

## RECOMMENDATIONS

EMAS mentoring approach, with the support from stakeholders at all government levels, is very important to be continued and developed within and outside the districts/cities to attain a wider scope of high-quality intervention to saving maternal and neonatal.



### HOW DOES THIS SUPPORT THE MINISTRY OF HEALTH'S POLICIES?

Various means to transfer knowledge and skills, as well as mentoring support the objectives of the Ministry of Health of the Republic of Indonesia in improving and expanding the quality of maternal and neonatal health services.



### WHY IS THIS IMPORTANT?

When the quality of services does not meet the standard, training is often considered to be the solution. Standard training efforts, however, have not led to significant improvements in the quality of emergency care within health facilities (World Bank 2014) or reduced Indonesia's maternal and newborn mortality (Central Bureau of Statistics 2013). Increasingly, evidence suggests that targeted, repetitive interventions (i.e., low dose, high frequency) result in better learning outcomes, and training on-site at the provider's workplace results in sustainable knowledge and skills. (Bluestone et al. 2013).

#### Mentoring Process

Initiate, motivate and guide the efforts in the improvement process of service quality, effectiveness and efficiency of the referral as well as accountability.

Well-functioning clinical good governance and referral networks as well as public accountability.

Quality improvement of maternal and neonatal health services.

Health Facility Model and Referral Network

- Implement mentoring cycle
- Implement quality improvement cycle at the health facility
- Conduct regular assessment
- Draft and review regular follow-up plans

- Implement and document the activities showing good governance at the health facilities
- Develop the accountability of maternal and neonatal health services in the region
- Implement and monitor the governance efforts of referral network at maternal and neonatal emergency services in the region

- Attain the improvement in the maternal and neonatal emergency service indicators at the health facility as well as in the region, including the near-miss cases, fatality rate cases, and reduction of mortality rate
- Conduct regular updating on the existing SOP related to maternal and neonatal health services
- Improve the readiness for emergency cases at the health facility, including the pre-referral stabilization
- Improve communication and coordination related to maternal and neonatal emergency services in the region

### WHAT DOES EMAS DO

EMAS uses a mentoring approach in all activities, improving of service quality, strengthening referral system and accountability. The objective of the mentoring will cover 2 things at once, namely: to improve the quality of that particular health facility and also to expand the efforts to other health facilities in all components. Facilitation is always conducted for the groups to refer to the desired performance standards for a benchmark and measure the development towards the desired objectives.

EMAS develops mentoring in the following areas:



Examples of EMAS mentoring approach:

Visit 1	Workshop dan Mentoring 1	Visit 2	Mentoring 2	Mentoring 3	Mentoring 4
<ol style="list-style-type: none"> <li>1. Common perception</li> <li>2. Good relation</li> <li>3. Description SLLO and GCC at Model Health Facility</li> </ol> <p>Attendance: Health Facility Leaders</p>	<p>Team and actors at health facilities understands, are able and willing to be a model</p> <p>Utilize the involvement of stakeholders</p> <p>Participatory Assessment and Mentoring at Health Facilities</p>	<p>See best practices in Clinical Governance (CG) in Model Health Facility</p> <p>Evaluation on Follow-up Action (RTL) Achievement</p> <p>Development of Follow-up Action</p>	<p>Clinical mentoring at health facility</p> <p>Sustainable monitoring</p> <p>Evaluation and Follow-up Action</p>	<p>Clinical mentoring at health facility</p> <p>Sustainable monitoring</p> <p>Evaluation and Follow-up Action</p> <p>Preparing vanguard health facilities to be clinical mentoring</p>	<p>Clinical mentoring at health facility</p> <p>Sustainable monitoring</p> <p>Evaluation and Follow-up Action</p> <p>Pilot mentoring by vanguard health facility</p>

### LESSONS LEARNT DATA

**277** Clinical governance mentors

**630** referral and accountability mentors, formed to support referral system, civil society forum and expanding working group. Each EMAS-supported district has 3 referral mentoring team (maternity audit, civil society forum, working group and SijariEMAS)

### REPLICATION

**80 districts/cities in 12 province have replicated EMAS components**

Factors supporting replication:

- Dekon fund
- District/city to District/city Mentoring
- Province to Province Mentoring
- Support and advocacy from province to district
- UNICEF, Muhammadiyah, LKKB

### EMAS TOOLS

- Technical Report: Clinical Mentoring
- Practical Guide: Clinical Governance Mentoring
- [www.emasindonesia.org](http://www.emasindonesia.org)