

Alcançar

Alcançar project webinar series:

Achievements from the
Alcançar Quality
Improvement Collaborative
to reduce maternal and infant
mortality

August 2, 2023

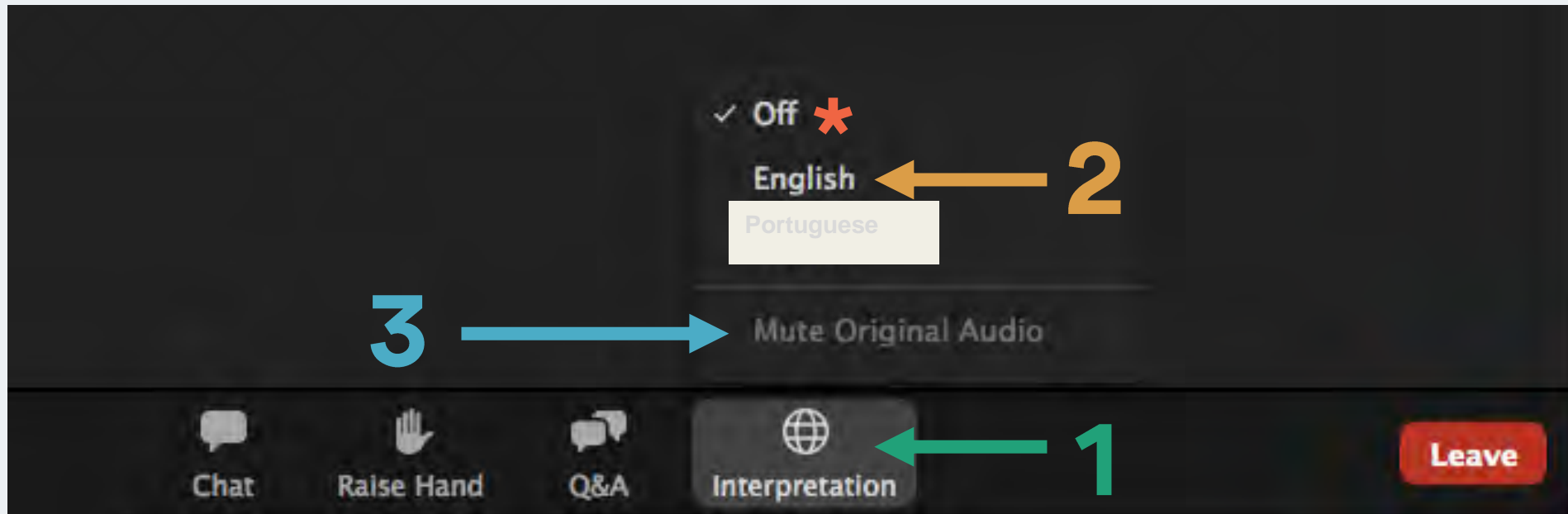


Interpretation instructions

English speakers

1. Click on "Interpretation"
2. Select "English"
3. Click "Mute Original Audio"

***Portuguese speakers: leave interpretation feature "Off"**



Agenda

- Welcome
- Alcançar Project overview
- Introducing IHI and Quality Improvement
- Implementing a Quality Improvement Collaborative
- Results
- Q&A

