BELIZE NEWBORN ACTION PLAN

2024-2030

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for every child

Contents

Acknowledgement

The Ministry of Health and Wellness extends gratitude and appreciation to health care workers from the public and private sector that participated and contributed to the development of the Belize Newborn Action Plan for the period 2024-2030. Sincere gratitude to the UNICEF team who joined the health care workers in this process, providing technical assistance, and the Republic of Korea who funded the development of the plan.

Introduction

The global Every Newborn Action Plan (ENAP) was launched in June 2014. Its aim is to support countries in reaching the target of fewer than 12 newborn deaths per 1000 live births and few than 12 stillbirths per 1000 births by 2030. The plan is based on evidence published in The Lancet Every Newborn series and from consultation with Member States and many organizations and individuals. The Plan is supported by a World Health Assembly resolution adopted in May 2014 (Resolution WHA 67.10)[1] to support government leadership, policymakers and programme managers to end preventable newborn deaths and stillbirths. It is closely linked to the Ending Preventable Maternal Mortality plan.[2]

ENAP is a call to action to ensure that high-quality care at birth is at the heart of the continuum of care, and it lists the high-impact, cost-effective interventions required to end preventable maternal and newborn deaths and stillbirths, giving a triple return on investment.

VISION	A world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive, and reach their full potential.
GOALS	[1] End preventable newborn deaths [2] End preventable stillbirths

The ENAP is based on five strategic objectives:

1. Strengthen and invest in care during labour, birth, and the first day and week of life
2. Improve the quality of maternal and newborn care.
3. Reach every woman and every newborn to reduce inequities
4. Harness the power of parents, families, and communities.
5. Count every newborn through measurement, program tracking, and accountability

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[1] Every Newborn Action Plan (who.int)

[2] Strategies towards ending preventable maternal mortality. Geneva: World Health Organization; 2015 (http://www.everywomaneverychild.org/images/EPMM_final_ report_2015.pdf).

Local context

Belize is an English-speaking country which is located on the Northeastern coast of Central America. As the only Commonwealth country in Central America, the country's structure and governance is like Caribbean countries. Belize has identified itself as a Caribbean country in Central America benefiting from sub-regional entities such as Caribbean Community and Common Market (CARICOM), Caribbean Public Health Agency (CARPHA), Central American Integration System (SICA), Central American Council of Ministers of Health (COMISCA) & Central America and Dominican Republican Health Meeting (RESSCAD).

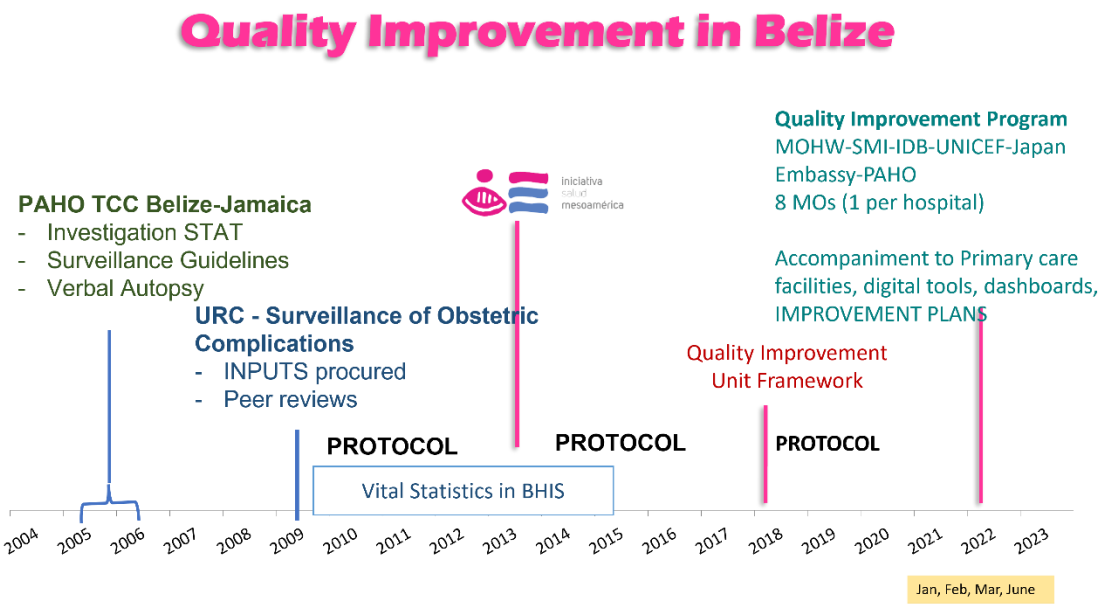
The health system comprises public and private and non-governmental organizations (NGO) sectors. The public sector is the largest provider in every district. The National Health Insurance (NHI) is a procurement entity, procuring primary health care services from all sectors (public, private and NGO). In all sectors health care services require a payment. In order of higher to lower cost is private, NGO and public sector. The majority of maternal, newborn, child and adolescent health services from the public sector require no out of pocket payment except for childbirth attendance. The Ministry of Health and Wellness (MOHW) expands the services coverage through mobile clinics to communities without a health facility every 1-2 months. There is a network of 250 community health workers with minimum one CHW per community. The MOHW has a network of 55 health facilities (HF) in all districts. Three regional hospitals, three community hospitals and the national referral hospital is the hospital network within the public sector.

The estimated population for 2022 is 430,191. Fifty-five percent (55.0%) of the total population lives in rural communities. The proportion of the population living in rural communities range from 30.0% in Belize district to 90.0% in Toledo district. There are different ethnic groups distributed in six districts: Mestizo, Maya, Garifuna, Creole and others. In Toledo district, the district with highest poverty rate, lives the majority of the maya indigenous population.

Neonatal care services are provided at all hospitals. In the case of imminent premature deliveries or foetal and Newborn complications, referrals are made from community hospitals to regional hospitals or from regional hospitals to the national referral hospital located in Belize City. There is only one neonatal intensive care unit (NICU) in Belize at the national referral hospital. There is only one neonatologist in the country heading the NICU team.

In the month of May 2022 the Quality Improvement Unit was established with one medical officer per hospital dedicated full time to oversee the quality improvement plans at hospital level plus monthly accompaniment sessions in primary health care (PHC) facilities (See Figure 1).

