National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy

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Foreword

Sierra Leone has made some progress in improvement of RMNCAH indicators since the development of the previous Reproductive Newborn and Child Health Policy in 2011. However, with the highest maternal mortality in the world of 1165 per 100,000, the Country has a huge unfinished business. The Government of Sierra Leone is committed to improving the health of women, newborns, children and adolescents as evidenced by existing national policy documents as well by being a signatory to global commitments including the Global Strategy for Women’s, Children’s and Adolescents’ 2016 to 2030 and the Sustainable Development Goals (SDG). This policy is a further demonstration of this commitment. Locally, the policy responds to the Agenda for Prosperity 2013-2018, the National Health Sector Recovery Plan, The Basic Essential Package for Health Services 2015 and the Free Health Care Initiative. In departure from the previous RNCH policy 2011 to 2015, based on the recognition of the importance of implementing holistic interventions across the continuum of care, this policy integrates the normally forgotten group, adolescents, with maternal, newborn and child health. Additionally, in recognition of the lower reduction, almost stagnant improvement of newborn health indicators in comparison with other child health indicators, this RMNCAH specifically prioritises the newborn stage as a focus life cycle period.

The development of this RMNCAH policy, which was run concurrently with the development of implementation strategy for the period 2017 to 2021, was done through a highly consultative process involving all the RMNCAH stakeholders. The policy was developed over a period of six months from November 2016 to May 2016. The RMNCAH Policy seeks to provide guidance to stakeholders on the priority needs and implementation areas for RMNCAH in Sierra Leone. Further on, the policy will ensure coordination of RMNCAH response in the country.

On behalf of the Ministry of Health, I appeal to all development and the implementing partners, communities, private and public sector to rally behind this policy in order to ensure the highest attainable standards of health and wellbeing for our women, newborns, children and adolescents. I do believe just as we were able to get to zero with Ebola, we can get to zero preventable maternal, newborn, child and adolescents deaths, as well as ensuring each of them live to their fullest potential. As MoHS, we commit to the stewardship, the leadership and to providing an enabling environment for the successful implementation of this policy

Ministry of Health and Sanitation

Acknowledgements

This RMNCAH policy was developed through a highly consultative process. Different organizations and people were involved in different ways in the development of the policy. Their efforts and dedication to this process are highly appreciated.

The Ministry of Health and Sanitation appreciates the technical and financial support from WHO and the other UN H6 members - UNAIDS, UNFPA, **UNICEF**, UN Women and the World Bank; and also the UK Government which provided financially support for the development of the policy.

The entire process for the development of this policy was ably coordinated by a technical committee with leadership of Dr. Santigie Sesay, the Director, Reproductive and Child Health Directorate. The Ministry of Health and Sanitation applauds the role of this committee.

To all the people who in one way or another participated in the development of this policy, you made your contribution in saving lives of mothers, newborns, children and adolescents in Sierra Leone, to this end we say, thank you.

1. Introduction to the rmncah policy

Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) is a priority for the Government of Sierra Leone. The Agenda for Prosperity 2013-2018, the Health Sector Recovery Plan, the Basic Package of Essential Health Services 2015, and the Free Health Care Initiative provide the necessary foundation for RMNCAH Policy and underscores the Government of Sierra Leone commitment to RMNCAH. Further on, this commitment is demonstrated through the Government of Sierra Leone being a signatory to various global commitments to ending maternal, newborn, child and adolescent deaths as well as improving their health and wellbeing including the UN Sustainable Development Goals (SDGs) 2030, The Family Planning 2020, Africa Health Strategy, The global strategy for women’s, children’s and adolescents’ health (2016-2030), The Child Survival Call/A Promise Renewed, Campaign on Accelerated Reduction of Maternal Mortality in Africa and the Maputo call to Action among others

