



Quality, Equity, Dignity

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



IMPLEMENTATION GUIDANCE

Improving quality of care for maternal, newborn and child health

Working document

Introduction

Quality of care in health services is essential for achieving universal health coverage and the ambitious targets of ending preventable maternal, newborn and child mortality, as defined under the health-related Sustainable Development Goals. In a follow-up to the endorsement by Members States of the *Every newborn action plan (1)* and the *Strategies for ending preventable maternal mortality (2)*, WHO developed a vision for quality of care in maternal and newborn health services which sees a future in which “every mother and newborn receives quality care throughout pregnancy, childbirth and postnatal period” (3). This vision supports the new *Global strategy for women’s, children’s and adolescents’ health (2016–2030) (4)* that strives towards a world in which every mother can enjoy a wanted and healthy pregnancy and safe childbirth, every child can survive beyond their fifth birthday, and every woman, child and

adolescent can thrive to realize their full potential, resulting in enormous social, demographic and economic benefits.

The WHO vision for Quality of Care is based on a conceptual framework that encompasses the provision as well as the experience of care, and is embedded within health system functions. In the first instance, the framework was developed for maternal and newborn care around the time of childbirth, but it is already being expanded to inform the quality of pediatric care. Its eight domains have been the basis for the development of standards of care. These eight standards of care, and their accompanying quality statements and measures, provide the normative guidance for assessing and improving quality of care (5).

This implementation guidance has been developed to support countries in accelerating efforts to improve quality of care. It provides an outline

Photo: Tasira Phiri (the baby’s mother on left) seated with her mother and aunt in Bwaila Hospital in Lilongwe, Malawi, in March 2016. © UNICEF/Chikondi

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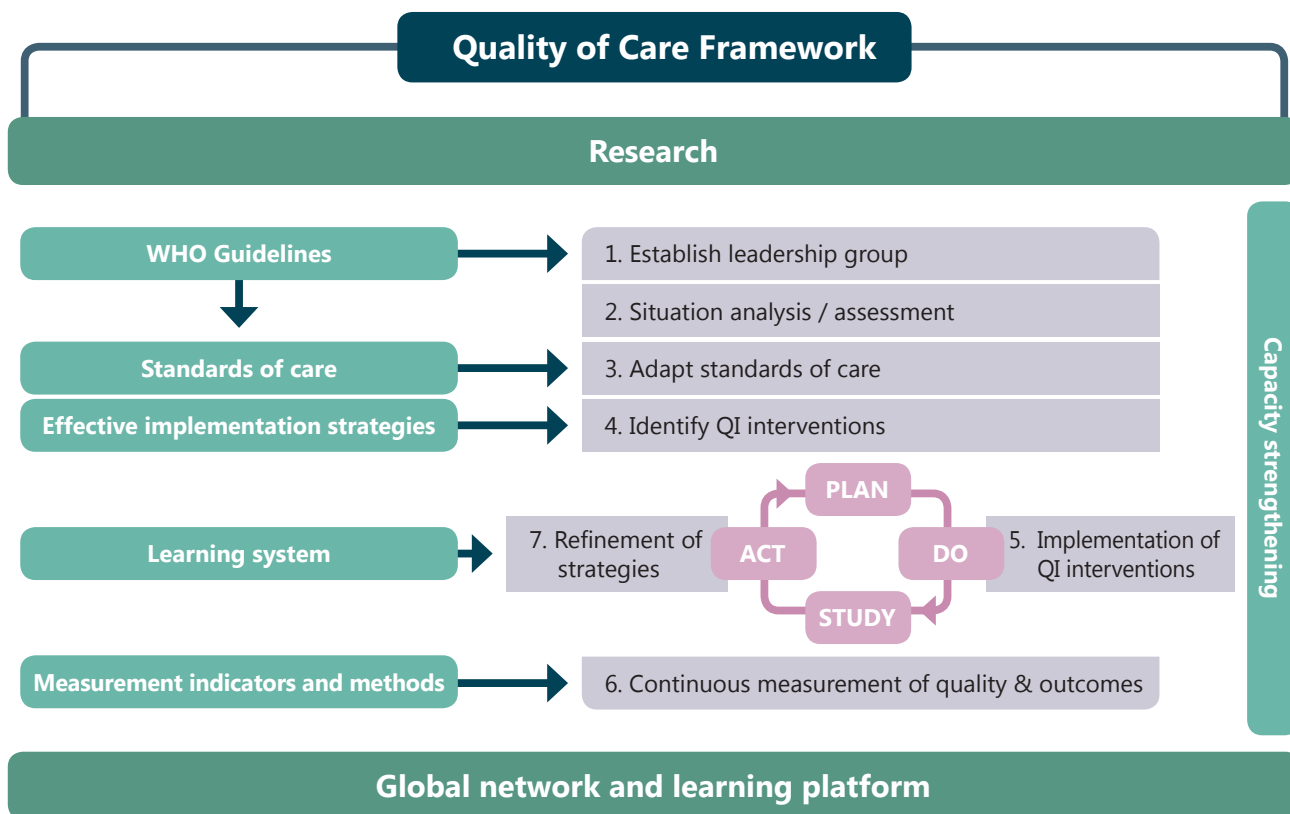
for government officials, regional and district managers, and service providers to: develop a more integrated approach to quality planning, improvement and control; harmonize multiple efforts; and use a learning system to demonstrate, implement and scale up the quality of care in the health system. It also lays out a systematic process for building both institutional and clinical capabilities to support the implementation, scale-up and sustainability of quality of care, at national, district and health-facility levels.

