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Overview of Session

• The need for leaders in MCH in Africa
• Historical overview
• Curriculum development
• Selection of Faculty, Mentors and Mentees
• Mentoring
• Logistics
• Mentee projects
• Evaluation
• Sustainability
• Lessons learned
The Need For Maternal-Child Health Nurse and Midwife Leaders in Sub-Saharan Africa

Maternal mortality: WHO Key facts

• Every day, approximately 800 women die from preventable causes related to pregnancy and childbirth.
• 99% of all maternal deaths occur in developing countries.
• Maternal mortality is higher in women living in rural areas and among poorer communities.
• Young adolescents face a higher risk of complications and death as a result of pregnancy than older women.
• Skilled care before, during and after childbirth can save the lives of women and newborn babies.
• Between 1990 and 2013, maternal mortality worldwide dropped by almost 50%.

Child Mortality: WHO key facts

• 6.3 million children under the age of five died in 2013.
• More than half of these early child deaths are due to conditions that could be prevented or treated with access to simple, affordable interventions.
• Leading causes of death in under-five children are preterm birth complications, pneumonia, birth asphyxia, diarrhea and malaria. About 45% of all child deaths are linked to malnutrition.
• Children in sub-Saharan Africa are more than 15 times more likely to die before the age of five than children in developed regions.
Historical Overview of the Development of the Africa MCHNLA

2009

2010

2013

2015
The Early Beginnings

2009 Indianapolis:  
Is it possible to replicate MCHNLA in Africa?

2010 Potchefstroom, South Africa:  
Yes…..the early beginnings of not knowing what we don’t know
Meetings with Stakeholders

- Understanding the context
- Stakeholder analysis
- Headhunt mentors
- Identify Mentees

Stakeholders group 2
The South Africa Pilot Academy
MCHNLA Africa

2014-2015 COHORT
Curriculum Development

The process:

• SA Pilot in the North-West Province

• First MCHNLA Africa cohort

• Lessons learned
Replicating or Redesigning?  
Our aim: MCHNLA for Africa  

The Academy was designed to develop the leadership skills of maternal-child health nurses and midwives to effectively lead inter-professional teams to improve the quality of healthcare for childbearing women and children up to 5 years old within the context of North America.

• What does it mean in African context?

• Our journey from replicating to redesigning
Working Together to Make it Our Own 2014
Stakeholder Involvement

• Africa -» independent countries -» diversity intra-continental, diversity intra-country

• The role of stakeholders

• Challenges faced in marketing the MCHNLA in a continent where it is unknown.
Selection of Faculty, Mentors and Mentees

• The challenge

• Why did we change the process from the North American model?

• Going the African way
Mentoring of Faculty and Mentors

• Inadequate mentoring environments

• Learning needs

• Mentoring workshop

• Lessons learned
Logistical Issues

• Communication

• Budgeting

• Organizing workshops

• Keeping momentum.
South Africa Pilot Projects

- Implementing Kangaroo Care in a level 2 hospital
- Using mobile text messaging to enhance wellbeing in pregnancy
- Facilitation of optimal use of the partogram
- Quality improvement of in-hospital postpartum care
- “Taking your preterm baby home" discharge programme
- Enhancing early testing for HIV during pregnancy
2014-2015 MCHNLA – Africa Projects

Uganda
- Initiating Birthing Partner Support In A Low Risk Maternity Unit
- Improving the Quality Of Care for the Sick Newborn: Focusing on Kangaroo Mother Care and Breastfeeding

Malawi
- Improving quality of care for neonates with birth asphyxia through the Helping Babies Breath program at Chiradzulu District Hospital
- Monitoring of magnesium sulphate to improve quality: A case study at Queen Elizabeth Central Hospital, Blantyre

Swaziland
- The influence of nutrition education on maternal and child health of postpartum women in the National Referral Hospital, Swaziland
2014-2015 SOUTH AFRICA PROJECTS