Presenters



**Dr. Fulgencio
Estrada**

Technical Director
Alcançar Project



Dr. Katia Amado
Project

**Management
Specialist (Safe
Motherhood/Repro
ductive Health)**
USAID



**Dr. Eugenio
Augusto Chilengue**

**Head of
Department of
Safety and Quality
Management**
MISAU



**Dr. Fernando
Faraco**

Country Director
Institute for
Healthcare
Improvement



Dr. Shamir Carimo
Quality

**Improvement
Advisor**
Alcançar Project



**Dr. Geraldino
Avalinho**

**Head of Public
Health**
Nampula Province

Opening remarks from USAID and MISAU

Dra. Katia Amado, *USAID*

Dr. Eugenio Augusto Chilengue, *MISAU*



Achieving Quality Health Services for Women and Children in Nampula

5-year project 2019-2024
USAID funded



Alcançar



USAID
FROM THE AMERICAN PEOPLE

We are a five year project funded by USAID



FHI 360 is the leader of the consortium

CONSORTIUM PARTNERS



Alcançar



USAID
FROM THE AMERICAN PEOPLE



CONSORTIUM PARTNERS

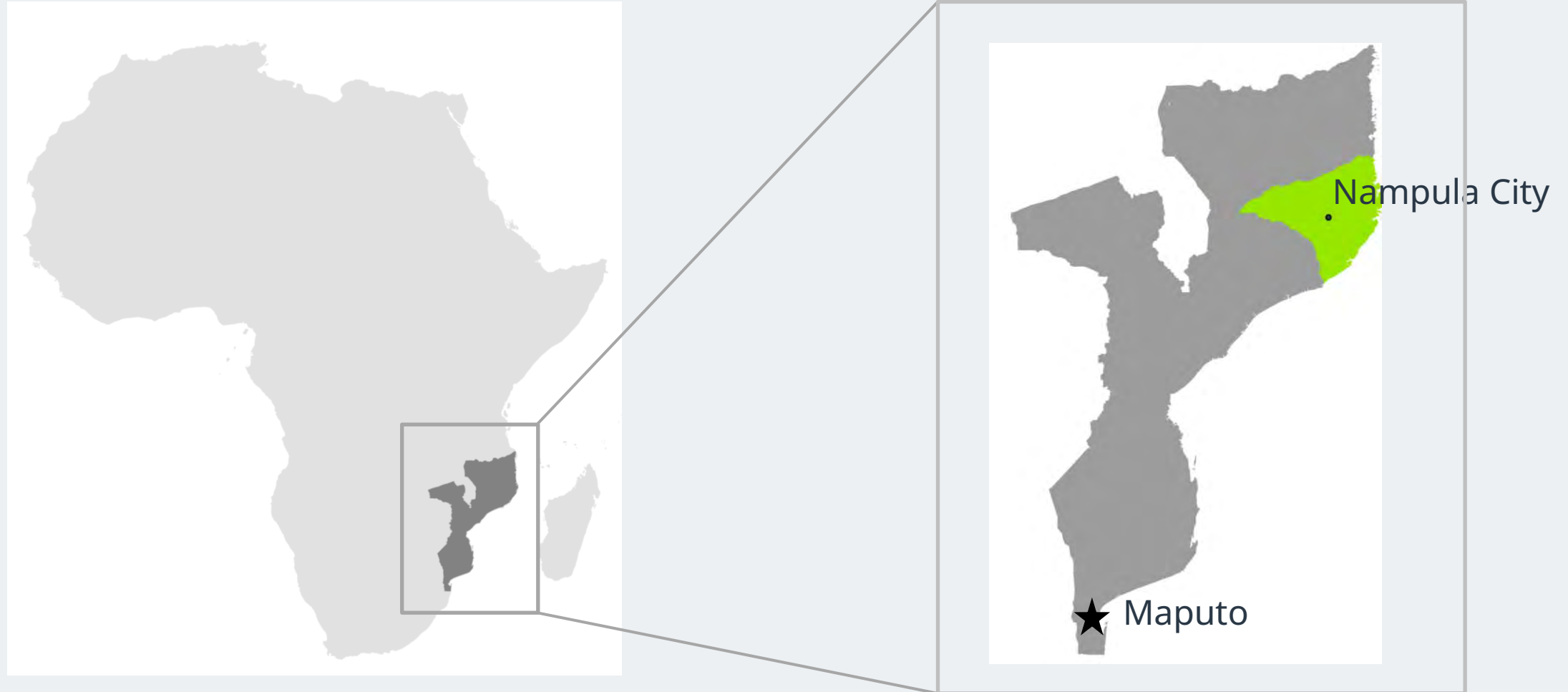


Goals

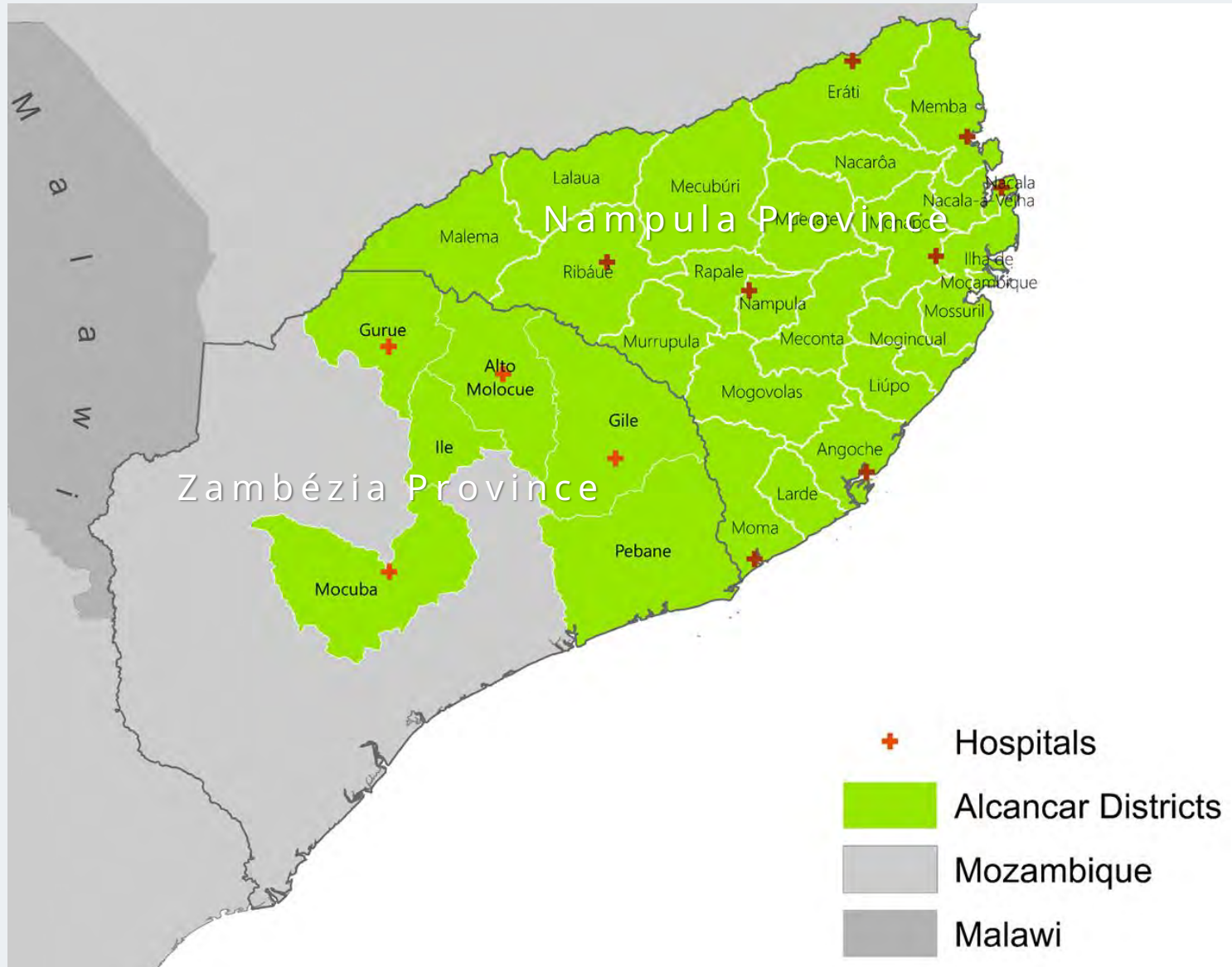
- Support the Government of the Republic of Mozambique to reduce maternal, newborn and child mortality in Nampula Province
- Establish Nampula Province as a model health system in the implementation of high impact, high quality, patient-centered and gender-responsive MNCH services



Mozambique: Nampula Province

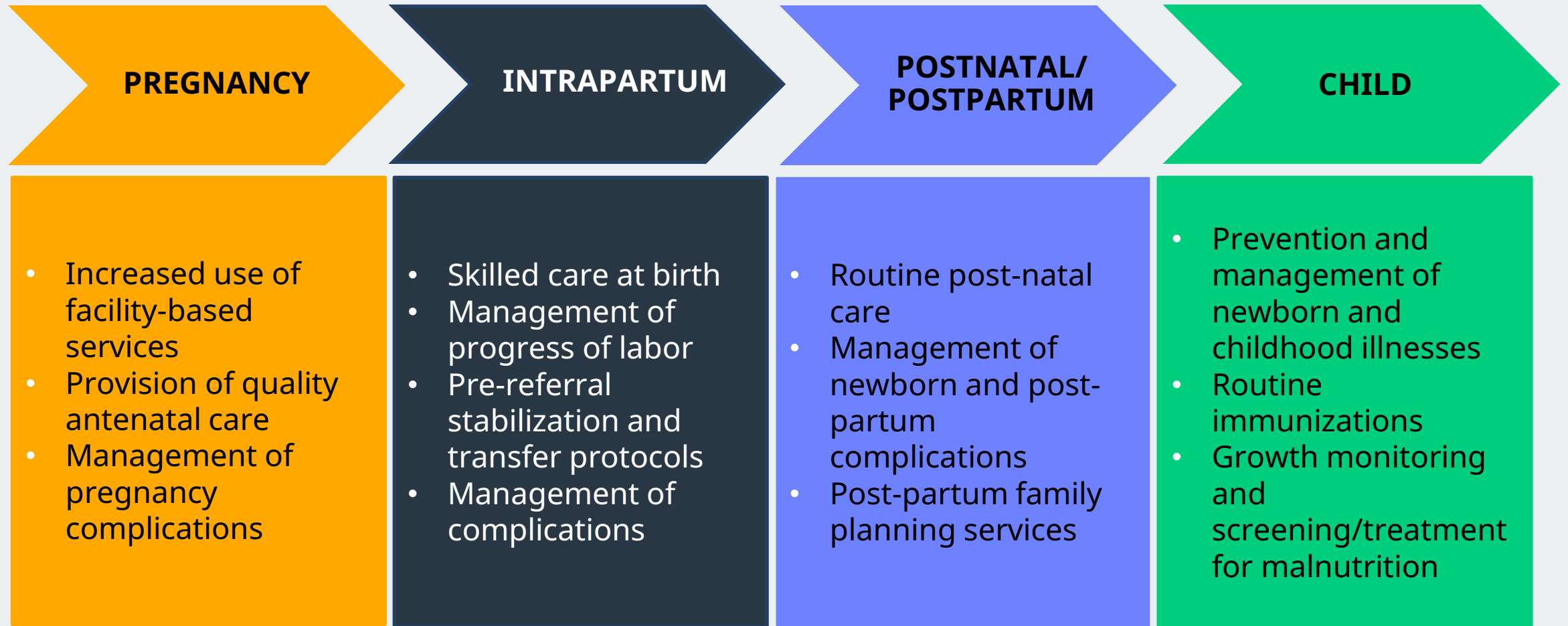


Work in Nampula and Zambézia Provinces



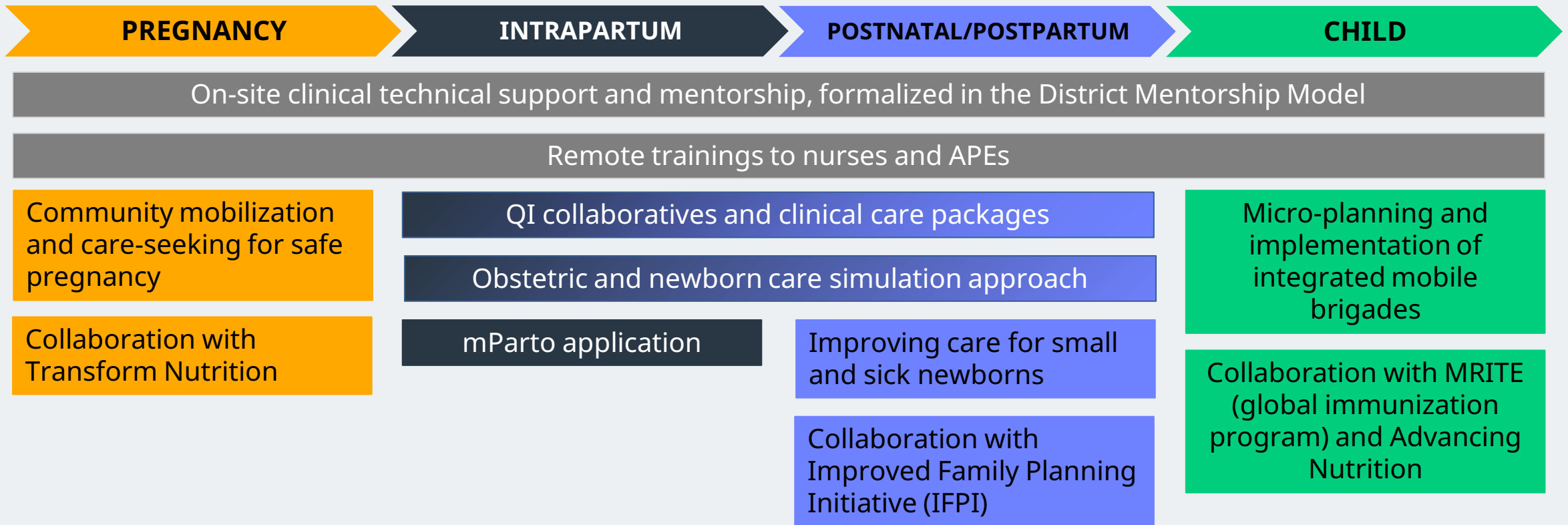
- Alcançar works in all 23 districts of Nampula Province
- Key innovations were first implemented in 7 districts (Innovation Districts) and are now being phased out to all 23 districts
- Currently expanding into 6 districts in Zambézia
- 50 health care facilities, including 4 Hospitals

