Mozambique MCHIP Technical Briefs

The Model Maternity Initiative

Introduction

The Government of Mozambique has made progress in its work to reduce the Maternal Mortality Ratio (MMR), from > 1,000 per 100,000 live births in 1990 to 408 per 100,000 live births in 2011, as well as the Newborn Mortality Rate (NMR), from 57 per 1,000 live births in 1997 to 30 per 1,000 live births in 2011. Despite these significant reductions, efforts undertaken must be significantly reinforced to achieve Mozambique's Millennium Development Goal (MDG) 5 target of 250 per 100,000 live births by 2015, and the MDG 4 target of 108 per 1,000 live births for Under Five Mortality Rate in 2015.

Towards that goal, the Mozambique Ministry of Health (MOH) launched the Model Maternity Initiative (MMI) in 2009 as part of the National Plan for Humanization and Quality of Health Care. The goal of this initiative is reduce maternal and neonatal mortality by creating maternities nationwide to serve as models for quality of care in maternal, newborn and child health (MNCH) and as clinical practice sites for in-service training and pre-service education. Under the MMI process, 81 quality standards across 9 areas were developed by a team of experts from all levels of management and care, taking into consideration both national and international norms, guidelines, and evidence-based MNCH practices.

Through the first phase of MCHIP in Mozambique (2009-2010), Jhpiego provided leadership and technical assistance to the MOH to implement evidence-based approaches to improve the quality of MNCH services. Under Phase I, MCHIP supported the MOH to:

- Establish 34 "Model Maternities" to disseminate quality, humanized and evidence-based MNCH practices under the MMI;
- Train more than 300 health professionals, including 29 trainers, in essential obstetric and newborn care, emergency obstetric and newborn care, and quality improvement methodology (SBM-R);
- Implement MNCH quality standards and monitor key indicators; and
- Develop key policies, guidelines and strategies to strengthen MNCH.

Building upon the experiences and lessons learned during the first phase, the current second phase of MCHIP (Associate Award, 2011-2015) Jhpiego collaborates with the MOH to deliver critical, evidence-based health services and with its strategic partner, Save the Children, is strengthening community interventions on a national scale to reduce maternal and neonatal morbidity and mortality. This four-year program is working with national and provincial partners and stakeholders to scale up key MNCH interventions through an integrated approach that aligns with the Government of Mozambique's efforts to achieve MDGs 4 and 5. With the expansion, the MMI will cover over half of all institutional births nationally by the end of 2014.

MMI Approach and Main Interventions

The MMI is implemented through an approach that: centers on the individual; emphasizes the fundamental rights of the mother, newborn and families; promotes birthing practices that recognize women's preferences and needs; focuses on humanistic/respectful care; and scales up of evidence-based high-impact interventions, such as:

- ✓ *Antenatal care (ANC)*: Promotion of a minimum of four ANC visits and provision of high-impact interventions, including tetanus toxoid immunization; supplementation with iron folate; intermittent preventive treatment of malaria in pregnancy (IPTp); prevention of mother-to-child transmission of HIV (PMTCT); and discussion/elaboration of a birth and obstetric complications preparedness plan;
- ✓ *Normal labor and delivery:* Consistent use of the partograph; liberty of movement; newborn care (skin-to-skin contact with mother and early breastfeeding); active management of the third stage of labor (AMTSL); mother/newborn close monitoring in the immediate post-partum; immediate post-partum family planning (PPFP); and AVOIDING: room transfer for delivery; routine supine position; intended pushing; frequent vaginal examinations; Kristeller maneuver; and routine episiotomy.
- ✓ *Basic Emergency Obstetric and Newborn Care (BEmONC):* Intravenous antibiotics; oxytocics; MgSO4; manual removal of placenta; assisted vaginal delivery; newborn resuscitation; Kangaroo Mother Care and antibiotics for the newborns; and timely referral to facilities that offer Comprehensive Emergency Obstetric and Newborn Care (CEmONC);
- ✓ *Post-Partum/Post-Natal Care:* Promotion of three visits for the mother and newborn (2nd or 3rd day, 7th day, and 21-28 days after delivery); and
- ✓ *Family Planning (FP):* Comprehensive FP counseling and services, including the promotion of long-acting methods (IUD, implants, tubal ligation).
- ✓ *Addressing Social Determinants of MNCH:* community capacity strengthening to explore, plan and act together for improved care-seeking and family MNCH practice

