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

UGANDA

Summary of implementation readiness	
1. National QI approach	8/11
2. Selection of learning sites	3/6
3. QI management and response system	2/6
4. QI coaching system and structures	1/5
5. Measurement	0/8
6. Orientation to districts and facilities	1/3
7. National learning hub	0/5

Response: yes

< 50% | 50% - 80% | > 80%

Core Demographic Data	
Population (thousands)	39,032,000[1]
Fertility rate per woman	5.4[2]
Total maternal deaths in 2015	5,900[1]
Neonatal mortality rate (per 1,000 live births)	27[2]
Stillbirth rate (per 1,000 toal births)	21[3]

Coverage of Key interventions	
Demand for Family Planning satisfied (%)	58[2]
Antenatal care (4 or more visits, %)	60[2]
Skilled Birth Attendance (%)	73[2]
Caesearan Section Rate (%)	5[1]
Early Initiation of Breastfeeding (%)	53[1]
Exclusive Breastfeeding rate (%)	66[2]
Postnatal visit for baby (within 2 days, %)	54[1]
Postnatal visit for mother (within 2 days, %)	54[2]

1. National Quality Improvement Approach

National Standards on MNH QoC developed/available	The national MNH quality of care standards has been developed based on the WHO MNH QOC standards.
National package on QI interventions agreed upon through review and consultation	The national package for QI interventions has been agreed upon and focuses on the key causes of maternal and newborn mortality in the country
Key interventions in national QI package developed (specify type of interventions)	
* leadership and organization management	Outlined in the national quality improvement framework Steering committee at the national level in place The focus now is to establish the leadership and coodination structure as detailed out in the national quality improvement framework
* QI coaching	Ongoing in some of the districts, particularly those that were supported by USAID ASSIST. Plan to use the expertise built by USAID ASSIST to train coaches to support the districts in which the QoC initiative is being implemented Audits for near misses are not routinely done.
* clinical mentorship	Previous mentorship experiences have not been effective Plan to develop a clear mentorship guideline as part of strengthening clinical mentorship activities in the country
* audit and feedback	National clinical audit (MPDSR) guidelines adapted from the WHO Weak implementation and not all health facilities implement regular audits The maternal deaths audits are better implemented compared to the neonatal death audits
* improving data systems	Partially implemented Health facility data validation exercises take place for mainly for HIV and Malaria programmes, plan to implement this for MNH data Ongoing effort to revise HMIS indicatorsto include additional indicators; opportunity to include additional QoC indicators in the HMIS
* learning networks/systems, including learning collaboratives	Under development Key issues will be: what will be the main learning platforms, the frequency of the learning meetings, size of teams
* performance based financing	Has started, as part of the World Bank (GFF) loan to Uganda to support the improvement in maternal and child health services. The criteria and guidance documents for the implementation of the Results- based Financing(RBF). Quality indictaors are planned to included as part. has been agreed upon.
* policy/strategy development support	QoC strategy developed

2. Selection of Learning Sites

Criteria for selection of learning districts developed and agreed	Criteria developed and agreed upon.
Criteria for selection of learning sites/ facilities developed and agreed	Availablity of the partners' support to implement the learning activities
Learning districts selected (specify name and any supporting partners)	15 districts selected
Learning sites/facilities selected (specify name and any supporting partners)	
Baseline situational analysis at learning sites conducted	Ongoing Assessment has been done in a few facilities in some of learni ng districts by a joint national and district team
Initial resource provision to learning sites	Implementation is being leveraged on resources from implementing partners First wave districts were chosen based on the availability of partners' resources to support the districts

3. QI Management and Response System

National, district and stakeholder communication and feedback mechanisms and loops agreed (including for citizen voices)	This is an area that needs attention, particularly feedback mechanisms and loops that make provision for inclusion of citizen voices.
Existing structures to be utilized for supporting QI activities reviewed and identified	
Roles and responsibilities within existing structures for supporting QI activities agreed	
* focal person with specified ToR for QoC at national level	A technical coordinator is present, though the same person has many other responsibilities and the terms of reference is unclear.
* focal person with specified ToR for QoC at district level	There is an assitant DHO in charge of maternal and child health at the district level
* focal person or team with specified ToR at facilities	QI team leader in most health facilities.

4. QI Coaching System & Structure

A pool of QI coaches/experts developed/available	There is a pool of QI coaches in the country, but there will be a need for more coaches as Uganda rolls out the QI activities.
Clinical mentorship program/ approach agreed and developed	Ongoing, but there is a plan to develop a clear mentorship guide in order to introduce an effective mentorship approach
Nationally agreed ToR for QI coaches developed	The TOR for coaches developed by USAID-ASSIST exists, but this needs to be agreed on if it is going to be adopted and used nationally
Nationally agreed ToR for clinical mentors developed	The TOR for mentors developed by USAID-ASSIST exists, but this needs to be agreed on if it is going to be adopted and used nationally.
Support system for QI coaches and clincal mentors agreed	

5. Measurement

National monitoring framework for MNCH QoC developed	Not yet fully developed, but in draft form.
Core set of QoC indicators for agreed for national level reporting	Developed, but still in draft form and not yet agreed upon.
Common set of QI aims across districts agreed	Not yet developed.
System of reporting agreed and necessary tools developed	The reporting system will use the current national health information flow.
* information flow	This will use the current health information reporting system that is used by the Ministry of Health. A few modifications may need to be developed especially for indicators that are not routinely reported.
* standardized reporting formats	Not yet done. This is a key action that the national steering committee have prioritized to have completed next.
* roles and responsbilities	Not yet done. This is a key action that the national steering committee have prioritized to have completed next.
* review mechanisms	Not yet done. This is a key action that the national steering committee have prioritized to have completed next.