Table 1: Sierra Leone at Snapshot

|  |  |
| --- | --- |
| Total population (PHC 2015) |  7,092,113  |
| Total under-five population (PHC 2015) |  938453  |
| Total population of WRA (PHC 2015) |  1835328  |
| Total births (2015) |  229,000  |
| Life time risk of maternal death (2015) | 21 |
| Maternal mortality ratio (SLDHS 2013) | 1165 |
| Neonatal mortality rate (SLDHS 2013) | 39 |
| Infant mortality rate (SLDHS 2013) | 92 |
| Under five mortality rate (SLDHS 2013) | 156 |
| Birth Registration among 0-4 years ( PHC 2015) | 65.1% |
| Total Fertility Rate (PHC 2015) | 5.2 |
| Adolescent birth rate (SLDHS 2013) | 125.1 |
| Still birth rate (The Lancet 2015)[[1]](#footnote-2) | 24.4 |
| Per capita total expenditure on health in USD ( Countdown 2015) | 228 |
| General Government expenditure on health as % of total government expenditure (BPEHS 2015) | 12.3 % |
| Out of pocket expenditure as part of total expenditure by source ( BPEHS 2015) | 71% |

With a maternal mortality ratio of 1165 per 10000 live births, neonatal and under-five mortality rate of 39 and 156 per 1000 live births respectively and an adolescent birth rate of 125.1, Sierra Leone remains among the countries with the highest maternal, newborn, and child mortality rates, as well as adolescent fertility rate globally. The table below presents a snapshot of Sierra Leone indicators. Despite the poor impact indicators, the country during the previous policy period 2011 to 2015 made significant progress in improving coverage of RMNCAH services. Some notable gains included increased coverage in ANC atleast four visits (56 % to 76%), modern contraception (7% to 16%), skilled birth attendance (42% to 62%), malaria bed net utilization (26% to 49%), malaria treatment (6% to 77%), diarrhoea management (68% to 88%) and basic immunization (DPT3 54% to 78%)[[2]](#footnote-3). A recent nutrition survey also demonstrated improvement in addressing malnutrition. Levels of stunting among children under five have been reduced from 34% to 29%, and wasting from 7% to 5%[[3]](#footnote-4).

The Figure below summarises the improvement in coverage indicators as reported in Sierra Leone Demographic Surveys 2008 and 2013.

Figure 1: Trends in RMNCAH Coverage

The Ebola Virus Disease outbreak in 2014 worsened the already weak health systems. Health systems bottlenecks to access and utilisation high impact interventions include: inadequate (numbers and skills), demotivated and mal-distributed human resources for health, unstable commodities and supplies, weak infrastructure, weak referral systems, community systems and health information systems, as well a poor governance and coordination of the sector.

1. Rationale for development of the Policy

The development of this RMNCAH policy follows review of the previous Reproductive Newborn, and Child Health Policy and Strategy for the period 2011-2015. This review identified that that although the country had made progress in the achievement of the MDGs, a lot still remain to be done. Sierra Leone the highest maternal mortality ratios (1165 per 100000 live births) and under-five mortality rate (156 per 1000 live births) globally. The country is recovering from the worst Ebola Virus Disease (EVD) outbreak of May 2014. The EVD resulted in health systems weakening and poor uptake of services, greatly eroding the gains made in RMNCAH. Consultations with the Ministry of Health and Sanitation and RMNCAH players identified the following as the rationale for the development of this RMNCAH policy.

* Provide a one national framework for planning, prioritization, resource mobilisation and implementation of reproductive, maternal, newborn, child and adolescent health programs. This new RMNCAH policy underscores the importance of continuum of care and for the first time brings together implementation of reproductive, maternal and adolescence and child and newborn health in one policy framework.
* Provide policy direction for re-establishing the RMNCAH health services and health systems strengthening in response to the impact of and lessons learned from the Ebola Virus Outbreak (EVD).
* Align to new national and global strategic documents and commitments. During this policy period, the country developed key documents including the National Health Sector Recovery Plan and Basic Package of Essential Health Services, among others. Globally, the country made commitments to the Sustainable Development Goals (SDGs) as well as the Global Strategy for Women’s, Children’s and Adolescents’ Health. This policy will help the country to align to those national strategic documents as well as institutionalise the SDGs and the Global Strategy for Women’s, Children’s and Adolescents’ Health
* Review of the previous policy period identified increased coverage but with no equivalent improvement in impact indicators. This RMNCAH policy helps to focus the country to interventions for strengthening quality improvement.
* Provide policy backing for implementation of emerging evidence based high impact RMNCAH interventions. During the policy period 2011 to 2015, high impact interventions for ending preventable deaths of women, newborns and children were developed. By recognizing these high impact and tested interventions, this RMNCAH policy provides a policy backing for their scale and implementation in Sierra Leone.
* Provide a foundation for development of the next strategic framework for short, medium and long term term RMNCAH interventions. The country’s RNCH strategy ended in 2015, this policy provides a policy foundation for the development and implementation of the next RMNCAH strategy for Sierra Leone.
1. Guiding Principles

