

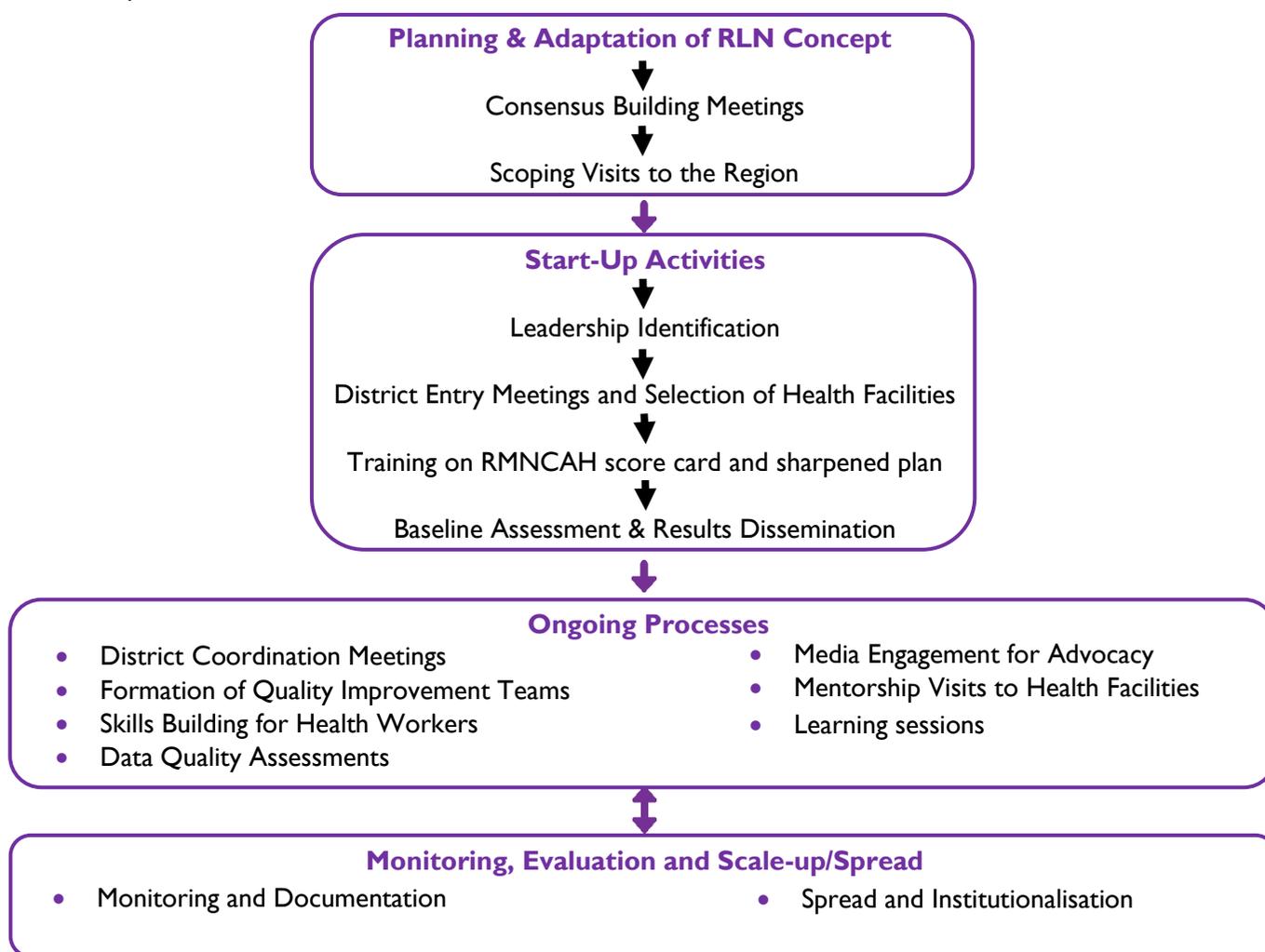
THE REGIONAL LEARNING NETWORK: MODEL FOR IMPROVING MATERNAL AND NEWBORN HEALTH CARE OUTCOMES

Background

The Government of Uganda, in collaboration with development partners, has committed to ending preventable maternal and child deaths through their endorsement of the Sustainable Development Goals and by developing national policies and strategies, such as the National Roadmap for Maternal and Newborn Survival, the National Child Survival Strategy, and National Newborn Standards. The biggest challenge now lies is translating these commitments into sub-national level action to deliver on the desired outcomes. Current statistics indicate nearly 70,000 deaths due to complications in pregnancy, childbirth and in the first month of life. Of these, 5,700 are maternal, 29,700 are newborns and 34,150 are stillbirth.* These figures call for immediate attention towards maternal and newborn health (MNH) care in the country.



In order to strengthen the health system and improve MNH care and outcomes, the Uganda Ministry of Health (MoH) expressed interest in developing a Regional Learning Network (RLN), which would serve as an initiative to improve the survival and health of mothers and newborn babies by providing high quality MNH care in health facilities. A RLN comprises of health facilities including and within a catchment of the regional referral hospital linked through a quality improvement collaborative and referral system providing quality maternal and newborn care services based on national standards and guidelines. To take this forward, Save the Children in partnership with University Research Company (URC), with oversight from MoH, has piloted an RLN in Hoima Regional Referral Hospital catchment area. This brief describes the implementation process of the RLN, summarizes lessons learned, and provides a model that can be used for implementation expansion.



