at level of free obstetric care health facilities (technical; UNFPA, WHO)  
• EmOC and newborn care survey (technical, financial; UNFPA) |
|--------------------------|--------------------------------------------------|
| Costed national MHN/RH plans | • Obstetrics care costing (technical; UNFPA, WHO)  
• Maternal health national plan costing (to be done) (technical, financial) |
| Scaling-up quality MNH services | |
| Family planning | • FP national plan (technical; UNFPA, WHO)  
• Contraceptive procurement (technical, financial; UNFPA) |
| Community interventions for MNH | • Communication campaign to promote institutional deliveries through free obstetric care project (financial; WHO)  
• Sensitization and incentives given to TBAs for them to refer women for obstetric care (financial; UNFPA, WHO)  
• Community-awareness-raising on PMCT and early infant diagnosis services related to HIV infection (financial; UNICEF)  
• EmOC survey (technical, financial; UNFPA)  
• Key obstetric drugs procurement (financial; UNFPA)  
• Free obstetric care project (financial; WHO) |
| Facility interventions for MNH | • Development of obstetric care facilities including rehabilitation of maternity wards and procurement of delivery tables (financial; UNFPA, UNICEF)  
• Minister of Youth strategic plan drafting (technical, financial; UNFPA)  
• SRH promotion in targeted schools (technical, financial; UNFPA)  
• RH guidelines for pupils jointly with Ministry of Education (technical, financial; UNFPA, UNICEF)  
• Youth-friendly services (technical, financial; UNFPA) |
| Adolescents | |
| Human resources for health/ addressing the need for skilled health workers | • Paying midwives and obstetricians wages (financial; UNFPA)  
• Support for national midwives school and national midwives association (financial; WHO) |
| Addressing financial barriers to access to care | • Malaria prevention and provision of free obstetric care and procurement of supplies for health facilities (financial; WHO) |
| Tackling root causes of maternal mortality/morbidity (activities to address social determinants) | • Community- and gender-based surveys (technical, financial; UNFPA) |
| Monitoring and evaluation | • Maternal health survey (technical, financial; WHO)  
• Maternal death reviews (financial; UNFPA, WHO)  
• Youth survey (technical, financial; UNFPA) |
### Other interventions/additional needs

| Advocacy and resource-mobilization activities | • Support for the elaboration of a social-protection scheme in health (technical, financial; WHO)  
  • MOH/donor coordination (technical; UNFPA, UNICEF, WHO)  
  • Midwives statute advocacy (technical; UNFPA)  
  • Key strategies to reduce maternal mortality (technical; UNFPA, UNICEF, WHO) |
|---|---|
| Integration | **Reproductive/maternal/newborn services and HIV**  
  • PMTCT services expanded  
  **Reproductive/maternal/newborn services and malaria**  
  • Preventive interventions for malaria, distribution of mosquito nets to pregnant women (technical, financial; WHO) |
| Other | • Joint reproductive health project (technical, financial assistance to MOH and its partners; UNFPA, UNICEF) |
| Additional needs | • More financial support for health-systems strengthening  
  • National budget support for human resources  
  • Securing commodities and national distribution needs to strengthened  
  • Strengthening programme assistance of UNFPA country office  
  • National frame and extension of programme to lower financial barriers to access to obstetric care. |
## India

| MNH/RH needs assessments | • Needs assessment for EmOC (technical; UNFPA)  
| | • Primary health-care assessment in Bihar and Rajasthan (technical; UNICEF) |
| Costed national MNH/RH plans | • Plans under the national reproductive/child health programme (RCH II) (technical; all four agencies; financial; UNFPA, WB) |
| Scaling-up quality MNH services |  
| Family planning | • Development of national FP guidelines and tools on various spacing and terminal methods (technical; UNFPA, WHO)  
| | • Dissemination of national FP guidelines and updates (technical; UNFPA, WHO) |
| Community interventions for MNH | • Implementation plan of national RH programme (RCH II) (technical; all four agencies, financial; UNFPA, WB)  
| | • Promote provision of standard package of services for skilled care at birth by community nurses and midwives (technical; UNFPA, WHO) |
| Facility interventions for MNH | • Expanding provision of reproductive and child health services at private health facilities (technical; WHO, UNFPA)  
| | • Promoting facility-based maternal death reviews (technical; WHO, UNFPA) |
| | • Improving coverage of complete ANC check-ups in eight states (technical, financial; UNFPA, WHO)  
| | • Expanding the availability of EmOC and newborn care (technical, financial; UNFPA, UNICEF) |
| Adolescents | • Development of national implantation plan for provision of adolescent health services (technical; UNFPA, WHO)  
| | • Develop training modules for medical officers and auxiliary nurse-midwives for providing adolescent-friendly services (technical, financial; UNFPA, WHO); Implement field-testing (technical; WHO)  
| | • Strengthening adolescent component in medical education (technical, financial; WHO) |
| Human resources for health/ addressing the need for skilled health workers | • Training of health personnel (doctors, midwives, and nurses) in skilled attendance at birth  
| | • Training of health personnel providing EmOC and newborn care  
| | • Procurement of training materials for training institutions nationwide (technical, financial; UNICEF, UNFPA, WHO)  
| | • Support mapping of auxiliary nurse-midwife training centres in selected states (UNFPA) |
| Addressing financial barriers to access to care | • Conditional cash-transfer scheme for women for institutional delivery – Janani Suraksha Yojana under RCH II (technical; UNFPA) |
### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)

- Community- and facility-based maternal death reviews (technical; WHO, UNFPA)
- Addressing adolescent pregnancy by advocating for scaling-up and implementation of adolescent SRH strategy (technical; UNFPA, WHO)
- Development of community-mobilization project to address social determinants such as nutrition and equality (technical; UNFPA)
- Facilitating gender mainstreaming in RCH II (technical; UNFPA)

### Monitoring and evaluation

- WHO Global Survey on Maternal and Perinatal Health (technical, financial; WHO)
- Maternal and perinatal death inquiry and response (technical; UNICEF)
- National DHS such as NFHS and DLHS (technical; UNFPA, WB, WHO)

DFHS – District-Level Household Survey; NFHS – National Family Health Survey.

### Other interventions/additional needs

#### Advocacy and resource-mobilization activities

- Delhi declaration in 2005 – launch of Partnership on MNCH (technical; WHO, UNICEF, UNFPA)
- Advocacy with national professional association like Federation of Obstetric and Gynaecological Societies of India and National Neonatology Forum of India (WHO, UNFPA, UNICEF)
- Participation in World Population Day (UNFPA)
- Regional study on reproductive health for women (technical, financial; WB)

#### Integration

**Reproductive/maternal/newborn services and HIV**

- Development of infant-feeding guidelines for HIV-exposed infants and children (technical; WHO)
- Developing implementation strategies for PMTCT scale-up (technical; WB, WHO)
- Development of convergence between STI/reproductive tract infection (RTI) services and HIV services (technical; UNFPA; WHO)

**Reproductive/maternal/newborn services and malaria**

- Preventive interventions for MIP (IPT/ITN) (technical; UNICEF, WHO)

#### Other

- Support to MCH solution exchange (technical; UNFPA, WHO)

#### Additional needs

- Recognize and address determinants like gender issues, women literacy, poverty, and social inequity
- Delay marriage and pregnancy
- Improve nutritional status across the life-course
- Accelerate scaling-up of capacity-building
- Improve quality of care at health facilities
- Rapidly operationalize 24×7 health facilities according to Indian public health standards
- Recognize the role of the private sector in provision of MNH services and harnessing its strength
### Kenya

<table>
<thead>
<tr>
<th>MNH/RH needs assessments</th>
<th>Executing the Kenya Service Provision Assessment 2004 (technical; UNICEF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costed national MNH/RH plans</td>
<td>Establishment of part of the national health-sector strategy (technical, financial; UNFPA, UNICEF, WB, WHO)</td>
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<tr>
<td>Scaling-up quality MNH services</td>
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<tr>
<td>Family planning</td>
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<td>Human resources for health/ addressing the need for skilled health workers</td>
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<tr>
<td>Addressing financial barriers to access to care</td>
<td>Establishment of demand-side financing – output-based approach to MNH programs in Northern Kenya (technical; UNICEF)</td>
</tr>
<tr>
<td>Tackling root causes of maternal mortality/morbidity (activities to address social determinants)</td>
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<tr>
<td>Monitoring and evaluation</td>
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### Other interventions/additional needs

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<thead>
<tr>
<th>Advocacy and resource-mobilization activities</th>
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<tbody>
<tr>
<td>Integration</td>
<td>None reported</td>
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<tr>
<td>Additional needs</td>
<td>Capacity-building for HMIS in updating the system (technical, financial; WHO)</td>
</tr>
</tbody>
</table>
## Liberia

| MNH/RH needs assessments | • Rapid assessment of adolescent health services (technical, financial; all four agencies)  
                          | • Rapid assessment of GBV in 10 counties and development of national GBV plan of action (technical, financial; UNFPA, WHO) |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Costed national MNH/RH plans | • Roadmap for reduction of maternal mortality (technical, financial; UNFPA, UNICEF, WHO)  
                                | • Child survival and national health plan (technical, financial; UNFPA, UNICEF, WHO) |
| Scaling-up quality MNH services | • Development of national comprehensive SRH policy (technical, financial; UNFPA, UNICEF, WHO)  
                                    | • Advocacy for repositioning family planning (funding MOH and Family Planning Association of Liberia; WHO)  
                                    | • Reproductive health commodities (financial; UNFPA)  
                                    | • Mobilization and sensitization of communities and national leaders to promote reproductive rights and gender equality, to reduce GBV, and to support survivors of GBV (technical, financial; UNFPA, IRC, UNICEF)  
                                    | • Community health volunteers (technical, financial; UNICEF)  
                                    | • Community-led total sanitation (technical, financial; UNICEF)  
                                    | • Training on danger signs of pregnancy (technical, financial; UNICEF)  
                                    | • Improve referral from community to health clinic and hospital (technical, financial; UNFPA, UNICEF, WHO)  
                                    | • Essential drugs and medical supplies to primary health facilities and hospitals (technical, financial; all four agencies)  
                                    | • Purchase of rapid test kits for syphilis, and urinary analysis strips for ANC (financial; UNICEF)  
                                    | • Strengthen the hospitals, mainly maternity, operational research and labs for provision of EmOC (technical, financial; UNFPA, WHO)  
                                    | • Training service providers in basic life-saving skills (technical, financial; UNFPA, UNICEF, WHO)  
                                    | • Training in fistula repair (technical, financial; UNFPA)  
                                    | • Development of national adolescent health plan as part of HIV prevention in youth activities (technical, financial; UNFPA, UNICEF, WHO) |
| Family planning          |                                                                                                                                    |
| Community interventions for MNH |                                                                                                                                    |
| Facility interventions for MNH |                                                                                                                                    |
| Adolescents             |                                                                                                                                    |
### Human resources for health/ addressing the need for skilled health workers
- Retention of junior doctors (financial; UNFPA, UNICEF, WHO)
- Life-saving skills training for health workers (technical, financial; UNICEF, UNFPA, WHO)
- Assigning country office staff (technical, financial; WHO)
- Payment and assignment of staff at MOH (technical, financial; UNFPA, UNICEF)
- Funding for fellowships, both local and international, to support MOH overall human resources for health plan (financial; UNICEF, UNFPA, WHO)

### Addressing financial barriers to access to care
- Provision of free services (technical, financial; UNFPA, UNICEF, WHO)
- Cash transfers for poor families (technical, financial; UNICEF)

### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)
- Development of training materials and training on clinical management of GBV and community-based psychosocial counselling and care (technical, financial; UNFPA, UNICEF, WHO)
- Training for psychosocial counselling at community level (technical, financial; UNFPA, WHO)
- Community-based initiatives (financial; WHO)

### Monitoring and evaluation
- DHS (technical; UNFPA, UNICEF, WHO)
- Maternal death review and desk review on FGM (technical; WHO)

IRC – International Rescue Committee.