Ensure delivery of evidence-based high-impact practices along the continuum of care

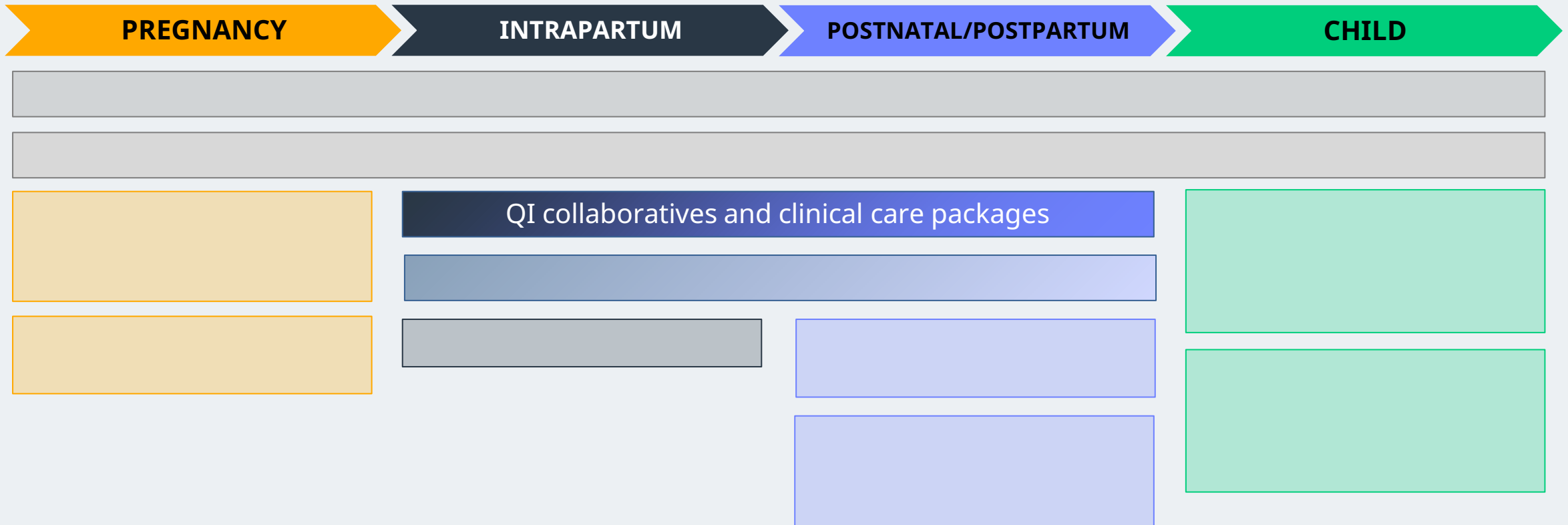


Male engagement and female empowerment curriculum; adolescent responsive health services; humanized and respectful care; improved referrals

Strategies to deliver evidence-based high-impact practices



Strategies to deliver evidence-based high-impact practices



Overview of IHI

Mission, Vision, Values

- **Mission:** To improve health and healthcare around the world
- **Vision:** Everyone should have the best health care possible
- **Values:** Courage, love, trust, fairness

