

## Management Response

<b>Evaluation Title</b>	<b>Evaluation of WHO's Contribution to Maternal Health in the South-East Asia Region</b>
<b>Commissioning Unit</b>	<b>SEAR-Planning</b>
<b>Link to the evaluation</b>	<a href="http://apps.who.int/iris/bitstream/handle/10665/249595/B5257_evaluation.pdf;jsessionid=B4D101EED41A7DF8844A88DF0670B651?sequence=1">http://apps.who.int/iris/bitstream/handle/10665/249595/B5257_evaluation.pdf;jsessionid=B4D101EED41A7DF8844A88DF0670B651?sequence=1</a>
<b>Evaluation Plan</b>	
<b>Unit Responsible for providing the management response</b>	<b>Maternal and Reproductive Health (MRH), SEARO</b>
<p><b>Overall Management Response:</b></p> <p>As a part of the ongoing WHO reform processes, WHO has taken steps to introduce a 'culture of evaluation' in the Organization. This evaluation had the following objectives:</p> <ul style="list-style-type: none"> <li>• Understand the scope and diversity of maternal health responses by WHO.</li> <li>• Study the contribution of WHO to the policies, projects and practices in maternal health.</li> <li>• Ascertain strategies that yield good uptake by governments and local partners.</li> <li>• Identify learning that can be applied to strengthen WHO's programme in the Region.</li> </ul> <p>The recommendations of the evaluation study were disseminated to regional and WCO staff at a meeting held at the Regional Office.</p> <p>The evaluation report identified four overall recommendations and specific recommendations with regard to each core function and applies to both the regional and country levels. In addition, several country-specific recommendations were addressed to each country.</p> <p>The Regional Office and country offices started implementation of the recommendations since 2016. Some actions are already implemented and others are still in process. The current status of implementation of the recommendations is included in the following table.</p>	
<b>Management Response Status</b>	In progress
<b>Date</b>	April 2019

General Recommendations	Comments March 2018	Comments March 2019
Become more selective and pick the issues that will be the focus of efforts in select countries based on an analysis of the situation and opportunities that pertain.	Regional priorities are based on flagship areas; maternal and newborn mortality reduction is one of the high priorities in the Region. WCOs prioritize the support of WHO to Member States based on broad flagship focus, and the local country needs through country Cooperation Strategies (CCS).	Regional priorities are based on flagship areas; maternal and newborn mortality reduction is one of the high priorities in the Region and strategies are based on RD's new vision: Sustain, Asseverate and Innovate. Stillbirths are a hidden calamity and largely neglected in the Region and Stillbirth Surveillance and Response has been initiated. Based on the level of maternal mortality and coverage of essential interventions, countries are supported. The following are a few examples: Nepal, Myanmar and Timor-Leste supported for Scaling up of FP programme focusing on PPFP; Improving QOC supported in Nepal, Myanmar, Bangladesh and Sri Lanka.
Become the voice of the countries to support the articulation of an appropriate direction for domestic and international financing of health care.	WHO continuously works on broader issues of health financing such as the development of national health accounts (Sri Lanka and Myanmar) and the introduction of an insurance scheme in Indonesia which addresses maternal and newborn care.	A regional proposal was developed which successfully mobilized resources to address Comprehensive Abortion Care (CAC), Post Abortion Care and Contraception at the regional level for a four-year period (2019-2023) and technical assistance provided for WHO country offices and MOH Nepal and India to develop the country proposal on a similar focus. Resources were mobilized at the regional level for ANC from the Global Fund and family planning through an umbrella grant. GFF supported Myanmar and Bangladesh to implement RMNCAH programmes.
Become the voice of country implementers to highlight constraints in country health systems and help to address them through collaboration between RMNCAH and Health Systems Departments in the WHO.	Both Health Systems and RMNCAH units are jointly working on broader health system issues, such as streamlining service delivery models, policies and strategies of human resources. WCO Bangladesh continues to support the training of midwives and development of a border strategy for human resources for health in the country. RMNCAH, Health Systems and WCO Myanmar jointly supported the development of a human resources for health strategy for Myanmar which includes RH workforce.	Both Health Systems and RMNCAH units are jointly working on broader health system issues, such as streamlining service delivery models, addressing quality of care, policies and strategies of human resources. SEAR recruited a Technical Officer, Nursing and Midwifery, P4 position to provide leadership on nursing and midwifery. Regional strategic

