



SIERRA LEONE NATIONAL
**REPRODUCTIVE, MATERNAL,
NEWBORN, CHILD & ADOLESCENT
HEALTH POLICY**

Ministry of Health and Sanitation

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

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FOREWORD

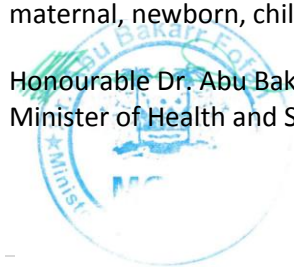


Sierra Leone is a country with one of the highest maternal and child mortalities in the world. The appalling maternal mortality ratio of 1,165 per 100,000 live births, neonatal and under-five mortality rate of 39 and 156 per 1000 live births respectively and an adolescent birth rate of 125.1 (DHS 2013) highlights the need for greater investments in reproductive maternal newborn child and adolescents health (RMNCAH). The Ebola outbreak in 2014 which claimed over 3000 lives including health workers had a negative impact on RMNCAH services and threatened to cripple the health sector as citizens lost confidence in the health system. However, in the wake of the outbreak, the Government of Sierra Leone has committed to improving the health of women, newborns, children and adolescents including improving the policy environment that will support resource mobilisation, planning and implementation of high impact interventions. To put this into context, key policies have been reviewed including the Human Resources for Health (HRH), Community Health Workers (CHWs), Teenage Pregnancy Strategy, and the RMNCAH Policy and Strategy. The Government is also signatory to global commitments including the Global Strategy for Women's, Children's and Adolescents' 2016 – 2030 and the Sustainable Development Goals (SDG). Towards a more realistic approach in reducing maternal and child mortality, His Excellency the President Dr Ernest Bai Koroma commissioned the 10-24 months otherwise called the President's Recovery Priorities (PRP) post Ebola seeking to save the lives of 600 women and 5000 children by 2018.

The RMNCAH Policy and Strategy 2017-2021 is unique in its holistic approach to addressing the interrelated nature of RMNCAH. Being the first of its kind 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. This policy integrates adolescent health services as part of the continuum of health services that should be available along the life course. The RMNCAH policy also prioritizes newborn health indicators in comparison to other child health indicators. This two in one document (policy and strategy) provides guidance to stakeholders on the priority needs and implementation areas for RMNCAH in Sierra Leone; as well as aligning with the relevant global initiatives that seek to address women, newborn, children and adolescent's health.

Implementation of the policy will require inclusiveness. The MoHS cannot do it alone. Drawing on lessons learnt from the Ebola outbreak, the MoHS recognises the power of community ownership and active involvement in monitoring the flow of health commodities, the delivery of healthcare services in health facilities to ensure high standards of care are maintained. On behalf of the Ministry of Health, I appeal to all including development and implementing partners, communities, private and public sector to ensure a successful implementation of the policy that will translate into improved reproductive, maternal, newborn, child and adolescents health.

Honourable Dr. Abu Bakarr Fofanah
Minister of Health and Sanitation



REMARKS



The high maternal and child mortalities has been a major battle front for the Ministry of Health and Sanitation (MoHS) in Sierra Leone and improving the health of mothers and children has been a top priority in the MoHS' agenda for years. Evidence from the DHS 2013 shows the country recorded a maternal mortality ratio of 1,165 maternal deaths per 100,00 live births, a neonatal and under-five mortality rate of 39 and 156 per 1000 live births respectively, an adolescent birth rate of 125.1 and women's life time risk of 1 in 17. In order to improve the poor maternal and child health indicators, the Government with support from its numerous development partners focused on improving the policy environment by developing several policies including the National Health Sector Strategic Plan (NHSSP), the Basic Package of Essential Health Services (BPEHS), and the Agenda for Prosperity. In 2010, His Excellency the President Ernest Bai Koroma launched the Free Health Care Initiative removing user fees for Pregnant, lactating mothers and children less than five years accessing healthcare services from public health facilities.

Although the MoHS got distracted by an unprecedented Ebola outbreak in 2014, however, the Government remains unwavering in its commitment to enhance the health status of women and children. The development of the RMNCAH Policy and Strategy 2017-2021 with the goal: *"to accelerate the reduction of preventable deaths of women, children and adolescents and ensuring their health and wellbeing"* reaffirms that commitment.

Implementation of the RMNCAH Policy and Strategy has been designed to take on a phased approach, This allows for monitoring and evaluation of progress and allowing time for resource mobilisation while at the same time prioritising activities with the greatest impact that will yield value for money using the limited financial resources.

