

Country learnings and opportunities to advance pediatric quality of care

Wednesday, 5 July 2023



Quality, Equity, Dignity
A Network for Improving Quality of Care
for Maternal, Newborn and Child Health



Child Health Task Force



Working together in 10 subgroups



Focused on 5 themes of work



Goal: Create a platform in the child health community to advocate for and provide support to improve QoC for children

QoC subgroup

Network for improving the quality of care for maternal, newborn and child health

Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda

Strategic Objectives



Quality, Equity, Dignity

A Network for Improving Quality of Care for Maternal, Newborn and Child Health

Objectives of this first webinar

- Share country efforts and experiences on designing and implementing national and subnational programmes for improving quality of care for children
- Share emerging opportunities and priorities moving forward to improve the quality of care for children, based on recent discussions with network countries and partners



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for Maternal, Newborn and Child Health



Agenda

Welcome and framing: Dr Nuhu Yaqub, WHO Geneva

Advances in improving pediatric quality of care in Kenya and Uganda

- Dr Janette Karimi, Head of Newborn and Child Health Division, Ministry of Health, Kenya
- Dr Jesca Nsungwa-Sabiiti, Commissioner for Maternal and Child Health, Ministry of Health, Uganda

Outcomes of recent discussions on pediatric QoC: Dr Anne Detjen, UNICEF New York

Roundtable discussion *facilitated by Dr Nuhu Yaqub, WHO Geneva*

Questions & Answers

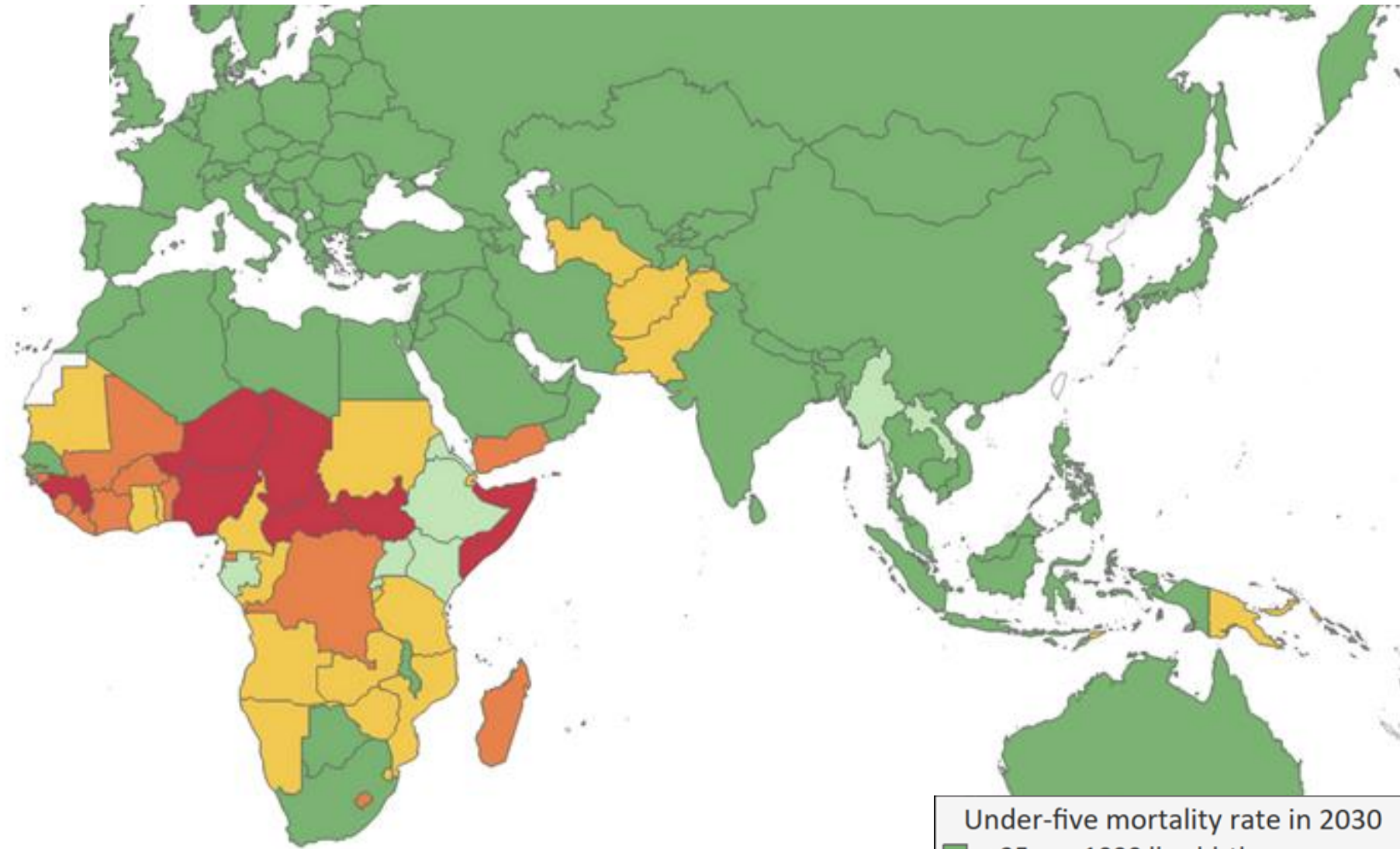
Closing, upcoming webinars: Dr Anne Detjen, UNICEF New York

Why increased focus on quality?



54 countries need accelerated action to meet the SDG target for under-five mortality.

Coverage and quality of essential child health services are crucial for progress in child survival



Projected under-five mortality rate per 1,000 live births in 2030 by country

The country color reflects the expected under-five mortality rate per 1,000 live births in 2030 assuming no additional action (continuing the recent trend in the rate of reduction from 2010 to 2021). The darker the red the higher the rate.

