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EMAS
Saving lives of mothers and newborns

Facility to facility mentoring to drive sustainable improvements in health facilities

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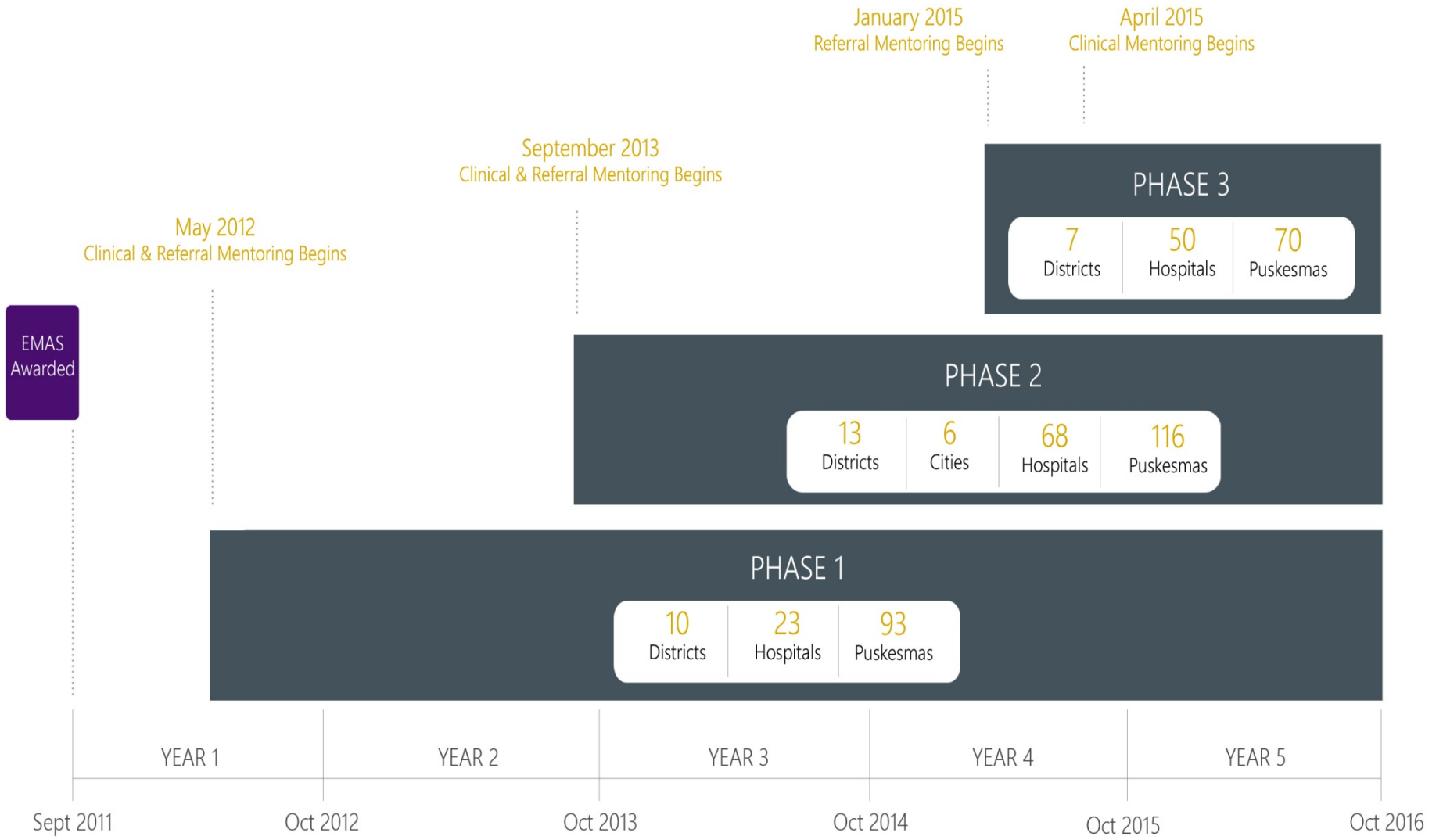


Expanding Maternal and Newborn Survival (EMAS)

- In Indonesia, strong infrastructure with public/private hospitals and public/private health centers networked within a district
- EMAS is working with 150 hospitals, 300+ health centers across 30 districts to:
 - Improve quality of BEONC and CEONC services
 - Improve efficiency of referral system in each district
- Using a **mentoring approach** for **all** aspects of our work



