



EVERY WOMAN
EVERY CHILD

EVERY NEWBORN ACTION PLAN

Country Implementation Tracking Tool Report



World Health
Organization

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EVERY NEWBORN ACTION PLAN
Country Implementation Tracking Tool Report

DECEMBER 2015

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Abbreviations

ANC	Antenatal care
BCC	Behavior Change Communication
BEmONC	Basic Emergency Obstetrics and Newborn Care
BPHS	Basic Package of Health Services
CDC	Centers for Disease Control and Prevention (US)
CEmONC	Comprehensive Emergency Obstetrics and Newborn Care
CHW	Community Health Workers
CSO	Civil Society Organization
C4D	Communication for Development
CSO	Civil society organization
DFATD	Department of Foreign Affairs, Trade and Development
DFID	Department for International Development (UK)
DoH	Department of Health
EmONC	Emergency Obstetric and Neonatal Care
EPHS	Essential Package of Hospital Service
HBB	Helping Babies Breathe
HBS	Helping Babies Survive
HMIS	Health Management Information Systems
IMR	Infant mortality rate
JICA	Japan International Corporation Agency
IYCF	Infant and Young Child Feeding
KMC	Kangaroo Mother Care
LMIS	Logistics Management Information Systems
MDSR	Maternal Death Surveillance and Response
MCH	Maternal and Child Care
MNH	Maternal and Newborn Health
MNCH	Maternal, Newborn and Child Health
MoPH	Ministry of Public Health
MPDR	Maternal and perinatal death review
NEML	National Essential Medicines List
NMR	Neonatal Mortality Rate
NNF	National Neonatology Forum
PMTCT	Prevention of Mother to Child Transmission
PPH	Postpartum haemorrhage

QI	Quality Improvement
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SBA	Skilled Birth Attendant
SBR	Stillbirth rate
SNCU	Special Newborn Care Unit
TBA	Traditional Birth Attendant
ToR	Terms of reference
TWG	Technical Working Group
USAID	United States Agency for International Development
U5MR	Under-five mortality rate
UNFPA	United Nations Population Fund
UNAIDS	Joint UN Programme on HIV/AIDS

EVERY NEWBORN ACTION PLAN

Afghanistan Country Report



Afghanistan 2015

Overview of Progress Tracking

Key achievements:

- Afghanistan has developed a newborn action plan which has been costed and there is a full-time position in the MoPH responsible for newborn care services.
- Provincial MNCH plans have been developed and a needs assessment for newborn supplies and trainings has been completed.
- A Call to Action meeting held from 10-12 May 2015 was the key advocacy event where the Kabul Declaration on RMNCAH was announced. The Afghanistan countdown study was presented and national and provincial RMNCAH scorecards were launched.
- The use of chlorhexidine for cord care was introduced and supplies are awaited for the national scale-up.
- Most of the essential newborn care commodities have been included in the NEML and LMIS.
- The MDSR and perinatal death audit are currently being practiced by three Kabul hospitals working under the MoPH with monthly reviews.
- Legislation on the notification of maternal deaths is envisaged in the new Reproductive Health strategy.
- Training of master trainers from the main Children's Hospital was organized in India in collaboration with National Neonatology Forum.
- Trainings on community-based newborn care and a symposium on eclampsia and PPH are planned.
- A newborn tool kit has been developed to ensure standardization of neonatology wards and trainings on essential newborn care have been ongoing.
- A plan has also been developed to integrate learning from the 'Helping Babies Survive Workshop' held in Dhaka.
- The NGOs responsible for implementing the BPHS are implementing QI guidelines but have not yet initiated the MDSR or the perinatal death reviews.

Key gaps:

- The NMR and SBR targets need to be specified.
- Midwives and nurses are not authorized to provide neonatal resuscitation.
- There is no policy on postnatal home visits as yet although it is being considered for inclusion in the new community-based health care strategy.
- Financial coverage for sick newborn care is not available.
- Newborn-specific indicators need to be included in the HMIS.
- A comprehensive community engagement strategy needs to be developed.

Section 1

Country context

Existing RMNCAH initiatives:

- Call to Action conference where the Kabul Declaration on RMNCAH was launched.
- Strengthening of the referral system through a pilot project on the community referral system using mini ambulances and the establishment of the Centre of Excellence for Newborn Care at Indira Gandhi Children's Hospital.
- Provision of supplies for newborn care and essential equipment to health facilities.
- Training of master trainers on advanced newborn care in India through partnership with the National Neonatology Forum (NNF) in India.
- Facilitated training of master trainers on non-invasive high-flow ventilation procedures for newborns in India through the partnership with the NNF.
- Introduction of 7.1 per cent chlorhexidine for umbilical cord care of newborns at the community level.
- Integration of Helping Baby Survive activities into the national newborn programme.
- Development of a newborn tool kit to ensure the standardization of neonatology wards in maternity hospitals.
- Capacity-building of service providers on essential newborn care.
- Development of community-based newborn care package and initiation of training. Initiation of facility-based MPDR process at national level hospitals, with plans for scaling up to the provincial hospitals.
- Pilot project on community-based newborn care using the concept of '9 contact points' in two districts.

Key partners:

UNICEF, WHO, UNFPA, UNAIDS, World Bank, Canadian International Development Agency, EU, Government of Japan, Government of Korea, Italian Cooperation, JHPIEGO, MSH, Aga Khan Development Network, Save The Children, Afghan Health and Development Services, Aga Khan Health Services, Bakhtar Development Network, Afghan Development association, BRAC, Swedish Committee, The French Medical Institute for Children, Afghan Society of Obstetricians and Gynecologists, Afghan Midwifery Association, Afghan Paediatric Association, Afghanistan National Public Health Association

National Focal Point for newborns:

Dr. Zuleika Anwari, Director Reproductive Health

National Focal Point for newborn health:

Dr. Shekib, Director of Reproductive Health, Ministry of Public Health Afghanistan Arab

Members of the National Technical Working Committee:

Government:

Ministry of Public Health-Reproductive Health, Ministry of Public Health-Community Based Health Care, Ministry of Public Health-Grants and Service Contracts Management Unit, Ministry of Public Health-Child and Adolescent Health

NGOs/Private:

Save The Children, JHPIEGO, CARE, Aga Khan Development Network, Terre Des Hommes, Afghan Midwifery Association

UN agencies/other development partners:

UNICEF, WHO, UNFPA, USAID

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-June 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
December 2014	Inauguration of newborn center of excellence in Indira Gandhi Hospital. Event inaugurated by Her excellency First Lady and UNICEF Deputy Executive Director and Minister of Health	Newborn center of excellence inaugurated.	UNICEF, MoPH
10-12 May 2015	Call to Action meeting	Afghanistan countdown study findings (case study) shared in the meeting. BPHS and EPHS vertical gap analysis presented. Afghanistan national and provincial score card launched and new innovations discussed. Above all, Kabul declaration signed and launched.	UNICEF, USAID, MoPH
24 June 2015	Safe Motherhood Day	Focused on institutional delivery and newborn care. Radio and TV spots broadcasted and health camp conducted for pregnant mothers and children by Afghan Midwifery Association in collaboration with UNICEF at Women Garden in Kabul	UNICEF, MoPH, Afghan Midwifery Association
No date specified	Provincial planning workshop	Provincial MNCH plans developed and needs assessment on newborn supply and training were conducted	UNICEF, BPHS, NGOs, Department of Public Health
No date specified	Maternal and perinatal death review process pilot project started on 1 January 2015 in two maternity hospitals and one children's hospital in Kabul	Meeting conducted in every month in MoPH and every death case reviewed and follow-up recommendations provided	UNICEF, hospital staff, MoPH

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
No date specified	MNCH symposium on eclampsia and PPH	Develop national action plan for the management of eclampsia and (PPH at community and health facility level	UNICEF, MoPH, Afghanistan National Public Health Association
No date specified	Training of Trainers on advanced newborn care and scale-up of training	Train regional master trainers on advanced newborn care	UNICEF, MoPH, National Neonatology Forum
No date specified	Training of Trainers on community-based newborn care for CHWs	Improve CHW knowledge on community-based newborn care	UNICEF, MoPH
No date specified	Community-based newborn care pilot project with Save the Children	Improve institutional delivery and immediate newborn care	UNICEF, MoPH, Save the Children
No date specified	Pilot project on demand side financing	Improve institutional deliveries and antenatal care	UNICEF, MoPH

Section 3

Fact sheet on maternal and newborn health

Categories	Indicators	
Demography	Total population (in 1,000) ³	32,527.00
	Total fertility rate ³	4.70
	Total live births (annual, in 1000) ³	1,081.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	4,300.00
	MMR per 100,000 live births ⁵	396.00
	Average annual rate of MMR reduction % (MDG) ⁵	4.90
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	21.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	15.00
	Institutional delivery % ¹²	33.00
	Skilled attendant at birth % ³	39.00
	Postnatal care of mothers within 2 days % (all births) ³	23.00
Newborn	Epidemiology	
	NMR ⁶	36.00
	Neonatal deaths ⁶	36,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	184.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	1.60
	Proportion of under-five deaths that are newborn ⁶	38.00
	Total number of first day deaths ⁷	13,300.00
	First day mortality rate (per 1,000 live births) ⁷	13.00
	Total number of stillbirths ⁸	31,000.00
	Total number of babies born preterm ⁹	116,600.00
	Infants with low birth weight % ¹	–
	Preterm birth rate per 1,000 live births ⁹	11.50
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	28.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	29.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	23.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	6.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	2.00
	Proportion of neonatal deaths from other conditions % ¹⁰	7.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	–
	Neonatal tetanus vaccine % (at least 2 doses) ¹	65.00
	Early initiation of breastfeeding % ³	54.00
	Children who are exclusively breastfed % (<6months) ³	–

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	–
	Physician density per 10,000 population ²	2.34
	Nurse and midwife density per 10,000 population ²	5.00
	Total nursing and midwifery personnel ¹¹	17,257.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Yes
	National availability of EmOC services (% of recommended minimum) ³	N/A
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	Yes
	General government expenditure on health as % of total government expenditure ⁴	7.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	74.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	Yes	The country has developed a newborn action plan for 2014-2017
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	Yes	The strategy is in place for 2012-2016 and newborn health is under Strategic Approach 1.2 (Improvement of quality of MNH services including EmONC)
		Does the RMNCAH plan have an NMR target defined by 2030?	Not done	Data unavailable
		Does the RMNCAH plan have an SBR target defined by 2030?	Not done	Data unavailable
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	Not done	Data unavailable
		Has the plan been costed/budgeted?	Yes	Data unavailable
		Does the country have a dedicated full-time position for newborn care at the national level?	Yes	Dr. Shekib Arab, Newborn Manager, is fulfilling the task for newborn care at the national level
		Does the plan have a target for NMR?	Not done	Data unavailable
		Does the plan have a target for SBR?	Not done	Data unavailable
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	In-process	Data unavailable
		Have the sub-national plans been costed/budgeted?	Not done	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	Not done	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance (continued)	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No	Yes	QI Programme is in place as part of BPHS
		Does the programme has specific focus on MNH?	In-process	Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?	In-process	Midwives and nurses are only authorized to administer injectable antibiotics
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?	In-process	It might be considered in new RH strategy
		Is there a policy on postnatal home visits?	In-process	No policy yet but community-based health care strategy is under revision and it might be included
Health Management Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?	In-process	Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?	Yes	Data unavailable
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?	In-process	Data unavailable
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?	Yes	Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?	Yes	Data unavailable
		Is there a plan to implement the guidelines? Please describe.	Yes	The guidelines are being implemented through Improving Quality in Health Care Unit of MoPH
		Does the country have an MDSR mechanism in place?	Yes	MDSR is in place in two maternity hospitals and one children's hospital
		Does the country have a Perinatal Death Review system in place?	Yes	It is in place in one children's hospital
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.	Yes	It is a part of Afghanistan's national constitution and health policy
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?	Yes	Newborn care free policy is in place as part of maternal health care
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?	In-process	Data unavailable

Yes
 In-process
 Not done
 No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.	Yes	It exists as part of Reproductive health strategy 2012-2016.
		Is there any retention policy/strategies for SBAs or relevant cadres?	In-process	Data unavailable
		Is there any competency and skill-based service/training/education for MNH?	Yes	Most are in-service trainings
		Are the following life-saving MNH commodities included in the NEML?		
		Oxytocin	Yes	Data unavailable
		Misoprostol	In-process	Data unavailable
		Magnesium sulfate	Yes	Data unavailable
		Injectable antibiotics	Yes	Data unavailable
		Antenatal corticosteroids	Yes	Data unavailable
		Chlorhexidine	Yes	Chlorhexidine has been recently included in NEML
		Newborn resuscitation devices (Ambu bag and mask)	Yes	Data unavailable
		Does the country have an LMIS for the following essential MNH commodities?		
		Oxytocin	Yes	Data unavailable
		Misoprostol	In-process	Data unavailable
		Magnesium sulfate	Yes	Data unavailable
		Injectable antibiotics	Yes	Data unavailable
		Antenatal corticosteroids	Yes	Data unavailable
		Chlorhexidine	In-process	There is a plan to include chlorhexidine in LMIS soon
Newborn resuscitation devices (Ambu bag and mask)	Yes	Data unavailable		
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?	Yes	Data unavailable		
Has the country included research focusing on stillbirths?	In-process	Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	In-process	The strategy is in the process of finalization
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	In-process	Currently exists as part of RMNCAH communication strategy

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Section 5

Technical assistance is required in the following areas

- Conducting first MNCH symposium in Afghanistan.
- Exposure visits on community-based newborn care for counterpart; Ministry of Public Health officials and partners.
- Documentation of project.
- Organizing a newborn symposium on birth asphyxia and management of sepsis.

EVERY NEWBORN ACTION PLAN

Angola Country Report



Angola 2015

Overview of Progress Tracking

Key achievements:

- Angola plans to develop a national newborn action plan in 2016 as well as update the existing RMNCAH plan which has an NMR target.
- The country a national QI initiative.
- Most life-saving commodities are included in the NEML except chlorhexidine.
- The country has a policy on maternal death notification which was adopted through 2011 Presidential decree. However it needs to be put in practice.
- Angola has prioritized its research agenda, and specific research on stillbirths is planned for 2016.
- The C4D MNCH plan is under development.

Key gaps:

- Health workers are not authorized for life-saving functions.
- Human resources are inadequate and poorly distributed among provinces and municipalities. No task shifting responsibilities have been delineated.
- The newborn-specific indicators are not yet a part of the HMIS.
- QI guidelines are required.
- All life-saving commodities need to be incorporated in the LMIS.
- MDSR and perinatal death review systems are not functional.
- There is no policy on postnatal home visits though the approach is currently being tested in two municipalities in Huila province.
- There is a free maternal and newborn care policy since 2011 though there are significant out-of-pocket expenses and bottlenecks in supply components which need to be addressed.
- The country has a human resource strategy (2012-2025) and skill-based MNH trainings. However, there is no retention strategy at the moment.
- Community engagement strategy on newborn care needs to be developed.

Section 1

Country context

Existing RMNCAH initiatives:

- Adolescent Policy and Strategic Plan
- Integrated Management of Neonatal and Childhood Illness (IMNCI)
- Integrated Community Case Management (ICCM)

Key partners:

WHO, UNFPA, World Bank, USAID, JICA, Africare, World Vision International (WVI), Forca Saude

National Focal Point:

Dr. Henda Vasconcelos, Director of Reproductive Health

National Focal Point for newborns:

Dr. Joao Manuel Cunha, Ministry of Health

Members of the National Technical Working Committee:

Government:

No information provided.

NGOs/Private:

Africare, World Vision International (WVI)

UN agencies/other development partners:

WHO, UNFPA, World Bank, USAID

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
March 2015	Celebration of International Women's Day	Seminar arranged to raise awareness for safe motherhood and women's health. Issues emphasized include good advocacy and mobilization on preventing maternal deaths.	MoH, USAID, WVI, UNICEF, WHO, UNFPA

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
7 October 2015	1st Jornada – Saude da Mulher uma	Presentations on prevention, promotion and quality of care to reduce maternal mortality in Angola	MoH, USAID, WVI, UNICEF, WHO, UNFPA, SOGOA
15 November 2015	National RH meeting	Review of progress, challenges and plans for preventing maternal mortality	MoH, USAID, WVI, UNICEF, WHO, UNFPA

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	25,022.00
	Total fertility rate ³	6.00
	Total live births (annual, in 1000) ³	1,128.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	5,400.00
	MMR per 100,000 live births ⁵	477.00
	Average annual rate of MMR reduction % (MDG) ⁵	3.50
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	–
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	32.00
	Institutional delivery % ¹²	46.00
	Skilled attendant at birth % ³	47.00
	Postnatal care of mothers within 2 days % (all births) ³	–
Newborn	Epidemiology	
	NMR ⁶	49.00
	Neonatal deaths ⁶	53,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	187.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	1.20
	Proportion of under-five deaths that are newborn ⁶	31.00
	Total number of first day deaths ⁷	15,400.00
	First day mortality rate (per 1,000 live births) ⁷	17.00
	Total number of stillbirths ⁸	22,200.00
	Total number of babies born preterm ⁹	114,400.00
	Infants with low birth weight % ¹	12.00
	Preterm birth rate per 1,000 live births ⁹	12.50
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	29.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	29.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	21.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	5.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	1.00
	Proportion of neonatal deaths from other conditions % ¹⁰	7.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	–
	Neonatal tetanus vaccine % (at least 2 doses) ¹	75.00
	Early initiation of breastfeeding % ³	55.00
	Children who are exclusively breastfed % (<6months) ³	–

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	–
	Physician density per 10,000 population ²	1.66
	Nurse and midwife density per 10,000 population ²	16.60
	Total nursing and midwifery personnel ¹¹	29,592.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Yes
	National availability of EmOC services (% of recommended minimum) ³	25.00
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	Yes
	General government expenditure on health as % of total government expenditure ⁴	8.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	24.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	In-process	There is a plan to develop the newborn action plan in 2016.
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	Yes	The strategy/plan is in place for 2012-2025 and to be updated in 2016.
		Does the RMNCAH plan have an NMR target defined by 2030?	Yes	Data unavailable
		Does the RMNCAH plan have an SBR target defined by 2030?	In-process	Data unavailable
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	Yes	Data unavailable
		Has the plan been costed/budgeted?	In-process	Data unavailable
		Does the country have a dedicated full-time position for newborn care at the national level?	In-process	Data unavailable
		Does the plan have a target for NMR?	Yes	NMR has a target of 39/1,000 live births by 2025
		Does the plan have a target for SBR?	In-process	Data unavailable
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	In-process	Data unavailable
		Have the sub-national plans been costed/budgeted?	In-process	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	In-process	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance (continued)	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No		Data unavailable
		Does the programme has specific focus on MNH?		Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?		Inadequate and badly distributed by provinces and municipalities. No task shifting responsibilities were delineated.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?		Adopted through 2011 Presidential decree but not in practice.
		Is there a policy on postnatal home visits?		Piloting is being done in 2 municipalities in Huila province.
Health Management Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?		Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?		Data unavailable
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?		Data unavailable
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?		Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?		Data unavailable
		Is there a plan to implement the guidelines? Please describe.		Data unavailable
		Does the country have an MDSR mechanism in place?		MDSR is available but not functional.
		Does the country have a Perinatal Death Review system in place?		The committee for the Perinatal Death Review system is not functional.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.		Policy is in place but challenges remain with out-of-pocket expenses and supply component (bottlenecks) gaps.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?		Policy is in place but challenges remain with out-of-pocket expenses and supply component (bottlenecks) gaps.
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?		Policy is in place since 2011 but challenges remain with out-of-pocket expenses and supply component (bottlenecks) gaps.

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section	Yes	The strategy is in place for 2012-2025.
		Is there any retention policy/strategies for SBAs or relevant cadres?	In-process	Data unavailable
		Is there any competency and skill-based service/training/education for MNH	Yes	Data unavailable
		Are the following life-saving MNH commodities included in the NEML?		
		Oxytocin	Yes	Data unavailable
		Misoprostol	Yes	Data unavailable
		Magnesium sulfate	Yes	Data unavailable
		Injectable antibiotics	Yes	Data unavailable
		Antenatal corticosteroids	Yes	Data unavailable
		Chlorhexidine	In-process	Data unavailable
		Newborn resuscitation devices (Ambu bag and mask)	Yes	Data unavailable
		Does the country have an LMIS for the following essential MNH commodities?		
		Oxytocin	In-process	Data unavailable
		Misoprostol	In-process	Data unavailable
		Magnesium sulfate	In-process	Data unavailable
		Injectable antibiotics	In-process	Data unavailable
		Antenatal corticosteroids	In-process	Data unavailable
Chlorhexidine	In-process	Data unavailable		
Newborn resuscitation devices (Ambu bag and mask)	In-process	Data unavailable		
Has the country prioritized research agenda in MNH (as referenced in ENAP)?	Yes	Country has a plan for 2016.		
Has the country included research focusing on issue of stillbirths?	In-process	Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on newborns?	In-process	Data unavailable
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	In-process	Currently exists as part of RMNCAH communication strategy.

Yes
 In-process
 Not done
 No information available

Section 5

Technical assistance is required in the following areas

- Funding for Temporary Assistance (TA) to support the MNH component.
- Sharing of an effective tool for assessing the community MNH follow-up initiative in the first week of life.
- Implementation of the RMNCAH Scorecard in two implementing districts.
- Developing the C4D draft framework for MNCH.



EVERY NEWBORN ACTION PLAN

Bangladesh Country Report



Bangladesh 2015

Overview of Progress Tracking

Key achievements:

- Bangladesh launched the Comprehensive Newborn Care Package in 2015 and has developed a national newborn action plan with NMR and SBR targets in line with ENAP targets.
- The activities for implementation have been prioritized for costing.
- The QI Secretariat of the MoH is providing leadership for implementing the 'Every Mother Every Newborn Quality Improvement' initiative.
- The standard operating procedures for maternal and newborn care have been developed with checklists.
- Nine Special Care Newborn Units (SCANUs) for supportive newborn care have been established.
- Perinatal death reviews have been initiated in 12 out of 64 districts.
- Indicators for resuscitation and neonatal sepsis have been integrated into the national HMIS.
- A 'Helping Babies Survive Workshop' in April 2015 hosted over 100 delegates from 11 Asian countries on the newest HBS training modules-Essential Care for Small Babies (ECSB) as well as the previously introduced Essential Care for Every Baby (ECEB).
- A hospital in Dhaka has been developed as a KMC training site and the trainings have started to roll out to more facilities.
- The national scale-up of chlorhexidine for cord care was launched and misoprostol has been included in both the NEML and the LMIS.
- A human resource strategy for SBAs has been developed.
- A community engagement strategy, 'Community Support System', is being implemented in 11 out of 64 districts.

Key gaps:

- The national newborn action plan needs to be costed.
- A communication plan on newborn care which is currently in process requires finalization.

Section 1

Country context

Existing RMNCAH initiatives:

- Health Population and Nutrition Sector Development Program
- MaMoni Health Systems Strengthening Project (USAID)
- Safe Motherhood Promotion Project (JICA)
- Maternal and Newborn Health Initiative/Information Education Communication MNCH/IHNMCH (UNICEF)
- Comprehensive Newborn Care Package (SNL)

Key partners:

UNICEF, UNFPA, WHO, USAID, DFATD (currently 'Global Affairs Canada'), JICA, Saving Newborn Lives/Save The Children, BRAC

National Focal Point:

Dr. Altaf Hossain, Programme Manager, IMCI Section Directorate General of Health Services (DGHS) is the national newborn focal point.

Members of the National Technical Working Committee:

Government:

Programme Manager, Integrated Management of Childhood Illness (IMCI), Directorate General of Health Services (DGHS); Programme Manager, Maternal and Newborn Health (MNH), Directorate General of Health Services (DGHS); Programme Manager (MHS), Directorate General of Family Planning (DGFP); Deputy Programme Manager, Hospital Services Management (HSM), Directorate General of Health Services (DGHS); Deputy Director, Health Economics Unit, Directorate General of Health Services (DGHS); Chairman, Neonatology, Bangabandhu Sheikh Mujib Medical University (BSMMU); Head of Neonatology, Bangabandhu Sheikh Mujib Medical University (BSMMU); Head of Neonatology, Dhaka Medical College Hospital; Senior Consultant, Neonatology, Mohammadpur Fertility Services and Training Centre (MFSTC), Dhaka.

NGOs/Private:

Director, Centre for Child and Adolescent Health, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B); Director, Save The Children; Chief of Party, Mamoni Health Systems Strengthening, Save The Children; Team Leader, HSS/Improved Access to Pharmaceuticals and Services (SIAPS); Head of Neonatology, Dhaka Children Hospital; Prof. of Neonatology, Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM); Director General of Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM).

UN agencies/other development partners:

Health Specialist, UNICEF; Medical Officer, MNCH, WHO; Team Leader, Health Systems Strengthening, USAID.