Figure 1 Summary Quality Improvement Unit



Source: Maternal and Child Health Unit. Ministry of Health and Wellness

The Multiple Indicator Cluster Survey Round 5 (MICS 5) done in 2015, a population-based survey, show the following results related to sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH)

The contraceptive use prevalence rate) shows the country rate at 51.4% ranging from 31.4% (Toledo) to 71.5% (Corozal). The MOHW offers contraceptives (IUD, implants, injectables, pills, surgical procedures, others) with no out of pocket payment. Antenatal care coverage by skilled health personnel is 95-99% by district with an average of 97.2%. Ninety-two percent of women reported receiving at least four antenatal care visits and 96.8% reported having a skilled attendant at delivery and 96.8% had an institutional delivery. The caesarean rate per district of residence ranged from 20.9% (Toledo) to 46.1% (Orange Walk). The breastfeeding initiation rate ranged from 83.3% in Toledo to 50.3% in Belize district. Although 98.7% of newborns were weighed at birth and the low birth weight ranged from 10.5 in Belize district to 14.5% in Stann Creek district. The BCG vaccination coverage was found at 97.6%. The maternal and neonatal postnatal care was 96.2% and 96.4% respectively. Women reported postnatal stay greater than 12 hours at 94.3%. (See Table 1)

Table 1 Summary of SRMNCAH indicators – MICS5

No	Indicator	Value	COR	OW	BZ	CY	SC	TOL
1	Contraceptive use prevalence rate	51.4	71.5	57.9	55.7	40.9	47.1	31.4
2	Antenatal care coverage by skilled health personnel	97.2	99	95	99	95	98	99
3	At least four antenatal care	92.6	94	89	97	91	93	90
4	Skilled attendant at delivery	96.8	94	98	100	98	98	90
5	Institutional deliveries	96.8	96	100	93	96	99	94
6	Caesarean Section Rate	34.2	33.9	46.1	30.6	38.7	21.6	20.9
7	BF initiation within first hour at birth	68.3	52.5	50.3	70.1	78.9	72.2	83.3
8	Infants weighed at birth	98.7	100	99	99	100	100	95
9	Low birth weight	12.1	12.2	12.5	10.5	12.4	14.5	12.0
10	BCG coverage	97.6	92.7	97.8	100	98.5	98.7	98
11	Postpartum stay in health facility >12 hours	94.3	95	95	88	95	96	99
12	Newborn postnatal health check for NB	96.2	97	99	96	95	96	95
13	Maternal postnatal health check for NB	96.4	97	98	98	97	96	91
COR=Corozal, OW=Orange Walk, BZ=Belize, CY=Cayo, SC=Stann Creek and TOL=Toledo.								

Source: MICS5. SIB-UNICEF 2015.

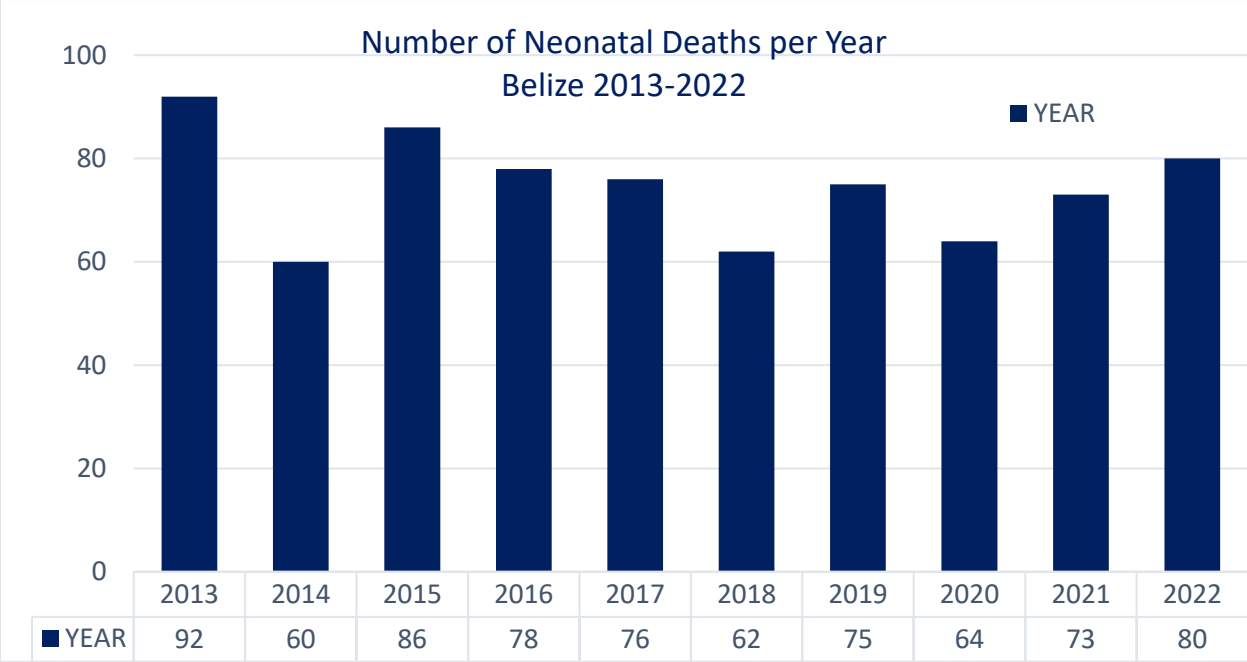
The neonatal period is defined from birth up to the day before completing 28 days of life. It's a time of rapid changes and the most critical are the first 6 days of life. In the last 11 years the neonatal mortality rate ranged from 8.0 to 12.6 / 1,000 Live Births (LB) in 2018 and 2013 respectively and the neonatal mortality rate within the first 24 hours of life ranged from 2.4 in 2014 to 4.3 / 1,000 LB in 2021. The early neonatal mortality rate ranged from 6.0 in 2014 to 9.5 / 1,000 LB in 2022. Thirty-one percent of neonatal deaths occurred within the first 24 hours of life and 77.0% occurred within the first six days of life (See Table 2 and Figure 4). The total number of neonatal deaths by year ranged from 92 in 2013 to 80 in 2022(See Figure 2) and during the period 2013 to 2022 more than half (66.0%) were reported as living in rural communities ranging from 32.3% in Belize and 90.0% in Toledo district respectively (See Figure 6). More male than females' neonatal deaths occurred (See Figure 3). The distribution of neonatal deaths by ethnicity follows the population size distribution e.g. mestizo, creole, maya, Garifuna (See Figure 7).

