Republic of Malawi
Ministry of Health

Road Map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi

October 2012

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LIST OF ACRONYMS

AIP	Annual Implementation Plan
ANC	Antenatal care
ART	Antiretroviral Therapy
BCI	Behaviour Change Intervention
BEmOC	Basic Emergency Obstetric Care
CEmOC	Comprehensive Emergency Obstetric Care
CFR	Case Fatality Rate
CHAM	Christian Health Association of Malawi
CMS	Central Medical Stores
COM	College of Medicine
CPR	Contraceptive Prevalence Rate
DDCS	Deputy Director Clinical Services
DFID	Department for International Development
DHMT	District Health Management Team
DHO	District Health Officer
DHS	Demographic and Health Survey
DIP	District Implementation Plan
DNO	District Nursing Officer
EHP	Essential Health Package
EmONC	Emergency Obstetric and Neonatal Care
FP	Family Planning
FWCW	Fourth World Conference on Women, held In Beijing, China, 1995
GNP	Gross National Product
GTZ	German Technical Assistance Agency
HA	Health Assistant
HEU	Health Education Unit

HMIS	Health Management Information System
HMIU	Health Management Information Unit
HIV	Human Immunodeficiency Virus
HR	Human Resources
HSA	Health Surveillance Assistant
ICPD	International Conference on Population and Development
IMR	Infant Mortality Rate
IPC	Internal Procurement Committee
IPT	Intermittent Presumptive Treatment
ITN	Insecticide Treated Bed net
KMC	Kangaroo Mother Care
MBTS	Malawi Blood Transfusion Services
MDG	Millennium Development Goal
MDHS	Malawi Demographic and Health Survey
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MOLG	Ministry of Local Government
MOU	Memorandum of Understanding
NMCM	Nurses and Midwives Council of Malawi
NSO	National Statistics Office
PAM	Physical Assets Management
PMTCT	Prevention of Mother to Child Transmission
POA	Programme of Action
POW	Programme of Work
QECH	Queen Elizabeth Central Hospital
RHU	Reproductive Health Unit
SMI	Safe Motherhood Initiative
SMP	Safe Motherhood Project
SWAp	Sector Wide Approach

TA	Traditional Authority
TBA	Traditional Birth Attendant
TOR	Terms of Reference
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VHC	Village Health Committee
WHO	World Health Organization

FOREWORD

The Government of Malawi has over the years provided sexual and reproductive health services including maternal and newborn health care to its people. The Government with the support from various development partners has implemented several safe motherhood initiatives in various districts of the country. Despite all these efforts the maternal mortality ratio has been declining at a slower rate.

A number of studies have assisted to shed more light on the maternal mortality situation in the country. These studies have suggested an urgent need to further strengthen the Ministry of Health in the provision of quality health care services in order to reduce the high maternal and newborn morbidity and mortality.

Consequently the Reproductive Health Unit of the Ministry of Health conducted a national Emergency Obstetric and Neonatal Care (EmONC) assessment to identify the capacity of the health care delivery system to reduce maternal and neonatal morbidity and mortality and to propose an action orientated plan: hence the development of this Road Map. The Road Map outlines various strategies which will guide policy makers, development partners, training institutions and service providers in supporting Government efforts towards the attainment of MDGs related to maternal and neonatal health.

This Road Map was developed with financial as well as technical support, from WHO, UNFPA, USAID and UNICEF. In this regard I wish to extend my heartfelt gratitude for this assistance. My sincere gratitude also goes to all other stakeholders and officials who have contributed towards the development of this document.

I wish to urge you all to use this document to the maximum and for the benefit of the Malawi Nation.

Rt. Honourable Khumbo Hastings Kachali

Vice President and Minister of Health

ACKNOWLEDGEMENTS FOR THE FIRST EDITION

The RHU would like to acknowledge the people who developed the first road map for accelerating the reduction of maternal and Neonatal morbidity and mortality in Malawi:

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Lilly Banda Maliro	USAID
Violet Kamfozi	DNO/DOWA
Dr.Edgar Kuchingale	KCH
Dorothy Lazaro	UNFPA
Dr.Baial Lee	RHU
Dr. Valentino Lema	UNFPA
Juliana Lunguzi	UNFPA
Prof Kenneth Maleta	COM
Theresa Mwale	WHO
Dr. Jane Namasasu	RHU/MOH
Dr. Jonathan Ngoma	DHO/Ntcheu
Jean Nyondo	UNICEF
Dr. Esther Ratsma	GTZ
Dr. Francis Sungani	QECH/OBYGYN
Ellen Thom	UNFPA

ACKNOWLEDGEMENTS FOR THE REVIEW OF THE ROADMAP

This Road Map is a culmination of efforts from a multi-sectorial involvement of stakeholders. I therefore wish, on behalf of the Ministry of Health, to extend my sincere gratitude and appreciation to all individuals and organizations that contributed to the development and finalization of this document.

The Reproductive Health Unit of the Ministry of Health gratefully acknowledges the assistance and support of the following people responsible for the mid-term review of the road map:

Evelyn Chitsa Banda	MOH (Central West Zone)
Knox Banda	MOH (South East Zone)
Lilly Banda	USAID
Modesta Banda	MOH/ZOMBA
F.C. Bwanali	MOH/SALIMA
Harriet Chanza	WHO
Felesia Chawani	MOH
Joseph Chimerang'ambe	PMPB
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Kondwani Mkandawire	MCM
Grace Mlava	UNICEF
Luwiza Soko Puleni	MCHIP/JHPIEGO
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Tambudzai Rashidi	MCHIP/JHPIEGO
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Desiree Mhango	LATH Umoyo
Dalitso Chikwembani	Ministry of Information & Civic education
John Nepiyala	Nurses & Midwives Council of Malawi
Pauline Mwasigala	Blantyre DHO
Dr Chris Oyeyipo	RHU-UNFPA
Dr Leslie Mgalula	WHO
Jean Mwandira	UNFPA

EXECUTIVE SUMMARY

The Ministry of Health undertook a national assessment of availability, quality and utilisation of EmOC services to determine the capacity of the health delivery system to reduce maternal and neonatal morbidity and mortality. This is in conformity with the now universally accepted fact that availability of EmONC and skilled attendance at birth is key to reducing maternal and neonatal morbidity and mortality. This assessment builds on previous studies conducted in this country. In addition an assessment conducted by UNFPA in 2008-2009 reviewed the strengths and weaknesses of the planning/programming processes of National Road Maps in Africa, focusing on the contents of the Road Map documents. Among other things the assessment revealed that some MNH interventions have still to be developed and incorporated in the existing MNH Road Maps in a number of countries, in particular emergency obstetric and newborn care (EMONC), family planning, human resources for MNH planning and monitoring and evaluation. Ministry of Health through the Reproductive Health Unit therefore, decided to hold the Road Map Review to inco-operate results of the Malawi National EmONC assessment that was conducted in 2010 and to inco-operate the gaps in the current National Road Map. The objectives for reviewing the National Road Map include to:

1. Identify progress made, facilitating factors, constraints and bottlenecks in the implementation of the Road Map plans at national and district levels in Malawi;
2. Identify gaps in scaling-up MNH priority interventions for accelerated reduction of maternal and newborn mortality;
3. Make recommendations on the actions to be taken at all levels (national, district and community levels) for accelerated implementation of the Road Map towards the achievement of MDGs 4 and 5.
4. Cost the interventions in the National Road Map.

The National Road Map was revised using short programme review (SPR) tool which facilitates identification of main programme areas for improvement. Among the major findings the process has identified the underlined as some of the main contributing factors to the high maternal and neonatal morbidity and mortality ratio in the country:

- Shortage of staff and weak human resource management
- Limited availability and utilisation of maternal and neonatal health care services
- Weak referral systems

- Weak community participation and involvement

The current National Road Map is consequently being revised to measure progress made in service delivery of EmONC since the development of the initial Road Map in 2007. The revised document is in line with strategies outlined in the Health Sector Strategic Plan (HSSP) which are in conformity with government commitment to accelerate the attainment of the MDGs related to maternal and neonatal health in Malawi.

The Road Map has a vision, rationale, a goal and the following objectives:

- To increase the availability, accessibility, utilisation and quality of skilled obstetric care during pregnancy, childbirth and postnatal period at all levels of the health care delivery system.
- To strengthen the capacity of individuals, families, communities, Civil Society Organisations and Government to improve maternal and neonatal health.

These are followed by ten strategies, which will guide policy makers, programme managers, development partners, training institutions and service providers in government efforts towards the attainment of MDGs related to maternal and neonatal health. Each strategy has interventions which are costed and presented in detail in the matrix.

The Road Map will be implemented in line with the new Health Sector Strategic Plan which has been aligned to the Malawi Growth and Development Strategy. Funding to the implementation of the Road map will be through Sector Wide Approach (Swap) basket and discreet funding.

1.0 BACKGROUND

Malawi is a land-locked country in Central Africa. The United Republic of Tanzania borders it to the North and Northeast; the Republic of Mozambique to the East, South and Southwest; and the Republic of Zambia to the West and Northwest. It has a total surface area of 118,484 square kilometres, of which approximately 80% is land. The remaining area is mostly composed of Lake Malawi, which is about 475 kilometres long and runs down Malawi's eastern boundary with Mozambique. Administratively, the country is divided into three regions, North, Central and South. The Southern Region is the largest in terms of size and population. There are 28 districts, out of which 13 are in the Southern Region, 9 in the Central Region and 6 in the Northern Region. Each District is made up of several Traditional Authorities (TAs), which are in turn composed of villages as the smallest administrative unit in Malawi[1].