The following principles guided the development of this policy and will further be applied during its implementation.

**Gender and Respect for Human Rights**

This policy recognizes health as a basic right. The policy further identifies that gender impacts access to RMNCAH services. The policy will ensure women, newborns, children and adolescents have access to health services without discrimination. The policy will support gender responsive programming.

**Equity focused**

Recognising disparities exist in access to services by age, sex, wealth, region, education and residence, this policy will ensure no one is left behind by prioritizing the disadvantaged, the marginalized and the most vulnerable.

**Continuum of care approach**

The policy recognizes the interconnectedness of the different life stages from pregnancy, child birth, newborn, child, adolescent and through to adulthood. In this policy, policy statements are organized by high impact RMNCAH interventions per continuum of care period.

**Evidence based interventions**

High impact interventions for ending preventable deaths of women, newborn, children and adolescents and ensuring their wellbeing are known. Policy statements under this policy represented evidence based interventions tested in Sierra Leone, regionally and globally.

**Integrated approach**

Integration of services leads to efficiency and effectiveness by reducing duplication and ensuring that there are no missed opportunities. This RMNCAH policy will promote integrated planning, implementation and monitoring and evaluation in the delivery of RMNCAH services.

**Multisectoral approach**

Access to RMNCAH services is influenced by many “social determinants” outside the specific health sector. This policy will promote and strengthen multisectoral partnerships to ensure access to services by women, newborns, children and adolescents.

**Centred on health systems strengthening**

Resilient and sustainable health systems are critical for delivery of quality RMNCAH interventions. Recognizing the impact of Ebola on weakening the health systems, the policy will ensure health systems strengthening for effective delivery of RMNCAH services; and build on and reinforce existing health systems strengthening efforts for improved RMNCAH outcomes

1. The Policy Framework
	1. Vision

A Sierra Leone where there are Zero preventable deaths of women, newborns and children, where women and adolescents have their reproductive health needs met, and where women, newborns and adolescents not only survive but thrive and live to their fullest potential.

* 1. Mission

Promoting health and wellbeing of all women, newborns, children and adolescents in Sierra Leone through implementation of evidence based high impact RMNCAH interventions, and creating an enabling environment for effective delivery of quality RMNCAH services at all levels of health service delivery.

* 1. Goal

To provide policy guidance for promoting health, development and wellbeing and accelerating reduction of preventable deaths of women, newborns, children and adolescents.

* 1. RMNCAH Policy Objectives

The RMNCAH policy objectives are aligned to the three objectives of the global strategy for women’s, children’s and adolescents’ health 2016 to 2030 of **Survive,** **Thrive** and **Transform** as well as the targets of the Sustainable development goal number of three (3) of “**Ensure Healthy Lives and Promote Wellbeing of all ages”**. The RMNCAH Policy objectives are to: -

1. Accelerate reduction of maternal, newborn and child morbidity and mortality in Sierra Leone
2. Ensure access to universal sexual and reproductive health services including family planning and especially by adolescents.
3. End all forms of malnutrition, and address the nutritional needs of newborns, children, adolescent girls, pregnant and lactating women.
4. Create an enabling environment for provision of quality reproductive, maternal, newborn, child and adolescent health services at all levels of health service delivery.
	1. Policy Domains, Thematic Areas and Statements

The RMNCAH strategy framework is organized into five (5) domains of reproductive and maternal, newborn, child, adolescent and health systems strengthening (HSS) for RMNCAH. The HSS domain cross cuts the other five domains and includes the standard WHO health systems building blocks and additional building block on community health systems strengthening. Under each domain, policy statements are made.