### Other interventions/additional needs

#### Advocacy and resource-mobilization activities
- Maternal and Child Health Week celebrations (financial; UNICEF, UNFPA, WHO)
- Launch of “kangaroo” mother care (financial; UNICEF, WHO)
- National consultative meeting on MDG 5 (participation; UNFPA, UNICEF, WHO)

#### Integration

**Reproductive/maternal/newborn services**
- Delivery of basic package of health services (technical, financial; UNFPA, UNICEF, WHO)
- Development of national roadmap for accelerating the reduction of maternal and newborn morbidity and integration of services (technical, financial; UNFPA, UNICEF, WHO)

**Reproductive/maternal/newborn services and HIV**
- Establishment of a functional coordinating technical body (technical, financial; UNFPA, UNICEF, WHO)
- Integration of PMTCT into MCH/RH programme (at ANC) (technical, financial; UNFPA, UNICEF, WHO)

#### Other
- Integrated maternal and neonatal tetanus (MNT) campaigns (technical, financial; UNICEF, WHO)
- Development of comprehensive national nutrition policy and plan (technical; UNICEF, WHO)

#### Additional needs
- Funding constraints
Malawi

| MNH/RH needs assessments | • EmOC needs assessment (technical, financial; UNFPA, UNICEF, WHO)  
| | • Assessment of the roles of TBAs (technical, financial; UNFPA, UNICEF, WHO)  
| | • Status of RH services within the sector-wide approach (SWAp) in Malawi (technical, financial; UNFPA)  
| | • Situation of community maternal and newborn care (technical, financial; UNFPA, UNICEF, WHO)  
| | • Estimating status of fistula in Malawi (technical, financial; UNFPA)  
| | • Strategic assessment of abortion (technical, financial; UNFPA, WHO) |
| Costed national MNH/RH plans | • Development of roadmap (awaiting printing) (technical, financial; UNFPA, UNICEF, WHO) |
| Scaling-up quality MNH services | • Male and female condom programming, and procurement of other contraceptives (technical, financial, procurement; UNFPA)  
| Family planning | • Training of community-based distribution agents for contraceptives (technical, financial; WHO, UNFPA)  
| | • Development/printing of training materials (technical, financial; WHO, UNFPA, UNICEF)  
| Community interventions for MNH | • MNH care pilot in three districts and safe-motherhood campaign in 10 districts (technical, financial; UNICEF)  
| | • Community mobilization for MNH (technical, financial; UNICEF, UNFPA)  
| | • Safe-motherhood campaigns in 10 districts (technical, financial; UNICEF)  
| | • Training of various village-level committees in MNH (technical, financial; UNFPA, UNICEF, WHO)  
| | • Procurement of drugs for village health clinics (technical, financial; UNFPA, UNICEF, WHO)  
| | • Training on the redefined role of TBAs (technical, financial; UNFPA, UNICEF, WHO)  
| | • Community advocacy and mobilization (technical, financial; UNFPA, UNICEF, WHO)  
| | • “Kangaroo” mother care (technical, financial; UNICEF)  
| | • Basic EmOC training and procurement (technical, financial, procurement; UNFPA, UNICEF, WHO)  
| | • Fistula repair (technical, financial; UNFPA)  
| | • Training, review of guidelines and policies, printing (technical, financial; WHO)  
| | • Procurement of equipment and supplies for cervical cancer screening and management (technical, financial; WHO)  
| | • Provision of fistula repair/training (technical, financial; WHO, UNFPA, UNICEF) |
| **Adolescents** | • Youth-friendly services (including training of health workers), development of HIV strategy (technical, financial; UNFPA, UNICEF, WHO)  
• Development of HIV-prevention strategy (technical, financial; UNFPA, UNICEF, WHO)  
• Training of youth community-based FP-distribution agents (technical, financial; UNFPA, UNICEF, WHO) |
| --- | --- |
| **Human resources for health/addressing the need for skilled health workers** | • Training in RH/MNH (technical, financial; UNFPA, UNICEF, WHO)  
• Infrastructure development for rural health facilities including houses for health workers (financial, through SWAp basket; UNFPA, UNICEF)  
• Supported curriculum review in expending the role of second-level nurses to be able to provide all EmOC signal functions (financial, through SWAp basket; UNFPA, UNICEF, WHO) |
| **Addressing financial barriers to access to care** | • Through the SWAp basket, funds are provided to district hospitals within their implementation plans and budgets to support non-governmental facilities that provides MNH services to the poor (technical, financial; UNFPA, UNICEF, WHO) |
| **Tackling root causes of maternal mortality/morbidity (activities to address social determinants)** | • Community MNH activities that includes orientation of communities to these issues and mobilization  
• Support to girls education and gender (financial, through SWAp basket; UNFPA, UNICEF, WHO)  
• Support to peer education and life-skills education through the line ministries and non-governmental organizations (NGOs) (financial, through SWAp basket; UNFPA, UNICEF, WHO)  
• Support youth NGOs (financial, through SWAp basket; UNFPA, UNICEF, WHO) |
| **Monitoring and evaluation** | • DHS (technical, financial; UNFPA, UNICEF, WHO)  
• MICS (technical, financial; UNICEF)  
• Review of maternal-health indicators, registers, tools (technical, financial; UNICEF)  
• Training of health surveillance assistants in FP, and community-based MNH (technical, financial; UNFPA, UNICEF, WHO)  
• Maternal death reviews |
| **Other interventions/additional needs** | **Advocacy and resource-mobilization activities**  
• Campaign to Accelerate Reduction of Maternal Mortality (CARMMA)  
• Advocacy to finance roadmap  
• (financial, through SWAp basket; UNFPA, UNICEF, WHO) |
<table>
<thead>
<tr>
<th>Integration</th>
<th>Reproductive/maternal/newborn services</th>
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<tbody>
<tr>
<td></td>
<td>Integrating all RH and newborn activities and guidelines at the national level (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td></td>
<td>Monitoring and supervision tools integrated in MNH/RH (technical, financial; UNFPA, UNICEF, WHO)</td>
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<thead>
<tr>
<th>Reproductive/maternal/newborn services and HIV</th>
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<tbody>
<tr>
<td>PMTCT and antiretroviral therapy (ART) (technical, financial; UNICEF)</td>
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<tr>
<td>Male and female condoms in FP and HIV</td>
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<tr>
<td>WB HIV/AIDS additional financing (technical, financial; WB)</td>
</tr>
<tr>
<td>Policy, guidelines and training documents, monitoring tools, and indicators link HIV and RH (technical, financial; UNFPA, UNICEF, WHO)</td>
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</tbody>
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<tr>
<th>Reproductive/maternal/newborn services and malaria</th>
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<tr>
<td>Focused antenatal care and linkage between IPT for malaria and CPT for PMTCT (technical, financial; UNICEF)</td>
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<th>Other</th>
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<tr>
<td></td>
<td>Infant and child feeding study (technical, financial; WB)</td>
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<th>Additional needs</th>
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<tr>
<td></td>
<td>Resources to scale-up community-level MNH activities</td>
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<tr>
<td></td>
<td>Adequate human resource in MNH</td>
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<td>Strengthen collaboration with other line ministries and departments in addressing MNH issues</td>
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<td></td>
<td>Mobilize civil society to work in the area of MNH</td>
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<td></td>
<td>Extensive media collaboration to address issues of MNH</td>
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<td></td>
<td>Scaling-up of youth-friendly health services, including training of youth community-based distribution agents and peer educators</td>
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<td></td>
<td>Additional procurement of modern equipment for monitoring labour and other diagnostic services</td>
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<td>Mobilize further resources for commodities</td>
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<td></td>
<td>Communication and referral systems</td>
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<td></td>
<td>Infrastructure development and improvement</td>
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<td>Implementation of the incentives for the hard-to-reach areas</td>
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<td></td>
<td>Making decentralization a reality in the districts</td>
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</tbody>
</table>

CPT – co-trimoxazole preventive therapy.
### Mali

| MNH/RH needs assessments | Needs assessment on making pregnancy/delivery safer (financial; WB)  
| EmOC needs assessment (technical, financial; UNFPA, UNICEF, WHO)  
| Assessment of referral (technical, financial; UNFPA, WHO) |
| Costed national MNH/RH plans | Roadmap  
| RH strategic plan  
| EmOC plan  
| National programme to eliminate FGM (technical, financial; all four organizations) |
| Scaling-up quality MNH services | Community-based distribution of contraceptives (technical, financial; WB)  
| Organization of campaign for repositioning family planning (technical, financial; UNFPA, WHO)  
| Capacity-building of health providers (technical, financial; UNFPA, WHO)  
| Promoting clean deliveries – training and retaining TBAs (technical, financial; UNICEF, WB)  
| Distribution of vitamin A in rural areas (financial; UNICEF)  
| Organization of referrals (technical, financial; UNFPA, UNICEF, WHO)  
| Focused ANC (technical, financial; all four organizations)  
| Referral – ambulances (financial; UNFPA, UNICEF)  
| Strengthening EmOC – basic and comprehensive (technical, financial; UNFPA, UNICEF)  
| Focused ANC (technical, financial; all four organizations)  
| Development of strategic plan (technical, financial; UNFPA, UNICEF, WHO)  
| Standards development (technical, financial; UNFPA, UNICEF, WHO)  
| Equipment for blood bank (financial; UNFPA, UNICEF)  
| Construction and equipment of the community health centres (financial; WB)  
| Training on management of obstetric fistula (technical, financial; UNFPA)  
| Capacity-building of health providers (technical, financial; UNFPA, WHO)  
| Operations research (technical, financial; UNFPA, WHO)  
| No information |

### Adolescents

- No information
| Human resources for health/ addressing the need for skilled health workers | • Training and retaining in obstetrics surgery and anaesthesia for EmOC (technical, financial; UNICEF)  
• Curriculum development (technical, financial; WHO)  
• Human-resources policy (technical, financial; all four organizations) |
|---|---|
| Addressing financial barriers to access to care | • Development of mutual health Insurance (technical, financial; UNICEF)  
• Operations research on health system (technical, financial; UNICEF, WB, WHO) |
| Tackling root causes of maternal mortality/morbidity (activities to address social determinants) | • Advocacy against FGM and HIV/AIDS (technical, financial; UNICEF, WB)  
• Development of partnerships with NGOs in fight against malnutrition (technical, financial; UNICEF)  
• Study on social determinants (financial; UNICEF, WHO)  
• Ensuring clean drinking water (financial; UNICEF, WB) |
| Monitoring and evaluation | • Institutionalisation of national health accounts (NHA) (technical, financial; WB, WHO)  
• DHS (technical, financial; all four organizations)  
• Data-management and -analysis support (technical, financial; UNICEF, WB, WHO)  
• Maternal mortality audits (technical, financial; WHO)  
• MICS (technical, financial; UNICEF)  
• RH indicators are included in strategic development and poverty-reduction framework |