The total population of Malawi is 13,077,160 with females comprising 52% of the total population, of whom 45% is in the reproductive bracket, i.e. 15-49 years[2]. Eighty three percent of the population live in the rural areas. The urban population has grown significantly over the past 10 years.

The GNI per capita of Malawi is estimated at US $ 280.00 in 2009[3], which is one of the lowest in the world. Its economy is predominantly agriculture-based, depending on tobacco (providing the bulk), tea, sugar and coffee. Sixty five percent of the population is defined as poor and unable to meet their daily consumption needs. Adult literacy rate for women in Malawi is 59% as compared to 69% of men[4].

The country is reported to have one of the highest maternal mortality ratios globally, currently estimated at 675 per 100,000 live births down from 984 per 100,000 live births in 2004[5] [6]. The lifetime risk of maternal death in Malawi is estimated at 1:7, one of the highest globally. Some of the underlying causes of the high maternal death include early childbearing and the high fertility rate. Childbearing starts quite early in Malawi with a mean

[1] 2010 Malawi Demographic and Health Survey, Zomba, Malawi
[2] 2008 Malawi Population and Housing Census, Zomba, Malawi
[3] World Bank 2009 accessed on line on 30th October 2010: data.worldbank.org/country/Malawi
[4] 2008 Malawi Population and Housing Census, Zomba, Malawi
[5] 2010 Malawi Demographic and Health Survey, Zomba, Malawi
[6] 2004 Malawi Demographic and Health Survey, Zomba, Malawi

age at first child birth reported at 19 years. Adolescent fertility rate in Malawi is one of the highest in sub Saharan Africa with 193 births for every 1,000 women are among the 15-19 year olds, which is high compared to the 118 births for every 1,000 women in Sub Saharan region. Adolescent pregnancies comprise about 25% of all births and 20% of maternal deaths. The total fertility rate is 5.7 and the neonatal mortality rate is equally high, at 31/1000 live births[7].

Nearly all health care services in Malawi are provided by three main agencies. The Ministry of Health (MOH) provides about 60%; the Christian Health Association of Malawi (CHAM) provides 39% and a small contribution from the private-for-profit sector (1%).

There are three levels in the health care system: primary level comprising health centres, health posts, dispensaries, and rural hospitals; second level made up of district and CHAM hospitals; the tertiary level consisting of the central hospitals and one private hospital with specialist services.

Malawi's health care system is grossly under-resourced. Per capita expenditure is about US$ 12, which is inadequate for delivery of basic primary health care. In 2002, an extensive exercise to determine the cost of delivering an "Essential Health Package" (EHP) of well proven and cost effective health services that would deal with the main burden of disease, calculated a figure of US $ 17.53 per capita per year[8].

[7] 2010 Malawi Demographic and Health Survey, Zomba, Malawi
[8] 2010 Ministry of Health, RHU, Malawi 2010 EmONC needs assessment report

2.0 INTRODUCTION

The last three decades have witnessed significant renewed concern over women's health, particularly because of increasing poor reproductive outcomes such as maternal mortality, among other issues. The Global Safe motherhood Initiative (SMI), launched in Nairobi (1987), brought to the world's attention the widespread problem of pregnancy-related deaths and disability. The Conference called for reduction of global, regional and national maternal mortality ratios (MMR) by 50% between 1990 and 2000. In response to that, Malawi, like many countries in the developing world, established their national safe motherhood programme[9].

The International Conference on Population and Development (ICPD) held in Cairo, 1994, established the reproductive health concept. This was reaffirmed by the Fourth World Conference on Women (FWCW, Beijing, 1995)[10] [11]. The ICPD programme of action called for reduction of MMR by 50% between 1990 and 2000, and a further 50% between 2000 and 2015. The issue of women's rights in matters relating to their sexuality and reproductive processes were considered critical for the attainment of reproductive health and well-being and socio-economic development. The assumption was that with the broad based life-span approach advocated in the concept of sexual and reproductive health with safe motherhood at its heart, pregnancy and childbirth would no longer carry with them the risk of death and disability as had been the case hitherto.

Concerned by the worsening poverty situation and its relationship with health, especially for the most vulnerable groups, the United Nations (2000) adopted the Millennium Declaration, which led to the establishment of Millennium Development Goals (MDGs). The Millennium Summit identified maternal health as an urgent priority in the fight against poverty. Four of the eight MDGs (MDG 3, 4, 5, and 6) have direct bearing on maternal and neonatal health. MDG 3 calls for promotion of gender equality and empowerment of women; MDG 4 calls for reduction in child mortality, MDG 5 calls for reduction of maternal deaths, and MDG 6 urges

[9] Malawi Safe Motherhood Project 2003: Research Abstracts. Operations Research and Participatory Needs and Assessments (1998-2002). Project Management Unit, January 2003, Malawi

[10] ICPD Programme of Action, 1994

[11] Beijing Platform of Action, 1995

nations to halt the spread of HIV/AIDS, control and prevent malaria and other infectious conditions. The MDGs set targets and indicators for monitoring progress[12].

The enabling environment for making progress and eventually achieving the MDGs include among others, peace and stability, a genuine democratic evolution, good governance, economic growth and increasingly equitable distribution of the benefits of growth, social inclusion and delivering on promises made by both national governments and international partners. Notwithstanding this, there is now consensus that the MDGs cannot be achieved without effectively addressing population dynamics and Reproductive Health issues.[13]

Recent global evidence indicates that availability of Emergency Obstetric and Neonatal Care (EmONC), Family Planning and skilled attendance at birth are key to the reduction of neonatal and maternal morbidity and mortality. Cognisant of that, Malawi undertook a national assessment of availability, quality and utilisation of EmONC services in 2005 which showed poor access and utilisation of EmONC services, poor quality of health care services as evidenced by high case fatality rates. A follow up EmONC assessment in 2010 still shows slow progress on these indicators. Some of the barriers to the utilisation of maternal health care services include social and cultural/traditional beliefs and practices.[14]

Concerned with the high maternal mortality ratios in various countries in Africa, the African Union (2004) urged each Member State to develop a country-specific Road Map to accelerate attainment of MDGs related to maternal and neonatal health. The Regional Reproductive Health Task Force together with other stakeholders developed a generic Road Map to accelerate the attainment of MDGs related to maternal and neonatal health[15], to guide Member States in developing theirs. Consequently, the government of Malawi has renewed its commitment to address maternal and newborn health issues in a more comprehensive

[12] United Nations. 2000. The UN Millennium Declaration 2000. Resolution adopted by the fifty-fifth Session of the United Nations General Assembly. Agenda item 60(b). (A/RES/55/2)

[13] UNFPA. The MDGs cannot be realised without effectively addressing population and Reproductive Health issues. New York, May 200.

[14] Reproductive Health Unit, MOH, 2005. Emergency Obstetric Care Services In Malawi : Report of a Nationwide Assessment

[15] WHO. Implementation guide for the Road Map for accelerating the attainment of the MDGs related to maternal and neonatal health in countries. WHO

manner by developing the Road Map towards the accelerated reduction of maternal and neonatal morbidity and mortality.

This national Road Map is consequently being revised to measure progress made in service delivery of EmONC since the development of the initial Road Map in 2007. The revised document is in line with strategies outlined in the Health Sector Strategic Plan (HSSP) which are in conformity with government commitment to accelerate the attainment of the MDGs 4 and 5 related to maternal and neonatal health in Malawi by 2015.

3.0 THE ROAD MAP

3.1 Rationale

Evidence indicates that availability and utilisation of family planning services, EmONC services and skilled attendance at birth are key to reducing maternal and neonatal mortality and morbidity. Cognisant of that, Malawi undertook an initial national assessment of availability, quality and utilisation of EmONC services, which was built on previous studies. All these have underlined

MDHS 2010 and EmONC 2010 survey assessed progress made in the implementation of the Roadmap for the accelerated reduction of neonatal and maternal morbidity and mortality. The results from MDHS 2010 show progress on some indicators like TFR moved from 6.0 in 2004 to 5.7 in 2010, MCPR from 28% in 2004 to 42% in 2010, MMR from 984 in 2004 to 675 in 2010 and CMR from 145 in 2004 to 112 in 2010. The EmONC 2010 survey also showed progress on met needs for EmONC from 18.5% to 50% and Direct Obstetrics Case Fatality Rate (DOCFR) from 2% to 1%. Caesarean Section (C/S) rate similarly moved from 2.8% to 5% (MDHS 2010). The only indicator that showed negative progress is NMR from 27 in 2004 to 31 in 2010. It also indicated that lack of basic infrastructures and equipment like maternity waiting homes, guardian shelters, well equipped labour and delivery rooms as well as lack of water and electricity has a negative bearing on maternal, newborn and child health outcomes.

In addition, the MDHS 2010 results have shown some improvements in maternal mortality ratio, total fertility rate, infant and child mortality ratio and modern contraceptive prevalence rate. This is against a total population growth of 2.8 from 2004 to 2008 [4]

Cognisant of the mother- neonatal dyad, the government of Malawi in collaboration with its development partners have renewed concerted efforts of scaling up evidence based high impact interventions towards the acceleration in reduction of Maternal and neonatal morbidity and mortality. This is in line with the call by the African Union to each Member State to ensure that ***no woman dies while giving birth and that each child counts.***

The review of this roadmap therefore is to take stock of the progress made, lessons learned and re-strategise efforts towards achieving MDGs 4 and 5 by 2015.

