IMPROVING MATERNAL HEALTH MEASUREMENT CAPACITY AND USE

NATIONAL DIALOGUE

3 APRIL 2019

NEW DELHI, INDIA

Special thanks to the Ministry of Health and Family Welfare, Government of India; Population Council India; White Ribbon Alliance India; and Women & Health Initiative at the Harvard T.H. Chan School of Public Health
Improving Maternal Health Measurement Capacity and Use Multi-stakeholder Dialogue | 03rd April 2019 | New Delhi, India

Meeting Report

Background

The latest report of “Trends in Maternal Mortality: 1990-2015” notes the stark reality that, despite dedicated progress, maternal mortality was reduced by only 44% globally from 1990-2015, far short of the 75% target in the Millennium Development Goals (MDGs). As of 2015, 25 countries have a Maternal Mortality Ratio of 420 per 100,000 live-births or greater. Ending preventable maternal mortality and correcting unacceptable levels of disparity are essential to achieving Sustainable Development Goal (SDG) Three, which focuses on ensuring healthy lives for all.

In 2015, WHO released “Strategies toward ending preventable maternal mortality (EPMM)” (EPMM Strategies), a direction-setting report outlining global targets and strategies for reducing maternal mortality in the 2015-2030 SDGs era. The targets and strategies, which are the result of extensive consultations with stakeholders worldwide, are grounded in research and a human rights approach to maternal and newborn health and focus on eliminating significant inequities that lead to disparities in access, quality, and outcomes of care within and between countries.

Following the launch of the EPMM Strategies report, the global EPMM Working Group initiated efforts to develop a comprehensive monitoring framework to track progress toward achievement of the EPMM strategic objectives and priority actions. It was determined a strong monitoring framework can aid national governments in making their strategic planning decisions and demonstrate the return on investment.

Supported by the Bill and Melinda Gates Foundation and led by the Women and Health Initiative (W&HI) at the Harvard T.H. Chan School of Public Health, on behalf of the EPMM working group, the Improving Maternal Health Measurement Capacity and Use (IMHM) project is working to advance maternal health measurement capacity through the development and validation of indicators to inform global standards and encourage the adoption and use of those indicators through targeted engagement and support to countries.

The dialogue in India is part of a series of seven being organized by the White Ribbon Alliance (WRA) and the Family Care International Program of Management Sciences for Health (FCI-MSH) under the IMHM project. The aim of these dialogues is to collect input from a range of stakeholders on national priorities for the adoption of EPMM indicators and to support their integration and use to foster achievement of the EPMM Strategies. Additionally, the dialogues bring much-needed attention to critical social and systemic determinants of maternal health and survival within national policies, plans and frameworks.

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2 FCI-MSH is organizing consultations in Francophone Africa and the Latin American and Caribbean Region.
Dialogue Objectives

WRA India, W&HI, as well as research partner, Population Council, hosted the fourth dialogue on “Driving Progress Towards Ending Preventable Maternal Mortality Through Improving Maternal Health Measurement” in New Delhi, India on Wednesday, 03rd April 2019. The approximately 45 meeting participants represented a wide range of maternal health stakeholders in India, including representatives of the government, development partners, professional bodies, advocacy groups, community-based organizations, research institutions and independent researchers. Members of community-based organizations spanned seven different States across the country. Participants were multi-sectoral in nature, representing the health, gender and economic sectors.³,⁴

Specific objectives of the dialogue were to:

- Review Strategies toward Ending Preventable Maternal Mortality (EPMM) and related indicators and their potential to advance maternal health in India.
- Identify opportunities to integrate or strengthen focus on social determinants of maternal health within relevant national policies, plans and programs.
- Identify ways to strengthen monitoring and use of data from distal and social indicators in India to help measure progress and identify areas for improvement in maternal health.
- Build on the availability and use of robust monitoring data to identify key advocacy needs and opportunities for advancing maternal health and enhancing policy, programmatic and resource-related decision-making in India.

Dialogue Agenda⁵

- Opening remarks by meeting organizers and Introductions by participants
- Overview of EPMM Strategies and EPMM Phase II core and additional indicators.
- Plenary Discussion on Ending Preventable Maternal Mortality: More than healthcare services, and the role of measurement.
- Overview of the IMHM project.
- Remarks from government officials on Current Status of Maternal Health and challenges:
  - Dr. Dinesh Baswal, Commissioner, Maternal Health Division, Ministry of Health and Family Welfare Govt. of India.
  - Dr. Himanshu Bhushan, Senior Consultant Quality Improvement, National Health Systems Resource Centre, Government of India.
- Small-group and individual work and plenary debrief: Prioritizing Phase II core and additional EPMM indicators.
- Plenary Discussion “From Research to Advocacy: Elevating Maternal Health and Multi-sectoral Action.”

³ Participant list can be found in Annex 1.
⁴ Participants had an option to complete a pre-workshop survey to inform the development of the workshop agenda. Results are included in Annex 2.
⁵ Final agenda can be found in Annex 3.
Opening Remarks

The opening remarks were from the organizers of the meeting: Dr. Aparajita Gogoi, Executive Director, Centre for Catalyzing Change and National Coordinator, WRA India; and Dr. Niranjan Saggurti, Country Director, Population Council. After a brief welcome, the organizers facilitated participant introductions and thanked everyone for attending, lauding their commitment to improving maternal health in India.

The organizers began with a short quiz to assess the participants’ current understanding of data and figures related to maternal health in India, including their sources and periodicity. The speakers emphasized that socio-economic status and cultural norms are significant factors that affect a woman’s access to maternal health. Women from middle- and lower-income countries are many times more likely to die compared to women from developed, high-income countries. Maternal Mortality Rate (MMR) data underlines these disparities and inequities between women. The organizers highlighted that India has already ‘picked the low-hanging fruit’ by reducing the MMR from 167 to 130 within a period of five years. India has already achieved one benchmark of the EPMM targets—no country is to have MMR greater than 140. To achieve the SDG by 2030, it now becomes imperative to focus on addressing social and structural determinants of maternal health; Early marriage and early childbearing, school drop-out rates among girls, poverty, nutrition and other determinants contribute to poor maternal health and put women at risk for maternal deaths.

They stressed the need to re-examine data critically to construct an accurate picture of maternal and neonatal health in India. For example, data on quality of care when compared with neonatal mortality does not match. Women’s reporting of care being of good quality is not commensurate with a reduction in neonatal deaths. They also highlighted that each country has specific problems to tackle and need strategies that are curated to suit contextual issues while being globally aligned to overall SDGs.

Dr. Saggurti, Country Director, Population Council, provided a bird’s eye view of EPMM. EPMM targets and strategies are grounded in a human rights approach to maternal and newborn health and focus on eliminating significant inequities that lead to disparities in access, quality, as well as outcomes of care, within and between countries. Attention to maternal mortality must be accompanied by improvements along the continuum of care, including commitments to sexual and reproductive health, family planning, and newborn and child survival. High-functioning maternal health programmes must address the changing environment described in the “obstetric transition” (2), in which the primary causes of maternal death shift toward indirect causes as fertility and maternal mortality ratios decline. Essential to understanding the immediate and underlying causes of maternal deaths and developing evidence-informed, context-specific programme interventions to avert future deaths, is the ability to count every maternal and newborn death.

The speakers expressed hope that the meeting will help to identify opportunities to strengthen understanding of social and structural determinants of maternal health; discern country priorities for developing indicators and strengthen monitoring; set advocacy priorities and strategies and find new efforts to align with global initiatives to reduce maternal mortality.
EPMM Strategies and EPMM Monitoring Framework

Elena Ateva, JD, Advocacy Manager, White Ribbon Alliance Global Secretariat, began her presentation by providing an overview of the EPMM Strategies.6

- The EPMM Strategies is a direction-setting report released in 2015 that outlines global targets and strategies for reducing maternal mortality in the SDG period.
- These strategies are unique in that they not only apply to the immediate causes of maternal death and disability but aim to address risk factors that extend far beyond delivery.
- These include social determinants such as place of residence, socioeconomic status, empowerment and gender dynamics, as well as institutional factors such as national resource allocation, data availability, health system infrastructure and political accountability for evidence-based health system performance.
- The EPMM strategies are comprised of guiding principles, cross-cutting actions and strategic objectives. Together, they make up the 11 Key Themes (Table 1. EPMM Key Themes).

Table 1. EPMM Key Themes

<table>
<thead>
<tr>
<th>Guiding Principles</th>
<th>Cross-cutting Actions</th>
<th>Five Strategic Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empower women, girls, and communities</td>
<td>Improve metrics, measurement systems, and data quality to ensure that all maternal and newborn deaths are counted</td>
<td>Address inequities in access to and quality of sexual, reproductive, maternal, and newborn healthcare</td>
</tr>
<tr>
<td>Integrated maternal and newborn health, protect and support the mother-baby dyad</td>
<td>Allocate adequate resources and effective health care financing</td>
<td>Ensure universal health coverage for comprehensive sexual, reproductive, maternal, and newborn healthcare</td>
</tr>
<tr>
<td>Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks</td>
<td>Apply a human-rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available, accessible, and acceptable to all who need it</td>
<td>Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities</td>
</tr>
</tbody>
</table>

6 EPMM Presentation by Dr. Elena Ateva, Advocacy Manager, White Ribbon Alliance Global Secretariat and Dr. Niranjan Saggurti, Country Director, Population Council India can be found in Annex 4.
Strengthen health systems to respond to the needs and priorities of women and girls
Ensure accountability to improve quality of care and equity

Next, Ms. Ateva explained the development of the EPMM monitoring framework.

- Work to develop the EPMM indicators—which occurred in two phases—was co-led by Harvard T.H. Chan School of Public Health and USAID, with support from WHO and Maternal and Child Survival Program (MCSP).
- Phase I sought to reach consensus on a “minimum data set” of core maternal health metrics that every country, at a minimum, should collect and report for global comparisons. These are the most common indicators for tracking progress toward addressing the direct causes of maternal death. Phase 1 was completed in October 2015.
- The EPMM Strategies, however, take a much broader look at the factors that impact maternal health and survival across the lifecycle and across the continuum of care and even at the societal and health system levels.
- Therefore, Phase II was undertaken to provide a supplemental set of indicators that countries and development partners can use to drive and track progress toward addressing the full spectrum of determinants of maternal survival. Phase II was completed in 2016.

Dr Saggurti explained that indicators that will undergo testing and validation through the IMHM Project come from Phase II of the EPMM indicator development process, since indicators from Phase I, which are focused on the proximal (e.g., facility-based) determinants of maternal health and survival, represent the minimum set of core maternal health metrics that are routinely collected and reported at national and global levels. These indicators generally fall into three categories: policy, health system strengthening and financing, and service quality (Availability, Accessibility, Acceptability and Quality, or “AAAQ”). Up to 10 measures (9 indicators and 1 stratifier) will be tested and validated in four research settings through partnerships with the Instituto de Efectividad Clínica y Sanitaria (IECS, Argentina), icddr,b (Bangladesh), Population Council (Population Council, India), and the University of Ghana School of Public Health (Ghana).