EMAS Expansion Timeline



*EMAS also provides support to approximately 800 puskesmas in Phase 1, 2 and 3 districts in a limited capacity

Budi Kemuliaan Hospital



Lembaga Kesehatan
Budi Kemuliaan

- Oldest and largest maternity hospital and midwifery school in Indonesia (102 years)
- ~ 8000 births/year
- Model for clinical practice and governance
- Nurture change through mentoring

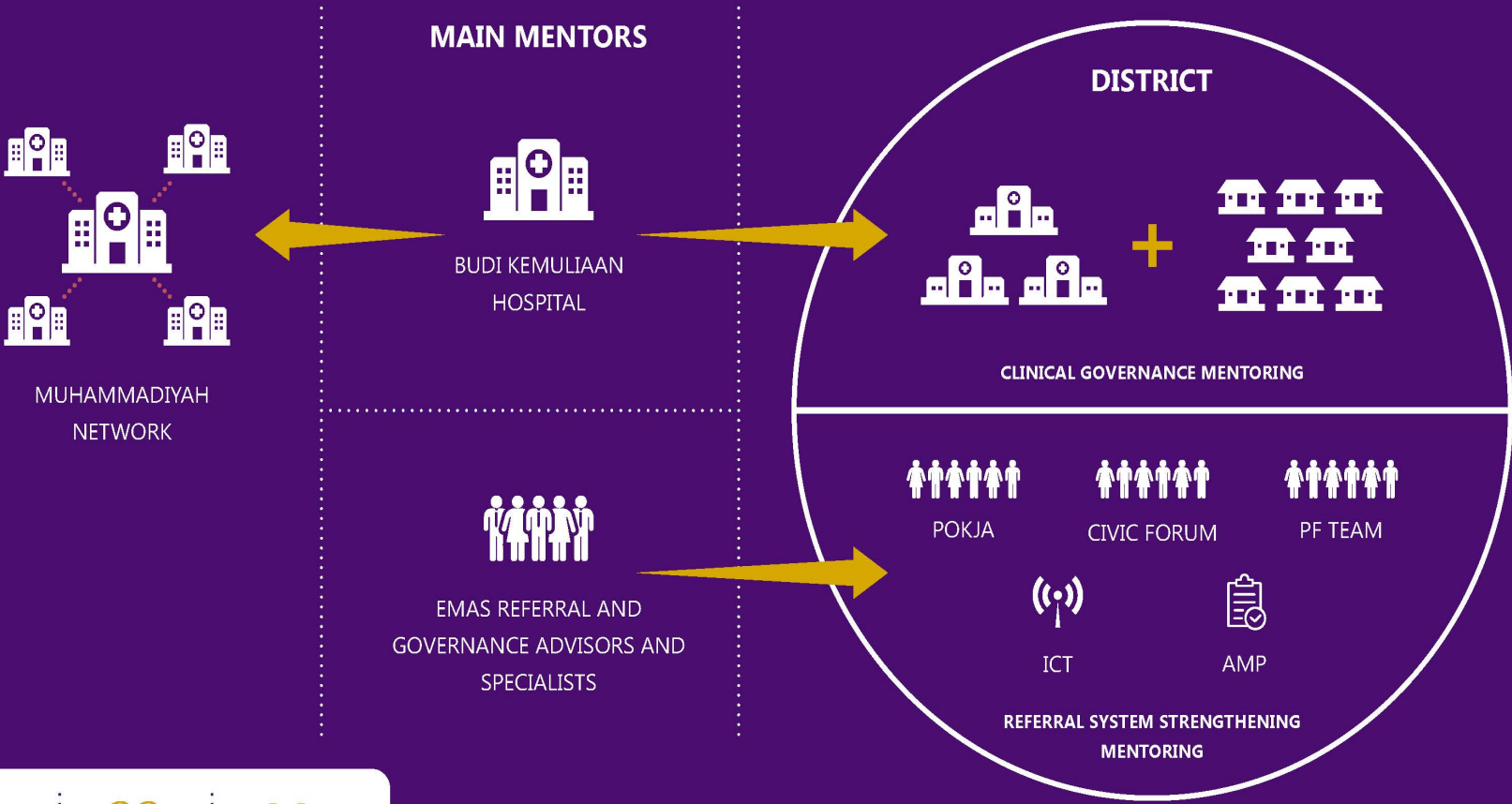


“Unknowns” at Program Outset

- Would facilities be receptive to mentoring?
- Could private hospitals mentor government facilities?
- Would mentors be available to leave their workplace?
- Could facilities improve quickly enough to become mentors within 9-18 months?



