



1. Progress (including good examples in the box below)

- Capacity Development of Healthcare Providers for Quality Healthcare Provision:** Substantial progress has been made in improving the quality of essential RMNCAH services at the district level (Figure 1), through nationwide Quality Assessment and Improvement Support (QAIS) and capacity development for health professionals, including various clinical training sessions throughout the RMNCAH life course.

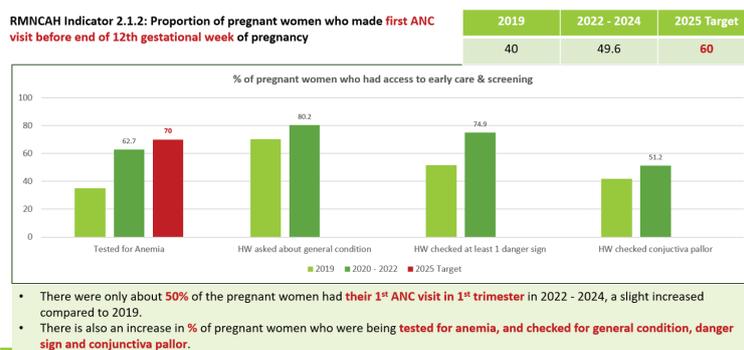


Figure 1: Quality of Care Improvement in Antenatal Care between 2019 and 2022-2024 (The Latest Quality Assessment)

- Strengthening Coordination at Subnational Level for Effective Implementation of the RMNCAH Strategy:** The coordination mechanism between central and subnational levels on the RMNCAH plan and activity implementation has been introduced in 2024 by appointing one subnational coordinator in each province. 8 provinces had an agreement with a development partner in the province to have capacity building support for the subnational coordinator. Subnational coordinators have submitted quarterly reports over the past two quarters.
- Collaborative Efforts through RMNCAH Program to Strengthen the Health System:** 1) Primary Health Care (PHC): Strengthened local governance for PCH through community engagement to improve health care seeking behaviors of people and quality of care in RMNCAH at health centers. 2) Health Management Information System (HMIS): Enhanced the HMIS for better data quality in RMNCAH and Nutrition, leading to broader health information system strengthening.
- Coordinated Annual Planning of Technical Sub-Committees for Efficient Resource Use:** The RMNCAH Secretariat, together with the Newborn Health Sub-Committee, has developed a coordinated annual plan to identify financial and technical support gap for both central and subnational activities. This harmonization with development partners has reduced overlapping support from multiple donors.

2. Challenges

- Resource limitations:** Limited resources, including infrastructure, essential equipment, medicines, and a declining number of healthcare providers, coupled with a donor transition away from RMNCAH and Nutrition, significantly impact the quality of RMNCAH services. These challenges pose critical risks to meeting Sustainable Development Goals (SDGs) and National Assembly (NA) targets.

- **Inefficiencies in Coordinated Planning, Implementation, and Monitoring:** Governance structures, operating procedures, competing priorities, and donor requirements hinder effective coordination of the RMNCAH strategy across departments, resulting in inefficient resource use and compromised service quality.
- **Challenges to translate the government’s commitment toward integrated delivery of MCH, immunization and nutrition services into daily practice:** While there has been good progress in integrated service delivery, there are remaining challenges to be overcome. Integrated RMNCAH services particularly with nutrition services will require more efforts to improve operationalization of the government’s plan to improve efficiency by integrating relevant services. Serious stock-out of essential medicines and commodities for mothers and children remain unaddressed. For instance, zinc and ferrous salts have been out of stock nationwide for two years, and rapid tests for syphilis, HIV, and hepatitis B have been unavailable in almost all provinces, except for four that received procurement support from a development partner. Furthermore, the Mother and Child Health (MCH) handbook has been chronically out of stock in provinces without support from a development partner, as there is no government budget allocated for MCH handbook procurement.

3. Priorities

- **Evaluating the RMNCAH strategy implementation:** Evaluate the past decade of RMNCAH progress, challenges and formulate the new strategic directions of RMNCAH to further improve quality, efficiency and equity in RMNCAH by strengthening integrated services delivery through people-centered care approach to achieve SDGs and NA targets.
- **Strengthening operation of the integrated service delivery:** Through a careful review of the impact of the current service delivery models on efficient resource allocation and use, and the potential risk on the SDGs and NA targets achievement. High level engagement and its support to integrate the two areas RMNCAH and nutrition services will be essential.
- **Strengthening Data Use for Decision-Making:** Strengthen the data use for decision-making for planning and resource allocation for RMNCAH program, especially on sub-national level through supporting management capacity development of subnational coordinators, planning, and financing officers. This effort will need to coincide with strengthening health information system for data quality improvement as well as reviewing unnecessary data collection to enable focused effort on necessary data collection for decision-making and quality of care improvement at the front line.

4. Gaps in support

- **Enhanced Support for Coordinated Planning and Resource Allocation:** Increased support is needed for coordinated planning, resource allocation, and efficient management using evidence-based data at both national and subnational levels. Harmonizing support from development partners is particularly crucial in the context of donor transitions.
- **Securing High-Level Commitment to Women’s and Children’s Health and Well-being:** Strong commitment from high-level governance in the health sector and beyond is necessary to ensure sufficient resources for safeguarding the health and well-being of women and children, including nutrition services.

Box. Good examples of progress in RMNCAH TWG:

- **Subnational-Central Coordination:** The appointment of a subnational coordinator in each province has improved coordination over the last two quarters, attracting interest from donors as a mechanism for planning and implementing RMNCAH activities in the provinces. In Quarter 4 of 2024, online supportive supervision for subnational coordinators was initiated to reflect on quarterly reporting results and enhance program management.
- **Technical Sub-Committee Leadership:** Since Q3 of 2023, the RMNCAH Technical Sub-Committees has led quarterly meetings to review RMNCAH strategy progress, address challenges, and discuss solutions on cross-cutting issues among sub-committees. These meetings have continued regularly since Q4 of 2023 until Q4 of 2024.