Table 2 Neonatal Mortality Rate per year 2013-2022

Year	Live Births	Total Neonatal Deaths	ND < 24 H	ND 0-6 days	NMR<24H	ENMR	NMR
2013	7271	92	20	57	2.7	7.8	12.6
2014	7319	60	18	44	2.4	6.0	8.2
2015	7458	86	24	63	3.2	8.4	11.5
2016	7225	78	28	60	3.9	8.3	10.7
2017	7251	76	25	59	3.4	8.1	10.4
2018	7787	62	20	48	2.6	6.2	8.0
2019	7514	75	27	62	3.6	8.3	10.0
2020	7032	64	20	53	2.8	7.5	9.1
2021	6650	73	29	63	4.3	9.5	10.9
2022	7021	80	25	64	3.5	9.1	11.4
	72528	740	230	573	3.2	7.9	10.2

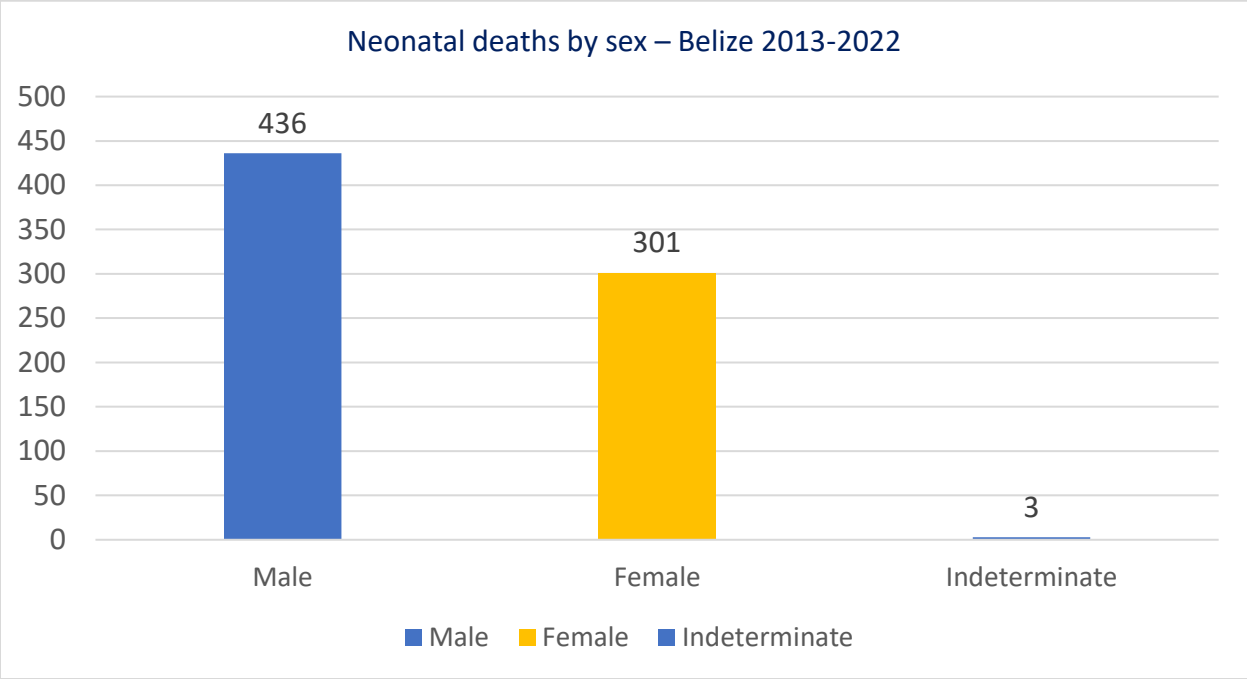
Source: Epidemiology Unit. Ministry of Health and Wellness

Figure 2 Number of neonatal deaths 2013-2022



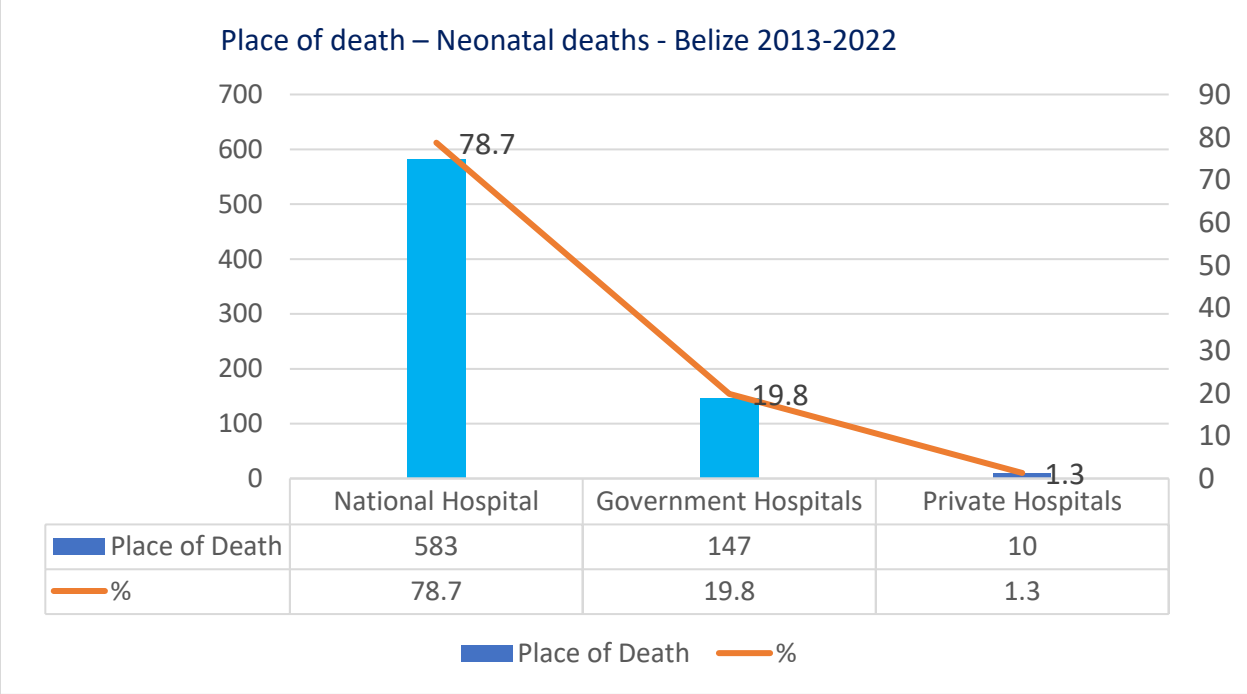
Source: Epidemiology Unit. Ministry of Health and Wellness