3.2 Vision

All women in Malawi go through pregnancy, childbirth and the postpartum period safely and their babies are born alive healthy and survive the neonatal period.

3.3 Goal

To accelerate the reduction of maternal and neonatal morbidity and mortality towards the achievement of the Millennium Development Goals (MDGs 4 &5).

3.4 Objectives

1. To increase the availability, accessibility, utilization and quality of skilled obstetric care during pregnancy, childbirth and postnatal period at all levels of the health care delivery system.

2. To strengthen the capacity of individuals, Families, Communities, Civil Society Organisations and Government to improve Maternal and Neonatal Health.

3.5 Strategies and Interventions

Strategy 1: Improving the availability of, access to, and utilisation of quality comprehensive family planning services

Interventions:

1. Scale up FP services for rural and underserved communities including long acting and permanent FP methods
2. Enhance Advocacy Activities for FP/RH services
3. Improve contraceptive security and provide a wider range (method mix) of methods.

4. Motivate women accessing any health care services to access family planning.
5. Support public-private partnerships through contracting, social marketing and franchising

Strategy 2: Improving the availability of, access to, and utilisation of quality Maternal and Neonatal Health Care

Interventions:

1. Provide essential health care package for MNH, at all levels
2. Improve infrastructure to provide high-quality maternal and neonatal health services.
3. Strengthen blood transfusion services at each hospital
4. Provide updated MNH clinical protocols to health facilities
5. Conduct maternal and neonatal death reviews and clinical/near miss audits
6. Provide supportive supervision that includes clinical coaching and mentoring to enhance quality of care

Strategy 3: Strengthening human resources to provide quality skilled MNH care

Interventions:

1. Provide adequate staffing at the health facility to provide essential maternal and neonatal health care package
2. Build capacity of providers to competently offer MNH services
3. Build the capacity of training institutions to provide competency based training in MNH
4. Review and update policies that enable health professionals use their skills

Strategy 4: Strengthening the referral system

Interventions:

1. Strengthen communication system between health centre and referral hospital
2. Strengthen transport system for referral

Strategy 5: Strengthening national and district health planning and management of maternal and neonatal health Services

Interventions:

1. Strengthen capacity of RHU for better management of Maternal and Neonatal Health services
2. Strengthen capacity of DHMT for better management of Maternal and Neonatal Health services

Strategy 6: Resource mobilisation for maternal and neonatal health services including family planning

Interventions:

1. Identify resources for the implementation of the roadmap

Strategy 7: Fostering partnerships

Interventions:

1. Mapping partners and stakeholders
2. Improving partnership, collaboration and coordination
3. Promoting effective public/private partnership

Strategy 8: Scaling up of community based MNH intervention to ensure continuum of care between the household and health facility

Interventions:

1. Scale up and strengthen community interventions for MNH
2. Raise awareness of the community on MNH

Strategy 9: Strengthening services that address adolescents' sexual and reproductive health services.

Interventions:

1. Strengthen youth friendly health services in public and private health delivery points
2. Raise awareness on teenage pregnancy prevention and other related health risks such as obstetric fistula.
3. Strengthen condom programming

Strategy 10: Strengthening monitoring and evaluation mechanisms for better decision-making and service delivery of Maternal and Neonatal Health services including Family Planning

Interventions:

1. Strengthen MOH capacity for monitoring and evaluation of MNH services
2. Strengthen RHU capacity to coordinate monitor and document national confidential maternal and neonatal death reviews
3. Operations Research in MNH
4. Evaluation of Road Map

3.6 The Minimum Package of High Impact Interventions for Maternal and Neonatal Mortality Reduction

N0.	High Impact Interventions	Indicators
1.	Family planning	• Teenage fertility rate as % of total pregnancies • Uptake of FP among adolescents • Modern Contraceptive prevalence rate • Percentages of health facilities providing emergency contraceptives • Percentage of health facilities providing youth friendly services • Proportion of women aged 20-24 giving birth before age 18; • Proportion of births spaced at least 3 years apart
2.	Focused Antenatal Care	• Percentage of pregnant women who received 4 focused ANC visits • Percentage of pregnant women who attending ANC in the first trimester • Proportion of pregnant women who received two doses of tetanus toxoid vaccination (TT2)

		• Percentage of pregnant women who received iron/folate supplementation • Percentage of pregnant women who received deworming tablets • Percentage of pregnant women who received IPT 2 • Percentage of pregnant women using ITNs • Proportion of mothers counselled on infant feeding • Proportion of pregnant women screened for syphilis
3.	PMTCT	• Proportion of pregnant women receiving HTC • Proportion of HIV positive pregnant women receiving ART e.g. Nevirapine • Proportion of newborns of HIV positive mothers receiving ART e.g. Nevirapine
4.	Emergency obstetric and newborn care (EmONC)	• Percentage of health centres offering Basic EmONC services • Percentage of hospitals offering Comprehensive EmONC services • Coverage of EmONC facilities per 500 000 population • Proportion of expected direct obstetric complications treated in EmONC facilities (Met Need) • Proportion of health centres having the necessary equipment and drugs to provide BEmONC services • Proportion of health centre staff trained in BEmONC
5.	Skilled delivery care	• Proportion of births assisted by a skilled attendant • Proportion of all births in EmONC facilities • Proportion of births by Caesarean Section • Proportion of Low Birth Weight babies • SBA in lowest 2 wealth quintiles;
6.	Essential neonatal care	• Percentage of newborns receiving essential neonatal care • Percentage of newborns exclusively breast fed for 6 months • Percentage of newborns of HIV positive mothers received ART • Percentage of health facility providing Kangaroo mother care (KMC) • Rate of Neonatal deaths
7.	Postnatal care	• Percentage of mothers and newborns receiving postnatal care within 48 hours • Percentage of postnatal mothers receiving Vitamin A supplementation • Percentage of mothers and newborns receiving two postnatal care home visits
8.	Maternal and neonatal death review	• Percentage of districts conducting maternal and neonatal death reviews • Percentage of districts submitting reports on maternal and neonatal deaths reviews to national/ zonal level • Percentage of districts conducting verbal autopsies • Percentage of districts submitting verbal autopsy reports • Proportion of maternal deaths reported in each district. • Reduction in case fatality rate (CFR)
9.	Community initiatives	• Number of districts implementing community initiatives for MNH

		care • Percentage of HSAs trained in providing Community Based Maternal and Neonatal Health care • Proportion of Community Core Groups implementing Community interventions addressing Maternal and Neonatal Health services
10.	Strengthen referral system	• Percentage of facilities with functioning communication system • Number of motorised ambulances per district
11.	Supportive supervision to enhance quality of care	• Percentage of health facilities (at all levels) receiving regular supervisory visits • Percentage of DHO/ZHSO reporting on supervisory visits • Number of joint supervisory visits conducted by RHU and partners
12.	Advocacy and Behaviour Change Interventions (BCI)	• Advocacy and BCI materials developed • Number of stakeholders meetings held for resource mobilization • Percentage of increased budgetary allocation within DIP and AIP for MNH • Number of CHAM facilities having SLAs with DHO per district
13.	Monitoring and Evaluation	• Officer responsible for M&E in place at RHU • Priority MNH indicators incorporated into national HMIS

3.7 Monitoring and Evaluation

Indicators have been developed to monitor and evaluate the Road Map. Most of these indicators are included in the national HMIS.

Priority EmOC Indicators

Greater emphasis will be placed on the routine collection and processing of data on the following process indicators for monitoring progress towards maternal and neonatal morbidity and mortality reduction

1. Percentage of health centres offering Basic EmONC services.
2. Percentage of hospitals offering Comprehensive EmONC services.
3. Geographic distribution of Basic and Comprehensive EmONC services
4. Proportion of births assisted by a skilled attendant
5. Proportion of all births in EmONC facilities
6. Proportion of expected direct obstetric complications treated in EmONC facilities (Met Need)
7. Proportion of all expected births by Caesarean Section
8. Case fatality rate of direct obstetric complications

9. Proportion of Low Birth Weight babies
10. Number of Neonatal deaths
11. Percentage of mothers and newborns receiving two postnatal care visits

The following indicators will also be used to monitor the implementation of various interventions of the Road Map.

I. Management indicators

1. Percentage of health facilities conducting maternal death review and submitting to national level
2. Proportion of Health facilities with protocols and guidelines in performance and quality improvement including infection prevention
3. Percentage of hospitals with functional blood transfusion facilities
4. Percentage of facilities with functioning neonatal resuscitation facilities
5. Number of districts that prioritise provision of basic EmONC services in their DIPs
6. Proportion of health facilities with functioning communication system
7. Coverage of ambulances per population
8. Proportion of health facilities receiving regular supportive supervision
9. Proportion of health facilities with 24 hours coverage of skilled attendants to provide emergency obstetric care

II. Antenatal Care Indicators

1. Percentage of pregnant women receiving 4 focused ANC visits
2. Percentage of pregnant women receiving ANC in first trimester
3. Proportion of mothers counselled on infant feeding
4. Proportion of pregnant women screened for syphilis
5. Proportion of pregnant women receiving HTC
6. Proportion of HIV positive pregnant women receiving ART according to protocol.
7. Proportion of newborns of HIV positive mothers receiving ART e.g. Nevirapine or according to protocol.

