

Sierra Leone – MOHS RRI 100-Day Project: Maternal and Child Health.

Final Report



August 2020.

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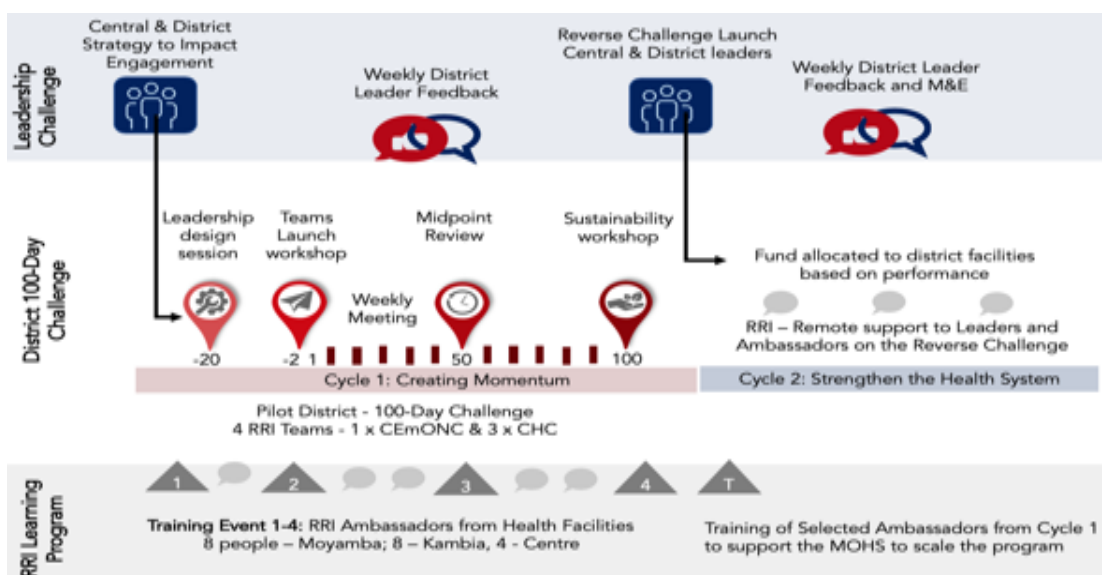
1.0. Executive Summary

1.1. Introduction: Unusual Way to Drive Performance

The Ministry of Health and Sanitation (MOHS) launched a program in December 2019 to pilot innovative approaches to improve service delivery and service uptake in facilities. The overall purpose is to accelerate maternal and neonatal mortality reduction, as part of Sierra Leone's longer-term strategic objective to reduce the rate of maternal and child deaths by 45 and 55% respectively by 2021. The pilot is funded by the World Bank with support provided to the MOHS by the Rapid Results Institute (RRI).

The purpose of the pilot is to enable the MOHS to demonstrate in six clinics and two hospitals in Moyamba and Kambia districts, that it is possible to achieve a dramatic - and sustainable - impact on essential maternal and child health care service delivery indicators in a very short timeframe. The program will have each facility complete two cycles of 100-Day Challenges during the 12-month program.

Program overview:



1.2. Impressive Results Were Achieved

In spite of the Coronavirus pandemic and the lockdown striking the 100-Day Teams smack in the middle of their journey, the teams persisted and achieved impressive results. A total of 13 goals were set for the 100 days across the 8 teams.

There was good progress in 12 of the 13 goals – which were either achieved or had substantial progress.

One goal was not achieved – the number of maternal deaths in Moyamba GH remained the same from baseline. This may speak to a quality issue related to required equipment which was not made available within the 100-days.

The details of goals and results are in the table below:

Team	100-day goals	Baseline	RRI Target	RRI Results	Comments
Sembehun CHC	Reduce ANC1 to ANC4 dropout rate from 19.4% to 5%.	19.4%	5%	11%	43% improvement in drop-out reduction from baseline.
	Reduce facility delivery drop-out rate (from ANC4) from 17.1% to 8%.	17.1%	8%	33%	Increase drop out from baseline – possibly attributable to concerns of seeking care in the facility during the coronavirus pandemic. It would be useful to compare and contrast with the situation in Bradford, as the facility delivery goal there was achieved despite the pandemic.
Bradford CHC	Reduce the drop-out rate for ANC 4, from 12.5% to 3%.	12.5%	3%	-15%	Goal exceeded. Note the negative dropout rate is because the percentage is calculated based on aggregate (unmatched) ANC 1 and ANC 4 visits during the 100 days.
	Reduce the drop-out rate for facility delivery from 4.36% to 1%.	4.36%	1%	0%	Goal exceeded
Bomotoke CHC	Reduce ANC1 to ANC 4 dropout rate 17.6% to 5%.	17.6%	5%	11%	37.5% decrease in drop-out from baseline, though goal not reached.
	Improve ANC attendance from 62% to 95%.	62%	95%	100%	Goal exceeded
Moyamba GH	Reduce the stillbirth rate from 12.7% to 5%.	12.7%	5%	4%	Goal exceeded
	Reduce the maternal mortality from 1.2% to 0.5%.	1.2%	0.5%	1%	Slight improvement from baseline though goal not reached. Note that this may be related to quality of care= equipment and commodities.
Kukuna CHC	Increase 4 th ANC visit from 31 (10%) to 105 (50%).	10%	50%	19%	90% improvement from baseline though goal not reached.
Bamoi Munu CHC	Increase ANC (1 st ANC) within their 1 st trimester from 15% to 70%.	15%	70%	15%	Need to explore whether this was COVID related?
Mambolo CHC	Increase 1st ANC visits in the 1st trimester from 12.5% to 60%.	12.5%	60%	30%	Substantial improvement of 140% increase from baseline though set goal not reached.
Kambia GH	Increase neonates tested for hypothermia within 1hr of birth from 0% to 95%.	0%	95%	86%	Goal met. Facility was reporting 100% testing for live births till final week when MCU was closed due to a COVID case.
	Increase the number of pints of blood donated to the blood bank by 60% from baseline.	274	438	-33% (183)	Challenges with lab reagents impaired blood screening.

1.3. Beyond the Results - Looking Underneath the Hood

As we often experience in 100-Day Challenges, these results were not achieved by the introduction of some magic solutions or monetary incentives to clinic staff, but through more intensive collaboration, some simple innovative ideas that actually got implemented, and most importantly in this case through persistent execution, despite the initial set back caused by the pandemic. With regards to the latter, it is worth noting that all the awareness campaigns conducted by the teams were done with extreme attention to proper protection disciplines: masks were distributed to all, social distancing was observed, and antiseptic liquid stations were all visible in the photos the teams shared.

Here are some of the ideas that emerged and were put into motion during the 100 days:

- In the Sembehun district the chieftom instituted a \$50 fine for each birth conducted outside clinics.
- Bike riders were engaged to support goals related to blood donation.
- Record keeping was upgraded to reflect factors critical for the goal: for example, integration of ledgers for testing of babies for hypothermia within first hour of life

Here are a few other noteworthy observations about the process:

- Continuing the Ambassador training despite the travel restrictions imposed halfway through the project required us all to innovate and collaborate in new ones. The training program was repurposed for remote offline learning, using a training app that could be accessed via smart phones. Getting these phones, with the training content preloaded to the Ambassadors in the districts was no small feat, and it required the collaboration of several parties, most notably Mr. Katta who hand-carried these to the Ambassadors in time for them to prepare for the Midpoint and Sustainability reviews with their teams.
- The Ambassadors engaged with the make-do training programs enthusiastically, as evidenced by their responses to the embedded questions and tasks, as well as the outputs of the workshops they designed and facilitated. This was also evidenced by the active participation of the Ambassadors in the “WhatsApp Office Hours” we set up to help them get ready for the Reviews.
- The pre and post team self-assessment survey indicated significant shifts in attitude and behaviors, towards more inclusive decision making, rapid experimentation, using data for decision making, and so on. These are indicators that augur well for the sustainability of the impact that was created during the initial 100 days. Please see appendix C.
- Pre-Launch Stakeholder engagement was particularly impactful. These activities were cited by most Ambassadors as one of the key enabling conditions for the success of the team. The Central support team and Randolph Katta were critical in facilitating these engagements.

- The whole performance tracking and local M&E systems got a shot in the arm, as teams were eager to better understand their baseline performance and the week to week progress towards the goals they set.

1.4. This was not a Walk in the Park...

Apart from the pandemic, the teams faced several challenges. Perhaps the most troubling of these was the delay in getting the basic clinic requirements that were identified by the Ambassadors before the 100-Day teams were even launched. This could have been a source of discouragement for the Ambassadors and the teams, but to their credit they put their frustrations aside and proceeded with the task at hand. The 'minimal packet' is scheduled to be received in time for the Sustainability Workshop. This will be a huge boost towards sustaining the performance of the teams. In the future, we hope the 'minimal packet' will be offered up at the Launch Workshop, with an additional investment made after the Sustainability Workshop, and based on the recommendations of the teams.