Other interventions/additional needs

| Advocacy and resource-mobilization activities | • National day on maternal mortality and other special days (technical, financial; UNICEF)  
• Development of compact santé (technical, financial; all four agencies)  
• Training in planning and costing, in MBB tools (technical, financial; UNICEF) |
|---|---|
| Integration | Reproductive/maternal/newborn services and HIV  
- PMTCT (technical, financial; UNICEF, WB)  
Reproductive/maternal/newborn services and malaria  
- ITNs for pregnant women (financial; UNICEF, WB) |
| Other | • Partnership with private structures offering EmOC in improving care (technical, financial; WB) |
| Additional needs | • Strengthening the quantity and quality of human resources  
• Strengthening of logistics  
• Strengthening of HIS  
• Telemedicine  
• Increased financial support |
### Mozambique

| MNH/RH needs assessments                  | - Needs assessment on maternal and neonatal health in infrastructure (technical; UNFPA, UNICEF, WHO, financial; UNFPA, WHO)  
|                                          | - Support partnership in maternal, newborn, and child health (PNMCH) proposal (technical; UNFPA, UNICEF, WHO, financial; UNFPA, WHO) |
| Costed national MNH/RH plans              | - Roadmap to accelerate maternal mortality reduction (technical; UNFPA, UNICEF, WHO, financial; WHO)  
|                                          | - National strategic plan to achieve MDGs 4 and 5, 2009–2012 (technical; UNFPA, UNICEF, WHO, financial; WHO)  
|                                          | - Supplementation of children, pregnant and lactating women, and adolescent girls to prevent chronic malnutrition (technical, financial; UNICEF)  
|                                          | - Integration of the MNH/RH cost in the sector, medium-term expenditure framework (MTEF), (technical; WB) |
| Scaling-up quality MNH services           | - FP national strategy (technical; UNFPA, WHO)  
| Family planning                          | - Review/update national FP guidelines (technical; UNFPA, WHO)  
|                                          | - Planning and procurement of contraceptives (technical; UNFPA, WHO, financial; UNFPA)  
| Community interventions for MNH          | - Training materials for health providers and programme managers (technical; WHO)  
|                                          | - National TBA strategy (technical; UNFPA, WHO)  
|                                          | - Waiting homes strategy (technical; UNFPA, WHO)  
|                                          | - Training materials for CHWs on ENBC (technical; WHO)  
|                                          | - Community IMNCl, with community management of newborn conditions (technical; UNICEF)  
|                                          | - Establishment and implementation of mother-support groups (technical; UNICEF, financial; UNICEF)  
|                                          | - Implementation of home-based care for families in two provinces (technical, financial; UNICEF)  
|                                          | - Distribution of long-lasting insecticidal nets (LLINs) to pregnant women (technical, financial; UNICEF)  
<p>|                                          | - Implementation of the communication strategy (technical, financial; UNICEF) |</p>
<table>
<thead>
<tr>
<th>Facility interventions for MNH</th>
</tr>
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<tbody>
<tr>
<td>• Essential health service package for MNCH (technical; UNFPA, WHO)</td>
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<tr>
<td>• Development of an orientation guide on EmOC and ENBC (technical, UNFPA, WHO)</td>
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<tr>
<td>• Accreditation of facilities to provide EmOC and ENBC in all provinces (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td>• Adaptation of WHO ENBC (technical; WHO)</td>
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<tr>
<td>• Development of guidelines on newborn postnatal care (technical; WHO)</td>
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<tr>
<td>• Promotion of documentation of best practices and operational research on maternal health (technical, financial; WHO)</td>
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<tr>
<td>• Revitalization of the baby-friendly hospital initiative (started in 2007) (technical, financial; UNICEF, UNFPA)</td>
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<tr>
<td>• Formative supervision from central to provincial level via the “Godfather Strategy” (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td>• Post-training visits on IMCI, EmOC, and ENBC (technical, financial; WHO)</td>
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<tr>
<td>• Reorganization of logistic and procurement services of the MOH (technical, financial; UNICEF)</td>
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<tr>
<td>• Procurement of MNH equipment, syphilis test, contraceptives and condoms, and ambulances to strengthen the referral system (technical, financial; UNFPA)</td>
</tr>
<tr>
<td>• Implementation of IMNCI with special attention on neonatal resuscitation (technical, financial; UNFPA, UNICEF, WHO)</td>
</tr>
<tr>
<td>• Rehabilitation or remodelling of health facilities and procurement of equipment and/or supplies for the establishment of PMTCT sites (financial; UNICEF)</td>
</tr>
<tr>
<td>• Planning, monitoring, supervision, and cold-chain logistics to ensure routine immunization for those aged under 1 year and pregnant women (technical, financial; UNFPA, UNICEF, WHO)</td>
</tr>
<tr>
<td>• Distribution of LLINs to pregnant women during ANC for malaria in pregnancy prevention (technical, financial; UNICEF)</td>
</tr>
<tr>
<td>• Training of health provider on EmOC (technical, financial; UNFPA, UNICEF, WHO)</td>
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<tr>
<td>• Training of national and provincial-level trainers in WHO ENBC, training in ENBC (technical, financial; WHO)</td>
</tr>
<tr>
<td>• Training in all aspects of PMTCT, supervision of health-facility staff (technical, financial; UNICEF, WHO)</td>
</tr>
<tr>
<td>• Training of health professionals in the “Basic Nutrition Package for Health Facilities” (technical, financial; UNICEF)</td>
</tr>
</tbody>
</table>
| Adolescents | • Technical support to YFHS, provision of quality services for young women (technical, financial; UNFPA, UNICEF)  
• Integration of YFHS in national health system  
• Support implementation of adolescent SRH/HIV-prevention package for adolescent and young adults  
• Provision of ANC to pregnant adolescents (technical, financial; UNFPA)  
• Provision of post-abortion FP specific for adolescents (technical, UNFPA)  
• Support counselling and testing activities for adolescents and youth, increase capacity for peer-educators and health providers for PMTCT and voluntary counselling and testing (VCT) (technical, financial; UNFPA, UNICEF) |
| Human resources for health/ addressing the need for skilled health workers | • Advocacy at different SWAp levels for development of strategies to retain skilled workers (technical; UNFPA, WHO)  
• Support to pre- and in-service training of nurses and midwives in safe delivery and neonatal resuscitation (technical, financial; UNICEF, WHO)  
• Revision of/updating the pre-service and in-service training materials on MNCH issues in progress (technical, financial; UNICEF, WHO)  
• National human resources development plan where the MNCH nurses are of priority (technical, financial; WHO) |
| Addressing financial barriers to access | • User-fee studies (technical, financial; WHO) |
| Tackling root causes of maternal mortality/morbidity (activities to address social determinants) | • Communication and social mobilization for the promotion, protection, and support of breastfeeding (technical; UNFPA, UNICEF, WHO; financial; UNICEF)  
• Promotion of the use of iodized salt (technical, financial; UNICEF)  
• Training of CHWs in basic nutrition package for communities (technical, financial; UNICEF)  
• Monitoring of National code of marketing of breast milk substitutes  
• Research on inequities in MCH (technical, financial; WHO) |
| Monitoring and evaluation | • INCAM (national survey for causes of death) (technical, financial; UNFPA, UNICEF, WHO)  
• MICS 2008 (technical, financial; UNFPA, UNICEF)  
• Population census (technical, financial; UNFPA, UNICEF, WHO)  
• Development of terms of reference for the maternal and neonatal audits committee (technical; UNFPA, WHO)  
• Guidelines/tools to support to collect analyse and report data – under development (technical, financial, UNFPA, WHO)  
• Perinatal death review (technical; UNFPA, WHO)  
• Development of the Mozambican woman health profile emphasizing the RH issues (technical, financial; WHO) |
### Other interventions/additional needs

<table>
<thead>
<tr>
<th>Advocacy and resource-mobilization activities</th>
<th>Development of poverty-reduction strategy paper (technical; UNFPA, UNICEF, WB, WHO)</th>
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<tbody>
<tr>
<td></td>
<td>Life-cycle approach in national health-sector strategic plan (technical; WHO)</td>
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<td>Presidential initiative for the promotion of MCH (technical, financial; UNFPA, UNICEF, WHO)</td>
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<td>National partnership for MCH (strategy document yet to be approved) (technical; UNFPA, UNICEF, WHO)</td>
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<td>Support to the national meeting on MDGs 4, 5, and 6 (technical, financial; UNFPA, UNICEF, WHO)</td>
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<td></td>
<td>Commemoration of the World Breastfeeding Week (technical, financial; UNICEF, WHO)</td>
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<td>Commemoration of iodized salt day (technical, financial; UNICEF, WHO)</td>
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<td>Ongoing support in the upcoming launch of a campaign to reduce maternal mortality in Africa (CARMMA) (technical, financial; UNICEF, WHO)</td>
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<td>Launching of “opportunities for African newborn” in partnership with Save the Children (technical; WHO)</td>
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<tr>
<th>Integration Reproductive/maternal/newborn services and HIV</th>
<th>Integration of counselling and testing on HIV within RH/MNH services (technical; UNFPA, UNICEF, WHO, financial; UNFPA, WHO)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Training of health workers in infant feeding in the context of HIV (technical; UNICEF, WHO, financial; UNICEF)</td>
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<td>Training of national-level trainers in PMCTC (technical, financial; UNICEF, WHO)</td>
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<td>Revision of national strategic plan for HIV/AIDS</td>
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<tr>
<th>Reproductive/maternal/newborn services and malaria</th>
<th>Integrated focused ANC package ANC/MNH, IPT, tuberculosis (TB), HIV/PMTCT, and STI (technical, financial; UNFPA, WHO)</th>
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<tr>
<td></td>
<td>Social mobilization for malaria prevention and distribution of LLINs to pregnant women at ANC (technical, financial; UNICEF)</td>
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<td>HIS strategic plan (technical, financial; WHO)</td>
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<tr>
<th>Other</th>
<th>Development of guidelines for provincial/distinct plan to reflect MDGs 4 and 5 (technical; UNFPA, WHO)</th>
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<td></td>
<td>Revision of SRH/MNCH-related norms and protocols and procurement of commodities (technical, financial, UNFPA)</td>
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<td>Development of logistic plan with partners such as the United States Agency for International Development (USAID) (technical, financial; UNFPA)</td>
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<td>Additional needs</td>
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<tr>
<td>• Shortage of human resource in quantity and quality with equitable distribution</td>
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<td>• Inadequate funds for meaningful nationwide scale-up of interventions</td>
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<tr>
<td>• Serious problems in the area of RH commodity security, which include lack of capacities in planning, procurement and distribution of commodities throughout the country and weak referral system</td>
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<tr>
<td>• Lack of programme-management skills in SRH/MNCH</td>
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<td>• Discrepancy between policy initiatives and implementation (there are strategic directions and programmatic responses defined and planned, but the implementation is weak, fragmented, and underresourced)</td>
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<tr>
<td>• Need for clear operational strategies for the existing plans, especially the recently approved plan to achieve MDGs 4 and 5.</td>
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<tr>
<td>• Strengthening of the health system with integrated costed annual micro-plans. Financed maternal health programmes are confronted with competing priorities from other essential activities not financed, diluting scarce resources allocated</td>
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<tr>
<td>• Lack of M&amp;E mechanisms including data collection and analysis of health indicators to reinforce continuous monitoring for action and operational analysis to identify bottlenecks and timely corrections</td>
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<tr>
<td>• A functional multisectoral platform for mother and neonatal child health promotion</td>
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</tbody>
</table>
### Nepal

| MNH/RH needs assessments | • Needs assessment for EmOC in eight districts in 2006 (technical, financial; UNICEF)  
|                         | • Needs assessment for SBA training – four sites (technical, financial; UNICEF, NHTC, FHD and Department for International Development (DFID))  
|                         | • Strategic assessment of quality of care in reproductive health – one district (technical, financial; UNFPA, UNICEF, WHO)  
|                         | • RH morbidity study, 2006 (technical, financial; International Organization for Migration (IOM), UNFPA, WHO) |
| Costed national MNH/RH plans | • Development of RH-costed plan (technical, financial; UNFPA)  
|                            | • Investment case for reaching MDGs 4 and 5 – MBB-costing tool (technical, financial; UNICEF) |

#### Scaling-up quality MNH services

- **Family planning**
  - Technical review and updating of FP standards including medical and RH standards (technical, financial; UNFPA, UNICEF, WHO)
  - Voluntary surgical contraceptives services, capacity-building and training of service providers (technical, financial; UNFPA)
  - Logistics support for Annual Commodity Distribution Programme (ACDP), support in preparing database for contraceptives (logistics information-management system – LIMS) RH commodity security and procurement, and supply of emergency contraceptive pills (technical, financial; UNFPA)
  - IEC/BCC for FP services (technical, financial; UNFPA)

