

WEBINAR SERIES:

LESSONS LEARNED BY THE NETWORK COUNTRIES IN THEIR EFFORTS TO BUILD AND INSTITUTIONALIZE SYSTEMS TO SUSTAIN AND SCALE UP QUALITY OF CARE FOR MATERNAL, NEWBORN AND CHILD HEALTH

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Quality, Equity, Dignity

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

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

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

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

Goals

- 1** Halve maternal and newborn mortality in health facilities in Network countries, as well as stillbirths, by 2022
- 2** Improve the experience of care

Strategic Objectives



WEBINAR SERIES OBJECTIVE

To share progress made by the Network countries and lessons learned in their efforts to build systems, sustain and scale up quality of care for MNCH

1- Wednesday 31 March 2021 at 2pm CET:

Building systems to sustain and scale up quality of care for MNCH. Experience from improving quality of care for mothers and newborns in Ghana's health facilities

2 - Wednesday 7 April 2021 at 2pm CET:

Bangladesh: Building quality of care systems and scaling up implementation of standards for maternal and newborn health

3 - Tuesday 13 April 2021 at 2pm CET:

Tanzania: Improving Quality of Care at district level. Lessons from the implementation

4 - Tuesday 4 May 2021 at 2pm CET:

Launch of the 2017-2020 Network Report: Evolution, Implementation and Progress

Building systems to sustain and scale up quality of care for MNCH

Experience from improving quality of care for mothers and newborns in **Ghana's health facilities**

31 March 2021

BILL & MELINDA
GATES foundation



unicef 



Presenters and panelists



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Presenter

Health Specialist,
UNICEF Ghana
Presenter

Webinar at a Glance

Part 1: Introduction

**Part 2: Ghana's QOC
national strategy and
engagement**

Part 3: Action and learning



PART 1:

Introduction



Maternal and newborn health

Challenges

- ❑ Stagnation in neonatal and maternal mortality reduction

Opportunities

- ❑ Substantial progress in child mortality reduction
- ❑ Increase in antenatal attendance and facility delivery



Leadership



Action



Learning



Accountability

Quality of care network

A broad partnership of committed governments, implementation partners and funding agencies working to ensure that every pregnant woman, newborn and child receives good quality care with equity and dignity.

Quality standards

9 core standards to reduce morbidity and mortality

Interlinked standards with “intent” statements and “criteria” outlining elements needed to meet the standard

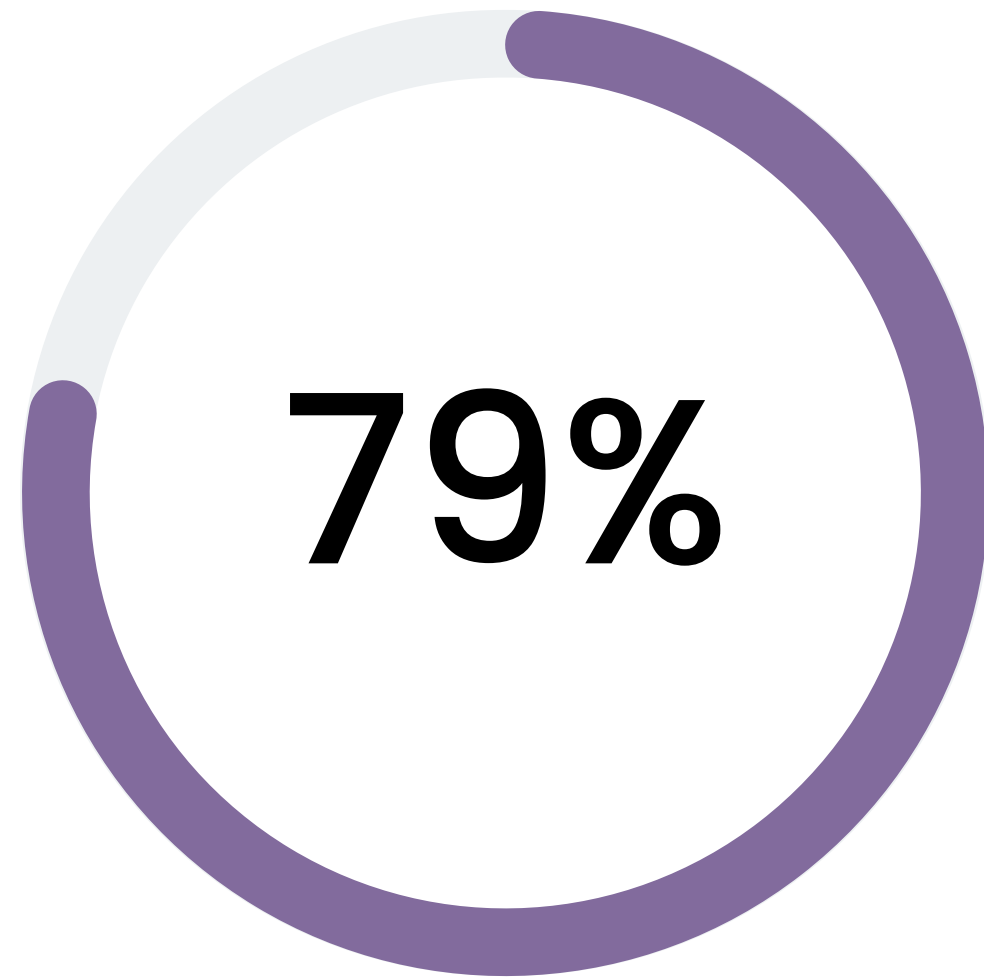
- Clinical care
- Patient’s rights
- Cross cutting issues