MCHIP recognizes that formal health systems alone will not improve health. As such, MCHIP seeks to bridge the facility and community by engaging local residents in institutional quality of care improvement initiatives, conducting public education and outreach and empowering local leaders through skills development in planning, implementing and monitoring health initiatives. By addressing the social and behavioral determinants of MNCH through promotion of positive health practices at individual, household and community levels, the program seeks to promote the utilization of facility-based services and to increase the quality of care, especially from the perspective of the client.

USAID support to the MOH's MMI is primarily represented under MCHIP Objective 2 *Support efforts of the MOH to increase national coverage of high impact interventions for MNCH through the expansion of the MMI*, in collaboration with USG partners in all provinces. Major accomplishments under MCHIP Objective 2 are presented in the following section.

MCHIP Program Activities and Intermediate Results

Institutional Component

Assuring minimal infrastructure and supplies for MNH services

MCHIP has distributed materials for basic maternity care, including birth kits, C-section kits, sheets, gowns, hysterectomy kits, tubal ligation kits, PAC kits (without MVA equipment – MCHIP plans to request this material from IPAS), vacuum extractors, episiotomy kits, blood pressure cuffs, stethoscopes, and ambus, for the Model Maternities included in the MOH expansion plan. Also during the last two years, MCHIP, in collaboration with Provincial Health Directorate counterparts and facility managers, supported refurbishments at five facilities: Xai-Xai Provincial Hospital (Gaza), Macurrungo Health Center (Sofala), 25 de Setembro Health Center (Nampula), Tete Provincial Hospital (Tete), and José Macamo General Hospital (Maputo City). In addition, MCHIP is supporting rehabilitations at an additional 5 facilities by the end of June 2015. Minor refurbishments are being prioritized based on a phased plan to bring selected health facilities to recognition status.

Capacity building on key evidence-based practices

From the inception of the Associate Award in 2011 until December 2014, 5,839 health workers have been trained in MNCH with a focus on humanized care, including PMTCT, Helping Babies Breathe, Kangaroo Mother Care, malaria case management, malaria in pregnancy, post-partum/post-abortion family planning, with 295 of them trained as trainers (TOT). The objective of these trainings is not only to provide health professionals with the knowledge and skills to implement high-impact, evidence-based interventions in maternal and newborn health, but also to help build and maintain a national infrastructure for training and supportive supervision in MNCH.

Strengthening MOH's management and supervision of Model Maternities

MCHIP supported the MOH to expand the MMI from 34 health facilities in the first phase of MCHIP (2010) to 125 health facilities in 2014. To support these sites MCHIP continues to work with MOH to support the provincial-level supervision and technical assistance visits to the MMI facilities. During these visits, technical assistance is provided for health care workers to ensure the implementation of high-impact interventions during labor, delivery and post-partum; to carry out internal SBM-R measurements and to develop action plans; to clean and re-organize maternity services; to improve the register of information, analysis of data and the use of data for decision-making; and to establish mechanisms for client satisfaction measurement. Annex 1 provides a list of some project Performance Indicators that have been monitored at the MMI facilities.

MCHIP has been providing financial and technical support to the National Maternal and Newborn Mortality Committee since 2012 to review and analyze maternal deaths according to the WHO International Classification of Deaths, and to conduct supportive supervision visits to Provincial, District and Health Facility Committees to strengthen their capacity to analyze maternal and neonatal deaths.

