Perinatal Health

Surveillance
and Quality Assurance

Salud Perinatal

Vigilancia y Aseguramiento de la Calidad

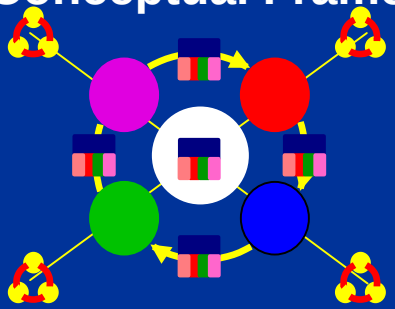
Introduction

Trigger Symbols

Concept

"5 Rights…x2…plus 1

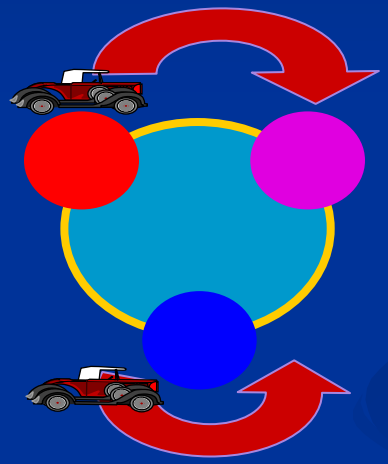
Conceptual Framework



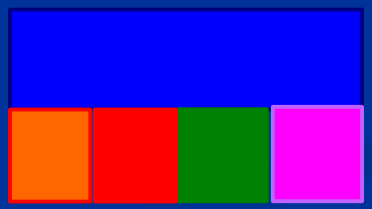
Quality Assurance

Core

Surveillance

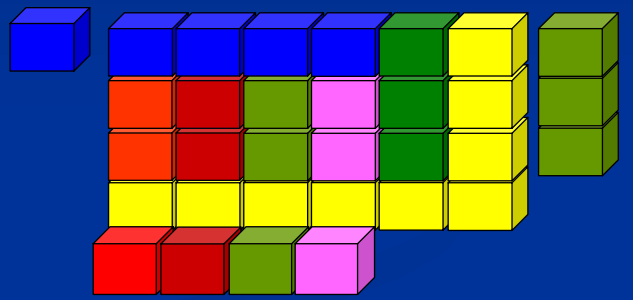


MIM

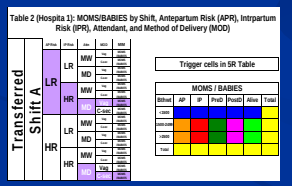


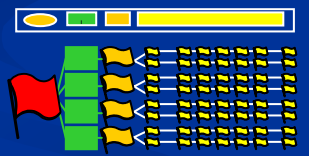
Tools

MOMS & BABIES

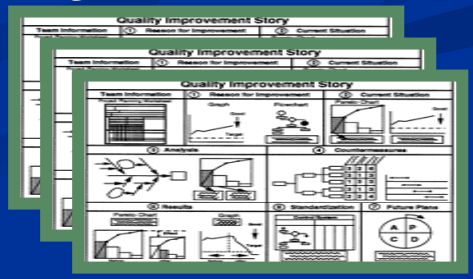


5 R Table & LIM





QA Collaboratives



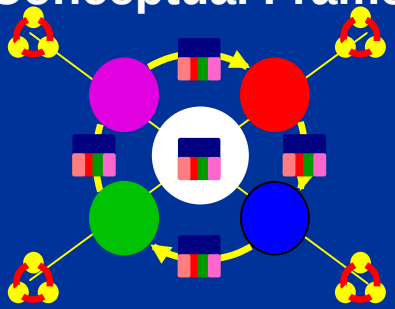
Introduccion

Simbolos

Concepto

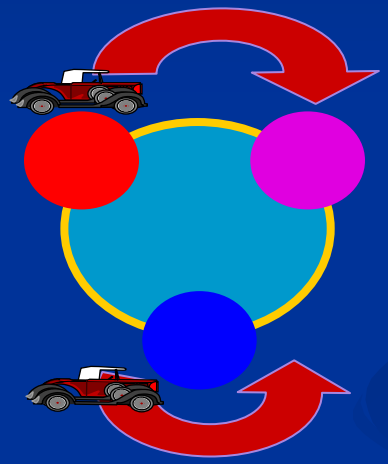
"5 Rights…x2…plus 1

Conceptual Framework



Nucleo

Surveillance



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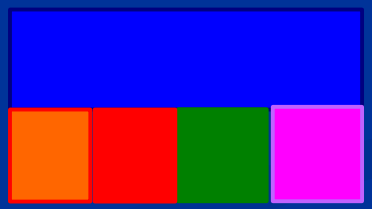
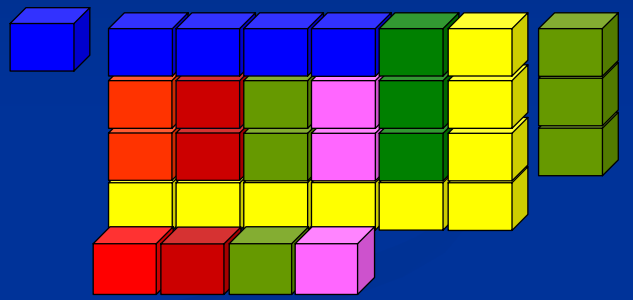


Herramientas

MOMS & BABIES



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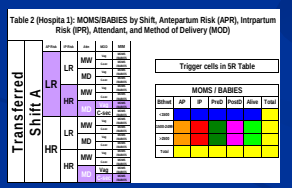

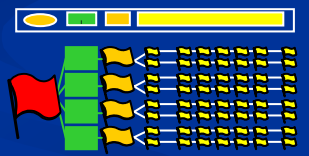

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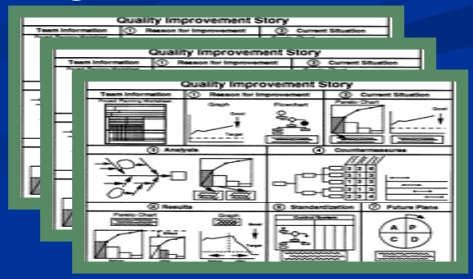


Quality Assurance

Change Management

- Manage resistance
- Build commitment and support
- Minimize disruption & risk
- Management peoples issues and expectations
- Educate, inform & promote ownership
- Provide training to enhance skill
- Support organization to redefine processes, procedure, ways of working
- Promote required shift in culture & behavior to sustain change

Source: CDC/Gary Jeweks

Cambie la dirección

- Maneje la resistencia
- Construya compromiso y apoyo
- Minimice la ruptura y el riesgo
- Maneje los problemas y expectativas de las personas
- Eduque, informe y promueva la propiedad
- Proporcione el entrenamiento para reforzar la habilidad
- Apoye la organización para redefinir los procesos, el procedimieto y las formas de trabajar
- Promueva el cambio requerido en la cultura y la conducta para sostener el cambio

Source: CDC/Gary Jeweks

Change management requirements

- **Support**
  - Champion
  - Facilitator
  - Target
- **Steps**
  - I. Leading the change
  - II. Framing the shared need
  - III. Shaping the vision
  - IV. Mobilizing Commitment
  - V. Aligning Systems, Structure & Levers
  - VI. Tracking Progress
  - VII. Developing the roadmap

Cambie los requerimientos de la dirección

- **Soporte**
  - Defensor
  - Facilitador
  - Blanco
- **Pasos**
  - I. Dirigir el cambio
  - II. Crear la necesidad compartida
  - III. Formar la visión
  - IV. Movilizar el compromiso
  - V. Alinear los Sistemas, Estructuras y Controles
  - VI. Vigilar el progreso
  - VII. Desarrollar el plan a alcanzar

Can we agree that …

- If every mother and child count, then we should account for every mother and child at the district level.
- The disparity that exists in MNH statistics is due an inability to implement evidenced-based interventions already known to be effective……..This, then, is a management problem.
- The solution to the management problem is a "systems solution" that provides quality services.
- We need to define the "gaps" at the district level and see them as an "opportunity" to close the "gap" to achieve the MDGs.
- To operationalize these previous four points we must:
  - Avoid "outcome displacement" at the district level.
  - See quality is a "local product" that is internal and locally driven.
  - Focus on 4 output categories:
    - Coverage
    - Matching skill with need
    - Referral pattern
    - Altering risk factors
  - Evaluate the 5 As (Available, accessible, acceptable, affordable, appropriate) of a service to be delivered at the local level.

Podemos acordar que...

- Si cada madre y cada niño cuentan, entonces deberíamos responder por cada madre y por cada niño a nivel municipal.
- La disparidad que existe en las estadísticas del MNH es debido a la inhabilidad para implementar las intervenciones basadas en la evidencia que ya sabemos que son efectivas……..Esto, entonces, es un problema administrativo.
- La solución al problema administrativo es una "solución de sistemas" que suministre servicios de calidad.
- Necesitamos definir las "brechas" a nivel municipal y verlas como una "oportunidad" para cerrar la "brecha" y lograr el MDGs.
- Para operacionalizar los cuatro puntos anteriores debemos:
  - Evitar "el desplazamiento del resultado" a nivel municipal.
  - Ver calidad es un "producto local" que es manejado interna y locamente.
  - Enfocar en 4 cuatro categorias del rendimiento:
    - Cobertura
    - Emparejar la habilidad con la necesidad
    - Modelo de referencia
    - Factores de riesgo alterados
  - Evaluar las 5 As (Available, accessible, acceptable, affordable, appropriate) de un servicio para ser entregado a nivel local.

Guiding Principles

for Maternal & Newborn Health Services (MNHS)

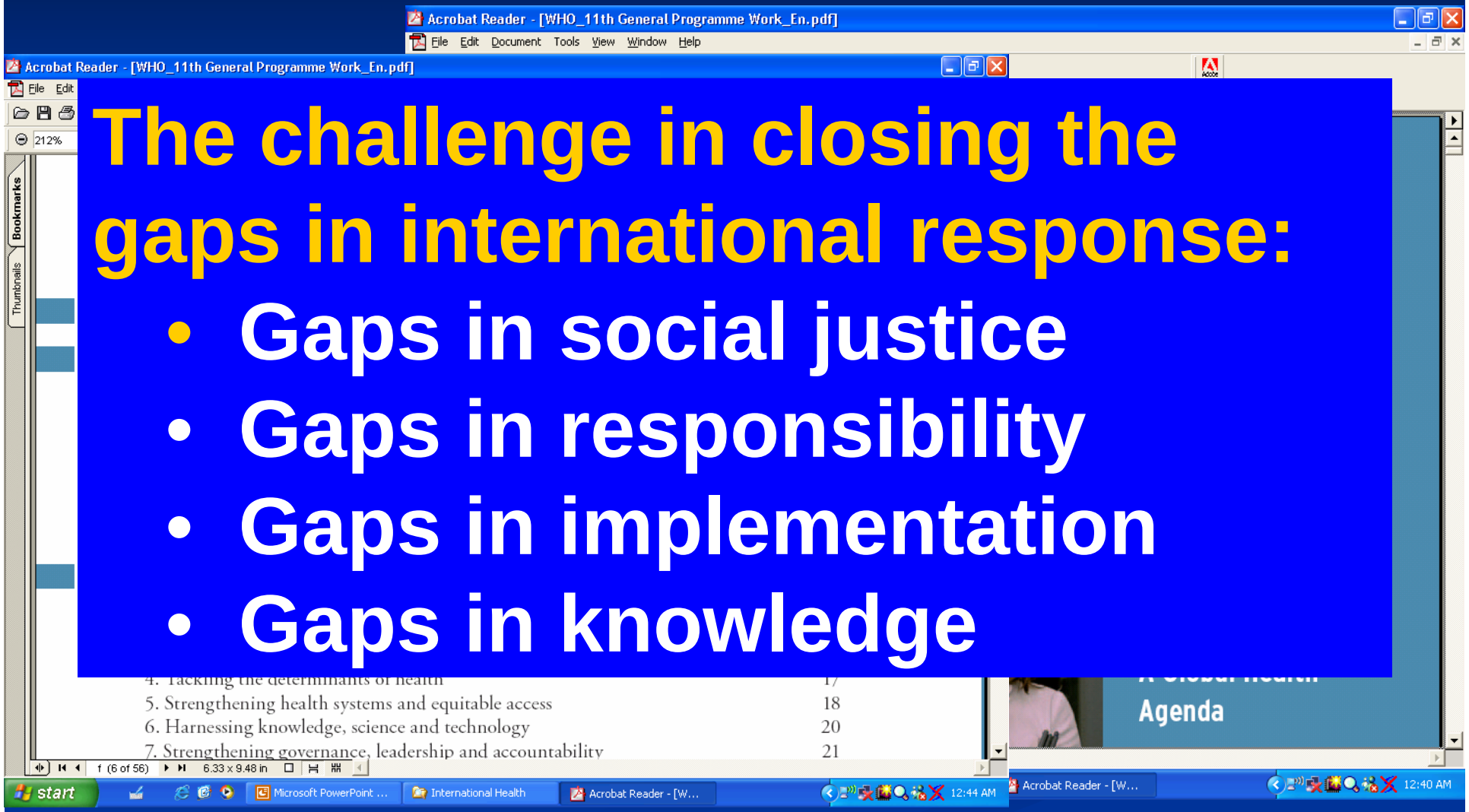
- "Systems solution"
- Link data intervention Packages
- "Every Mother and Child Count"
- Guided by UN directives
- The "most with the least"
- Quality of MNHS is a local product