It builds on the basic principle that interventions for improving quality of care should be **effective**, **scalable** and **sustainable**. To this effect, it proposes a phased approach in which, in the first instance, a national package of improvement interventions is applied and tested in a limited set of districts (or comparable administrative units) to generate evidence of what works, build national capabilities for implementation and monitoring, and create the basis for scaling up to other districts. Depending on the commitment, resources available and institutional capacity, governments may decide to introduce some of the quality improvement interventions and packages at scale from the

start. In such contexts, this Implementation Guidance provides valid support for establishing clear expectations at each level of the system, with a strong emphasis on data systems and joint learning as key processes to inform adaptation and sustainability.

This guidance broadly follows the implementation framework in Fig. 1. This highlights (in grey) a sequence of proposed activities for countries to follow, and (in purple) the normative products to support their implementation. It is both specific and adaptable, describing the specific steps that are required to organize, prepare, implement and scale up national standards for quality of care. Its flexibility recognizes that each country is at a different stage of development and level of health system performance, and should adapt the guidance to its own needs. The speed and success in overcoming the challenges to reaching national goals will depend on countries' ability to learn and document which best practices, intervention packages and strategies are effective and scalable, and how to institutionalize these learnings into national scale-up plans.

Fig. 1. Implementation framework and global products to facilitate implementation



As noted, this guidance broadly outlines the critical activities for national, district and health-care facility levels. While the activities that are advised for each of these levels are specific, they are also highly interrelated. In particular, the National Quality Unit (or equivalent high-level national entity) and the maternal and newborn units (or equivalent national entities) will work very closely with the subnational officials at the district level (and/or provincial or regional levels), particularly in the initial demonstration activities. The district officials will similarly work and support the activities of the health-care facilities in those districts, with each level of the health system ensuring that the next level of the system receives the leadership and the technical, systems and structural supports that are required for this ambitious undertaking.

Various terminologies and key words are used within the field of quality of care. The evidence synthesis of implementation strategies that is described in

a separate brief proposes interventions that fall within the remit of quality planning, improvement and control. Operational definitions for each of these terms are as follows:

Quality planning: a systematic process that translates quality policy into measurable objectives and requirements, and lays down a sequence of steps for realizing them within a specified time frame.

Quality improvement: a systematic, formal approach to the analysis of practice performance and efforts to improve performance. A variety of approaches – also known as QI interventions – exist to help collect and analyze data and test change.

Quality control: these are mechanisms to monitor and regulate the provision of quality of care, such as accreditation and/or licensing of health-care facilities and/or health-care professionals.