MCHIP has also been supporting the MOH, in some specific areas such as PMTCT: to introduce the National Plan for the Elimination of Vertical Transmission (2012 – 2015), aid in the rollout of Option B+, and to revise provincial plans, targets, and indicators. As a result, all provinces currently have a road map to work toward the nation's goal of eliminating vertical transmission and saving the lives of mothers and children. Malaria: to develop technical materials including job-aid posters for Malaria Rapid Diagnostic Tests and flowcharts for malaria in pregnancy, and to carry out supervision of malaria activities in some provinces. Neonatal Health: to develop strategic and technical materials such as the Health Strategic Plan (PESS), training of trainers on Helping Babies Breathe, situational analysis on Kangaroo Mother care, job-aid posters for Kangaroo Mother Care, training of trainers and providers on Kangaroo Mother Care, and flowcharts for newborn health, including infection of the umbilical cord, neonatal sepsis, eye infections, skin infections, hypoglycemia, candidiasis, hypothermia, prematurity, low birth weight, and neonatal resuscitation.

Community Engagement Component

Increasing service utilization through strengthened facility-community linkages

MCHIP applies a *Partnership Defined Quality* (PDQ) approach to establish a mechanism for community participation in health facility quality improvement initiatives. The approach invites community members and service providers to enter into an ongoing, respectful constructive dialogue where expectations and concerns are discussed, and joint actions are agreed. MCHIP also uses the Community Action Cycle (CAC), which is a community-led process that engages those most affected by, or interested in, MNCH issues. Through the CAC, the groups set priorities, plan, act, and evaluate their actions together. The participation of those individuals who have been most affected by high maternal and newborn deaths contributes greatly to finding solutions.

A Health Committee engaged in a planning session

MCHIP has provided strategic technical support to the MOH, to more fully realize its *Strategy for Community Involvement* (2004). Working closely with the Department of Health Promotion, MCHIP has supported the development and harmonization of the MoH's packages for mobilizing communities for improved MNCH, including tools, methods, monitoring indicators, and national guidelines for the establishment and functioning of community health committees (CHCs) and health facility co-management committees[1]. MCHIP has also provided support to train government health workers and MOH partners to ensure nationwide implementation of these strategies and guidelines.

MCHIP's community interventions are focused in 10 provinces, two districts per province. In each district a package of interventions are building and linking existing social networks and resources for improved MNCH. Increased community participation, citizenship and collective action are now taking place as CHCs are created or revitalized. By applying the CAC, a total of 264 CHCs in 20 districts now are implementing action plans to improve MNCH in their communities. And 80 community/health facility Co-Management Committees have been established/revitalized with the support of MCHIP, using the PDQ method to improve service quality addressing the needs of communities.

Results from the PDQ approach includes community managed emergency transport systems and transport funds established for obstetric and other emergencies, improved support and supervision to community health workers, and appropriate supply chain for key community health cadres such as the provision of incentive kits for traditional midwives in selected districts.

Increasing demand for FP/RH services from youth; women of child bearing age; and high-risk mothers (young mothers, multi-partum, HIV positive, etc.)

MCHIP works to increase demand for FP/RH with an emphasis on its integration with other key MNCH practices. Promotion of behavior change and key FP/RH/MNCH health practices in communities addresses the underlying causes of poor MNCH demand, including issues of gender; power and traditional values. In order to move away from unidirectional 'health talks' to dialogue, reflection and action, a peer support model is promoted through Pregnancy Support Groups and New Mothers Support Groups. Key MNCH practices, and *Model Maternity* features are discussed, including: (i) The importance of the use of treated mosquito nets (ITNs) and IPT during pregnancy; (ii) ante-natal and post-natal care; (iii) HIV prevention and PMTCT; (iv) maternal and newborn danger signs; (v) birth planning, including partner inclusion and emergency transportation options; (vi) promotion of exclusive breastfeeding; (vii) immediate skin to skin care for all babies; (viii) kangaroo mother care (KMC) for low birth weight babies; (ix) clean and safe delivery, (x) prevention and control of breast and cervical cancer in selected areas, (xi) Family planning, postpartum and post-abortion family planning.