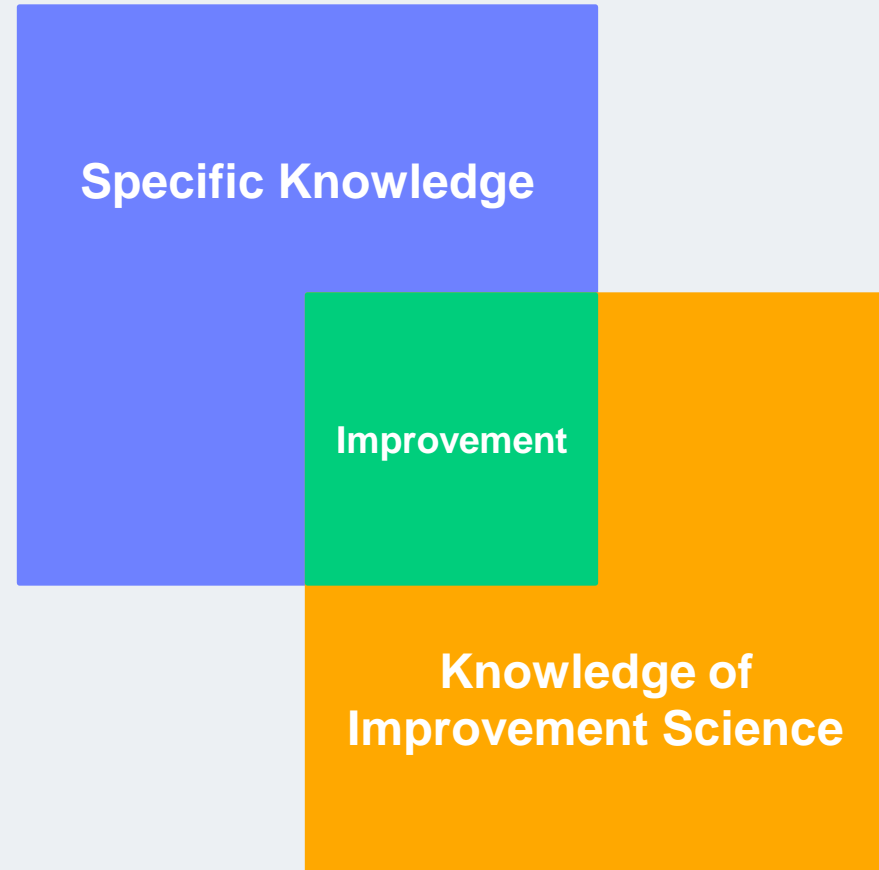


IHI Goals

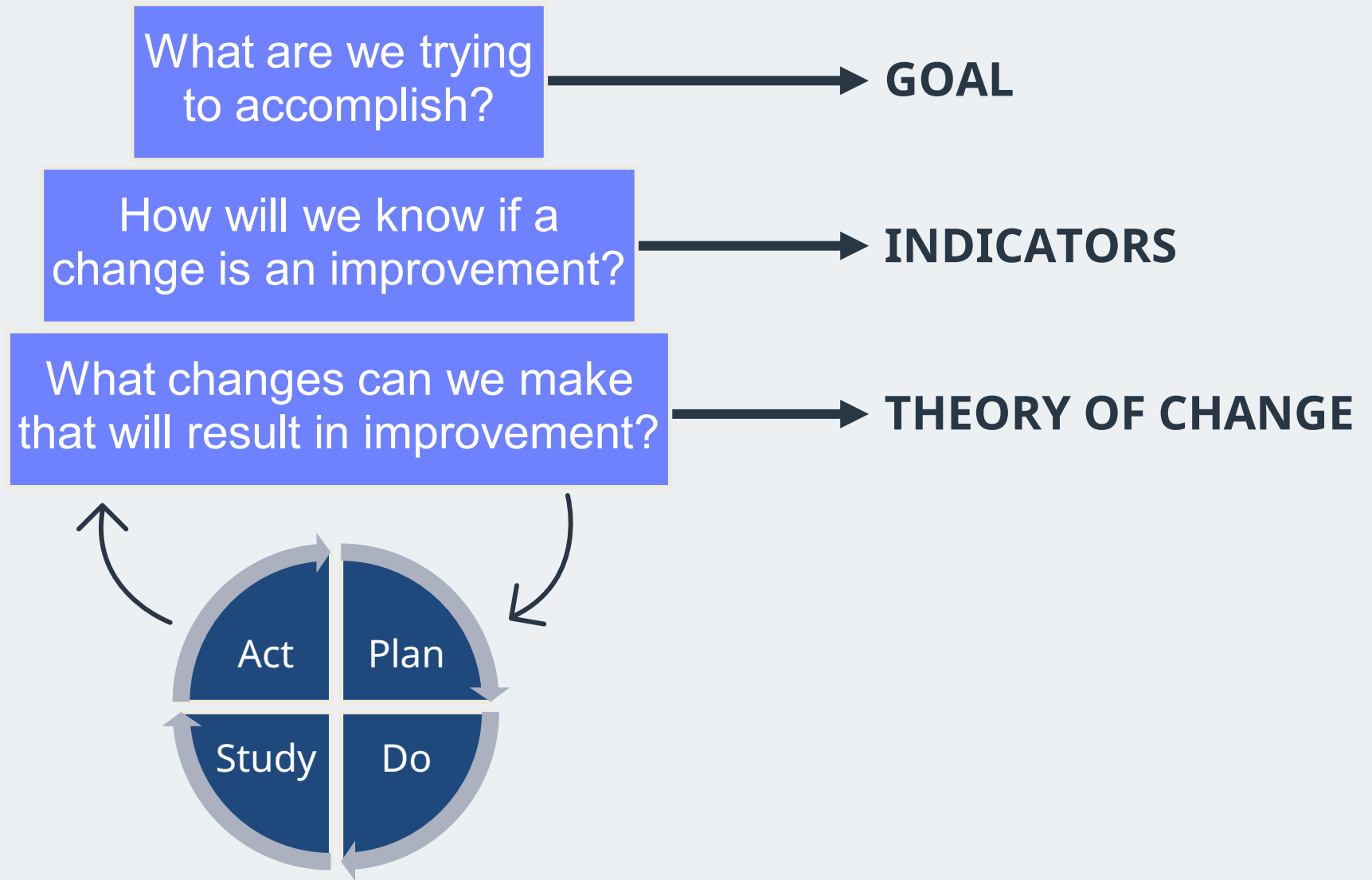
- Population Health
- Equity
- Reduce waste
- Patient experience of care
- Experience of the health professional when caretaking

Knowledge for Improvement

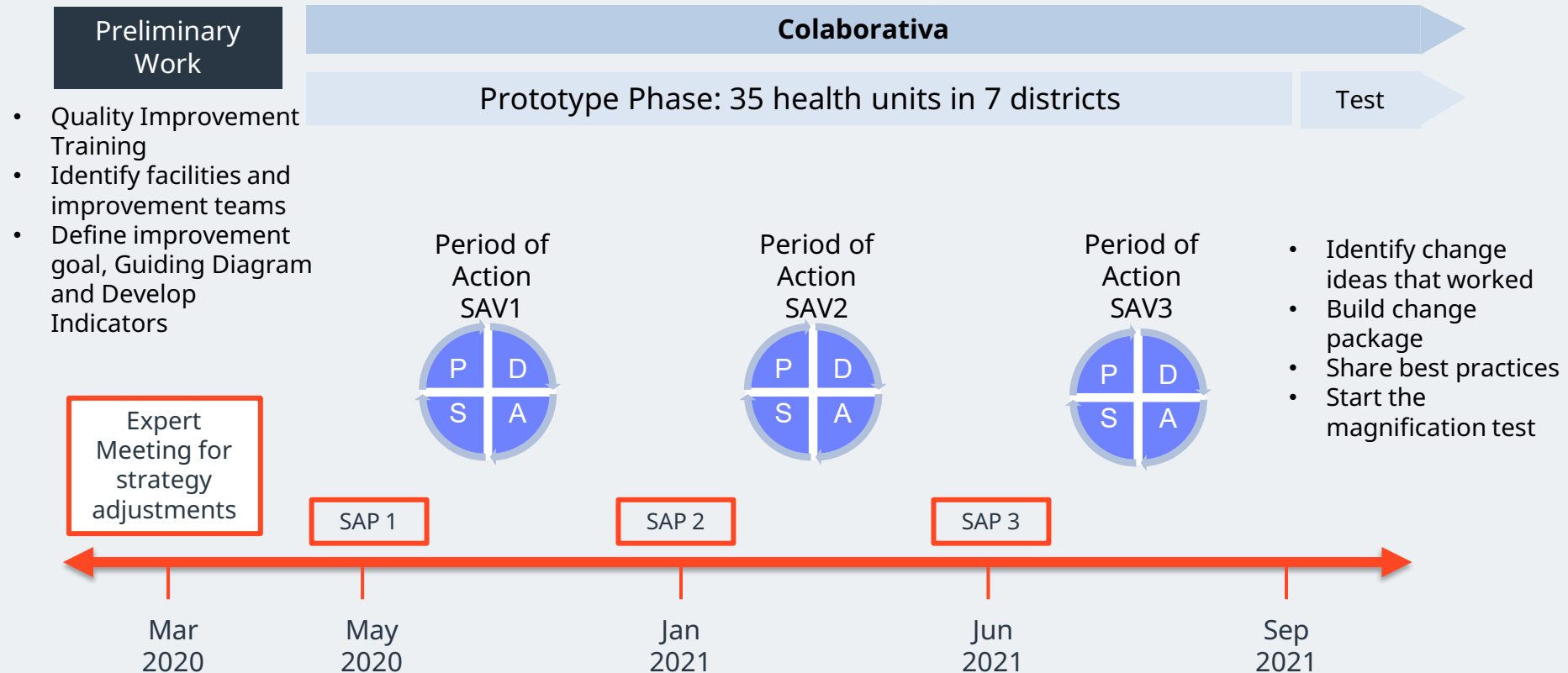
Improvement occurs when we learn how to creatively combine specific knowledge and the science of improvement to develop effective ideas for change.



Introduction to the Improvement Model



Prototype Phase: Collaborative Structure



SAP -face-to-face learning session (hybrid mode)

Period of action - change tests, monitoring through local visits, monthly reports, feedbacks, SAVs and “coaching” for each team