Implementation guidance for national, district and health-care facility levels

Leadership and governance for quality of care		
<i>National</i>	<i>District</i>	<i>Facility</i>
<ul style="list-style-type: none"> Establish (or strengthen) a National Quality Unit that is responsible for developing and coordinating implementation of a national policy and strategy for quality of care in the health sector Develop or strengthen a national policy and strategy for quality of care in the health sector that include activities for quality planning, improvement and control Establish or strengthen a government-led Technical Working Group (TWG) for quality of care in maternal, newborn and child health services involving key actors 	<ul style="list-style-type: none"> Establish a district-based Quality Committee to lead quality activities in the district health services Commit to support the quality of care principles and guidance laid down in the national policy and strategy 	<ul style="list-style-type: none"> Establish a Quality Team in the health-care facility Commit to achieving the standards of quality of care as defined by the national policy and strategy
Coordination for effective and harmonized action		
<i>National</i>	<i>District</i>	<i>Facility</i>
<ul style="list-style-type: none"> Form (or strengthen) a broad-based Quality of Care Steering Group to support and guide the National Quality Unit and TWG, building on existing health-related coordination platforms Mobilize and bring together professional associations, academics and civil society to champion the initiative and support implementation 	<ul style="list-style-type: none"> Build a coalition of quality improvement champions, senior health-care professionals, implementation partners, civil societies, health-care facility staff and communities to promote the initiative and mobilize support for implementation Commit District Health Management Team resources 	<ul style="list-style-type: none"> Build a coalition with champions of quality in the facility, senior health-care professionals, implementation partners, civil society and communities to promote the initiative and mobilize support for implementation

Vision, strategy and operational plan for improving quality of care in maternal and newborn health (MNH) services

<i>National</i>	<i>District</i>	<i>Facility</i>
<ul style="list-style-type: none"> • Map the existing quality of care activities, partners involved in quality improvement and resources (financial and technical) available in the country • Undertake an assessment of quality of MNH care in health-care facilities, using generic global assessment tools based on WHO standards • Develop (or update) a national vision and strategy with targets for improving quality of care in MNH services • Design the operational plan for improving quality of care in MNH services based on demonstration and learning <ul style="list-style-type: none"> – Agree an effective, feasible and balanced package of quality improvement interventions to incorporate in an operational plan – Identify demonstration districts to implement the plan and document the impact – Plan for a learning system to support implementation – Plan for indicators and a data system to monitor quality improvement • Integrate the plan in the national health plan and establish (or review) the budget line to support the activities and solicit firm partner commitments • Agree on clear roles for all stakeholders to support the plan, based on interests and competencies and a commitment to government leadership 	<ul style="list-style-type: none"> • Commit to the national vision, strategy and targets for improving quality of care in MNH services • Review information from the assessment of quality of MNH care in health-care facilities in the district • Review information regarding partners' activities and resources available for quality improvement in the district • Convene a district meeting on the quality improvement plan to solicit implementation support and resources • Identify priority quality improvement activities for the district • Develop a district improvement plan and identify a budget line item for improving the quality of MNH services, in line with the national operational plan • Define roles and responsibilities of District Health Management Team staff and partners to support the implementation of the district improvement plan, leveraging established assets • Commit structural, system and human resources to support health-care facilities to deliver high-quality maternal and newborn health care, and adhere to quality of care standards • Identify champions in the district and in health-care facilities providing MNH services and decide which facilities will engage first • Coordinate the supervision and oversight of quality improvement, and plan for learning across the district • Orient prospective health-care facilities about the initiative 	<ul style="list-style-type: none"> • Internalize and commit to the vision, strategy and targets of quality of care in MNH services • Review relevant facility information, identify gaps based on the national standards for quality of care, and articulate needs • Based on the review, agree on an improvement plan for the health-care facility, focused on identified priorities and aligned with the district and national quality improvement plans • Interact with facility and district management to secure a quality improvement budget and the provision of resources required to implement QoC standards. • Establish ongoing mechanisms for in-service clinical and quality improvement capacity-strengthening • Establish ongoing mechanisms for quality improvement coaching (or mentoring) within the health-care facility, led by the facility quality improvement team(s) • Plan to monitor quality improvement activities continuously, and reset priorities on a regular basis

