

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

unicef 



World Health
Organization

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 **Bangladesh's health facilities**

7 April 2021



Presenters and panelists



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Quality Improvement
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Maternal and Newborn
Care Strengthening Project

Webinar at a Glance

Part 1: Introduction, National strategy and engagement

Part 2: Action and learning

- **Every Mother Every Newborn**
- **MaMoni Maternal & Newborn Care Strengthening Project**

Part 3: Lessons learned and recommendations

Part 4: Question & Answers





PART 1:

Introduction, National strategy & engagement

Dr. Md Ziaul Matin,

Health Manager, UNICEF Country Office Bangladesh



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.

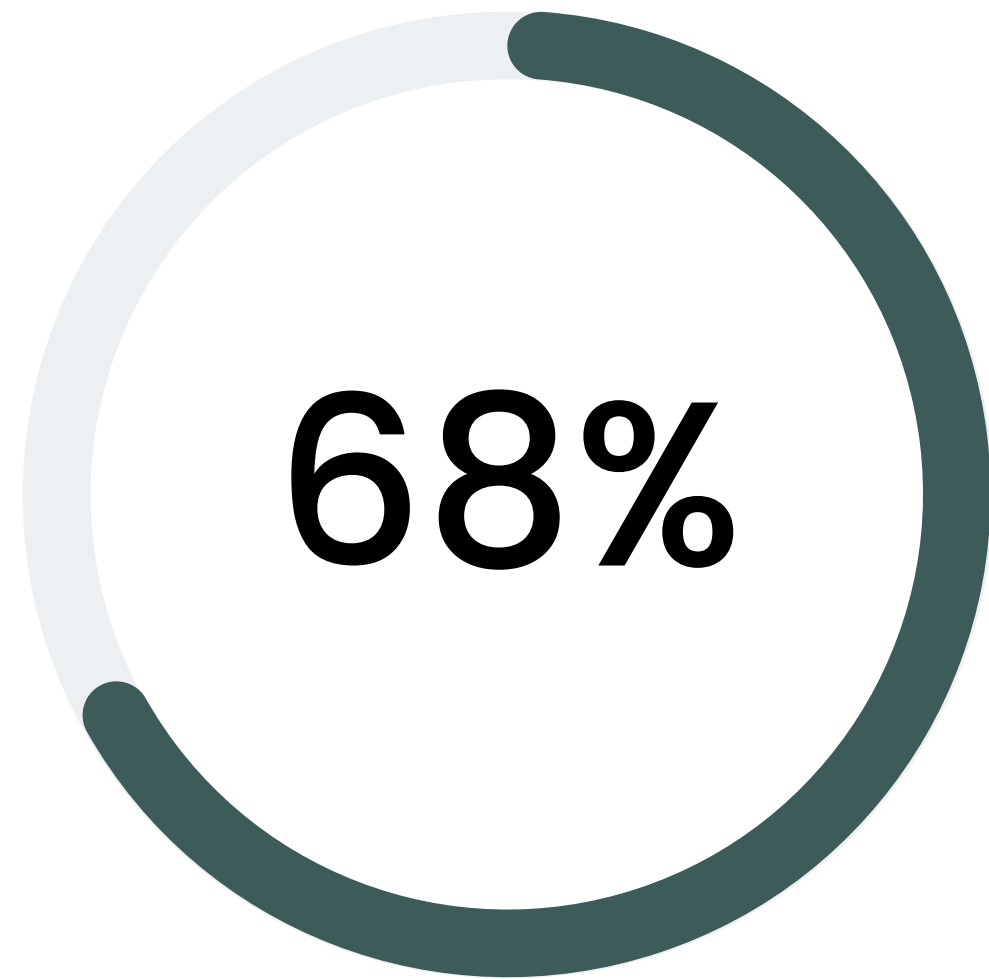
Quality standards

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

Perinatal health in Bangladesh



68% decrease in neonatal mortality between 1990 and 2018

17
neonatal deaths
per 1,000 live
births

Policy and strategic Framework

National strategies, costed action Plan and Guidelines developed for Maternal and Newborn Health

