Federal Republic of Somalia
Ministry of Health & Human Services

unicef
for every child

SOMALIA

EVERY NEWBORN ACTION PLAN

2019 - 2023

Abbreviations

CAR	Central Africa Republic
EBF	Exclusive Breast Feeding
EHPS	Essential Health Package of Services
ENAP	Every Newborn Action Plan
EmONC	Emergency Obstetric and Newborn Care
eMTCT	elimination of Mother to Child Transmission of HIV
HII	High Impact Intervention
HIV	Human Immunodeficiency Virus
HMIS	Health Information Management Systems
HPs	Health Posts
IDPs	Internally Displaced People
KMC	Kangaroo Mother Care
MDG	Millennium Development Goals
MPNDSR	Maternal and Perinatal and Neonatal Death Surveillance and Response
NGOs	Non Governmental Organizations
OTP	Outpatient Therapeutic Programme
PHUs	Primary Health Units
POC	Protection of Civilians
QI	Quality Improvement
RMNCAH and N	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
SARA	Service Availability and Readiness Assessment
SENAP	Somalia Every Newborn Action Plan
SDHS	Somalia Demographic Health Survey
STIs	Sexually Transmitted Infections
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
TB	Tuberculosis
TBD	To Be Determined
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
WATSAN	Water and Sanitation
WHO	World Health Organisation

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FOREWORD

Despite slight improvements in other maternal and child health indicators, the neonatal mortality rate in Somalia has remained stubbornly high at 39 per 1000 live births. Recent UN reports ranks the country as number four (4) in the list of the 10 riskiest countries to be born in. However, reduced conflicts in most parts of Somalia give hope that with commitment and targeted focus from all stakeholders, the country can significantly bring down this high neonatal mortality rate.

The Federal republic of Somalia is fully committed to improving the health indicators of mothers and newborns. The development of this Somalia Every Newborn Action Plan is a demonstration of this commitment. Further, the country is also in the process of developing a RMNCAH-N strategic plan which also prioritises newborn health response. Through this plan, accountability mechanisms will be established all levels of service delivery to ensure newborns survive, thrive and live to achieve their full potential.

To be with or near the rest of the World in 2030 at the close of the sustainable development goals (SDGs), the Somalia Every Newborn Action Plan (SENAP) sets the ambitious but achievable target of reducing the neonatal mortality rate from the high of 39 to 30 neonatal deaths per 1000 live births by 2023. As part of the development of this plan, we conducted an extensive bottleneck analysis to identify the barriers to access and utilize high impact newborn health interventions. To address these bottlenecks, the plan has developed innovative and evidence-based solutions to ensure availability and utilisation of high impact interventions for newborn health.

Through this Somalia Every Newborn Action Plan, the Ministry of Health appeals to all partners to commit to, align and support implementation of the plan. The Ministry of Health commits to provide the required leadership, coordinate the partners and provide the required enabling environment for the smooth implementation of this plan.

Let's all work together to create a Somalia where there are zero preventable newborn deaths and where our newborns not only survive but thrive and live to their fullest potential.

Dr. Fawziya Abikar Nur

Minister of Health and Human Services; Federal Government of Somalia

ACKNOWLEDGEMENTS

This Somalia Every Newborn Action Plan (SENAP) was developed through a highly consultative process involving different maternal and newborn health stakeholders. Their commitment through their entire process is highly acknowledged.

Development of the plan was ably coordinated by a technical committee with the leadership of Dr. Mohammed Mohamud Derow – Head of the Child Health section, Dr. Naima Abdulkadir Mohamed – Maternal and Reproductive Health Manager, Dr. Abdirizak Yusuf Ahmed – Health Systems Team Leader, Mr Nur Ali Mohamud - Director of Policy and Planning and Dr. Abdulkadir Wehliye Afrah - Director of Medical Services, together with technical contributions from other directors and managers in the Ministry of Health of Federal Republic of Somalia. Profuse thanks also go to staff of all Somalia Health Authorities from all Subnational Health Authorities (Federal Member States) who provided extraordinary contributions in this process, including participating in field visits for bottleneck analysis.

Additionally, the role of the UNICEF, other UN agencies and development partners is highly appreciated. The Ministry of Health profusely appreciates the financial and technical support by UNICEF in Somalia. MoH commends the technical leadership and guidance from Fatima Gohar, UNICEF Regional MNH Specialist and Dr. Shyam Sharan Pathak, UNICEF Maternal and Newborn Health Manager, in the development of ENAP. Dr. Pathak has been instrumental in the designing of assessment, focus group discussion, validation of data and information, and supervision of the consultant. The MoH also acknowledges the technical support by Abdulhamid Osman Salah, UNICEF's health officer who facilitated the consultant to conduct the field visits and validation workshop. Participation by WHO and UNFPA in the development of the plan is also highly appreciated.

Many thanks to health service providers and maternal and newborn health clients in the visited facilities who availed themselves for bottleneck analysis discussions. Without them, the development of this plan would not have been successful.

The Ministry appreciates the technical support by the international consultant Philip Wambua and the national consultant Abdi Kamil, both of whom technically led the bottleneck analysis and the writing of this SENAP. To all the people who in one way or another participated in the development of this plan, you made your contribution in improving newborn health indicators in Somalia, many thanks.

Dr. Abdullahi Hashi Ali

Director General - Ministry of Health and Human Services, Federal Government of Somalia

EXECUTIVE SUMMARY

With a neonatal and still birth rate of 38.5 per 1000 live births and 35.5 per 1000 total births respectively, Somalia is one of the countries with the poorest newborn health indicators globally[1]. This Every Newborn Action Plan seeks to significantly improve those indicators.

The plan was developed through a highly consultative process that involved consultative bottlenecks analysis workshops at federal and sub-national levels, facility visits and focus group discussions with maternal and newborn health clients in the visited facilities. The plan envisions Somalia where there are zero preventable deaths of newborns and stillbirths, where every pregnancy is wanted, every birth celebrated, and where women and newborns survive, thrive and reach their full potential.

The goal: To contribute to ending preventable newborn deaths and stillbirths in Somalia.

Overall strategic objective: To increase availability, access and utilisation of critical newborn health interventions at all levels of care.

The table below presents the key actions by strategic objectives.

STRATEGIC OBJECTIVE 1:	Strengthening the leadership and governance for effective delivery of maternal and newborn health interventions

KEY ACTIONS BY STRATEGIC OBJECTIVE

a. Establish and ensure functionality of Federal and subnational coalitions for newborn and maternal health advocacy;
b. Establish and ensure functionality of Federal and subnational champions for maternal and newborn health;
c. Ensure prioritization of newborn health intervention in the already existing RMNCAH-N Coordination Platform (TWG) at Federal and State Levels;
d. Appoint (where these do not exist) and build capacity of maternal and newborn health focal point persons at Federal and sub-national levels;
e. Build capacity of health managers at all levels on leadership and governance to ensure effective delivery of maternal and newborn health services;
f. Conduct systematic and regular supportive supervision for maternal and newborn health;
g. Support the review, development, distribution and dissemination of newborn and maternal health guidelines, policies, job aides and SOPs, where these do not exist.

STRATEGIC OBJECTIVE 2:	Improving health care financing for delivery of high impact maternal and newborn health intervention

KEY ACTIONS BY STRATEGIC OBJECTIVE

a. Establish and build capacity of budget advocacy coalitions to advocate with goverments at Federal and sub-national level for increased budgetary allocation to maternal and newborn health;
b. Conduct resource mapping for financial commitments in maternal and newborn health at Federal and sub-national levels, and develop a resource mobilisation strategy for adressing the financial gap;
c. Advocate for and ensure abolition of user fees for the provision of newborn and maternal health services at all service delivery points;
d. Scale up and ensure sustainability of performance-based financing in the provision of newborn and maternal health services;
e. Through the RMNCAH-N Coordination Platform ensure partners align their maternal and newborn health intervention to this ENAP to reduce duplication and inefficiencies.

1 https://data.unicef.org/resources/levels-trends-child-mortality/

STRATEGIC OBJECTIVE 3: Improving the availability of adequate, skilled, motivated human resources for the provision of high impact maternal and newborn health interventions

KEY ACTIONS BY STRATEGIC OBJECTIVE

a. Support the review, standardization and development of a Maternal and Early Newborn Training Package and incorporate this into the pre-service training curriculums, and use for the in-service competency-based training of newborn and maternal health service providers;

b. Equip Federal and subnational health training institutes to ensure quality and competency-based training for the provision of quality newborn and maternal health service;

c. Build the capacity of tutors from national training institutes to enhance their delivery competency-based pre-service training for newborn and maternal health service providers;

d. Establish and Support a pool of Master Trainers in the area of Maternal and Early Newborn at Federal and subnational levels;

e. Strengthen the capacity of midwifery, nursing associations and other relevant professional and regulatory authorities in monitoring the quality of training for cadres involved in provision of newborn and maternal health services;

f. Support the recruitment and deployment of critical cadres for the provision of newborn and maternal health services;

g. Establish centres of excellence and training hubs for the provision of maternal and newborn health services in selected referral health centres and regional hospitals;

h. Strengthen and ensure implementation of a competency focussed mentorship program for the provision of newborn and maternal health services;

i. Support the development and ensure implementation of a Federal and sub-national retention and motivation strategy, and recognition schemes for maternal and newborn health cadres at Federal, subnational, and facility to community levels;

j. Review, develop and implement a task-shifting policy and strategy for the provision of newborn and maternal health high impact interventions.

STRATEGIC OBJECTIVE 4: Improving delivery of quality high impact newborn health interventions

KEY ACTIONS BY STRATEGIC OBJECTIVE

a. Adapt, contextualise, disseminate and ensure the implementation of the WHO standards for improving quality of maternal and newborn care in health facilities;

b. Review, develop, disseminate and ensure utilisation of checklists, (referral) guidelines and protocols in the delivery of high impact newborn and maternal health services at all health service delivery: facility and community;

c. Strengthen, establish, support and ensure functionality of regional and district health management teams to address critical newborn and maternal health responsive quality improvement at service delivery: facility and community levels;

d. Strengthen and ensure functionality of the Maternal and Perinatal Death Surveillance and Response (MPDSR) structures at all levels of health service delivery: facility and community levels;

e. Strengthen referral health centres and regional hospitals to ensure readiness for maternal and newborn health referrals from lower level facilities;

f. Support procurement, maintenance and management of ambulances;

g. Conduct newborn and maternal health equipment availability and functionality assessment, and procure adequate equipment for all levels of service delivery;

h. Establish and ensure functionality of a maternal and newborn health equipment maintenance team at Federal and regional levels;

i. Conduct facility infrastructural readiness assessment for the provision of high impact maternal and newborn health interventions;

j. Undertake facility renovations for the provision of high impact newborn and maternal health interventions, including ensuring adequate space, water and source of energy (electricity grid or solar);

k. Establish adequate functional newborn care and Kangaroo Mother Care (KMC) units.

STRATEGIC OBJECTIVE 5: Enhancing all time availability of essential commodities and supplies for delivery of high impact maternal and newborn health interventions

KEY ACTIONS BY STRATEGIC OBJECTIVE

a. Build the capacity of staff in newborn and maternal health commodity management, forecasting and quantification;

b. Review the existing essential medicines list to ensure inclusion of all commodities and supplies for the provision of all the newborn critical interventions;

c. Develop an essential devices and equipment list and ensure inclusion of all essential equipment and devices for the provision of maternal and newborn health at the respective levels of health service delivery;

d. Scale up use of electronic systems for commodity supply chain management including for newborn and maternal health commodities;

e. Conduct infrastructural development at facility level for appropriate storage of newborn and maternal health commodities;

f. Conduct an assessment on barriers to blood donation, and develop and implement a national blood donation communication strategy;

g. Plan and implement aggressive national blood, regional and facility-based donation campaigns;

h. Strengthen regional blood banks through ensuring availability of space, adequate staffing and necessary supplies.

