

NATIONAL NEWBORN HEALTH BCC/ADVOCACY STRATEGY

2014-2018

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EXECUTIVE SUMMARY

Mothers in sub-Saharan Africa are 30 times more likely than their counterparts in the industrialized countries to lose a newborn baby at some point in their lives.

In Uganda 39,000 newborn deaths occur each year, accounting for four out of ten deaths before one year of age with over a half of the total newborn deaths occurring mainly in the first 24 hours. To address this situation Uganda embarked on several efforts to reduce the burden of newborn deaths including the development of the Child survival strategy to guide newborn interventions.

In addition there was a need to develop a communication and advocacy strategy that highlights the communication and advocacy behavioral issues that need to be addressed so as to improve the maternal and newborn morbidity and mortality rates. The issues to be addressed in this strategy were ascertained from the NBH BCC/ advocacy communication interventions assessment conducted in 15 districts of Uganda. Based on these findings the strategy provides an overarching framework for enhancing community adoption of positive newborn health behavior and increase national newborn visibility and resource allocation. The strategy is premised on proven theoretical models that can change community perceptions (influencers) and individual behavior (target audiences). The change in perception of the community will make it possible for the primary targets to practice the newly acquired positive NBH behaviors.

It also profiles primary and secondary target audiences, messaging and channels that will be used. In addition a framework for implementation and monitoring the strategy has been developed to guide partners.

The strategy will be will be mainly be executed by implementing partners engaged in the delivery of health services and health communication and advocacy across four broad health areas. These will include malaria, HIV/AIDS, Family planning and maternal child health and nutrition. The strategy will be implemented in an integrated manner with actors across the community to the national level having a role to play. The execution of the strategy will be coordinated by the Ministry of health through the Saving newborn lives committees with technical assistance provided by the health education and promotion division.

PART I: INTRODUCTION TO THE STRATEGY

1.0 BACKGROUND

Mothers in sub-Saharan Africa are 30 times more likely than their counterparts in the industrialized country to lose a newborn baby at some point in their lives. On average, 1 in 6 African mothers is likely to lose a newborn baby in their lives. The newborn mortality rate in sub-Saharan Africa (34 per 1,000 live births) is highest in sub Saharan Africa, and highest of all in west and central Africa (39 per 1,000 live births). South Asia has a slightly lower newborn death rate (32 per 1,000), but because of that region's higher population density, it accounts for 41 percent of the world's newborn deaths – the most of any region. High newborn mortality rates are seen in countries with recent wars or civil unrest.

When placed against the Millennium Development Goal (MDG) 5: which focuses on improved maternal health and specifically on targets 5.A. and 5.B. to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio, and Achieve, by 2015, universal access to reproductive health respectively the figures above do not reflect well for women in developing countries and while the World Health Organisation (WHO) observes that there has also been progress in sub-Saharan Africa it hastens to add that unlike in the developed world where a woman's life time risk of dying during or following pregnancy is 1 in 3800, the risk of maternal death in sub-Saharan Africa is very high at 1 in 39. Increasing numbers of women are now seeking care during childbirth in health facilities and therefore it is important to ensure that quality of care provided is optimal.

It further notes that globally, over 10% of all women do not have access to or are not using an effective method of contraception. It is estimated that satisfying the unmet need for family planning alone could cut the number of maternal deaths by almost a third. And, although the profile of maternal and newborn health is growing, the prognosis for mothers in Africa remains worrying, going by the WHO report on the Abuja Declaration that notes that only three countries in Africa are on track with respect to the health MDGs whereas 27 countries have no or insufficient progress.¹

1.1 Current f Newborn Health status in Uganda

In Uganda 39,000 newborn deaths occur each year, accounting for four out of ten deaths before one year of age. An equal number of babies are born dead. Over a half of the total newborn deaths occur during the first week of life and mainly in the first 24 hours of life. The common causes of neonatal deaths include neonatal deprived of air while in the birth canal (asphyxia), infections and premature births. These causes are preventable if access to quality health care is improved. To avert the situation and reduce on child mortality and morbidity, Uganda has embarked on several efforts to reduce the burden of newborn deaths. Currently a Child Survival Strategy has been developed to guide newborn interventions in Uganda; in addition to that a situational analysis on newborn health was also carried out to identify the major causes of newborn deaths and where they die from. The Ministry of Health with development partners like WHO, UNICEF and Save the Children in Uganda carried out a formative study to assess the family care practices in Uganda. Following these activities a national implementation framework on newborn health has been development to guide detailed implementation of newborn health in Uganda.

Cognisant of the above state of affairs, the Government of Uganda through the Second National Health Policy 2010 has prioritised improvement of the health status of people in Uganda as evident in the development and implementation of the first NHP and the Health Sector Strategic Plans (HSSP) I and II. The policy document notes that while health indicators have generally improved over the last ten years, they remain unsatisfactory and disparities continue to exist across the country².

¹The Abuja Declaration: Ten Years on; The WHO observes that most African governments have fallen short on their commitments to increase resources towards maternal health

²The Second National Health Policy, July 2010; Promoting People's Health to Enhance Socio-economic Development

As a strategic intervention therefore, the Health Sector Strategic & Investment Plan 2010/11 – 2014/15 focuses on Health Promotion Education with the aim of increasing health awareness and promoting community participation in health care delivery and utilisation of health services through the use of VHTs and mass media. VHTs were functional (60 out of 112 districts have trained VHTs) have helped in increasing health awareness, demand and utilization of Health services. However, a significant proportion of the country is yet to have trained and functional VHTs.

Besides, additional measures have recently been taken to ensure that Newborn health indicators were incorporated into the national reporting mechanisms and frameworks such as the Management Health Information System (MHIS) and mainstreamed in the Health Sector Strategic Investment Plan (HSSIP)

1.2 Communication Mapping

1.2.1 Background to the Communications Mapping and Needs Assessment

Prior to the development of the strategy, a communication mapping and needs assessment exercise was conducted to establish the status of information flow and communication systems, and their impact on the public's perceptions and understanding of the Newborn health and Knowledge, Attitudes and Practices (KAPs) in relation to the Newborn health programme objective to empower people to prepare for and take care of newborn babies using cost effective interventions in order to reduce morbidity and mortality. The exercise that targeted a cross section of stakeholders in the districts of Kamuli, Soroti, Kampala, Mukono, Kiruhura, Lwengo, Luwero, Kabale, Kibale, Bushenyi, Sironko, Kitgum, and Lira, among others, was to understand the current status of Newborn health and how communication has been employed as a strategic tool in promoting positive health seeking behaviour and practices in order to improve the survival of Newborns.

1.3 Behavior Change, Social Change, and Communication

Against the above, the strategy highlights the communication and advocacy behavioral issues, a range of key behavior determinants (motivations); it profiles primary and secondary target audiences, messaging and channels. It also covers the monitoring and capacity building aspects of key stakeholders to ensure that a shift in social norms, perceptions and behavior towards maternal, newborn health at community and individual expectant and new mothers is achieved. The need for a combination of communication approaches is vividly shown in this strategy due to the glaring need to ensure effective and harmonized communication between the various potential sources of NBH messages such as district local government officials, health workers, the Village Health Teams (VHTs) among others. The primary strategy target audience is almost always vulnerable economically, socially, and has the poorest access to NBH services. To ascertain the current NBH BCC communication interventions an assessment was conducted in 15 districts of Kamuli, Soroti, Kampala, Mukono, Kiruhura, Lwengo, Luwero, Kabale, Kibale, Bushenyi, Sironko, Kitgum, and Lira. The assessment results highlight the major behavior influencers of the primary

and target audiences on NBH issues, sources of information, barriers to adoption of positive NBH behaviors and gaps in the current NBH communication interventions.

The principle objectives of the communication mapping and needs assessment exercise were:

1. To establish perceptions and attitudes around Newborns
2. To determine stakeholder understanding of best practices aimed at ensuring survival of Newborns
3. To define stakeholder communication needs
4. To assess existing communication systems and gaps

1.4 Communication Appraisal and Previous Interventions

In the process of designing this strategy, a participatory communication appraisal was conducted in the districts of Kamuli, Soroti, Kampala, Mukono, Kiruhura, Lwengo, Luwero, Kabale, Kibale, Bushenyi, Sironko, Kitgum, and Lira. The purpose of the appraisal was to establish Knowledge, Attitude, Practice and Behaviour (KAP/B) of the target population(s). The appraisal revealed that;

1. There is scanty knowledge among the stakeholders of the Saving Newborn Lives (Newborn health) programme
2. Current programme communications interventions have focused on interpersonal interactions with mothers and caregivers. Mothers are met informally during hospital visits or antenatal clinics. Other channels such as mass media have not been rolled out
3. That there is however no documentation of the current communication interventions to show the reach and impact of such interventions where they have happened while there are a lot of interventions targeted at NBH
4. There has therefore been a very limited implementation of the communication strategies for the programme

1.4.1. Communication opportunities and previous interventions

The communication appraisal identified the following as key opportunities that the Newborn health programme communication strategy should harness for maximum results;

- Vigilance and readiness among community members to participate in and embrace issues
- Awareness of existing challenges related to Newborn health and survival and how these affect them
- Presence of a strong interpersonal communication network among families, neighbours, friends and peer groups
- Previous project interventions that opened up the communities for participation
- Existence of previous programmes oriented to child health and their different communication interventions as implemented by a multitude of actors in Newborn health
- Existence of national policies, guidelines and frameworks that have incorporated Newborn health eg, HSSIP, UDHS surveys, HMIS
- Presence of the NNSC for implementation of Newborn health specific interventions
- Minimum standards on Newborn Care exist

- National commitment to global protocols such as the Millennium Development Goals (MDGs)

1.4.2. Global NBH communication Best practices

The study reviewed interventions by other countries in Newborn health, including Malawi, Rwanda and Bangladesh that are of similar profiles in the area of Maternal and Newborn health. The objective of the review was to benchmark and identify some communication best practices in NBH from the alternate countries that could be adopted to strengthen the national Newborn health BCC strategy

Malawi

Despite having one of the highest neonatal mortality rates in the world Malawi has managed to reduce neonatal mortality greater than most sub-Saharan African countries. Malawi has achieved this through a combination of strategies among which is empowering communities, health workers and women of reproductive age with information and knowledge on the importance of care of expectant mothers and their newborns in the weeks immediately preceding and following birth. The Malawi experience shows that comprehensive communication interventions supporting health workers to deliver quality health care services and those encouraging the community to support mothers to get the professional care they need is critical in reducing neonatal mortality. These gains have been made against a backdrop of high level of attention for maternal and neonatal health, adoption of new neonatal care practices into wider health policies and programs, increase in health facility births and other systems changes.