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
19 March and 4 April 2015	Meeting of The National Technical Working Committee (NTWC)	Detail plan of the HBS training workshop was discussed.	IMCI section of Directorate General of Health Services (DGHS), UNICEF, SNL, Save The Children, MaMoni HSS, USAID
2 April 2015	Launch of Comprehensive Newborn Care Package (CNCP)	CNCP was launched.	Directorate General of Health Services (DGHS), DGFP and SNL, Save The Children
9-12 April 2015	Orientation on the newest HBS training modules: ECSB and ECEB	Training of Trainers on HBS package was completed.	MaMoni HSS, USAID
15-16 and 19 April 2015	Country consultation workshop on EMEN clinical standards and assessment methodology under BMGF-UNICEF initiative	EMEN clinical standards were adapted and assessment methodology was developed.	UNICEF
13 June 2015	Meeting of The National Technical Working Committee (NTWC)	Guideline for National Sepsis management for Outpatient Department (union-level facilities and NGO clinics) for newborn and young infants by simplified antibiotic regimen when referral is not possible was reviewed and approved by The National Technical Working Committee (NTWC).	IMCI section of Directorate General of Health Services (DGHS), UNICEF, SNL, Save The Children, MaMoni HSS, USAID
8 July 2015	Launch of national scale-up of 7.1% chlorhexidine in the newborn umbilical cord	Chlorhexidine cord care training programme was launched by Ministry of Health and Family Welfare (MoHFW) and USAID.	MaMoni HSS, USAID, SNL, Save The Children
12 July 2015	Technical committee meeting on costing of BENAP	Decision was taken to prepare priority action plan based on BENAP for costing exercise.	UNICEF, WHO
1 August 2015	Technical committee meeting on developing priority action plan for BENAP	First draft of priority action plan was developed. Another workshop was proposed for 22-23 August 2015 to complete the priority action plan.	UNICEF, WHO, SNL, Save The Children

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
September 2015	Workshop on BENAP priority action plan	Development of BENAP priority action plan.	UNICEF, WHO, SNL, Save The Children, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B).
October 2015	Launch of BENAP	Launch of BENAP by MoHFW	UNICEF, WHO, Save The Children
August-September 2015	Technical meeting on costing of BENAP	Costing of BENAP	UNICEF, WHO
October-December 2015	Review of National Neonatal Health Strategy (NNHS) and Guidelines	Revision of NNHS	UNICEF, WHO
Date not specified	Review of national newborn health training package	Finalization of national newborn health training package	UNICEF, WHO, Save The Children

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	160,996.00
	Total fertility rate ³	2.10
	Total live births (annual, in 1000) ³	3,134.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	5,500.00
	MMR per 100,000 live births ⁵	176.00
	Average annual rate of MMR reduction % (MDG) ⁵	4.70
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	62.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	31.00
	Institutional delivery % ¹²	37.00
	Skilled attendant at birth % ³	42.00
	Postnatal care of mothers within 2 days % (all births) ³	34.00
Newborn	Epidemiology	
	NMR ⁶	23.00
	Neonatal deaths ⁶	74,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	189.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	4.00
	Proportion of under-five deaths that are newborn ⁶	62.00
	Total number of first day deaths ⁷	27,700.00
	First day mortality rate (per 1,000 live births) ⁷	9.00
	Total number of stillbirths ⁸	112,200.00
	Total number of babies born preterm ⁹	443,900.00
	Infants with low birth weight % ¹	22.00
	Preterm birth rate per 1,000 live births ⁹	14.00
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	31.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	22.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	19.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	12.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	1.00
	Proportion of neonatal deaths from other conditions % ¹⁰	11.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	32.00
	Neonatal tetanus vaccine % (at least 2 doses) ¹	94.00
	Early initiation of breastfeeding % ³	44.00
	Children who are exclusively breastfed % (<6months) ³	55.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	3.34
	Physician density per 10,000 population ²	3.56
	Nurse and midwife density per 10,000 population ²	2.18
	Total nursing and midwifery personnel ¹¹	32,839.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Partial (6/7)
	National availability of EmOC services (% of recommended minimum) ³	54.00
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	Partial (6/7)
	General government expenditure on health as % of total government expenditure ⁴	8.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	60.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	In-process	Yes	2015-2020
		Has the plan been costed/budgeted?	In-process	Not done	Data unavailable
		Does the country have a dedicated full-time position for newborn care at the national level?		Yes	Dr. Altaf Hossain, Programme manager, IMCI, DGHS
		Does the plan have a target for NMR?		Yes	12/1,000 live births by 2035
		Does the plan have a target for SBR?		Yes	12/1,000 live births by 2035
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.		Not done	Data unavailable
		Have the sub-national plans been costed/budgeted?		Not done	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)		Not done	Data unavailable
	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No		Yes	Data unavailable
		Does the programme has specific focus on MNH?		No information available	Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?		Yes	Primary: Sub Assistant Community Medical Officer (SACMO), Family Welfare Visitor (FWV) Secondary: Consultant, Medical Officer (MO), Nurses Family Welfare Visitor (FWV) Tertiary: Consultant, MO, Nurses
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?		Yes	The policy has been in place since 2014.
		Is there a policy on postnatal home visits?		Yes	The policy has been in place since 2014.
				Yes	

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?	In-process	In-process	Limited reporting of neonatal indicators from selected SCANUs
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?	In-process	Yes	Reporting from facility not yet started except for SCANUs; Incorporated in Community Skilled Birth Attendant (CSBA), Family Welfare Visitor (FWV) and Mother and Child Welfare Centre (MCWC) registers but not yet in EmONC register.
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?	In-process	Not done	Data unavailable
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?	In-process	Yes	Reporting from facility not yet started except for SCANUs.
Health service delivery	Quality	Does the country have national QI guidelines for MNH?	In-process	Yes	Standard Operating Procedure (SOP), Guidelines for MNH QI.
		Is there a plan to implement the guidelines? Please describe.	No information available	Yes	National Strategic Plan for Quality of Care (QoC) developed by the MoHFW.
		Does the country have an MDSR mechanism in place?	Yes	Yes	Maternal, Perinatal Death Surveillance and Review in selected hospitals
		Does the country have a Perinatal Death Review system in place?	In-process	Yes	Maternal, Perinatal Death Surveillance and Review in selected hospitals.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.	No information available	Yes	Demand Side Financing (DSF), Union Sub Centers (USC), Social Protection scheme (Pilot)
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?	No information available	Not done	Data unavailable
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?	No information available	Not done	Data unavailable
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.	In-process	Yes	National Maternal Health Strategy and Guideline 2014/HRH Strategy 2015
		Is there any retention policy/strategies for SBAs or relevant cadres?	No information available	Not done	Data unavailable
		Is there any competency and skill-based service/training/education for MNH?	In-process	Not done	Senior Staff Nurse (SSN), Family Welfare Visitor (FWV), Midwife: Management of preterm, sepsis etc.

■ Yes
■ In-process
■ Not done
■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments	
		Are the following life-saving MNH commodities included in the NEML?				
		Oxytocin	In-process	Yes	Data unavailable	
		Misoprostol	In-process	Yes	Data unavailable	
		Magnesium sulfate	In-process	Yes	Data unavailable	
		Injectable antibiotics	In-process	Yes	Data unavailable	
		Antenatal corticosteroids	In-process	Not done	Data unavailable	
		Chlorhexidine	In-process	Not done	Data unavailable	
		Newborn resuscitation devices (Ambu bag and mask)	In-process	Not done	Data unavailable	
		Does the country have an LMIS for the following essential MNH commodities?				
		Oxytocin	In-process	Not done	Data unavailable	
		Misoprostol	In-process	Yes	Data unavailable	
		Magnesium sulfate	In-process	Not done	Data unavailable	
		Injectable antibiotics	In-process	Not done	Data unavailable	
		Antenatal corticosteroids	In-process	Not done	Data unavailable	
		Chlorhexidine	In-process	Not done	Data unavailable	
Newborn resuscitation devices (Ambu bag and mask)	In-process	Not done	Data unavailable			
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?		In-process	Yes	Data unavailable		
Has the country included research focusing on stillbirths?		No information available	Not done	Financial support required		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	In-process	In-process	Process is underway to develop a communication plan for newborn health.	
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	Yes	Yes	Community Support System in 11 districts out of 64	

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Section 5

Technical assistance is required in the following areas

- Costing of BENAP.
- Revision of the neonatal health strategy and guidelines.
- Capacity-building of Government of Bangladesh and partners on interventions for newborn care.

EVERY NEWBORN ACTION PLAN

Cameroon Country Report



Cameroon 2015

Overview of Progress Tracking

Key achievements:

- Cameroon has developed a national newborn action plan for 2015-2016 with a specified NMR target and it has been costed.
- The country also has an RMNCAH strategy (2014-2020) prioritizing the roll out of antenatal corticosteroids and KMC.
- Costed sub-national plans are in place for 2015-2016.
- There is a focal point for newborn care in the Department of Family Health.
- Health workers are authorized to administer life-saving MNH interventions.
- Policy on home-based postnatal visits is available.
- Newborn-specific indicator exists for management of neonatal sepsis in HMIS.
- MDSR and perinatal death reviews have been initiated.
- Oxytocin, magnesium sulfate and injectable antibiotics are included in the NEML and the LMIS is being developed.
- The country has developed a human resources plan. Ten midwifery schools have been opened since 2012 with 190 midwives graduating in 2014.
- There is an HR retention policy and partners are supporting competency-based on-the-job trainings on newborn care.
- The country has prioritized the research agenda.
- A community mobilization strategy is available with three out of 189 districts implementing an integrated package of health interventions provided by health care workers.

Key gaps:

- The SBR target needs to be determined.
- QI initiative for health care requires to be developed.
- Maternal death notification policy needs to be adopted.
- Newborn-specific indicators have not yet been included in the HMIS for antenatal corticosteroids, resuscitation and KMC.
- National QI guidelines and plan needs to be developed.
- A policy for free maternal and newborn care services does not exist.
- Misoprostol, antenatal corticosteroids, chlorhexidine and resuscitation devices need to be added to the NEML.
- Resource mobilization is required for implementing the research agenda and research on stillbirth issues needs to be included.
- A communication plan and strategy on newborns needs to be developed.

Section 1

Country context

Existing RMNCAH initiatives:

- Mother and Child Nutrition and Health Action Week
- Option B+ for PMTCT
- Scaling up corticosteroid therapy and KMC
- Mother and newborn care intervention: Obstetrical Kits (Health Districts), Mother and Child Voucher (12 Health Districts)
- Performance Based Financing (PBF)
- Value for results
- Community Health Interventions

Key partners:

UNICEF, WHO, UNFPA, Prime Ministry, Ministry of Family and Women's Empowerment, Ministry of Youth's Affairs, Ministry of Basic Education, Ministry of Secondary Education, Ministry of Higher Education, Hellen Keller International (HKI), Clinton Health Access Initiative (CHAI), Association Camerounaise pour le Marketing Social (ACMS), Cameroon National Association for Family Welfare (CAMNAFAW), Federation Of Cameroon Breastfeeding Promotion Associations (FECABP), International Medical Corps (IMC), Cameroon Coalition Against Malaria (PROVARESC), Learned societies.

National Focal Point:

No information was provided.

Members of the National Technical Working Committee:

MNCH Technical Working Group (MNCHTWG) handles MCH technical issues (hold meetings once every semester).

Three thematic sub-groups (with monthly meetings) reports to the MNCH TWG:

1. PMTCT
2. Family planning
3. Newborn

TWG members include:

Government:

Ministry of Public Health, Ministry of Women's Empowerment and Family, Ministry of Youth (MINJEUN), Ministry of Education Base, Ministry of Secondary Education, Ministry of Higher Education, Ministry of Defence, General Delegation for National Security, Ministry of Commerce

NGOs/Private:

Private sector: One from Confessional, one from private nonprofit, one from private for-profit.

Civil society organizations: Cameroon National Association for Family Welfare (CAMNAFAW), Association Camerounaise pour le Marketing Social (ACMS), Plan Cameroon, CARE Cameroon, Femmes-Santé-Developpement en Afrique Sub-Saharienne (FESADE), Organization for Health, Food Security and Development (OFSAD), Society of Gynecologists and Obstetricians of Cameroon (SOGOC), Cameroon Pediatric association-la Société Camerounaise de Pédiatrie (SOCAPED), Sages-femmes, Synergies Africaines

UN agencies/other development partners:

UNICEF, WHO, UNFPA, UNAIDS, USAID, CDC, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), German Development Bank (KfW), La Banque africaine de développement (BAD), Basel Mission (BM), French Development Agency, Clinton Foundation, Chantal Biya International Reference Centre for Research on HIV/AIDS Prevention and Management, Centre International de Référence Chantal Biya (CIRCB)

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
4 May 2015 and 8 July 2015	Three meetings by the National Committee to combat Maternal, newborn and child mortality	Issues covered including validation of the National strategic plan (2014-2020) to combat maternal and child mortality, 2014 realizations, annual work plan 2015, financial gap analysis to combat maternal and child deaths 2014-2015 in Cameroon. Financial gap analysis was permitted to mobilize RMNCAH Trust Funds. 2015 AWP was validated. Financial gap was estimated at \$61 million for 2015.	National committee to combat Maternal, newborn and child mortality, development partners, national and international NGOs
June 2015	Two sensitization training workshops against early marriages	Issue discussed included prevention of early marriages.	Information not available
Date not specified	Trainings of health care providers on newborn care	A total of 60 health care providers from the east and far north regions were trained on newborn care.	Information not available
Date not specified	Five meetings of the newborn sub-working group	Follow-up of implementation of the newborn operational plan, referral systems, scaling up corticosteroid therapy and KMC was conducted. Brainstorming took place on the role of TBAs in the reduction of maternal mortality and scaling up of newborn interventions.	Information not available
Date not specified	Six meetings in support of breastfeeding	The meetings were held in three sites (Nkolondom, Biyemassi and CH Essos)	Information not available

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
Date not specified	EmONC survey	Updated data on EmONC required.	MOH, National Institute of Statistics, UNICEF, WHO, UNFPA, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
Date not specified	Newborn survey	Baseline data on newborn needed.	National Institute of Statistics, UNICEF, WHO, UNFPA, GIZ
Date not specified	Validation of the newborn operational plan 2015-2016	A working document for the newborn needs to be developed.	MOH, UNICEF, UNFPA, WHO, GIZ, Association Camerounaise pour le Marketing Social (ACMS), Plan Cameroon, CHAI, CDC, PEFAR, Cameroon Pediatric association-la Société Camerounaise de Pédiatrie (SOCAPED), Society of Gynecologists and Obstetricians of Cameroon (SOGOC), Chantal Biya's Foundation
Date not specified	Production of communications material on newborn health	Communication materials for sensitization need to be developed.	Ministry of Health (MOH), UNICEF, UNFPA, WHO, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), ACMS, Plan Cameroon, Clinton Health Access Initiative (CHAI), CDC, PEFAR, Cameroon Pediatric Association-la Société Camerounaise de Pédiatrie (SOCAPED), Society of Gynecologists and Obstetricians of Cameroon (SOGOC), Chantal Biya's Foundation
Date not specified	Commemoration of World Breastfeeding Day	Sensitization of the population through various activities to be carried out.	MOH, Ministry of the Family and Women's Empowerment, UNICEF, WHO, Plan Cameroon, Organization for Health, Food Security and Development (OFSAD), NGOs, CSOs
Date not specified	Trainings in PMTCT and HIV paediatric care for health care providers	There is a need to build up capacities of the health care providers.	MOH, Elisabeth Glaser Foundation, CDC, PEPFAR, Cameroon Baptist Convention
Date not specified	Integrated Management of Childhood Illness (IMCI) trainings for health care providers	There is a need to build up capacities of the health care providers.	MOH, UNICEF, WHO, Association Camerounaise pour le Marketing Social (ACMS), Plan Cameroon
Date not specified	Equipment of 14 district hospitals and 14 Integrated Health Facilities with RMNCAH Trust Fund (newborn corner and KMC corner)	There is a need to build up capacities of the health care providers.	MOH, UNICEF, UNFPA, WHO, GIZ, ACMS, Plan Cameroon, CHAI, CDC, PEFAR, SOCAPED, SOGOC, Chantal Biya's Foundation
Date not specified	Training in newborn care.	There is a need to build up capacities of the health care providers in 14 health districts.	MOH, UNICEF, UNFPA, WHO, GIZ, ACMS, Plan Cameroon, CHAI, CDC, PEFAR, SOCAPED, SOGOC, Chantal Biya's Foundation
Date not specified	IMCI/EmONC trainings for graduating medical students, midwives and nurses	There is a need to build up capacities of graduating medical students, midwives and nurses.	MOH, Ministry of Higher Education, UNFPA, WHO

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	23,344.00
	Total fertility rate ³	4.60
	Total live births (annual, in 1000) ³	847.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	5,100.00
	MMR per 100,000 live births ⁵	596.00
	Average annual rate of MMR reduction % (MDG) ⁵	0.80
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	23.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	62.00
	Institutional delivery % ¹²	61.00
	Skilled attendant at birth % ³	64.00
	Postnatal care of mothers within 2 days % (all births) ³	37.00
Newborn	Epidemiology	
	NMR ⁶	26.00
	Neonatal deaths ⁶	21,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	170.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	2.00
	Proportion of under-five deaths that are newborn ⁶	30.00
	Total number of first day deaths ⁷	8,100.00
	First day mortality rate (per 1,000 live births) ⁷	10.00
	Total number of stillbirths ⁸	20,600.00
	Total number of babies born preterm ⁹	100,800.00
	Infants with low birth weight % ¹	11.00
	Preterm birth rate per 1,000 live births ⁹	12.60
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	28.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	33.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	20.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	7.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	0.00
	Proportion of neonatal deaths from other conditions % ¹⁰	5.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	–
	Neonatal tetanus vaccine % (at least 2 doses) ¹	85.00
	Early initiation of breastfeeding % ³	40.00
	Children who are exclusively breastfed % (<6months) ³	20.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	–
	Physician density per 10,000 population ²	0.77
	Nurse and midwife density per 10,000 population ²	4.38
	Total nursing and midwifery personnel ¹¹	7,626.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Yes (7/7)
	National availability of EmOC services (% of recommended minimum) ³	0.6
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	No
	Costed national implementation plans for MNCH available ³	Yes
	General government expenditure on health as % of total government expenditure ⁴	9.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	62.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	Yes	An operational plan (2015-16) has already been finalized. However it still needs to be validated.
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	Yes	A plan is available for 2014-2020.
		Does the RMNCAH plan have an NMR target defined by 2030?	Yes	Data unavailable
		Does the RMNCAH plan have an SBR target defined by 2030?	In-process	Data unavailable
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	Yes	It has been done with prioritization. Use of steroids and KMC have been prioritized for the next two years (2015-2016).
		Has the plan been costed/budgeted?	Yes	There is a funding gap in financing the activities.
		Does the country have a dedicated full-time position for newborn care at the national level?	In-process	There is a focal point at the Department of Family Health but no further information has been provided. So there is a need to officially appoint the focal point with Terms of Reference.
		Does the plan have a target for NMR?	Yes	Deadline is 2020.
		Does the plan have a target for SBR?	In-process	SBR target needs to be defined.
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	Yes	The national plan has been adapted at sub-national level for 2015-2016 and these plans need to be improved.
		Have the sub-national plans been costed/budgeted?	Yes	Data available
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	In-process	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance (continued)	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No		Data unavailable
		Does the programme has specific focus on MNH?		Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?		Capacity of health workers need to be improved in some specific areas with regard to newborn care.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?		Not adopted yet but maternal deaths are notified on a weekly basis by regional health facilities to the central level, using the weekly epidemic disease surveillance tool.
		Is there a policy on postnatal home visits?		Data unavailable
Health Management Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?		A study will be conducted to assess information collected on newborns.
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?		A study will be conducted to assess information collected on newborns.
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?		A study will be conducted to assess information collected on newborns.
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?		Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?		Data unavailable
		Is there a plan to implement the guidelines? Please describe.		Data unavailable
		Does the country have an MDSR mechanism in place?		It needs to be strengthened with the support of a consultant.
		Does the country have a Perinatal Death Review system in place?		It needs to be strengthened and included completely in the maternal death review.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.		Some subsidized interventions for pregnant women are available. Strategy exists for delivery of obstetric kits, and delivery of ANC voucher.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?		Data unavailable
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?		Data unavailable

Yes
 In-process
 Not done
 No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.		Since 2012, 10 midwifery schools have been opened. The first batch of 190 midwives graduated in 2014.
		Is there any retention policy/strategies for SBAs or relevant cadres?		Data unavailable
		Is there any competency and skill-based service/training/education for MNH?		Since 2014, partners have been supporting on-the-job training of health care providers specifically on newborn care. Training modules have been developed in this regard.
		Are the following life-saving MNH commodities included in the NEML?		
		Oxytocin		Data unavailable
		Misoprostol		There is ongoing discussion to include it in the NEMLT.
		Magnesium sulfate		Data unavailable
		Injectable antibiotics		Data unavailable
		Antenatal corticosteroids		Data unavailable
		Chlorhexidine		Data unavailable
		Newborn resuscitation devices (Ambu bag and mask)		Data unavailable
		Does the country have an LMIS for the following essential MNH commodities?		
		Oxytocin		Data unavailable
		Misoprostol		Data unavailable
		Magnesium sulfate		Data unavailable
		Injectable antibiotics		Data unavailable
		Antenatal corticosteroids		Data unavailable
Chlorhexidine		Data unavailable		
Newborn resuscitation devices (Ambu bag and mask)		Data unavailable		
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?		There is a need for funding for research.		
Has the country included research focusing on stillbirths?		Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?		Data unavailable
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?		Health care providers are implementing an integrated package of health interventions in three out of 189 health districts across the country.

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Section 5

Technical assistance is required in the following areas

- EmONC study.
- Baseline study on newborn health.
- Anthropological study on newborn health.
- Quality of maternal and newborn health care.

EVERY NEWBORN ACTION PLAN

China Country Report



China 2015

Overview of Progress Tracking

Key achievements:

- China has an RMNCAH plan with ENAP activities included and costed with provincial plans. Ongoing RMNCAH initiatives focusing on rural areas include a hospital delivery supplementary programme, folic acid supplementation to prevent neural tube defects and PMTCT of HIV, syphilis and hepatitis. The National Centre for Women and Children's Health, China CDC and National Maternal and Child Health Surveillance Office for birth defects are the key partners.
- The country has QI guidelines.
- The MDSR and perinatal death review are being implemented with 334 hospitals participating across the country.
- The policies on maternal death notification and postnatal care have been developed.
- The health workers are authorized to administer life-saving interventions in township hospitals and higher facilities.
- Free maternal and newborn care (including care of sick newborn) has been ensured through social health insurance since 2003.

Key gaps:

- The target for NMR is defined till 2020 only, while the SBR target needs to be specified.
- There is no HR plan or strategy nor is there a retention strategy for SBAs.
- Competency and skill-based trainings exist and need more focus on newborn care competencies.
- The HMIS does not include newborn-specific indicators.
- All the life-saving commodities are included in the NEML and chlorhexidine is not included per country policy on dry cord care. There is no information provided on the LMIS.
- The research agenda needs to be prioritized.
- A communications plan and community engagement strategies need to be developed.

Section 1

Country context

Existing RMNCAH initiatives:

- Hospital delivery supplementary program for pregnancies among the rural population.
- Cervical cancer and breast cancer screening programmes for rural women.
- Folic acid supplementary programme to prevent neural tube defects among rural women.
- PMTCT of HIV/AIDS, syphilis and hepatitis B.

Key partners:

- National Center for Women and Children's Health (China WCH) of the China CDC. It is a state-level professional organization for women and children's health under the aegis of the China CDC. It is the national centre for the technical direction of women and children's health care including maternal and child health.
- National maternal and child health surveillance office (National center for birth defects surveillance).

National Focal Point for MNH:

Cao Bin, Department of Maternal and Child Health Service, MoH

Members of the National Technical Working Committee:

National Center for Women and Children's Health (China WCH) of the China CDC

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
March 2015	National MCH work meeting	MCH work progress for the previous year was reviewed and a work plan was created.	National Health and Family Planning Commission (NHFPC)
March 2015	National PMTCT meeting	PMTCT work progress for the previous year was reviewed and a work plan was created.	National Center for Women and Children's Health (NCWCH)
June 2015	Seminar on the 20-year anniversary of the MCH Law implementation	The achievements of the MCH law since its implementation over 20 years were summarized.	NCWCH
June 2015	Training workshop on assisted reproductive technology	Issues discussed include policies, regulations and theory on assisted reproductive technology.	NCWCH

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
Date not specified	Identification of the first list of the national high-quality service MCH demonstration counties.	Improvements in MCH service quality were discussed.	NCWCH
Date not specified	Joint media campaign on MCH programmes with major media partners	Media advocacy on MCH was discussed.	National Health Education Center
Date not specified	Training workshop on communication skills in MCH programmes	Media advocacy on MCH was discussed.	National Health Education Center
Date not specified	Training workshop on the management of cervical cancer and breast cancer screening programme	Issues covered include cervical cancer and breast cancer screening programmes.	NCWCH

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	1,376,049.00
	Total fertility rate ³	1.60
	Total live births (annual, in 1000) ³	16,601.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	4,400.00
	MMR per 100,000 live births ⁵	27.00
	Average annual rate of MMR reduction % (MDG) ⁵	5.20
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	85.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	–
	Institutional delivery % ¹²	100.00
	Skilled attendant at birth % ³	100.00
	Postnatal care of mothers within 2 days % (all births) ³	–
Newborn	Epidemiology	
	NMR ⁶	6.00
	Neonatal deaths ⁶	93,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	191.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	9.00
	Proportion of under-five deaths that are newborn ⁶	51.00
	Total number of first day deaths ⁷	51,800.00
	First day mortality rate (per 1,000 live births) ⁷	3.00
	Total number of stillbirths ⁸	155,600.00
	Total number of babies born preterm ⁹	1,321,100.00
	Infants with low birth weight % ¹	–
	Preterm birth rate per 1,000 live births ⁹	7.10
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	23.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	25.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	4.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	15.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	2.00
	Proportion of neonatal deaths from other conditions % ¹⁰	25.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	–
	Neonatal tetanus vaccine % (at least 2 doses) ¹	–
	Early initiation of breastfeeding % ³	41.00
	Children who are exclusively breastfed % (<6months) ³	28.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	8.06
	Physician density per 10,000 population ²	14.56
	Nurse and midwife density per 10,000 population ²	15.12
	Total nursing and midwifery personnel ¹¹	2,244,020.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	–
	National availability of EmOC services (% of recommended minimum) ³	N/A
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	N/A
	General government expenditure on health as % of total government expenditure ⁴	13.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	34.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	In-process	Data unavailable
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	Yes	ENAP is costed and adopted into the National MCH action plan 2011-2020 by the National Health and Family Planning Commission (NHFPC).
		Does the RMNCAH plan have an NMR target defined by 2030?	Yes	NMR target defined as less than 10/1,000 by 2020. IMR and U5MR are targeted to 10% and 13% by 2020.
		Does the RMNCAH plan have an SBR target defined by 2030?	In-process	Data unavailable
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	In-process	Data available
		Has the plan been costed/budgeted?	Yes	Data unavailable
		Does the country have a dedicated full-time position for newborn care at the national level?	In-process	Data unavailable
		Does the plan have a target for NMR?	In-process	Data unavailable
		Does the plan have a target for SBR?	In-process	Data unavailable
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	Yes	Each province has had a provincial level plan since 2012.
		Have the sub-national plans been costed/budgeted?	Yes	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	In-process	Full-time position for child health is not available but part-time position exists for newborn.

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance (continued)	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No		Data unavailable
		Does the programme has specific focus on MNH?		Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?		Health workers are authorized to administer life-saving interventions in township hospitals and higher facilities.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?		The policy has been in place since 2006 (2006-2010).
		Is there a policy on postnatal home visits?		Data unavailable
Health Management Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?		Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?		Data unavailable
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?		Data unavailable
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?		Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?		Data unavailable
		Is there a plan to implement the guidelines? Please describe.		Data unavailable
		Does the country have an MDSR mechanism in place?		It is being implemented in 334 hospitals across the country.
		Does the country have a Perinatal Death Review system in place?		It is being implemented in 334 hospitals across the country.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.		
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?		Newborn care is included in the maternal care policy.
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?		Data unavailable

Yes
 In-process
 Not done
 No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.		Data unavailable
		Is there any retention policy/strategies for SBAs or relevant cadres?		Data unavailable
		Is there any competency and skill-based service/training/education for MNH?		Data unavailable
		Are the following life-saving MNH commodities included in the NEML?		
		Oxytocin		Data unavailable
		Misoprostol		Data unavailable
		Magnesium sulfate		Data unavailable
		Injectable antibiotics		Data unavailable
		Antenatal corticosteroids		Data unavailable
		Chlorhexidine		Data unavailable
		Newborn resuscitation devices (Ambu bag and mask)		Data unavailable
		Does the country have an LMIS for the following essential MNH commodities?		
		Oxytocin		Data unavailable
		Misoprostol		Data unavailable
		Magnesium sulfate		Data unavailable
		Injectable antibiotics		Data unavailable
		Antenatal corticosteroids		Data unavailable
		Chlorhexidine		Data unavailable
Newborn resuscitation devices (Ambu bag and mask)		Data unavailable		
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?		Data unavailable		
Has the country included research focusing on stillbirths?		Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?		Data unavailable
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?		Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Section 5

Technical assistance is required in the following areas

No information was provided.