* + 1. Reproductive and maternal health

Policy statements under this domain are organised under pre-pregnancy, pregnancy, child birth and postnatal period for the mother in alignment with the continuum of care approach.

**Preconception**

1. Promote interventions that promote access to and uptake of family planning especially long term FP methods at the various levels of service delivery points in both public and private health facilities.
2. Support interventions for elimination of mother and child transmission of HIV and Syphilis including strategies to support primary prevention of the two diseases.
3. Support interventions for prevention of birth defects including promotion of of folic acid supplementation to women of reproductive age.
4. Promote interventions for early detection, treatment and management of common reproductive health cancers including but not limited to supporting integration of cervical screening in other SRH services targeting women of reproductive age.
5. Support systems and programs for prevention and management of of gender based violence

**Pregnancy**

1. Put in systems to enhance access to and utilisation of timely, quality and comprehensive Antenatal Care (ANC) package.
2. Support evidence based programs and interventions that enhance elimination of mother to child transmission of HIV and syphilis including universal testing for pregnant women, ART initiation for HIV positive pregnant women and treatment of syphilis positive women.
3. Strengthen interventions to ensure availability of and access to quality high impact evidence based interventions for prevention and management of hypertension in pregnancy.
4. Put in place systems and promote interventions that ensure adequate maternal nutrition during pregnancy.
5. Promote availability of and access to interventions for management of unintended pregnancy through ensuring availability of and provision of safe abortion and post abortion care services as is allowed by Sierra Leone laws.
6. Promote interventions on male involvement to ensure uptake of ANC and other RMNCAH services
7. Promote interventions for prevention of and management of malaria in pregnancy including but not limited to use insecticide treated nets and antimalarial medicines as per national guidelines.
8. Promote interventions for prevention of and treatment of TB among pregnant women including promoting TB screening and ANC and treatment as per national guidelines.
9. Promote interventions for promoting respectful and dignified care during pregnancy including sensitization and training of health service providers

**Labour and Child Birth**

1. Strengthen systems and promote availability and access to quality high impact interventions that promote management of pre-labour rupture of membranes and preterm labour as per national guidelines.
2. Promote mechanisms for and interventions to ensure social support during birth to prevent postpartum depression and other negative postpartum outcomes.
3. Put in systems to ensure availability of and access to quality basic and comprehensive emergency obstetric and newborn services (BEmONC and CEmONC).
4. Promote availability of and access to quality high impact interventions for prevention and management of postpartum haemorrhage at the all levels of service delivery.
5. Put in systems to promote and strengthen availability of and access to timely interventions for elimination of mother to child transmission of HIV and syphilis including testing at labour and delivery and enrollment to treatment for those positive.
6. Promote and strengthen provision of respectful maternity care services at all levels of health service delivery.
7. Put in systems to strengthen implementation of maternal and perinatal death surveillance and response at all levels of service delivery.

**Postnatal care for the mother**

1. Establish and or strengthen systems to ensure access to quality postnatal care services at both facility and community levels
2. Promote access to counselling and provision of post-partum family planning services.
3. Support availability of and access to interventions for prevention and management of maternal anaemia.
4. Promote availability of and access to services for detection and management of postpartum sepsis.
5. Support and strengthen interventions for elimination of mother to child transmission of HIV including retesting for the HIV negative women, treatment care and support for the HIV positive postnatal women
6. Support implementation of to promote mental health interventions for prevention of postnatal depression.
	* 1. Newborn health

Under the newborn period, the Sierra Leone RMNCAH policy puts priority on the implementation of tested and proven essential newborn care interventions that address the leading killers of newborns in the country including prematurity, birth asphyxia and neonatal sepsis. The policy further recognizes that newborn and maternal health interventions are interconnected, as such, the maternal period policy statements as elaborated in previous section also apply to the newborn period. Under this, the following policy statements are made: -