PART 2:

National Strategy and engagement

Perinatal health in Ghana



79% of births in facilities in 2017

An increase from 54% in 2007



25 neonatal deaths per 1,000 live births

Leadership & accountability

Systems put in place at the National level

- Strong national leadership / National dialogues / summits on quality healthcare involving stakeholders and Partners
- Development of a National Healthcare Quality Strategy and National Operational Plan for MNH QoC and Roadmap
- Development of Operational Guidelines for Service delivery by the GHS for the NHQS
- Adaptation of the WHO Standards for improving quality of care in facilities to country context – Implementation guide, tools, guidelines etc
- Development of a National RMNCAH Strategic Plan with Quality of Care as the pivot

Leadership & accountability

Systems put in place at the National level



Inclusion of newborn care standards in the National Health Insurance Authority credentialling tool & Health Facility Regulatory Agency assessment tool

Involvement of Regulatory Bodies and Professional associations e.g Nursing and Midwifery Council, Medical and Dental Council, Paediatric Society of Ghana, Society of OBGYNS

Community involvement using the Community Score-Card system and Community Health Management Committees

Leadership & accountability

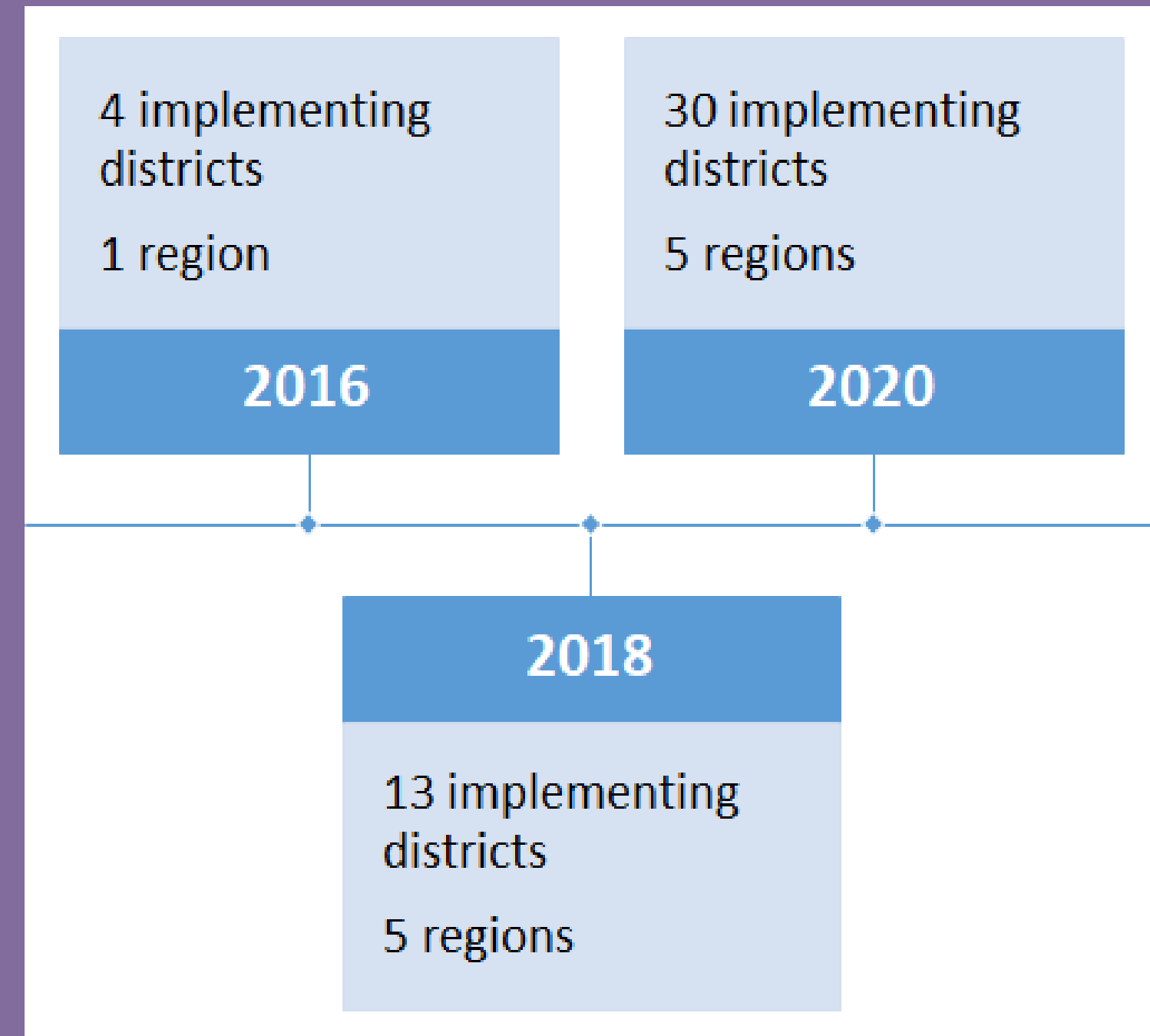
- Technical Working Group (TWG) is functional and co-chaired by Ghana Health Service (Family Health Division) and head of the MOH Quality Management Unit
- Institutional Care Division, Health Research and Development Division and PPME of GHS are members
- CHAG, GAQHI and Self-financing private health institutions
- Partners: WHO, UNICEF, JICA, UBORA Institute, JHPIEGO, PATH/MEBCI, USAID