Principios Guia

para los servicios de salud Materno-Infantil (MNHS)

- "Sistemas de Solución"
- Ligar los paquetes de intervención a los datos
- "Cada Madre y cada Niño cuentan"
- Guiados por las directivas de la Naciones Unidas
- Lo "máximo con lo mínimo"
- La Calidad de los MNHS es un producto local

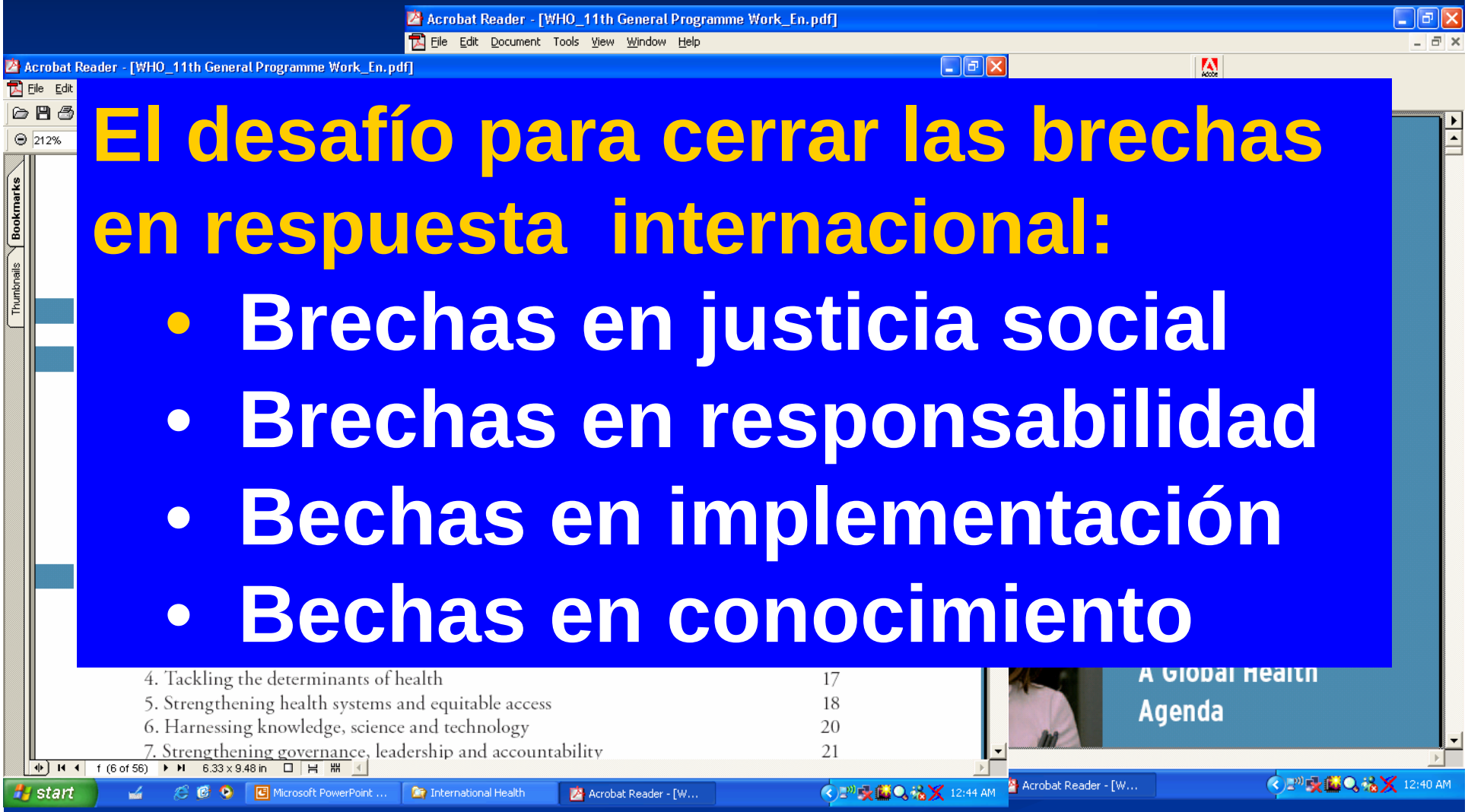
WHO 11th Programme of Work



The challenge in closing the gaps in international response:

- **Gaps in social justice**
- **Gaps in responsibility**
- **Gaps in implementation**
- **Gaps in knowledge**

WHO 11th Programa de Trabajo



El desafío para cerrar las brechas en respuesta internacional:

- **Brechas en justicia social**
- **Brechas en responsabilidad**
- **Bechas en implementación**
- **Bechas en conocimiento**

System Description

The 5 **“Rights”** x 2 plus 1

System = A group of interacting, interrelated, or interdependent elements forming a complex whole.

The 5 "rights"
The right person,
…in the right place,
…..at the right time,
……doing the right thing,
……..in the right way.

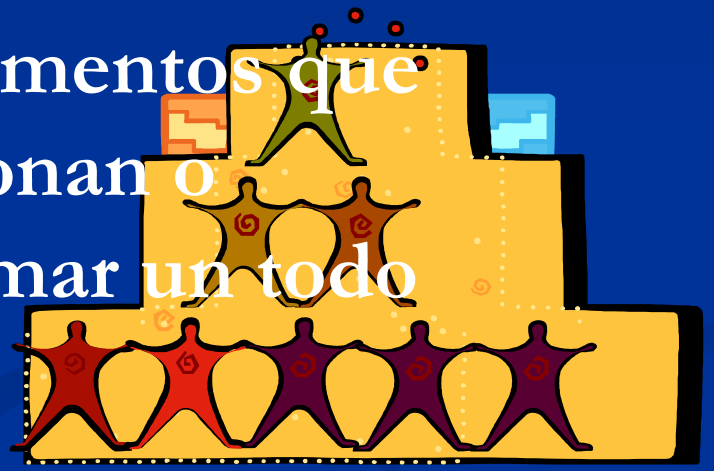
x 2.....For both the mother and baby.....

Plus 1.....It is the right of the mother and baby to have the system in place.

Descripción del Sistema

Los 5 **“Correctos”** x 2 mas 1

Sistema = Grupo de elementos que interactúan, interrelacionan o interdependen para formar un todo complejo.



Los 5 “correctos”
La persona correcta,
…en el lugar correcto,
…..en el tiempo correcto,
……haciendo lo que es correcto,
……..en la forma correcta.

x 2.....Por la mamá y el bebe.....

Mas 1.....Es el correcto de la mamá y el bebe para tener el sistema funcionando.

The Quality Assurance Triangle

Three Major Components

Four Foundational Principles

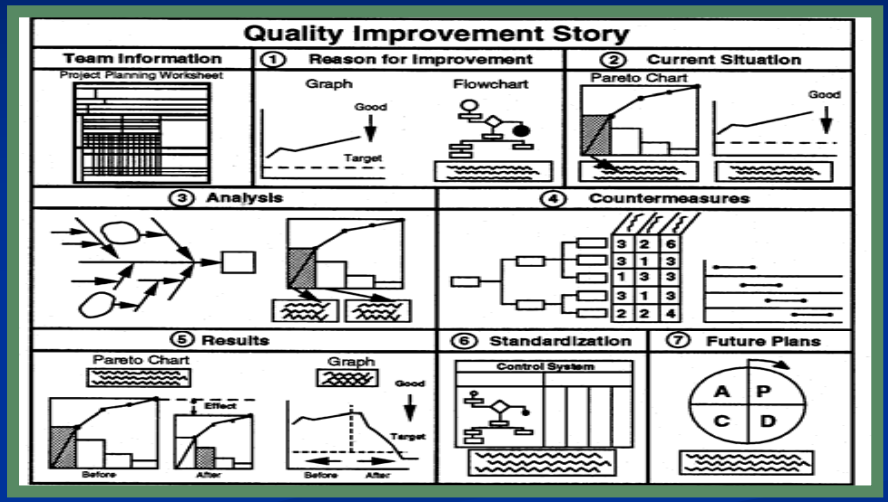
Triángulo del Aseguramiento de la Calidad

Tres Componentes Principales

Cuatro Pilares Fundamentales

The Quality Improvement Story

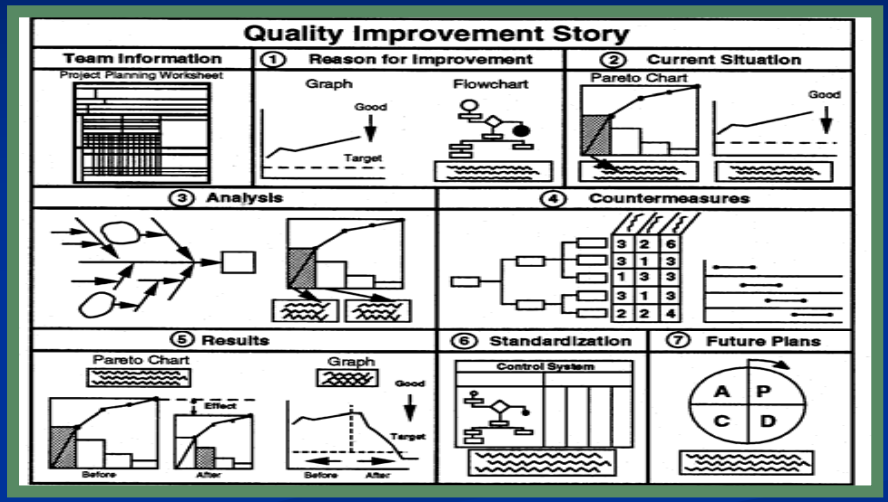
- **The reason for improvement**
  - The flag goes up, an indicator needs attention.
- **The current situation**
  - Review of associated indicators
- **Analysis**
  - The problem is identified, and something can be done.
- **Countermeasures**
  - What can be done and how it can be done are determined
- **Results**
  - Review the countermeasure performance and re-analyze. Complete the cycle until satisfaction achieved.
- **Standardization**
  - Implement as policy
- **Future plans**
  - Repeat the cycle, move on to the next reason for improvement.



- TQM — **Total Quality Management**
- QA — **Quality Assurance**
- QI — **Quality Improvement**
- QIS — **Quality Improvement Story**
- CQIP — **Continuous Quality Improvement Program**

Historia del mejoramiento de la Calidad

- **La razón para mejorar**
  - La bandera arriba indica necedidad de antenciób.
- **Situación Actual**
  - Revisar los indicadores asociados
- **Análisis**
  - Si el problema se identifica se puede intervenir.
- **Medidas Cuantitativas**
  - Determinar Qué y Cómo se puede hacer.
- **Resultados**
  - Revisar el funcionamiento de las medidas cuantitativas y re-analizarlas. Completar el ciclo hasta lograr la satisfación.
- **Estandarización**
  - Implementarlas como políticas
- **Planes Futúros**
  - Repetir el ciclo y avanzar hacia la nueva razón del mejoramiento.



- TQM — **Total Quality Management**
- QA — **Quality Assurance**
- QI — **Quality Improvement**
- QIS — **Quality Improvement Story**
- CQIP — **Continuous Quality Improvement Program**

Data vs Information

- Data and information are NOT the same thing
- Data is translated into information for action through a process of comparison.
- Information is “a difference that makes a difference”.
- You need to determine if the “difference” is a “gap” that needs to be closed.

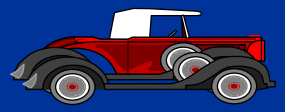
Datos vs Informacion

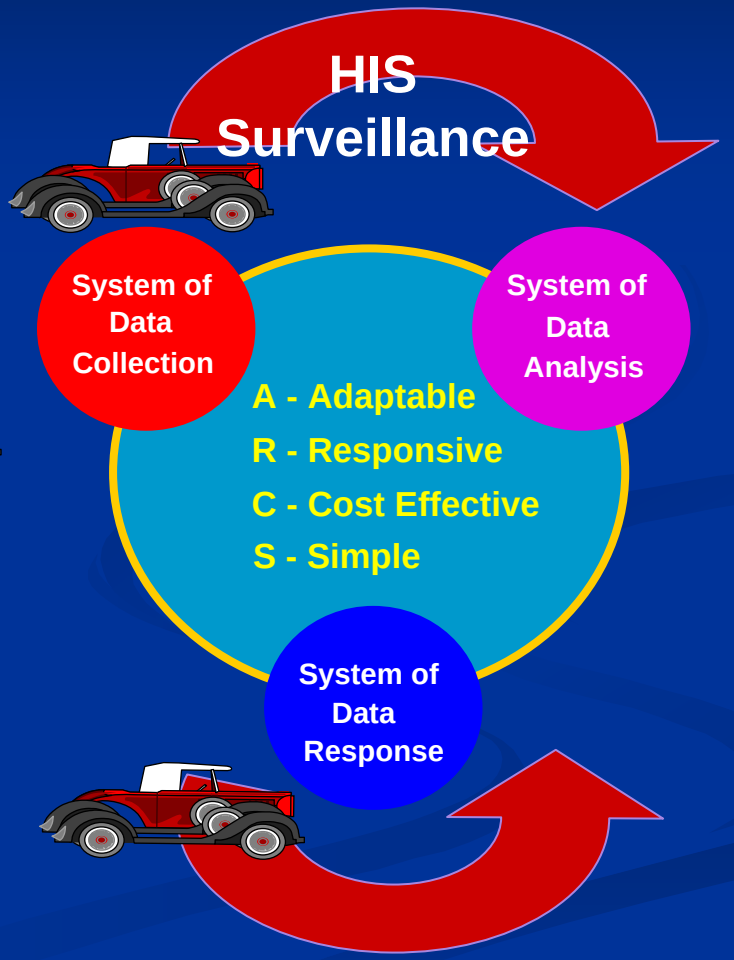
- Los Datos y la Informacion **NO** tienen el mismo significado.
- El Dato es traducido en informacion para actuar a traves de un proceso de comparacion.
- La Informacion es “la diferencia que hace la diferencia”.
- Es preciso determinar si la “diferencia” es una “brecha” que necesita ser cerrada.