As part of the India dialogue, participants deliberated on which of the EPMM key themes are most relevant and important to address in the Indian context and which EPMM indicators (Figure 1. Phase II indicators by key theme) would be most useful and feasible to track in India to drive and measure progress in

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About the Phase II Indicators

The Phase II process was designed to engage stakeholders worldwide to reach consensus on the most important, relevant, and useful indicators for monitoring national and global progress related to the distal determinants of maternal health. Through a series of 12 webinars, a public comment period, and a final expert meeting, more than 150 experts discussed and debated, ultimately agreeing on a set of 25 ‘core’ indicators and six stratifiers that correspond to each of the 11 key themes outlined in the EPMM Strategies report. Also, as part of this process, a set of ‘additional’ indicators were suggested to be potentially refined and included.
these areas. Participants also provided their input to help prioritize a set of suggested additional indicators for future development through the IMHM Project.

Figure 1. Phase II indicators by key theme

Presentation Debrief and Plenary Discussion on EPMM

Following the presentations, there was a facilitated question, answer, and comment session with participants. Moderated by Dr. Aparajita Gogoi and Dr. Leila Varkey, the session began with participants recounting stories of maternal deaths that could have been prevented by strengthening focus on social and systemic determinants. The stories described common themes of denial/lack of access to care due to poverty, ethnic status, the stigma surrounding rape victims, multiple pregnancies because of family preference for a male child and high out of pocket expenditure. In many cases, multiple factors overlapped and led to deaths.

Additional themes that emerged from the conversation are summarized below.

- Developing an indicator to track near-miss cases of maternal death was thought to be an opportunity to monitor and improve quality of care.
- Collecting qualitative data to complement quantitative data was felt to be vital for understanding the depth of people’s experiences. Qualitative data was thought to be more suited for advocacy purposes as it underscores the humane aspects of women’s lived experiences and allows for a deeper understanding of various factors affecting quality of care.
• An agreement among participants that while all key themes are important to address, it is not feasible to conduct advocacy on all key themes. The same was recognised as the need to prioritise certain themes and indicators.

• Developing an indicator to track denial of care and presence and functioning of a grievance redressal mechanism are important to understand if women’s needs are being met.

• Indicators could be classified on the basis of national, state and district priority to address contextual and region-specific needs. An exercise to cluster maternal deaths would be useful to demonstrate varying causes of maternal deaths by region to address context-specific causes of maternal deaths.

• Maternal mortality is concentrated in the cumulative effects of numerous vulnerabilities such as education, class, caste, tribe and geographical vulnerability. Indicators should be developed to measure social exclusion.

• Four states in India have achieved India’s SDG targets on maternal mortality, but women’s needs for maternal care still remain unaddressed. To reach the last mile, an indicator tracking morbidities would be helpful in understanding the indirect causes of maternal deaths.

• Data provided by different sources are varied and difficult to triangulate. Strengthening data tracking to improve quality and accuracy of data is a must.

Social and health system determinants which need to be addressed were identified by the participants during the dialogue. These are summarized below in Table 2.

**Table 2: Social and health system determinants which participants felt needed to be addressed**

<table>
<thead>
<tr>
<th>Social Determinants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Poverty.</td>
</tr>
<tr>
<td>2. Education.</td>
</tr>
<tr>
<td>3. Caste and religion need to be added to equity stratifiers for India. These stratifiers need to be unpacked so that the root causes underlying this disadvantage can be understood for denial of maternal health services. There is a need for disaggregated data on these stratifiers.</td>
</tr>
<tr>
<td>4. Migration (rural-urban, inter-state and inter-country). Citizenship/ residency rights (Unentitled street- dwellers /populations.) Maternal health services must be portable.</td>
</tr>
<tr>
<td>5. Social exclusion/ discrimination - including organized exclusions.</td>
</tr>
<tr>
<td>6. Vulnerable group identities, including HIV positive women, trafficked women, sex workers and women with disabilities.</td>
</tr>
<tr>
<td>7. The overall status of women in a patriarchal society, affected by variables such as cultural norms and gender-based violence.</td>
</tr>
<tr>
<td>8. Marital status (i.e., culture surrounding traditions on marriage and cohabitation after marriage.)</td>
</tr>
</tbody>
</table>
9. Decision making ability of women within the family. Platforms such as Village Health and Nutrition Days, Village Health Nutrition and Sanitation Committees exist to empower women but are not operational.
10. Lack of accountability (specially to provide services for unregistered populations and home births).
11. Humanitarian emergencies or natural disasters.

**Health System Determinants:**

1. Unregulated practitioners.
2. A lack of accountability mechanisms for public and private practitioners.
3. A system’s inability for convergence, continuity of care and follow-ups.

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**Improving Maternal Health Measurement Capacity and Use Project (IMHM): India Indicator Research**

Dr. Niranjan Saggurti provided an update on the goal and objectives of the IMHM project and the process that was followed for the selection of research organizations (and countries) to conduct validation of a subset of EPMM indicators. He briefed participants on the status of indicator validation research in India⁷. He shared that a joint research protocol is under development in consultation with the global research group. The study protocol will develop a common methodology for all countries to ensure uniformity to contribute to global measurement and tracking. Dr. Ratna Kumar from the Government of Tamil Nadu mentioned that he looks at Maternal Death Surveillance and Reviews in Tamil Nadu, and the estimates can be matched with the civil registration data.

In India, study areas were selected in two stages. In the first stage, one high performing (Tamil Nadu) and one low performing (Uttar Pradesh) state were selected. NFHS 4 data was used along with a composite index including antenatal care (ANC), Skilled Birth Attendance (SBA) at delivery, and post-natal care was studied to select one poor performing and one higher-performing district in each of the two selected states.

The data collection for the project in India will be undertaken from June 2019- February 2020. Findings will be disseminated in June 2020.

Dr. Saggurti explained that the following six core Indicators are to be validated in all IMHM research countries, including India:

- Legal status of abortion.
- If fees exist for health services in the public sector, are women of reproductive age (15-49) exempt from user fees for [MH-related health] services

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⁷ The presentation on indicator research in India by Dr. Niranjan Saggurti can be found in Annex 5.
- Health worker density and distribution (per 1,000 population)
- Density of midwives, by district (by births)
- Midwives are authorized to deliver basic emergency obstetric and newborn care
- Demand for family planning satisfied through modern methods of contraception

These common indicators were prioritized by consensus among all IMHM research partners, taking into account the results of an expert technical consultation held on June 2018 in Washington, DC.

In addition, each country's research team has worked with key stakeholders in their context to finalize the choice of three more indicators to be validated. The three country-specific indicators which were chosen in consultation with the Ministry of Health & Family Welfare and the Government of India are:

- Availability of functional Emergency obstetric and newborn care (EmONC) facilities
- Geographic distribution of facilities that provide basic and EmONC
- Maternal death review coverage

Parallel research is being undertaken by WHO to develop operational guidance on causes of death certification in line with the ICD-MM module.

**Special remarks**

The participants were fortunate to be joined by government dignitaries, who highlighted the political commitment to saving mothers' lives and improving the health and well-being of women and girls in India. They made short remarks offering their reflections and areas for prioritization.

**Dr. Dinesh Baswal, Commissioner Maternal Health, Ministry of Health and Family Welfare, Government of India**

Dr. Aparajita Gogoi introduced Dr. Baswal, requesting that he share his observations on EPMM indicators and programs currently underway to end preventable maternal mortality. He opened by stating the government’s commitment to mothers and girls in India and the historical decline of MMR in India in recent years, which is promising. He said the government is keen to reduce the MMR to double digits from 130 where it currently stands. To this end, the government of India has launched two landmark initiatives: Labor Room Quality Improvement Initiative (LaQshya) and Midwifery Guidelines. The government is working on translating the recently developed guidelines on midwifery to practice by rolling them out in national medical institutions. The government is also working on strengthening guidelines for ante-natal care, post-natal care and high-risk pregnancies. Initiatives to engage mid-level providers in providing maternity care are being considered, especially for civil registration of births and deaths.

Social and systemic determinants of maternal health are another area that the government is keen to work on. So far, implementing work on addressing such determinants has remained a challenge, but mechanisms to promote multi-sectoral, inter-ministerial and inter-departmental coordination are being developed with a ‘Health in All Policies’ approach.
Maternal death surveillance and response mechanisms are an area that requires strengthening with the involvement of community-based reporting. The government is also working to address issues pertaining to data quality and lack of triangulation with multi-agency data.

Dr. Himanshu Bhushan, Advisor & Head, Public Health Administration, National Health Systems Resource Centre, Ministry of Health and Family Welfare, Government of India

Dr. Bhushan, at the outset, recommended accountability of the health system and the government to the people. He appreciated the efforts of the government in improving access and quality of care for women, particularly in rural areas.

Regarding barriers to care, social exclusion is one of the key barriers that must be addressed. Women in the unorganized sector are being pushed to access care in the private sector because public health services are not operational 24x7. Many times, private providers are unable to address morbidity factors and refer women to public tertiary care hospitals at the last minute, putting the woman’s life at great risk. He stressed the need for an accountability and regulatory framework, especially for the private medical sector.

He expressed the need for multi-sectoral action and inter-departmental coordination on maternal care to address the plethora of social and systemic determinants of maternal health. He urged for the development of indicators to monitor multi-sectoral engagement and indicators to more accurately measure the decision-making capacity of women within families.

Prioritization of Core EPMM Indicators Group Scoring Exercise

In the afternoon, the participants were divided into four small groups to help illuminate priorities for advancement of the EPMM key themes, and potential adoption of associated core indicators, within the national MNH monitoring framework and other related plans and strategies. Each group was asked to evaluate the 11 EPMM themes according to the following criteria in India: 1) is the theme relevant?; 2) is the theme important?; 3) is the theme useful?; 4) is the theme feasible to monitor?; and 5) is the theme a high priority driver for ending preventable maternal deaths? The criteria were scored using a 4-point scale from strongly disagree (-1) to strongly agree (2). For each of the themes, each group was asked to choose from among the core indicators associated with that theme, which one they felt most important for India to monitor.

Participants were asked to report to the wider group on the top three themes that they chose as well as the associated priority indicator for each theme and to share their rationale and the highlights of their discussions. Each group submitted their completed worksheets (Table 3. Small group prioritization exercise worksheet summaries) which included:

1. The top three scoring key themes
2. The most important indicator to track progress in the area of each top theme.

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8 The worksheet template and instructions, scoring criteria for EPMM key themes, and list of all Phase II core indicators by key EPMM theme can be found in Annex 6.
3. Summary highlights of the conversation, including the rationale for choices and any areas of disagreement or lack of consensus.

