

POPULATION COUNCIL COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



EWEC Secretariat, PMNCH, FP2020 self-reporting questionnaire to assess progress on implementation of commitments to the Global Strategy on Women's, Children's and Adolescents' Health.

COMMITMENT PROGRESS SUMMARY NARRATIVE

Population Council projects aim to improve the lives of women and children, from the antenatal period to adolescence, by identifying and developing sustainable methods for increasing their access and use of necessary healthcare services.

Through the Ending Eclampsia project, we are expanding proven interventions to prevent and treat pre-eclampsia and eclampsia in partnership with national Ob/Gyn and midwifery societies, as well as developing an international "Eclampsia Network" to share lessons and inform strategies to prevent, detect and manage PE/E with routine maternal healthcare. Findings will advocate for this issue globally.

Through the Fistula Care Plus project, we work to strengthen fistula repair services, enhance communities' understanding of preventative practices, improve treatment access, reduce stigma, reduce barriers to preventive care, detection, treatment and support, and improve the abilities of care providers, facilities and systems to offer and sustain high quality fistula care, by strengthening the evidence base and expanding the use of standard monitoring and evaluation tools and indicators. In India the Council is currently conducting, in partnership with the Ministry of Health and UNICEF, the country's largest-ever Comprehensive National Nutrition Survey of infants, children and adolescents, interviewing over 120,000 participants in more than 2,000 primary sampling units in all 30 states, to determine childhood nutritional status to develop better state and national policies and programs to reduce malnutrition, stunting and developmental issues.

The Council's Supporting Operational AIDS Research (SOAR) program is conducting operations research on practical solutions for HIV prevention, care, and treatment, with strengthening of local research institutions' and individuals' skills for high quality research to improve programs and policies, and ensure more efficient and effective critical services. Through the DREAMS initiative, the Council is studying how to reach girls and young women, and their sexual partners, at high risk of HIV, link them and their partners with essential resources, and develop the most effective evidence-based policies and programs to improve their lives and supportive environments.

Our DfID-funded Ending FGM/C program is examining, through our consortium of researchers and institutions throughout Africa, the factors and current status of FGM/C, for a comprehensive understanding of its practices and its variations, to develop holistic and comprehensive solutions for eliminating this harmful practice. Council funding from SIDA allowed the study of sexual and gender-based violence in refugee settings, in addition to developing and supporting a network in sub-Saharan Africa that both implements programs and advocates for policies to aid the survivors of sexual and gender-based violence. We continue to test the impacts of innovative financing (vouchers, client subsidies) on healthcare service demand and use, measuring programs' impacts and increasing awareness of their benefits and challenges, and developing standard performance measures.

The Council continues to develop contraceptive markets through both the Reproductive Health Supplies Coalition and country-led implementation research including our the EVIDENCE project, to expand the sources of FP services (workplace, pharmacies, community health workers). Council efforts have resulted in a number of publications on task shifting/sharing, self-injection for DPMA, and further expansion of method choice. The Population Council continues to expand access to contraceptive vaginal rings in Africa and Asia; and a newly developed ring is under FDA review. These efforts to bring new products to market will expand method choice and lead to improvements in women's and adolescents' health.

THEMATIC COMMITMENT PROGRESS

Reduce global maternal mortality to less than 70 deaths per 100,00 live births

Maternal mortality ratio

Proportion of births attended by skilled health personnel

Proportion of women aged 15-49 who received 4 or more antenatal care visits

Proportion of women who have postpartum contact with a health provider within 2 days of delivery

Geographic Reduce newborn mortality to less than or equal to 12 deaths per 1,000 deaths.

Neonatal mortality

Stillbirth rate

Proportion of infants who were breastfed within the first hour of birth

Proportion of newborns who have postnatal contact with a health provider within 2 days of delivery

Reduce under five mortality to less or equal to 25 deaths per 1,000 live births

Under-5 mortality

Percentage of children with diarrhoea receiving oral rehydration salts (ORS)

Percentage of infants <6 months who are fed exclusively with breast milk

End epidemics of HIV, TB, malaria, neglected tropical diseases and other communicable diseases

Number of new HIV infections per 1000 uninfected population, by age and sex

Percentage of people living with HIV who are currently receiving antiretroviral therapy (ART)

End all forms of malnutrition

Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age

Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age

Proportion of children aged 6-23 months who receive a minimum acceptable diet

Ensure universal access to Sexual and Reproductive Health and Rights (SRHR)

Percentage of women of reproductive age (15-49) who have their need for family planning satisfied with modern methods

Adolescent birth rate (10-14, 15-19) per 1000 women in that age group

Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education
Proportion of men and women aged 15-24 with basic knowledge about sexual and reproductive health services and rights,

Achieve Universal Health Coverage incl. financial risk, protection and access to services, medicines, and vaccines and other communicable diseases

Coverage of essential health services (index based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access)
Current country health expenditure per capita (including specifically on RMNCAH) financed from domestic sources
Out-of-pocket health expenses as percentage of total health expenditure

Eliminate harmful practices, discrimination, and violence against women and girls

Percentage of women aged 20-24 who were married or in a union before age 15 and before age 18
Proportion of ever-partnered women and girls aged 15 and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months
Proportion of women and girls aged 15-49 who have undergone female genital mutilation/cutting (FGM/C)
Proportion of young women and men aged 18-29 who experienced sexual violence by age 18
Proportion of rape survivors who received HIV post-exposure prophylaxis (PEP) within 72 hours of an incident occurring

Geographic Coverage. Check all the geographical levels that you implement your commitment-related activities in?

Global
Regional
Country
Sub-country

Linkage to National Health Strategies. Are commitment-related objectives and/or targets aligned with the national health strategy of the country or countries in which activities take place in?

Yes

EVERY WOMAN EVERY CHILD FOCUS AREAS

Early Childhood Development

Applicable

Early Childhood Development data

Current Status: ongoing
Activities Implemented: The Population Council is currently implementing the largest ever national childhood nutrition survey in India, funded by UNICEF, in partnership with the Ministry of Health.

Research and Innovation: Yes
Service Delivery Included: No

Adolescent and Young Adult Health and Well-being

Applicable

Adolescent and Young Adult Health and Well-being data

Country Leadership: Yes
Community Engagement: Yes
Individual Potential: Yes
Health System Resilience: Yes
Research and Innovation: Yes
Multisectoral Action: Yes

Sexual and Reproductive Health and Rights

Applicable

Sexual and Reproductive Health and Rights data

Current status: Ongoing

Quality, Equity and Dignity in Services of Women, Girls and Communities

Applicable

Quality, Equity and Dignity in Services of Women, Girls and Communities data

Current status: Suspended

Empowerment of Women, Girls and Communities

Applicable

Empowerment of Women, Girls and Communities data

Current status: Ongoing

Humanitarian and Fragile Settings

Applicable

PROCESS RELATED COMMITMENT PROGRESS

Have challenges faced during the implementation of commitment-related activities resulted in either delays or unsuccessful implementation? Note: If you experience any challenges in completing this questionnaire, please list them under this section.

No

Have you made any changes to either the funding or implementation partners associated with your organization's commitment?

No

Please provide the following information on the Government's point of contact for this update:

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