Improving the quality of maternal and newborn health care services through accelerated implementation of the Essential Interventions by the Health Care Professionals Associations

Project Brief to support Phase 2

Implementing Partners **PMNCH Constituencies of:** **- Health Care Professionals Associations/HCPAs (FIGO, ICM, ICN, IPA)** **- Academic, Research and Training institution/ART (IECS)**	International Federation of Gynaecology and Obstetrics (FIGO) International Confederation of Midwives (ICM) International Council of Nurses (ICN) International Pediatric Association (IPA) Institute for Clinical Effectiveness and Health Policy (IECS)
Project Countries	Uganda and Nepal
Proposed Budget for phase 2 June 2015 – May 2016 **June 2016 – May 2017**	**200,000 USD** **200,000 USD**

Background

The International Federation of Gynecology and Obstetrics (FIGO), the International Confederation of Midwives (ICM) and the International Pediatric Association (IPA) jointly implemented phase 1 of the PMNCH funded project "Improving the quality of maternal and newborn health care services through accelerated implementation of the Essential Interventions by the Health Care Professionals Associations (HCPAs)" between July 2013 and September 2014. Building on the successes of phase 1, these Professionals Associations are now joined by the International Council of Nurses with the **determination to bring about the professional attitude and behaviour change needed to ensure quality of care around delivery and newborn care**.

- This Joint Initiative has brought together obstetricians, midwives, nurses and pediatricians at international and national level, who are in a unique position to massively influence their colleagues (clinicians, educators and policy makers) to accelerate the dissemination and uptake of the multi-stakeholder consensus on "Essential Interventions, Commodities and Guidelines for RMNCH" [1]. A robust Monitoring and Evaluation (M&E) Strategy for an implementation research was developed for the project by the Institute for Clinical Effectiveness and Health Policy (IECS – Instituto de Efectividad Clinica y Sanitaria).

[1] The Partnership for Maternal, Newborn & Child Health. 2011. *A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH).* Geneva, Switzerland: PMNCH.

- The first phase of this innovative project, provided an excellent opportunity to put in place a **package of activities that ensured joint work, as well as systematic implementation and recording of selected Essential Interventions**. The joint initiative has the support from Laerdal Global Health and the Global Library of Women's and Medicine (GLoWM) who provided equipment and materials.
- This project is aligned with recent initiatives to improve quality of care standards such as the Model Maternity Initiative[2] presented by Jhpiego at the 1st FIGO Africa conference in 2013 and the Mother–Baby Friendly Birthing Facilities Initiative. The latter aimed at engaging Professional Associations, UN agencies and other stakeholders in the certification of facilities in accordance with the recently issued guidelines[3] by the FIGO Safe Motherhood and Newborn Health Committee in collaboration with colleagues from the International Confederation of Midwives, White Ribbon Alliance, the International Pediatrics Association, and the World Health Organization.

Objectives

The objectives of the project are centred around the Professional Associations' lead role in ensuring that health providers are regularly updated on recent advances in maternal and newborn care. The implementation model used for phase 1 in Uganda needs to be tested in an Asian context and integrated with similar initiatives to improve quality of care.

The objectives of phase 2 will be to:

1. **Consolidate the evidence** on the effectiveness of a package of activities to accelerate the implementation and monitoring of the Essential Interventions
2. **Disseminate the results** and an implementation model that is easily replicable in other low-resourced settings
3. **Reinforce the collaboration** between Professional Associations and relevant stakeholders to institutionalise sustainable quality of care and joint work on the Essential Interventions

Key Achievements of Phase 1

The selected health facilities welcomed this implementation research which allowed to obtain, for the first time, electronic data on key Essential Interventions equipping hospital teams to use evidence to take action to improve record keeping systems and quality of care compliance.