Source: UN IGME Report 2022

Under-five mortality rate in 2030

■ < 25 per 1000 live births

■ 25-29

■ 30-49

■ 50-74

■ 75+

Global meeting of the Network for Improving quality of care for Maternal, Newborn and Child Health

14-16 March 2023, Accra, Ghana



The Network

- has served as a pathfinder in bringing together health systems strengthening for QoC and programme implementation.
- Continues to support the unfinished agenda of scaling up and scaling out QoC within and across countries
- Countries are **scaling out**/integrating the full continuum of MNCH
- can help to strengthen the implementation of QoC as part of ongoing initiatives : EPMM/ENAP/CSA
- Maintain country-driven learning as a unique platform for peer-to-peer learning



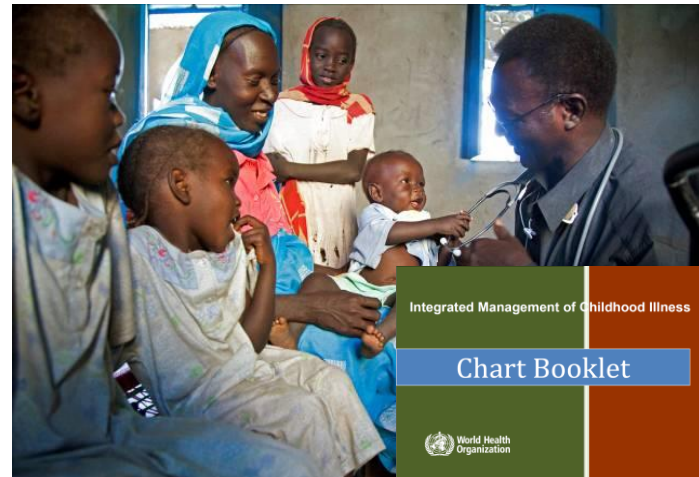
Where: Quality improvement of child health services needs to happen at all levels

