MOMENTUM Learning Agenda

On the Small and Sick Newborn Care Model

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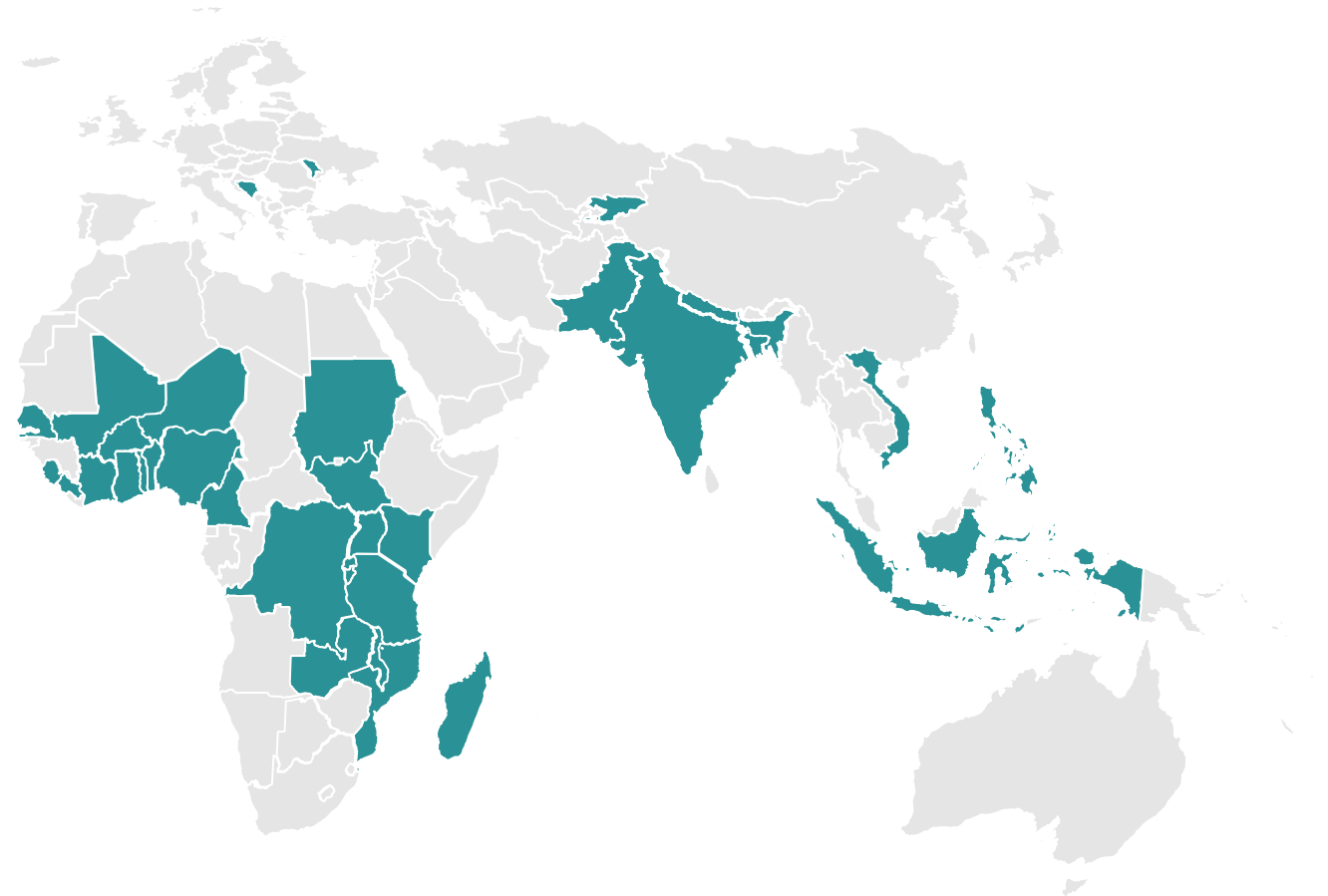
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MOMENTUM OVERVIEW

[1] Includes selected national and sub national technical assistance, as well as COVID-19 funding in countries with significant MOMENTUM presence

MOMENTUM

- Launched in 2020, MOMENTUM is funded by USAID to work in partnership with >**35 countries** to scale up health interventions and improve the overall health and well-being of mothers, children, families, and communities.

- MOMENTUM works in countries that are partnering with USAID to reduce high rates of preventable child, newborn, and maternal deaths, and to improve family planning and reproductive health.

www.usaidmomentum.org

Integrated Health Resilience

Routine Immunization Transformation and Equity

Country and Global Leadership

MOMENTUM

Safe Surgery in Family Planning and Obstetrics

Private Healthcare Delivery

Knowledge Accelerator

Background

- MOMENTUM awards are partnering with governments and stakeholders at national and subnational levels to adapt and test the small and sick newborn care (SSNC) model in both stable and fragile contexts and with involvement of both the public and private health sectors.