In summary, the groups differed in their recommendations on key themes of priority. However, the indicators where groups have had agreement matched with the indicators prioritized for research in India. The following are the recommendations of the groups on priority themes and indicators.

Table 3. Small group prioritization exercise worksheet summaries

<table>
<thead>
<tr>
<th>Group 1</th>
<th>The three highest-scoring key themes, in priority order</th>
<th>Most important core indicator for monitoring progress in each key theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 5: Improve metrics, measurement systems, and data quality to ensure that all maternal and newborn deaths are counted.</td>
<td>Maternal death review coverage</td>
<td></td>
</tr>
<tr>
<td>Theme 6: Allocate adequate resources and effective healthcare financing.</td>
<td>Out-of-pocket expenditure as a percentage of total expenditure on health. &amp; Annual reviews are conducted of health spending from all financial sources, including spending on RMNCH, as part of broader health sector reviews.</td>
<td></td>
</tr>
<tr>
<td>Theme 10: Strengthen health systems to respond to the needs and priorities of women and girls.</td>
<td>Percentage of facilities that demonstrate readiness to deliver specific services: family planning, antenatal care, basic emergency obstetric care, and newborn care.</td>
<td></td>
</tr>
</tbody>
</table>

Points of Discussion

- The group had consensus on prioritising themes but differed on the selection of indicators related to theme 6, and so two indicators were chosen instead of one.
- The group felt that strengthening monitoring of indicators is paramount and should receive focus.
- The group felt that theme 4 (human rights) should be an overarching approach to all themes instead of a theme by itself.
- The group provided feedback that core indicators were repetitive and not aligned with some of the key themes under which they were placed. The indicators under theme 9 were felt not to address the theme. Some indicators that would be better suited to theme 9 would be nutrition, anaemia, child marriage and age at first marriage.
- In theme 8, the core indicator relating to ‘coverage’ is limiting. The indicator should be broadened to measure ‘comprehensive care’ rather than just coverage.

Group 2
The three highest scoring key themes, in priority order | Most important core indicator for monitoring progress in each key theme
---|---
**Theme 4:** Apply a human rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available, accessible, and acceptable to all who need it. | Geographic distribution of facilities that provide basic and comprehensive emergency obstetric care (EmOC).

**Theme 7:** Address inequities in access to and quality of sexual, reproductive, maternal, and newborn healthcare. | Health worker density and distribution (per 1,000 population).

**Theme 8:** Ensure universal health coverage for comprehensive sexual, reproductive, maternal, and newborn healthcare. | Coverage of essential health services (specified).

**Points of Discussion**
- The group felt that some themes could be clubbed together. Theme 9 and 10 can be clubbed together as quality of care and facility strengthening are complementary essentials for health systems strengthening. Theme 1 and theme 4 are overarching themes as they talk about a rights-based approach. These can also be clubbed together.
- IEC material already exists but is not effectively being put to use. Indicators are required to monitor how “effectively” IEC material is being used.
- The group felt that the core indicators in theme 9 were not exactly relevant. Legal status of abortion, as an indicator, is being used repeatedly. Identification of high-risk pregnancies was suggested as an indicator under theme 9.
- Indicator 3 in theme 7 should not restrict stratification to wealth, area of residence, level of education, and age. The stratification should be comprehensive.
- The group felt that supporting the mother-baby dyad is important for neonatal mortality but not for maternal mortality.
- The group felt that core indicator 1 of themes 4 is more relevant for theme 1. They suggested developing an indicator for Respectful Maternity Care to monitor theme 4.

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**Group 3**

| The three highest-scoring key themes, in priority order | Most important core indicator for monitoring progress in each key theme
---|---
**Theme 10:** Strengthen health systems to respond to the needs and priorities of women and girls. | Density of midwives, by district (by births).

**Theme 8:** Ensure universal health coverage for comprehensive sexual, reproductive, maternal, and newborn healthcare. | Coverage of essential health services (specified).
### Theme 7: Address inequities in access to and quality of sexual, reproductive, maternal, and newborn health care.

| Health worker density and distribution (per 1,000 population). |

### Points of Discussion

- The group was able to discuss the themes in detail but was unable to discuss indicators in great depths in the given timeframe.
- Theme 5 should focus on implementation of metrics, measurement systems, and data quality, instead of just improving them. The group suggested that maternal and newborn deaths should not just be ‘counted’ as the theme states, but instead, be ‘reviewed.’
- From a feasibility perspective, the group felt that theme 9 is too broad as all causes cannot be addressed.

### Group 4: Emphasized that all of the Key Themes are important. The group did not include 3 themes as they felt these were cross-cutting: Theme 1-empowerment, Theme 2-Integrate Maternal and Newborn, and Theme 7-on Inequities

<table>
<thead>
<tr>
<th>The three highest-scoring key themes, in priority order</th>
<th>Most important core indicator for monitoring progress in each key theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Costed implementation plan for maternal, newborn, and child health.</td>
</tr>
<tr>
<td>N/A</td>
<td>Proportion of women aged 15-49 who make their own informed and empowered decisions regarding sexual relations, contraceptive use, and reproductive health care.</td>
</tr>
<tr>
<td>N/A</td>
<td>Maternal death review coverage.</td>
</tr>
</tbody>
</table>

### Points of Discussion

- Group 4 strongly felt that the process of scoring themes and ranking indicators was a regressive exercise considering the effort it has taken for all 11 themes to be recognized as part of a global document. Group members felt uncomfortable being asked to choose three themes over the others.
- The group chose 8 out of 11 themes as “strongly agree” priorities. These were Themes 1, 4, 5, 6, 8, 9, 10 and 11.
- Themes 2, 3, 7 were ranked less than optimum only because data gathering on these themes was thought not to be feasible.
- The top three indicators were chosen based on what the group felt was most feasible for data collection.
- Theme 8 should focus on universal health care and not mere ‘coverage.’
- Group members felt that considering the large scope of EPMM, all 25 indicators should be monitored. Group members felt that data on many of the 25 indicators was available, and the government should be held accountable to report on all of them.
Prioritization of Additional EPMM Indicators Group Scoring Exercise

Participants participated in a second exercise to help evaluate a set of additional indicator topics that were requested by stakeholders worldwide who participated in the development of the EPMM indicators to fill maternal health monitoring gaps at both global and national levels and drive further improvements in the areas of the EPMM Key Themes. This exercise was conducted through an online survey system. Those who had slow or no internet connections on their phones chose to fill in a paper form. No person was allowed to use both methods. The perspectives captured in this exercise are intended to help inform the selection of a set of topics to be developed into additional EPMM indicators through the IMHM project.

Participants were asked to weigh in on the importance of the topic for stakeholders in India. For the purpose of this exercise, importance was defined as the indicator “makes a difference” for improving maternal health and survival in India and in various other contexts and that the topic resonates and will be valuable to country decision-makers and stakeholders. There were 29 additional proposed indicators in all, and each was evaluated using a 4-point scale from not at all important (1) somewhat important (2) very important (3) and no opinion/I don’t know (4).

The following indicators were found to be very important by more than 50 percent of participants:

- An indicator verifying that the national pre-service education curriculum for maternal health workers includes standards for Respectful Maternity Care (RMC).
- An indicator verifying that the national health plan includes the right to Respectful Maternity Care (RMC).
- An indicator that monitors the proportion of facilities that demonstrate the capacity to deliver a minimum package of sexual and reproductive health services.
- An indicator verifying regular review of the costed national maternal health plan on the grounds of equity and non-discrimination through participatory mechanisms.
- An indicator that tracks the availability of services for mothers and newborns provided in the same setting.
- An indicator verifying that the national information system links births and maternal and perinatal deaths and includes causes of death.
- An indicator that measures women’s decision-making power about timing and number of births.
- An indicator that holds local and district governments accountable for monitoring maternal health outcomes at the community level.
- An indicator that tracks use of Maternal Newborn Health (MNH) data by health workers for decision making.
- An indicator that tracks coverage of death and birth registration.

9 The full list of indicator topics upon which meeting participants voted can be found in Annex 7.
• An indicator that tracks the capacity of the national information system to record and report maternal and newborn cause of death data.
• An indicator that monitors implementation and performance of all maternal health financing mechanisms.
• An indicator that tracks the presence of a nationally defined minimum benefits package for Reproductive, Maternal and Newborn Health (RMNH).
• An indicator that tracks the proportion of the population pushed into poverty due to maternal healthcare expenditures.
• An indicator that tracks the maternal "near miss" ratio.
• An indicator that tracks the percentage of health facilities with water, sanitation, and a power source.
• An indicator that tracks signal functions for the availability of functional, routine obstetric and newborn care in facilities.
• An indicator tracking facility readiness to deliver BEmONC that includes a measure of functioning emergency transport, essential commodities, and WASH.
• An indicator that tracks the resolution of grievances related to RMNH care and services through a national mechanism.
• An indicator that tracks the completeness and quality of responses within the national MDSR system.

Elevating Maternal Health and Multi-sectoral Action

The dialogue closed with a facilitated debrief in which participants brainstormed potential advocacy actions and areas for continuing the conversation and for turning the meeting outcomes into meaningful outcomes for mothers. The following are the suggestions given:

Target audiences for advocacy

• Prime Minister’s Office
• Parliamentarians
• Political Leaders
• Members of Panchayati Raj Institutions
• Ministry of Health & Family Welfare
• Ministry of Women and Child Development
• Ministry of Labor and Employment
• National AIDS Control Organization
• State Health Departments
• Civil Society Organizations

• Media & Journalists
• Religious Leaders
• Opinion Leaders

Social Determinants

• Increasing age at marriage and maternal nutrition.
• Reduce school dropout rates among girls and ensure girls stay in school.
• Contraception education should be provided in schools for boys and girls. Advocacy for contraception use must not place the onus only on women.
• Identify the key causes of maternal mortality across states and important predictors of their causes. Advocacy with state health departments on specific actions regarding determinants.
• Link EPMM with nutrition indicators and integrate into maternal health measures.

Involving community members and leaders

• Advocate with the Ministry of Health & Family Welfare and Health Departments to create spaces for women to express/demand what they want from the health system.
• Ensure community participation in Village Health and Nutrition Day with community leaders and local health personnel.
• Involve members of Panchayati Raj Institutions (PRIs) for monitoring of services.
• Involve gram Sabha/panchayat members to make maternal health a community issue. Their involvement should also be to monitor maternal deaths in villages.
• Advocacy on integrating religious leaders in bringing change in social norms to increase equity in maternal and reproductive care. Conduct research on this change.