1. Strengthen national existing interventions and initiatives to promote immediate initiation of breastfeeding after birth as per the national guidelines.
2. Promote implementation of high impact interventions to address asphyxia including but not limited to neonatal resuscitation
3. Promote availability of and access to evidence based interventions for effective infection prevention and management among newborns.
4. Promote availability, use of and access to high impact evidence based interventions for the management of preterm and/or low birth weight (LBW)
5. In line with the national community health policy, support availability and utilisation of community based maternal and newborn health interventions.
6. Support interventions to strengthen and or establish newborn care units in district and regional hospitals as per Sierra Leone Ministry of Health and Sanitation Guidelines.
7. Support interventions to strengthen and increase coverage of quality emergency obstetric and newborn care services (EmONC)
8. Promote interventions to support elimination of mother to child transmission of HIV and congenital syphilis including promoting early detection, treatment, care and support for HIV exposed infants and infants with congenital syphilis.
	* 1. Child health

The child health domain addresses the major causes of child morbidity and mortality in Sierra Leone. In line with the Thrive concept, the policy further makes statements on interventions to promote child wellbeing and development such as nutrition and early childhood development. Under the child health domain, the following policy statements are made: -

1. Promote programs and interventions to ensure appropriate infant and young child feeding practices including exclusive breastfeeding for 6 months and continued breastfeeding and complementary feeding from 6 months.
2. Promote interventions to increase access to and uptake of Vitamin A supplementation from 6 months of age
3. Promote interventions for prevention and management of forms of malnutrition at both community and facility levels including prevention and management of obesity and its complications in children.
4. Promote access to and uptake of proven interventions for prevention of childhood illness including but not limited to Water, Hygiene and Sanitation (WASH) and use of long Lasting Insecticidal Nets (LLINS).
5. Promote interventions for prevention, early detection, treatment, care and support for children exposed to HIV.
6. Promote interventions to strengthen the national immunization program to ensure children have access to and uptake vaccines for immunizable diseases as per national guidelines.
7. Promote interventions to strengthen the national immunization supply chain systems to ensure provision of quality and potent vaccines to children.
8. Put in place systems including building capacity of health workers to scale up implementation of integrated management of childhood illnesses (IMCI).
9. In line with the national community health policy, promote implementation of integrated community case management (iCCM) for improving access to interventions for prevention and management the top killers of children in Sierra Leone including malaria, diarrhea, pneumonia and malnutrition.
10. Promote interventions for prevention, early detection and treatment of common non-communicable diseases and conditions among children including disabilities, cancers, and cardiovascular conditions among others.
11. In partnership with the Ministry of Education and in alignment with the School Health program, promote initiation and scale up of health promoting school’s concept for provision of comprehensive and age appropriate health services in learning institutions.
12. Support implementation of Early Childhood and Development Interventions especially for the first 1000 days at facility, at household and in early child education centres.
	* 1. Adolescent health

Although adolescents are seen as a “healthy group”, many still die prematurely as result of the communicable diseases from childhood, poor nutrition related conditions, suicide, violence accidents, teenage pregnancy related complications and other diseases and conditions that if detected early are easily preventable, manageable and treatable. In alignment with The Global Accelerated Action for the Health of Adolescents (AA-HA!) Framework[[4]](#footnote-5) and within the Sierra Leone context, the following policy statements are made under this domain:-