EVERY NEWBORN ACTION PLAN

Ghana Country Report



Ghana 2015

Overview of Progress Tracking

Key achievements:

- Ghana has developed a newborn strategy and an action plan (2014-2018) with a specific NMR target.
- The newborn action plan has been costed.
- The country has a dedicated focal point in the Ghana Health Service at the national level.
- The sub-national/regional plans have been developed for the Northern and Upper East Regions and await costing.
- Newborn coordinators are in place in all 10 regions.
- The country has a QI initiative which is not specific to MNH.
- The Every Mother Every Newborn initiative launched last year will support inclusion of MNH quality of care standards in existing health facility accreditation criteria by National Health Insurance Agency in collaboration with the Ghana Health Service.
- Health workers (doctors, midwives and newborn care nurses) are authorized to administer life-saving interventions and commodities.
- Among the lifesaving MNH commodities, oxytocin, magnesium sulfate and resuscitation devices are included in the NEML while the inclusion of chlorhexidine is under process.
- All hospitals implement maternal death audit and piloting of perinatal audit guidelines has been completed and under finalization.
- National Health Insurance Scheme covers for free maternal and newborn care.
- Ghana has developed a national communication strategy on newborns. Key advocacy activities have included Child Health Promotion week, National Newborn Executive Forum and newborn stakeholder meetings focusing on the care of preterm and low birth weight babies.
- In the Northern and Upper East Regions, there is agreement on focusing on improving the newborn care component of job training curricula, including newborn care in pre-service training manuals of SBA cadres and accelerating the implementation of home-based postnatal care.

Key gaps:

- The SBR target needs to be defined.
- Newborn-specific indicators have not yet been added to the HMIS.
- The information on health workers, LMIS, research agenda and community engagement is missing in the tool.

Section 1

Country context

Existing RMNCAH initiatives:

Millennium Acceleration Framework for MDG5 (MAF); Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa (CARMMA); and Mother and Baby Friendly Facility Initiative (MBFFI) as a part of global EMEN quality improvement initiative.

Key partners:

UNICEF, WHO, UNFPA, USAID, EU, DFID, JICA, KOICA, JHPIEGO, PATH, CIFF, BMGF, Project Fives Alive (PFA), System for Health.

National Focal Point:

Dr. Isabella Sagoe-Moses, National Child Health Coordinator at the Ghana Health Service is the country focal point for newborn.

Members of the National Technical Working Committee:

Government:

Ministry of Health (MoH)/Policy Planning Monitoring and Evaluation (PPME) division; Ghana Health Service (GHS)/Family Health Division (FHD)/Institutional Care Division (ICD); MAF Steering Committee under the leadership of the MoH.

NGOs/Private:

PATH, Paediatric Society of Ghana, JHPIEGO, PFA

UN agencies/other development partners:

WHO, UNICEF, USAID, JICA

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
May 2015	Child Health Promotion week	No information was provided.	GHS, UNICEF
July 21-22 2015	Two Northern Regional (Northern and Upper East Region) Newborn Stakeholder Meetings	Issues discussed included essential newborn care, management of adverse inter-partum events, care of preterm/low birth weight children, management of neonatal sepsis, and home-based postnatal care. Regional action plans were developed for 2015-2016 to address high newborn deaths. It was agreed to include on-the-job training curricula on newborn care into pre-service training manuals, and to accelerate the implementation of Home Based Post Natal Care (HBPNC) more effectively.	GHS/North Region/Upper East Region, UNICEF, KOICA, University of Development Studies, Tamale Teaching Hospital
Date not specified	National Newborn Executive Forum and Newborn Stakeholder Meeting	Issues discussed included resource mobilization to implement the National Newborn Strategy; improving care of preterm and low birth weight babies. The meeting reviewed the progress on implementation of the Newborn Strategy, shared technical and scientific evidence on management of preterm newborn babies and orientation on KMC. Action plan for 2015-2016 was developed.	MoH, GHS, UNICEF, USAID, PATH, WHO, Teaching Hospitals, PFA, JHEPIGO, Newborn Champions

The following MNH events were planned for June-December 2015

No information was provided.

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	27,410.00
	Total fertility rate ³	4.10
	Total live births (annual, in 1000) ³	884.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	2,800.00
	MMR per 100,000 live births ⁵	319.00
	Average annual rate of MMR reduction % (MDG) ⁵	2.70
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	34.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	87.00
	Institutional delivery % ¹²	73.00
	Skilled attendant at birth % ³	68.00
	Postnatal care of mothers within 2 days % (all births) ³	78.00
Newborn	Epidemiology	
	NMR ⁶	28.00
	Neonatal deaths ⁶	25,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	174.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	1.70
	Proportion of under-five deaths that are newborn ⁶	47.00
	Total number of first day deaths ⁷	8,300.00
	First day mortality rate (per 1,000 live births) ⁷	11.00
	Total number of stillbirths ⁸	17,000.00
	Total number of babies born preterm ⁹	114,300.00
	Infants with low birth weight % ¹	11.00
	Preterm birth rate per 1,000 live births ⁹	14.50
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	31.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	30.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	21.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	9.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	0.00
	Proportion of neonatal deaths from other conditions % ¹⁰	4.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	83.00
	Neonatal tetanus vaccine % (at least 2 doses) ¹	88.00
	Early initiation of breastfeeding % ³	46.00
	Children who are exclusively breastfed % (<6months) ³	52.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	1.92
	Physician density per 10,000 population ²	0.96
	Nurse and midwife density per 10,000 population ²	9.26
	Total nursing and midwifery personnel ¹¹	22,507.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Yes
	National availability of EmOC services (% of recommended minimum) ³	37.00
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	Yes
	General government expenditure on health as % of total government expenditure ⁴	11.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	36.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	Yes	National Newborn Strategy and Action Plan was developed for 2014-2018.
		Has the plan been costed/budgeted?	Yes	
		Does the country have a dedicated full-time position for newborn care at the national level?	Yes	Dr. Isabella Sagoe-Moses is the National Child Health Coordinator.
		Does the plan have a target for NMR?	Yes	NMR target is 21/1,000 live births by 2018 from 32/1,000 (baseline)
		Does the plan have a target for SBR?	Not done	Data unavailable
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	Yes	Plans were developed for the Northern and Upper East Regions.
		Have the sub-national plans been costed/budgeted?	Not done	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	Yes	Newborn Coordinators are positioned in all 10 regions.
	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No	Yes	Data available
		Does the programme has specific focus on MNH?	Not done	Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?	Yes	Doctors, midwives, newborn care nurses are the cadres.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?	No information available	Data unavailable
		Is there a policy on postnatal home visits?	No information available	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health Management Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?	Not done	Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?	Not done	Data unavailable
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?	Not done	Data unavailable
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?	Not done	Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?	No information available	Data unavailable
		Is there a plan to implement the guidelines? Please describe.	No information available	Data unavailable
		Does the country have an MDSR mechanism in place?	Yes	All hospitals conduct maternal death audits.
		Does the country have a Perinatal Death Review system in place?	In-process	Piloting was completed and is in the process of finalization.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/ insurance that exists.	Yes	National Health Insurance Scheme covers free maternal care.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?	Yes	National Health Insurance Scheme covers free newborn care.
		Does the national health insurance scheme/ free policy that covers maternal and newborn care include sick newborns?	Yes	Data unavailable
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.	No information available	Data unavailable
		Is there any retention policy/strategies for SBAs or relevant cadres?	No information available	Data unavailable
		Is there any competency and skill-based service/training/education for MNH?	No information available	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
		Are the following life-saving MNH commodities included in the NEML?		
		Oxytocin	Yes	Data unavailable
		Misoprostol	No information available	Data unavailable
		Magnesium sulfate	Yes	Data unavailable
		Injectable antibiotics	No information available	Data unavailable
		Antenatal corticosteroids	No information available	Data unavailable
		Chlorhexidine	In-process	Data unavailable
		Newborn resuscitation devices (Ambu bag and mask)	Yes	Data unavailable
		Does the country have an LMIS for the following essential MNH commodities?		
		Oxytocin	No information available	Data unavailable
		Misoprostol	No information available	Data unavailable
		Magnesium sulfate	No information available	Data unavailable
		Injectable antibiotics	No information available	Data unavailable
		Antenatal corticosteroids	No information available	Data unavailable
		Chlorhexidine	No information available	Data unavailable
Newborn resuscitation devices (Ambu bag and mask)	No information available	Data unavailable		
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?	No information available	Data unavailable		
Has the country included research focusing on stillbirths?	No information available	Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	Yes	Data unavailable
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	No information available	Data unavailable

Yes
 In-process
 Not done
 No information available

Section 5

Technical assistance is required in the following areas

- Finalization of perinatal Death Audit Guidelines.
- Development of Operational Plan for Newborn Strategy.
- Development KMC protocol and guidelines.
- Adaptation of Every Mother, Every Newborn QI standards and criteria to the Ghanaian context.



EVERY NEWBORN ACTION PLAN

India Country Report



India 2015

Overview of Progress Tracking

Key achievements:

- India has developed a newborn action plan as well as an integrated RMNCAH plan. The plan has been costed and has defined single digit targets for both the NMR and SBR.
- The states are in different stages of progress and about 10 out of 36 states have prepared and 9 out of 36 are in the process of developing sub-national newborn action plans. All states are being provided financial support for new MNH interventions through their Annual Provincial Implementation Plans (PIPs).
- The National Quality Assurance Programme is being implemented and is linked to the provision of 5 per cent of the resource envelope outlay as an incentive to states from the national government.
- Policies are in place for maternal death notification and postnatal home visits.
- Efforts have been made to include newborn-specific indicators in existing recording tools and the online monitoring of national Special Newborn Care Units (SNCUs).
- All states have been implementing maternal death reviews since 2010.
- The adoption of perinatal death reviews across all states is in process. Operational guidelines for still birth tracking system are under development and deaths during 0-30 days are being tracked through the Child Death Review system.
- The initiatives of Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakaram (JSSK) and the national health insurance scheme (RSBY) provide entitlements of free care to mothers and healthy and sick newborns.
- A comprehensive human resource strategy exists with attention to task shifting and laying out a career progression path for all in-service cadres. Performance-based incentives are provided to SBAs for achieving performance exceeding the set benchmarks in 184 high priority districts (spread across 29 states).
- Competency-based trainings have been identified for all cadres qualified as SBAs.
- All life-saving MNH commodities are included in the NEML and are being included in the state-level LMIS. The feasibility of implementing chlorhexidine is still being evaluated.
- The country has prioritized a research agenda which also includes the issue of stillbirths.
- A communications strategy is in process and a comprehensive community engagement strategy exists through the use of village health, sanitation and nutrition committees and Accredited Social Health Activists (ASHAs), who are female community health workers.
- Patient welfare committees have been formed in district hospitals and an Advisory Group on Community Action (AGCA) is facilitating the entire process of community action in consultation with Ministry of Health and Family Welfare (MoHFW).

Key gaps:

- Implementation across the states needs strengthening as does the HMIS to map and monitor coverage of newborn-specific interventions.
- Efforts around quality assurance, online monitoring, MDSR and perinatal death reviews need to be linked to develop a holistic framework for identifying gaps and making corrective adjustments.

Section 1

Country context

Existing RMNCAH initiatives:

- In February 2013, India moved from its earlier focus on Reproductive and Child Health (RCH) to an integrated approach, the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy. This strategy emphasizes linkages between each of the five life stages, with adolescent health as a distinct life stage, and connects community, outreach and facility-based services.
- Under this approach, 184 High Priority Districts spread across 29 states were identified. These districts receive higher funding (30 per cent more budget per capita than the other districts), have enhanced monitoring and focused supportive supervision and are encouraged to adopt innovative approaches to address their health challenges.
- Technical support from all development partners is being harmonized and aligned with the National Health Mission to support implementation of key intervention packages.
- RMNCH+A Strategy Document is available at: http://nrhm.gov.in/images/pdf/RMNCH+A/RMNCH+A_Strategy.pdf.

Key partners:

UNICEF, WHO, USAID, UNDP-Norway India Partnership Initiative (NIPI), BMGF, Save The Children/SNL, JHPIEGO, IPE Global, John Snow Inc. (JSI), PATH, National Neonatology Forum (NNF), SEARCH, Indian Academy of Paediatrics (IAP)

National Focal Point for Newborn:

Dr Rakesh Kumar, Joint Secretary, RMNCH+A in the MoHFW, Government of India

Members of the National Technical Working Committee:

Government:

All India Institute of Medical Sciences, Maulana Azad Medical College, Lady Hardinge Medical College, Safdarjung Hospital, National Health Systems Resource Centre (NHSRC)

NGOs/Private:

Save The Children/SNL, IPE Global, JSI, Nominee of the Indian Academy of Paediatrics (IAP), NN), The Federation of Obstetric and Gynaecological Societies of India (FOGSI), Trained Nurses Association of India (TNAI), SEARCH

UN agencies/other development partners:

WHO, UNICEF, USAID, UNDP-NIPI, BMGF

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
29-30 January and 4-5 February 2015	Two regional RMNCH+A review meetings	Review of RMNCH+A programme in the specific states of the region. Action points were taken over orientation of INAP and newer interventions.	WHO, UNICEF, USAID, BMGF, UNDP-NIPI, Save The Children/SNL, JHPIEGO, IPE Global, JSI, PATH
17 April 2015	Technical Advisory Committee Meeting on Stillbirth	Formulation of operational guidelines on stillbirths was discussed. Guidelines are in the final stages and surveillance to begin in medical colleges in the first phase.	WHO, UNICEF, USAID, BMGF, UNDP-NIPI, Save The Children/SNL, JHPIEGO, IPE Global, JSI, PATH
7-8 March 2015	Meeting on Review of Collaborating Centres for FBNC and revision of FBNC Guidelines	Review of collaborating centres for FBNC and revision of FBNC. Guidelines were discussion points. The inputs of all the members from this meeting have been collated and the draft is being formalized.	WHO, UNICEF, USAID, BMGF, UNDP-NIPI, Save The Children/SNL, JHPIEGO, IPE Global, JSI, PATH
16-17 March 2015	Meeting on Birth Defect Surveillance System	The Birth Defect Surveillance System was discussed. It revealed that reporting has started in selected trained medical colleges and data is being uploaded.	WHO, UNICEF, USAID, BMGF, UNDP-NIPI, Save The Children/SNL, JHPIEGO, IPE Global, JSI, PATH
18-19 May, 19 June and 2-3 July 2015	Child Health Review meetings of Haryana, Telangana and Rajasthan	Review of child health programme was done for these states. State Newborn Action Plans are being formed. SNCU and HBNC activities were reviewed and actions taken.	WHO, UNICEF, USAID, BMGF, UNDP-NIPI, Save The Children/SNL, JHPIEGO, IPE Global, JSI, PATH
30 April 2015	Launch of three-day Dakshata programme for intrapartum care	Dakshata training has started in the states of Rajasthan, Madhya Pradesh, Odisha, Maharashtra and Andhra Pradesh.	WHO, UNICEF, USAID, BMGF, UNDP-NIPI, Save The Children/SNL, JHPIEGO, IPE Global, JSI, PATH
6 May and 29-30 June 2015	Expert Group meetings on revision of MDR guidelines	Discussion was held on revision of MDR guidelines in the current context. It was revealed that guidelines were under finalization. Maternal Near Miss episodes are also to be reviewed at tertiary care institutions.	WHO, UNICEF, USAID, BMGF, UNDP-NIPI, Save The Children/SNL, JHPIEGO, IPE Global, JSI, PATH

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
Date not specified	Preparation of new guidelines for diagnosis and management of GDM, screening for hypothyroidism during pregnancy, training of general surgeons for performing caesarean section, calcium supplementation during pregnancy and lactation, deworming during pregnancy and screening for syphilis during pregnancy	New guideline prepared and disseminated to the states.	
Date not specified	Preparation of guidance note on use of uterotonics during labour and prevention of PPH at the community and facility level	Guidance note prepared and approved.	
27-28 August 2015	Call to Action meeting for ending preventable child and maternal deaths	Discussions held on how to enable countries to take stock of progress, share best practices and forge alliances for ending preventable child and maternal deaths.	
13 October 2015	TAC Meeting on stillbirth tracking	Process of guideline formalization was being done.	Maternal, newborn and public health experts
29 and 30 September 2015; 7 October 2015	Three Regional RMNCH+A Review meetings were held in Uttar Pradesh and a National Health Mission (NHM) review of northeastern states was held in Agartala (the capital of Tripura)	No information available	State officials, MoHFW and development partners

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
No date specified	Common Review Mission to 16 states	Assess the progress of implementation of various RMNCH+A national programmes under the (NHM).	WHO, UNICEF, USAID, UNDP-NIPI, BMGF, Save The Children-SNL, JHPIEGO, IPE Global, JSI, PATH
No date specified	RMNCH+A statewise review of high-burden states	The need to assess the progress of implementation of various RMNCH+A national programmes under the NHM was discussed.	WHO, UNICEF, USAID, UNDP-NIPI, BMGF, Save The Children-SNL, JHPIEGO, IPE Global, JSI, PATH
No date specified	Two regional reviews are planned for northern and southern states	No information available	WHO, UNICEF, USAID, UNDP-NIPI, BMGF, Save The Children-SNL, JHPIEGO, IPE Global, JSI, PATH

Section 3

Fact sheet

Categories	Indicators		
Demography	Total population (in 1,000) ³	1,311,051.00	
	Total fertility rate ³	2.40	
	Total live births (annual, in 1000) ³	25,794.00	
Maternal	Epidemiology		
	Total number of maternal deaths ⁵	45,000.00	
	MMR per 100,000 live births ⁵	174.00	
	Average annual rate of MMR reduction % (MDG) ⁵	4.60	
	Coverage of interventions		
	Contraceptive prevalence rate % ¹	55.00	
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	45.00	
	Institutional delivery % ¹²	47.00	
	Skilled attendant at birth % ³	52.00	
	Postnatal care of mothers within 2 days % (all births) ³	37.00	
Newborn	Epidemiology		
	NMR ⁶	28.00	
	Neonatal deaths ⁶	696,000.00	
	Global rank of neonatal deaths – first 28 days of life ⁶	195.00	
	Average annual rate of NMR reduction % (MDG 4) ⁶	3.20	
	Proportion of under-five deaths that are newborn ⁶	58.00	
	Total number of first day deaths ⁷	270,100.00	
	First day mortality rate (per 1,000 live births) ⁷	11.00	
	Total number of stillbirths ⁸	549,200.00	
	Total number of babies born preterm ⁹	3,316,500.00	
	Infants with low birth weight % ¹	28.00	
	Preterm birth rate per 1,000 live births ⁹	13.00	
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	44.00	
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	19.00	
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	16.00	
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	8.00	
	Proportion of neonatal deaths from diarrhoea % ¹⁰	1.00	
	Proportion of neonatal deaths from other conditions % ¹⁰	8.00	
	Coverage of interventions		
	Postnatal care for newborns within 2 days % ³	–	
	Neonatal tetanus vaccine % (at least 2 doses) ¹	87.00	
	Early initiation of breastfeeding % ³	41.00	
Children who are exclusively breastfed % (<6months) ³	46.00		

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	–
	Physician density per 10,000 population ²	7.02
	Nurse and midwife density per 10,000 population ²	17.11
	Total nursing and midwifery personnel ¹¹	2,124,667.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Partial (6/7)
	National availability of EmOC services (% of recommended minimum) ³	N/A
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	Yes
	General government expenditure on health as % of total government expenditure ⁴	5.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	58.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	Yes	The India Newborn Action Plan (INAP) was released on 18 September 2014. The plan outlines a targeted strategy for accelerating reduction of preventable newborn deaths and stillbirths in the country, aiming to reach the goals of 'Single Digit NMR by 2030' and 'Single Digit SBR by 2030'. INAP is available at: http://nrhm.gov.in/india-newborn-action-plan.html .
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	Yes	RMNCH+A strategy was released in February 2013.
		Does the RMNCAH plan have an NMR target defined by 2030?	Yes	The INAP builds on the existing commitment under RMNCH+A strategy. The goal is to end preventable newborn deaths and achieve Single digit NMR by 2030, with all states to individually achieve this target by 2035.
		Does the RMNCAH plan have an SBR target defined by 2030?	Yes	The goal is to end preventable stillbirths and achieve Single digit SBR by 2030, with all states to individually achieve this target by 2035.
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	Yes	Data unavailable
		Has the plan been costed/budgeted?	Yes	India has a federal structure and health is a state subject. All the states have been budgeting relevant newborn health activities in their Annual PIPs. In addition, the centre provides financial support to states for all new MNH interventions and review meetings for developing state newborn action plans.
		Does the country have a dedicated full-time position for newborn care at the national level?	Yes	Dr. P.K. Prabhakar, Deputy Commissioner, Child Health, MoHFW, Government of India
		Does the plan have a target for NMR?	Yes	The target for India is to achieve single digit NMR by 2030 and individual states to do so by 2035.
		Does the plan have a target for SBR?	Yes	The target for India to achieve single digit SBR by 2030 and states to do so by 2035.
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	Yes	The action plan was developed for 2014-2016. The states are in different stages of progress and about 10 states have prepared and nine are developing newborn action plans.
Have the sub-national plans been costed/budgeted?	Yes	All states are being provided financial support for new MNH interventions through their Annual PIPs.		

Yes
 In-process
 Not done
 No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance (continued)	National plans (continued)	Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)		All the 36 states and union territories have a dedicated full-time Child Health Nodal officer who is also responsible for newborn health.
	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No		The National Quality Assurance Programme is being implemented through the technical support unit of the Government known as the National Health System Resource Centre. The implementation of this QI initiative is being prioritized and it is one of the conditionalities for the states receiving incentives in their annual budgets. Available at: http://nrhm.gov.in/nrhm-components/rmnch-a/maternal-health/guidelines.html .
		Does the programme has specific focus on MNH?		It is focused on all RMNCHA + activities.
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?		Sub-centre level: Auxiliary Nurse Midwives (ANMs) are the grassroots health workers available at this level for conducting outreach activities. They are allowed to administer life-saving interventions and commodities. At the level of the Primary Health Centre and above, staff nurses, medical officers and specialists perform these functions. ANMs are authorized to administer injectable antibiotics to mothers and newborns suspected of having sepsis (under specific conditions); perform neonatal resuscitation with bag and mask; and administer first dose of antenatal corticosteroids for preterm labour.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?		Adopted in December 2010. Available at: http://nrhm.gov.in/images/pdf/programmes/maternal-health/guidelines/maternal_death_review_guidebook.pdf .
		Is there a policy on postnatal home visits?		The policy for postnatal care of mothers and newborns known as Home Based Newborn Care (HBNC) was rolled out across the country in 2011. Operational Guidelines were revised in 2014 based on field experiences.
Health Management Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?		The indicator is presently available in the Integrated RCH register which is yet to start reporting in mother and child tracking system (MCTS) and for the sick babies admitted in SNCUs in the National SNCU Online Monitoring System.
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?		It is in the Labour Room Register per the MNH toolkit operational guidelines and integrated RCH register but the system is still being developed. The indicator is in the process of inclusion in the national HMIS.
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?		The indicator is presently available for the sick babies admitted in Special Newborn Care Units (SNCUs) in the National SNCU Online Monitoring System.

Yes
 In-process
 Not done
 No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health Management Information System (continued)	Data (continued)	Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?		The indicator is available for sick babies admitted in SNCUs in the National SNCU Online Monitoring System.
		Does the country have national QI guidelines for MNH?		The National Quality Assurance Programme is being implemented through the National Health System Resource Centre. The guideline is available at: http://nrhm.gov.in/nrhm-components/rmnc-h-a/maternal-health/guidelines.html .
Health service delivery	Quality	Is there a plan to implement the guidelines? Please describe.		<p>Under the National Quality Assurance Programme, a process of continuous assessment at three levels has been envisioned which includes:</p> <ul style="list-style-type: none"> • Facility level (continuous internal assessment) • Periodical assessment by the State team • External assessment by the Government of India (MoHFW) <p>Public Health Facilities showing adherence to these standards will be certified and given financial incentives by the Government.</p> <ul style="list-style-type: none"> • A provision of 5 per cent of resource envelope outlay as an incentive to states/union territories has been kept in FY 2015-2016 to take steps towards the Quality Assurance process. • Infection Management and Environment Plan (IMEP) guidelines have been developed for public health facilities. • For safety under the National Immunization Programme, the Government of India has published AEFI (Adverse Events Following Immunization) guidelines. AEFI committees have been constituted at district, state and national levels to monitor and take appropriate actions for vaccine safety under the immunization programme. • For safe care of pregnant women, especially in labour rooms and maternity wards, the Government of India has published a MNH toolkit, which includes a WHO Safe Birthing Checklist to ensure adherence to clinical protocols and prompt identification of danger signs and prompt referral. The guidelines intend to create a mother and baby friendly environment where respecting the right of every mother and baby to stay safe in the facility is given due importance. <p>In addition, the in-service providers are given clinical MNH trainings and SOPs for each clinical training have been developed. These are available at http://nrhm.gov.in.</p>
		Does the country have an MDSR mechanism in place?		All states and union territories have been implementing the MDR strategy since December 2010. Available at: http://nrhm.gov.in/images/pdf/programmes/maternal-health/guidelines/maternal_death_review_guidebook.pdf .
		Does the country have a Perinatal Death Review system in place?		<p>The states are in various stages of implementing the Child Death Review which includes deaths within 0-30 days as well.</p> <p>Operational Guidelines for Still Birth Tracking System are under process of development. Deaths during 0-30 days are being tracked through the Child Death Review system.</p>

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.		<p>There are two major initiatives:</p> <ul style="list-style-type: none"> Janani Suraksha Yojana (JSY), a conditional cash transfer scheme to promote institutional delivery with a special focus on pregnant women in categories such as Below Poverty Line (BPL) and scheduled castes and scheduled tribes (SC/ST). Capitalizing on the surge in institutional deliveries brought about by JSY, the Government of India launched a new initiative namely Janani Shishu Suraksha Karyakaram (JSSK) in June 2011 to eliminate out-of-pocket expenditure for pregnant women and sick newborns. Under this scheme, pregnant women are entitled to free drugs and consumables, free diagnostics, free blood transfusions and free diet up. This initiative also provides for free transport. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment until 30 days after birth. This was expanded to cover complications during ANC, PNC and also sick infants in 2013.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?		Janani Shishu Suraksha Karyakaram (JSSK) provides entitlement to free care to both mothers and sick newborns. For details, please see the above column on JSSK.
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?		The National Health Insurance Scheme or the Rashtriya Swasthya Bima Yojana (RSBY) was rolled out in April 2008. Launched by the Ministry of Labour and Employment, Government of India, it provides health insurance coverage for BPL families. This includes a package for care of small and sick newborns. Available at http://www.rsby.gov.in/about_rsby.aspx .
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.		10 days BEmOC training for Medical Officers, SBA Training for 21 days, Dakshata training for 3 days and Skills Lab training for 6 days are under implementation in the states for Auxiliary Nurse Midwives (ANMs), Staff Nurses (SNs), Lady Health Visitors (LHVs). The plan is to saturate all delivery points with skilled manpower.
		Is there any retention policy/strategies for SBAs or relevant cadres?		<p>Skill-building of SBAs is done through timely refresher trainings which include hands-on training in Skill Labs and other relevant trainings in RMNCH+A.</p> <p>A national policy has been drafted in 2014 for providing performance-based Incentives to SBAs for performing above a certain benchmark.</p> <p>Special allowances like hardship allowance and non-practice allowances are inbuilt in the HR policy of the state for relevant cadres.</p>
		Is there any competency and skill-based service/training/education for MNH?		<p>In addition, in-service trainings are also being provided for capacity-building to:</p> <ul style="list-style-type: none"> ANMs and SNs through the training packages of SBA and CEmOC; Navjaat Shishu Suraksha Karyakram (NSSK) (ENC) and IMNCI. For Medical Officers: On BEmOC, CEmOC, Life-saving Anaesthetic Skills (LSAS), NSSK, IMNCI, F-IMNCI, and Facility Based Newborn Care (FBNC).