EMAS Mentoring Approach - Phase 1



10 Districts

23 Hospitals

93 Puskesmas

EMAS

Mentoring Approach

Phase 2

13 Districts	6 Cities
68 Hospitals	116 Puskesmas

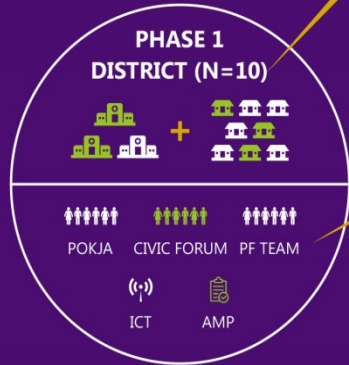
MAIN MENTORS



BUDI KEMULIAAN HOSPITAL



MUHAMMADIYAH HOSPITALS



DISTRICT



CLINICAL GOVERNANCE MENTORING



POKJA



CIVIC FORUM



PF TEAM



ICT



AMP

REFERRAL SYSTEM STRENGTHENING MENTORING



EMAS

Mentoring Approach

Phase 3






7
Districts

50 Hospitals 70 Puskesmas

EMAS MENTORS



BUDI KEMULIAAN HOSPITAL

MUHAMMADIYAH:
Pondok Kopi Hospital
Cempaka Putih Hospital

PHASE 1 & PHASE 2 MENTORS





HOSPITALS













PUSKESMAS

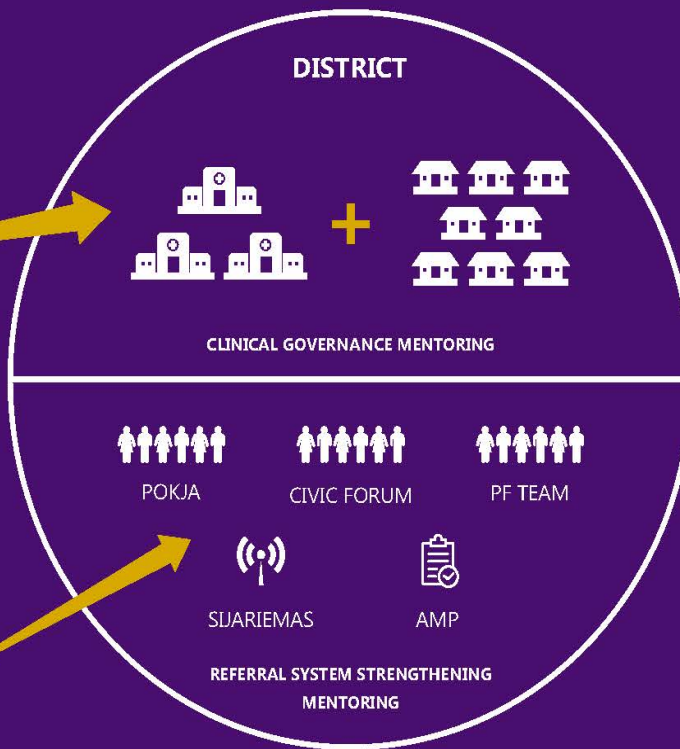
REFERRAL NETWORK

POKJA CIVIC FORUM PF TEAM

SJARIEMAS AMP



Facility-facility Mentoring

- Mentoring **cycle** with visits to and from mentee facility
 - 2 visits to Mentee hospital
 - Approximately 4 visits by mentoring hospital to mentee hospital
- Mentor teams consist of approximately 6 mentors:
 - 1 obgyn, 1 pediatrician, 1 general doctor, 2 midwives, 1 nurse
 - **Peer mentoring**
- Length of mentor visit: 5-6 days
- **Systematic, ongoing mentoring** over 9-18 months
- Follow up through phone/sms/video conference

