



## **GOVERNMENT OF MALAWI**



**EVERY NEWBORN ACTION PLAN: *AN ACTION PLAN TO END PREVENTABLE  
DEATHS IN MALAWI.***

**October, 2013.**

## Background

Although important gains have been made over the past two decades in child survival, progress in reducing newborn mortality (deaths in the first month of life) have lagged substantially. As a result, neonatal deaths now account for 43% of child deaths world-wide. To achieve progress toward Millennium Development Goal (MDG) 4, an organized and focused initiative must be implemented to address the global burden of newborn mortality. The leading causes of newborn mortality include complications of preterm birth, intrapartum related complications and neonatal infections. Even in the poorest nations, a high proportion of these conditions are preventable and treatable with basic, affordable, and practical solutions, particularly during childbirth and the first days after birth. Scale up of evidence-based strategies is achievable, focused on delivery of essential childbirth and newborn care and management of complications, such as the use of antenatal corticosteroids for preterm labour, resuscitation of the asphyxiated newborn, and improved care of the preterm infant including Kangaroo Mother Care and prevention and management of neonatal infections.

### About the *Every Newborn* action plan

*Every Newborn: an action plan to end preventable deaths* is a roadmap for change. It takes forward the *Global Strategy for Women's and Children's Health* by focusing specific attention on newborn health and identifying actions for improving their survival, health and development. The process starts from consultations with stakeholders to gain better understanding of context and specific bottlenecks for scale up. *Every Newborn* brings together this country learning with the latest global available knowledge on effective interventions and delivery approaches, enabling policymakers and program managers to take action to accelerate progress. It will set out a clear vision, supported by mortality targets for 2035 and other interim targets, outlining strategic actions, innovations and opportunities, sharing evidence on costs and impact of interventions, and setting out roles for all actors.

The *Every Newborn* Action Plan will focus on newborns, identifying what actions are necessary to realize the right to survival and well-being. *Every Newborn* builds on the recommendations of *Committing to Child Survival: A Promise Renewed for Child Survival* (APR), and will contribute towards the APR target of 20 or less under-five deaths per 1000 live births in each country by 2035. The plan also takes to action the recommendations of the *United Nations Commission on Lifesaving Commodities for Women's and Children's Health*, the goals of the Family Planning 2020 initiative and the *United Nations Commission on Information and Accountability for Women's and Children's Health*.

The plan will scale-up action on three fronts: (1) sharpened and resource evidence-based country plans; (2) enhance monitoring and accountability; (3) invigorate the movement for maternal, newborn and child survival in Malawi.

Ensuring the survival of preterm babies and their mothers requires sustained and significant planning, resources and practical support. The global efforts have shown that simple tools exist but efforts and mechanism to accelerate improvement in newborn survival have been lacking. We know what to do to change the future of babies born too soon, have trouble breathing at birth, or fall ill soon after birth and this will have a lasting impact for their mothers, families, and indeed for the entire country.

*Every Newborn* will strengthen the continuum of care for women and children through its two dimensions. It will promote effective interventions along the life course and call for evidence based actions at all levels of health service delivery, from the community to referral level hospitals. It will recognize the importance of addressing social determinants of health, promoting inter-sectoral actions, and stimulating innovation and research. Within the broad menu of all that is possible and needed to improve newborn health, the plan will put a spotlight on those interventions and actions that have potential to make the greatest impact. The 24 hours around childbirth are a unique window for investment with a triple return: to save the lives of women, prevent stillbirths, and give newborns a healthy start in life. In addition interventions before and during pregnancy and in the postnatal period beyond the first days of a baby's life can significantly contribute to improvements in newborn health.

The Action Plan will contribute to harmonization of approaches across RMNCH programmes within countries and between all concerned stakeholders, at global, regional and country levels. It will build on the momentum and opportunities at-hand, such as the UN Secretary General's *Global Strategy for Women's and Children's Health*, the Commission on Information and Accountability, and the UN Commission on Life-Saving Commodities (see Box 1 for related initiatives and targets).