Yes
 In-process
 Not done
 No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health workforce		Are the following life-saving MNH commodities included in the NEML?		
		Oxytocin	Yes	Data unavailable
		Misoprostol	Yes	Data unavailable
		Magnesium sulfate	Yes	Data unavailable
		Injectable antibiotics	Yes	Data unavailable
		Antenatal corticosteroids	Yes	Data unavailable
		Chlorhexidine	In-process	Data unavailable
		Newborn resuscitation devices (Ambu bag and mask)	Yes	Data unavailable
		Does the country have an LMIS for the following essential MNH commodities?		
		Oxytocin	In-process	States are at different stages of development of the MIS for the logistics management of essential commodities. This is one of the conditionalities for submitting annual state plans. Support for strengthening logistics systems at the state level is being provided under the NHM. Feasibility of implementing chlorhexidine is still being evaluated in the country.
		Misoprostol	In-process	
		Magnesium sulfate	In-process	
		Injectable antibiotics	In-process	
Antenatal corticosteroids	In-process			
Chlorhexidine	No information available			
Newborn resuscitation devices (Ambu bag and mask)	In-process			
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?	Yes	The MOHFW in collaboration with The Indian Council of Medical Research (ICMR) and International Clinical Epidemiology Network (INCLIN) is developing a research agenda on MNCHN at the national level using the Child Health and Nutrition Research Initiative (CHNRI) process.		
Has the country included research focusing on stillbirths?	Yes	Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	In-process	Data unavailable
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	Yes	<ul style="list-style-type: none"> All states and districts. A Village Health, Sanitation and Nutrition committee (VHSNC) has been formed to take collective actions on issues related to health and its social determinants at the village level. These help in Decentralised Health Planning. A trained female CHW, ASHA, works as an interface between the community and the public health system. Currently 0.9 million ASHAs are engaged in the country. A Village Health and Nutrition Day is organized once every month at the Anganwadi Centre (AWC) in the village. This is a platform for interfacing between the community and the health system. Rogi Kalyan Samitis (Patient Welfare Committees) have been formed in district hospitals. This committee, which would be a registered society, is made up of a group of trustees, including members of the public, to manage the affairs of the hospital. At the national level, the Advisory Group on Community Action (AGCA) is facilitating the entire process of community action in consultation with the MoHFW. Available at http://nrhm.gov.in/communityaction/community-action.html.

Section 5

Technical assistance is required in the following areas

- Implementation research to assess the barriers in scaling up interventions and midcourse policy corrections if required.
- Evaluation of effective coverage of the interventions scaled up in the country.
- Costing of service delivery packages.
- Strengthening of the monitoring and evaluation process.

EVERY NEWBORN ACTION PLAN

Indonesia Country Report



Indonesia 2015

Overview of Progress Tracking

Key achievements:

- Indonesia has developed a newborn action plan with specific NMR and SBR targets, as well as a costing of the plan. Advocacy for increased budget allocations at national and sub-national levels is ongoing.
- Sub-national plans have been developed for nine provinces and ongoing for 27 provinces.
- Indonesian standards of care for sick newborns were developed. Indonesia has prioritized six provinces for the Expanded Maternal Neonatal Survival programme, as these provinces contribute more than 50 per cent of total maternal and neonatal deaths in country.
- The country has policies for maternal death notification, free maternal and newborn care and postnatal home visits.
- Perinatal death audits started in six provinces and a report is under development.
- All life-saving MNH commodities are included in the NEML and LMIS except misoprostol.
- An MNH research agenda has been prioritized and stillbirths are included as a theme.
- A community MNH engagement strategy is in place.
- Indonesia has health workers at appropriate levels of care authorized to administer life-saving interventions and commodities. However, efforts should be strengthened to streamline the work of different health workers for quality service delivery.

Key gaps:

- QI guidance on MNH needs to be developed.
- Capacity on interventions like the MDSR and KMC need improvement.
- Challenges remain on the inclusion of newborn indicators in the HMIS.
- Indonesia requires planning for inclusion of chlorhexidine for cord care.
- A comprehensive communication plan needs to be developed.
- Multiple partners are working on newborn care in Indonesia and the Technical Working Group (TWG) can be expanded to improve the participation of all partners.

Section 1

Country context

Existing RMNCAH initiatives:

Indonesia Newborn Action Plan; National Action Plan on Acceleration of Maternal Mortality Reduction;

National Health Insurance Scheme; Emergency Obstetric Neonatal Care; Adolescent Reproductive Health;

Safe Motherhood initiatives (@selamatkanibu); Mother and baby friendly hospitals; Essential Newborn Care for low capacity settings; SUN; IMCI/ C-IMCI.

Key partners:

UNICEF, WHO, UNFPA, World Bank, USAID, AusAID, JICA, Bill and Melinda Gates Foundation, Jhpiego, Save The Children Indonesia, World Vision, Perkumpulan Obstetri Dan Ginekologi Indonesia-POGI (Indonesian Society of Obstetrics and Gynaecology), Ikatan Dokter Anak Indonesia-IDAI (Indonesian Paediatric Association), Ikatan Bidan Indonesia-IBI (Indonesia Midwives Association), Ikatan Perawat Anak Indonesia-IPANI (Indonesia Paediatric Nurse Association); Muhammadiyah, Lembaga Kesehatan Budi Kemuliaan-LKKB (not-for-profit private hospital and midwifery-training institution)

National Focal Point:

Dr. Jane Soepardi, Director, Directorate of Child Health

Dr. Mujadid, Head of Sub directorate, Sub directorate of Infant Health

Members of the National Technical Working Committee:

Government:

Ministry of Health (MoH)

NGOs/Private:

Save the Children; Perkumpulan Obstetri Dan Ginekologi Indonesia-POGI (Indonesian Society of Obstetrics and Gynaecology); Ikatan Dokter Anak Indonesia-IDAI (Indonesian Paediatric Association); Ikatan Bidan Indonesia-IBI (Indonesia Midwives Association); Ikatan Perawat Anak Indonesia-IPANI (Indonesia Paediatric Nurse Association); Lembaga Kesehatan Budi Kemuliaan-LKKB (not-for-profit private hospital and midwifery-training institution)

UN agencies/other development partners:

UNICEF, WHO

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
31 May 2015	Issuance of Joint Statements	Statement to support Pre-referral Stabilization by Primary Health Care of Sick Newborn on giving magnesium sulfate for pregnant women with severe pre-eclampsia/eclampsia, antenatal corticosteroid for premature labour antibiotics for sepsis, KMC for small or premature babies, and breast feeding initiation. The Joint Statement is now led by the Child Health Directorate of the MoH. At a meeting with MCH&N Director General (MoH) on 11 June 2015, it was reported that the Director General supported implementing the standard by health providers. Professional organizations will produce a joint statement to support the Director General's statement.	Facilitated by Save The Children and Jhpiego of Expanding Maternal Neonatal Survival, a USAID- funded programme; Indonesian Pediatrician Association (IDAI)
31 May 2015	Development of Final Newborn Algorithm Chart	Indonesian Standard of Care for Sick Newborn was developed by the Neonatology Working Unit Coordinator of the Indonesian Pediatrician Association. The Final Algorithm Chart will be printed and distributed to all health facilities in Indonesia. (Expanded Maternal Neonatal Survival Programme will distribute the chart in the areas it operates in.)	Facilitated by Save The Children and Jhpiego of Expanding Maternal Neonatal Survival, a USAID-funded programme; Indonesian Pediatrician Association (IDAI)
Date not specified	Meeting MCH&N Director General of Ministry of Health (MoH) with Expanded Maternal Neonatal Survival Programme	Confusion and reluctance are prevailing among health providers at the primary care level about standard emergency medication prior to referral. It stems from a varied interpretation of authority and qualifications for local specialists and health authorities. The Director General (DG) disseminated information on raising the MNH allocation in the health budget from 3 per cent to 5 per cent but it was stressed that the allocation for MNH should also be increased at provincial and district levels. In a Joint Statement, the DG's report mentioned providing for the Expanded Maternal Neonatal Survival programme in the local health budget in six provinces which contribute more than 50 per cent of national maternal and neonatal deaths in Indonesia.	<ul style="list-style-type: none"> • DG of MCH and N • Maternal Health Directorate of MoH • Child Health Directorate of MoH • Expanding Maternal and Neonatal Survival Program
Date not specified	Development of costing for maternal and newborn action plan	Costing of the action plan was required to advocate the allocation of a budget for its implementation both at national and sub-national levels. As a result, guidelines were developed for costing tools at the sub-national level based on the 'OneHealth' costing tool, and the amount of investment required for the implementation of the Indonesia Newborn Action Plan (INAP) nationally was calculated.	MoH (Director General of MCH and Nutrition) UNICEF, WHO PO: Ikatan Dokter Anak Indonesia-IDAI (Indonesian Paediatric Association), Perkumpulan Obstetri Dan Ginekologi Indonesia-POGI (Indonesian Society of Obstetrics and Gynaecology), Expanding Maternal and Neonatal Survival (EMAS) Project
Date not specified	Monitoring the implementation of the newborn sub-national plan	The commitment of sub-national governments on programmes related to newborn health is still low. The alignment of sub-national plans with sub-national allocation will reflect the reality of its implementation at the facility level.	MoH: Directorate of Child Health; PHO (Provincial Health Office) of Aceh, Maluku and West Papua); UNICEF

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
August 2015 (subject to availability of DG)	Report of Newborn Death, review at six hospitals in six main districts of six provinces	<ul style="list-style-type: none"> Solutions were discussed for the preventable death of newborns in hospitals in coordination with the Indonesia Pediatric Association and the MoH. Inter-ministries and agencies agreed to coordinate over solutions for non-health factors. 	Save The Children Indonesia, Jhpiego, RTI of Expanded Maternal Neonatal survival programme.
27 August 2015	First National Neonatal Update Congress	Update information, knowledge, research, activities on neonatal in Indonesia	Working Unit Coordinator (UKK) Neonatology; Indonesia Pediatrician Association
15 January 2015	National Perinasia (Indonesia Perinatology Society) Congress	National congress to discuss the latest perinatal practices and research, particularly on KMC.	National Perinasia
Date not specified	Dissemination of Newborn Costed Plan	Advocacy across sectors on the investment needed to implement the Newborn Action Plan. Sub-national partners were assisted in calculating their budget needs for the implementation of the INAP.	MoH (Directorate of Maternal and Child Health), UNICEF, WHO, UNFPA, EMAS project
Date not specified	Neonatal Care Training	Improving health workers competency for neonatal care was discussed.	MoH (Directorate of Child Health), Indonesian Pediatrician Association (IDAI)

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	257,564.00
	Total fertility rate ³	2.40
	Total live births (annual, in 1000) ³	5,037.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	6,400.00
	MMR per 100,000 live births ⁵	126.00
	Average annual rate of MMR reduction % (MDG) ⁵	5.00
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	62.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	84.00
	Institutional delivery % ¹²	70.00
	Skilled attendant at birth % ³	87.00
	Postnatal care of mothers within 2 days % (all births) ³	80.00
Newborn	Epidemiology	
	NMR ⁶	14.00
	Neonatal deaths ⁶	74,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	188.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	3.30
	Proportion of under-five deaths that are newborn ⁶	50.00
	Total number of first day deaths ⁷	23,800.00
	First day mortality rate (per 1,000 live births) ⁷	5.00
	Total number of stillbirths ⁸	69,100.00
	Total number of babies born preterm ⁹	706,600.00
	Infants with low birth weight % ¹	9.00
	Preterm birth rate per 1,000 live births ⁹	15.50
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	36.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	19.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	14.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	18.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	0.00
	Proportion of neonatal deaths from other conditions % ¹⁰	10.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	48.00
	Neonatal tetanus vaccine % (at least 2 doses) ¹	85.00
	Early initiation of breastfeeding % ³	49.00
	Children who are exclusively breastfed % (<6months) ³	42.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	–
	Physician density per 10,000 population ²	2.04
	Nurse and midwife density per 10,000 population ²	13.83
	Total nursing and midwifery personnel ¹¹	338,501.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Partial (4/7)
	National availability of EmOC services (% of recommended minimum) ³	N/A
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	Partial
	General government expenditure on health as % of total government expenditure ⁴	7.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	46.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	Yes	Yes	The plan was endorsed and signed by Minister of Health, Indonesia, in October 2014.
		Has the plan been costed/budgeted?	In-process	In-process	Data unavailable
		Does the country have a dedicated full-time position for newborn care at the national level?		Not done	Data unavailable
		Does the plan have a target for NMR?		Yes	9 per 1,000 live births by 2025
		Does the plan have a target for SBR?		Yes	7 per 1,000 live births by 2025
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.		Yes	Sub-national plans were in place in nine provinces till June 2014 and are in the process of being extended in 27 provinces.
		Have the sub-national plans been costed/budgeted?		Not done	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)		Not done	Data unavailable
	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No		Not done	The programme Jaminan Mutu was in place earlier but is no longer active.
		Does the programme has specific focus on MNH?		No information available	Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?		Yes	General doctors, midwives and nurses at the primary care level. Ongoing process to authorize midwives to administer corticosteroids and antibiotics to newborns.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?		Yes	The policy is in place through the Audit Maternal Perinatal (AMP) guideline dated December 2010.
		Is there a policy on postnatal home visits?		Yes	Policy is in place through Minister decree No 53/2014 on essential newborn care (11 August 2014).

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?			Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?			Data unavailable
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?			Data unavailable
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?			Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?			Guidelines for MNH care are available only in health centres (Puskesmas) and there was a National Clinical Training Network Program for clinical training on MNH.
		Is there a plan to implement the guidelines? Please describe.			Data unavailable
		Does the country have an MDSR mechanism in place?			Data unavailable
		Does the country have a Perinatal Death Review system in place?			Perinatal audits were started in six provinces and a report is under development.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.			The policy works through reimbursement, social assurance.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?			Newborn policy is included in the maternal one and covers the first seven days. Parents need to apply for National Health Insurance as soon as the child is born, but there is a 14 day-waiting period.
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?			The policy has been in place since 1 January 2014.
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.			Data unavailable
		Is there any retention policy/strategies for SBAs or relevant cadres?			Data unavailable
		Is there any competency and skill-based service/training/education for MNH?			Midwives: Basic EmOC and Essential Newborn Care (ENC) Nurses: Essential Newborn Care (ENC) and sick newborns

Yes
 In-process
 Not done
 No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments	
		Are the following life-saving MNH commodities included in the NEML?				
		Oxytocin	In-process	Yes	Data unavailable	
		Misoprostol	In-process	In-process	Data unavailable	
		Magnesium sulfate	In-process	Yes	Data unavailable	
		Injectable antibiotics	In-process	Yes	Data unavailable	
		Antenatal corticosteroids	In-process	Yes	It is only included at the hospital level.	
		Chlorhexidine	In-process	In-process	Data unavailable	
		Newborn resuscitation devices (Ambu bag and mask)	In-process	Yes	Data unavailable	
		Does the country have an LMIS for the following essential MNH commodities?				
		Oxytocin		Yes	Data unavailable	
		Misoprostol		In-process	Data unavailable	
		Magnesium sulfate		Yes	Data unavailable	
		Injectable antibiotics		Yes	Data unavailable	
		Antenatal corticosteroids		In-process	Data unavailable	
		Chlorhexidine		In-process	Data unavailable	
		Newborn resuscitation devices (Ambu bag and mask)		Yes	Data unavailable	
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?		In-process	Yes	Data unavailable		
Has the country included research focusing on stillbirths?		No information available	Yes	Country has included research on fresh stillbirths.		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	In-process	In-process	Data unavailable	
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	Yes	Yes	Community MNH engagement exists in 67,322 out of 76,247 villages.	

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Section 5

Technical assistance is required in the following areas

No information was provided.

EVERY NEWBORN ACTION PLAN

Kenya Country Report



Kenya 2015

Overview of Progress Tracking

Key achievements:

- Kenya has developed a national newborn action plan in 2015 with costing and a specified NMR target.
- The country has a QI initiative in place.
- Policies on maternal death notification and postnatal visits are available.
- MDSR and perinatal death audits are being implemented.
- With the exception of chlorhexidine and misoprostol, the other important commodities are included in the NEML.
- Clinical guidelines for the use of chlorhexidine were developed.
- The maternal and newborn services are free.
- Necessary authorization for health workers to administer life-saving MNH interventions is in place.
- There is a human resource strategy and competency-based trainings for SBAs.
- The RMNCAH investment framework was validated and RMNCAH trust fund implementation began in six counties with the support of H4+.
- Key events in the first six months of the year have included the review of a community-based MNH training package, operationalization of KMC guidelines, development of county MNH plans in all 47 counties and meetings of the MNH Technical Working Group (TWG) and newborn technical sub-working group.
- A national workshop was organized to revise the maternal and perinatal death surveillance and response (MPDSR).
- A midwifery gap analysis report was launched and a draft midwifery association strategic plan was developed.
- Within a year's time the country was able to develop a national communication plan and a community mobilization strategy.

Key gaps:

- SBR target needs to be specified.
- Inclusion of specific indicators in the HMIS and strengthening of the LMIS for MNH commodities are required.
- The country needs to consider and prioritize a research agenda.
- The sub-national plans need to be finalized and budgeted for strengthening countrywide implementation of ENAP.

Section 1

Country context

Existing RMNCAH initiatives:

ColA/CAF, MPDSR national survey and scale up, A Promise Renewed (APR), Beyond Zero Initiative and Ending, Preventable Maternal Mortality-EPMM (focus on 15 highest burden counties), EmONC (Scale Up and Quality Assurance), The UN Commission on Life-Saving Commodities for Women and Children (UNCoLSC), Free Maternity Services + Results-Based Financing-RBF, RMNCH Scorecard, MNCH Bill (legislation process), Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA), RMNCH Investment Framework, Preterm Initiative

Key partners:

UNICEF, WHO, UNFPA, World Bank, USAID (JHPIEGO, Measure Evaluation, MCHS) Save the Children, PATH, Clinton Health Access Initiative (CHAI), AMREF Health Africa, Liverpool School of Tropical Medicine (LSTM), Micronutrient Initiative (MI)

National Focal Point:

Dr. Rachel Nyamai, Head of Newborn, Child and Adolescent Health Unit

Dr. Wangui Muthigani, MNH Program Manager

Members of the National Technical Working Committee:

Government:

Ministry of Health (MoH)

NGOs/Private:

Clinton Health Access Initiative, Save the Children, Population Council, PAT, FCI, Liverpool School of Tropical Medicine (LSTM), AMREF Health Africa, Futures Group, Concern Worldwide, Micronutrient Initiative, UON, Kenyatta National Hospital (KNH), Kenya Obstetrical and Gynaecological Society (KOGS), Kenya Paediatric Association, Kenya Medical Training College (KMTC), Pharmaceutical Society of Kenya (PSK), Nursing Council of Kenya, Aga Khan University Hospital (AKUH), Kenya Medical Research Institute (KEMRI), National AIDS and STIs Control Programme (NASCOP)

UN agencies/other development partners:

UNICEF, WHO, UNFPA, USAID, DFID

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
Started in January 2015	Operationalization of KMC guidelines in pilot health facilities	Issues discussed included South to South cooperation: national level sensitization on KMC by a team from Malawi, Training of Trainers conducted on KMC in Bungoma and Nairobi, and the implementation currently ongoing.	Ministry of Health (MoH), UNICEF, Save The Children
Started in April 2015	RMNCAH trust fund initiative for 6 counties implemented by the UN H4+ through the national and county MoH	Consultations, inception and microplanning was initiated. County-specific plans were developed, coordinators recruited and implementation is ongoing.	MoH, UNFPA, UNICEF, WHO, UNAIDS, UN-WOMEN
May 2015	Midwifery Programme Gap Analysis and Capacity-building workshop	A Gap Analysis Report was prepared and draft Midwifery Association Strategic Plan was developed.	UNFPA
May 2015	Chlorhexidine clinical guideline development meeting	Clinical guidelines for chlorhexidine use were developed. National scale-up plan for chlorhexidine and initial use by countries were also discussed.	MoH, UNICEF, Save the Children, PATH
June 2015	County consultations on MNH implementation plan (with 47 counties)	Inputs for the draft county plans were received to contextualize the approaches.	MoH, Clinton Health Access Initiative (CHAI), other partners
June 2015	Newborn technical sub-working group meeting	Issues discussed included chlorhexidine availability in Kenya, and the fact that user preference study (of chlorhexidine) conducted by PATH showed no preference for gel or solution, scale-up of KMC, a newborn register. Good progress was noted. There was no objection to including in the Medicines Essential List (MEL) and two manufacturers applied for registration and the process is at an advanced stage.	PATH, Ministry of Health (MoH), UNICEF and Save The Children
June 2015	Workshop to revise Family Planning guidelines	No information was provided.	
Date not specified	RMNCAH investment framework validation by technical teams and county leadership teams	Consultations and comprehensive review of the national RMNCAH was done. Investment Framework concerns and suggestions were incorporated.	World Bank, MoH and H4+
Date not specified	EmONC training workshops for health care workers in various counties	Coverage of trained	Liverpool School of Tropical Medicine (LSTM) and MoH
Ongoing	Review of Community Based Maternal and Newborn Health (CBMNH) training package	Issues discussed included a retreat to discuss the review conducted; pretesting carried out in one county, and the finalization of a workshop scheduled for August 2015	UNICEF, Kenya Medical Research Institute (KEMRI), MoH
Date not specified	MNH Technical Working Group (TWG)	Two meetings were held in the last six months.	MoH and all MNH partners

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
August 2015	RMNCH investment framework	Decision to endorse RMNCH investment framework by heads of agencies	World Bank, MoH
August 2015	National Midwifery Conference	No information was provided.	UNFPA
August 2015	Finalization of MPDSR guidelines	MPDSR guidelines were finalized.	UNFPA
Date not specified	Leadership Management and Governance Training for Midwives	No information was provided.	UNFPA, Amref Health Africa
Date not specified	Manufacturers forum for chlorhexidine planned	Forum planned to mobilize manufacturers for local production.	MoH, PATH
Date not specified	MNCH bill	No information was provided.	MoH, USAID, PATH
Date not specified	Meeting to finalize reorientation package for TBAs	Reorientation package for TBAs was finalized and scale-up plan developed.	

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	46,050.00
	Total fertility rate ³	4.30
	Total live births (annual, in 1000) ³	1,571.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	8,000.00
	MMR per 100,000 live births ⁵	510.00
	Average annual rate of MMR reduction % (MDG) ⁵	1.20
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	46.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	58.00
	Institutional delivery % ¹²	61.00
	Skilled attendant at birth % ³	62.00
	Postnatal care of mothers within 2 days % (all births) ³	51.00
Newborn	Epidemiology	
	NMR ⁶	22.00
	Neonatal deaths ⁶	34,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	182.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	1.80
	Proportion of under-five deaths that are newborn ⁶	45.00
	Total number of first day deaths ⁷	14,300.00
	First day mortality rate (per 1,000 live births) ⁷	10.00
	Total number of stillbirths ⁸	33,000.00
	Total number of babies born preterm ⁹	185,200.00
	Infants with low birth weight % ¹	8.00
	Preterm birth rate per 1,000 live births ⁹	12.30
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	27.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	34.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	19.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	9.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	0.00
	Proportion of neonatal deaths from other conditions % ¹⁰	5.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	–
	Neonatal tetanus vaccine % (at least 2 doses) ¹	73.00
	Early initiation of breastfeeding % ³	58.00
	Children who are exclusively breastfed % (<6months) ³	61.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	–
	Physician density per 10,000 population ²	1.81
	Nurse and midwife density per 10,000 population ²	7.92
	Total nursing and midwifery personnel ¹¹	37,907.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Yes
	National availability of EmOC services (% of recommended minimum) ³	N/A
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	N/A
	General government expenditure on health as % of total government expenditure ⁴	6.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	45.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	In-process	Yes	Newborn Action Plan was developed during the national consultation meeting in 2014.
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	No information available	Yes	The plan is for the 2015-2020 period.
		Does the RMNCAH plan have an NMR target defined by 2030?	In-process	Yes	15 per 1,000 live births
		Does the RMNCAH plan have an SBR target defined by 2030?	No information available	No information available	Data unavailable
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	No information available	No information available	Data unavailable
		Has the plan been costed/budgeted?	In-process	Yes	Data unavailable
		Does the country have a dedicated full-time position for newborn care at the national level?	No information available	No information available	Data unavailable
		Does the plan have a target for NMR?	No information available	Yes	15 per 1,000 live births by 2018
		Does the plan have a target for SBR?	No information available	Not done	Data unavailable
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	No information available	In-process	Counties are working on adapting the national plans.
		Have the sub-national plans been costed/budgeted?	No information available	Not done	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	No information available	Not done	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance (continued)	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No			Data unavailable
		Does the programme has specific focus on MNH?			Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?			Cadres are doctors, clinical officers, midwives and nurses.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?			The policy has been in place since 2012 but reporting system requires strengthening.
		Is there a policy on postnatal home visits?			The policy is well captured in the community MNH manuals which is under review and EmONC guidelines.
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?			Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?			Data unavailable
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?			Data unavailable
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?			Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?			Data unavailable
		Is there a plan to implement the guidelines? Please describe.			Data unavailable
		Does the country have an MDSR mechanism in place?			Data unavailable
		Does the country have a Perinatal Death Review system in place?			Perinatal Death Review system is integrated as MPDSR.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/ insurance that exists.			Data unavailable
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?			Newborn component is included as a package in the Free Maternity Policy.
		Does the national health insurance scheme/ free policy that covers maternal and newborn care include sick newborns?			Data unavailable

Yes
 In-process
 Not done
 No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.	In-process	Yes	It covers midwifery training.
		Is there any retention policy/strategies for SBAs or relevant cadres?	No information available	Not done	Data unavailable
		Is there any competency and skill-based service/training/education for MNH?	In-process	Yes	Data unavailable
		Are the following life-saving MNH commodities included in the NEML?			
		Oxytocin	In-process	Yes	Data unavailable
		Misoprostol	In-process	In-process	Data unavailable
		Magnesium sulfate	In-process	Yes	Data unavailable
		Injectable antibiotics	In-process	Yes	Data unavailable
		Antenatal corticosteroids	In-process	Yes	Data unavailable
		Chlorhexidine	In-process	In-process	Data unavailable
		Newborn resuscitation devices (Ambu bag and mask)	In-process	Yes	Data unavailable
		Does the country have an LMIS for the following essential MNH commodities?			
		Oxytocin	In-process	In-process	Data unavailable
		Misoprostol	In-process	No information available	Data unavailable
		Magnesium sulfate	In-process	In-process	Data unavailable
		Injectable antibiotics	In-process	No information available	Data unavailable
		Antenatal corticosteroids	In-process	In-process	Data unavailable
		Chlorhexidine	In-process	No information available	Data unavailable
Newborn resuscitation devices (Ambu bag and mask)	In-process	Not done	Data unavailable		
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?	No information available	No information available	Technical Assistance (TA) is required to take the MNH Technical Working Group team and other stakeholders through the structured process and prioritize a research agenda.		
Has the country included research focusing on stillbirths?	No information available	Not done	Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	In-process	Yes	Newborn issues are in the integrated national strategy.
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	In-process	Yes	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Section 5

Technical assistance is required in the following areas

- Structured approaches in defining and prioritizing MNH operational research agenda for the country.
- Adaptation of quality models for MNH around the time of birth.
- Maternal and newborn Indicator review and finalization of RMNCH M&E framework.

