

# Sharpened One Plan 2014-2015: with a focus on the newborn baby

Launched in May 2014 by President Kikwete, The Sharpened One Plan 2014-2015 is Tanzania's national strategy to accelerate progress towards the original One Plan 2008-2015, and the Millennium Development Goals 4 and 5, for reducing maternal, newborn and child mortality. It outlines the priority areas to be strengthened and interventions to be scaled-up nationally, with a priority focus on Lake and Western Zones, to achieve the One Plan's original targets by December 2015.

## Sharpened One Plan Interventions to save newborn lives

### Family planning

1. Demand creation and increased service provision – focus on youth
2. Scale up of family planning outreach services
3. Increase skilled family planning providers
4. Increase access to sexual and reproductive health information and contraception for age group 15-24 years
5. Integrate family planning with other services including postpartum care, post-abortion care, HIV services, immunization and cervical cancer screening

### Care at birth, postpartum and postnatal care

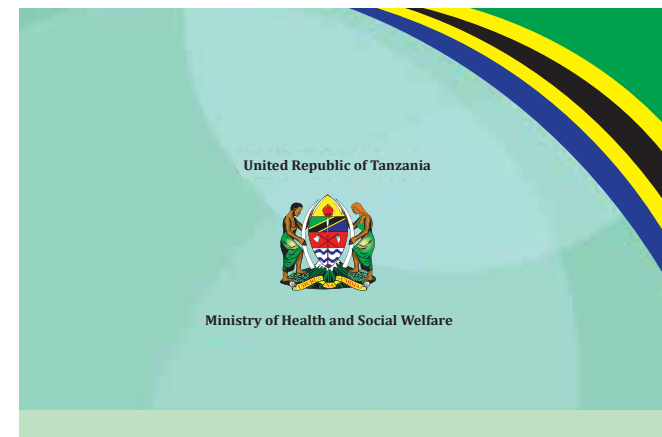
1. Strengthen emergency obstetric and **newborn** care (EmONC) services and postpartum/postnatal care
2. Lay foundation for introduction of antenatal corticosteroids for preterm birth
3. Clinical mentoring and supportive supervision for EmONC
4. Build capacity for quality postnatal and postpartum care

### Commodity Security and accountability mechanism on RMNCH Services

1. Orient regions and council committees to availability of RMNCH commodities at Medical Stores Department
2. Review Report and Requisition forms to monitor consumption
3. Conduct monthly checks for monitoring trends and stock
4. Introduce local and national accountability mechanisms for stock monitoring and redistribution

### Accountability and Transparency

1. Empowering communities and facility governing committees through implementing Maternal and Perinatal Death Surveillance and Response, and use of scorecard data to monitor performance
2. Advocate for increased RMNCH resources at CCHP level to ensure LGAs are prioritising RMNCH in CCHPs in time for 2015/16 budget planning



### The National Road Map Strategic Plan To Accelerate Reduction of Maternal New born and Child deaths in Tanzania 2008- 2015



## Revised operational targets for 2015 relevant for newborn survival

- @ Increase number of health facilities providing adolescent-friendly reproductive health services to 80%
- @ Increase modern contraceptive prevalence rate from 27% to 60%
- @ Increase antenatal care attendance for at least 4 visits from 43% to 90%
- @ Increase coverage of births attended by skilled attendants from 51% to 80%
- @ Increase coverage of CEmONC from 73% of hospitals to 100%, and of BEmONC from 39% of health centres/dispensaries to 70%
- @ Increase proportion of health facilities offering Essential Newborn Care to 75%
- @ Increase exclusive breastfeeding coverage from 50% to 80%
- @ Increase provision of PMTCT services from 77% of pregnant women and 56% of their babies to 80%



### Key activities in the Sharpened One Plan directly relating to newborn care

N	Activity	2014		2015				Responsible	Resources needed (TSH)
		July - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec		
6.1.4.1	Human resources for health mapping of cadres available by facility level	x	x					MOHSW, PMORALG, Health Professional Associations, Development Partners, CSOs	57,414,000
6.2.1.1	Review, finalize and print Paediatric Standard Treatment Guidelines		x	x				MOHSW (RCHS, DHS, HEU), Health Professional Associations, Development Partners, CSOs	121,613,000
6.2.1.1	Review of EmONC guidelines to incorporate antenatal corticosteroids into EmONC job aid and SOP		x					MOHSW (RCHS, DHS, HEU), Health Professional Associations, Development Partners, CSOs	6,113,000
6.2.1.2	Antenatal corticosteroids job aids for facilities and providers printed		x					MOHSW (RCHS, DHS, HEU), Development Partners	8,420,000
6.2.1.3	Dissemination of antenatal corticosteroids guidelines		x					MOHSW (RCHS, DHS, HEU), Health Professional Associations, Development Partners, CSOs	61,640,000
6.2.1.4	Finalize guidelines for Maternal and Perinatal Death Surveillance and Response		x					MOHSW (RCHS, DHS, HEU), Health Professional Associations, Development Partners, CSOs	10,410,000
6.2.1.5	Produce guidelines for Maternal and Perinatal Death Surveillance and Response		x					MOHSW (RCHS, DHS, HEU), Development Partners, CSOs	1,600,000
6.2.1.6	Conduct TOT to disseminate guidelines for Maternal and Perinatal Death Surveillance and Response in Lake and Western zone		x					MOHSW (RCHS, DHS, HEU), Health Professional Associations, Development Partners, CSOs	17,263,000