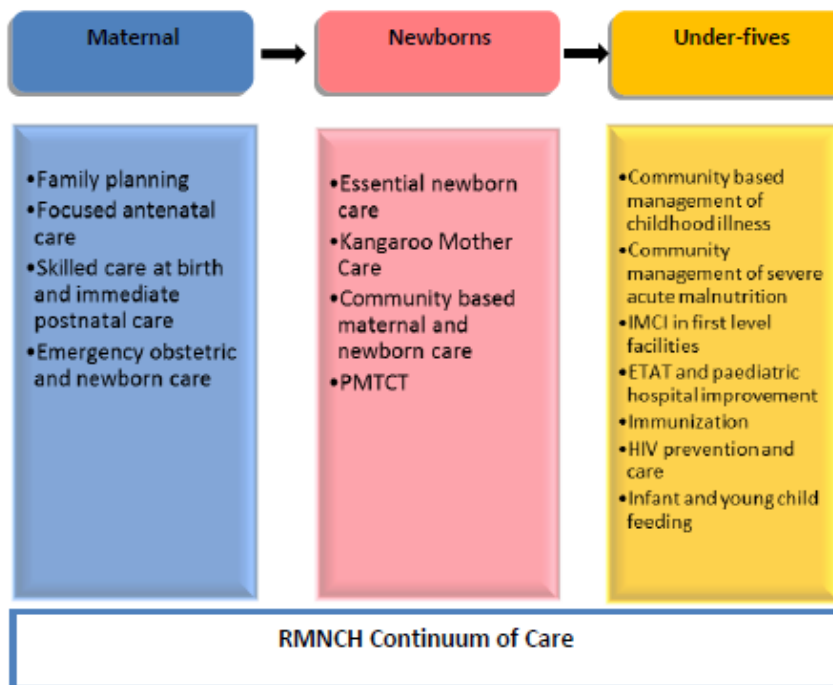
#### **Box 1: Linkages with other initiatives and targets**

*Every Newborn* will link with other global plans and initiatives such as:

- Global Nutrition Action Plan
- Elimination of Mother to Child Transmission of HIV and Syphilis
- Global Immunization Action Plan
- Global action plan for ending preventable deaths due to pneumonia and diarrhoea
- WASH
- Family Planning 2020
- CARMMA
- Muskoka Initiative
- Life-saving Commodities
- Information and Accountability
- Social determinants of health

*Every Newborn* involves all stakeholders who can make a difference for newborn health. Foremost, it aims to support government leadership and the actions of policymakers and program managers and provides technical guidance to inform the sharpening of existing health sector plans and reproductive, maternal, newborn and child health (RMNCH) strategies, if required. Key partners also include health professional associations, academic institutions, multi-lateral and bilateral agencies, foundations, the private sector and civil society, including women’s and parent’s organizations, to ensure broad ownership. Ensuring integration with existing RMNCH initiatives and efforts will be essential to the success of a newborn action plan (as in figure 1).

**Figure 1: The RMNCH Continuum of care nationwide intervention package**



### Strategic Goals and Guiding Principles for the Action Plan

The *Committing to child survival: A promise renewed* (APR) initiative has proposed a new goal for child survival, namely to reduce child mortality to 20 or less deaths per 1000 live births in every country by 2035. Global leaders in 174 countries have committed to this goal. Through its vision, goal and targets, every newborn provides strategic directions on ending preventable mortality in the newborn period, and contributes to achieving the overall goal of *A Promise Renewed*.

The action plan relies on five guiding principles:

(a) **Country leadership:** Ministry of Health has the primary ownership and responsibility for establishing good governance and providing effective and good-quality reproductive, maternal and newborn health services. Community participation is a key feature of such leadership as it is one of the most effective transformational mechanisms for action and accountability for newborn health. Development partners should align their contributions and harmonize action.

(b) **Integration:** Providing every woman and every newborn with good-quality care requires integrated service delivery with coordinated health system approaches between multiple programmes. Stakeholders and initiatives across the continuum of reproductive, maternal, newborn and child health services are essential, without losing visibility for newborn specific content.

(c) **Equity and Equality:** Equitable and universal coverage of high-impact interventions, and a focus on reaching the most vulnerable and poorest population groups are central to realizing the right of every woman and every newborn, girl and boy, to health.

(d) **Accountability:** Transparency, oversight and accountability are prerequisites for equitable coverage, quality of care and optimal use of resources.

(e) **Innovation:** Evidence has been accumulating over the past decade of strategies that broaden the coverage of interventions for newborns and reduce mortality. Nevertheless, innovative thinking is needed about ways to reach the poorest and most underserved populations. Optimizing the application of knowledge of which interventions and strategies are most effective still needs more research and development.