EVERY NEWBORN ACTION PLAN

Myanmar Country Report



Myanmar 2015

Overview of Progress Tracking

Key achievements:

- Myanmar has made considerable progress in developing the national newborn action plan, integrating it into the broader National Strategic Plan for newborn and child health development (2015–2018), mobilizing existing partners and costing the plan at the national level.
- Essential commodities are included in the NEML and LMIS.
- It is encouraging to see the progress on MDSR (30 of 400 townships currently) though the coverage needs to be scaled up to all townships.
- The country has initiated discussions on quality of care of maternal and newborn services and has decided to work on a 'Child Death Surveillance and Review' (CDSR) which will include reporting on stillbirths.
- Myanmar has a new policy on free MNCH services which is a welcome development considering the huge disparities for skilled attendance at birth on the basis of household income.
- The country has developed a human resource plan for SBAs, 'Health Workforce Strategic Plan (2012-2017)'.
- Community MNH engagement (25 of 400 townships currently) under MoH leadership is in progress.

Key gaps:

- SBR target needs to be specified.
- Newborn-specific indicators require integration into the national HMIS (even as an addendum until the next HMIS tool review takes place).
- A perinatal audit needs to be initiated.
- Given the infrastructure of the health service delivery in country, the MoH in Myanmar has not contemplated the development of sub-national plans.
- The country does not have a specific communication plan for newborns which can be strengthened in the existing C4D strategy.

Section 1

Country context

Existing RMNCAH initiatives:

Training of service providers on newborn resuscitation; training of service providers including health volunteers on home visits in community-based newborn care (CBNBC) rolled out nationwide; m-Health application for RMNCAH quality improvement; establishment of the CDSR system; National Midwifery Standard development and midwifery education strengthening initiative; RMNCAH+ strategy: the MoH led the integration of three separate strategies on (1) RH/maternal health, (2) newborn and-child health and (3) adolescent health including non-communicable diseases. The essential health package including RMNCAH has been identified under Universal Health Coverage.

Key partners:

No information was provided.

National Focal Point for newborns:

Dr Myint Myint Than, Director, Child Health Division, Department of Public Health (DoPH), MoH

Members of the National Technical Working Committee:

Government:

Two officials from the DoPH

NGOs/Private:

Save-the-Children (one representative), Vacant (INGO, one representative), Myanmar Health Assistant Association-MHAA (local NGO, one representative), Myanmar Maternal and Child Welfare Association (local NGO, one representative), one paediatrician, one OB/GYN specialist

UN agencies/other development partners:

UNICEF, WHO (one representative each)

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
January-March 2015	Training of health volunteers on CBNBC in seven new townships	Per Standard National Training Manual and curriculum on CBNBC, 420 auxiliary midwives and female health volunteers were trained on basic newborn care during home visit in the early newborn period.	DoPH (Child Health Division), UNICEF
February-March 2015	Pilot testing of Community Infant and Young Child feeding (C-IYCF) counselling manual	Cultural adaptation of the C-IYCF counselling manual at national level was the main agenda.	DoPH (NNC section), UNICEF
March 2015	Deploying and training of master trainers on CBNBC	Per Standard National Facilitator Guide on CBNBC, key health staff from 72 district health departments were trained as master trainers for their respective areas.	DoPH (Child Health Division), UNICEF
23 March 2015	Child Health Technical Working Group meeting	Discussion took place on the concept (WHAT, WHY) of establishment of the CDSR system in Myanmar in alignment with scaling up of the MDSR. Key stakeholders' input and consensus were considered in developing the national technical Guide for Child Death Surveillance and Response (including newborns)	DoPH, UNICEF
April-June 2015	BFHI revitalization workshop and pilot testing of BFHI modules	Globally recognized BFHI module was reviewed, discussed and adapted to the Myanmar context. Nationally standardized 20-hour BFHI module for maternity staff was adapted. Hospital staff from 13 hospitals including medical superintendents were trained on BFHI.	DoPH (NNC section), DoMC, UNICEF
14 May 2015	National consultation meeting on establishing CDSR (including newborn) system	Discussions were held on the draft Technical Guide (HOW) on the CDSR, concluding with key stakeholders' agreement on the details of a technical guide on CDSR.	DoPH, UNICEF
18 May 2015	National consultation workshop on Costing the Newborn-Child Health Development National Strategic Plan (NCHDSP) 2015-2018	Consultation on key parameters for costing the NCHDSP took place and an agreement was reached on parameters and key assumptions for costing purposes.	DoPH, UNICEF
3 June 2015	High-level national consultation meeting in immediate response to new census data	Participants discussed the newly released census data on the under-five mortality rate (U5MR) and state/region disaggregated information. National level strategic guidance was given on the importance of prioritizing high mortality/high burden areas and micro plans, and their implementation for the reduction of NMR and U5MR	DoPH (Child Health Division)
2014-2015	Pre-service training of auxiliary midwives on BNBC in 199 townships	Scaling up of CBNBC package to hard-to-reach areas in two thirds of the country per Standard National Training Manual and curriculum on CBNBC.	DoPH (Child Health Division) with funding support from 3 MDG Fund

The following MNH events took place in January-May 2015 (continued)

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
6-7 June and 8-9 June 2015	Training of master trainers on using a newborn resuscitation package in all 72 districts and 30 townships	Resuscitation skills and competencies for 200 health care providers in applying Helping Baby Breath standardized training materials were developed.	DoPH (Child Health Division), MCSP, Save The Children, WHO, UNICEF, 3 MDG Fund
17-18 June 2015	National Newborn Child Survival forum on MNCH QI	Dissemination of NCHDSP 2015-2018 with costing took place. Discussions were held on improving not only intervention coverage but also its quality assurance initiative, 'Beyond the Number'. Agreement was reached on adapting the standardized Quality Assurance tool for Health facility Assessment on MNCH.	Department of Public Health-DoPH, UNICEF, WHO
22-23 June 2015	Workshop on QI orientation for three hospitals in the Yangon division	Standard adaptation for MNH service delivery, identifying criteria and indicators, formation of a quality check team etc. were on the agenda. Three hospitals in the Yangon division were oriented and a QI check team was formed.	DoPH (Maternal Health Division), DoMC, JHPIEGO
29 June-3 July and 6-8 July 2015	Training of hospital staff and facilitators on Emergency Triage Assessment and Treatment-Facility Based IMNCI (ETAT-FIMNCI) in Mandalay	Thirty-four hospital staff from the Sagaing region and four training institutes were trained in ETAT-FIMNCI applying FIMNCI modules with modified training methodology.	DoPH (Child Health Division), Myanmar Pediatric Society, RCPCH with financial support from DEFID

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
Date not specified	Cascade newborn resuscitation training including for midwives and station hospital staff nationwide in all 330 townships	It was agreed that the goal was to develop competency in newborn resuscitation for each and every newborn care service provider.	DoPH
Date not specified	Development of CDSR training package and training of the CDSR team and its members	The goal was identified as developing competency in implementing CDSR among CDSR team members at different levels of the health system	DoPH, DoMC
Date not specified	Organize subnational microplanning exercise in highly prioritized areas	The agreed result was to reduce newborn child mortality particularly in high burden/high mortality rate areas	DoPH
Date not specified	Launch of mobile application for RMNCH quality improvement for use by midwives	The agreed result was to raise awareness of the innovation among key stakeholders, initiate stakeholder collaboration on design of application modules, and testing of tool with midwives.	DoPH, UNICEF, John Snow Inc.
Date not specified	C-IYCF cascade training	The agreed result was to build the counselling capacity of health care providers, including community health volunteers in two states/regions, Magway and Rakhine.	DoPH, UNICEF
Date not specified	Baby Friendly Hospital Initiative (BFHI) scale up	The agreed result was to ensure all staff in 13 selected hospitals had competency in implementing BFHI, as well as to conduct external assessment for the certification of hospitals.	DoPH, DoMC, UNICEF

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	53,897.00
	Total fertility rate ³	2.20
	Total live births (annual, in 1000) ³	944.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	1,700.00
	MMR per 100,000 live births ⁵	178.00
	Average annual rate of MMR reduction % (MDG) ⁵	3.70
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	46.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	73.00
	Institutional delivery % ¹²	36.00
	Skilled attendant at birth % ³	71.00
	Postnatal care of mothers within 2 days % (all births) ³	–
Newborn	Epidemiology	
	NMR ⁶	26.00
	Neonatal deaths ⁶	24,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	173.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	2.30
	Proportion of under-five deaths that are newborn ⁶	53.00
	Total number of first day deaths ⁷	8,500.00
	First day mortality rate (per 1,000 live births) ⁷	9.00
	Total number of stillbirths ⁸	18,800.00
	Total number of babies born preterm ⁹	113,600.00
	Infants with low birth weight % ¹	9.00
	Preterm birth rate per 1,000 live births ⁹	12.40
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	38.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	21.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	13.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	9.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	0.00
	Proportion of neonatal deaths from other conditions % ¹⁰	15.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	–
	Neonatal tetanus vaccine % (at least 2 doses) ¹	87.00
	Early initiation of breastfeeding % ³	76.00
	Children who are exclusively breastfed % (<6months) ³	24.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	2.10
	Physician density per 10,000 population ²	6.12
	Nurse and midwife density per 10,000 population ²	10.03
	Total nursing and midwifery personnel ¹¹	48,871.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Partial (4/7)
	National availability of EmOC services (% of recommended minimum) ³	N/A
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	–
	Costed national implementation plans for MNCH available ³	Partial
	General government expenditure on health as % of total government expenditure ⁴	2.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	68.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	In-process	Yes	It has been agreed among key stakeholders to integrate it into the Newborn-Child Health Strategic Plan.
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	No information available	Yes	NSP Newborn-Child Health Development (2015-2018).
		Does the RMNCAH plan have an NMR target defined by 2030?	No information available	Yes	Target set at 10 per 1,000 live births by 2018.
		Does the RMNCAH plan have an SBR target defined by 2030?	No information available	Not done	Data unavailable
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	No information available	Yes	Data unavailable
		Has the plan been costed/budgeted?	In-process	Yes	Costing done by applying 'One-Health tool'.
		Does the country have a dedicated full-time position for newborn care at the national level?	No information available	Yes	At present, Director (Child Health Division, Department of Public Health-DoPH) is overseeing but soon a Deputy Director will be assigned for newborn.
		Does the plan have a target for NMR?	No information available	Yes	Target set at 10 per 1,000 Live births by 2018.
		Does the plan have a target for SBR?	No information available	Not done	Under the newly introduced CDSR system, all stillbirths have to be notified.
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	No information available	Not done	Data unavailable
		Have the sub-national plans been costed/budgeted?	No information available	Not done	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	No information available	Not done	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance (continued)	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No			The first national workshop was held in June to orient stakeholders on the MNCH QI framework.
		Does the programme has specific focus on MNH?			Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?			Midwives are allowed to perform newborn resuscitation and administer the first dose of antibiotic injections in sepsis but not allowed to administer antenatal CS (ANCS). ANCS is administered at hospitals where ob/gyn and paediatricians are available.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?			Under the MDR, all maternal deaths are to be audited within seven days.
		Is there a policy on postnatal home visits?			A policy exists but not in writing; it is emphasized in the training guide.
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?			The HMIS has been approached but no consensus obtained.
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?			
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?			
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?			
Health service delivery	Quality	Does the country have national QI guidelines for MNH?			Data unavailable
		Is there a plan to implement the guidelines? Please describe.			Data unavailable
		Does the country have an MDSR mechanism in place?			An MDR has been in place since 2005, initially in 30 townships before scaling up nationwide in 2013.
		Does the country have a Perinatal Death Review system in place?			The system exists in seven neonatal units out of 89 state/region/district hospitals where paediatric posts exist.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.			MNCH services should be free of charge in alignment with the new policy.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?			Data unavailable
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?			The policy covers MNCH services free of charge.

■ Yes
■ In-process
■ Not done
■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments	
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.	In-process	Yes	Health Workforce strategic Plan (2012-2017).	
		Is there any retention policy/strategies for SBAs or relevant cadres?	No information available	No information available	Data unavailable	
		Is there any competency and skill-based service/training/education for MNH?	Yes	Yes	Competencies for the provision of BEmONC by midwives are currently limited. It is in the process of review and updating.	
		Are the following life-saving MNH commodities included in the NEML?				
		Oxytocin	In-process	Yes	They will be processed through the Central Medical Drug Depot.	
		Misoprostol	In-process	Yes		
		Magnesium sulfate	In-process	Yes		
		Injectable antibiotics	In-process	Yes		
		Antenatal corticosteroids	In-process	Yes		
		Chlorhexidine	In-process	Yes	It is a newly introduced item in Myanmar. Will be processed through the Central Medical Drug Depot.	
		Newborn resuscitation devices (Ambu bag and mask)	In-process	Not done	Will be processed through the Central Medical Drug Depot.	
		Does the country have an LMIS for the following essential MNH commodities?				
		Oxytocin	In-process	Yes	Data unavailable	
		Misoprostol	In-process	Yes	Data unavailable	
		Magnesium sulfate	In-process	Yes	Data unavailable	
		Injectable antibiotics	In-process	Yes	Data unavailable	
		Antenatal corticosteroids	In-process	No information available	Data unavailable	
		Chlorhexidine	In-process	Yes	Data unavailable	
Newborn resuscitation devices (Ambu bag and mask)	In-process	Yes	Data unavailable			
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?	No information available	No information available	Data unavailable			
Has the country included research focusing on stillbirths?	No information available	Not done	Data unavailable			
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	In-process	Not done	There is a C4D strategy (2013-2015) for Young Child Survival including newborn care.	
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	No information available	Yes	It is part of the C4D strategy. Twenty-five townships under MoH leadership (no information available for NGOs). The key initiatives are 'Seven Things This Year' and 'Faith For Children'.	

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Section 5

Technical assistance is required in the following areas

- Development of QI checklist (simplified version) for hospitals and health centres.
- Adaptation of training package and training of health service providers in hospitals and health centres on early essential newborn care and preterm/low birth weight care.
- Development of training package, training of teams and rolling out of the-CDSR initiative (including newborns).

EVERY NEWBORN ACTION PLAN

Namibia Country Report



Namibia 2015

Overview of Progress Tracking

Key achievements:

- A national newborn action plan was being developed in 2015.
- A national focal point has been nominated.
- Medical doctors and registered nurse midwives are authorized to administer life-saving MNH interventions.
- A policy exists on postnatal home visits (MoH and Social Services Circular 2013).
- An MDSR and perinatal death review system have been established in 35 district hospitals including the two national referral hospitals.
- There is a policy for the provision of free maternal and newborn health care.
- All life-saving essential commodities are included in the NEML except chlorhexidine.
- Resuscitation devices are included in the LMIS.
- There is a community mobilization strategy which is included in Community Health Extension Workers training curriculum and 30 out of 35 districts are implementing the strategy.

Key gaps:

- Development of the plan and its costing is a major gap.
- Newborn-specific indicators need to be included in the HMIS and commodities listed in the LMIS.
- Maternal death notification legislation/policy is required.

Section 1

Country context

Existing RMNCAH initiatives:

- Road map for accelerating the reduction of maternal and neonatal morbidity and mortality.
- Namibia Child Survival Strategy.
- National Policy on Sexual, Reproductive and Child Health.
- National Strategy and Action Plan for the Elimination of New paediatric HIV infections and Keeping their mothers Alive.
- Multi-Sectoral Nutrition Implementation Plan, Results Framework and Dashboard of Indicators.

Key partners:

Ministry of Health and Social Services (MoHSS), UNICEF, WHO, UNFPA, UNAIDS, MCSP (Maternal Child Survival Programme) funded by USAID, European Union (Supporting Programme for Acceleration of Reducing Maternal and Child Mortality), The United States President's Emergency Plan for AIDS Relief (PEPFAR), Centers for Disease Control and Prevention (CDC), Namibia Planned Parenthood Association (NAPPA), Namibia Alliance for Improved Nutrition (NAFIN)

National Focal Point for newborns:

Francina Rusberg (for safe motherhood, newborn including PMTCT), Senior Health Programme Administrator, MoHSS

Rosemarie De Walt (for IMNCl and iCCM), Senior Health Programme Administrator, MoHSS

Members of the National Technical Working Committee:

Government:

MoHSS

NGOs/Private:

NAPPA, NAFIN

UN agencies/other development partners:

UNICEF, WHO, UNFPA, UNAIDS, USAID/MCSP, European Union, CDC, PEPFAR

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
Date not specified	Review of Road map for Accelerating the Reduction of Maternal and Newborn Morbidity and Mortality	Quality of Care on RMNCAH was discussed. Initial desk review was done followed by a field assessment.	MoHSS, UNICEF, WHO, UNFPA, CDC

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
16-21 November 2015	National Maternal Child Health Week (MCHW)	Issues covered included the opportunity to reach out to children missed by the immunization and other district maternal and newborn services. The package includes all routine vaccines, screening for malnutrition (MUAC), distribution of ORS, bed nets (LLITNs), pregamol or iron tablets for pregnant women, condoms for men and women, Ready-to-Use Therapeutic Foods (RUTF) for malnourished children under five years.	MoHSS, UNICEF

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	2,303.00
	Total fertility rate ³	3.10
	Total live births (annual, in 1000) ³	60,038.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	190.00
	MMR per 100,000 live births ⁵	265.00
	Average annual rate of MMR reduction % (MDG) ⁵	1.00
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	55.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	63.00
	Institutional delivery % ¹²	87.00
	Skilled attendant at birth % ³	88.00
	Postnatal care of mothers within 2 days % (all births) ³	–
Newborn	Epidemiology	
	NMR ⁶	16.00
	Neonatal deaths ⁶	1,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	101.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	1.40
	Proportion of under-five deaths that are newborn ⁶	36.00
	Total number of first day deaths ⁷	500.00
	First day mortality rate (per 1,000 live births) ⁷	8.00
	Total number of stillbirths ⁸	850.00
	Total number of babies born preterm ⁹	8,700.00
	Infants with low birth weight % ¹	16.00
	Preterm birth rate per 1,000 live births ⁹	14.40
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	37.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	24.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	17.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	12.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	0.00
	Proportion of neonatal deaths from other conditions % ¹⁰	5.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	–
	Neonatal tetanus vaccine % (at least 2 doses) ¹	83.00
	Early initiation of breastfeeding % ³	71.00
	Children who are exclusively breastfed % (<6months) ³	49.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	–
	Physician density per 10,000 population ²	3.74
	Nurse and midwife density per 10,000 population ²	27.75
	Total nursing and midwifery personnel ¹¹	5,750.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	–
	National availability of EmOC services (% of recommended minimum) ³	–
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	–
	Costed national implementation plans for MNCH available ³	–
	General government expenditure on health as % of total government expenditure ⁴	14.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	7.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	In-process	Development of a newborn action plan was planned for 2015.
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	In-process	While it has neonatal indicators, the child survival strategy (CSS) does not sufficiently cover ENAP-recommended indicators and interventions.
		Does the RMNCAH plan have an NMR target defined by 2030?	No information available	Data unavailable
		Does the RMNCAH plan have an SBR target defined by 2030?	No information available	Data unavailable
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	No information available	Data unavailable
		Has the plan been costed/budgeted?	In-process	The Child Survival Strategy (CSS) has been costed.
		Does the country have a dedicated full-time position for newborn care at the national level?	Yes	Francina Rusberg (for safe motherhood, newborn including PMTCT), Senior Health Programme Administrator, MoHSS; Rosemarie De Walt (for IMNCI and iCCM), Senior Health Programme Administrator, MoHSS
		Does the plan have a target for NMR?	No information available	Data unavailable
		Does the plan have a target for SBR?	No information available	Data unavailable
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	In-process	Newborn health interventions are integrated into overall family health regional activities.
		Have the sub-national plans been costed/budgeted?	In-process	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	In-process	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance (continued)	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No		Data unavailable
		Does the programme has specific focus on MNH?		Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?		Medical doctors and registered nurse midwives are authorized to administer life-saving interventions.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?		It is under discussion and efforts need to be made towards adoption.
		Is there a policy on postnatal home visits?		A policy exists per a 2013 MoHSS circular.
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?		Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?		It is not captured in routine data collection and reporting tools.
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?		It is not captured in routine data collection and reporting tools.
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?		Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?		Data unavailable
		Is there a plan to implement the guidelines? Please describe.		Data unavailable
		Does the country have an MDSR mechanism in place?		It is being implemented in 35 district public hospitals including the two national referral hospitals.
		Does the country have a Perinatal Death Review system in place?		It is being implemented in 35 district public hospitals including the two national referral hospitals.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.		Data unavailable
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?		Data unavailable
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?		It is in place since the country's independence in 1990. However, the policy does not accommodate sick newborns especially after discharge from hospital but provides free care for sick newborns during hospital stay immediately following birth.

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.	Not done	Data unavailable
		Is there any retention policy/strategies for SBAs or relevant cadres?	Not done	Data unavailable
		Is there any competency and skill-based service/training/education for MNH?	No information available	Data unavailable
		Are the following life-saving MNH commodities included in the NEML?		
		Oxytocin	Yes	Data unavailable
		Misoprostol	Yes	Data unavailable
		Magnesium sulfate	Yes	Data unavailable
		Injectable antibiotics	Yes	Data unavailable
		Antenatal corticosteroids	No information available	Data unavailable
		Chlorhexidine	Not done	Data unavailable
		Newborn resuscitation devices (Ambu bag and mask)	Yes	
		Does the country have an LMIS for the following essential MNH commodities?		
		Oxytocin	No information available	Data unavailable
		Misoprostol	No information available	Data unavailable
		Magnesium sulfate	No information available	Data unavailable
		Injectable antibiotics	No information available	Data unavailable
		Antenatal corticosteroids	No information available	Data unavailable
Chlorhexidine	No information available	Data unavailable		
Newborn resuscitation devices (Ambu bag and mask)	Yes	Data unavailable		
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?	No information available	Data unavailable		
Has the country included research focusing on stillbirths?	No information available	Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	Not done	Data unavailable
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	Yes	The strategy is included in the Community Health Extension Workers training curriculum and is being implemented in 30 out of 35 districts across the country.

■ Yes
■ In-process
■ Not done
■ No information available

Section 5

Technical assistance is required in the following areas

- Development, endorsement, costing and launch of the national newborn care strategy, incorporating key ENAP recommendations and targets.
- Desk review and regional profiling for newborn care and Namibia fact sheet/one pager on the newborn.
- Maternal and Perinatal Death Review and Surveillance strengthening responses.
- Funding for national ENAP (including maternal services, IMNCI) and integration of the Community Based Maternal Neonatal Health (CBMNH) into the Health Extension Programme (HEP).



EVERY NEWBORN ACTION PLAN

Nepal Country Report



Nepal 2015

Overview of Progress Tracking

Key achievements:

- Nepal has developed a national newborn action plan with NMR and SBR targets.
- Essential commodities with the exception of resuscitation devices have been included in the NEM list and the HMIS indicator for management of neonatal sepsis has been included.
- The Bottleneck Analysis process recommended advocating the authorization of SBAs to administer oxytocin and antenatal corticosteroids at appropriate health facility levels.
- Maternal death reporting is through the HMIS but the review and response mechanism needs further strengthening.
- A policy on free maternal health care exists and the one on free sick newborn care is under discussion in the MoH.
- The MNH research agenda has been prioritized.

Key gaps:

- Costing of the newborn action plan, capacity of service providers, QI of care around birth in health facilities, inclusion of HMIS indicators and development of a communication and community engagement plans need improvement.
- The launch of the newborn action plan was delayed due to the earthquake.
- The development of standards for the quality of MNH care is required to monitor the performance of health facilities.
- The policy on postnatal home visits needs to be tested and m-Health options explored.
- Perinatal death reviews are only practised in a few hospitals and requires expansion.

Section 1

Country context

Existing RMNCAH initiatives:

No information was provided.

Key partners:

No information was provided.

National Focal Point for newborns:

No information was provided.

Members of the National Technical Working Committee:

Government:

No information was provided.

NGOs/Private:

No information was provided.

UN agencies/other development partners:

No information was provided.

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

No information was provided.

The following MNH events were planned for June-December 2015

No information was provided.

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	28,514.00
	Total fertility rate ³	2.20
	Total live births (annual, in 1000) ³	577.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	1,500.00
	MMR per 100,000 live births ⁵	258.00
	Average annual rate of MMR reduction % (MDG) ⁵	5.00
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	50.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	60.00
	Institutional delivery % ¹²	55.00
	Skilled attendant at birth % ³	56.00
	Postnatal care of mothers within 2 days % (all births) ³	58.00
Newborn	Epidemiology	
	NMR ⁶	22.00
	Neonatal deaths ⁶	12,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	152.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	3.80
	Proportion of under-five deaths that are newborn ⁶	62.00
	Total number of first day deaths ⁷	7,400.00
	First day mortality rate (per 1,000 live births) ⁷	8.00
	Total number of stillbirths ⁸	13,200.00
	Total number of babies born preterm ⁹	79,200.00
	Infants with low birth weight % ¹	18.00
	Preterm birth rate per 1,000 live births ⁹	14.00
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	31.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	23.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	19.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	13.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	1.00
	Proportion of neonatal deaths from other conditions % ¹⁰	10.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	58.00
	Neonatal tetanus vaccine % (at least 2 doses) ¹	82.00
	Early initiation of breastfeeding % ³	45.00
	Children who are exclusively breastfed % (<6months) ³	57.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	6.30
	Physician density per 10,000 population ²	2.09
	Nurse and midwife density per 10,000 population ²	4.60
	Total nursing and midwifery personnel ¹¹	11,825.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Yes
	National availability of EmOC services (% of recommended minimum) ³	46.00
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	Partial
	General government expenditure on health as % of total government expenditure ⁴	12.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	46.00

Note: Superscript numbers correspond to the numbered references in the Fact sheet data sources box below.