Figure 3 Neonatal deaths by sex



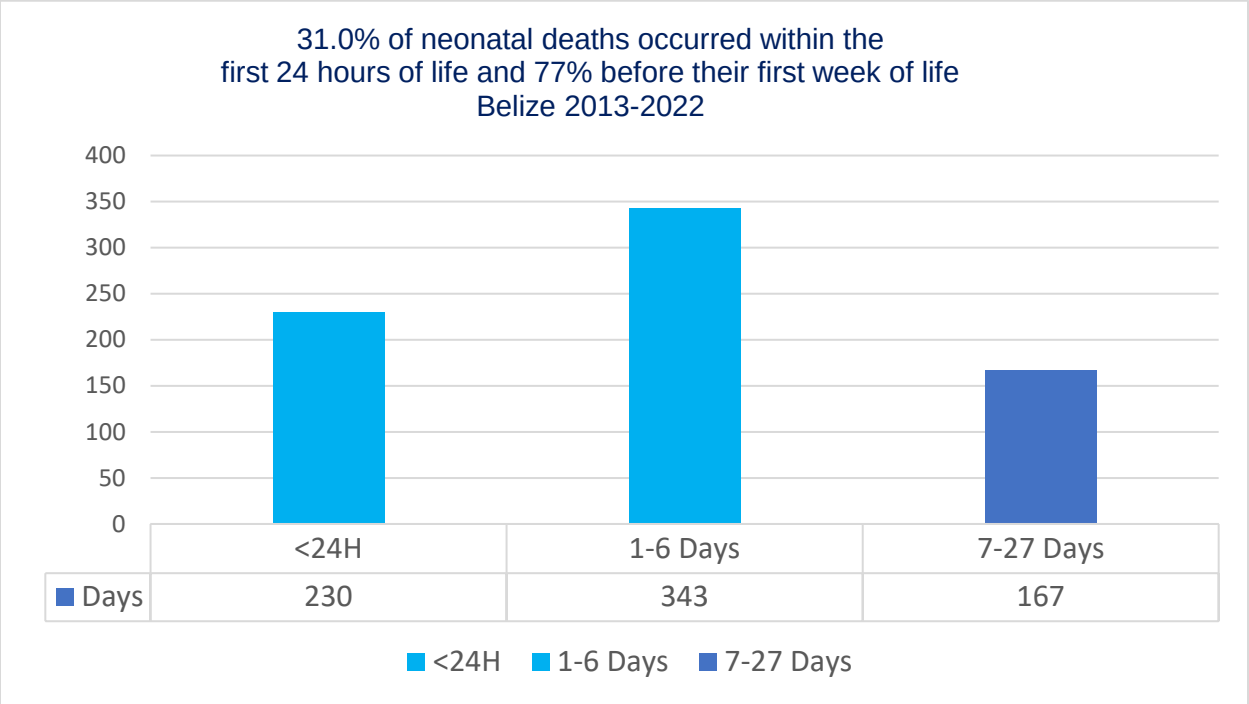
Source: Epidemiology Unit. Ministry of Health and Wellness

Figure 4 Place of neonatal deaths



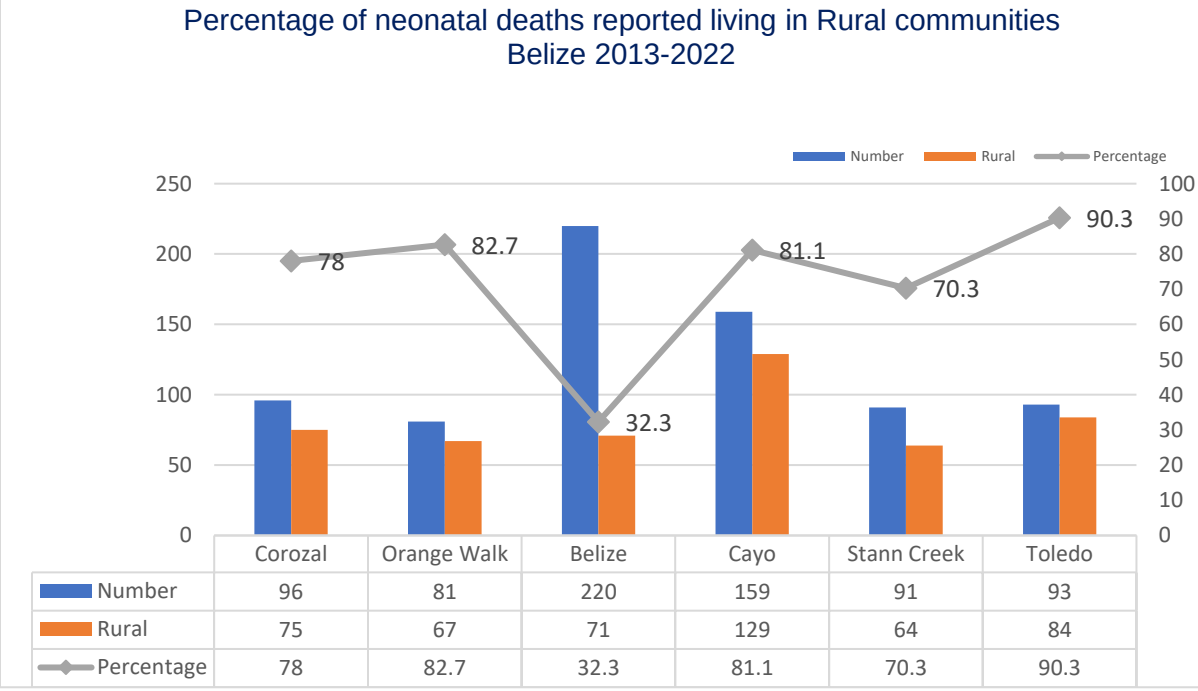
Source: Epidemiology Unit. Ministry of Health and Wellness

Figure 5 Classification of neonatal deaths



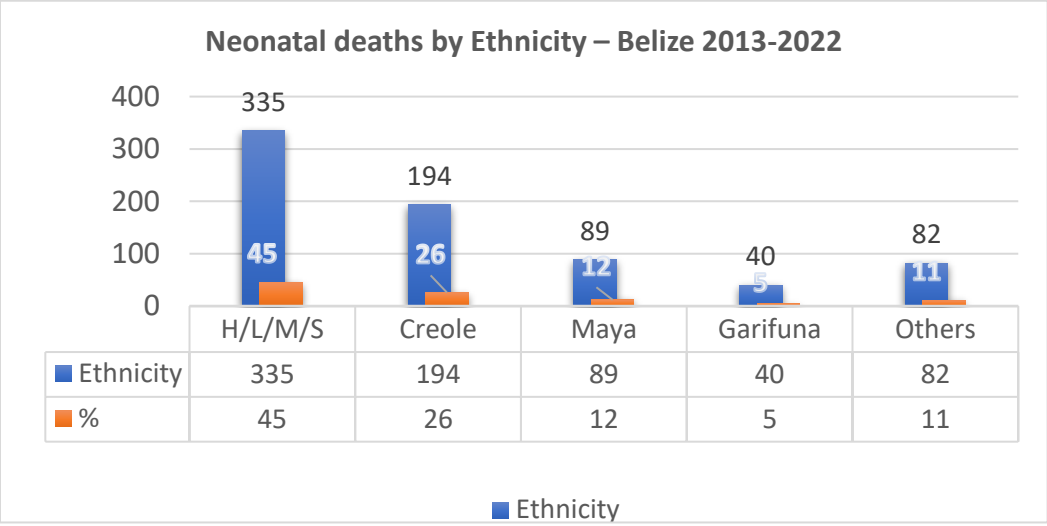
Source: Epidemiology Unit. Ministry of Health and Wellness

Figure 6 Neonatal deaths and percentage living in rural communities



Source: Epidemiology Unit. Ministry of Health and Wellness

Figure 7 Neonatal Deaths by Ethnicity



Source: Epidemiology Unit. Ministry of Health and Wellness

Guiding Principles.