		<p>guidance on nursing and midwifery is in preparation.</p> <p>RMNCAH is adequately addressed in essential service packages and essential drug lists in most of the Member States (ref RMNCAH policy survey 2018).</p>
<b>Setting Norms and Standards</b>		
<p>To put a system in place a system to track efficiency of adaptation, dissemination and pace and extent of adoption of norms and standards; and pursue opportunities to feed country experience into development of regional and global norms and guidance</p>	<p>All three levels of the Organization are providing support for timely dissemination and adaptation of maternal care guidelines at country level through various methods and channels, such as sharing soft and hard copies, facilitating webinars and regional dissemination meetings, national dissemination meetings and country adaptations. The Regional Office regularly shares the updated guidelines and literature with the WCO RMNCAH focal points. WCOs communicate with the MOHs and initiate discussions on adaptation and incorporation of recommendations into national guidelines. The following are country examples: WCOs Myanmar and Nepal played an instrumental role in the operationalization of Maternal Death Surveillance and Response (MDSR) system. WCO Sri Lanka incorporated the WHO recommendations on ANC, INC and family planning into national guidelines. Sri Lanka, Myanmar and Indonesia experts contributed to the development of home-based maternal and child health records at the global level.</p>	<p>Same methodology as indicated in previous year was followed to disseminate the WHO guidelines. Guidelines on ANC and IPC for positive pregnancy experienced disseminated in regional meeting and country action plans developed for adaptation. WCOs Myanmar and Sri Lanka already adapted the national guidelines to incorporate new recommendations. Nepal incorporated latest FP recommendations.</p>
<b>Providing Technical Support and Building Institutional Capacity</b>		
<p>To maintain the integrity and rigor of technical advice; pay the greatest attention to hiring and allocating its staff; and make expectations from WCO staff in the area of providing technical advice and building institutional capacity more explicit.</p>	<p>The Regional Office and country offices periodically assessed the human resource situation at all levels and streamlined the hiring process under the leadership of senior management. As an example: the Regional Office position of Medical Officer, Maternal and Reproductive Health was filled through the lateral transfer process. A P5 Technical Officer and a National Professional Officer (temporary NOB) for RMNCAH were recruited for WCO Myanmar to provide technical support to the MOH. In Nepal, a temporary NOB position was converted to a fixed-term NOC position. Sri Lanka hired an external consultant for the development of second MNH strategic plan.</p>	<p>The Regional Office and country offices periodically assessed the human resource situation at all levels and streamlined the hiring process under the leadership of senior management. As an example: the Regional Office position of Technical Officer, Sexual Reproductive Health (P4) was filled through open advertisement. A P5 Technical Officer (reassignment) and a National Professional Officer (fixed-term NOB) for RMNCAH were recruited for WCO Myanmar to provide technical support to the MOH.</p>