Here are some of the other difficulties that the teams encountered during the 100 days:

- Some challenge with obtaining data from units external to the facilities e.g. blood bank.
- Implementing the projects without expected resources.
- Initial technology challenges with maneuvering the online training which was resolved during the course of training.
- Time commitment challenges with competing training and programs.

1.5. The 100-Day May be Over, but the Performance Journey Has Just Started...

Beyond this initial round of 100-Day Challenges, the RRI team will work with a handful of the more promising Ambassadors to further prepare them to design and facilitate future 100-Day Challenges, on their own. These will become the 'go-to' resources for leaders in the Ministry and in the districts to continue to use 100-Day Challenges to fuel continuous performance improvement on the maternal and child health agenda in the country.

2. Activity Updates

2.1. MOHS RRI Ambassadors Workshop 1

The first 3-day workshop of the Sierra Leone RRI 100-Day Ambassadors was held at the Golden Tulip Hotel in Freetown, Sierra Leone from December 4th to the 6th of December 2019.

Participants:

A total of 24 Ambassadors, 16 from 2 districts and 8 from the MOHS, were in attendance. The 16 from the districts represented 8 facilities which comprised 3 clinics and one hospital in each district. Each facility was represented by 2 participants.

Participants were organized into 3 peer groups: Moyamba District Ambassadors; Kambia District Ambassadors, and Central Ministry Support Group.

Purpose:

The purpose of the workshop was to:

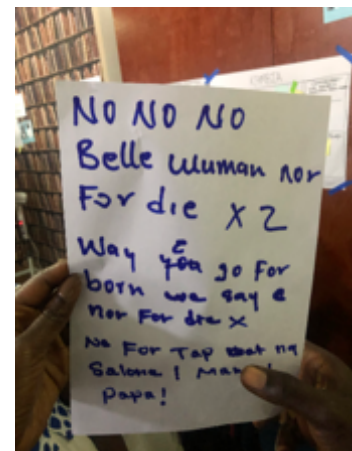
- Build the capacity of health professionals across different clinics and hospitals to facilitate 100-Day Challenges, which will help promote a 'new way of working' for better and faster impact.
- Empower participants to create, within their own entities, the enabling conditions for teams to innovate, collaborate and execute their way towards achieving these goals - with focus, intensity, and discipline.
- Allow participants to experience the power of 100-Day Challenges first-hand, so they are in a position to organize and support 100-Day Challenges in their own organizations.

The workshop was participatory, experiential and interactive with a variety of activities ranging from individual reflection to working in pairs, to group work to plenary and panel discussions.

Process

Group Project: In relation to the 2 district teams and the MOHS peer group; each team went through the full cycle of the Launch Event. They finalized their 100 Day Goal, elected a leader and a co-leader, agreed on a way to work together, and elaborated the related work plans.

Organizational Challenge: In relation to the potential 8 organizational challenges of the participating clinics & hospitals, representatives from these facilities reflected on how their challenge relates to the strategic





priorities of their MOHS, shaped possible focus areas for the 100 Day Challenge teams, and identified leaders to invite to the System Leadership Design Session. Each Organizational team developed a step by step plan leading up to an alignment meeting with their leaders within the second week of December as well as a target Launch Event date with the 100 Day Challenge teams in their organization.

Facilitation Skills: Participants started practicing their facilitation skills during this workshop, and these skills will be sharpened in the next training workshops

Goal Setting and Team Leader Selection: As the team continued going through the different activities of the Launch workshop, time was dedicated to the ambassador team setting their own goals and selecting team leaders. Both districts set their immediate goal to:

Improve collaboration and relationship by facilitating the implementation of 4 x 100-Day Challenges in Clinics and Hospital in Moyamba/Kambia.

Next Steps

Following the workshop, the next steps were identified:

Ambassadors	MOHS/RRI Team
<ul style="list-style-type: none"> ▪ Engage with leaders of their organizations (and beyond if need be) to align over the 100 Day ▪ Organizational Challenge (scope and focus), and to select 100-Day team members. ▪ Determine and submit a budget to the MOHS ▪ Develop a Challenge Note according to the above and in coordination with the leaders ▪ Liaise with selected team members in preparation for the Launch Workshop ▪ Schedule, organize and facilitate the Launch Workshop for their 100 Day District Challenge ▪ Support their District's 100 Day Teams through close follow-up and coordination with leaders and sponsors. 	<ul style="list-style-type: none"> ▪ Review and assist in the writing of the challenge note, as needed ▪ MOHS ambassador team leaders to work with district leadership to help provide the space and logistical support for events to be conducted ▪ Conduct weekly calls with the team leaders of the Peer Groups to provide coaching and support ▪ Participate in the Peer Group calls. ▪ Conduct follow up one on one coaching calls with participants, as needed.

- | | |
|--|--|
| <ul style="list-style-type: none">▪ Participate in scheduled meetings and exchanges with their Peer Group, primarily to seek support and share experiences | |
|--|--|

Emerging Issues

As a result of the evaluation survey, as well as feedback from coaches and discussions with the participants, the following adjustments will be made to the project design:

- **Workshop length and timing:** The first workshop is always the longest as much of the time is spent on orienting the participants on the RRI choreography, sharing with them the impact and results achieved globally, and begin to shift their mindset through individual and group activities.
- **Engagement with Leaders:** It was clear that entities were not at the same level in terms of how leaders were engaged on the specific challenges. It is therefore important going forward to support members of these districts in their work with leaders to reach alignment, clarity and support for the 100 Day Challenges.
- **District Team Support:** The district ambassadors will need adequate and constant support from to convene the right individual for the Leadership Design session to achieve the intended outcome – the MOHS central ambassador team to be a focal point in facilitating such assistance.
- **Engagement across peer groups and across agencies in different peer groups:** The workshop succeeded in forging connections between different facilities and the MOHS ambassadors. It is important that these connections and the ‘learning community’ be extended to Sierra Leone’s health facilities in other districts in the future. More space will be dedicated for that in the next workshop.
- **Needs and starter kits:** All the facilities in the two districts are in need of basic starter kits. MOHS needs to ensure the release of the needed funds ASAP.
- **Group Project vs. District Challenge:** Although the group project clearly contributed to the peer teams’ formation as well as a deeper understanding of the 100- Day Challenge methodology; there was some confusion at times between the Peer Project and the District Challenge. We will need to find creative ways to minimize the confusion as we move forward.
- **Budget challenges/scope change:** There was an update on available funding for the RRI 100-day project, which was less than what was originally anticipated for the one-year period of 3 cycles. As a result, the RRI reviewed the project design accordingly to accommodate 1 cycle not 3 but to

integrate key activities from the later cycles upfront in a bid to ensure as much ‘sustainability’ as feasible at the end of 1 cycle. **Please see section 4.**

2.2. Ambassador Preparation

Following the workshop, the Ambassadors were tasked with engaging their leaders, communities and possible team members (as outlined in the next steps in 2.1). To achieve this, stakeholder engagement events were organized in both districts and all chiefdoms. These engagements were to create awareness of the critical issues surrounding maternal and child health, the upcoming 100-day challenges to address some of the issues and also to secure stakeholder buy-in as needed for the support that would be required from the community.

One important outcome that can be highlighted from the engagements was the commitment of one of the Moyamba Chiefdoms to enforce a community fine for deliveries in the community, as opposed to deliveries within the facility. A fine, equivalent to USD50, was set for the pregnant mother and the father.



2.3. Launch Training Workshop

The 2-day training to prepare the Ambassadors for the Launch event (Operational Planning Meeting - OPM) with their respective teams held in Moyamba district on the 11th -12th of February 2020. Ambassadors from Kambia, Moyamba and the central team were pooled together for the training.

The training objectives were to:

- Deepen the Ambassadors’ understanding of the 100-day process and the requirements of each activity.
- Prepare Ambassadors to coordinate and facilitate the Launch event at each facility.
- Increase understanding of their roles as Ambassadors
- Provide the Ambassadors with the knowledge, skills and materials to facilitate team meetings in their districts/facilities.

The training workshop was declared open by Dr. James Jongope, the DMO for the Moyamba District who reiterated the need and his support for the 100-day project.

Process

The sessions commenced with a review of the progress the teams had made in preparation for the OPM, similar to the approach that will be utilized for the 50-day mid-point review. This was in line with the overall training strategy which utilized a simulation approach that required participants to immediately practice their learnings by simulating the various sessions for the actual OPM event. This provided a safe environment to test their skills and also receive feedback from the workshop facilitators and co-participants.

