
THE PMNCH 2012 REPORT
ANALYSING PROGRESS ON COMMITMENTS
TO THE GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH

ONLINE QUESTIONNAIRE
Women's Health and Education Center

1. Does the above statement accurately reflect your commitment(s) to the Global Strategy?

Answer: Yes

1.1 Please specify in the text box below what is your actual commitment(s) to the Global Strategy.

Answer:

2. Please select from the following list the countries and/or regions (in capital letters at the end of the list) that your commitment(s) to the Global Strategy target(s). Select all that apply. (If your commitment does not have any specific geographical targets, please select "none").

Answer: None

3. In the implementation of your commitment(s) to the Global Strategy, have you been prioritizing specific reproductive, maternal, newborn, and child health (RMNCH) intervention areas?

Answer: Yes

3.1 Please select these RMNCH interventions from the following list. Select all that apply.

Answer: **ADOLESCENCE AND PRE-PREGNANCY** - Met need for contraception, **PREGNANCY** - At least 4 antenatal care visits, **PREGNANCY** - Prevention of mother-to-child transmission, **PREGNANCY** - Intermittent preventive treatment of malaria for pregnant women, **PREGNANCY** - Neonatal tetanus protection, **PREGNANCY** - Prevention and management of pre-term birth (e.g. antibiotics for pre-term pre-labor rupture of membranes, corticosteroids to prevent respiratory distress syndrome in newborns), **PREGNANCY** - Prevention of hypertension, **BIRTH** - Skilled attendant at birth, **POSTNATAL CARE FOR MOTHER & NEWBORNS** - Postnatal visit for mother and newborns (within 2 days after childbirth), **POSTNATAL CARE FOR MOTHER & NEWBORNS** - Early initiation of

breastfeeding, **NEONATAL CARE BEFORE INFANCY** – Management of infection, neonatal resuscitation, **INFANCY** - Exclusive breastfeeding (<6 months), **INFANCY** - Complementary feeding (6-9 months), **INFANCY** - Measles immunization, **INFANCY** - DPT3 immunization, **INFANCY** - Vitamin A supplement (2 doses), Other (please specify):: Pregnancy-Related Cancers in women

4. In the implementation of your commitment(s) to the Global Strategy, have you been focusing on any specific health systems strengthening and/or service delivery areas?

Answer: Yes

5. Please select from the list below areas of health systems strengthening and/or service delivery supported through your commitment(s). Select all that apply.

Answer: Recruit and/or train skilled birth attendants, Recruit and/or train midwives, Recruit and/or train other health workers, Strengthen health systems financing, Establish new/improve existing health facilities, Improve health information systems, Reinforce community systems, Provide support to the development of national health plans, Inform and educate the public about RMNCH to promote healthy behaviours and build demand for commodities and care, Establish new/improve existing training/research institutions, Support to education

5.1 You selected "Other". Please specify in the text box below.

Answer:

6. How would you rate the progress in implementing each of your health systems strengthening and service delivery commitment(s)?

Answer: Recruit and/or train skilled birth attendants: In the inception phase
Recruit and/or train midwives: In an advanced stage of implementation
Recruit and/or train other health workers: In an advanced stage of implementation
Strengthen health systems financing: In an advanced stage of implementation
Establish new/improve existing health facilities: In an advanced stage of implementation
Improve health information systems: Achieved
Reinforce community systems: In the inception phase
Provide support to the development of national health plans: In an advanced stage of implementation
Inform and educate the public about RMNCH to promote healthy behaviours and build demand for commodities and care: In an advanced stage of implementation
Establish new/improve existing training/research institutions: In an advanced stage of implementation
Support to education: Achieved

7. Please provide details of progress achieved in the implementation of your health systems strengthening and service delivery commitment(s). Examples: What specific decisions or planning processes have you put in place to implement your commitments? How many health workers have you trained? In whi

Answer: Our e-learning; web-based educational program in women's health and health development serves more than 1 million subscribers every month; about 12 million healthcare providers of all levels are trained through this initiative per year; in 222 countries and/or regions. The Women's Health and Education Center (WHEC) is dedicated to women's and children's well-being and health care worldwide. WHEC aims to improve women's and children's health through education and advocacy, particularly in developing countries. The purpose of this NGO is supporting and improving the educational opportunities and general health of women and children, particularly women and children of the developing countries. Any persons or institutions interested in the purpose of the NGO are eligible for membership.

