Background

- Malawi has experience with KMC implementation since 1999
- National KMC guidelines developed in 2005
- Scale up process was accelerated - 2008 to 2011, with 121 health care facilities providing KMC services in 2011.
- 56% of facilities practice KMC (296 of 528)
- 2012 evaluation found only 36% of facilities were making progress in institutionalizing the practice
- Improving and institutionalizing quality of care for mothers and newborns, including KMC, is critical in order to achieve global goal of no preventable under-5 deaths by 2030.

Save the Children 2

Profile: Preterm Birth in Malawi

PRETERM BIRTHS AND DEATHS

- **Preterm birth rate (babies born <37 weeks): 18%**
- **Low birth weight rate (babies born <2,500g): 13%**
- **Babies born preterm per year: 120,000**
- **Babies born per year <28 weeks: 5,900**
- **Direct preterm child deaths per year: 4,800**
- **Neonatal Mortality: 27 per 1000 live Births**

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What is the *goal* and the *intervention*?

- Goal: Quality newborn care delivered in 10 districts in Malawi while creating and strengthening mentorship from Midwifery and Paediatric Specialists.

- Intervention: Quality Improvement and Structured Mentorship:
  - Engage hospital management in PDSA cycles to identify problems and measure results as interventions are implemented in facilities to address gaps in quality
  - Create a mentorship workforce consisting of pediatricians and clinical nurse midwives
  - Clinical attachment for service providers to a Central Hospital with higher case load – Work side by side with the Specialists

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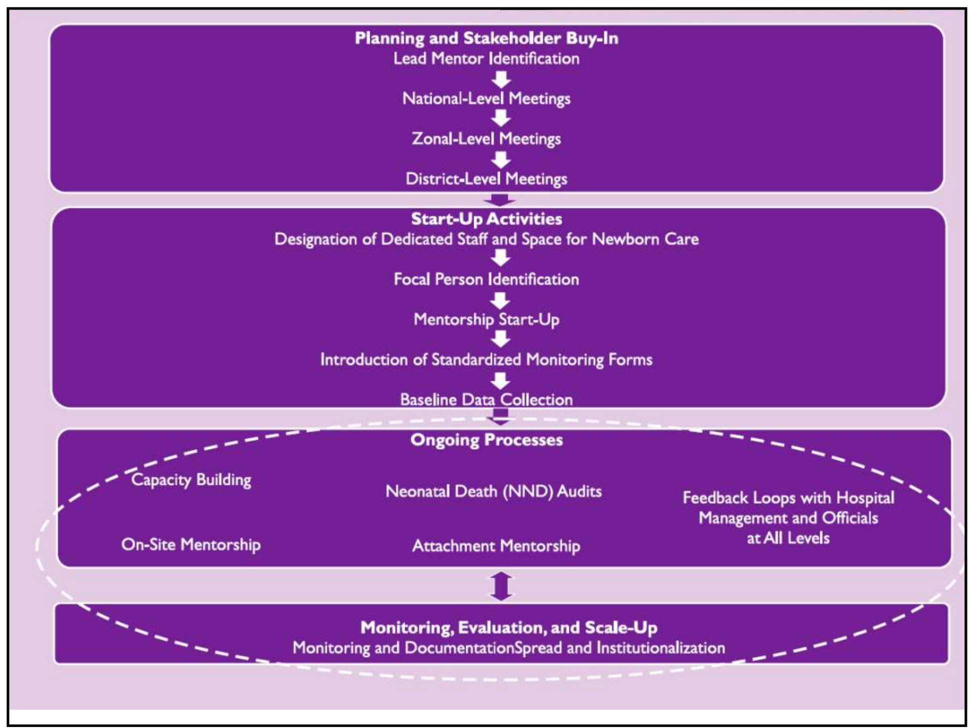


What is the *coverage*?

- 10 out of 29 district hospitals in Malawi
- High coverage is a goal—partnership with Maikhanda trust expands coverage, replicable model for partners to further expand coverage
- In addition to coverage, learning and documenting also a goal:
  - Results summary and lessons learned on how to improve quality of care
  - Process for collaborating among partners
  - Determinants of success in one district hospital vs. another

Who are the *partners*?

- Saving Newborn Lives, Save the Children
  - Responsible for recruiting, training, and managing a mentor network (master, national, and local mentors)
  - Creating a semi-structured mentorship process, including development of a mentorship manual
  - Mentors provide clinical mentorship
- Maikhanda Trust
  - Conducts quality improvement cycles at facility level.
  - Mentors provide QI mentorship
- Malawi MOH (Reproductive Health Directorate)
  - Leadership and oversight