STRATEGIC OBJECTIVE 6: Improving strategic information for decision making and accountability in delivery of maternal and newborn health services

KEY ACTIONS BY STRATEGIC OBJECTIVE

a. Collaborate with the health information unit to define priority SENAP indicators, review tools, registers, and integrate into the District Health Information Software (DHIS2) to ensure their collection and reporting

b. Develop, distribute and disseminate newborn and maternal related data collection tools and registers where these do not exist;

c. Build capacity of health managers and service providers in use of newborn and maternal health data for decision-making, including training on data analysis and use of dashboards;

d. Establish and institutionalise integration of newborn and maternal performance reviews in existing review meetings at Federal and sub-national levels;

e. Implement newborn and maternal health responsive data quality assessments and audits;

f. Support implementation of maternal and newborn scorecards/dashboards at Federal, subnational and community level to ensure accountability;

g. Support disaggregation in newborn and maternal health reporting by sub national levels to identify and address equity-related issues;

h. Strengthen newborn and maternal health reporting at community level, including training of community health workers and the provision of necessary tools;

i. Develop a national newborn and maternal health operations research agenda and ensure implementation, documentation and dissemination of emerging best practices for scale up and policy change;

j. Support periodic joint supportive supervision activities to all maternal and newborn service delivery; facility and community levels to identify challenges of interventions and improve quality of services.

STRATEGIC OBJECTIVE 7: Enhancing community engagement and partnership for delivery of high impact maternal and newborn health interventions

KEY ACTIONS BY STRATEGIC OBJECTIVE

a. Review and update the Communication for Development (C4D) Strategy for maternal and child health to address sociocultural barriers to access and utilization of high impact newborn and maternal health interventions;

b. Build the capacity of female community-based health workers to mobilise communities for uptake of newborn and maternal health services and in the identification of danger signs;

c. Implement integrated newborn and maternal health outreach, especially for the provision of PNC in areas with geographical barriers to accessing facility-based services;

d. Establish and strengthen existing maternal waiting homes for the provision of maternal and newborn health services;

e. Design, pilot and scale up the demand side of financing activities including the use of voucher schemes for the most vulnerable women to improve access to high impact maternal and newborn health interventions;

f. Establish and implement innovative community mechanisms for enhanced referrals including community ambulance fund and partnership with local transporters;

g. Establish and ensure functionality of community based MPDSR/Verbal autopsy committees;

h. Develop and implement comprehensive community-based MNH program in partnership with female community health workers;

i. Partner and engage with cultural and religious leaders, male partners and mother in-laws to promote the timely uptake of maternal and newborn health services.

STRATEGIC OBJECTIVE 8: Strengthening delivery of high quality maternal and newborn health interventions in humanitarian and emergency settings

KEY ACTIONS BY STRATEGIC OBJECTIVE

a. Strengthen coordination mechanisms for maternal and newborn health response in humanitarian and emergency settings;

b. Contextualise, adopt and orient service providers on global guidance documents, guidelines and job aids on the maternal and newborn health response in humanitarian and fragile settings;

c. Build the capacity of Federal and sub-national government agencies on the maternal and newborn health response in humanitarian and fragile settings, including development and implementation of contingency plans;

d. Build the capacity of health workers, including female community health workers, on the provision of high impact maternal and newborn health interventions in humanitarian and fragile settings, including in POC and IDP camps;

e. Build the capacity of health workers in forecasting, quantification, and management of maternal and newborn health kits in humanitarian and fragile settings;

f. Support the procurement, supply and management of adequate maternal and newborn health kits for regions experiencing conflicts and other emergencies.

Aligned to the global ENAP and in appreciation of the Somalia context, the following guiding principles will be ensured in the implementation of the plan:

- Country leadership,
- ownership and accountability,
- efficiency,
- gender focus,
- equity; ensuring no one is left behind,
- evidence-based and use of multisector approach.

Implementing the outlined key actions will ensure availability, uptake and utilisation of five clusters of prioritised newborn intervention packages that respond to the leading causes of newborn deaths in Somalia. The five clusters of interventions are:

1. management of adverse intrapartum events;
2. essential newborn care for every baby at birth;
3. essential newborn care for every baby in the first week of life;
4. care of preterm and low birth weight babies; and
5. management of neonatal infections and sick newborns.

In ensuring the plan is implemented, clear management, implementation, monitoring and evaluation systems have been outlined. The Minister of Health will have the overall responsibility in the implementation of the plan. The RMNCAH and N technical working group will provide overall technical and coordination leadership in the implementation of this ENAP. Monitoring and evaluation will be done at two levels: the first level will focus on monitoring the implementation of the plan against selected milestones over the five-year implementation period. The second level will utilise a monitoring and evaluation framework to assess the impact of the plan in achieving set targets. A monitoring and evaluation framework is annexed to this plan.

1.0. INTRODUCTION AND BACKGROUND

1.1. Country Context

Somalia is located in Eastern Africa bordered with Ethiopia and Kenya to the West, Djibouti and Gulf of Aden to the North, and the Indian Ocean to the East. Somalia had an estimated population of around 14.3 million inhabitants in 2016[2]. The Federal Republic of Somalia has experienced three decades of recurrent conflicts since the collapse of Siad Barre government in 1991. This has resulted in a collapsed and fragmented health care system and inadequate infrastructure. Current estimates suggest that there are around 3.2 million people in need of humanitarian assistance in the country. The Federal Republic of Somalia consists of six Federal Member States and Banadir Regional Administration with 18 pre-war regions; Somaliland has declared self-independence since 1991 with no recognition by the international community. Despite relative stability in the northern states - Somaliland and Puntland for almost three decades - the country's health systems' performance has been weak, with poor health outcomes.

1.2. The Country Healthcare Structure

According to Somalia's National Health Policy, public health facilities in Somalia are generally inadequate and the quality of services at the existing health units is generally unsatisfactory. The policy identifies key health service delivery players, including: The Federal and State Ministry of Health, the United Nations (UN), NGOs, private community providers and an active diaspora. Health Service Delivery in Somalia is structured around a standard service delivery system known as the Essential Package of Health Services (EPHS). The EPHS has 10 components: six core programme components implemented in all facilities and four components (which are not followed in practice), known as additional programmes in terms of prioritization.

The 10 components are:

- Maternal, reproductive and neonatal health;
- Child health & Nutrition;
- Communicable disease surveillance and control, including WATSAN promotion;
- First aid and care of critically ill and injured;
- Treatment of common illness;
- HIV, STIs and TB;
- Management of chronic disease and other diseases;
- Care of the elderly and palliative care ;
- Mental health and mental disability;
- Dental health;
- Eye health.

Health services in Somalia are delivered in four tiers: a) Regional hospitals, b) Referral Health Centres; c) Health Centres (HC) and d) Primary Health Units/health posts (PHU/HPs)[3]. These are as described below.

The Primary Health Units: The PHUs are the first level of primary health care and provide basic, preventive, promotive services. In some cases, PHUs also provide curative services including treatment of common diseases through integrated community case management and outpatient therapeutic programme (OTP) for malnourished children. Operated by Female Health Worker or Community Health Worker, PHSUs are located in the most peripheral geographic areas, covering a defined catchment area population. None of the PHUs have the capacity to provide core components of EPHS.

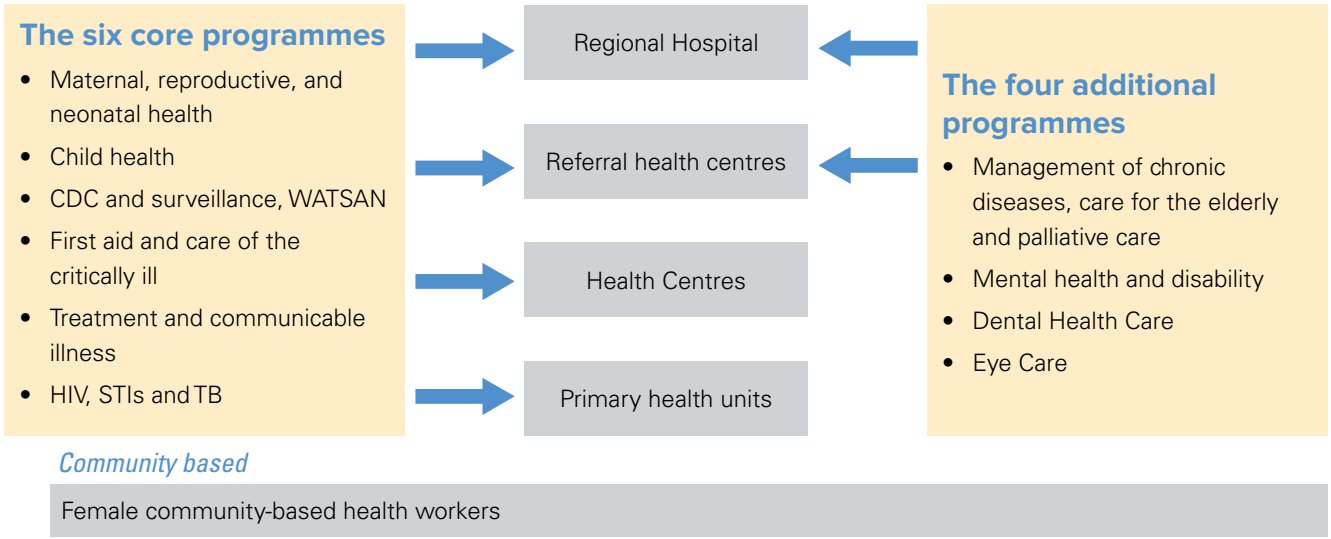
The Health Centre: These are the immediate level of referral for PHUs. These provide all the six core health programmes and are staffed with midwives, nurses, auxiliary and community midwives.

Referral health centres and regional hospital. These serve as the referral point for the lower level units. They provide the six EPHS core programmes, plus additional EPHS programmes. These facilities have a more enhanced staff to take care of clients referred from lower level units.

Figure 1 shows the organisation of the levels of health system in Somalia and the essential package of health services provided at each level.

2 https://en.wikipedia.org/wiki/Somalia#cite_note-UN_WPP-12
3 https://Somalia.savethechildren.net/sites/Somalia.savethechildren.net/files/library/Health%20system%20in%20Somalia_CHASP%20research%20baseline%20report_2018_1.pdf

Figure 1: Somalia health care structure



1.3. Health status of newborns

This section of the Somalia Every Newborn Action Plan presents the country's newborn health status. There is a paucity of coverage indicators for maternal and newborn health indicators. To place the country in the global context, this section starts with a brief analysis of the global newborn health status.

Global trends in neonatal mortality rates

Globally, in 2016 alone, an estimated 7,000 newborn babies - including from Somalia -died every day. More than 80 per cent of those deaths could be prevented through basic interventions such as quality health care delivered by skilled maternal and newborn cadres including doctors, nurses and midwives; quality ANC, postnatal care, nutrition, and water and sanitation programmes. Despite some reduction in the last few decades, neonatal mortality rates continue to lag behind the impressive gains made for the overall underfive mortality rate. Between 1990 and 2016, the underfive mortality rate dropped by 62 per cent – almost two thirds compared to that of neonatal mortality of 49 per cent[4]. Newborn deaths made up 46 per cent of all child deaths, an increase from 41 per cent in 2000.