**Vision:**

A Malawi in which preventable maternal and newborn deaths, stillbirths and disabilities are averted, childbirth is celebrated, and babies thrive.

**Goal:**

Achieve equitable and high level coverage of quality essential interventions and commodities for maternal and newborn health

**Targets:**

In line with the APR, *Every Newborn* proposes a target for neonatal mortality rate (NMR) and corresponding annual reduction rate (ARR) for 2035. Malawi will reduce neonatal mortality by 50 % by 2035 from baseline rates in 2013 (31/1000 live births).

## Strategic objectives

*Every Newborn* will describe strategic actions based on evidence of:

1. epidemiology and causes of neonatal mortality,
2. effective interventions and possible delivery mechanisms, and
3. approaches that have worked to accelerate scale-up of interventions

*Every Newborn* has proposed a set of strategic actions under each key objective. These objectives are in support of the five strategic shifts of *A Promise Renewed* that include (i) concentrate resources on countries and regions with the most child deaths, (ii) increase efforts among high burden populations in all countries, (iii) focus on high impact solutions, (iv) create a supportive environment, and (v) sustain mutual accountability.

### Box 1: Key Strategic Objectives of the plan

**Strategic objective 1: Strengthen and invest in care during labour, childbirth, and the first day and week of life.**

Many deaths and complications can be prevented by ensuring provision of high-quality, essential care for every woman and every baby around the time of labour, childbirth and in the first 24 hours and week after birth.

**Strategic objective 2: Improve the quality of maternal and newborn care.**

The key to improve maternal and newborn health is introducing high-quality care with high-impact, cost-effective interventions for mother and baby.

**Strategic objective 3: Reach every woman and every newborn to reduce inequities.**

There is increasingly robust evidence of approaches for ending preventable newborn deaths that effectively accelerate the coverage of essential interventions.

**Strategic objective 4: Harness the power of parents, families and communities.**

Evidence has shown the power of engaged community leaders, women's groups, and community workers in turning the tide for better health outcomes for newborns. Participatory learning and action in poor rural communities is a core intervention that requires investment and expansion.

**Strategic objective 5: Count every newborn - measurement, programme tracking and accountability.** Measurement enables managers to improve performance and adapt actions as needed. There is an urgent need to improve the metrics globally and nationally, especially for birth outcomes and quality of care. Every newborn needs to be registered and newborn deaths need to be counted. Counting every maternal death and stillbirth is of equal importance.

## 1.1 Strategic Objective 1: Strengthen and invest in care during labour, child birth, and the first day and week of life

The 24 hours around labour and childbirth and the first hours and day of a newborn's life are critical windows of opportunity to prevent and manage complications related to childbirth, prematurity and infection. Globally, one million babies die on their birthday and 1.2 million babies die as stillbirths during labour. In Malawi, the perinatal mortality rate is 40 deaths per 1,000 pregnancies and Neonatal mortality rate is at 31 deaths per 1,000 live births (MDHS 2010). Epidemiological analyses estimate that two-thirds of newborn deaths can be prevented if women and newborn receive timely and proper care with effective interventions.

Within the continuum of care, *Every Newborn* will call for a clear focus on this critical time period and commensurate investments in order to drive for change. Effective interventions for newborn health have been well documented across the continuum of care. The intrinsic link between mother and baby is well recognized: what is good for the mother is good for the baby.

### Interventions

- Mobilizing all concerned stakeholders to invest in this critical window of opportunity with triple return on saving the lives of women and newborns and preventing stillbirths. MOH to abide by the ABUJA declaration by increasing budget allocation to health and prioritize new-born health
  - Costing of national plans that target newborns.
  - Allocate sufficient funds for women and newborn's health with emphasis on care around time of birth and first week of life.
  - Ensure sustainable investments beyond 2015.
  - Prioritize high-impact, cost-effective interventions for mother and baby together during first days and weeks of life.
  - Involve Civil Society Organizations to plan for and track national health expenditures including maternal and new born health and mobilize additional resources including from domestic and external resources.
  - MOH should create a budget line for RHD to implement its activities.
- Strengthen clinical governance:
  - Reinforce 48 hours of hospital stay after delivery and postnatal care for every newborn and mother.
  - Standardise coaching and supervision using Standard Operating Procedures (SOP) for newborn interventions