	<p>Also, a Technical Advisory Group for women's and children's health, constituted by the Regional Director, provided additional strategic guidance through its deliberations and recommendations to countries and partner agencies to undertake prioritized actions for ending preventable maternal, newborn and child mortality in the Region.</p>	<p>In Nepal, a P4 Technical Officer, Reproductive Health position was filled, a fixed-term NOC position (FGL) advertised and NOB temporary position (RMNCAH) filled.</p> <p>Also, a Technical Advisory Group for women's and children's health, constituted by the Regional Director, provided additional strategic guidance through its deliberations and recommendations to countries and partner agencies to undertake prioritized actions for ending preventable maternal, newborn and child mortality in the Region.</p> <p>The 4<sup>th</sup> TAG meeting was dedicated to maternal and Reproductive Health.</p> <p>RO initiated the process of constituting a technical subcommittee dedicated to SRH in an advisory capacity since 2019.</p>
<b>Shaping the Research Agenda</b>		
<p>To make expectations of what the WCOs are supposed to do on research more explicit; empower and animate WCO staff to inform global guidance through country specific research; and ensure generation of country knowledge to concentrate global focus on overcoming implementation constraints.</p>	<p>The Regional Office facilitates the participation of WCOs in global evidence generation process through research. The following are country examples:</p> <p>Nepal and Myanmar were included in the strategic review of global IMNCI program in 2016. Also, the pilot testing of the global guideline and tool on perinatal and neonatal death surveillance and response (Making Every Baby Count)" was undertaken in Myanmar in selected health facilities.</p> <p>All SEAR countries engaged in the MIACSA project which is a health system capacity assessment for maternal immunisation. Sri Lanka participated in the pilot testing of the assessment tools for the MIACSA survey.</p> <p>Most of the SEAR countries participated in the global maternal sepsis survey.</p> <p>Operational research was also carried out on "Exploring the approaches to reduce maternal mortality in Magwe Region, Myanmar" where maternal mortality is very high.</p>	<p>RMNCAH research agenda was identified for Myanmar and Nepal.</p> <p>All SEAR countries engaged in the MIACSA project, which is a health system capacity assessment for maternal immunisation, and Bhutan, India, Thailand and Sri Lanka participated in the final dissemination of findings in South Africa.</p> <p>India is participating in operational research on ANC on positive pregnancy experience and countries are continuing with the global maternal sepsis survey.</p>

Articulating policy options		
To empower and encourage WCO staff to actively influence global guidance; and utilize the credibility and position of WHO to extend its support and reach to all actors in the health space.	The Regional Office and WHO headquarters facilitate the capacity building of WCO staff through participation in global and regional meetings such as guideline development groups and regional adviser meetings. Also, WCO staff take the advisory role in technical governance meetings at country level, such as national advisory committees and reproductive health steering groups, e.g. Sri Lanka and Myanmar.	Continue the activities as above and participate in advisory groups, steering committees etc. at country level.
Monitoring health situation and trends		
To ensure that the main messages of the Commission on Information and Accountability percolate to the country level with adequate attention to decreasing the load of data collection; utilize WHO's credibility and position to study the inputs of all actors in the health space; and to leverage their position to become an advisor on new ways of doing monitoring and new approaches to evaluate implementation.	RMNCAH and health information units work in coordination at regional and country level to address the issue of streamlining a management information system focusing on MRH. For example, Nepal, Bangladesh, Sri Lanka and Myanmar have adopted the DHIS II platform for the regularized health information management system of ministries of health.	SEAR countries carried out the Global WHO RMNCAH Policy Survey 2018, reviewing their national strategies and programs on RMNCAH, becoming the only WHO Region with 100% participation. Subsequent gap analysis, data-driven situation assessment and supporting technical reviews were completed for all 11 countries, which formed the basis of the 2019 SEAR-TAG recommendations on maternal health and stillbirths. Stillbirth surveillance and response introduced into the SEAR countries and linked to birth defect surveillance and response. Mobile tablets introduced to basic health staff to strengthen and upgrade the health information system in Myanmar. MDSR, the online system, introduced, linked to DHIS 2 in Bangladesh (pilot project) and Nepal.