Involving community-based organizations and civil society organizations in planning and monitoring

• Advocacy on effective utilization of social mobilization plan - monitoring handholding.
• The involvement of Civil Society Organizations (CSOs) should be ensured in policy implementation as per guidelines in the National Rural Health Mission (NRHM).
• Advocate with the government to ensure that civil society organizations are part of the Maternal Death Surveillance and Response committee.
• Capacity building for community-based organizations on creating evidence for action for maternal mortality reduction, focusing on social determinants of health.
• Advocate with the government to create space for CSO participation in public health and maternal health programs.

Evidence-based materials

• Analysis of evidence-based information and development of advocacy materials for parliamentarians, political leaders and opinion leaders.
• Elevate evidence, testimonies, data on social determinants/exclusion in the context of EPMM via media and campaign actions.
• Advocacy and capacity building of media organizations for evidence-based reporting on maternal health.

Data, Research and Monitoring
• Make available disaggregated data by caste, religion, residence, wealth status on a range of maternal health indicators. Advocate with the Ministry of Health & Family Welfare, International Institute of Population Sciences (IIPS) and Sample Registration System (SRS) for the same.

• Advocate for better quality and quantity of data on maternal and newborn mortality. Improve metrics and measurement systems, especially the Health Management Information System (HMIS) data and its details. Post C-section deaths to be measured by Indicator for C-section.

• Advocate with the Ministry of Health & Family Welfare for more research on the disconnect between quality of care and Reproductive, Maternal, Newborn and Child Health (RMNCH) outcomes. Research should include qualitative evidence from the community.

• Increase Maternal Death Surveillance and Response (MDSR) audits in states and improve the quality of data on maternal deaths. Maternal death autopsies should be comprehensive and informative.

• Advocate with the Ministry of Women & Child Development to track and report on weight gain during pregnancy and use evidence for planning.

Service Delivery

• Advocate with the government to make health a human rights issue and provide health services based on this.

• Deliver childbirth services closer to home by strengthening sub-centers, facilitating homebirths and increasing numbers of skilled providers at the periphery.

• Advocate with the Prime Minister’s Office for increased availability of midwives for all normal deliveries.

• Effective identification and monitoring of high-risk pregnancies within the community - skills, competencies and practices.


• Advocate for the opening and monitoring of evening clinics.

• Advocate for defining how remote area migrants across state borders are provided services.

• Advocate with the Ministry of Health & Family Welfare and National AIDS Control Organization to make blood available at all Community Health Centers.

Healthcare providers and health workers

• Strengthen pre-service education for nursing, midwifery and medicine.

• Sensitization of service providers on Respectful Maternity Care and the importance of a birth companion.

• Advocate with Prime Minister’s Office to engage health professional associations in all maternal mortality reduction.
Conclusion and Way Forward

The group reached a consensus that in order to end preventable maternal mortality, multi-sectoral action is important to address the social determinants of health. A ‘Health in all Policies’ approach has been a challenge, which can be addressed by building mechanisms for cross-department action at a high level. The role of civil society organizations was recognized by the group and future advocacy actions were identified.

Policies already recognize the need for greater civil society participation in policy implementation. Civil Society Organizations (CSOs) can work for better planning and monitoring through greater community involvement. Women's groups, Panchayati Raj Institutions and Legislators are key stakeholders for advocacy.

Accessible and simple factsheets based on evidence can be developed. More robust data is needed that can be used locally, including qualitative evidence.

Health was recognized as a human right. The group agreed that utilizing a human rights approach in advocacy should be a best practice for CSOs. Legal and administrative frameworks for accountability would go a long way in ensuring strict implementation for policy. CSOs have a major role to play in this.

A holistic approach to maternal health to empower women and increase their agency will have a positive impact on maternal health indicators. Some of the actions that CSOs can take include social mobilization and qualitative research to increase the age at marriage, address anemia, increase decision-making power, ensure girls remain in school and promote contraception. Mobilization efforts must involve men.

Organized and coordinated action between civil society organizations, communities and the government was recognized as fundamental to reducing maternal mortality in India.
Annex 1: EPMM IMHM National Dialogue Participant List: INDIA
Ending Preventable Maternal Mortality/Improving Maternal Health Measurement Capacity and Use

India Key Stakeholder Dialogue
Wednesday, April 3, 2019 | New Delhi
Magnolia, India Habitat Centre, Lodi Road, New Delhi

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Organization</th>
<th>Contact Details</th>
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<tbody>
<tr>
<td>Soumya Ramesh</td>
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<td>Prof Rakhi Dandona</td>
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<td>Mobile: +91-9971155650</td>
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<tr>
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<tr>
<td>Inayat Singh Kakar</td>
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| 11. Dr Ratna Kumar    | Expert Advisor MH                    | NHM, Tamil Nadu        | Email: drrkkg@hotmail.com  
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Mobile: +91- 9428813478 |
| 24. Ms. Tina          | Consultant                           | Centre for Catalyzing Change  
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<tr>
<th>Name</th>
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</tbody>
</table>
Annex 2: EPMM/IMHM India Dialogue pre-meeting survey

The organizers asked all participants invited to the dialogue to take an anonymous opinion survey before the meeting. Survey responses were used to help organizers understand what was important to participants, while also helping participants understand what was to be discussed at the dialogue. A total of seventeen individuals took the survey and their responses are featured below.

1. Which sector does your organization represent?

![Sectors Represented Chart]

2. Which issues areas does your organization work on?

<table>
<thead>
<tr>
<th>Issue areas participants work on</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Sexual, reproductive, maternal, newborn, child,</td>
<td>88%</td>
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<tr>
<td>Policy, advocacy, and accountability</td>
<td>53%</td>
</tr>
<tr>
<td>Data and measurement</td>
<td>29%</td>
</tr>
<tr>
<td>Political and civic participation</td>
<td>18%</td>
</tr>
<tr>
<td>Economic empowerment</td>
<td>35%</td>
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<tr>
<td>Water, sanitation, and hygiene</td>
<td>29%</td>
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<tr>
<td>Legal aid</td>
<td>5%</td>
</tr>
<tr>
<td>Human rights/women’s rights</td>
<td>41%</td>
</tr>
<tr>
<td>Education</td>
<td>41%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>53%</td>
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</table>
3. Please rate each EPMM key theme from 1 to 5, with 1 = not at all important for India and 5 = very important for India.

<table>
<thead>
<tr>
<th>EPMM Key Theme</th>
<th>Rating</th>
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<tr>
<td>Ensure accountability in order to improve quality of care and equity</td>
<td>4.71</td>
</tr>
<tr>
<td>Strengthen health systems to respond to the needs and priorities of women and girls</td>
<td>4.75</td>
</tr>
<tr>
<td>Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities</td>
<td>4.47</td>
</tr>
<tr>
<td>Ensure universal health coverage for comprehensive sexual, reproductive, maternal, and newborn healthcare</td>
<td>4.35</td>
</tr>
<tr>
<td>Address inequities in access to and quality of sexual, reproductive, maternal, and newborn healthcare</td>
<td>4.53</td>
</tr>
<tr>
<td>Allocate adequate resources and effective health care financing</td>
<td>4.53</td>
</tr>
<tr>
<td>Improve metrics, measurement systems, and data quality to ensure that all maternal and newborn deaths are counted</td>
<td>4.69</td>
</tr>
<tr>
<td>Apply a human-rights framework to ensure that high-quality reproductive, maternal, and newborn health care is...</td>
<td>4.53</td>
</tr>
<tr>
<td>Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks</td>
<td>4.47</td>
</tr>
<tr>
<td>Integrate maternal and newborn health, protect and support the mother-baby dyad</td>
<td>4.7</td>
</tr>
<tr>
<td>Empower women, girls, families and communities</td>
<td>4.88</td>
</tr>
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4. Which of the following are ways that EPMM indicators could be most useful in India? Check all that apply and provide specific examples if any come to mind:

1. To drive programmatic and resource-related decision-making (15/17 responses)
2. To advance maternal health policy (14/17 responses)
3. To support key advocacy needs and opportunities (11/17 responses)

5. What are you hoping to get out of your participation in this dialogue?

- Greater understanding of measurement for maternal health.
  - "The dialogue will facilitate creating greater discussion around the need for measuring maternal health program metrics in public health and serve to create a consensus among the key policy makers for implementing them in their health systems."
  - "Identification of critical indicators and ways for measurement."
• Formulate a strategy and action plan for advocacy.
  • "Action plan to advocate for good indicators-doable on comprehensive and dignified maternal health care."
  • "To come out with firm strategy dialogues for advocacy to the policy makers."

• Align efforts to reduce maternal deaths.
  • "Firstly, understanding what is happening at Global and National level currently. Some of us would like to start a doable campaign on preventing maternal deaths based on our experience in three districts, two of which are amongst the poorest in the country. We have done very well in our areas and would now like to find creative ways of scaling up in a practical and doable manner which can easily fit into a government and public awareness mandate."
  • "Create awareness to reduce maternal mortality."
Annex 3 : EPMM IMHM India Dialogue Agenda

Ending Preventable Maternal Mortality: Improving Maternal Health Measurement Capacity and Use
India Multi-stakeholder Dialogue
Wednesday, April 3, 2019 | New Delhi
Magnolia, India Habitat Centre, Lodi Road, New Delhi

Objectives
- Review Strategies toward ending preventable maternal mortality (EPMM) and related indicators and their potential to advance maternal health in India.
- Identify opportunities to integrate or strengthen focus on social determinants of maternal health within relevant national policies, plans and programs.
- Identify ways to strengthen monitoring and use of data from distal and social indicators in India to help measure progress and identify areas for improvement in maternal health.
- Build on the availability and use of robust monitoring data to identify key advocacy needs and opportunities for advancing maternal health and enhancing policy, programmatic and resource-related decision-making in India.