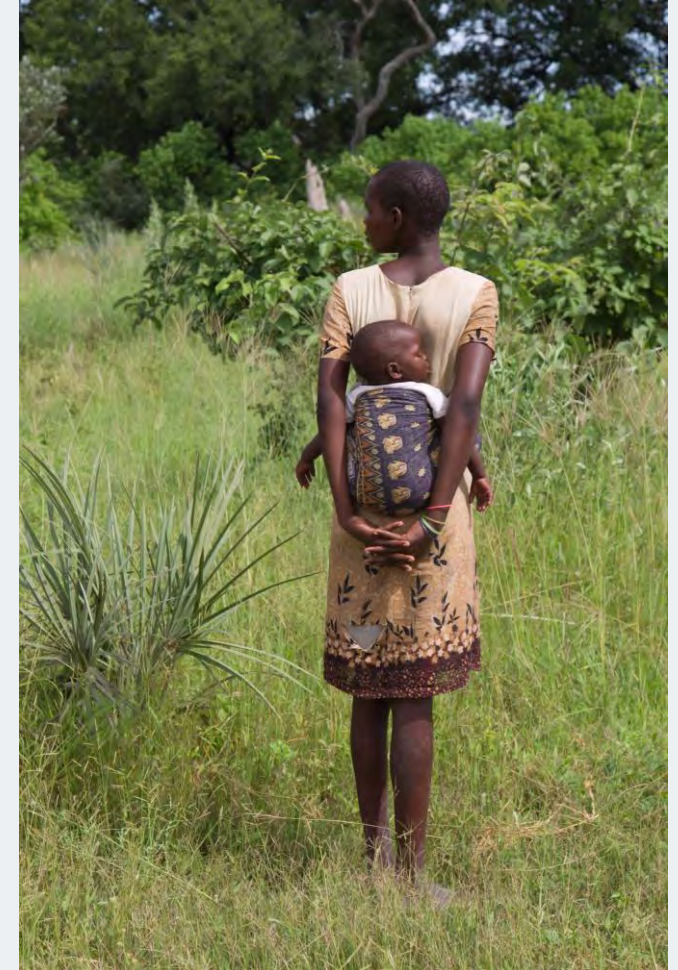
SAV - virtual learning session

PDSA – plan do study act

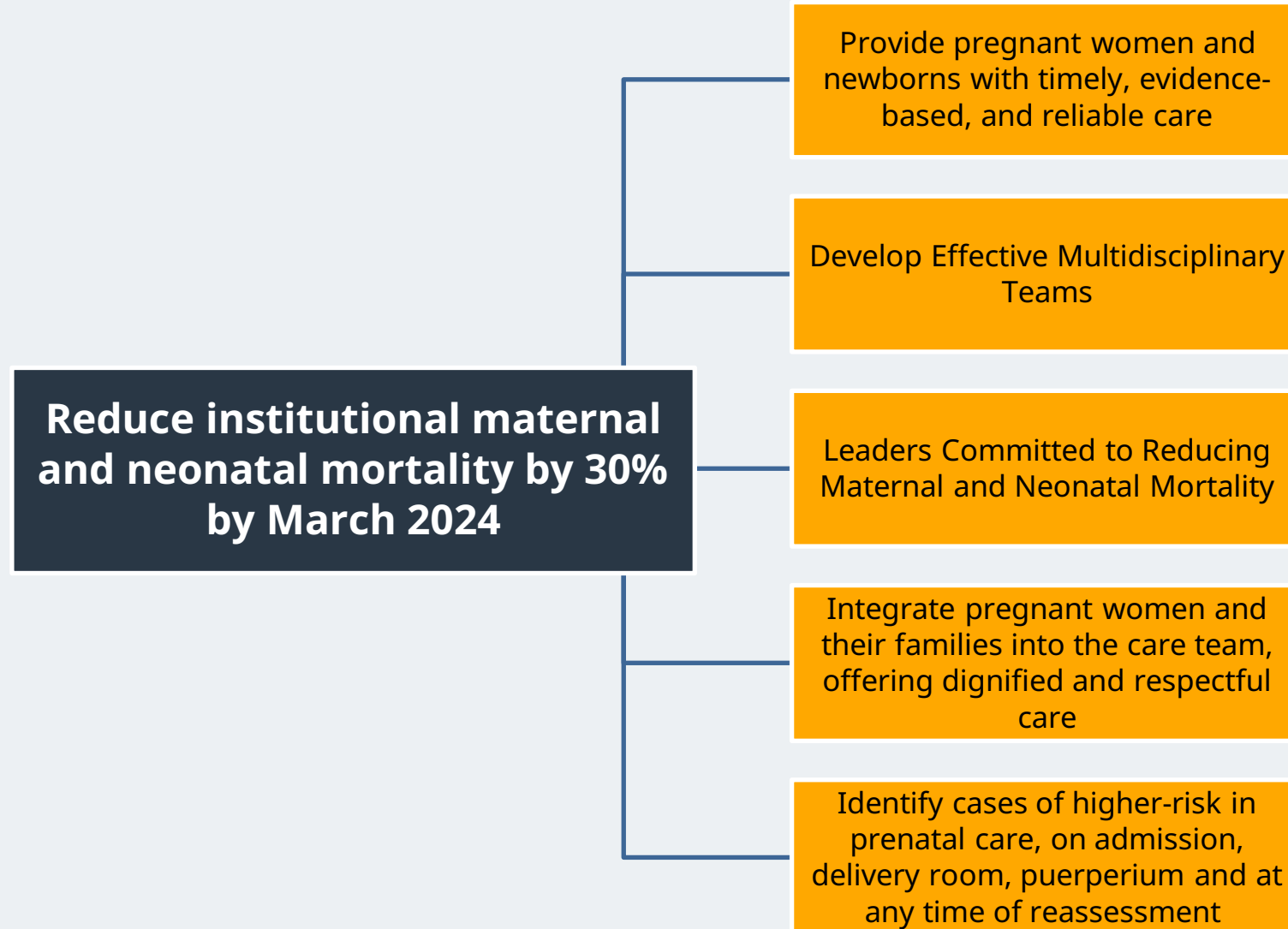
Theory of Change

Maternal Mortality - the 3 delays

- 1st delay – 5%
 - I don't recognize that I'm sick
- 2nd delay – 20%
 - I recognize that I am sick, but I do not have access to the health service
- **3rd delay – 75%**
 - **I am at a health facility, but I am not receiving appropriate timely care**



Primary goal and drivers



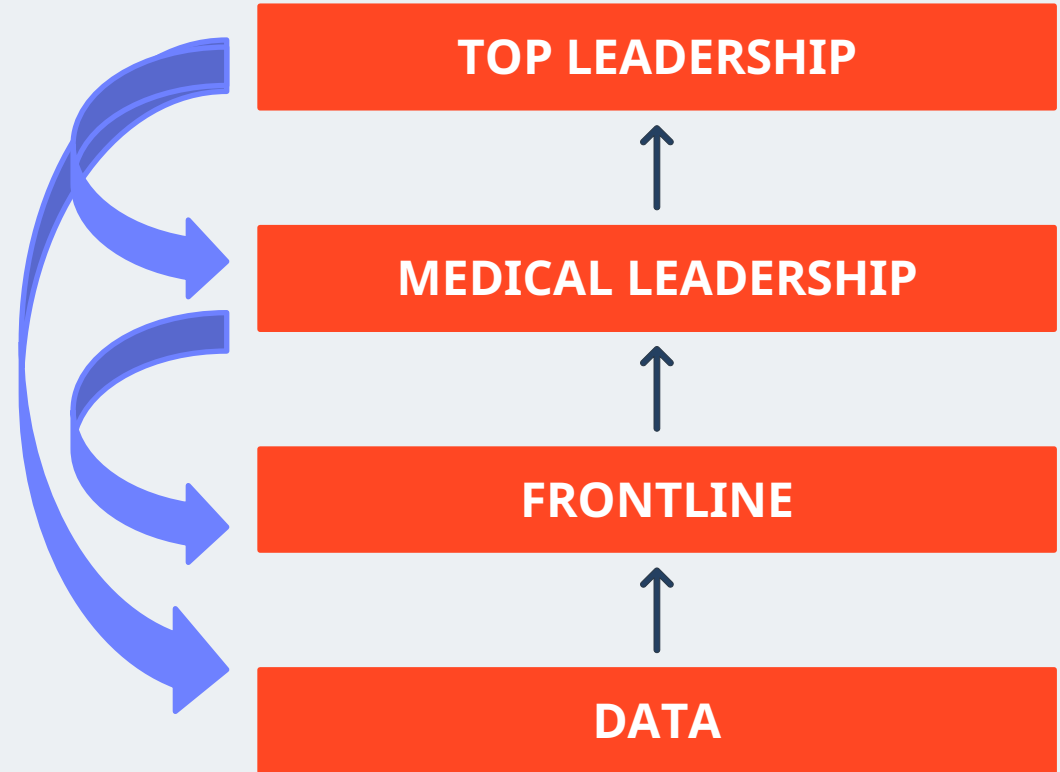
Strategic Support

National Strategy
for Quality in
Maternal and
Child Health

National Strategy
Implementation
Manual

National Summit
on Quality in
Maternal and
Child Health

Capacity Building



Implementation of the Alcançar Quality Improvement Collaborative in Nampula and Zambézia