#### Community interventions for MNH

- Creation of demand through pregnant women group (Women Acting Together for Change, WATCH) and community mobilization (technical, financial; UNICEF)
- Birth-preparedness package (technical, financial; WHO, UNICEF, UNFPA)
- Community Newborn Care Package (technical, financial; CARE, SAVE, UNICEF, WHO)
- Support for integration of newborn health into C-IMCI
- Newborn vitamin A (technical, financial; NFHP, UNICEF)
- Review and refresher training on MNH for staff nurse, auxiliary nurse midwives and MNH workers (technical, financial; UNICEF)
- National Behaviour Change Communication programme on MNCH (technical, financial; BCC- European Commission (EC), NFHP, UNFPA, UNICEF)
- Pilot programme to strengthen community-based MNCH (technical, financial; UNICEF, WHO)
- Support in EmOC fund at community level (technical, financial; UNFPA, UNICEF)
- Reactivation of mothers’ group and primary health-care outreach services to increase demand for services (technical, financial; UNFPA)
## Community interventions for MNH (continued)
- Advocacy on safe motherhood (technical, financial; UNFPA)
- Strengthening of health-facility-management committees (technical, financial; UNFPA)

## Facility interventions for MNH
- Service-strengthening for 24 h delivery with SBA for basic and comprehensive obstetrics and neonatal care (BEONC and CEONC) (technical, financial; UNFPA, UNICEF, WHO)
- Training on WHO essential newborn care at regional level (technical, financial; WHO)
- Institutionalization of maternal and perinatal death reviews (technical, financial; WHO)
- Supply of essential equipment (technical, financial; UNFPA, UNICEF, WHO)
- Training on gender and health (technical, financial; UNFPA, WHO)
- Training on RH in emergency for service providers (technical, financial; UNFPA)

## Adolescents
- Development of adolescent-health strategy (technical, financial; UNFPA, UNICEF, WHO)
- Implementation guide on adolescent health for district programme managers (technical, financial; UNFPA, UNICEF, WHO)
- Establishment of adolescent-friendly clinic at selected hospitals (technical, financial; WHO)
- Development of youth-friendly service strategy, youth-friendly information and service centres, and support in adolescent sexual and reproductive health (ASRH) literacy classes for out-of-school children (technical, financial; UNFPA)
- “Choose your future programme” for out-of-school girls, and training on teaching methodology for adolescent SRH to school teachers (technical, financial; UNFPA)

## Human resources for health/addressing the need for skilled health workers
- Development of SBA-training sites (technical, financial; DFID, UNICEF)
- Appreciative inquiry (AI) for local facilitators in AI approach workshops and SBA training (technical; UNICEF)
- Training on midwifery teaching for nursing faculty (technical, financial; WHO)
- Training on essential newborn care for doctors and nurses (technical, financial; UNICEF, WHO)
- Refresher training on MNH (technical, financial; UNICEF)
- Training on RH clinical protocol and management guideline for RH services, family-planning methods, and capacity-building for RH (technical, financial; UNFPA)
- Newborn care training to CHWs (technical, financial; UNICEF)
- Strengthening community-based MNH services (technical; UNICEF)
- In-country and out-of-country exposure visits to update on RH/FP services (technical, financial; UNFPA)
### Addressing financial barriers to access to care

- Amaa program (free delivery, free EmOC, transport) (technical; DFID, Government)
- EmOC fund, national guidelines in WATCH group (technical, financial; UNICEF)
- Women’s federation/micro-credit (technical, financial; UNFPA)

### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)

- Decentralized action for women and children (technical, financial; UNICEF)
- Regional activities with MOH officials to strengthen IFC component (technical, financial; WHO)
- Support in girls’ education to reduce marriage age and high-risk pregnancies (technical, financial; UNFPA)
- Training on care and support for survivors of GBV (technical, financial; UNFPA, WHO)

### Monitoring and evaluation

- Maternal mortality study (technical, financial; WHO)
- WHO global survey on maternal and perinatal health (technical, financial; WHO)
- WHO multicountry survey (technical, financial; WHO)
- RH morbidity study (technical, financial; UNFPA, WHO)
- Facility-based maternal death review (technical, financial; WHO)

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ACDP – Annual Commodity Distribution Programme; FHD – Family Health Division; NFHP – Nepal Family Health Program; NHTC – National Health Training Centre.

### Other interventions/additional needs

#### Advocacy and resource-mobilization activities

- Health-sector-wide approach and IHP compact (technical; UNICEF, UNFPA, WHO)
- UN trust fund proposal on delivery of essential RH (technical, financial; UNFPA, UNICEF, WHO)
- Joint support by four agencies for accelerated implementation of MNH (technical, financial; UNFPA, UNICEF, WHO)
- Joint annual reviews led by MOH (technical, financial; UNFPA, UNICEF, WHO)
- Advocacy programme, development of district periodic plan, and RHCC meeting at district level (technical, financial; UNFPA)
## Integration

**Reproductive/maternal/newborn services and HIV**
- Community-based PMTCT combined with MNH services strengthening (technical, financial; UNICEF)
- Workshop for programme managers for decentralized HIV care, ART, prevention (technical, financial; WHO)
- Development of training tools based on integrated management of adolescent illnesses (IMAI) (technical, financial; UNFPA, UNICEF, WHO)
- National BCC guidelines for HIV prevention among youth (technical, financial; UNFPA)

**Reproductive/maternal/newborn services and malaria**
- Distribution of ITNs to pregnant mothers (technical; WHO)

## Other

- Training of frontline health workers and community-based social workers on RH and GBV (technical, financial; WHO, UNFPA)
- Incorporation of gender in nursing curricula (technical, financial; WHO)
- Development of national cervical cancer-prevention guidelines (technical, financial; WHO)
- Training workshops on prevention of abuse and VAW (technical, financial; UNICEF)
- Surgical treatment of uterine prolapse cases (UNFPA)

## Additional needs

- More SBAs
- Policy reform for staff retention
- Need to scale-up basic and comprehensive EmOC
- Maintenance and upgrade of existing health-care facilities
- Increasing number of training facilities
- Refresher training on MNH
- More research on RH areas like assessment of RH morbidities, sociocultural needs assessment, and utilization of RH/FP services
- Strengthening management capacity of NGOs
### The Niger

| MNH/RH needs assessments | • Evaluation of FP and EmOC (technical, financial; UNFPA)  
| | • Commodity security (technical, financial; UNFPA)  
| | • Situation analysis of adolescent RH services (technical, financial; UNFPA)  |
| Costed national MNH/RH plans | • Development of roadmap (technical, financial; UNFPA, UNICEF)  
| | • PMTCT (technical, financial; WHO)  
| | • MIP plan (technical, financial; WHO)  
| | • National health-development plan (technical, financial; UNICEF)  |
| Scaling-up quality MNH services | • Securing RH products (technical, financial; UNFPA)  
| | • Extension of RH services (technical, financial; UNFPA)  
| | • Improvement of service-provision in FP and of the right to health at the community level (technical, financial; UNFPA)  
| | • Strengthening the skills of families and communities in recognizing the danger signs (technical, financial; UNFPA, WHO)  
| | • Training of community health agents (technical, financial; UNFPA, UNICEF)  
| | • Social mobilization (technical, financial; UNFPA, UNICEF)  
| | • Schools for husbands, to promote male involvement in taking care of women’s health  
| | • Involvement of women who recovered from obstetric fistula in the promotion of maternal health, involvement of men in women’s health issues (technical, financial; UNFPA)  
| | • Setting up a community system for the management of emergencies (technical, financial; WHO)  
| | • Providing materials and kits for deliveries (technical, financial; UNFPA, WHO)  
| | • Task-shifting for midwives, training for surgeons and midwives, training in EmOC and newborn care, and ANC (technical, financial; WHO, UNFPA)  
| | • Development of health records (technical, financial; WHO)  
| | • Implementation of communication plan (technical, financial; UNICEF)  
| | • Implementation of youth health strategy (technical; WHO)  
| | • Development of norms and standards in RH for the young and for adolescents (technical, financial; WHO)  
| | • TOT (on SRH services for adolescents and young people) (technical, financial; UNFPA)  |
| Community interventions for MNH |  
| Facility interventions for MNH |  
| Adolescents |  

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Accelerated implementation of maternal and newborn continuum of care
### Accelerated implementation of maternal and newborn continuum of care

| Human resources for health/ addressing the need for skilled health workers | • Supervision, grants for specialization on reproductive health (technical, financial; UNFPA)  
| • Rural internships, revision of training curricula in institutions, (technical, financial; WHO) |
| Addressing financial barriers to access to care | • Supply of medicines and vitamins (e.g. iron, folic acid) and impregnated bednets for ANC (financial; UNICEF)  
| • Support to free RH services (technical, financial; UNFPA)  
| • Equipment for caesarean section and delivery kits in support of free caesareans (financial; WHO)  
| • Establishment of mutual health insurance companies (financial; WHO) |
| Tackling root causes of maternal mortality/morbidity (activities to address social determinants) | • Social reintegration of women suffering from obstetric fistula (financial; UNFPA)  
| • Strengthening the capacities of vulnerable groups by promoting income-generating activities (financial; UNFPA) |
| Monitoring and evaluation | • DHS (financial; UNFPA)  
| • MICS (technical, financial; UNICEF)  
| • Study on determinants of fertility and FP (financial; UNFPA) |

### Other interventions/additional needs

| Advocacy and resource-mobilization activities | • Advocacy/awareness of information in FP – education and communication (technical, financial; UNFPA)  
| • Advocacy with decision-makers, local elected officials, and religious leaders on MNH (technical, financial; UNFPA, WHO)  
| • Advocacy for the repositioning of FP (technical, financial; UNFPA, WHO)  
| • Broadcasting of TV and radio debates (technical, financial; UNFPA, WHO)  
| • Zero-tolerance days on FGM (technical, financial; WHO) |
| Integration | Reproductive/maternal/newborn services  
| • Integration of EmOC and newborn care (technical, financial; UNFPA)  
| • ANC/IMCI (technical, financial; UNICEF)  
| • Gender policy (technical, financial; UNFPA)  

Reproductive/maternal/newborn services and malaria  
| Malaria kits for pregnant women (technical, financial; UNICEF, WHO) |
| Additional needs | • Increase the presence of qualified medical human resources on the field  
| • Better distribution of human and material resources from one medical structure to another  
| • Improve patients’ access to care  
| • Improve the reception of patients  
| • More commitment from health agents in promoting RH |
Nigeria

| MNH/RH needs assessments | • Development of state-specific situation analysis in 12 states for integrated management of maternal and child health (IMNCH) (technical, financial; UNFPA, UNICEF, WHO)  
• Assessment of school health services in 12 states (technical, financial; WHO) |
| --- | --- |
| Costed national MNH/RH plans | • IMNCH strategy additional cost using the MBB tools (technical, financial, UNICEF)  
• Roadmap to reduce maternal mortality (technical, financial; WHO)  
• Costing the intervention packages of IMNCH (technical, financial; UNFPA, UNICEF, WHO) |
| Scaling-up quality MNH services | • Within SPP:  
• updating family planning and reproductive health protocols  
• integration of FP in PHC  
• advocacy materials and building capacity to use the reposition of family planning tool (technical, financial; UNFPA, WHO)  
• Establishment of community-based neonatal care TOT in four UNICEF zones and training of 50 faith-based CHWs in two states (technical, financial; UNICEF, WHO)  
• Building capacity of community to support MNH (technical, financial; UNICEF, WHO)  
• IMCI training of community-resource persons, on key household practices (technical, financial; UNICEF, WHO)  
• Training of midwives and doctors and community health extension workers on life-saving skills (technical, financial; UNICEF, WHO)  
• Capacity-building for improving ENBC at facility level (technical; WHO)  
• Training national youth service corps (NYSC) doctors on EmOC (technical, financial; WHO)  
• In-service training of health workers – EmOC (technical, financial; UNICEF)  
• Provision of basic and comprehensive EmOC and newborn care equipment and kits (technical, financial; UNFPA, UNICEF, WHO)  
• Review of policy and development of strategic framework for implementation on adolescent and youth health and development (technical, financial; WHO)  
• Implementing peer-education in schools (technical, financial; WHO)  
• Health promotion in schools initiative (technical, financial; WHO)  
• Discussion with the education section on school health (technical, financial; WHO) |
| Human resources for health/addressing the need for skilled health workers | • Review of the midwifery curriculum to incorporate life-saving skills and institution of centres in states (technical, financial; UNFPA, UNICEF)  
• Development of national midwives service scheme (technical; UNFPA, UNICEF, WHO)  
• Demonstrated suitability of NYSC doctors to offer EmOC in underserved areas (technical, financial; WHO) |
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<tr>
<td>Addressing financial barriers to access to care</td>
<td>• Development of national health insurance scheme (technical; WHO)</td>
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</tbody>
</table>
| Tackling root causes of maternal mortality/morbidity (activities to address social determinants) | • Institution of REDUCE (technical, financial; WHO)  
• National SRH client–provider dialogue (technical, financial; WHO)  
• Support to institute the ward minimum health-care package in 36 local government areas (technical, financial; UNICEF) |
| Monitoring and evaluation | None reported |