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	Yes	It was planned to launch the Nepal NAP in May 2015 but it was postponed due to the April 2015 earthquake.
		Has the plan been costed/budgeted?	In-process	It was planned but was postponed due to the earthquake.
		Does the country have a dedicated full-time position for newborn care at the national level?	No information available	Data unavailable
		Does the plan have a target for NMR?	Yes	10 per 1,000 live births
		Does the plan have a target for SBR?	Yes	10 per 1,000 live births
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	In-process	Data unavailable
		Have the sub-national plans been costed/budgeted?	In-process	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	No information available	Data unavailable
	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No	No information available	Data unavailable
		Does the programme has specific focus on MNH?	No information available	Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?	In-process	Identified as bottlenecks and the following actions have been proposed: <ul style="list-style-type: none"> • Advocacy and awareness to policy makers and professional councils on the need to amend legal acts to authorize SBAs to administer oxytocin. • Mapping of health workforce at each level of care with legal authority to administer antenatal corticosteroids (appropriate to where such intervention should be implemented). • Advocacy for authorization to administer loading dose of antenatal corticosteroids by SBAs and refer to a higher level facility (B-EmOC and C-EmOC sites).
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?	In-process	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance (continued)	National policies (continued)	Is there a policy on postnatal home visits?		The existing protocol for postnatal care requests postpartum mother and newborns to make a visit to the health facility on the third day after delivery. Actions proposed in BNA are as follows: <ul style="list-style-type: none"> Developing, testing and scale-up of home-based postnatal care package (already exists in community-based newborn care, CBNBC) in different contexts and exploring the feasibility of using postnatal care services through m-Health Ensuring postpartum mothers and newborns are discharged after 24 hours of delivery at all level of health institutions
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?		Only in project areas.
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?		Not yet initiated at the national level.
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?		Not yet initiated at the national level.
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?		Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?		This has been identified as one of the bottlenecks and it has been suggested to develop quality standards for newborn care and use it as a benchmark to monitor health facilities performance.
		Is there a plan to implement the guidelines? Please describe.		Data unavailable
		Does the country have an MDSR mechanism in place?		Routine HMIS on maternal death exists, but reliability is an issue and a response mechanism does not exist.
		Does the country have a Perinatal Death Review system in place?		Perinatal death review isn't practised in hospitals, health facilities or in the community.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/ insurance that exists.		Policy on free maternal health service exist which includes ANC, delivery care and normal newborn care.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?		A policy on free newborn health is under discussion in the MOH that will cover sick newborn care.
		Does the national health insurance scheme/ free policy that covers maternal and newborn care include sick newborns?		Data unavailable

Yes
 In-process
 Not done
 No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.		Data unavailable
		Is there any retention policy/strategies for SBAs or relevant cadres?		Data unavailable
		Is there any competency and skill-based service/training/education for MNH?		Data unavailable
		Are the following life-saving MNH commodities included in the NEML?		
		Oxytocin		Data unavailable
		Misoprostol		Data unavailable
		Magnesium sulfate		Data unavailable
		Injectable antibiotics		Data unavailable
		Antenatal corticosteroids		Data unavailable
		Chlorhexidine		Data unavailable
		Newborn resuscitation devices (Ambu bag and mask)		Not all delivery settings are equipped with newborn resuscitation devices.
		Does the country have an LMIS for the following essential MNH commodities?		
		Oxytocin		Data unavailable
		Misoprostol		Data unavailable
		Magnesium sulfate		Data unavailable
		Injectable antibiotics		Data unavailable
		Antenatal corticosteroids		Data unavailable
Chlorhexidine		Data unavailable		
Newborn resuscitation devices (Ambu bag and mask)		Data unavailable		
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?		Data unavailable		
Has the country included research focusing on stillbirths?		Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?		Data unavailable
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?		Community bodies – Health Facility Operation and Management Committees – are not functioning optimally, resulting in low community ownership and accountability in managing essential health service functions. Although a range of community participation programmes have been implemented in the health sector, the focus on newborn care has been suboptimal at the community level.

Yes
 In-process
 Not done
 No information available

Section 5

Technical assistance is required in the following areas

No information was provided.

EVERY NEWBORN ACTION PLAN

Pakistan Country Report



Pakistan 2015

Overview of Progress Tracking

Key achievements:

- Functions of MoH in Pakistan were devolved and provinces have moved the ENAP agenda into the realm of their existing MNCH programmes.
- Provincial TWGs have been notified in one of the provinces and the others are awaiting notification by the respective Departments of Health.
- At the federal level the Ministry of National Health Services, Regulations and Coordination has appointed the current Director General Health as the focal point for newborn care activities.
- A consultative meeting was held on 6 May 2015 to develop a draft national action plan on MNCH and nutrition.
- Provincial sector strategies have defined NMR targets and budgets have been allocated in Provincial PC-1s (Planning Commission documents).
- The country has a policy on postnatal home visits.
- Maternal death reporting is in place but only functional through Lady Health Workers MIS.
- All the life-saving MNH commodities are included in the NEML and LMIS and development is in process for antenatal corticosteroids, chlorhexidine and resuscitation devices.
- Multiple trainings on use of chlorhexidine and infant and young child feeding (IYCF) have been reported. Training was provided to 1,176 health providers on Essential Newborn Care and another 2,700 on HBB and training materials have been translated into local languages for CHWs.
- Pakistan has planned a number of capacity-building activities which include training of trainers on KMC, management of sepsis and prematurity and strengthening of 21 SNCUs.
- Operational research is planned to pilot test the simplified regimen for newborn sepsis in one of the provinces by Aga Khan University in collaboration with the Gates Foundation.
- Pakistan has an MNH communication plan and a community engagement/mobilization strategy.

Key gaps:

- A national QI initiative is not available although the Health Care Commission in Punjab is implementing QI through the use of a monitoring checklist at tertiary care facilities.

- Pakistan might need to consider creating special capacity in the national Ministry to coordinate provincial ENAP activities and provide support for implementation of new interventions and guidelines.
- Legislation on maternal death notification needs to be developed.
- Financial protection for sick newborn care is not available.
- Newborn-specific indicators except for neonatal sepsis need to be included in the HMIS.
- A perinatal death review system needs to be in place.
- The tracking tool information is awaiting finalization at a stakeholder meeting; thus, the areas with no progress are yet to be verified.

Section 1

Country context

Existing RMNCAH initiatives:

(HBB, Introduction of Chlorhexidine for Umbilical Cord Care, KMC, Establishment of SNCUs, Essential Newborn Care Package, Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD), Integrated Management of Neonatal and Childhood Illness (IMNCI))

Key partners:

Ministry of National Health Services, Regulations and Coordination, Government of Pakistan; Provincial/Area Departments of Health, UNICEF, WHO, UNFPA, USAID, DFID, Save the Children, Advocacy and Advisory Network for Newborns (AANN), MCHIP/Jhpiego, John Snow Inc., Mercy Corps, Midwifery Association of Pakistan (MAP).

National Focal Point for newborns:

Dr. Asad Hafeez, Director General Health, Ministry of National Health Services, Regulations and Coordination, Government of Pakistan

Members of the National Technical Working Committee:

Names to be announced soon; a draft ToR was developed and shared by UNICEF with the Ministry of National Health Services, Regulations and Coordination, Islamabad.

The provincial level committee provided the following information:

Punjab: Notified for MNCH.

Sindh: ToR drafted and shared with the DoH Sindh for notification.

Khyber Pakhtunkhwa (KP): ToR drafted and shared with the province's DoH for notification.

Baluchistan: ToR drafted and shared with the province's DoH for notification.

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
27 November 2014	National Technical Consultative meeting	Finalization of the national policy and recommendations on the use of chlorhexidine for umbilical cord care.	MCHIP
6 May 2015	Consultative meeting to work on draft National action plan on MNCH and Nutrition.	Draft 10-point vision document was discussed. Inputs were provided to refine the draft shared.	UNICEF, WHO, UNFPA
7 May 2015	Launch of State of the World's Mothers report	The report focused on urbanization and its effects on MNCH.	
Date not specified	Training of trainers on use of chlorhexidine for umbilical cord care for Sindh province and cascade training	Training was completed for 1,500 facility-based staff and Lady Health Workers (LHWs) in two districts (Tharparkar and Tando Allahyar) and availability of chlorhexidine was also ensured. District-based trainings are ongoing in an additional 13 districts of Sindh province.	MCHIP
8-13 April 2015	Training of trainers: a three-day course on HBS in Dhaka, Bangladesh	A team comprising five members participated from Pakistan, UNICEF, Save the Children and MCHIP sponsored government officials for this training.	UNICEF, MCHIP, Save The Children
October 2014- March 2015; April-July 2015	Training of trainers on use of chlorhexidine for umbilical cord care for Punjab province and cascade training.	Training and communication materials were revised, updated and translated into the local language (Oct 2014-March 2015). Master trainers from 28 districts, 795 health care providers and 3,016 CHWs from three selected districts (Attock, Rajanpur and Gujranwala) were trained (April-July 2015). While efforts are ongoing for local production of chlorhexidine gel, provision of chlorhexidine for one year for three districts was ensured with support of USAID and John Snow Inc.	UNICEF
20-24 April 2015	Government officials from the Policy and Strategic Planning Unit (PSPU) and the DoH were sponsored for a costing workshop in Nepal organized by the UNICEF-ROSA office.	Training on costing completed. A meeting was then held with the PSPU to initiate the costing process. The work was started and a follow-up will be done soon and shared.	UNICEF
13 May 2015	National Consultation on APR (A Promise Renewed)	Issues regarding high maternal and newborn mortality in the country were discussed. National 10-point vision for coordinated priority actions to address challenges of RMNCAH 2016-2025 was launched at the national level.	UNICEF, WHO
7-11 July 2015	Five-day Training of Trainers on IYCF		National Nutrition Programme, UNICEF
14 May 2015	National workshop for MNCH strategic planning 2016-2020	Key interventions to address MNCH and nutrition challenges were discussed. Inputs were provided to develop provincial action plans.	UNICEF, WHO, UNFPA

The following MNH events took place in January-May 2015 (continued)

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
24 June 2015; 8 July 2015; 10 July 2015; 12 August 2015; 20 August 2015	Provincial follow-up meetings to finalize MNCH strategic planning 2016-2020 were held as follows: 24 June 2015 (Baluchistan), 8 July 2015 (Sindh), 10 July 2015 (Punjab), 12 August 2015 (Ajad Kashmir), 20th August (Gilgit-Baltistan).	Key interventions to address MNCH and nutrition challenges under specific provincial contexts were discussed. Inputs were provided to refine provincial action plans.	UNICEF, WHO, UNFPA
5-6 August 2015	National workshop for developing plan of action for chlorhexidine scale-up	Issues discussed included training materials, strategy for social mobilization and BCC, indicators, local production and supply chain management. Consensus was built on these issues including the way forward. The issue of local production was discussed in great length.	UNICEF, WHO, John Snow Inc., MCHIP, USAID, Mercy Corps
Date not specified	Training of Trainers for master trainers on use of chlorhexidine for cord care	Two Training of Trainers were conducted at PIMS Hospital Islamabad, the first one for staff of the Pakistan Institute of Medical Sciences (PIMS) and the second one for provincial/area trainers. PIMS will serve as a centre of excellence for chlorhexidine trainings for Ajad Kashmir, Gilgit-Baltistan, Islamabad Capital Territory and The Federally Administered Tribal Areas. Hands-on training and skills learning were provided. Thirty-five master trainers were trained on use of chlorhexidine for cord care by facilitators from Nepal.	UNICEF, MCHIP, John Snow Inc.
Date not specified	Ongoing provincial/area trickle down trainings on Facility and Community based Essential Newborn Care (ENC) and HBB.	Hands on training and skills learning were provided as follows: ENC: 186 master trainers and 1,176 facility and community-based health care providers trained. HBB: 269 master trainers and 2,700 facility and community-based health care providers were trained. Selected health facilities were equipped with key HBB and supplies (Ambu bag, masks, suction bulbs, mounted HBB Action Plan in English and Sindhi, etc.). ENC and HBB training material have been translated into local language for CHWs.	UNICEF, WHO, USAID/MCHIP
24 June 2015	Meeting of Steering Committee for the Development of Newborn survival strategy for Khyber Pakhtunkhwa	ToR for consultant/firm and criteria for reviewing proposals were approved.	UNICEF, Technical Resource Facility (TRF), Khyber Institute of Child Health-Khyber Pakhtunkhwa
Date not specified	Meeting of steering committee for Integrated MNCH PC1.	Issues related to the operationalization of the Integrated MNCH PC1 were discussed.	UNICEF, DFID, AusAID, Technical Resource Facility (TRF)
Date not specified	Strengthening of seven SNCUs	Provision of essential supplies and minor renovations (Sindh, Khyber Pakhtunkhwa, Punjab).	UNICEF

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
Date not specified	National Kangaroo Mother Care Consultation (post-India study visit)	To share the experience.	UNICEF
August-September 2015	Provincial follow-up meetings to finalize MNCH strategic planning 2016-2020 (Khyber Pakhtunkhwa, The Federally Administered Tribal Areas, Ajud Kashmir, Gilgit-Baltistan)	Key interventions to address MNCH and nutrition challenges under specific provincial context.	UNICEF, WHO, UNFPA
September-November 2015	Provincial Consultations on KMC	It was agreed to discuss policy and implementation in respective provinces and develop consensus on the way forward.	UNICEF
Date not specified	Pilot testing the simplified regimen for treatment of newborn sepsis in Pakistan	It was agreed that findings from this operational research would guide the revision of global WHO guidelines on newborn sepsis.	Gates Foundation, Aga Khan University (AKU)
October 2015	Introduction of case management of newborn sepsis and interventions to prevent prematurity in selected CEmONC hospitals		MCHIP
Date not specified	Strengthening of 21 SNCUs by providing essential supplies and minor renovations (Sindh, Khyber Pakhtunkhwa, Punjab, Baluchistan, Ajud Kashmir, Gilgit-Baltistan, The Federally Administered Tribal Areas).		UNICEF
Date not specified	Training of Health Care Professionals (HCP)s on management of sick newborns in SNCUs	To ensure development of skills required by HCPs for managing sick newborns in SNCUs.	UNICEF, WHO

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	188,925.00
	Total fertility rate ³	3.60
	Total live births (annual, in 1000) ³	5,451.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	9,700.00
	MMR per 100,000 live births ⁵	178.00
	Average annual rate of MMR reduction % (MDG) ⁵	3.50
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	35.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	37.00
	Institutional delivery % ¹²	48.00
	Skilled attendant at birth % ³	52.00
	Postnatal care of mothers within 2 days % (all births) ³	60.00
Newborn	Epidemiology	
	NMR ⁶	46.00
	Neonatal deaths ⁶	245,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	194.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	1.90
	Proportion of under-five deaths that are newborn ⁶	57.00
	Total number of first day deaths ⁷	70,000.00
	First day mortality rate (per 1,000 live births) ⁷	15.00
	Total number of stillbirths ⁸	231,400.00
	Total number of babies born preterm ⁹	727,800.00
	Infants with low birth weight % ¹	32.00
	Preterm birth rate per 1,000 live births ⁹	15.80
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	36.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	23.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	22.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	6.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	1.00
	Proportion of neonatal deaths from other conditions % ¹⁰	7.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	43.00
	Neonatal tetanus vaccine % (at least 2 doses) ¹	75.00
	Early initiation of breastfeeding % ³	18.00
	Children who are exclusively breastfed % (<6months) ³	38.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	0.66
	Physician density per 10,000 population ²	8.27
	Nurse and midwife density per 10,000 population ²	5.73
	Total nursing and midwifery personnel ¹¹	100,397.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Partial (2/7)
	National availability of EmOC services (% of recommended minimum) ³	N/A
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	No
	Costed national implementation plans for MNCH available ³	Yes
	General government expenditure on health as % of total government expenditure ⁴	5.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	55.00

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	In-process	The components of ENAP were integrated within specific MNCH sector strategies and policies.
		Has the plan been costed/budgeted?	In-process	Data unavailable
		Does the country have a dedicated full-time position for newborn care at the national level?	In-process	It is under consideration at the MoH in Islamabad.
		Does the plan have a target for NMR?	In-process	Provincial sector strategies have NMR targets.
		Does the plan have a target for SBR?	In-process	Data unavailable
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	Yes	They are included in the PC-1s (Planning Commission documents)
		Have the sub-national plans been costed/budgeted?	Yes	PC-1s (provincial level) are costed.
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	In-process	Not separately but as part of Integrated Reproductive Maternal Newborn Child Health and Nutrition (IRMNCH) programme.
	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No	In-process	A health care commission in Punjab is implementing a QI programme through a checklist at the tertiary care level.
		Does the programme has specific focus on MNH?	No information available	Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?	Yes	Health workers are authorized at secondary and tertiary care levels. Medical Officers (MOs) are implementing life-saving practices at the primary care level and community midwives are being trained on newborn resuscitation at the community level.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?	In-process	Data unavailable
		Is there a policy on postnatal home visits?	Yes	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?	In-process	Drug availability (dexamethasone injection) is measured.
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?	In-process	Birth asphyxia is measured.
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?	In-process	Data unavailable
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?	Yes	Neonatal sepsis cases are measured at the secondary care level.
Health service delivery	Quality	Does the country have national QI guidelines for MNH?	In-process	Data unavailable
		Is there a plan to implement the guidelines? Please describe.	No information available	Data unavailable
		Does the country have an MDSR mechanism in place?	Yes	The MDSR is only through the Lady Health Worker programme (LHW MIS).
		Does the country have a Perinatal Death Review system in place?	In-process	Data unavailable
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.	Yes	Free care available within the public sector, Benazir Income Support Program (BISP), incentives through the Sehat Ka Insaaf programme, Zakat/Baitulmaal for vulnerable populations, and the Prime Minister's National Health Insurance Programme is being piloted in four districts in each province.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?	In-process	Data unavailable
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?	In-process	Data unavailable
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.	Yes	It is available under MNCH (Community Midwifery) Programme.
		Are there any retention policy/strategies for SBAs or relevant cadres?	In-process	There is a retention policy for Community Midwives under the deployment guideline.
		Is there any competency and skill-based service/training/education for MNH?	Yes	Midwifery and nursing schools are building skills for nurses and midwives.

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
		Are the following life-saving MNH commodities included in the NEML?		
		Oxytocin	Yes	Data unavailable
		Misoprostol	Yes	Data unavailable
		Magnesium sulfate	Yes	Data unavailable
		Injectable antibiotics	Yes	Data unavailable
		Antenatal corticosteroids	Yes	Data unavailable
		Chlorhexidine	Yes	Data unavailable
		Newborn resuscitation devices (Ambu bag and mask)	Yes	Data unavailable
		Does the country have an LMIS for the following essential MNH commodities?		
		Oxytocin	Yes	Data unavailable
		Misoprostol	Yes	Data unavailable
		Magnesium sulfate	No information available	Data unavailable
		Injectable antibiotics	Yes	Data unavailable
		Antenatal corticosteroids	In-process	Data unavailable
		Chlorhexidine	In-process	Data unavailable
Newborn resuscitation devices (Ambu bag and mask)	Not done	Data unavailable		
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?	Not done	Data unavailable		
Has the country included research focusing on stillbirths?	Not done	Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	Yes	An MNCH communication strategy was developed before devolution.
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	Yes	Data unavailable

■ Yes
■ In-process
■ Not done
■ No information available

Section 5

Technical assistance is required in the following areas

No information was provided.

EVERY NEWBORN ACTION PLAN

Philippines Country Report



Philippines 2015

Overview of Progress Tracking

Key achievements:

- The Philippines has made considerable progress with a national action plan developed in 2014 and costed.
- There is a national focal point and regional (sub-national) focal points responsibilities also include coordination of newborn care activities.
- Multiple capacity-building events were organized including a Mother-Baby Friendly Hospital Initiative assessor's course, care for small babies course, BEmONC harmonized modules and lactation management.
- QI guidelines are in process using the Essential Intrapartum and Newborn Care (EINC) process in BEmONC facilities.
- An MDSR has been initiated using the system for reporting in disasters and emergencies.
- Perinatal death reviews are currently limited to a few institutions.
- Free care for the mothers and newborns in the lowest two economic quintiles is ensured through PhilHealth insurance with annual premiums subsidized by government.
- The research priorities have been defined. Although a limited number of research studies have been completed.
- The development of a communications plan as well as community engagement strategy are in process. A newborn care programme implementation review is planned for March 2016.

Key gaps:

- The SBR target needs to be defined.
- Sub-national plans have not been costed yet, which is really important considering the availability and planning of decentralized budgets at the level of municipalities.
- Policies on maternal death notification and postnatal home visits need to be developed.
- The newborn-specific indicators have not yet been added to the HMIS.
- All life-saving MNH commodities are included in the NEML except resuscitation devices and chlorhexidine, which do not apply as the country policy is dry cord care. The LMIS currently does not include any of these commodities.

Section 1

Country context

Existing RMNCAH initiatives:

- WHO-UNICEF Early Essential Newborn Care
- A Promise Renewed
- FP 2020

Key partners:

UNICEF, WHO, UNFPA, USAID, JICA, Kalusugan Mag-Ilna Incorporated (KMI), Kangaroo Mother Care Foundation Philippines, Arugaan

National Focal Point for newborns:

Dr. Anthony Calibo, DoH

Members of the National Technical Working Committee:

The committee's department personnel order is not yet institutionalized. Members include:

Philippine Pediatric Society (PPS), Philippine Society of Newborn Medicine (PSNbM), Philippine Obstetrical and Gynecological Society (POGS), Integrated Midwives Association of the Philippines (IMAP), Association of Nursing Service Administrators of the Philippines (ANSAP), Mother and Child Nurses Association of the Philippines (MCNAP), Perinatal Association of the Philippines (PAP)

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
16-20 March 2015	DoH Mother-Baby Friendly Hospital Initiative Assessors' Course for Regional Offices	The course includes Baby Friendly Hospital Initiative (BFHI) Assessment Tools for assessors of the DoH Regional Office Mother-Baby Friendly Hospital Initiative (MBFHI)	DoH
22-28 March 2015 and 26 April-2 May 2015	Care for the Small Baby Trainers' and Implementers' Course	The course covers evidence of newborn and intrapartum care, KMC, implementation processes, training of implementers and participants, including hospital implementation teams consisting of physician specialists, nurses and hospital social workers.	DoH, UNICEF, WHO, KMI, Kangaroo Mother Care Foundation Philippines Inc.
25-26 May 2015	Review of Essential Intrapartum and Newborn Care in the Philippines: Quality Improvement and Planning Workshop	Implementation bottlenecks and gaps were reviewed and consensus gathered for next steps. Also, action was taken to update current EINC practices in select health facilities and a directory of trained EINC resource persons.	DoH, UNICEF, WHO, UNFPA, KMI, PhilHealth
13 July 2015	Launch of BEmONC Harmonized Modules for Midwives	The DoH launched a training modules on BEmONC including EINC and Early Essential Newborn Care (EENC). The modules also include reference materials for all in-service and pre-service training with updated evidence-based guidelines.	DoH, UNICEF, WHO, UNFPA
20 August 2015	Breastfeeding Summit – Annual Celebration of National Breastfeeding Month	The event discussed breastfeeding as a child survival intervention and issues around breastfeeding in the workplace. The Department of Labor and Employment shared the guidelines on lactation stations in the workplace; a press conference was held on breastfeeding in the workplace.	DoH, UNICEF, WHO, ILO, Department of Labor and Employment, Civil Service Commission, Trade Union Congress of the Philippines, Employer's Confederation of the Philippines, Federation of Free Workers
21-25 September 2015	Training of Trainers on Lactation Management for Midwives and Nurses in Birthing Facilities	Training was provided to health workers on the WHO-UNICEF BFHI's 10 Steps to Successful Breastfeeding, which includes applicable EINC and KMC concepts. Participants attended from the Integrated Midwives Association of the Philippines and Mother and Child Nurses Association of the Philippine Schools of Midwifery.	DoH, Dr. Jose Fabella Memorial Hospital, Integrated Midwives Association of the Philippines (IMAP), Mother and Child Nurses Association of the Philippine (MCNAP), Association of Philippine Schools of Midwifery

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
16-17 November 2015	Orientation and Workshop on Care for the Small Baby for DoH Level I Facilities and Newborn Care Program Updates	Discussions were held on providing opportunities for gaining new skills and knowledge about infant care for physicians and nurses in DoH level I hospitals.	DoH, Kangaroo Mother Care Foundation Philippines, Inc., WHO, UNICEF
17 November 2015	World Prematurity Day Celebration	This day is meant to increase awareness of prematurity and its complications.	DOH, PhilHealth, UNICEF, WHO, PPS, PSNbM, POGS, IMAP, MCNAP
18-20 November 2015	Post-training Assessment of Implementation and Review of Care for the Small Baby in Select DoH and Local Government Unit (LGU) Health Facilities	The assessment was held to determine progress in the implementation of Care for the Small Baby (CSB) and identify barriers or gaps in implementation.	DoH, UNICEF, WHO, Kangaroo Mother Care Foundation Philippines Inc.
March 2016	Newborn Care Programme Implementation Review	The programme review aims to determine progress in the implementation of EENC/EINC and CSB and identify barriers or gaps in implementation.	DoH, UNICEF, WHO, KMI, Kangaroo Mother Care Foundation Philippines Inc.

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	100,699.00
	Total fertility rate ³	2.90
	Total live births (annual, in 1000) ³	2,349.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	2,700.00
	MMR per 100,000 live births ⁵	114.00
	Average annual rate of MMR reduction % (MDG) ⁵	1.10
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	49.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	84.00
	Institutional delivery % ¹²	61.00
	Skilled attendant at birth % ³	73.00
	Postnatal care of mothers within 2 days % (all births) ³	72.00
Newborn	Epidemiology	
	NMR ⁶	13.00
	Neonatal deaths ⁶	30,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	179.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	1.90
	Proportion of under-five deaths that are newborn ⁶	45.00
	Total number of first day deaths ⁷	11,800.00
	First day mortality rate (per 1,000 live births) ⁷	5.00
	Total number of stillbirths ⁸	36,700.00
	Total number of babies born preterm ⁹	354,900.00
	Infants with low birth weight % ¹	21.00
	Preterm birth rate per 1,000 live births ⁹	14.90
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	31.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	23.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	16.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	19.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	0.00
	Proportion of neonatal deaths from other conditions % ¹⁰	7.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	53.00
	Neonatal tetanus vaccine % (at least 2 doses) ¹	80.00
	Early initiation of breastfeeding % ³	50.00
	Children who are exclusively breastfed % (<6months) ³	34.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	–
	Physician density per 10,000 population ²	11.53
	Nurse and midwife density per 10,000 population ²	60.00
	Total nursing and midwifery personnel ¹¹	488,434.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Partial (3/7)
	National availability of EmOC services (% of recommended minimum) ³	N/A
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	Partial
	General government expenditure on health as % of total government expenditure ⁴	9.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	57.00

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	In-process	Yes	The newborn action plan has been in place since 2014 (2014-2020)
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	No information available	Yes	The strategy is in place for 2014-2016.
		Does the RMNCAH plan have an NMR target defined by 2030?	No information available	Yes	Data unavailable
		Does the RMNCAH plan have an SBR target defined by 2030?	No information available	Not done	Data unavailable
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	No information available	Yes	Data unavailable
		Has the plan been costed/budgeted?	In-process	Yes	Only the national plan has been costed. Sub-national plans are not costed yet.
		Does the country have a dedicated full-time position for newborn care at the national level?	No information available	Yes	Dr. Anthony Calibo, DoH
		Does the plan have a target for NMR?	No information available	Yes	Less than 10 per 1,000 live births by 2016
		Does the plan have a target for SBR?	No information available	Not done	Data unavailable
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	No information available	Not done	Data unavailable
		Have the sub-national plans been costed/budgeted?	No information available	Not done	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	No information available	Not done	There are sub-national (regional) newborn health coordinators who also coordinate the implementation of other programmes.
	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No	No information available	Yes	Data unavailable
		Does the programme has specific focus on MNH?	No information available	Yes	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance (continued)	National policies (continued)	Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?			Midwives are authorized to perform injections and neonatal resuscitation with required training.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with ColA)?			Data unavailable
		Is there a policy on postnatal home visits?			Data unavailable
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?			Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?			Data unavailable
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?			Data unavailable
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?			Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?			It includes EINC as a QI process in BEmONC training facilities.
		Is there a plan to implement the guidelines? Please describe.			Data unavailable
		Does the country have an MDSR mechanism in place?			MDSR is reported as an event using the system for reporting in disasters and emergencies. Maternal death reviews are done by the Provincial Maternal Death Review (MDR) Team and not by hospitals.
		Does the country have a Perinatal Death Review system in place?			Implementation of the perinatal death review is limited to training institutions of the Philippine OBGYN Society.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/ insurance that exists.			The national insurance programme provided coverage progressively up to the second delivery in 2003, the third delivery in 2006, the fourth delivery in 2008 and all deliveries regardless of birth order in 2014. A total of 14.7 million poor families (representing the lowest two economic quintiles) have been enrolled into PhilHealth in 2014, with their annual premiums subsidized by the national government through the DoH.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?			A separate Newborn Care Package exists, which is linked to the Maternity Care Package.