National Newborn Health Programme incorporated in the 4th Health Sector Programme (HPNSP)

Guidelines and modules developed for Every Mother Every Newborn Quality of Care standards and implemented

MPDSR national guidelines and tools developed and implemented



Leadership & accountability

- Quality Improvement Secretariat established (QIS);
- QI Coordination structures established at national and sub-national levels and TWG formed with partners;
- Integrated QI model implemented in learning districts (Kurigram and Manikganj) ;
- Consensus among partners and MOHFW on WHO QI framework and operationalize the MNH standards;
- Coordination and harmonization of partners support in 17 learning districts under the guidance of QIS and DGHS, MOHFW ;
- Implementation support to district and facility through Operational Plans of DGHS under 4th HPNSP;
- On-site Mentoring and a QI learning system established;
- Measurement system strengthened, QED indicators integrated in the HMIS (DHIS 2) and supported by all partners;





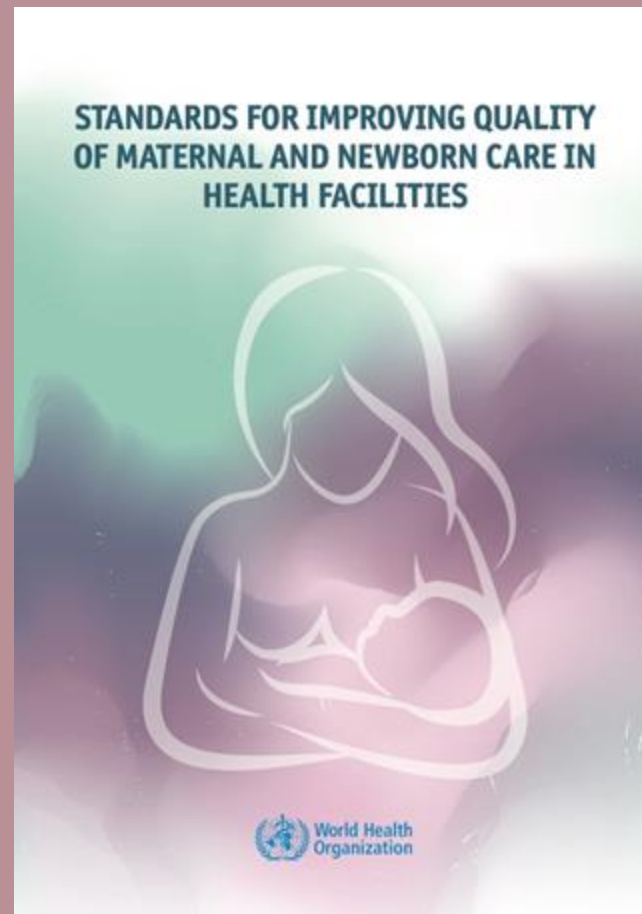
PART 2:

Action and learning

- **Every Mother Every Newborn**
- **MaMoni Maternal & Newborn Care Strengthening Project**

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

- Increase bed capacity
- Establish newborn care and KMC units
 - Procure equipment



Institutionalization of QI

- QI teams in facilities
- Support for training and placement of human resources for health
- Training, mentorship, coaching
 - Periodic quality of care assessment
- Death audits and response
 - Strengthening HMIS



Implementation

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

When and where?