PHC is where most children access prevention, promotion and sick child care

Home/Community



1st level facility



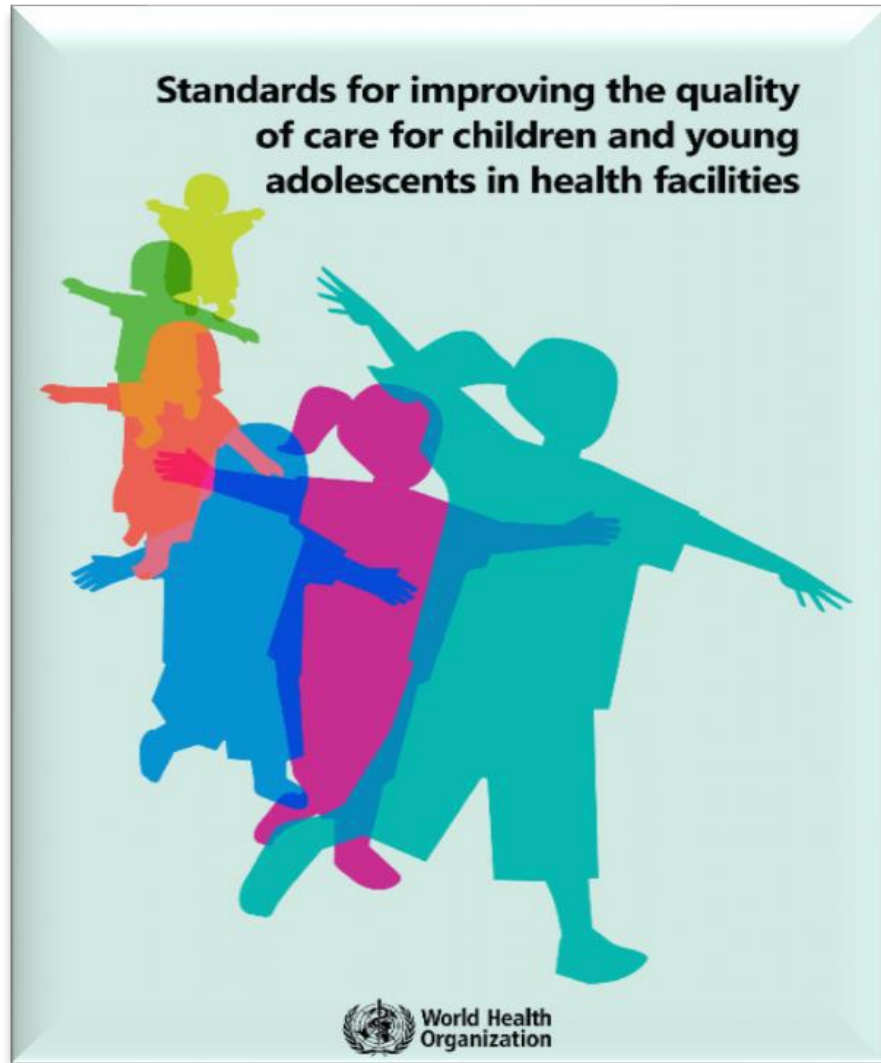
Hospital



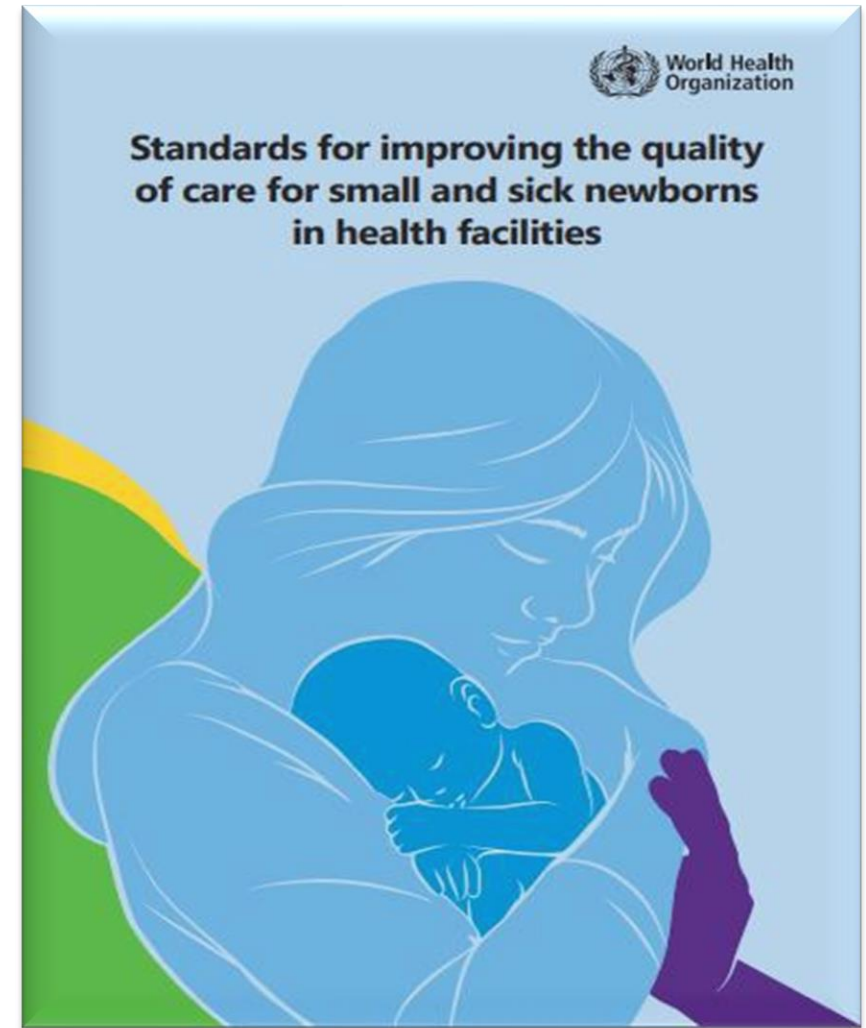
Number of Children Seen

Specialized care

Pediatric and small and sick newborns quality of care standards

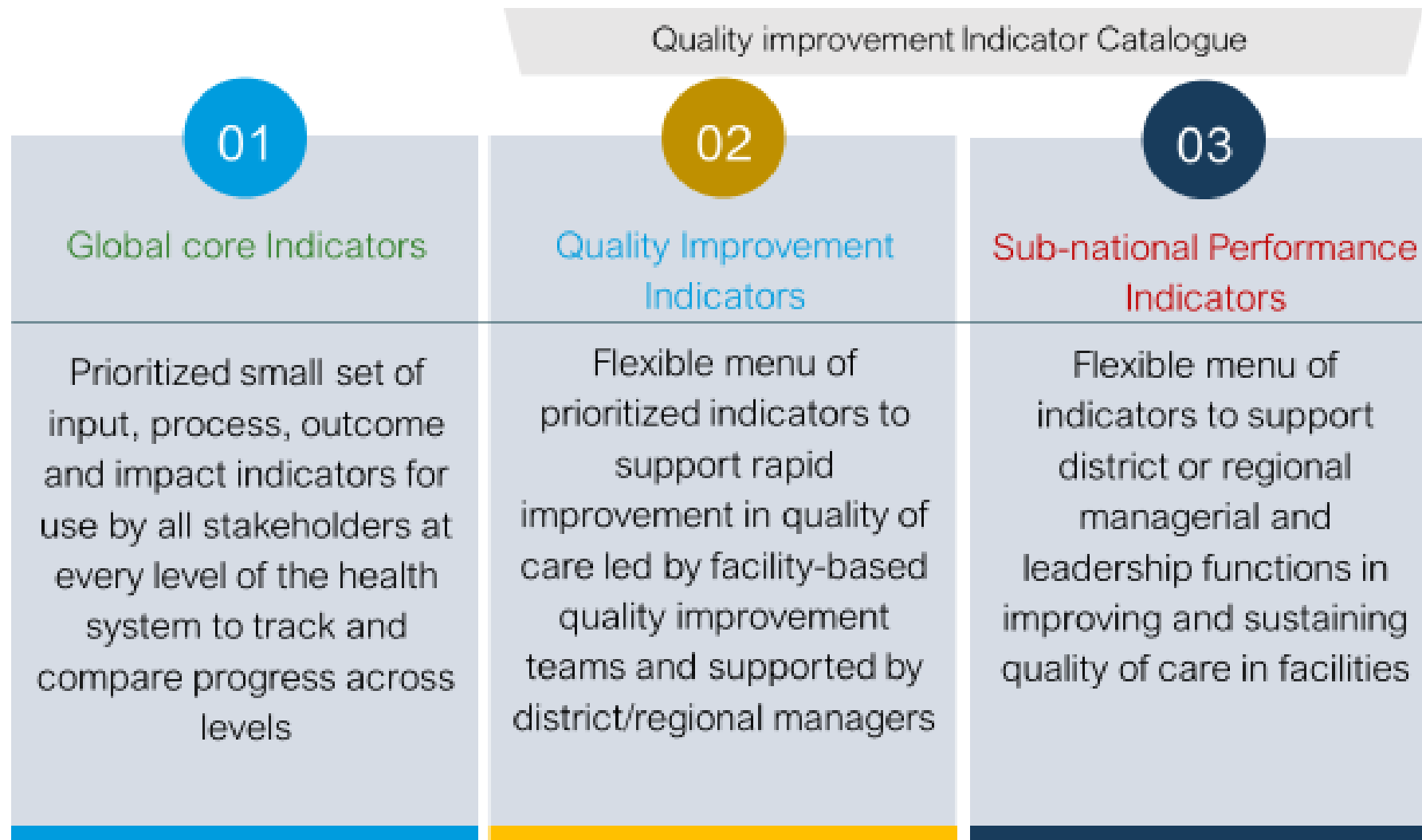


Paediatric quality of care framework (2018)

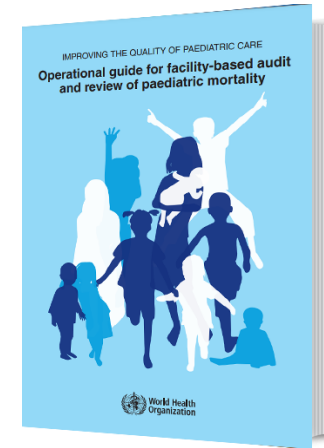
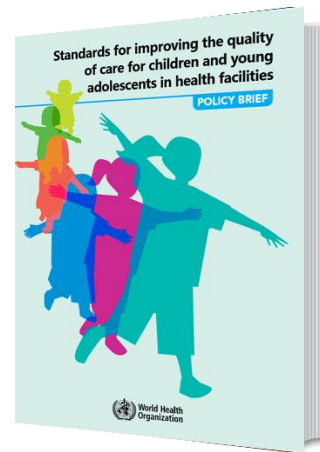
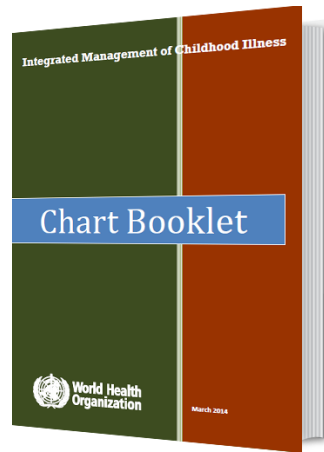
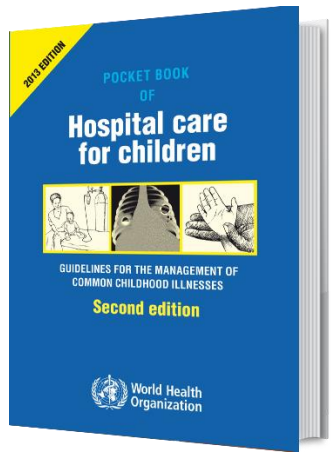


SSNB quality of care framework (2020)

Pediatric QoC Indicators



There are diverse resources to guide improvement of child health and nutrition services at national and subnational levels