Additionally, still birth rates have also remained high. Every year, an estimated 2.6 million babies are stillborn; the majority of them from low-and middle-income countries, such as Somalia. Reports indicate that 50% of the babies who are stillborn are alive at the start of labour, indicating that with improved quality of services at labour and delivery these babies could be saved. Maternal health is interlinked to newborn health. The survival of the newborn in most cases depends on that of the mother. At the closure of the MDG era in 2015, the global maternal mortality ratio (MMR) was estimated at 216 per 100,000 live births[5]. Most of these deaths occurred in low-resource settings such as Somalia and could have been prevented by use of the already known evidence-based high impact interventions.

Trends in Somalia newborn mortality rates

Although neonatal mortality has shown some slight reduction since 2010, it remains stubbornly high at 38.5 per 1000 live births. In 2017, a total of 24,498 neonatal deaths were reported in Somalia[6]. According to UNICEF data, Somalia is one of the 10 riskiest countries to be born in, as shown in table 1.

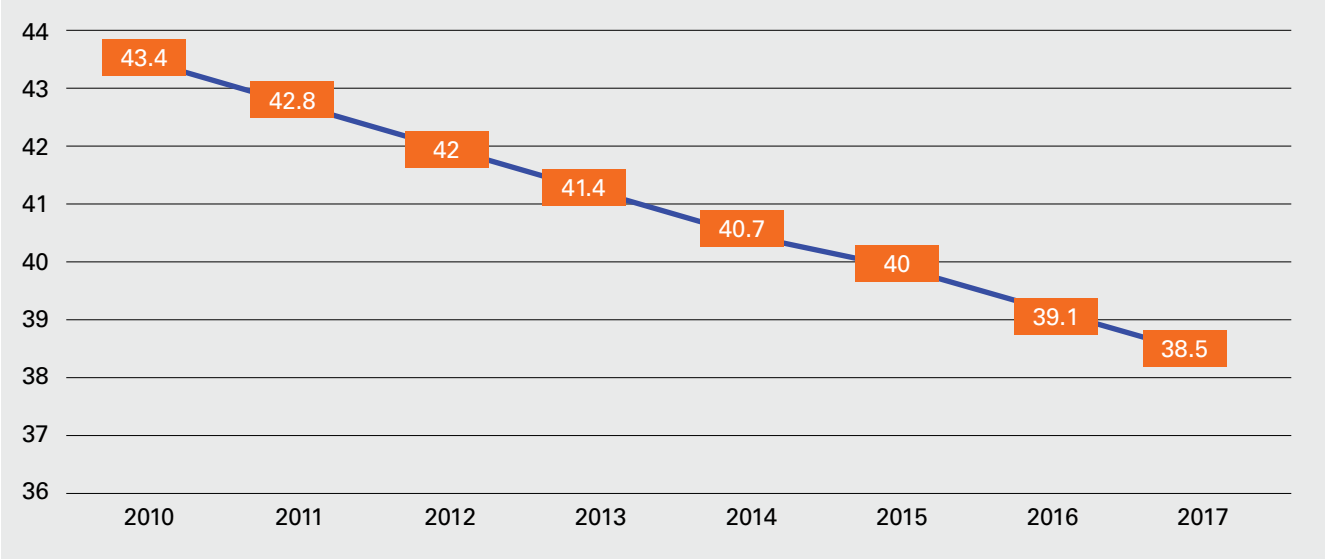
4 https://data.unicef.org/resources/levels-trends-child-mortality/
5 World Health Statistics 2016. Monitoring Health for the SDGs. WHO
6 http://countdown2030.org/wp-content/uploads/2018/01/Somalia-CD2030.pdf

Table 1: The 10 riskiest countries to be born in

Countries with highest NMR	NMR	Skilled professionals per 10,000 of pop
Pakistan	45.6	14
CAR	42.3	3
Afghanistan	40	7
Somalia	38.8	1
Lesotho	38.5	6
Guinea Bissau	38.2	7
South Sudan	37.9	no data
Cote- d'ivore	36.6	6
Mali	35.7	5
Chad	35.1	4

Figure 2 below presents the trends in neonatal mortality rates.

Figure 2: Trends in Somalia neonatal mortality rate

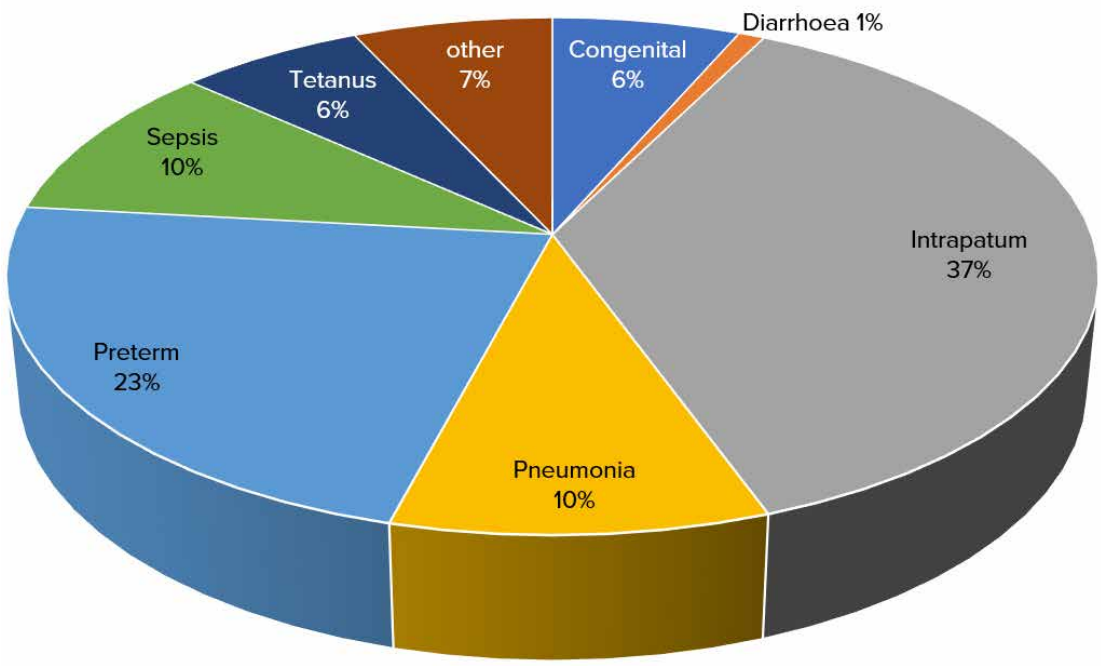


Causes of newborn mortality rates

Understanding the causes of newborn deaths is important in ensuring that prioritised high impact ENAP interventions respond to the main killers of newborns. The leading causes of neonatal deaths in Somalia, like in many other Sub-Saharan countries, are preventable through implementation of well-known cost-effective evidence-based interventions. The leading causes of newborn deaths in the country are: preterm birth complications (23%), intrapartum related events (34%), sepsis (10%), pneumonia (10%) and tetanus (7%). As shown in the figure 3 below[7] neonatal mortality rates account for 29% of all under five mortality rate[8]. Data abstraction in visited health facilities - as part of this BNA in the development of this ENAP - identified poor quality or complete lack of data on causes of neonatal deaths.

7 https://data.unicef.org/topic/child-survival/under-five-mortality/
8 http://countdown2030.org/wp-content/uploads/2018/01/Somaliaa-CD2030.pdf

Figure 3: Leading causes of neonatal mortality



2.0. BOTTLENECKS IN ACCESS TO AND UTILIZATION OF HIGH IMPACT NEWBORN INTERVENTIONS

Understanding the priority bottlenecks in access to and utilisation of high impact maternal and newborn health interventions is critical to designing the appropriate solutions and strategies to address them. As part of developing the SENAP a highly consultative bottleneck analysis, including facility visits, key informant interviews and a consultative workshop, was done between January and April 2019. The analysis was guided by a contextualised generic Every Newborn Bottleneck Analysis Tool[9]. To understand community health systems-related bottlenecks, focus group discussions were held with community beneficiaries of maternal and newborn health services in the visited health facilities.

A broader stakeholders meeting, bringing together the newborn health players including representatives from Ministry of Health at both national and state levels, and UN agencies was held in Kigali, Rwanda to validate the bottlenecks as identified through the various approaches. During this meeting, the stakeholders reviewed and analysed bottlenecks pertaining to access and utilisation of the nine critical newborn interventions, along the seven building blocks of the health system. The bottlenecks were categorised into: Good, needs improvement, needs major improvements and inadequate. From the review, none of the health system blocks were rated as 'good' (not requiring any intervention). Human resources for health, service delivery (mainly quality) and community systems were rated as being inadequate - that is requiring the highest priority. For the critical newborn interventions, implementation of the KMC was identified as being inadequate across most health systems blocks. The intervention was reported as only being available in two hospitals. Table 3 below summarises the prioritisation of the bottlenecks for access and utilization of the critical newborn health interventions.

9 https://www.healthynewbornnetwork.org/resource/every-newborn-bottleneck-analysis-tool/

Table 3: Bottlenecks by the nine critical interventions

HSS/Interventions	Leadership and Governance	Health care financing	HRH	Medical products	Service delivery	HIS	Community participation and ownership
Pre-term birth							
SBA							
BEmONC							
CEmONC							
Neonatal resuscitation							
Basic NBC							
KMC							
Severe Infection							
Inpatient care for small and sick newborns							

3.0. THE SOMALI EVERY NEWBORN ACTION PLAN STRATEGIC FRAMEWORK

3.1. Vision

A Somalia where there are zero preventable deaths of newborns and stillbirths; where every pregnancy is wanted; every birth celebrated; and women, newborns and children survive, thrive and reach their full potential.

3.2. SENAP Goal

In alignment with the global ENAP, the SENAP goal is "To contribute to ending preventable newborn deaths and stillbirths in Somalia".

3.2.1. Impact targets

In consultation with Somali Health Authorities and other stakeholders, the country set two indicators that will be used to measure impact of the plan. The impact targets were developed both through consensus and review of country historical trends in the annual rate of reduction for newborn mortality and stillbirth rates. The impact targets will be reviewed and adjusted accordingly at the mid of the strategic period.

The two impact targets are:

a. Reduction of new-born mortality rate from 38.5 per 1000 live births to 30 per 1000 live births by 2023;

b. Reduction of stillbirth rate from 35.5 per 1000 total births to 28 per 1000 total births by 2023.

3.3. The Overall Objective

Increased availability, accessibility and utilisation of high impact newborn health interventions at all levels of health service delivery.

3.4. The Strategic Objectives

In response to the bottlenecks identified through the country's BNA process and consultative meeting with the Ministry of Health and other stakeholders, the country will implement eight interlinked strategic objectives. The objectives align to the five global ENAP strategic objectives.