DETAILS OF EACH STEP IN THE MODEL FOR IMPLEMENTATION

Planning & Adaptation of RLN Concept

Consensus Building Meetings: These meetings build support and obtain consensus among stakeholders on the RLN concept/model, particularly around the goals, objectives and focus. The level of participation and roles for each stakeholder are also agreed upon.

Scoping Visits to the Region: These visits are carried out to map and profile health facilities in the region in order to understand how services are organized, and the existing linkages between the Regional Referral Hospital (RRH) and lower level facilities. This provides insights into the existing network of health facilities and facilitates identification of lower-level health facilities for inclusion in the RLN.

Start-Up Activities

Leadership Identification: Strong local leadership is needed for success and sustainability of the RLN requires strong local leadership. An ideal leader should be well established in the community and as part of the team at the referral hospital, a respected clinician with expertise in neonatal care, and knowledgeable, influential and passionate about MNH issues. He/she supports the RLN by influencing district and health facility leaders to buy-into the model and advocates for policy changes in favor of MNH.

District Entry Meetings and Selection of Health Facilities: These meetings are conducted to mobilise district political and technical leaders as well as health facility in-charges to share with them the RLN concept for their support, and to agree on the health facilities for inclusion in the RLN.

Baseline Assessment & Results Dissemination: The assessment is conducted in health facilities to understand better the status of MNH care. Dissemination of results allows for identification of programmatic/policy issues in relation to resources, access, and quality of services. The data obtained helps to determine baseline performance of the facilities and to understand supportive functions across facilities in the districts and the region at large.

Training on RMNCAH Score Card and Sharpened Plan Orientation: The Reproductive, Maternal, Newborn and Child and Adolescent Health (RMNCAH) scorecard is a tool used to monitor district performance on selected indicators. Orientating and training district leaders, and health facility technical staff on these tools enables them to identify non-performing indicators and to devise strategies to improve performance and accountability in the area of RMNCAH.

Establishing Learning Lab: The lab serves as a site for practicum attachment for health workers within the network to facilitate hands on skills training and adaptive learning.

Ongoing Processes

District Coordination Meetings: These meetings are convened quarterly to ensure coordination of partners implementing MNCH projects in the districts. Topics discussed include addressing priority health areas, improving equity in availability and access to MNH services; building synergies among themselves, and minimising unnecessary duplication of services in the districts.

Media Engagement for Advocacy: Journalists and media houses operating in the RLN are equipped with information, knowledge, and key messages on MNH for consumption by the public. This is done through media dialogues, mentoring, and sharing of MNH data. This is intended to strengthen media advocacy and reporting of MNH issues in a responsible and technically correct way to trigger change.

Skills Building for Health Workers: The lead QI mentors conduct skills building sessions at the Skills Lab, for health workers to improve their skills and capacity to provide the expected quality of care (QoC) for mothers and new-borns.

Formation of Quality Improvement (QI) Teams: QI teams are established at each facility and oriented on the basic elements of the RLN, the basic notions of QI and the role of a QI team. The teams identify care deficiencies at facilities, plan for and implement QI cycles, and review data to effect improvement in MNH care.

Learning Sessions: These sessions are held with local leaders from RRH, QI teams and MNH focal persons in the districts on a quarterly basis. The sessions are used to share best practices, lessons learnt and challenges experienced by front line health workers in addressing MNH care, with focus on utilisation of local data and identifying solutions. QI teams are also supported to develop QI projects for addressing critical MNH care gaps in a specific period of time.

Mentorship Visits to Health Facilities: The lead QI mentors conduct on-site mentorship visits at health facilities on a regular basis to improve the performance of health workers. Focus is placed on: individual capacity gaps and team work to improve, the appropriateness of care, inform changes in care needed, and sharing of essential information on MNH care, among others. This process is also intended to facilitate grooming of district-based mentors for continuity after the project.

Data Quality Assessments: These assessments are conducted at health facilities on a quarterly basis to determine the accuracy, completeness, and timeliness of reported data. The focus is on a selected set of indicators for a specific period of time. Indicators reviewed can include: deliveries in the health unit, total number of live births, fresh still births, macerated still births, birth asphyxia and low birth weights. Outcomes of these assessments are documented and shared with facilities to highlight and guide improvements; and district leadership for system strengthening. Major challenges affecting service delivery are also identified and escalated to the appropriate levels.

Monitoring, Evaluation and Scale-up/Spread

Monitoring and Documentation: 13 indicators were chosen based on baseline assessment findings and are monitored on a monthly basis to track performance of the RLN. In addition, learning questions were developed to answer key questions related to implementation and performance of the RLN. Specific sources of data have been identified to answer these questions. Endline assessments will be conducted using the same tools as the baseline assessments to evaluate progress achieved. Outcomes and learning from these processes is documented and shared with stakeholders such as academia, professional associations, regional referral hospitals, other MNH implementing partners, and development partners, among others.

Spread and Institutionalisation: Regular engagement of various stakeholders such as the districts leaders, MoH, health workers, media and academic institutions for MNH research, in the RLN processes ensures participation and institutionalisation of the various RLN processes in their programming, for sustainability of RLN outcomes beyond Save the Children's support.

* Access data sources at www.healthynewbornnetwork.org/numbers/

