

# PRIORITIES FOR NEWBORN AND CHILD HEALTH

*FROM THE RMNCAH SHARPENED PLAN  
2022/2026*

28<sup>TH</sup> SEPT 2023

Committing to  
**Maternal  
& Child  
Survival**





# OBJECTIVES OF THE PLAN

## Overall objective:

To improve the survival and well-being and transform the lives of women, newborns, children, adolescents, and aging.

## Specific objectives

- 1) To end preventable deaths among women, newborns, children, and adolescents.
- 2) To promote the health and well-being of all women, children, adolescents, and aging.

***Looks beyond survival to thrival and transformation of lives***

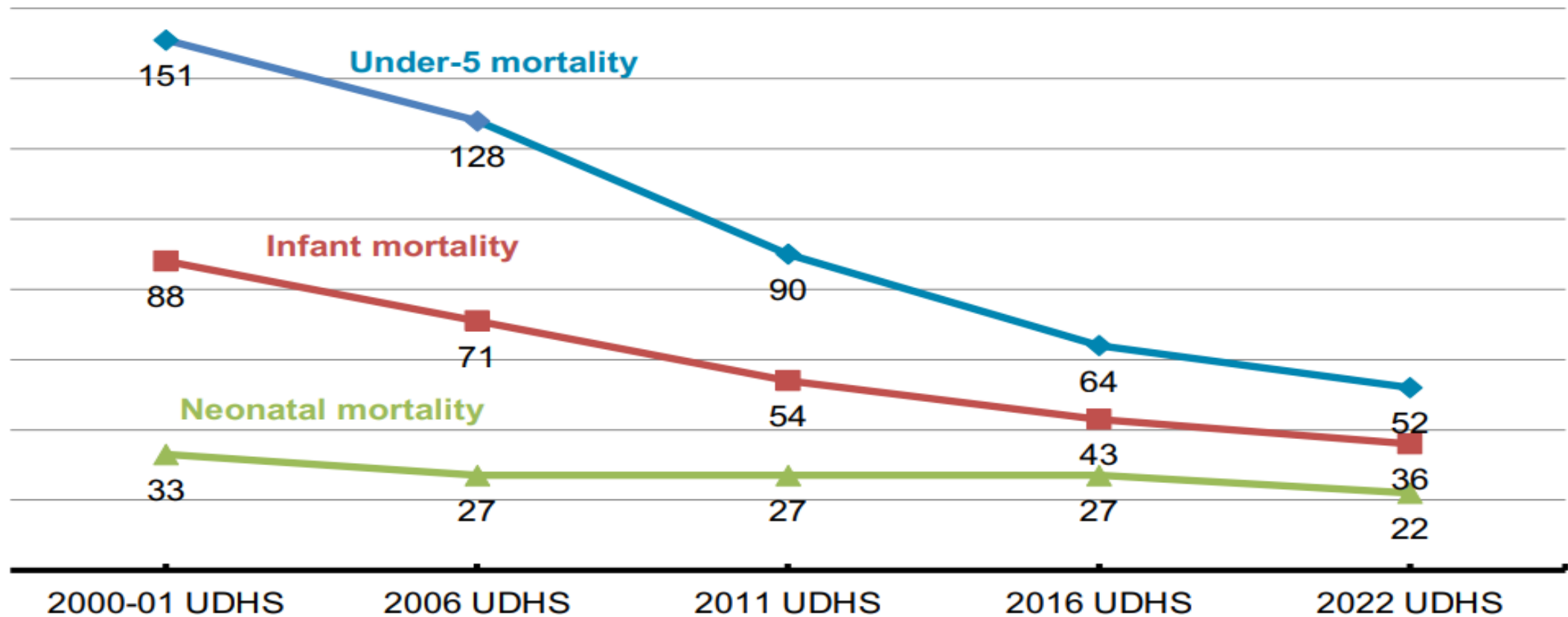


# BACKGROUND

- Uganda has made progress towards the reduction of newborn and Child Deaths (UDHS reports)
- This has been achieved through implementation of survival strategies including immunization, paed HIV care, prevention and management of malaria integrated community case management (ICCM)/integrated management of newborn and children illness (IMNCI) among others
- However, a lot still needs to be done in order to meet the country's targets (U5MR 30/1,000 live births, IMR 34 NMR 19/1,000 Live births)