- Reproductive Health Directorate and stakeholders to spearhead development, review and dissemination of ante, intra and post partum protocols and guidelines, to embed new born and preterm care, to all facilities.
- Strengthen task shifting and transfer of responsibility with close supervision.
- Endorse use of Post natal register.
- Improve accountability for maternal and newborn health services.
  - Reinforce use of compliance checklists eg competency checklists
  - Accountability for staff i.e. care audits within facilities.
  - Professional bodies, nursing council and medical council to enforce accountability for MNH.
  - Reinforce the functionality of ombudsman structures at all levels linking care recipients to regulatory bodies.
- Invest in human resources.
  - Government should invest in pre-service training for health care professionals. Increase production of skilled attendants.
    - ✓ Government should expand teaching hospitals, training institutions and materials. Increase number of teaching personnel.
    - ✓ Regular review of training needs feeding into the societal needs.
  - Build capacity of skilled attendants capacity building. Introduce and expand specialist levels of MNH including neonatal specialities (nurse/midwives and physicians).
  - Every woman and every newborn should receive essential care provided by skilled attendant who is proficient and competent.

## **1.2 Strategic objective 2: Improve quality of maternal and newborn care**

In the past decade, many countries have made significant progress in increasing access to skilled child birth care. Malawi has improved from 57% to 73% of institutional deliveries (MDHS 2004, MDHS 2010). However, too little attention has been paid to evaluate the quality of that care. Women and newborns often do not receive high impact interventions, even when they are in the care of a skilled attendant; and there is an increased risk of the baby being stillborn or dying



in the first days or weeks of life. Reasons for this are ample and include constraints related to competency, commodities, supervision and motivation, amongst others. Addressing the quality gap is critical in order to increase coverage of effective interventions, and in many settings, improvement in quality of services can have an impact that is as important as increasing access to services.

## Interventions

- Reinforce laws, regulations, norms and standards related to universal coverage of quality newborn health interventions as well as mechanisms for enforcement.
  - The Ministry of Health (MOH) shall intensify promotion of exclusive breast feeding through BFH Initiatives
  - The MOH shall reinforce monitoring compliance to the international Code of Breast milk substitutes.
  - MOH in collaboration with relevant professional bodies should regularly update national policies and guidelines for interventions around the continuum of care for women's and children's health, on the basis of global evidence-based guidelines, and locally defined strategies.
  - Ensure adoption of norms, protocols and standards for respectful and high-quality maternal and newborn care and enforce their implementation.
  - Regular monitoring and evaluation visits by regulatory bodies.
  - Institute mechanisms to reinforce disciplinary measures by employers and regulatory bodies.
  
- Strengthen supply chain management.
  - Develop an effective forecasting system based on needs for supplies.
  - The review of the essential drug list should include medical products for newborns
  - Mobile phones to track data and to improve quality of services (consultations). Collaborate with m-health and e-health technology to improve data management and supply chain management
  - Health managers at all levels to improve availability of equipment/resources through pull based system for obstetric and neonatal health e.g.
    - ✓ Drugs for the newborn health (corticosteroids, Vitamin K, antibiotics)
    - ✓ Chlorhexidine,

- ✓ Resuscitation equipment (ambu-bags, masks, suction, oxygen supply),
    - ✓ Feeding cups and tubes.
  - Blood transfusion services. MOH at all levels should have good governance on drug and supply use. They should order drugs that they would really use.
- Strengthen the competencies of health professionals, skilled birth attendants and community health workers in MNH through curriculum development for pre- and in-service training, continuous education and supportive supervision to address the needs of the baby and woman.
  - Building frontline staff capacity through skills upgrading.
  - Strengthen regular supervision & continuous mentorship and CPD programs by DHOs and Zonal offices. Scale up mentorship program to all facilities providing neonatal care.
  - MOH should adopt competency-based curricula and put in place regulatory frameworks defining the scope and practice of MNH, including specific skills to take care of newborns that are small for gestational age or sick, lactation counselling and support training, and the minimum standards of educational requirement needed.
  - Rectifying the shortage of specialists, such as neonatologists or breastfeeding counsellors, should also be considered, where appropriate.
- Monitor quality of care including thorough use of standards and guidelines:
  - Regular integrated monitoring and evaluation visits to all healthcare facilities by DHMT.
  - Regular assessments for RH standards to ensure quality of care in line with standards.
  - Strengthen comprehensive provision of high impact package for newborn care as in Box 2.