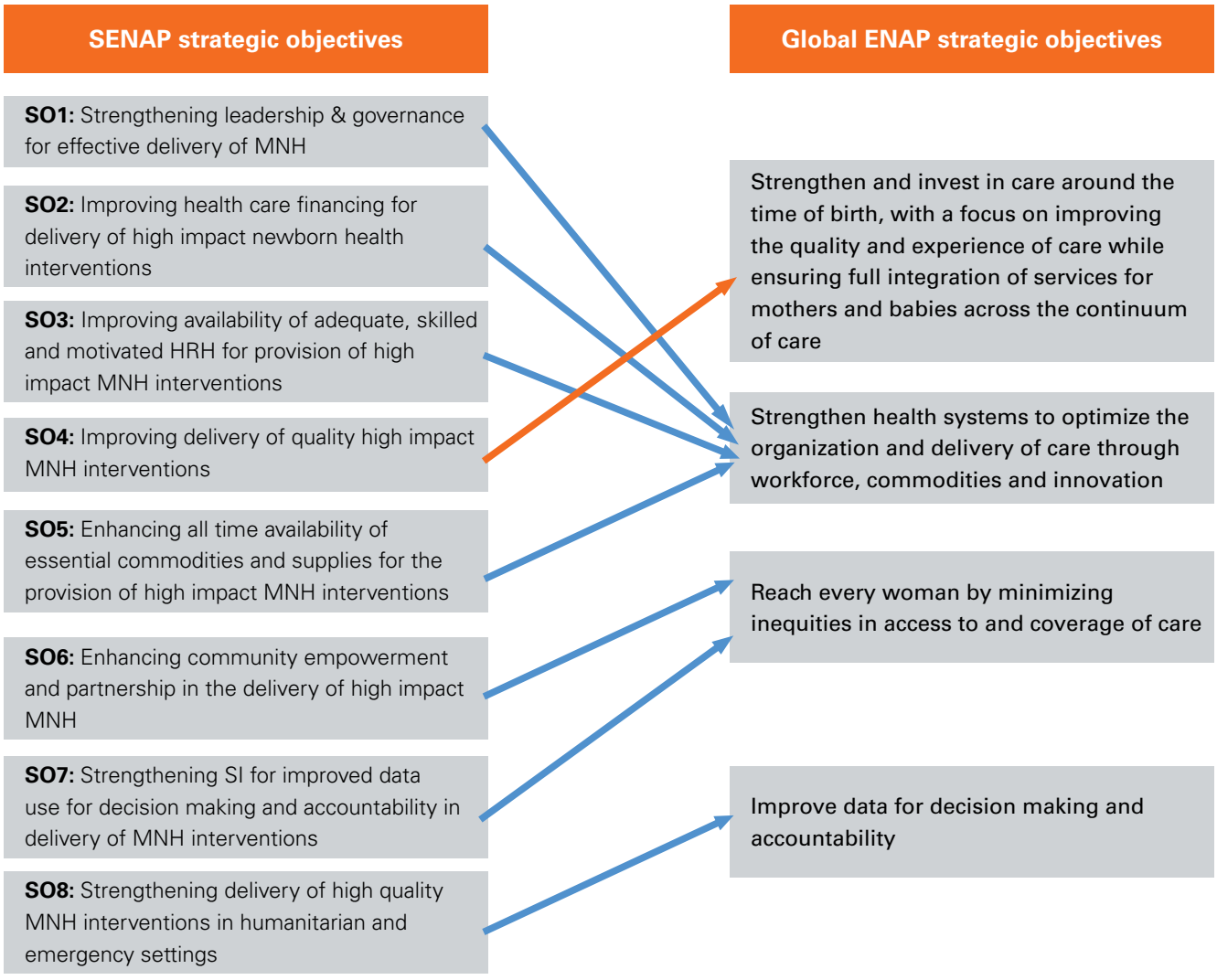
The eight strategic objectives are:

- **Strategic objective 1:** Strengthening leadership and governance for effective delivery of maternal and newborn health interventions;
- **Strategic objective 2:** Improving health care financing for delivery of high impact maternal and newborn health interventions;
- **Strategic objective 3:** Improving availability of adequate, skilled, motivated human resources for the provision of high impact maternal and newborn health interventions;
- **Strategic objective 4:** Improving delivery of quality high impact newborn health interventions;
- **Strategic objective 5:** Enhancing all time availability of essential commodities and supplies for delivery of high impact maternal and newborn health interventions;
- **Strategic objective 6:** Improving strategic information for decision making and accountability in delivery of maternal and newborn health services;
- **Strategic objective 7:** Enhancing community engagement and partnership for delivery of high impact maternal and newborn health interventions;
- **Strategic objective 8:** Strengthening delivery of quality high maternal and newborn health interventions in humanitarian and emergency settings.

3.5. Alignment to the global ENAP strategy

The Somali ENAP eight strategic objectives are aligned to the four global ENAP objectives. The figure below shows how the eight SENAP objectives aligns to the four global ENAP strategic objectives.

Figure 4: Alignment of Somali ENAP to Global ENAP



3.6. Somalia Every Newborn Action Plan Package of Interventions

In line with global best practices, the Somali Every Newborn Action Plan will prioritise the period and intervention packages with the greatest impact on ending preventable neonatal deaths and stillbirths, including: care during labour, childbirth and the first week of life; and care for the small and sick newborn. The proposed intervention packages respond to the major causes of neonatal deaths in Somalia as discussed earlier in this plan. The Somalia Every Newborn Action Plan five clusters intervention packages are as outlined in figure 8 below.

Figure 5: The SENAP high impact interventions

Management of adverse intrapartum events (including birth asphyxia)

- Partograph for monitoring labour including fetal heartrate
- Early detection of pregnant women at risk of having premature birth
- Newborn resuscitation: basic (bag and mask) and advanced (intubation)

Essential newborn care for every baby at birth

- Clean birth practices
- Delayed cord clamping
- Thermal care: immediate drying, warming, skin to skin, and delayed bathing
- Early initiation and EBF within the first hour of birth
- Hygienic skin care, cord care with chlorhexidine, and eye care with tetracycline ointment
- Vitamin K administration

Essential newborn care for every baby in the first week of life

- Newborn immunisation: BCG, polio
- Early postnatal care for the newborns to promote basic newborn care, assessment of the newborn for danger signs, and counsel on prompt recognition and care-seeking

Care of preterm and low birthweight babies

- Antenatal corticosteriods for preterm birth
- KMC for preterm and <2000 g babies
- Extra support for feeding
- Extra infection-prevention measures with strict infection control measures
- Management of newborns with jaundice

Management of neonatal infections and sick newborns

- Presumptive antibiotic therapy for newborns at risk of bacterial infection
- Management of neonatal sepsis, meningitis and pneumonia
- Initiation of ARVs in babies born to HIV infected mothers

The above intervention packages will be delivered across the different levels of care in Somalia as outlined in table 6. Through various health systems strengthening initiatives at different levels, the country will create an enabling environment to prepare the different levels of care to provide quality newborn health services.

Table 4: Implementation of newborn high impact interventions by service delivery level

Intervention	Primary Health Units/ Community	Health Centres	Referral Health Centres	Regional Hospital
1. Essential newborn care for every baby in the first week of life				
(a) Essential newborn care	Yes	Yes	Yes	Yes
2. Management of adverse intrapartum events				
(a) Partograph use for monitoring fetal heart rate	No	Yes	Yes	Yes
(b) Basic neonatal resuscitation	Yes	Yes	Yes	Yes
3. Care of preterm and/or low birthweight babies				
(a) Antenatal corticosteriods	No	No	Yes	Yes
(b) Kangaroo mother care for preterm and <2.5 kg babies	Yes	Yes	Yes	Yes
(c) Extra support for feeding	No	No	Yes	Yes
(d) Extra infection prevention measures	No	No	Yes	Yes
(e) Management of newborns with jaundice	No	No	Yes	Yes
4. Prevention and management of neonatal infections and sick newborns				
(a) Prevention of infection with chlorhexidine	Yes	Yes	Yes	Yes
(b) Presumptive antibiotic therapy for newborns at risk of bacterial infection	No	No	Yes	Yes
(c) Management of neonatal sepsis, meningitis and pneumonia	No	No	Yes	Yes
(d) Initiation of antiretroviral therapy in babies born to HIV infected mother	No	Yes	Yes	Yes

3.7. The SENAP theory of change

Development of the Somalia Every Newborn Action Plan was premised on three key questions:

a. What are the bottlenecks to availability, access and utilization of the nine critical newborn health interventions?
b. What are the evidence-based and equity-focused solutions and strategies for addressing the identified bottlenecks?
c. What will be the result of implementing those evidence-based solutions and strategies?

As part of developing the Somali Every Newborn Action Plan, a bottlenecks analysis was undertaken. The bottlenecks identified through the BNA were clustered into eight health systems blocks: leadership and governance, health care financing, human resources for health, service delivery, commodities and supplies, health information systems, community engagement and partnerships and humanitarian settings related bottlenecks.

To address these bottlenecks, Somalia maternal and newborn health stakeholders identified solutions aligned

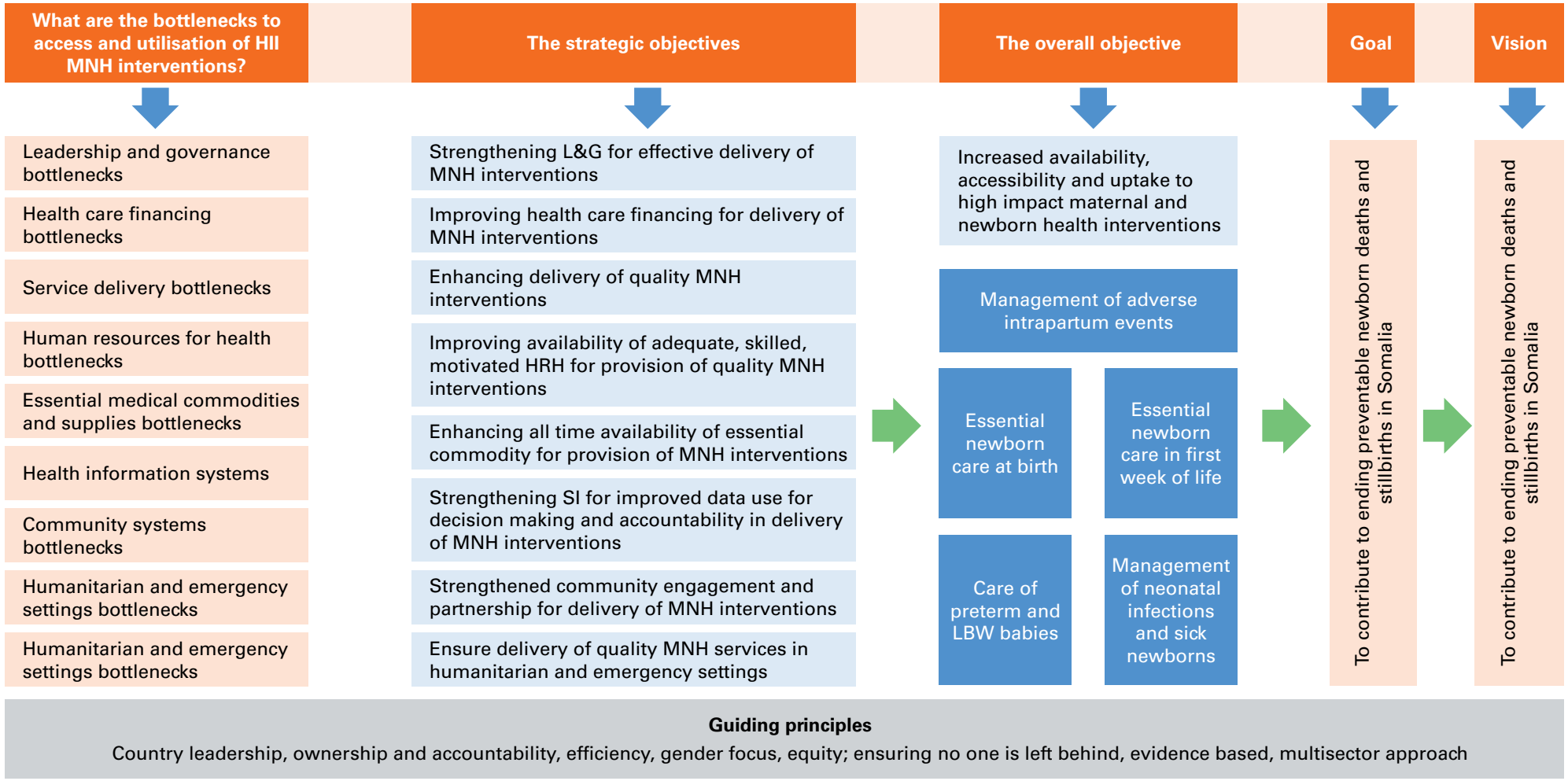
to the eight bottleneck clusters. Implementation of these solutions is expected to lead into increased availability of a package of high impact critical interventions for newborn health. This package of high impact critical newborn health interventions include:

- Management of adverse intrapartum events;
- Essential newborn care for every newborn at birth;
- Essential newborn care for every newborn in the first week of life;
- Care of preterm and low birth weight babies; and
- Management of neonatal infections and sick newborns.

