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#2 Best Practice Brief

Midwife fills out a best practices checklist—a tool that has helped providers to ensure their postpartum patients receive the eight best practices mentioned in this brief.

Accelerating the Spread of Best Practices in Postpartum Care

Scaling-Up Best Practices in Yemen

This paper shows how Yemen's Al Saba'een Hospital became a model for postpartum care and family planning services with limited resources from the government and the Extending Service Delivery (ESD) Project—an international leader in scaling-up best practices in reproductive health and family planning. As a result of the success at Al Saba'een Hospital, the Yemeni government supports continued scale-up of the intervention to all of the country's public hospitals and rural health facilities.

PROBLEM ADDRESSED

A country where 351 out of every 100,000 [1] women die while giving birth each year, Yemen suffers from one of the highest maternal mortality rates in the Middle East. Most maternal and infant deaths occur during the delivery and postpartum period.

In Yemen's hospitals and health facilities, it is not uncommon for mothers to leave the hospital lacking knowledge about the importance of breastfeeding, immunizations, and postpartum family planning/healthy timing and spacing of pregnancies (HTSP). This knowledge gap leaves women unable to space their births, and infants vulnerable to infections and malnutrition. Other problems include a lack of access to adequate health care, lack of knowledge among providers and clients, and a high prevalence of traditional and harmful delivery practices, as well as detrimental infant feeding practices.

As recently as 2008, only 9 percent of Yemeni women used modern family planning methods.[2] This low percentage is largely attributed to inadequate access to supplies and counseling and to widely held beliefs that value fertility and cast strong doubts about the safety and benefits of contraception. The desired fertility rate of 4.6—as compared to the actual fertility rate of 6.2—demonstrates a significant unmet need for these services. [3]

BEST PRACTICES TO IMPROVE CARE

To meet this dire need, ESD provided technical assistance and several small grants to the Basic Health Services (BHS) Project. BHS—a USAID associate award managed by Pathfinder International—partnered with Yemen's Ministry of Public Health and Population (MOPHP) to implement the following best practices:

1. Kangaroo Mother Care (KMC) for low birth-weight newborns
2. Vitamin A introduction to women after delivery
3. Immediate and exclusive breastfeeding
4. Prevention of neonatal infection
5. Postpartum family planning/HTSP counseling
6. Newborn immunizations (BCG and Polio)
7. Active management of third stage of labor (AMTSL)
8. Newborn resuscitation

BHS's long-term vision is for every infant to reach six months of age well-nourished and nurtured by breast milk alone and for every mother to be able to practice HTSP according to her intentions, starting in the postpartum period.

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address an unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, to improve health and socioeconomic development. To accomplish its mission, ESD has strengthened global learning and application of best practices; increased access to community-level RH/FP services; and improved capacity for supporting and sustaining RH/FP services. ESD has worked closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

[1] Yemen, *Family Health Survey* (FHS), 2004.
[2] *USAID Country Health Statistical Report*, Yemen, 2009.
[3] United States Census Bureau (BUCEN), International Programs Center, International Database, August 2008.

For the first time, husbands are involved in immediate postpartum counseling with their wives.

The first five best practices were initially implemented at Al Saba'een Hospital in Yemen's capital city, Sana'a, which serves 30 to 60 women in delivery each day. As Yemen's prime national referral facility, Al Saba'een was chosen as the demonstration site because it provides specialized care to newborns and mothers in labor and is a training site for medical students from the National School of Medicine. The hospital's management and staff association readily committed themselves to the scale-up, and the hospital director proactively encouraged staff to attend trainings and helped to open a family planning/HTSP counseling room at the hospital. BHS scaled-up the postpartum package through training, protocols and monitoring.

During the first year and a half, Al Saba'een completed implementation of the first five best practices, and BHS and the MOPHP encouraged six expansion hospitals to follow. Soon thereafter, all seven hospitals added newborn immunizations, newborn resuscitation and AMTSL to the initial list of best practices. With continued technical assistance and small financial awards from ESD, and with buy-in from government stakeholders and other donors, BHS added eight more hospitals to its work plan. After conducting a baseline analysis of health facilities throughout the country, BHS and the MOPHP devised a plan to scale-up to 138 more rural hospitals, primary health care and maternity centers.