National MNH standards		
<i>National</i>	<i>District</i>	<i>Facility</i>
<ul style="list-style-type: none"> • Review existing national standards and protocols and update them using the WHO Standards for MHN care • Incorporate national standards and protocols in national practice tools • Disseminate updated standards, protocols and practice tools widely • Plan for clinical training to fill major competency gaps identified through the quality of care assessment 	<ul style="list-style-type: none"> • Adopt the national standards and protocols into the district improvement plan • Adopt and disseminate the updated clinical practice tools • Orient the district Quality Improvement Committee and health-care facility quality improvement teams on the standards, and on the implementation strategies and interventions 	<ul style="list-style-type: none"> • Orient all health-care facility staff on the national standards and on the report of baseline information • Identify gaps in quality based on the standards • Set goals for improving performance • Report to the District Health Management Team on critical resources that are needed to achieve improvements in quality

Monitoring and data use for improvement		
<i>National</i>	<i>District</i>	<i>Facility</i>
<ul style="list-style-type: none"> • Establish (or strengthen) a minimum set of indicators for quality-of-care monitoring at national, district and health-care facility levels • Based on need, adapt or develop district and facility data-collection tools (registers and primary patient records) to capture essential data • Develop a reliable and transparent reporting system for facility, district and national levels • Develop indicator dashboards to make indicator data widely accessible and transparent, and use benchmarking to illustrate excellence and variation • Identify and train national and districts facilitators in analyzing and communicating the chosen quality improvement data and indicators 	<ul style="list-style-type: none"> • Integrate indicators for quality of care in district management systems, and build a system for monthly tracking • Assess district-specific baseline values, synthesize and widely disseminate the data • Strengthen the capacity of District Health Management Team staff to review data, ensure their reliability and act upon the information 	<ul style="list-style-type: none"> • Continuously identify the standards and indicators that the facility will use for quality improvement and quality control of the prioritized processes of care and outcomes • Establish a baseline and track monthly performance on the prioritized quality of care indicators • Establish a mechanism(s) to continually disseminate performance indicators to facility staff, patients, families and community • Strengthen the capacity of the quality improvement team to generate and use data for improving quality of care

Readiness for implementation of quality improvement interventions

<i>National</i>	<i>District</i>	<i>Facility</i>
<ul style="list-style-type: none"> • Address structural, system and human resource barriers by committing financial, technical and material resources • Establish (or strengthen) the position of a quality improvement cadre throughout the levels of the health system • Build the capabilities of a pool of national and district facilitators to plan, implement and monitor quality improvement interventions • Activate the dashboard of health systems inputs and results, and communicate feedback to districts and across the health system • Support district teams to use the results in decisions on areas for quality improvement and investment at the district and health-care facility levels • Facilitate action from relevant departments in the health sector and catalyze remedies and responses to major impediments to quality care 	<ul style="list-style-type: none"> • Address structural, system and human resource barriers by providing financial, technical and material resources and skills-building • Build a pool of facilitators for the chosen quality improvement interventions at the district and health-care facility level • Convene regular meeting of the Quality Teams to review and set improvement goals, review data reports, share learnings, and teach quality improvement approaches • Establish a reward culture of improvement efforts in health-care facilities • Ensure that supervisors are skilled and enabled to provide supportive supervision of clinical and systems improvement activities, including data use • Ensure that the facilities have the resources required for MNH activities • Regularly monitor data and use results for prioritization and planning • Periodically share dashboards and progress with stakeholders and establish mechanisms for periodic review 	<ul style="list-style-type: none"> • Establish and maintain a culture of quality improvement and encouragement • Build the capability of the quality improvement teams for planning and implementing quality improvement • Identify gaps in staff clinical competencies and offer clinical training and skills development • Ensure that Quality Teams undertake the following activities: <ul style="list-style-type: none"> – Identify gaps in quality of care through assessments and case audits as targets for improvement – Set health-care facility improvement goals – Agree on a mechanism for reporting a key set of indicators for internal performance tracking – Identify ideas for implementable change, based on staff experience and lessons from similar improvement activities – Test changes and learn about their potential for improvement – Benchmark best practices and update facility information systems to reflect the improvements • Form a collaborative with other health facilities in order to discuss and compare indicators and quality improvement activities and facilitate joint learning • Meet regularly with facility staff and District Health Management Teams to discuss progress, synthesize learnings and encourage facility staff to sustain improvements