  - MOMENTUM Country and Global Leaderships (MCGL): Nepal, Nigeria, Indonesia

  - MOMENTUM Integrated Health Resilience (MIHR): Sudan, Mali

  - MOMENTUM Private Healthcare Delivery (MPHD): Indonesia

Standards for improving the quality of care for small and sick newborns in health facilities

Joint Learning

- MOMENTUM Knowledge Accelerator (MKA) is working to ensure that key experiences and learning across early MOMENTUM implementation activities related to SSNC are **captured systematically and disseminated** to inform global and country efforts going forward.

  - To that end, MKA has developed a set of common learning questions in collaboration with other MOMENTUM awards.

- While each partner implementing the SSNC model in countries is conducting its own documentation and learning efforts relevant to the specific team experiences, the Common Learning Questions were agreed upon by partners over two meetings in April 2022.

- We are developing case studies of the experiences in early implementation of the SSNC Model.

The Common Learning Agenda

- Questions relate to:

  - The ten components of the WHO small and/or sick newborn model of care,
  - The eight WHO quality of care standards for small and/or sick newborn care, and
  - The way the model is being implemented in different settings (i.e., specific approaches used).

- Questions organized around a framework of implementation outcome variables to support analyses of implementation.
  - Peters DH, Tran NT, Adam T (2013) *Implementation research in health: a practical guide*. Alliance for Health Policy and Systems Research, World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/91758/9789241506212_eng.pdf?sequence=1&isAllowed=y

| Feasibility and Adoption | Fidelity | Appropriateness | Acceptability | Coverage | Sustainability |

Feasibility and Adoption

The extent to which the intervention can be carried out and the intention, initial decision, or action to employ the intervention

1. **Which components of the model for SSNB care have been implemented and in which specific contexts?**
   - Who was engaged in the process of implementation of the model? Why and how were they engaged?
   - What have been key barriers to model implementation? Why?
   - What strategies have been effective in overcoming barriers to model implementation? Why?
   - What health system or process adaptations, if any, were necessary to implement the model (or specific components of the model) within different settings and why? What steps were taken to make these adaptations?

2. **Which of the quality of care standards for SSNB have been prioritized for implementation and in which specific contexts?**
   - To what extent were existing efforts to improve quality of care leveraged to integrate (or introduce) the quality standards for SSNB care? How successful were these efforts? What influenced success (or failure)?
   - What have been key barriers to implementation of the quality of care standards? Why?
   - What strategies have been effective in overcoming barriers to implementation of the quality of care standards? Why? Are there certain components of the SSNB care model that are important to strengthen in order to implement the standards?

Fidelity

Degree to which implementation occurred as planned/designed

1. What adaptations were required to implement the standards of care? Why were those adaptations needed?

2. What specific factors (e.g., existing human resources or budgets) have influenced fidelity to implementation of the standards for quality of SSNB care?

Appropriateness

Relevance, perceived fit, usefulness

1. To what extent are the **standards for quality of SSNB care** appropriate…
   - …given the epidemiological profile in the specific context/setting?
   - …for various stakeholders (e.g., providers, managers, the community, non-governmental sector, etc.)?

2. To what extent are **the family and community involvement, linkages of SSNB care with quality maternal health care, and post-discharge care components** of the model appropriate…
   - …given the epidemiological profile in the specific context/setting?
   - …for various stakeholders (e.g., providers, managers, the community, non-governmental sector, etc.)?

3. By whom and how (i.e., using which criteria) has this appropriateness been determined?

Acceptability

Perception among stakeholders that the intervention is agreeable

1. Which of the family and community involvement, linkages of SSNB care with quality maternal health care, and post-discharge care components of the model acceptable to different stakeholder groups? Why?

2. Which of the standards for quality of care are acceptable to which stakeholders (e.g., parents and families, health care workers, policymakers, and program managers) and why?

Coverage

The degree to which the population eligible for the intervention actually receives it

1. What systems are in place (e.g. HMIS, registers, etc.) to measure/monitor the coverage, unmet need, quality of provision and experience of SSNB care?

   • What strengthening of these systems is required, if any? Why? Who needs to be engaged? For what reasons may variations exist?

2. How is the information that is being collected used for quality improvement of implementation of SSNC?

Sustainability

The extent to which the intervention is maintained/institutionalized

1. How has testing of the SSNB model of care influenced national and sub-national implementation plans for small and sick newborns? What plans are in place as a result?
2. What capacity enhancement efforts were necessary to implement the model? For whom?
3. What, if anything, has influenced the availability of dedicated government and/or partners' funds to move from testing the SSNB model of care to scale-up in country?

Toolkit

- Tools developed to support capture of learning

  1. Adoption Checklist
  2. Key informant interview guide for MOMENTUM partner staff
  3. Key informant interview/focus group discussion guide for facility staff
  4. Key informant interview guide for local health managers
  5. Key informant interview guide for policymakers (at regional and/or national level)
  6. Key informant interview guide for caregivers
  7. Coverage Checklist

Next Steps

- Coordination with Country Teams to support information capture

- Sharing of experiences across teams through virtual and in-person exchanges

- Compilation of

  - Individual case studies

  - "Meta" case study