

**Strategic Objective 4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals**

## REGIONAL PLANNING BRIEF

### 1. Major work of WHO for this SO in the region (RO and countries) during 2008-2009:

#### Maternal and Neonatal Health:

- Advocacy for strengthening human resources for MNH carried out at the 61<sup>st</sup> Session (2008) of the Regional Committee.
- High level advocacy meeting to emphasize the importance of multi-sectoral approach in accelerating the reduction of maternal, newborn and child health.
- Promotion of socio-cultural approaches in accelerating the reduction of maternal and neonatal mortality.
- Strengthening pre-service and in-service midwifery training of community-based skilled birth attendants: Bangladesh, Bhutan, India, Myanmar, Nepal, Timor-Leste.
- Strengthening pre-service and in-service training in essential newborn care in Bangladesh, India, DPR Korea, Maldives, Myanmar, Nepal and Sri Lanka.
- Improving quality of care, i.e. in post-natal care and prevention and treatment of post-partum hemorrhage.

#### Child Health

- Field test of training package on neonatal health conducted in India. Regional orientation planned in second half of 2009.
- Capacity for conducting child health programme review built in Bangladesh, Bhutan, Indonesia and Nepal. Programme review conducted in Nepal and Indonesia.
- Regional Expert Group on Child Health and Development established.
- Regional strategy for child health and development presented to Member States in a meeting of child health programme managers.
- Technical support provided to India and Myanmar in developing national child health policies.
- Process of improving quality of care for children in hospitals initiated. Projects for improving quality supported in Bangladesh and Indonesia.
- Regional strategic directions for promoting early childhood development drafted. Member States oriented to WHO-UNICEF package for community health workers for promoting early childhood development.
- Guidelines to strengthen paediatric anti-retroviral therapy in national HIV/AIDS programme published under the title 'Paediatric HIV/AIDS in South-East Asia: Strategic Considerations for Universal Access to Pediatric Anti-retroviral Therapy'.

**Adolescent Health**

- Epidemiological data base and information on adolescents and young people, sub-set analysis of national surveys (DHS, BSS, etc.) done in BAN, IND, INO, NEP and SRL.
- Technical support provided in development of national strategy on adolescent health/ASRH in BAN, IND, MMR and SRL. Regional strategic directions on adolescent health being finalised.
- Member countries supported in implementation of adolescent/youth friendly health services (AFHS/YFHS). Development of national standards and implementation guide in BAN, BHU, IND and SRL.
- Development of tools on quality and coverage assessment of AFHS/YFHS supported in BAN, BHU, IND, SRL, THA.
- Adaptation of training package for health providers supported in BAN, BHU, IND, INO, SRL. Capacity building at national and sub-national level being carried out. Management development course on 'Integrated HIV/AIDS and Reproductive health programming for young people of South-Asia' jointly supported by UNFPA and WHO/SEARO field tested and finalised.
- Technical support provided to develop an assessment tool on laws and policies on ASRH and HIV in SRL. Assessment tool and results shared during intercountry meeting on laws and policies.
- Development and field testing of modules on adolescent health for school health coordinators was supported.
- Focus on young people in National HIV/AIDS plans was strengthened in selected member countries.

**Reproductive Health**

- Adaptation of the Global Framework for Implementation of the Reproductive Health Strategy at the regional level.
- Technical assistance for updating RH strategies (Myanmar).
- Advocacy for strengthening Family Planning programme and country support (Timor-Leste).
- Strengthening prevention and management of unsafe abortion (Bangladesh).
- Integration of STIs/HIV prevention and management into RH/MNH services, including initiative on the elimination of congenital syphilis.
- Assist in development of strategy for the prevention and control of cervical cancer (Maldives, Nepal).

**Healthy Ageing**

- Background document on situation analysis of healthy and active ageing, best practices interventions and outline of draft strategy on active and health ageing formulated;
- Technical review of situation analysis and intervention strategies conducted;
- Technical consultation to review and adopt the regional strategy on active, healthy ageing;
- Financial support to non-governmental organization assisting elderly populations with visual impairment in Nepal, displaced elderly population in Sri Lanka and community support in Maldives;
- Technical collaboration with Help Age international and other partner organizations.

**2. Scope of work and major results planned for 2010-2011:****Maternal and Neonatal Health**

- Strengthen human resources for MNH at primary care level

- Adaptation and implementation of guidelines, approaches and tools for improving maternal and neonatal health.
- Improve quality of MNH care.
- Strengthen MNH programme management.
- Strengthen advocacy and involvement of individual, family and community in MNH, taking into consideration social and cultural factors.

#### **Child Health**

- Assisting member-states to conduct child health programme reviews and to develop/revisit/revise their child health policies/strategies.
- Build capacity for child health programme management.
- Build human resource capacity for delivery of services for neonatal and child health with particular focus on community based health workers (CBHWs).
- Expand work on improving quality of child care in hospitals to countries other than Bangladesh and Indonesia.
- Initiate activities for promoting early child development through the health sector interventions.

#### **Adolescent Health**

- Technical support to countries with high incidence of adolescent pregnancy in prevention and management.
- Supporting assessment of laws and policies related to ASRH and HIV and developing guidance for health care providers.
- Technical assistance to Member countries in planning and implementing AFHS and improving coverage of AFHS through demand generation among school-going and out-of-school adolescents.

#### **Reproductive Health**

- Adaptation and implementation of guidelines, approaches and tools for improving quality of RH services.
- Strengthen initiatives in achieving universal access to reproductive health.
- Strengthen efforts in addressing key RH issues, i.e. family planning, prevention and management of unsafe abortion, integrating prevention and management of RTIs/STIs into MNH/RH services, prevention and control of cervical cancer.

#### **Healthy ageing:**

- Support to member states in the adoption of the regional strategy on active, healthy ageing;
- Improved networking with related sectors to address the social, economic and health aspects of active, healthy ageing through age-friendly primary health care approach;
- Regional collaboration with member states and partners to address the special problems of elderly females; community-based approaches to promote active, healthy ageing; health and related problems of very old persons.

### **3. Regional Expected Results (RERs) with indicators, baselines and targets (attached):**

#### 4. Budget information for the Strategic Objective for Country Offices (CO) and the Regional Office (RO) (in USD thousands)

| SO Component   | PB 2008-2009*   |               |                 |              | PB 2010-2011  |              |
|--|-----------------|---------------|-----------------|--------------|---------------|--------------|
|  | Country offices |               | Regional Office |              | CO            | RO           |
|  | Planned         | Resources     | Planned         | Resources    |               |              |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 5,034           | 1,758         | 2,432           | 901          |               |              |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 1,259           | 324           | 480             | 60           |               |              |
| 3. Skilled care for every pregnant woman and every newborn   | 8,138           | 2,653         | 1,698           | 599          |               |              |
| 4. Neonatal survival and health  | 2,368           | 641           | 760             | 62           |               |              |
| 5. Child health and development  | 4,194           | 1,171         | 1,566           | 1,003        |               |              |
| 6. Adolescent health and development   | 2,827           | 492           | 2,813           | 769          |               |              |
| 7. Sexual and reproductive health services   | 3,738           | 3,071         | 1,283           | 523          |               |              |
| 8. Healthy Age   | 313             | 74            | 200             | 138          |               |              |
| <b>TOTAL</b>   | <b>27,871</b>   | <b>10,184</b> | <b>11,232</b>   | <b>4,055</b> | <b>28,616</b> | <b>9,800</b> |