Rwanda

Rwanda developed and implemented a national social and behavioral communication (SBCC) Sub strategy for maternal, Newborn and child health. The strategy clearly identified six priority areas with emphasis on promoting specific behaviors by mothers, care givers, and supporting audiences. This strategy was implemented in a coordinated manner.

Bangladesh

A multi-country and multi-faceted analysis of change for newborn survival shows a substantial and sustained decline in neonatal mortality in Bangladesh. This decline can be largely attributed in part to a commitment to translate neonatal mortality research into policy and program development and implementation respectively. This has seen a decline in national neonatal and mortality rate at 4.0% on average per year since 2000.

There was improved communication with national campaigns linked to specific EmOC services. These were coupled with integrated community mobilization initiatives, through community networks to disseminate essential newborn care messages, conducting surveillance to identify pregnancies and births, and supporting households to seek care for sick newborns. Community mobilization, as well as peer-counseling, was also associated with greater utilization of EmOC services and over 60% increased rates of exclusive breastfeeding. This culminated in an increase in the proportion of facility births from 5% to 12%.

1.4.3. Lessons for Communication for the Newborn Health Programme in Uganda

A review of the Newborn health approaches from Rwanda, Malawi and Bangladesh reveal the following:

- That collaborative approaches to communication in which the roles of different actors in the NBH value chain are recognized and provided for in national strategies creates a multiplier effect and increases the chances of success of BCC interventions
- The quality of Newborn health data is key to successful advocacy efforts where the accuracy of information deployed in advocacy is paramount
- That community participation in Newborn health communication interventions ensures broad buy in by communities even where resistance may initially be high
- Newborn health services must match the communication promise

PART II: THE COMMUNICATION STRATEGY

2.0. PURPOSE OF THE COMMUNICATION STRATEGY

This communication strategy places two-way communication as a critical ingredient in communication of newborn health issues.. It sets clear communication objectives, establishes critical target audiences and charts mechanisms for sharing and exchanging knowledge, skills and technology in improving the survival rates among newborn babies in the country. The strategy therefore, sets a road map that will guide the Newborn health programme communication and advocacy interventions aimed at saving newborn lives.

2.1 Theoretical Framework

An analysis of the primary target for this communication strategy shows that they are heavily influenced by the environment they live in characterized by strong cultural, religious and gender roles. In addition there are strong influencers that are close to the target audience who are perceived to have successfully lived the experience and therefore in a position of authority to guide, advise and manage the health of the expectant mother, delivery and postnatal care. These influences largely have negative attitudes towards the desired NBH behaviors that we would like the primary targets to adopt. It is therefore critical that the communication strategy is premised on proven theoretical models that can change community perceptions (influencers) and individual behavior (target audiences). The change in perception of the community will make it possible for the primary targets to practice the newly acquired positive NBH once acquired.

2.1.1 Change of Community perception of NBH practices: The communication –behavior change model

The communication-behavior change model was developed by MCGuire (1989) to design and guide public education campaigns. It is based on inputs and outputs that are designed to influence attitudes and behavior. This theory emphasizes five key inputs that include the source of the message, the message, the channel, intended target and the expected impact of the message characterized by change in perceptions

and behavior. According to this model it is critical that the source of the message is credible and respected by the clearly defined target audience and sub groups and their influencers. The message should be packaged and communicated in an acceptable way and communicated through channels that reach the target audience. The message should be shared based on the best channel that can deliver it effectively. The communication should be clear on what it intends to achieve such as change in perception. These inputs will generate a set of outputs that begin with the targeted audience being exposed to the message, pay attention to it, and understand it. Once the target audience is reached the message must create an inclination to change. This can be seen in a change of attitude and its maintenance until such a time as the target audience is in position independent of the messaging to act the desired behavior. At this point the newly acquired behavior needs to be reinforced and sustained.

2.1.2 Change of Individual behavior of NBH practices: The Health belief Model

This model explains health behavior by understanding people's beliefs about health. The model suggests that the likelihood of an individual taking action for a given health problem is based on the interaction between for types of belief. It predicts that individuals will take action to protect or promote health if:

1. They perceive themselves to susceptible to a condition or problem.
2. They believe it will have potentially serious consequences.
3. They believe a course of action is available which will reduce their susceptibility, or minimize the consequences.
4. They believe that the benefits of taking action will outweigh the cost or barriers.

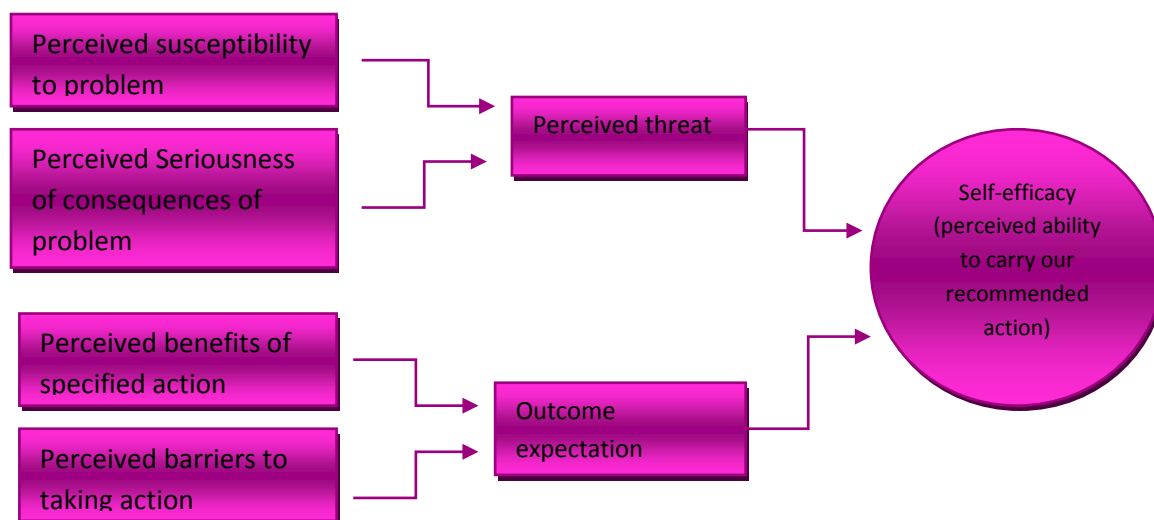


Figure: The health belief model

Source: Nutbeam and Harris (2002)

2.3 PROBLEM STATEMENT

Despite the relative reduction in the newborn mortality registered in the country, the number of newborn children dying from preventable causes within their first 28 days is still among the highest in Sub-Saharan Africa.

Despite the many initiatives to address the problems morbidity and mortality among children, the country continues to register high rates of disease and death among children, often from preventable causes.

Respondents revealed in a communications appraisal undertaken during the pre-development stage of this strategy that previous communication efforts did not pay enough attention to the sustainability of their interventions beyond the expiry of their mandates and that they lacked a consistent platform for sharing knowledge, skills and technology.

2.4 COMMUNICATION ISSUES AND CHALLENGES

The formative study undertaken before the development of this strategy indicates that there are a number of issues or challenges that future Newborn Health BCC and Advocacy interventions should address. These include the following:

1. Limited knowledge of the Newborn health programme; particularly the failure by a significant proportion of community members to identify and describe it and distinguish it from other interventions on NBH that they say, promise too much in the beginning but deliver little or nothing at all.
2. Limited participatory and sustained two-way communication, especially from previous interventions, leading to resentment, fatigue and apathy among community members; Information on pregnancy, child birth and postnatal care is given generally in a one dimensional manner with limited opportunity for mothers to seek clarification or share personal experiences
3. Illiteracy among large sections of community members, especially ordinary men and women in urban poor households, which results into problems in selecting; media, channel, language and harnessing community participation.
4. Limited advocacy skills among implementing partners hence limited capacity to influence decision making processes and resource allocation
5. Mothers have one antenatal visit late in pregnancy and delay in seeking care during pregnancy
6. Expectant mothers have heavy workloads during pregnancy
7. Mothers are delivered by unskilled personnel at home or by Traditional Birth Attendants (TBAs)
8. Poor care for newborn babies including inconsistent breast feeding; poor hygiene
9. Women of reproductive age are conceiving early after giving birth when their bodies have not fully recovered from the previous birth
10. Male spouses are not adequately supporting their partners emotionally, physically and financially during pregnancy.

2.5 GOAL OF THE COMMUNICATION/ ADVOCACY STRATEGY

The overall goal of the strategy is to provide a framework that enhances communication/Advocacy for community adoption of positive Newborn health behavior and increase national visibility and resource allocation

2.5.1 OBJECTIVES OF THE STRATEGY

- To provide a framework for Newborn health BCC and advocacy interventions across all levels
- To create knowledge and promote attitude change for positive newborn choices and practice s among the various target audiences
- To generate interventions for strengthening Newborn health advocacy capacity across all Newborn health levels

The strategy will achieve the above set objectives through the following levels of communication; -

- **Level I: Awareness;** where communication creates and raises awareness of its project objectives, interventions, activities and harnesses community and stakeholder participation and consensus building in the process of knowledge building, skills enhancement and technology transfer.
- **Level II: Adoption;** where communication channels, strategies and activities **persuade** and **motivate** people to practice the acquired skills, knowledge and apply acquired technology
- **Level III: Consolidation;** where communication **models** the adopted behavior and **encourages** communities to keep practicing them for improved newborn survival.

2.5.2 Key Result Areas

- Defined coordination structures for communication and advocacy
- Defined communication roles and responsibilities across all Newborn health structures
- Communication and Advocacy channels identified (Newborn health) commemorative days; world premature day, Political structures e.g. parliamentary Newborn health caucus; WHO Regional Ministerial Meeting)
- Key BCC messages on NBH identified
- A capacity building plan on advocacy and communication

2.6 Audiences for the BCC Strategy

This section of the strategy identifies and profiles the key strategy audiences that should be targeted by Newborn health communication and advocacy interventions. They include policy makers, members of communities and households and health workers. The strategy takes into account their roles within the context of newborn health and the impact of their decisions and actions on communication and advocacy interventions aimed at saving newborn lives.

