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Maternal and Child Survival Program

SSQH SERVICES DE SANTÉ DE QUALITÉ POUR HAITI

SSQH Program Brief
Maternal and Newborn Health

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Goal

The USAID Maternal and Child Survival Program (MCSP)'s Services de Santé de Qualité pour Haiti (SSQH) project is working in close conjunction with the Ministry of Health (*Ministère de la Santé Publique et de la Population* or MSPP) and all 10 of the country's health departments (*Direction Départementale de la Santé* or DDS) with the overarching goal of facilitating a sustainable health system. SSQH provides technical, financial, and material support to the DDSs and 164 MSPP- and non-governmental organization (NGO)-supported sites to strengthen health provider capacity, increase utilization of health services, improve the quality of health services and referral networks, develop managerial capacity, and support the formulation and implementation of national and departmental health policies.

Josiane Pierre, a health worker, provides services to a mother and her newborn, along with her two other children. Photo credit: Karen Kasmauski/SSQH

The maternal and newborn health (MNH) component of SSQH supports the MSPP to implement high-impact interventions aimed at reducing maternal and newborn morbidity and mortality at facility and community levels, with a strong focus on improving quality of care. While all 164 SSQH facilities benefit from MNH activities, the program gives particular attention to the 41 facilities that offer all components of emergency obstetric and newborn care (EmONC).

Program Approaches

- **Building capacity of health care providers to provide high-quality MNH care:** SSQH established three National Training Centers (NTCs) as project sub-grantees at three major hospitals in the north, center, and south of Haiti. Each of these facilities identified a team of obstetrician-gynecologists, nurses, midwives, and anesthesiologists who train health workers in various MNH topics. Providers come for training from selected sites to address needs identified by the DDSs, with EmONC providers receiving priority. In-service training sessions focus on best practices for routine care, including essential newborn care (ENC), and for specialized care, post-partum hemorrhage (PPH) and pre-eclampsia/eclampsia. As of October 2017, nine trainers from one NTC hospital were trained on Kangaroo Mother Care (KMC), a low-cost method of care for preterm or low-birth-weight infants that involves skin-to-skin contact between the mother and her newborn, frequent and exclusive breastfeeding, and early discharge from hospital. SSQH has taken steps to roll out KMC services at the NTC hospital and will gather feedback and lessons learned from the hospital's implementation of KMC to inform future programming.
- **Strengthening essential functions of MNH care through quality improvement (QI) approaches such as regular supportive supervision and performance reviews in health facilities:** SSQH staff embedded in the DDS offices support DDS staff to visit every program site on a monthly basis. These supportive supervision visits are

opportunities to monitor patient care documentation, assess priority performance indicators, and reinforce best clinical practices with the goal of improving the quality of health service delivery. For low-performing facilities, the DDS team organizes performance review meetings with health providers and makes recommendations to address weaknesses. At sites with significant challenges, SSQH technical advisors join DDS staff to reinforce expertise and close critical quality gaps.

- **Facilitating availability of essential MNH supplies in health facilities in collaboration with the DDSs and partners:** A program-supported assessment undertaken in early 2016 showed that sites are often missing essential MNH commodities and medicines required to provide basic MNH care. SSQH has coordinated with DDS counterparts and other USAID-funded projects to ensure the procurement and distribution of commodities and essential medicines to targeted health facilities.
- **Improving household MNH best practices, care-seeking, and utilization of facility MNH services through community outreach and education**: SSQH has embedded two community mobilization officers (CMOs) in each of the 10 DDS offices; the CMOs are responsible for working with *Agents de Santé Communautaire Polyvalents* (ASCPs), or community health workers, to organize community mobilization and promote use of health services. CMOs and ASCPs conduct outreach and provide education on priority MNH topics (including emerging health issues like the Zika virus) at mobile clinics, schools, marketplaces, and special events. They engage local leaders, including elected officials, priests, traditional birth attendants, and teachers to deliver MNH messages on the importance of using facility-based services for routine and complicated care. ASCPs reinforce this outreach through home visits, referrals, and community follow-up.
- **Strengthening referral systems and coordination across the continuum of care for women and newborns with complications**: SSQH has invested in three Community Reference Hospitals and their networks in the areas of Ouanaminthe, Saint Michel d'Attalaye, and Matheux in order to improve the frequency of referrals and counter-referrals for patients in need of emergency care. SSQH provided these networks with improved ambulance equipment and 21 mobile phones to enhance coordination and transport capacity. SSQH also developed referral and counter-referral forms, as well as communication and transport protocols. By the end of September 2017, 5,145 cases had been referred or counter-referred within these three networks. Of the 456 institutional referrals completed between October and December of 2016, 64 were maternal health cases and another 16 were gynecological cases.
- **Conducting a Misoprostol study in the Northeast Department**: SSQH developed a study protocol with associated tools and job aids for research on the distribution of Misoprostol, a uterotonic, at the community level and its effect on reducing the incidence of PPH for women giving birth at home. The study will influence MSPP policy regarding the use of Misoprostol for women delivering both at facilities and at home. With the approval of the Haitian National Ethics Committee and the Johns Hopkins Institutional Review Board (IRB), SSQH launched the study in June 2017. As of September 2017, 338 pregnant women had been recruited into the study cohort and 171 had given birth safely, 142 using Misoprostol to prevent PPH.
- **Supporting the MSPP's Family Planning Department (*Direction Santé de Famille* or DSF) in initiating maternal death surveillance and response (MDSR) in nine facilities**: MDSR is a strategy designed to create a continuous cycle of identification, notification, and review of maternal deaths followed by action to improve quality of care and prevent future deaths. SSQH developed MDSR tools such as questionnaires and data collection sheets with the help of the US Government and the DSF, and SSQH is now supporting the MSPP to implement the strategy. SSQH's support includes creating committees of health providers and managers to manage the MDSR activities and training committee members on the use of MDSR tools and processes. As of September 2017, SSQH has established and trained committees in nine facilities, seven of which have completed their first case review.