6. Orientation to Distrcits & Facilities

Orientation package (on the above) for learning districts developed	Developed and piloted in about three districts. The experience of piloting the orientation package will be used to finalize the package for use by all the districts.
Orientation to learning districts completed	Ongoing, orientation has been conducted in 2 dsitricts in Northern Uganda and one district in Mid Eastern Uganda.
Orientation to learning sites/ facilities completed	Specific orientation to learning sites not yet completed. This had been planned through the engagement of the academic instututions, but there has been a funding gap that has hindered this.

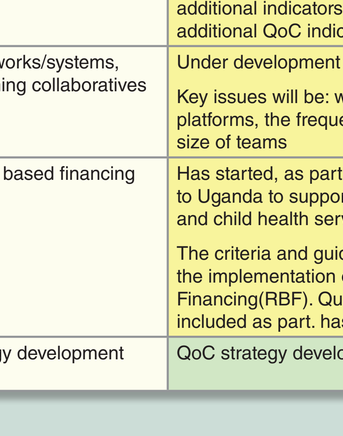
Yes | No | Being developed

7. National Learning Hub

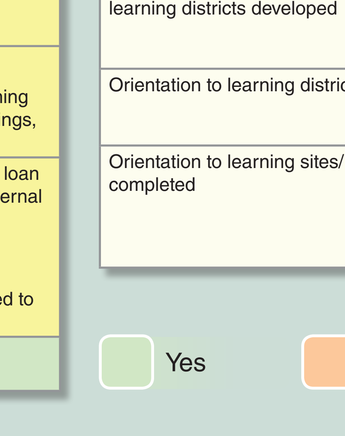
Terms of reference for a learning hub/ centre to support the national learning network developed	This will include the academia, professional associations and other players.
The learning hub/centre for QoC established	Not yet established.
Standardized documentation for capturing and sharing learning from QoC implementation developed	There is plan to engage the research institutions, to be able to develop a documentation protocol.
Processes for synthesising and sharing key lessons agreed	There is a plan to develop and come to an agreement.
Venues and mechanisms for sharing QoC lessons and evidence synthesis identified	This has not yet been identified , but a meeting is planned to discuss this.

Examples from Implementation

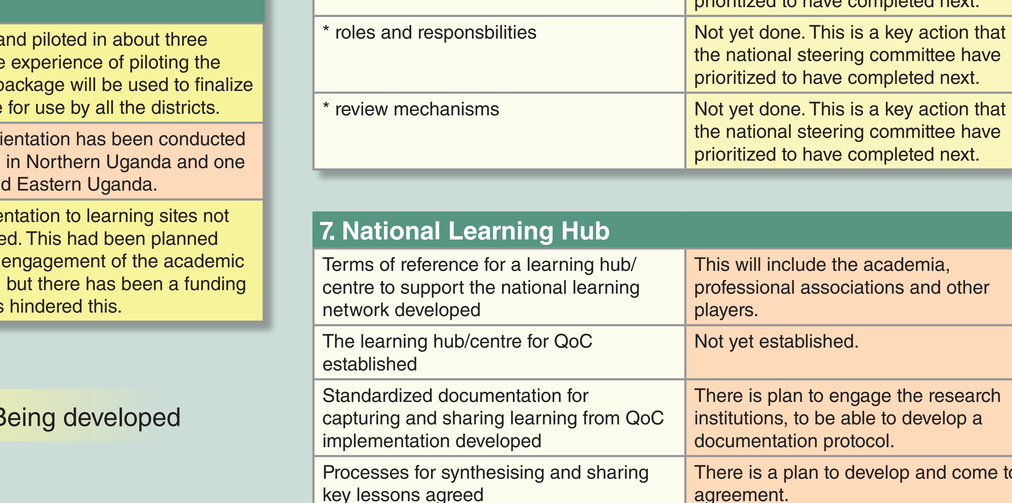
Health Sector Quality Improvement Framework and Strategic Plan 2015/16 - 2019/20



National Standards for improving the quality of maternal and newborn care - 2017



National QI Coordination Structure



References

1. Countdown to 2015, 2015 report See http://countdown2030.org/
2. UDHS, Uganda Demographic and Health Survey 2016 https://dhsprogram.com/pubs/pdf/PR80/PR80.pdf
3. UNICEF, Maternal and Newborn Health Disparities in Malawi 2016 https://data.unicef.org/resources/maternal-newborn-health-disparities-country-profiles/
4. All other data received from the relevant Ministry of Health and WHO Country Offices.

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