Surveillance framework

Dynamic process

- **C**ollection
  - Population vs facility
  - Processing
  - Tabulation
- **A**nalysis
  - Indicators (trigger cells)
  - Interpretation
- **R**esponse
  - Dissemination
  - Action

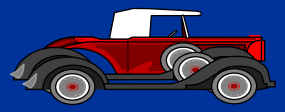


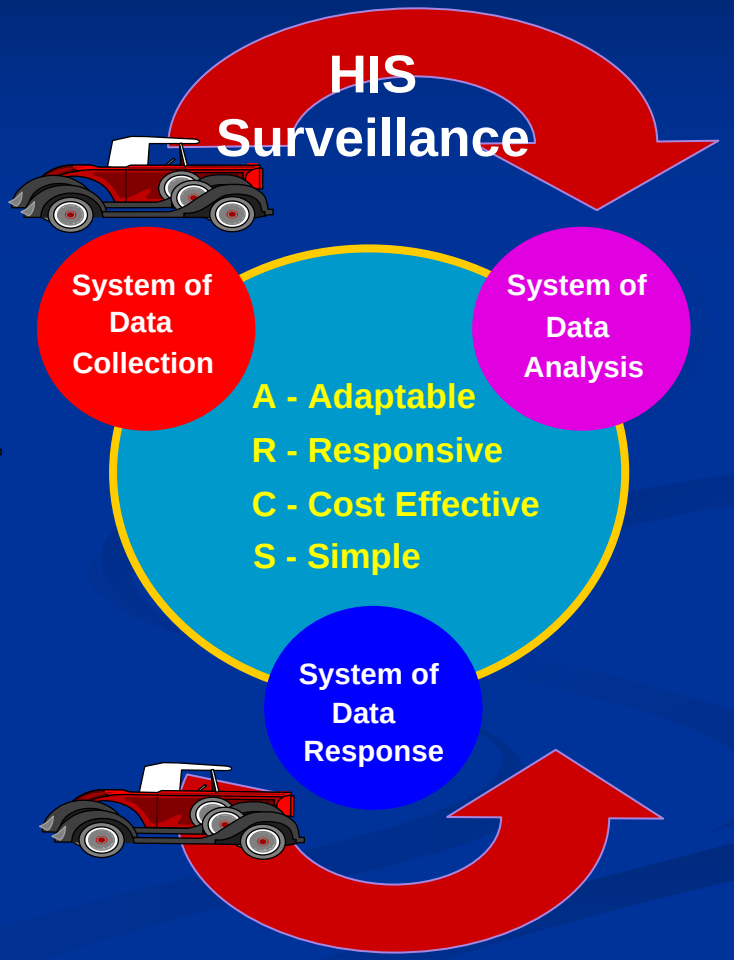


La Estructura de la Vigilancia

Proceso dinámico

- **Colección**
  - Población vs facilidad
  - Procesamiento
  - Tabulación
- **Análisis**
  - Indicadores (trigger cells)
  - Interpretación
- **Respuesta**
  - Diseminación
  - Acción





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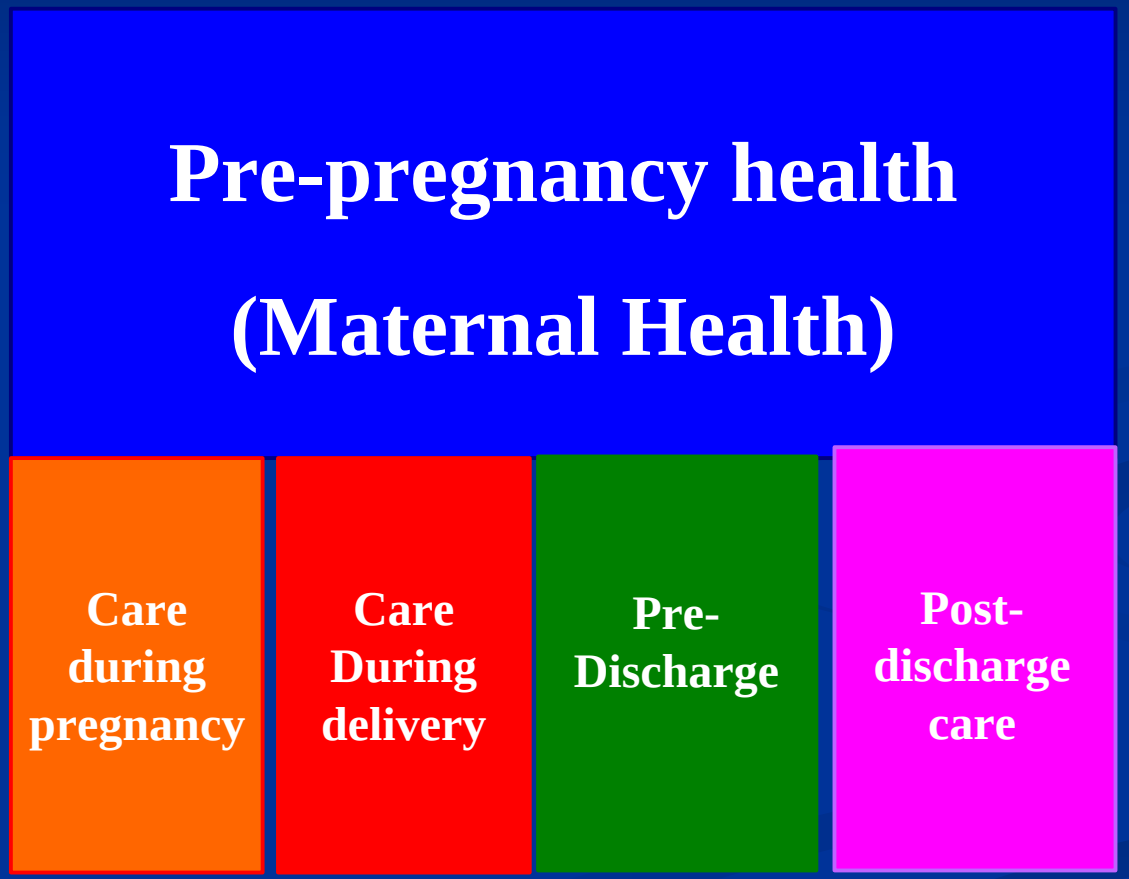
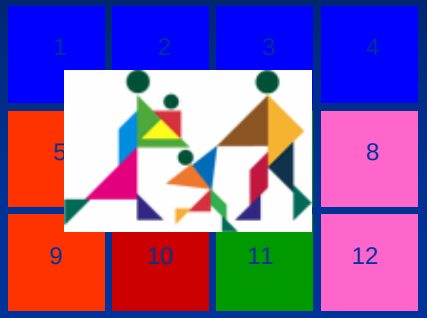

Pre-pregnancy health
(Maternal Health)
Care during pregnancy
Care During delivery
Pre-Discharge
Post-discharge care

Matriz Madre-Hijo (MIM)

Mother-Infant Matrix (MIM)

Every pregnancy counts, so account for every pregnancy



....Every newborn has weight, so weigh every newborn

M.O.M.S.

	Ante-partum	Intra-partum	Pre-discharge	Post-discharge	Alive	Total
0-1499 g (<20 weeks)	1	2	3	4	17	18
1500-2499 g 20-27 weeks	5	6	7	8	19	20
2500+ g (28+ weeks)	9	10	11	12	21	22
Total	13	14	15	16	23	24

B.A.B.I.E.S.

	Ante-partum	Intra-partum	Pre-discharge	Post-discharge	Alive	Total
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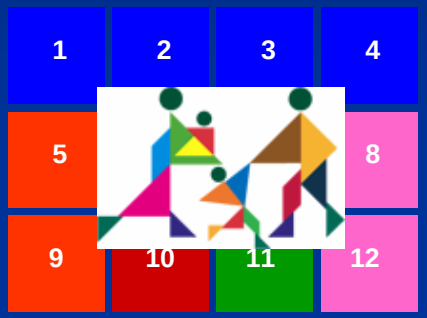
1500-2499 g	5	6	7	8	19	20
2500+ g	9	10	11	12	21	22
Total	13	14	15	16	23	24

Matriz Madre-Hijo (MIM)

Cada embarazo cuenta, así que contenemos cada embarazo.



Cada madre y cada niño cuentan

....Cada Recién Nacido tiene peso, entonces pesemos todos los Recién Nacidos.

M.O.M.S.

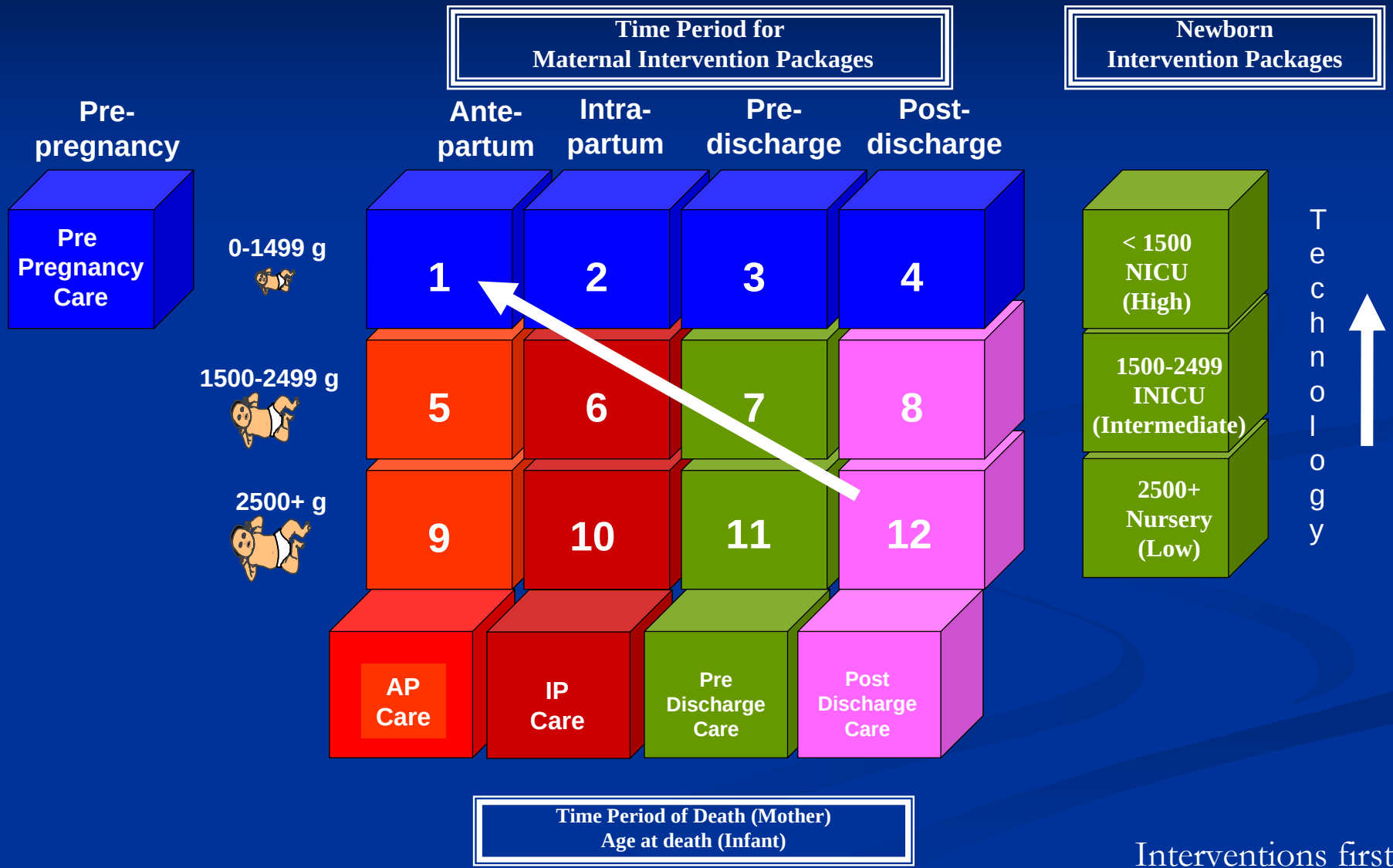
Monitoring
Of
Maternal
Status

	Ante-partum	Intra-partum	Pre-discharge	Post-discharge	Alive	Total
0-1499 g (<20 weeks)	1	2	3	4	17	18
1500-2499 g 20-27 weeks	5	6	7	8	19	20
2500+ g (28+ weeks)	9	10	11	12	21	22
Total	13	14	15	16	23	24

B.A.B.I.E.S.