The BNAP supports the following principles.

Country Leadership: Leadership for implementation of the plan will be provided by the Maternal and Child Health unit of the MOHW at the national and subnational level.

Integration: The plan implementation packages and activities targeting the newborn will be integrated within other existing health interventions e.g. reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH+N) continuum.

Accountability: Accountability is responsibility of all stakeholders. It enables tracking resources and outcomes, ensuring efficiency, transparency, and quality of care and services. Strengthening accountability mechanisms is therefore crucial.

Equity: The emphasis will be on determining and implementing strategies that ensure all population groups are reached with high-impact interventions.

Human Rights: Every newborn has the right to life and survival and the highest quality of survival and development.

Innovation and Research: While a number of best practices are available to increase coverage with evidence-based interventions, more innovative approaches and research can help improve outcomes. Some practices include digital technology, convergence programming and community health programs.

The ENAP Framework

Every Newborn Action Plan Framework has five strategic objectives, 7 outcomes and 9 newborn critical interventions listed below:

5 Strategic Objectives	7 Outcomes	9 NEWBORN CRITICAL INTERVENTIONS
Strengthen and invest in care during labour, birth and the first day and week of life.	Reproductive health care	Management of pre-term birth - antenatal corticosteroids
Improve the quality of maternal and newborn care.	Pregnancy care	Skilled care at birth - use of the partograph
Reach every woman and newborn to reduce inequities.	Care around birth	Basic Emergency Obstetric Care - assisted vaginal delivery
Harness the power of parents, families and communities.	Care of small or sick newborn	Comprehensive Emergency Obstetric Care - caesarean section
Count every newborn through measurement, programme-tracking and accountability.	Postnatal care	Basic Newborn Care focus on cleanliness/cord care, warmth, and feeding
	Child health care and development	Neonatal resuscitation
	Adolescent health care	Kangaroo mother care
		Treatment of severe infections - using injectable antibiotics
		Inpatient supportive care for sick and small newborns

Strategic Objectives

The five strategic objectives adopted for the BNAP directly align with those of the global ENAP.

1. Strengthen and invest in care during labour, birth, and the first day and week of life.

The period occurring after 28 weeks of gestation to the fi-rst month after birth is especially important not just for survival, but also for early childhood interaction and development. In Belize 31% of neonatal deaths occur within 24 hours of life and 77% before their first week of life. Every pregnant woman should receive essential care provided by a skilled attendant who is profi-cient to monitor labour and assist the birth, able promptly to detect and manage complications competently, and capable of arranging for immediate referral when needed. Every baby should receive essential newborn care starting immediately after birth, during the first day, and continuing at critical intervals in the fi-rst week of life and beyond.

Priority Actions

1. Develop or update policies, strategies, standards, guidelines, standard operating procedures and tools relevant to the content of the intervention package for maternal and newborn care.
2. Enhance the skills and competencies of health workers to support women and their babies.
3. Essential commodities for maternal and newborn health in national essential medicines lists, national drug formulary and tender list and ensure an uninterrupted supply at all levels of the health system.
4. Maternity facilities provided with appropriate infrastructure and WASH/IPC and adequately equipped to provide the care needed by mothers and babies.
5. Institutionalization of Baby Friendly Hospital Initiatives in all hospitals using the updated methodology for certification and re-certification of hospitals and primary care facilities.
6. Appropriate legislation and enforcement of the International Code of Marketing of Breast-Milk Substitutes.
7. Provide quality postnatal care and home visits with focus on the first week following the WHO guidelines for postnatal visits.

2. Improve the quality of maternal and newborn care.

Quality and equity of care affect health outcomes for mothers and their babies. There have been significant gains in most of the global health indicators over the last decades. The number of maternal deaths fell globally from around 446 000 in

2000 to around 287 000 in 2020, which represents a 36% decrease in maternal deaths globally.[1] However, the pace of declines in maternal mortality has slowed and stagnated and poor quality of care has been identified as a major barrier to reduction in maternal and newborn deaths[1]. To achieve the ambitious Sustainable Development Goals (SDGs) by 2030, more efforts are to be directed towards improved quality of care in addition to the expansion of health service coverage[2].

Quality health care is to be enhanced through setting and implementing healthcare standards and measurement/monitoring adherence to the standards.

Priority Actions

1. Adopt standards and processes for the delivery of quality health care and set indicators for assessing the quality of maternal and newborn care at all levels of health care provision.
2. Monitoring and improvement of quality of care must be instituted in all public and private maternity care services including use of technology.
3. Establish centres of excellence in maternal and perinatal care to help to facilitate expansion in quality of care to other facilities through capacity building and mentoring.
4. Strengthen referral mechanisms to ensure two-way referrals.
5. Operationalize effective quality improvement systems for respectful, high-quality maternal and newborn care.
6. Ensure all facilities are adequately staffed with multidisciplinary teams that has the competencies to manage maternal and neonatal complications at the referral-facility level.
7. Enhance public oversight of the quality of maternal and newborn care through raising public awareness and increasing community involvement.
8. Establish/strengthen communication strategies to promote healthy behaviour at service delivery points.
9. Develop strategies to engage private-sector providers on quality of care for improved maternal and newborn health outcomes.

3. Reach every woman and every newborn to reduce inequities.

Every woman and newborn have the right to good-quality health care in line with the principles of universal health coverage and human rights. Reaching all women and newborns requires investment in every aspect of the health system including leadership and governance, the workforce, infrastructure, commodities and supplies, service delivery, information systems and financing. Direct and indirect costs of health services are important barriers to families seeking care during

pregnancy and childbirth and in the postnatal period. All barriers to services, geographical, financial, and sociocultural are to be addressed appropriately using contexts tailored approaches. Health services to address the risk factors for poor neonatal outcomes, such as adolescent pregnancy, short birth intervals, malnutrition and poor psychological health.