I extend my warmest gratitude and solicit the continued collaboration of our partners who are contributing to improving out health indicators. The MoHS is open to new partners who have an interest in RMNCAH to contribute to this global fight. It is my hope that our donors and the various implementing partners will align their priorities to ours and develop plans and activities that are in harmony with the priorities stipulated in the policy so as to avoid wastage of resources and duplication of efforts that will contribute to maximising the health outcomes of mothers, adolescents and children.

Dr. Brima Kargbo (GOOR)
Chief Medical Officer
Ministry of Health and Sanitation

The official seal of the Ministry of Health and Sanitation, Sierra Leone. It is a circular seal with a blue border. The text around the border reads "MINISTRY OF HEALTH & SANITATION" at the top and "FREETOWN, S.L." at the bottom. In the center, there is a coat of arms of Sierra Leone. A blue ink signature is written across the seal.

ACKNOWLEDGEMENTS



This RMNCAH policy was developed through a highly consultative process between November 2016 and May 2017; involving various organizations. However, the MoHS wishes to express our profound gratitude to Mr Philip Wambua the international consultant who provided overall technical leadership in the strategy development process. Your legacy will live on in the lives of the vulnerable group of society that will be saved from the implementation of this policy.

The MoHS is constrained financially and developing a document of such nature could not have been possible without the financial and technical support from our numerous partners including the World Health Organization (WHO) and the other UN H6 members – (UNAIDS, UNFPA, UNICEF, UN Women and the World Bank); and also the UK Government. To all of our valued partners we cannot thank you more.

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

To all who in diverse ways contributed to the development of this policy, you made your bit towards saving the lives of mothers, newborns, children and adolescents in Sierra Leone. To this end we say, thank you.

I would like to implore our numerous partners to focus on the overall goal and strategic objectives of the policy and align their various activities to the attainment of the same. I call on our District Health Management Teams (DHMTs) leading implementation at the district level to closely work with our partners towards making sure that we do not do things differently.

Dr. Santigie Sesay
Director, Reproductive and Child Health
Ministry of Health and Sanitation



ACRONYMS

ANC	Antenatal Care
ART	Antiretroviral Therapy
BEmONC	Basic Emergency and Obstetric and Newborn Care
CEmONC	Comprehensive Emergency and Obstetric and Newborn Care
DHS	Demographic Health Survey
DRCH	Directorate of Reproductive and Child Health
DPT	Diphtheria Pertussis and Tetanus
EBF	Exclusive Breastfeeding
EmONC	Emergency Obstetric and Newborn Care
HIV	Human Immunodeficiency Virus
EVD	Ebola Virus Disease
HSS	Health Systems Strengthening
ITN	Insecticide Treated Net
MDG	Millennium Development Goals
MoSH	Ministry of Health and Sanitation
NNT	Neonatal Tetanus
ORT	Oral Rehydration Therapy
PNC	Postnatal Care
RMNCAH	Reproductive Maternal Newborn and Child Health
SDG	Sustainable Development Goals
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organisation

1.0 INTRODUCTION AND RATIONALE OF THE RMNCAH POLICY

The Health and wellbeing of women, mothers, newborns, children and adolescents 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 underscore the Government of Sierra Leone's commitment and provides the foundation for a Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy. The Government of Sierra Leone is 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 Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), Family Planning 2020, the Africa Health Strategy, The Child Survival Call/A Promise Renewed, Campaign on Accelerated Reduction of Maternal Mortality in Africa, and the Maputo call to Action.

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 is a country with one of the highest maternal, newborn, and child mortality rates, and adolescent fertility rates globally. 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 at least four ANC 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%)¹. 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%².

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

¹Sierra Leone Demographic Health Survey 2008 and 2013.