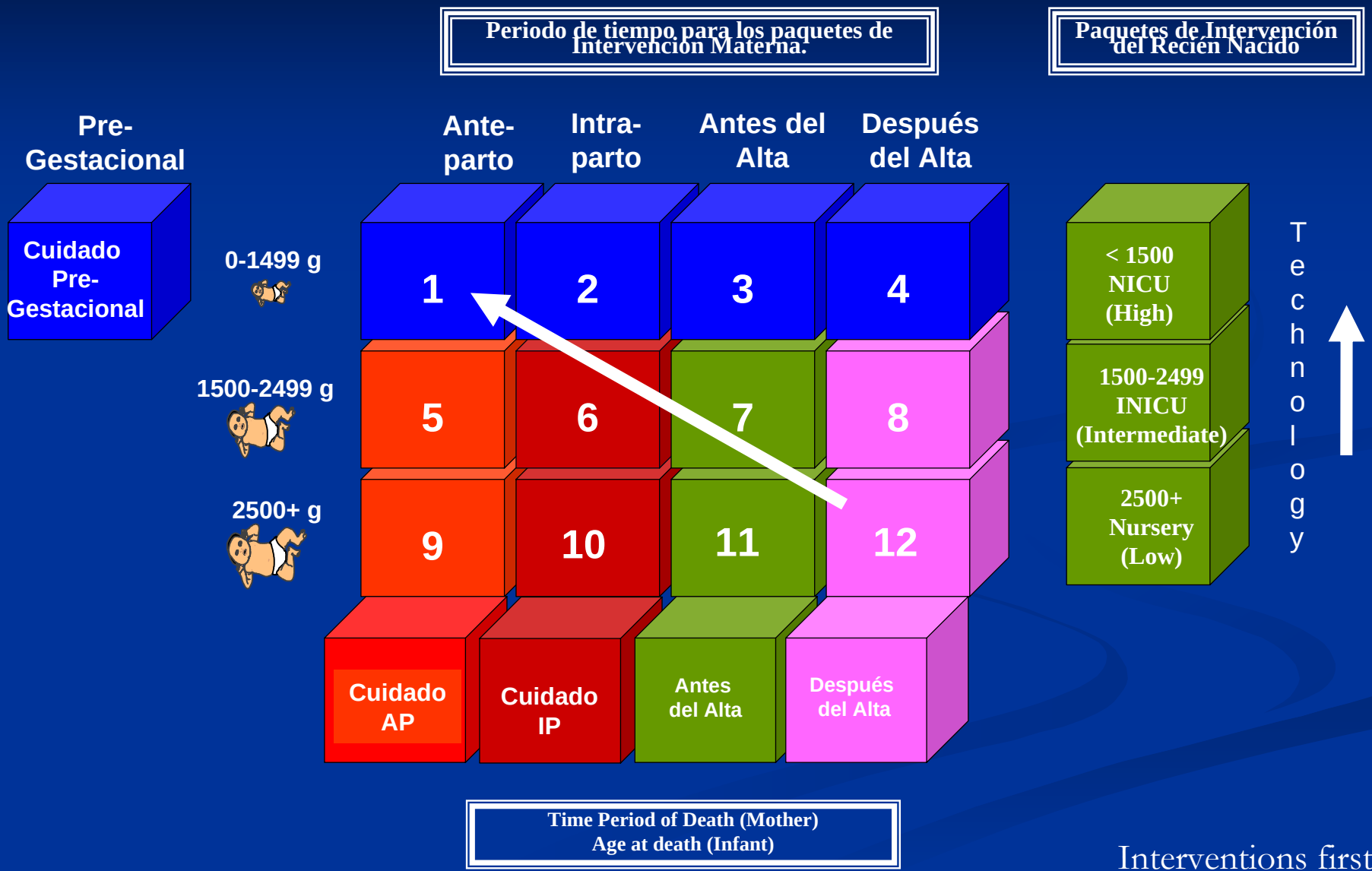
Birthweight
Age at death
Box
Intervention
Evaluation
System

MIM and Intervention Packages



Interventions first

MIM y Paquetes de Intervención



Interventions first

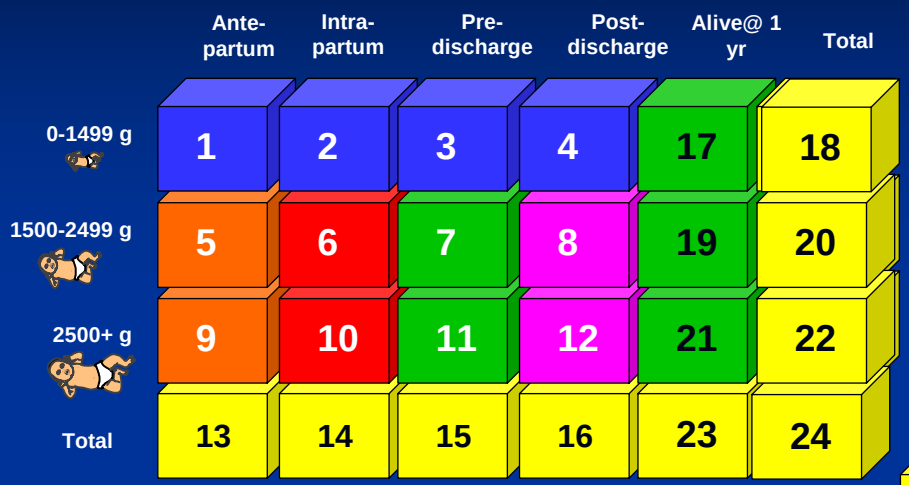
Two indicator systems

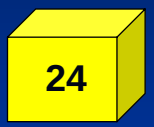
Dos Sistemas Indicadores

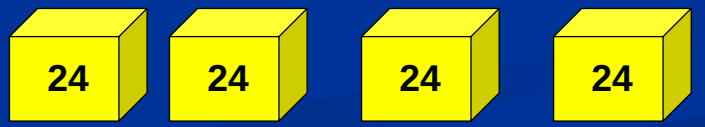
MIM and Intervention Packages

MIM y Paquetes de Intervencion

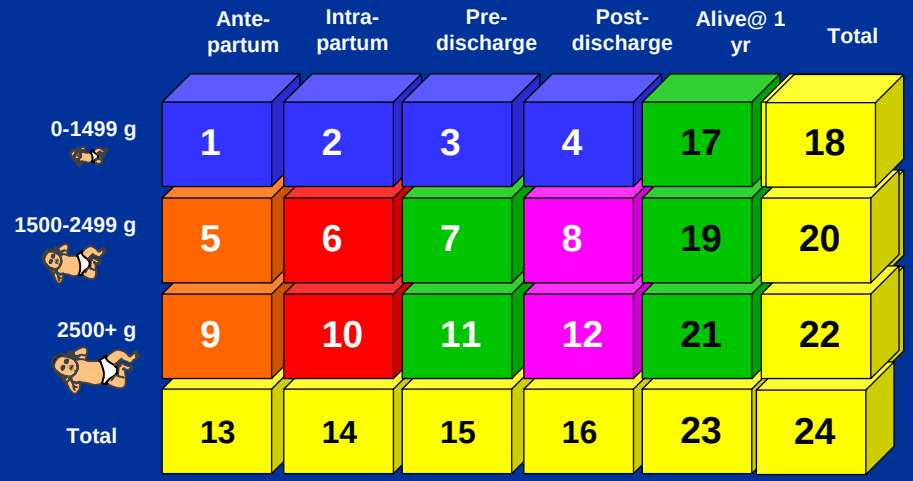
Calculating MIM Matrix Rates for Intervention Packages

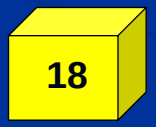


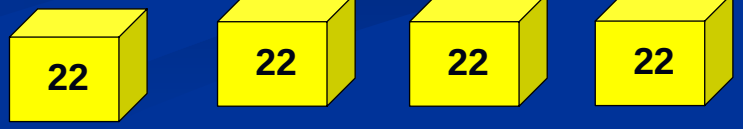




Birth weight Proportionate Mortality Rates (BWPMRs)



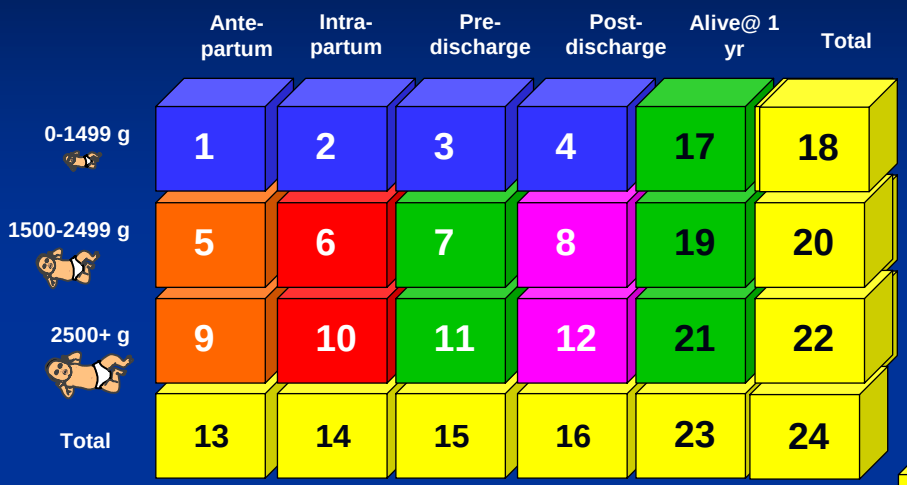


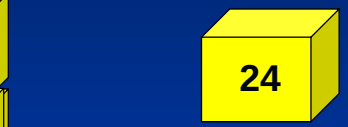


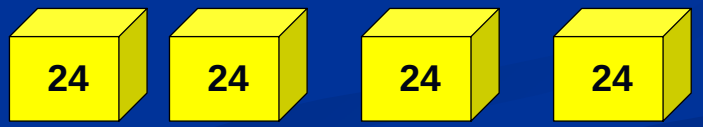
Birth weight Specific Mortality Rates (BWSMRs)

Moving packages

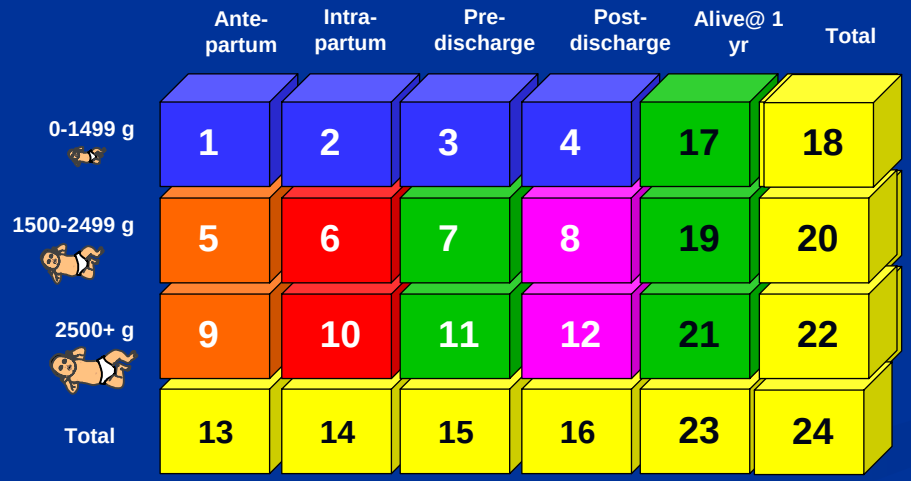
Calcular las Tasas MIM para los Paquetes de Intervencion

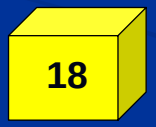




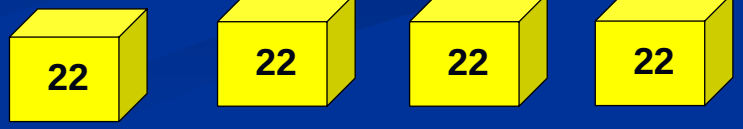


Birth weight Proportionate Mortality Rates (BWPMRs)