USAID
FROM THE AMERICAN PEOPLE



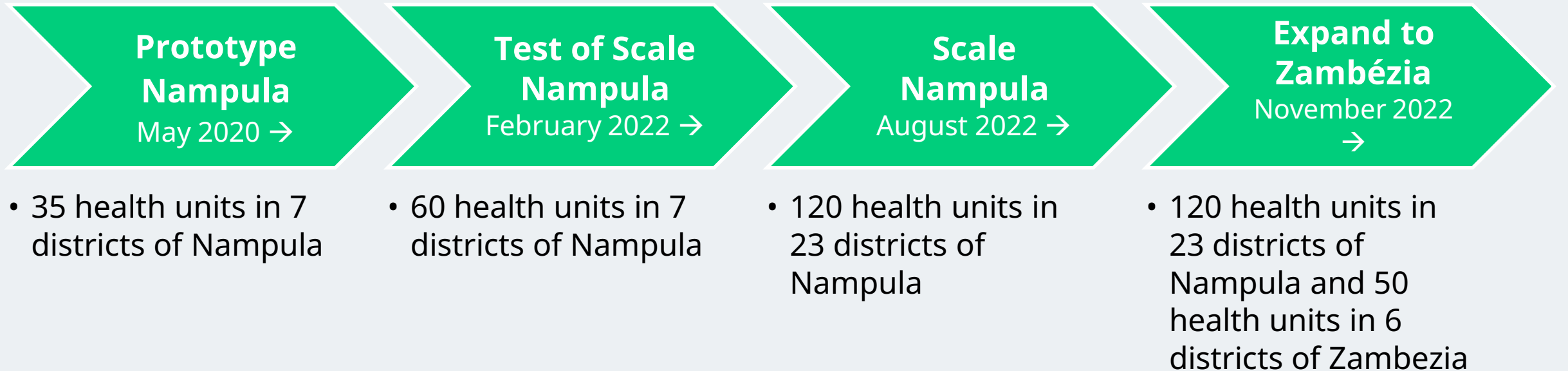
Systematic Implementation of “Clinical Bundles”

Reduce institutional maternal and neonatal mortality by 30% by March 2024

1. Prenatal Care Package
2. Labor Monitoring Package
3. 3rd Stage of Labor Management Package
4. 1st Hour NB Care Package
5. Post-Birth and Pre-Discharge Care Package
6. Postpartum Hemorrhage Management Pack
7. Pre/Eclampsia Management Pack
8. RPM and Puerperal Sepsis Pack
9. Prematurity Package



Perspectiva de Implementação da Colaborativa



Leadership + frontline, improvement specialist, support for teams, improvement model, standard method of work, data-based decision, package of changes adapted for Mozambique, DPS and DDS sustaining results

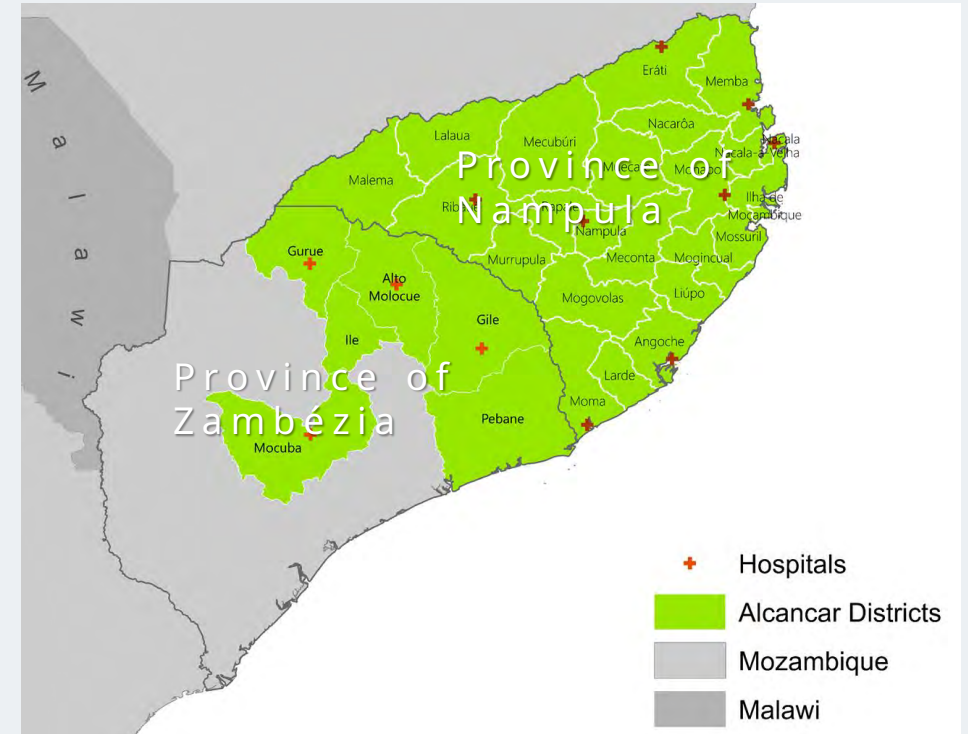
Expansion to Zambézia

Lessons learned from Nampula scale-up

- MEOWS and APGAR
- Refined Theory of Change
- Standardized change ideas for the HF

New resources

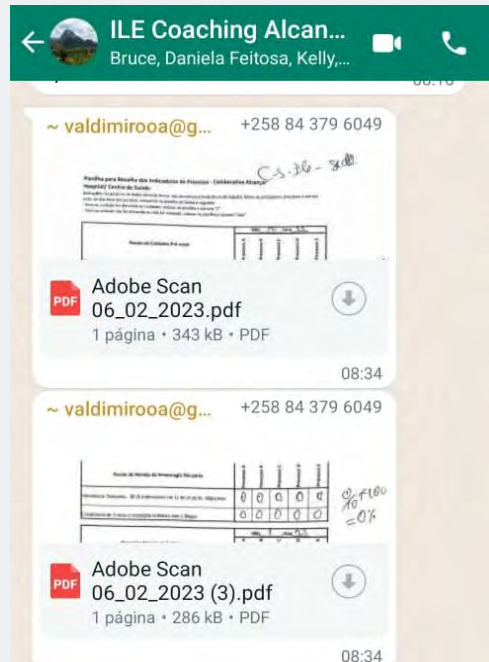
- WhatsApp – interactions with the front line



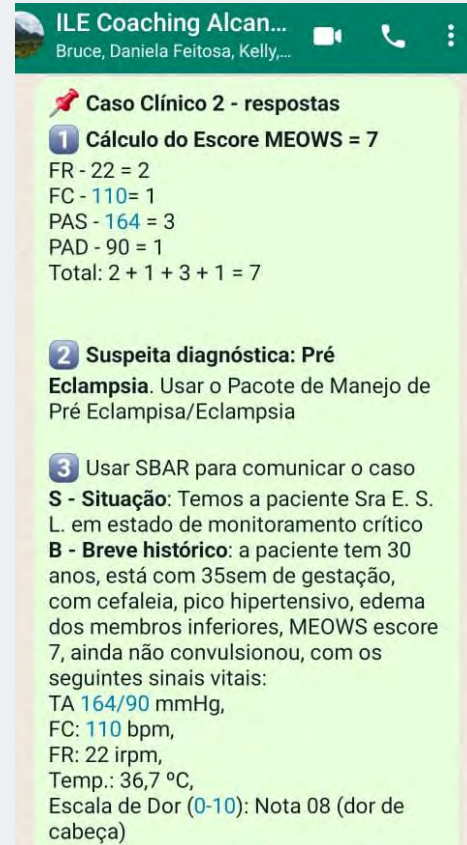
Collaborative WhatsApp Communities



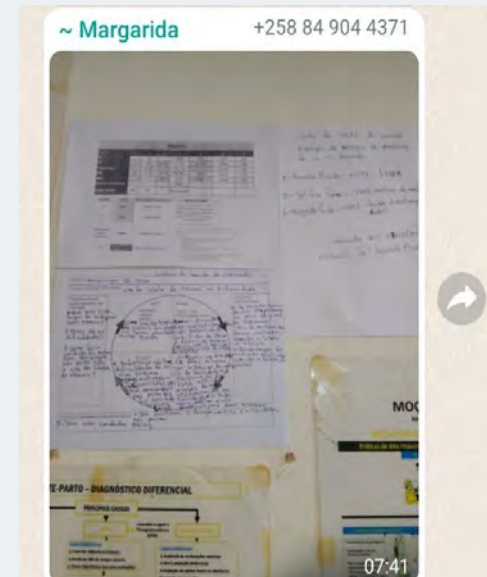
Communities by District



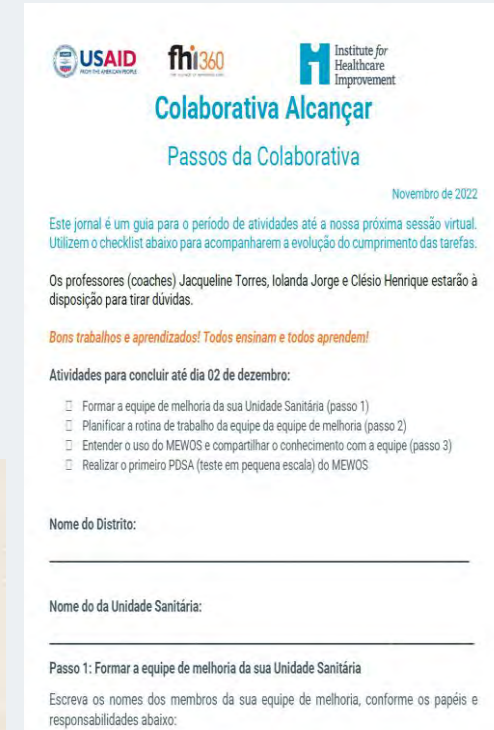
Data



Case studies



Team activities of improvement



Collaborative Journal

What is the structure of the collaborative?

At the district level

- Leaders support providers in removing any barriers.
- The district organizes and conducts local SAPs where HF providers participate.
- They discuss adherence to clinical packages.
- They plan the next PDSAs.
- QI Specialists visit the HFs.



What is the structure of the collaborative?

**At the
health
facility level**

- Providers use QI tools to identify gaps, change ideas and tests in PDSA cycles.
- They analyze the process indicators.
- They make use of the standard prescription of clinical packages.
- Participate in coaching calls.

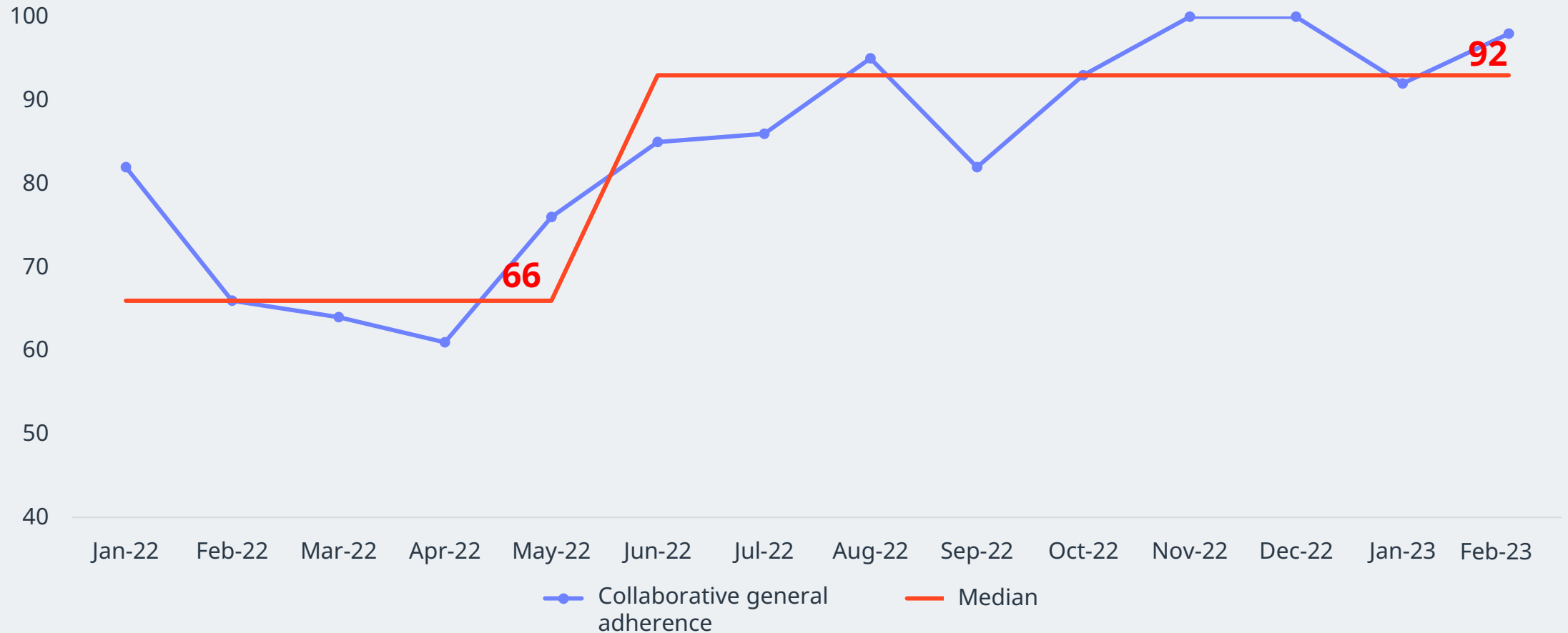


Collaborative technical and logistical support

- Provide technical assistance by MISAU, DPS/SPS and FHI 360.
- MISAU and DPS/SPS have a sub-agreement mechanism.
- FHI 360 provides on-the-job training and monthly mentoring.



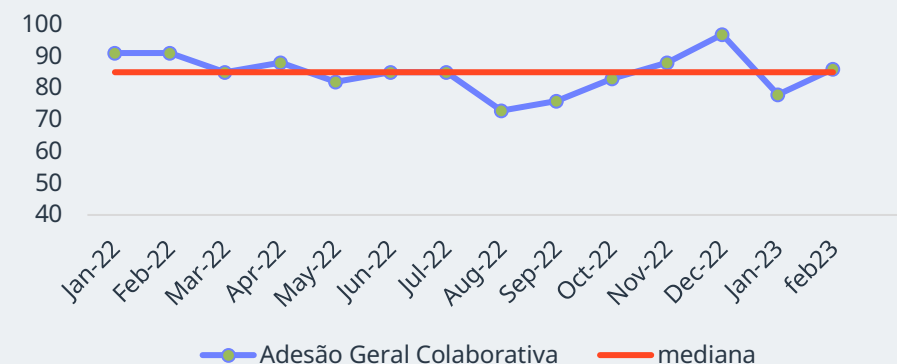
Results of the Collaborative process indicators: % of general adherence to NB Care in the 1st Hour



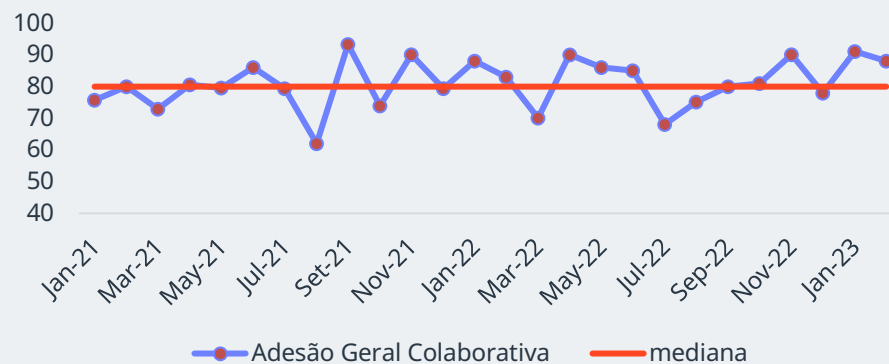
Collaborative process indicators

- Process indicators are monitored every month to generate information for decision making.

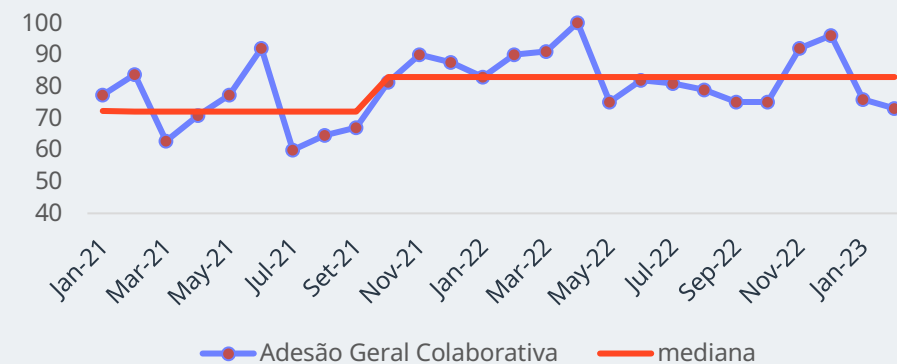
% overall adherence to Management of Neonatal Asphyxia