1. Create an enabling environment for access to and utilisation of comprehensive adolescent health services through addressing associated legal and sociocultural barriers.
2. Promote interventions to advocate for elimination of harmful sociocultural practices especially among adolescents including but not limited to child/ and forced marriage
3. Strengthen necessary policy documents and program for prevention of drugs and substance abuse among adolescents as well interventions to ensure rehabilitation and support for adolescents abusing drugs and substances
4. Support strengthening and or establishment of systems and structures to provide for multisectoral response in adolescent health programming.
5. Support interventions to promote prevention of immunizable diseases among adolescents including but not limited to provision of Human Papillomavirus (HPV) vaccination.
6. Promote interventions for promoting adolescent nutrition including prevention, detection and management of anemia especially among adolescent girls.
7. Support interventions for prevention of and management of obesity and its complications in adolescents.
8. Promote interventions for adolescent responsive primary prevention, HIV testing and counselling, treatment and care.
9. Promote interventions for ensuring access to and uptake of adolescent responsive STIs prevention and treatment services.
10. Support interventions that promote healthy living among adolescent including but not limited to physical activity and healthy eating habits.
11. Promote interventions for prevention of early/teenage, unintended pregnancies.
12. Promote interventions to ensure access to and utilisation of adolescent responsive maternal health services including antenatal care for adolescents who are pregnant.
13. Promote interventions that ensure access to and uptake of safe abortion and post abortion care services for adolescents.
14. Support interventions to address health needs for vulnerable and marginalized adolescents including but not limited to those living with HIV and disabilities.
15. Support interventions that empower paent and communities to provide support and guidance to adolescents during development and promote their access to comprehensive health information, products, technologies, and services.
16. Promote interventions for for prevention and management of violence, injury and accidents among adolescents.
17. Support development of policies, strategies and programs for promoting adolescent mental health and wellbeing.
18. Strengthen greater and meaningful engagement and participation of adolescents in design, implementation, monitoring and evaluation of programs targeting them.
19. Strengthen national health information systems to ensure availability of disaggregated data and its use for decision making in adolescent health programming.
	* 1. Health Systems strengthening for rmncah

Under the the Health Systems Strengthening (HSS) domain the RMNCAH policy makes policy statements that crosscut the four other domains of: Reproductive and Maternal, Newborn, Child and Adolescent health. Outlined under the six health systems building blocks of leadership and governance, health care financing, health workforce, medical products, vaccines and technologies, health information systems and service delivery, the RMNCAH policy makes the following policy statements: -

**Leadership and Governance**

1. Support strengthening and or establishment of functional RMNCAH coordination mechanisms at all levels of health care structure
2. Support review, development and dissemination of relevant RMNCAH policies, guidelines, strategies, plans, SOPs and job aids
3. Support capacity strengthening of existing health leadership and governance structures at different levels (national, district, facility and community) to ensure provision of responsive and accountable RMNCAH services.
4. Support establishment and or strengthening of structures to ensure accountability for provision of quality RMNCAH services at all all levels of service delivery including at community level.

**Health Care Financing**

1. Support the country in development of national health care financing strategy that provides clear strategies for financing this RMNCAH policy.
2. Support development and or strengthening of existing initiatives and approaches to enhance RMNCAH resource mobilization, efficiency and accountability at all levels of health service delivery.
3. Develop and strengthen mechanisms and approaches for promoting increased domestic financing for RMNCAH
4. Support and strengthen existing RMNCAH relevant health care financing options including but not limited to the free health care initiative
5. Support development of innovative initiatives to address financial barriers to access and utilisation of RMNCAH services by women, newborns, children and especially adolescents.
6. Support and strengthen approaches/ interventions for tracking RMNCAH resource commitments and utilisation including the National Health Accounts (NHA) and an annual forward looking resource mapping.
7. Support innovative health care financing interventions to increase availability, access to and utilisation of quality RMNCAH interventions including performance based financing and demand side financing among others.
8. Support interventions to promote public private partnerships as part of health care financing of RMNCAH interventions.

**RMNCAH Human resources for Health (HRH)**

1. Strengthen necessary institutions/departments to ensure effective production, planning, training, management and deployment of skilled RMNCAH service providers especially skilled birth attendants.
2. Promote interventions to ensure availability of adequate, skilled and motivated health workforce for provision of quality evidence based high impact RMNCAH interventions.
3. Support development, review and dissemination of relevant policies, strategies, guidelines, SOPs, training curriculums and job aids to support health worker capacity strengthening in the provision of high impact RMNCAH interventions.

**Medical products, vaccines and technologies**

1. Promote development and or Strengthening of systems including for procurement, supply and management to ensure all time availability of essential lifesaving medicines, commodities, equipment and technologies for provision of high impact RMNCAH reproductive, maternal, newborn, child and adolescent health services.
2. Strengthen capacity of health workers in quantification and forecasting to ensure all time availability of essential life saving medicines and supplies for provision of high impact RMNCAH interventions.