III. Impact Indicators

These indicators will be measured at the end of each phase of implementation and as part of the regular MDHS.

1. Maternal mortality ratio
2. Neonatal mortality rates

IV. Community Indicators

1. Percentage of HSAs trained in providing Maternal and Neonatal Health care
2. Proportion of VHCs addressing Maternal and Neonatal Health issues

4.0 Details of Intervention

Strategy 1: Improving the availability of, access to, and utilisation of quality comprehensive family planning Services						
Intervention	**Activities**	**Leading agent(s)**	**Indicators**	**Baseline and 2015 Targets**		
				Baseline	**Source**	**2015 target**
1.1 Scale up FP services for rural and underserved communities including long acting and permanent FP methods	• Provide family planning commodities at all levels • Integrate family planning with maternal and child health services (ANC, labour & delivery , post abortion care and under-five child health services) • Provide family planning counselling and methods in ART clinics	RHU, UNFPA, USAID	% of health facilities providing long term and permanent FP methods	53%	MOH/BLM	70%
			% of women accessing FP services disaggregated by age	46%	DHS 2010	60%
			% of sites providing emergency contraception	33%	HMIS	100%
			% of CPR for modern methods	42%	MDHS 2010	60%
1.2 Enhance Advocacy Activities for FP/RH services	• Design and implement high-impact advocacy strategies for policy improvements	RHU, partners	Availability of Advocacy Strategy for FP/RH	No data	Advocacy meeting reports	1
	• Strengthen dialogue with FBO on traditional FP methods		# of religious institutions with established FP programmes	No data 0	Meeting reports	2
	• Strengthen dialogue with communities on impact of population growth and create demand for FP		# of High Level Advocacy meeting on FP/RH		Meeting reports	31
			Availability of Advocacy Strategy			1

			for FP/RH			
1.3 Improve contraceptive security and provide a wider range (method mix) of methods.	Procured and distribute long term implants IUCD Train family planning providers in long term and permanent methods including emergency contraception to ensure method mix	RHU	# of districts with HSAs providing DMPA % of health facilities with no stock out of FP commodities in 3 months % of health facilities providing at least 3 methods (method mix) of FP services	17 80% No data	RHU Data base LMIS HMIS	29 90% 100%
1.4 Motivate women accessing any health care services to access family planning.	Orient health workers as FP motivators.	RHU, Partners	% of health workers oriented as FP motivators	No data	MOH reports	100%
1.5 Support public-private partnerships through contracting, social marketing and franchising	Conduct advocacy meetings with private sector Orient media personnel on FP	RHU/HEU	# of private sector facilities providing FP services. # media personnel oriented	No data No data	Meeting reports Orientation reports and availability of articles	100% 100% media houses

Strategy 2: Improving the availability of, access to, and utilisation of quality Maternal and Neonatal Health Care						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline and 2015 Targets**		
				Baseline	**Source**	**2015**
2.1 Provide essential health care package for MNH, at all levels	Provide Focused ANC	DHO	% of health facilities providing focused ANC	98%	(EmONC 2010)	100%
			% pregnant women accessing ANC in first trimester	12%	(MDHS 2010)	30%
			% pregnant women receiving 4 focused ANC visits	46%	(MDHS 2010)	40%
			% of pregnant women screened for syphilis	16%	(HIV Unit, 2010 Q3)	50%
			% of pregnant women screened for Hb	No data		25%
			% of pregnant women tested and counselled for HIV	79%	(HIV Unit 2010 Q3)	90%
			% of pregnant women found to be HIV positive and on ART	82%	(HIV Unit 2010 Q3)	100%
			% of pregnant women received iron/folate supplementation	28%	(HIV Unit 2010 Q3)	50%
			% of pregnant women received second dose of IPT	55%	(MDHS 2010)	80%
			% of pregnant women using long lasting ITNs	35%	(MDHS 2010)	60%

Strategy 2: Improving the availability of, access to, and utilisation of quality Maternal and Neonatal Health Care						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline and 2015 Targets**		
				Baseline	**Source**	**2015**
	Provide Intra Partum Care	DHO	% of pregnant women receiving skilled care at delivery	71 %	(MDHS 2010)	85%
			% of deliveries in EmONC health facilities	22%	(EmONC 2010)	40%
			% of HIV positive pregnant women received ART	40%	(HIV Unit 2010 Q3)	100 %
			% of direct obstetric complications treated in EmONC facilities	24%	(EmONC 2010)	60%
			% of births by caesarean section	5%	(MDHS 2010)	10%
			% of mothers initiating breastfeeding within one hour after delivery	70%	MDHS 2004	90%
			% of Low Birth Weight babies	20%	(HIV Unit 2010 Q3)	2%
			Case Fatality Rate (CFR)	1%	(EmONC 2010)	<1%
	Provide Essential neonatal care	DHO	% of health facilities with neonatal resuscitation equipment	82%	(EmONC 2010)	90%
			% of facilities providing helping babies breath services	No data	EmONC 2014 survey	90%

Strategy 2: Improving the availability of, access to, and utilisation of quality Maternal and Neonatal Health Care						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline and 2015 Targets**		
				Baseline	**Source**	**2015**
			% newborns receiving neonatal resuscitation	30%	EmONC 2010	70%
			% newborns receiving ENC (cord care, warmth, breastfeeding within an hour)	No data	EmONC 2014	90%
			% of newborns exclusively breast fed for 6 months	72%	MDHS 2010	90%
			% of newborns of HIV positive mothers received ART	41%	HIV Unit 2010 Q3	75%
			% of newborns receiving prophylactic eye ointment	No data	EmONC 2014	90%
	Provide Kangaroo Mother Care (KMC)	DHO	% of health facilities providing KMC	5%	EmONC 2014	40%
	Provide Postnatal care	DHO	% of mothers receiving postnatal care within one week	28%	EmONC 2014	60%
			% of postnatal mothers who received Vitamin A supplementation	No data	HMIS	40%
			% of postnatal mothers receiving FP services at 6 weeks	No data	EmONC 2014	60%
2.2. Improve infrastructure, equipment and supplies to provide high-quality Maternal and	Renovate health centres to provide BEmONC service Provide water and electricity in	PAM RHU DHO	# of health facilities renovated to BEmONC services	54	Health Sector reports	27%

Strategy 2: Improving the availability of, access to, and utilisation of quality Maternal and Neonatal Health Care						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline and 2015 Targets**		
				Baseline	**Source**	**2015**
Neonatal Health services.	hard to reach areas		% of facilities with running water % of facilities with electricity	73% 85 %	EmONC 2010	100% 100%
	Provide essential drugs, supplies and equipment for BEmONC services	RHU PAM CMS	% of health centres with parenteral antibiotics	91%	EmONC 2010	100%
			% of health centres with parenteral oxytocics	99%	EmONC 2010	100%
			% of health centres with parenteral anticonvulsants	58%	EmONC 2010	100%
			% of health centres with MVA equipment	33%	EmONC 2010	100%
			% of health centres with obstetric long gloves for manual removal of placenta	0 %	EmONC 2010	100%
			% of health centres with vacuum extractor	33%	EmONC 2010	100%
			% of health centres with: – ambu bag – mask 0, 1 – bulb (penguin) syringes	 80% 73% No data	EmONC 2010	 100% 100% 100%

Strategy 2: Improving the availability of, access to, and utilisation of quality Maternal and Neonatal Health Care						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline and 2015 Targets**		
				Baseline	**Source**	**2015**
2.3 Strengthen Blood transfusion services at each hospital	Equip all hospitals with storage facilities for Blood transfusion services	RHU MBTS HTSS	% of hospitals with functional blood transfusion services	79%	(EmONC 2010)	100%
2.4 Provide updated MNH clinical protocols to health facilities	Update MNH clinical protocols in line with national and international guidelines	RHU QA Secretariat HIV Unit DHO	% of health facilities with updated protocols in infection prevention	55%	(EmONC 2010)	100%
			% of health facilities with updated protocols in family planning	52%	(EmONC 2010)	100%
			% of health facilities with updated protocols in FANC	52%	(EmONC 2010)	100%
			% of health facilities with updated protocols in PMTCT	65%	(EmONC 2010)	100%
			% of health facilities with updated protocols in post-abortion care	24%	(EmONC 2010)	100%
			% of health facilities with updated protocols in management of obstetric complications (PPH, Eclampsia, APH)	88%	(EmONC 2010)	100%

Strategy 2: Improving the availability of, access to, and utilisation of quality Maternal and Neonatal Health Care						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline and 2015 Targets**		
				Baseline	**Source**	**2015**
			% of health facilities with updated protocols in management of obstetric complications	88%	(EmONC 2010)	100%
			% of health facilities with updated protocols in immediate newborn care	59%	(EmONC 2010)	100%
			% of health facilities with updated protocols in management of newborn complications	64%	(EmONC 2010)	100%
2.5 Conduct maternal and neonatal death reviews and clinical/near miss audits	Institutionalise maternal and neonatal death reviews	RHU DHO	% of health facilities conducting maternal and neonatal death reviews and submitting to district/zonal/national level	20%	EmONC 2010	100%