- 2016–2018
- 5 facilities (1 District hospitals, 4 Upazila Health Complexes)
- Kurigram district in Rangpur division



Purpose of Evaluation: 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



7,049 births



5,828 newborns
admitted for special
care



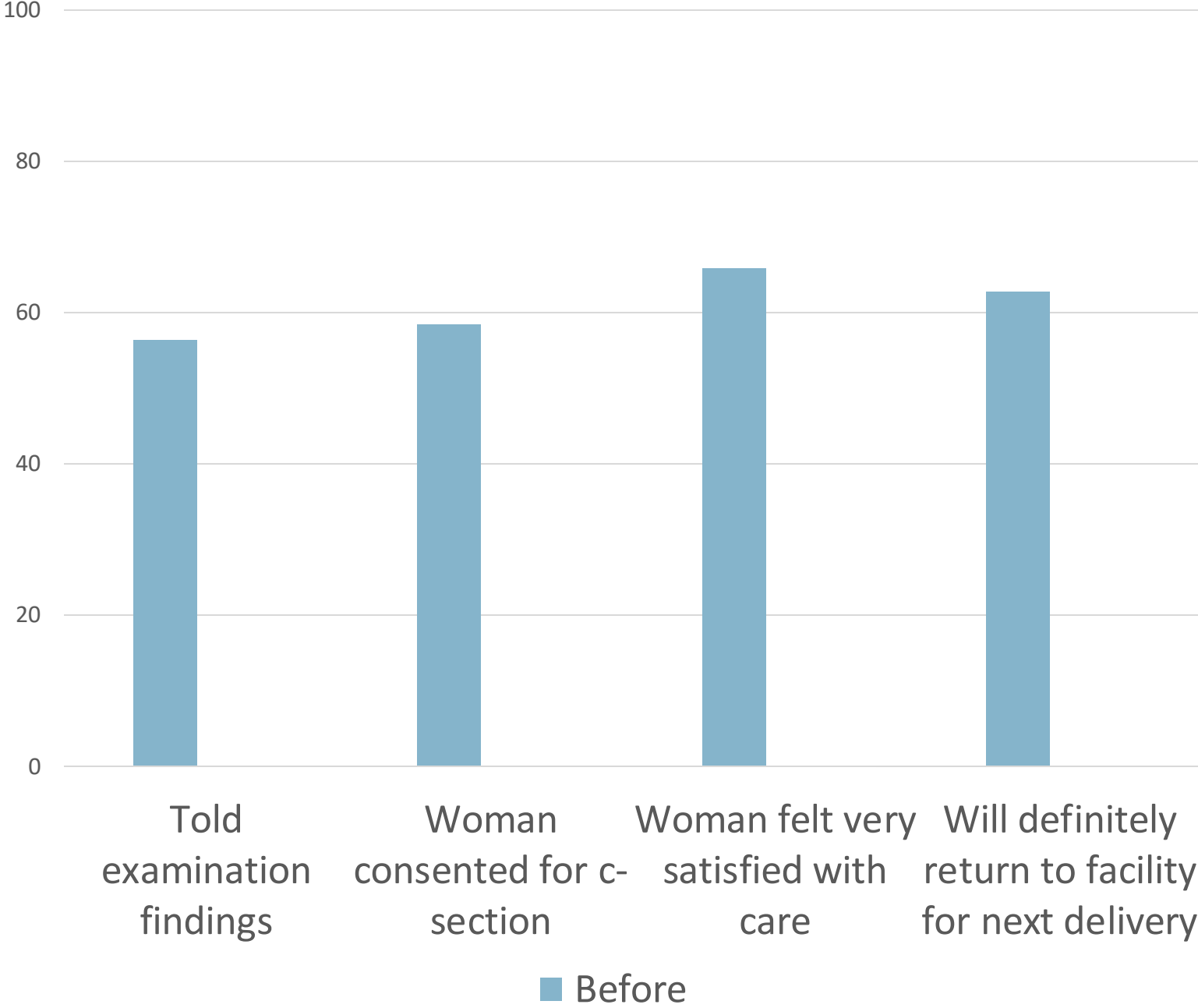
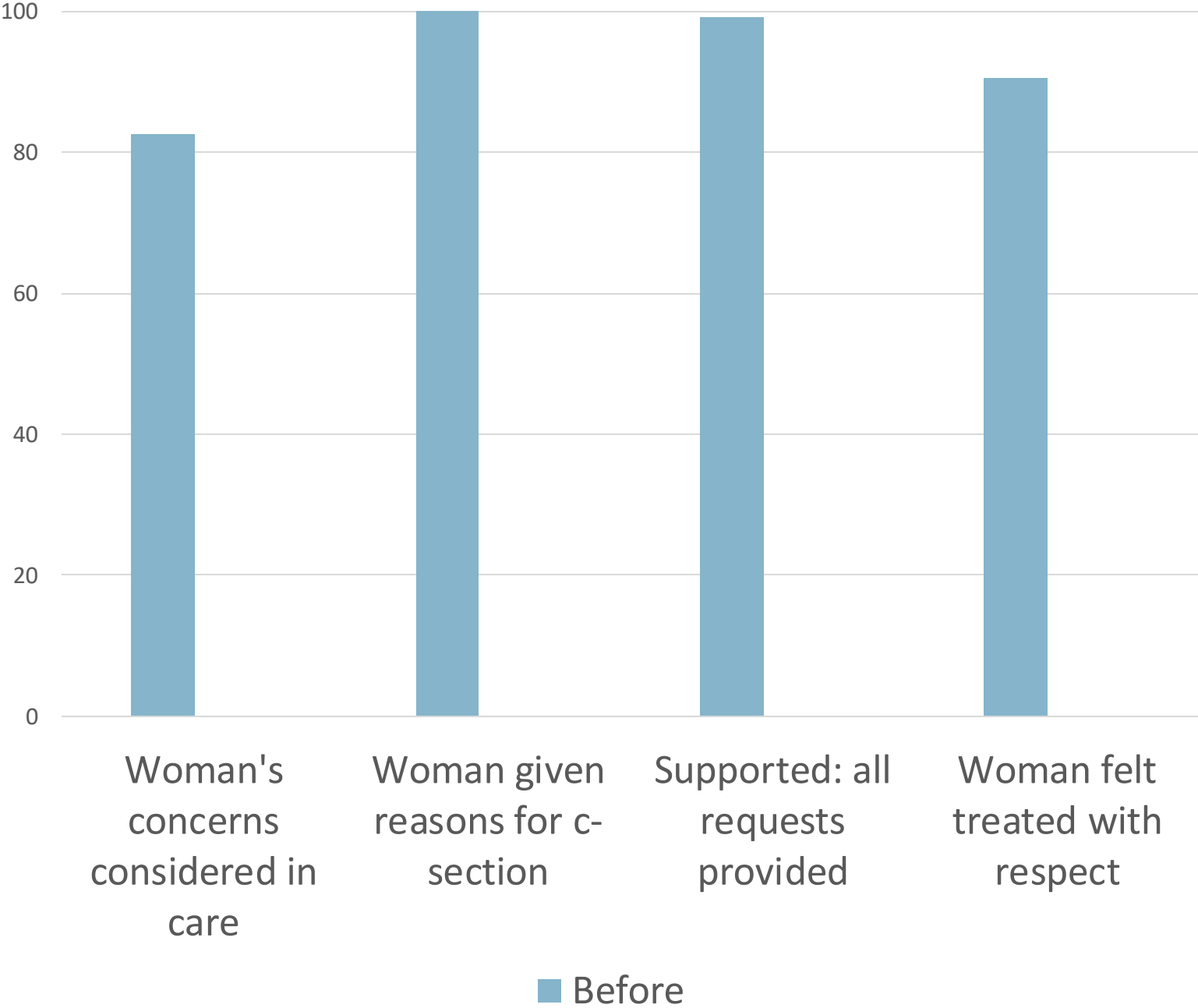
48 mentorship visits