Providing Leadership on Health		
To leverage country knowledge and UN mandate to exert leadership of the health community; build common purpose with DPs and ensure a coordinated approach; invest in country level relationships with a wide range of stakeholders; and ensure that country relationships are supported, to the extent possible, by global and regional dialogue.	<p>The Regional Director, in consultation with the Member States, identified seven Regional Flagship Priority areas to address the strategic support to Member States. Flagship area 3 is focusing on the unfinished MDG agenda: ending preventable maternal, newborn and child deaths with focus on neonatal deaths.</p> <p>SEAR is the first Region to initiate the H6 platform, through the regional directors of UNICEF, UNFPA, UN Women, UNAIDS and the World Bank, with the leadership of WHO, to support the operationalization of the Global Strategy for Women's, Children's and Adolescent's Health in Member States.</p> <p>A joint H6 statement was issued by regional heads of all six agencies. A H6 Regional Working Group also has been established to jointly review the progress in the Global Strategy and identify joint activities to assist Member States in the South-East Asia Region. The Regional Working Group of H6 agencies has been instrumental in coordinated and harmonized support for RMNCAH in the countries of the Region. In line with the regional H6 forum, WCOs Myanmar and Indonesia facilitated the process of the establishment of H6 forum at the country level. H6 partners serve as the technical arm for the implementation of the Global Strategy and Global Financing Facility in Myanmar.</p>	Continued the same activities as 2017 and, in addition, commitment at the highest level was achieved in July 2018, when parliamentarians of all 11 Member States the South-East Asia Region issued the first-ever 'Call to Action' to keep health of women, children and adolescents at the centre of Universal Health Care (UHC); pledging towards the implementation of Global Strategy for women's, children's and adolescents' health and the SDG goals. Momentum was built for improving accountability and quality of care for maternal and child health within the UHC framework.
Country level recommendations	Progress March 2018	Progress March 2019
<b>Bangladesh</b>		
Continue with both Midwifery and CSBA training until community and facility demands are met	<p>Since 2016, the MOH has deployed more than 2000 additional midwives to provide services across the country. WHO supported the training of CSBA via the MNI project. The support ended in 2016 with completion of the project.</p> <p>In addition, capacity building of service providers in the area of maternal health remains a core component of WHO biannual work plan.</p>	As of January 2019, 2131, Diploma-level midwives were registered. Govt considers BSc-level (post-basic diploma) midwifery education.
Strengthen advocacy programmes at the community level to demand skilled attendance at birth, reduce child marriage and adolescent pregnancies, and violence against women.	The Government is implementing the advocacy/awareness building program at community level via the community clinic groups and the satellite clinics with the support of WHO and other stakeholders.	The Government continues to implement the advocacy/awareness-building programme at community level via the community clinic groups and the satellite clinics with the support of WHO and other stakeholders.
Promote the image of nursing services at the policy (within Government of Bangladesh and DGHS), planning, and	Not implemented	WCO supports governments to develop norms and standards of nursing at all levels.

Country level recommendations	Progress March 2018	Progress March 2019
implementation levels reaching the communities: this is a serious gender issue too.		Nursing awareness activities are planned in relation to international nurses day.
Address inequities in Maternal Health services across social-cultural class, economic and geographies	Addressing inequities is not at the centre of all health interventions in Bangladesh. The MOH has committed to ensure universal health coverage by 2030 with the support of WHO and other partners. A new health sector development plan has been developed with an increase budget by 126%. MNCH is at the centrepiece of the plan. A new essential health package (ESP) has been developed. Special attention is given to underserved areas of the country such as Sylhet and Chittagong.	
<b>Indonesia</b>		
The health governance challenges in Indonesia give renewed emphasis to the need for WHO to engage with a range of other stakeholders since many of the areas in which change can have a positive impact on Maternal Health are those in which existing efforts are supported by various international institutions.	<p>In response to the global commitments, the Director General of Community Health, MOH, Indonesia, established an intersectoral coordination meeting for all partners working in the area of RMNCAH+ Nutrition, with support from WHO, UNFPA, and GKIA (MCH Coalition). National and international partners and stakeholders were invited to participate in this coordination meeting. The nature of the discussion has been developed based on the WHA recommendations, RPJMN target, as well as SDGs. Intersectoral coordination meetings of RMNCAH+ Nutrition are led by the Director General of Community Health and the Family Health Directorate of the MOH and WHO is the coordinator of these intersectoral coordination meetings with help from the MCH coalition.</p> <p>WCO Indonesia and MOH have established a regular GOI/WHO Joint Coordination Meeting (six-monthly meeting), in which progress of joint work is presented and discussed as per the current activity workplan.</p> <p>UN H6+ regular meeting to discuss support from each organization for the RMNCAH and joint actions.</p>	

