***MATERNAL NEWBORN AND CHILD HEALTH; …the communal way***

**Summary of possible response actions linked to the Effective MNCH in Communities**

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|  | **Key Response Actions** | **Standards** |
| **Communication,**  **accountability** | Response has communication mechanisms with the community MNCH project, access, lodge complaints (e.g. Gatekeepers desks and Wards Coordinators. | Core standard : People-centred report |
| **Resource**  **mobilisation** | Health status updates inform fundraising in order to mobilise financial resources for providing free health services at the point of delivery to the affected population for the duration of the MNCH projrct | Health system standard Health financing, staffing |
| **Coordination** | Engage with internal and external coordination mechanisms. | Core standard: Wards Coordination and collaboration |
| Actively participate in national and sub-national coordination mechanisms. | Core standard Coordination and collaboration e.g NHIS PHCDA |
| Engage with the health Ministry and NHIS | Health system standard : Leadership |
| **Supplies and logistics** | Support the health system to ensure consistent availability of essential medicines and equipment for the treatment of common illness. | Health system standard; Essential Drugs and medical supplies |
| Ensure that reserve stocks of essential medicines and material are available for pregnant women and Children basic drugs. | Health system standard; Essential Drugs and medical supplies and safety |
| **Childbirth; Essential newborn & maternal care** | Establish links, including communication and transport, to referral hospitals or centres for obstetric complications – eg. MoU with FMC, Efokwo, General Hopital Okpo | Standard: Reproductive health, pre-arrangement with secondary facilities |
| Provide essential newborn and maternal care within 24 to 48 hours after delivery by medical personnel (or trained CHEWs) in facilities and through home visits. | Standard : Management of newborn and childhood illnesses |
| **Nutrition**  CU5 | Ensure adequate diet and supplementation (iron, folic acid, micronutrient supplementation) for CU5.Provide management of acute malnutrition and micronutrient deficiencies. | Standard 2: Basic and skilled support: General nutrition requirements |
| Support appropriate breast-feeding (establish safe spacing). | Standard; Basic and skilled support |
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| Ensure an appropriate nutritional care for the undernourished (management of acute and severe malnutrition). | Standard; micronutrient deficiencies Standard |
| **Child health**  CU5 | Promote prevention and care seeking for malaria; malaria treatment. | standard: prevention procedure. Use of nets |
| Promote mass vaccination against measles (with vitamin A supplementation), as indicated. | Standard: Communicable disease prevention |
| Ensure children with pneumonia have access to adequate treatment within 24 to 48 hours of symptoms. | Standard : Management of newborn and childhood illnesses |
| Provide ORS – available at home level, for the treatment of dehydration – with zinc supplementation. | standard ;Management of newborn and childhood illnesses |
| Provide vitamin A supplementation for all children under the age of 5. | Management of acute malnutrition and micronutrient deficiencies |
| Promote hand washing with soap. | WASH – Water supply standard 3: Hygiene promotion standard 1 |