USAID’s MaMoni Maternal & Newborn Care Strengthening Project
Building Quality Improvement Learning Networks in LMICs to Improve Maternal & Newborn Health

Background
Bangladesh has made remarkable progress in reducing maternal, newborn and child mortality. Yet challenges remain. USAID’s MaMoni MNCSP through Save the Children and consortium partners will work to advance learning, expand and scale up effective maternal and newborn care interventions to substantially improve outcomes for mothers and newborns. USAID’s MaMoni MNCSP supports the Government of Bangladesh’s Health, Population and Nutrition Sector Program to achieve its goals of significantly reducing maternal mortality and neonatal mortality by 2022. The project will catalyze effective scale up of proven MNC interventions and approaches with quality in 10 priority districts, reach a population of approximately 22 million in the 10 districts. The project strives to improve equitable access to quality MNC services, especially for the poor and marginalized for whom the risk of dying is greatest. In addition, the project will expand the evidence base and test new MNC innovations in selected learning sites and facilitate health system improvements and policy changes for sustained impact at national scale.

Main Focus Areas
- Maternal Care Package
- Neonatal Care Package
- Expansion of proven practices and tools
- Increase Number of 24/7 Facilities
- Building a Capable Workforce

Manikganj Learning Network

Support
- Onsite visits
- Coaching feedback from peers & coaches, Faculty consults, Stakeholders support

Key Adaptations
- Capability building plan closely linked to delivery of learning network
- Monthly group coaching of QI teams by leveraging existing Government meeting platforms
- Teams presented work on hand made chart paper or flip charts as per comfort level

QI Capability Building

Capability Building Programs
- QI Basics & Improvement Science In Action (ISIA): Frontline staff
- Quality Improvement Leadership Management (QILM): System Leaders & Managers
- Improvement Coach (IC): Pool of Improvement Coaches

Key Adaptations
- Content translated, contextualized & delivered in Bangla
- Increased training duration (number of days) to provide adequate time for participants new to QI
- Replaced virtual calls with in-person meetings

Manikganj Areas
- Sadar
- Shibalaya
- Satura
- Daulatpur

Private Facilities
- Monno Medical College & Hospital
- Islami Bank Hospital

Change Ideas Tested
- On the job training on correct use of partograph
- Available partograph in delivery room
- Ensure correct use of partograph for each eligible delivery
- Weekly partograph sheet audit
- Starting needs-based sessions at labor unit for continuous coaching
- Pulling assistance from other stakeholders (i.e., SNMP) for capacity & capability development
- Biweekly coaching visits to uphold the skills

Features of a Learning Network
Multi-disciplinary teams from different sites working on common topics, common aims & measures
- Quality Ante-natal care (ANC): % Quality ANC
- Quality Post-natal care: % Quality PNC
- Correct partograph use: % Correct partograph audited
- Essential newborn care: % Essential newborn care
- Quality post-partum haemorrhage (PPH) management: % Quality PPH Management
- Kangaroo mother care (KMC): Number of babies received KMC & discharged as per SOP
- Action periods: change ideas tested, QI meetings held, data analyzed, QI Coaches to support QI knowledge & skill
- Learning Sessions: shared learning, introducing new QI tools, hosting clinical sessions

Factors Enabling Success
- Will Building by engagement of leadership (MoHFW, district & facility level) & active participation by frontline workers
- QI Capability Building at different levels in the health system (frontline workers, managers & leaders at both primary & secondary care) by utilizing different training programs
- Shared Learning during Learning Sessions helped further build motivation & confidence

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