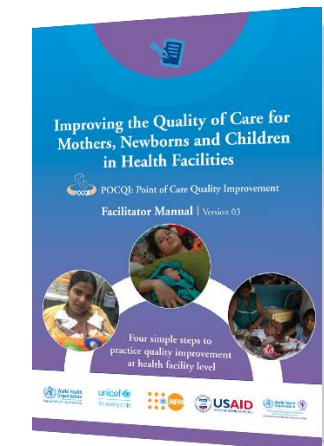
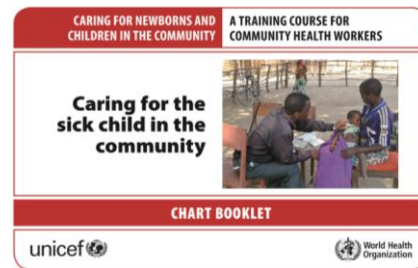
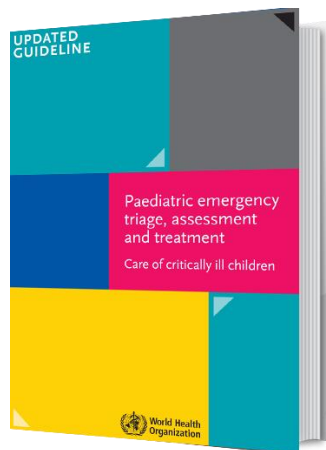
Muzigaba et al. BMC Health Services Research (2022) 22:887
<https://doi.org/10.1186/s12913-022-08234-5>

BMC Health Services Research

RESEARCH Open Access

Global core indicators for measuring WHO's paediatric quality-of-care standards in health facilities: development and expert consensus

Moise Muzigaba^{1*}, Tamar Chitashvili¹, Alysha Choudhury^{1,2}, Wilson M. Were¹, Theresa Diaz¹, Kathleen L. Strong¹, Debra Jackson^{3,4}, Jennifer Requejo¹, Anne Detjen¹ and Emma Sacks^{1,5}



Advances in improving pediatric quality of care in Kenya and Uganda



Dr Janette Karimi

Head of Newborn and Child Health Division

Ministry of Health, Kenya



Dr Jesca Nsungwa-Sabiiti

Commissioner for Maternal and Child Health

Ministry of Health, Uganda



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Country learnings and opportunities to advance pediatric quality of care