² National nutrition survey 2014

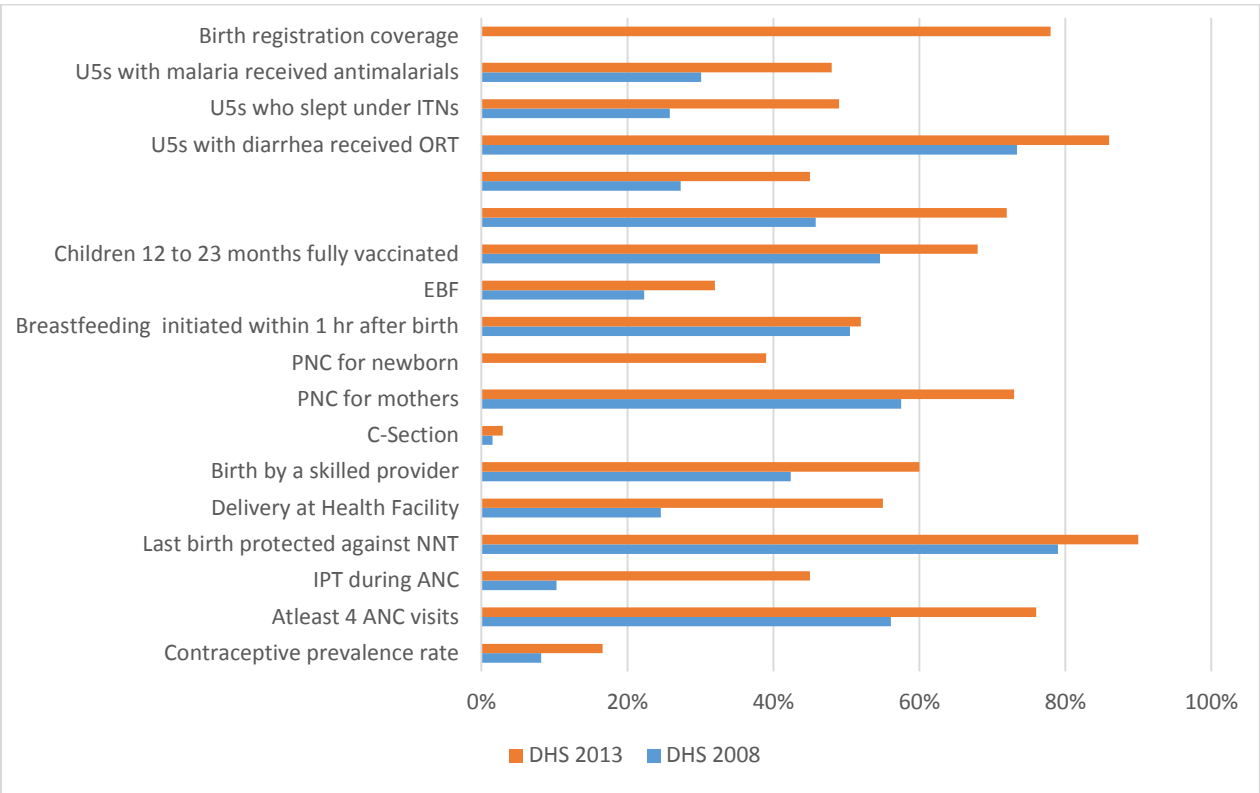


Figure 1: Trends in RMNCAH Coverage

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 although the country had made progress in the achievement of the MDGs, a lot still remains to be done made worse by the Ebola Virus Disease (EVD) outbreak of May 2014. The EVD outbreak 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 stakeholders identified the following as the rationale for the development of this RMNCAH policy.

- Provide a singular national framework for planning, prioritization, resource mobilisation and implementation of reproductive, maternal, newborn, child and adolescent health programs.
- A policy that will help bring together reproductive, maternal, newborn, child and adolescent health in one policy framework and hence promote RMNCAH programming through the life cycle and a continuum of care approach
- Provide policy direction for re-establishing and consolidating RMNCAH health services and health systems strengthening in response to the impact of, and lessons learned from the EVD Outbreak

- Align to new national and global strategic direction and commitments. Since the development of the last policy, the country has 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 these national and global priorities as well as institutionalise the SDGs and the Global Strategy for Women's, Children's and Adolescents' Health 2030.
- Review of the previous policy period identified increased coverage but with no equivalent improvement in impact indicators. In addition to continued improvements in access and coverage of services, this RMNCAH policy helps to focus the country on interventions for strengthening quality improvement.
- Provide policy backing for national adaptation of emerging evidence – both technological and programmatic with respect to high impact RMNCAH approaches. During the policy period 2011 to 2015, new developments to enable women newborns children and adolescents survive, thrive and transform their communities were developed. By recognizing these high impact and tested approaches, this RMNCAH policy provides a policy backing for their scale up and implementation in Sierra Leone.
- Provide a foundation for development of the next strategic framework for short, medium and long term term RMNCAH approaches. The country's RNCH strategy ended in 2015, this policy provides a foundation for the development and implementation of the next RMNCAH strategy for Sierra Leone.

2.0 GUIDING PRINCIPLES

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

Universal Health Coverage: As the country moves towards the achievement of the sustainable development goals, universal coverage to RMNCAH services is critical. The policy identifies and addresses remaining bottlenecks to universal coverage especially financial protection for adolescent girls and young women.

Gender Mainstreaming 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 that 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, adolescence and through to adulthood. In this policy, the 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 in this document represent 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.