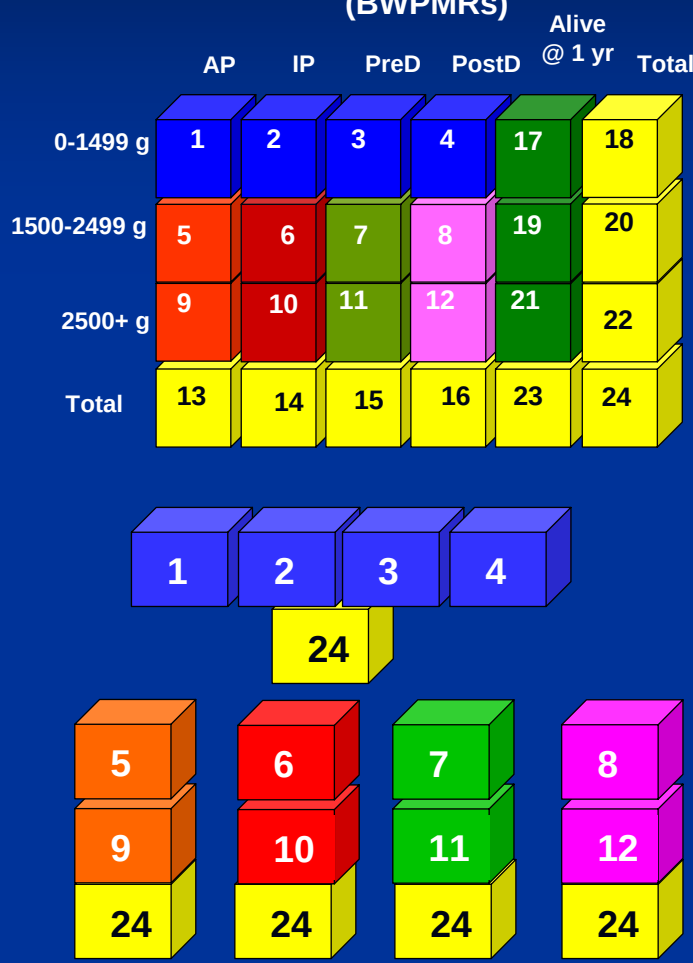


Birth weight Specific Mortality Rates (BWSMRs)

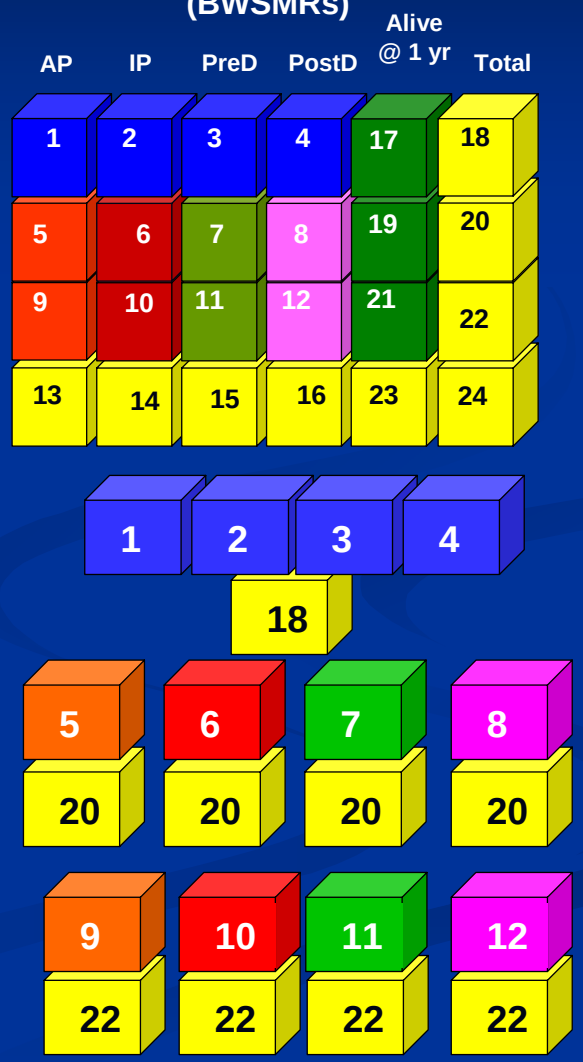


Calculating MIM Matrix Rates for Intervention Packages

Birth weight Proportionate Mortality Rates (BWPMRs)

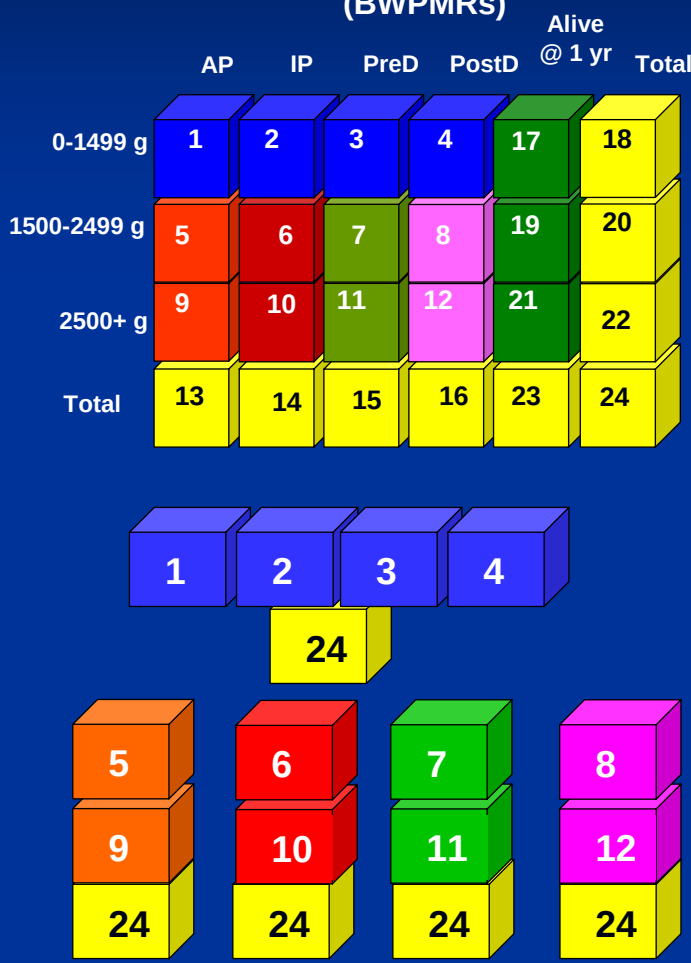


Birth weight Specific Mortality Rates (BWSMRs)

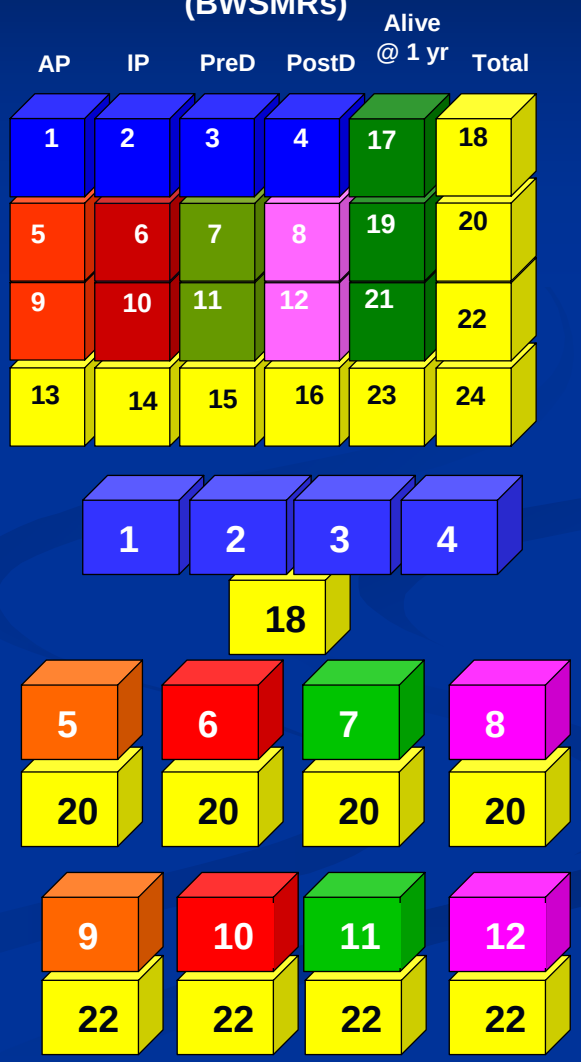


Calcular las Tasas MIM para los Paquetes de Intervencion

Birth weight Proportionate Mortality Rates (BWPMRs)



Birth weight Specific Mortality Rates (BWSMRs)

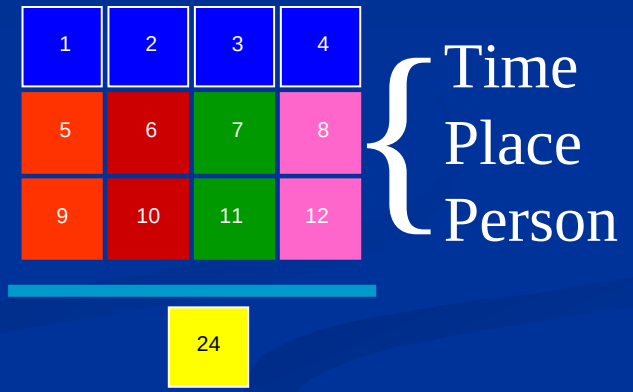


CDC

Count

Divide

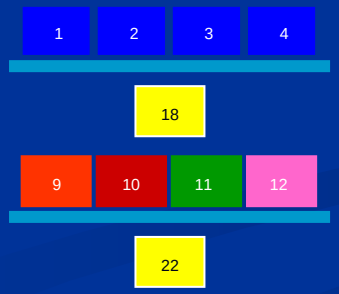
Compare



Are we doing the right things?

Birthweight Proportionate Mortality Rates

Are we doing things right?



Birthweight Specific Mortality Rates

CDC

Contar

Dividir

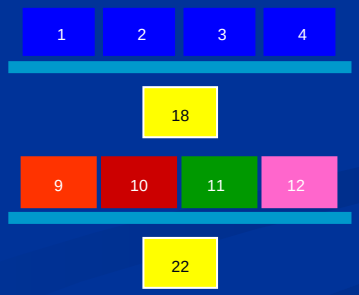
Comparar

{ Tiempo
Lugar
Persona

Estamos haciendo lo correcto?

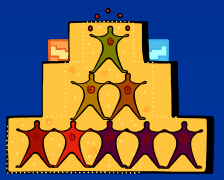
Peso al nacer proporcional a las Tasas de Mortalidad

Lo estamos haciendo bien?



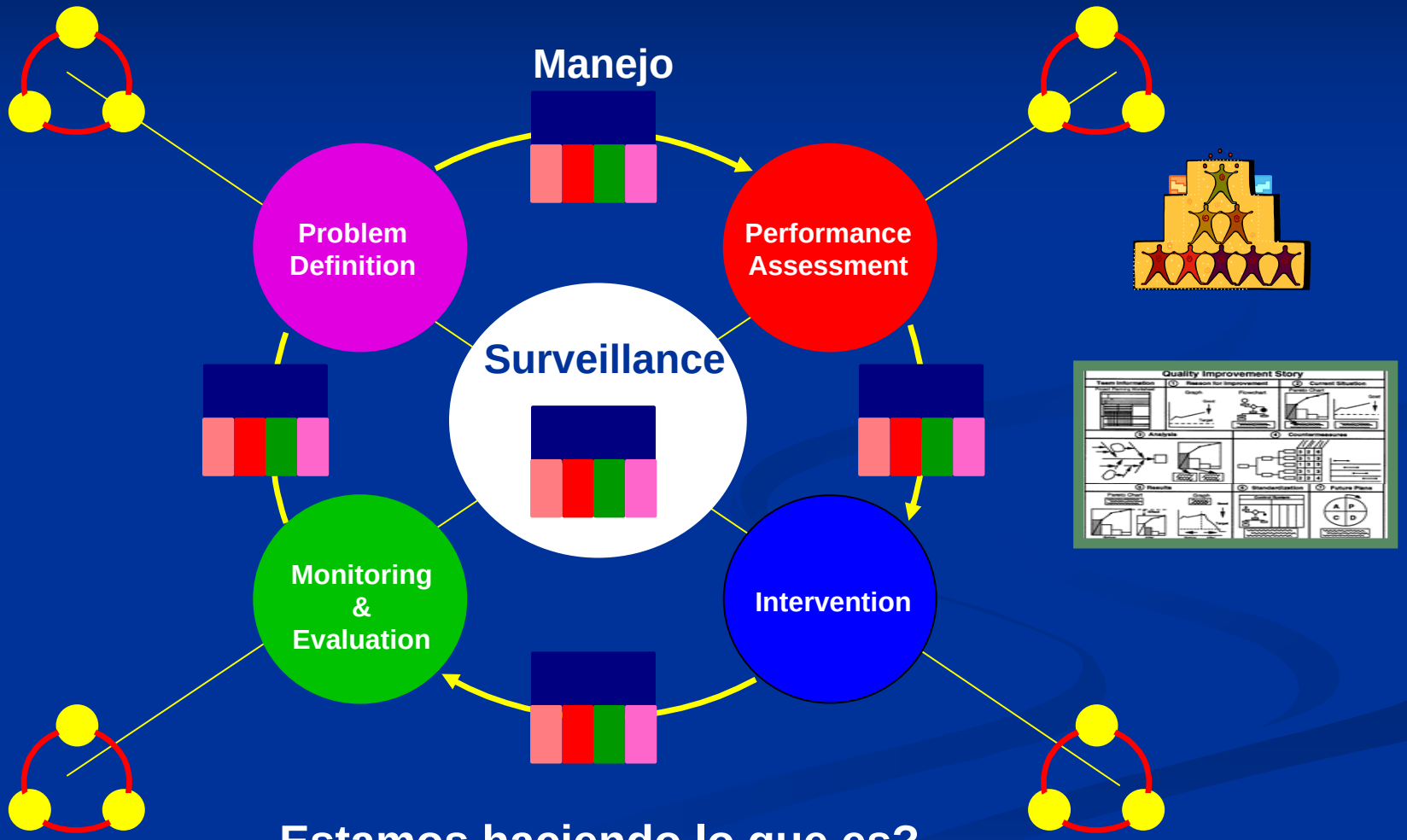
Peso al nacer Especifico para Las Tasas de Mortalidad

Conceptual Framework for Maternal and Newborn Health and Services



Are we doing the right things?
Are we doing things right?