Group sessions at the training also involved adapting the RRI materials for subsequent use – modifying the language to better suit the participants. The last sessions were used to prepare for the OPM meetings in each facility – outlining the next steps required, logistic needs, the required lists of equipment in each facility.

These lists of equipment were ceremoniously presented to Mr. Katta (IHPAU) in a session during which explanations and clarifications were provided in justification of the lists.

The next steps required to prepare for the OPM meetings in each facility were outlined to include:

Ambassadors	MOHS/RRI Team
<ul style="list-style-type: none">▪ Finalize logistics clarifications and approvals with IHPAU▪ Formally notify team members▪ Arrange logistics for OPM	<ul style="list-style-type: none">▪ Review and assist in budgeting to facilitate approvals▪ MOHS ambassador team leaders to work with district leadership to help provide the

<ul style="list-style-type: none"> ▪ Coordinate availability of baseline information ▪ Liaise with central team and DMOs ▪ Facilitate OPM meetings 	<p>space and logistical support for events to be conducted</p> <ul style="list-style-type: none"> ▪ Conduct regular follow up with ambassadors to provide coaching and support ▪ Conduct follow up one on one coaching calls with participants, as needed.
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Emerging Issues

Nomenclature confusion: There was some misinterpretation of the phrase ‘launch’ within the RRI context. Where RRI refers to a launch as a team-level operational planning activity within the facilities, the Ambassadors interpret it more as a stereotypical community-level launch/ awareness event. This caused some confusion in determining the participants of the event. As a result, the launch event is now called the Operational Planning Meeting (OPM) for clarity.

Data/goal review: During the course of the training and preparation for the OPMs, the need to review the goals in line with the available baseline data emerged as a priority. This is both in terms of measuring the baselines of the goals and also in ensuring that the goals selected have the potential for rapid change. For example, in a community with over 90% facility delivery, setting a goal to increase facility delivery under these circumstances does not have much room for change as opposed to a goal of increasing 4th ANC visits from a baseline of 60%.





2.4. Community Launches

Moyamba

At the end of the 2-day training, the Moyamba team had a community launch on the 13th of February, chaired by Dr. Sartie Kenneh, Director of RCH, MOHS. The Chieftom leaders also graced the occasion and indicated their support. They demonstrated a good understanding of the issues, with one of the Chieftoms committing to institutionalizing a fine for any community member (both women and their partners) who deliver their babies at home.



Kambia

The launch of the RRI in Kambia District was held soon after, again chaired by Dr. Kenneh who emphasized that the project aligns with the zero maternal and child death campaign and calls for high ethical behaviors

among health workers. The event was well attended by community leaders and stakeholders and supported by the central ambassadors assigned to Kambia.



2.5. Operational and planning meetings and countdown

The operational and planning meetings for all 8 teams held between the 29th of February and the 5th of March 2020.

Following the meetings, the team goals/targets were jointly reviewed by the DMOs, central team, district teams and RRI catalysts. Baseline information was reviewed from the facilities to give clarity on the relevance and magnitude of the indicators and targets. After rounds of review and clarifications, the goals were finalized as presented below. Please see Appendix C for an analysis of the indicators.

Team	Goals/targets
Moyamba	
1	<p>Sembehun CHC</p> <p>Reduce community births by 100% (i.e. record of 0 community births) in Sembehun catchment area in 100 days.</p> <p>Reduce ANC1 to ANC4 dropout rate (from ANC 1) from 19.4% to 5% in 100 days</p> <p>Reduce facility delivery drop-out rate (from ANC4) from 17.1% to 8% within 100 days</p>
2	<p>Bradford CHC</p> <p>Reduce the drop-out rate for ANC 4, among women registered for ANC, from 12.5% to 3% in 100 days.</p> <p>Reduce the drop-out rate for facility delivery (from ANC 4), among pregnant women from 4.36% to 1% in 100 days.</p>
3	<p>Bomotoke CHC</p> <p>Reduce ANC1 to ANC 4 dropout rate from 17.6% to 5% in 100 days.</p> <p>Improve ANC attendance from 62% to 95% in 100 days.</p>

4	Moyamba Government Hospital	Reduce the stillbirth rate from 12.7% to 5% of facility births in Moyamba GH in 100 days. Reduce the maternal mortality from 1.2% to 0.5% of live births in Moyamba GH in 100 days.
Kambia		
5	Kukuna CHC	Increase the proportion of pregnant women who complete their 4 th ANC visit from <u>10%</u> to <u>50%</u> in 100 days.
6	Bamoi Munu CHC	Increase the proportion of pregnant women who register for ANC (1 st ANC) within their 1 st trimester from <u>15%</u> to <u>70%</u> in 100 days.
7	Mambolo CHC	Increase the proportion of 1st ANC visits in the 1st trimester from 12.5% to 60% in 100 days.
8	Kambia Government Hospital	Increase the proportion of neonates tested for hypothermia within 1hr of birth from <u>0%</u> to <u>95%</u> in 100 days. Increase the number of pints of blood donated to the blood bank by 60% from baseline in 100 days.

The 100-day count started on March 9, 2020 as day 1!

2.6. Implementation - the First 50 Days

During the implementation period, the COVID 19 pandemic evolved with its global implications for movement restrictions.

RRI initially ‘paused’ the count for some days after the national lockdown for COVID 19 on the 9th of April to assess the situation. We then subsequently found that the ambassadors were still able to work within their districts and that their activities were even more essential in ensuring that women continue to come to the facilities to avoid increased home births and resulting issues from that. The community awareness therefore focused on dispelling some of the concerns in the community about using facilities during this time. We therefore were able to ‘unpause’ and continue the count on the 23rd of April, further encouraged by the efforts made towards procurement for the facilities.

The 8 district teams that were formed by the Ambassadors maintained momentum on their plans in spite of the pandemic. Teams continued their sensitization efforts in their communities. We were pleased to see in the pictures they shared with us that they were taking precautions with masks and social distancing. In short, they were undeterred in spite of Covid. Some of the activities conducted to advance towards their goals include:

- Engagements with community leaders to support facility deliveries through specific bylaws in the community
- Engagements with key community groups such as bike riders to support goals (blood donation)
- Integration of additional record ledgers in the clinic to sustain goals (specifically testing of babies for hypothermia within first hour of life)
- Integration of additional gate keepers into the teams to improve activities (e.g. including the blood bank personnel to address blood availability – to reduce maternal mortality)
- Regular reporting and review of the goal target.

2.7. Mid-Point Review Training and Events

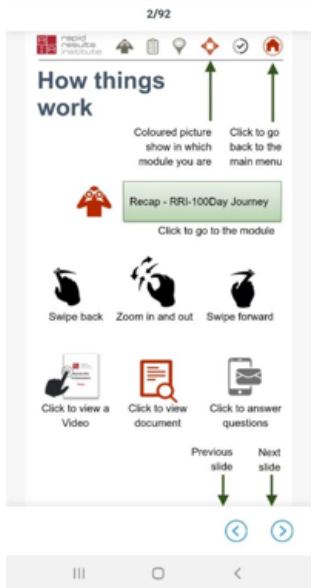
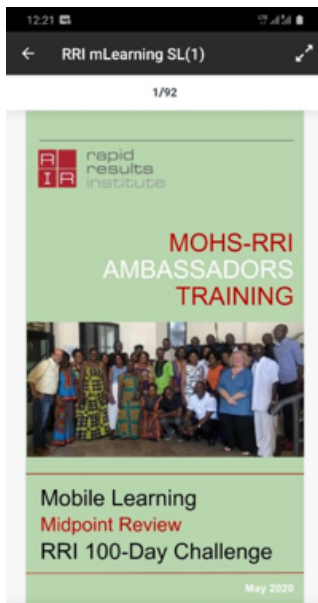
Given the countdown pauses, day 50 was the 18th of May 2020.

With the COVID 19 situation and accompanying travel restrictions, RRI catalysts were able to travel to Sierra Leone for the mid-point review and so put in place a plan to train the ambassadors virtually to conduct the mid-point reviews.

To inform the best method of delivery, RRI conducted a survey with the ambassadors to determine internet access, power availability and access to devices. As a result, simple android phones were purchased and preloaded with data for the ambassadors. The training modules were developed using an I Spring Play platform that could make content accessible offline with the provision to be able to support submissions when internet access is feasible. The training content comprised videos, slides, and tasks for each module as a means of evaluating learning.