Strategy 2: Improving the availability of, access to, and utilisation of quality Maternal and Neonatal Health Care						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline and 2015 Targets**		
				Baseline	**Source**	**2015**
	Analyse maternal and neonatal death audit reports and compile a report for the entire country	DHO RHU	% of district providing quarterly reports to RHU on maternal and neonatal death audits	No data	DHO reports	100%
			Availability of biannial report	No data		
			# of meetings by the National confidential committee into inquiry of maternal death audit committee	No data		
	Disseminate audit reports at the annual dissemination meeting on RH		Report dissemination done	No data		
	Scale up clinical/near miss maternal and neonatal audits	DHO RHU	% of district providing quarterly reports to RHU on clinical/near miss maternal and neonatal audits	No data		
			Availability of biennial report	No data		
			Report dissemination done	No data		
2.6 Provide supportive supervision that includes clinical coaching and mentoring to	Conduct quarterly supervisory visits at all levels	DHO ZONES RHU	% of health facilities receiving quarterly supervisory visits	63%	HMIS	100%

Strategy 2: Improving the availability of, access to, and utilisation of quality Maternal and Neonatal Health Care						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline and 2015 Targets**		
				Baseline	**Source**	**2015**
enhance quality of MNH care			% DHOs reporting on supervisory visits	63%	EmONC 2010	100%

Strategy 3: Strengthen human resources to provide quality skilled MNH care						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline, and 2015 Targets**		
				Baseline	**Source**	**2015**
3.1 Provide adequate staffing at the health facility to provide essential MNH care package	Recruit skilled health personnel to provide MNH services	HR	% of established posts filled:			
			Nurse/midwife technicians	40%	(EmONC 2010)	75%
	Retain skilled health personnel to provide MNH services		Registered Nurse/midwives	47%	(EmONC 2010)	75%
			Clinical Officers	28%	(EmONC 2010)	50%
	Train existing health personnel to provide MNH services		Medical Assistants	102%	(EmONC 2010)	100%
			Medical Officers	43%	(EmONC 2010)	75%
			Train OBGYN specialists	1	HRMIS	100% coverage in central hospitals (government employed)
	Train community midwives	NMCM	No. of community midwives trained	0	NMCM reports on community midwives	5000
	Recruit and deploy community midwives in their communities	NMCM	% of community midwives recruited and deployed in their communities	0	NMCM/ MOH reports on Community midwives	100%
	Prioritise the deployment of staff with BEmONC skills to rural health facilities	HR and Planning Unit	% of established posts in rural areas filled:	No data	DHO staff returns	100% (3 per designated BEmONC site)
			% of established posts filled in Govt health centres	36.5%	(EmONC 2010)	100%
			% of established posts filled in CHAM Health facilities	26%	(EmONC 2010)	60%
	Rural incentive scheme to support the deployment of staff in hard to reach rural areas		% of hard to reach areas reached with incentive scheme	0	MOH reports (planning unit)	50%

Strategy 3: Strengthen human resources to provide quality skilled MNH care						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline, and 2015 Targets**		
				Baseline	**Source**	**2015**
3.2 Build capacity of providers to competently offer MNH services	Update course content in line with latest evidence on BEmONC for pre-service and in-service training for clinical officers and medical Assistants	RHU MCHS and Malamulo CHS	Availability of revised syllabi in EMOC obstetric related cadres	0	Updated Training content	2
	Advocate for increased intake in pre-service institutions	RHU	No of students enrolled in:			
			Nurse/midwife technicians	422	Training output report from HR training Unit	TBD
			Registered Nurse/midwifes	136	Training output report from HR training Unit	
			Clinical Officers	156	Training output report from HR training Unit	
			Medical Assistants	174	Training output report from HR training Unit	
			Medical Officers	60	Training output report from HR training Unit	
			Lab technicians	52	Training output report from HR training Unit	
			Anaesthetic Officers	28	Training output report from HR training Unit	
	Implement an in-service training on integrated MNH for nurse/midwives and clinicians	RHU and Training Institutions	# of nurse/midwife technicians trained	No data	RHU reports	50%
			# of registered nurse/midwives trained	-	RHU reports	
			# of medical assistants trained	-	RHU reports	
			# of clinical officers trained		RHU reports	
			# of HC staff trained in IMNH	-	RHU reports	

Strategy 3: Strengthen human resources to provide quality skilled MNH care						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline, and 2015 Targets**		
				Baseline	**Source**	**2015**
3.3 Build the capacity of training institutions to provide competency based training in MNH	Train tutors and lecturers to provide competency based training in MNH	RHU Training Institutions	# of tutors/lecturers that have received competency-based training in MNH	49%	(HSSP 2010)	100%
	Provide institutions with all required anatomical models to provide competency based training, with priority focus on BEmONC	RHU Partners	% of training institutions with all required anatomical models	No data	NMCM annual accreditation reports	50%
3.4 Review and update MNH policies that enable health professionals use their skills	Review the midwifery practice policy using current global international midwifery confederation standards, regulations and tools for provision of quality services	NMCM RHU	reviewed policy/standards	2009	Policy reviewed	2014
			Increased BEmONC services	2%	EmONC 2010	50%

Strategy 4: Strengthen the referral system for MNH						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline, and 2015 Targets**		
				Baseline	**Source**	**2015**
4.1 Strengthen communication system between health centre and referral hospital	Install and maintain communication equipment (such as ground /mobile phone/radio communication in health facilities with priority to BEmONC sites Train personnel to maintain communication equipment in health facilities	PAM RHU DHO	% of facilities with functioning land telephone in maternity	21%	(EmONC 2010)	50%
			% of facilities with functioning land telephone elsewhere in facility	29%	(EmONC 2010)	50%
			% of facilities with functioning two-way radio communication	56%	(EmONC 2010)	80%
			% of facilities with functioning mobile phone in the maternity	22%	(EmONC 2010)	50%
			% of personnel trained in maintaining communication equipment	No data		100%
4.2 Strengthen transport system for referral	Provide motor vehicle ambulances to designated zones within the district Provide motor cycle ambulances to serve between health facilities in designated zones	DHO PAM RHU	% designated zones with functioning motor vehicle ambulances	No data	(EmONC 2010)	75%
			% facilities with functioning motor cycle ambulances.	14%	(EmONC 2010)	40%

Strategy 5: Strengthening national and district planning and management of Maternal and Neonatal Health Services						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline, and 2015 Targets**		
				Baseline	**Source**	**2015**
5.1 Strengthen capacity of RHU for better management of MNH services including family planning	Strengthen multi-sectoral participation in planning for MNH and family planning activities	RHU	Number of meetings conducted with stakeholders	4	Minutes of the SRH TWG 2010	20
5.2 Strengthen capacity of DHMT for better management of MNH	DHO to ensure that all planned MNH and family planning activities are included in the DIP	DHO	# of DIPs with all planned MNH and family planning activities	No data	DIP monitoring reports	29

Strategy 5: Strengthening national and district planning and management of Maternal and Neonatal Health Services						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline, and 2015 Targets**		
				Baseline	**Source**	**2015**
services including family planning	Conduct SRHR programme review at national, zone and district levels	RHU	Number of SRHR review meetings conducted biannually: – District – Zone – National	 4 4 1	 Review meeting reports Review meeting reports Review meeting reports	 216 80 8
	Train existing District RH Coordinators in short RH courses (both national and international)	RHU HR	# of RH Coordinators trained	CRH	Centre for RH (COM)	45
	Train post graduated level SRHR Coordinators to be seconded to the zones	HR RHU	# of SRHR Coordinators working at zone level	0	HR reports	5
	Involve all SRH stakeholders during development of DIPs.	DHO	# of stakeholders involved in development of DIPs	No data	Reports on DIP	100%
	Train HMIS personnel, service providers and managers to improve on data and information management of MNH	RHU DHO	# of personnel trained: – HMIS Personnel – Service providers Managers	 0 0 0	NSO training reports	 35 35 35

Strategy 6: Resource mobilization for Maternal and Neonatal Health services including Family planning						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline, and 2015 Targets**		
				Baseline	**Source**	**2015**
6.2 Identify resources for the implementation of the Roadmap	Cost the road map	RHU, development partners	Availability of the costed roadmap	1	Roadmap 2011	1
	Disseminate a finalised road map	RHU, HEU	Dissemination report of the road map	0	Dissemination meeting reports	6
	Conduct annual stakeholder meetings to mobilize resources for MNH	RHU, HEU	Availability of stakeholder meeting reports	0	Meeting reports	1

Strategy 6: Resource mobilization for Maternal and Neonatal Health services including Family planning						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline, and 2015 Targets**		
				Baseline	**Source**	**2015**
	Conduct National Health Accounts exercise and MNH subaccounts to substantiate amount of funding dedicated to MNH which will feed into advocacy	Department of Planning, Development partner, RHU	Availability of the NHA report	2	NHA	2
	Advocate for increased budgetary allocation for SRHR	RHU and Development partners	% of health budget allocated to SRHR	14%	NHA	20%

Strategy 7: Fostering Partnerships						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline, and 2015 Targets**		
				Baseline	**Source**	**2015**
7.1 Mapping partners and stakeholders	Conduct stakeholder analysis	RHU	Availability of analysis report	No data	Analysis report	4
7.2 Improving partnership collaboration and coordination	Conduct quarterly SRH TWG meetings	RHU	Number of meetings conducted	4	SRH TWG Minutes 2010	20
	Disseminate Roadmap at national and district level with all relevant stakeholders present	DHO	# of roadmap dissemination meetings conducted	0	Roadmap reports	29
7.3 Promoting effective public/private partnership	Develop a Private/Public Partnership policy/guidelines	RHU and Planning	Availability of PPP Policy	0	Planning	1
	Review guidelines for implementation of Service Level Agreements	RHU Planning	Availability of reviewed guidelines	1	Planning	1
	DHO to enter into SLAs with other providers of MNH services	DHOs, Planning	No of MNH SLAs in place	76	SLA reports	To be determined
	Lobby the private sector to support implementation of MNH services	RHU	# of private institutions supporting MNH issues Amount of resources mobilised from the private sector into MNH activities	0 No data	RHU reports	To be determined To be determined