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<p>There is need to adjust WHO personnel's skills sets according to the challenges faced by the country. WHO must leverage its convening power which, combined with the scientific credibility of the staff, can enable it to exercise a more visible leadership and better communicate the WHO brand and impact.</p>	<p>Regular technical update from the Regional Office/headquarters on RMNCAH to Team Leader and related staff and country visit by Regional and headquarters staff.</p> <p>Regular communication/meeting between Team Leader of RMNCAH and Directorate of Family Health, MOH Indonesia, to discuss progress of work as per agreed workplan.</p> <p>Ad-hoc communication between Team Leader of RMNCAH and Directorate of Family Health, MOH Indonesia, for any emerging issues and new recommendations made by the Regional Office/headquarters in the area of RMNCAH.</p>	<p>The country office has initiated a process for recruiting a new NPO-NOB for reproductive and maternal health as the existing NPO left the job. Also, this year it is intended to fill the vacant position of NPO for child health. To build synergy in the new restructuring of the WHO programmes, RMNCAH is planned to be combined with the EPI programme in the near future.</p> <p>Country intersectoral coordination and interaction is continued as in 2018 and furthermore emphasis has been given to transforming the WHO global tools and guidelines into national ones and building the country capacity and competency for their effective enforcement and use. Such transformation tasks were worked out with MOH in the areas of having positive pregnancy experience and positive childbirth experience, improved maternal and newborn health, elderly empowerment at sub-national levels, reproductive health services for adults with disabilities, reproductive health care for vulnerable and marginalized groups, and application of medical eligibility criteria for contraceptive use.</p>
<b>Myanmar</b>		
<p>Devote sufficient organizational priority, commitment and human and financial resources to support effective promotion and implementation of Maternal Health within the broader framework of RMNCAH. This will entail setting policies and high-level strategic work rather than managing projects and contracts. WHO will need to prioritize, among the core functions, those in which it has a comparative advantage, and focus on these areas.</p>	<p>A Technical Officer for RMNCAH (P5) was recruited in WCO Myanmar to provide technical support in all aspects of RMNCAH. These include the development and review of RMNCAH-related strategies and plans, adaptation of technical guidelines and training tools and technical inputs to Technical Working Group meetings. One national professional officer (temporary NOB) was also recruited to further complement the technical work.</p> <p>In terms of high-level strategic work, WCO Myanmar played a key role in developing the Ending Preventable Maternal Mortality (EPMM) Strategy for Myanmar (2017-2021), as a road map for the SDG and the Global Strategy as well as the SEA Regional Flagship Initiative.</p>	<p>In addition to the 2018 activities, a NOB staff was converted to a fixed-term staff.</p> <p>Myanmar has finalized the strategy on EPMM and, based on the strategy, state and regional plans were developed using the WHO Programme management methodology .</p>
<p>Build upon its comparative advantage, neutral status and impartiality, and its strong convening power for the UN</p>	<p>WCO Myanmar facilitated the process of the establishment of a H6 forum and RMNCAH Partners forum in Myanmar. H6 partners serve as</p>	<p>WHO Myanmar is coordinating the national health sector coordinating meeting (highest decision-</p>