Utilisation of this package of interventions is expected to result in achieving the goal and eventually the vision of the Somalia ENAP of: ***A Somalia where there are zero preventable deaths of newborns and stillbirths, where every pregnancy is wanted, every birth celebrated, and women, newborns and children survive, thrive and reach their full potential.***

Figure 6 presents the SENAP theory of change.

Figure 6: SENAP theory of change



3.8. SENAP Guiding principles

The following principles were applied in the development of the Somalia Every Newborn Action Plan and will be ensured in its implementation. The principles align to the global ENAP and Somalia context.

Ensuring country leadership, ownership and accountability

High level leadership and commitment by government, community and religious leaders is a critical prerequisite to improving maternal and newborn health outcomes. The Somalia ENAP will establish systems to ensure effective leadership, ownership and accountability at all levels in the delivery of high impact newborn health interventions

Efficiency

In the context of shrinking financial resources and need for highest level of accountability, efficiency in the use of available resources is critical to achieving set targets. The plan will promote implementation of approaches to improve coordination, avoid duplication and increase efficiency in delivery maternal and newborn health services.

Multisectoral approach

Ensuring access to and utilisation of maternal and newborn health services is a factor of many other sectors outside the domain of Health, such as roads and infrastructure, finance, water and sanitation and security, among others. The Somalia ENAP will foster multisectoral partnerships with other sectors.

Gender focus

Gender inequalities negatively impact on access to and utilisation of high impact maternal and newborn health interventions. This plan will strengthen analysis of gender inequalities in the context of maternal and newborn health, and develop strategies to address them.

Equity, ensuring no one is left behind

Inequities in access to and utilisation of maternal and newborn health interventions in Somalia exist based on individual and socioeconomic factors such as age, level of education, residence, gender and wealth. The Somalia ENAP will identify the inequities and address them to ensure no newborn is left behind.

Evidence based high impact interventions. High impact newborn health interventions that work are well known. The Somalia ENAP will promote use of tested, context specific, cost effective evidence-based interventions as well promote piloting and scale up of promising newborn health interventions.

4.0. KEY ACTIONS BY STRATEGIC OBJECTIVES

This section of the Somalia ENAP presents the key actions to be implemented under each of the eight strategic objectives. The key actions directly address the identified bottlenecks and were discussed and validated by the Somalia Ministry of Health and the country's maternal and newborn health stakeholders.

Strategic objective 1: Strengthening leadership and governance for effective delivery of newborn and maternal health services

With Somalia having one of the worst newborn mortality rates in the world and being classified as one of the top 10 riskiest countries to be born in, the maternal and newborn health response deserves strong leadership and governance at government, religious and community levels.

This strategic objective will focus on galvanizing national, religious and community leadership for accelerated and sustained maternal and newborn health response. Key actions under this strategic objective will focus on:

- Establishing and ensuring functionality of a maternal and newborn health advocacy group and champions;
- Ensuring effective coordination of RMNCAH and N response at all levels;
- Strengthening the leadership and governance capacity of managers at all levels to facilitate effective response.

Under the strategic objective, the plan will support the review, development and dissemination of guidelines and standards for delivery of the critical newborn health interventions. Given the myriad non-health sector determinants that impact on the delivery of maternal and newborn health services, this strategic objective will also support the establishment and ensure functionality of multisector forums at the Federal and regional levels. Towards the achievement of the strategic objective, the following key actions will be implemented:

Key Actions

a. Establish and ensure functionality of Federal and subnational coalitions for newborn and maternal health advocacy;

b. Establish and ensure functionality of Federal and subnational champions for maternal and newborn health;

c. Ensure prioritization of newborn health intervention in the RMNCAH and N Coordination Platform (TWG) at Federal and State Levels;

d. Appoint (where these do not exist) and build capacity of maternal and newborn health focal point persons at Federal and sub-national levels;

e. Build the capacity of health managers at all levels on leadership and governance to ensure effective delivery of maternal and newborn health services;

f. Support review, development, distribution and dissemination of newborn and maternal health guidelines, policies, job aides and SOPs where these do not exist.

Strategic objective 2: Improving health care financing for delivery of and access to high impact newborn and maternal health services

Maternal and newborn health services are to a large extent funded almost entirely by development partners. An adequately financed maternal and newborn health programme is critical for achieving the set SENAP targets. This strategic objective will focus on advocating for increased MNH funding especially domestic financing by Government as well as ensuring efficiency in the utilisation of available funds from both domestic and external financing. Additionally, the strategic objective will further focus on interventions to reduce financial barriers by women and newborns in accessing services. Below are the priority actions to be implemented under the objective:

Key Actions

a. Establish and build the capacity of budget advocacy coalitions to advocate with Goverment at Federal and sub-national level for increased budgetary allocation to maternal and newborn health;

b. Conduct resource mapping for maternal and newborn health financial commitments at Federal and sub-national levels and develop resource mobilisations strategy for adressing financial gap;

c. Advocate for and ensure abolition of user fees for the provision of newborn and maternal health services at all service delivery points;

d. Scale up and ensure sustainability of performance-based financing in provision of newborn and maternal health services;

e. Through the RMNCAH and N Coordination Platform ensure partners align their maternal and newborn health intervention to this ENAP to reduce duplication and inefficiencies.

Strategic objective 3: Improving availability of adequate, skilled, motivated human resources for the provision of high impact newborn and maternal health interventions

In addressing identified bottlenecks under human resources for health, this strategic objective will focus on supporting competency based MNH pre-service and in-service training and ensuring equitable deployment, motivation and retention of critical MNH cadres.

For health workers upskilling in MNH, the action plan will utilize selected referral health centres and regional hospitals as centres of excellence and "training hubs" for competency-based training for provision of high impact maternal and newborn interventions. A Federal and sub-national maternal and newborn health mentorship will be developed and facilitated to build capacity of health workers in provision of quality maternal and newborn health services. The following key actions will be implemented under this strategic objective:

Key actions

a. Support the review, standardization and development of a Maternal and Early Newborn Training Package, and incorporate into the pre-service training curriculums and use for in-service training for competency-based training of newborn and maternal health service providers;

b. Equip Federal and subnational health training institutes to ensure quality and competency-based training for provision of quality newborn and maternal health service;

c. Build the capacity of tutors from national training institutes to enhance their delivery of competency-based pre-service training for newborn and maternal health service providers;

d. Establish and support a pool of Master Trainers in the area of Maternal and Early Newborn at Federal and subnational levels;

e. Strengthen the capacity of midwifery, nursing associations and other relevant professional and regulatory authorities in monitoring the quality of training for cadres involved in provision of newborn and maternal health services;

f. Support recruitment and deployment of critical cadres for the provision of newborn and maternal health services;

g. Establish centres of excellence and training hubs for the provision of maternal and newborn health services in selected referral health centres and regional hospitals;

h. Strengthen and ensure implementation of a competency-focussed mentorship programme for the provision of newborn and maternal health services;

i. Support the development and ensure implementation of Federal and sub-national retention and motivation strategy, and recognition schemes for maternal and newborn health cadres at Federal, subnational, facility to community levels;

j. Review, develop and implement a task-shifting policy and strategy for the provision of newborn and maternal health high impact interventions

Strategic objective 4: Improving delivery of quality newborn and maternal health

Many newborn deaths occur in health facilities due to poor quality in the provision of services. Recognising that quality of care is a factor in almost all the other health systems blocks, this strategic objective will focus on ensuring availability of quality improvement structures and standards, and their use in providing care to newborns, effective referrals and availability of functional equipment and infrastructure for the provision of maternal and newborn health services. Strengthening functionality of Perinatal and Newborn ("P" and "N") in MPNDSR committees will also be implemented under this strategic objective.

Key actions to be implemented will include:

Key actions

a. Adapt, contextualise, disseminate and ensure implementation of the WHO standards for improving quality of maternal and newborn care in health facilities;

b. Review, develop, disseminate and ensure utilisation of checklists, (referral) guidelines and protocols in delivery of high impact newborn and maternal health services at all health service delivery: facility and community;

c. Strengthen, establish, support and ensure the functionality of regional and district health management teams to address critical newborn and maternal health responsive quality improvement at service delivery: facility and community levels;

d. Strengthen and ensure functionality of MPDSR structures at all levels of health service delivery: facility and community levels;
e. Strengthen referral health centres and regional hospitals to ensure readiness for maternal and newborn health referrals from lower level facilities;
f. Support procurement, maintenance and management of ambulances;
g. Conduct newborn and maternal health equipment availability and functionality assessment, and procure adequate equipment for all levels of service delivery;
h. Establish and ensure functionality of a maternal and newborn health equipment maintenance team at Federal and regional levels;
i. Conduct a facility infrastructural readiness assessment for the provision of high impact maternal and newborn health interventions;
j. Undertake facility renovations for provision of high impact newborn and maternal health interventions, including ensuring adequate space, water and source of energy (electricity grid or solar);
k. Establish adequate functional newborn care and KMC units.

Strategic objective 5: Enhancing all-time availability of essential commodities and supplies for delivery of high impact newborn and maternal interventions

An all-time availability of commodities and supplies at all levels of health service delivery is critical for achieving the set SENAP targets. This strategic objective will focus on capacity strengthening for commodity management, forecasting and quantification and advocating for more efficient ordering, procurement and distribution mechanisms, including the use of electronic logistics management systems.

Priority actions to implemented are as listed below.

Key actions

a. Build capacity of staff in newborn and maternal health commodity management, forecasting and quantification;
b. Review the existing essential medicines list to ensure inclusion of all commodities and supplies for the provision of all the newborn critical interventions;
c. Develop essential devices and equipment list, and ensure inclusion of all essential equipment and devices for the provision of maternal and newborn health at the respective levels of health service delivery;
d. Scale up the use of electronic systems for commodity supply chain management, including for newborn and maternal health commodities;
e. Conduct Infrastructural development at facility level for appropriate storage of newborn and maternal health commodities;
f. Conduct an assessment on barriers to blood donation; develop and implement a national blood donation communication strategy;
g. Plan and implement aggressive national blood, regional and facility-based donation campaigns;
h. Strengthen regional blood banks through ensuring availability of space, adequate staffing and necessary supplies.

Strategic objective 6: Enhancing strategic information for improved decision making and accountability in the delivery of MNH services

Timely and quality maternal and newborn health data is necessary for effective programme planning, decision making and for promoting accountability. This strategic objective will focus on ensuring strong strategic information that is responsive to maternal and newborn health measurement. Key actions under this objective will include ensuring maternal and newborn health indicators are included in the national HMIS systems, availability of tools to collect and report the indicators, and health workers having the capacity to analyse and use data for decision making. To ensure accountability, maternal, perinatal and neonatal death surveillance and response will be implemented at all levels.