Strategy 8: Scaling up of community based MNH intervention to ensure continuum of care between the household and health facility						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline, and 2015 Targets**		
				Baseline	**Source**	**2015**
8.1 Scale up and strengthen community interventions for MNH	Train HSAs in community based MNH package and community mobilization targeting hard to reach areas Orient ADC, HAC and traditional leaders on MNH	DHO RHU	# of HSAs trained in community MNH	1549	RHU reports	5500
			# HC advisory committee oriented on MNH	No data	DHO reports	
			# of ADC oriented on MNH	No data	DHO reports	
	Establish and liaise with relevant authorities to revitalise Village core groups with males involved	DHO	# of functional core groups addressing MNH issues with males involved	1430	RHU reports	
	Train core groups in MNH issues	DHO	# of functional core groups addressing MNH issues	1430	RHU reports	
	Strengthen dialogue between core group and health facility	DHO	# of HSAs holding meetings with core groups	No data	DHO reports	5500
	Develop and support implementation of verbal autopsy	DHO RHU	# of communities implementing verbal autopsy		? Source	
8.2. Raise awareness of the community on MNH issues	Print and distribute health promotion materials on birth preparedness and danger signs	RHU HEU	# core groups with health promotion materials available		? Source	cumulative
	Use community based organizations to disseminate health promotion information on MNH care	DHO	# of reports on dissemination through community based organisations	No data	DHO	58
	Disseminate BCC materials through appropriate media	HEU	# of reports on dissemination through different media (radio, TV, print, drama)	No data	HEU reports/CDs/Jingles	20

Strategy 9: Strengthening services that address adolescents' sexual reproductive health issues						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline,and 2015 Targets**		
				Baseline	**Source**	**2015 Revised**
9.1. Strengthen youth friendly health services in public and private health service delivery points	Review the Minimum Standards for YFHS	RHU DHO	Availability of updated YFHS standards .	2008	RHU reports	1
	Train more YCBDAs to increase access and utilization of FP services by young people.	DHO, DYO,	# of YCBDAs trained		RHU	
	Include YFHS in DIPs	DHO	# of DIPs with planned YFHS	No data	DIP reports	29
	Increase the number of delivery points providing YFHS	DHO	# of delivery points providing YFHS	1640	RHU reports	2500
	Accredit service delivery points providing YFHS	RHU, Partners ZONES DHO	# of accredited service delivery points providing YFHS according to standards	64	RHU reports	130
9.2. Raise awareness on teenage pregnancy prevention and other related health risks such as obstetric fistula	Scale up Life Skills training for youths especially girls	DHO, DYO	# of youths trained on Life Skills			
	Provide IEC materials on FP and dangers of teenage pregnancy in YFHS delivery points	RHU, Partners	Availability of IEC materials on FP and dangers of teenage pregnancies at YFHS delivery points	No data		100%
	Strengthen use of role models to foster behaviour change and career development among youths	RHU, Partners	# of girls paired with role models			
	Review and disseminate youth BCI strategy	RHU, Partners	Availability of updated youth BCI strategy	2001	RH Report	1
9.3 Strengthen condom programming	Promote social marketing of condoms to increase the availability for young people	RHU, partners	# of agents involved in the marketing of condoms	2	RH reports	4
	Print and disseminate IEC materials on condom use to YFHS delivery points	RHU	Availability of IEC materials at YFHS delivery points	No data	RH reports	100%

Strategy 10: Strengthening monitoring and evaluation mechanisms for better decision-making and service delivery of MNH services including Family Planning						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline and 2015 Targets**		
				Baseline	**Source**	**2015**
10.1. Strengthen MOH capacity for M&E of MNH services	Create position of Data Entry Clerk in RHU to enter service level data on MNH	HR RHU	Data Entry Clerk responsible for MNH in place at national level	0	HR records	1
	Conduct quarterly monitoring of MNH at zone levels by the RHU M&E Officer.	ZONES DHO RHU	No of monitoring visits conducted	0	RHU M&E Monitoring reports	17
	Conduct quarterly meetings of national maternal and neonatal death audit committee	RHU	No of meetings conducted	0	RHU M&E Monitoring reports	17
	Zone supervisor to conduct quarterly supportive supervisory visits to districts on MNH	ZONES DHO	No of supervisory visits conducted	No data	ZHO reports	17
	Conduct HSA supervision on effective data management and reporting	RHU DHO	# of supervisory visits by RHU M&E	No data	RHU M&E reports	17
	Orient HMIS personnel, service providers and managers on new data collection tools to improve on data and information management of MNH	RHU DHO CMED	No. of HMIS personnel and Managers oriented% of health facilities reporting on MNH indicators	No data	RHU M&E orientation reports	348
	Review and update HMIS to include key MNH indicators	CMED RHU	Updated HMIS	2002	Updated HMIS	2011
	Conduct quarterly data quality assessment	RHU DHO ZONES	No of DQAs conducted	0	RHU M&E Reports	17
	Review ANC register to incorporate other SRH issues beyond HIV	RHU CMED	Reviewed registers available	0	HIS Strategic plan	2012
	Review and update HMIS in line with the Road Map, including international agreed process indicators	CMED RHU	# number of additional MNH indicators included in the HMIS	25	HMIS	100%

Strategy 10: Strengthening monitoring and evaluation mechanisms for better decision-making and service delivery of MNH services including Family Planning						
Intervention	**Activity**	**Leading agent(s)**	**Indicator**	**Baseline and 2015 Targets**		
				Baseline	**Source**	**2015**
	Train HMIS personnel, service providers and managers to improve on data and information management of MNH	RHU DHO	# of personnel trained: – HMIS Personnel – Service providers – Managers	 0 0 0	NSO training reports	 35 35 35
10.3 Strengthen RHU capacity to coordinate monitor and document national confidential maternal and neonatal deaths reviews	Publish and disseminate biennial maternal and neonatal deaths audits report.	RHU	No of audit reports redacted	No data	Audit reports	2
10.4. Operations research in MNH	Orient health workers on operational research related to MNH	RHU, Partners DHO	No of health workers oriented	0	Orientation reports	145
	Conduct operations research on identified issues on MNH	RHU Research Unit DHO	# of Research studies conducted	0	Reports available	29
10.5 Evaluation of Road Map	Conduct mid and end of term evaluation of the Road Map in 2013 and 2015 respectively	RHU Planning	Mid-term evaluation report available End of term evaluation report	0 0	Reports available Report availability	1 1

5.0 Costing of Road Map 2010 - 2015

The Road Map will be implemented within the context of the SWAp. Ninety four percent of the total funds for implementing the first phase of this Road Map, including human Resources, is already costed in the Programme of Work of the SWAp. There is thus a need for an additional six percent to make up for the funding gap. Costing is in US Dollars

Intervention	Activity	Estimated Cost (5 yrs) 2011 - 2015	Costed in POW	Funding gap	Comments / Source of funds (Apportion)
1.1 Re-position family planning services	• Provide appropriate family planning commodities, supplies and equipment	55,000,000		140,000,000	
	• Train/update family planning providers in long term and permanent methods including emergency contraception to ensure method mix	5,000,000			
	• Integrate FP into existing RH , HIV programs to maximise use of resources	10,000,000			
	• Scale up social marketing of FP in the private sector	10,000,000			
	• Advocate for FP champions at all levels	5,000,000			
	• Conduct community mobilisation on family planning with emphasis on long term FP methods	5,000,000			
	• Conduct media campaign on family planning with focus on long term and permanent FP methods	20,000,000			

Intervention	Activity	Estimated Cost (5 yrs) 2011 - 2015	Costed in POW	Funding gap	Comments / Source of funds (Apportion)
	• Scale up CBD programmes • Scale up natural FP methods to all communities	25,000,000 5,000,000			
2.1 Provide essential health care package for Maternal and Neonatal Health	• Provide Focused ANC • Provide Intra Partum Care • Provide Essential Neonatal Care • Provide Kangaroo Mother Care (KMC) • Provide Postnatal Care . PMTCT	255,650,217 43,866,698 1,043,653 17,494,634 39,334,373 ``	33,961,232	**357,389,575**	iHTTP costing Medicines, Medical devices, Equipment, facilities and human resource costs are all included in the costing
2.2 Strengthen health facilities to be able to provide minimum package for MNH	• Upgrade health facilities to provide Basic EmONC services • Rehabilitate existing hospitals to provide comprehensive EmONC services • Provide necessary drugs, supplies and equipment for BEmONC services				Upgrade existing facilities to provide full range of services

Intervention	Activity	Estimated Cost (5 yrs) 2011 - 2015	Costed in POW	Funding gap	Comments / Source of funds (Apportion)
	• Review and update standard MNH equipment list in line with national standard list	29,543,500	26,437,500	3,106,000	
2.3 Reinforce Blood transfusion services at each hospital	• Equip all hospitals with storage facilities for blood transfusion services			-	Lab supplies and equipment are included in the costing
2.4 Review, refine and adopt minimum standards and protocols of care for MNH	• Update MNH clinical protocols	50,000	50,000	-	Updating of protocols for health interventions through consultative meeting printing and distribution
2.5 Conduct maternal and neonatal death reviews and clinical audits including near miss audits	• Institutionalise maternal and neonatal death reviews	997,500		997,500	
	• Analyse maternal and neonatal death and audit reports and compile for the entire country			-	

