MOMENTUM

KNOWLEDGE ACCELERATOR

LEARNING ABOUT SMALL AND/OR SICK NEWBORN CARE COUNTRY IMPLEMENTATION

MOMENTUM Common Learning Guide & Tools

SEPTEMBER 2022

Updated June 2024

USAID FROM THE AMERICAN PEOPLE

MOMENTUM A Global Partnership for Health and Resilience

TABLE OF CONTENTS

ACKNOWLEDGMENTS

This guide was authored by Alyssa Sharkey (Consultant/MOMENTUM Knowledge Accelerator) with inputs from Lara Vaz and Gabrielle Nguyen (PRB/MOMENTUM Knowledge Accelerator). The authors would like to thank representatives from across the MOMENTUM suite and USAID who participated in consultation meetings and provided input into the joint MOMENTUM SSNC learning agenda and tools referenced in the toolkit, including:

- MOMENTUM Country and Global Leadership: Neena Khadka, Steve Wall, Goldy Mazia, Lyndsey Garg, and Amy Mangieri
- MOMENTUM Integrated Health Resilience: Renee Fiorentino, Tamar Chitashvili, and Melinda Pavin
- MOMENTUM Knowledge Accelerator: Katherine Semrau
- MOMENTUM Private Healthcare Delivery: Gaurav Sharma, Bina Valsangkar, Alicia Chavez, and Mariela Rodriguez
- USAID: Lily Kak and Susan Niermeyer

BACKGROUND

The World Health Organization (WHO) and partners endorsed a model for small and/or sick newborn care (SSNC) in 2023. Projects funded via USAID's MOMENTUM awards—including MOMENTUM Country and Global Leadership, MOMENTUM Integrated Health Resilience, and MOMENTUM Private Healthcare Delivery - have partnered with governments and stakeholders at national and subnational levels in several countries to adapt and test the model of care in both stable and fragile contexts with involvement of both the public and private health sectors.

Within the suite of 6 MOMENTUM projects, MOMENTUM Knowledge Accelerator led the common learning agenda for implementation of SSNC at global level and supported the MOMENTUM partners as needed to compile implementation processes and experiences in order to inform future implementation of the model of care. To that end, MOMENTUM Knowledge Accelerator developed a set of common SSNC learning questions in collaboration with other MOMENTUM awards.

This document includes guidance and tools for use by the MOMENTUM projects to help MOMENTUM partners collect data relevant to the initiative's Common Learning Questions. While each MOMENTUM partner implementing the SSNC model in countries is conducting its own documentation and learning efforts relevant to the specific project, the Common Learning Questions on which the tools in this document are based were agreed upon by the partners during two meetings in April 2022. Country teams could choose how to integrate the common learning tools into their documentation and learning activities and approaches, to collect relevant information for their own program purposes as well as for the Learning Questions.

The Common Learning Questions align with the implementation outcome variables framework described by David H. Peters, Nhan T. Tran, and Taghreed Adam in Implementation Research in Health: A Practical Guide (2013), which defines outcome variables that can serve as indicators of how well a given intervention is implemented.

Although all variables in the Peters framework represent an important aspect of implementation, individual variables may have more or less relevance based on the specific implementation experience underway. For example, variables particularly relevant to the implementation of a new intervention may include **Acceptability**, **Adoption**, **Appropriateness**, and **Feasibility**. Variables that may be more relevant to continued implementation of existing interventions may include **Fidelity**, **Coverage**, and **Sustainability**.

HOW SHOULD THIS GUIDE BE USED?

Program managers or evaluators of projects supporting implementation of the WHO-endorsed SSNC model can adapt the Common Learning Questions and tools in this guide to document their own implementation progress and outcomes.

THE COMMON LEARNING QUESTIONS

The common learning 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), organized through a framework of implementation outcome variables developed by David Peters and colleagues.[1]

The learning questions prioritized by the MOMENTUM awards are listed below:

Feasibility and Adoption	**The extent to which the intervention can be carried out (feasibility) Intention, initial decision, or action to employ the intervention (adoption)**

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 implementation of the model? Why?
   - What strategies have been effective in overcoming barriers to implementation of the model? 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?

[1] Peters, D., Tran, N., & Adam, T. (2013). Implementation research in health: A practical guide.

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?

OVERVIEW OF TOOLS

The toolkit includes the following distinct tools:

1. Adoption Checklist
2. Key informant interview guide for implementation team
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. Coverage Checklist

In addition to these tools (and in contexts where it is both feasible and appropriate), future partners may wish to incorporate a tool with open-ended questions designed to ask caregivers their perceptions and experiences regarding the SSNC services that they and their newborn received to capture the **appropriateness** and **accessibility** of the SSNC interventions; such a tool would need tailored to each specific sociocultural context. Options for tool use might include collecting these data during quality improvement exercises, client exit interviews, or a separate follow-up exercise with caregivers. However, implementing such a tool may require institutional review board (IRB) and/or ethics committee approval.

In addition to these tools (and in contexts where it is both feasible and appropriate), we suggest that future implementers develop and incorporate a separate tool with open-ended questions designed to ask caregivers their perceptions and experiences regarding the SSNC services that they and their newborn received, tailored to each specific context. Options might include collecting these data during quality improvement exercises or client exit interviews, or doing a separate follow up exercise with caregivers. However, fielding such a tool may require institutional review board (IRB) or ethics committee approval. .

