C. Progress at the national level (2017–2018)

National overview of QoC for MNH

National quality policy or strategy:
- A national QoC policy and strategy have been developed. The first consultation meeting was held in February 2018.

National data:
- In line with the needs of the population, maternal, newborn, and child health programs in Sierra Leone, this document will use maternal and newborn health indicators from the MNHJMP for the 2017 and 2018 data.

National targets:
- To reduce the rate of maternal, newborn, and child health interventions by 25% to 50% by 2025.
- To improve the quality of care for MNH interventions.

National interventions:
- Increasing access to essential medicines and services in rural areas.
- Improving maternal and child health interventions.

QoC technical working group (TWG):
- The QoC TWG has been made up of stakeholders involved in relevant government departments, including the Ministry of Health, and non-governmental organizations, including the ladies organizations (MOW), and sector organizations (MDP).

Joint products and activities by the QoC TWG:
- The conceptual framework for improving quality of care for MNH interventions.
- The QoC national strategy.
- The QoC national action plan.
- The QoC national implementation plan.

Learning activities and training:
- Training of health workers in data collection and analysis.
- Training of health workers in quality improvement.

Progress in key interventions:
- Maternal mortality ratio (MMR) has decreased significantly.
- Neonatal mortality rate (NMR) has also decreased.
- The proportion of births attended by skilled birth attendants has increased.

Drug policy reform:
- The government has implemented a new drug policy reform that focuses on increasing access to essential medicines.

Process indicators:
- The percentage of births attended by skilled birth attendants has increased.
- The percentage of women who received antenatal care has increased.

Quality interventions included in the national MNH QoC package:
- The framework is built on a supportive environment.
- The quality interventions are designed to improve maternal and child health interventions.
- The interventions are designed to improve the quality of care for MNH interventions.
- The interventions are designed to improve the quality of care for MNH interventions.

CT (continuing quality improvement) system:
- The CT system is designed to improve the quality of care for MNH interventions.
- The CT system is designed to improve the quality of care for MNH interventions.
- The CT system is designed to improve the quality of care for MNH interventions.

D. MNH QoC baseline data for learning facilities

Baseline common indicators
- Challenge: Quality of data
- Challenge: Weak HMS system
- Challenge: Low capacity of monitoring and evaluation (M&E) officer
- Challenge: Low value of data analysis and use
- Challenge: High burden of the health worker

Quality and process indicators
- National M&E framework is under review and development
- Commitment from CHC to incorporate QoC indicator in the HMS system
- Plans to strengthen the HMS system in ongoing

Planned activities
- Introduction of QoC indicator in the national M&E framework
- Role of CHC in the creation of reporting platform for QoC in the HMS
- Role in the development of QoC in the QoC
- Production of quality building or MINH and QoC work

E. Implementation progress in learning districts

Oracle support for clinical skills and QI

Support for QI:
- Who provides support for clinical skills and QI
- The Quality Management Unit, in collaboration with MOW, is responsible for providing support for clinical skills and QI.

Challenges solved implementing QI on clinical skills:
- The QI team was able to identify and solve clinical skills problems through the use of data collected from the QI pilots.

Unmet challenges implementing QI on clinical skills:
- Limited access to data collection tools.

Learning for QI

Tools for facilitating learning for QI:
- The QI team was able to identify and solve clinical skills problems through the use of data collected from the QI pilots.

Tools for achieving learning for QI:
- The QI team was able to identify and solve clinical skills problems through the use of data collected from the QI pilots.

Challenges solved implementing QI on clinical skills:
- The QI team was able to identify and solve clinical skills problems through the use of data collected from the QI pilots.

Unmet challenges implementing QI on clinical skills:
- Limited access to data collection tools.

F. Example from implementation

PCT learning sites supported by WHO

- Realizing the WASH in the MDG is an ongoing challenge.
- Limited resource allocation from WHO is the program's largest limitation.

Lessons learned implementing a QoC program
- Challenges faced during implementation
- Unmet challenges implementing a QoC program
- Proven strategies that are used to overcome challenges:
- Facility leadership role in ensuring QoC is rolled out.
- Regular review of data collection and analysis.
- Regular review of data collection and analysis.

Proven strategies:
- Facility leadership role in ensuring QoC is rolled out.
- Regular review of data collection and analysis.
- Regular review of data collection and analysis.

References
- World Health Organization (WHO).
- United Nations Development Programme (UNDP).
- Centers for Disease Control and Prevention (CDC).
- Ministry of Health and Sanitation (MHS).