Estructura Conceptual de los servicios de salud Materno-Infantil a nivel Municipal



Estamos haciendo lo que es?
Lo estamos haciendo bien?

5 R Table

A 5R table is a table in which either MOMS/BABIES is nested in variables[1] related to the 5 Rs of the system. The table provides indicators via trigger cells within the table that will be used to assess the performance of the system.

1. Example variables are geographical area (residence), place of delivery (Home vs institution), skill level of the attendant (Unskilled, midwife, physician), method of delivery (Vaginal, assisted, c-section).

La Tabla de los 5 Correctos

La tabla de los 5 correctos es una tabla en la cual las variables[1] MOMS/BABIES son agrupadas y relacionadas al sistema de los 5 correctos. La tabla provee indicadores de puntos gatillos que serán usados dentro de esta para evaluar el funcionamiento del sistema.

1. Ejemplos de Variables son: área geográfica (residencia), lugar del parto (Domiciliario vs Institucional), nivel de habilidad de quien atiende el parto (no hábil, partera, médico), via del parto (Vaginal, Asistido, Cesárea).

Indicators (Trigger cells)

Outcome

- End cell in 5 R table
- Have I chosen the right intervention?
  - BWPMR
- Am I implementing that intervention correctly doing ?
  - BWSMRS
- Comparison based on system function

Process

- Collapse outcome columns
- Process categories
  - Output
  - 5 As
  - Input

Indicadores (Puntos Gatillo)

Resultado

- Ultimas celdas en la tabla de los 5 correctos
- He elegido la intervencion correcta?
  - BWPMR (Tasa de Mortalidad Proporcional al Peso al Nacer)
- Estoy implementando la intervencion correctamente?
  - BWSMRS (Tasa de Mortalidad Especifica para el Peso al Nacer)
- Comparacion basada en la funcion del sistema

Proceso

- Finalizacion de los resultados de las columnas
- Categorias de los procesos
  - Salidas
  - Las 5 As
  - Entradas

What is a trigger cell?

Table 2 (Hospita 1): MOMS/BABIES by Shift, Antepartum Risk (APR), Intrpartum Risk (IPR), Attendant, and Method of Delivery (MOD)

Transferred	Shift A	AP Risk	IP Risk	Attn	MOD	MIM
		LR	LR	MW	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
				MD	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
			HR	MW	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
				MD	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
		HR	LR	MW	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
				MD	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
			HR	MW	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
				MD	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES

Trigger cells in 5R Table

MOMS / BABIES

Bthwt	AP	IP	PreD	PostD	Alive	Total
<1500						
1500-2499						
>2500						
Total						

BWS/IPMR/2500+/c-sec

Que es un celda gatillo?

Table 2 (Hospita 1): MOMS/BABIES by Shift, Antepartum Risk (APR), Intrpartum Risk (IPR), Attendant, and Method of Delivery (MOD)

Transferred	Shift A	AP Risk	IP Risk	Attn	MOD	MIM
		LR	LR	MW	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
				MD	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
			HR	MW	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
				MD	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
		HR	LR	MW	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
				MD	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
			HR	MW	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES
				MD	Vag	MOMS /BABIES
					C-sec	MOMS /BABIES

Trigger cells in 5R Table

MOMS / BABIES

Bthwt	AP	IP	PreD	PostD	Alive	Total
<1500						
1500-2499						
>2500						
Total						

BWS/IPMR/2500+/c-sec

Using BABIES to identify priority intervention packages

Pre-pregnancy health

Family Planning
Nutrition
"ART" for complications
Substance Abuse
Anticipatory Guidance

NICU Care for < 1500 gms

Pre-pregnancy health

Care during pregnancy | Care During delivery | Newborn Care | Post-discharge care

Postdischarge Care

Immunizations
Rx ARI
Breast Feeding
Rx Diarrhea
Injury prevention

Care during pregnancy

"ART" for Medical Problem
High Risk Maternal Follow-up
Anticipatory Guidance

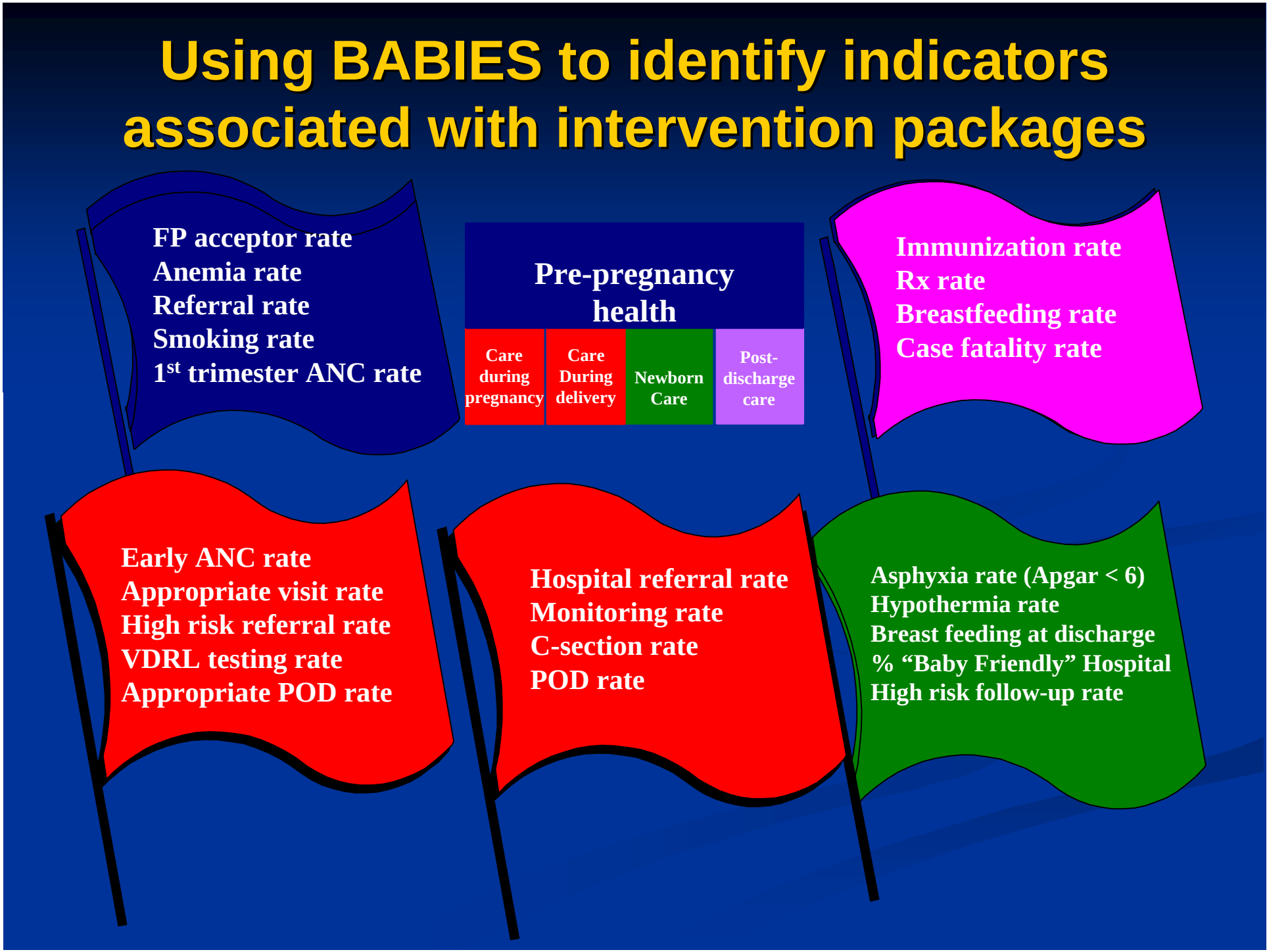
Care during delivery

Anticipatory Guidance
Intrapartum monitoring
“ART for medical complications
“ART” for surgical complications

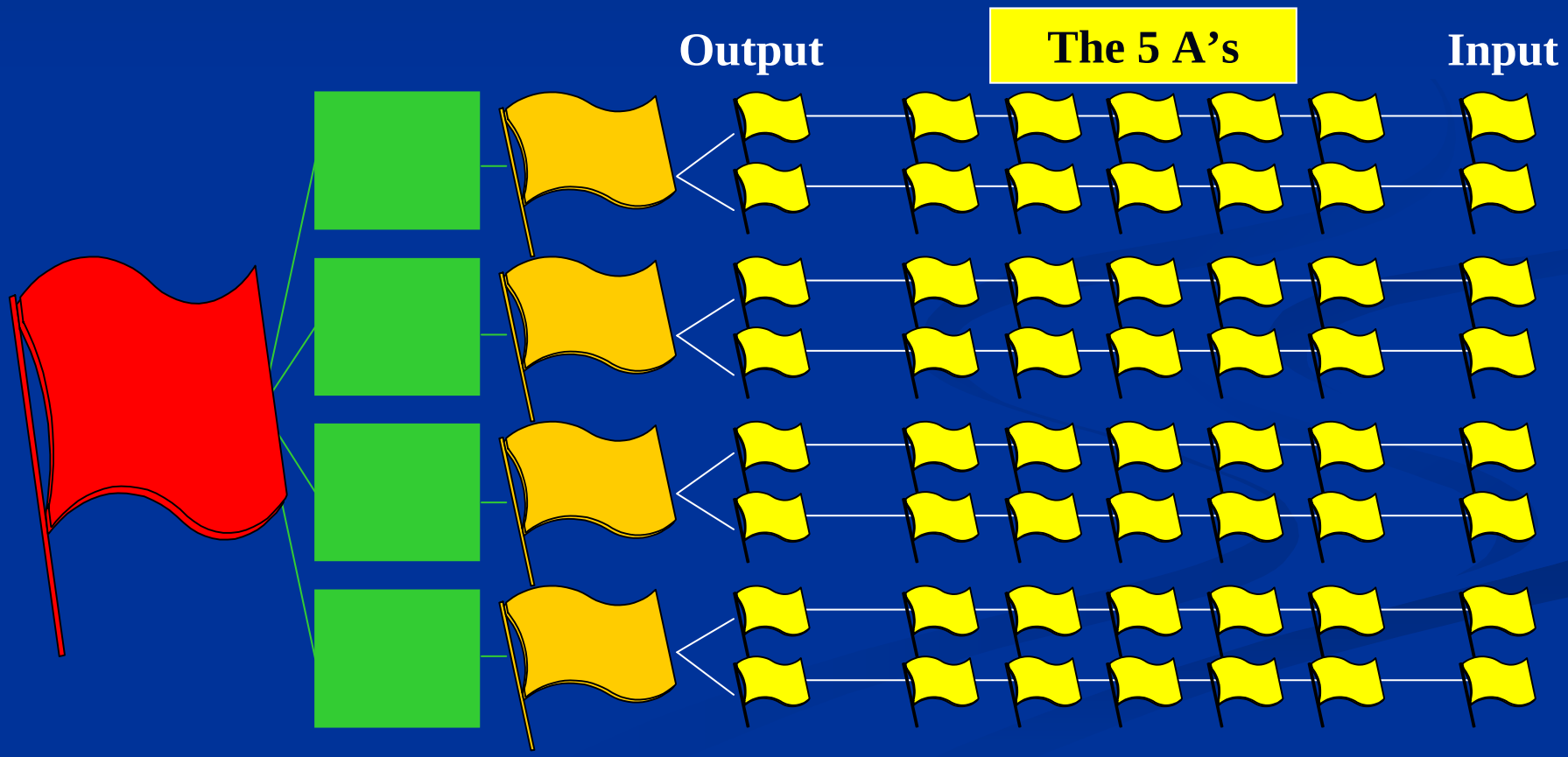
Newborn Care

Resuscitation
Thermal Control
Breast Feeding
"Baby Friendly" Concept
High Risk Infant Followup