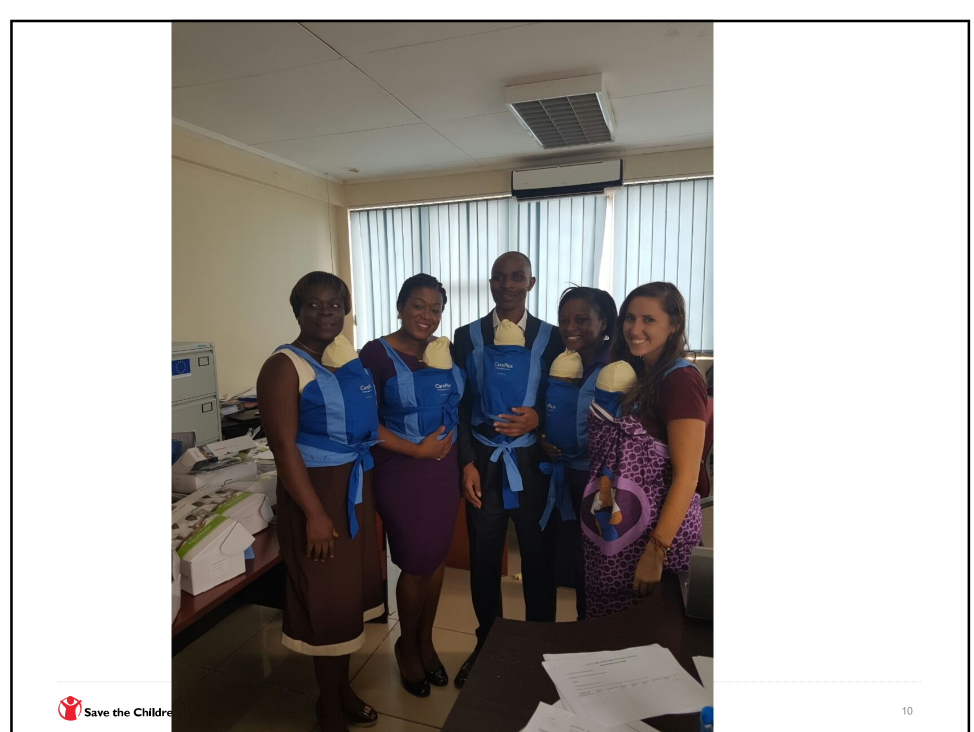
Milestones so far

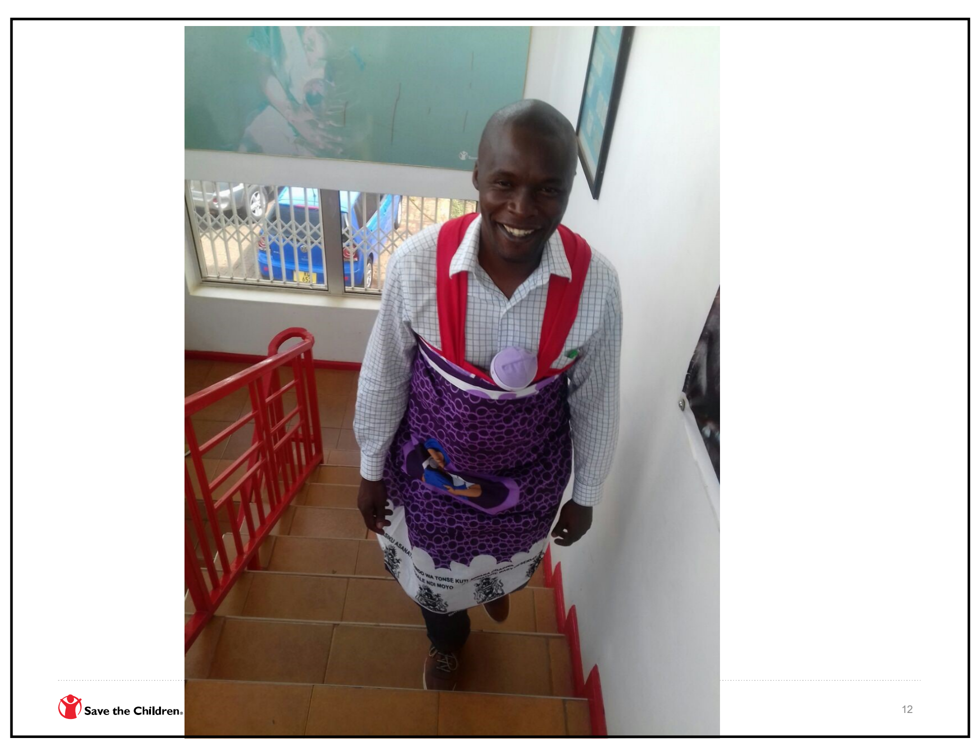
- More babies initiated on KMC
- Improved documentation and reporting - use of standard monitoring forms, documentation in KMC and Neonatal registers and monthly reporting
- Improved monitoring, feeding and ensuring warmth for babies in KMC, Nursery and during transfer
- Collaborative learning sessions for facilities to share lessons, best practices and how to deal with some systems challenges
- NND audits and quality of care audits
- Consistent reporting and entry of data on newborn indicators in DHIS 2 – still a challenge: Requires more work

What are MOH's plans for scale?

- Harmonization of Mentorship for MNH – National MNH mentorship guide drafted – to be used by all stakeholders scaling to all districts in Malawi
- Training of mentors with support from stakeholders
- Strengthen intrapartum care – Mentoring
- Integrating care of small and sick babies – Establishing functional neonatal care units in all hospitals
  - ✓ Allocation of staff for the neonatal units
  - ✓ Mentoring of staff
  - ✓ Provision of equipment and supplies
  - ✓ Minor refurbishments

- Roll out of Neonatal register

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THANK
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