**Other interventions/additional needs**

| Advocacy and resource-mobilization activities | • Advocacy for re-introduction of basic midwives (technical, financial; UNICEF, WHO)  
• Institution of REDUCE (technical, financial; WHO)  
• Safe Motherhood Day (technical, financial; UNICEF, WHO)  
• The day of zero tolerance to FGM (technical, financial; WHO)  
• Child health weeks (technical, financial; UNICEF, WHO)  
• World Breastfeeding Week (technical, financial; UNICEF, WHO)  
• Advocacy of national health bill fund primary health care among others (technical, financial; UNFPA, UNICEF, WHO); drafting of national health bill (technical, financial; National Assembly (NASS), UNICEF, WHO)  
• Development of grant proposals such as:  
  - to support provision of magnesium sulfate for management of eclampsia (technical; UNICEF)  
  - to support adolescent health (technical; WHO)  
  - for MNCH towards achieving MDGs 4 and 5 (technical; UNFPA, UNICEF) |
|---|---|
| Integration | **Reproductive/maternal/newborn health services and HIV**  
• Development of the national guidelines on integration of HIV and reproductive and maternal health services (technical, financial; WHO, UNICEF)  
• Training of health-care providers on PMTCT and early infant diagnosis in maternal health care (technical, financial; UNICEF, WHO) **Reproductive/maternal/newborn health services and malaria**  
• Attendance at regular core technical committee meetings (technical, financial; WHO, UNICEF, UNFPA)  
• Establishment of MIP national working group (technical, financial; UNICEF, WHO) |
| Additional needs | None reported |
### Pakistan

| MNH/RH needs assessments | Baseline surveys for 10 NPPI districts (technical, financial; WHO)  
Safe motherhood surveys which assess safe blood transfusions in 13 districts (technical, financial; WHO) |
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<tr>
<td>Costed national MNH/RH plans</td>
<td>None reported</td>
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</table>
| Scaling-up quality MNH services | **Family planning**  
Universal coverage of MNCH and FP/RH services (technical; UNFPA, UNICEF, WHO)  
Promotion of optimal birth spacing (technical, financial; CIDA, UNICEF)  
Training and capacity-building through the Lady Health Workers’ Programme (technical; UNICEF, WHO)  
Integration of BCC strategy, partnerships for community mobilization to improve access/use of MNCH and FP practices, and improved practices to mothers who breastfeed (technical, financial; UNFPA, UNICEF, WHO)  
Pakistan enhanced nutrition for mothers and children project in pipeline for 2010 (financial; WB)  
Training and deployment of community midwives (technical, financial; Pakistan Initiative for Mothers and Newborns (PAIMAN), UNFPA, UNICEF, USAID)  
Training for IMNCI (technical, financial; WHO)  
Basic development-needs programme (technical, financial; WHO)  
EmOC monitoring, needs assessment, and staff support (technical, financial; USAID, UNFPA, UNICEF)  
Upgrading facilities and expanding mobile reproductive health clinics (technical, financial; USAID, UNFPA, UNICEF)  
IMNCI and ENBC in health facilities (technical, financial; WHO, UNICEF, UNFPA)  
Adolescent health policy and guideline development (technical, financial; WHO) |
| Community interventions for MNH | **Facility interventions for MNH**  
TOT on modules prepared for IMNCI, pregnancy, childbirth, PCPNC, ENBC and EmOC (technical; WHO)  
Strategy for human resources for health (technical; WHO)  
Training of community midwives (technical, financial; UNICEF, UNFPA, USAID)  
Stipends of community midwives (financial; UNICEF, PAIMAN, USAID) |
| Adolescents | **Human resources for health/addressing the need for skilled health workers**  
Basic development-needs programme that addresses social determinants of health through micro-credits, imparting basic literacy, vocational skills, gender mainstreaming, and overall community development (technical; WHO).  
Food incentives for ANC in Sindh, conditional cash transfers and voucher schemes in NPPI districts (financial; WHO)  
Pilot voucher scheme in Sindh (financial; UNICEF) |
| Addressing financial barriers to access to care | **Adolescents**  
Basic development-needs programme that addresses social determinants of health through micro-credits, imparting basic literacy, vocational skills, gender mainstreaming, and overall community development (technical; WHO).  
Food incentives for ANC in Sindh, conditional cash transfers and voucher schemes in NPPI districts (financial; WHO)  
Pilot voucher scheme in Sindh (financial; UNICEF) |
| | **Facility interventions for MNH**  
TOT on modules prepared for IMNCI, pregnancy, childbirth, PCPNC, ENBC and EmOC (technical; WHO)  
Strategy for human resources for health (technical; WHO)  
Training of community midwives (technical, financial; UNICEF, UNFPA, USAID)  
Stipends of community midwives (financial; UNICEF, PAIMAN, USAID) |
| | **Human resources for health/addressing the need for skilled health workers**  
Basic development-needs programme that addresses social determinants of health through micro-credits, imparting basic literacy, vocational skills, gender mainstreaming, and overall community development (technical; WHO).  
Food incentives for ANC in Sindh, conditional cash transfers and voucher schemes in NPPI districts (financial; WHO)  
Pilot voucher scheme in Sindh (financial; UNICEF) |
| Tackling root causes of maternal mortality/morbidity (activities to address social determinants) | • Basic development-needs programme (technical; WHO)  
• Pakistan strategic analysis for MDGs 4 and 5 (financial; UNICEF) |
| Monitoring and evaluation | • Operational research for evidence-based practices, financing schemes for MNH, maternal mortality reduction and total fertility, unmet need (technical, financial; UNICEF, UNFPA, WHO)  
• DHS and MICS (technical, financial; USAID, UNICEF)  
• Verbal autopsy data analysis (technical, financial; UNFPA, UNICEF, WHO)  
• HMIS and district health-information system (DHIS) to monitor progress of MDG 5 (technical, financial; WHO, UNICEF)  
• Independent evaluation of the Lady Health Workers’ Program (financial; WB) |

CIDA – Canadian International Development Agency; NPPI – Norway–Pakistan Partnership Initiative.

**Other interventions/additional needs**

| Advocacy and resource-mobilization activities | • Advocacy with parliamentarians, religious heads, media, and professional organizations (technical, financial; all four agencies).  
• Building an investment case for MDGs 1, 4, and 5 in collaboration with MOH/Ministry of Planning (MOP) (technical, financial; all four agencies)  
• Policy dialogue with the MOH on both the national level and district level (technical, financial; WB, UNFPA, WHO) |
| Integration | **Reproductive/maternal/newborn health services**  
• Plan on health and population to integrate MNCH and FP services (technical, financial; WHO, UNFPA, UNICEF, WHO)  
• STI surveillance (technical; WHO)  
**Reproductive/maternal/newborn health services and HIV**  
• National guidelines for PMTCT and paediatric AIDS patients (technical, financial; WHO)  
• HIV/AIDS-prevention project (technical, financial; DFID, UNAIDS, UNFPA, UNICEF, USAID, WB, WHO)  
• PMTCT and paediatric HIV management linked to MNCH services (technical, financial; UNICEF)  
**Reproductive/maternal/newborn health services and malaria**  
• LLIN for pregnant women and households with children under 5 years (technical, financial; WHO)  
• Bednets during Child Health Week in endemic districts with pervasive malaria (financial; UNICEF) |
| Additional needs | None reported |
### Rwanda

#### MNH/RH needs assessments
- Acceptability of FP in the community (technical, financial; WHO)
- Best practices in maternal health (technical, financial; WHO)
- Evaluation of maternal death audits in December (technical, financial; UNFPA, WHO)

#### Costed national MNH/RH plans
- Health Sector Strategic Plan (HSSP) II, to accelerate MNH (technical, financial; all four agencies)

#### Scaling-up quality MNH services

##### Family planning
- Development of commodity strategy and supply of contraceptives (technical, financial; UNFPA)
- Coordination of FP in technical working groups (technical; UNFPA, WB, WHO)
- Support to community initiatives, operational research and development of IEC materials for FP (technical, financial; UNFPA, WB, WHO)
- TOT in FP (technical, financial; UNFPA, WB, WHO)
- Elaboration of training and IEC tools for maternal CHWs (technical, financial; UNFPA, UNICEF, WHO)
- Demand and supply incentives to complete early and timely care (technical, financial; WB)
- Elaboration of messages for key family practices (technical, financial; UNFPA, UNICEF, WHO)

##### Community interventions for MNH
- Supply incentives to health-care facilities (financial; WB)
- Infrastructural strengthening of hospitals (technical, financial; UNICEF)
- Development of norms and standards (technical, financial; WHO, UNICEF, UNFPA)
- Training and supervision for EmOC and neonatal care (technical, financial; WHO, UNFPA, UNICEF)
- Provision of equipment (technical, financial; UNFPA, UNICEF)
- Youth centres (technical, financial; UNFPA)
- Development of strategy for youth and adolescent health (technical only) and elaboration of training modules (technical, financial; UNFPA, UNICEF, WHO)

##### Facility interventions for MNH
- Training of midwives, support to postgraduate programme in obstetrics/gynaecology (technical, financial; WHO)
- Productivity studies and scaling-up the production of health workers (technical, financial; WB)
- In-service training and support to government officials to attend international conferences on task-shifting (technical, financial; WHO, UNICEF, UNFPA)

##### Adolescents
- Youth centres (technical, financial; UNFPA)
- Development of strategy for youth and adolescent health (technical only) and elaboration of training modules (technical, financial; UNFPA, UNICEF, WHO)

#### Human resources for health/ addressing the need for skilled health workers
- Training of midwives, support to postgraduate programme in obstetrics/gynaecology (technical, financial; WHO)
- Productivity studies and scaling-up the production of health workers (technical, financial; WB)
- In-service training and support to government officials to attend international conferences on task-shifting (technical, financial; WHO, UNICEF, UNFPA)

#### Addressing financial barriers to access to care
- Development of health-financing policy (technical, financial; all four agencies)
- Health-insurance financing (technical, financial; WB)
- Performance-based financing (technical, financial; UNICEF, WB, WHO)
<table>
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<tr>
<th>Tackling root causes of maternal mortality/morbidity (activities to address social determinants)</th>
<th>None reported</th>
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| Monitoring and evaluation | • Assessment of reasons for home delivery and audit of community-based maternal deathst (technical, financial; UNFPA, WHO)  
• Assessment of fistulae (technical, WHO, UNFPA)  
• DHS supported (UNFPA, UNICEF, WHO)  
• PMTCT surveillance (WHO, UNICEF)  
• Maternal death audit, neonatal death audit and assessment of causes (UNFPA, UNICEF, WHO)  
• National community performance-based financing (WB) |