Key actions to be implemented under this strategic objective are as listed below:

Key actions

a. Collaborate with the health information unit to define priority SENAP indicators, review tools, registers and integrate into DHIS2 to ensure their collection and reporting;
b. Develop, distribute and disseminate newborn and maternal-related data collection tools and registers where these do not exist;
c. Build capacity of health managers and service providers in the use of newborn and maternal health data for decision making including training on data analysis and use of dashboards;

d. Establish and institutionalise integration of newborn and maternal performance reviews in existing review meetings at federal and sub-national levels;
e. Implement newborn and maternal health responsive data quality assessments and audits;
f. Support the implementation of maternal and newborn score cards/dashboards at Federal, subnational and community level to ensure accountability;
g. Support disaggregation in newborn and maternal health reporting by sub national levels, to identify and address equity related issues;
h. Strengthen newborn and maternal health reporting at community level, including training of community health workers and the provision of necessary tools;
i. Develop a national newborn and maternal health operations research agenda and ensure implementation, documentation and dissemination of emerging best practices for scale up and policy change;
j. Support periodic joint supportive supervision activities to all maternal and newborn service delivery: facility and community levels to identify challenges of interventions and improve quality of services.

Strategic objective 7: Enhancing community engagement and partnership for delivery of high impact maternal and newborn health interventions

This strategic objective will focus on addressing the demand-side barriers to access and utilization of high impact maternal and newborn health interventions. In doing this, the strategic objective will support the establishment of a national community based maternal and newborn health programme; develop and implement a maternal and newborn health strategic behavior change communication programme; implement outreach activities that prioritise maternal and newborn health; and pilot and scale up demand side financing initiatives including provision of transport vouchers to highly vulnerable women.

To address the issue of distances to health facilities and the nomadic lifestyle, the strategic objective will support the establishment and strengthening of maternal waiting homes in strategic location. To ensure sustainability, the Somalia Government, in collaboration with partners, will implement innovative mechanisms for female community health workers' remuneration, including community performance-based financing. Community based accountability mechanisms including use of community score cards and community based MPDSR/ verbal autopsy will be implemented. To limit delays in referral of women and newborns from community to the next level, innovative interventions including a community-based ambulance fund, as well as working with local transporters, will be implemented.

Outlined below are the specific key actions to be implemented under this strategic objective:

Key actions

a. Review and update the Communication for Development (C4D) Strategy for maternal and child health to address sociocultural barriers to access, and utilization of high impact newborn and maternal health interventions;
b. Build capacity of the female community-based health workers to mobilise communities for uptake of newborn and maternal health services, and in identification of danger signs;
c. Implement integrated newborn and maternal health outreaches, especially for the provision of PNC in areas with geographical barriers to accessing facility-based services;
d. Establish and strengthen existing maternal waiting homes for the provision of maternal and newborn health services;
e. Design, pilot and scale-up demand-side financing activities, including use of voucher schemes for most vulnerable women to improve access to high impact maternal and newborn health interventions;
f. Establish and implement innovative community mechanisms for enhanced referrals including a community ambulance fund and partnership with local transporters;
g. Establish and ensure functionality of community-based MPDSR/Verbal autopsy committees;
h. Develop and implement comprehensive community-based MNH programme in partnership with female community health workers;
i. Partner and engage with cultural and religious leaders, male partners and mother in-laws to promote timely uptake of maternal and newborn health services.

Strategic objective 8: Strengthening delivery of quality high maternal and newborn health interventions in humanitarian and emergency settings

In fragile and conflict prone states, including Somalia, 60 percent of preventable maternal deaths and 53 percent of preventable under five deaths take place in settings of conflict, displacement, and natural disasters[10]. At any given time, four percent of disaster affected populations are pregnant, and 15 percent will experience an obstetric complication.

Humanitarian and emergency settings in Somalia present supply and demand side bottleneck to access and utilisation of high impact maternal and newborn interventions. This strategic objective aligns to the global strategy for women's children's and adolescents action area on resilience of health systems particularly in emergencies. The objective focusses on strengthening capacity and preparedness for the maternal and newborn health response in humanitarian and fragile settings, amongst service providers, government, agencies players and communities at risk of conflicts and other emergencies. This is expected to ensure high impact maternal and newborn health services are available and accessible by women and newborns during and post emergency period.

Key actions

a. Strengthen coordination mechanisms for the maternal and newborn health response in humanitarian and emergency settings;

b. Contextualize, adopt and orient service providers on global guidance documents, guidelines and job aids on maternal and newborn health response in humanitarian and fragile settings;

c. Build the capacity of Federal and sub-national government agencies on maternal and newborn health response in humanitarian and fragile settings, including the development and implementation of contingency plans;

d. Build the capacity of health workers - including female community health workers - on the provision of high impact maternal and newborn health interventions in humanitarian and fragile settings, including in POC and IDP camps;

e. Build the capacity of health workers in forecasting, quantification, and management of maternal and newborn health kits in humanitarian and fragile settings;

f. Support procurement, supply and the management of adequate maternal and newborn health kits for regions experiencing conflicts and other emergencies.

10 http://www.who.int/pmnch/media/events/2015/iawg/en/

5.0. MANAGEMENT, IMPLEMENTATION, MONITORING AND EVALUATION

5.1. Overall oversight

Given the poor state of maternal and newborn indicators in Somalia and given the country's ambitious but achievable ENAP targets, the accountability and oversight of this ENAP will be done at the highest level of the Ministry of Health at both Federal and subnational levels. The Minister of Health will have the overall responsibility for ensuring the achievement of the set targets and milestones. To ensure accountability and accelerated implementation, the Minister will use the action plan to set performance targets with different levels and structures within the Ministry of Health including with regional and facility managers. The different structures will report quarterly to the Minister on the progress towards improvement of maternal and newborn health indicators as set out in the ENAP monitoring and evaluation framework.

5.2. Coordination of Somalia ENAP implementation

The Director of Family Health, supported by the RMNCAH and N technical working group, to be formed as part ongoing finalisation of the RMNCAH and N strategic plan, will be responsible for coordinating newborn and maternal health players for the implementation of the action plan. Within the first three months of the launch of the action plan, the division and the TWG will facilitate its dissemination, and ensure alignment of all the newborn and maternal health players to this ENAP.

An MNH focal point will be appointed at Federal and sub-national levels to coordinate implementation of maternal and newborn health actions at their levels. The division and the TWG will be responsible for quarterly briefing to the Minister of Health on the progress towards achievement of the set targets. At subnational levels, the regional, district and facility health management teams, will be responsible for the implementation of SENAP at all levels of health service delivery as well as the coordination of all players within their areas of operation. Each year, the regional, district and health facility health management teams will ensure inclusion of the SENAP prioritised interventions into their annual health sector plans.

5.3. SENAP monitoring and evaluation

To ensure the SENAP gets implemented and does not become a "shelf document", monitoring and evaluation will be done at two levels. Level one will involve monitoring implementation of the action plan itself. This level will be undertaken as part of management function and will utilise set milestones that need to be achieved during the life of the ENAP implementation as presented in table 5 below. The second level will focus on monitoring and evaluating impact of the plan in achieving its set impact and coverage targets. An independent mid-term and end term evaluation of the action plan will be done by end of year two (mid 2021) and after five-year strategic period, respectively. The mid-term review will be used to review targets and key actions where necessary.

To the extent possible, monitoring and evaluation of this plan will utilize existing national health information systems and other sector level monitoring and evaluation frameworks. Additionally, the strategic objective on improving health information systems will help strengthen existing systems to ensure timely availability of quality newborn and maternal health data. A monitoring and evaluation framework will be used to monitor and evaluate the impact of the plan. The monitoring and evaluation framework - as presented in table 6 - defines the impact and coverage indicators, their annual targets for the period 2019 to 2023, data sources and the frequency of the indicator collection/reporting. As part of this action plan milestones, the country will ensure that in the first six months after the launch of the plan, processes are established for measuring the ENAP indicators as well as defined baselines and targets for coverage indicators where data was not available at the time of developing this plan.

Table 5: Country Milestones for monitoring implementation of SENAP

Period	Milestones
By December 2019	Fully costed SENAP launched by Minister of Health and human services of Federal Government of Somalia
	Costed SENAP disseminated to all partners, and at Federal and sub-national levels, and all partner plans aligned to SENAP
	Federal and sub-national MNH focal point persons appointed and oriented
	National HMIS systems revised to include all relevant additional newborn health indicators and baselines coverage indicators defined
	All baseline indicators for ENAP have been defined
	Integrated MNH agenda into the RMNCAH-N Technical Coordination mechanism
By December 2020	National standardised pre-service and in-service competency based MNH training initiated in all health training institutes
	MPDSR institutionalised at national level and in all referral health centres and regional hospitals
	National structured in-service competency-based MNH training programs initiated and rolled out at all levels
	Regional centres of excellence for MNH established and operational
	Quality improvement mechanisms for delivery of maternal and newborn health established and operational at all levels
	An advocacy coalition for maternal and newborn health in existence and functional at both Federal and sub-national levels
	KMC units established and operational in all referral health centres and regional hospitals
By December 2021	Mid-term evaluation of the SENAP implemented and plan established for implementing the findings
	MPDSR institutionalised at all levels of health service delivery, including at community level
	Impact and coverage targets achieved as per revised monitoring and evaluation framework
	KMC units established in all health facilities
By December 2022	Newborn care units established in atleast all regional hospitals
	Impact and coverage targets achieved as per revised monitoring and evaluation framework
By May 2023	End term review for SENAP implemented
	End term impact and coverage targets achieved as per the revised monitoring and evaluation framework

Table 6: SENAP monitoring and evaluation framework

Indicators	Baseline	Targets					Data sources	Frequency of data collection
		2019	2020	2021	2022	2023		
Neonatal mortality rate	39	38.5	36.25	34.08	32.98	30.22	SDHS, CRVS, MICS, MPDSR	5 years/2 years
Stillbirth rate (disaggregated by fresh and macerated)	35.5	35.5	34.84	34.19	33.76	33.84	SDHS, MICS, MPDSR, DHIS	5 years/2 years
Percentage of births attended by skilled personnel (UNICEF SOWC report)	9.3	33	41	49	57	65 (by RMNCAH plan)	DHIS, DHS and surveys	Annually/5 yearly
Institutional Deliveries (UNICEF SOWC report)	9.3	9.3	14	19	24	30	DHIS, DHS and surveys	
Proportion of newborns breastfed within one hour after birth	23	26	35	45	55	65	DHIS, health facility surveys, surveys, SARA	Annually
Proportion of district hospitals with sick newborn care units	ND*	0.0	3.7	7.5	11	15		Annually
Proportion of health facilities providing antenatal corticosteroids for pre-term labour	ND*	0.0	5	10	15	20	DHIS, health facility assessments and surveys, SARA	Annually
Postpartum care coverage newborn within 2 days	ND*	0.0	5	10	15	20	DHIS, DHS, surveys, SARA	Annually
Proportion of health facilities that provide functional† Kangaroo Mother Care	ND*	0.0	13	27	41	55	DHIS, Facility records, facility assessment surveys	Annually
Proportion of health care facilities with capacity¥ to provide resuscitation of newborns not crying/breathing at birth	ND*	15	20	30	35	40	DHIS, Facility records, facility assessment surveys	Annually
Chlorhexidine cord cleansing	ND*	0.0	15	30	45	60	DHIS, health, facility assessment surveys	Annually
Proportion of health care facilities conducting routine perinatal reviews (at least every quarter)	ND*	2	8	10	15	20	Facility assessment surveys	Annually
Neonatal death registration	ND*	3	6	9	10	15	MPDSR reports, DHIS, facility assessment surveys,	Annually
Proportion of newborns treated with antibiotics	ND*	0.0	15	30	45	50		

* No Data

† Functional Kangaroo Mother Care includes the following three elements: 1) prolonged skin to skin contact; 2) breastfeeding/breastmilk feeding; 3) follow up care.