A policy framework Centred on health systems strengthening: Recognizing the impact of Ebola in weakening the national health system; this policy prioritizes the strengthening, and the development of a resilient and health system that is sustainable for effective delivery of RMNCAH services.

3.0 THE POLICY FRAMEWORK

3.1. *Vision*

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

3.2. *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 creation of an enabling environment for effective delivery of quality RMNCAH services at all levels of health service delivery.

3.3. *Goal*

To provide policy guidance for the promotion of the healthy development and wellbeing, and accelerating the reduction of preventable deaths of women, newborns, children and adolescents.

3.4. *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: -

- a. Accelerate reduction of maternal, newborn and child morbidity and mortality in Sierra Leone.
- b. Ensure access to universal sexual and reproductive health services including family planning, and especially ensure access for adolescents.
- c. End all forms of malnutrition, and address the nutritional needs of newborns, children, adolescents and pregnant and lactating women.
- d. Create an enabling environment for provision of quality reproductive, maternal, newborn, child and adolescent health services at all levels of health service delivery.

4.0. POLICY DOMAINS, THEMATIC AREAS AND STATEMENTS

The RMNCAH policy framework is organized into five (5) domains: reproductive and maternal; newborn; child; adolescent; and health systems strengthening (HSS) for RMNCAH. The HSS domain cuts across the continuum of care and includes the standard WHO health systems building blocks. Under each domain, policy statements are made.

4.1. *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. As part of supporting policy implementation, the country will develop and implement, in alignment with WHO guidance, a package of interventions for each life cycle period under the reproductive and maternal health domain.

Preconception

- i. Promote interventions that increase access to and uptake of family planning services especially long term contraceptive methods at the various levels of service delivery points in both public and private health facilities and including for adolescents.
- ii. Support interventions for the elimination of mother to child transmission of HIV and Syphilis including strategies to support primary prevention of the two diseases.
- iii. Support interventions for prevention of birth defects including promotion of folic acid supplementation to women of reproductive age.
- iv. 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.
- v. Support the development of systems and programs for prevention and management of gender based violence.

Pregnancy

Put in place systems to enhance access to and utilisation of timely, quality and comprehensive Antenatal Care (ANC) services and packages in line with the latest WHO recommendations on antenatal care for a positive pregnancy³.

- i. Support evidence based programs and interventions that enhance elimination of mother to child transmission of HIV and syphilis including universal testing for pregnant women, retesting during pregnancy and lactating period, ART initiation for HIV positive pregnant women and treatment of syphilis in women diagnosed with syphilis.
- ii. 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.
- iii. Promote interventions for prevention and management of communicable and non-communicable diseases during pregnancy including but not limited to malaria and TB.
- iv. Strengthen interventions for promoting respectful and dignified care during pregnancy including sensitization and training of health service providers.

Labour and Child Birth

- i. Strengthen access to facility based skilled birth attendance through addressing demand and supply side barriers
- ii. Strengthen systems and promote availability and access to quality high impact interventions for address main killers of women and newborns during labour and delivery.
- iii. Put in place systems to ensure availability of and access to quality basic and comprehensive emergency obstetric and newborn services (BEmONC and CEmONC) in all districts.
- iv. Promote and strengthen access to critical emergency obstetric services including Cesarean Section and safe blood transfusion services.

³ http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/

- v. Put in place 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 in treatment for those positive.
- vi. Promote and strengthen provision of respectful maternity care services at all levels of health service delivery.
- vii. 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

- i. Establish and or strengthen systems to ensure access to quality and comprehensive postnatal care services and package at both facility and community levels in line with WHO and national guidelines for PNC.
- ii. Promote access to counselling and provision of post-partum family planning services.
- iii. Support and strengthen interventions for elimination of mother to child transmission of HIV including retesting for the HIV negative women, and treatment care and support for the HIV positive women in the postnatal period.

4.2. 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 causes of mortality in the first 28 days of life 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: -

- i. Support review, development of and implementation of national package of services for essential newborn care in line with WHO guidance⁴ and emerging practices.
- i. In line with the national community health policy, support availability and utilisation of community based maternal and newborn health interventions.

⁴ http://www.who.int/maternal_child_adolescent/documents/postnatal-care-recommendations/en/

- ii. Support interventions to strengthen and increase coverage of quality emergency obstetric and newborn care services (EmONC).

- iii. 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.