<table>
<thead>
<tr>
<th>Timing</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>0900-0930</td>
<td>Tea and registration</td>
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<tr>
<td>Session I</td>
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<tr>
<td>0930-0940</td>
<td>Welcome and Consultation overview</td>
<td>Dr. Aparajita Gogoi, Executive Director, Centre for Catalyzing Change and National Coordinator, White Ribbon Alliance India (WRAI)</td>
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<tr>
<td></td>
<td>Review objectives, agenda, and meeting</td>
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<tr>
<td>0940-1000</td>
<td>Welcome and Round of Introduction to the EPMM/IMHM relevant to the Indian context</td>
<td>Dr. Niranjan Saggurti, Country Director, Population Council</td>
</tr>
<tr>
<td>1000-1030</td>
<td>Ending Preventable Maternal Mortality: More than health care services Part 1</td>
<td>Elena Ateva, Advocacy Manager, WRA Global Secretariat</td>
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<tr>
<td></td>
<td>PowerPoint presentations</td>
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<td></td>
<td>- EPMM strategies, including its emphasis on the broad spectrum of determinants for maternal health and survival, and the</td>
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<tr>
<td>Timing</td>
<td>Session</td>
<td>Speaker(s)</td>
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<tr>
<td></td>
<td>importance of advancing multi-sectoral approaches to improving maternal health</td>
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<td></td>
<td>- EPMM Monitoring Framework, Indicators from Phases I &amp; II</td>
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<td>Informal Discussion and Mid-morning Break</td>
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| Session II  | **1100-1130** Ending Preventable Maternal Mortality: More than health care services Part 2  
               Plenary discussion  
               How is India looking to address social and non-health systems determinants of maternal health in alignment with the EPMM strategies?  
               - Exploring themes that resonate most strongly in India  
               - Strengths and gaps in India relative to Key Themes.       | Moderators:  
               Dr Aparajita Gogoi,  
               Executive Dir. C3 and WRAI  
               National Coordinator &  
               Dr. Leila Caleb Varkey,  
               Senior Advisor, Centre for Catalyzing Change |
|             | **1130-1200** Improving Maternal Health Measurement Capacity and Use Project (IMHM)  
               PowerPoint presentation  
               - The IMHM project- goals and objectives & Phase 2 indicators – organized by key themes  
               - Short Q&A in plenary | Dr. Niranjan Saggurti,  
               Country Director,  
               Population Council |
|             | **1200-1230** Remarks from the Commissioner Maternal Health, Ministry of Health and Family Welfare, Chair of the consultation | Dr Dinesh Baswal,  
               Commissioner MH, Ministry of Health and Family Welfare,  
               Government of India |
|             | **1230-1330** Group photo & Lunch Break                                 |                                                                           |
| Session III | **1330-1415** Country Priorities for National Monitoring of Maternal Health: Exchange on the Adoption of Core Indicators of the EPMM Framework | Dr Niranjan Saggurti,  
               Population Council and WRA India |
<table>
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<th>Timing</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td></td>
<td><strong>Group exercises</strong></td>
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<td></td>
<td>- Participants will discuss and prioritize key themes in the EPMM framework and related core indicators they feel are most important for national monitoring of maternal and newborn health</td>
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<tr>
<td>1415-1500</td>
<td><em>Country Priorities for National Monitoring of Maternal Health: Exchange on the Adoption of Core Indicators of the EPMM Framework, continued</em></td>
<td>Dr Niranjan Saggurti, Population Council and Deepa Jha, WRAI India</td>
</tr>
<tr>
<td></td>
<td>Report-out and discussion in full plenary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Identify which EPMM Framework key themes rose to the top as the most important for improved national monitoring in India</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Areas where there is current monitoring with existing indicators that could be strengthened</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Areas where it would be desirable to adopt additional EPMM Framework indicators</td>
<td></td>
</tr>
<tr>
<td>1500-1530</td>
<td><em>Country Priorities for Adoption of Additional Indicators</em></td>
<td>Dr Niranjan Saggurti, Population Council and Elena Ateva, Advocacy Manager, WRA Global Secretariat</td>
</tr>
<tr>
<td></td>
<td>Voting exercise in full plenary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Which of the current and/or additional India specific indicators would participants like to see developed by the IMHM Project based on India’s current needs related to EPMM?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Report on those that &gt;50% of respondents rated as Very Important</td>
<td></td>
</tr>
<tr>
<td>1530-1600</td>
<td><em>Tea break</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Session III</strong></td>
<td></td>
</tr>
<tr>
<td>1600-1630</td>
<td><em>From Research to Advocacy: Elevating Maternal Health and Multi-sectoral Action</em></td>
<td>Facilitator for session Dr. Aparajita Gogoi, Executive Director, Centre for Catalyzing Change and National Coordinator, White Ribbon Alliance India (WRAI)</td>
</tr>
<tr>
<td></td>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- How can we leverage the research to drive attention to and accelerate action on social determinants of maternal health?</td>
<td></td>
</tr>
<tr>
<td>Timing</td>
<td>Session</td>
<td>Speaker(s)</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Who do we need to better convince to ensure maternal health and related social, economic and political factors are a top priority for action and investment?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What are short-, medium and long-term actions we can take to strengthen multi-sectoral dialogue and action?</td>
<td></td>
</tr>
<tr>
<td>1630-1700</td>
<td>Closing Ceremony</td>
<td>Rapporteur, WRAI</td>
</tr>
<tr>
<td></td>
<td>- Rapporteur will recap the day, highlight for participants the commitments that have been made through the day and brainstorm accountability mechanisms to take today’s work forward.</td>
<td>Concluding Remarks</td>
</tr>
<tr>
<td></td>
<td>- Concluding remark by the Commissioner Maternal Health, Ministry of Health and Family Welfare, Govt. of India and meeting organizers</td>
<td>Dr Dinesh Baswal, Commissioner MH, Ministry of Health and Family Welfare, Government of India</td>
</tr>
</tbody>
</table>
Ending Preventable Maternal Mortality

Multi-Stakeholder Dialogue on Improving Maternal Health Measurement Capacity and Use
Elena Ateva, White Ribbon Alliance
New Delhi, India, 3 April 2019

Presentation Overview

• EPMM Strategies
  – MMR Targets and Key Themes
• EPMM Global Monitoring Framework
  – Phase I: Coverage and impact of key interventions
  – Phase II: Policy and health system indicators
Global MMR Targets

All countries reduce MMR by at least 2/3

To reach a global average MMR of <70

No country ends with MMR >140 by 2030
National EPMM Targets

For countries with MMR less than 420 at baseline
Reduce MMR by at least 2/3

For countries with MMR greater than 420 at baseline
rate of decline should be steeper so that in 2030, no country has an MMR >140

For countries with low MMR at baseline
Achieve equity for vulnerable populations at subnational level
EPMM STRATEGIES
Strategies toward ending preventable maternal mortality (EPMM)

- Direction-setting report released in 2015
- Outlines global targets and strategies for reducing maternal mortality in the SDG period
- 11 Key Themes
  - Guiding Principles
  - Cross-Cutting Actions
  - Strategic Objectives

11 Key Themes

<table>
<thead>
<tr>
<th>Guiding Principles</th>
<th>Empower women, girls, and communities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Integrate maternal and newborn health, protect and support the mother-baby dyad</td>
</tr>
<tr>
<td></td>
<td>Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks</td>
</tr>
<tr>
<td></td>
<td>Apply a human-rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available, accessible, and acceptable to all who need it</td>
</tr>
<tr>
<td>Cross-cutting Actions</td>
<td>Improve metrics, measurement systems, and data quality to ensure that all maternal and newborn deaths are counted</td>
</tr>
<tr>
<td></td>
<td>Allocate adequate resources and effective health care financing</td>
</tr>
<tr>
<td>Five Strategic Objectives</td>
<td>Address inequities in access to and quality of sexual, reproductive, maternal, and newborn healthcare</td>
</tr>
<tr>
<td></td>
<td>Ensure universal health coverage for comprehensive sexual, reproductive, maternal, and newborn healthcare</td>
</tr>
<tr>
<td></td>
<td>Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities</td>
</tr>
<tr>
<td></td>
<td>Strengthen health systems to respond to the needs and priorities of women and girls</td>
</tr>
<tr>
<td></td>
<td>Ensure accountability in order to improve quality of care and equity</td>
</tr>
</tbody>
</table>
Developing the Monitoring Framework

**Phase 1**
- A core set of priority, methodologically robust indicators with direct relevance for reducing preventable mortality for global monitoring and reporting by all countries
- Completed: October 2015

**Phase 2**
- A menu of indicators to track social, political and economic determinants of maternal health and survival to be adopted by countries within their national monitoring frameworks
- Completed: October 2016
## Phase I Metrics

<table>
<thead>
<tr>
<th>IMPACT</th>
<th>CORE INDICATOR</th>
<th>ADDITIONAL PRIORITY AREA FOR INDICATOR DVPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maternal mortality ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Maternal cause of death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Adolescent birth rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Four or more antenatal care visits</td>
<td>Content of antenatal care</td>
<td></td>
</tr>
<tr>
<td>5. Skilled attendant at birth</td>
<td>Content of postnatal care</td>
<td></td>
</tr>
<tr>
<td>6. Institutional delivery</td>
<td>Respectful maternity care</td>
<td></td>
</tr>
<tr>
<td>7. Early postnatal/postpartum care for woman and baby (within 2 days of birth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Met need for family planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Uterotonic immediately after birth for prevention of post-partum hemorrhage (among facility births)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Caesarean section rate</td>
<td>Met need for EmONC</td>
<td></td>
</tr>
<tr>
<td>11. Maternal death registration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Availability of functional EmONC facilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Phase I Metrics

• BMC Pregnancy and Childbirth, August 2016
• Describes the Phase I process and outcomes
Phase II Methodology

Selection Criteria

- Relevance
- Importance
- Interpretability and Usefulness
- Validity
- Feasibility and Data Availability
- Harmonization
Phase II Core Indicators and Stratifiers

Presence of laws and regulations that guarantee women aged 15-49 access to SRH care, information, and education
Gender Parity index (GPI)
Whether or not legal frameworks are in place to promote, enforce, and monitor equality and non-discrimination on the basis of sex
Presence of protocols/policies on combined care of mother and baby, immediate breastfeeding, and observations of care
Maternity protection in accordance with ILO Convention 183
International Code of Marketing of Breastmilk Substitutes
Growth implementation plan for maternal, newborn, and child health
Midwives are authorized to deliver basic emergency obstetric and newborn care
Legal status of abortion
Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use, and SRH care
Geographic distribution of facilities that provide basic and comprehensive emergency obstetric care (EMOC)
Presence of a national set of indicators with targets and annual report to inform annual health sector reviews and other planning cycles
Maternal death review coverage
Percentage of total health expenditure spent on non-nutritive maternal, newborn, and child health
Out-of-pocket expenditure as a percentage of total expenditure on health
Annual reviews are conducted of health spending from all financial sources, including RMNH spending, as part of broader health sector reviews
Health worker density and distribution (per 1,000 population)
Coverage of essential health services
If fees exist for health services in the public sector, are women of reproductive age (15-49) exempt from fees?