### **Box 2: High impact intervention packages to reduce on newborn mortality**

- Management of preterm birth, including antenatal corticosteroids
- Skilled care at birth including use of partograph
- Management of complications during childbirth including
  - Basic Emergency Obstetric Care
  - Comprehensive Emergency Obstetric Care
- Basic Newborn Care including
  - warmth
  - hygiene
  - early initiation and establishment of exclusive breastfeeding
  - recognition of signs of illness and timely referral
- Management of newborn complications including
  - Neonatal resuscitation
  - Kangaroo mother care and feeding support for premature and small babies
  - Treatment of severe infections
- Inpatient supportive care for sick and small newborns

- Consider the use of performance based incentives to enhance the quality of care provided by skilled personnel
  - Motivation of healthcare providers through better remuneration and working conditions.
  - Strengthen use of performance appraisals/ results based performance to the service provision
  - Results based financing /Performance Based Incentives (PBI).
  - Conduct client satisfaction surveys.
  - Strengthen professional associations with capacity to effect legal protection.

### **1.3 Strategic objective 3: Reach every woman and every newborn to achieve equity and universal coverage**

Despite significant progress in institutional deliveries over the past decade, about twenty seven percent (27%) of births in Malawi still occur at home without professional care. However, a gap in access and coverage of essential interventions thus remains as reflected in the MDHS (2010) which shows Rumphi district having high institutional deliveries rated at 91% with Kasungu being the lowest (61%). Countries that have made significant progress in reducing newborn

deaths have done so through increased access and coverage of quality essential interventions. Adolescent birth rate is at 152 per 1000 live births and it is one of the highest in the region which is one of the contributing factors to newborn morbidity and mortality. According to the Malawi Demographic Health Survey, one in every four teenagers have started child bearing with the southern region having the highest rate of teenagers that have started child bearing at 29 per cent followed by the Northern Region (28 per cent). The MDHS showed that 22 per cent of teenagers had started child bearing in the Central Region. The DHS further shows that the problem of teenage pregnancies is correlated with education attainment and economic wellbeing with a rural/urban divide. Addressing the coverage gap requires stronger health systems. Persistent low density of the health work force is an issue affecting the majority of countries that account for the highest burden of maternal, newborn and child deaths. The State of the World's Midwifery Report 2011 estimated that 38 countries, Malawi inclusive, need to at least double their midwifery work force. Achieving universal coverage also means developing strategies to tackle inequities in access to care by addressing financial, geographic, and cultural barriers. There is a need to define and make available the delivery of priority interventions packages by level of health service provision at community, primary and referral levels with the appropriate skills mix and evidence-base. Consider innovations, such as use of mobile technology and task delegation of life-saving procedures to mid-level cadres or community health workers providing postnatal care at home.

### **Interventions**

- Fill critical gaps in numbers and distribution of skilled personnel for maternal and newborn health through accelerated production, retention, and motivation approaches
  - Increase intake and production of skilled health care personnel for all cadres.
  - The Directorate of nursing and midwifery services to ensure equitable deployment of healthcare personnel to all facilities
  - The hospital managers should ensure equitable deployment of healthcare personnel at Central Hospitals, district level and department level
  - The ministry to review incentives for personnel at hard-to-reach facilities.
  - Relevant bodies including the regulatory bodies (medical council) and hospital management members should reinforce attainment of competencies of all health personnel to provide essential MNH care services even at primary level of care.
- Reduce financial barriers for maternal and newborn health services and institute financial protection mechanisms.

- Improve Public Private Partnership (PPP)- Initiate new and strengthen existing SLAs targeting maternal and newborn health
- Give special attention to adolescent girls and implement approaches to help prevent early and unwanted pregnancies by:
  - Targeted programmes are needed to expand availability and use of modern contraceptive methods by adolescents and young adults.
  - Introduce legislation to prevent or lower the number of girls who marry under the age of 18, keep girls in school, reduce rates of coerced sex, prevent early pregnancy before 20 years through life-skills education.
  - Coordination with stakeholders on youth friendly health services.
- Multisectoral approach in the provision of essential social amenities (eg roads, markets, health facilities and schools) which should be evenly distributed to all areas.
- Improve Communication and transportation systems (radios, mobile phones with units, mobile technology)

#### **1.4 Strategic objective 4: Harness the power of parents, families and communities**

Globally, half of all mothers in low-income countries do not receive skilled care during birth, and more than 70% of all babies born outside the hospital do not receive any post natal care. In 2012, WHO, UNICEF, JHPIEGO and other partners revised the Joint Statement on Home Visits for the Newborn as a strategy to improve newborn survival on the basis of research studies that demonstrated that home visits by community health workers improved newborn survival rates. Since extensive studies in

Africa and Asia have shown that home visits during pregnancy and in the first week after birth do increase the number of women who seek antenatal care and who receive skilled care during birth. The visits also lead to improved practices, such as delayed bathing and early initiation of and exclusive breastfeeding, resulting in significant reductions in newborn mortality rates.