[2] Jhpiego (2013) FIGO Africa Session: Respectful Maternity Care: A Dimension of Quality Maternal and Newborn Health. Available: http://www.comtecmed.com/figoafrica/Uploads/assets/pdf/de%20Luz%20M.pdf . Accessed 23 February 2015.
[3] International Federation of Gynecology and Obstetrics, International Confederation of Midwives, White Ribbon Alliance, International Pediatric Association, World Health Organization. FIGO guidelines, *Mother–baby friendly birthing facilities*. International Journal of Gynecology and Obstetrics. 128 (2015) 95–99

✓ One African and one Asian country

Uganda and Indonesia were selected to be part of this project. The national Professional Associations worked closely with IECS to submit a research protocol to the national ethical review boards. While Uganda accomplished this soon after the inception workshop, this was not the case in Indonesia. Although the national Professional Associations in Indonesia had several meetings with different MoH Directorates between November 2013 and May 2014, no official authorisation could be obtained in order to move forward with the submission of the research protocol, consequently **Nepal** was selected as an alternative Asian country and the submission was immediately completed. Both Nepal and Uganda have benefited from strong collaboration with the international Professional Associations in recent years and demonstrated good rates of success.

✓ Leadership of the International and National Steering Committees

International and National Steering Committees were established at the inception of the project and agreed on the project work plan, M&E and communication strategies. Together they developed an **evidence-based conceptual framework that guaranteed the engagement of health providers** to implement the package of activities and actively participate in the implementation research.

The National Steering Committee identified various options of how the project tools could be used to support the on-going activities of their members (appraisals, orientation of new students, and supervision) and indicated that other like-minded senior colleagues would also be on-board. It was highlighted that results will help to **improve clinical practice and engage in advocacy discussions with the hospital management and the MoH**.

The International Steering Committee continued to oversee the project implementation process, provided guidance and shared project achievements with another donor (the Bill and Melinda Gates Foundation) interested in **supporting the Professional Associations' lead role at ensuring rapid uptake of the Essential Interventions** and other innovations in quality of care.

✓ Implementation Research Results

The trend on the coverage of 8 Essential Interventions was measured, as well as the effect of the package of activities on this trend. For the first time electronic data was obtained on the trends of Essential Interventions coverage.

- A total of 21 people received training to implement data collection and the package of activities. **Data collection was completed for 4750 deliveries** in two health facilities (St. Rafael of St. Francis Nsambya Hospital in Kampala and Mbarara Regional Referral Hospital in Mbarara). A booklet for dissemination of the Essential Interventions was produced as well as checklist and monitoring cards for the other activities, consisting of a toolkit available online.

- **The package of activities included dissemination, observation of practice and discussion platforms**. It was cascaded to about 60% of the total 157 health providers who were reached through six activities: dissemination workshops, development of reminders, birth simulation sessions, team building, case reviews and academic visits in the wards.
- Data collection revealed that 4 Essential Interventions had high levels of coverage in both health facilities (**social support during childbirth, prophylactic uterotonic, thermal care and CPAP** above 75% of deliveries in most of the study points in time). In contrast, more coverage variability was observed for the other 4 Essential Interventions – **prophylactic antibiotics, induction of labour for prolonged pregnancy, Kangaroo mother care (KMC) and immediate breastfeeding**. In Nsambya, deficiencies in the procedural and management of storage, administration and recording of antibiotics were identified through the analysis of data. In this urban and semi-private setting it also appears that immediate breastfeeding is not prevalent (reached 55% in last point in time). In contrast, the rural and public hospital in Mbarara benefited from synergies with another project on PMTCT reinforcing breastfeeding (rates close to 100%). Both hospitals rated low in induction of labour and KMC. This evidence shed light to important challenges and actions by hospital leaderships were expected.
- The health providers (HP) survey (78 questionnaires completed at the end of study) and qualitative evidence demonstrate the **positive effect of the project to improve joint work, Essential Interventions' compliance and documentation.** There were significant improvements in relationships between the three professions and increase in the knowledge and confidence in relation to: antibiotics for C-section, social support, and CPAP. For KMC and breastfeeding there was a significant increase only in knowledge highlighting the need of more time for the internalisation of knowledge to result in effective behaviour changes.