MCHIP applies the "Three Delays" Model as a framework for appropriate demand-seeking behavior by families. Community efforts focus on the following practices:

- **Actions to improve first delay** (decision to seek care)
  - Identification and follow-up of pregnant women for *early* antenatal care (IPTp; birth planning; HIV testing and counseling)
  - Couples Birth-Preparedness Planning for increased male involvement; identification of birth facility; financial planning for emergency; maternity waiting area; accompanying support; family planning.
  - Safe Birth Kits (to include Misoprostol in the kit in cases where women are unable to deliver in facilities)
- **Actions to improve second delay** (time to access needed care)
  - Emergency Transport Systems/Maternity Waiting Areas – clear channel of communication for pregnant women in community; not just for women but newborns; children (ER Transport).
- **Actions to improve third delay** (delay in facility in receiving care)

[1] *Envolvimento Comunitario: Como Mobilizar as Comunidades para un Maior Envolvimento na Promocao da sua Saude. Manual do Participante,* Ministry of Health, May, 2012;
Estabelecimento e Funcionamento dos Comites de Co-Gestao das Unidades Sanitarias – Termos de Referencia, Ministry of Health, May, 2012.
Comites de Saude Comunitario, Termos de Referencia, Ministry of Health, May, 2012

- Promotion of Birth Companion (aid for companion to advocate for timely, humanized, and quality care)

- **Post-partum follow up** (FOR FP, MATERNAL & NEWBORN HEALTH)
  - Pregnancy support groups for women, men and mothers-in-law – dialogue/support for behavior change, sharing on *early* antenatal care; birth planning; family planning; pregnancy danger signs; newborn danger signs; exclusive breastfeeding, promoting facility births
  - Post-Partum follow-up control for MNH problems (hemorrhage and HIV infection and treatment adherence - facility back to community (control for early discharge); and home-birth.

MCHIP Strategic Approach to Ensure Recognition of Model Maternities

In order to accelerate the process towards recognition of those maternities demonstrating both strong leadership, involvement/commitment and significant efforts undertaken to improve quality and humanized/respectful care, while considering that MCHIP's funding is not sufficient to provide the same level of support to all 125maternities, MCHIP identified three groups of health facilities according to their level of achievement of performance standards achieved in the most recent measurements. The level of effort/support from MCHIP is described below:

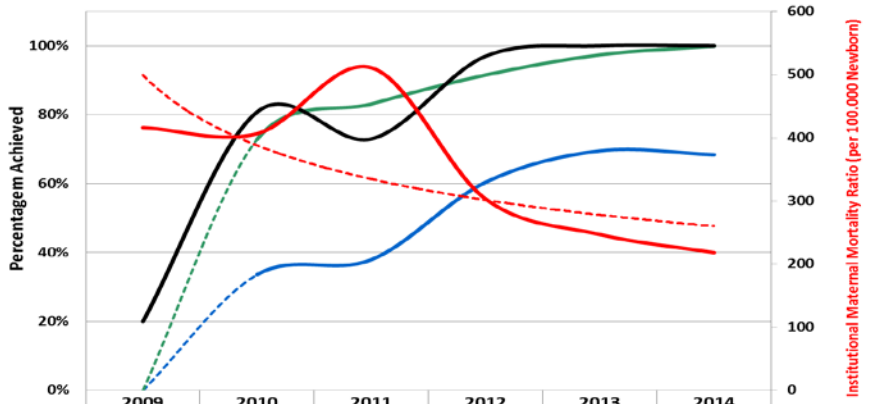
No. of HFs	Level of Support	Support to be provided
23	**LEVEL 1:** **1.1** HF with the last two Performance Standards measurement ≥ 80%; **1.2** HF with the last Performance Standards measurement between 70% and 79%.	**1.** Monthly supervisions (4 to 6 days) focused on: • Identification of existing weaknesses in the provision of care (standards areas) • In-service training focus on identified areas; • Technical support to the Maternity/ANC/FP Team to improve those weak areas/standards identified (discussion, consensus and implementation of concrete and feasible actions/interventions); **2.** Intensive support in Monitoring & Evaluation areas to: • Improve data collection, register, analysis and report; • Utilization of data/information and key indicators for timely decision making process; • Displaying of updated data/information; **3.** Re-engineering of space and doing small scale infrastructure improvements in selected MM.
26		
48	**LEVEL 2:** HF with the last Performance Standards measurement between 50% to 69%;	Monthly supervisions (2 days) aiming to: • Provide technical support in clinical areas, as well as in data collection, analysis, report and utilization for decisions; • Identification of gaps/weakness, and support to identify concrete actions/interventions; • Identification of those HF/Maternities where there is a strong involvement/commitment from leadership and staff to improve performance and services – demonstrating potential to pass to Level 1.
8	**LEVEL 3:** HF with the last Performance Standards measurement ≤49%;	Perform 2 days supervision visits every 2 months, aiming to provide technical support and to identify those HF/Maternities with potential to pass to Level 2 (or if improvement is considerable, to pass to level 1).

Of the health facilities that have received support from MCHIP, five have thus far qualified for certification, as they have passed with 80% or above compliance on performance standards (Nacala Porto District Hospital, Xai-Xai Provincial Hospital, Tete Provincial Hospital, Vilankulos Rural Hospital and Quissico District Hospital). These five health facilities have been officially certified by the MOH and publicly recognized as Model Maternities.

Selected Key Results

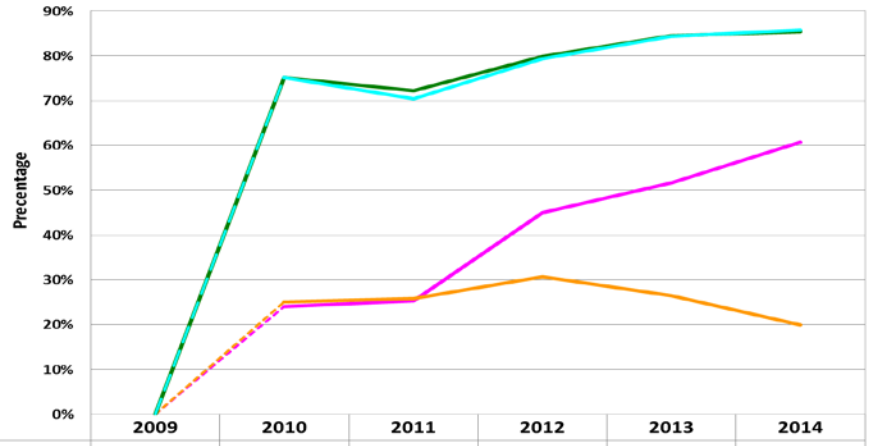
Maternity

Figure 1: Trends of Selected MMI Indicators, 2009 to 2014



	2009	2010	2011	2012	2013	2014
% of Deliveries with a partograph completed filled out	0,0%	33,6%	37,9%	60,4%	69,5%	68,4%
% of deliveries with active management of the third stage of labour	0,0%	72,9%	83,1%	91,6%	97,4%	99,9%
% of Pre-Eclampsia & Eclampsia treated with Magnesium Sulfate (Adjusted)	20,0%	80,8%	73,0%	97,0%	100,0%	100,0%
Institutional Maternal Mortality Racio (per 100.000 Newborn)	416	406	511	303	247	218