Intervention	Activity	Estimated Cost (5 yrs) 2011 - 2015	Costed in POW	Funding gap	Comments / Source of funds (Apportion)
2.6 Provide supportive supervision to enhance quality of care	• Provide MNH supportive supervision with checklist included in the MOH integrated supervisory checklist • Review/update supervisory check lists • Conduct quarterly supervisory visits at all levels	2,000,000	1,200,000	- - 800,000	Routine supervision at district level including Zonal and Central level
3.1 Provide adequate staffing at the health facility to provide the MNH essential health care package	• Recruit and retain skilled health personnel to provide MNH services • Prioritise the deployment of staff with BEmONC skills to rural health facilities • Re-engage & deploy staff in health facilities • Engage and deploy specialist doctors in hospitals • Placement of nurse tutors in health training institutions	248,100,600	171,600,000	- - - - 76,500,600	Assumed that HR costing will achieve above 40% skilled attendants with over 20 percent of Nurses and Midwives working in Maternity
3.2 Increase and improve training of MNH staff	• Update curricula in line with latest evidence on BEmONC for pre-service training for nurse/midwives and clinicians • Increase intake in pre-service institutions • Implement an in-service programme on MNH with focus on BEmOC for all nurse/midwives and clinicians	5,000,000	5,000,000	- - -	Coordinate pre and in-service training programs and training of 2500 Health workers in BEmONC
3.3 Build the capacity of training institutions	• Train tutors and lecturers to provide competency based training			-	

Intervention	Activity	Estimated Cost (5 yrs) 2011 - 2015	Costed in POW	Funding gap	Comments / Source of funds (Apportion)
to provide competency bases training	• Provide institutions with teaching and learning materials to provide competency based training, with priority focus on BEmONC	1,000,000	250,000	750,000	Training of 200 Tutors
3.4 Develop, review and update MNH policies that enable health professionals use their skills	• Review the midwifery practice policy to ensure that midwives are able to provide BEmONC services	1,500,600		1,500,600 -	Review meetings, Printing and dissemination of policy documents
4.1 Strengthen communication system between health centre and referral hospital	• Install communication equipment (such as ground /mobile phone) in health facilities, with priority to BEmONC sites • Maintain above communication equipment in health facilities • Train personnel to maintain communication equipment in health facilities	2,000,000		- - 2,000,000	Equip facilities with basic utility systems
4.2 Strengthen transport system for referral	• Provide motor vehicle and motor cycle ambulances between health facilities	28,678,000	25,000,000	3,678,000 -	Equip districts with vehicles and equipment for transport needs

Intervention	Activity	Estimated Cost (5 yrs) 2011 - 2015	Costed in POW	Funding gap	Comments / Source of funds (Apportion)
5.1 Build capacity of DHMT for better management of MNH services	• Review and update guidelines for development of DIPS to prioritise MNH			-	Support DIP development and implementation
	• Conduct SRHR programme review at national, zone and district levels			-	
	• Strengthen multi-sectoral participation in planning for MNH activities			-	
	• Establish a position of SRH coordinator at district level			-	
	• Train post-graduate level SRH coordinators			-	
	• Expand DHMT membership to include SRH coordinators			-	
	• Conduct integrated supervision of SRH activities			-	
	• Utilize data for decision making in MNH care			-	
	• Integrate SRHR with all other EHP services			-	
	• Involve all SRH stakeholders during development of DIPs	1,000,000	500,000	500,000	
6.1 Identify resources for the implementation of the roadmap	• Cost the road map			-	
	• Conduct annual stakeholder meetings to mobilize resources for MNH			-	

Intervention	Activity	Estimated Cost (5 yrs) 2011 - 2015	Costed in POW	Funding gap	Comments / Source of funds (Apportion)
	• Identify safe motherhood champions at all levels of implementation			-	
	• Conduct social marketing for family planning services			-	
	• Introduce community insurance packages			-	
	• Develop various MNH advocacy materials based on identified gaps			-	
	• Introduce community conversation on MNH issues	100,000		100,000	
6.2 Conduct National Health Accounts exercise	• Utilize data from RH sub-accounts for planning and advocacy for more resources			-	
7.1 Improving partnership collaboration and coordination	• Conduct quarterly SRH TWG meetings			-	
	• Establish SRH TWGs at district level coordinated by zone			-	
	• Disseminate road map at national & district level with all relevant stakeholders			-	
	• Conduct biannual dissemination of MNH indicators to all stakeholders at district level			-	
	• Highlight MNH and progress against the Road Map in the semi-annual Health Sector Report	200,000	5,000	195,000	

Intervention	Activity	Estimated Cost (5 yrs) 2011 - 2015	Costed in POW	Funding gap	Comments / Source of funds (Apportion)
7.2 Promoting effective public/private partnership	• Develop guidelines for implementation of service agreements between MOH and CHAM/private institutions			-	
	• Engage the private sector in implementation of MNH services	296,500	242,500	54,000	
8.1 Scale up community interventions for MNH services	• Train community health workers to orient communities on MNH issues			-	
	• Liaise with relevant authorities to revitalise village core groups			-	
	• Train core groups in MNH issues			-	
	• Establish village specific MNH emergency preparedness committees			-	
	• Monitor community MNH activities through HSAs			-	
	• Develop and Support implementation of verbal autopsy at community level	24,984,000		24,984,000	
8.2. Raise awareness of the community on MNH issues	• Print and distribute health promotion materials on birth preparedness and danger signs			-	
	• Use community based organizations to disseminate health information on MNH care			-	
	• Disseminate BCC materials through appropriate media			-	

Intervention	Activity	Estimated Cost (5 yrs) 2011 - 2015	Costed in POW	Funding gap	Comments / Source of funds (Apportion)
	• Involve men in all MNH activities	5,350,000	5,350,000	-	
8.3. Empower communities to contribute towards MNH issues	• Mobilise Village health committees to establish transport plans • Procure and maintain bicycle ambulances • Procure and maintain motorized bicycle ambulances • Community participation in building of maternity waiting homes	2,000,000		- - - 2,000,000	
8.4. Provide policy guidelines on role of TBAs and community midwives	• Conduct meetings to define new roles of TBAs in MNH • Develop and disseminate national policies on role of TBAs and community midwives	500,000		- 500,000	
9.1Strengthen youth friendly health services	• Train service providers in youth friendly health services • Conduct monitoring/supervision of youth friendly health services • Provide youth friendly services in all health facilities • Accredit service delivery points providing YFHS • Review YFHS training package	998,000	75,000	- - - - 923,000	
10.1. Strengthen MOH capacity for monitoring and evaluation of MNH services	• Create position of M&E Officer in RHU to collect service level data on MNH • Conduct quarterly monitoring of MNH at district and			- -	

Intervention	Activity	Estimated Cost (5 yrs) 2011 - 2015	Costed in POW	Funding gap	Comments / Source of funds (Apportion)
	zonal levels • Conduct quarterly meetings of national maternal death audit committee	1,000,000	200,000	800,000	
10.2. Strengthen flow of data to capture all essential information on MNH for planning purposes	• Review and update HMIS in line with key MNH indicators • Train HMIS personnel, service providers and managers to improve on data and information management of MNH • Revise HMIS so that it captures MNH data disaggregated into sex, age and place of residence from lowest point of implementation • Conduct quarterly data quality assessment • Scale-up front line SmS to improve timeliness of data. • Input MNH data into data base to be used for the SmS reporting system • Establish a national electronic data system within the sector. • Review ANC register to incorporate other SRH issues beyond HIV	500,000		- - - - - - 500,000	
10.3. Operations research	• Conduct operations research on identified issues on MNH	498,000	250,000	248,000 -	
10.4. Evaluation of		245,000	100,000	145,000	

Intervention	Activity	Estimated Cost (5 yrs) 2011 - 2015	Costed in POW	Funding gap	Comments / Source of funds (Apportion)
Road Map Impact	• Conduct End term Evaluation in 2015			-	
	OVERALL TOTAL	713,931,275	270,000,000	443,931,275	
	TOTAL (without HR)	465,830,675	104,165,000	361,665,675	
	Total Family Planning Only	140,000,000		140,000,000	
	Total Delivery of interventions at Hospital and health center levels	357,389,575		357,389,575	

6.0 ROLES AND RESPONSIBILITIES OF PARTNERS

6.1. Ministry of Health

- Take overall responsibility and show commitment for improving maternal, neonatal and child health towards the achievement of the Millennium Development Goals (MDGs) related to maternal and child health
- Provide overall guidance for the provision of services to improve the health of the mother and newborn
- Advocate for the highest priority to be accorded to the reduction of maternal and neonatal mortality as a necessary prerequisite for the attainment of the Millennium Development Goals (MDGs)
- Mobilize and leverage adequate resources for the implementation of the Road Map for the reduction of maternal and neonatal mortality
- Promote and coordinate partnership with United Nations Agencies, International Organizations, Non-governmental organizations, private and public sectors for cooperation and collaboration to accelerate the reduction of maternal , neonatal and child mortality and morbidity towards the achievement of the relevant Millennium Development Goals (MDGs
- Formulate and implement relevant policies and strategies for the reduction of maternal and neonatal mortality and morbidity
- Ensure the availability of adequate numbers of skilled health workers for the implementation of the Road Map
- Prioritise competency based training on emergency obstetric care (EmOC) with emphasis on health centre based staff
- Prioritise the deployment of staff with basic emergency obstetric care (BEmOC) skills to rural health facilities and target those with these skills to benefit from the rural incentive scheme within the Emergency Human Resource Programme of the Ministry of Health
- Promote an integrated approach to the provision of MNH and HIV &AIDS services