8. Which constraints have you encountered in the implementation of your health systems strengthening and service delivery commitment(s)? Select all that apply.

Answer: Human resources constraints, Social and cultural barriers to providing access to services for women and children, Gender inequalities, Political instability and conflict, Lack of infrastructure (including infrastructure needed for the use of information and communication technologies to help strengthening health services)

8.1 Please provide in the text box below details of any constraints you have encountered in the implementation of your health systems strengthening and service delivery commitment(s).

Answer: We are still working on sustained, committed funding to develop this initiative; I am sure in due course we will achieve that. Many corporations and Institutions are interested in this initiative and its success is very attractive to many investors and donors.

9. What opportunities do you see for strengthening health systems and service delivery at both the global and the country level? Please provide information in the text box below.

Answer: We all, at The Women's Health and Education Center (WHEC) hope, our efforts help to reposition Maternal, Newborn and Child Health in rich and poor countries alike.

Today, maternal, newborn and child health are no longer discussed in purely technical terms, but as part of a broader agenda of universal access. We must spare no effort to find financing solutions which work for rich and poor countries alike because a population's good health is one of a country's most precious assets. As the reform of health care systems progresses, countries are searching for a balance between the financial benefits of a competitive health care market, and the need for fairness in sharing the burden of treatment costs. Differences between countries mean that no single model of health care

financing will apply everywhere; principles must be adapted to the specific local context. The key to moving towards universal access and financial protection is the organization of financing. Current government expenditure and international flows cannot guarantee universal access and financial protection, because they are insufficient and because they are too unpredictable. Better health through better use of resources.

10. In the implementation of your commitment(s) to the Global Strategy, have you been focusing on any specific policy and advocacy areas?

Answer: Yes

11. Please select from the list below areas of policy and advocacy supported by your commitment(s). Select all that apply.

Answer: Policy on non-discrimination, and equitable access to health services, Policy on gender, and economic empowerment, Policy on accountability (for example, introduction of maternal death audits), Policy on health systems reform, Policy on RMNCH financing (for example, removal of user fees, health insurance, incentive schemes), Advocacy for political/policy support (for example, support from ministries, parliamentarians or media), Advocacy for human rights, Advocacy for citizen participation, Advocacy for accountability for women's and children's health

11.1 You selected "Other policy commitments". Please specify in the text box below.

Answer:

11.2 You selected "Other advocacy commitments". Please specify in the text box below.

Answer:

12. How would you rate the progress in implementing each of your policy and advocacy commitment(s)?

Answer: Policy on non-discrimination, and equitable access to health services: In an advanced stage of implementation
Policy on gender, and economic empowerment: In an advanced stage of implementation
Policy on accountability (for example, introduction of maternal death audits): In an advanced stage of implementation
Policy on health systems reform: In the inception phase
Policy on RMNCH financing (for example, removal of user fees, health insurance, incentive schemes): In the inception phase
Advocacy for political/policy support (for example, support from ministries,

parliamentarians or media): In the inception phase
Advocacy for human rights: In an advanced stage of implementation
Advocacy for citizen participation: In an advanced stage of implementation
Advocacy for accountability for women's and children's health: In an advanced stage of implementation

13. Please provide details of progress achieved in the implementation of your policy and advocacy commitment(s). Examples: Which policies have you already developed, enacted, or implemented? How have you advocated for women's and children's health?

Answer: Safe motherhood as a human right and social justice. This article and initiative has been published in UN Chronicle and we had given NGO Briefings on the invitation of UN-DPI at the United Nations. We continue to advance the maternal and child health in any way we can.

14. Which constraints have you encountered in the implementation of your policy and advocacy commitment(s)? Select all that apply.

Answer: Financial constraints (for example, lack of funding for recurrent costs), Other (please specify):: Lack of organization structure on the host countries or NGOs

14.1 Please provide in the text box below details on constraints you have encountered in the implementation of your policy and advocacy commitment(s).

Answer: We are still working on sustained financing to develop and advance the initiatives in Women's Health and Health Development we are committed to. I am sure we will soon have donors and investor to advance the initiatives we have undertaken.

15. What opportunities do you see to strengthen policy and advocacy commitments at the global, regional and country levels?

Answer: There is tremendous need for e-learning educational programs in both developed and developing countries for Continuing Medical Education. I am glad our initiative is very successful. We hope to continue to train and educate healthcare providers and communities all over the world.

16. Does your commitment(s) include support for research?

Answer: Yes

16.1 Have you established or participated in any research networks in connection to your

commitment(s)?