2.6.1 Audience Description

Levels	Audiences
Policy/Advocacy	National, district and community leaders (religious/faith-based, political, cultural)
Households and Communities	Men and women of reproductive age: Married or cohabiting couples. Women who are pregnant or lactating, and do not know their HIV status or believe they are HIV-negative. HIV-positive pregnant and post-partum women Partners/husbands of pregnant HIV-positive and post-partum women
Health Service Delivery	Clinical Health Workers Village Health Teams (Linkage facilitators)

Effective health behavior change communication strategies are best developed by engaging individuals and communities in the issues to be addressed. This involves understanding the beliefs and knowledge that people have about a problem and their skills in addressing it including the wider community appreciation of why the issues are important and how they can be addressed.

The Communication Strategy sets out to consistently reach out, share and exchange information with the core audiences and actors at all levels for improved newborn health through sharing, exchange and engagement. These are:-

Target level	Audience	Characteristics	Motivators
Primary	Women of reproductive age aged between 15-35 years	<ul style="list-style-type: none"> - They are in the lowest Social and economic (D) quintile - They have no or limited education levels with the most educated having attained some 'O'level education - they live mainly in the rural areas - They are largely housewives and work hard running small family businesses at home or near their homes or are engaged in substance farming - They give birth to an average of 6 children during their life time and have lost at least two babies - They have limited decision making powers and opportunities 	<ul style="list-style-type: none"> - They pride in their marriage/relationships and will largely do what their spouses recommend - They depend on their peers, spouses, relatives i.e. mother, mother in law and the elders in the community to make critical decisions such as when and where to seek care for their health and the new born - They would like to have as many children as possible so that they are judged positively by their communities and spouses family as strong and fertile women - Their life choices are largely influenced by societal, cultural and religious norms and beliefs. These beliefs and norms have been passed on to them since child hood from generation to generation
Primary			

Secondary	Male spouses and care givers	<ul style="list-style-type: none"> - They are aged between 19-45 years; They fall in the lower Social and economic (C&D) quintile - They have no or limited education levels with the most educated having attained some 'O'level education, and live mainly in the rural areas - They make or influence all major decisions in the house hold including those pertaining sexual reproductive health with minimal input from the spouse 	<ul style="list-style-type: none"> - Have a strong sense of the traditional gender roles in their families and consider pregnancy, delivery and postnatal care are for the female spouse and the elder women in the family and community at large. These beliefs and norms have been passed on to them since child hood - Their life choices are largely influenced by peer, societal, cultural and religious norms and beliefs - They have confidence in the opinions of their mothers, mother in-law and other elder female relatives on issues of NBH because they perceive them as people who have lived the experiences and that they are proof of the good job they did to raise them - They therefore do not take keen interest in attaining information regarding to NBH since they consider themselves to already have a pool of knowledge assets that they can count on during pregnancy, delivery, and postnatal care and emergency - They take pride in having over five children as they believe this to validate their male gender and a continuation of their lineage
	Health workers (Midwives and Nurses)	<ul style="list-style-type: none"> - They are part of the lower health service provider cadre. They are skilled and pride themselves in their work - They interact with expectant, new mothers and care givers through various through interpersonal communication one on one and small and large group meetings during the daily course of their work - They are faced with heavy workload due to the understaffing and limited resources and tools to provide a consistent high quality service. They are thus perceived as rude and not empathetic to expectant and new mothers 	<ul style="list-style-type: none"> - They are highly respected by the community members they serve. The community takes their health advice seriously and tries to adhere to it - They do not think that the expectant or new mother know the available health service options and as a result the relationship between them and the expectant and new mothers is largely prescriptive with the mothers expected to comply and adhere making some mothers dread the health facility experience

Secondary

Secondary	VHTs	<ul style="list-style-type: none"> - These are community volunteers with minimal literacy (primary) who have been given minimal training by the government and various CSOs in a broad range of health areas with emphasis on community mobilization, referral and linkages - They therefore rely on simplified and often illustrated health education tools such as flipcharts to ensure that they pass on consistent information 	<ul style="list-style-type: none"> - They are highly motivated by the desire to improve the health and development of their communities and feel a great sense of pride in the community affirmation and recognition - They are part and parcel of the community they serve and are well known and recognized as people with credible and latest health information within the community - Due to their community knowledge and expertise they are highly sought after by CSOs to support them in the mobilization of communities. In return for their services give they give CSOs/CBOs give them some minimal financial and non-financial incentives such as T-shirts, caps, pens, bags among others
	Community actors and leaders	<p>They regularly interact with their community members</p> <ul style="list-style-type: none"> • These include Chiefs, local councils(iii,ii,i), NGOs/CBOs, religious organizations, Schools, Parents & Teachers Associations, Community volunteers, community leaders, Traditional Birth Attendants and extension workers. These are highly respected and influential members of the community. They are the key opinion makers 	<p>They interact with people outside their communities which enables them to have newer information than their communities.</p> <p>They work for the improvement of their community's health and development</p> <p>They have access to key decision makers at the district level</p>
	National duty bearers	<p>-Ministry of Health taking the lead and other relevant line ministries complementing its efforts such as: Ministry of Education, Ministry of Finance and Planning and Ministry of Local Government; Members of Parliament, Religious and Traditional leaders, Media houses and service organizations and NGOs. They also include: professional bodies such as Uganda Medical and Dental Association, Uganda Pediatric Association, Uganda Nursing Council, Uganda Health and Allied</p>	<ul style="list-style-type: none"> - They are fairly aware of the NBH issues but are drowned out by other competing and prominent health issues such as HIV/AIDS, Malaria, TB, general health service delivery, staffing levels among others - They act based on evidence and are constantly faced with situations where they have to priorities resource allocation based on what is perceived as the most important and urgent health issue that needs to be addressed

	<p>Professionals Association; religious organizations, through their medical Bureau such as Catholic, Protestant, Muslim and Orthodox Medical Bureau.</p> <p>-These are highly placed, experienced, respected, educated and knowledgeable individuals with power and authority</p> <p>- Their positions give them immense ability to influence health policy and allocation of health resources</p>
Tertiary	<p>District level/While there are a lot of interventions targeted at NBH</p> <ul style="list-style-type: none"> Politicians such as Resident District Commissioners, LCV Chairpersons and Councils, relevant departments such as Health, Community Development, Education, Information and the media houses (Local FM radio stations). frontline Health workers (Midwives and Nurses); they have direct contact with women of reproductive age at antenatal clinics, outreaches, and greatly influence NewbornHealth choices
	<p>Media House Owners, gate keepers and reporters</p> <p>- The content is dominated by entertainment and soft news stories leaving limited newspaper space and radio/TV airtime dedicated to covering health and other related development issues such as NBH</p> <p>- The gatekeepers and reporters need to be oriented and furnished with the latest quality data and trends on NBH so that they can</p> <p>- The mass media space is mainly dominated by content that is geared towards attracting and sustaining the largest possible readership, audience and viewership to attract scarce advertising revenue</p> <p>- For NBH issues to get critical coverage NBH issues must be framed in a manner that makes it attractive to the media audience</p>

develop NBH content and stories that is attractive to their target readers, listeners, audiences respectively

2.6.2 Profile of Knowledge, Attitudes, Practices and Behaviour around Maternal and Newborn Health

Health belief behavioral communication matrix

Primary Target Audience:				
Expectant mothers and Spouses				
Current behavior	Desired behavior	Barriers to practice desired behavior	Key aspiration of target audience	Message
Mothers have one antenatal visit late in pregnancy	Carry out four timely antenatal visits	Lack of money Lack of information on the benefits of antenatal visits Inadequate quality of antenatal services Belief that pregnancy should not be discussed until its visible to avoid questions incase its lost Community beliefs that TBAs, Mothers of expectant mothers, mother in-laws and the elderly women can provide similar services	Mothers desire that their newborn babies are healthy and grow normally meeting the baby growth and development milestones	Delivering at home increases the chances of you and your newborn developing complications or dying during child birth Attend at least four antenatal clinics at the nearest health facility to ensure your baby is born healthy Delivering at a health facility will enable you deliver the health baby safely
Current behavior	Desired behavior	Barriers to practice desired behavior	Key aspiration of target audience	Message
Heavy workload during pregnancy	Reduce work load during pregnancy	Lack of support from the male spouse Absence of anyone else to help Ignorance of the dangers of heavy workload during pregnancy Social constructs that a strong and fertile woman should be able to continue with her normal work routine until birth	Mothers desire that their newborn babies are healthy and grow normally meeting the baby growth and development milestones	Reduce work load during pregnancy Heavy workload during pregnancy may put your life and that of the unborn child at risk Having sufficient rest during pregnancy and delivering at a health facility increases the chances of delivering a healthy baby.
Delay in seeking care during pregnancy	Immediately go to the health facility when you experience any of the following;-develop fever, bleed, lower abdominal pain	Lack of awareness of danger signs Belief and confidence in traditional treatment and remedies Lack of money to meet the transport and cost of service Inadequate quality of service at the		Report to the nearest health facility when you experience anyunusual signs and symptoms; fever, bleeding, lower abdominal pain

		health facility		
Mothers are delivered by unskilled personnel at home or at a TBAs	Expectant mothers delivering at a health facility under the care of a skilled health worker	<p>Belief and confidence in TBAs and other elderly women to manage the delivery</p> <p>Lack of money to meet the transport and labor requirements such as polythene sheet, cotton, gloves e.t.c.</p> <p>Inadequate quality of service at the health facility</p> <p>Poor patient management practices by frontline health workers</p>		<p>Deliver your baby at a health facility with qualified personnel to increase your chances of delivering a healthy baby safely</p> <p>Delivering outside the health facility will may result in complications leading to the death of you or your unborn baby</p> <p>Delivering at a public health facility will enable you to minimize the risk of complication at no extra cost</p> <p>Delivering at home increases the risk of you and your newborn developing complications or dying during child</p>
Use of unsafe water to bath the newborn	New mothers/care takers use clean/safe water to bath the newborn	<p>Lack of/inadequate access to safe/clean water</p> <p>Cultural practices of cleansing newborns</p> <p>Inadequate antenatal and or postnatal services</p> <p>Delivery by unskilled health workers</p> <p>Limited knowledge of the dangers of using unsafe/contaminated water</p>		<p>To have a healthy baby use safe water to bath newborns</p> <p>Using unsafe water to bath your newborn may make your child sick</p> <p>They perceive themselves to susceptible to a condition or problem.</p> <p>Ensure that you use safe water to bath your newborn to keep them healthy</p> <p>To have a healthy newborn follow the health workers instructions on how to bath the newborn</p>
Current behavior	Desired behavior	Barriers to practice desired behavior	Key aspiration of target audience	Message
Use of unhygienic childbirth techniques	Deliveries are conducted using hygienic techniques	<p>Delivery by unskilled health workers</p> <p>Limited knowledge of the dangers unhygienic childbirth techniques among trained health workers</p>	Mothers desire that their newborn babies are healthy and grow normally meeting the baby growth and development milestones	<p>Prepare for delivery by ensuring you deliver at a health facility with a Mama kit</p> <p>Deliver at a health facility for a safe delivery and a healthy baby</p>