STARTING THE SCALE-UP

Yemen's success story began in Bangkok, Thailand, where a country team of 18 public health experts, stakeholders and government leaders attended a USAID-supported technical meeting in 2007 and formally committed to scaling-up the best practices. While there, the team—including national and district level officials from the MOPHP—consulted with public health professionals from across Asia and the Middle East, and through presentations and skills building labs, learned how high-impact best practices in family planning and maternal, neonatal and child health could potentially improve delivery and postpartum care services in health facilities nationwide. ESD awarded BHS a small grant of $50,000 to begin the intervention at Al Saba'een. Since the meeting, BHS has earned follow-up funding from ESD, as well as continuous support from the MOPHP, and other in-country donors and stakeholders.

FROM ACTION TO ACCELERATION

Country team members first developed standards and guidelines for implementation and a pre-discharge checklist to ensure that the initial five best practices reached mothers and newborns. They also ensured the distribution of IEC materials, infection prevention guidelines and protocols and the creation of Infection Prevention Patient Education Committees. For the first time in Al Saba'een Hospital, fathers were included in the pre-discharge counseling session.

Specific provisions for implementation included:

KMC: space made available in the hospital nursery for a chair and heater for mothers to provide KMC to low birthweight babies.

Vitamin A: supply secured; protocol created for administration; record-keeping system used to track distribution.

Immediate and exclusive breastfeeding: mothers encouraged to place newborns on breast immediately after labor; breastfeeding materials and information developed to familiarize staff and to serve as tools for postpartum counseling.

Postpartum family planning: room established for pre-discharge counseling and supplying women with contraceptives.

Prevention of neonatal infection: logistics system set up for all required infection prevention supplies.

ESD continually provided long distance and hands-on technical assistance as the intervention progressed. ESD's regional advisor, for instance, oriented Al-Saba'een Hospital staff specialists and health directors to the technical aspects of the five best practices and helped develop detailed action and training plans for implementation and expansion. She also conducted a quality assessment and trainings for teams from the six expansion hospitals in the Improvement Collaborative method and assisted with a monitoring and evaluation plan. The latter included BHS working with the hospitals to submit reports every six months throughout the grant period,

as well as the appointment of Quality Assurance teams at each facility. Data gathered by the Quality Assurance teams was shared with decision-makers and donors and was instrumental in taking the best practices to scale.

As of September 2009, all of the hospitals had systems in place to ensure the implementation and scale-up of the five selected best practices. Because of the success of the project, ESD awarded BHS two more small grants and additional technical assistance to institutionalize and continue scaling-up the eight best practices, which the government supports spreading to all hospitals and health centers in BHS's target intervention areas—the governorates of Amran, Marib, Sa'dah, Shabwa and al-Jawf.

OUTCOMES AND RESULTS

ESD's $50,000 grant filled a critical gap in service delivery to postpartum women and their newborns and helped to mobilize hospital staff, government and donor support for a sustained commitment to maternal and infant health. The MOPHP, for instance, agreed to include vitamin A in its list of essential reproductive health drugs and created a best practices committee under the Reproductive Health National Task Force.

Initial Results, Al Saba'een Hospital

Best Practices	March '08	Dec. '08
Vitamin A to mothers	0	97%
Immediate breasfeeding	15%	79%
Immediate FP counseling	0	73%
Kangaroo Mother Care	0	16%

Initial Results, 6 Expansion Hospitals

Best Practices	Oct. '09	March '10
Vitamin A to mothers	0	--- **
Immediate breasfeeding	0	78.5%
Immediate FP counseling	0	73.5%
Receive FP method at hospital	0	33.2%

*** Vitamin A stock-outs have prevented some of the hospitals from delivering Vitamin A. As of December 2009, 56.8% of mothers received Vitamin A at the expansion hospitals.*

A brochure on postpartum care containing HTSP messages is now distributed to new mothers during their pre-discharge counseling session. These counseling sessions serve as opportunities to increase vaccinations to babies. BCG vaccinations—administered to protect infants against tuberculosis—have tripled since the project began. During this same time period, 16 percent of new mothers bearing low birth-weight babies began practicing Kangaroo Mother Care.