- Ensure that the provision of RH services by all partners and stakeholders at all levels meet the required standards
- Disseminate relevant policies, guidelines and standards of care widely
- Coordinate and support monitoring and evaluation of progress towards maternal and neonatal mortality reduction

6.2. Ministry of Agriculture and food Security

- Promote household food security and utilization of nutritious food to ensure good nutrition for girls and women before pregnancy, during pregnancy and in the period after delivery for improved maternal, neonatal and child health
- Support and promote nutrition education in health facilities
- Promote creation of Farmers' clubs in communities to sensitise and mobilise families towards household food security
- Collaborate with partners and other stakeholders to develop the concept and promote the creation of model villages for holistic community development.
- Organise periodic Agricultural shows/fairs for the promotion of awareness raising on good nutrition, food diversification and food production at the household level

6.3. Ministry of Economic Planning and Development

- Ensure the provision of adequate budgetary allocation to support implementation of the Road Map for the reduction of maternal , neonatal and child mortality and morbidity towards the achievement of the relevant Millennium Development Goals (MDGs)
- Promote partnership with United Nations Agencies, International Organizations, Non-governmental organizations, private and public sectors for cooperation and collaboration to accelerate the reduction of maternal , neonatal and child mortality and morbidity towards the achievement of the relevant Millennium Development Goals (MDGs)
- Promote awareness raising towards population issues including Reproductive Health
- Conduct regular stakeholders meetings for guidance and information sharing on the implementation of the Road Map

- Monitor progress towards the achievement of all Millennium Development Goals (MDGs)
- Coordinate revision of policies to support implementation of the Road Map

6.4. Ministry of Education and Vocational Training

Support the strengthening of services that address adolescents' sexual reproductive health issues, in particular:

- Preventing un-wanted pregnancy by promoting behavioural change and birth control through the life skill curriculum in both primary and secondary schools
- Strengthening the modules on sexuality and other relevant issues in life skill curriculum
- Raising awareness on the promotion of maternal and neonatal health in the school system
- Educating girls to make empowered decisions about their reproductive health
- Establishing a counselling and referral system for girls with reproductive health needs
- Improving the implementation of the re-admission policy for girls who drop out of school because of teenage pregnancy related issues
- Strengthen school clubs to address RH issues including HIV and AIDS

6.5. Ministry of Information and Tourism

- Raising community awareness on RH services including harmful practices to support and promote women's use of available services
- Facilitating public education through multi media approach on issues of maternal, newborn health and family planning
- Promoting advocacy to high profile the importance for the reduction of maternal and newborn mortality
- Facilitating debate and discussions on issues of maternal and newborn health including family planning throughout the country
- Facilitating implementation of Behaviour Change Interventions at community level on Maternal and Newborn Health issues

- Coordinate publicity and media coverage among media stakeholders on issues of the Road Map for the reduction of maternal and neonatal mortality

6.6 Ministry of Local Government and Rural Development

- Promoting community initiatives for reducing maternal and newborn mortality at village level
- Support empowerment of women to make informed decisions on their sexual and reproductive health issues including accessing ante-natal care , skilled attendants at delivery and post-natal health services
- Assisting communities to dispel misconceptions and harmful practices that could prevent use of health facilities for maternal and neonatal health care
- Mobilizing community leaders to organize and support community transport system for referral of women with obstetric complications
- Support the development of agreeable, acceptable and appropriate bye-laws at community level to promote positive maternal and neonatal health care practices such as providing rewards for trained TBAs promoting delivery with skilled attendants at health facility
- Support empowerment of community leaders to promote community maternal and neonatal health issues
- Support and promote infrastructure development, including provision of water and sanitation facilities, aiming at providing the enabling environment and accommodation at health centre level to motivate trained health personnel working in the community.

6.7. Ministry of Women and Child Development

- Support empowerment of women to make informed decisions on their sexual and reproductive health issues including accessing ante-natal care , skilled attendants at delivery, post-natal health and family planning services
- Highlight safe motherhood as a human rights and equity issue and that more resources be allocated for women's reproductive health

- Mainstreaming maternal and newborn health as issues of equity and empowerment
- Support and promote community initiatives for reduction of maternal and newborn mortality at village level
- Promote income generating activities at community level to increase women's ability to access health care before and during pregnancy, and in the post natal period.
- Mobilizing women's groups to lobby with relevant authorities to enforce necessary legislation with respect to adolescent sexual and reproductive health including minimum age of marriage.
- Advocate for girls access to education and for free schooling
- Educating men to enhance their participation and involvement in the improvement of the reproductive health of the community.
- Support advocacy against harmful cultural practices that affect women's and girls' reproductive health.
- Support and promote research on harmful cultural and emerging social practices affecting women's and girls' reproductive health.
- Advocate for necessary provisions that should direct the private sector to have a uniform maternity leave of not less than three months for mothers.
- Promote breast feeding at village level to prevent neonatal death.
- Prevention of gender-based violence

6.8 Ministry of Youth, Sports and Culture

- Promoting sports among in and out of school youth as a medium for development of positive and healthy life style
- Raising awareness on cultural practices that expose youth, especially girls, to HIV infection and Sexual and Reproductive Health (SRH) complications including early marriages and unplanned and unwanted pregnancies.
- Promoting behavioural change among young people and the communities specifically looking at modifying negative cultural practices modified into safe practices

- Raising awareness on gender relationships that increase vulnerability to HIV infection and SRH complications (including maternal and neonatal mortality) through peer education programmes for both in and out of school youth

6.9. Parliamentary Committee on Health

- Support enactment of appropriate legislation with respect to sexual and reproductive health including minimum age of marriage.
- Lobby with MPs to use constituency development funds to support community MNH initiatives in their various constituencies
- Promote and support adequate national budgetary allocation for sexual and reproductive health and in particular, maternal and neonatal health.
- Lobby for MPs to designate a focal person in their constituencies for maternal and neonatal health issues.
- Declare maternal and neonatal mortality reduction as a national priority

6.10. United Nations Agencies and Development Partners

- Fostering the relationship and collaboration among all development partners to support Government in the implementation of policies and strategies to bring about the necessary changes and improve health and quality of life, especially of mothers and their newborn children.
- Support the provision of technical and financial assistance to the Ministry of Health in thematic areas relevant to the attainment of MDGs related to maternal and newborn health
- Strengthen and Support monitoring and evaluation of MNH services
- Support operational research related to MNH
- Promote advocacy for MNH

- Support community initiatives to involve women, women's organizations, and other groups working for women's needs in the planning, implementation and monitoring of MNH services and programmes
- Promote empowerment of girls and young people through support for life skills training and related activities emphasizing skills-based health education, including reproductive health education and provision of youth friendly health services.
- Support provision of equipment and supplies including clean and safe delivery kits for quality MNH care at health facility and also at the community level
- Provide technical support to ensure that adolescents have access to the information, skills and services they need to protect and promote their own reproductive health both in and out of school.
- Provide technical and financial support to MoH to increase provision of BEmOC services
- Provide financial support to the MoH to increase Human resources especially skilled birth attendants for provision of quality MNH services.
- Provide technical and financial support to implement and monitor the Road Map.
- Provide technical support and financial support to review and develop policies, standards and guidelines in MNH.
- Promote linkage of SRH to all HIV&AIDS services and vice-versa.
- Support the development of training materials and pre-service curriculum development to incorporate MNH services.
- Support the inclusion of gender in all MNH care services

6.11 Nurses and Midwives Council of Malawi (NMCM)

- Provide guidance for certification for the attainment of minimum standards, competence and skills required for the provision of maternal and neonatal health services at health facility level
- Support and promote inclusion of relevant components of the Road Map into the pre-service curriculum of Nursing/Midwifery Training Institutions

- Monitor and evaluate midwifery services to ensure adherence to acceptable standards of practice.
- Support development of midwifery and neonatal standards
- Reinforce professional conduct for nurses and midwives to ensure provision of quality MNH care

6.12. Training Institutions

- Incorporate appropriate and relevant components of the Road Map into the pre-service training curriculum.
- Undertake research for improvement of MNH care

6.13. White Ribbon Alliance (WRA)

- Support advocacy for prioritising of the reduction of maternal and neonatal mortality towards attainment of MDGs related to maternal and child health
- Promote community awareness and empowerment on issues of MNH including birth preparedness and recognition of danger sings in pregnancy and childbirth
- Support human resource development
- Lobby for adequate national budgetary allocation for MNH with relevant authorities

6.14. Christian Health Association of Malawi (CHAM)

- Collaborate with the Ministry of Health to implement Service Agreements to enable women to access Maternal and Neonatal Health care services in CHAM institutions free of charge
- Provide technical and financial support to CHAM facilities for the provision of quality MNH services
- Support Ministry of Health in training health workers to implement the Road Map for the reduction of maternal and neonatal mortality.

6.15. MASAF

- Support community initiatives related to MNH