Leadership & accountability

National scale up

- Scaled up MNH QoC implementation from one initial pilot region (UER) to 5 Regions
- UNICEF and WHO jointly supporting GHS in the 5 network regions



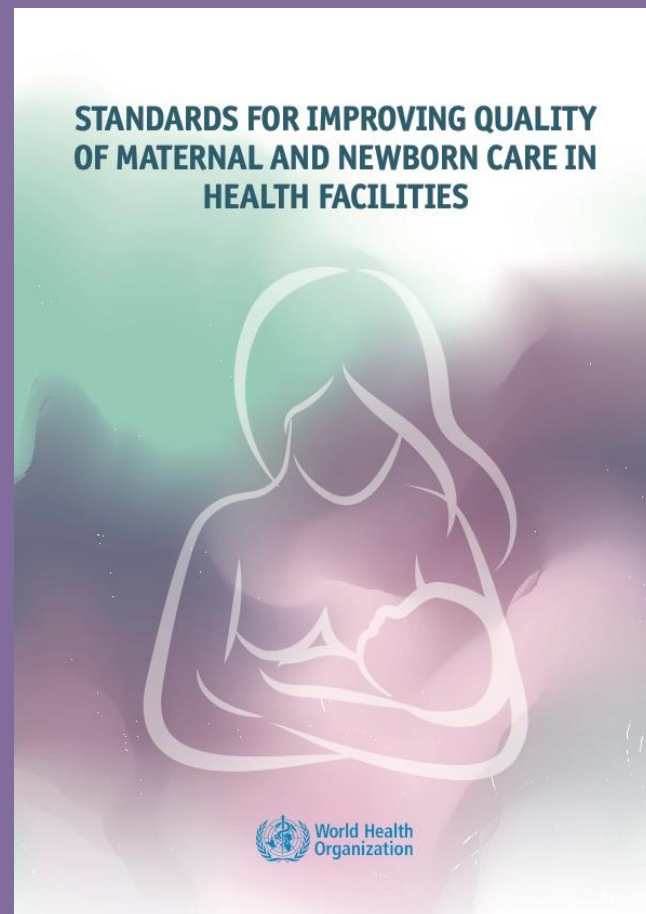


PART 3:

Action and learning

Every Mother Every Newborn Quality Improvement Initiative

Improve quality of facility care to:



Reduce maternal, newborn and fetal deaths and severe morbidity



Improve access to services



Ensure the safety of mothers and newborns

EMEN Standards were implemented while the WHO Standards for Improving Quality of Maternal and Newborn Care in Health Facilities were being developed

Intervention packages



Infrastructure

- Establishment of KMC and newborn units and corners
- Procurement of emergency obstetric equipment
- Motorbikes for community outreach and home visits
- Mechanization of boreholes & construction of washrooms for maternity units



Institutionalization of QI

- QI teams in facilities
- Training, mentorship, coaching
- Death audits and response



Implementation

- Infection prevention
- Water, sanitation, hygiene
- Labour monitoring, postnatal & newborn care
- Community engagement
- Privacy
- Triaging
- Referrals

Assessment, where?