Priority actions

1. Develop investment case for maternal and newborn care to improve quality and equitable coverage of care.
2. Integration of actions to support the health of newborns into existing Reproductive Maternal Newborn Child and Adolescent Health initiatives and service delivery platforms crucial to ensuring that no opportunities to reach mothers and newborns are missed.
3. Enhance integrated PHC services including mobile clinics and outreaches especially in hard-to-reach areas.
4. Strengthen the competencies of health care workers in maternal, newborn, child and adolescent health services.
5. Improved domestic fund allocation to support maternal and newborn health services.
6. Implement the national Human Resources for Health Strategic Plan to ensure equitable access to skilled maternal and newborn care.
7. Develop strategies to engage private-sector providers on improved access to equitable maternal and newborn health care.
8. Institutionalization of Maternal waiting homes in community in hard-to-reach areas to promote skilled facility delivery

4. Harness the power of parents, families, and communities.

Community participation and ownership are critical for the success of the BNAP, and contextualized and appropriate social behavioural change communication strategies are essential to improve care-seeking behaviour. Social mobilization activities to promote acceptance and active involvement of community groups such as village health committee, women's groups, community-based organizations, and community leaders especially males, and other influencing groups are essential to improve utilization of services.

It is critical to empower women, parents, families, and communities to seek health care services when needed and to ensure they can provide recommended care in the home by themselves. Health outcomes, both positive and negative, are determined by decisions made within the household, the families' ability to reach care when needed and the quality of the services received when they arrive.

Families, especially parents, are to be at the forefront of providing newborn care and should be involved in promoting care for the healthy baby after birth, including keeping the baby clean and warm, initiating early and exclusive breastfeeding and performing proper cord care.

Priority Actions

1. Strengthen community mobilization through facilitated participatory learning and action with women's groups to improve maternal and newborn health.
2. Contextualise and implement Social Behavioural Change strategies to improve demand and utilization of maternal and newborn health services.
3. Develop community strategies to improve demand for services, birth preparedness and essential newborn care practices, including home visits, early stimulation by community health workers and roving caregivers.
4. Strengthen links between community and health facilities through applying innovative approaches to reach remote areas.
5. Engage the private sector to support multimedia communication campaigns to change social norms and promote healthy behaviour for improve newborn outcomes.
6. Enhance the capacity of the community health workers, women's groups, and village health committee to improve community engagement and participation.

5. **Count every Newborn through measurement, program tracking, accountability**

This objective refers to the reporting and use of high-quality data on registration of births and deaths and crucial information for policymaking, planning and evaluation of newborn health care services. There is a need to strengthen mechanisms for maternal and perinatal death surveillance and response and link this with perinatal death reviews and taking appropriate action to address avoidable factors identified through such reviews. It is also important to establish a system to track disability outcomes (e.g., retinopathy of prematurity, deafness, and cerebral palsy, etc.) as part of the newborn care services.

Priority Actions

1. Define national indicators to monitor the BNAP and integrate them into the Belize Health Information System.
2. Strengthen maternal and perinatal death surveillance and response.
3. Strengthen routine reporting of maternal and newborn outcomes through the BHIS and the use of data to improve service delivery.
4. Engage private sector in improving the collection and quality of birth and death registration system.
5. Establish scorecards/dashboards to increase accountability for implementing the BNAP.
6. Establish tracking system for disability outcomes.

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[1] Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.

[2] Kruk ME, Gage AD, Arsenault C, et al. High-Quality health systems in the sustainable development goals era: time for a revolution. Lancet Glob Health 2018;6: e1196–252

Strategic objectives and action lines

5 Strategic Objectives	7 Outcomes	9 Critical Interventions	Outputs
Strengthen and invest in care during labour, birth and the first day and week of life.	Care around birth	Management of preterm birth - antenatal corticosteroids Skilled care at birth - use of the partograph Basic Emergency Obstetric Care - assisted vaginal delivery. Comprehensive Emergency Obstetric Care - caesarean section Basic Newborn Care focus on cleanliness/cord care, warmth, and feeding. Neonatal resuscitation	Develop, update policies, strategies, standards, guidelines, and tools relevant to the content of the intervention package for maternal and newborn care. Monitoring of labour with the use of the partograph strengthened All hospitals certified as Baby friendly using the new guideline. Appropriate legislation on the International Code of Marketing of Breast-Milk Substitutes legislated and enforced. Immediate Newborn Care implemented as per the protocol **[**Delayed cord clamping, Cord care, Immediate drying**,** Skin-to-skin care, Delayed bathing) Home visit implemented as per protocol. All health facilities provided with required infrastructure and equipment/drugs/supplies for maternal and newborn care. Essential Maternal and Newborn medicine included in the national essential drug list and procurement plan

5 Strategic Objectives	7 Outcomes	9 Critical Interventions	Outputs
Improve the quality of maternal and newborn care.	Pregnancy care Care of small or sick newborn Postnatal care	Kangaroo mother care Treatment of severe infections - using injectable antibiotics Inpatient supportive care for sick and small newborns	Standards of quality and core set of indicators for assessing the quality of maternal and newborn care at all levels of health care provision implemented. Quality improvement program for Maternal and newborn health strengthened. Kangaroo Mother Care (health facility based and community based) institutionalized. One centre of excellence in maternal and perinatal care established at national and regional level to facilitate the expansion to other facilities through capacity building and mentoring. Neonatal screening program revised and updated. Maternal and newborn skills-based program implemented at each hospital
Reach every woman and newborn to reduce inequities.	Reproductive health care Child health care and development Adolescent health care		Investment case for maternal and newborn care developed. Women in reproductive age screening tool implemented at entry points in all sectors. HCW competencies in maternal newborn, child and adolescent health services defined and enhanced. Motivation and retention incentive packages for HCW in hard-to-reach areas implemented. Integrated primary health care mobile clinics enhanced.

5 Strategic Objectives	7 Outcomes	9 Critical Interventions	Outputs
			Improved domestic fund allocation for maternal and newborn health care. CCD integrated into a package of services in PHC facilities and hospitals. Institutionalization of maternal waiting homes piloted in hard to reach communities
Harness the power of parents, families and communities.	.		Women's' support groups reactivated. Village health committees strengthened. Network of CHW network strengthened Social behavioural change communication strategy developed and implemented based on local context.
Count every newborn through measurement, programme-tracking and accountability.			Maternal and perinatal death surveillance and response strengthened. Routine reporting and use of data to improve service delivery strengthened. Scorecards/dashboards to increase accountability for monitoring the implementation of the Newborn Plan established

MANAGEMENT OF BNAP ACTIONS

- Oversight and coordination of the BNAP activities will be carried out by the Maternal and Child unit of the Ministry of Health and Wellness at the national level and regional level working through the SRMNCAH Technical working group.
- Monitoring and Evaluation: The BNAP activities will be monitored using national supportive supervision tool and other checklist to be developed to track the progress toward each of the six Newborn National Milestones

Key Indicators for Monitoring

The indicators to monitor the BNAP are in line with the global ENAP indicators as detailed in the table below. The source of the data will include many systems including the Belize Health Information System, MICS, facility readiness assessment and civil registration and vital statistics (CRVS) system. Below is the list of the eight newborn national milestones and the 7 pharmaceuticals to be included in the essential medicine list.