Stratifiers

Demand for family planning satisfied through modern methods of contraception
Wealth

Availability of functional emergency obstetric care (EmOC) facilities
Area of residence (urban/rural)
Density of midwives, by district (by birth)
Area of residence (geographic region)

Percentage of facilities that demonstrate readiness to deliver specific services: family planning, ANC, IMCI

Civil registration coverage: cause of death (percentage)

Presence of a national policy/strategy to ensure engagement of CSOs representatives (periodic reviews)

**Transparency Stratifier**

Available in the public domain

---

Phase II Indicators By Key Theme

**EPAM 11 Key Themes**

1. Improve women's health, safety, and survival in the delivery of health care.
2. Improve reproductive, maternal, newborn, and child health care.
3. Ensure the sustainability and viability of health care systems.
4. Strengthen health workforce capacity to support health sector development.
5. Strengthen health systems to respond to the needs and priorities of women and girls.
6. Improve access to quality care for all women and girls.
7. Strengthen health systems to respond to the needs and priorities of women and girls.
8. Strengthen health systems to respond to the needs and priorities of women and girls.
9. Strengthen health systems to respond to the needs and priorities of women and girls.
10. Improve women's health, safety, and survival in the delivery of health care.
11. Improve reproductive, maternal, newborn, and child health care.

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Phase II Metrics

- BMC Pregnancy and Childbirth, June 2018
- Describes the Phase II process and outcomes

Phase II Indicators
By Maternal Health Topic Area

The 25 indicators and 6 stratifiers from Phase II can be grouped into these maternal health topic areas*

- Human Rights: 16 indicators, 6 stratifiers
- Universal Health Coverage: 8
- Empowering Women, Girls & Communities: 10
- Improving Measurement & Metrics: 4

*Areas of interest are not mutually exclusive
Phase II Indicators and Human Rights

- **Equity & Non-discrimination**
  - 11 indicators
  - 5 stratifiers

- **Participation**
  - 2 indicators

- **Transparency**
  - 4 indicators
  - 1 stratifier

- **Accountability**
  - 1 indicator

EPMM + Other MNH Measurement Efforts

- EPMM
- ENAP
- The Lancet Maternal Health Series
- WHO Quality of Care Network
- Countdown to 2030
- MONITOR
- IDEAS
- OHCHR
THANK YOU!

Questions?
whi@hsph.harvard.edu
IMPROVING MATERNAL HEALTH MEASUREMENT
CAPACITY AND USE (IMHM)

Niranjan Saggurti, PhD
Population Council
Presentation Overview

- Improving Maternal Health Measurement Capacity and Use (IMHM)
  - Project overview
  - Primary outcomes and planned approach

Project Overview

MULTI-PARTNER INITIATIVE
Led by Women & Health Initiative at Harvard T.H. Chan School of Public Health with specific work done by WHO and White Ribbon Alliance/FCI Program of MSH and research partner organizations in 4 countries

3-YEAR PROJECT
Funded by the Gates Foundation with in-kind support from the Ending Preventable Maternal Mortality (EPMIM) Working Group

GOAL-ORIENTED
Working to provide much-needed knowledge, research, and evaluation data as well as validated measurement tools for tracking progress towards ending preventable maternal mortality
Primary Outcomes

1. A well-developed, research-validated monitoring framework for ending preventable maternal mortality

2. Research-validated indicators for ending preventable maternal mortality are incorporated into global and national monitoring frameworks

FOCUS OF THE IMHM PROJECT:
THE EPMM PHASE II INDICATORS
RESEARCH TO TEST & VALIDATE A SUBSET OF CORE PHASE II INDICATORS

Request for Proposals for Country Research Partners

- Thirty proposals received
- Robust selection criteria and 3 rounds of scoring
- One organization in each of three world regions selected: LAC, Africa, Asia
- Bangladesh: additional partner

RESEARCH PARTNERSHIPS
- IECs, Argentina
- University of Ghana School of Public Health
- Population Council India
- Icddr,b
In-country research on Core Indicators

Research to validate

- 9 EPMM Core Indicators and 1 standard stratifier that are not routinely collected and reported at national level

- Indicators for testing are in the following categories: Governance, Financing, Health Workforce, and Service Coverage

Research Partnerships

- IECs, Argentina
- University of Ghana School of Public Health
- Population Council India (ledsmall)
### Indicators in the Study

<table>
<thead>
<tr>
<th>INDICATOR NUMBER</th>
<th>COMMON INDICATORS FOR TESTING/VALIDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Legal status of abortion</td>
</tr>
<tr>
<td>10</td>
<td>If fees exist for health services in the public sector, are women of reproductive age (15-49) exempt from user fees for [MH-related health] services</td>
</tr>
<tr>
<td>12</td>
<td>Health worker density and distribution (per 1,000 population)</td>
</tr>
<tr>
<td>13</td>
<td>Density of midwives, by district (by births)</td>
</tr>
<tr>
<td>14</td>
<td>Midwives are authorized to deliver basic emergency obstetric and newborn care</td>
</tr>
<tr>
<td>22</td>
<td>Demand for family planning satisfied through modern methods of contraception</td>
</tr>
</tbody>
</table>

#### INDIA SPECIFIC INDICATORS FOR TESTING/VALIDATION

<table>
<thead>
<tr>
<th>INDICATOR NUMBER</th>
<th>INDIA SPECIFIC INDICATORS FOR TESTING/VALIDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Availability of functional emergency obstetric care (EmOC) facilities</td>
</tr>
<tr>
<td>18</td>
<td>Geographic distribution of facilities that provide basic and comprehensive emergency care</td>
</tr>
<tr>
<td>20</td>
<td>Maternal death review coverage</td>
</tr>
</tbody>
</table>

### In-country research on Core Indicators

- **Analysis to validate** cause of death certification derived from Maternal Death Surveillance and Response (MDSR) and civil registration
- **Testing and validation** of the use of maternal cause of death data for MMR estimation
- **Technical assistance** to countries on operationalization of ICD-MM
ADDITIONAL INDICATOR DEVELOPMENT: RECOMMENDATIONS FROM PHASE II

Additional Indicator Development in Year

- Work commencing in project years 2-3
- Prioritize 12 from list of Additional Indicators, For Development
- Technical consultation to further develop those indicators
- Prioritize among those for testing and validation (out of scope of IMHM grant project)

CATEGORIES FOR DEVELOPMENT

- Changes Recommended to an Existing Indicator
- Development of an Aspirational Indicator
- Advance an Indicator Currently Under Development
EPMM Phase II: Additional Indicators for Further Development, by Key Theme

1. Economic, social, and human rights issues
2. Availability of public and private health-care services
3. Integration of maternal and reproductive health care, child and adolescent health-care systems
4. Prevention, including economic, behavioral, and supportive legal, regulatory, and financial mechanisms
5. Adequacy of human rights frameworks to ensure the high-quality maternal, reproductive, maternal and newborn health care is available, accessible, acceptable for all who need it
6. Improves metrics, measurement systems, and data quality
7. Includes adequate resources and efficient health-care financing
8. Involves strong, well-functioning health-care systems that include morbidity and mortality, maternal and newborn health care
9. Includes accessible, affordable, comprehensive and quality maternal, reproductive, maternal and newborn health care
10. Addresses all causes of maternal mortality, reproductive morbidity and related disabilities
11. Strengthens health systems to respond to the needs and priorities of women, girls, families and communities
12. Ensures accountability to improve quality of care and equity

Challenges Recommended to an Existing Indicator (changes in bold)

1. Current Indicator
2. Priority
3. Priority
4. Priority
5. Priority
6. Priority
7. Priority
8. Priority
9. Priority
10. Priority
11. Priority
12. Priority

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National dialogues

- Partnering with WRA and MSH to host series of dialogues.

- Convening key in-country stakeholders (representatives of the Ministry of Health (MOH), civil society organizations, care programmers and providers, community leaders, maternal health advocates).

- Dialogues to bring focus to social determinants of MH, discuss in-country priorities for advancing EPMM, identify advocacy opportunities, and build MH measurement capacity.
Communications

• Dedicated IMHM project page on W&HI website

• Editorial calendar for project news and updates
  – produce original content, connect to ongoing measurement efforts, share updates on the project, and link to partners’ news and events

Annex 5: Indicator Testing in India

PLANS FOR INDICATOR TESTING IN INDIA
Study planning

- Site selection
- Data sources
- Methods

Site Selection

- Two Stage Process
  - Stage 1: Selection of state
    - Maternal mortality ratio was used to rank major states in India
    - Quartiles were computed to select high performing and low performing states
  - Stage 2: Selection of districts
    - A composite index was calculated using the following indicators: Antenatal care, Skilled birth attendance for delivery, Post natal care
    - Quartiles were computed to select high performing and low performing district

- Data sources for site selection
### Methodologies for validation

<table>
<thead>
<tr>
<th>Type</th>
<th>Question</th>
<th>Assessment process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic-style validation</td>
<td>How does an indicator compare to an objective measure of truth?</td>
<td>Comparison with gold standard (biomarker, observer, medical records)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Statistical: Sensitivity, specificity, AUC/IF</td>
</tr>
<tr>
<td>Triangulation/Comparison</td>
<td>How do estimates from various data sources/models compare? Do they relate plausibly (external consistency)?</td>
<td>Situations with no gold standard – choosing a method of measuring or testing assumption of how indicators relate</td>
</tr>
<tr>
<td>Search for proxy</td>
<td>How do different indicators relate to one another? Tracer indicators</td>
<td>What is the most efficient way of capturing a complex construct? Which indicator performs most reliably as a predictor of a construct?</td>
</tr>
<tr>
<td>Indicator adjustment</td>
<td>What are useful ways to re-define an indicator to capture the intended construct more meaningfully?</td>
<td>Linking various data sources to obtain a better estimate. Restricting denominators or expanding denominators</td>
</tr>
</tbody>
</table>