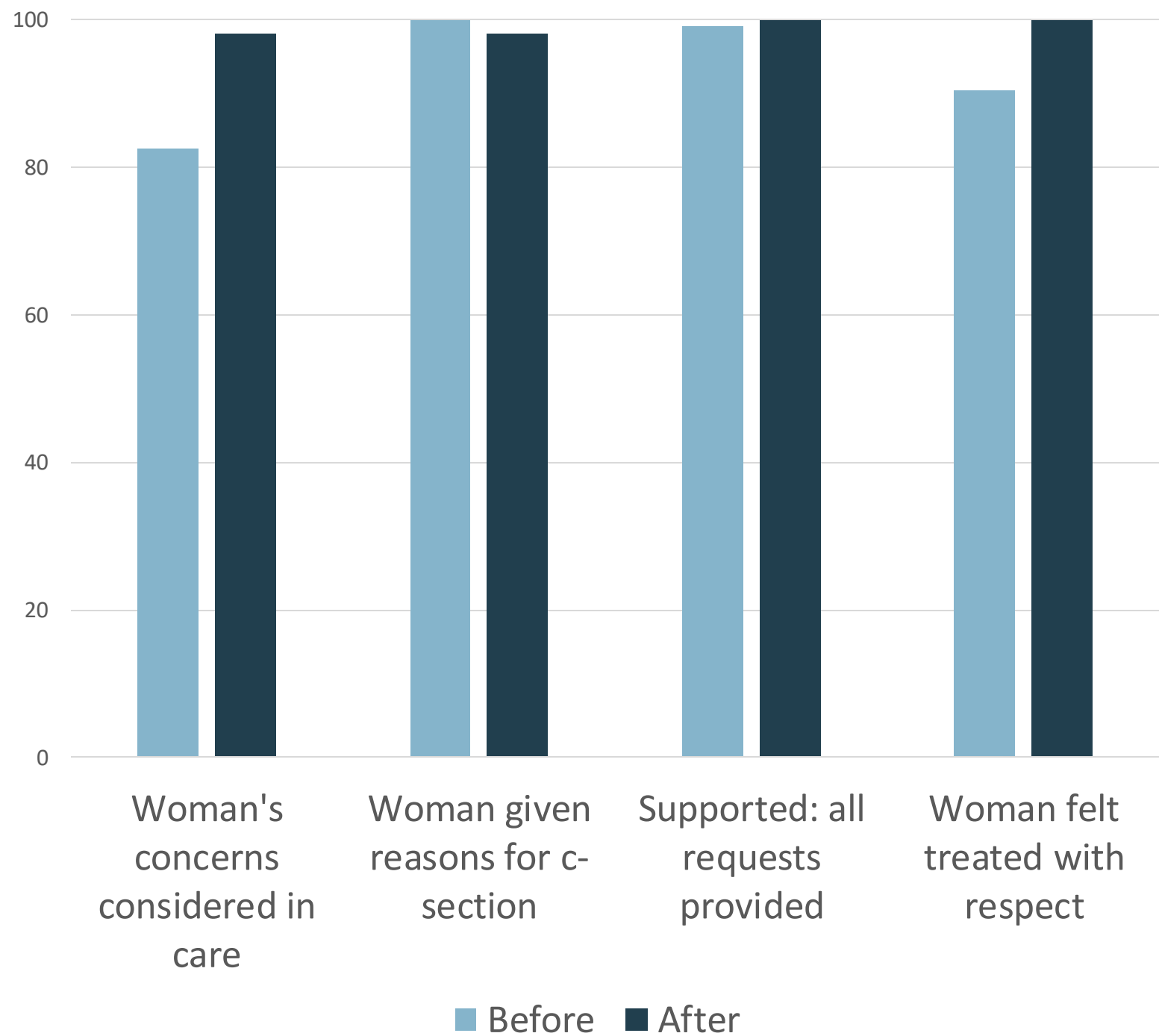
147 QI coaching visits

Respectful care

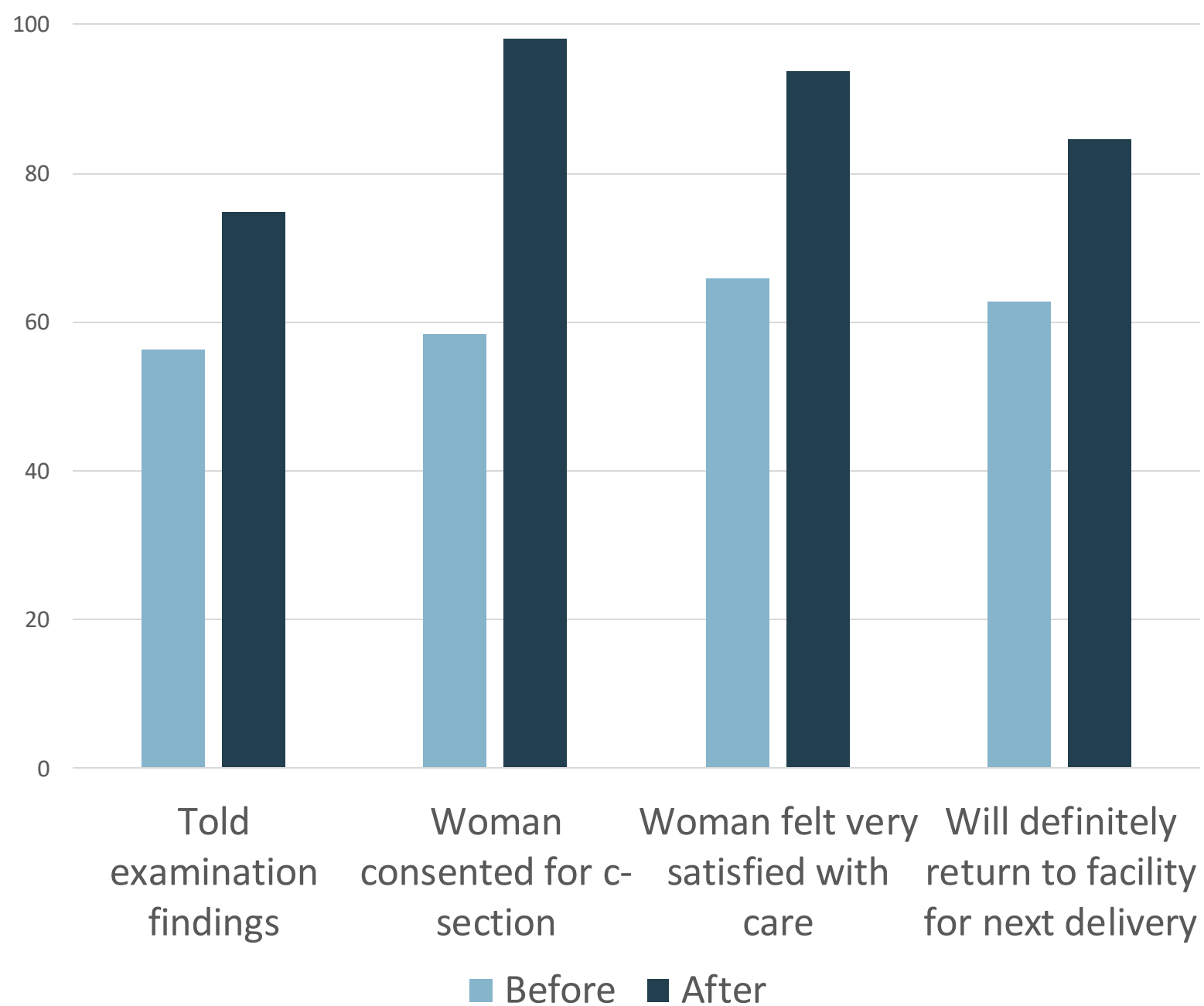
Before: high coverage of some aspects