### South-East Asia Regional Expected Results for Regional PB 2010-2011

**Strategic Objective 4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.**

| Organization-wide Expected Result  | Regional Expected Results   | Indicator   | Baseline | Target |
|--|---|---|----------|--------|
| 1. Support provided to Member States to formulate a comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions in collaboration with other programmes, paying attention to reducing gender inequality and health inequities, providing a continuum of care throughout the life course, integrating service delivery across different levels of the health system and strengthening coordination with civil society and the private sector. | 1. Capacities of countries strengthened in formulating/developing/strengthening policies/strategies to achieve universal access to health services for maternal, newborn, child, adolescent and other aspects of reproductive health (RH) within strengthening the health system and in the context of primary health care and Convention on Rights of Child (CRC). | Number of countries that have improved human resources plans for Maternal and Newborn Health (MNH)/RH.  | 3        | 7      |
|  |   | Number of countries that have developed/ reviewed comprehensive policy/strategy for Child Health and Development, with emphasis on socio-cultural determinants and multi-sectoral approach. | 0        | 5      |
|  |   | Number of countries that have undertaken assessment on national laws/ policies on adolescent health to see its conformity with the Conventions on Rights of Child (CRC).                    | 1        | 3      |

| Organization-wide Expected Result   | Regional Expected Results   | Indicator  | Baseline | Target |
|---|---|--|----------|--------|
| <p>2. National research capacity strengthened as necessary and new evidence, products, technologies, interventions and delivery approaches of global and/or national relevance available to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health.</p>  | <p>1. Collaboration with ministries of health and national institutions, including WHO collaborating centres, strengthened for research training, research and use of research findings to promote evidence-based norms, standards, guidelines and tools for improving health outcomes in all key areas of reproductive health and adolescent-friendly health service (AFHS).</p> | <p>Number of countries with their national institutions supported for research training, research and promotion of best practices in key MNH/RH areas.</p> | 3        | 5      |
|   |   | <p>Number of countries conducted and supported operational research (OR) on AFHS using the recommended standard protocol.</p>                              | 1        | 5      |
| <p>3. Guidelines, approaches and tools for improving maternal care applied at the country level, including technical support provided to Member States for intensified action to ensure skilled care for every pregnant woman and every newborn, through childbirth and the postpartum and postnatal periods, particularly for poor and disadvantaged populations, with progress monitored.</p> | <p>1. Capacity of nurses, midwives and communities in maternal and newborn services strengthened.</p>   | <p>Number of countries organize training courses on maternal and newborn health for nurses, midwives and or communities</p>                                | 2        | 4      |
|   | <p>2. Evidence-based guidelines, approaches and tools for improving MNH programme management and services adapted and implemented in countries to ensure accelerated actions to address inequities in accessing quality MNH care, within continuum of care throughout pregnancy, childbirth, postpartum and neonatal periods.</p>   | <p>Number of countries adapted and implemented evidence-based guidelines, approaches and tools for improving MNH programme management and services.</p>    | 3        | 7      |
|   |   | <p>Number of countries supported in strengthening MNH</p>  | 3        | 7      |

| Organization-wide Expected Result  | Regional Expected Results   | Indicator   | Baseline | Target |
|--|---|---|----------|--------|
|  |   | programme management to address inequities in accessing quality MNH care.   |          |        |
| 4. Guidelines, approaches and tools for improving neonatal survival and health applied at country level, with technical support provided to Member States for intensified action towards universal coverage, effective interventions and monitoring of progress. | 1. Capacity of nurses, midwives and community based health workers, and community health volunteers in neonatal health strengthened.                          | Number of countries organizing training courses on neonatal health for nurses, midwives and community based health workers and community health volunteers.           | 0        | 4      |
|  | 2. Capacities of countries strengthened in improving neonatal health, including ensuring improved skills of health providers and communities in newborn care. | Number of countries that have improved neonatal health within a mother-baby-dyad approach and/or improved skills of health providers and communities in newborn care. | 7        | 10     |

| Organization-wide Expected Result   | Regional Expected Results   | Indicator  | Baseline | Target |
|---|---|--|----------|--------|
| <p>5. Guidelines, approaches and tools for improving child health and development applied at the country level, with technical support provided to Member States for intensified action towards universal coverage of the population with effective interventions and for monitoring progress, taking into consideration international and human-rights norms and standards, notably those stipulated in the Convention on the Rights of the Child.</p> | <p>1. Child health programme management capacity strengthened and universal coverage with evidence based, effective child health interventions improved through provision of continuum of care for children at community level, first level health facilities and referral institutions</p> | Number of countries conducted Child Health Programme/IMCI assessments and reviews.   | 3        | 5      |
|   |   | Number of countries that have expanded IMCI coverage to 75% districts or more  | 2        | 4      |
|   |   | Number of countries implementing comprehensive multi-sectoral strategies for child health and development  | 3        | 5      |
|   |   | Number of countries that have developed and implemented standards for care of children at referral institutions.   | 2        | 4      |
|   | <p>2.Capacity of nurses, midwives and community based health workers, and community health volunteers in child health strengthened</p>  | Number of countries organizing training courses on child health for nurses, midwives and community based health workers and community health volunteers. | 0        | 2      |



| Organization-wide Expected Result   | Regional Expected Results  | Indicator   | Baseline | Target   |
|---|--|---|----------|----------|
| <p>6. Technical support provided to Member States for the implementation of evidence-based policies and strategies on adolescent health and development, and for the scaling up of a package of prevention, treatment and care interventions in accordance with established standards.</p>  | <p>1. Capacity of member states strengthened for implementing adolescent-friendly health service (AFHS) and its monitoring and evaluation.</p>   | <p>Number of countries implementing AFHS.</p>   | <p>2</p> | <p>5</p> |
|   |  | <p>Number of countries piloting interventions for prevention and management of adolescent pregnancy.</p>                | <p>0</p> | <p>3</p> |
| <p>7. Guidelines, approaches and tools made available, with provision of technical support to Member States for accelerated action towards implementing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health, with particular emphasis on ensuring equitable access to good-quality sexual and reproductive health services, particularly in areas of unmet need, and with respect for human rights as they relate to sexual and reproductive health.</p> | <p>1. Evidence-based guidelines, approaches and tools for improving key aspects of Reproductive Health adapted and implemented in countries to ensure accelerated actions in addressing inequities of access to quality RH service, in an integrated approach with relevant programmes and within strengthened coordination and partnership with development partners.</p> | <p>Number of countries implementing Reproductive Health strategy to achieve universal access to Reproductive Health</p> | <p>4</p> | <p>7</p> |
| <p>8. Guidelines, approaches, tools, and technical assistance provided to Member States for increased advocacy for consideration of ageing as a public health issue, for the development and implementation of policies and programmes aiming at maintaining maximum functional capacity throughout the life course and for the training of health-care providers in approaches that ensure healthy ageing.</p>   | <p>5. Regional strategy on healthy ageing developed and disseminated to member countries.</p>  | <p>Number of member states adapting the Regional strategy for health ageing.</p>  | <p>3</p> | <p>6</p> |

## **Country Planning Brief: Bangladesh (SO-04)**

### **1. Major work of WHO for this SO in country during 2008-2009:**

- Efforts have been made to review and update the National Maternal Health Strategy 2001 to develop the National Maternal, Neonatal and Child Health (MNHC) 2009 in order to ensure continuum of care for MNCH.
- Operations research training on maternal, newborn and reproductive health has been conducted to selected programme managers/trainers. More training will be conducted in 2009. Research proposals have been received for consideration.
- Curriculum for addition training for Community-based skilled birth attendants has been developed and used.
- Essential Newborn Care training has been conducted. Curriculum for Essential Newborn Care training for the community has been adapted from WHO Pregnancy, Childbirth, Postnatal Care and Neonatal Care (PCPNC).
- District team problem solving (DTPS) tools for Local Level Planning have been developed, adapted and used. Review of the tools is underway.
- Model for improving MIS system for MNCH has been developed.
- A project proposal on "Strengthening midwifery services for accelerating the reduction of maternal and neonatal mortality in Bangladesh" has been submitted for funding.
- Guidelines have been developed for IMCI training on supervision and monitoring. Training materials for facilitators for infant young child feeding (IYCF), promotion of pre-primary-school child growth and development have been developed.
- Standards of Adolescent Friendly Health Services (AFHS) and Youth Friendly Health Services (YFHS) have been developed. Services have been provided in selected districts.
- Strategy on adolescent reproductive health (ARH) has been implemented. Expansion and integration are needed to ensure coordination and sustainability.
- A project "Strengthening of national menstrual regulation programme for reduction of maternal mortality" is being implemented.
- Development of principles and model for service delivery for Elderly People is in process.