% overall adherence to PP Hemorrhage Management

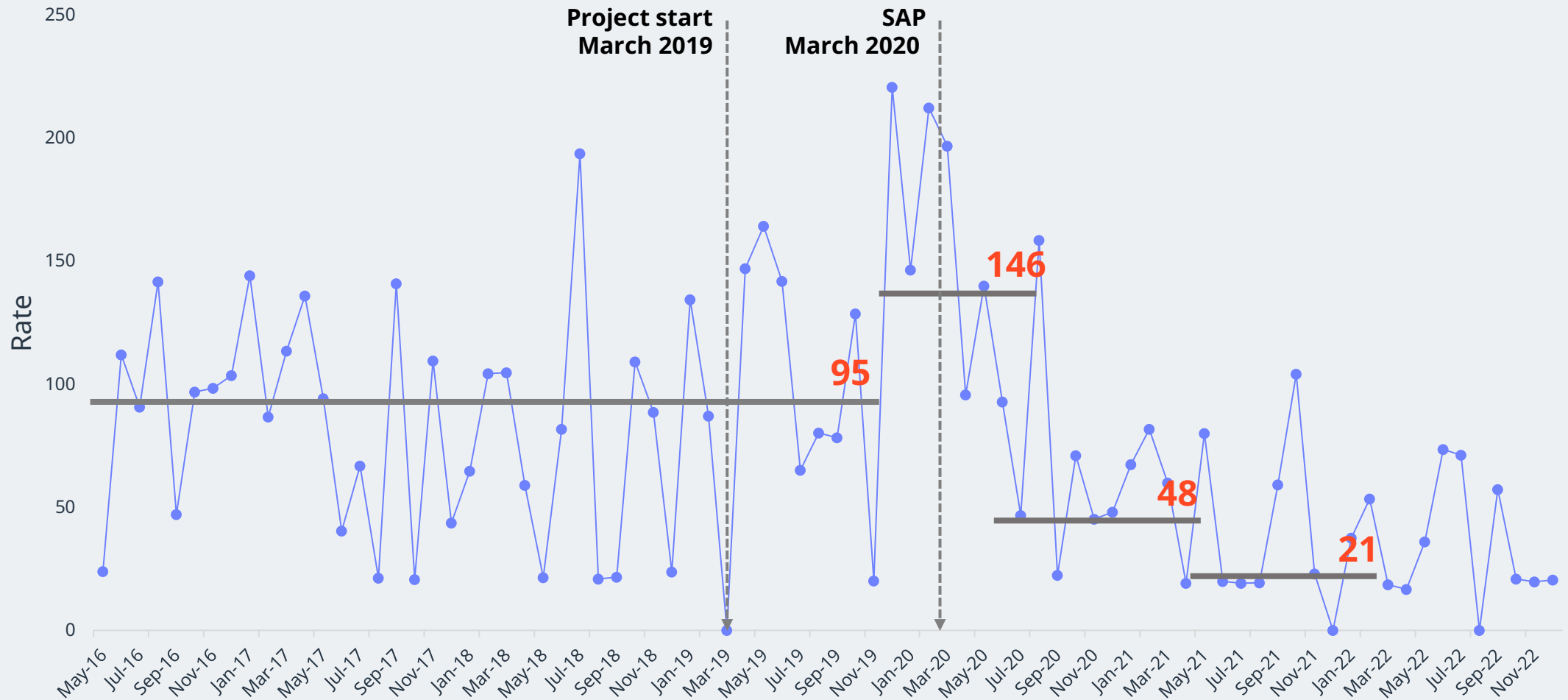


% overall adherence to Pre/Eclampsia Management



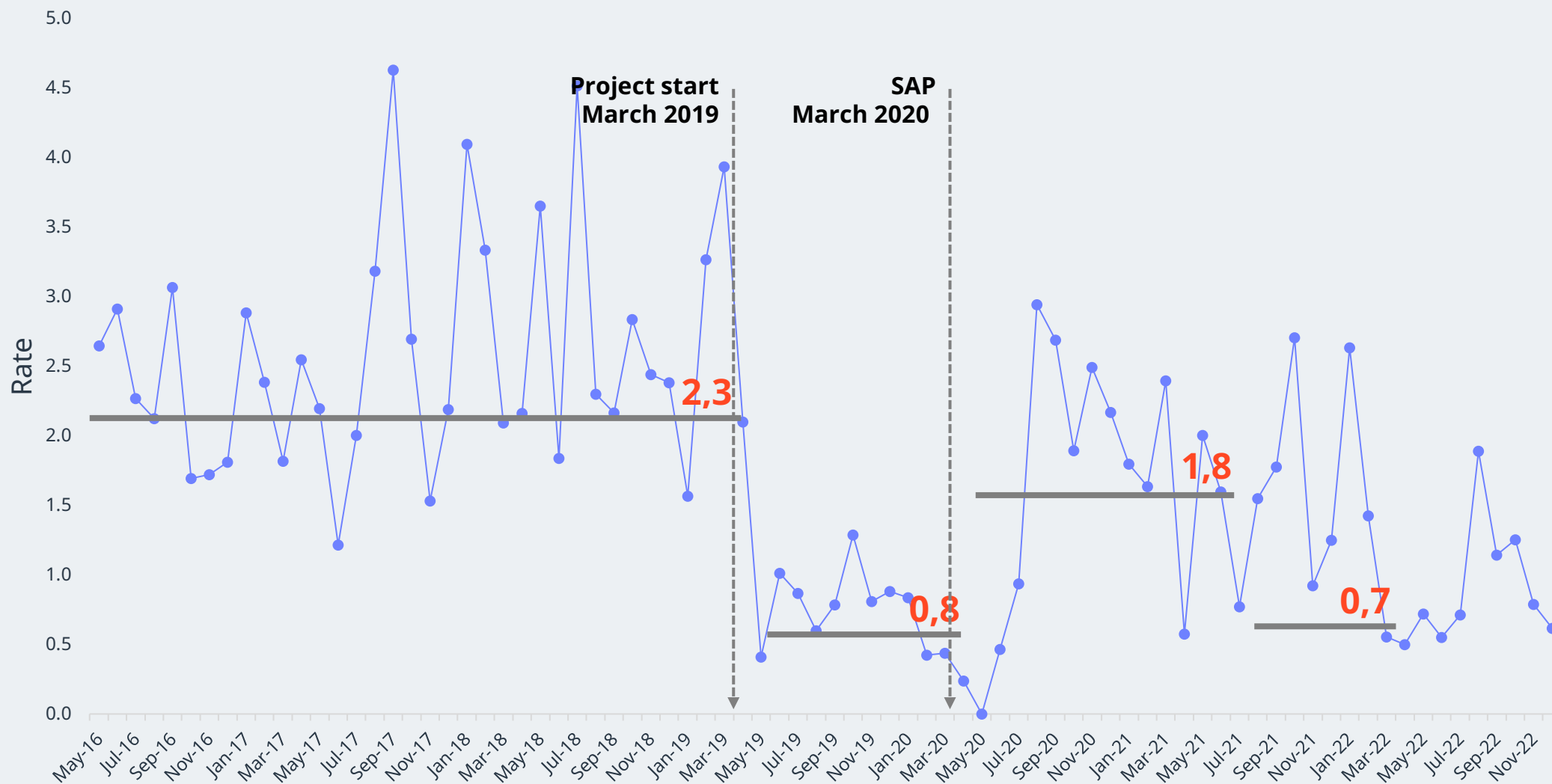
Institutional Maternal Mortality Ratio per 100,000 live births

May 16 - Dec 22 (35 HF)
Data extracted from SISMA



Institutional Neonatal Mortality Rate per 1,000 live births

May 16- Dec 22 (35 HF)
Data extracted from SISMA



Lessons learned

Committed and engaged leaders

Better management of obstetric and neonatal complications

Maternal mortality has reduced

Providers used cost-effective QI tools

Promote a learning culture

Increased provider confidence

Opportunity to expand the approach

Testimonials



Q&A



Closing remarks

Dr. Geraldino Avalinho, *Província de Nampula*

Próximos webinars de 2023

Upcoming 2023 webinars

Tema/Topic

Mobilização Comunitária e Gênero: Mobilização comunitária e GESI como estratégias para a redução da mortalidade materna neonatal e infantil em Nampula

Community Mobilization and Gender: Community mobilization and GESI as strategies to reduce maternal, newborn and child mortality in Nampula Province

THANK YOU!

Alcançar



USAID
FROM THE AMERICAN PEOPLE