Eight newborn national milestones	**Maternal and Newborn essential medicine list**
1. National plan 2. Quality of care 3. Investment in health workforce 4. Health workforce capacity and support 5. Community engagement 6. Parents voices and champions 7. Data 8. Research and innovation	1. Oxytocin 2. Misoprostol 3. Magnesium Sulphate 4. Injectable antibiotics 5. Antenatal corticosteroids 6. Chlorhexidine 7. Newborn resuscitation devices

BNAP Operational Plan

Strategic Objective	Outputs	Activities
1. Strengthen and invest in care during labour, birth and the first day and week of life.	1.1 Develop, update policies, strategies, standards, guidelines, and tools relevant to the content of the intervention package for maternal and newborn care.	1.1.1Update obstetric care guidelines. Update neonatal care guidelines. Update maternal care form. Update newborn care form Update job aide tools and SOPs in critical interventions - neonatal care Enforce and supervise adherence to protocols and guidelines. Enforce application of the real time monitoring tool for obstetric and neonatal complications Train nurse supervisors on how to monitor adherence to protocol and enforce the use of the RTM and clinical audits. Conduct STAT review of neonatal complications and deaths. Routine monthly case reviews. Conduct quarterly simulation exercises (based on gaps identified).
	Monitoring of labour with the use of the partograph strengthened	Train staff in the use of the updated partograph
	All hospitals certified as Baby friendly using the new guideline.	Update the BFHI guidelines. Train external evaluators Train staff in new BFHI guidelines

Strategic Objective	Outputs	Activities
	Appropriate legislation on the International Code of Marketing of Breast-Milk Substitutes	Pass legislation on the International Code of Marketing of Breast-Milk Substitutes Communicate legislative changes to local distributors of breast milk substitutes
	Immediate Newborn Care implemented as per the protocol [Delayed cord clamping, Cord care, Immediate drying, Skin-to-skin care, Delayed bathing]	Yearly training of HCW in delivery of immediate and routine newborn care Yearly training of HCW in newborn resuscitation
	Home visit implemented as per protocol	Daily home visit to women in postnatal period and their newborn in the first seven days post delivery
	All health facilities provided with required infrastructure and equipment / drugs / supplies for maternal and newborn care.	Define the list of medical equipment and supplies required at each level of care. Monitor medical equipment and supplies. Include critical pharmaceuticals into the drug formulary. Yearly procurement of medical equipment and supplies for maternal and newborn care. Yearly procurement of contraceptive methods
Improve the quality of maternal and newborn care	Standards of quality and core set of indicators for assessing the quality of maternal and newborn care at all levels of health care provision implemented.	Establish the Quality management directorate. Review and update the standards of care for maternal and newborn care. Review and update the list of perinatal health indicators. Apply problem list for every pregnancy and NB

Strategic Objective	Outputs	Activities
	Quality improvement program for Maternal and newborn health strengthened.	Implement the real time monitoring of obstetric and neonatal complications. Conduct the monthly clinical audits of obstetric and neonatal complications. Develop and implement the monthly improvement plans by health facility. Monthly support visits to health facilities in primary care level
	Kangaroo Mother Care (health facility and community based) institutionalized.	Review, update and implement the Kangaroo Mother Care for national, regional, community hospitals and at home. Establish and implement support group for preterm infants
	One centre of excellence in maternal and perinatal care established at national and regional level to facilitate the expansion to other facilities through capacity building and mentoring.	Establish KHMH as centre of excellence for neonatal care. Establish NRH as a centre of excellence for neonatal care. Develop guidelines for each level of care. Develop job aide tools. Develop criteria for centres of excellence
	Neonatal screening program revised and updated.	Define the list of neonatal screening for Belize. Develop and implement guidelines for neonatal screening
	Maternal and newborn skills-based program implemented at each hospital	Yearly training of HCW in competencies for maternal and neonatal care
Reach every woman and newborn to reduce	Investment case for maternal and newborn care developed	Submit annual budget for maternal and newborn care based on needs from the health regions

Strategic Objective	Outputs	Activities
inequities.	Women in reproductive age screening tool implemented at entry points in all sectors.	Apply WRA screening tool at all entry points
	HCW competencies in maternal newborn, child and adolescent health services defined and enhanced.	Define HCW competencies in maternal and newborn care. Develop training curricula. Yearly training of CHW in competencies - maternal and newborn care
	Motivation and retention incentive packages for HCW in hard-to-reach areas implemented	Develop and implement incentive packages for retention of HCW in understaffed health regions. Prioritize education scholarships for students living in understaffed areas
	Integrated primary health care mobile clinics enhanced	Implement the yearly mobile clinics plan. Increase the frequency of mobile clinics to areas with lowest vaccination coverage
	CCD integrated into the package of services in PHC facilities and hospitals	Train NICU personnel in CCD Train midwives in CCD Train CHW in CCD
Harness the power of parents, families and communities.	Women support groups reactivated	Implement support group for pregnant women per health facility.
	Village health committees strengthened.	Establish the village health committee in each community. Develop the TOR for the health committee
	Network of CHW network strengthened	Revisit the community platform strategy and the role of the CHW.

Strategic Objective	Outputs	Activities
		Yearly training of CHW in how to support maternal and newborn care at community level
	Social behavioural change communication strategy developed and implemented based on local context	Develop and implement the SBC strategy plan. Yearly training of HCW in AIMS strategy. Yearly training of HCW in customer care services
Count every newborn - measurement, programme-tracking and accountability	Maternal and perinatal death surveillance and response strengthened.	Establish the SRMNCAH national committee. Develop and implement a weekly surveillance report on critical maternal, child and adolescent health indicators. Use data for decision making process
	Routine reporting and use of data to improve service delivery strengthened	Conduct monthly clinical audits. Analyse data from surveillance and clinical audits and make recommendations to the regions. STAT analysis of near missed maternal deaths, early neonatal deaths and stillbirths. Create open reports within the BHIS - maternal and neonatal health. Manage HIV, Syphilis and Hepatitis B exposed infants as per protocol. Provide birth registry before hospital discharge
	Scorecards/dashboards to increase accountability for monitoring the implementation of the Newborn Plan established	Weekly scorecard shared with stakeholders: BCG vaccination coverage Hep B Birth dose vaccination coverage Clinical audits results

Strategic Objective	Outputs	Activities
		EMTCT HIV, Syphilis, Hepatitis B results Trainings