				Buy a mama kit to ensure you have a safe delivery and a healthy baby
Unhygienic new born care practices	Newborns are cared hygienically	Limited knowledge and skills in maintain hygiene Limited resources		New born are susceptible to contracting disease from other people. Limit the contact of your newborn with others to keep them health Wash your hands frequently with soap when caring for your newborn baby Limit the number of people getting in contact with your newborn to ensure they remain healthy
The newborns cord is cut and tied using unhygienic objects such as old razor blades, grass and cloths, banana fibers respectively	Use sterile objects to cut and tie the newborn's code	Ignorance of the dangers of using unhygienic objects to cut the Newborn cord Cultural value linking the health of the newborn to the cord		Poor cutting and management of the umbilical cord may result in the death of your newborn baby Newborn's umbilical cord is an easy entry of disease. Ensure that the cod is kept dry at all times for your newborn remaining healthy A clean and dry cod will keep your baby healthy
Various materials applied to a newborns cord which are a likely source of infections	Clean the cord with clean water and keep dry	Cultural value and practices		Newborn's umbilical cord is an easy entry of disease. That can make your newborn sick Newborn's umbilical cord is an easy entry of disease. Follow the health workers instructions in managing your newborn's cord Newborn's umbilical cord is an easy entry

				of disease. Ensure that the cord is kept dry at all times so that your newborn remains healthy
Newborns are not appropriately wrapped in warm clothing	Keep the baby warm by ensuring that they are well covered especially the head, feet and hands	Ignorance of the dangers of hyperthermia		<p>Keep your newborn healthy by ensuring that they are warmly covered at all times</p> <p>Newborns lose body heat quickly which can lead to health complications and death</p> <p>Covering the newborn including their feet, hands and head appropriately will keep them warm and healthy</p> <p>Delay bathing your new born for at least one day to ensure that they remain warm and healthy</p> <p>Always immediately dry and warmly cover your newborn appropriately after bathing them.</p>
Extra effort is not taken to ensure that Premature and low birth weight newborns are not kept with skin to skin contact with the mother	Extra effort is taken to ensure Premature and low birth weight babies are kept warm by wrapping them in cloth with skin to skin contact between the mother and the newborn both at night and during the day	Lack of awareness that premature children and those born with low weight loss warmth quickly Mothers are unaware of the birth weight of their children and when they do they are unaware of the implications.		<p>Premature newborns lose body heat quickly which can lead to instant death.</p> <p>Extra effort such as skin to skin contact between the newborn and your body needs to be made to keep the newborn warm at all times</p> <p>Keep your newborn premature in constant skin to skin contact with your body to avoid them losing body heat and dying.</p> <p>Covering the newborn premature including their feet, hands and head appropriately is not enough to keep them warm. Ensure that they have skin to skin contact with your body at all times in addition to covering them appropriately</p>

				<p>Don not bath a premature newborn. Consult a health worker on when and how to bath the newborn to avoid drastic loss of body heat</p> <p>Keep your premature baby in skin to skin contact all the time to ensure that they have adequate body heat to be healthy and grow normally</p>
<p>Newborns are bathed immediately after delivery or on the same day</p>	<p>Delay bathing the child for at least one day.</p>	<p>Mothers will perceived as lazy Mothers will be perceived as dirty Desire to have a clean baby</p>		<p>Keep your newborn healthy by ensuring that they are warmly covered at all times</p> <p>Newborns lose body heat quickly which can lead to health complications and death. Delay bathing your new born for at least one day to ensure that they remain warm and healthy</p> <p>Covering the newborn including their feet, hands and head appropriately will keep them warm and healthy</p> <p>Always immediately dry and appropriately cover your newborn after bathing them so that they stay warm and healthy</p>
Current behavior	Desired behavior	Barriers to practice desired behavior	Key aspiration of target audience	Message
<p>Delay and inconsistent breastfeeding of the newborn</p>	<p>Initiate and consistently breastfeed the newborn immediately after delivery regardless whether there is breast milk (The practice stimulates the body to produce milk)</p>	<p>The baby is separated from the mother in case of complications for observation or specialized care Lack of breast milk immediately after birth</p>	<p>Mothers desire that their newborn babies are healthy and grow normally meeting the baby growth and development milestones</p>	<p>Start breastfeeding your newborn baby immediately after birth Your newborn baby will grow and stay healthy if they are consistently breastfed</p> <p>Breast milk has all the required nutrients to nourish and ensure that your newborn is healthy and grows well</p>
<p>Newborns are not breast feed but given alternative pre lacteal feeds</p>	<p>Exclusively breast feed the newborn unless advised by the health</p>	<p>Lack of breast milk Fatigue after delivery</p>		<p>Giving your newborn alternative feeds can lead to infections that may make your newborn sick</p>

	worker			<p>Alternative feeds are likely source of disease for your newborn</p> <p>Alternative feeds do not have all the nutrients required to nourish your baby to good health and growth. Exclusively breastfeed your new born for at least six months</p> <p>Breast milk has all the required nutrients to nourish and ensure that your newborn is healthy and grows well</p> <p>Consistent exclusive breastfeeding will keep your new born healthy and build its immunity to fight any diseases leading to quick growth</p>
Premature newborns are not breastfeed	Put the baby on the breast to stimulate milk production, extract into a clean container and feed the newborn using a spoon	Lack of breast milk Inability of the premature to suckle		<p>Premature babies need extra support to breast feed as they have not fully developed the ability to suckle the breast own.</p> <p>If the premature newborn is unable to breast feed on their own express the breast milk in a clean open cup or feeding bottle and feed using a clean spoon to ensure quick weight gain and growth</p> <p>Giving your newborn premature alternative feeds can lead to infections that may make your new born sick and negatively affect its growth</p>
Keep newborns indoors until they are one month old even when they are sick or have to be immunized	Take newborns to a health facility if they are sick or for immunization	Its taboo for a child to go out in a week		<p>Taking babies outside has no harm as long as they are in a hygienic place and are appropriately covered to keep warm including their feet, hands and head.</p> <p>Taking your newborn child for immunization and other health services as</p>

				advised by the health worker. This will ensure that your baby is healthy and grows well
Women of reproductive age are conceiving early after giving birth when their bodies have not fully recovered from the previous birth	Space children to give the body time to recover from the previous pregnancy	Limited access to family planning services Fear of family planning side effects Myths and misconceptions Negative cultural and religious beliefs Cultural beliefs that children are given by God and therefore should not be limited Lack of male spousal support Ignorance of the negative health effects of early conception after delivery		Delay conception for at least one year after the birth of your newborn to give your body an opportunity to recover. This will ensure that you will have a health pregnancy and deliver a healthy baby Newborns require round the clock attention to stay health and grow quickly. Delay conception for at least one year so that you can adequately care for your current newborn adequately
Male spouses are not adequately supporting their partners emotionally, physically and financially during pregnancy	Provide adequate emotional, physical and financial support to expectant mothers	Fussing over a pregnancy may bring bad luck leading to loss of the pregnancy Lack of financial resources A caring for a pregnancy is not a man's business		Pregnancy is a very emotional and physically demanding experience that can lead to complications during pregnancy, delivery and negatively impact the health of the newborn. Support your partner emotional, physical and financial during pregnancy to minimize the risk of a miscarriage and complications during delivery Support your expectant partner to deliver at a health so as to ensure that she delivers your healthy baby safely
Current behavior	Desired behavior	Barriers to practice desired behavior	Key aspiration of target audience	Message
Not planning for delivery and emergency	Plan for the delivery and emergencies by putting aside some money	Poverty Belief and confidence in community support in case of emergency or delivery	Mothers desire that their newborn babies are healthy and grow normally meeting the baby growth and development milestones	Lack of planning for the delivery can lead to delays during labor resulting in complications and loss of a mother's life or a newborn. Prepare the necessary delivery requirements in advance to ensure safe delivery and good health for the mother and

<p>Expectant mothers are not seeking HIV Counseling & Testing services as a couple</p>	<p>Seek couple HIV counseling` and Testing services</p>	<p>Reluctance of men to seek HCT services Belief that the HIV test results of the expectant mother are the same as those of the males partner Prevalence of Community HIV stigma and discrimination</p>		<p>newborn</p> <p>It is possible to transmit HIV to your unborn child during delivery. Protect your newborn from contracting HIV by taking an HIV test today</p> <p>Knowing your HIV status will enable you to protect your newborn from contracting HIV from you during delivery. Take an HIV test today</p> <p>You can prevent your newborn from contracting HIV from you if you are HIV positive by enrolling into EMTCT services at a health facility near you. Consult your health worker today.</p>
<p>Mothers are diagnosing, prescribing and administering treatment for themselves and their newborns</p>	<p>Seek health care services form a skilled health worker at a health facility at the onset of signs and symptoms of the newborn being unwell</p>	<p>Poverty Ignorance of the risks associated with self- medication Ignorance of the risk of</p>		<p>Diagnosing and prescribing medication for yourself and your newborn baby can harm the health and growth of your newborn When your newborn is not well quickly consult a health worker at a health facility near you</p> <p>The health of a newborn can be harmed by inappropriate medicines or wrong dosage. .</p> <p>Seek the services of a health worker at a health facility near you when you notice that your newborn is unwell</p> <p>A health worker at the health facility near you will give medicine to your unwell newborn that will make them feel better and grow healthy</p>
<p>Expectant mother not sleeping under an ITN before and her baby after delivery</p>	<p>Mother sleep under an ITN during pregnancy and after with the newborn</p>	<p>Perception that ITNs trap heat making them uncomfortable to sleep in Lack of money to buy/replace worn-out nets</p>		<p>Sleeping under a treated mosquito net will prevent you and your newborn baby from contracting malaria</p> <p>Treated mosquitoes can keep you and your</p>