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system to work together. More importantly, partnerships with government and other actors will need to be built or strengthened in order to advocate for and implement cost-effective interventions.	the technical arm for the implementation of the Global Strategy and Global Financing Facility in Myanmar.	making body). WHO is a key member of the RMNCAH TSG and is making significant contribution to the formulation of RMNCAH Strategy (2019-2024) and the development of an investment case for GFF with a focus on promoting institutional delivery and newborn care. RMNCAH Programme Review was conducted by using WHO Short Programme Review (SPR) methodology.
Capitalize on WHO's strengths in developing norms and standards, WHO should use the strategic power of evidence to influence policies and encourage partners implementing programmes to align their activities with best technical guidelines and practices with the priorities established by countries.	In the process of developing the EPMM Strategy, the evidence-based intervention package for RMNCAH was defined and finalized, based on a number of global guidelines, strategies and reviews with the technical assistance of WHO. Jointly with UNFPA, WHO played an instrumental role in the operationalization of Maternal Death Surveillance and Response (MDSR) system in Myanmar, particularly in the formulation of technical guidelines and an advocacy package for MDSR. In addition, a significant contribution was made to the development of Family Planning Guideline, Advocacy Factsheet for the Family Planning and Antenatal Guideline. WHO also provided strategic support in the formulation of the Myanmar Sexual and Reproductive Health and Rights (SRHR) Policy, in joint collaboration with UNICEF, UNFPA and PATH. A key contribution to the SRHR Policy was the translation of global guidance and incorporating the evidence-based policy options into the Myanmar context.	WHO supported, jointly with other partners, the development of the national SRHR Policy and policy briefs, MCH Handbook and other guidelines and tools. The Point of Care Quality Improvement (POCQI) was introduced for quality improvement of maternal and newborn health in hospital settings. WCO supported MoHS in the implementation of the Global Maternal Sepsis Study (GLOSS), which is a multi-country study coordinated by WHO HQ. In addition, WHO Myanmar facilitated the administration of 2018 Global RMNCAH Policy Survey in Myanmar.
<b>Nepal</b>		
Maternal Health continues to be a high priority domain for Nepal. There is great need for an organization to take a leadership role in coordinating a technical response to the needs of the Government and other stakeholders in the country. A national level health forum for the country counterparts would be very helpful.	WCO Nepal is included in National Safe Motherhood Committee along with other major partners. WCO Nepal is actively involved in national committees and technical working groups to provide support in this area. The capacity of the country office in RMNCAH has been improved by creating and recruiting a national professional officer (NOC fixed-term).	WHO Nepal will be playing a coordinating role in SRH focusing on the abortion, post-abortion & family planning. The Committee will be chaired by Family Welfare Division and all partners working in the area of abortion will be members. Contributed technically to Government along with partners to develop the Safe Motherhood and RH Act 2018 and Safe Motherhood and Newborn Roadmap 2019.
WHO is involved in a very large number of initiatives in Maternal Health. With the result the technical accountability	Though Nepal expects support from the Organization in many areas in MCH, among the maternal health area, WCO Nepal has prioritized support in establishing Maternal and Perinatal Death Surveillance and	MPDSR national report for last three years has been developed and is in the process of

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is spread thin. There is a dire need to prioritize its expertise and ensure focus to a few critical areas.	Response (MPDSR) in the country as it is directly linked to health system strengthening and improving quality of care. The response component of the program is closely linked with quality improvement. Even though hospital-based MPDSR was initiated early, the Ministry realized the need to redesign and strengthen the system to capture community maternal deaths too. After the technical guidance on Maternal Death Surveillance and Response from WHO headquarters in 2013, the Government of Nepal adopted the guidance with a National Guideline on MPDSR in 2015 with support from WCO Nepal. A prioritized area of support also includes adolescent health. A National Adolescent Health and Development Strategy was developed after review of the adolescent health program in Nepal. The review and strategy development was supported by WCO Nepal. An area of support also includes development of family planning-related guidelines to support the country to prioritize programs to reach the unreached. WCO Nepal supported the MOH to develop a Program Managers' Guide on Post-partum Family Planning and a Facilitators' Guideline for Decision Making Tool and Medical Eligibility Criteria Wheel trainings.	finalisation. The recommendations will guide the design of maternal health programmes for Nepal.
The primary role of the WHO is to provide technical guidance and support to country institutions working in the area of Maternal Health. Counter-intuitively, human resources are sparse at the WCO and there is a great need for people with greater expertise. In a similar vein, it is important to maintain budget allocations for this domain despite organizational shifts to other issues of concern such as non-communicable diseases.	WCO Nepal has appointed a senior Obstetrician Gynaecologist with wide experience as a national professional officer, Family Health, Gender and Life Course. WCO Nepal has also hired a national professional officer (NOB in SSA position) to specifically support the MOH MPDSR Program. In this political transitioning phase, a national professional officer (NOB temporary) post has been created to support MPDSR, birth defect & stillbirth surveillance and family planning programs for the 2018-2019 biennium. Budget allocation in the last and current bienniums has prioritized maternal health compared to other programmes. Additional resources are mobilized from headquarters and the Regional Office. Technical expertise is mobilized from the Regional Office and headquarters when necessary.	Under the SRHR project, a P4 fixed-term staff member has been appointed in the country office. A NoC fixed-term FGL post has been advertised as it is vacant currently. A NoB temporary RHNCAH post has been filled. Additional resources were mobilised from HQ for family planning activities and from SEARO for birth defect and point of care quality improvement. Also, HQ funded a SRHR proposal.
A stronger mechanism to facilitate relationships between HQ, SEARO and WCO needs to be put in place. There is an urgent requirement of an expert who can monitor and present key findings from the data to the public health community. This role must be shared between the 3 levels of the organization.	Information from implementing MPDSR including the issues and challenges are shared with the Regional Office regularly. There has also been a visit from the Regional Office to the country during review of the program to provide technical guidance. The support of Dr Anoma, Medical Officer, Family Health, Gender and Life Course, in the	Technical support is provided by SEARO and HQ to develop a proposal on family planning and SRHR . There was strong collaboration between three levels of WHO in person and from distance through TC & VC to develop the SRHR proposal and funds were successfully mobilized.

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	<p>Regional Office was very valuable during the review of community based maternal deaths in 2017.</p> <p>Technical support from the Regional Office was provided by sending an appropriate expert in birth defects and stillbirth surveillance. Strong support was also received on the development of facility-based IMNCI.</p> <p>Regular Webinars enabled the sharing of experiences with headquarters, the Regional Office and some of the program-related partners.</p>	<p>Technical support was provided by SEARO during the development of the Safe Motherhood Roadmap and a concept note developed for the MPDSR POCQI and birth defect pilot project</p>
<b>Sri Lanka</b>		
Address the plateauing of MMR in Sri Lanka using experience from countries in stage 5 of obstetric transition	<p>The 2018/2019 WCO programme budget has funds allocated for international consultation to discuss the experience from the countries that achieved stage 5 of the obstetric transition during MDG era. Discussions are ongoing with the Regional Office and headquarters. This will be an experience sharing exercise for advocacy. A second MNH strategic plan was developed to achieve SDGs by 2030 A MNH quality assurance system was introduced to improve the quality of institutional-based MNH services.</p>	<p>The second MNH strategic plan is being implemented and the focus on improving quality of care around child birth was identified as a main strategy to reduce maternal and newborn mortality and morbidity. Accountability for maternal deaths is strengthened with the immediate response initiative for selected maternal deaths. A hospital-based maternal and newborn care service review was initiated. Sri Lanka initiated the near miss enquiry into the health system and expanded the prepregnant package.</p>
The disparities in MMR due to demographic or socio-cultural factors must be addressed	Being implemented by different sectors.	Being implemented by different sectors.
The implications of rise in TFR should be studied and publicized, along with other agencies. It should also be discussed in open forums so that public opinion can be voiced which will impact policies and programmes. WHO, along with other agencies, should examine through research, gaps in FP services to suggest approaches	<p>Family planning guidelines were updated based on WHO's new guidelines and resource package.</p> <p>Planned to send Muslim religious leaders for a training in Indonesia on "strategic partnership with Muslim religious leaders in family planning"</p> <p>FHB published a family planning programme review report and all the agencies are working based on the recommendations on the report.</p>	<p>FP programme reoriented with updated family planning guidelines and capacity building tools based on WHO technical materials.</p> <p>Recommendations on PR on FP are being implemented.</p>
WHO could work with the Government to address the difficult pregnancies early	<p>Advocated to expedite the establishment of highly specialized centres</p> <p>Several capacity building workshops were conducted with the participation of national and international experts on management of heart disease complicating pregnancies and management of diabetes complicating pregnancies.</p> <p>Screening protocol of diabetes during pregnancy was updated using new evidence.</p>	<p>Continuously advocated to expedite the establishment of highly specialised centres for severe maternal morbidities.</p> <p>Revision of the maternal care guidelines based on the new WHO guidelines initiated.</p>

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WHO could strengthen some partnerships further and seek support of Civil Society and NGOs in their mandate	Regarding the provision of MNCH services, the Government plays the major role. The place for NGOs and civil society for provision of care is questionable. However, mother support groups have been established at the village level to empower women and families to solve issues in health and nutrition.	Use of mother support groups to empower women and families on MNH care is continuing.
WHO could advocate best alternate utilization of these to maximize resources.	Advocate maintaining the focus on MCH in the primary health care reforms which is taking place now.	Actively contributed to development of an essential service package and ensured that the MNH services are adequately included at all levels of the health system. The essential service package for Sri Lanka was launched on 7 April 2019 at the World Health Day function.