¥ Capacity defined as trained staff and functioning equipment including presence of appropriate size bag and mask

6.0. ANNEXES

Annex 6.1. Bottlenecks to access and utilisation of newborn high impact interventions

Table 7: Bottlenecks to access and utilization of newborn health interventions

Health systems building block	Key bottlenecks
Leadership and governance	• Lack of, outdated, poorly disseminated and low utilization of guidelines, protocols, SOPs and job aids on maternal and newborn health high impact interventions. For instance, the country does not have any guidelines on kangaroo mother care; • Newborn health care has not been adequately included in national health policies. The country at the time of this bottleneck analysis was revising the national health sector strategic plan, thereby presenting an opportunity for inclusion of the newborn health in the strategy document; • Low levels of use of existing protocols and guidelines. There are no structures to ensure use and compliance to existing guidelines. During this the bottleneck analysis, health workers reported non-existence of maternal and newborn health guidelines, only for the guidelines to be found in drawers. This is attributed to weak supportive supervision; • Although structures for coordination of maternal and newborn health services exist under the broad RMNCAH and N TWG, these are not inclusive as the private service providers are not represented. Additionally, the coordination structures do not exist/or where they exist are weak and do not meet regularly; • There is weak collaboration with other sectors that influence access to and utilization of maternal and newborn health high impact interventions. Multisectoral health forums do not exist at national and district level; • The family health division - under which maternal and newborn health is coordinated - is sub-optimally staffed. There is no specific national focal point person for maternal and newborn health; • District and health managers have sub-optimal management and leadership capacity and experience making it difficult for them to effectively manage for improved maternal and newborn indicators; • There are no functional champions for maternal and newborn health at national and district level.
Health care financing	• Low Government funding for newborn and the entire health sector in general. The health sector is 100 percent donor dependant with Government contribution mainly confined to salaries, leaving other key components such as commodities and supplies with no funding at all; • User fees for management/treatment of complications in maternal and newborn health. This limits access to the critical newborn health services; • In addition to user fees, other associated costs include transport services including for ambulance services. Given the distances to health facilities, this creates challenges with access, as well as creating delay in accessing emergency maternal and newborn health services; • Lack of an investment case for maternal and newborn health and the broader RMNCAH;

Health systems building block	Key bottlenecks
Health care financing	• Weak coordination of development partners resulting in inefficiencies in use of available financial resources; • Available financial resources for provision of maternal and newborn health services in the country is not known.
Health Workforce	• Inadequate number of critical cadres for the provision of the nine critical newborn health interventions. Rural and conflict areas were reported to be the hardest hit by staff shortages; • Weak human resource management including poor supervision and lack of job description for critical cadres involved in the provision of maternal and newborn health services; • Low staff motivation resulting from lack of any form of medical insurance and staff welfare policy, low remuneration, lack of any incentive scheme and weak career progression; • Inadequate skills for provision of the nine critical interventions for newborn health, resulting mainly from weak competency based pre and in-service training; • Weak supportive supervision and mentorship in the provision of the nine critical newborn interventions; • Lack retention schemes for health workers leading to high attrition rates; • Low health workers motivation resulting from lack of professional development and career advancement for health workers; • Weak task shifting and lack of clear task shifting guidelines and policy for the provision of maternal and newborn health services by different cadres.
Essential Medical Products and technologies	• Inadequate HRH and weak skills in commodity security and management impact on the availability of essential maternal and newborn commodities. In some of the visited facilities there were no dedicated commodity supply cadres. The majority of the health workers reported inadequate skills in commodity forecasting and quantification; • Weak commodity distribution that is mainly project and donor dependent. There is no regional or national commodity distribution system for maternal and newborn health commodities. Some donor/UN agency commodity supply distribution systems were reported as being bureaucratic and leading to delays; • No systems for maternal and newborn commodity quantification and forecasting; • Distance between health facilities, poor road networks and insecurity create barriers in distribution of maternal and newborn health commodities; • Lack of a functional mechanism for the procurement and distribution of partograph; • Inadequate blood for CEmONC services. So regions have no blood bank and there is weak blood donation programme; • Some essential newborn health commodities are not included in the National Essential Medicines List. For instance, chlorohexidine - an important commodity for cord care - is not included in the NEML; • Inadequate funding for procurement of essential commodities for maternal and newborn health; • Inadequate storage facilities for commodities and supplies, including poor cold chain at all levels.

Health systems building block	Key bottlenecks
Service Delivery	• Lack of quality improvement approaches including lack of standardised guidelines and SOPs, weak adherence to existing guidelines, lack of quality improvement teams in health facilities; • Inadequate infrastructure for provision of newborn health services. For instance, this analysis identified that there was no single newborn intensive care unit (NICU) in all the visited health facilities; • Inadequate of 24/7 services for provision of maternal and newborn health services. While the hospitals provide 24/7 services; • Long waiting in health facilities for the provision of postnatal services with some health facilities not providing daily postnatal services; • Despite women accessing maternal and newborn health services from private clinics, there were no structured efforts to improve quality service delivery in private facilities; • Lack of referral protocols, guidelines and policies at all levels; • Inadequate budget for operational expenses and maintenance of ambulances. This was reported to result in non-functional ambulance services due to lack of fuel and poor maintenance; • Weak communication systems between the various referral sites. This was reported as resulting from lack of radio calls and or facility based mobile phones where network coverage is available; • Inadequate skills among health workers in referred facilities to handle referred maternal and newborn health complications; • Lack of transport services (public & private) for maternal and newborn referrals at night; • Inadequate staff to accompany newborns on emergency referral; • Transport related bottlenecks especially in remote rural communities. This results from financial challenges to pay for transport services, geographical remoteness and unreliable transport systems due to poor road network; • Inadequate infrastructure for the provision of maternal and newborn health services; lack of space to provide interventions such as Kangaroo Mother Care; • Inadequate water and sanitation facilities, especially the provision of running water in critical maternal and newborn service delivery points for infection prevention; • Inadequate skills and personnel for infrastructure and equipment repair and maintenance; • Inadequate equipment for the provision of the nine critical newborn health interventions. Some facilities reported inability to provide neonatal resuscitation services due to lack of ambu-bag and masks.
Health information system	• Sub optimal use of data for decision-making with no data review meetings, especially at county and facility levels. This results mainly from inadequate health worker skills in data analysis and use for decision making; • Poor data quality, resulting from lack of and poor data recording, mainly due health worker shortages; • Inadequate systems for improving data quality; inadequate data quality audits and data quality not integrated into supportive supervision;

Health systems building block	Key bottlenecks
Health information system	• Poor storage of newborn health records including registers due to lack of storage space. This affects data quality; • Lack of national accountability system for reporting maternal and newborn health progress at community level.eg: no community score card; • Poor dissemination and feedback, especially to the health facilities providing maternal and newborn health data; • No maternal and perinatal death audits and reviews. Health workers have not been trained and there are no protocols/guidelines; • Weak capacity for planning, implementing, documentation and dissemination of maternal and newborn health operations research and innovation; • Some critical newborn coverage indicators are not collected/reported through DHIS.
Community health systems	• Low literacy levels; poor recognition of danger signs among women; • Preference for home delivery with traditional birth attendants; • Lack of a maternal and newborn communication strategy; • Gender and social dynamics; husbands and older women (grandmothers) make decisions on women's access to and uptake of maternal and newborn health services; • Inadequate access to services by mobile and nomadic populations; no defined interventions to target such populations; • Weak facility and community linkages impacting negatively on referrals; • Financial barriers: User fees, transport related challenges, accommodation creates barriers in the access to maternal and newborn health services; • Geographical barriers: Topography and distances to health facilities create a bottleneck in accessing high impact maternal and newborn health services; • Weak community accountability in the delivery and utilisation of maternal and newborn health services; • Unavailability of transport for emergency maternal and newborn health services at community level resulting in delays; • Inadequate maternal and newborn health services at community level - limited to education on danger signs and referrals; • Community not adequately mobilised on maternal and newborn health services; • Poor motivation of community health volunteers for provision of maternal and newborn health services.
Humanitarian settings related bottlenecks	• Displacement of populations, destruction of health facilities and movement of health workers; • Humanitarian situation, including flooding, impacts on the distribution of essential newborn health commodities; • Referrals systems affected by conflict situations; • Newborn health not prioritized in humanitarian activities.

Table 8: SENAP implementation timelines

Key actions by strategic objective	2019	2020				2021	2021	2021	Responsible agencies
	Q4	Q1	Q2	Q3	Q4				
Strategic objective 1: Strengthening leadership and governance for effective delivery of maternal and newborn health interventions									
a. Establish Federal and sub-national coalitions for newborn and maternal health advocacy									MoH, WHO, UNICEF, UNFPA
b. Ensure functionality of a Federal and sub-national coalition for newborn and maternal health advocacy once formed									MoH, WHO, UNICEF, UNFPA
c. Establish Federal and sub-national champions for maternal and newborn health									MoH, WHO, UNICEF, UNFPA
d. Ensure functionality of Federal and sub-national champions for maternal and newborn health									MoH, WHO, UNICEF, UNFPA
e. Integrate and Strengthen RMNCAH-N coordination mechanisms (TWG) for ensuring prioritization of newborn health intervention.									MoH, WHO, UNICEF, UNFPA
f. Appoint (where these do not exist) and build the capacity of maternal and newborn health focal point persons at Federal and sub-national levels									MoH, WHO, UNICEF, UNFPA
g. Build capacity of health managers at all levels on leadership and governance to ensure effective delivery of maternal and newborn health services									MoH, WHO, UNICEF, UNFPA
h. Establish multisector coordination forums at national and district levels for ensuring delivery of newborn and maternal health services									MoH, WHO, UNICEF, UNFPA
i. Ensure functionality of multisector coordination forums at Federal and sub-national levels for delivery of newborn and maternal health services									MoH, WHO, UNICEF, UNFPA
j. Support the review, development, distribution and dissemination of newborn and maternal health guidelines, policies, job aides and SOPs where these do not exist									MoH, WHO, UNICEF, UNFPA

Key actions by strategic objective	2019	2020				2021	2021	2021	Responsible agencies
	Q4	Q1	Q2	Q3	Q4				
Strategic objective 2: Improving health care financing for delivery of high impact maternal and newborn health intervention									
a. Establish and build the capacity of budget advocacy coalitions to advocate with with goverments at Federal and sub-national level for increased budgetary allocation to maternal and newborn health									MoH, WHO, UNICEF, UNFPA
b. Facilitate advocacy coalitions to advocate with with goverments at Federal and sub-national level for increased budgetary allocation to maternal and newborn health									MoH, WHO, UNICEF, UNFPA
c. Conduct resource mapping for maternal and newborn health financial commitments at Federal and sub-national levels and develop resource mobilisations strategy for adressing financial gap									MoH, WHO, UNICEF, UNFPA
d. Conduct coordination meetings with development and implementing partners to ensure coordination and alignment to this ENAP to reduce duplication and inefficiencies									MoH, WHO, UNICEF, UNFPA
e. Advocate for and ensure abolition of user fees for the provision of newborn and maternal health services at all service delivery points									MoH, WHO, UNICEF, UNFPA
f. Scale up and ensure sustainability of performance-based financing in the provision of newborn and maternal health services									MoH, WHO, UNICEF, UNFPA
Strategic objective 3: Improving availability of adequate, skilled, motivated human resources for the provision of high impact maternal and newborn health interventions									
a. Support the review of and revision of pre-service training curriculums for competency-based training of newborn and maternal health service providers									MoH, WHO, UNICEF, UNFPA
b. Build the capacity of tutors from national training institutes to enhance their delivery of competency based pre-service training for newborn and maternal health service providers									MoH, WHO, UNICEF, UNFPA