During the scale-up process at Al Saba'een, 23 staff participated in the "training of trainers" course, and the entire OB/GYN and neonatal department staff, comprising 154 nurses, doctors, and midwives, received training in scaling-up. Pre- and post-training knowledge tests demonstrated a significant increase in providers' awareness of how to integrate these best practices into family planning and reproductive health services.

Community midwives trained under the government's midwifery program adopted a best practices training manual. BHS also provided the MOPHP with a best practices training curriculum, including HTSP and LAM messages. Additionally, the Ministry endorsed scaling-up best practices in its 2009 work plan.

A Yemen country team composed of public health experts returned to Bangkok in 2010 for a follow-up technical meeting hosted by ESD, where they reported that 500 service providers had been trained on the best practices and presented a plan to spread the best practices to five health centers per year in each of the seven target governorates. In the 16 governorates not yet reached, the plan included expanding to three health centers each year after introduction at the main hospital. National scale-up is estimated to be complete in two to three years, with an added focus on best practices that address postpartum hemorrhage, prevention and management of eclampsia, and childhood diseases.

CHALLENGES

Human Resources: The primary challenge was gaining the participation of the hospital staff. Many staff considered the best practices as beyond their routine duties, while others requested to have their pay and status increased and were unavailable in afternoons and the weekends, resulting in suspended services. Management lacked skills in leadership, communication, coordination, and decision-making, impeding them from inspiring staff and instituting high standards of care. The MOPHP and the Sana'a Director of Health agreed to look into these human resources issues.

National Challenge: Although the MOPHP supports continued scale-up, the breadth of success will depend on the priorities of decision-makers at each district and governorate level. Budget allocations, for instance, depend heavily on who is in charge of local governance.

Quality Control: Follow-up was difficult and required constant observation by decision makers to resolve problems. BHS conducted weekly meetings with Al Saba'een Hospital departmental directors to discuss their progress and any difficulties and to find alternate approaches. However, the hospital had no Quality Control Team in place when the project commenced. To fill this gap, the hospital established an Infection Control Team.

Budget Allocation: Budget and staff shortages diminished supplies for infection prevention and other services. These shortages must be addressed to provide quality services to clients around the clock. BHS shared these concerns with Ministry officials who have decision-making power over the budget and supply provision.

Service Delivery: Due to the aforementioned challenges, none of the six expansion hospitals report that they are demonstrating KMC, and vitamin A stock-outs are prevalent.

LESSONS LEARNED

To attain the necessary political, technical and budgetary support for a project of this capacity, it is essential to include the highest level officials from the MOPHP. The strong relationship between BHS, the MOPHP, and Al Saba'een was invaluable. A newly-elected Deputy Prime Minister, for instance, made decisions that pushed the best practices toward the top of the country's health agenda.

The MOPHP must ensure all hospitals implementing best practices have adequate leadership, medical supplies and human resources, including vaccines, and an incentive scheme satisfactory to hospital staff. It is imperative to motivate department heads and senior technical and management staff to participate in the hospital's service delivery improvements. Improved communication and involvement across departments needs to be monitored, and special task forces or committees for major issues, such as infection prevention, health education, and quality improvement, need to be formed. The Ministry should integrate these essential services into statistics registries when monitoring national scaling-up activities.

When scaling-up a new intervention, start at a demonstration site where the technical implementation package (guidelines, training approach, implementation and monitoring), as well as logistical interventions, are fully tested before expanding to new sites. A scaling-up methodology, such as the Improvement Collaborative, can be used to spread best practices once they have been tested. The national expansion strategy must be developed by experts who understand the demand and supply side of country services. Curricula should be developed comprehensively and, in some cases, include best practices in midwifery and nursing pre-service curricula.

Management must empower staff to take responsibility so they feel authorized to monitor progress and make any necessary changes. Capacity building in the form of team building, strategic and operational planning, problem solving, quality control, and monitoring and evaluation is integral to efficiently manage a hospital. Education and counseling should become a part of regularly provided services, and clients should be aware of their right to quality care. To implement infection prevention and client counseling interventions and to ensure fully implemented best practices, the hospital requires all shifts be adequately staffed.

Finally, ESD found that partnering with other in-country donors and attaining the support of high-level regional officials is essential to spread the best practices to a national scale.

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This publication was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. GPO-A-00-05-00027-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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