REPUBLIC OF KENYA

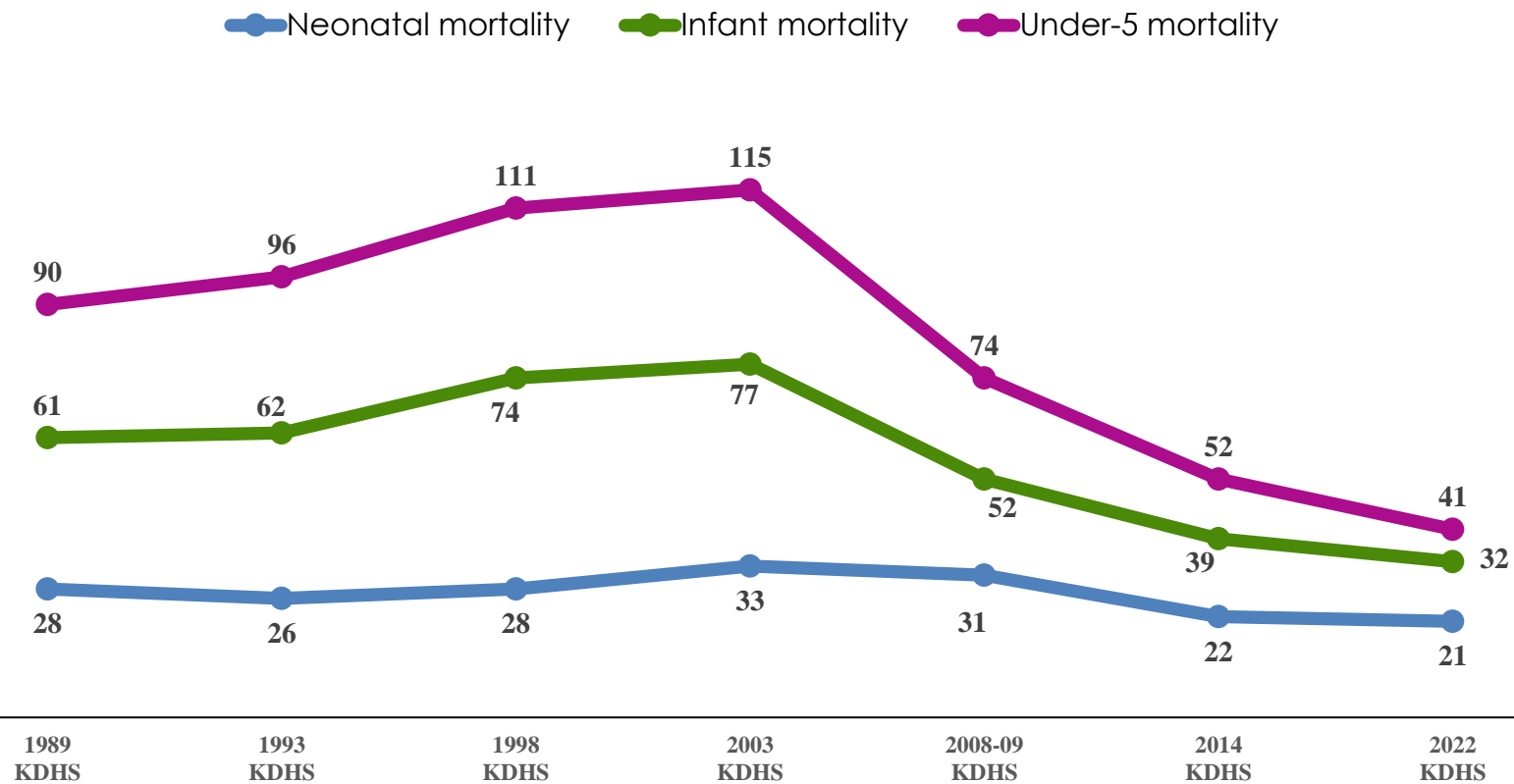
MINISTRY OF HEALTH

Progress on Kenya Pediatric QoC Standards

Dr. Janette Karimi

Head, Division of New-born and Child Health

Newborn and Child Health in Kenya



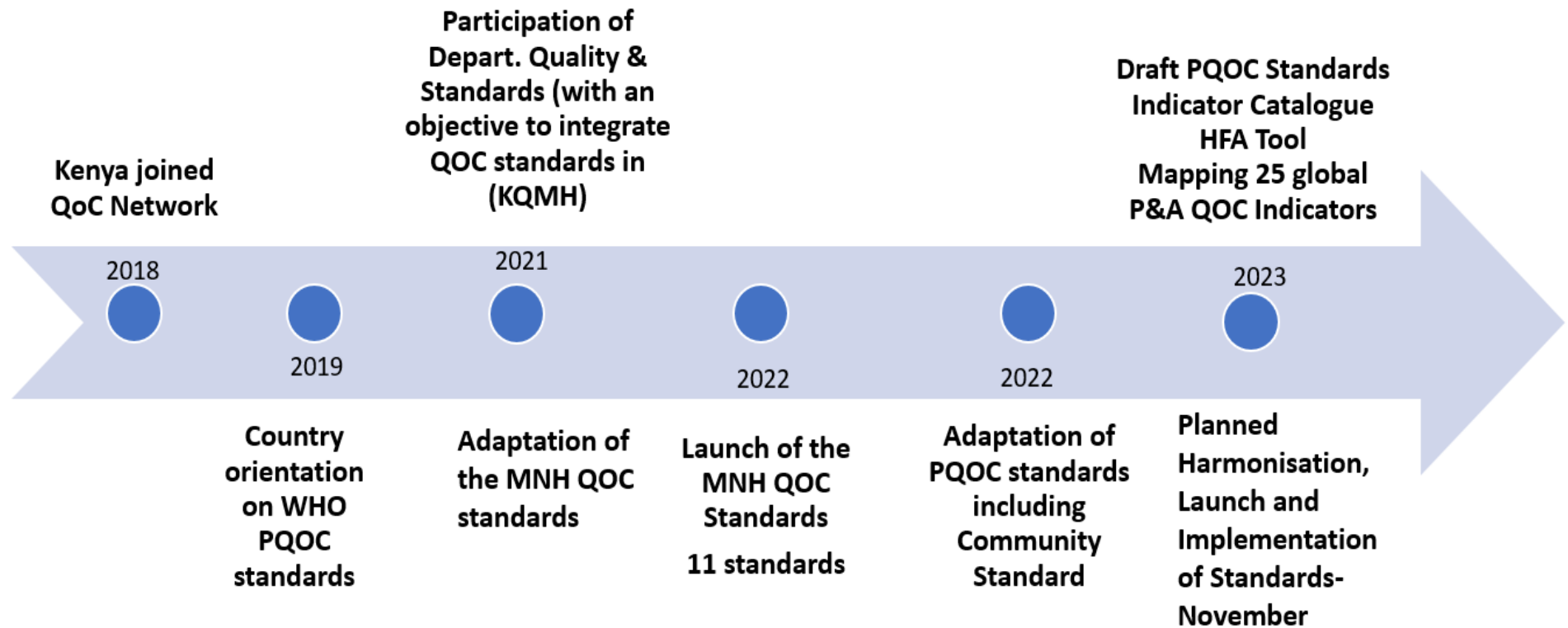
**Data from 2003 and later are nationally representative while data before 2003 exclude North Eastern region and several northern districts in the Eastern and Rift Valley regions.*



Newborn and Child Health Programming

- This is done through 6 sections/units
 - Newborn care
 - Facility based management (ETAT+, IMCI, BPP)
 - Community based services (Mother Child Booklet, Community Maternal Newborn Care(CMNC), ICCM)
 - Nurturing Care for Early Childhood Development (ECD)
 - Monitoring and Evaluation
 - 5-9-year-old program (New)

Progress: Pediatric QOC Measurement





Progress: Pediatric QOC Measurement

- Draft PQOC Standards developed (includes SSNB)
- Indicator catalogue for the SSNB and Paediatric QOC standards developed with 65 core indicators, and a total of 45 CORE indicators
- A health Facility Assessment tool developed to measure the facilities' performance on the indicators to measure standards

The HFA tool was piloted in 10 counties. The key feedback:

1. Tool was easy to apply and captures the core quality issues but may need to be shortened
 2. Customize lists of equipment, supplies and drugs to the levels of care
 3. Standardize scoring format in all sections
- Kisumu County utilised the tool to assess PQOC in selected health facilities in their county and developed an action plan/ recommendations for improvement based on the findings from the assessment

A vertical strip of the Kenyan flag is positioned on the left side of the slide. It features the traditional black, white, red, and green horizontal stripes, with a white border separating the red and green sections. A traditional Maasai shield and spears are visible at the top.

Progress: Pediatric QOC Measurement

- WHO has mapped the 25 core paediatric and young adolescent QOC standards in Kenya as part of support to countries to support the uptake of these global core indicators into their national health information systems.
- Currently, Kenya can map 9 out of the 25 indicators.
- Next step is the harmonization between the 25 global QOC standards and the adapted Kenyan PQOC standards
- Hold a consultative meeting to discuss the collection of the harmonised PQOC indicators through routine systems(eKQMH-DHIS)/surveys

Progress: Pediatric QOC Measurement

Current neonatal care indicators in eKQMH/KHIS

Organisation unit	Data	2022
Alale (AIC) Health Centre	IDIM_11.9.1 The health facility shall ensure that skilled personnel, infrastructure and equipment are available to offer life-saving emergency and quality newborn care	1.7
Alale (AIC) Health Centre	IDIM_11.9.2 The health facility shall manage all newborns as prescribed in the Essential Newborn Care guidelines	1.2
Alale (AIC) Health Centre	IDIM_11.9.3 The facility shall be adequately prepared for resuscitation of newborn babies within one minute of birth	3
Alale (AIC) Health Centre	IDIM_11.9.4 The facility shall have a mechanism for detecting and referral of babies with danger signs or critically ill babies	1
Alale (AIC) Health Centre	IDIM_11.9.5 The facility shall manage neonatal sepsis according to national guidelines	3
Alale (AIC) Health Centre	IDIM_11.9.6 The facility shall use the current treatment guidelines for the care of HIV-exposed infants	3
Alale (AIC) Health Centre	IDIM_11.9.7 The health facility shall ensure infection prevention measures are put in place in the neonatal unit.	2.3
Alale (AIC) Health Centre	IDIM_11.9.8 The facility shall discharge the newborn appropriately in not less than 24 hours after birth.	2.3
Alale (AIC) Health Centre	IDIM_11.9.9 The facility shall provide comprehensive health education and service information to the clients	0

The Kenyan flag is partially visible on the left side of the slide, showing the top portion with its characteristic black, white, red, and green horizontal stripes and a traditional Maasai shield and spears in the center.