Key actions by strategic objective	2019	2020				2021	2021	2021	Responsible agencies
	Q4	Q1	Q2	Q3	Q4				
Strategic objective 3: Improving availability of adequate, skilled, motivated human resources for the provision of high impact maternal and newborn health interventions									
c. Equip Federal and subnational health training institutes to ensure quality and competency-based training for the provision of quality newborn and maternal health service									MoH, WHO, UNICEF, UNFPA
d. Strengthen the capacity of midwifery, nursing associations and other relevant professional and regulatory authorities in monitoring the quality of training for cadres involved in the provision of newborn and maternal health services									MoH, WHO, UNFPA
e. Support the recruitment and deployment of critical cadres for the provision of newborn and maternal health services									MoH, WHO, UNICEF, UNFPA
f. Review and develop standardised in-service competency-based curriculum on newborn and maternal health service provision									MoH, WHO, UNICEF, UNFPA
g. Establish centres of excellence and training hubs for the provision of maternal and newborn health services in selected referral health centres and regional hospitals									MoH, UNICEF, WHO, UNFPA, CSOs
h. Strengthen and ensure implementation of a competency-focussed mentorship programme for the provision of newborn and maternal health services									MoH, UNICEF, WHO, UNFPA, CSOs
i. Support the development and ensure implementation of a Federal and sub-national retention strategy, and schemes for maternal and newborn health cadres									MoH, UNICEF, WHO, UNFPA, CSOs
j. Establish and ensure implementation of newborn and maternal health service providers, motivation and recognition schemes at Federal, sub-national and at facility levels									MoH, UNICEF, WHO, UNFPA, CSOs
k. Review, develop and implement a task-shifting policy and strategy for the provision of newborn and maternal health high impact interventions									MoH, UNICEF, WHO, UNFPA, CSOs

Key actions by strategic objective	2019	2020				2021	2021	2021	Responsible agencies
	Q4	Q1	Q2	Q3	Q4				
Strategic objective 4: Improving delivery of quality high impact newborn health interventions									
a. Adapt, contextualise, disseminate and ensure implementation of the WHO standards for improving the quality of maternal and newborn care in health facilities									MoH, UNICEF, WHO, UNFPA, CSOs
b. Review, develop, disseminate and ensure utilization of checklists and protocols in the delivery of high impact newborn and maternal health services									MoH, UNICEF, WHO, UNFPA, CSOs
c. Strengthen, establish and ensure functionality of newborn and maternal health-responsive quality improvement teams, at all levels of service delivery									MoH, UNICEF, WHO, UNFPA, CSOs
d. Strengthen and ensure functionality of MPDSR structures at all levels of health service delivery									MoH, UNICEF, WHO, UNFPA, CSOs
e. Strengthen implementation of newborn and maternal health responsive referral guidelines at all levels of health service delivery									MoH, UNICEF, WHO, UNFPA, CSOs
f. Strengthen referral health centres and regional hospitals to ensure readiness for maternal and newborn health referrals from lower level facilities									MoH, UNICEF, WHO, UNFPA, CSOs
g. Support procurement, maintenance and management of ambulances									MoH, UNICEF, WHO, UNFPA, CSOs
h. Conduct maternal and newborn health equipment availability and functionality assessment									MoH, UNICEF, WHO, UNFPA, CSOs
i. Procurement of maternal and newborn health equipment for identified facilities									MoH, UNICEF, WHO, UNFPA, CSOs
j. Establish and ensure functionality of a maternal and newborn health equipment maintenance team at Federal and regional levels									MoH, UNICEF, WHO, UNFPA, CSOs

Key actions by strategic objective	2019	2020				2021	2021	2021	Responsible agencies
	Q4	Q1	Q2	Q3	Q4				
Strategic objective 4: Improving delivery of quality high impact newborn health interventions									
k. Conduct facility infrastructural readiness assessment for the provision of high impact maternal and newborn health interventions									MoH, UNICEF, WHO, UNFPA, CSOs
l. Undertake facility renovations for the provision of high impact newborn and maternal health interventions, including ensuring adequate space, water and source of energy (electricity grid or solar)									MoH, UNICEF, WHO, UNFPA, World Bank, other development partners, CSOs
m. Establish functional newborn care and KMC units in selected facilities									MoH, UNICEF, WHO, UNFPA, World Bank, other development partners, CSOs
Strategic objective 5: Enhancing all time availability of essential commodities and supplies for delivery of high impact maternal and newborn health interventions									
a. Build staff capacity in newborn and maternal health commodity management, forecasting and quantification									MoH, UNICEF, WHO, UNFPA, World Bank, other development partners, CSOs
b. Review existing essential medicines list to ensure inclusion of all commodities and supplies for provision of all the newborn critical interventions									MoH, UNICEF, WHO, UNFPA, World Bank, other development partners, CSOs
c. Develop essential devices and equipment list and ensure inclusion of all essential equipment and devices for the provision of maternal and newborn health at the respective levels of health service delivery									MoH, UNICEF, WHO, UNFPA, World Bank, other development partners, CSOs
d. Procure newborn health supplies and commodities									MoH, UNICEF, WHO, UNFPA, World Bank, other development partners, CSOs
e. Scale up use of electronic systems for commodity supply chain management, including for newborn and maternal health commodities									MoH, UNICEF, WHO, UNFPA, World Bank, other development partners, CSOs
f. Conduct Infrastructural development at facility level for appropriate storage of newborn and maternal health commodities									MoH, UNICEF, WHO, UNFPA, World Bank, other development partners, CSOs

Key actions by strategic objective	2019	2020				2021	2021	2021	Responsible agencies
	Q4	Q1	Q2	Q3	Q4				
Strategic objective 5: Enhancing all time availability of essential commodities and supplies for delivery of high impact maternal and newborn health interventions									
g. Conduct an assessment on barriers to blood donation, and develop and implement a national blood donation communication strategy									MoH, UNICEF, WHO, UNFPA, World Bank, other development partners, CSOs
h. Plan and implement aggressive national blood, regional and facility-based donation campaigns									MoH, UNICEF, WHO, UNFPA, World Bank, other development partners, CSOs
i. Strengthen regional blood banks through ensuring availability of space, adequate staffing and necessary supplies									MoH, UNICEF, WHO, UNFPA, World Bank, other development partners, CSOs
Strategic objective 6: Improving strategic information for decision making and accountability in delivery of maternal and newborn health services									
a. Collaborate with the health information unit to define priority SENAP indicators, review tools, registers and integrate to DHIS to ensure their collection and reporting									MoH, UNICEF, WHO
b. Develop, distribute and disseminate newborn and maternal related data collection tools and registers where these do not exist									MoH, UNICEF, WHO
c. Build capacity of health managers and service providers on the use of newborn and maternal health data for decision making, including training on data analysis and the use of dashboards									MoH, UNICEF, WHO
d. Establish and institutionalise the integration of newborn and maternal performance reviews in existing review meetings at Federal and sub-national levels									MoH, UNICEF, WHO
e. Implement newborn and maternal health responsive data quality assessments and audits									MoH, UNICEF, WHO
f. Support implementation of maternal and newborn score cards/dashboards at Federal, subnational and community levels, to ensure accountability									MoH, UNICEF, WHO

Key actions by strategic objective	2019	2020				2021	2021	2021	Responsible agencies
	Q4	Q1	Q2	Q3	Q4				
Strategic objective 6: Improving strategic information for decision making and accountability in delivery of maternal and newborn health services									
g. Support disaggregation in newborn and maternal health reporting by sub national levels to identify and address equity related issues									MoH, UNICEF, WHO
h. Strengthen newborn and maternal health reporting at community level, including training of community health workers and the provision of necessary tools									MoH, UNICEF, WHO
i. Develop a national newborn and maternal health operations research agenda change									MoH, UNICEF, WHO
j. Implementation, documentation and dissemination of emerging best practices for scale up and policy change									MoH, UNICEF, WHO
Strategic objective 7: Enhancing community engagement and partnership for delivery of high impact maternal and newborn health interventions									
a. Update and develop Federal Communication for Development (C4D) strategy for maternal and child health to address sociocultural barriers to access and utilization of high impact newborn and maternal health interventions									MoH, UNICEF, WHO, UNFPA, other development partners, CSOs
b. Support implementation of C4D (MNH SBCC) strategy									MoH, UNICEF, WHO, UNFPA, other development partners, CSOs
c. Build capacity of the Female community-based health workers to mobilise communities for uptake of newborn and maternal health services and in identification of danger signs									MoH, UNICEF, WHO, UNFPA, other development partners, CSOs
d. Implement integrated newborn and maternal health outreaches especially for provision of PNC in areas with geographical barriers to accessing facility-based services									MoH, UNICEF, WHO, UNFPA, other development partners, CSOs

Key actions by strategic objective	2019	2020				2021	2021	2021	Responsible agencies
	Q4	Q1	Q2	Q3	Q4				
Strategic objective 7: Enhancing community engagement and partnership for delivery of high impact maternal and newborn health interventions									
e. Establish and strengthen existing maternal waiting homes for provision of maternal and newborn health services									MoH, UNICEF, WHO, UNFPA, other development partners, CSOs
f. Design, pilot and scale-up demand side financing activities, including use of voucher schemes for the most vulnerable women to improve access to high impact MNH interventions									MoH, UNICEF, WHO, UNFPA, other development partners, CSOs
g. Establish and implement innovative community mechanisms for enhanced referrals, including community ambulance fund and partnerships with local transporters									MoH, UNICEF, WHO, UNFPA, other development partners, CSOs
h. Establish and ensure functionality of community based MPDSR/Verbal autopsy committees									MoH, UNICEF, WHO, UNFPA, other development partners, CSOs
i. Develop and implement comprehensive community-based MNH program in partnership with female community health workers									MoH, UNICEF, WHO, UNFPA, other development partners, CSOs
j. Partner and engage with cultural and religious leaders, male partners and mother in-laws to promote timely uptake of maternal and newborn health services									MoH, UNICEF, WHO, UNFPA, other development partners, CSOs
Strategic objective 8: Strengthening delivery of quality high maternal and newborn health interventions in humanitarian and emergency settings									
a. Strengthen coordination mechanisms for maternal and newborn health response in humanitarian and emergency settings									MoH, UNHCR, IOM, UNICEF, WHO, UNFPA, other development partners, CSOs
b. Contextualise, adopt and orient service providers on global guidance documents, guidelines and job aids on maternal and newborn health response in humanitarian and fragile settings									MoH, UNHCR, IOM, UNICEF, WHO, UNFPA, other development partners, CSOs

Key actions by strategic objective	2019	2020				2021	2021	2021	Responsible agencies
	Q4	Q1	Q2	Q3	Q4				
Strategic objective 8: Strengthening delivery of quality high maternal and newborn health interventions in humanitarian and emergency settings									
c. Build capacity of Federal and sub-national government agencies on maternal and newborn health response in humanitarian and fragile settings, including development and implementation of contingency plans									MoH, UNHCR, IOM, UNICEF, WHO, UNFPA, other development partners, CSOs
d. Build capacity of health workers including female community health volunteers on the provision of high impact maternal and newborn health interventions in humanitarian and fragile settings including in POC and IDP camps									MoH, UNHCR, IOM, UNICEF, WHO, UNFPA, other development partners, CSOs
e. Build the capacity of health workers in forecasting, quantification, and management of maternal and newborn health kits in humanitarian and fragile settings									MoH, UNHCR, IOM, UNICEF, WHO, UNFPA, other development partners, CSOs
f. Support procurement, supply and management of adequate maternal and newborn health kits for regions experiencing conflicts and other emergencies									MoH, UNHCR, IOM, UNICEF, WHO, UNFPA, other development partners, CSOs

Federal Republic of Somalia
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EVERY NEWBORN ACTION PLAN

2019 - 2023