The training outline was as follows:

- Introduction
- Recap 100-Day Challenges
- Prepare for Mid-Point Review (MPR)
- Opening Elements
- Progress on Goals
- Revisit Work Plan
- Team Working
- Sustainability Seeds
- Sponsor Feedback
- Appreciation and Close-out
- Team Meetings
- Team Meeting Challenges
- Implementation Challenges
- Team Behaviour Assessment
- Final Tasks



The schedule for activities for the MPR training was as follows:

- May 14-15: Provision of devices and access to teams online
- May 18-22: Ambassadors complete training modules and preparations
- May 25: Training review (WhatsApp office hours) with all Ambassadors online
- May 26-28: Extension to mop-up tasks
- May 29: Final feedback to all trainees on submitted training tasks.



The MPR meetings held for the teams as follows:

June 14: Bomotoke CHC

June 16: Kambia GH

Bradford CHC

Sembehun CHC

June 17: Moyamba GH
Barmoi Munu CHC
Kukuna CHC

June 18: Mambolo CHC



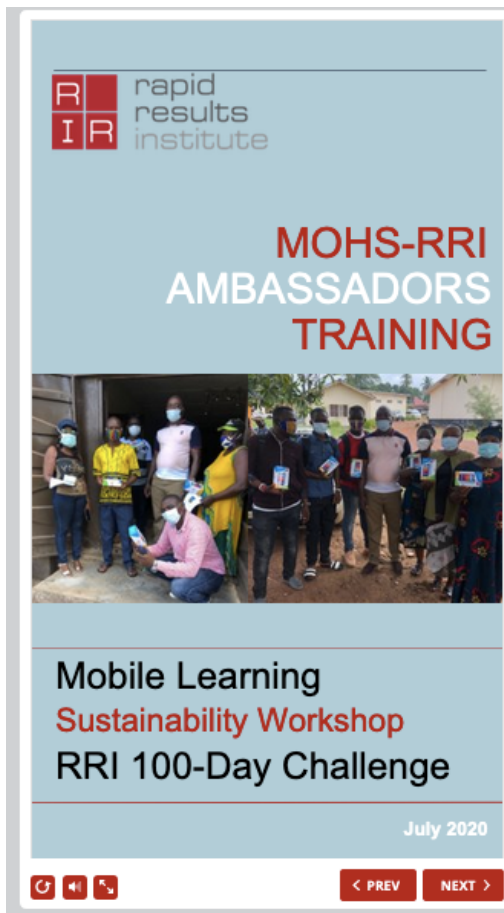
2.8. Sustainability Workshop Training and Events

Preparation for the Sustainability review was conducted using the same software and devices from the Mid-Point review. Content was developed to prepare the Ambassadors to hold the review meetings and additional data was provided to allow them to download the content.

The schedule of training activities was as follows:

Tue 7 Jul:	Link circulated for download
Tue 7- Wed 8 Jul:	Ambassadors download new training content (good internet access needed)
Fri 10 Jul:	Task 1 due
Sat 11 Jul:	WhatsApp office hours (4-5pm)
Mon 13 Jul:	Tasks 3-5 due
Wed 15 Jul:	Tasks 6-8 due
Fri 17 Jul:	Task 2 due
Fri 17 Jul:	WhatsApp office hours (4-5pm)

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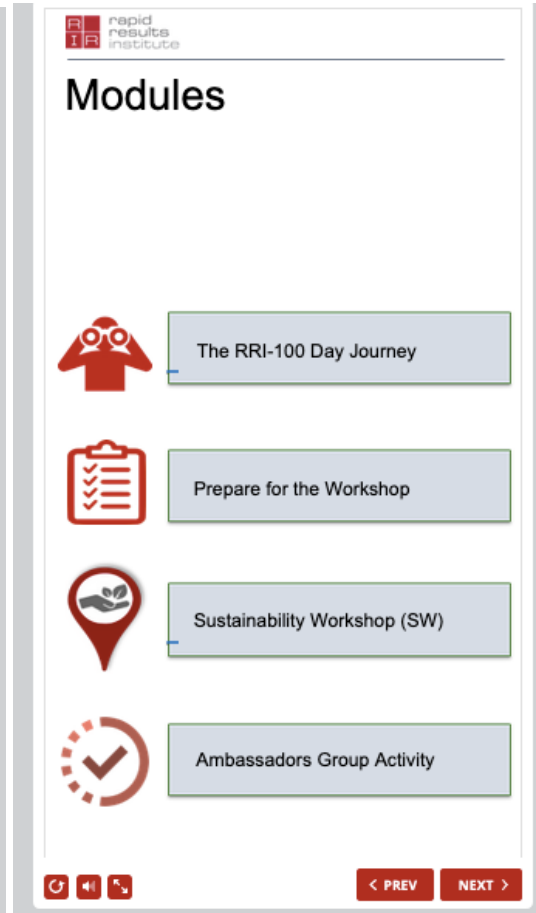
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**MOHS-RRI
AMBASSADORS
TRAINING**

**Mobile Learning
Sustainability Workshop
RRI 100-Day Challenge**





July 2020

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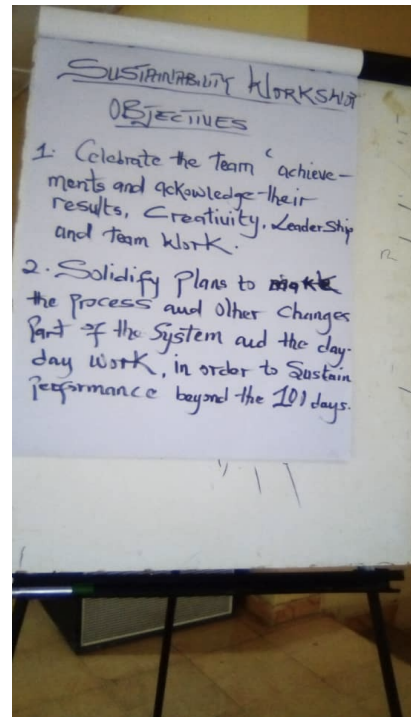
Modules

-  The RRI-100 Day Journey
-  Prepare for the Workshop
-  Sustainability Workshop (SW)
-  Ambassadors Group Activity

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The Sustainability Workshops held on the 9th of August in Kambia and the 11th of August in Moyamba with all teams in attendance at both events, supported by the central teams. Attendance at the Moyamba event included the DMO, Paramount Chiefs, civil society and key officers in the district including disease surveillance officers and coordinators of community health workers. Mr. Randolph Katta provided an overview of the 100-days and the objectives of the sustainability workshop.

The events were marked with the handover of the much-anticipated commodities and equipment to the teams!







3.0. Project Scope Change - January 2020

Based on the reduction in project budget during January 2020 the following scope changes were made:

The original proposal consisted of 3 cycles:

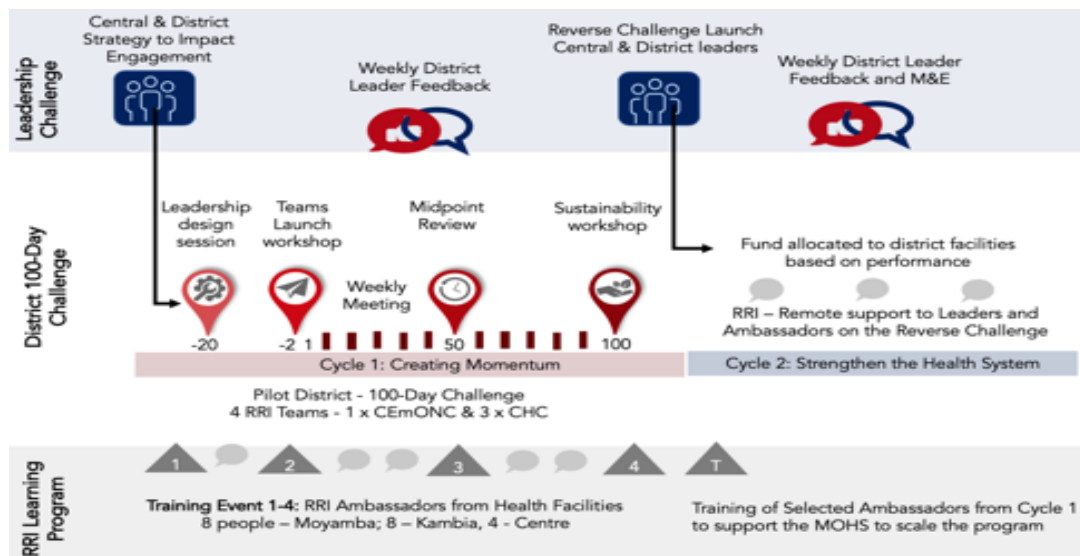
- Cycle 1 - Creating momentum
- Cycle 2 - Strengthening the Health System
- Cycle 3 - Fueling the Momentum

The new scope only consists of:

- Cycle 1 - Creating momentum
- Scaled-down Cycle 2 - Strengthening the Health System

The RRI has taken the following measure to mitigate the dramatic scope change and still deliver impact with the reduced budget and timeframe:

- Resource: Recruit local resource (originally budgeted for cycle 3) to improve communication with IHPAU and the RRI Ambassadors
- Recruit technical expert to help fill gaps experience on the technical side at the start of Cycle 1
- Provide training to selected RRI Ambassadors at the end of Cycle 1 to assist the MOHS with scale-up to other provinces. (Originally this form part of cycle 3).