Table 1 provides an overview of the SSNC common learning tools, including when and with whom they can be used, and the approximate time required to administer each

TABLE 1. SSNC COMMON LEARNING TOOLS: PURPOSES AND GUIDANCE FOR USE

*: **L**=leaders, **I**=implementation team, **F**=facility staff, **M**=health managers, **P**=regional or national policymakers

Tool	Description and Purpose	When and How to Use	Data Sources*						Estimated Time to Complete
			L	I	F	M	P	C	
Adoption Checklist	This checklist includes closed-ended questions to elicit information for 1) the components of the model and 2) the quality of care standards regarding the intent and initial actions taken to implement the intervention.	During the first 3 months of activity implementation. Self-administered.	X	X					5-10 minutes
Key informant interview (KII) Guide for Implementing Team	This tool includes open-ended questions to elicit more detailed information from implementing teams (at headquarters and country levels) regarding MOMENTUM partners' perspectives on the **feasibility, adoption, appropriateness, fidelity and sustainability** of both the 1) components of the model and 2) the quality of care standards during implementation at country level.	*Set 1 (Feasibility and Adoption):* Before/ during early stages of activity implementation. *Set 2 (Appropriateness):* Approximately 3 months after activity implementation starts. *Set 3: (Fidelity and Sustainability):* following 6 months of implementation. Information to be obtained by MKA during meetings and convenings (Team2Team Exchanges, etc.) or via KIIs with implementing team members.	X	X					Each set of questions may take 60-90 minutes
KII/FGD Guide for Facility Staff	This tool includes open-ended questions to elicit the perspectives of facility staff on the **feasibility, adoption, appropriateness, acceptability and coverage** of both the 1) components of the model and 2) the quality of care standards.	Approximately 3-6 months after activity implementation starts. May be administered to facility staff via key informant interviews, focus group discussions, or as a part of quality improvement exercises.			X				60-90 minutes

KII Guide for Health Managers	This tool includes open-ended questions to elicit the perspectives of policymakers on the **feasibility, fidelity, appropriateness, coverage and sustainability** of both the 1) components of the model and 2) the quality of care standards.	Approximately 6-9 months after activity implementation starts. Administered to local/district health managers via key informant interviews.				**X**			60-90 minutes
KII Guide for Policymakers	This tool includes open-ended questions to elicit the perspectives of policymakers on the **fidelity, acceptability and sustainability** of both the 1) components of the model and 2) the quality of care standards.	Approximately 6-9 months after implementation starts Administered to sub-national and/or national policymakers via key informant interviews.					**X**		60-90 minutes
Coverage Checklist	As a proxy measure for **coverage** (i.e., the degree to which the population eligible for the intervention actually receives it), this checklist includes closed-ended questions to elicit information regarding what systems are in place to measure/monitor the coverage, unmet need, quality of provision and experience of SSNB care.	Approximately 3 months after activity implementation starts, and again every 6 months to update with any changes. Self-administered.	**X**	**X**					5-10 minutes

STEPS TO USE THE SSNC COMMON LEARNING TOOLS

The SSNC Common Learning Toolkit is meant to support the collection of information on experiences and learning in implementing the WHO Small and Sick Newborn Model of Care in countries. This information should support a culture of learning and continuous improvement and should not be used to judge or blame staff for challenges in their context.

Table 2 outlines the basic steps that should be followed to make use of these Common Learning Question tools (See Annex 1).

TABLE 2. STEPS IN PREPARING TO USE THE TOOLS

Preparation Step	Purpose and Recommendations
Translate tools	The Common Learning tools are currently available in English. We recommend using tools in the language most appropriate for the local context.
Adapt assessment process	Assessments work best when they fit within the local context and intervention plans. Determine how to use the tools within the planned implementation activities, and, if needed, adapt the process to the local context. Consider pilot testing the translated tools before implementing them more broadly to ensure the questions are unbiased and nonjudgmental.
Train users of the tools	The implementation team should be familiar with the implementation outcome variables and understand how responses to the tools contribute to understanding of SSNC implementation.
Identify participants	People with different roles in the implementation of the SSNC should participate in assessments in order to include diverse perspectives. The toolkit includes tools to use with a range of participant types.
Introduce the assessments to different participant types	It is essential that all participants understand the reasons for doing the assessment and that results will be used to improve implementation – not to judge or blame.
Lead assessments and develop report of findings and recommendations	Unless otherwise noted in the toolkit, the implementation team will lead the assessments to collect data and information about their program activity. It may be helpful to record the conversations (if permission is granted from the participant first) or to have a second colleague available to help with notetaking to facilitate the integration of findings from the tools into project reports or o
Provide feedback on findings and results with participants	Following data analysis, there should be efforts made to share the results and recommendations back with those who participated in the assessments. This could be done by sharing summary documents and/or by scheduling follow-up meetings or a convening with local stakeholders.

The MOMENTUM Knowledge Accelerator team can help implementing organizations with the steps above to support the adaptation and utilization of these tools. Please contact MOMENTUMKM@prb.org if you have any questions about or feedback on the tools.

ANNEX 1. COMMON LEARNING TOOLS

See separate Excel file.