BNAP INDICATORS

NO	Indicator Name	Numerator	Denominator	Factor	Source	Target
1.	Maternal mortality rate*	Number of maternal deaths	Total number of Live births	x 100,000	MCH	Zero
2.	Antenatal care coverage	Number of pregnant women who receive prenatal care	Total number of Live births	x 100	BHIS	>95%
3.	Early antenatal care	Number of pregnant women with first antenatal care < 12 weeks	Total number of Live births	x 100	BHIS	>60%
4.	HIV screening in pregnancy	Number of pregnant women screened for HIV	Total number of Live births	x 100	BHIS	>95%
5.	Syphilis screening in pregnancy	Number of pregnant women screened for Syphilis	Total number of Live births	x 100	BHIS	>95%
6.	Hepatitis B screening in pregnancy	Number of pregnant women screened for Hepatitis B	Total number of Live births	x 100	BHIS	>95%
7.	Hepatitis C screening in pregnancy	Number of pregnant women screened for Hepatitis C	Total number of Live births	x 100	BHIS	>95%
8.	PW with HIV treated	Number of PW with HIV treated	Total number of PW with HIV	x 100	BHIS	>95%

NO	Indicator Name	Numerator	Denominator	Factor	Source	Target
9.	PW with Syphilis treated	Number of PW with Syphilis treated	Total number of PW with Syphilis	x 100	BHIS	>95%
10.	PW with Hepatitis B treated	Number of PW with Hepatitis B treated	Total number of PW with Hepatitis B	x 100	BHIS	>95%
11.	Exposed HIV NB treated	Number of HIV exposed NB treated	Total number of PW with Hepatitis B	x 100	BHIS	>95%
12.	Exposed Syphilis NB treated	Number of Syphilis exposed NB treated	Total number of Syphilis exposed infants	x 100	BHIS	>95%
13.	Exposed Hepatitis B NB treated	Number of Hepatitis B exposed NB treated	Total number of Hepatitis B exposed infants	x 100	BHIS	>95%
14.	Exposed Hepatitis C NB treated	Number of Hepatitis C exposed NB treated	Total number of Hepatitis C exposed infants	x 100	BHIS	>95%
15.	Skilled birth attendance rate	Number of deliveries attended by trained doctors and nurses	Total number of Live births	x 100	BHIS	>90%
16.	Low Birth Weight Rate	Number of NB with birth weight below 2500 g	Total number of live births	x 100	BHIS	<12%
17.	BCG vaccination coverage	Number of infants who received BCG	Total number of Live births	x 100	BHIS	>95%
18.	Hepatitis B Birth Dose vaccination coverage	Number of infants who received Hepatitis B Birth Dose	Total number of Live births	x 100	BHIS	>95%
19.	Neonatal asphyxia rate	Number of newborns with Apgar score below 7	Total number of live births	x 100	BHIS	Zero
20.	Caesarean section rate	Number of deliveries done via	Total number of live births	x 100	BHIS	< 15 %

NO	Indicator Name	Numerator	Denominator	Factor	Source	Target
		C/S				
21.	Neonatal mortality rate*	Number of neonatal deaths	Total number of live births	x 1000	BHIS	< 10 / 1000
22.	Early Neonatal mortality rate *	Number of early neonatal deaths	Total number of live births	x 1000	BHIS	< 7 / 1000
23.	Neonatal mortality rate (within first 24 hours) *	Number of neonatal deaths within 24 hours	Total number of live births	x 1000	BHIS	< 3 / 1000
24.	Stillbirth rate *	Number of babies *born with no signs of life at 28 weeks or more of gestation*	Total number of births	x 1000	BHIS	< 3 / 1000
25.	Exclusive breastfeeding rate	Number of children 6 months old who were exclusively breastfed	Number of children 6 months old seen	x 100	BHIS	> 34 %
26.	Early initiation of breastfeeding	Newborns breastfed within first 30 minutes after birth	Number of live births	x100	BHIS	>99%
27.	Percentage of Babies < 2000 g received KMC	NB < 2000 g who received KMC	Total number of live births with < 2000 g	x 100	BHIS	> 95 %
28.	Preterm birth rate	NB with < 37 weeks GA	Total number of live births	x 100	BHIS	< 10%
29.	Postpartum contraception	Number of women leaving the hospital with a LARC method	Total number of women post obstetric event	x 100	BHIS	>95%
30.	Postnatal care	Number of women in postnatal period who receive postnatal check within the	Total number of live births	x 100	BHIS	> 95 %

NO	Indicator Name	Numerator	Denominator	Factor	Source	Target
		first 3 days after hospital discharge (at HF or home visit)				
31.	Neonatal complications managed as per protocol: ○ Haemorrhage ○ Sepsis ○ Neonatal Asphyxia ○ Low birth weight	Neonatal complications managed as per protocol	Total number of medical records reviewed – neonatal complications	X 100	COMMCARE and medical records	100%

BNAP Monitoring and Evaluation Framework

District implementation plan

The BNAP has a strategic and operational plan at national level. Each district will develop their operational plan for the period 2024-2030 which will serve for the development of the district annual implementation plan.

Indicator framework

There are a total of 31 indicators of which four are impact indicators and 27 are process indicators. Tracking of the total 30 indicators will allow stakeholders to track progress towards achieving the goals, to identify gaps and use the data for decision making.

The results-based performance matrix has:

- Four impact indicators contributing to the GOB commitments (local and international) through the Belize Every Newborn Action Plan
- 27 outputs and indicators aligned with the strategic objectives
- An operational plan with activities to achieve the 27 outputs
- An indicator manual defining the numerator and denominator for each indicator and the source to obtain the data
- Each indicator will have a baseline and target value

Data sources for the BNAP Indicators

- Paper based medical records
- Belize Health Information System - Electronic Medical Record
- Quality improvement indicators from COMMCARE and visualizations in Tableau
- Maternal and Child Health Unit

Data analysis and reporting

- The impact indicator on maternal mortality rate, its analysis and reporting will be done by the MCH unit – MOHW
- The impact indicators on neonatal mortality and stillbirth rate will be prepared by the Epidemiology Unit who will provide the data disaggregated by sex, age group, district and maternal or foetal cause associated
- The process indicators from the COMMCARE and Tableau will be provided by the MCH Unit

- The process indicators not measured through COMMCARE will be collected from the medical records (BHIS or paper-based records)
- The analysis of the data will be done quarterly and shared with the districts.
- The reporting of the data will be done STAT (maternal deaths), weekly (neonatal deaths and stillbirths) and monthly (process indicators).

Evaluation component

- Immediate evaluation of the care provided in the case of maternal deaths
- Immediate evaluation of care provided or case review of individual neonatal deaths and stillbirths. The summary findings and recommendations will be sent to the MOHW HQ – MCH Unit, who will follow up on the completion of the recommendations at local level. The result of the case review is to be submitted no later than the 10th working day post event.
- Annual evaluation of the plan will be prepared by district and at national level
- An annual review meeting will be scheduled to review the annual reports and agree on next steps
- A midterm review of the plan will be done in 2026 and the final review is scheduled for 2030