### **2. Scope of work and major results planned for 2010-2011 (by SO component):**

- Institutional Capacity is strengthened to increase equitable access to quality services for maternal and neonatal health (MNH) through technical assistance to:
  - strengthen national strategy on human resource development and management including management of skilled birth attendants and midwifery personnel;
  - enhance national capacity in research for MNH;
  - strengthen programme management and evaluation for MNH;
  - strengthen Individual, Family and Community component of MNH;
  - develop, adapt and update key evidence-based standards, guidelines and tools including training of trainers for continuum of care and increased access to effective and safe services of MNH.
- Institutional Capacity is strengthened for equitable access to quality information and services for Child and Adolescent Health and Development (CAHD) through technical assistance to:

- develop, adapt and update protocols and guidelines including training of trainers for child survival;
  - strengthen interventions at health facilities and communities for increased coverage of IMCI;
  - build capacity for child health programme management and evaluation;
  - promote scaling-up of evidence-based interventions for prevention, treatment and care for adolescent health and development (ADHD);
  - enhance national capacity in research for CAH.
- Institutional Capacity is strengthened for Integration of Quality Reproductive Health (RH) Services in the National Health System through technical assistance to:
    - develop, adapt and update evidence-based standards, guidelines and tools including training of trainers for increased access to reproductive rights and effective and safe reproductive health services including Family Planning and Women Health Services;
    - increase equitable access to services for prevention of unsafe abortion in both rural and urban areas;
    - promote and document the scaling-up of quality services for elderly people at health facilities and communities.
    - enhance national capacity in research for RH.

### **3. How the scope and results are related to the Country Cooperation Strategy:**

The above scope and results are related to the Country Cooperation Strategy in the way that they will support capacity building that aims to improve the health of mothers, children, adults and the ageing population through a life-cycle development approach by promoting access of vulnerable groups to health services and ensuring continuum of care throughout the life-course.

#### 4. Budget information for the Strategic Objective (in USD thousands)

| SO Component (OWERS)   | PB 2008-2009 |              |              | PB 2010-2011 |              |
|--|--------------|--------------|--------------|--------------|--------------|
|  | AC           | VC planned   | VC actual*   | AC           | VC           |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 55           | 1,075        | 0            |              |              |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 29           | 400          | 0            |              |              |
| 3. Skilled care for every pregnant woman and every newborn   | 535          | 1,586        | 207          |              |              |
| 4. Neonatal survival and health  | 32           | 633          | 0            |              |              |
| 5. Child health and development  | 92           | 1,414        | 43           |              |              |
| 6. Adolescent health and development   | 81           | 643          | 0            |              |              |
| 7. Sexual and reproductive health services   | 441          | 1,817        | 1,955        |              |              |
| 8. Healthy Age   | 18           | 132          | 0            |              |              |
| <b>TOTAL</b>   | <b>1,283</b> | <b>7,690</b> | <b>2,205</b> | <b>897</b>   | <b>9,781</b> |

\* Available as of 15 May 2009

#### 5. Possible VC funding through new or continuing projects

The Royal Netherlands Embassy: "Strengthening of national menstrual regulation programme for reduction of maternal mortality" (Around US\$ 2,000,000).

DFID/EC: "Maternal and neonatal mortality and morbidity reduction" (Around US\$ 250,000).

AusAid: "Strengthening midwifery services for accelerating the reduction of maternal and neonatal mortality in Bangladesh" (Around US\$ 3,000,000)

#### 6. Staff requirements for 2010-2011 (short and long-term)

MO-RH (P-5) -LTS

NPO-MNH (NOC)-LTS

1. MO-CAH (P-5)-TIP
2. NPO-MPS (NOC)-LTS
3. NPO-GBV (NOC)-TNP
4. TO-Midwifery (P-5)-TIP
5. TO-MH (P5)-TIP

## **Country Planning Brief: Bhutan (SO-04)**

### **1. Major work of WHO for this SO in country during 2008-2009:**

- Basic Health Workers and Village Health workers trained on clean and safe delivery on safe motherhood.
- Maternal and Neonatal Health committees have been set up in the communities of Pemagatshel, Samtse and Zhemgang Districts.
- Strategy on Newborn Care developed.
- Nurses trained on Intensive care in neonatology.
- Guide books for the teachers on adolescent health printed and distributed to the school health coordinators.
- Fund for conducting workshop on adolescent health issues was released to Samdrupjongkhar District.

### **2. Scope of work and major results planned for 2010-2011.**

To provide policy and technical support in:

- scaling of universal access to effective interventions (including institutional delivery of child) and providing continued care through life-course approach
- integration of service delivery across different levels of the health system and strengthening coordination with civil society
- promote life-skill approach for youth and adolescents
- develop strategies to promote active and healthy ageing
- strengthen resources for safe motherhood and reproductive health programmes

### **3. How the scope and results are related to the Country Cooperation Strategy: (Site the reference in the CCS, usually in the Strategic Agenda section)**

#### **Strategic Priority #04**

- Foster the improvement of maternal health, child health and nutrition (MDGs 3, 4, and 5)
- Further reduction of child mortality and improvement of child health (MDG#04)
- Further improvement of maternal health with emphasis on reduction of maternal mortality (MDG#05)

#### 4. Budget information for the Strategic Objective (in USD thousands)

| SO Component (OWERS)   | PB 2008-2009 |              |            | PB 2010-2011 |            |
|--|--------------|--------------|------------|--------------|------------|
|  | AC           | VC planned   | VC actual* | AC           | VC         |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 20           | 220          | 0          |              |            |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 8            | 32           | 0          |              |            |
| 3. Skilled care for every pregnant woman and every newborn   | 21           | 736          | 3          |              |            |
| 4. Neonatal survival and health  | 19           | 92           | 0          |              |            |
| 5. Child health and development  | 29           | 49           | 0          | 28           | 50         |
| 6. Adolescent health and development   | 23           | 87           | 0          | 8            | 50         |
| 7. Sexual and reproductive health services   | 20           | 112          | 0          | 105          | 200        |
| 8. Healthy Age   | 0            | 0            | 0          | 0            | 50         |
| <b>TOTAL</b>   | <b>140</b>   | <b>1,328</b> | <b>3</b>   | <b>141</b>   | <b>350</b> |

\* Available as of 15 May 2009

#### 5. Possible VC funding through new or continuing projects:

None

#### 6. Staff requirements for 2010-2011 (short and long-term):

None

## **Country Planning Brief: DPR Korea (SO-04)**

### **1. Major work of WHO for this SO in country during 2008-2009:**

#### **Maternal and Newborn Health**

- Access to quality MNH service at primary health care and first referral levels improved
- Several county hospitals and Ri health facilities rehabilitated and equipped to provide quality MNH services
- A number of health professionals trained in competency based training
- Development, adaptation and printing of several evidence based guidelines and training material including Emergency Obstetric Care, Essential and referral newborn care, child health including IMNCI
- Culturally sensitive IEC materials including AV aids developed

#### **Child and Adolescent Health**

- IMCI in-service implemented in 56 counties and expanding to 27 more counties
- Introduction of pre-service IMCI in 5 medical universities
- Initiation of Referral child care in hospitals based on WHO guidelines and standards
- Adolescent health and development activities initiated

#### **Reproductive Health and Family Planning**

- Translation, printing and dissemination of WHO publications like Decision Making Tool (DMT), RTI prevention and management guidelines, Cancer Cervix
- In collaboration with UNFPA, review and revision of guidelines for contraceptives
- Introduction of Safe Abortion Guidelines especially MVA with provision of supplies to at least 20 county hospitals and plans for further expansion
- Capacity building in research methodologies especially OR

### **2. Scope of work and major results planned for 2010-2011 (by SO component):**

#### **Maternal and Newborn Health**

- Continuous improvement in service delivery for MNH care
- Human resources Development for maternal and newborn health (MNH) and universal access to other reproductive health (RH) services.
- Quality assurance for training and MNCH services
- Strengthen collaboration with national institutions in training, research and use of research to promote evidence-based norms, standards, guidelines and tools in MNH/RH
- Strengthening health system and capacities of program managers, health providers and communities in improving maternal and newborn health including referral care at the facility level
- MDG tracking and reporting