Attribution: Benova (2018) WHO MoNITCR embargoed; not for distribution

### Methods for validation of selected IMHM indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Validation Type</th>
<th>Secondary Data Sources</th>
<th>Primary Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal status of abortion</td>
<td>Verification</td>
<td>RHIS, NMIS, Policy review (review documented legal grounds for therapeutic abortion, WHH global abortion policy database)</td>
<td>Facility record review, Key informant with Administration/policy makers, Obstetric and RH Providers, Is-depth interview with Women</td>
</tr>
<tr>
<td>If fees exist for health services in the public sector, are women of reproductive age (15-49) exempt from user fees for [MH-related health] services</td>
<td>Triangulation/Comparison</td>
<td>NFHS, NS50, NHIS, DLSHS, CCHS, WHH, review policies, WHO policy survey</td>
<td>Exit interview with women seeking RH services at facility, Billing and Accounts record, Community-based interview of women who gave birth in the year, Key informant with Administrator, Facility level service Providers</td>
</tr>
<tr>
<td>Health worker density and distribution (per 1,000 population)</td>
<td>Triangulation, and possible Indicator Adjustment</td>
<td>HMIS, NS50, Census, Nursing Council Data</td>
<td>Facility staff records, Interview facility supervisor, Interview data managers, Interview AHS in the community to list professionals who are providing maternal health services in the community</td>
</tr>
<tr>
<td>Density of midwives, by district (by births)</td>
<td>Triangulation, and possible Indicator Adjustment</td>
<td>HMIS, NS50, Nursing Council Data, Census, Civil registration system, WHH-4</td>
<td>Same as above</td>
</tr>
</tbody>
</table>
## Methods for validation of selected IMHM Indicators (contd.)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Validation Type</th>
<th>Secondary Data Sources</th>
<th>Primary Data Sources</th>
</tr>
</thead>
</table>
| Midwives are authorized to deliver basic emergency obstetric and newborn care | Comparison | Review policies, relevant to midwife's scope of practice and authorization to deliver basic obstetric care | • Facility level data  
• Review education & training curriculum  
• Qualitative interview with administering service provider including nurses/ASHAs  
• Quantitative interview with midwives |
| Availability of functional EmOC facilities | Triangulation/Comparison | BLS-4, HMIS, Ministry Data | • Facility assessment data |
| Geographic distribution of facilities that provide basic and EmOC | Triangulation/Comparison | BLS-4, HMIS, Ministry Data | • Facility assessment data  
• GUs |
| Maternal death review coverage | Diagnostic-style validation against a gold standard/objective measure | Review policy, HMIS, ICMR Data (Panchayat level)  
District level data | • Facility client level register/ death review committee records  
• Qualitative interview with hospital staff involved in the management of these cases  
• Interviews with data managers  
• Prospective surveillance |
| Demand for family planning satisfied through modern methods of contraception | Diagnostic-style validation against a gold standard | NFHS-4, Family Planning Registers, Ministry Data (Data at Sub-centre level ASHA/ANM) | • Community based interview with women in the reproductive age group |
Research timelines

- Protocol finalization: April 2019
- Data collection: June 2019 to Feb 2020
- Analyses, documentation and dissemination: March to June 2020

THANK YOU!

Questions?
whi@hsph.harvard.edu
Annex 6: Prioritization of Core EPMM Indicators Group Scoring Exercise

Worksheet: Understanding Priorities in India for Adoption of Core EPMM Indicators

You have been asked to review the CORE EPMM indicators for each Key Theme below over the next 45 minutes. As you review each Key Theme, take note if monitoring progress in this area is relevant, important, useful, feasible, and a priority for stakeholders in India, using the scoring criteria found below.

Indicators for each EPMM Key Theme are grouped together, and each Key Theme has its own scoring section where you can input scores. Reflect on each EPMM Key Theme and weigh each criterion according to the following scale:

-1 strongly disagree
0 disagree
1 Agree
2 Strongly agree

Then decide which indicator to track progress in the area of the Key Theme, if any, is a top priority for monitoring in India. You will then be asked to share back your findings with the larger group.

BEFORE YOU START

Before you start, select a: facilitator, note-taker, and reporter.

The Facilitator will be responsible for facilitating group work and discussion for the 45-minute session, ensuring each indicator is reviewed and scored, and that all voices in the group are heard.

The Note-taker is responsible for completing the worksheet(s) and handing back in a copy of the assignment to meeting organizers.

The Reporter will report back to the wider group at the end of the session, on the following:

1. Your top scoring Key Themes in order of priority (top 3)
2. The most important indicator to track progress in the area of each top priority Key Theme
3. Summary highlights of your group’s conversation, including rationale for choices
4. Any major areas of disagreement/lack of consensus
SCORING CRITERIA

1) **This Key Theme is RELEVANT.**
   For example:
   - You believe that tracking progress in this area is significantly associated with improved maternal health and survival in your country
   - You believe tracking progress in this area would address an important knowledge or measurement gap in your country
   - You believe tracking progress in this area directly supports EPMM strategies for reducing preventable maternal mortality in your country

2) **This Key Theme is IMPORTANT.**
   For example:
   - You believe tracking progress in this area resonates, and will be valuable to decision makers and stakeholders in your country
   - You believe there is likely to be political will to support for tracking progress in this area, e.g., adopting and making progress in this area would be a political win in your country
   - You believe tracking progress in this area “makes a difference” for improving maternal health and survival in your country and across the region in various contexts
   - You believe the availability of global comparisons of progress in this area would drive improvement

3) **This Key Theme is USEFUL.**
   For example:
   - You believe that tracking progress in this theme will point to areas for improvement and can advance strategic planning, policy or programming at different levels of the system in your country
   - You believe that the issue that this key theme calls attention to is still a big enough problem that tracking it is likely to spur change in your country

4) **Monitoring this Key Theme is FEASIBLE.**
   For example:
   - You believe there are available data of acceptable quality to collect the data to measure the top indicator in this area in your country
   - You believe these data can be obtained with reasonable and affordable efforts in timely manner
   - You believe that collecting these data would not overly increase the reporting burden on your country directly supports EPMM strategies for reducing preventable maternal mortality in your country

5) **This Key Theme is a PRIORITY in India.**
   For example:
   - You believe that, compared to the other Key Themes, this one is among the most important to implement and monitor in your country
Figure 1.
Phase II Indicators by Key Theme

**EPMM 11 Key Themes**

1. Empower women, girls, families and communities
2. Integrate maternal and newborn care, protect and support the mother-baby dyad
3. Prioritize country ownership, leadership, and supportive legal, regulatory and financial mechanisms
4. Apply a human rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available, accessible, and acceptable to all who need it
5. Improve metrics, measurement systems, and data quality
6. Prioritize adequate resources and effective health-care financing
7. Address inequities in access to and quality of sexual, reproductive, maternal and newborn health care
8. Ensure universal health coverage for comprehensive sexual, reproductive, maternal and newborn health care
9. Address all causes of maternal mortality, reproductive and maternal morbidities and related disabilities
10. Strengthen health systems to respond to the needs and priorities of women and girls
11. Ensure accountability to improve quality of care and equity

**Indicators and Strategies**

- **Transparency and Strategic Alignment with National Priorities**
  - **Coverage of essential health services**
  - **Health worker density and distribution**
  - **EQUITY STRATEGIES**
    - **Type of service**
    - **Area of residence (urban/rural)**
    - **Level of primary education**
    - **Age**
  - **Presence of a national policy/strategy to ensure engagement of civil society organizations in planning of national programs**
  - **Percentage of total health expenditure spent on MCH**
  - **Out-of-pocket expenditure as a percentage of total expenditure on health**

- **Coverage of Functional GmO/Facilities**
  - **Availability of functional GmO/Facilities**
  - **Density of midwives, by district (by births)**
  - **Percentage of facilities that demonstrate readiness to deliver specific services: Family planning, ANC, birth GmO, and newborn care**

- **Legal Status of Abortion**
  - **Demand for family planning satisfied through modern methods of contraception**

- **Maternal and Newborn Health Coverage**
  - **Proportion of women aged 15-49 who make at least one of three decisions regarding sexual relations, contraceptive use, and reproductive health care**
  - **Geographic distribution of facilities that provide basic and comprehensive GmO/F**

- **Costed Implementation Plan for MCH**
  - **Percentage of newborns and women with access to skilled care at birth for deliveries attended by trained personnel**
  - **Maternal health care coverage**

**Additional Notes**

- **Figure 1**
- **Phase II Indicators by Key Theme**

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**INSTRUCTIONS: PART 1**
Below you will find individual tables that will help you prioritize monitoring in the area of each EPMM Key Theme using the criteria provided. The Key Theme is bolded and italicized, the point system is to the right of the indicator, and the associated indicators are below.

- Review each Key Theme and use the guidance above to help determine whether the criteria have been met.
- Score each Key Theme on whether it is relevant, important, useful, feasible, and is a high-priority to start to implement and monitor using the following scale:
  - -1 strongly disagree
  - 0 disagree
  - 1 Agree
  - 2 Strongly agree
- After you have scored each Key Theme, total the scores in the space provided and choose the most important indicator in this area that you would like to see monitored in India.

---

**EPMM 11 KEY THEMES AND ASSOCIATED CORE INDICATORS**

<table>
<thead>
<tr>
<th>1. <strong>Empower women, girls, and communities</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Core Indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Presence of laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information, and education</td>
</tr>
<tr>
<td>2. Gender Parity Index</td>
</tr>
<tr>
<td>3. Whether or not legal frameworks are in place to promote, enforce, and monitor equality and non-discrimination on the basis of sex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>This Key Theme is relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Key Theme is important</td>
</tr>
<tr>
<td>This Key Theme is useful</td>
</tr>
<tr>
<td>Monitoring in the area of this Key Theme is feasible</td>
</tr>
<tr>
<td>This Key Theme is a high priority driver for ending preventable maternal deaths in India</td>
</tr>
</tbody>
</table>

**Total**

| Which (if any) is the most important indicator for India to monitor in the area of this Key Theme? |
2. **Integrate maternal and newborn health, protect and support the mother-baby dyad**

**Core Indicators:**

1. Presence of protocols/policies on combined care of mother and baby, immediate breastfeeding, and observations of care
2. Maternity protection in accordance with ILO Convention 183
3. International Code of Marketing of Breastmilk Substitutes

| Strongly Disagree: | -1 |
| Strongly Agree:    | 2 |
| Disagree:         | 0 |
| Agree:            | 1 |

| This Key Theme is relevant |
| This Key Theme is important |
| This Key Theme is useful |
| Monitoring in the area of this Key Theme is feasible |
| This Key Theme is a high priority driver for ending preventable maternal deaths in India |

**Total**

Which (if any) is the most important indicator for India to monitor in the area of this Key Theme?

---

3. **Ensure country ownership, leadership, and supportive legal, regulatory, and financial frameworks**

**Core Indicators:**

1. Costed implementation plan for maternal, newborn, and child health
2. Midwives are authorized to deliver basic emergency obstetric and newborn care
3. Legal status of abortion

| Strongly Disagree: | -1 |
| Strongly Agree:    | 2 |
| Disagree:         | 0 |
| Agree:            | 1 |

| This Key Theme is relevant |
| This Key Theme is important |
| This Key Theme is useful |
| Monitoring in the area of this Key Theme is feasible |
| This Key Theme is a high priority driver for ending preventable maternal deaths in India |
4. Apply a human-rights framework to ensure that high-quality reproductive, maternal, and newborn health care is available, accessible, and acceptable to all who need it

Core Indicators:

1. Proportion of women aged 15-49 who make their own informed and empowered decisions regarding sexual relations, contraceptive use, and reproductive health care
2. Costed implementation plan for maternal, newborn, and child health
3. Geographic distribution of facilities that provide basic and comprehensive emergency obstetric care (EmOC)

5. Improve metrics, measurement systems, and data quality to ensure that all maternal and newborn deaths are counted
Core Indicators:

1. set of indicators with targets and annual reporting to inform annual health sector reviews and other planning cycles
2. Maternal death review coverage

This Key Theme is relevant
This Key Theme is important
This Key Theme is useful
Monitoring in the area of this Key Theme is feasible
This Key Theme is a high priority driver for ending preventable maternal deaths in India

Total

Which (if any) is the most important indicator for India to monitor in the area of this Key Theme?