Malawi has made progress in the proportion of women that receive skilled care during birth from 57% in 2004 to 71% in 2010. The 2010 EmONC assessment showed that where there is strong community based maternal and newborn care interventions, skilled attendance at birth is also very high e.g Rumphu SBA 94% and Machinga 92%. (Check on maternal and newborn mortality rates in those districts.)

Education and information are key to empowering parents, families and their communities to demand quality care. Evidence has shown the power of engaged community leaders, women's groups, and community workers in turning the tide for better newborn outcomes. In Malawi work done in Mchinji district has shown improvements in the health outcomes for the newborn and the mother

## **Interventions**

- Invest in training and deployment of community health workers as a powerful resource for improving maternal and newborn care
  - Training and deployment:
    - Train more community nurses and redefine their roles
    - Implement the deployment policy for community nurses
    - Train more community health workers (HSAs) and clarify their job description
    - Deploy the community health workers in the respective work stations where they are needed (within the communities they serve)
  - Provide adequate resources:
    - Develop/revise and distribute job aids for the community health workers
    - Provide supplies and equipment for the community health workers
  - Strengthen the systems support for the community health workers to work effectively and efficiently
  - Strengthen supportive supervision for the community health workers
  - Implement mentorship program for the community health workers
- Foster community leadership and accountability and develop local champions, including parliamentarians, ward councilors, parent groups and professionals; engage and link champions for maternal and child health and family planning to integrate newborn messaging
  - Capacity building
    - Build capacity of local leaders on MNCH issues for them to provide leadership and oversight in the communities
    - Build capacity of community based organizations e.g. women groups or community action groups, village health committees, health advisory committees (HAC) in maternal and newborn health issues

- Community mobilization
    - Identify male champions/male motivators to reach out to fellow men on SRHR with special focus on the newborn
    - Identify model couples on SRHR including newborn. Use existing Safe Motherhood initiatives to enhance community leadership support for community newborn care led initiatives
    - Establish community action groups to champion SRHR including newborn.
  - Conduct community maternal and newborn mortality audits (verbal autopsies) to improve accountability at the local level
- Consider strategies to generate and sustain demand for services using community owned actions (e.g. incentives such as conditional cash transfers, sanctions, insurance, transport)
- Community empowerment
    - Collaborate with other institutions which work in the area of community empowerment on socioeconomic status with specific focus on women (e.g. village savings, loans and cash transfer).
    - Rejuvenate the village health committees
  - Scale up CBMNH initiatives i.e. the trained HSAs to conduct home visits as required.
  - Conduct community mobilisation targeting gender issues and SRHR on health seeking behaviours, YFHS with specific focus on the girl child
  - Intensify awareness campaigns on new-born health issues in communities through media e.g. establish or increase the number of community radio listening clubs.
  - Initiate a review of the Communication Strategy to include newborn health.
    - Male involvement
    - Initiate outreach programs for men on SRHR issues
    - School based sexuality and gender education programs to include boys and girls at a tender age
  - Health facilities to come up with innovative ways of involving men e.g. set aside time for couples during antenatal visits, time for adolescents.
  - Strengthen the use of the antenatal health talk plan and introduce KMC/ LBW and other newborn health issues.

- Develop/revise IEC materials for newborn health and distribute.
- Empower communities to solve practical problems such as transport and incentives for mothers and newborns.
  - Strengthen community mobilization at scale through use of community action groups
  - Initiate/strengthen village savings and loans
  - Engage communities on the rights of the girl child to health and education

## **1.5 Strategic objective 5: Count every newborn - measurement, programme tracking and accountability**

Vital statistics provide indispensable information, in this case making policies more effective and responsive to the needs of women and children. However, in 2010, about one-third of 135million births globally and two thirds of all deaths went unregistered. Half the countries in the African and South East Asian regions do no record cause of death in their vital statistics, and serious deficiencies are present within existing systems. In some countries, the vital registration system does not follow global recommendations about which child to count, and the system often functions for only part of the country. In other countries not all deaths are registered. Failure to collect high quality data on registration of births and deaths, including cause of death, result in absence of crucial information for policy making, planning and evaluation across all development sectors including health and health services. In 2012, the United Nations Human Rights Council for the first time adopted a resolution entirely dedicated to birth registration and legal identification for all without discrimination. The government of Malawi and its partners are working together to promote and ensure accountability for commitments to end preventable newborn deaths, in line with the recommendations of the *Commission on Information and Accountability for Women's and Children's Health*.

