



RMNCAH TWG Updates 04.09.2019

a) The TWG Meeting

The Reproductive, Maternal, Newborn, Child and Adolescent (RMNCAH) Technical Working Group (TWG) was conducted on 29 and 30 August at Adden Palace Hotel in Mwanza. Apart from the TWG members, the meeting was also attended by some of the Reproductive and Child Health Coordinators from the Lake zone regions. The agenda items and minutes of the previous meeting that was conducted in Morogoro on 21 March 2019 are attached for easy reference. The meeting was officially opened by the MOHCDGEC Director of Preventive Services (DPS), Dr. Leonard Subi and chaired by the Acting Assistant Director for RCHS, Dr. Ahmed Makuwani.

Key points from opening Remarks

- The DPS reiterated the role of RMNCAH-TWG in providing technical as well as strategic policy recommendations and guidance.
- Need to be cognizant of the work in progress and ahead of us in attaining the SDG 2030 agenda and linking it with Universal Health Coverage (UHC) as well as leaving no one behind.
- Importance of addressing critical health system issues:
 - HRH: Focusing on critical need of human resources for RMNCAH, the Nurse-midwives: making sure we recognize them where they are, what they are doing in saving mothers and new-borns lives and what are their challenges. Important also is to increase recruitment and equitable distribution of nurse midwives.
 - Finance: need for optimal, effective and efficient financial resources mobilization and allocation from CCHPs, Cost sharing as well as donor funds.
 - Data: keep in refining our data, making use of HMIS and asking relevant questions generated as the results of our data collection including the question of why maternal mortality has been stagnant for over a decade despite all the efforts we are putting in the health sector. Are our efforts effective or our data reliable?
 - Service delivery: Are constructed facilities working and safe to mothers and new-borns?. What about essential RCH commodities? Why not establish commodities tracking meetings at regional level? Why are we experiencing increasing skills gaps among health care providers despite number of ongoing trainings? Is it not time to rethink on our training models?
- He finally emphasized on the need for joint planning between the Ministries (MOHCDGEC & PORALG), LGAs and partners for more accountability, transparency and avoiding duplication of efforts and the need to all of us to track our resources that we have invested in health especially RMNCAH and document the results/impacts.

Highlights from the Meeting Proceedings

a) Achievements

The meeting was informed that significant achievements have been made in some of the RMNCAH components. These include:

- Achievement of MCPR indicators as stipulated in the FP 2020 commitment.
- Significant improvement in data collection, analysis and use by efficient use of HMIS data including actual counting of maternal deaths instead of relying on estimates.
- Development and completion of a number of guidelines including:
 - Clinical Practice Guidelines on appropriate use of Uterotonics



- National guideline for neonatal care and Establishment of Neonatal care unit.
- Standard drawings for neonatal care units is in final stages of development.
- Maternal mortality study under way, preliminary data expected to be out by February 2020
- Massive investment in infrastructure especially CEmONC sites.

b) Challenges

A number of challenges were also highlighted. They include:

- A number of completed CEmONC sites not functioning.
- MPDSR system still not yielding anticipated results.
- Disturbing reality from the field, as increasingly maternal deaths and morbidity are occurring in health facilities with adequate number of skilled birth attendants and that anaesthesia complications are now becoming among the major causes of maternal death. It is worrying especially with ongoing efforts to scale up CEmONC in public health facilities! This calls for urgent investment in safe surgery trainings.
- Worrying statistics related to neonatal deaths, more happening in the first week of life and first two days with very little or insignificant improvement.
- Despite huge investment in infrastructure and equipment, other components of quality of care still not yet addressed and this accounts for sluggish improvement in key RMNCAH indicators.

c) Recommendations & Way forward:

Key Issues agreed to be taken forward:

- Accountability at all levels (from health facility in charges, DMOs, RMOs and the responsible ministries as well as community) need to be strengthened
- Strengthening MPDSR as accountability tool, especially the response part.
- Putting more efforts in availability of **skilled** providers.
- Reviewing the trainings: both content and approach and putting more weight on mentorship and coaching.
- Investing in neonatal care: from infrastructure development, equipment to skilled provider's development both short and long term (neonatologists as well as neonatal nurses)