# TRENDS IN U5, INFANT AND NEWBORN MORTALITY





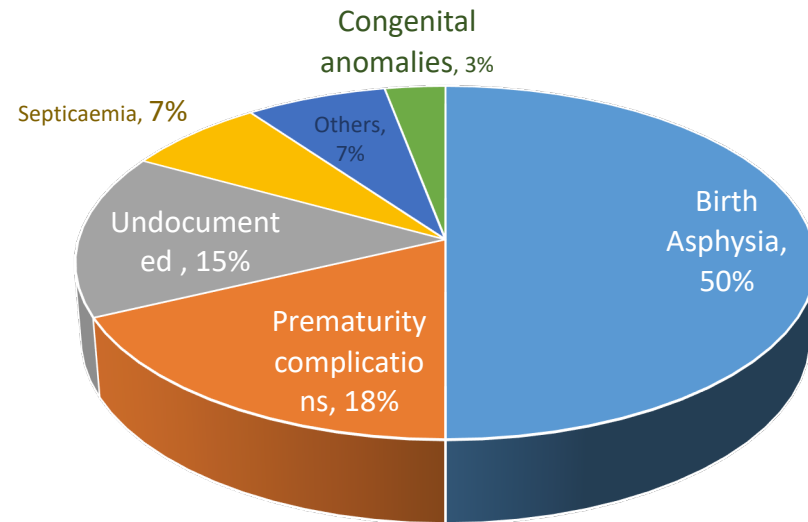
# CURRENT BURDEN

- Despite this reduction, a significant number of children continue to die mainly due to newborn related conditions, malaria, pneumonia, diarrhea, and underlying malnutrition
- Children account for 27% and almost half (44%) of outpatients and admissions in health facilities, respectively.
- The goal for child health is survival and well being- children raised as healthy, well-educated children who are mentally and socially ready for adulthood.



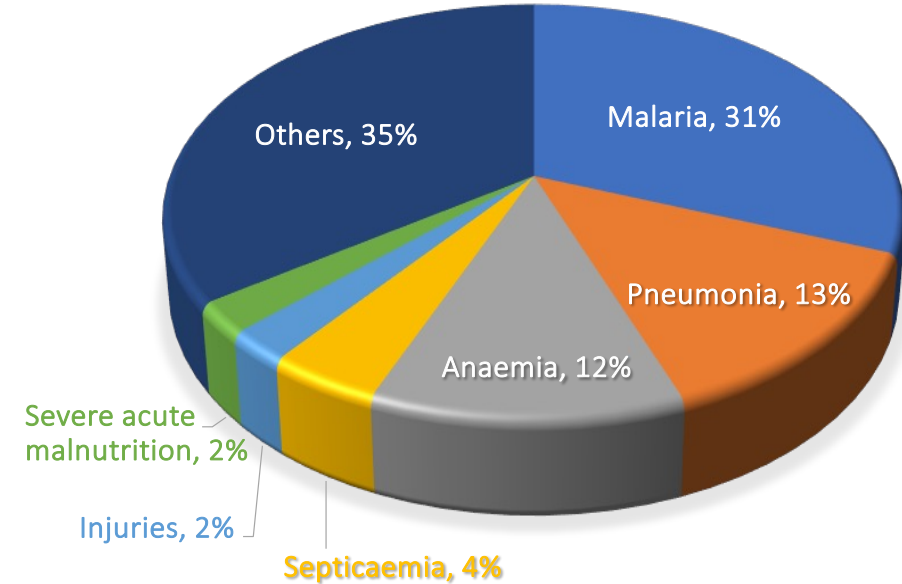
# Leading causes of Death

## Newborn



- ❖ Address underlying causes of newborn deaths and stillbirths
- ❖ reinforce essential newborn care competencies and investments in newborn resuscitation, KMC, NICUs/SCUs

## Child



Source: AHSPR Report, 2020.