Assessment

- 4 intervention and 4 comparison health facilities

Intervention

- 24 implementing facilities (3 hospitals, 21 health centres) in 4 districts
- Bawku municipality
- Bolgatanga municipality
- Bongo district
- Kassena-Nankana West district



Purpose of assessment: To assess the effectiveness and document lessons learned

Objective # 1

Assess structural readiness, human resources, health care provider skills, equipment and supplies

Objective # 2

Determine the extent of “institutionalization” of QI standards, integrity, and progress of implementation

Objective # 3

Examine improvements in perinatal clinical outcomes for mothers and newborns

Objective # 4

Document and describe key lessons learned to inform implementation of the EMEN QI model

Findings



18 months
implementation



31,099 births



4,834 newborns
admitted for special
care



18 mentorship visits
by specialists



32 QI coaching visits
by regional & district
QI coaches

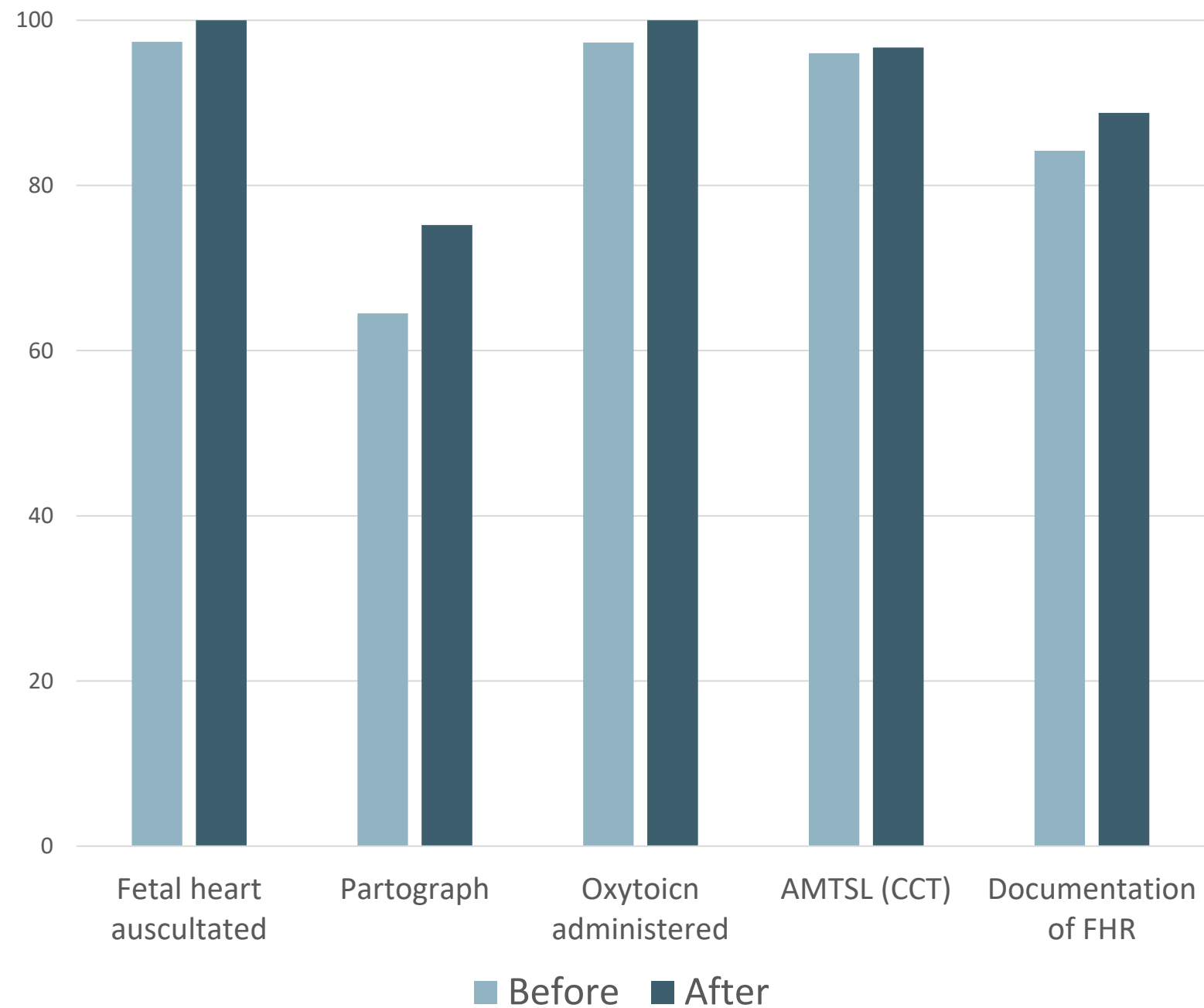
Innovations

Continuous innovations were implemented from admission to discharge including use of three colour-coded, hand-woven bracelets to easily identify women requiring immediate attention.

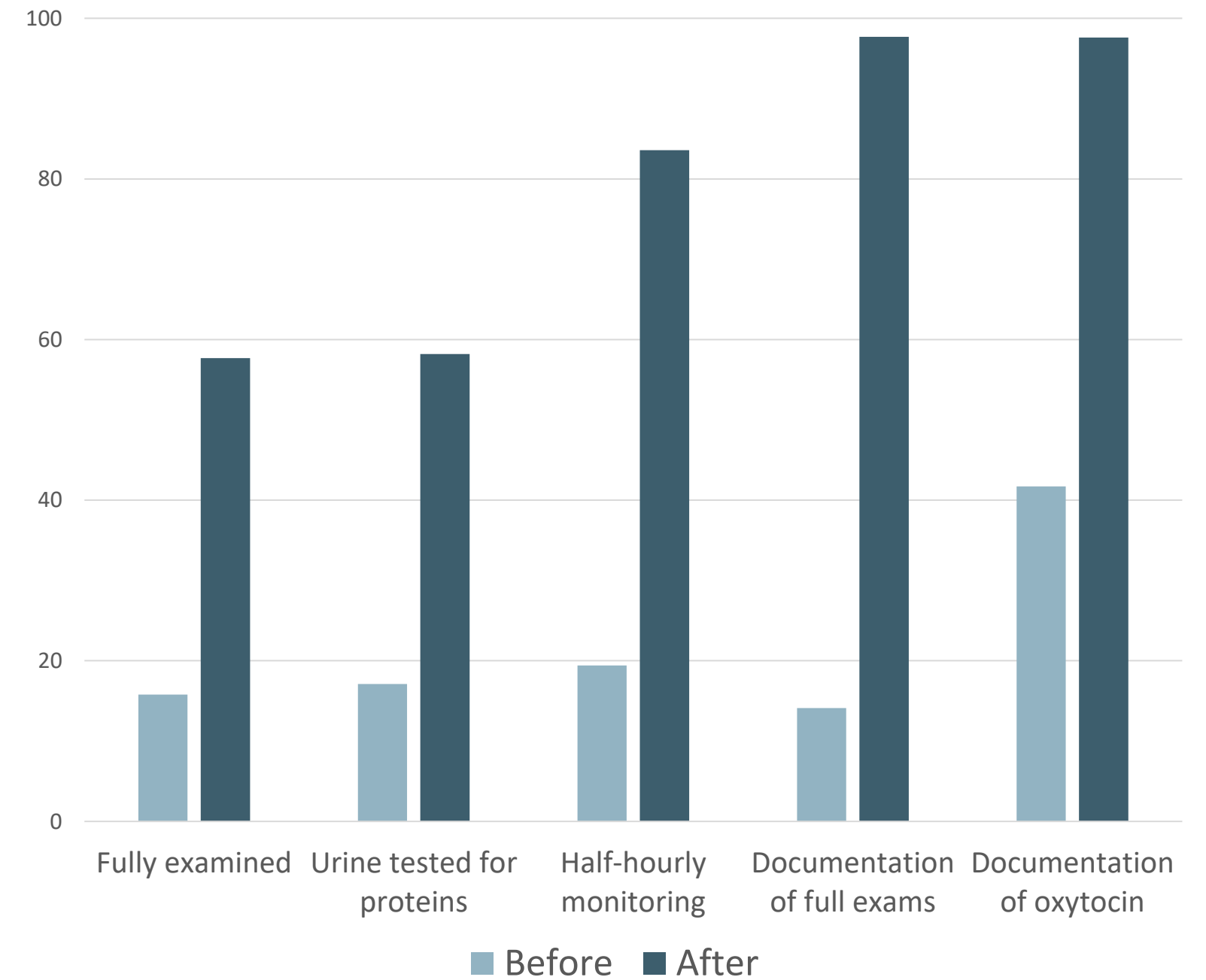


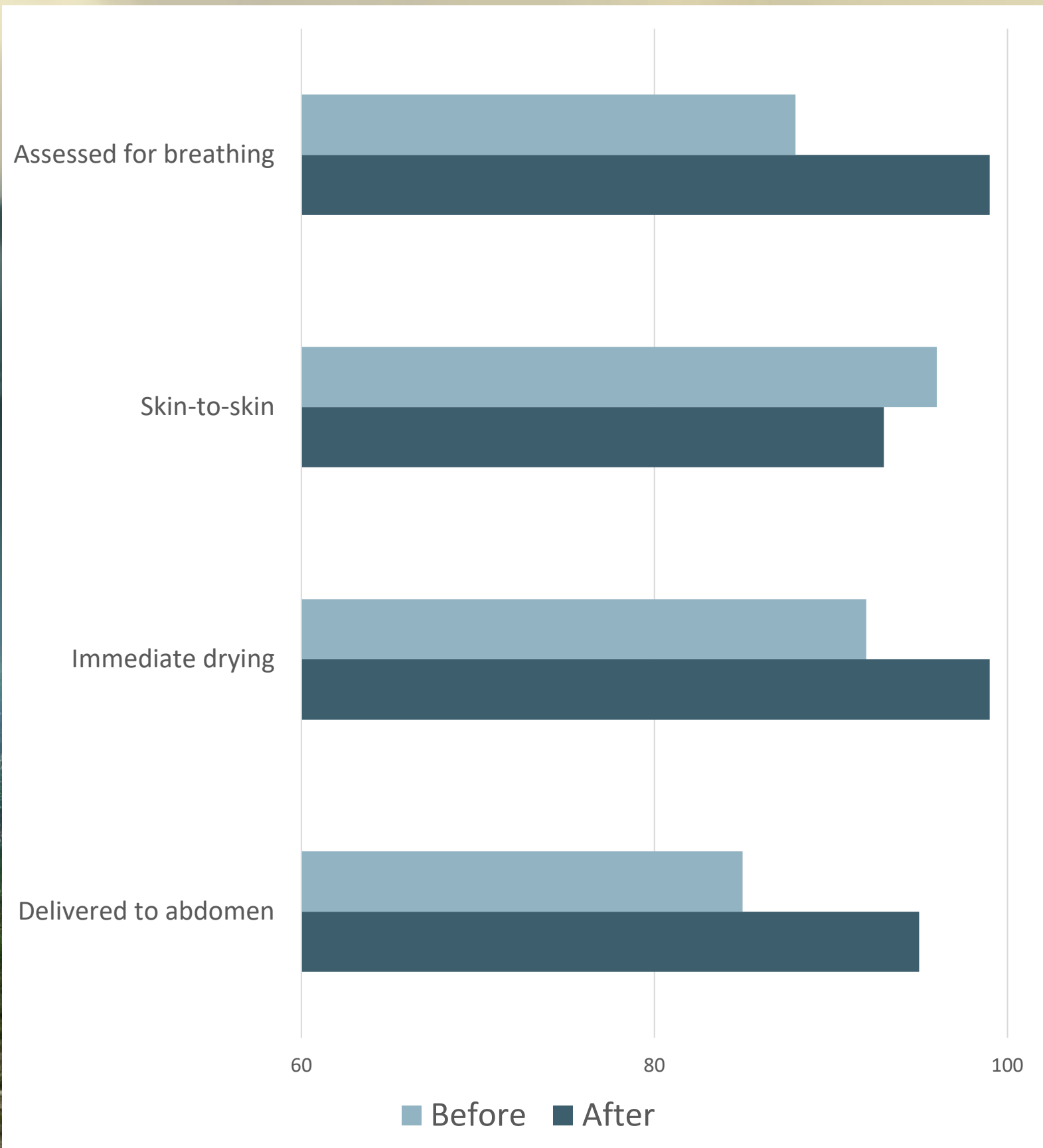
Quality of care

Before: high coverage of some interventions



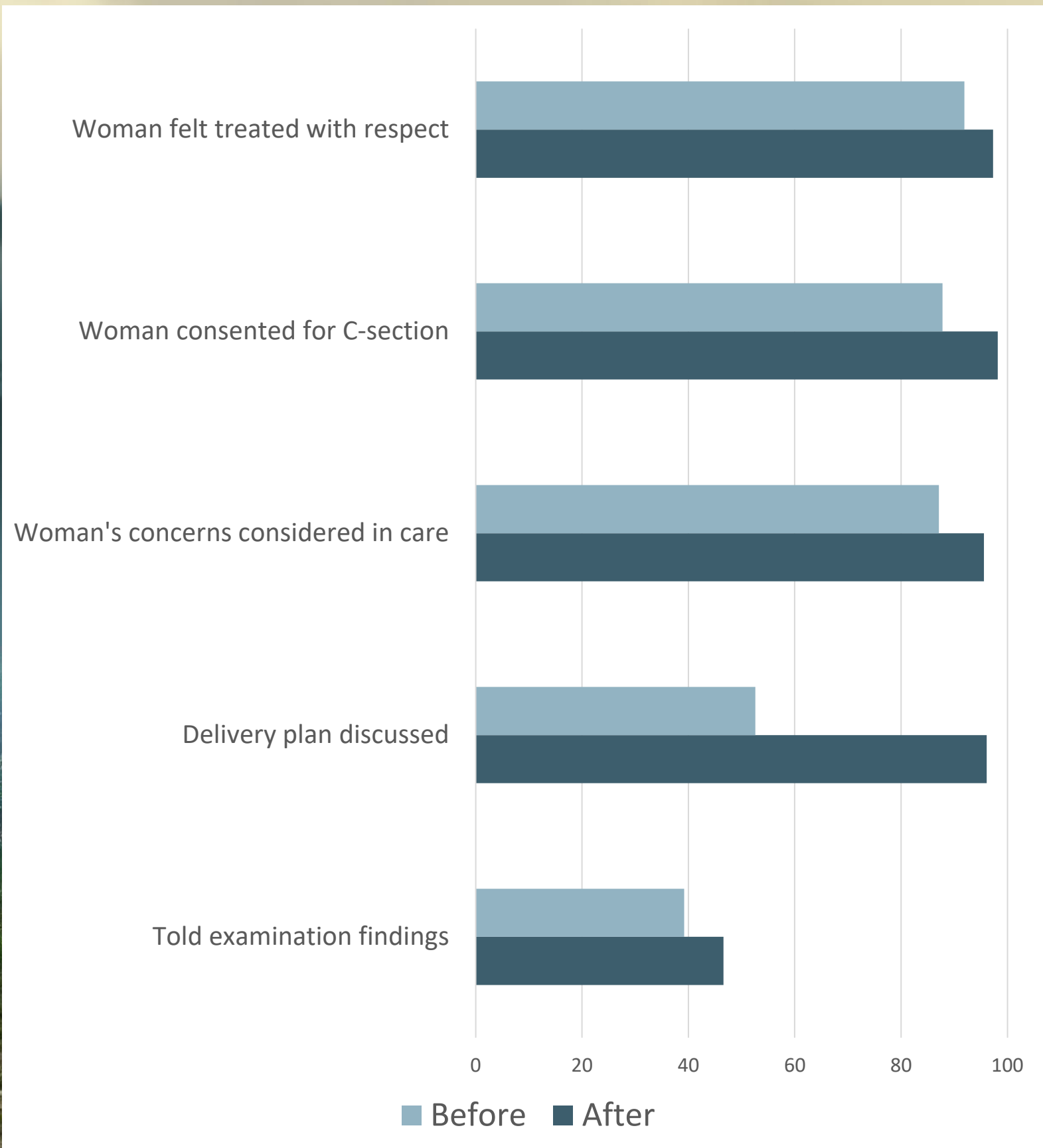