Figure 2: Trends of MMI respectful Indicators, 2009 to 2014



	2009	2010	2011	2012	2013	2014
% of Women in Labour with companion	0,0%	24,0%	25,3%	45,0%	51,7%	60,8%
% of Deliveries in Vertical or semi-vertical positions	0,0%	25,0%	25,9%	30,7%	26,4%	20,0%
% of newborns with immediate skin-to-skin contact with the mother	0,0%	75,2%	72,3%	79,8%	84,5%	85,3%
% of newborns breastfed within the first hour	0,0%	75,1%	70,4%	79,4%	84,3%	85,7%

Community Engagement

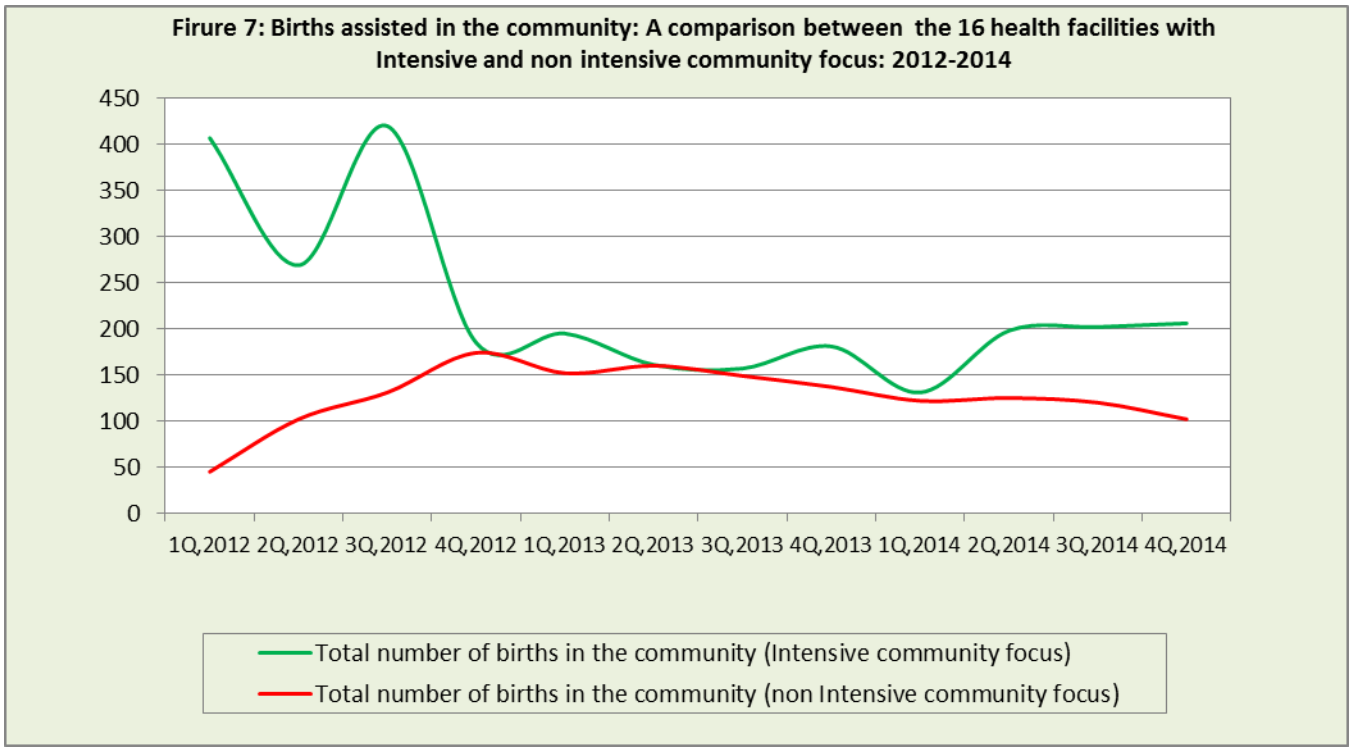



Figure 3: Births assisted in the community: