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

Sierra Leone

A. Background[1-4]

Core demographic data

Population size (thousands)	7,557
Total fertility rate (children per woman)	4.1
Maternal mortality ratio (MMR) (per 100,000 live births)	1,165
Neonatal mortality rate (NMR) (per 1,000 live births)	20
Child mortality rate (per 1,000 live births)	40
Stillbirth rate (per 1,000 live births)	23
Domestic general government health expenditure as percentage of gross domestic product (GDP) (%)	1.6
Domestic general government health expenditure per capita (in US$)	9.6

National coverage of key interventions

	%
Antenatal care (4 or more visits)	76
Skilled attendance during delivery (%)	81.6
Institutional deliveries	76.7
Cesarean section rate	3.0
Initial breastfeeding (1 hour of birth)	54.5
Exclusive breastfeeding rate (of infants under age 6 months)	52.2
Postnatal visit for baby (within 2 days of birth, medically trained provider)	91.9
Postnatal care for mother (within 2 days of birth, medically trained provider)	90.4

B. Implementation milestones

completed · in progress · not started or incomplete · no data

National leadership for quality of care (QoC)
Supportive governance policy and structures developed or established
QoC for maternal and newborn health (MNH) roadmap developed and being implemented
Learning districts and facilities selected and agreed upon
QoC implementation package developed
Adaptation of MNH QoC standards
Action: Learning sites identified and prepared
Orientation of learning districts and facilities
District learning network established and functional (reports of visits)
QoC coaching manuals developed
Quality improvement (QI) coaches trained
On-site coaching visits occurring in learning districts
Learning and accountability: QoC MNH measurement
QoC for MNH baseline assessment completed
Common set of MNH QoC indicators agreed upon for reporting from the learning districts
Baseline data for MNH QoC common indicators collected
Common indicator data collected, used in district learning meetings, and reported upwards
Identification and agreement with an academic or research Institution to facilitate documentation of lessons learned in the implementation of QoC activities
Accountability and community engagement
Mechanism for community participation integrated into QoC planning in learning districts

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 are being developed. The first consultative review meeting occurred in February 2019.

National aims

- In line with the overall goal of the reproductive, maternal, newborn, child and adolescent health (RMNCAH) strategy, the aim is to reduce maternal and newborn mortality and to improve upon the experience of care.

National targets

- Reduction of mortality among women from postpartum haemorrhage (PPH) and PIH
- Reduction of newborns and childhood deaths
- Improving discharge/postnatal counselling and experience of care of mothers and caretakers

QoC technical working group (TWG)

- QoC TWG membership has been duly constituted. Membership includes relevant directorates/programs with the Ministry of Health and Sanitation (MoHS), RMNCAH partners (UN and non-governmental organisations (NGOs)), and civil society organisations (CSOs).
- The first TWG meeting was held in October 2018.

Joint products and activities by the QoC TWG

- Adaptation of the MNH and Paediatric Standard
- Development of QoC policy, strategy and costed operational plan
- Development of change packages
- Development/adaptation of monitoring, evaluation and learning framework for QoC
- Harmonization of tools for reporting, coaching and mentorship
- Joint assessment, mentorship and supportive supervision
- Advocacy, resource mobilization and capacity building of partners and MoHS

Learning districts and facilities

- 9 learning sites in 4 learning districts
- Efforts are underway to add more learning facilities
- Efforts are underway to include partner-supported facilities as learning facilities

District aims towards national strategy

- In progress

Clinical improvement aims

- Aims are chosen by facilities based on their problems.
- Each primary care facility has one maternal health and one child health aim to start with. Some have additional cross-cutting aim on the area of IPC/ Environmental hygiene
- Hospitals may have 4+ aims (i.e. one per unit).

Quality interventions included in the national MNH QoC package*

Interventions to build a supportive environment

- Propositions for accreditation, inspection, registration and licensing have been made for inclusion in the QoC Policy. Institution of quality management in the pre-service training is also being considered.
- Infrastructural improvement and expanding services in facilities
- Improving staff retention and motivation by MoHS
- Creation of high dependency units for critical patients
- Improving referral system through developing standard operating procedures and harmonization of forms and tools including information management for referral
- Improving access to ambulance for referral services
- Establishment of blood bank
- Establishment of Special Baby Care Unit (SBCU)
- Adaptation/review of treatment protocols and guidelines (e.g. antenatal care guideline, sickle cell management, CxCa screening)
- Improving health management information system (HMIS) through training and provision of HMIS supplies
- Strong collaboration with DPPI to the incorporation of QoC indicators in the national monitoring and evaluation framework and District Health Information System 2 (DHIS2) system.
- Establishment of a governance structure for quality management at national, district and facility levels
- Clinical mentorship at learning facilities
- Strengthening pre-service training for improving the system to produce skilled and competent health workers
- Improving capacity of implementing partners to mainstream the QoC agenda in their health sector development program
- Increased supervision with efforts underway to enhance its integration

Interventions to support change at facilities

- Learning collaboratives/sessions are planned to bring the teams together
- We will start with a facility collaborative and then progress to the district and then the national collaboratives.
- Maternal death surveillance review (MDSR) is happening everywhere; child death audits will be started (in 6 facilities and then increased).
- Piloting the safe childbirth checklist
- Mentoring on obstetric triaging and paediatric ETAT
- Clinical mentorship on emergency obstetric and newborn care (EmONC) and SBCU

Interventions involving people, families and communities

- Health literacy will be redefined, made more effective and targeted to achieve the stated objectives.
- Efforts will be made to make existing community engagement programs (e.g. durbars, community education, village development committee, facility management committee) more effective.
- Exit interviews and patient safety complaint systems are going to be introduced more formally in the course of the year.

*Interventions have started since the last update.

D. MNH QoC baseline data for learning facilities

Baseline common indicators

Challenges

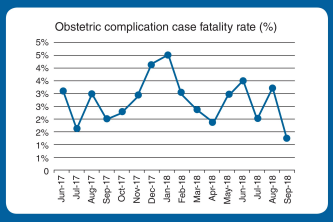
- Quality of data
- Weak HMIS system
- Low capacity of monitoring and evaluation (M&E) officer
- Poor culture of data analysis and use
- High burden on the health worker

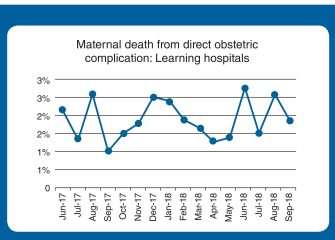
Opportunities and progress made

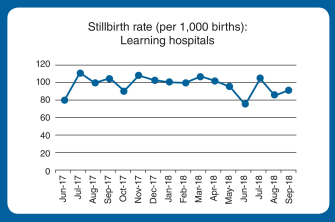
- National M&E framework is under review and development
- Commitment from DPPI to incorporate QoC indicator in the DHIS2 system
- Plan to strengthen the HMIS system is on-going

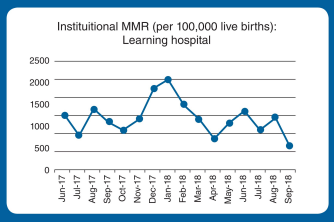
Planned activities

- Introduction of QoC indicator in the national M&E framework
- Work with DPPI in the creation of reporting platform for QoC in the DHIS2
- Work with DPPI in the creation of dashboard
- Production of quarterly bulleting on RMNCAH and QoC work









E. Implementation progress in learning districts

On-site support for clinical skills and QI

Support for clinical skills

Who provides on-site support for clinical skills
- A new quality management program has been created in the MoHS and will constitute quality officers at national and district levels.
- These officers will have clinical, public health and data management backgrounds and will provide on-site support in collaboration with partners.
- Appointment of quality officers will commence shortly, and they will be trained on QI.
- However, the QoC Secretariat and WHO presently provide on-site support.

Challenges solved implementing on-site support for clinical skills
- During the previous on-site visit conducted by the QoC Secretariat and WHO, facilities were challenged with setting up QoC structures (QoC committee and QI teams) as well as developing aim statements for their respective QI projects.
- They also were not clear where to start, so we guided the process with the WHO MNH Standards and their facility data available as a first step.

Unresolved challenges implementing on-site support for clinical skills
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Support for QI

Who provides on-site QI coaching
- The Quality Management Unit, in collaboration with WHO, is providing on-site support for QoC committee and QI teams in the learning facilities and districts.

Challenges solved implementing QI coaching
- QoC governance structure established
- Appointment of QoC focal in district and hospital completed

Unresolved challenges implementing QI coaching
- Lack of resource to recruit and appoint a dedicated quality officers for the district and hospitals

Learning for QI

Tools for capturing learning from facilities
- Teams have been given a template to help them document whatever changes they are testing.
- Other means of capturing learning include onsite visits, a WhatsApp forum and individual telephone calls.

Tools for sharing learning between facilities
- WhatsApp forum, learning sessions, new meetings that may be at the district-level (with facility staff to learn from other facilities) and national-level (with district staff to learn from other districts)

Challenges solved implementing a learning system
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Unresolved challenges implementing a learning system
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Measurement system for QI

Patient-level common indicator data
- Number of maternal deaths
- Maternal by cause
- Number of newborn deaths
- Newborn death by cause
- Facility stillbirth rate (disaggregated by fresh and macerated)
- Obstetric case fatality rate
- Number of pregnant/postnatal mothers who are verbally abused by healthcare providers
- Number of pregnant/postnatal mothers who are physically abused by healthcare providers
- Pre-discharge counselling for mother and baby
- Newborn breastfed within 1 hour of birth
- Number of newborns weighed
- Premature newborns initiated on kangaroo mother care
- Immediate postpartum uterotonic

Programme-functioning data
- A QI reporting template was developed and shared with all QI teams to monitor QI project implementation.
- District QI coaches will be given reporting templates that they can share with the national level as evidence of coaching at the district levels.

Availability of data system for measuring QoC
- Outcome indicators can be collected from the HMIS.
- No modifications have been made to the HMIS to include other QoC indicators yet.
- QoC data also come from facilities using their registers.

Challenges solved implementing a measurement system
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Unresolved challenges implementing a measurement system
- Parallel data collection has been created, but this will not happen. We want to ensure an integrated effort.

Community and stakeholder engagement

Approaches for community/ stakeholder engagement
- Efforts are underway for their involvement through engaging village development committee and facility management committee including conducting community mobilization session.

Roles of community stakeholders or patient representatives
- The plan is to get the facilities and districts to include community stakeholders or patient representatives in the QoC Committee. Then they will be involved in all the listed activities.

Challenges solved engaging communities and stakeholders
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Unresolved challenges engaging communities and stakeholders
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Programme management

Programmatic responsibility
- **Facility level**: Medical Superintendent/Matron for hospitals and Community Health Officer for CHCs
- **District level**: District Medical Officer
- **National level**: Director RCH/Manager QI program

Challenges solved implementing programme management
- Before now, the QoC Secretariat was challenged with having committed members to drive the activities forward, as most staff posted to the Secretariat belonged to other programmes. A new quality management program has been created within the MoHS with a manager already posted.
- Restructuring in the MoHS at the national level has delayed implementation.

Unresolved challenges implementing programme management
- Limited resource allocation from MoHS to the program

Lessons learned implementing a QoC program

- Successful implementation of a QoC programme largely depends on strong leadership and governance at all levels. It is key to get the governance structure right and to elicit the appropriate commitment and support from leadership. We do not see this work as a project that will end when support is exhausted from the WHO and other partners. We see this work as a program that will be integrated into the health system of the country!

F. Example from implementation

FCT learning sites supported by WHO


QoC training


MS orienting team on QoC


QoC mentorship


QoC meeting

References

1. United Nations Population Division (2017). World Population Prospects: 2017 Revision. New York, United Nations.
2. Statistics Sierra Leone (2018). Sierra Leone Multiple Indicator Cluster Survey 2017, Survey Findings Report. Freetown, Statistics Sierra Leone
3. Statistics Sierra Leone (2014). Sierra Leone Demographic and Health Survey: 2013. Freetown, Ministry of Health and Sanitation and ICF International.
4. WHO Global Health Observatory data repository. http://apps.who.int/gho, 2017.

All other data received from the relevant Ministry of Health and WHO Country Offices.

Acronyms

CSOs	civil society organisations	MMR	maternal mortality ratio	QI	quality improvement
DHIS2	District Health Information System 2	MNCH	maternal, newborn, and child health	QoC	quality of care
EmONC	emergency obstetric and newborn care	MNH	maternal and newborn health	RMNCAH	reproductive, maternal, newborn, child, and adolescent health
MDSR	maternal death surveillance review	NGOs	non-governmental organisations	SBCU	Special Baby Care Unit
M&E	monitoring and evaluation	NMR	neonatal mortality rate	TWG	technical working group
MoHS	Ministry of Health and Sanitation	PPH	postpartum haemorrhage		