Strengthening Referral Networks for Reproductive, Maternal, Newborn, and Child Health Services

Declaration of Good Standing and Conflict of Interest Disclosure

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Strengthening Referral Networks for Reproductive, Maternal, Newborn, and Child Health Services

Ernestina David, OB/GYN
Learning Objectives

1. Describe the key interventions of Integrated Care, Referral, and Counter-Referral Networks in Nampula Province, Mozambique.

2. Describe the methodology used to monitor and evaluate the networks.

3. Discuss the results achieved through implementation of the networks.
Key Outcome

Strengthening referral networks and addressing gaps in referrals at different levels of the health system can improve the rate of completed referrals and the use of lifesaving maternal and newborn health services.
Mozambique: Background

Maternal mortality ratio: **408/100,000** live births in 2011 (1,000/100,000 live births in 1990)

- Skilled birth attendance: **73%** in 2015 (25% in 1996)
- **75%** of maternal deaths are due to delays in the decision to seek health care (54%) and in identifying and reaching a health facility (21%).
- **25%** are due to delays in receiving appropriate care in the National Health Service.

Background: Referral Networks

The Mozambique Ministry of Health is responsible for establishing referral networks.

The Maternal and Child Survival Program (MCSP) supported the development of a set of materials to guide the establishment and management of Integrated Care, Referral, and Counter-Referral Networks.
Integrated Care, Referral, and Counter-Referral Networks (RIARes)

Definition:
Health service groups linked together for cooperative action to provide continuous and integral care to women, newborns, and children
- Use the primary health care model
- In Portuguese: Redes Integradas de Atenção e Referência, or RIARes

Objective:
Ensure that care is provided:
- In the right place
- At the right time
- With the right quality
- In a respectful and equitable manner
Nampula Province Intervention

Nampula initiated a referral network system in 2017 to ensure timely access to appropriate health care services.

Interventions:

• RIARes meetings to create network maps, management subgroups, and clear communication
• Regular network learning exchanges
• Provider training on quality performance standards and health information system tools
• Strong partnerships with government sectors, civil society, communities, opinion leaders, and the private sector
Methods

Pre-intervention data collection through:
• Knowledge, practices, and coverage survey
• Health information system
• Reports on ongoing processes
• Key informant interviews

Monitoring of results through:
• Routine information system
  • Referrals and counter-referrals by cause
  • Maternal and perinatal deaths within network
• Referral network quarterly reports
• Feedback meetings with senior management and health providers

District government authorities and district health directorates working together to establish their RIARes
Results: Referral and Counter-Referral Indicators, October 2017–June 2018
Results: Maternal and Fetal/Perinatal Referrals, October 2017–June 2018

Maternal Referrals

- Oct-Dec 2017: 7 HFs (33%)
- Jan-Mar 2018: 51 HFs
- Apr-Jun 2018: 169 HFs (43%)

Number of patients

Fetal/Perinatal Referrals

- Oct-Dec 2017: 7 HFs
- Jan-Mar 2018: 51 HFs
- Apr-Jun 2018: 169 HFs (95%)

Number of patients
Results: Referral Decision Time and Referral Effectiveness, October 2017–June 2018

Time between clinical decision to refer and client leaving the facility

- Less than 2 hours
- Between 2 to 4 hours
- More than 4 hours

Time between client leaving satellite facility and client arriving at referral facility

- Less than 2 hours
- Between 2 to 4 hours
- More than 4 hours

Oct-Dec 2017  Jan-Mar 2018  Apr-Jun 2018
**Results:** Maternal and Fetal/Perinatal Indicators, October 2017–June 2018

**Satellite Health Facilities**
- Proportion of Fresh Stillbirths from the Total Stillbirths
- Institutional Maternal Mortality Ratio by Direct Obstetric Complications

**Referral Health Facilities**
- Proportion of Fresh Stillbirths from the Total Stillbirths
- Institutional Maternal Mortality Ratio by Direct Obstetric Complications
Conclusion

**Essential elements of referral networks include:**

- Active leadership by district authorities
- Functional communication platforms
- Visible and strong partnerships
- Routine structured forums for discussion, including platform for sharing best practices
- Greater communication and coordination between community and facility
- Sharing lessons learned in national forums as advocacy for country-wide adoption

This is the outcome to which we are committing ourselves!
Key Messages

1. The Nampula referral network strategy is an effective, feasible, and acceptable approach to strengthening a referral system by:
   • Identifying gaps that can hamper effective referral; and
   • Managing the coordination of referrals and counter-referrals between various levels within a group of facilities.

2. Continued district-level leadership is crucial for strengthening results and ensuring sustainability.
Thank you very much! Muito obrigado!

If you want to go fast—go alone. If you want to go further—go together!

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