		Limited knowledge of the benefits of sleeping under ITNs		newborn healthy by protecting you from mosquitoes You and your newborn should sleep under a treated mosquito net to stay free of malaria
Secondary Audiences				
Health workers				
Information on pregnancy, child birth and postnatal care is given generally in a one dimensional manner with limited opportunity for mothers to seek clarification	Provide interactive tailored information to expectant and new mothers about pregnancy, delivery and Postnatal care respectively using Education through listening approaches	Inadequate time to provide effective health education sessions during antenatal classes Overburdened health workers due to heavy workload		Expectant mothers have different experiences and information needs Categories expectant mothers according to their different experiences and information needs Listen to the expectant mothers health needs and only share to bridge gaps in the mothers knowledge
Current behavior	Desired behavior	Barriers to practice desired behavior	Key aspiration of target audience	Message
Health workers are rude and do not show empathy to expectant, new mothers and care givers	Polite health workers that show empathy to expectant, new mothers and care givers	Limited patient management skills Limited assertiveness among expectant, new mothers and care givers		Expectant mothers have gone through a lot to get to the health facility. Treat them with empathy and be patient with them
Policy Makers				
Policy makers/ Duty bearers at district/ community level have not given Newborn health issues prominence at district and community level	Policy makers/ Duty bearers at district/ community level giving NBH issues prominence at district and community level through planning, resource allocation and community mobilization	Policy makers/ Duty bearers at district/ a preoccupied with other community issues such as HIV/AIDS, education, politics Communities have limited information to hold leader/ duty bearers accountable for NBH Limited resources allocated to		Any forum where Newborn health issues are not shared is a lost opportunity Newborn health issues affect all of us. We can make a difference if we talk about them at every given opportunity

		address NBH issues at community level		
Policy makers/ Duty bearers at national level have not allocated adequate resources to NewbornHealth	Policy makers/ Duty bearers at national allocating adequate resources to NBH	Low profile of NBH issues in comparison to other health issues such as HIV/AIDS Limited data of NBH issues such as neonatal and maternal mortality outside the health system		Any additional resources allocated to Newborn health will save a newborn life Newborn health is underfunded compared to other health areas
MEDIA				
Current behavior	Desired behavior	Barriers to practice desired behavior	Key aspiration of target audience	Message
Media gate keepers(owners, editors, presenters) are ignorant of the Newborn health situation in Uganda, its implications and their role	Media gate keepers(owners, editors, presenters) aware of the NBH situation in Uganda, its implications and their role	Low profile of NBH issues in comparison to other health issues such as HIV/AIDS Limited public interest in NBH issues Limited knowledge and information on NBH issues		Newborn health is a concern for all and coverage of Newborn health issues will enhance the credibility of your media outlets Newborn health issues affect us all. Media coverage of these newborn health issues can go a long way in addressing the issues

VHTs				
Village health teams (VHTs) are not sensitizing communities and households on Newborn health and referring and linking those in need of services to Newborn healthcare facilities	Village health teams (VHT) sensitize communities and households on NBH and refer and linking those in need of services to NBH care facilities	Limited financial and non- financial incentives to conduct and refer expectant mothers on issues of NBH Lack of tools to facilitate community sensitization sessions on NBH Prominence of other health areas such as HIV/AIDs that has over engaged VHTs		Newborn health morbidity and mortality that are currently negatively affecting our communities. We need to share information with the communities and support them to adopt positive newborn health behavior

2.7 Channels/Media

Basing on information gathered during the stakeholder consultation and communication needs assessment process, the strategy proposes a number of communication channels through which the various target audiences could be reached. It also categorises the channels into Advocacy and Communication channels based on their suitability to the advocacy and communications objectives of the strategy. A brief guide is provided on how each of the channels can be applied to maximize the impact of the messages that may be communicated using these channels.

The channels herein proposed are intended to cater for the broad range of audiences involved, taking into account their education levels, geographical spread, access to communication channels as well as their efficacy to need. The strategy will aim at creating a *360 degree experience*, for repeat information and maximum impact. 360 Channel examples include Experiential stop-and-go drama, Facilitated community dialogues, Community health fairs with 4-6 tents with facilitators on different topics. Interactions with newborn health Champions during service provision, Peer-to-peer interactions with satisfied users of newborn health products, Interactive radio talks shows and recorded community dialogues as well as Participatory drama skits

AREA	CHANNEL	DESCRIPTION/APPLICATION
ADVOCACY	Print media	
	a) Newspapers	<p>Full colour inserts/fliers can be an effective means of disseminating information as they are attractive to the reader, with a much longer shelf life than even the newspaper itself. They can reach all corners of the country in a short time, inside the newspaper. They are more effective with pictorials. They can be used to disseminate specific milestones on NBH</p> <p>Newspaper supplements could also be valuable in bringing out useful details about NBH, especially on matters of policy and regulation. This information may further help the public to understand the actions being undertaken by the NBH. Newspaper supplements can raise awareness about an institution/project especially on specific days, e.g. Budget Day, State of the Nation Address Day, Independence Day, etc.</p> <p>News stories and feature articles, through regular periodical press briefings, or as need arises, journalists can be invited from time to time to cover developments in NBH sector so that they can generate stories. It is also important for the Newborn health partner communications to contribute NBH articles for publication in the press and appear on TV and radio talk shows to address issues related to NBH</p> <p>Newspaper strips; strips allow for quick and easy reading due to the summarized and precise presentation of information. They are also more re-current than the other print formats.</p>
	b) Other printed materials	Brochures, posters, fliers, factsheets and other BCC materials - translated into local languages and easy to understand formats to cater for the large rural target audiences
	Television	<p>The implementers of Newborn health communication and advocacy programmes should negotiate slots for Key actors in the area of NBH to appear on selected popular talk shows for discourses on NBH</p> <p>Produce and broadcast short documentaries on the benefits and challenges of NBH choices.</p>
	Radio	Talk shows: The Newborn Health programme communications can take advantage of the various talk shows on most of the radio stations to engage the public NBH. NNH implementing partners should regularly appear on the shows so they can push the agenda through the media. These appearances should be well coordinated and the talking points prepared and agreed on to avoid sending conflicting messages to the programme target groups.

COMMUNICATION	Website Information	<p>The implementing agencies Newborn Health communication interventions could capitalize on this resource to reach the various audiences targeted by implementing partners. Timely updates are necessary for this medium to succeed.</p> <p>Link implementing partners' Newborn Health websites to other sites for complementarity.</p> <p>Post all the necessary information on NBH.</p>
	Meetings, seminars and workshops with other key stakeholders	<p>Meetings are an important avenue to relay message and get feedback. Such meetings benefit the communicator through the two-step process of communication in which messages are first delivered to a few but influential members of a community; which will then percolate to the rest of the target publics coming from their opinion leaders.</p>
	Advocacy approaches/ tactics	<p>Commemoration of global NBH days</p> <p>Increased media coverage and profiling of NBH issues at national level</p> <p>Lobbying key political players and decision makers on matters of NBH for increased resource allocation</p> <p>Popularise Newborn Health issues through regular dissemination of research findings and Newborn Health programme position papers to influence public agenda</p> <p>Piggy back on other advocacy initiatives such as the Parliamentary advocacy strategy</p> <p>Profile best practices by health workers and women of reproductive age</p>
	Radio	<p>Regional Radio Programmes: Important to have regular radio programmes on selected FM stations across the country with emphasis on stations with local language programmes to help explain issues related to NBH, and the expected benefits of adopting positive health seeking behavior and practices.</p> <p>Radio documentaries and spots: The Newborn Health Communication interventions could consider production of radio documentaries on NBH and get them aired on radio from time to time for public awareness.</p>
	Interpersonal communications	<p>Especially popular with members of local communities – especially women- that may have limited access to and control over mass media channels and value personal interactions to deliver “intimate” messages on issues of NBH; The interpersonal communication will reinforce the messages that will be disseminated through mass media to foster adoption of positive NBH behaviors.</p>

	<p>community outreaches on NBH for women, their spouses and caregivers</p> <p>ante natal clinics for expectant mothers</p> <p>one-on-one sessions with expectant and new mothers</p> <p>Facility and community based education using community based structures such as VHTs during Meetings, receptions, community activations.</p>
Community communication networks	<p>Community communications approaches or networks (where established) are vital in the process of social change, where the process of change starts with community involvement from the earliest stages of an intervention. Community involvement is critical in:</p> <ul style="list-style-type: none"> • community problem identification, (appreciating the problem and need for action) • group decision making(deciding on communication approach to the problem) • action planning,(target setting) • collective action and implementation(execution of planned activities)
Reinforcing community level IPC	<p>Through use of drama and storytelling approaches for generating interest and providing opportunity for interactive feedback and sharing of experiences. The strategy will use community drama groups, religious leaders, community women group leaders, VHTs, to tell the stories.</p>
Synergize Community based organisation (CBO) partnerships and use their infrastructure to reach households;	<p>Harness Community based organisation (CBO) partnerships and use their infrastructure to reach households</p>

PART III: IMPLEMENTING THE STRATEGY

3.0. ACTION PLANNING

The implementation of this strategy is premised on the principle that newborn health is multifaceted encompassing multiple health issues and concerns for service providers and consumers. It is understood that there are multiple actors with specific programmatic and communication interventions targeted at improving newborn survival and health. The strategy therefore proposes an integrated approach to communication on newborn health in which the different health concerns and interventions are seen as and positioned as integral efforts at improving newborn survival and health rather than mutually exclusive interventions.