■ Yes
■ In-process
■ Not done
■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments	
Health financing (continued)	Investment (continued)	Does the national health insurance scheme/ free policy that covers maternal and newborn care include sick newborns?			Currently, in-patient costs of sick newborns are covered as dependents of their parents and as case rates.	
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.			A strategy is in place for 2005: ten for overall Health Human Resource Development in which SBAs are included.	
		Are there any retention policy/strategies for SBAs or relevant cadres?			Data unavailable	
		Is there any competency and skill-based service/training/education for MNH?			It is included in medicine, nursing, and midwifery trainings. Integration of the curriculum commenced in 2011 and was evaluated in 2013. Nursing and midwifery curricula were being evaluated in 2015.	
		Are the following life-saving MNH commodities included in the NEML?				
		Oxytocin			Data unavailable	
		Misoprostol			It is not applicable as there is no national policy for misoprostol.	
		Magnesium sulfate			Data unavailable	
		Injectable antibiotics			Data unavailable	
		Antenatal corticosteroids			Data unavailable	
		Chlorhexidine			It is not applicable as the national policy supports dry cord care.	
		Newborn resuscitation devices (Ambu bag and mask)				
		Does the country have an LMIS for the following essential MNH commodities?				
		Oxytocin			Data unavailable	
		Misoprostol			Data unavailable	
		Magnesium sulfate			Data unavailable	
		Injectable antibiotics			Data unavailable	
		Antenatal corticosteroids			Data unavailable	
		Chlorhexidine			Data unavailable	
Newborn resuscitation devices (Ambu bag and mask)			Data unavailable			
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?			MNH is always included in the research agenda but very little research was conducted.			
Has the country included research focusing on stillbirths?			There is a need for reduction of stillbirths.			
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?			Data unavailable	
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?			Data unavailable	

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Section 5

Technical assistance is required in the following areas

- Development of policies and guidelines on perinatal death audits.
- Updating of policies and guidelines on ENC, MBFHI and QI.
- Development of Operational Guidelines on Integrated Approach on Postnatal Care, Home Visit, Lactation Support, IYCF, Maternal IYCN.
- Development of Policy on Prematurity and Low Birth Weight’.
- Planning and costing at sub-national levels.
- Development of Child Survival Strategy within framework of RMNCAH and the Sustainable Development Goals (SDGs).

EVERY NEWBORN ACTION PLAN

Tanzania Country Report



Tanzania 2015

Overview of Progress Tracking

Key achievements:

- Tanzania has a newborn action plan which is integrated in the RMNCAH sharpened plan and 'One Plan' and submitted to the Global Financing Facility.
- The country has specified NMR and SBR targets and the plan has been costed. It has also been integrated into regional sharpened plans and Annual Council Health plans.
- A broader QI framework including components of MNH is in place.
- The country guidelines on QI are being developed in line with the initiative 'Big Results Now'.
- Nurses and midwives in health centres and hospitals, and public health nurses at the dispensary level are authorized to administer life-saving MNH interventions.
- The national HMIS includes indicators for resuscitation, KMC and management of neonatal sepsis.
- All lifesaving commodities are included in the NEML and LMIS except resuscitation devices and antenatal corticosteroids. Antenatal corticosteroids will be included once guidelines are developed. Chlorhexidine use is not a policy in Tanzania.
- New MDSR guidelines are in the process of finalization and dissemination and perinatal death audits have been integrated into these.
- Tanzania has a free maternal and newborn care policy and a human resources strategy.
- The issues related to planning, production and management of SBAs are integrated into the broader human resources for health strategy.
- While there is competency-based education on MNH, the curriculum of midwifery pre-service training needs strengthening to include competencies for newborn care.
- The research agenda has been prioritized and the issue of specific research on stillbirths is under discussion. Technical support is required for research priority setting and capacity-building to undertake operational research.
- Tanzania has a national communications plan and a community engagement strategy to improve demand for services, birth preparedness and essential newborn care practices including home visits.
- The community mobilization strategy is being implemented in a few regions (Morogoro, Iringa, Mwanza and Sinyanga) and plans exist to scale up to Western and Lake Zone regions.

Key gaps:

- Scaling up interventions in all regions needs to be addressed.
- Improving quality of care and strengthening the monitoring of coverage indicators and operations research are required.

Section 1

Country context

Existing RMNCAH initiatives:

- Tanzania developed an Integrated National Road Map for 2008-2015 to accelerate the reduction of maternal, newborn and child deaths.
- In 2013/14, Tanzania conducted a mid-term review of the Road Map and developed an accelerated plan to accelerate progress in areas which were lagging behind. The Sharpened Plan 2014-2015 was developed.
- A national RMNCAH event was conducted to launch the Sharpened Plan and the RMNCAH score card.

Key partners:

Ministry of Health and Social Welfare (MoHSW), WHO, UNICEF, UNFPA, USAID, CIDA, DANIDA, CDC, Save the Children, Jhpiego, White Ribbon Alliance Tanzania (WRATz), Evidence for Action (E4A)

National Focal Point for newborns:

Dr. Georgina Msemo, Assistant Director, Reproductive and Child Health Unit, MOHSW

Dr. Mary Azayo, Newborn and Child Health Programme Manager, MOHSW

Members of the National Technical Working Committee:

- MNCH TWG, chaired by the Reproductive and Child Health (RCHS) section, MoHSW;
- UN agencies/other development partners: UNICEF, UNFPA, WHO, all development partners;
- Various CSOs, NGOs;
- Newborn and Child Health Working Group, chaired by the Newborn and Child Health (NCH) Coordinator;
- Safe Motherhood Working Group, chaired by the Safe Motherhood Coordinator.

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
January-June 2015	Rollout of Regional Sharpened One Plan Workshops (sessions organized in regions)	Support was provided to all regions to develop the Regional Sharpened One Plan for RMNCAH which includes newborn interventions. Advocacy events were arranged for each region to launch the plan. The following outputs were achieved: <ul style="list-style-type: none"> • Development of regional RMNCAH rollout plans; • Increased awareness on MNH issues in regions and districts. 	Reproductive and Child Health (RCHS) in collaboration with UNICEF, WHO, UNFPA
12 May 2015	Consultative meeting on Maternal and Newborn Quality of Care Standards in Dar es Salaam	The proposed Every Mother, Every Newborn (EMEN) core quality standards and criteria were reviewed with key stakeholders taking into consideration the Tanzanian context. Country inputs were developed for discussion at the WHO Experts meeting from 3-4 June 2015.	MoHSW in collaboration with UNICEF and WHO
3-4 June 2015	Participation in WHO Expert meeting on improving maternal and newborn quality of care in WHO HQ	<ul style="list-style-type: none"> • Proposed elements of the framework for improving quality of care for maternal and newborn care were discussed. • Countries shared their experiences on quality of care for newborn interventions. • Agreement was reached on global standards for improving the quality of the maternal and newborn care framework. 	MoHSW, UNICEF, WHO, UNFPA
Date not specified (consultative processes ongoing)	Finalization of Road Map II	MNH priority interventions were included and costed. Final draft of the RMNCAH strategic One Plan II (2016-2020) was developed.	Reproductive and Child Health (RCHS) with all members of the RMNCAH TWG
Date not specified	RMNCAH TWG meetings.	Support to be provided for 26 regions on sharpened One Plan rollout.	RCHS with all members of the RMNCH TWG

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
10-14 August 2015	Inter-country event: Every Mother Every Newborn (EMEN) 'Care Around the Time of Birth' MNH Quality Improvement Workshop	<ul style="list-style-type: none"> • An overview of country QI initiatives was provided. The strategic focus of the Gates Foundation's project plans were presented and discussed. • The MNH QI standards were reviewed, and an agreement was reached on core criteria and common elements to be included in all country implementation plans. • Participants agreed on a common design and methodology to conduct the baseline and end line assessments. • Participants agreed on a joint work plan in line with the country plans and mapping of areas for technical support. • Participants identified areas and opportunities for South-to-South collaboration, cross country exchange and learning. 	MoHSW, UNICEF, WHO, UNFPA
1-7 August 2015	Commemoration of World Breast Feeding Week	No information was provided.	No information was provided.

Section 3

Fact sheet

Categories	Indicators		
Demography	Total population (in 1,000) ³	53,470.00	
	Total fertility rate ³	5.10	
	Total live births (annual, in 1000) ³	2,064.00	
Maternal	Epidemiology		
	Total number of maternal deaths ⁵	8,200.00	
	MMR per 100,000 live births ⁵	398.00	
	Average annual rate of MMR reduction % (MDG) ⁵	3.70	
	Coverage of interventions		
	Contraceptive prevalence rate % ¹	34.00	
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	43.00	
	Institutional delivery % ¹²	50.00	
	Skilled attendant at birth % ³	49.00	
	Postnatal care of mothers within 2 days % (all births) ³	31.00	
Newborn	Epidemiology		
	NMR ⁶	19.00	
	Neonatal deaths ⁶	39,000.00	
	Global rank of neonatal deaths – first 28 days of life ⁶	186.00	
	Average annual rate of NMR reduction % (MDG 4) ⁶	3.50	
	Proportion of under-five deaths that are newborn ⁶	39.00	
	Total number of first day deaths ⁷	13,900.00	
	First day mortality rate (per 1,000 live births) ⁷	8.00	
	Total number of stillbirths ⁸	47,300.00	
	Total number of babies born preterm ⁹	213,500.00	
	Infants with low birth weight % ¹	8.00	
	Preterm birth rate per 1,000 live births ⁹	11.40	
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	24.00	
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	31.00	
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	20.00	
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	14.00	
	Proportion of neonatal deaths from diarrhoea % ¹⁰	0.00	
	Proportion of neonatal deaths from other conditions % ¹⁰	5.00	
	Coverage of interventions		
	Postnatal care for newborns within 2 days % ³	–	
	Neonatal tetanus vaccine % (at least 2 doses) ¹	88.00	
	Early initiation of breastfeeding % ³	49.00	
	Children who are exclusively breastfed % (<6months) ³	41.00	

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	–
	Physician density per 10,000 population ²	0.08
	Nurse and midwife density per 10,000 population ²	2.42
	Total nursing and midwifery personnel ¹¹	20,800.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Yes
	National availability of EmOC services (% of recommended minimum) ³	34
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	Partial
	General government expenditure on health as % of total government expenditure ⁴	11.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	33.00

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	In-process	Yes	The newborn action plan is integrated in the RMNCAH Sharpened Plan and One Plan.
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	In-process	Yes	2014-2015 and 2016-2010 RMNCAH Strategic Plan II
		Does the RMNCAH plan have an NMR target defined by 2030?	No information available	Yes	Data unavailable
		Does the RMNCAH plan have an SBR target defined by 2030?	No information available	Yes	Data unavailable
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	No information available	Yes	Data unavailable
		Has the plan been costed/budgeted?	In-process	Yes	RMNCAH Strategic Plan has been costed using OneHealth Costing Tool.
		Does the country have a dedicated full-time position for newborn care at the national level?	No information available	Yes	Dr. Mary Azayo, Newborn and Child Health Programme Manager, MOHSW; also responsible for other child health interventions.
		Does the plan have a target for NMR?	No information available	Yes	16 per 1,000 live births by 2020; under 12 per 1,000 live births by 2030; under 10 per 1,000 live births by 2035. NMR was calculated from the 2014 level of 21 per 1,000 live births and ARR of 4.3%.
		Does the plan have a target for SBR?	No information available	Yes	19 per 1,000 total births by 2020; <12 per 1,000 total births by 2030; fewer than 10 per 1,000 total births by 2035. SBR was calculated based on the 2014 level of 26 per 100 total births with the assumption that the ARR is 5%.
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	No information available	Yes	Sub-national newborn action plans were integrated into the regional sharpened plans and Annual Council Health Plans.
		Have the sub-national plans been costed/budgeted?	No information available	Yes	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	No information available	In-process	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance (continued)	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No			It is within the broader QI framework that includes components of MNH.
		Does the programme has specific focus on MNH?			Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific, life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?			Midwives/nurses at health centre and hospital levels and Public Health Nurses at dispensary levels. Antenatal corticosteroids are not yet available at all levels of service delivery points.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?			The policy has been in place since 2007.
		Is there a policy on postnatal home visits?			The policy has been in place since 2014 and is being implemented in a few regions through MNCH strategy.
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?			Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?			Data unavailable
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?			Data unavailable
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?			Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?			It is being developed in line with Big Results Now (BRN).
		Is there a plan to implement the guidelines? Please describe.			Data unavailable
		Does the country have an MDSR mechanism in place?			No information is available on coverage. The new guidelines are in the process of being disseminated widely.
		Does the country have a Perinatal Death Review system in place?			No information is available on coverage. Perinatal surveillance has been integrated into the MDSR.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.			Data unavailable
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?			A newborn component is included in the maternal and child policy.
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?			Data unavailable

■ Yes
■ In-process
■ Not done
■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.			The strategy is in place for 2014-2019. SBA issues related to planning, production and management are integrated into the broader Human Resource for Health Strategy.
		Are there any retention policy/strategies for SBAs or relevant cadres?			Data unavailable
		Is there any competency and skill-based service/training/education for MNH?			Curricula for midwifery pre-service training have been revised to be competency based. However, not all components of EmOC and newborn care have been integrated. The competencies for newborn care in training curricula need to be strengthened.
		Are the following life-saving MNH commodities included in the NEML?			
		Oxytocin			Data unavailable
		Misoprostol			Data unavailable
		Magnesium sulfate			Data unavailable
		Injectable antibiotics			Data unavailable
		Antenatal corticosteroids			Antenatal corticosteroids are in the process of inclusion in NEML following the development of guidelines.
		Chlorhexidine			Chlorhexidine is not in use in Tanzania.
		Newborn resuscitation devices (Ambu bag and mask)			It is in the process of being included in the next revision.
		Does the country have an LMIS for the following essential MNH commodities?			
		Oxytocin			Data unavailable
		Misoprostol			Data unavailable
		Magnesium sulfate			Data unavailable
		Injectable antibiotics			Data unavailable
		Antenatal corticosteroids			Data unavailable
		Chlorhexidine			Data unavailable
		Newborn resuscitation devices (Ambu bag and mask)			Data unavailable
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?			Data unavailable		
Has the country included research focusing on stillbirths?			It is still under discussion. Technical support is required for research priority setting and capacity building in order to undertake operational research.		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?			Data unavailable
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?			Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Section 5

Technical assistance is required in the following areas

No information was provided.

EVERY NEWBORN ACTION PLAN

Uganda Country Report



Uganda 2015

Overview of Progress Tracking

Key achievements:

- Uganda has integrated its newborn action plan into the National RMNCAH Sharpened Plan (2013-2017) and has costed it.
- The country has a dedicated full-time position for newborn care in the Child Health division at the national level. Assistant District Officers are in charge of all RMNCAH programmes in each district.
- There are QI guidelines for the health sector and include an MNH focus.
- A health sector QI framework has existed since 2010 with the objective of accelerating quality and safety improvements.
- The country has had a policy on maternal death notification since 2008.
- The policy on postnatal home visits has existed since 2010 and has been elaborated in a Village Health Team (VHT) strategy, Integrated Community Case Management (iCCM) guidelines and national newborn care standards.
- The MDSR and perinatal death audits are being implemented, and a 2013/14 national MPDR report indicates that 41 out of 155 health facilities were conducting maternal death reviews, while 56 out of 155 health facilities were conducting perinatal death reviews. The 155 facilities include both public and private sector facilities.
- The maternal and newborn care services are free, as the user fee was removed in 2002. A national health insurance is proposed and is in process.
- The country has a robust human resources retention strategy.
- Competency-based training curricula on MNH are available, including HBB although the midwives and general nursing cadres' pre-service education curricula need updating.
- The government has made significant investments in housing for health workers and is also implementing an incentivization strategy, paying bonuses to those working in hard-to-reach areas.
- All the life-saving interventions are included in the NEML, and an addendum has been created to include antenatal corticosteroids and chlorhexidine.
- The commodities also have an LMIS. A national decision awaits on the formulation of chlorhexidine (gel versus solution), and the required strength of 7.1 per cent is not yet available. Similarly, penguin suckers are not yet enlisted.

- The country is developing its research priorities with technical assistance from Makerere University School of Public health. An online research database for MNH in Uganda is also proposed.
- A communication strategy was developed in 2010 and the updating of the plan and adaptation across different platforms of BCC is ongoing. The community mobilization strategy is implemented through VHTs and is being implemented in 84 out of 112 districts. Uganda has also convened meetings of religious leaders, parliamentarians and stakeholders working on RMNCAH and adolescent health issues.

Key gaps:

- The targets on NMR and SBR are also specified till 2017 and not all ENAP milestones are covered by the activities in the sharpened plan.
- Uganda can further strengthen newborn care programming by focusing on the inclusion of newborn-specific interventions in HMIS to measure and monitor the coverage.
- Health workers (midwives, nurses and clinical officers) at appropriate levels are authorized to administer life-saving interventions. However, these cadres cannot prescribe injectable antibiotics.

Section 1

Country context

Existing RMNCAH initiatives:

- UN Commission on Lifesaving Commodities (UNCoLSC);
- Elimination of Mother to Child Transmission (eMTCT);
- Family Planning 2020 (FP 2020);
- Saving Mothers Giving Life (SMGL);
- Integrated Community Management of Childhood Illnesses (iCCM);
- Scaling up Nutrition (SUN) Initiative;
- Universal Insecticide Treated Mosquito Net (ITN) Distribution.

Key partners:

MoH, UNICEF, WHO, UNFPA, World Bank, Save the Children, World Vision, JHPIEGO, USAID, Korea International Cooperation Agency (KOICA), SIDA, Centres for Disease Control (CDC), FHI360, White Ribbon Alliance (WRA), AMREF, Baylor Uganda, University Research Council (URC) Llc, PATH, Pathfinder, ELMA Foundation, Uganda National Health Consumers Organisation (UNHCO), Makerere University College of Health Sciences and School of Public Health, Healthy Child Uganda/Mbarara University of Science and Technology, CUUAM (Doctors without Borders), Association of Obstetricians and Gynaecologists of Uganda (AOGU)

National Focal Point for newborns:

Dr. Jesca Nsungwa-Sabiiti, Assistant Commissioner for Health Services, Child Health Division, MoH

Members of the National Technical Working Committee:**Government:**

MoH

NGOs/Private:

Save the Children, MSH, IBFAN Uganda, Uganda National Health Consumers Organisation (UNHCO), Association of Obstetricians and Gynaecologists of Uganda (AOGU), Makerere University, Uganda Private Midwives Association (UPMA), UPA, Private Neonatologists

UN agencies/other development partners:

UNICEF, USAID

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
June 2015	National Maternal and Newborn Health Conference	www.mnh.musph.ac.ug .	Save the Children/Saving Newborn Lives (SNL), Makerere University School of Public Health
29-30 July 2015	National Adolescent Health Stakeholders Meeting	To share report	UNFPA, German Development Bank (KfW)
Date not specified	RMNCH Religious Leaders Engagement Meeting	To share meeting report	UNICEF, MoH
Date not specified	East African RMNCH regional conference	Issues discussed include reflection on progress to date and identifying priorities for the post 2015 era.	MoH, East African Health Community
Date not specified	Advocacy meetings with Members of Parliament	To share report	White Ribbon Alliance (WRA), Uganda National Health Consumers' Organization (UNHCO)

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
May 2015	Safe Motherhood Day	Issues highlighted included safe motherhood and the importance of citizen participation.	MoH
September 2015	Association of Obstetricians and Gynaecologists of Uganda (AOGU) Annual General Meeting	Professionalism and Partnership in Reproductive Health – key to sustainable development	Association of Obstetricians and Gynaecologists of Uganda (AOGU) and partners
November 2015	World Prematurity Day Commemorations	Discussion points entailed advocacy for accelerated implementation and effective coverage of newborn health interventions.	MoH, district local governments
Date not specified	National Annual Health Sector Joint Review Meeting	No information was provided.	MoH

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	39,032.00
	Total fertility rate ³	5.70
	Total live births (annual, in 1000) ³	1,665.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	5,700.00
	MMR per 100,000 live births ⁵	343.00
	Average annual rate of MMR reduction % (MDG) ⁵	2.80
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	30.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	48.00
	Institutional delivery % ¹²	57.00
	Skilled attendant at birth % ³	57.00
	Postnatal care of mothers within 2 days % (all births) ³	33.00
Newborn	Epidemiology	
	NMR ⁶	19.00
	Neonatal deaths ⁶	30,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	180.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	3.70
	Proportion of under-five deaths that are newborn ⁶	35.00
	Total number of first day deaths ⁷	12,500.00
	First day mortality rate (per 1,000 live births) ⁷	8.00
	Total number of stillbirths ⁸	38,500.00
	Total number of babies born preterm ⁹	212,500.00
	Infants with low birth weight % ¹	12.00
	Preterm birth rate per 1,000 live births ⁹	13.60
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	31.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	27.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	20.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	10.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	0.00
	Proportion of neonatal deaths from other conditions % ¹⁰	6.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	11.00
	Neonatal tetanus vaccine % (at least 2 doses) ¹	85.00
	Early initiation of breastfeeding % ³	53.00
	Children who are exclusively breastfed % (<6months) ³	63.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	1.88
	Physician density per 10,000 population ²	1.17
	Nurse and midwife density per 10,000 population ²	13.06
	Total nursing and midwifery personnel ¹¹	37,625.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	–
	National availability of EmOC services (% of recommended minimum) ³	–
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	–
	Costed national implementation plans for MNCH available ³	N/A
	General government expenditure on health as % of total government expenditure ⁴	24.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	38.00

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	In-process	The newborn action plan has been integrated into the national RMNCAH Sharpened Plan.
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	Yes	The plan is available for 2013-2017.
		Does the RMNCAH plan have an NMR target defined by 2030?	In-process	NMR target is specified only up to 2017.
		Does the RMNCAH plan have an SBR target defined by 2030?	In-process	SBR target is specified only up to 2017.
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	In-process	Not all milestones are covered by the activities in the Sharpened Plan.
		Has the plan been costed/budgeted?	Yes	Data unavailable
		Does the country have a dedicated full-time position for newborn care at the national level?	Yes	Dr. Jesca Nsungwa-Sabiiti, Assistant Commissioner for Health Services, Child Health Division
		Does the plan have a target for NMR?	Yes	NMR target of 10 per 1,000 live births by 2017.
		Does the plan have a target for SBR?	In-process	Data unavailable
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	In-process	Data unavailable
		Have the sub-national plans been costed/budgeted?	In-process	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	In-process	Assistant District Health Officers are in charge of MNCH as well as all RMNCAH programmes in the district.
	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No	Yes	There are QI guidelines for the health sector that include newborn health quality benchmarks/indicators.
		Does the programme has specific focus on MNH?	Yes	Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific, life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?	Yes	Midwives, nurses and clinical officers are authorized but not all newborn interventions can be administered, including prescription of injectable antibiotics and antenatal corticosteroids. The nurse-patient ratio still remains a big challenge.

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance (continued)	National policies (continued)	Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?	Yes	The policy has been in place since 2008 (2008-2015).
		Is there a policy on postnatal home visits?	Yes	The policy has been in place since 2010 (2010-2015) and is included in the VHT Strategy, iCCM guidelines and national newborn care standards.
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?	In-process	Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?	Yes	Newborn resuscitation is included in the newly revised maternity register but not incorporated in the HMIS 105 (monthly summaries) and DHIS2.
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?	In-process	KMC is not being tracked even in the currently updated HMIS tools and registers.
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?	In-process	The current system is only able to track cases of neonatal sepsis and does not track treatment or management of cases recorded.
Health service delivery	Quality	Does the country have national QI guidelines for MNH?	Yes	The health sector quality improvement framework has been in place since 2010 (2010/11 to 2014/15). The main objective is to accelerate quality and safety improvements for health and health services through the implementation of identified interventions.
		Is there a plan to implement the guidelines? Please describe.	In-process	Data unavailable
		Does the country have an MDSR mechanism in place?	Yes	The 2013/14 national MPDR report indicates that 41 out of 155 health facilities are conducting a Maternal Death Review (includes government and private facilities).
		Does the country have a Perinatal Death Review system in place?	Yes	The 2013/14 national Maternal Perinatal Death Review (MPDR) report indicates that 56 out of 155 health facilities are conducting perinatal death reviews (includes government and private facilities).
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/ insurance that exists.	Yes	The country removed user fees in 2002/2001 including fees to access maternal care services in public health facilities. National health insurance has been proposed but it is not yet a national policy.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?	Yes	The country removed user fees in 2002/2001 including fees to access newborn care care services in public health facilities. National health insurance has been proposed but is not yet a national policy.
		Does the national health insurance scheme/ free policy that covers maternal and newborn care include sick newborns?	Yes	Data unavailable

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.		Data unavailable
		Are there any retention policy/strategies for SBAs or relevant cadres?		The government has had significant investments in housing for health workers in selected hospitals with funding from The World Bank. The government is also implementing a motivation strategy of paying bonuses to health workers working in hard-to-reach areas.
		Is there any competency and skill-based service/training/education for MNH?		Most cadres have exposure to the pre-service core newborn care competencies. But the pre-service curricula for midwives and general nursing cadres need to be updated on basic competencies. There is also an in-service training programme (Healthy Babies Breathe Plus).
		Are the following life-saving MNH commodities included in the NEML?		
		Oxytocin		Data unavailable
		Misoprostol		Data unavailable
		Magnesium sulfate		Data unavailable
		Injectable antibiotics		Data unavailable
		Antenatal corticosteroids		An addendum has been developed for the EML and National Treatment Guidelines but it is not yet approved. There is a need to create awareness about the commodities.
		Chlorhexidine		An addendum has been developed for the EML and National Treatment Guidelines but it is not yet approved. There is a need to create awareness about the commodity.
		Newborn resuscitation devices (Ambu bag and mask)		Data unavailable
		Does the country have an LMIS for the following essential MNH commodities?		
		Oxytocin		Data unavailable
		Misoprostol		Data unavailable
		Magnesium sulfate		Data unavailable
		Injectable antibiotics		Data unavailable
		Antenatal corticosteroids		Data unavailable
		Chlorhexidine		A national decision is yet to be made on the formulation (gel vs solution) and the required strength of 7.1 per cent is not yet available.
Newborn resuscitation devices (Ambu bag and mask)		Penguin suckers are not yet included in the list.		