4.0. Next Steps (beyond the scope of the revised budget)

With the completion of the first cycle, the aim is to further build the capacity of a selection of Ambassadors, so they are able to facilitate additional 100-day cycles.

In order to move forward on this, we will need to proceed in two parallel paths:

1. Design and facilitate a leadership workshop with the central Team and DMOs to review the overall journey and decide on the way forward (including focus areas for additional 100-Day Challenges).
2. Conduct additional training to a select group of Ambassadors (6-8) so they can work with the leaders to shape, launch, and support additional 100-Day Challenges.

Here are our initial thoughts on these.

Leadership Workshop: Sustain & Expand

This will have three objectives:

- Reflect on the results the 100-Day Teams achieved and the insights they gained and tease out the conditions that enabled these.
- Develop plans to sustain and to build on the results that were achieved in the initial 100 days.
- Decide on focus areas for the next wave of 100-Day Challenges.

We envision conducting this via Zoom video conference, in three 90-minute sessions that span a whole day. Participants would include the Central Team, Team Leaders from each 100-Day Challenge, DMOs of the two participating districts, and the DMOs of two (or more) additional districts that are interested in shaping 100-Day Challenges. The latter could be determined based on geographic proximity to the two initial districts, and/or they could be selected via a competitive application process. The Ambassadors selected for level 2 training will participate as well.

There are a number of questions we'll need to clarify before we can proceed with the detailed design of this:

- How to ensure adequate connectivity to enable a Zoom video call?
- What seed funding would be available for basic needs of participating clinics?
- Whether to opt for geographic proximity, competitive process, or both in determining which new districts will participate?
- How many new districts will participate?

Level 2 Training for Selected Ambassadors

Based on the engagement to date with the remote training process, we have a good idea about the handful of Ambassadors who will be best positioned to take advantage of this additional training. These will be supporting the DMOs as they launch additional 100-Day Challenges.

The training program will be conducted over a 3-day period, with 3-hours of video engagement each day, followed by an assignment that participants will complete in small groups. It will be helpful if the Ambassadors are co-located in Freetown so they could work together on the assignments (observing social distancing of course).

The core of the training will be to help participants reflect on each event of their experience of their 100-Day Challenge, and to use this to develop their own guidebook on how they will do this in the context of the focus areas identified by the leaders at the Leadership Workshop. So ideally, we will start with the Leadership Workshop at the start of the week, and then proceed with the training of the Level 2 Ambassadors during the remainder of the week.

We look forward to discussing this with you all at your earliest convenience so we can set dates for these, get guidance on open questions and proceed with the design and preparations.

Appendix A: Goal Analysis

This section captures the review process of each of the goals that led to the final goals as described in section 3.

Teams Kambia

1. Kukuna CHC

Team Goal: Increase the number of women who complete their 4th ANC visits by 9th June 2020 from 25% (baseline) to 50% (target) by 9th June 2020.

Wow Review:

Indicators	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Monthly average	100-day average(3mth)
All ANC	63	94	127	97	91	158	105	315
4 th ANC visit	10	6	12	11	11	12	10.3	31

Clarifying Comments:

What does 25% in the indicator refer to? Current baseline from facility data is = 4th ANC divided by All ANC = $10.3/105 = \mathbf{10\%}$

The target of 50% of all pregnant women means: an average of **52** 4th ANC visits per month. That is an increase from 10.3 to 52 women who complete their 4th ANC **in a one-month period.**

In the 100-day period, it means an increase from 31 to 105 women who complete 4th ANC visit **in 100-days/3months.**

Summary:

Indicators	100-day %	100-day numbers	Wow?	Refined goal
Baseline 4 th ANC	10%	31	Yes!	Increase the proportion of pregnant women who complete their 4 th ANC visit from 10% to 50% in 100 days.
Goal target 4 th ANC	50%	105		
Difference in 100-days		74		

2. Bamoi Munu CHC

Team Goal: Increase the number of women who register for 1st ANC within their 1st trimester from 35% (baseline) to 70% by 10th June, 2020.

Indicators	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Monthly average	100-day average(3mth)
All ANC	134	135	134	122	138	203	144	433
1 st ANC visit	35	29	44	20	44	50	37	111
1 st ANC visit (1 st trimester)	12	17	25	11	28	37	22	65

Clarifying Comments:

Current baseline from facility data is =

1st ANC visit (1st trimester) divided by All ANC = $22/144 = \underline{15\%}$

Does the team want to keep the target at 70% if the baseline is 15%?

The target of 70% of all pregnant women means: an average of **100** 1st ANC visits (1st trimester) per month. That is an increase from 22 to 100 women who register for ANC in their 1st trimester **in a one-month period.**

In the 100-day period, it means an increase from 65 to 303 women who register for ANC in their 1st trimester **in 100-days/3months.**

Summary:

Indicators	100-day %	100-day numbers	Wow?	Refined goal
Baseline 1 st ANC (1 st trimester)	15%	65	Yes!	Increase the proportion of pregnant women who register for ANC (1 st ANC) within their 1 st trimester from <u>15%</u> to <u>70%</u> in 100 days.
Goal target 1 st ANC (1 st trimester) ANC	70%	303		
Difference in 100-days		238		

3. Kambia Government Hospital

Team Goals:

Increase blood donation drive and availability in the blood bank from 50% (baseline) to 95% (target) by June 10, 2020.

Reduce hypothermia in newborns in the labour and pediatric wards within the first hour of birth from 95% (baseline) to 0% (target) by June 10, 2020.

Indicators	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Monthly average	100-day avg(3mth)
Number of live births	89	83	113	96	89	80	92	275
Number of neonates tested within 1 st hr of birth	0	0	0	0	0	0	0	0
Number of pint of blood donated to blood bank	Awaiting data							

Clarifying Comments:

Is the hypothermia reduction directly related to implementing temperature readings in newborns within the 1st hour of birth? If so, do we measure the practice of testing or the end result of no hypothermia? Team to decide which is easier to track.

If tracking the practice of testing, then the current baseline = 0% (since this is a new practice that the quality team want to emphasize)

The target of 95% of all neonates (live births) means testing for hypothermia in an average of **87** neonates per month. That is an increase from 0 to 87 neonates in a one-month period.

In the 100-day period, it means an increase from 0 to 260 neonates who are tested for hypothermia within the 1st hour of birth in 100-days/3months.

Please clarify the register or document where the testing will be recorded.

Baseline figures for the blood bank required.

Summary:

	Indicators	100-day %	100-day numbers	Wow?	Refined goal
1.	Baseline neonates tested within 1hr	0%	0	Yes!	Increase the proportion of neonates tested for hypothermia within 1 hr of birth from <u>0%</u> to <u>95%</u> in 100 days.
	Goal target neonates tested within 1 hr	95%	260		

	Difference in 100-days		260		
2.	Baseline pints of blood donated	TBD	TBD	Yes – data being collated	Increase the number of pints of blood donated to the blood bank by 60% from baseline in 100 days.
	Goal target of pints donated	60%	TBD		
	Difference in 100 days		TBD		

4. Mambolo CHC

Team Goal: Increase the proportion of 1st ANC visits in the 1st trimester from 12.5% to 60% in 100 days.

Wow Review:

Indicators	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Month avg	100-day average (3mth)
Number of ANC1 visits	24	24	28	20	18	29	24	72
Number of ANC1 1 st trimester	1	3	4	2	0	6	3	9

Summary:

Indicators	100-day %	100-day numbers	Wow?	Refined goal
Baseline 1 st ANC (1 st trimester)	12.5%	9	Yes!	Increase the proportion of pregnant women who register for ANC (1 st ANC) within their 1 st trimester from 12.5% to 60% in 100 days.
Goal target 1 st ANC (1 st trimester) ANC	60%	43		
Difference in 100-days		34		

Teams Moyamba

1. Sembehun CHC

Team Goal:

Reduce ANC1 to ANC4 dropout rate (from ANC 1) from 19.4% to 5% in 100 days.

Reduce facility delivery drop-out rate (from ANC4) from 17.1% to 8% within 100 days.

2. Bradford CHC

Team Goal:

Reduce the drop-out rate of 4th ANC visit (from 1st ANC visit) among pregnant women in Bradford from 12.5% to 3% in 100 days.