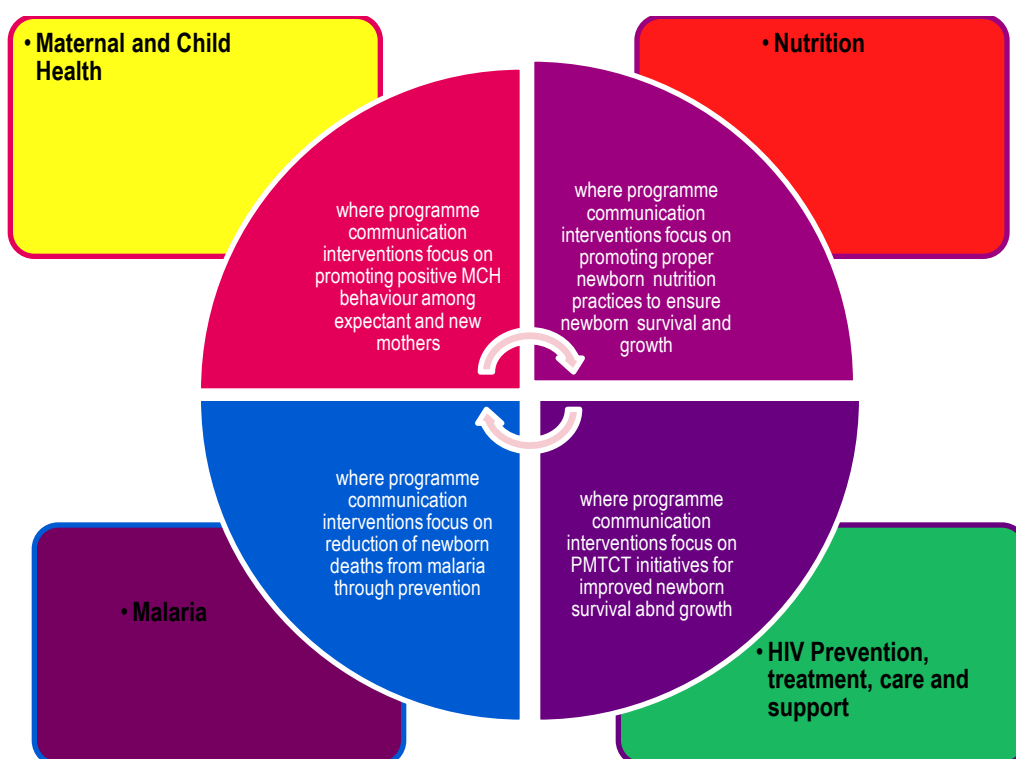
The strategy therefore proposes an integrated communications framework, as well as the roles, responsibilities and major action points for the Newborn health programme and stakeholders. The communication strategy aims to assure consistent communication at the community, district and national levels; -

Implementation of this strategy will be led by the NNSC on newborn health as laid out under the roles and responsibilities section below. Each year, the designated communication focal person(s) will produce a communication action plan to guide the implementation of the strategy. The strategy will be underpinned by a number of principles that should ensure NBH communication interventions achieve intended objectives

3.1 Integrated newborn health communication framework

The strategy proposes an integrated approach to communication on newborn health, in which the different health concerns and interventions are seen as and positioned as complementary efforts at improving newborn survival and health rather than mutually exclusive interventions. It therefore provides all actors with communication interventions a platform that they can use to roll out their communication interventions while providing them a 360 degree awareness of other related messaging is available and alternative interventions they can leverage for programme efficiency.

The integrated approach creates a continuum of communication possibilities and synergies, allowing for more efficient and effective resource allocation and utilization, which in turn should translate into more effective message delivery and the desired social change in respect of newborn health.



A matrix illustrating the integrated approach to communication on newborn health

3.2 Levels of Communication and advocacy

This strategy provides for communication and advocacy at three levels representing stages necessary for complete penetration of communication and advocacy interventions aimed at saving newborn lives. The levels are as follows:

Community Level;-

Community health workers including in-charges of antenatal units at the health sub-district levels; conducting outreaches

Village Health Teams (VHTs); one-on-one sessions; small group meetings (5-10 persons); facilitate large group (15 and above persons)

Community level social structures (including opinion leaders and social groups) that can be leveraged to engage in NBH communication efforts with focus on: problem identification; identification of community communication leads; synthesizing individual and shared interests in the programme interventions; clear understanding of where they want to be and achieve; understanding where they are in regard to the issue; assessing appropriate communication interventions and building consensus on actions to be taken

District Level:-

District Politicians such as Resident District Commissioners, LCV Chairpersons and Councils, relevant departments such as Health, Community Development, Education, Information and the media houses (Local FM radio stations) and NGOs. It also includes frontline Health workers (Midwives and Nurses); they have direct contact with women of reproductive age at antenatal clinics, outreaches, and greatly influence Newborn health choices

National Level:-

The National Newborn Steering Committee (the lead forum)

Government of Uganda through the ministry of health (Health Education and Promotion Department/Maternal and Child Health Technical Working Group/MoH Senior Management Team); leading advocacy; profiling Newborn health in high level engagements

District /Community leaders; secretaries for health, DHOs, HIV Focal Persons; Health Educators;

NewbornHealthPartner CSOs with interventions in NBH

3.3 Coordination and Implementation of the Strategy

Implementation of communication and advocacy activities should be managed and coordinated to ensure stakeholders execute their roles more effectively by harnessing the synergy that is generated by joint planning and coordinated implementation of the NBH communication and advocacy activities. The implementation of the communication and advocacy strategy will be managed by the saving newborn lives steering committee (SNL) with technical support on issues related to communication and advocacy provided by the HP&E Division. The Maternal and Child health cluster will closely follow up the implementation of the strategy.

The SNL lead team shall specifically:

- **Oversee the implementation of this strategy as stipulated in agreed work plans**
- **Coordinate internal and external communication within NewbornHealthprogramme and oversee the establishment of a communication team**
- **Collect and manage feedback from communities and other target audiences**
- **Design new approaches for improved community participation and communication in NewbornHealth communications and advocacy**
- **Document, package and oversee the production of NewbornHealth information Education Communication (IEC) and advocacy materials**
- **Coordinate training/and or train programme staff in communication and advocacy as required.**
- **Develop data bases for all key relevant NewbornHealth stakeholders including; donors, the media, policy implementers, policy makers, and partner organisations among others**
- **Carry out monitoring and evaluation activities of all communication and advocacy interventions**

3.3.1 Other key Roles and Responsibilities

Partners and stakeholders	Role(s)
Village Health Teams (VHTs)	<ul style="list-style-type: none"> • Conduct one-on-one sessions; • Hold small group meetings (5-15 persons); facilitate large group (16 and above persons)
Frontline Health workers (Midwives and Nurses); they have direct contact with women of reproductive age and greatly influence NewbornHealth choices	<ul style="list-style-type: none"> • Conduct at antenatal clinics and convey NewbornHealthmessages; • Carry out community outreaches for NewbornHealthmessage penetration among hard to reach groups;
Communities	<ul style="list-style-type: none"> • Communication gap identification • Feedback/Support • Monitoring Communication (tracking communication interventions for reach and impact) • Assessing communication needs (interacting with colleagues and identifying information/knowledge gaps) • Community Outreach (promoting and modeling desired behaviour) • Community based initiatives engaged in the promotion of positive new born health behaviour
District /Community leaders; secretaries for health, DHOs, HIV Focal Persons, Health Educators	<ul style="list-style-type: none"> • Ensure communication and advocacy materials reach intended audiences • Monitor the implementation of Newborn health communication and advocacy interventions within their jurisdiction and report to the NNSC • Engaging and developing partnerships with district/community based organizations to implement newborn health interventions
The National Newborn Steering Committee (the lead institution);	<ul style="list-style-type: none"> • Provide communication and advocacy leadership • co-ordination of interventions and messaging, Advocacy • Identify and leverage messages and IEC materials from similar campaigns on newborn health implemented by other partners and agencies
Government of Uganda through the ministry of health (Education and Promotions Department/Maternal and Child Health Technical Working Group/MoH Senior Management Team); Partner CSOs with Newborn health programmes and interventions	<ul style="list-style-type: none"> • approval of Newborn Health messages; • profiling Newborn health in high level engagements • Undertake collaborative communication and advocacy interventions with the Newborn health programme • Sharing of information and experiences including key messages, IEC materials and communication and advocacy platforms with NNSC and Newborn health programme team for improved leverage of opportunities and materials

3.4 Guiding principles for Newborn health communications

In keeping with the overall objectives, the strategy provides guiding principles against which all Newborn health communication and advocacy shall be developed and implemented. The principles are premised on the need for stakeholder participation, uniform messaging by all involved in communication and advocacy, coordination of communication and advocacy interventions and timely issues management. The strategy also recommends continuous documentation of Newborn health communication and advocacy interventions, establishment of clarity of roles and adoption of communication approaches that facilitates understanding across all categories of audiences targeted by the Newborn health communication and advocacy messages

Community participation; - Prescription in all Newborn Health programme communication interventions that the community is the primary stakeholder in the realization of the Newborn Health objectives. Therefore community participation through constant consultation, feedback collection and analysis as well as ongoing sharing and exchange are critical to success.