Consideration for Phase 2

- An extended post-intervention period in Uganda should provide the necessary time where changes are expected to be observed and stronger results obtained. Taking into account that the project will last for two years, it should be possible to allocate a minimum of 5 months of post-intervention in . In both countries year 2 of phase 2 should focus on dissemination of results.
- The human, financial and time resources allocated for phase 1 were sufficient to develop the research proposal, set-up the necessary systems and test the feasibility of the Joint Initiative implementation model but insufficient to ensure sustainability.

  The end of project substantive report provided valuable insights on the ownership of the implementation model and it is expected that additional resources will allow to build on

aspects that are essential to ensure sustainability, namely: a local data-entry system integrated within the health facilities' PDSA (Plan, Do, Study, Act) cycle; dissemination of results and strengthening of alliances in order to advocate for a sustainable institutionalization of the Essential Interventions.

Project Outcomes

- **Commitment of Professional Associations to actively work together in health facilities to implement the Essential interventions.**
- **Institutionalization of the Essential Interventions' implementation at health facilities and hence maintain its sustainability when the project is finished.**
- **The monitoring and evaluation results showed rising positive achievements in terms of Professional Associations' compliance and collaboration in the implementation of the Essential Interventions.**

Way Forward

- **This pilot project showed great success in guaranteeing collaboration between the three Professional Associations in implementing the Essential interventions.**
- **Many lessons have been learnt by the international and national Professional Associations. They have strongly collaborated to understand and respect each other, and most importantly to work together to improve quality of care for mothers and newborn.**
- **The phase 1 of the Joint Initiative reinforced the evidence that although health providers are aware of knowledge and theory underpinning evidence, translating the knowledge into practice, making it happen and documenting, still remains a challenge. New ways to bridge this "Know–Do Gap" were explored with the expectation that a phase 2 will provide the necessary time-frame for the changes induced by the package of activities to impact on patients outcomes and achieve cultural and normative behavioural sustained change.**
- **It is important to solidify this experience and scale it up in other facilities in other countries using the same model of work.**
- **Discussions with donors are on-going to secure funds for scaling up. The three Professional Associations held a meeting with Gates Foundation in London on 5 December 2014 and the International Confederation of Nurses (ICN) has been added to the group. Gates Foundation agreed to look into a project that includes all four Professional Associations. Other donors are being approached as well.**

PMNCH support for the two year (mid-2015 to mid-2017) interim period with a budget of 200.000 USD each year will be greatly needed to keep the momentum going while finalising further fund rising from other sources.

Annex 1

Budget Proposal for phase 2 in Nepal and Uganda

Activity	Year 1 (USD)	Year 2 (USD)
iii. Staff and other personnel costs	**$ 89,000.00**	**$ 89,000.00**
iv. Travel	**$ 30,000.00**	**$ 30,000.00**
v. Contractual services	**$ 40,000.00**	**$ 20,000.00**
vi. Procurement	**$ 6,000.00**	**$ 8,000.00**
vii. Fellowship, grant and other	**$ 8,915.00**	**$ 26,915.00**
Total (VIII - SUBTOTAL)	**$ 173,915.00**	**$ 173,915.00**
Overhead (IX-Programme support costs)	**$ 26,087.25**	**$ 26,087.25**
Grand total (X.TOTAL EXPENDITURES)	**$ 200,002.25**	**$ 200,002.25**

Important note: The Budget presented will only allow to cover for objective 1 in year 1 and limited activities related to objective 2 and 3 in year 2. Additional funds will be necessary to guarantee the consolidation of project outcomes. Discussions with donors are on-going to secure these additional funds as detailed in the Project Brief (see p.5).