#### **Child & Adolescent Health**

- Strengthen and consolidate implementation and expansion of pre and in-service IMCI
- Develop and support implementation of standards of child care at referral level
- Introduction of IMCI and referral care in nursing courses
- Expansion of training in the management of malnutrition

- To facilitate development and dissemination of national strategy, plan and assist in implementation and monitoring of quality and coverage of adolescent/youth friendly health service including sex and age disaggregated data

### Reproductive Health and Family Planning

- Improving access to and quality of RH services including promotion of evidence based RH guidelines.
- Improving capacity in conducting operational research
- Further expansion of Safe Abortion Services including exploration of introduction of medical abortion
- Expanding the choices of contraceptives with introduction of emergency contraceptives
- Strengthen the prevention and management of Reproductive tract infections guidelines and services
- Review the screening of cancer cervix and introduce evidence based practices
- Advocacy for development of appropriate policies, strategies and plan for healthy ageing (care for peri and menopausal women)

### 3. How the scope and results are related to the Country Cooperation Strategy:

Strategic Priority 2- Addressing Women's and Children's Health (CCS 2009-2013)

### 4. Budget information for the Strategic Objective (in USD thousands)

| SO Component (OWERS)   | PB 2008-2009 |            |            | PB 2010-2011 |            |
|--|--------------|------------|------------|--------------|------------|
|  | AC           | VC planned | VC actual* | AC           | VC         |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 78           | 25         | 0          | 40           |            |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 0            | 120        | 0          | 0            |            |
| 3. Skilled care for every pregnant woman and every newborn   | 72           | 40         | 0          | 45           |            |
| 4. Neonatal survival and health  | 24           | 0          | 0          | 30           |            |
| 5. Child health and development  | 187          | 310        | 0          | 45           |            |
| 6. Adolescent health and development   | 20           | 10         | 0          | 20           |            |
| 7. Sexual and reproductive health services   | 0            | 168        | 225        | 20           |            |
| 8. Healthy Age   | 0            | 0          | 0          | 0            |            |
| <b>TOTAL</b>   | <b>381</b>   | <b>673</b> | <b>225</b> | <b>200</b>   | <b>805</b> |

\* Available as of 15 May 2009



**5. Possible VC funding through new or continuing projects: (Site the name of the donor and project if available or note donors where there is possible funding. Amount of funding)**

- "Improving Women's and Children's Health in DPR Korea": ROK(24 million USD)
- "Partnership for Improving Child Survival": Italian Cooperation Agency(0.8 million USD)
- Central Emergency Relief Fund (CERF)
- SIDA

**6. Staff requirements for 2010-2011 (short and long-term):**

- Medical Officer-One
- NPO- Two
- Short term consultants

## Country Planning Brief: India (SO-04)

### 1. Major work of WHO in country during 2008-2009:

#### Maternal Health / Reproductive Health

- Development of SBA and EmOC guidelines and training packages
- Development of Indian Hemoglobin color scale
- Development of guidelines on facility based maternal death review
- Develop quality assurance mechanism for competency based EmOC trainings
- Develop accreditation mechanism for SBA trainings and RCH services in private sector
- Develop safe abortion guidelines and review/amend MTP act
- Develop RTI/STI training package
- Develop and disseminate family planning guidelines

#### Newborn / Child Health

- Incorporation of latest child health guidelines of MOH in the IMNCI training package for implementation
- Supported national TOTs on IMNCI
- Development and field testing of HIV incorporated IMNCI guidelines
- Develop training package on facility based management of severe acute malnutrition in children
- Supported scaling up of implementation of pre-service IMNCI training in medical colleges and nursing schools

#### Adolescent Health

- Scaling up implementation of adolescent health services: supported implementation model in district in Maharashtra
- Strengthened adolescent health component in PG diploma in Maternal and Child Health that is offered by Indira Gandhi National Open University
- Training of medical college faculty in MOH ARSH Orientation Programme for medical officers
- Piloted quality assessment of adolescent health services
- Supported development of tools for quality and coverage assessment of adolescent health services
- Age disaggregation of data from national demographic and health surveys for adolescent health indicators
- Development of School Health guidelines of MOH

#### GWH

- Develop advocacy material and teaching learning tools for introducing education on sex selective abortions in medical and nursing institutions
- Develop tools and guidelines for introducing gender mainstreaming in health in the curriculum of medical schools and nursing schools
- Supported orientation of senior staff in WHO-India office on gender and health
- Supported life skills education workshop for school students to prevent gender based violence

#### Healthy Ageing

- Training material developed for the proposed National Program for Elderly

- Supported activity on developing model for care of elderly in rural settings
- Supported expert meeting for developing guidelines for the geriatric departments in the medical colleges
- Supported workshops on geriatric care

## 2. Scope of work and major results planned for 2010-2011

- The process of implementation and scaling up of interventions related to maternal health (SBA and EmOC trainings) and reproductive health (safe abortion procedures and RTI STI management) will be continued. Focus would be given on quality of health care by developing standard operating procedures and introducing accreditation guidelines for health facilities providing MNCH care both in public and private sector. Implementation of maternal death reviews in the states will be supported to make an impact on high maternal mortality.
- The primary focus would be on further strengthening national capacity for scaling up and implementation of evidence based interventions for newborn and child health by capacity building of health personnel in caring of sick newborn and children especially related to Care at birth, Home visitation and Prevention of malnutrition by appropriate feeding practices through pre-service and in-service trainings. In selected health facilities, admitting cases of severe acute malnutrition (SAM), capacity building on inpatient management of children with severe acute malnutrition will be done. Other areas of work will include strengthening managerial skills of child health programme managers and developing tools for assessing quality of care being provided in health facilities. These new initiatives will help in strengthening the health facilities.
- Primary focus would be on further strengthening national capacity for scaling up and implementation of evidence based interventions for adolescent health. The strategies to achieve our goals would be; developing interventions for prevention and management of adolescent pregnancy; building the capacity of health care providers and programme managers to implement good quality Adolescent Friendly Health Services (AFHS) through Adolescent Reproductive and Sexual Health Programme (ARSH) which is an important component of RCH II Programme; capacity development for monitoring quality and coverage of AFHS/ ARSH; formulating models for demand generation and behaviour change communication strategy; development of self learning material on climate change and its impact on health.
- The primary focus will be in mainstreaming gender and health in medical education.
- Healthy ageing - Training manuals and operational modules developed for programme implementation. in view of the proposed National Program for Elderly which has already been approved by Planning Commission of India as a centrally sponsored program under the new initiatives for the XI five year plan. Technical support in this area would provide an impetus to the proposed national program. Activities could be in following areas;
  - Network development among the resource centers for geriatric care
  - Implementation of the operational module for geriatric unit in Medical College Hospitals
  - Development of an age friendly primary health care community model for elderly in rural/urban settings

## 3. How the scope and results are related to the Country Cooperation Strategy:

- The Country Cooperation Strategy identifies promotion of maternal and child health as one of the high priority areas of support. This prioritization is based on the disproportionately high contributions of conditions affecting mothers and children to the overall burden of disease and consequent mortality.

- Demographic profile of India's population is changing and the proportion of the elderly is increasing significantly. With the increase in the elderly population there is an important issue of increasing burden of various chronic diseases and disabling conditions. Technical support provided in this area would help in the scaling up preventive measures and formulating guidelines for better health care of elderly.

#### 4. Budget information for the Strategic Objective (in USD thousands)

| SO Component (OWERS)   | PB 2008-2009 |              |            | PB 2010-2011 |              |
|--|--------------|--------------|------------|--------------|--------------|
|  | AC           | VC planned   | VC actual* | AC           | VC           |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 420          | 365          | 185        | 450          | 300          |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 30           | 145          | 0          | 210          | 300          |
| 3. Skilled care for every pregnant woman and every newborn   | 295          | 860          | 240        | 280          | 800          |
| 4. Neonatal survival and health  | 45           | 80           | 50         | 150          | 200          |
| 5. Child health and development  | 90           | 570          | 250        | 100          | 750          |
| 6. Adolescent health and development   | 80           | 560          | 0          | 100          | 550          |
| 7. Sexual and reproductive health services   | 170          | 25           | 0          | 225          | 100          |
| 8. Healthy Age   | 0            | 0            | 0          | 0            | 0            |
| <b>TOTAL</b>   | <b>1,130</b> | <b>2,605</b> | <b>725</b> | <b>1,349</b> | <b>3,000</b> |

\* Available as of 15 May 2009

#### 5. Possible VC funding through new or continuing projects

Mostly for the ongoing projects from UNICEF, NIPI, WHO/HQ, GAVI and DFID and other donors in the FCH area.