- Uniform messages and communication on what Newborn health is, what it does, objectives and differentiation from previous interventions
- Clear and consistent internal communication, sharing, exchange and coordination within NNSC and other actors
- Timely and effective feedback management and incorporation Newborn health communications target groups and implementing partners
- Proper documentation and dissemination of knowledge, skill and technology best practice in all project areas
- Establishing clear communication roles, responsibilities and expectations at all levels of Newborn health programme implementation
- Speaking and writing in plain language, that is; language that everyone understands including avoidance of the use of jargon when communicating with ordinary men and women or those who are not of their specialty

3.5 Key Newborn Health Communication and Advocacy messages

Messages targeting Newborn Health primary audiences

- Delay bathing the newborn for at least one day after delivery
- Start breastfeeding your newborn immediately after birth
- Consistently and exclusively breast feed your newborn
- Taking your newborn child for immunization and other health services
- Delay conception until you body is ready for another baby
- Prepare the necessary requirements for the safe delivery of your baby
- If your newborn is unable to suckle, express the milk and feed manually
- Seek MTCT services as a couple to protect your unborn baby from HIV
- Sleep under a mosquito to prevent you and your newborn baby from contracting malaria

Messaging targeting front line health workers

- Give expectant mothers information based on their needs
- Listen to the expectant mothers health needs and only share to bridge gaps in the their knowledge
- Treat expectant and new mothers with empathy and patience

Messaging for advocates for Newborn health

- Share newborn health issues at any given opportunity
- Any additional resources allocated to newborn health will save a newborn life
- Build relations with the media and other partners to tell your stories
- Use evidence based advocacy to tell a compelling story for increase attention to newborn health
- Leverage opportunities to highlight newborn health issues

Detailed stakeholder advocacy power/influence, interest and strategy for engagement. Adopted from the Power Mapping Exercise for Newborn Health in Uganda conducted by Save the Children

Stakeholder	Profile	Type of Power/Influence	Level of Power/Influence	Level of Interest	Strategy to engage
Child Health division/MOH	Lead within government on Child health	Decision maker	High level for government ownership , policy, strategy and coordination	High level support	Collaborate
Reproductive health division	Lead within government on RH	Decision maker	High level for government ownership , policy, strategy and coordination	High level support	Collaborate
WHO	Donor agency	Funding, policy and technical support	High level funding and moderate implementation	High level	Collaborate
DFID	Donor agency	Funding, policy and technical support	High level funding and moderate implementation	High level	Collaborate
USAID	Donor agency	Funding, policy and	High level funding and high implementation	High level	Collaborate
Save the children	Civil society, Child health and Advocacy, implementation	Advocacy and technical support	Moderate level of power and high on advocacy	High level	Involve
RHU	Civil society, Reproductive health and Advocacy, implementation	Advocacy and implementation	Moderate level of power and high on advocacy	Low	Consult
Stakeholder	Profile	Type of Power/Influence	Level of Power/Influence	Level of Interest	Strategy to engage
PATH	Civil society, Reproductive health and	Advocacy, implementation	Moderate level of power and high on advocacy	Low	Inform
Pathfinder	Civil society, health and Advocacy, implementation	Advocacy and implementation	Moderate level of power and high on advocacy	Low	Inform
Uganda Red	Humanitarian	Humanitarian	low level	Low	Inform

Cross Civil society,	assistance and Advocacy, implementation	response			
World Vision	Civil society, health and Advocacy implementation,	Advocacy and implementation	Moderate level of power and high on advocacy	Pharmaceutical	supplies management
NMS	Government parastatal for government	Pharmaceutical supplies management	High level pharmaceutical supplies funding, policy and guidelines	Moderate	Involve
JMS	UPMB Faith based pharmaceutical supplies management	Pharmaceutical supplies management	High level pharmaceutical supplies funding , policy, and guidelines for faith based health facilities	Moderate	Involve
UCMB	Faith based service delivery	Manage faith based hospitals	High level	Moderate	Involve
UPMB	Faith based service delivery	Manage faith based hospitals	High level	Moderate	Involve

3.5.1 Existing Newborn health BCC opportunities

The national Saving Newborn Lives BCC and advocacy strategy recognises that there are existing Newborn health BCC platforms that can be leveraged for enhanced communication impact and learnings. It is derived from the mapping of related communications interventions that there are a number of agencies with well-developed communication platforms and SNL messages that could be harnessed by others to establish a more coordinated and integrated approach to SNL communications interventions with the direct benefit of efficient resource deployment and communications impact as translated into better SNL related behaviour and practices among target groups. Agencies implementing SNL communications interventions may therefore engage in collaborative efforts to share experiences or materials and strategies. A comprehensive list of related SNL communications interventions is here provided. **(See Annex A)**

3.6 Risk management and plan for continuity

The development of this communication strategy recognizes the fact that the Newborn health Programme, partners and the target communities, are “living” and “changing” entities. They learn, adapt and adjust to their environments and the changing socio-political, economic and environmental circumstances. Therefore, the risk management part of this strategy lies in the fact that it is a “living communication strategy” that learns and adapts to community needs, trends and circumstances. The task of continuous learning, adjustments and adaptation, lies in the hands of the lead implementers of the strategy who will spearhead the continuous learning process.

In planning to mitigate risk, the Newborn health programme should be aware of the following potential risk factors; -

- Possibility of sending mixed and conflicting messages among the Newborn health programme implementing team, boundary partners and frontline communicators. This arises from the multi-level nature of the Newborn health communication interventions.

- Unrealistic expectations from the community as a result of limited knowledge and previous project interventions that approached communities from a materialistic and donation point of view.
- Communication overload, fatigue and competition from other projects for community attention and participation
- Intermittent, sporadic and irregular communication and delays in feedback

TIMELINE AND LEVEL OF FOCUS FOR IMPLEMENTATION						
Area	Major Activities	Year 1	Year 2	Year 3	Year 4	Year 5
Communication	Print Communication and Advocacy strategy					
	Produce abridged Communication and Advocacy strategy					
	Hold strategy dissemination meeting					
	Conduct media orientation on NBH situation and reporting					
	Develop IP BCC campaigns					
	Launch Communication Strategy					
Advocacy	Develop/update communication training guidelines					
	Train service providers (VHTs, Health Educators)					
	Develop M & E communication indicators					
	Conduct support supervision					
	Conduct monitoring and evaluation					
	Conduct quarterly review meetings					
	Develop advocacy kit					
	Conduct advocacy meetings for national and district level, political leaders and other leaders					
	Conduct national Newborn health study					
	Participate in key national Health days					
	Hold dialogue meetings with duty y bearers to highlight Newborn health issues					

APPENDIX A: MATRIX OF POTENTIAL NEWBORN HEALTH COMMUNICATION PLATFORMS

SN	Name of Implementing Partner	Behaviors Addressed	Key audiences	HC Activities	NBH Behavior to be addressed/ Key
1	Maternal and Child Health Integrated Program (MCHIP)	Immunization	MOH/UNEPI, DHT, HWs, VHT, Parents and leaders	Conducting one on one, small and large group communication	Attend all four antenatal visits
2	USAID/Uganda Private Health Support Program	Increase uptake and quality of services in Private health sector	Health workers Community	Charts, job aides, training, guidelines, posters	Plan for the delivery of your unborn baby Handle expectant mother with empathy
3	Uganda Health Marketing Group (UHMG)	Safe motherhood	Women of reproductive age	Radio Spots, Posters, fact sheet	<p>Reduce work load during pregnancy Report to the nearest health facility when you experience anyunusual signs and symptoms; fever, bleeding, lower abdominal pain; Deliver your baby at a health facility with qualified personnel; Delay conception for at least one year to give your body an opportunity to conceive and deliver a healthy baby; Sleeping under a mosquito net will prevent you and your newborn baby from contracting malaria</p> <p>Delay conception for at least on year so that you can adequately care for your baby; Support your expectant partner to deliver safely and raise a healthy baby</p>
4	Uganda Health Marketing Group (UHMG)	Using a family planning method is the smart thing to do	Spacers , women with 1-2 children living in semi urban	Development and placement of Radio spots Posters	Delay conception for at least one year to give your body an opportunity to conceive and deliver a healthy baby
5	Marie Stopes Uganda	Expectant mothers should deliver at the health facility	Women of reproductive age, expectant mothers, Health Workers, Mothers in law, Men	Community dialogues, – Mobile bus drives, placement of Radio spots	Deliver at a health facility
		Use an IUD to space your children	Child spacers	Hold community dialogues Develop and place posters place radio spots	Delay conception for at least one year to give your body an opportunity to conceive and deliver a healthy baby
		If you feel you want to limit the number of children go	Men who want to limit the no. of children	Community Dialogues Activations Home visits	

		for a vasectomy			
6	MCHIP Maternal and Child Health Integrated program	Mothers playing a great role in child immunization	Mothers	Community Dialogue and Meetings	Take your Newborn for immunization
7	Save the Children	Saving Newborn lives	Expectant Mothers	Community dialogues Hold Radio Talk shows	<p>Prepare the necessary requirements for the safe delivery of your baby Breast milk is the best way to keep your newborn baby healthy Start breastfeeding your newborn baby immediately after birth</p> <p>Your newborn baby will grow and stay healthy if they are consistently breastfed</p> <p>Poor cutting and management of the umbilical cord may result in the death of your newborn baby Clean your newborns cord using clean safe water and keep the cord dry for quick healing Keep Baby Warm and Dry Keep your premature baby in skin to skin contact all the time</p>
8	Save the Children	Saving Newborn lives	Expectant Mothers	Community dialogues Hold Radio Talk shows	<p>Prepare the necessary requirements for the safe delivery of your baby Breast milk is the best way to keep your newborn baby healthy Start breastfeeding your newborn baby immediately after birth</p> <p>Your newborn baby will grow and stay healthy if they are consistently breastfed Poor cutting and management of the umbilical cord may result in the death of your newborn baby Clean your newborns cord using clean safe water and keep the cord dry for quick healing Keep Baby Warm and Dry Keep your premature baby in skin to skin contact all the time</p>

9	MCHIP Maternal and Child Health Integrated program	Mothers playing a great role in child immunisation	Mothers	Community Dialogue and Meetings	Take your Newborn for immunisation
10	SPRING	Exclusive breast feeding	Pregnant and lactating mothers	Conducting community dialogues	Breast milk is the best way to keep your newborn baby healthy Start breastfeeding your newborn baby immediately after birth Your newborn baby will grow and stay healthy if they are consistently breastfed
		Fathers should engage in feeding a sick child, recovering child	Fathers	Conducting community dialogues	Breast milk is the best way to keep your newborn baby healthy Start breastfeeding your newborn baby immediately after birth Your newborn baby will grow and stay healthy if they are consistently breastfed Breast milk is the best way to keep your newborn baby healthy Start breastfeeding your newborn baby immediately after birth Your newborn baby will grow and stay healthy if they are consistently breastfed
11	SCORE	Handling food well, Exclusive breastfeeding, having Feeding nutritiously when	Vulnerable households	Radio talk shows, community dialogues	Breast milk is the best way to keep your newborn baby healthy Start breastfeeding your newborn baby immediately after birth 1Your newborn baby will grow and stay healthy if they are consistently breastfed Have a balanced diet during pregnancy and after delivery Support your spouse to have a balanced diet during pregnancy and after delivery
12	Mildmay	Eating a balanced diets while HIV positive	PLHIV	Health talks peer to peer sessions demonstrations	Have a balanced diet during pregnancy and after delivery Support your spouse to have a balanced diet during pregnancy and after delivery
13	Save the Children	Saving Newborn lives	Expectant Mothers	Community dialogues	Have a balanced diet during pregnancy and after delivery Support your spouse to have a balanced diet during pregnancy and after delivery