**Health Information Systems, research and innovations**

1. Strengthen national health information systemsto ensure collection, management and use of data at the various levels of health service delivery to inform RMNCAH policy and programming decision making
2. Support accountability systems including but not limited to ensuring functionality of maternal and perinatal death surveillance and response and use of RMNCAH score card at all levels of health care service delivery.
3. In partnership with the national registration bureau, strengthen the national civil registration and vital statistics (CRVS) to ensure all births of children are registered, birth certificates issued, deaths of women, newborns and children registered by cause of death and data disseminated.
4. Support development of and build capacity of the ministry of health and sanitation in implementation of a national research agenda for RMNCAH
5. Support use of of research to inform development of evidence based RMNCAH policies, strategies, plans and programs.
6. Support testing and scale up of innovations to address barriers to access and utilisation of high impact RMNCAH interventions.

**Service Delivery**

1. Support strengthening and or establishment of structures and systems including quality improvement commitees, policies, standards and guidelines to ensure **quality improvement** in provision of reproductive, maternal, newborn, child and adolescent health services.
2. Strengthen and or support establishment of **effective referral systems** at at all levels of health service delivery including for private sector to ensure provision of timely reproductive, maternal, newborn, child and adolescent emergency health services.
3. Strengthen necessary infrastructural developments at both community and facility levels to enable provision of comprehensive and quality reproductive, maternal, newborn, child and adolescent health services.
4. Support development of necessary policies, strategies and guidelines, health worker capacity building as well necessary service delivery modifications to ensure provision of integrated RMNCAH and HIV/AIDS services at all levels of health care service delivery.
5. In line with the community health policy, support strengthening and establishment of resilient and sustainable community health systems for provision of quality evidence based high impact reproductive, maternal, newborn, child and adolescent health services.
6. In line with the community health policy, support development of innovative solutions to address demand side barriers including social cultural, geographical and financial barriers to access and utilisation of high impact RMNCAH interventions
7. Support development of community systems and interventions to prevent and address gender based violence.
8. Support strengthening of interventions to build capacity of health workers in provision of quality RMNCAH services including but not limited to mentorship, OJTs and supportive supervision.
9. Promote strategies for strengthening partnerships with the private sector to ensure their participation in the provision of quality high impact RMNCAH interventions.
	1. IMPLEMENTATION, MONITORING AND EVALUATION OF THE POLICY
	2. Management and coordination

Implementation of the RMNCAH Policy will be management through existing governance and coordination structures. The Directorate of Reproductive and Child Health Unit through Health Sector Coordinating Committee will be responsible for the implementation of the RMNCAH policy. Coordination and collaboration will be achieved through existing interagency and technical working groups at national level and district health management teams at the district level.

* 1. Financing of the Policy

Adequate health care financing is critical for the implementation of the stated RMNCAH policy statements. As part of the policy implementation, the Directorate of Reproductive and Child Health Unit will support development of costed medium term strategies to finance this policy.

* 1. Roles and Responsibilities

Towards achieving efficiency and effectiveness in the implementation of the RMNCAH policy, it is critical to define the roles and responsibilities of different players in the implementation of this policy. This section of the policy defines roles and responsibilities of different players including the National Ministry of Health (Directorate of Reproductive, Newborn and Child Health), the District through the District Health Management Teams (DHMTs), Development partners, Civil Society organisations and other non state actors, Academic and Professional Associations, Individuals and Communities.