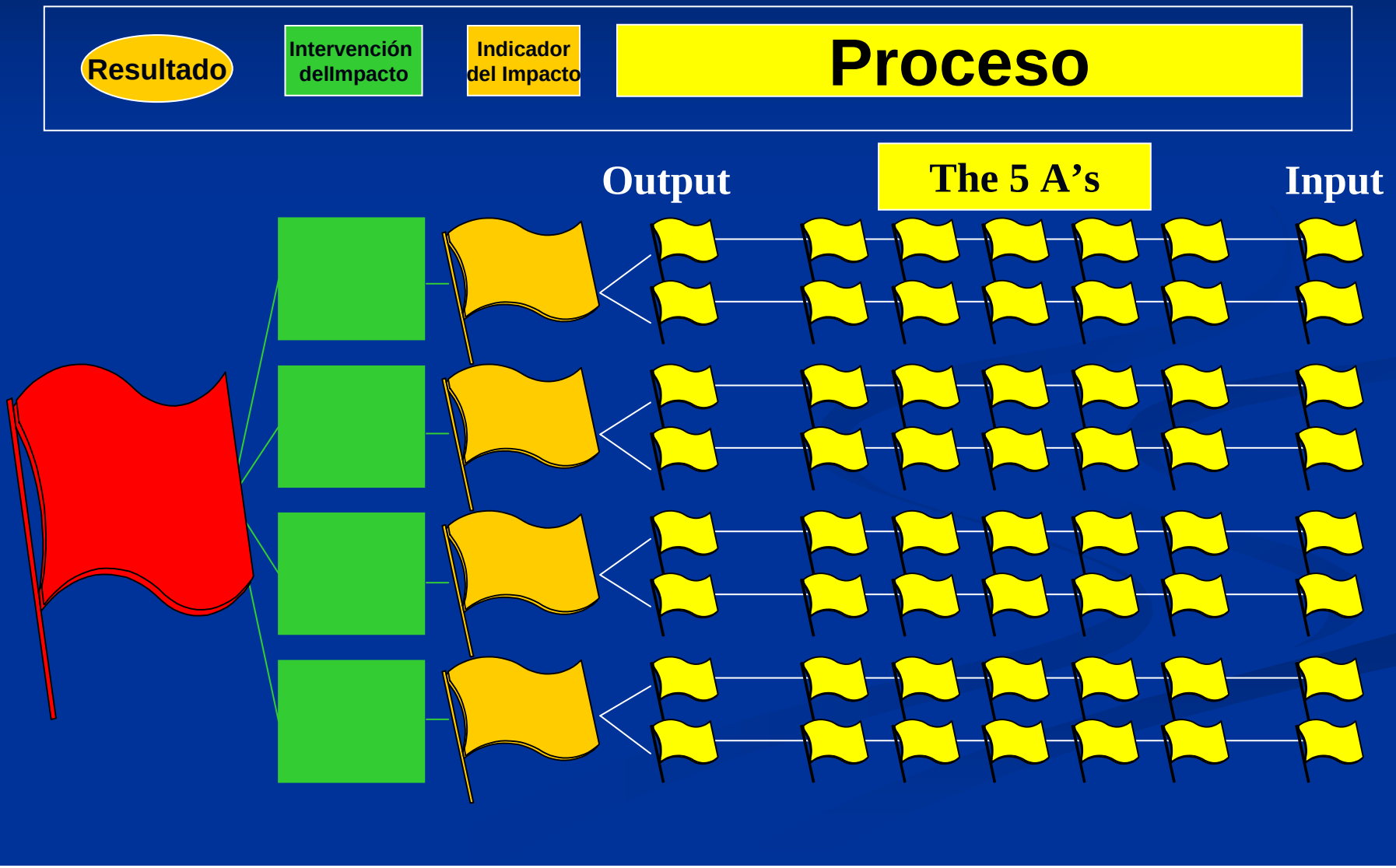
Using BABIES to identify indicators associated with intervention packages



Local indicator matrix (LIM)



Matriz de los Indicadores Locales



QA Capacity Guiding Principles at the region and facility level

- Staff Involvement
- Ownership
- Client Mindset
- Focus on the processes
- Cost and efficiencies
- Continuous learning and development
- Iterative quality improvement

Aseguramiento de la Calidad: Principios Guias en la Region y Nivel de Capacidad

- Grupo involucrado
- Propiedad
- Actitud del usuario
- Enfoque del proceso
- Costo y eficiencia
- Aprendizaje y desarrollo permanente
- Mejoramiento interactivo de la Calidad

The generic "Organized" Health Care Delivery System (OHCDS)

At the village level,

…….everyone counts!

CHW
Village

BHC

CHC

Hospital
H1

Maternity
Home

Teaching
Hospital
H2

CHW = Community Health Worker
BHC = Basic Health Center
CHC = Comprehensive Health Center
H1 = Primary hospital
H2 = Secondary hospital

The chain is as strong as its weakest link

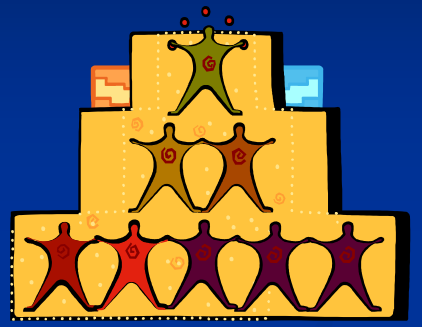
Sistema Genérico y "Organizado" Prestador de Cuidados en Salud (OHCDS)

A nivel local,

…….cada uno cuenta!

CHW
Comunidad

BHC



CHC

Hospital
H1

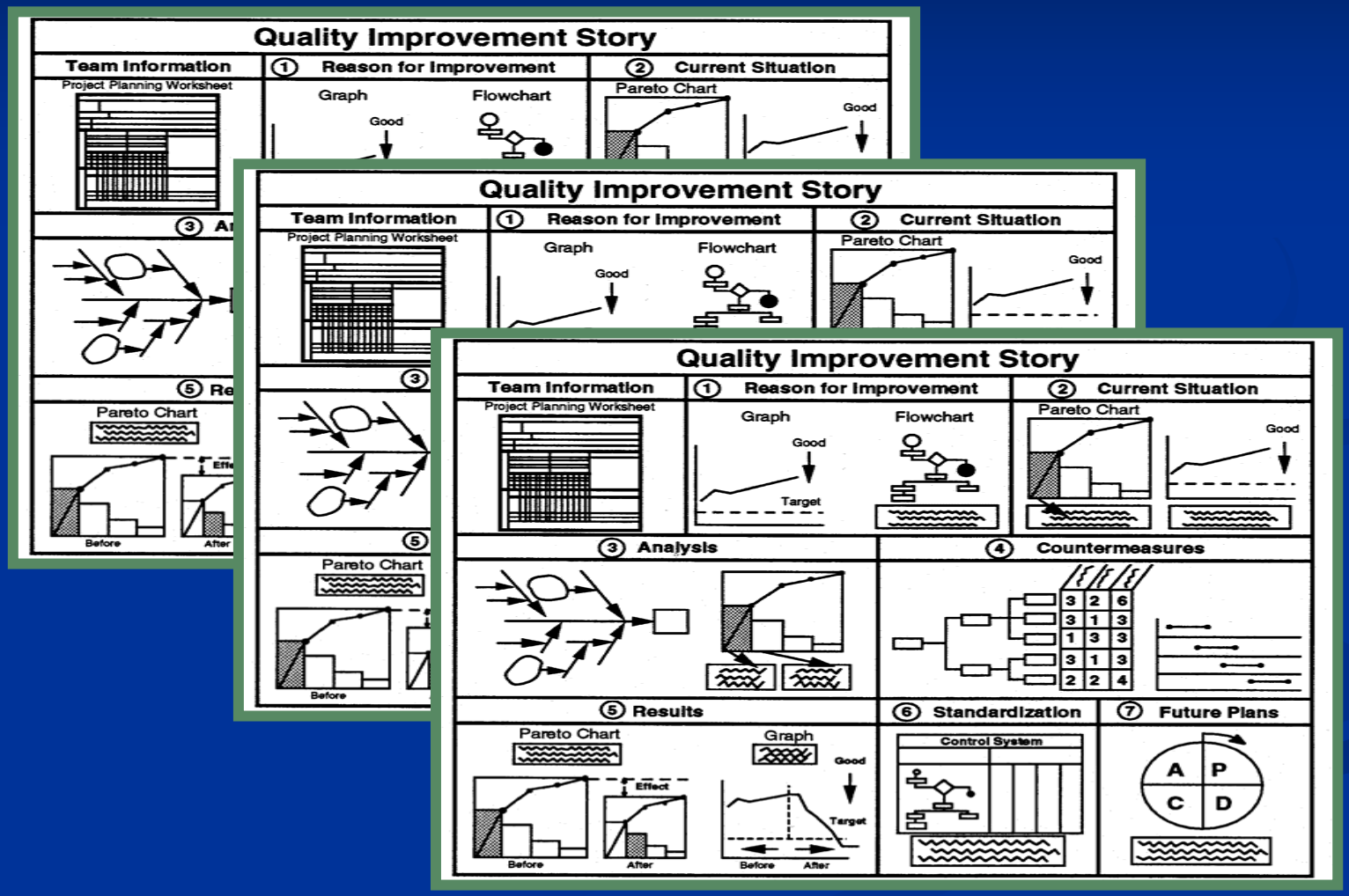
Casa de Maternidad

Hospital Universitario
H2

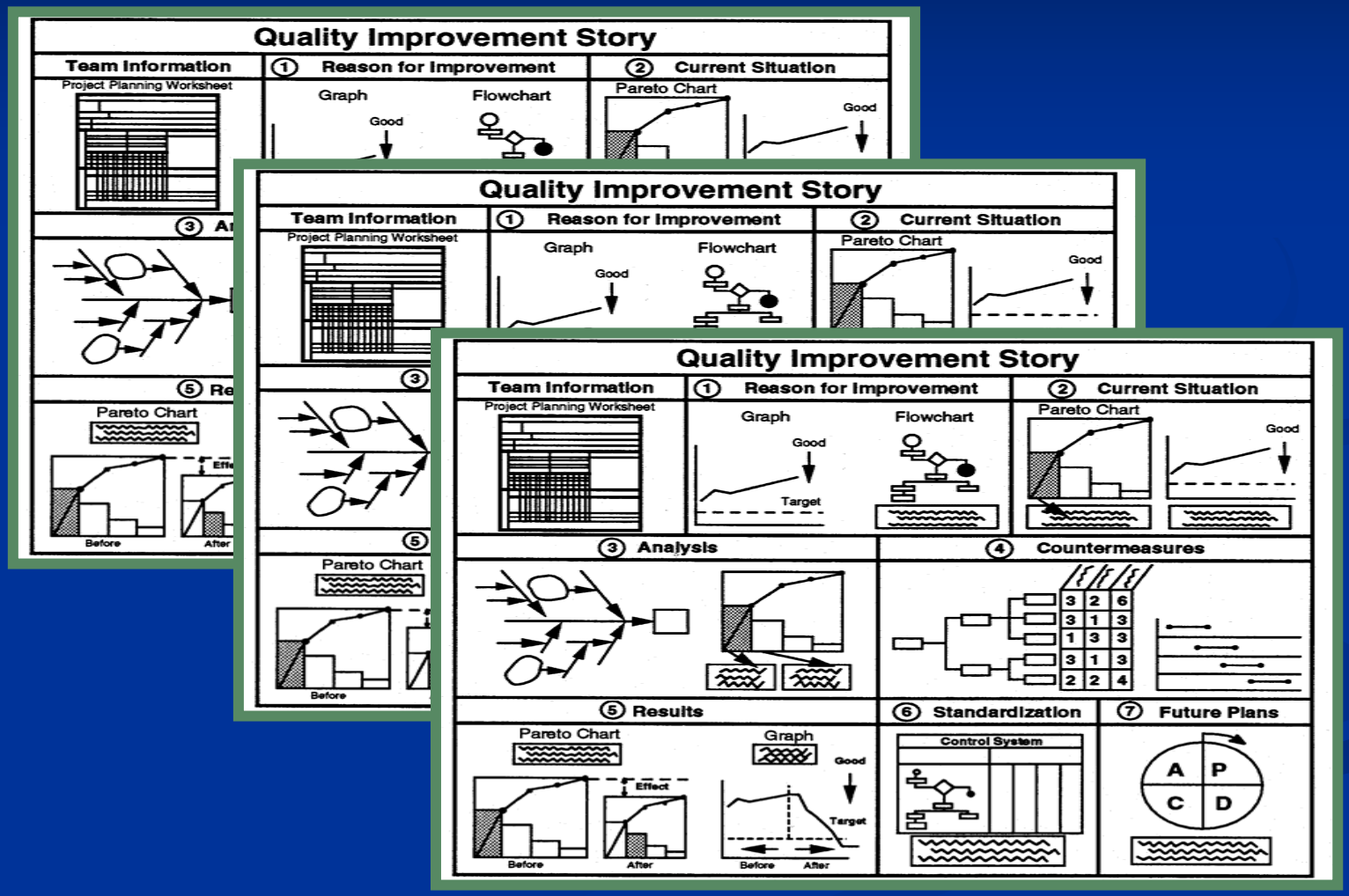
CHW = Trabajador Salud en la Comunidad
BHC = Centro de Salud Básico
CHC = Centro de Salud Receptor
H1 = Hospital de Primer Nivel
H2 = Hospital de Segundo Nivel

The chain is as strong as its weakest link

QA Improvement Collaboratives



Aseguramiento de la Calidad: Desarrollo Compartido



Definition:
QA Improvement Collaborative

An Improvement Collaborative is an organized network of a large number of sites (districts, facilities or communities) that work together for a limited period of time, usually 9 to 24 months, to rapidly achieve significant (often dramatic) improvements in a focused topic area through shared learning and intentional spread methods.