#### 6. Staff requirements for 2010-2011 (short and long-term):

National Professional Officer – Cluster focal point  
 National Professional Officer – Maternal and reproductive health  
 National Professional Officer – Child health  
 National Professional Officer – Adolescent health  
 National Professional Officer – Family and child health

## Country Planning Brief: Indonesia (SO-04)

### 1. Major work of WHO for this SO in country during 2008-2009:

#### Maternal health

- Provincial reproductive health profiles developed
- Advocacy materials to advocate for better allocations of resources to the area of MCH at provincial and district level developed.
- Survey on post-abortion care done
- Confidential enquiry into maternal death adapted and field tested
- Training in integrated Health Technology Package performed
- Feasibility study of syphilis screening performed
- Maternity waiting homes as approach for remote areas developed
- Antenatal care guidelines developed
- Family planning information system for health services field tested
- Counselling material on reproductive health for premarital counselling

#### Neonatal, child and adolescent health

- IMCI health facility survey performed
- Evaluation of the introduction of IMCI into preservice training in medical schools undertaken
- Pocket book for hospital care for children adapted and printed
- Assessment of the quality of hospital care for children performed
- Short programme review for child health undertaken
- Information from household surveys systematically analyzed in the areas of child health, adolescent health, and maternal health
- Service availability mapping for child health at provincial level undertaken, mapping of services promoted as a decision making tool
- Working group on action plan for pneumonia established, and situation analysis of pneumonia interventions performed
- Orientation programme for adolescent health reviewed and updated
- Review of adolescent friendly health services performed
- Manual of health material for primary school teachers developed
- Review on the situation of street children developed

### 2. Scope of work and major results planned for 2010-2011 (by SO component):

#### Maternal health

- Advocacy for maternal health at district level
- Data analysis of new surveys (census, Riskesdas 2010, IDHS) on the progress and factors contributing to maternal health;
- Strengthening integrated data driven district planning for maternal and child health
- Development of a quality improvement model for maternal health
- Adaptation and implementation of relevant guidelines in MNH/RH (integrated pocket book, manual of safe abortion);
- Review of the quality of maternal care at first referral hospital in MNH and initiating improvement of the quality of care, including linkage with primary care level;

- Strengthen and expand facility-based maternal death reviews towards implementing confidential enquiry of maternal death within the health system; strengthen IFC component and multi-sectoral actions for MNH/RH;
- Strengthen integration of STI prevention and treatment into MNH/RH services; activities on inclusion of RH in the emergency preparedness plans,
- Strengthen research network and capacity in the area of MNH/RH.
- Developing a private sector model for better promotive and curative interventions for maternal health
- Strengthening health services for maternal health and develop specific interventions in remote areas.
- Field test and promote guidelines for RH for disabled people
- Field test and promote guidelines for premarital counselling
- Develop supportive materials for FP information system (trainer modules, FP postpartum)
- Field test, implement and evaluate integrated antenatal care services

### **Neonatal, child and adolescent health**

- Develop a strategy and implementations for child survival, including an investment case
- Advocacy for child health at district level
- Data analysis of new surveys on the progress and factors contributing to child and adolescent health
- Strengthen Integrated data driven district planning for maternal and child health, including mapping of services
- Development of a quality improvement model for child health in Puskesmas and hospital
- Continue the process of improvement of the quality of care at hospitals, including linkage with primary care level;
- Adaptation and implementation of relevant guidelines in child and adolescent health
- Promote material with health messages for schools and the populations and develop an integrated approach
- Update materials for program manager & facilitators
- Assessment of the performance of midwife & nurse in Neonatal Health services
- Review integration of neonatal and child health material into nursing and midwifery education, and promote the development of competency based curricula
- Analysis of Adolescent Reproductive Health using Human Rights Tools
- Develop Adolescent Health Policy
- Training for using "OP on Adolescent module"
- Advocacy for using module of "Health material for Elementary School Teacher"
- Develop module of "Health materiel for Junior High School Teacher"
- Revitalization of "School Health Program"
- Strengthening of services for disabled children,
- Develop guidelines for children with special needs in health services.

### **3. How the scope and results are related to the Country Cooperation Strategy:**

#### **CCS Strategic directions**

- Promote policies and strengthen programmes to improve child, adolescent and reproductive health.
- Provide technical support and promote the scaling-up of priority
  - interventions;

- promote increased access for all (in particular the most vulnerable), to good quality preventive and curative services by public and private providers;
- advocate strengthening of national capacity to integrate gender equity and a human rights approach into policies and programmes;
- support coordination of stakeholders and resource mobilization to facilitate implementation research (or essential national health research).

#### 4. Budget information for the Strategic Objective (in USD thousands)

| SO Component (OWERS)   | PB 2008-2009 |              |            | PB 2010-2011 |              |
|--|--------------|--------------|------------|--------------|--------------|
|  | AC           | VC planned   | VC actual* | AC           | VC           |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 552          | 350          | 0          |              |              |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 65           | 179          | 62         |              |              |
| 3. Skilled care for every pregnant woman and every newborn   | 215          | 1,070        | 90         | 200          | 1,394        |
| 4. Neonatal survival and health  | 39           | 200          | 0          | 596          | 1,330        |
| 5. Child health and development  | 165          | 650          | 147        | 205          | 340          |
| 6. Adolescent health and development   | 176          | 336          | 0          |              |              |
| 7. Sexual and reproductive health services   | 83           | 441          | 48         | 50           | 501          |
| 8. Healthy Age   | 0            | 0            | 0          |              |              |
| <b>TOTAL</b>   | <b>1,295</b> | <b>3,226</b> | <b>347</b> | <b>1,051</b> | <b>3,565</b> |

\* Available as of 15 May 2009

#### 5. Possible VC funding through new or continuing projects:

There is no clear indication of forthcoming donor funding in MNCAH. Existing major supporters like gtz and Ausaid are discontinuing their programmes. However, some donors might be willing to co-fund activities in the country.

#### 6. Staff requirements for 2010-2011 (short and long-term)

- Medical Officer - Child and Adolescent Health and nutrition
- Medical Officer – Reproductive health, Making Pregnancy Safer
- National Professional Officer - Child Health
- National Professional Officer - Adolescent Health
- National Professional Officer - Making Pregnancy Safer
- National Professional Officer -Reproductive health
- National consultant for MNCAH Papua

- National consultant for data management



## **Country Planning Brief: Maldives (SO-04)**

### **1. Major work of WHO for this SO in country during 2008-2009:**

#### **Maternal and newborn health:**

- Support maternal/reproductive health component of the Demographic Health Survey 2009
- Trained skilled birth attendants
- Provided health care workers training on essential newborn care
- Conducted awareness programmes for communities on maternal and newborn care
- Nationals trained on neonatology
- Nationals to be trained on screening of cervical cancer by end of 2009

#### **Child and adolescent health:**

- Conducted assessment of impact of youth health café and adolescent health clinic/IGMH
- Child health programme to be reviewed by end of 2009
- Health care providers trained on adolescent friendly health services

#### **Gender:**

- Nationals trained to address gender based violence
- Conducted awareness programmes for communities on gender-based violence

#### **Healthy ageing:**

- Conducted awareness programmes for health care workers on healthy ageing

### **2. Scope of work and major results planned for 2010-2011 (by SO component):**

#### **Maternal and newborn health:**

- Implementation of skilled birth attendant policy (Training of skilled birth attendants (doctors, nurses))
- Adaptation and implementation of relevant guidelines on maternal health/reproductive health
- Essential newborn care training at all levels of the health system through the formation of a core group of trainers at the central, regional and atoll levels
- Strengthen capacity for maternal and newborn health care at all levels of the health system
- Conduct facility-based maternal and perinatal death reviews or confidential enquiry of maternal deaths
- Strengthen cervical cancer prevention and control