**Other interventions/additional needs**

| Advocacy and resource-mobilization activities | • White ribbon alliance (technical, financial; all four agencies)  
• Biannual MCH Week, annual international conference on the prevention of maternal and neonatal deaths (technical, financial; UNFPA, UNICEF, WHO)  
• Resource mobilization for MIP (technical, financial; WHO)  
• Resource mobilization for RH in emergency (technical, financial; UNFPA)  
• Resource mobilization for maternal health and malaria |
|---|---|
| Integration | **Reproductive/maternal/newborn health services**  
• HSSP II development (technical; UNFPA, WHO, UNICEF)  
• Implementation of integrated MNH services (technical, financial; UNFPA, UNICEF, WHO)  
• Initiation of integration of MNH services with RH services (technical, financial; WHO)  

**Reproductive/maternal/newborn health services and HIV**  
• PMTCT training, VCT centres (technical, financial; UNFPA, UNICEF, WHO)  
• Coordination of technical working group (technical, financial; UNFPA, UNICEF, WHO)  
• Supply of incentives for HIV testing of pregnant women (technical, financial; WB)  

**Reproductive/maternal/newborn services and malaria**  
• Elaboration of training tools on MIP, as well as integration of LLIN distribution during ANC, EPI, and MCH days (technical, financial; UNFPA, UNICEF, WHO).  
• Strategy to reduce malaria in pregnancy, and monitoring and evaluation of ITN in ANC (technical, financial; WHO, UNICEF) |
| Additional needs | None reported |

EPI – expanded programme on immunization.
### Sierra Leone

| MNH/RH needs assessments | • Assessment of nursing and midwifery (technical, financial; WHO)
| | • MICS (technical, financial; UNICEF)
| | • RH commodity security needs assessment June 2004 and March 2006 (technical, financial; AWARE-RH, UNFPA, UNICEF)
| | • Adolescent health situational analysis (technical, financial; WHO)
| Costed national MNH/RH plans | • District health plans (technical, financial; UNFPA, UNICEF, WHO)
| | • Reproductive and child health directorate plan (technical, financial; UNFPA, UNICEF, WHO)
| Scaling-up quality MNH services | • FP advocacy training, training of service providers in FP procedures, and development of evidence-based guidelines (technical, financial; UNFPA, WHO)
| | • RH commodity security strategic plan 2007–2011 (technical, financial; UNFPA)
| | • Procurement of contraceptives for both males and females (technical, financial; UNFPA, USAID)
| | • Setting up e-LIMS to train district storekeepers (technical, financial; UNFPA, USAID)
| | • Improving access to skilled attendants, EmOC, neonatal care (technical, financial; UNFPA, UNICEF, WHO)
| | • Community health volunteers, home-based care, community sanitation (technical, financial; UNICEF)
| | • Provide equipment for ANC (financial; UNFPA, UNICEF, WHO)
| | • Mobile health units to reinforce link between community and health workers (financial; UNFPA)
| | • Community midwife training (technical, financial; UNFPA, UNICEF, WHO)
| | • Essential newborn training/integrated management of pregnancy and childbirth (technical, financial; all four agencies)
| | • Review of core competencies for nurses, including midwives (technical, financial; UNFPA, UNICEF, WHO)
| | • Scaling-up of health centres, training of SBAs, service providers in EmOC and newborn care (technical, financial; UNFPA, UNICEF, WHO)
| | • Capacity-building in immunization for mothers and children, IPT, ITN distribution (technical, financial; WHO, UNICEF)
| | • Building maternity wards in four district hospitals (technical, financial; UNICEF)
| | • Renovation of maternity wards in seven districts (technical, financial; ADB, UNFPA)
### Adolescents
- Capacity-building, establish young peer education and counselling clubs in schools on adolescent SRH and HIV prevention (technical, financial; UNFPA UNICEF, WHO)
- Dissemination of health information, advocacy for cessation of early marriage (technical, financial; UNFPA, UNICEF, WHO)

### Human resources for health/ addressing the need for skilled health workers
- Assessment of midwives and nursing services and development of competencies (technical, financial; WHO)
- MCH aides training (technical, financial; UNICEF, WHO)
- In-service training of midwives and other health personnel (technical, financial; all four agencies)
- Incentives for reproductive and child-health personnel (financial; UNFPA, UNICEF, WHO)

### Addressing financial barriers to access to care
- Availability of free drugs and consumables for comprehensive and basic EmOC and newborn care (technical, financial; UNICEF, UNFPA, WHO)
- Free user fees advocacy for pregnant women and children under the age of 5 years (technical, financial; all four agencies)

### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)
- Promotion of girls’ education (financial; UNICEF, UNFPA)
- Gender empowerment (technical, financial; all four agencies)

### Monitoring and evaluation
- DHS 2008 (all four agencies)
- MICS 2005 (UNICEF)
- National needs EmOC assessment 2008 (all four agencies)
- Maternal death reviews (UNFPA, UNICEF, WHO)
- Core indicator development for MDG 5 (UNFPA, UNICEF, WHO)
- Health metrics support (WHO)

### Advocacy and resource-mobilization activities
- Breastfeeding Week and Child Week and health fair (technical, financial; UNICEF, WHO)
- Advocacy meeting on FP (technical; UNFPA, WHO)
- Resource mobilization on FP (technical, financial; UNFPA, WHO)

### Integration
- Reproductive/maternal/newborn health services
  - EPI integrated into reproductive and child activities (technical, financial; all four agencies)
- Reproductive/maternal/newborn health services and HIV
  - PMTCT guideline development (technical, financial; UNFPA, UNICEF, WHO)
- Reproductive/maternal/newborn health services and malaria
  - Integrated ANC with malaria and EPI (technical, financial; WHO)

### Additional needs
- None reported
Uganda

| MNH/RH needs assessments | • 1995 Safe Motherhood Needs Assessment (technical, financial; GTZ, UNFPA, UNICEF, WHO)  
| | • EmOC assessment (2005) (technical, financial; UNFPA, WHO)  
| | • Newborn health-care assessment (2007) (technical; UNICEF, WHO)  
| | • Midwifery Needs Assessment (2009) (technical, financial; UNFPA)  
| | • Female Condom Situation Analysis (2009) (technical, financial; UNFPA)  
| | • Reproductive Health Commodity Security Situation Analysis (2009) (technical, financial; UNFPA)  
| | • Service availability mapping (two regions) (technical, financial; WHO)  
| | • Assessment for SRH and HIV/AIDS linkages (ongoing) (technical, financial; UNFPA, WHO) |

| Costed national MNH/RH plans | • ANC, EmOC, neonatal care, PNC, malaria in pregnancy, PMTCT (technical, financial; WHO, UNFPA)  
| | • Roadmap for accelerating reduction of maternal and newborn mortality and morbidity (technical, financial; UNFPA, WHO)  
| | • Reproductive health commodity security strategic plan (technical, financial; WHO)  
| | • Development and regular updates of contraceptive procurement tables (CPT) (UNFPA, WHO)  
| | • Child survival strategy (technical, financial; UNICEF)  
| | • Village Health Team Strategy that includes MNH and RH issues (ongoing) (technical, financial; UNFPA, UNICEF, WHO) |

| Scaling-up quality MNH services | • Female condom reintroduction strategy (technical, financial; UNFPA)  
| | • Adaptation of FP guidelines and development of service standards, training (technical, financial; UNFPA, WHO)  
| | • Operations research in selected areas (technical, financial; UNFPA, WHO)  
| | • Procurement of contraceptives and equipment for FP services provision (technical, financial; UNFPA)  
| | • Adaptation of WHO and WHO/UNICEF materials on home-based MNH care (technical, financial; UNFPA, UNICEF, WHO)  
| | • Initiating programme on facility- and community-level use of misoprostol for management of postpartum haemorrhage (technical, financial; UNFPA, WHO) |

**Family planning**

**Community interventions for MNH**
### Facility interventions for MNH

- Assessment of quality and functionality of facilities (development and review of protocols, standards, and guidelines; UNFPA, UNICEF, WHO)
- Management protocols and service standards (technical, financial; UNFPA, WHO)
- Referral-service support with ambulance and communication (technical, financial; UNFPA, WHO)
- Training of health workers in EmOC, newborn care, forecasting for drugs/supplies, fistula repair (technical, financial; UNFPA, WHO)
- Procurement of essential equipment (technical, financial; UNFPA, WHO)
- Development of adolescent health strategy (technical, financial; UNFPA, WHO)
- Youth-friendly services provision, assessment of service standards (technical, financial; UNFPA, WHO)
- Incorporation of adolescent reproductive health in secondary school curricula, BCC services in post-conflict areas (technical, financial; UNFPA)

### Adolescents

- Development of adolescent health strategy (technical, financial; UNFPA, WHO)
- Youth-friendly services provision, assessment of service standards (technical, financial; UNFPA, WHO)
- Incorporation of adolescent reproductive health in secondary school curricula, BCC services in post-conflict areas (technical, financial; UNFPA)

### Human resources for health/ addressing the need for skilled health workers

- Training and subsequent bonding of midwives for deployment in selected poorly resourced hard-to-reach areas (financial; UNFPA)
- Directly working with some institutions to introduce the WHO midwifery training modules (technical, financial; WHO)
- Working with training institutions to incorporate concepts of MNH care in their curricula (technical, financial; UNFPA, WHO)
- Advocacy to improve midwifery training and practice (technical; WHO, UNFPA)
- Assessment on midwifery education/training, regulation, and practice and midwifery associations in Uganda (technical, financial; UNFPA)
- Advocacy for task-shifting/sharing for maternal health in Uganda (technical, financial; UNFPA)
- Development of the incentive scheme working document (technical, financial; WHO)
- Provide one-off financial incentives to attract service providers to work in conflict-affected districts (technical, financial; UNICEF)
- Provision of technical assistance support to MOH for coordination and management of RH programmes and services: five regional RH coordinators; midwifery adviser, RHCS adviser (financial; UNFPA)
| Addressing financial barriers to access to care | • Loan to finance the health sector for improvement of health infrastructure, supply chain management, etc. (technical, financial; WB)  
• Promotion of introduction of health-insurance schemes (technical, financial; WHO)  
• Advocacy with parliament for increased resources allocation and oversight on RH expenditure (technical, financial; UNFPA, WHO)  
• Draft National Health Policy II support for inclusion of access to basic health-care packages, financing, etc. (technical, financial; all four agencies) |
| Addressing root causes of maternal mortality/morbidity (activities to address social determinants) | • Advocacy on social determinants (technical, financial; UNICEF, UNFPA, WHO)  
• Gender-mainstreaming tools and guides, income-generating activities for women, community dialogue on gender and human rights, legal literacy for women’s groups; development of a bill on FGM (technical, financial; UNFPA)  
• Education of the girl child (technical, financial; UNICEF)  
• Integration of sex education in school curricula (technical, financial; UNFPA) |
| Monitoring and evaluation | • DHS (financial; UNICEF, UNFPA)  
• Mini DHS in Northern Uganda (technical, financial; UNFPA, UNICEF, WHO)  
• Maternal and perinatal death reviews (technical, financial; UNFPA, WHO)  
• Review of HMIS and data validation at district and lower levels (technical, financial; UNFPA, WHO)  
• Ensure inclusion of key indicators in joint assistance budget framework (technical; WHO, UNFPA)  
• Review of annual health-sector performance reports (technical; WHO) |