### **Interventions:**

- Define newborn indicators and benchmarks of service delivery, policy, and financing and strengthen the health information system to track progress across RMNCH; and build the capacity of managers at all levels in the health care system to use their data to improve services.
  - Strengthen data management
  - Revise data collecting tools to include key relevant newborn indicators.



- Work with Central Monitoring and Evaluation Department (CMED) to ensure newborn indicators are included in HMIS and DHIS 2
- Validate data at each level of care (community, health centre, district and zonal level) before it is passed on to the next level.
- Conduct regular review meetings on data management at all levels.
- Scale up DHIS 2 to all districts.
  
- Build the capacity of health care providers on data collection, analysis and use.
- Roll out the use of RMNCH score card to all districts
  
- Institutionalize and promote birth and death registration at all levels of care
  - MOH to collaborate with relevant ministries to fasten a reliable process of birth and death registration.
  - Review government registration process and advocate for a roll out of free birth and death registration processes in all districts.
  - Data management at community level
    - Scale up and update village health registers and ensure newborn health indicators are included.
    - Strengthen the use of the village health registers and ensure data is linked to HMIS.
  - Lobby for legislation of all home delivery and death registration
  
- Implement maternal death surveillance and response and perinatal death audits, ensuring consistency and tracking.
  - Build capacity for implementers to use MDSR and perinatal death reviews.
  - Review the legal framework to provide an enabling environment for MDSR
  - Revise perinatal death review tools and introduce perinatal death audits.
  - Capacity building
    - Train health workers on electronic and mobile data management systems like DHIS 2, C-Stock
    - Orient DHMTs and all relevant stakeholders to use data for decision making
  - Strengthen systems to ensure immediate reporting of maternal and newborn deaths.
    - Supportive supervision
    - Distribution of reporting forms

- Safe motherhood Coordinators to collect, collate and submit reports timely
  - Conduct periodic program reviews to ensure data quality is maintained
- Scale up community-based surveys to improve maternal and newborn health outcomes
  - Capacity building
    - Build capacity of community action groups and all relevant community structures to conduct community household surveys
    - Develop standardized tools for the community household surveys
  - Monitoring and Evaluation
    - Empower communities to monitor the MNCH at the community level
    - Conduct community diagnosis and household surveys to identify bottlenecks and solutions for women and newborns to access health care and provide feedback to the communities

## 2. Research priorities

Malawi recognises that health research provide evidence base to inform policy formulation and program implementation. However, due to inadequate capacity and resources not much research has been done in newborn health care. Therefore, the country realises that it can benefit from research done in-country and in other countries with similar context in the following areas: delivery of interventions including finding approaches to scale up simplified newborn resuscitation at lower levels of the health system; identification and management of newborn infection; evaluating and addressing barriers in the scaling up of exclusive breastfeeding and facility based Kangaroo Mother Care; evaluating chlorhexidine cord care for neonates born in the health facilities; and developing strategies to improve quality of facility-based care provided during labour and child birth.

Research on newborn needs to include community participation to enable them understand barriers that exist within their environment and identify solutions i.e. strategies to include KMC, early detection of danger signs during pregnancy and postnatal period and proper referral.

### 3. COORDINATION.

Implementation of the action plan requires the participation of different stakeholders: government, policy makers, development partners and other multilateral organisations, civil society and health workers on the ground.

Newborn interventions require multiple program approaches which integrate other conditions such as malaria, HIV/AIDS, nutrition and immunisations.

### 4. MONITORING AND EVALUATION

The action plan will review and use the existing monitoring and evaluation frameworks for RMNCH within the SRHR strategic documents to ensure process and outcome indicators are tracked at all levels. The action plan will envisage building capacity of health workers and other relevant stakeholders to monitor and evaluate program implementation.

[www.everynewborn.org](http://www.everynewborn.org)