* + 1. National level Ministry of health and sanitation (DRNCH)
* Provide leadership in the development of a national costed RMNCAH strategy to support implementation of the policy
* Facilitate launch and dissemination of the RMNCAH policy to the subnational levels and well as to the districts
* Provide leadership in resource mobilisation for the implementation of this RMNCAH policy.
* Provide leadership in the development of RMNCAH sector specific policies, plans, strategies and guidelines that are necessary for the implementation of this RMNCAH policy
* Mobilise, engage in strategic partnerships as well as coordinate all players towards implementation of the RMNCAH policy.
* Provide leadership and coordinate monitoring and evaluation as well as regular review of this RMNCAH policy
* Provide technical assistance to the District Health Management Teams in the implementation of this RMNCAH policy.
* Together with District Health Management Teams and other stakeholders provide leadership for documentation and scale up of RMNCAH emerging best practices.
* Provide regulation and standards to ensure provision of quality and comprehensive RMNCAH interventions at all levels of service delivery.
	+ 1. District health management teams
* Provide leadership in the launch and dissemination of the RMNCAH policy to district players
* Provide coordination of partners working in the specific districts towards implementation of this RMNCAH policy
* Advocate with the district councils and other players to ensure allocation of adequate resources for the implementation of the RMNCAH policy at the district level.
* Support implementation of RMNCAH strategies, plans and guidelines at district level
* Put in systems to ensure delivery of quality and comprehensive RMNCAH services at all primary health care service delivery points
* Provide leadership in monitoring and evaluation of the policy implementation at district level
* Support capacity building and technical assistance to service providers at the district level to ensure implementation of the RMNCAH policy
* Provide supportive supervision to service providers involved in provision of RMNCAH services at district level.
	+ 1. Development partners and other non-state actors
* Provide supplementary resources in the implementation of the RMNCAH policy.
* Advocate for and support implementation of the RMNCAH policy
* Through existing Health Development Partners forum, hold the Government accountable for implementation of the RMNCAH policy
* Ensure and advocate for alignment of health care financing to this RMNCAH policy
* Participate in monitoring and implementation of the policy and holding county and national governments accountable.
	+ 1. Academic and professional associations
* In collaboration with the DRCNH, Support in identification and definition of national RMNCAH research agenda.
* Support in implementation, documentation and dissemination of RMNCAH research
* Promote and support use of research to influence RMNCAH policies and practices.
* In collaboration with the Directorate of Reproductive, Newborn and Child Health provide technical assistance including human resource development for implementation of the RMNCAH policy
* In collaboration with national regulatory authorities, support registration, regulation and licensing of RMNCAH service providers and practioners including in private sector.

5.5.6. Private sector

* Supplement government efforts in financing the implementation of the RMNCAH policy
* Supplement government efforts in the implementation of high impact interventions for the implementation of this RMNCAH policy
* Participate in the review, monitoring and evaluation of this RMNCAH policy

5.5.7. Role of communities and individuals

* Demand and uptake Reproductive, maternal, newborn, child and adolescent services at all levels of service delivery
* Advocate and hold the government and other actors in the delivery of quality and accessible RMNACH services at all levels of service delivery.
* Engage in positive behaviours and practices to ensure promotion and uptake of quality RMNCAH services at all levels of health service delivery.
* Participate in implementation, monitoring and evaluation of the national RMNCAH policy
	1. Monitoring and Evaluation of the Policy

The monitoring and evaluation of the Sierra Leone Policy will focus on two levels; Level one will be monitoring implementation of the policy while level two, will focus on the impact of the policy in achieving its set goals and objectives. Through annual review meetings, with leadership of the Ministry of Health and Sanitation Directorate of Reproductive Health, the country will review alignment of players to the national RMNCAH policy. In support of the evaluation of the policy on its achievement of its goal and objectives, the country will develop short term five year strategies and detailed monitoring and evaluation framework. These will be used to evaluate the impact of the policy against set targets as per the short term strategy and monitoring and evaluation framework. To the extent possible monitoring and evaluation of the policy will utilise existing national health information systems. A policy review will be done after every five years and necessary revisions implemented.

1. National, regional, and worldwide estimates of stillbirth rates in 2015, with trends from 2000: a systematic analysis [↑](#footnote-ref-2)
2. Sierra Leone Demographic Health Survey 2008 and 2013. [↑](#footnote-ref-3)
3. Ministry of Health, Unicef and Irish Aid. National nutrition survey 2014 [↑](#footnote-ref-4)
4. http://www.who.int/maternal\_child\_adolescent/topics/adolescence/adolescent-health-global-framework-brochure.pdf?ua=1 [↑](#footnote-ref-5)