### Advocacy and resource-mobilization activities

- Dissemination of the old REDUCE advocacy tool and update of the new one
- Support to parliamentarians to improve their advocacy on maternal health issues and budget allocation and expenditure tracking for RH
- Participating in preparations for the international conference on family planning
- Planned technical and financial support to the Voices for Health Rights (VHR), a coalition of 16 civil society organizations to advocate and mobilize communities on various issues of MH
- Support to the first lady’s advocacy regional activities (technical, financial; UNFPA, WHO)
- Improved donor coordination through planned assessment, preparations and signing of IHP+ compact (technical, financial; UNFPA, WB, WHO)
- Initiate contacts and work on proposals for private sector (telephone companies) to support MH interventions (technical, financial; UNFPA)
- Support to Government of Uganda in preparations for Global Fund Round 9 proposal on integration of HIV/AIDS with SRH (technical, financial; UNFPA, WHO)

### Integration

**Reproductive/maternal/newborn health services**

- Assessments using integrated materials
- Development of guidelines
- Adaptation of relevant materials which will foster integration (technical, financial; UNFPA, WHO)

**Reproductive/maternal/newborn health services and HIV**

- Development, printing and dissemination of integrated registers and client cards, service-provider training for integrated service-delivery, adaptation of RH for people living with HIV guidelines, support of the rapid assessment for SRH and HIV linkages using the new tool
- Creation of the RH and HIV/AIDS integration working group (technical, financial; WHO, UNFPA)

**Reproductive/maternal/newborn health services and malaria**

- Piloting of a programme on malaria in pregnancy, including service guidelines and supervision (technical, financial; WHO, UNICEF)

### Other

- Work with professional associations to influence their work and NGOs in RH to improve their programming and proposal writing (technical; UNFPA, WHO)

### Additional needs

None reported
### The United Republic of Tanzania

#### MNH/RH needs assessments
- MNH care at community level (2006–2007) (technical, financial; WHO)
- Maternal and neonatal health situation in Southern Tanzania (technical, financial; WHO)
- Service availability mapping for MNH (technical, financial; WHO)
- Baseline survey on capacity of district health capacity at Dodoma region (technical, financial; UNICEF, WHO)
- Rapid assessment for integration of reproductive health and HIV (technical, financial; WHO, UNFPA)

#### Costed national MNH/RH plans
- One MNCH Plan, costing in process – using WHO/IHTP and child health cost-estimation tool (technical, financial; WB, WHO, UNICEF)
- Health-sector strategic plan includes a chapter on health-care financing (technical, financial; WHO, WB, UNICEF)

#### Scaling-up quality MNH services

##### Family planning
- Review and adaptation of FP policy guidelines and training materials including training curriculum (technical, financial; UNFPA, WHO)
- Implementation of repositioning FP strategy (technical; WHO, UNFPA)
- Purchase of contraceptives through the Health Basket Fund (financial; WB, UNFPA)
- Review of community IMCI materials to incorporate MNH (technical, financial; UNICEF, WHO)
- Operational research on MNH care at community level (technical, financial; WHO)
- Development of communication strategy based on community IMCI (technical, financial; UNICEF in seven districts).
- Community communication campaign for adoption of child-survival practices (technical, financial; UNICEF in seven districts).
- Building capacity of community workers on community IMCI, PMTCT, and identification/referral of obstetric complications (technical; UNICEF)
- Household and community-based actions to be scaled-up to national level (e.g. ITN promotion, vitamin A supplementation, promotion of exclusive breastfeeding) (technical, financial; WB)

##### Community interventions for MNH
### Facility interventions for MNH
- Adaptation of IMPAC guidelines and review of life-saving skills training material and development of guidelines (technical, financial; WHO, UNICEF)
- Provision of equipment and supplies (financial; WHO, UNICEF, UNFPA)
- District-level health facilities and central-level commodities through Health Basket Fund (technical, financial; WB)
- Development of training materials for ENBC, life-saving skills, and PMTCT and TOT for focused antenatal care; for FP (technical, financial; WHO)

### Adolescents
- Assessment of adolescent/youth-friendly services
- Development of training package service providers on adolescent-friendly services (orientation programme)
- Development of standards for adolescent health services
- Ministry of Labour Programme – youth children development
- Evaluation of life-skill education
- Studies on factors accelerating impending access to RH services, rapid assessment and strengthening expansion of PAC (technical, financial; UNFPA, UNICEF, WHO)

### Human resources for health/addressing the need for skilled health workers
- Development of human resource for health strategy (technical, financial; WB, WHO)
- Supported the revision of curricula for training of tutors and graduates from medical and nursing schools and nursing preservice curricula (technical, financial; WHO)
- Coordinated government, CSO and UN system participation in Africa Region Human Resource for Maternal Survival on Task Shifting to Non Physician Clinicians workshop in Addis Ababa, and developed Proposed Tanzania Action Plan

### Addressing financial barriers to access to care
- Development of health policy clearly states that services for pregnant women and children under 5 years are free (WHO, UNICEF)
- Development of guidelines on exemption are being worked on to ensure implementation of the policy
- Development and implementation of a new resource-allocation formula for block grants to districts (technical, financial; WB)
- Health Basket Fund, which makes resources available to district-level health facilities through direct financing and in-kind (medical supplies and drugs) contributions (technical, financial; all four agencies)
- Development of policy and tools for its implementation on free services for pregnant women and children under 5 years (technical, financial; WHO, UNICEF)
### Tackling root causes of maternal mortality/morbidity (Activities to address social determinants)

- Development of poverty-reduction strategy that addresses MNCH/RH and includes pro-poor strategies (technical; UNICEF)
- Providing evidence on social determinants of health and MDGs (technical, financial; UNICEF, WB, WHO)

### Monitoring and evaluation

- Analysis of trends in MNCH for Lancet Countdown series (technical; UNICEF, WHO)
- Tanzania DHS (2004/2005), and preparations for the DHS 2009/2010 (technical, financial; UNICEF, WB, WHO)
- Preparation for institutionalizing maternal and perinatal death reviews (technical, financial; WHO)
- MNCH component of HMIS is being reviewed (technical, financial; UNICEF, WHO)

CSO – civil society organizations; IMPAC – integrated management of pregnancy and childbirth

### Other interventions/additional needs

#### Advocacy and resource-mobilization activities

- Participation in Anti-Poverty Week (technical; WHO, WB)
- Parliamentary committees on social services, finance, and population (technical; WHO)
- Launch of the roadmap for MNCH and Deliver Now campaign for women and children (technical, financial; WHO, UNFPA, UNICEF)
- Through the One UN fund resources have been mobilized for strengthening MNH service in Dodoma region as well as technical support for the central level (technical, financial; all four agencies)
- EC/Norway Prime Minister Initiative for MDGs 4 and 5 (technical, financial; WHO)
- Leveraging resources through advocacy for increased resource allocations at national and district levels (technical, financial; all four agencies)

#### Integration

- Strategic plan for MNCH and MNCH chapter in health-sector strategic plan (technical, financial; UNFPA, UNICEF, WHO)

#### Reproductive/maternal/newborn health services and HIV

- Development of PMTCT scale-up plan (financial and technical support from WHO and UNICEF). PMTCT and paediatric care guidelines (technical, financial; UNICEF, WHO)
- Integration of FP, STI, and HIV guidelines and training tools (technical, financial; WHO, UNICEF)
- Development of Global Fund proposals (technical, financial; UNICEF, WHO)
- HIV/AIDS APL support for PMTCT (technical, financial; WB)

#### Reproductive/maternal/newborn health services and malaria

- Joint IMCI/malaria conferences and IMCI/malaria focal persons at district level (technical, financial; WHO, UNICEF)

#### Additional needs

None reported

APL – adaptable programme lending.
**Zambia**

| MNH/RH needs assessments | • EmOC situation analysis (technical, financial; UNFPA, WHO, UNICEF)
| | • Strategic assessment on prevention of unsafe abortion (technical, financial; UNFPA, WHO)
| | • Community MNH assessment (technical, financial; WHO)
| | • 2005 Obstetric Fistula Situation analysis (technical, financial; UNFPA)
| | • FP strategic assessment (technical, financial; JSI, UNFPA, WHO)
| | • Midwifery education and practice-needs assessment (technical, financial; UNFPA)
| | • Female condom situation analysis (technical, financial; UNFPA)
| | • Situation analysis of adolescent health (technical, financial; UNFPA, UNICEF, WHO)
| | • 2008 Knowledge, Attitude and Practice Survey of rural communities on maternal and newborn danger in rural areas (technical, financial; UNICEF)
| Costed national MNH/RH plans | • The National Health Strategic Plan includes high-impact interventions related to MNCH using MBB tool (technical, all four agencies)
| | • PMTCT/paediatric HIV scale-up plan (technical; all four agencies)
| | • MNCH roadmap. (technical, financial; all four agencies)
| | • National human resources strategic plan (technical; all four agencies)
| Scaling-up quality MNH services | Family planning
| | • Contraceptive commodities: participation in forecasting meetings; participation in National Reproductive Health Commodity Security Committee (RHCS) meetings (technical; JSI, UNFPA, UNICEF, USAID, WHO)
| | • FP and STI guidelines review and updating. Integration of STI, FP, and HIV/AIDS (technical, financial; UNFPA, UNICEF, WHO)
| | • FP technical working group (technical; UNFPA, WHO and partners)
| | • Self-directed FP manual training (technical, financial; UNFPA, USAID-HSSP, WHO)
| | • Provincial programme coordination (technical, financial; UNFPA)
| | • Sensitization of communities and formation of safe motherhood action groups (SMAGs) and supervision of these groups, promote safe motherhood, PMTCT, FP, and infant and young child feeding (financial; UNFPA, UNICEF)
| | • Standardization of the SMAGs training manuals (technical, financial; UNFPA, UNICEF, WHO)
| | • Training community-based FP method distributors (technical, financial; UNFPA)
| Family planning (continued) | • Piloting community-based newborn and maternal health in two districts of Zambia. The pilot includes adaptation of regionally developed training modules on community newborn and maternal health (technical, financial; UNFPA, UNICEF, USAID-HSSP, Venture Strategy)  

• Training community in maternal death reviews and formation of maternal death review committees at community level (technical, financial; UNFPA, UNICEF, WHO). The Zambia Results-based Financing (RBF) programme will be rolled-out to districts (one in each province) with the focus on incentivizing health facilities and district health-management team to improve coverage of key maternal- and child-health interventions (technical, financial; all four agencies) |
| Community interventions for MNH | • Formation of community support groups (technical, financial; UNFPA, UNICEF, WHO)  

• Development of neonatal care guidelines (technical, financial; UNFPA, UNICEF, WHO)  

• Construction of community-based compounds and service provision, community IMNCI; training of community health officers (technical, financial; UNICEF)  

• Community-based transport system for women in labour for safe delivery, in partnership with private transport owners – GPRTU (technical, financial; UNICEF, WHO)  

• Basic and long-term FP methods training (Jadelle and intrauterine devices (IUDs)) (technical, financial; UNFPA)  

• The Zambia RBF programme will provide incentives to district health-management teams, health facilities, and neighbourhood health committees upon delivering results in increasing the coverage of community interventions for maternal and child health (WB)  

• Support strengthening of maternal waiting homes (financial; UNFPA, UNICEF, WB, WHO)  

• National support for the scale-up of the SMAGs programme (technical, financial; all four agencies)  

• EmOC and PAC care and newborn care training (technical, financial; Jhpiego, UNFPA, UNICEF, USAID – HSSP, WB, WHO)  

• Procurement of equipment, commodities and supplies for MNCH (financial; DFID, UNFPA, UNICEF, WB, WHO)  

• Pre- and in-service training in focused ANC, PMTCT, paediatric HIV care and support, malaria in pregnancy, ENBC, infection prevention, and immunization (technical, financial; all four agencies)  

• The RBF programme will be rolled-out to districts (one in each province) with the focus on incentivizing health facilities and district health-management teams to improve coverage of key maternal and child health interventions (WB) |
| Facility interventions for MNH | • Preambulation and PAC care and newborn care training (technical, financial; Jhpiego, UNFPA, UNICEF, USAID – HSSP, WB, WHO)  