## Key activities in the Sharpened One Plan directly relating to newborn care

N	Activity	2014		2015				Responsible	Resources needed (TSH)
		July - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec		
6.2.2	Work with facility QI committees to conduct Maternal and Perinatal Death Surveillance and Response reviews and provide reports to CHMT and region	x	x	x	X	x	x	MOHSW (Directorates of Preventive and Hospital Services), PMORALG, CSOs, Private Sector	-
6.2.3.1	Capacity building of pre-service tutors on competency based training of EmONC	x	x	x	X	x	x	MOHSW (Directorates of Preventive and Hospital Services), PMORALG, CSOs, Private Sector	17,208,000
6.2.3.2	EmONC in-service training	x	x	x	X	x	x	MOHSW (Directorates of Preventive and Hospital Services), PMORALG, CSOs, Private Sector	78,580,000
6.2.3.3	Kangaroo mother care training	x	x	x	x	x	x	MOHSW (Directorates of Preventive and Hospital Services) PMORALG, CSOs, Private Sector	267,600,000
6.2.3.4	Neonatal resuscitation training	x	x	x	x	x	x	MOHSW (RCHS), PMORALG, MOCDGC, CHMT, RHMT, CMT	1,544,762,000
6.2.3.5	Essential newborn care	x	x	x	x	x	x	MOHSW (RCHS), PMORALG, MOCDGC, CHMT, RHMT, CMT	2,872,320,000
6.2.3.6	TOT to disseminate MPDSR guidelines in Lake and Western zone (2 trainings)	x						MOHSW (RCHS), PMORALG, MOCDGC, CHMT, RHMT, CMT	17,263,000
6.2.4.1	TFDA antenatal corticosteroids registration for obstetric indication (preterm birth) and incorporation in essential medicines list	x	x	x				MOHSW (Directorates of Preventives and Pharmaceuticals and supplies section)	-
6.2.4.2	Kangaroo mother care equipment procurement		x	x				MOHSW (Directorates of Preventives and Hospital Services), PMORALG, CSOs, Private Sector	3,248,000
6.2.4.3	Neonatal resuscitation equipment procurement		x	x				MOHSW (Directorates of Preventives and Hospital Services), PMORALG, CSOs, Private Sector	99,023,000
6.2.4.4	Procure EmONC equipment	x	x	x	x	x		MOHSW (Directorates of Preventives and Hospital Services), PMORALG, CSOs, Private Sector	1,234,240,000
6.2.4.5	MSD/eLMIS Antenatal corticosteroids incorporated into essential medicines requisition and reporting forms (hospital level)		x	x	x	x	x	MOHSW (Directorates of Preventives and Hospital Services), PMORALG, CSOs, Private Sector	-
6.2.9	Needs assessment of pre-service training programs in EmONC skills in nursing, midwifery, AMO, ACO, CO Medical Attendants, programmes and standards for competency-based training	x	x	x	x	x	x	MOHSW (RCHS, DHR), PMORALG	3,135,000
6.2.10.2	Conduct human resources for health mapping of cadres available by facility level		x					MOHSW (RCHS, DHR), PMORALG, Development Partners, CSOs	-

EVERY YEAR IN TANZANIA

**39,000**

BABIES DO NOT SURVIVE THE FIRST MONTH OF LIFE



MOST NEWBORN DEATHS HAPPEN IN THE TIME AROUND DELIVERY – WHERE LIFESAVING ACTION IS MOST NEEDED.

OVERALL CHILD DEATHS HAVE REDUCED DRAMATICALLY, YET PROGRESS FOR NEWBORN SURVIVAL HAS BEEN MUCH SLOWER. NEWBORN DEATHS NOW ACCOUNT FOR

**40%**

OF ALL DEATHS TO CHILDREN UNDER 5 YEARS OLD.



IN ADDITION

**47,000**

BABIES ARE STILLBORN – ALMOST HALF OF THEM DYING DURING DELIVERY.



## NEWBORN SURVIVAL IN TANZANIA

More than 80% of all newborn deaths result from preventable and treatable conditions. These lives could be saved with available medicines and simple interventions.

Prioritise these evidence-based, cost-effective, and feasible solutions across all health facilities in Tanzania that provide pregnancy and delivery services!

- ▶ Newborn resuscitation
- ▶ Hygienic cord care
- ▶ Antibiotics
- ▶ Mother to newborn skin-to-skin contact
- ▶ Breastfeeding
- ▶ Skilled healthcare providers
- ▶ Focus on the 48 hours surrounding birth.

Crucially, if these solutions are scaled up, as has been committed to in the Sharpened One Plan, we could **save 9,400 newborn lives and avert 2,500 stillbirths** by the end of 2015.

For references and notes on calculations, visit: [www.mamaYe.org/references](http://www.mamaYe.org/references)



### Focus of the Sharpened One Plan is in line with Five Strategic Areas as defined by A Promise Renewed initiative

1. Geographical focus	@ Lake and Western Zone
2. High burden population	@ Rural women, adolescents
3. High impact interventions	@ Family planning, care at birth, post natal care. @ Improved district level planning and data @ Health system strengthening for integrated, high population coverage, with a particular emphasis on supply management of essential commodities and medicine
4. Education, empowerment, equality	@ Social determinants of health: policies for girls' education, women's empowerment, respectful care, economic growth @ Nutrition, education, water and sanitation across the lifespan
5. Mutual accountability and transparency	@ Strengthen accountability at all levels @ Invest in HMIS, use of the scorecard @ Partnerships