Answer: Yes (please describe which networks, and how they have contributed, or intend to contribute, to improving RMNCH):: Our network mostly is through the American College of Obstetricians and Gynecologists (ACOG)

16.2 Have scientific publications, policy briefs and/or program evaluations been developed in relation to your commitment(s)?

Answer: Yes (please describe):: It is published in UN Chronicle and Bulletin of the World Health Organization

16.3 What barriers, if any, have you encountered in implementing support for research?

Answer: If the research is helpful to the communities and it is community based and helps common people - we support it and advance it. we have found people are very helpful and supportive to our ideas and initiatives. we have not encountered any major barriers, so far.

17. Does your commitment(s) support the development of any “RMNCH innovations”?

Answer: Yes

17.1 Please describe what kind of innovations are supported through your commitment(s), how these innovations have contributed to improving RMNCH.

Answer: Training of midwives and healthcare providers of all levels in modern advances in women's healthcare and health development.
Best practices and clinical management of the patients;
Cost effective healthcare.

17.2 Have related patents and guidelines been developed?

Answer: Yes (please describe):: Please visit our initiative at <http://www.WomensHealthSection.com>

17.3 What barriers, if any, have you encountered in implementing support for innovation?

Answer: none, so far

18. Does your commitment(s) include support for monitoring and evaluation?

Answer: Yes

18.1 Which monitoring and evaluation areas have you targeted in the implementation of your commitment(s)? Select all that apply.

Answer: Information and communication technologies, Financial monitoring, Program evaluations

18.2 Do your monitoring and evaluation mechanisms produce data disaggregated as recommended by the Commission on Information and Accountability for Women's and Children's Health, for example by socioeconomic status, gender, age, geographic location and ethnicity?

Answer: Yes (please describe):: Some of it; geographic location data is produced and we monitor it.

18.3 Please give an example of a significant achievement in your support to monitoring and evaluation. If you have made any efforts related to information and communication technologies, or vital registration systems, please focus your answer on this type of support.

Answer: Success of our initiative in maternal and child health speaks volume of it. As our initiative advances certainly information and communication technologies will also be benefited and research and development of these technologies is also our priority.

18.4 What barriers, if any, have you encountered in implementing support for monitoring and evaluation?

Answer: none, so far

19. Please specify in the text box below the amount (in US\$) of your financial commitment(s) to the Global Strategy which had been disbursed by the end of 2011.

Answer:

20. If this data is currently not available, when would you likely be able to provide overall disbursement data (if at all)?

Answer:

21. Below is the list of countries/regions you selected at the beginning of the questionnaire. Please include what amount has been committed to each of these countries, and for which timeframe.

Answer:

22. Do you channel any part of your financial commitment(s) to the Global Strategy through

multilaterals organizations, and/or global health partnerships?

Answer:

22.1 Please provide information on the amount committed to these organizations, and the progress in disbursing the funding to these organizations.

Answer:

23. Was your financial commitment(s) additional to what you would have spent in 2011 on women's and children's health in the absence of the Global Strategy?

Answer:

23.1 Please describe.

Answer:

24. Please provide in the text box below additional information on progress made in implementing your financial commitment(s) to the Global Strategy, and on related barriers and constraints.

Answer:

25. Please upload document here (maximum 1):

Answer:

26. Please upload document here (maximum 1):

Answer:

27. Please upload document here (maximum 1):

Answer:

28. Please indicate your level of agreement with the following statements.

Answer: At the global level, global oversight and monitoring systems for tracking progress towards the Global Strategy's goals are sufficient: Agree
At the regional level, oversight and monitoring systems for tracking progress towards the

Global Strategy's goals are sufficient: Disagree

At the national level, countries have made significant progress in recent years to improve national RMNCH monitoring and accountability systems: Disagree

29. Which opportunities do you see to strengthen accountability mechanisms at global, regional and country levels?

Answer: Health literacy and e-Health are valuable tools in empowering women and communities to improve their health status and achieve sustainable development by reaching the indicators of the Millennium Development Goals (MDGs). In today's world, the local and global are inextricably linked. Action on one cannot ignore the influence of or impact on the other. e-Health is a global phenomenon. The Women's Health and Education Center's (WHEC's) strategy on e-Health focuses on strengthening health systems in countries; fostering public-private partnerships in information and communication technologies (ICT) research and development for health; supporting capacity building for e-Health application worldwide; and the development and use of norms and standards. Long-term government commitment, based on a strategic plan, is a prerequisite for the successful implementation of e-Health activities. Health is both a fundamental human right and a sound social investment.