#### **Child and adolescent health:**

- Strengthen family protection programme
- Establish and implement adolescent friendly health services
- Develop standards/guidelines on adolescent friendly health services
- Enhance capacity for child health programme management
- Strengthen capacity for delivery of services for neonatal and child health
- Development and adaptation of standard protocols/guidelines for quality service delivery of child health care

#### **Healthy ageing:**

- Strengthen capacity on management of common health problems of the elderly
- Enhance awareness of communities on healthy ageing

### 3. How the scope and results are related to the Country Cooperation Strategy:

- Priority areas:
  - 4 - Newborn health
- Other priority areas:
  - Nutrition in collaboration with UNICEF
  - Reproductive and maternal health in collaboration with UNFPA
  - Adolescent health in collaboration with UNFPA

### 4. Budget information for the Strategic Objective (in USD thousands)

| SO Component (OWERS)   | PB 2008-2009 |            |            | PB 2010-2011 |            |
|--|--------------|------------|------------|--------------|------------|
|  | AC           | VC planned | VC actual* | AC           | VC         |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 9            | 125        | 0          | 6            |            |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 5            | 30         | 0          | 87           |            |
| 3. Skilled care for every pregnant woman and every newborn   | 32           | 68         | 0          |              |            |
| 4. Neonatal survival and   | 43           | 10         | 0          |              |            |
| 5. Child health and development  | 0            | 13         | 0          | 6            |            |
| 6. Adolescent health and development   | 4            | 25         | 0          | 3            |            |
| 7. Sexual and reproductive health services   | 19           | 30         | 0          |              |            |
| 8. Healthy Age   | 5            | 0          | 0          | 5            |            |
| <b>TOTAL</b>   | <b>117</b>   | <b>301</b> | <b>0</b>   | <b>107</b>   | <b>286</b> |

\* Available as of 15 May 2009

### 5. Possible VC funding through new or continuing projects:

None

### 6. Staff requirements for 2010-2011 (short and long-term):

None

## **Country Planning Brief: Myanmar (SO-04)**

### **1. Major work of WHO for this SO in country during 2008-2009:**

- Promoting quality reproductive health, maternal and newborn care and child and adolescent health services
- Promoting skills of Basic Health Staff (BHS) on making Pregnancy Safer (M PS), adolescent and child health.
- Performing Operational Research in maternal, newborn, child and adolescent health.
- Enhancing studies for generating evidence for gender based violence.
- Development of Physical health and fitness of adolescents.
- Five Year Strategic Plan for Adolescent Health has been approved.
- Supporting the elderly health care and active ageing programme through the national programme on community-based elderly health project in selective townships using primary health care approach.

### **2. Scope of work and major results planned for 2010-2011 (by SO component):**

- **To build capacity for promotion of evidence-based norms, standards, guidelines and tools in continuum of care throughout the life course**
  - To strengthen Child Health Development by implementing programs in accordance with the Five-year Strategic Plan for Child Health (OWER 1).
  - Strengthen Child Health Programs by conducting review of child health programmes in the country to identify gaps and to replan strategies with focus on achieving MDG (OWER 5).
  - To provide continuum of care for children through all levels of health services and partners (OWER 5).
  - To strengthen Immunization Plus Programmes for Child Health to reduce morbidity and mortality following vaccine preventable diseases (OWER 5).
  - To strengthen research capacities for the promotion of evidence-based norms, standards, guidelines and tools in Maternal and Newborn Health/ Reproductive Health (MNH/RH) (OWER 1).
  - To strengthen research in Child Health Development with focus on the essential package for child survival and Integrated Management of Childhood Illnesses (IMCI) (OWER 1).
  - To build capacity on programmes addressing adolescent health, fitness and growth development (OWER 6).
  - To continue to support the Ministry of Health to further generate evidence for gender based violence and to generate gender equity into all health programmes (OWER 1).
  - To provide support to national programme for enhancing health promotion for elderly people through primary health care approach and by capacity building of health care providers, including medical doctors, nurses, basic health staff and volunteers at the community level (OWER 8).
- **To strengthen national capacity and to accelerate achievement of the MDG 5 for improving maternal care and neonatal survival**
  - To strengthen national capacity in maternal and newborn health (MNH) and accelerate the achievement of skilled care for every birth and universal access to other reproductive health services (OWER 3).

- To accelerate achievement of the MDG 5 by supporting Ministry of Health in improving access to and quality of maternal and newborn health services (OWER 3).
- To strengthen capacities of programme managers, health providers and communities in improving newborn health (OWER 4).
- **To improve quality and to strengthen Reproductive Health (RH) services so as to ensure equitable access to good-quality sexual and reproductive health services.**
  - To provide technical support to national strategy in order to promote adolescent health and development by enhancing technical capacity of Adolescent Reproductive Health (ARH) providers through trainings and supporting supervision (OWER 6).
  - To provide support for addressing key reproductive issues among adolescents within the framework of the reproductive health strategy (OWER 6).
  - To improve access to and quality of reproductive health services to accelerate the achievement of universal access to reproductive health services (OWER 7).
  - To promote integration of key reproductive health services with relevant programmes in coordination with relevant partners (OWER 7).

**3. How the scope and results are related to the Country Cooperation Strategy:**

- Maternal, newborn and child health are priorities in CCS. Out of three main CCS priority improving health conditions for mothers, children and adolescents is the number three priority.
- It has been mentioned in the CCS that gender analysis and actions, capacity building and gender health related research would improve the quality of health care and access to health services. It would help involving men in more family and community health needs and benefit women, children and adolescents.
- By using the active ageing approach for elderly people, the burden of both communicable and non-communicable diseases will be reduced. This result is related to second strategic objective in CCS "Reducing the burden of diseases".

#### 4. Budget information for the Strategic Objective (in USD thousands)

| SO Component (OWERS)   | PB 2008-2009 |              |            | PB 2010-2011 |              |
|--|--------------|--------------|------------|--------------|--------------|
|  | AC           | VC planned   | VC actual* | AC           | VC           |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 146          | 823          | 0          | 180          | 788          |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 28           | 56           | 0          | 190          | 2,000        |
| 3. Skilled care for every pregnant woman and every newborn   | 120          | 1,367        | 400        | 0            | 0            |
| 4. Neonatal survival and health  | 0            | 800          | 295        | 0            | 0            |
| 5. Child health and development  | 0            | 0            | 0          | 0            | 0            |
| 6. Adolescent health and development   | 39           | 457          | 0          | 0            | 0            |
| 7. Sexual and reproductive health services   | 3            | 5            | 20         | 30           | 470          |
| 8. Healthy Age   | 34           | 19           | 0          | 0            | 0            |
| <b>TOTAL</b>   | <b>370</b>   | <b>3,527</b> | <b>695</b> | <b>400</b>   | <b>3,370</b> |

\* Available as of 15 May 2009

#### 5. Possible VC funding through new or continuing projects:

- Essential Newborn Care - 247,737 USD
- Reproductive Health and
- Making Pregnancy Safer - not foreseen as yet
- Child Health Development - not foreseen as yet
- Adolescent Health - Additional support from SEARO
- Gender - not foreseen as yet
- Elderly - NIL and Not yet possible to estimate direct funding

#### 6. Staff requirements for 2010-2011 (short and long-term):

- TIP P4 for Essential Newborn Care
- TGS G4 for Essential Newborn Care
- TIP P4 for Reproductive Health
- TGS G4 for Reproductive Health
- No full time staff for Gender
- No full time staff required for Elderly

## **Country Planning Brief: Nepal (SO-04)**

### **1. Major work of WHO for this SO in country during 2008-2009:**

The objectives of this programme are to reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals

Key achievements:

- Support to strengthen prevention and management of GBV program at Maternity Hospital provided.
- 80 frontline health workers and community-based social workers trained on RH and GBV.
- Web based MPDR database system hosted and medical recorders and doctors of 12 implementing hospitals oriented.
- Adapted PCPNC guide are widely distributed to relevant institutions, nursing colleges, for in service and pre service SBA training to nursing midwifery and also to doctors and nurses during ENCC trainings in Nepalgunj and BPKIHS.
- 10 Nursing Teachers trained in Midwifery Teaching for Pre Service Nursing Faculty based on SBA.
- Community based MNH services scaled up in two districts namely, Lamjung and Sindhupalchowk with review of FCHV as a follow up program in Lamjung district.
- 40 doctors and nurses from 12 trained in WHO Essential New Born Care Course.
- Implementation Guide on Adolescence Sexual and Reproductive Health for District Health Managers translated into local language
- 21 program managers and health service providers oriented on Integrated FP/STI guidelines.
- Draft national guideline on cervical cancer prevention program developed.
- Review of Child Health Programme, deciding on future directions for the programme and setting timelines for the steps forward
- Expansion of health facility based IMCI programme to two new districts, Dolakha and Illam, training 219 health care providers
- Strengthening IMCI programme through training of transferred in health staff
- Assessing quality of IMCI programme and development of plans for strengthening the programme through an assigned IMCI Review Team

### **2. Scope of work and major results planned for 2010-2011 (by SO component):**

- Provide technical support for strengthening and implementing norms and standards of maternal , newborn, child and adolescent health
- Technical support to strengthen interventions to improve quality of care for MNCH
- Support for strengthening access and utilization of MNCH services for under-served populations
- Support effective child health interventions by strengthening implementation and monitoring progress of the community based IMCI program
- Technical support to operationalize the national guideline on cervical cancer prevention and control.

### 3. How the scope and results are related to the Country Cooperation Strategy:

Referring to the Country Cooperation Strategy (CCS), following major objectives of WHO's work in this Strategic Objective has been addressed as scopes and results during the 2010-2011 biennium.

- Promote reproductive, maternal and child health, focusing on interventions in underprivileged areas.
- Safe motherhood advocacy activities related to best practices
- Expansion of safe motherhood services to additional districts
- Monitoring of midwifery services including introduction of standards of midwifery practice including safe delivery.

### 4. Budget information for the Strategic Objective (in USD thousands)

| SO Component (OWERS)   | PB 2008-2009 |              |            | PB 2010-2011 |              |
|--|--------------|--------------|------------|--------------|--------------|
|  | AC           | VC planned   | VC actual* | AC           | VC           |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 114          | 85           | 1          |              |              |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 0            | 0            | 5          |              |              |
| 3. Skilled care for every pregnant woman and every newborn   | 235          | 455          | 0          |              |              |
| 4. Neonatal survival and health  | 31           | 110          | 0          |              |              |
| 5. Child health and development  | 124          | 330          | 0          |              |              |
| 6. Adolescent health and development   | 34           | 50           | 0          |              |              |
| 7. Sexual and reproductive health services   | 16           | 130          | 20         |              |              |
| 8. Healthy Age   | 0            | 20           | 12         |              |              |
| <b>TOTAL</b>   | <b>554</b>   | <b>1,180</b> | <b>38</b>  | <b>597</b>   | <b>1,115</b> |

\* Available as of 15 May 2009

### 5. Possible VC funding through new or continuing projects:

### 6. Staff requirements for 2010-2011 (short and long-term):

NPO - MPS and support staff.

NPO / MO and support staff for Child Health

## Country Planning Brief: Sri Lanka (SO-04)

### 1. Major work of WHO for this SO in country during 2008-2009:

The Maternal, Newborn, child and adolescent and women and Reproductive health are the main areas under this SO. WHO has assisted the government in strategy development, assistance with capacity strengthening for updating and formulating technical guidelines etc.

In the above backdrop WHO Facilitation and Technical guidance on the following areas:

#### **Maternal Care:**

- Development of strategic plan on MNH for the period of 2009-2013 as a recommendation of the Maternal and Newborn Health (MNH) external review. (UNICEF/UNFPA)
- Implementation of key findings of MNH review
- Pilot testing and mainstreaming of protocol on investigation of near miss inquiry (SAMM) in institutional settings
- Pilot study on improvement of Quality of care (MNH) at first referral level hospitals

#### **New -born Care :**

- introduction of Pregnancy Child birth Postpartum New-born Care(PCPNC) guide into the basic training of nursing and midwifery staff.
- Expansion of WHO Essential New-born Care Course(ENCC) to the districts
- Revision of curriculum of nursing and midwifery training to include ENCC

#### **Child Health :**

- Capacity building on Program review on child health
- Master trainers training on Infant and Young Child Feeding.(IYCF)
- Strengthening of Monitoring of code on Breast Milk substitute
- Development of strategic plan and Pilot program for children with special needs.
- Designing a surveillance system for child mortality and morbidity

#### **Adolescent and Youth:**

- Capacity building training on adolescent health for key stakeholders
- Developed the service delivery package and establishment of Youth Friendly Health services

#### **Women and Reproductive Health:**

- Evaluation of MCH/FP service delivery in few selected districts using new tools.
- Development and use of self evaluation tools on MCH/FP
- Screening package for pre-pregnant women introduced into the HS to screen the couples on selected medical and other problems.
- Gender inequities and Gender Based Violence prevention assessed and promoted among health workers at all level in order to promote GBV prevention in the communities *and minimize gender inequities.*



**2. Scope of work and major results planned for 2010-2011 (by SO component):**

Work under this strategic objective will focus on further scaling up and improving maternal, newborn and child, adolescent and reproductive and women's health to achieve universal access, in particular for seriously affected populations and vulnerable groups; advancing related research; and contributing to the broader strengthening of health systems based on evidence.

**3. How the scope and results are related to the Country Cooperation Strategy:**

Maternal, child adolescent and Reproductive health is one of the six priority strategies spelt out in CCS. Main emphasis is given

*To re-orientate and strengthen the existing maternal and child health services by ensuring inclusion of a package of services and interventions for child, adolescent, reproductive health and nutrition using a lifecycle approach and improving quality of services through:*

- partnership and joint action with all stakeholders,
- conducting reviews of maternal, newborn and child health for evidence based strategic planning and phased implementation of services and interventions (IMCI & IMPAC) including nutritional programmes for high risk groups -mothers newborns, infants young children adolescents, and elderly,
- designing and implementation of programmes for control of breast cancer and female reproductive tract
- support for gender and gender based violence (in the context of UNDAF)
- providing technical support for ensuring equitable access to good-quality health services, particularly in areas of unmet need to address maternal mortality, and with respect for human rights including those for elderly
- shaping research agenda and stimulating generation, translation and dissemination of knowledge,

#### 4. Budget information for the Strategic Objective (in USD thousands)

| SO Component (OWERS)   | PB 2008-2009 |            |            | PB 2010-2011 |            |
|--|--------------|------------|------------|--------------|------------|
|  | AC           | VC planned | VC actual* | AC           | VC         |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 106          | 288        | 8          |              |            |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 52           | 80         | 10         |              |            |
| 3. Skilled care for every pregnant woman and every newborn   | 132          | 150        | 7          |              |            |
| 4. Neonatal survival and health  | 18           | 68         |            |              |            |
| 5. Child health and development  | 24           | 60         |            |              |            |
| 6. Adolescent health and development   | 35           | 117        |            |              |            |
| 7. Sexual and reproductive health services   | 46           | 162        | 6          |              |            |
| 8. Healthy Age   | 5            | 55         |            |              |            |
| <b>TOTAL</b>   | <b>418</b>   | <b>980</b> | <b>31</b>  | <b>412</b>   | <b>500</b> |

\* Available as of 15 May 2009

#### 5. Possible VC funding through new or continuing projects:

#### 6. Staff requirements for 2010-2011 (short and long-term):

National Professional Officer – MPS/CAH/RH/GWH

## Country Planning Brief: Thailand (SO-04)

### 1. Major work of WHO for this SO in country during 2008-2009:

- Preparatory Activities and Implementation of GSA in Thailand
- The measurement Tools development on Quality of Adolescent Friendly Health Services in Thailand
- Support of DMT for Family Planning Clients and Providers to Family Planning Clinics