Challenges

- Resources to disseminate and implement the Pediatric QOC standards widely in all counties (training county ToTs on PQOC standards and QI approach)
- Institutionalising PQOC standards such that the standards are maintained beyond the facility QI project
- Support for routine monitoring of PQOC indicators through eKQMH/KHIS
- QOC requires Health systems strengthening including sufficient, skilled HRH, referrals, commodities and equipment which have some gaps
- Kenya is the first country to include the 9th standard on community because of ICCM but there are no suggested global indicators in that area



Opportunities

- Using hub and spoke model to implement the PQOC standards where after county TOTs are trained, they train and mentor level 4 and 5 facilities who in turn mentor the level 2 and 3 facilities in implementing the standards
- All partners to support both maternal and PQOC in their counties of focus
- Expanding eKQMH to collect more indicators to monitor of MNH QOC indicators
- Prioritising QOC in EPMM/ENAP country plans
- Working together with maternal health and QI teams to implement maternal and paediatric QOC
- Advocacy at the National and County Levels to strengthen the health systems to support quality service delivery



Next Steps

- Further analysis of the mapping data and report writing-WHO by 10th July
- Incorporation of indicator mapping recommendations into Kenya PQOC CORE Indicators- July 2023
- Validation and launch of Kenya PQOC Standards, QI Indicator catalogue, Kenya PQOC CORE indicators and the HFA QoC Assessment Tool July November 2023
- Incorporation of the PQOC core indicators into eKQMH/KHIS
- Dissemination of the PQOC standards and Training of TOTs-2024
- County-level training on implementation of the PQOC standards-2024
- Routine mentorship to counties in the implementation of the Maternal and Pediatric QOC standards-2024

THANK YOU
ASANTE

Experience Sharing Implementing Pediatric QoC

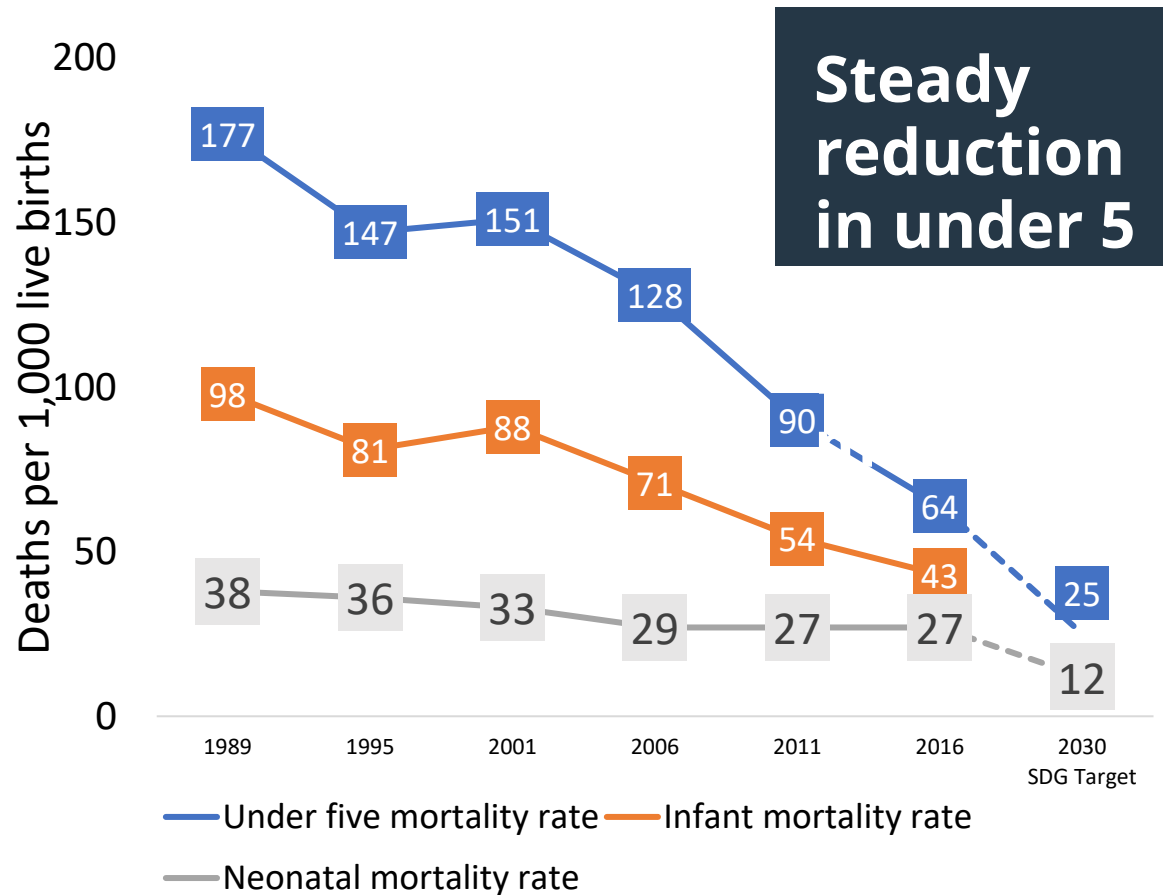
Uganda

Dr Jesca Nsungwa Sabiiti

Commissioner Reproductive and Child Health, Ministry of Health, Uganda


Trends in childhood mortality from 1989 to 2016

(Uganda Demographic and Health Survey)



- Death in the neonatal period accounts for 63% of the deaths in children less than 1 year of age .
- Malaria and pneumonia are the leading causes of U5 deaths.
- Fall in diarrhea, severe malnutrition, and pediatric HIV

Timelines for Introducing QoC standards implementation in Uganda

- 
- 2010 – 2015.** Patchy Implementation of ETAT trainings across the country
- 2018-2019** Adaptation of MNH standards. Initial discussion on adapting the Paed QoC standards.
- 2022** Development of Paed QoC HF assessment tool, adapting Paed Death review guidelines. Discussion on incorporation of Paed QoC monitoring into HMIS/DHI2
- 2023** Ongoing Process to review ETAT training Materials and to finalize PDR guideline and start roll out. Planned mapping of the data for Paed QoC indicators.

Planning	Quality Control	Quality Improvement
? Entry Points – multiple possibilities	Set Standards (Adapted)	Set aim
Decide Objectives for Improving Quality	Intermittently measure/ assess against standards	Diagnose problem
Plan steps to achieve the objectives	Take action when performance does not meet the standards ^[L] _[SEP]	Test remedies
Plan Measures to Achieve Quality		Apply successful remedies
		Sustain the gains

**Strengthening the
guaranteed package of
primary health pediatric
services**



**Strengthening
CRVS health
interventions**



**Strengthening care for
pediatric complications at the
second & tertiary level of care**



- (a) IMNCI - Basic Care for Common Childhood Illnesses**
- (b) ETAT Plus - Emergency Referral Care**
- (c) Others specialized care e.g. cardiology, nutrition**

Optimize Prevent, Protect and Treat Diarrhea and Pneumonia (PPT)
(Zinc and ORS co-pack, Oxygenation etc.)

