

Implementation of the New Model of Antenatal Care

Action Plan for Yap State, Federated States of Micronesia (Mark Durand , July, 2005)

My Long Term Goal:

To improve population coverage for prenatal care and to conserve resources by providing services that are proven to be efficacious and cost effective

Short/Medium Term Goals to Achieving Long Term Goal	Actions Required	Resources Needed	Resources Available	Constraints	Who or What Can Help Me	Target Date for Action	Date Completed
Share WHO New Model ANC course with others in the Yap State Dept of Health Services who are involved with the care of pregnant women	Work with current course faculty and WHO to get permission to give the course again, either on-site in Yap or through the distance learning	Two possibilities: 1. CD –ROM for the course plus our OB-Gyn department chair to teach or 2. someone to administer the course (again) by distance.	Teaching space, a computer lab with internet access, a dispensary manager teaching program that is currently active (and to which this new ANC curriculum could be added)	1. Inertia and old habits 2. Some ANC is delivered in remote outer islands. It is a challenge to teach widely dispersed health assistants 3. Some of the health assistants are unsophisticated and the curriculum may need to be adapted somewhat to fit with their situations.	1. WHO's endorsement of this model is a powerful inducement to accepting it. 2. Our MCH program can help to coordinate training for the outer island health care workers and also help with transport funds to bring them together for training	August, 2005 to begin course. October, 2005 to complete course.	

<p>Develop a consensus within the Department of Health Services re. whether to formally adopt the WHO new model ANC</p>	<p>1. Be sure that everyone who has a stake in this decision is fully informed about the model. The course should accomplish this but materials can be assigned to any who missed the training for one reason or another. 2. Convene a task force on ANC 3. Schedule weekly reporting sessions where a rep. from the task force will report to the Dept. Director regarding progress of this task force.</p>	<p>1. Staff time 2. paper, copy machines, secretarial support</p>	<p>1. Commitment by the Dept. leadership 2. In kind support of the Dept. of Health Services</p>	<p>1. Disorganization and competing duties</p>	<p>1. MCH program surveillance data showing high infant and maternal mortality rates and low rates of early ANC care enrolment should help to demonstrate the need for change to a simpler model of care 2. The forms and protocols that are already designed within the new model ANC make the process of adopting a new style less daunting</p>	<p>November, 2005</p>	
<p>Institutionalize the new model, once it is agreed upon</p>	<p>Produce and distribute forms Adapt prenatal care protocols into our formal</p>	<p>Task force to continue beyond planning to this implementation phase.</p>	<p>Ob-Gyn Dept employees. MCH program coordinator, Materials and in-</p>	<p>Difficulty in communicating over long distances and multiple sites.</p>	<p>Radio-net network of HF radio connections and regular morning</p>	<p>January, 2005</p>	

	policies	Secretarial support and office supplies, printing, etc. Someone to coordinate this effort	kind support of the Dept of Health Services	Competing priorities	report where issues of common interest are discussed between the district hospital and the outlying dispensaries. Monthly field ship visits to the outer island dispensaries		
Teach the details of the new model to staff members in the field. More detailed training with actual patients will be needed before the new plan will be fully functional	Schedule formal re-training for the model, especially the more difficult aspects of it with all staff who will use the model, including dispensary personnel.	Someone to teach. Time set aside for this activity	Senior OB-Gyn staff can be detailed to this activity. The MCH coordinator can lend support	It is more difficult to do this by distance and will be hard to gather all together to do this.	We can use the structure of the health assistant training that is currently ongoing for this re-training as well.	Spring, 2006	
Quality assurance and evaluation of the effectiveness of the new model	Maintain ANC task force through the implementation phase, including the evaluation phase Design an evaluation plan for this phase	Task force members' time and commitment	As above	As above	MCH program will be designated to assume responsibility for ongoing quality assurance once the task force has put the process in	Ongoing	