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
		Has the country prioritized a research agenda in MNH (as referenced in ENAP)?	In-process	Technical Assistance on the Child Health and Nutrition Research Initiative process is required and has to be worked out with Makerere University School of Public Health. There is a need to establish an online research database for MNH in Uganda.
		Has the country included research focusing on stillbirths?	No information available	Data unavailable
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	Yes	A strategy was developed in 2010 by UNICEF. The country is currently working on revising and updating it for adaptation across different platforms for BCC.
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	Yes	It covers 84 out of 112 districts (75 per cent) though the VHT strategy.

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Section 5

Technical assistance is required in the following areas

- Investment case for newborn health in Uganda.
- A comprehensive programme review for newborn health in Uganda.

EVERY NEWBORN ACTION PLAN

Viet Nam Country Report



Viet Nam 2015

Overview of Progress Tracking

Key achievements:

- Viet Nam developed its national newborn action plan in 2014.
- The country was able to define the NMR target and has a focal point in the MoH.
- The plan has been costed and a master national Maternal and Child Health Plan is being developed.
- The country plans to include newborn care activities in provincial reproductive health programmes.
- The maternal death notification legislation has existed since 2011 and all 63 hospitals are implementing maternal death reviews.
- A policy has existed on home visits for postnatal care since 2012.
- Free maternal and newborn care is covered under national health insurance including care of sick babies.
- All the essential commodities are included in the NEML and LMIS, except chlorhexidine, which is not included as the country is following the dry cord care policy.
- Doctors are available in all health facilities up to the community level and are authorized for all relevant functions.
- Essential newborn care and provision of specific newborn interventions are being included in pre-service training in medical schools.
- The first draft of national guidelines on newborn care including Early Essential Newborn Care (EENC) and KMC was developed. Fifteen hundred health providers were trained in EENC. Its implementation and monitoring is being supported in 15 provincial hospitals by national experts. Another 30 provincial and district health staff and 140 service providers from 10 provinces were trained in KMC.
- The perinatal audit is planned to be initiated in 2016
- The country has a communications strategy for MNCH in general, which includes a newborn focus. In addition, the 'First Embrace' campaign is going through TV channels and 15 online newspapers.

Key gaps:

- There is as yet no specific MNH community engagement strategy in place.
- Sex-selective abortions are a matter of concern and Reproductive and Adolescent Health Group (RAHG) is advocating to curb this trend.

Section 1

Country context

Existing RMNCAH initiatives:

- Skilled birth assistance and ethnic minority midwife training;
- Maternal Mortality Audit;
- EENC (First Embrace);
- Newborn care unit;
- KMC;
- Integrated Management of Childhood Illness (IMCI);
- Civil Registration and Vital Statistics (CRVS); and
- RMNCH data recording and reporting.

Key partners:

UNICEF, WHO, UNFPA, European Union, World Bank, Save the Children, Pathfinder, PATH, Marie Stopes International (MSI), Plan International, World Vision

National Focal Point for newborns:

Dr. Hoang Anh Tuan, Maternal and Child Health Department, MoH

Members of the National Technical Working Committee:

Reproductive Health Affinity Group (RHAG)

Government:

Maternal and Child Health Department, MoH

NGOs/Private:

Save the Children, Marie Stopes International (MSI), Pathfinder, PATH, Plan International, Population Services International (PSI), Institute for Family and Reproductive Health (RaFH), Viet Nam Family Planning Association (VINAFPA), Association for Family Planning and Population

UN agencies/other development partners:

UNICEF, WHO, UNFPA

Section 2

National/sub-national events in maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
April-July 2015	EENC training for provinces	EENC trainings were provided to provincial, district and community health staff in Viet Nam. As a result, 1,500 health staff at the sub-national level improved knowledge and skills in EENC through 75 training courses.	MCH (Ministry of Health), National MNCH programme, EU
15 April 2015	RAHG meeting	The law on population and family planning was discussed. Groups agreed to send a joint letter to the Government and MOH advocating on the issue of abortion and sex selection.	MCH (Ministry of Health), UNICEF, WHO, UNFPA, RAHG members
April-June 2015	Monitoring on Early Essential Newborn Care implementation	Implementation of EENC in 15 provincial hospitals was discussed as monitored by national experts.	MCH (Ministry of Health), UNICEF, WHO
April-July 2015	KMC training for districts	KMC trainings were organized at the district level for district health staff from district hospitals. As a result, 140 provincial and district health staff from seven provinces gained improved knowledge and skills on KMC through two training courses.	MCH (Ministry of Health), National MNCH programme, EU
May 2015	Consultations to develop the national action plan on Maternal and Child Health Care 2016-2020	Key issues and priorities for maternal and child healthcare and implementation strategies and approached in the period 2016-2020 were discussed. It was agreed that the issues of stagnant neonatal deaths needed to be addressed, and EENC strategies and interventions would be priorities and an important part of the action plan on MNCH the next five years	MCH (Ministry of Health), UNICEF, UNFPA, WHO, MSI, SC
May-June 2015	EENC training for medical schools	EENC and SBA were introduced in training programmes for general practitioners and midwife of medical schools. Four training courses on EENC and SBA were provided for 90 trainees of 80 medical schools.	MCH (Ministry of Health), WHO, UNICEF
12 June 2015	Technical workshop to review and update the national guidelines on reproductive healthcare including neonatal care	The standard guidelines on newborn care practices were reviewed and updated in the national standard guidelines on reproduction healthcare. First draft of national guidelines on newborn care, including EENC and KMC, were developed.	MCH (Ministry of Health), UNICEF, MSI.
June 2015	Developing communication materials for promotion of EENC	Issues include EENC (First Embrace) key messages for healthcare providers and mothers. Two leaflets and one 45-second video clip on EENC were developed for further review and finalization.	MCH (Ministry of Health), UNICEF, WHO
June-August 2015	KCM training for provinces	KMC training was organized at the provincial level for health staff from provincial hospitals and reproductive health centres. Thirty provincial health staff from 10 provinces gained knowledge and skills in KMC implementation through two training courses.	MCH (Ministry of Health), UNICEF, EU
July 2015	Communication events on EENC: First Embrace	Information and key messages on First Embrace were disseminated to mothers in three national hospitals and to the public through mass media. Three communication events were held and key messages delivered through three national television channels and 15 online newspapers	MCH (Ministry of Health), three Regional Excellent Centers of Early Essential Newborn Care (EENC), UNICEF, WHO

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
August-December 2015	Consultation meeting to develop the National Action Plan on Maternal and Child Health Care 2016-020	To review the second draft.	MCH (Ministry of Health), UNICEF, UNFPA, WHO, MSI, Save the Children
August-December 2015	Technical workshop to review and update the national guidelines on reproductive healthcare including neonatal care	To review the second draft.	MCH (Ministry of Health), UNICEF, WHO, Save the Children
August-December 2015	EENC and SBA training and coaching in selected health facilities	To improve knowledge and skills of healthcare staff from national-level hospitals, hospitals of military and public security, and other sectoral hospitals (e.g., from the Ministry of Transportation)	MCH (Ministry of Health), EU
August-December 2015	EENC and SBA training for provincial, district and commune health staff in selected provinces	To improve knowledge and skill of 4,075 staff on EENC and SBAs through 163 training courses.	MCH (Ministry of Health), EU
August-December 2015	KMC training	To improve knowledge and skill of 160 provincial and district health staff from selected provinces on KMC implementation.	MCH (Ministry of Health), EU
August-December 2015	Conduct supportive supervision and coaching in EENC and KMC	To improve knowledge and skill and monitor implementation of EENC and KMC in selected provinces.	MCH (Ministry of Health), UNICEF, WHO
August-December 2015	Provision of training materials and medical equipment including clean delivery kits	To ensure sufficient provision of equipment to selected health facilities for implementation of SBAs and EENC.	MCH (Ministry of Health), EU
August-December 2015	Communication campaign on EENC, SBAs, and KMC on television, online newspapers and talk shows	To raise public awareness on EENC, SBAs and KMC	MCH, EU
September 2015	QI visit	To review existing QI activities in MNCH.	MCH, UNICEF, WHO

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	93,448.00
	Total fertility rate ³	2.00
	Total live births (annual, in 1000) ³	1,582.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	860.00
	MMR per 100,000 live births ⁵	54.00
	Average annual rate of MMR reduction % (MDG) ⁵	3.80
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	78.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	74.00
	Institutional delivery % ¹²	94.00
	Skilled attendant at birth % ³	94.00
	Postnatal care of mothers within 2 days % (all births) ³	90.00
Newborn	Epidemiology	
	NMR ⁶	11.00
	Neonatal deaths ⁶	18,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	167.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	2.10
	Proportion of under-five deaths that are newborn ⁶	52.00
	Total number of first day deaths ⁷	6,400.00
	First day mortality rate (per 1,000 live births) ⁷	5.00
	Total number of stillbirths ⁸	16,800.00
	Total number of babies born preterm ⁹	130,400.00
	Infants with low birth weight % ¹	5.00
	Preterm birth rate per 1,000 live births ⁹	9.40
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	40.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	13.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	12.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	16.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	0.00
	Proportion of neonatal deaths from other conditions % ¹⁰	12.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	89.00
	Neonatal tetanus vaccine % (at least 2 doses) ¹	91.00
	Early initiation of breastfeeding % ³	40.00
	Children who are exclusively breastfed % (<6months) ³	24.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	–
	Physician density per 10,000 population ²	2.34
	Nurse and midwife density per 10,000 population ²	5.00
	Total nursing and midwifery personnel ¹¹	17,257.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Yes
	National availability of EmOC services (% of recommended minimum) ³	N/A
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	Yes
	General government expenditure on health as % of total government expenditure ⁴	9.00
	Out-of-pocket expenditure as % of total expenditure on health ⁴	49.00

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	Yes	Yes	The plan is available for 2014-2020 and will be integrated in the MCH action plan.
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	In-process	Yes	The plan is available for 2011-2015. A master National Maternal and Child Health Action Plan is being developed.
		Does the RMNCAH plan have an NMR target defined by 2030?	In-process	Not done	Data unavailable
		Does the RMNCAH plan have an SBR target defined by 2030?	In-process	Not done	Data unavailable
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	In-process	Yes	Data unavailable
		Has the plan been costed/budgeted?	Yes	Yes	An indicative budget is costed in the national plan and there is a yearly allocation for the actual budget.
		Does the country have a dedicated full-time position for newborn care at the national level?	In-process	Yes	Dr. Hoang Anh Tuan, Maternal and Child Health Department, MoH
		Does the plan have a target for NMR?	In-process	No information available	NMR target is for 2016-2020.
		Does the plan have a target for SBR?	In-process	Not done	Data unavailable
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	In-process	No information available	Newborn care action will be incorporated in the provincial reproductive health care programme.
		Have the sub-national plans been costed/budgeted?	In-process	No information available	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	In-process	Not done	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Leadership and governance (continued)	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No			Data unavailable
		Does the programme has specific focus on MNH?			Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?			Doctors are available at national, provincial and district levels, as well as community health facilities.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?			Viet Nam has been implementing a Maternal Mortality Audit since 2011.
		Is there a policy on postnatal home visits?			It has been in place since 2012.
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?			Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?			It is included only in the MNCH recording and reporting system.
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?			It is included only in the MNCH recording and reporting system.
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?			Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?			Data unavailable
		Is there a plan to implement the guidelines? Please describe.			Data unavailable
		Does the country have an MDSR mechanism in place?			It is being implemented in all 63 hospitals across the country.
		Does the country have a Perinatal Death Review system in place?			Viet Nam is planning to implement a Prenatal Death Review system in 2016.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.			Free maternal care is covered under National Health Insurance.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?			Free newborn care is covered under National Health Insurance.
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?			Free sick newborn care is provided under the revised Health Insurance Law 2014.

■ Yes
■ In-process
■ Not done
■ No information available

Health systems building blocks	ENAP milestones	Indicator	2014	2015	Comments
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.	Yes	Yes	It has been in place since 2014.
		Is there any retention policy/strategies for SBAs or relevant cadres?	No information available	Yes	Data unavailable
		Is there any competency and skill-based service/training/education for MNH?	Yes	Yes	EENC and SBAs are being included in pre-service training in medical schools.
		Are the following life-saving MNH commodities included in the NEML?			
		Oxytocin	Yes	Yes	Data unavailable
		Misoprostol	Yes	Yes	Data unavailable
		Magnesium sulfate	Yes	Yes	Data unavailable
		Injectable antibiotics	Yes	Yes	Data unavailable
		Antenatal corticosteroids	Yes	Yes	Data unavailable
		Chlorhexidine	Yes	In-process	Chlorhexidine is not applicable for Viet Nam.
		Newborn resuscitation devices (Ambu bag and mask)	Yes	Yes	Data unavailable
		Does the country have an LMIS for the following essential MNH commodities?			
		Oxytocin	No information available	Yes	Data unavailable
		Misoprostol	No information available	Yes	Data unavailable
		Magnesium sulfate	No information available	Yes	Data unavailable
		Injectable antibiotics	No information available	Yes	Data unavailable
		Antenatal corticosteroids	No information available	Yes	Data unavailable
		Chlorhexidine	No information available	In-process	Data unavailable
Newborn resuscitation devices (Ambu bag and mask)	No information available	Yes	Data unavailable		
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?	In-process	In-process	There is limited funding for research in MNH.		
Has the country included research focusing on stillbirths?	In-process	In-process	Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	Yes	Yes	The country has an MNCH communication strategy in general which includes newborns.
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	In-process	In-process	Data unavailable

Yes
 In-process
 Not done
 No information available

Section 5

Technical assistance is required in the following areas

- Finalization of national standard guidelines on RH including newborns.
- Assessment on QI and developing a QI programme on SBAs and EENC.
- Development of EENC guidelines on C-sections.
- Development of a programme on consolidation and improving capacity on EmONC approved by the Prime Minister.
- Supportive supervision and coaching on implementation of the Maternal Mortality Audit, EENC and KMC.

EVERY NEWBORN ACTION PLAN

Zimbabwe Country Report



Zimbabwe 2015

Overview of Progress Tracking

Key achievements:

- Zimbabwe developed a Maternal and Neonatal Health road map in 2010 and is revising the national health strategy which includes newborn and child health.
- The plan is in the process of being costed.
- The country also has comprehensive MNCH plans at provincial and district levels.
- A national QI initiative for health care exists.
- Health workers (nurses, midwives and primary care nurses) are authorized to administer life-saving interventions.
- The country also has policies on maternal death notification and postnatal home visits.
- An MDSR and perinatal death reviews are being implemented through all 140 district, mission, provincial and central hospitals. There are quarterly review meetings for perinatal death reviews at the national level.
- Maternal health services are free at lower levels of care while there is a fee at district, provincial and central hospitals. Newborns, including sick newborns, are treated free up to the first six weeks of life.
- All the life-saving MNH commodities are included in the NEML list and LMIS. Zimbabwe has prioritized a research agenda.
- The country has a human resources strategy called the staff establishment plan for each health facility and at provincial levels.
- The Ministry of Health and Child Care (MOHCC) has a retention scheme in partnership with the Health Transition Fund for midwives and doctors.
- Competency-based trainings exist for BEmONC and essential newborn care.
- Pre-service trainings exist for midwives and medical cadres and needs to be strengthened for general nursing.
- Key advocacy events have included Breastfeeding Week, International Day of the Midwife, World Prematurity Day and launch of the Health Development Fund where a resource mobilization strategy for MNCH was developed.

Key gaps:

- QI guidelines need to be developed.
- The indicators for newborn-specific interventions are not yet included in the HMIS.
- The issue of stillbirths needs to be included in research priorities.
- Communications plans and a community mobilization strategy need to be developed.

Section 1

Country context

Existing RMNCAH initiatives:

- Maternal and Neonatal Health Roadmap;
- National Health Strategy;
- Child Survival Strategy;
- Adolescent Sexual and Reproductive Health Strategy.

Key partners:

UNICEF, WHO, UNFPA, USAID, MCHIP, Save the Children, Absolute Returns for Kids (ARK), KAPNEK Trust, Organization for Public Health Interventions and Development (OPHID), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), CORDAID.

National Focal Point for newborns:

Dr. Bernard Madzima, Director Family Health, MOHCC

Members of the National Technical Working Committee:

Government:

MOHCC

NGOs/Private:

Not mentioned.

UN agencies/other development partners:

UNICEF, WHO, MCHIP/USAID

Section 2

National/sub-national events on maternal and newborn health

The following MNH events took place in January-May 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
1-7 August 2015	World Breastfeeding Week	Theme was 'Breastfeeding and Work: Let's make it work'	MCHIP, World Vision
26 June 2015	International Day of the Midwife	Theme was 'Midwives for a better tomorrow'.	Zimbabwe Confederation of Midwives (ZICOM)
25 April 2015	World Malaria Day	Theme was 'Roll Back Malaria'.	MOHCC, Population Services International (PSI), MCHIP, Abt Associates
8 October 2015	Launch of the Health Development Fund	A funding mobilization strategy for MNCH was developed.	MOHCC, UNICEF, UNFPA, funding partners

The following MNH events were planned for June-December 2015

Dates	Events	Key issues discussed/outcomes/decisions	Key coordinating partners
17 November 2015	World Prematurity Day, World Pneumonia Day	No information was provided.	Paediatric Association of Zimbabwe
1 December 2015	World AIDS Day	No information was provided.	MOHCC

Section 3

Fact sheet

Categories	Indicators	
Demography	Total population (in 1,000) ³	15,603.00
	Total fertility rate ³	3.90
	Total live births (annual, in 1000) ³	539.00
Maternal	Epidemiology	
	Total number of maternal deaths ⁵	2,400.00
	MMR per 100,000 live births ⁵	443.00
	Average annual rate of MMR reduction % (MDG) ⁵	0.00
	Coverage of interventions	
	Contraceptive prevalence rate % ¹	59.00
	Antenatal care coverage at least 4 times % (at least 4 visits) ³	70.00
	Institutional delivery % ¹²	80.00
	Skilled attendant at birth % ³	80.00
	Postnatal care of mothers within 2 days % (all births) ³	77.00
Newborn	Epidemiology	
	NMR ⁶	24.00
	Neonatal deaths ⁶	13,000.00
	Global rank of neonatal deaths – first 28 days of life ⁶	155.00
	Average annual rate of NMR reduction % (MDG 4) ⁶	-0.7.00
	Proportion of under-five deaths that are newborn ⁶	34.00
	Total number of first day deaths ⁷	6,200.00
	First day mortality rate (per 1,000 live births) ⁷	14.00
	Total number of stillbirths ⁸	8,800.00
	Total number of babies born preterm ⁹	73,100.00
	Infants with low birth weight % ¹	11.00
	Preterm birth rate per 1,000 live births ⁹	16.60
	Proportion of neonatal deaths from preterm birth complications % ¹⁰	32.00
	Proportion of neonatal deaths from intrapartum-related events % (birth asphyxia) ¹⁰	30.00
	Proportion of neonatal deaths from sepsis/meningitis/tetanus % ¹⁰	20.00
	Proportion of neonatal deaths from congenital abnormalities % ¹⁰	7.00
	Proportion of neonatal deaths from diarrhoea % ¹⁰	0.00
	Proportion of neonatal deaths from other conditions % ¹⁰	4.00
	Coverage of interventions	
	Postnatal care for newborns within 2 days % ³	85.00
	Neonatal tetanus vaccine % (at least 2 doses) ¹	66.00
	Early initiation of breastfeeding % ³	59.00
	Children who are exclusively breastfed % (<6months) ³	41.00

Categories	Indicators	
Health system	Human resources	
	CHW density per 10,000 population ²	–
	Physician density per 10,000 population ²	0.62
	Nurse and midwife density per 10,000 population ²	12.51
	Total nursing and midwifery personnel ¹¹	17,022.00
	Midwifery personnel authorized to deliver basic emergency obstetric and mother care ³	Yes
	National availability of EmOC services (% of recommended minimum) ³	N/A
	Policies, systems and financing	
	Postnatal home visits in the first week of life ³	Yes
	Costed national implementation plans for MNCH available ³	Yes
	General government expenditure on health as % of total government expenditure ⁴	–
	Out-of-pocket expenditure as % of total expenditure on health ⁴	–

Section 4

Every Newborn Country Implementation Tracking Tool

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance	National plans	Does the country have a national newborn action plan?	Not done	It is a part of the Maternal and Neonatal Health road map.
		Does the country have an adequately strengthened RMNCAH strategy/plan for implementation at scale with a focus on newborn health?	Yes	National Health Strategy 2010 (containing the Child Survival Strategy) is being reviewed and updated with targets.
		Does the RMNCAH plan have an NMR target defined by 2030?	Yes	It has an NMR target of 10 per 1,000 live births.
		Does the RMNCAH plan have an SBR target defined by 2030?	Not done	Data unavailable
		Have specific activities for all ENAP milestones been added, including the scaling up newborn-specific interventions?	Not done	Data unavailable
		Has the plan been costed/budgeted?	In-process	Data unavailable
		Does the country have a dedicated full-time position for newborn care at the national level?	No information available	Data unavailable
		Does the plan have a target for NMR?	Yes	It has an NMR target of 10 per 1,000 live births.
		Does the plan have a target for SBR?	Not done	Data unavailable
		Does the country have sub-national newborn action plans? (e.g., provincial, state, urban, municipality) If yes, please describe at which levels.	Yes	Comprehensive MNCH plans exist at provincial and district levels.
		Have the sub-national plans been costed/budgeted?	Not done	Data unavailable
		Does the country have dedicated full-time positions for newborn health at the sub-national level? (e.g., provincial, state, urban, municipality)	Not done	Data unavailable

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Leadership and governance (continued)	National policies	Does the country have a national QI programme/initiative for healthcare? Yes/In process/No		Data unavailable
		Does the programme has specific focus on MNH?		Data unavailable
		Does the country have health workers at appropriate levels of care authorized to administer country-specific life-saving interventions and commodities (e.g., midwives/nurses authorized to administer injectable antibiotics; midwives authorized to perform neonatal resuscitation with ambu bag and mask; administering antenatal corticosteroids in preterm babies)?		Nurses (RGNs), midwives, primary care nurses and doctors are authorized to perform neonatal resuscitation and administer antibiotics, but they cannot administer antenatal corticosteroids.
		Has legislation/policy been adopted on maternal death notification within 24 hours (in line with CoIA)?		Clear guidelines are available for the notification of maternal deaths.
		Is there a policy on postnatal home visits?		It is reflected in the postnatal care guidelines.
Health Information System	Data	Does the national HMIS include an indicator for the use of 'Antenatal corticosteroids for foetal lung maturation'?		Data unavailable
		Does the national HMIS include the indicator 'Newborn resuscitation performed'?		Data unavailable
		Does the national HMIS include the indicator 'Newborn that benefited from KMC'?		Data unavailable
		Does the national HMIS include the indicator 'Treatment of neonatal sepsis'?		Data unavailable
Health service delivery	Quality	Does the country have national QI guidelines for MNH?		Data unavailable
		Is there a plan to implement the guidelines? Please describe.		Data unavailable
		Does the country have an MDSR mechanism in place?		Maternal deaths reviews are conducted in all the 140 hospitals at district, mission, provincial and central levels.
		Does the country have a Perinatal Death Review system in place?		Perinatal death reviews are conducted per guidelines in all the 140 hospitals at district, mission, provincial and central levels, and the review meetings are held every quarter.
Health financing	Investment	Does the country have a free maternal care policy/national health insurance/incentive scheme in place? Please describe the policy/insurance that exists.		Maternal care services are free at the lower levels of care. There is a fee system at district, provincial and central levels.
		Does the country have a free newborn care policy/national health insurance in place? Please comment on whether this is a stand-alone policy or if it is included in the maternal policy. If included in the maternal policy, up to what age is the newborn covered?		Newborn babies are covered by free treatment for the first six weeks.
		Does the national health insurance scheme/free policy that covers maternal and newborn care include sick newborns?		Sick newborn babies get free treatment.

■ Yes
 ■ In-process
 ■ Not done
 ■ No information available

Health systems building blocks	ENAP milestones	Indicator	2015	Comments
Health workforce	Health workers	Does the country have a human resource plan/strategy for SBAs? Please describe the plan in the comments section.	Yes	A staff establishment plan for each health facility and at the provincial level is available.
		Is there any retention policy/strategies for SBAs or relevant cadres?	Yes	The MOHCC has a retention scheme for midwives and doctors in partnership with the Health Transition Fund.
		Is there any competency and skill-based service/training/education for MNH?	Yes	Competency-based trainings exist for BEmONC and ENC. Pre-service trainings mostly cover midwifery and medical training. In general, nurses (RGNs) are trained on basic maternal and newborn care.
		Are the following life-saving MNH commodities included in the NEML?		
		Oxytocin	Yes	Data unavailable
		Misoprostol	Yes	Data unavailable
		Magnesium sulfate	Yes	Data unavailable
		Injectable antibiotics	Yes	Data unavailable
		Antenatal corticosteroids	Yes	Data unavailable
		Chlorhexidine	Yes	Chlorhexidine is available but is not used for cord care. On the contrary, methylated spirit is used for cord care.
		Newborn resuscitation devices (Ambu bag and mask)	Yes	Data unavailable
		Does the country have an LMIS for the following essential MNH commodities?		
		Oxytocin	Yes	Data unavailable
		Misoprostol	Yes	Data unavailable
		Magnesium sulfate	Yes	Data unavailable
		Injectable antibiotics	Yes	Data unavailable
		Antenatal corticosteroids	Yes	Data unavailable
		Chlorhexidine	Yes	Despite the availability of chlorhexidine, it is not used for cord care.
Newborn resuscitation devices (Ambu bag and mask)	Yes	Data unavailable		
Has the country prioritized a research agenda in MNH (as referenced in ENAP)?	Yes	Data unavailable		
Has the country included research focusing on stillbirths?	In-process	Data unavailable		
Community, ownership and partnership	Parent voices and champions	Does the country have a national communication (Advocacy, BCC/C4D) strategy on the newborn?	In-process	The country has an MNCH communication strategy in general which includes newborns.
	Engagement	Does the country have a community MNH engagement/mobilization strategy in place?	In-process	Data unavailable

Yes
 In-process
 Not done
 No information available

Section 5

Technical assistance is required in the following areas

- Community mobilization for MNH.
- National communication strategy on newborn health.

Reference

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- 2 World Health Organization, *Global Health Workforce Statistics: 2014 update*, WHO, Geneva, at <http://www.who.int/hrh/statistics/hwfstats/>.
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- 7 Oza, S., S.N. Cousens, and J.E. Lawn, 'Estimation of daily risk of neonatal death, including the day of birth, in 186 countries in 2013: a vital-registration and modelling-based study', *Lancet Global Health*, vol. 2, no. 11, Nov 2014. e635-44, doi: 10.1016/S2214-109X(14)70309-2.
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- 12 At www.data.unicef.org.