- Establishment of a midwifery obstetric unit in Seshego hospital, Limpopo Province, South Africa
- Contributory factors towards perinatal and infant mortality in Jubilee Hospital
- Strengthening WHO signal functions
- Quality Improvement: Optimal Intrapartum Foetal Monitoring
- Quality Improvement Initiative to improve Family-Centred Care in NICU
- Improved recordation on the Partogram by empowering the midwives in the Labour Unit
- Improvement of Record Keeping of Maternity Case Reports at Kgabo Community Health Centre
<table>
<thead>
<tr>
<th>Participant Impact</th>
<th>Organizational Impact</th>
<th>Health Network Impact</th>
<th>Patient Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Efficiency of individual agency processes</td>
<td>Availability of care/treatment in community</td>
<td>Patient uptake of services (% of service needs met in particular health issue areas)</td>
</tr>
<tr>
<td>Skills (leadership, other)</td>
<td>Broader systems efficiency</td>
<td>Overall number/percent of community members served</td>
<td>Patient satisfaction</td>
</tr>
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<td>On-the-job behaviors (application of skills)</td>
<td>Cost efficiency/ change to cost of services</td>
<td>Quality of care/treatment</td>
<td>Patient behavioral or biological indicators</td>
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<td>Clinical practice (clinical policies and behaviors)</td>
<td>Cost of care/treatment</td>
<td>Prevalence of targeted health conditions (morbidity, mortality)</td>
</tr>
<tr>
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<td>Service availability</td>
<td>Network-wide process efficiency</td>
<td></td>
</tr>
</tbody>
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- Knowledge
- Skills (leadership, other)
- On-the-job behaviors (application of skills)
- Career changes
- Involvement in broader field

- Efficiency of individual agency processes
- Broader systems efficiency
- Cost efficiency/ change to cost of services
- Clinical practice (clinical policies and behaviors)
- Service availability
- Number of patients/clients served
- Service quality
- Financial health of organization

- Availability of care/treatment in community
- Overall number/percent of community members served
- Quality of care/treatment
- Cost of care/treatment
- Network-wide process efficiency

- Patient uptake of services (% of service needs met in particular health issue areas)
- Patient satisfaction
- Patient behavioral or biological indicators
- Prevalence of targeted health conditions (morbidity, mortality)

* J&J requested areas of measure/outcomes
Sustainability

INTRAPARTUM Cardiotocograph
Check CTO running at 2 minutes

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Reassuring</th>
<th>Non-reassuring</th>
<th>Abnormal</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal heart rate</td>
<td>110-160</td>
<td>100-110</td>
<td>&lt; 110</td>
<td></td>
</tr>
<tr>
<td>(BPM)</td>
<td></td>
<td></td>
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<tr>
<td>BTB Variability</td>
<td>&lt; 10 bpm</td>
<td>&gt; 10 bpm</td>
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<tr>
<td>(BPM)</td>
<td>&lt; 5 bpm for 40 min or more</td>
<td>&gt; 5 bpm for 5 min or more</td>
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<tr>
<td>Accelerations</td>
<td>Present</td>
<td>None</td>
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<td></td>
</tr>
<tr>
<td>Decelerations</td>
<td>None</td>
<td>Early</td>
<td>Late</td>
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<tr>
<td>Contractions</td>
<td>Maximum of 5/10 min</td>
<td>&lt; 5/10 min</td>
<td>Return to baseline pressure between contractions</td>
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</tr>
<tr>
<td></td>
<td>Single prod &gt; 3 min</td>
<td>Single prod &gt; 3 min</td>
<td>&lt; 3 min or &gt; 5 min</td>
<td></td>
</tr>
<tr>
<td>Opinion (MARK YOUR OPTIONS)</td>
<td>Normal CTO</td>
<td>Abnormal CTO</td>
<td>Pathological CTO</td>
<td>Healthy</td>
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<tr>
<td>Dilatation</td>
<td>= 7 cm</td>
<td>&gt; 7 cm</td>
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<tr>
<td>Liquor colour</td>
<td>Mature pink</td>
<td></td>
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<tr>
<td>Action</td>
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<td>Date</td>
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<td>Name &amp; Signature</td>
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<td>Discussed with</td>
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Lessons Learned

• Curriculum development
• Stakeholder involvement
• Communication
• Funding
• Selection of faculty, mentors and mentees
• Mentoring the mentors
• Capacity development
Highlights of the First 2 Academies

• Knowing nothing: Steep learning curve

• Finding our African voice

• Moving to a next cohort: Capacity building of faculty

• Learning together, learning from each other, learning from STTI

• Understanding the hearts of the younger generation mentees
Going Forward

• MCHNLA was successfully adapted for implementation in Africa.

• Many lessons were learned but overall the aim of the MCHNLA SAP was reached which was to see if and how the MCHNLA can be implemented in Africa.

• The success of the MCHNLA SAP led to the launch of the first Africa MCHNLA 2014-2015.

• Successes during the initials years and show evidence of career development and practice development since the Pilot Academy and during the present Academy.
Thank You to our Sponsors, J&J and STTI