30. Do you take any specific actions to monitor and assess the impact of your commitment(s)?

Answer: Yes

30.1 Please specify them in the text box below.

Answer: We daily monitor how our initiative is doing every day. Data gets generated every day and every month we proceed in the direction where information is most needed. We generate Yearly Project Report for the entire Working Group - Which is about 400 people in 25 different countries; donors; institutions and academic societies.

31. Are you aware of the recommendations of the Commission on Information and Accountability for Women's and Children's Health (COIA)?

Answer: No

32. Are there any feedback mechanisms that allow women to assess the implementation of your commitment(s)?

Answer: Yes (please describe):: I would like to know the details of COIA

33. Are there any provisions in your commitment(s) to improve equity of access and outcomes, and/or to reach the poorest and most vulnerable (for example, people in the lowest socio-economic status quintile; young girls aged 15 to 19, with low levels of education and from the poorest rural households)?

Answer: Yes

33.1 What steps have you taken towards improving equity of access and outcomes, and/or what progress have you made in reaching the poorest and most vulnerable?

Answer: Adolescent health is one of our priorities; we have developed curriculum for Adolescent health. It is one of very popular and well received section of our initiative.

34. Has your financial commitment(s) to the Global Strategy led to increased health and/or RMNCH expenditures in 2011 compared to previous years?

Answer:

34.1 Please provide information on your expenditures using the table below.

Answer:

35. Does your financial commitment(s) to the Global Strategy rely on external funding?

Answer:

35.1 Please select your source(s) of funding from the list below. Select all that apply.

Answer:

35.2 Please provide information on the extent to which your financial commitment(s) to the Global Strategy rely on external funding sources?

Answer:

36. Are you aware of the recommendations of the Commission on Information and Accountability for Women's and Children's Health (COIA)?

Answer:

36.1 Which of the following COIA recommendations are you implementing or do you plan to implement, and what is the implementation status ?

Answer:

36.2 What are the major barriers to implementing the recommendations? Select all that apply.

Answer:

37. Are there any feedback mechanisms that allow women to assess the implementation of your commitment(s)?

Answer:

38. Do you take any other actions – or are there any other existing mechanisms (for example, annual reports to parliament) – to monitor and assess the impact of your commitment(s)?

Answer:

38.1 Please describe which ones in the text box below.

Answer:

39. What opportunities do you see to strengthen accountability mechanisms at the global, regional and country levels?

Answer:

40. Are there any provisions in your commitments to improve equity of access and outcomes, and/or to reach the poorest and most vulnerable (for example, people in the lowest socio-economic status quintile; young girls aged 15 to 19, with low levels of education and from the poorest rural households)?

Answer:

40.1 What steps have you taken towards improving equity of access and outcomes, and/or what progress have you made in reaching the poorest and most vulnerable?

Answer:

41. Do you have a national RMNCH strategy/roadmap?

Answer:

41.1 For which timeframe?

Answer:

41.2 Which are the RMNCH priority areas within the national RMNCH strategy/roadmap?

Answer:

41.3 Please describe how the implementation of your commitment(s) is aligned with and supports the national RMNCH strategy/roadmap.

Answer:

41.4 Please describe how your development partners support the implementation of the national RMNCH strategy/roadmap.

Answer:

41.5 Is the national RMNCH strategy/roadmap costed?

Answer:

41.6 Does it include a joint financing framework, which commits donors to one commonly agreed reporting format and to one single financial review, and which is aligned with your budget and review cycles?

Answer:

41.7 Please provide comments if any on this joint financing framework.

Answer:

41.8 To what extent is the national RMNCH strategy/roadmap funded, and which areas are underfinanced (if any)?

Answer:

42. Please indicate your level of agreement with the following statement.

Answer: The Global Strategy has provided additional support to our efforts to improve the health of women and children (for example, increased levels of funding; targeted technical assistance to improve service delivery): Agree

43. If relevant, please give examples of how the Global Strategy has supported your efforts to improve the health of women and children.

Answer: It certainly has put spot-light on poor maternal and child health in the developing countries. Awareness, I believe is the first step towards improvement. We believe this is the strategy for development.

44. What kind of support do you need to more effectively implement your commitment(s)?

Answer: Financial - committed and regular availability of the funds for development.