Reduce dropout rate for facility delivery (from ANC 4) among pregnant women from 4.4% to 1% in 100 days.

Wow Factor Review

Indicators	2019	100-day average(3mth)
1st ANC visit	288	79
4 th ANC visit	252	69
Drop-out from ANC 1 to 4	36 (12.5%)	10
Facility deliveries	241	66
Drop-out ANC4 to delivery	11(4.36%)	3

Summary:

Indicators	2019	100-day numbers	Wow?	Refined goal
Baseline ANC1 to ANC4 drop out	36 (12.5%)	10	Yes!	Reduce the drop-out rate for ANC 4, among women registered for ANC, from 12.5% to 3% in 100 days.
Goal target	9 (3%)	3 (3%)		
Difference in 100-days		7		

Indicators	2019	100-day numbers	Wow?	Refined goal

Facility delivery drop out	11 (4.36%)	3		Reduce the drop-out rate for facility delivery (from ANC 4), among pregnant women from 4.36% to 1% in 100 days.
Goal target	3 (1%)	1 (3%)		
Difference in 100-days		2		

3. Moyamba Government Hospital

Team Goal: Reduce the stillbirth rate from 12.7% to 5% within 100 days.

Reduce the maternal mortality ratio from 1.2% to 0.5% in 100 days.

Wow Factor Review:

Indicators	2019	100-day average
Facility births	574	157
Still births	73	20
% still births	12.7	17
Live births	503	139
Maternal deaths	6	2
Maternal mortality	1.2%	1.2%

Summary:

Indicators	2019	100-day numbers	Wow?	Refined goal
Baseline % stillbirths	12.7%	20	Yes!	Reduce the stillbirth rate from 12.7% to 5% of facility births in Moyamba GH in 100 days.
Goal target	5%	8		
Difference in 100-days		12		

Indicators	2019	100-day numbers	Wow?	Refined goal
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Maternal mortality	1.2%	2		Reduce the maternal mortality from 1.2% to 0.5% of live births in Moyamba GH in 100 days.
Goal target	0.5%	1		
Difference in 100-days		1		

4. Bomotoke CHC

Team Goal: Reduction of ANC1 to ANC 4 dropout rate from 17.6% to 5% in 100 days.
 Improve ANC attendance from 62% to 95% in 100 day

Appendix B: List of Ambassadors

Moyamba:

1. Bomotoke CHC	Josephine Thompson Musa Beckorie	Midwife CHO
2. Sembehum CHC	Hawa Worneh Alieu Sherif	Midwife CHO
3. Bradford CHC	Mathew Ndanema Mary Koroma	CHO Midwife
4. General Hospital	Juliet John Marilyn Boma	Deputy Matron SECHN

Kambia:

5. Kukuna CHC	Musa Bangura Godwin Lewis	CHO Midwife
6. Mambolo CHC	Fatmata Sam King Abu Bakara Bangura	Midwife CHO
7. Bamoi CHC	Mohammed Jalloh Makallay Conteh	CHO Midwife
8. General Hospital	Magdalene Mansaray Marian Sallay Kalokoh	SRN/SCM SRN/SCM

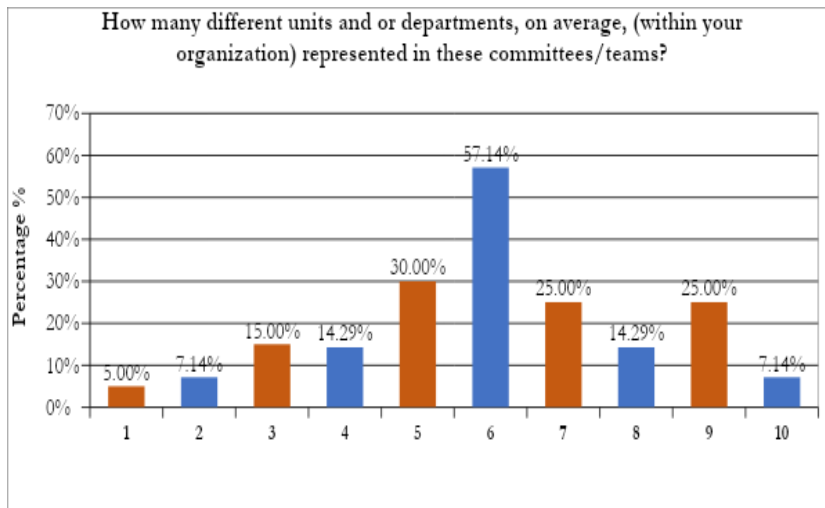
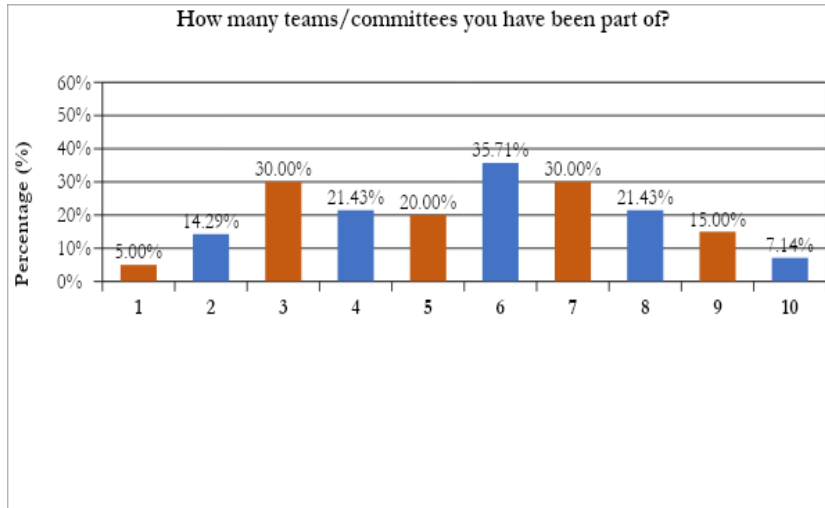
Central:

Doris Sandy
Sia Mansaray
Mimi Betts
Yusuf Akoroma

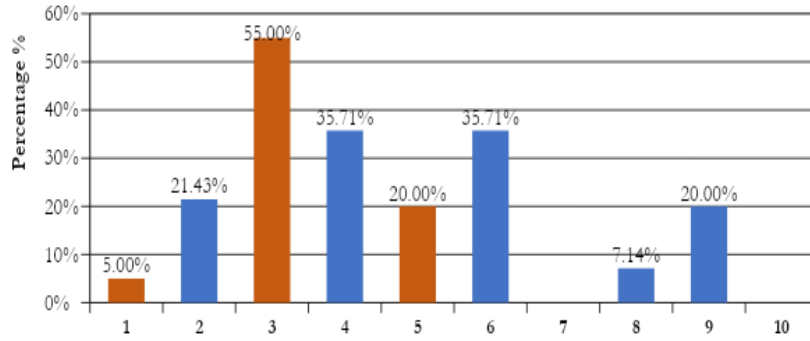
Appendix C: Team Experience Survey: Comparison of Baseline versus 100-day Self-assessment Results