14		Adhere to HIV Treatment	HIV positive Adolescents	Peer support group meetings	Seek EMTCT services when you are pregnant to protect your unborn baby from HIV infection; Attend all the four ANC visits during your pregnancy
15	PACE	Adopt the HIV Positive living lifestyle Elimination of HIV community stigma and discrimination	PLHIV	Orientation sessions referral	Seek EMTCT services when you are pregnant to protect your unborn baby from HIV infection Attend all the four ANC visits during your pregnancy
16		Fully adhere to you treatment	Spouses of PLHIV	Posters	Reduce work load during pregnancy
		Support PLHIVs to successfully enroll and stay on care programs	PLHIV	Community dialogue Distribution and placement of communication materials	Seek EMTCT services when you are pregnant to protect your unborn baby from HIV infection Attend all the four ANC visits during your pregnancy
		Spousal support on adherence to HIV treatment	Spouses of PLHIV	Radio spots	Support your expectant spouse to adhere to HIV treatment
17	TASO	Positive health dignity and prevention (PHDP) Family support to PLHIV	Clients, children and their family members	Community Dialogues Home visits Conduct radio talk shows , conduct drama shows	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT
18	Children's AID Fund	Adherence to HIV treatment Elimination of community HIV stigma and discrimination	HIV Clients, children and their family members	Community dialogues conduct peer to peer sessions Counseling sessions post web messages make music and drama performances	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT
19	Baylor Uganda	Encouraging expectant mothers to test for HIV Men should accompany their wives during ante natal visits	Expectant mothers Spouses	Poster distribution radio spots community dialogues drama shows	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT
20	Uganda Cares	All HIV positive individuals enrolling into care and Treatment	People living with HIV	Community dialogues, posting on social media, poster placement, IEC material development	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT
21	Uganda Health Marketing Group (UHMG)	Adopt HCT as a life style	Adults aged 18-49years (Key populations including SWs, LGBT, Artisans,	Community group meetings Home visits Media placement Social media placement Hotline	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT

			Affluent)	counseling	
22	Uganda Protestant Medical Bureau (UPMB)	Seek EMTCT services for all HIV positive expectant mothers	WRA, Pregnancy and lactating mothers	Poster distribution media placement	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT
23		Treat exposed infants	Exposed newborns	Community Dialogues	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT
24	Infectious Disease Institute (IDI)	<i>Elimination of community stigma</i>	General public leaders Health workers	Dialogue meetings Poster distribution drama presentations	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT
25	Reach out Mbuya Parish HIV initiative	Know your HIV status	Adults Young Adults out of school	Distribution of flyers Community dialogues Online counseling	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT
26	Reach out Mbuya Parish HIV initiative	Everything begins from knowing your HIV status	Couples	brochure distribution community dialogues	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT Attend four antenatal visits
27	PREFAR	Enrollment on the EMTCT for all expectant HIV positive mothers Male involvement	Expectant mothers , their partners and the general population	Poster distribution media placement community dialogues home visits	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT Attend four antenatal visits
28	PREFAR	Know your HIV status	MARPs General population	Posters	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT Expectant mothers attend four antenatal visits
29	MildMay Uganda	Exposed infants on treatment Enrollment on the EMTCT for all expectant HIV positive mothers	HIV exposed children up to 18years Expectant mothers Health workers	Dialogue meetings Poster distribution drama presentations	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT Expectant mothers attend four antenatal visits
		Know your HIV status	Families Key populations General	Placement of Posters Conduct Community	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into

			Populations	dialogue sessions Make drama and musical presentations Place radio spots	EMTCT Expectant mothers attend four antenatal visits
30	THETA	Have an HIV free baby Husbands escorting their wives during antenatal visits Husbands supporting their wives to use family planning Husbands don't physically assault their wives	Expectant and lactating mothers Women and men of Reproductive age	Community Dialogues Home visits develop and distribute T-shirts Radio Billboards VHTs Posters	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT Expectant mothers attend four antenatal visits
31	STAR SW		Pregnant and lactating women	Conduct radio talk shows Placement of posters and billboards one on one sessions community dialogues	Support your expectant spouse to adhere to HIV treatment
32		HIV positive mothers enrolling for EMTCT service Male spouses supporting their HIV positive mothers to enroll into EMTCT services	General population (Couples)	Placement of Radio spots, billboards posters Community dialogues	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT Expectant mothers attend four antenatal visits
		Couples testing together for HIV	Adults engaged in HIV Care at ART sites Couples	Placement of Radio spots, billboards posters Community dialogues	Support your expectant spouse to adhere to HIV treatment Support and accompany your expectant spouse to enroll into EMTCT Expectant mothers attend four antenatal visits Expectant mothers deliver at a health facility
		Adherence to HIV Treatment	PLHIV	Placement of Radio spots, billboards posters Community dialogues	Support your expectant spouse to adhere to HIV treatment Expectant mothers attend four antenatal visits HIV positive expectant mothers deliver at a health facility
		Faithfulness among couples	Couples	Placement of Radio spots, billboards posters Community dialogues	
33	MJAP	All children are born HIV negative Male Involvement	Pregnant women their spouses Community leaders	Community dialogues	Support your expectant spouse to adhere to HIV treatment Expectant mothers attend four antenatal visits HIV positive expectant mothers deliver at a health facility
		Expectant mothers take an HIV test and if positive	Pregnant women Clients in care	Community dialogues Health talks One on one	Support your expectant spouse to adhere to HIV treatment Expectant mothers attend four antenatal visits HIV

		they enroll into EMTCT programs		sessions	positive expectant mothers deliver at a health facility
		Couples testing together for HIV and seeking appropriate care if HIV positive	Couples HCT services Clients	Discordant couple for a One on one poster distribution	Support your expectant spouse to adhere to HIV treatment Expectant mothers attend four antenatal visits HIV positive expectant mothers deliver at a health facility
34	SPEAR	Expectant mothers take an HIV test and if positive they enroll into EMTCT programs Male involvement	Police and prison communities	Community dialogues HC material distribution and placement	Support your expectant spouse to adhere to HIV treatment Expectant mothers attend four antenatal visits HIV positive expectant mothers deliver at a health facility
35		Taking an HIV test Couples testing together for HIV	Police and prison communities Ministry of Internal Affairs staff Teachers (Couples) Students of BETVET Institutions	Community dialogues One on one sessions HC material distribution	Support your expectant spouse to adhere to HIV treatment Expectant mothers attend four antenatal visits HIV positive expectant mothers deliver at a health facility
36	JCRC	Ensure the unborn child is HIV free	PLHIV	Peer support group meetings	HIV positive expectant mothers deliver at a health facility
37	Uganda Health Marketing Group (UHMG)	Access EMTCT services as soon as you test HIV positive	Expectant couples	Media placement community dialogues	Seek EMTCT services at health facility near you
38	Reproductive Health Uganda	Zero self-stigma and discrimination	PLWHIV	Poster distribution Radio leaflet distribution talk shows TV advert placements community dialogues	

39	Stop Malaria Project	Malaria testing Treatment	Care Givers of children under five Health providers in facilities that provide testing services	Poster placement radio spots community dialogues T-shirt distribution	Sleeping under a mosquito net will prevent you and your newborn baby from contracting malaria
40		Net Care and repair	General community and Schools	Poster placement radio spots community dialogues T shirt distribution	Expectant mothers repair your treated mosquito net and always sleep under it

Key potential Newborn health and Advocacy allies (Adopted from the Power Mapping Exercise for Newborn Health in Uganda conducted by Save the Children)

No	Stakeholder	Areas	Newborn health support
1	Child Fund	Focuses on building child capacity	Non

2	Uganda Save the Children Uganda	-health and nutrition	Newborn and child survival campaign EVERYONE -Saving Newborn Lives
3	UNICEF Uganda	-keep children alive	Supports MOH on Newborn policy and strategy formulation and leading advocacy for newborns in the country Member NNSC Through Malaria Consortium funds iCCM (which includes community newborn care) in over 9 districts
	UNFPA	-universal access to sexual and Reproductive health including FP -Promoting reproductive rights -reducing maternal mortality	-provision of mama kits for safe delivery -building skills of midwives on safe and care for newborns -advocacy for reproductive, maternal and newborn health
4	AOUGU	Provide a forum for exchange of professional knowledge, experience and ideas among obstetricians and gynaecologists in and outside Uganda. - promote, scrutinize and foster facilities for the training of post-graduates, under-graduates, midwives, nurses and para-medicals in all fields of obstetrics and gynaecology. -To provide where necessary professional and technical advice to the Ministry of health, Uganda Medical and Dental Practitioners Council and any related organization and/or institution in Uganda. -To encourage active co-operation with International Health Agencies, Institutions, Associations and Societies. -To ensure and project a high standard of Practice and ethics of Obstetrics and Gynaecology in Uganda. -To encourage research in all sectors of Practice of Obstetrics and Gynaecology	Research and practices for newborn health Advocacy integrated maternal and newborn health service delivery Member of the NNSC
5	Makerere University School of Public Health	-development of values-based leaders; -development of an inclusive environment for School and community stakeholders;	Local evidence generation e.g. the Uganda Newborn Survival Study Service delivery in about 9 district in East

6		<p>- increased enrolment through new well thought out demand driven programs and new approaches to fiscal soundness;</p> <p>-increased commitment to the strong community outreach partnerships and collaborations; infusion of international perspectives throughout the School communication strategy; and development of an Institutional</p>	<p>Central Region</p> <p>Education and capacity building</p>
	WHO	<p>Technically directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends</p>	<p>Support development of policy and guidelines for newborn</p> <p>Advocates for newborn at policy level</p>
7	USAID	<p>USAID's commitment to Uganda continues to focus on improving people's livelihoods. Strong economic growth has lowered poverty, reduced the rate of HIV/AIDS infections, and improved education</p>	<p>Support to newborn through project support (Strides for health, Saving Mothers Give Life, Nu-HITES, and URC (ASSIST Project)</p>