4.3. *Child health*

The child health domain addresses the major causes of child morbidity and mortality in Sierra Leone. In line making sure that children in Sierra Leone not only survive but also develop to their full potential, 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: -

- i. Promote interventions for prevention and management of leading killers of children under-five as outlined in WHO and national guidelines.
- ii. Promote interventions to strengthen the national immunization program ensuring that children have access to and uptake vaccines for immunizable diseases as per national guidelines.
- iii. Put in place systems including building capacity of health workers to scale up implementation of approaches for integrated management of childhood illnesses at facility and community level.
- iv. 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.
- v. In partnership with the Ministry of Education and in alignment with the School Health program, promote initiation and scale up of health promoting schools' concept for provision of comprehensive and age appropriate health services in learning institutions.
- vi. Support implementation of Early Childhood and Development Interventions at facility, at household and in early child education centres.

4.4. *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, 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!) Framework⁵ and within the Sierra Leone context, the following policy statements are made under this domain:-

- i. Review, define and support the implementation of comprehensive and holistic package of information (including comprehensive sexuality education) and health services for adolescent health that goes beyond sexual and reproductive health services as per WHO and national guidelines.
- ii. Create an enabling environment for accessing and utilisation of comprehensive adolescent health services through addressing associated legal and sociocultural barriers.
- iii. Promote interventions to advocate for elimination of harmful sociocultural practices especially among adolescents including but not limited to child/ and forced marriage and female genital mutilation.
- iv. Support strengthening and or establishment of systems and structures to provide for multisectoral response in adolescent health programming including with the education, social welfare and services, and the agriculture sectors.
- v. Strengthen greater and meaningful engagement and participation of adolescents in design, implementation, monitoring and evaluation of programs targeting them.
- vi. Strengthen national health information systems to ensure availability of disaggregated data and its use for decision making in adolescent health programming.
- vii. Strengthen the competencies of health workers to provide adolescent friendly health services.

4.5. 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. The following policy statements are made for each of 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.

- i. Strengthen and ensure effective leadership and governance at all levels of service delivery for effective programme management.

⁵ http://www.who.int/maternal_child_adolescent/topics/adolescence/adolescent-health-global-framework-brochure.pdf?ua=1

- ii. Ensure sustainable health care financing for universal access to and utilisation of RMNCAH services by all including adolescent girls and young women.
- iii. Ensure the availability of adequate, skilled, appropriately deployed and motivated human resources for health for delivery of quality RMNCAH services.
- iv. Ensure the strengthening of the procurement, supply and management system to ensure adequate and constant availability of essential lifesaving medicines, commodities, equipment and technologies for provision of high impact RMNCAH services.
- v. Promote strengthening of national health information systems to ensure availability of quality and timely data for monitoring and evaluation and informing RMNCAH programming.
- vi. Ensure strengthened and equity based health service delivery system that includes functional referral systems and establishment of quality improvement structures for delivery of comprehensive and quality RMNCAH services.
- vii. Ensure strengthened community health systems for increased demand and uptake of RMNCAH services at both community and facility levels.
- viii. Ensure necessary infrastructural development for delivery of quality and comprehensive RMNCAH services as per WHO standards for improving quality of maternal and newborn care in health facilities⁶
- ix. Promote public private partnership in provision of RMNCAH services.

⁶ http://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/

5.0. IMPLEMENTATION, MONITORING AND EVALUATION OF THE POLICY

5.1. *Management and coordination*

Implementation of the RMNCAH Policy will be managed through existing governance and coordination structures. The Directorate of Reproductive and Child Health Unit 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.

5.2. *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 stakeholders including the National Ministry of Health (Directorate of Reproductive, Newborn and Child Health), the District (District Health Management Teams), development partners, Civil Society organisations and other non-state organizations including Academic and Professional Associations, Individuals and Communities.

5.2.1. *National level Ministry of Health and Sanitation (DRCH)*

- Facilitate the launch and dissemination of the RMNCAH policy to the subnational level and well as to the districts.
- Provide leadership in resource mobilisation for the implementation of RMNCAH services.
- 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 stakeholders 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.

5.2.2. District health management teams

- Provide leadership in the launch and dissemination of the RMNCAH policy to district stakeholders.
- 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 place systems to ensure the delivery of quality and comprehensive RMNCAH services at all primary health care service delivery points.
- Provide leadership in monitoring and evaluating 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.

5.2.3. 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 country and national governments accountable.

5.2.4. Academic and professional associations

- In collaboration with the DRCH, 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 practitioners including in private sector.

5.2.5. 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.
- Align delivery of RMNCAH interventions to Government policies, strategies and guidelines
- Participate in the review, monitoring and evaluation of this RMNCAH policy.

5.2.6. Role of communities and individuals

- Demand for and use Reproductive, maternal, newborn, child and adolescent services at all levels of service delivery.
- Advocate and hold the government and other actors accountable 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.

5.3. *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 stakeholders 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 a 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.