Learning network to share knowledge, solve problems and scale up practices

<i>National</i>	<i>District</i>	<i>Facility</i>
<ul style="list-style-type: none"> • Establish a mechanism (designate or strengthen a national institution) as a learning hub to: <ul style="list-style-type: none"> – Facilitate documentation, evidence-generation and learning – Disseminate quality improvement implementation knowledge and tools to all districts, starting with the demonstration districts – Foster collaboration by connecting facilities, leaders and managers around the country – Use indicator dashboards and data to inform learning and the development of tool/job aids – Facilitate communities of practice for the documentation and sharing of best practices – Identify and respond to needs for capabilities and/or tools for quality improvement – Advise the Quality Unit on quality improvement issues that transpire from the synthesis of learning and feedback e.g. system changes or improvements, job aids development, workforce capability strengthening, etc. • Facilitate periodic face-to-face meetings, webinars, and other information technology (IT)-supported forums to share learning across implementation sites • Incorporate learnings into planning for scaling up, including pre-service and in-service capability development • Link the learning hub with the global learning platform 	<ul style="list-style-type: none"> • Establish a working relationship with the National Learning Hub • Create and manage a learning network between hospitals and clinics in the district • Support the regular exchange of information and learning across all facilities, and encourage peer-to-peer learning • Equip supervisors as knowledge agents to promote best practices between facilities • Assemble learnings from district facilities that can be used to enhance district performance, and channel them in the leaning hub for appraisal and wider dissemination • Continuously track the recommended indicators and use them to track progress, benchmark best practices and identify learning priorities 	<ul style="list-style-type: none"> • Ensure quality improvement teams regularly document their efforts to make changes, the results obtained, and the reflections and conclusions • Document best practices and share information on how to achieve and sustain them with staff in the facility, with peers in the district and with the knowledge hub • Share new knowledge within the facility and at the district level, through periodic review and other ad hoc meetings or mechanisms, as well as through virtual applications (e.g. WhatsApp groups, Facebook, other community of practice tools) • Track indicators regularly and use results for benchmarking best practices, prioritization of improvement areas and planning

Periodic review and accountability		
National	District	Facility
<ul style="list-style-type: none"> • Conduct independent assessments of quality of care in health-care facilities periodically to validate the findings of the routine monitoring • Conduct annual review and planning meetings involving a broad range of stakeholders • Conduct multistakeholder dialogue to review progress and remedy bottlenecks 	<ul style="list-style-type: none"> • Conduct independent assessments of quality of care in health-care facilities periodically to validate the findings of the routine monitoring • Conduct quarterly review and planning meetings with health-care facility quality improvement teams • Conduct multistakeholder dialogue to review progress and remedy bottlenecks 	<ul style="list-style-type: none"> • periodic self-assessments to identify gaps, and validate achievements • Involve the community and key stakeholders in the review and remedy of bottlenecks
Institutionalization to take quality improvement to full scale		
National	District	Facility
<ul style="list-style-type: none"> • Based on learning from demonstration districts, institutionalize and roll out best practices and benchmark their implementation at scale • Choose and prepare next wave(s) of districts to join the national scale-up • Ensure structural, system and human resource requirements are in place to support scale-up • Strengthen the institutional structures (national, regional and district quality of care bodies) and policies (e.g. job descriptions) to ensure ministry support for quality improvement for scaling up at leadership, management and service delivery levels • Reorient stakeholders to support institutionalization and sustainability of quality of care 	<ul style="list-style-type: none"> • Benchmark best practices for the district and set new targets for further quality improvement • Give recognition to quality team and individual champions of quality in district • Institutionalize quality planning, control and improvement as standard operating procedures in service delivery in districts • Maintain, update and periodically share quality improvement dashboards • Meet regularly with the next level up of health system administrations (e.g. province, region, etc.) to support planning for scale-up across larger geographic unit • Coordinate with the National Quality Unit to share results, challenges and solutions that can be used to inform scale-up planning 	<ul style="list-style-type: none"> • Incorporate effective change ideas and best practices into routine practice • Recognize and reward quality improvement culture as a streamlined service delivery requirement. • Secure support and resources to support continuous quality improvement from facility and/or district leadership by careful sharing of information, reporting and engaging them into facility quality improvement activities • Find approaches to align quality improvement aims and activities with the core interests of staff, cadres and employee organizations • Engage patients, families, community organizations, schools and other local institutions into quality improvement activities • Maintain ongoing relationship with local press and other information community channels

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