**ICCM- Community Case
Management Plus**
HIV, TB, Malnutrition Screening

Population wide Services
**(Integrated Outreaches, Child
Days)**

**Post Discharge
Follow Up and Care**

Progress Implementation

Main Entry Points

- Pediatric Death Audit
- ETAT and IMNCI
- Smart Discharge
- Nutrition
- Pneumonia with a focus on Oxygen

Adaptation of Pediatric Audit Tools including ICD11

Targeting the Learning Network Sites

Quality of Care Indicators to include in HMIS and Results Based Financing

Progress in implementation

- MOH made use of GFF and funding from Partners to implement the maternal and newborn QI intervention in 18 Pilot health facilities in 6 districts.
- This provided experience on which to build on Paed QoC implementation.
- Patchy implementation of Paed QOC improvement interventions across the country.
- A system for Documentation of Outcome of Paed QoC (CommonCore Paed Qoc indicators) from implementing Paed QI through the above entry points is being set

QI change packages implemented in IMCI

1

providing appropriate care to children with cough or difficulty breathing

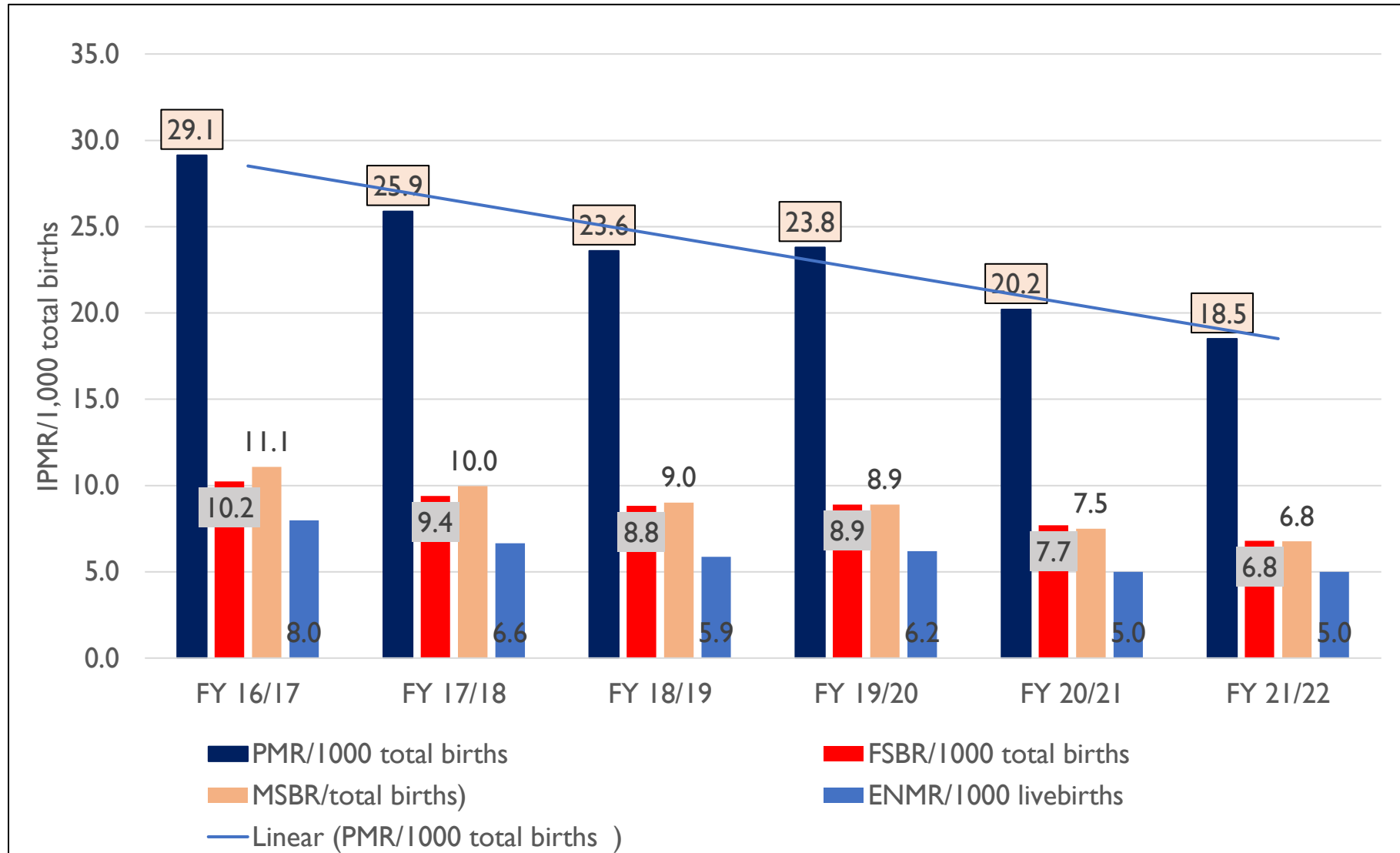
- Weekly CMEs with drills on diagnosis and prescriptions
- Orientation of all clinicians on IMNCI guidelines
- Displayed algorithm at all clinical areas
- Proper quantification of stock of drugs
- Duty plan that specified staff attending OPD and time of arrival