### 2. Scope of work and major results planned for 2010-2011 (by SO component):

#### Scope of work

- Maternal and neonatal health
- Child Health
- Adolescent Health
- Reproductive Health
- Healthy Ageing

#### Major results planned

- Maternal and neonatal health
  - Improved quality of MNH services and improved care at home and community level
- Child Health (*to be expected under SO6*)
- Adolescent Health (*to be expected under SO6*)
- Reproductive *health*
  - Improved quality of reproductive *health* services at all care levels
- Healthy *aging*
  - Improved national advocacy and capacity on healthy ageing

### 3. How the scope and results are related to the Country Cooperation Strategy:

- The scope and results stated in 2. respond to the CCS 2008-2011 (Thailand):
- To build capacity and partnerships for health promotion and public policy. '

#### 4. Budget information for the Strategic Objective (in USD thousands)

| SO Component (OWERS)   | PB 2008-2009 |            |            | PB 2010-2011 |            |
|--|--------------|------------|------------|--------------|------------|
|  | AC           | VC planned | VC actual* | AC           | VC         |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 0            | 100        |            |              |            |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 0            | 0          | 30         |              |            |
| 3. Skilled care for every pregnant woman and every newborn   | 0            | 15         |            |              |            |
| 4. Neonatal survival and health  | 0            | 70         | 25         |              |            |
| 5. Child health and development  | 0            | 35         |            |              |            |
| 6. Adolescent health and development   | 0            | 50         |            |              |            |
| 7. Sexual and reproductive health services   | 0            | 50         | 20         |              |            |
| 8. Healthy Age   | 0            | 25         |            |              |            |
| <b>TOTAL</b>   | <b>0</b>     | <b>345</b> | <b>75</b>  | <b>0</b>     | <b>333</b> |

\* Available as of 15 May 2009

5. Possible VC funding through new or continuing projects:

6. Staff requirements for 2010-2011 (short and long-term):

## Country Planning Brief: Timor-Leste (SO-04)

### 1. Major work of WHO for this SO in country during 2008-2009:

#### Neonatal health:

- Technical support for printing materials and training of midwives and neonatal nurses at hospitals and all level of health facilities on the ENCC (Essential Newborn Care Course).
- Strengthening district management capacities in MNCH programme and other related programme including support a study tour for 2 doctors, 2 midwives, and 2 nurses working in newborn health care

#### IMCI:

- Adaptation and implementation of new IMCI guidelines. A Spanish speaking consultant was recruited to give an orientation on the new IMCI guidelines for Cuban doctors in Timor-Leste. WHO also provided support on orientation and training for all the facilitators, new facilitators, Timorese doctors and Cuban doctors
- Ministry of Health's staff were sent to attend meetings, workshops and seminars related to child health.
- WHO in collaboration with other partners supported the MoH the establishment and implementation of evaluation, supervision and monitoring the IMCI activities.

#### Making Pregnancy Safer (MPS):

- A study tour in LAM (Local Area Monitoring) for MNCH and FP (Family Planning) programmes was conducted in 2008. As a result, a consultant was recruited to adapt and develop the Local Area Monitoring (LAM)-MNH and FP. The 1<sup>st</sup> step already finished in May 2, 2009, while the second step will commence in August 2009.
- Technical support in development of key indicators for MNH/RH in the Department of MCH, MoH and data collection, verification, and analysis at both national and district levels
- Support printing of IMPAC (Integrated Management Pregnancy and Childbirth) guideline in Spanish version for Cuban doctors and to be used in MCH department, 65 CHCs, National Hospital Guido Valedares (HNGV), 5 hospital referrals, the Institute of Health Sciences (IHS), Faculty of Medicine at the University of Timor Lorosa'e (UNTL)
- Strengthening district management capacities in MNH programme and other related programme in Manatuto district
- Technical support and financial support in implementation of Vital Registration in Manatuto district as a pilot programme. The results will be used to expand the programme to other 12 districts.
- WHO provide support to the Ministry of Health in implementation of verbal autopsy and planned for perinatal and maternal death audits
- Technical support provided in the training on Basic Emergency Obstetric Care (BEmOC).

#### Reproductive health:

- Integrated programme with Family Planning, STI/HIV and Health Promotion department in MoH
- Technical support in development of Adolescent Health and Development Strategy (AHDS)
- Support national participant in meeting, workshop and seminar related to adolescent health

**Institute of Health Sciences (IHS)**

- Strengthen IHS in curriculum and capacity development of midwifery teachers. Provision of fellowship for midwives and nurses.
- WHO recruited two midwifery teachers for teaching Midwifery Curriculum Diploma III at the Institute of Health Sciences.
- Development, translation and printing of nursing and midwifery curriculum for Diploma III including text books and mannequin.

**2. Scope of work and major results planned for 2010-2011 (by SO component):**

- National strategy on child health and adolescent health developed
- Maternal and newborn health care strengthened and midwifery education supported
- Implementation of IMCI supported

**3. How the scope and results are related to the Country Cooperation Strategy:**

7. In the TLS CCS 2009-2013, strengthening support to Maternal and Child Health is included in Strategic Agenda 3.

**4. Budget information for the Strategic Objective (in USD thousands)**

| SO Component (OWERS)   | PB 2008-2009 |            |            | PB 2010-2011 |            |
|--|--------------|------------|------------|--------------|------------|
|  | AC           | VC planned | VC actual* | AC           | VC         |
| 1. Comprehensive policy, plan and strategy for scaling up towards universal access to effective interventions  | 64           | 14         | 0          | 0            | 0          |
| 2. National research to improve maternal, newborn, child and adolescent health, to promote active and healthy ageing, and to improve sexual and reproductive health. | 0            | 0          | 0          | 0            | 0          |
| 3. Skilled care for every pregnant woman and every newborn   | 45           | 99         | 3          | 48           | 45         |
| 4. Neonatal survival and health  | 20           | 34         | 0          | 43           | 45         |
| 5. Child health and development  | 20           | 32         | 0          | 43           | 45         |
| 6. Adolescent health and development   | 0            | 0          | 0          | 43           | 45         |
| 7. Sexual and reproductive health services   | 0            | 0          | 0          | 0            | 0          |
| 8. Healthy Age   | 0            | 0          | 0          | 0            | 0          |
| <b>TOTAL</b>   | <b>149</b>   | <b>179</b> | <b>3</b>   | <b>177</b>   | <b>180</b> |

\* Available as of 15 May 2009

**5. Possible VC funding through new or continuing projects:**

- Funding will be sought through UNFPA, Norway, WHO SEARO and WHO HQ.

**6. Staff requirements for 2010-2011 (short and long-term):**

- Core staff: One NPO will be recruited for SO4

- Non core staff: 1 Temporary International Professional for 3 months.





Thanks to improved childhood vaccination, adolescent deaths and disability from measles have fallen markedly – for example, adolescent mortality from measles fell by 90% in the African Region between 2000 and 2012. Diarrhoea and lower respiratory tract infections (pneumonia) are estimated to be among the top 10 causes of death for adolescents 10–14 years. Developing healthy eating habits in adolescence are foundations for good health in adulthood. Reducing the marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt and providing access to healthy foods are important for all, but especially for children and adolescents. Undernutrition and obesity. Adolescent sexual and reproductive health. Within the framework of the World Health Organization's (WHO) definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health, or sexual health/hygiene, addresses the reproductive processes, functions and system at all stages of life. UN agencies claim sexual and reproductive health includes physical, as well as psychological well-being vis-a-vis sexuality. References. Annex Tables. Sexual and Reproductive Health of Adolescents and Youth in Nepal: Trends and Determinants. Further Analysis of the 2011 Nepal Demographic and Health Survey. Kathmandu, Nepal March 2013. Figure 3.1 Percent distribution of sexually active adolescent and young people age 15-24 reporting an STI and/or symptoms of STI in last 12 months, NDHS 2006-2011 . 17. Figure 3.2 Current use of modern contraceptives among currently married adolescent and young women, by age group, Nepal DHS 1996-2011 . For example, the Reproductive Health Initiative for Youth in Asia (RHIYA) program