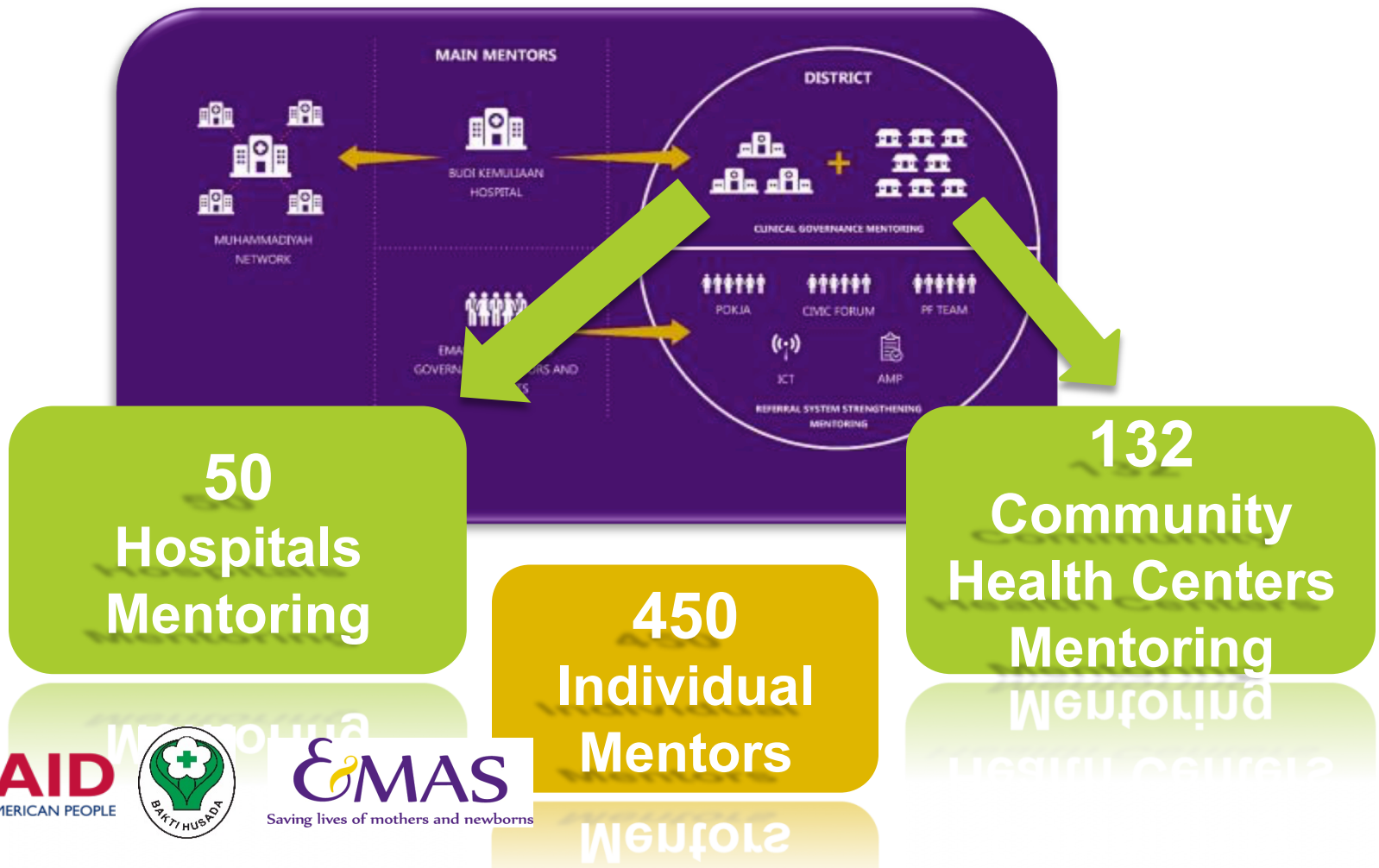


Content of Mentoring

- Teams of mentors work side-by-side facility staff to strengthen **clinical governance**:
 - Create shared vision and strategic **leadership**
 - Strengthen data recording and **improve data use**
 - Establish use of performance **standards**
 - Identify **emergency teams** and introduce **emergency drills**
 - Establish death and near miss **audits**
 - Establish use of clinical **dashboards**
 - Facilitate or strengthen use of **service charters**
 - Improve or develop facility **feedback** mechanisms

Mentoring: Where Are We Today?

77 Hospitals and **251** Health Centers were mentored with EMAS support



Sustaining Mentoring

- Roster of mentors in each province
- Roster signed and managed by the Provincial Health Office
- Districts in need of mentoring are paying for mentoring



Lessons learned

Openness to mentoring and to LK BK

- Shared vision that quality improvement is part of national obligation to respect human rights by implementing principles of good care/respectful care
- Created champions “working from the heart”
- Improved providers skill to perform dialogue

Facilities have begun mentoring

- Mentoring is working!
- Playing the role of a mentor is motivational and is accelerating progress

Strong receptivity to mentoring by mentors and mentees

- Midwives and nurses more available
- Specialists generally available for 1-2 days
- Both private and government facilities able to mentor each other



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Thank You!



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