2

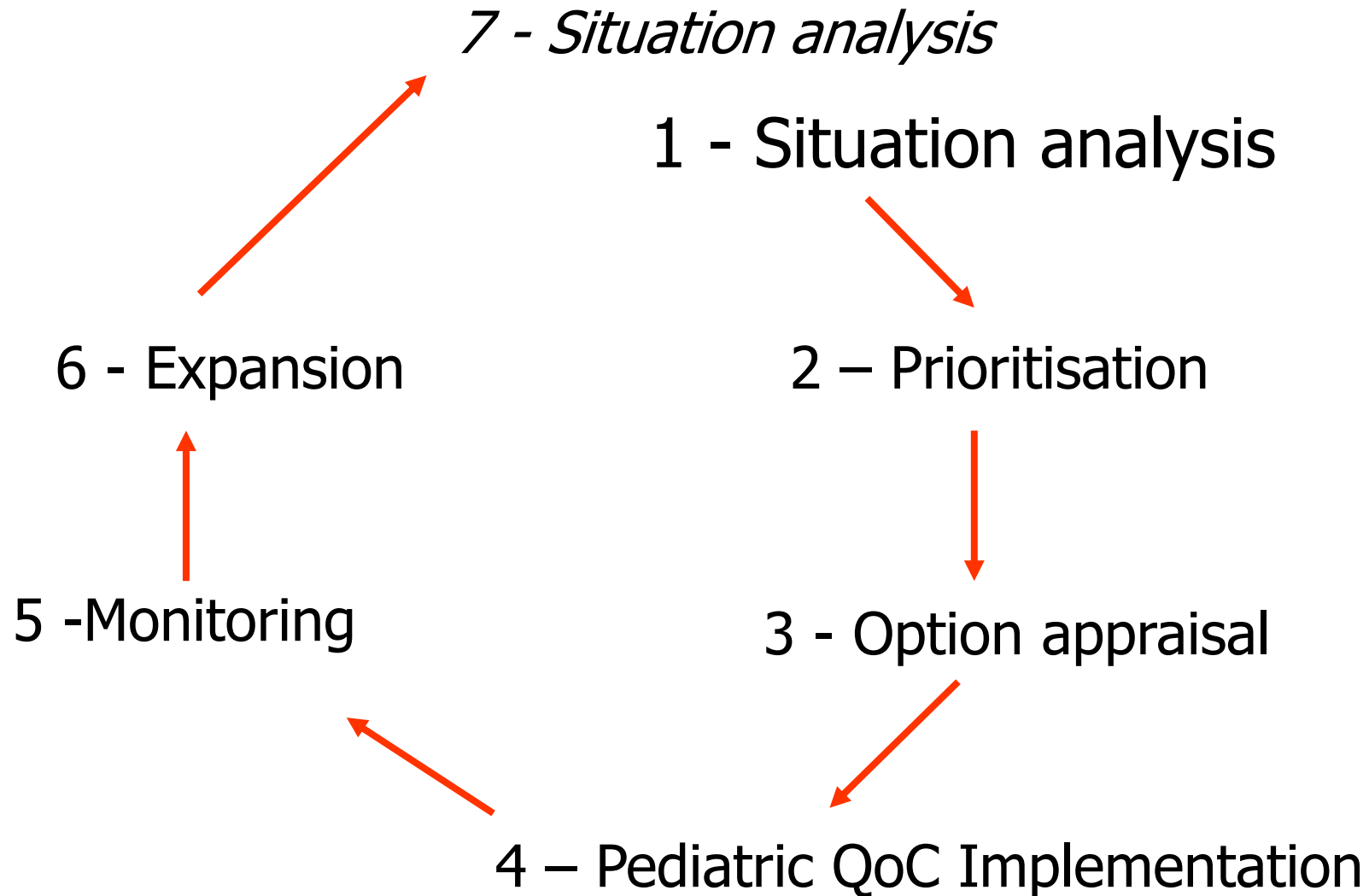
correctly assessing, categorizing, and treating children with fever

- Instituted biweekly review meetings on child health
- Extracted and pinned IMNCI guidelines on management of fever at consultation rooms/triage areas
- Reviewed the client flow, and identified step for taking temperature and the other vitals
- Implemented internal data quality checks

Trends in Institutional Perinatal deaths (IPMR) across the country (2017-2022)



The Planning Spiral



Lessons Learnt

- Consensus building takes time. Need to prioritize it as the initial process in the implementation journey – affected pace of introd. Paed QoC in Uganda.
- Having a strong coordination structure at the national: Child Health and quality assurance depts; with a TWG that brings the two together are key in moving the paed QoC agenda.
- There is need to define the entry platform for introducing Paed QoC- if not clearly thought through might affect comprehensiveness of intervention and sustainability .
- There is synergy in building on the existing MNH quality implementation. However need to nurture the Paed QoC piece in the beginning is critical, otherwise will lag behind MNH QOC piece.
- Need to institutionalize data collection for the Paed in existing HMIS for sustainability. A systematic approach to examine the HMIS to determine what data elements already existing is critical and what might need other sources is important

Improving pediatric Quality of Care

QoC Network meeting, Accra, Ghana

“Deep-dive” Pediatric QOC



Identified Barriers for pediatric QoC

- **Lack of socialization/champions** for QoC for children at policy and service delivery level, including teaching facilities and private sector
- Insufficient **coordination within MoH (QMT, child health, other programmes)**
- Human Resources: Lack of specialist education/cadre (pediatricians, pediatric nurses etc.) to drive Ped QoC from the technical side.
- Monitoring/accountability: quality data collection at the point of care to improve QI
- Need to be inclusive of **community based prevention and care**
- Need **more learning** on improving QOC for children
- **Weak funding** for QoC in child health programmes
- Beyond Child Health: Common HSS barriers e.g. HR/turnover, stockouts

Opportunities

- **Leverage the existing ecosystem for quality**
 - Learn from MNH experience but also experience/ongoing work on QI by other programmes (Malaria, HIV, Nutrition)
 - Expand national and subnational committees to include child health focal points
 - Target systems rather than project approaches (need to align partners and donors)
 - Include pediatric QoC in relevant in **policy documents, guidelines and tools** across all levels
- **Focus on all child health entry points:**
 - **IMCI:** could serve as a good starting point for pediatric QoC (requires coming together of all relevant programmes)
 - Leverage the increasing institutionalization **of community health**
 - Facility level: expand from maternal-newborn service delivery points to **ETAT, PICU, pediatric wards**
- **Build QI capacity** of child health managers/actors, including at subnational level.
 - Ensure everyone is familiar with terminology, processes, tools, need to understand how they can integrate this in their programmes
 - Identify coaches, mentors etc. - might not be the same as those engaged for MNH
- **Measurement** is critical: Some **pediatric QoC indicators** are already in HMIS – start measuring and monitoring and build on this
- Paediatric **death audit** is a practical entry point for initiating quality improvement as part of routine facility processes

Roundtable discussion



Dr Nuhu Yaqub

Medical Officer, Child Health
WHO Geneva



Dr Janette Karimi

Head of Newborn and Child
Health
Ministry of Health, Kenya



Dr Jesca Nsungwa-Sabiiti

Commissioner for Maternal
and Child Health
Ministry of Health, Uganda



Dr. Anne Detjen

Child Health Specialist
UNICEF New York



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Q&A – Audience reflections

Upcoming webinars

Themes – dates will be announced via the Child Health Task force and QOC network channels

- Measurement
- Pediatric Death audits
- Practical examples: Quality improvement efforts at subnational level



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