After: substantial increase in care and documentation





Newborn care

- High coverage of newborn care at baseline
- Establishment of Special Care Newborn Units at all three hospitals
- Staff trained to provide essential newborn care, KMC, care of the small & sick newborn, infection prevention and control, perinatal death audit, respectful care



Respectful care

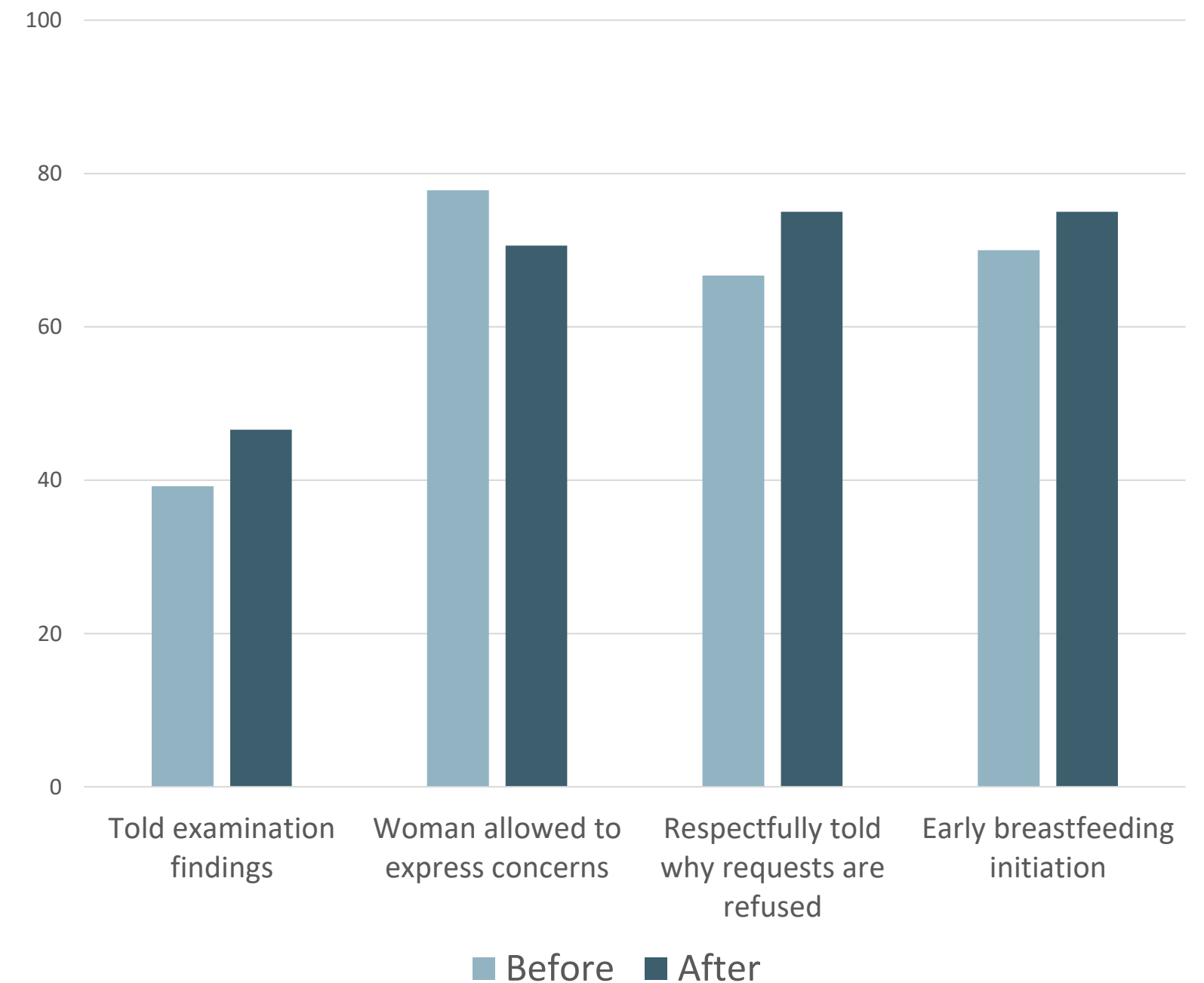
Improvement in respectful care in all three domains:

- effective communication
- emotional support
- respectful care devoid of abuses

Opportunities for improvement

Some aspects decreased after implementation or had only minor increases with room for improvement:

- Told examination findings
- Allowed to express concerns/told why requests refused
- Early breastfeeding initiation



Standards needing further improvement

STANDARD 5: Women and newborns receive care with respect and preservation of their dignity

STANDARD 6: Every women and her family are provided with support that is sensitive to their needs and strengthens the woman's capability

STANDARD 8: The health facility has an appropriate physical environment, adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications

Effect on mortality

Perinatal mortality fell by 17% from 19.6 per 1,000 total births to 16.2 per 1,000 total births.

Early in the intervention, mortality rates appeared to increase, a result of improved data capture. Rates stabilized before declining further after implementation.





Lesson #1:

QI interventions save lives and should be the thrust for achieving sustainable reductions in maternal, stillbirth and newborn mortality



Lesson #2:

Leadership at local (facility, community, district, region) and national levels is key to success in QI and must work synergistically



Lesson #3:

Fully integrated QI coaching models will allow for expertise in higher-level facilities to support care at all levels, critical for settings with access challenges



Lesson #4:

Data quality improves with QI and early improvements in care may be masked by improvements in data capture of mortality



Lesson #5:

Quality of care should be the entry point for wider health systems improvements

Recommendations

Recommendation # 1

MOH through the Ghana Health Service and Quality Directorate should facilitate **roll out of QI packages across all facilities.**

Capital investment and engagement with key partners is needed to build capacity, procure key inputs and strengthen support for data use.

Recommendation # 2

MOH/GHS should **integrate perinatal death surveillance data** and analytical automations into **DHIMS-2** as an immediate priority.

Additional support to **strengthen regional oversight and facility capacity** is needed for key QI components such as maternal and perinatal death surveillance and reviews.

Recommendations

Recommendation # 3

Tapering of key support from Partners must be gradual and in tandem with capacity development of the Ghana Health Service

Recommendation # 4

The MOH, Ghana Health Service and Partners should explore opportunities to **disseminate best practices** and build a learning network to share knowledge, experiences and resources.

This is a critical priority in the immediate to medium term.



Conclusion

Implementing the quality of care standards **is feasible** in low and middle income countries.

Implementing quality of care standards in facilities is necessary **to improve health outcomes**.

Sustaining results and scaling up will require **system-wide change** and significant and continuous **technical support**.

Discussion



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- Ministry of Health
- Ghana Health Service
- National Health Insurance Authority
- Navrongo Health Research Centre
- Civil Society Organisations (PARDA, RISE GH, INTYON)
- Specialist paediatricians and obstetricians for mentoring hospital teams
- Bill and Melinda Gates Foundation
- World Health Organisation
- UNICEF

**Thank you for your time and
discussion!**

STAY ENGAGED

- **Upcoming webinars in this series:**

- Wednesday 7 April 2021 at 2pm CET: Bangladesh: Building quality of care systems and scaling up implementation of standards for maternal and newborn health'

Register here: bit.ly/BangladeshQoC

- Tuesday 13 April 2021 at 2pm CET: Quality Improvement implementation at district level in Tanzania
Register here: bit.ly/TanzaniaQoC

- Tuesday 4 May 2021 at 2pm CET: Launch of the 2017-2020 Network Report: Evolution, Implementation and Progress

Register here: bit.ly/lessonsQoCNetwork

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