The system, processes, quality and efficiency of care are to be improved.

Source: Quality Assurance Project
University Research Company (URC)

Definición:
Desarrollo Compartido

Un Desarrollo Compartido es una red organizada de un número grande de sitios (Municipios, Comunidades o Servicios) que trabajan juntos por un periodo de tiempo limitado, usualmente 9 a 24 meses, logrando significativa y rápidamente (a menudo dramático) mejoras en un área del tema enfocado a través del aprendizaje compartido y los métodos de cobertura internacionales.

El sistema, los procesos, la calidad y la eficiencia del cuidado serán mejorados.

Source: Quality Assurance Project
University Research Company (URC)

Principles of Improvement Collaboratives

- Network of participating organizations/sites involved in shared learning
- Quality Improvement (QI) team at each site
- Focused on one clinical/public health topic
- Work to find better ways to implement best practices and achieve better results
- Regular communication between sites
- Common key indicators reported and shared monthly

Principios del Desarrollo Compartido

- Red de participacion de organizaciones/lugares involucrados en el aprendizaje compartido
- Equipo de Desarrollo de la Calidad (QI) en cada organizacion
- Enfoque en los temas de salud publica/clinica
- Encontrar mejores formas para implementar buenas practicas y alcanzar los mejores resultados
- Comunicacion frecuente entre las organizaciones
- Reporte mensual de indicadores comunes

Two Types of Collaboratives

- **Demonstration collaborative:** 15-60 sites who work intensively for 9 to 24 months to adapt to their local situation a best model of care.

- **Spread collaborative:** 40 to 150 sites who work for 12 to 24 months to spread to their sites the best practices and solutions developed in the demonstration collaborative

Dos Maneras de Compartir

- **Colaboracion expresada:** 15-60 organizaciones que trabajan intensivamente de 9 a 24 meses para adaptar su situacion local al mejor modelo de cuidado.

- **Colaboracion ampliada:** 40-150 organizaciones que trabajan durante 12 a 24 mese para extender a su alrededor las mejores practicas y desarrollar soluciones en la colaboracion expresada.

Steps in Planning and Organization of a Collaborative

- Organize a steering committee (usually national experts and MOH officials)
- Assure model of care standards/guidelines are agreed to. This may involve development, adaptation or revision by national experts.
- Train collaborative directors in how to implement a collaborative
- Choose key indicators to be monitored
- Plan schedule of learning sessions and action periods
- Select sites to participate
- Orient sites before first learning session
- In some cases, carry out a baseline assessment of key indicators

Pasos en la Planeacion y Organizacion de una Colaboracion

- Organize a steering committee (usualmente expertos nacionales y oficiales MOH)
- Assure model of care standards/guidelines are agreed to. This may involve development, adaptation or revision by national experts.
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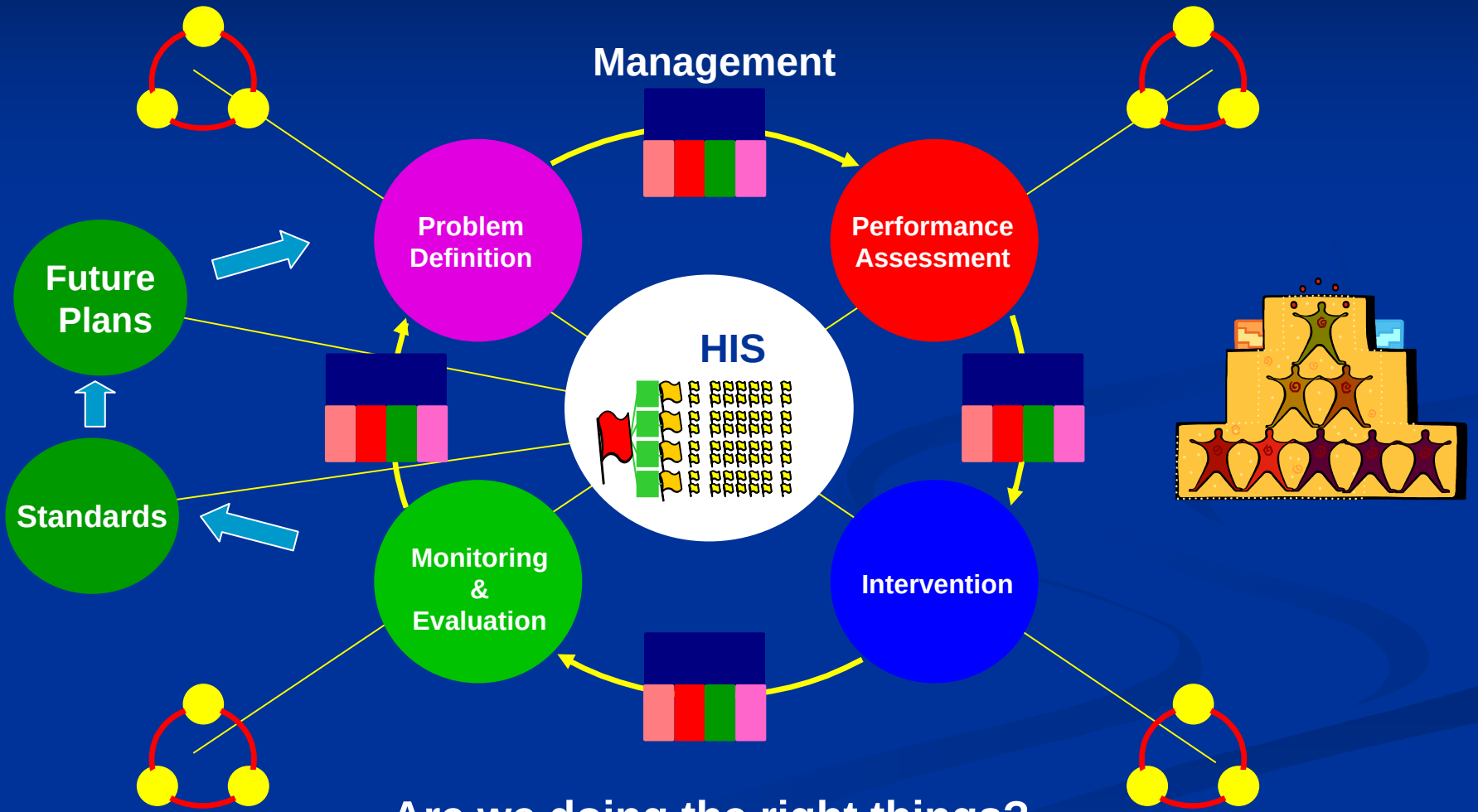
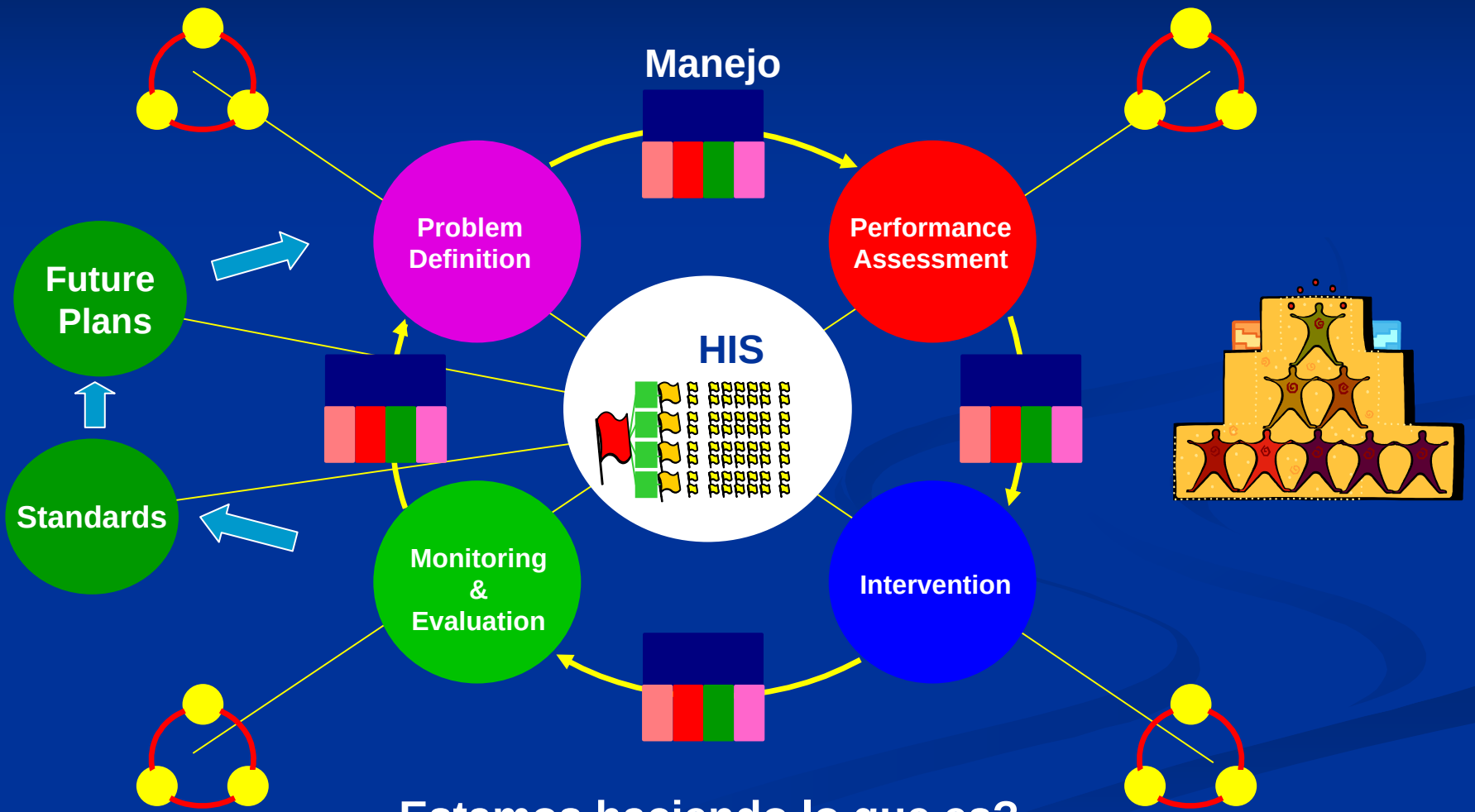
Quality Improvement Framework for Maternal and Perinatal Health Care Services



Are we doing the right things?
Are we doing things right?

Estructura de la Calidad del Mejoramiento de los Servicios de Salud Materno-Infantil



Estamos haciendo lo que es?
Lo estamos haciendo bien?

Take home messages

- **Get the count right !!**
  - Every mother and child count….so account for every mother and child.
  - If you cannot count it, you cannot manage it. If you cannot manage it, you cannot change it.
- **Select a change model**
  - National & local
- **Build consensus to get the data you need**
  - to make the decisions necessary to close the 4 gaps
- **Use the MIM**
  - the core for your 5 R tables
- **Develop the local indicator matrix**
  - because “quality” is a local product
  - Avoid outcome displacement
- **Conduct quality assurance improvement collaboratives**
  - through a network of centers for rapid dissemination of evidence based interventions.
- **Avoid using the “blame gun” !**

Mensajes para llevar a casa

- **Aprenda a contar!!**
  - Cada madre y cada hijo cuentan….entonces contemos cada madre y cada hijo.
  - Si no puede contarlo, no podra manejarlo. Si no puede manejarlo, no podra cambiarlo.
- **Seleccione el modelo de cambio**
  - Nacional & local
- **Construya concensos para obtener los datos que necesita**
  - Tome las decisiones necesarias para cerrar las 4 brechas
- **Use la Matriz Madre-Hijo (MIM)**
  - El centro para la tabla de los 5 correctos
- **Desarrollo del indicador matriz local**
  - Porque “la calidad” es un producto local
  - Evite resultados indeseados
- **Lleve el aseguramiento de la calidad hacia un desarrollo compartido**
  - A traves de una red de centros para la diseminacion rapida de intervenciones basadas en la evidencia.
- **Evite usar “Armas culpables” !**

END

Why are the rates so high?

BABIES Matrix, Hospital A, Kabul, July - December 2004						
Indicator	**Bwt Group**	**AP**	**IP**	**Pre discharge**	**Alive @ discharge**	**Total**
Total Counts	**0-1499**	**69**	**22**	**26**	148	**265**
	1500 - 2499	**61**	**22**	**15**	671	**769**
	2500+	**88**	**70**	**14**	6561	**6733**
	Total	**218**	**114**	**55**	**7380**	**7767**
BWPMR per 1000	**0-1499**	**8.9**	**2.8**	**3.3**		**15.1**
	1500 - 2499	**7.9**	**2.8**	**1.9**		**12.6**
	2500+	**11.3**	**9.0**	**1.8**		**22.1**
	Total	28.1	14.7	7.1		**49.8**
BWSMR per 1000	**0-1499**	**260.4**	**83.0**	**98.1**		**441.5**
	1500 - 2499	**79.3**	**28.6**	**19.5**		**127.4**
	2500+	**13.1**	**10.4**	**2.1**		**25.5**
	Total	**28.1**	**14.7**	**7.1**		**49.8**

from BABIES 5 R Comparisons (04-06 ytd)

END