Team Participation		Changes from baseline	Possible Inference
1	How many teams/committees you have been part of?	Participation in 2 or more increased from 95% to 100%	More collaboration within units/facilities More involvement of the 'doers' than
2	How many different units and or departments, on average, (within your organization) represented in these committees/teams?	Units of 3 increased	
3	How many different ministries or agencies (outside your organization) are represented in these committees/teams?	Units 2 or more increased	
5	What proportion of the meetings have the attendance of director-level and above?	High director-level attendance	
4	How many times (on average) do each of these teams/committees meet monthly?	Increase in meetings meeting only once monthly	
Team Experience			
1	As a team member, I felt encouraged to work for the common good of the team.	Increase in strongly agree from 65% to 78.57%	Clear increase in respondent's assessment of: <ul style="list-style-type: none">▪ Involvement in decision making▪ Participation in testing ideas▪ Engagement with beneficiaries▪ Ability to work as a team despite disagreements▪ Coordination
2	I felt fully included in the decision-making processes that affect my work on the team.	Increase in strongly agree from 45% to 64.29%	
3	I regularly listened to what the beneficiaries and stakeholders experienced and needed.	Increase in strongly agree to 45% to 64.29%	
4	I understood the decisions that were made, even if I did not agree with or vote for them.	Increase in strongly agree 30% to 85.71%	
5	I was clear what was expected of me within the team.	Decrease in strongly agree from 30% to 35.71% Decrease in agree from 60% to 50%	
6	The meetings were efficient with clear roles and responsibilities.	Decrease in strongly agree from 65% to 57.14%	
7	I was given a chance to work on interesting tasks and stretch my knowledge and capabilities.	Increase in strongly agree from 45% to 71.43%	
8	Team members are encouraged to commit to the team vision, and leaders help them understand how their role fits into the big picture.	Increase in strongly agree from 55% to 71.43% Decrease in agree from 35% to 21.43%	
9	Conflict, disagreements and hostility between members did not affect our productivity as a team.	Increase in strongly agree from 15% to 28.57% Increase in agree from 35% to 57.14% Decrease in disagree from 30% to 14.29%	
10	The working relationships across units or functions was well coordinated.	Decrease in strongly agree from 50% to 35.71% Increase in agree from 50% to 64.29%	
11	There was an established process for communication between meetings	Increase in strongly agree from 35% to 50% Decrease in agree from 65% to 42.86%	
Team Results			
1	The team obtained information to establish its goals and continued to collect data to measure goal achievement.	Increase in strongly agree from 45% to 50%	Clear increase in respondent's assessment of: <ul style="list-style-type: none">▪ Data use for measurement▪ Accountability▪ Planned continued collaboration Some increase in: <ul style="list-style-type: none">▪ Mobilizing resources▪ Agency to test new team ideas
2	The team was able to mobilize resources (financial and non-financial) towards its mandate.	Increase in strongly agree from 10% to 35.71% Increase in agree from 15% to 42.86% Decrease in neutral from 35% to 14.29%	
3	When new ideas emerge in our team, we quickly moved to test them and run experiments to see if they add value.	Increase in strongly agree from 20% to 28.57% No change in Agree	
4	I was able to introduce and test a new idea.	Decrease in strongly agree from 50% to 42.86% Increase in agree from 45% to 50%	
5	We had an agreed strategy to hold each other accountable for our commitments.	Increase in strongly agree from 55% to 57.14% Increase in agree from 35% to 42.86%	
6	The team has a plan for sustaining membership, resources and collaboration.	Increase in strongly agree from 55% to 57.14% Decrease in agree from 30% to 35.71%	

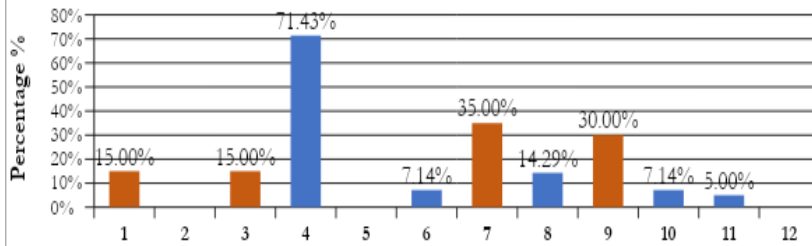
Team Participation



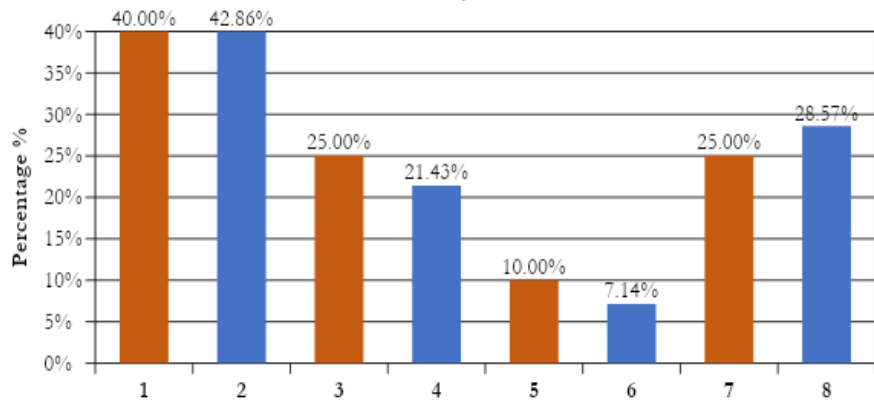
How many different ministries or agencies (outside your organization) are represented in these committees/teams?



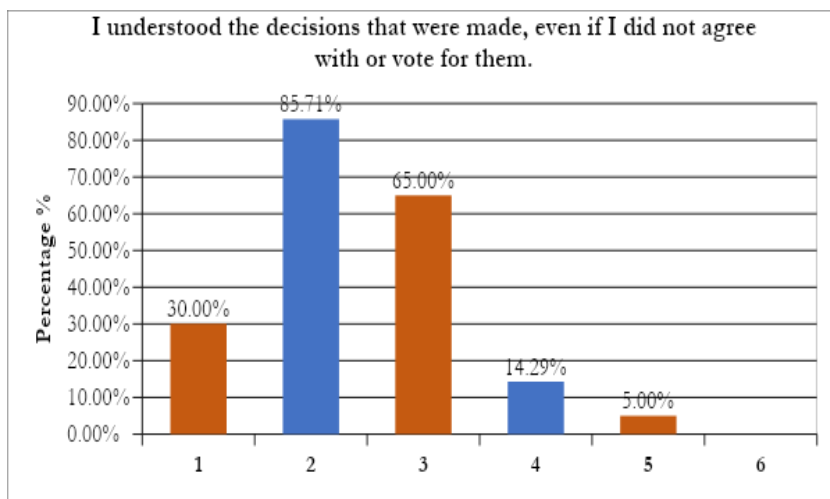
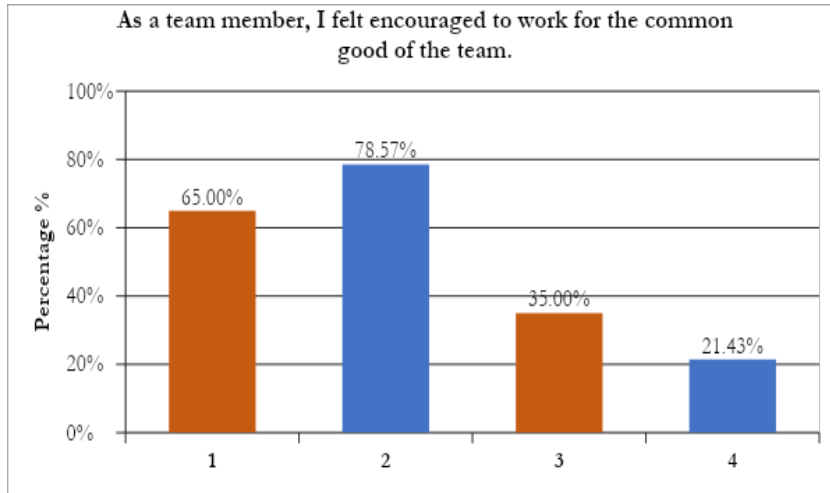
What proportion of the meetings have the attendance of director-level and above?



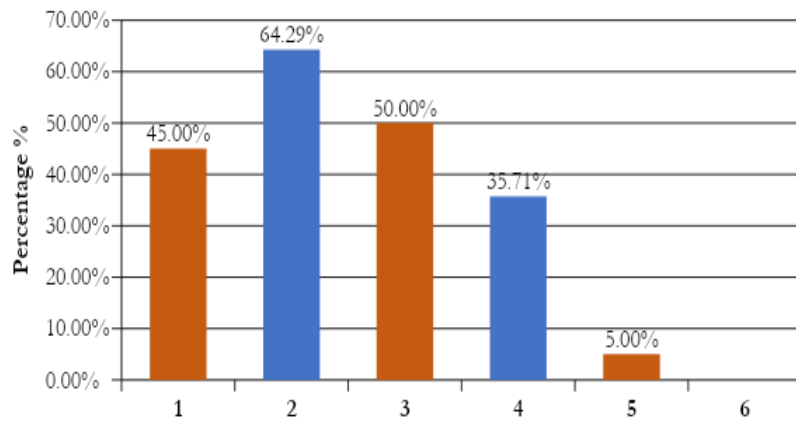
How many times (on average) do each of these teams/committees meet monthly? Select more than one response if needed for different committees/teams.