• Procurement of equipment, commodities and supplies for MNCH (financial; DFID, UNFPA, UNICEF, WB, WHO)  

• Pre- and in-service training in focused ANC, PMTCT, paediatric HIV care and support, malaria in pregnancy, ENBC, infection prevention, and immunization (technical, financial; all four agencies)  

• The RBF programme will be rolled-out to districts (one in each province) with the focus on incentivizing health facilities and district health-management teams to improve coverage of key maternal and child health interventions (WB) |
| Adolescents                                      | • Training peer educators in and out of school in two provinces. (technical, financial; UNFPA) |
|                                                | • Sensitization of parents as parent elders to create a conducive environment for adolescents in provinces (financial; UNFPA) |
|                                                | • Sensitization of traditional initiators to the SRH and HIV to deal with harmful traditional practices (financial; UNFPA) |
|                                                | • Training for PAC for health-care providers now included in EmOC training and support for access to FP (financial; UNFPA) |
|                                                | • YFHS strengthening and equipping at health facilities and community centres (technical, financial; UNFPA, UNICEF, WB) |
|                                                | • Strengthening the national youth and adolescent network for population and development (technical, financial; UNFPA, UNICEF) |
|                                                | • Support for youth participation in international meetings (technical, financial; all four agencies) |
| Human resources for health/                    | • Support for direct-entry midwifery training (financial; WHO) |
| addressing the need for skilled health         | • Support to enhance the midwifery programme (technical, financial; UNFPA, WHO) |
| workers                                         | • Finalization of midwifery strategic plan (technical, financial; UNFPA, WHO) |
|                                                | • Curriculum updating to incorporate new evidence and technical updates in the preservice curricula (technical, financial; WHO, UNFPA) |
|                                                | • Offering scholarships for preservice nursing training for students, thereafter bonding the nurses for the duration trained in collaboration with government (financial; UNFPA) |
|                                                | • Rural-retention policy supported by donors targeting doctors and other categories of health workers (technical, financial; all four agencies) |
|                                                | • New nurse-training schools have been opened and some existing ones expanded (financial; all four agencies) |
|                                                | • Development of CHW strategy in collaboration with global health workforce alliance (technical, financial; all four agencies) |
|                                                | • Ongoing policy dialogue and advocacy for SBAs (technical; all four agencies) |
|                                                | • As part of the RBF programme, human resources investments in the interventions districts to reach a basic level that allows facilities to encourage mothers to deliver in are foreseen. Additional human resources support in the area of data management is also planned in the RBF districts (WB) |
|                                                | • Capacity-building at central level for RH areas including M&E (financial; all four agencies) |
|                                                | • Support MOH participation at international, regional, and national meetings (financial; all four agencies) |
### Addressing financial barriers to access to care
- Actuarial assessment and design for the establishment of social health insurance (technical, financial; WB, WHO)
- Ongoing advocacy, policy dialogue, and procurement of MNCH commodity security (technical, financial; all four agencies)
- Ongoing advocacy for increased budget allocation to health sector to meet the Abuja target (technical, financial; all four agencies)

### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)
- Ongoing advocacy on SRH and rights (technical, financial; all four agencies)
- Supporting education of the girl child (technical, financial; UNICEF)
- Supporting social-protection activities: community mobilization against early marriage, campaign to eliminate fistula (technical, financial; UNFPA, UNICEF)
- Gender mainstreaming (technical, financial; all four agencies)
- GBV (technical, financial; UNFPA, UNICEF)
- Advocacy and awareness on maternal health through civic and traditional leaders (technical, financial; UNFPA, UNICEF, WHO)

### Monitoring and evaluation
- DHS 2007 (technical, financial; all four agencies)
- Development and dissemination of national and district tools and guidelines (technical, financial; UNFPA, UNICEF, WHO)
- Conducting of a pilot study on maternal death reviews (technical, financial; UNFPA, UNICEF, WHO)
- Maternal death review – training of district teams and service providers, and support for formation of maternal death review committees at provincial and district level (technical, financial; UNFPA, UNICEF, WHO)
- A rigorous impact evaluation will accompany the RBF project. This evaluation includes the collection of household and facility data on key maternal and child health indicators (technical, financial; all four agencies)
- Support the process of revising the National HMIS, (technical; all four agencies)
- Participation in the Joint annual reviews (JAR) of the health sector where MNCH has been a major theme (technical, financial; all four agencies)
- Support for antenatal sentinel surveillance; (technical, financial; all four agencies)

### Other interventions/additional needs

| Advocacy and resource-mobilization activities | • Dissemination of the REDUCE-ALIVE advocacy tool and plan (technical, financial; all four agencies)  
• The National MNCH countdown conference to track national progress and formulate future actions to accelerate implementation towards meeting MDGs (technical, financial; UNFPA, UNICEF, WHO)  
• First lady to re-launch the female condom (FC2) in the country (technical, financial; UNFPA)  
• National and provincial annual support for RH and midwifery-related celebrations (technical, financial; UNFPA, UNICEF, WHO)  
• Research on accessing the factors surrounding retention of nurses and midwives in hard-to-reach areas (financial; all four agencies)  
• Support the participation of various sectors in world population conference (technical, financial; UNFPA) |
| --- | --- |
| Integration | • Previously child-health-biased Interagency Coordination Committee (ICC) has become the MNCH ICC to foster integration of reproductive/maternal/newborn and child health services (technical, financial; all four agencies)  
• The National RH roadmap has been broadened to be the MNCH roadmap with facilitation of the agencies (technical, financial; all four agencies)  
• Joint MNCH-communication strategy (technical, financial; all four agencies)  
• Integrated supervisory tool and initiated a supervision/mentorship programme for facility staff (technical, financial; all four agencies)  
• Inclusion of PMTCT services-related parameters on the under-five children’s card (technical; WHO, UNICEF, WB)  
• Results-based Financing Steering Committee, co-chaired by the Directorate of Planning and the Directorate of Public Health, has been formed and will serve as the coordinating body for all RBF initiatives in the country (WB)  
• UN agencies technical staff from UNFPA, UNICEF, WB, and WHO met on finalization of this mapping exercise and have agreed to have regular coordination meetings and more communication |
| Other | • Obstetric fistula campaign to sensitize community and providers, develop guidelines, and strengthen management capacity (technical, financial; UNFPA)  
• Working with professional associations, the general nursing council, and the department of nursing in MOH to improve the image of the nursing and midwifery profession (technical, financial; UNFPA, WHO)  
• Support for the youth network (details under adolescent health) (technical, financial; UNFPA)  
• Anaemia in pregnancy operational research  
• Cancer of the cervix support including adaptation of training materials on VIA and cryotherapy (technical, financial; WHO)  
• Strengthening of the supply chain for drugs and medical supplies (technical, financial; JSI, UNFPA, WB) |
| Additional needs | None reported |
### Zimbabwe

|                                                             | • Assessment of adolescent sexual and reproductive health services in health centres (2008) (technical, financial; UNFPA, UNICEF, WHO) |
|                                                             | • Maternal and perinatal mortality study (2007) (technical, financial; UNFPA, UNICEF, WHO) |
|                                                             | • Assessment of waiting mothers’ shelters (2009) (technical; UNFPA, UNICEF, WHO) |
| Costed national MNH/RH plans                                | • RH and PMTCT annual plans and MNH roadmap (technical, financial; UNFPA, UNICEF, WHO) |
| Scaling-up quality MNH services                             | • Procurement of contraceptives (financial, UNFPA) |
| Family planning                                             | • Updating national guidelines (technical, financial; UNFPA, UNICEF, WHO) |
|                                                             | • Training in provision of FP (technical, financial; UNFPA, WHO) |
| Community interventions for MNH                              | • BCC activities at community level (technical, financial; UNFPA, UNICEF, WHO) |
|                                                             | • Community-based care interventions for mothers and newborns (technical, financial; UNICEF) |
|                                                             | • Community social-mobilization activities for increased uptake of PMTCT and paediatric HIV-care and -treatment services (technical, financial; UNICEF) |
| Facility interventions for MNH                               | • Development of guidelines (technical; UNFPA, UNICEF, WHO) |
|                                                             | • Training of health workers in use of guidelines and capacity-building in EmOC, life-saving obstetric skills, PMTCT, and paediatric HIV treatment and care (technical, financial; UNFPA, WHO, UNICEF) |
|                                                             | • Procurement of equipment, drugs, and commodities (financial; UNFPA, UNICEF, WHO) |
|                                                             | • The extent of the specific support each agency provided was not captured within the questionnaire |
| Adolescents                                                 | • Out-of-school peer education in 16 districts (UNFPA) |
|                                                             | • In-school peer education, skills programme (UNICEF) |
|                                                             | • Clinic-based youth-friendly SRH services in 16 districts (UNFPA, WHO) |
|                                                             | • Youth-friendly centres (UNFPA) |
|                                                             | • Review of adolescent SRH-related laws, policies, and strategies (UNFPA) |
|                                                             | • National adolescent SRH coordination forum (advocacy and coordination) (UNFPA, UNICEF, WHO) |
|                                                             | • Young people’s network on HIV/AIDS national, provincial, and in 16 districts (UNFPA) |
|                                                             | • National BCC strategy (UNFPA, UNICEF) |
|                                                             | • Youth centres for push areas of migration (IOM) |
### Human resources for health/ addressing the need for skilled health workers

- Task-shifting in key signal functions (manual removal of placenta, manual vacuum aspiration) and implant insertion (nurses allowed to do these while it used to be done by doctors alone, following advocacy from UNFPA, UNICEF, WHO)
- Health-worker incentive/retention scheme (UNFPA, UNICEF)
- Positioning and profiling of midwives through the establishment of the Zimbabwe Confederation of Midwives desk office (technical, financial; UNFPA)
- Training of nurse tutors in adolescent SRH/female condom (UNFPA)

### Addressing financial barriers to access to care

- Advocacy activities for clarity on user fees (technical; UNFPA, UNICEF, WHO)
- Discussion on social protection/cash transfers (technical; UNICEF)
- Provision of fuel for outreach services (financial; UNICEF)

### Tackling root causes of maternal mortality/morbidity (activities to address social determinants)

- Training of health workers in gender and RH, and for life-skills, girls’-education and gender-equality programme (technical, financial; UNICEF)

### Monitoring and evaluation

- DHS (technical, financial; UNFPA, UNICEF, WHO)
- Maternal and perinatal mortality study (technical, financial; UNFPA, UNICEF, WHO)
- Confidential inquiries into maternal deaths – national level (technical; UNFPA, UNICEF, WHO)
- Maternal and perinatal death audits – facility level (technical; UNFPA, UNICEF, WHO)
- MICS (technical, financial; UNICEF, WB)
- Secondary analysis of DHS for adolescent SRH data (UNFPA)

### Other interventions/additional needs

#### Advocacy and resource-mobilization activities

- Advocacy with higher authorities on WHO recommendations and research findings (e.g. mortality study, district audit reports) (technical, financial; UNFPA, UNICEF, WHO)
- Sharing of audit reports on maternal and perinatal mortality by districts (technical, financial; UNFPA, UNICEF, WHO)
- Consolidated Appeal Process (CAP) – UNFPA/UNICEF/WHO joint project on maternal and neonatal health

#### Integration

- **Reproductive/maternal/newborn health services and HIV**
  - ANC and PMTCT services are integrated (technical, financial; UNICEF, UNFPA, WHO)
- **Reproductive/maternal/newborn health services and malaria**
  - Procurement of ITNs for pregnant women (technical, financial; UNICEF, WHO)

#### Additional needs

- Lobby for improved policy on user fees
- Improvement of health systems in general
- Sustained improvement in quality of care provided at health institutions
- Strengthen community-based initiatives for MNH care
Joint country support
Accelerated implementation of maternal and newborn continuum of care as part of improving reproductive health
Mapping of in-country activities

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