---

6. Allocate adequate resources and effective health care financing

<table>
<thead>
<tr>
<th>Strongly Disagree: -1</th>
<th>Disagree: 0</th>
<th>Agree: 1</th>
<th>Strongly Agree: 2</th>
</tr>
</thead>
</table>

Core Indicators:

1. Percentage of total health expenditure spent on reproductive, maternal, newborn, and child health
2. Out-of-pocket expenditure as a percentage of total expenditure on health
3. Annual reviews are conducted of health spending from all financial sources, including spending on RMNCH, as part of broader health sector reviews

This Key Theme is relevant
This Key Theme is important
This Key Theme is useful
Monitoring in the area of this Key Theme is feasible
This Key Theme is a high priority driver for ending preventable maternal deaths in India

Total

Which (if any) is the most important indicator for India to monitor in the area of this Key Theme?
7. **Address inequities in access to and quality of sexual, reproductive, maternal, and newborn healthcare**

<table>
<thead>
<tr>
<th>Core Indicators:</th>
<th>Strongly Disagree: -1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health worker density and distribution (per 1,000 population)</td>
<td>Disagree: 0</td>
</tr>
<tr>
<td>2. Of a national policy/strategy to ensure engagement of civil society organization representatives in periodic review of national programs for MNCAH delivery</td>
<td>Agree: 1</td>
</tr>
<tr>
<td>3. Standard stratification of all measures by: wealth, area of residence, level of education, and age</td>
<td>Strongly Agree: 2</td>
</tr>
</tbody>
</table>

Which (if any) is the most important indicator for India to monitor in the area of this Key Theme?

---

8. **Ensure universal health coverage for comprehensive sexual, reproductive, maternal, and newborn healthcare**

<table>
<thead>
<tr>
<th>Core Indicators:</th>
<th>Strongly Disagree: -1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coverage of essential health services (specified)</td>
<td>Disagree: 0</td>
</tr>
<tr>
<td>2. If fees exist for health services in the public sector, are women of reproductive age (15-49) exempt from user fees for (specific maternal health) services</td>
<td>Agree: 1</td>
</tr>
</tbody>
</table>

Total

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This Key Theme is relevant

This Key Theme is important

This Key Theme is useful

Monitoring in the area of this Key Theme is feasible
<table>
<thead>
<tr>
<th><strong>This Key Theme is a high priority driver for ending preventable maternal deaths in India</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Which (if any) is the most important indicator for India to monitor in the area of this Key Theme?</strong></td>
<td></td>
</tr>
</tbody>
</table>

9. **Address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities**

<table>
<thead>
<tr>
<th>Core Indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Legal status of abortion</td>
</tr>
<tr>
<td>2. Demand for family planning satisfied through modern methods of contraception</td>
</tr>
</tbody>
</table>

**Strongly Disagree:** -1  
**Disagree:** 0  
**Agree:** 1  
**Strongly Agree:** 2

<table>
<thead>
<tr>
<th>This Key Theme is relevant</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>This Key Theme is important</td>
<td></td>
</tr>
<tr>
<td>This Key Theme is useful</td>
<td></td>
</tr>
<tr>
<td>Monitoring in the area of this Key Theme is feasible</td>
<td></td>
</tr>
<tr>
<td>This Key Theme is a high priority driver for ending preventable maternal deaths in India</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Which (if any) is the most important indicator for India to monitor in the area of this Key Theme?</strong></td>
<td></td>
</tr>
</tbody>
</table>

10. **Strengthen health systems to respond to the needs and priorities of women and girls**

<table>
<thead>
<tr>
<th>Core Indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Availability of functional emergency obstetric care (EmOC) facilities</td>
</tr>
<tr>
<td>2. Density of midwives, by district (by births)</td>
</tr>
<tr>
<td>3. Percentage of facilities that demonstrate readiness to deliver specific services: family planning, antenatal care, basic emergency obstetric care, and newborn care</td>
</tr>
</tbody>
</table>

**Strongly Disagree:** -1  
**Disagree:** 0  
**Agree:** 1  
**Strongly Agree:** 2

| This Key Theme is relevant |  |
This Key Theme is important
This Key Theme is useful
Monitoring in the area of this Key Theme is feasible
This Key Theme is a high priority driver for ending preventable maternal deaths in India

Total
Which (if any) is the most important indicator for India to monitor in the area of this Key Theme?

11. Ensure accountability in order to improve quality of care and equity

Strongly Disagree: -1
Disagree: 0
Agree: 1
Strongly Agree: 2

Core Indicators:
1. Civil registration coverage of cause of death (percentage)
2. Presence of a national policy/strategy to ensure engagement of civil society organization representatives in periodic review of national programs for MNCAH delivery
3. Transparency stratifier: “Available in the public domain”

This Key Theme is relevant
This Key Theme is important
This Key Theme is useful
Monitoring in the area of this Key Theme is feasible
This Key Theme is a high priority driver for ending preventable maternal deaths in India

Total
Which (if any) is the most important indicator for India to monitor in the area of this Key Theme?

INSTRUCTIONS: PART 2
- Review the Total scores from each Key Theme above and write your top three, in order of prioritization/highest score, in the section below
- The group’s reporter will then report back to the wider group on the:
  o Top three EPMM Key Themes in order of priority
  o Most important indicator(s) to monitor progress in the area of each of the top three Key Themes
Summary highlights of your group’s conversation, including cross-cutting reasons identified for priority indicators
- Any major areas of disagreement/lack of consensus

<table>
<thead>
<tr>
<th>Top three EPMM Key Themes</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><img src="image1.png" alt="Blank cell" /></td>
</tr>
<tr>
<td>Most important indicator to track in this area:</td>
<td><img src="image2.png" alt="Blank cell" /></td>
</tr>
<tr>
<td>2.</td>
<td><img src="image3.png" alt="Blank cell" /></td>
</tr>
<tr>
<td>Most important indicator to track in this area:</td>
<td><img src="image4.png" alt="Blank cell" /></td>
</tr>
<tr>
<td>3.</td>
<td><img src="image5.png" alt="Blank cell" /></td>
</tr>
<tr>
<td>Most important indicator to track in this area:</td>
<td><img src="image6.png" alt="Blank cell" /></td>
</tr>
</tbody>
</table>
### Annex 7: Full list of topics for EPMM Additional Indicators

<table>
<thead>
<tr>
<th>EPMM Theme</th>
<th>EPMM Additional Indicators (Topics)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>An indicator that measures women's decision-making power about timing and number of births</td>
</tr>
<tr>
<td></td>
<td>An indicator that holds local and district governments accountable for monitoring maternal health outcomes at the community level</td>
</tr>
<tr>
<td>2</td>
<td>An indicator that tracks the availability of services for mothers and newborns provided in the same setting</td>
</tr>
<tr>
<td></td>
<td>An indicator verifying that the national information system links births and maternal and perinatal deaths, and includes causes of death</td>
</tr>
<tr>
<td>3</td>
<td>An indicator that tracks the participation of stakeholders from multiple sectors in national health sector reviews</td>
</tr>
<tr>
<td>4</td>
<td>An indicator verifying that the national pre-service education curriculum for maternal health workers includes standards for Respectful Maternity Care (RMC)</td>
</tr>
<tr>
<td></td>
<td>An indicator verifying that the national health plan includes the right to Respectful Maternity Care (RMC)</td>
</tr>
<tr>
<td></td>
<td>An indicator that monitors the proportion of facilities that demonstrate the capacity to deliver a minimum package of sexual and reproductive health services</td>
</tr>
<tr>
<td></td>
<td>An indicator verifying the existence of legal mechanisms to enforce the right to health</td>
</tr>
<tr>
<td></td>
<td>An indicator verifying regular review of the costed national maternal health plan on the grounds of equity and non-discrimination through participatory mechanisms</td>
</tr>
<tr>
<td></td>
<td>Indicator</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5</td>
<td>An indicator that tracks use of Maternal Newborn Health (MNH) data by health workers for decision making</td>
</tr>
<tr>
<td></td>
<td>An indicator that tracks coverage of death and birth registration</td>
</tr>
<tr>
<td></td>
<td>An indicator that tracks annual reporting on a set of national MH indicators that are harmonized with global targets to inform planning and accountability</td>
</tr>
<tr>
<td></td>
<td>An indicator that tracks the capacity of the national information system to record and report maternal and newborn cause of death data</td>
</tr>
<tr>
<td>6</td>
<td>An indicator that monitors implementation and performance of all maternal health financing mechanisms</td>
</tr>
<tr>
<td>7</td>
<td>An indicator that tracks engagement of civil society representatives in national planning for maternal newborn health programming</td>
</tr>
<tr>
<td></td>
<td>An indicator that tracks the percentage of the eligible population covered under national social protection programs</td>
</tr>
<tr>
<td>8</td>
<td>An indicator that tracks the presence of a national defined minimum benefits package for Reproductive, Maternal and Newborn Health (RMNH)</td>
</tr>
<tr>
<td></td>
<td>An indicator that provides a composite index of coverage for essential Reproductive, Maternal and Newborn Health services (RMNH)</td>
</tr>
<tr>
<td></td>
<td>An indicator that tracks the proportion of the population pushed into poverty due to maternal healthcare expenditures</td>
</tr>
<tr>
<td>9</td>
<td>An indicator that tracks the maternal &quot;near miss&quot; ratio</td>
</tr>
<tr>
<td></td>
<td>An indicator verifying that the national health plan includes the right to Respectful Maternity Care (RMC)</td>
</tr>
<tr>
<td></td>
<td>An indicator that tracks the percentage of health facilities with water, sanitation, and a power source</td>
</tr>
<tr>
<td>10</td>
<td>An indicator that tracks signal functions for the availability of functional, routine obstetric and newborn care in facilities</td>
</tr>
<tr>
<td>11</td>
<td>An indicator tracking facility readiness to deliver BEmONC that includes a measure of functioning emergency transport, essential commodities, and WASH</td>
</tr>
<tr>
<td>----</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>An indicator that tracks intersectoral coordination in the formulation of national maternal newborn health policies, strategies and action plans</td>
</tr>
<tr>
<td></td>
<td>An indicator that monitors community participation in the development and review of the national RMNH strategic plan</td>
</tr>
<tr>
<td></td>
<td>An indicator that tracks the resolution of grievances related to RMNH care and services through a national mechanism</td>
</tr>
<tr>
<td></td>
<td>An indicator that tracks the completeness and quality of responses within the national MDSR system</td>
</tr>
</tbody>
</table>