- ❖ Attention to chronic illnesses-sickle cell & asthma
- ❖ Coordination of long-term primary care delivery systems integrating facility and community/family/self-care.
- ❖ Implement the new child health redesign to also focus on extended nurturing care- Reposition ECD in a wider multi-sectoral



# STRATEGIC DIRECTION-PRIOROTIES

## 1. Focusing on districts with the highest child mortality

- Addressing growing geographic inequities in outcomes
- Regionalized universal coverage of EmONC and QoC
- Establish Community delivery system
- Equity measurements to inform burdened districts

## 2. Increasing access for high-burden population

- Differentiated and client-centered delivery for vulnerable popn including adolescents
- Targeted delivery, community-led or based channels
- Engage private sector, esp. midwives
- Surveillance on inequity

## 3. Scaling up evidence-based high-impact packages

- Life stage and continuity over lifetime
- Basal RMNCAH interventions +
  - (i) Care at birth and in the first week of life
  - (ii) ANC initiation in 1<sup>st</sup> trimester
  - (iii) IMNCI/iCCM Plus
  - (iv) Pre- and inter-conception
  - (v) Extended nurturing care
  - (vi) SBCC for RMNCAH

## 4. Multisectoral approach

- Tackling underlying determinants of poor RMNCAH fatal and non-fatal outcomes
- Shift from facility based RMNCAH output planning to facility catchment population planning
- GBV/VAC
- Primary & secondary school health interventions

## 5. Mutual accountability for RMNCAH population level outcomes

- Wider accountability engagement
- Downward and horizontal accountability
- tracking of funding and resource commitments
- RMNCAH accountability index and Community scorecard

**New focus on: Family Centered Care, population health, and thrival and transformation in addition to survival**



# Overcoming Health System Bottlenecks to Achieve Effective Coverage



## Leadership Governance

- Integrate policy and programming
- Regionalise QoC
- Strengthen mid-level leadership
- Public Private Partnership
- Mutual Accountability
- Inclusive planning



## RMNCAH Financing

- Improved efficiencies in management supports
- Synergies with other departments
- Budget and expenditure tracking
- Alignment towards PHC



## Human Resource for Health

- Comprehensive integrated RMNCAH training and tracking
- Digitising training tools
- Onsite mentorship
- Recruitment of key RMNCAH cadres



## Infrastructure & Equipment

- Critical equipment (U/S, NI/SCUs, EmONC sets...)
- HC IV Blood storage
- VHT Smart phones
- Training aids/ simulators at RRH



## Commodity security

- Alternative distribution chain
- self-care commodity security and safety
- steer and monitor digital health development



## Health Information

- Platforms for sharing
- Upward/downwards flows,
- Link to population health planning



## Service delivery

- People centred Service delivery of priority packages
- Quality of care
- Linkages and referral for care continuity
- Differentiated service delivery



## Community Engagement

- CAPA
- SBCC
- Downward accountability
- HUMC commitment





# Key Inputs for Health System Support for RMNCAH



## Leadership Governance

- Integrated-comprehensive RMNCAH programming manual/SOPs
- Regionalising performance oversight
- District and facility RMNCAH leadership
- Redress of legal, policy and regulatory gaps
- Private sector midwifery/nurse engagement



## RMNCAH Financing

- HSS activity integration of RMNCAH to improve efficiency
- Reducing off-budget financing for coordinated and integrated RMNCAH funding streams
- Incentivizing performance (RBF)



## Human Resource for Health

- Recruitment of critical cadres- midwives
- Comprehensive RMNCAH training and mentorship (clinical placements)- **KMC, Essential Newborn Care, IMNCI, ETAT, ICCM**
- Training ADHO-MCH and performance improvement management
- Digitalising RMNCAH training tools
- Update midwifery /nursing pre-service curriculum
- Rationalised and incentivised VHT training



## Infrastructure & Equipment

- Construction and upgrading of HCIIIs to HC IIIs
- Additional procurement and installation of targeted equipment (U/S, NICUS and SCUs)
- Blood storage facilities at all HC IVs
- Procurement of “smart phones” for VHTs
- Health Facility digital asset inventory
- WASH



## Commodity security

- Private sector distribution strategy (ADS)
- Comprehensive RMNCAH commodity security plan
- RMNCAH ICT stewardship sub-committee
- Research on m-health and e-health



## Health Information

- RMNCAH in EMR platform
- RMNCAH dashboard in all regions and districts
- Digitalize and operationalize community HMIS
- Mainstream RMNCAH in Health observatory
- RMNCAH Equity Assessment sentinel sites

**THANK YOU**