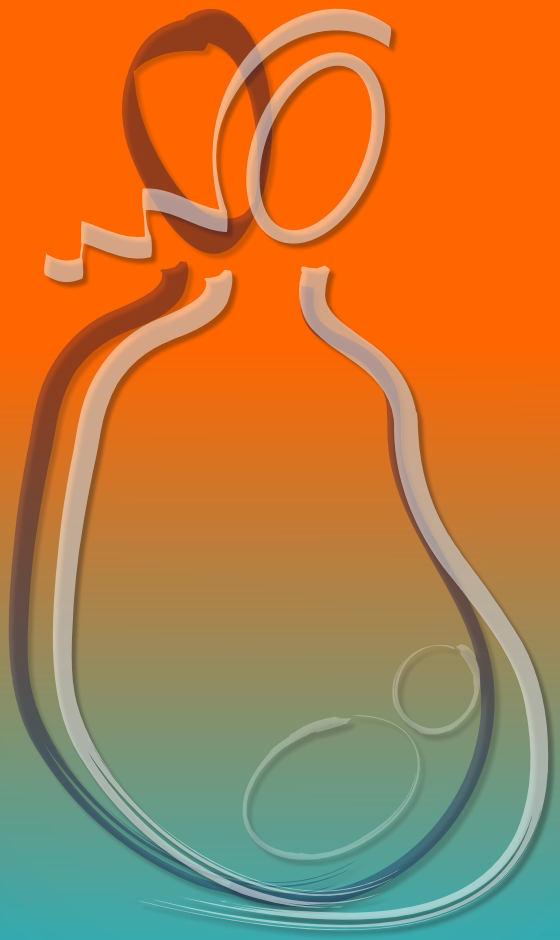
World Health Organization

District Planning Tool for Maternal and Newborn Health Strategy Implementation

A practical tool for strengthening Health Management System



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Department of Making Pregnancy Safer

WHO Library Cataloguing-in-Publication Data

District planning tool for maternal and newborn health strategy implementation.

1.Community health services - organization and administration. 2.Maternal mortality 3.Infant mortality. 4.Maternal health services - organization and administration. 5.Perinatal care. 6.Health planning guidelines. 7.National health programs - organization and administration. 8.Developing countries. I.World Health Organization.

ISBN 978 92 4 150097 5 (NLM classification: WA 310)

Printed in Geneva

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Acronyms

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
CBR	Crude birth-rate
CPG	Core Planning Group
DP	District planning
FIGO	International Federation of Gynecologists and Obstetricians
GPG	General Planning Group
HC	Health centre
HIV	Human immunodeficiency virus
HMIS	Health Management Information Systems
HRH	Human resources for health
ICM	International Confederation of Midwives
IMCI	Integrated Management of Childhood Illnesses
MDGs	Millennium Development Goals
M & E	Monitoring and Evaluation
MIP	Malaria in Pregnancy
MMR	Maternal mortality ratio
MNH	Maternal and newborn health
MOH	Ministry of Health
NGO	Non-governmental organization
PMTCT	Prevention of Mother – to – Child Transmission of HIV
PRSP	Poverty Reduction Strategy Paper
STIs	Sexually transmitted infections
SWAp	Sector Wide Approach
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
TBA	Traditional birth attendant
TT	Tetanus toxoid
WHO	World Health Organization

Acknowledgement

This tool is based on country experiences and has been prepared to support World Health Organization (WHO) staff assisting countries in district level planning for Maternal and Newborn Health strategy implementation.

The World Health Organization expresses appreciation to the Kenya Ministry of Health and Sanitation and The Tanzania Ministry of Health and Social Welfare for their valuable feedback from field-testing of the initial tool.

Thanks are due to the many people who provided comments during the writing and reviewing of this document in the World Health Organization, particularly colleagues from the Department of Making Pregnancy Safer (MPS) and focal persons at regional and country levels. Maurice Bucagu, MPS, coordinated development and writing of this document.

1. Introduction

1.1 The need for district planning tool: MNH plan to make things happen

No issue is more central to global well - being than maternal and perinatal health. Yet every day, 1,600 women and over 5,000 newborn (0 – 28 days) die due to complications, arising from pregnancy, childbirth and postnatal period, which could have been prevented. It is in this context that in 2000, the international community agreed on a vision for the world future which was translated into eight Millennium Development Goals (MDGs) to be achieved by 2015[1].

Effective knowledge and tools exist to help reduce maternal and newborn suffering and death. And experience has shown that available interventions are affordable and can be effectively delivered even in the poorest countries. However, to be able to make a difference, they must reach all the mothers and their babies where and when they need them[2].

To date, in the context of MDG framework, most of the countries with high burden of maternal and newborn mortality and morbidity have developed national strategies / roadmaps towards reduction of maternal and newborn mortality and morbidity. Their specific objectives are to provide skilled care during pregnancy, childbirth, and postnatal period, at all levels of the health care delivery system and to strengthen capacity of Individuals, Families, and Communities to improve MNH. However, as reported in the 2008 Countdown report '…very few countries are making progress reaching women and children with clinical care services, such as skilled care at delivery…postnatal care is an especially important gap in the first week of life when mothers and newborns are at the highest risk'[3]. Most of the countries are currently implementing proposed strategies, but concerns are raised about the slowness of the process as well as the weak translation of proposed strategies / Road Maps objectives and targets into concrete actions at all levels, to be able to effectively reach all beneficiaries.

Countries that have successfully managed to make pregnancy safer have the following three things in common:

- Firstly, policy–makers and health care managers were informed. They were aware that they had a problem, knew that it could be tackled and decided to act upon that information.
- Secondly, they chose an adequate strategy that proved to be the right one: not just promotion of antenatal care, but also skilled care at and after childbirth for all mothers and their newborns, by skilled midwives, nurse or doctors, backed up by hospital care.
- Thirdly, they made sure that access to required services – financial as well as geographical