Key Results and Findings

Results

- **Contributed to a 33% increase in the institutional birth rate in program-supported facilities over a one-year period:** Institutional deliveries increased by 33% from 7,586 women between April 2016 and September 2016 to 10,121 women between October 2016 and March 2017.
- **Advanced the number of pregnant women screened for HIV and syphilis as part of antenatal care services in program sites, with 99.4% of HIV-positive pregnant women receiving antiretroviral drugs (ARVs):** Between April and June 2017, 18,136 pregnant women had a known HIV status, a 22% increase from 14,840

between October and December 2016. Between October 2016 and September 2017, 97% of HIV-positive pregnant women received ARVs to prevent mother-to-child transmission.

- **Trained approximately 514 care providers from selected SSQH sites on the MNH package of services between October 2016 and September 2017:** Training on the package of services includes Helping Babies Breathe, Day of Birth, Essential Care for Every Baby, and Helping Mothers Survive. Follow-up supervision visits were conducted with trained providers at 49 sites.
- **Improved management of deliveries:** Between October 2016 and September 2017, 14,816 women delivering at SSQH-supported institutions received active management of third stage labor (AMTSL), including the use of uterotonics. This number is 131% of SSQH's annual target of 11,285. AMTSL is an essential component of birth with a skilled attendant and key to averting PPH.

Findings and Lessons Learned

- **Community buy-in is essential for increasing use of facility MNH services and promoting household MNH best practices and care-seeking.** Health facility staff must be trained in MNH services, but ASCPs, community leaders, traditional birth attendants, and the public must also be informed and empowered to seek access to maternal healthcare. These actors are key to providing support for women and families and ensuring that women go to health facilities for antenatal, delivery, and postnatal care for themselves and their newborns.
- **Recognizing and celebrating women for seeking healthcare influences others.** Several of SSQH's most successful community events have included bringing women who have come for four prenatal care visits onto a stage and giving them a certificate or a gift to recognize their commitment to their health and the health of their newborns. At these same events, where providers offer health consultations, the number of women seeking out prenatal care in one day can be as high as 150% of the number who seek care during a typical month at the clinic.
- **On-site trainings are more effective and efficient in helping providers to learn and problem-solve in the contexts where they provide care every day.** EmONC facility staff are able to participate in specialized MNH workshops at SSQH's NTCs. However, when instructors are able to travel to facilities and offer trainings on-site, more clinicians are able to participate, sessions are less expensive, and providers are able to learn new skills in the environment where they will soon put them into practice. On-site trainings reinforce team-work and support providers to identify and overcome obstacles in their own settings.

Recommendations

- **Future programs should focus on providing or advocating for free or low-cost care and drugs for the poorest**. Currently the cost of MNH services in health facilities is a major barrier for women who might otherwise seek care. Most expensive are the costs of medications and laboratory testing, which typically fall on the patient. In lieu of broad budgetary support at the national level, facilities need financial strategies for subsidizing these costs, either through initial donor support or, eventually, through redirecting surpluses earned from other services.
- **Future programs should continue implementing MDSR and track priority performance indicators as part of broader QI activities.** Maternal mortality and the rate of institutional deliveries are key performance indicators that should be measured to track the success of QI initiatives. Programs should also continue rolling out the MDSR strategy across health facilities, ensure that committee meetings are held regularly to identify preventable causes of maternal death, and promote buy-in from key network leadership to reinforce changes based on committee recommendations. As MDSR is a strategy focused on continuous improvement, it will be important to link MDSR activities to any broader MNH QI approach.
- **Future programs should look for mechanisms to provide additional on-site training and support to smaller sites that provide basic MNH care**. A number of smaller, non-EmONC sites are expected to provide antenatal and postnatal care, but staff at these sites often lack the necessary skills, or the sites are too small in number to provide high-impact care. Women living in remote areas who only have access to small sites depend on the capacity of providers to promptly detect danger signs, initiate lifesaving treatments, and refer women and newborns with complications to higher-level facilities. Improving the Community Reference Hospitals' capacity to receive these cases is also instrumental in further developing Haiti's health system.