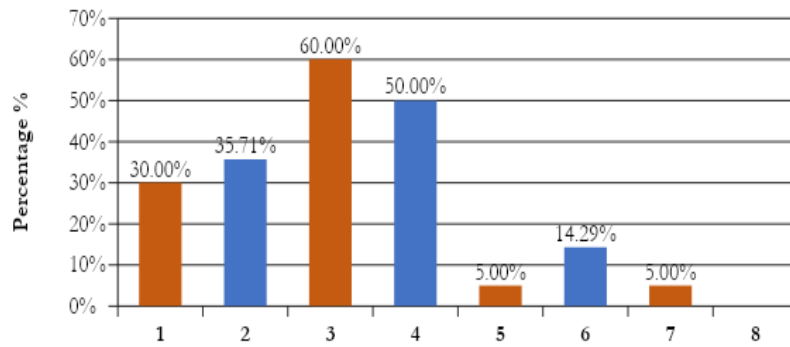
Team Experience



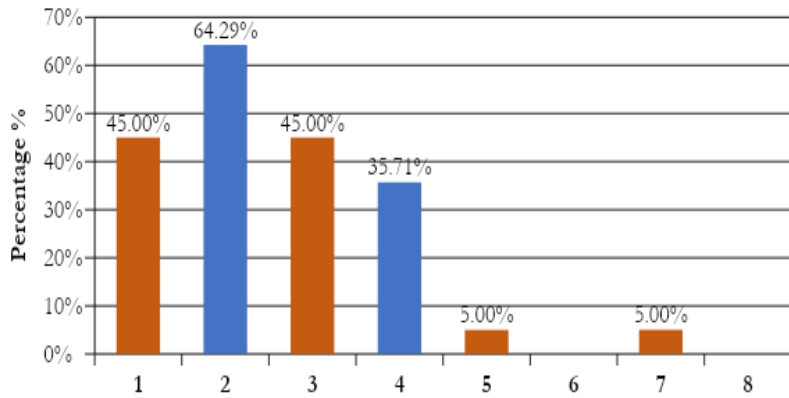
I regularly listened to what the beneficiaries and stakeholders experienced and needed.



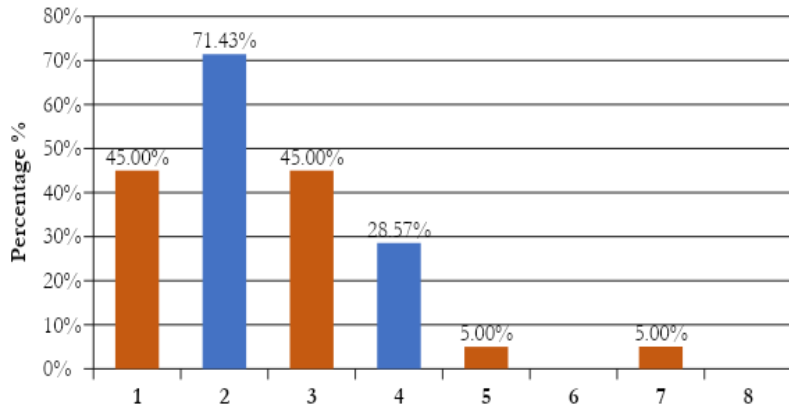
I was clear what was expected of me within the team.

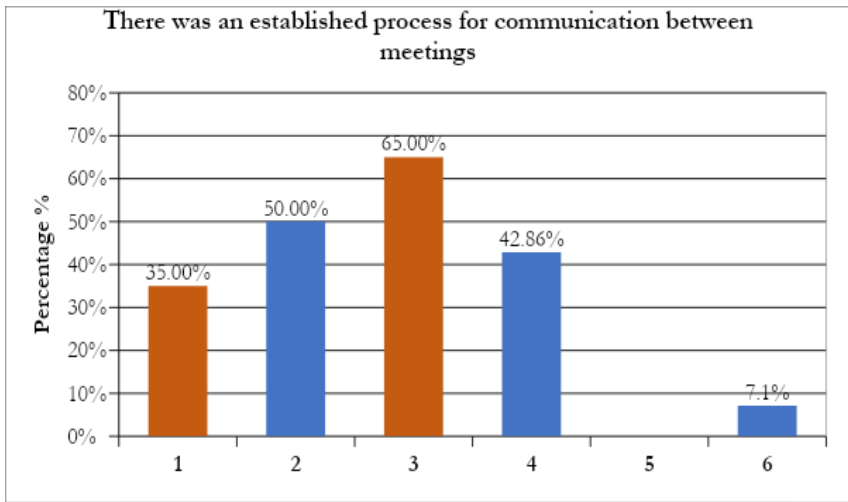
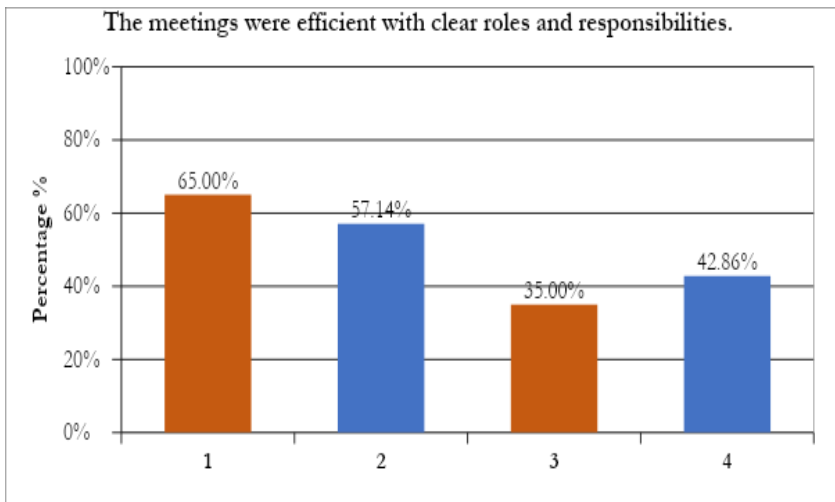


I felt fully included in the decision-making processes that affect my work on the team.

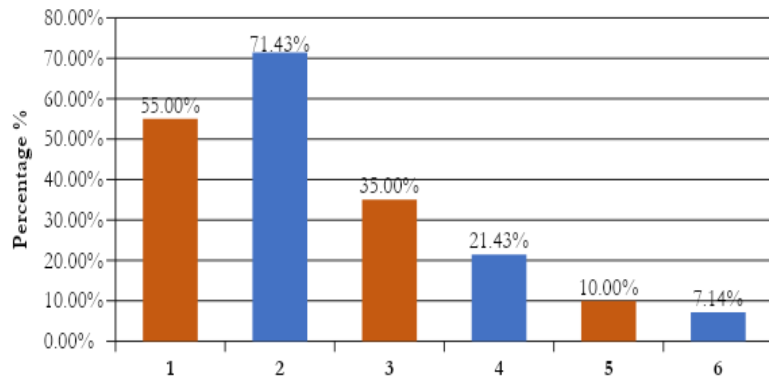


I was given a chance to work on interesting tasks and stretch my knowledge and capabilities.

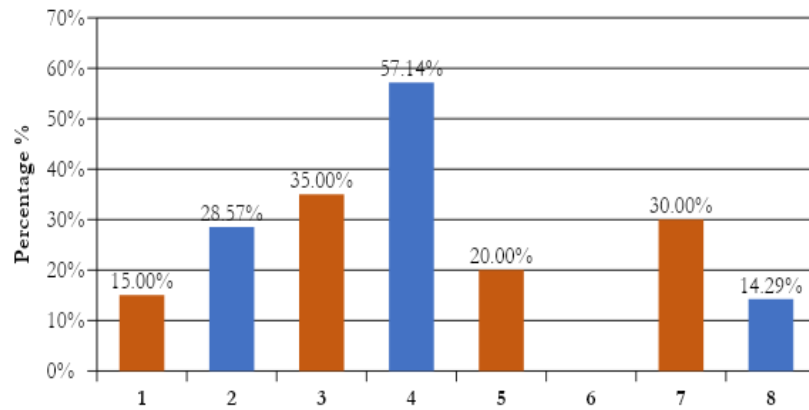




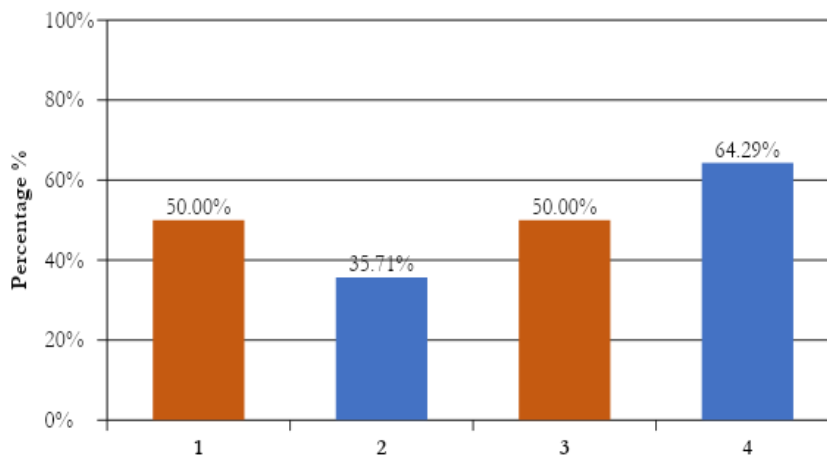
Team members are encouraged to commit to the team vision, and leaders help them understand how their role fits into the big picture.



Conflict, disagreements and hostility between members did not affect our productivity as a team.



The working relationships across units or functions was well coordinated.



Team Results