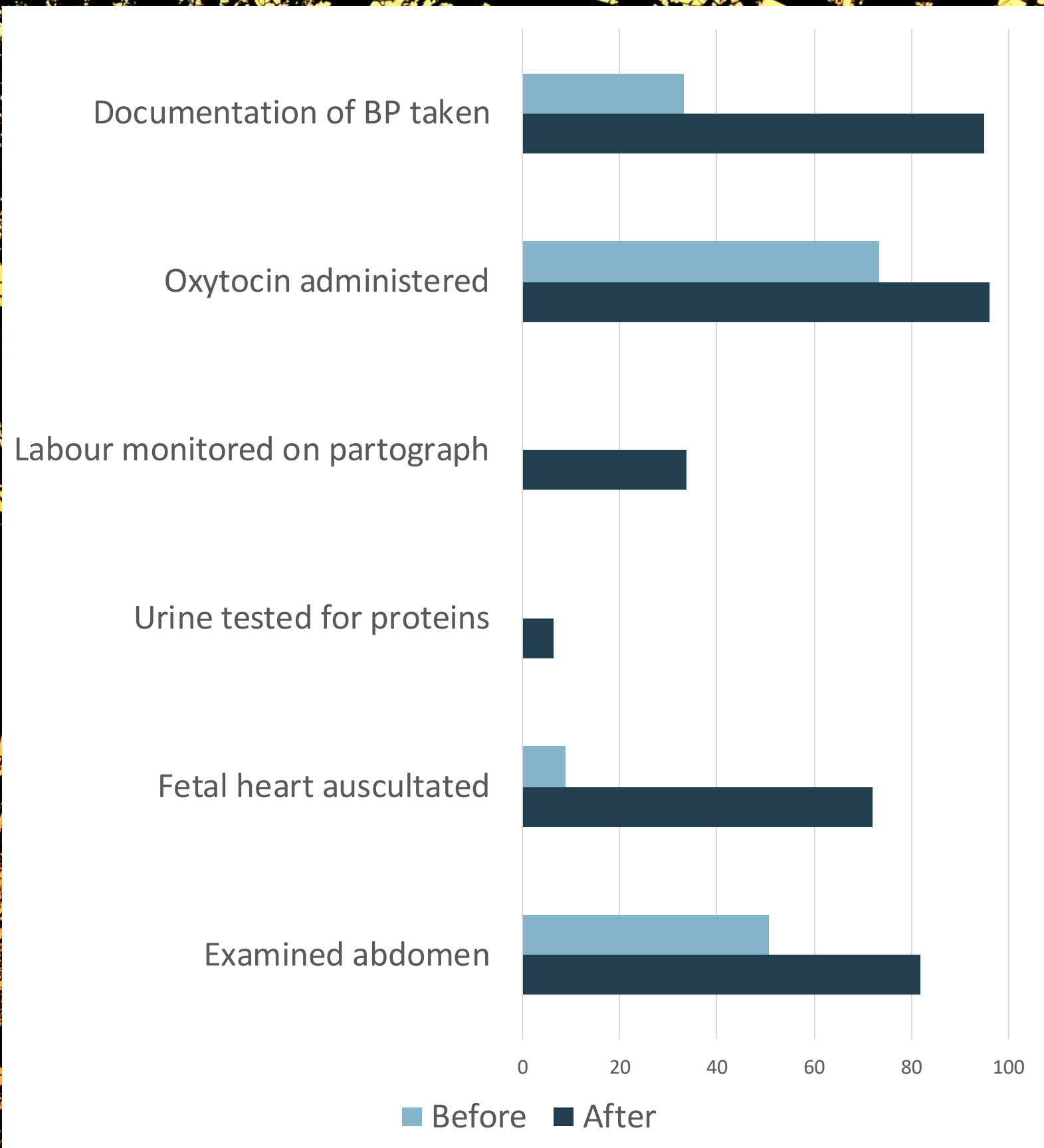


Respectful care



After: substantial increase in respectful care

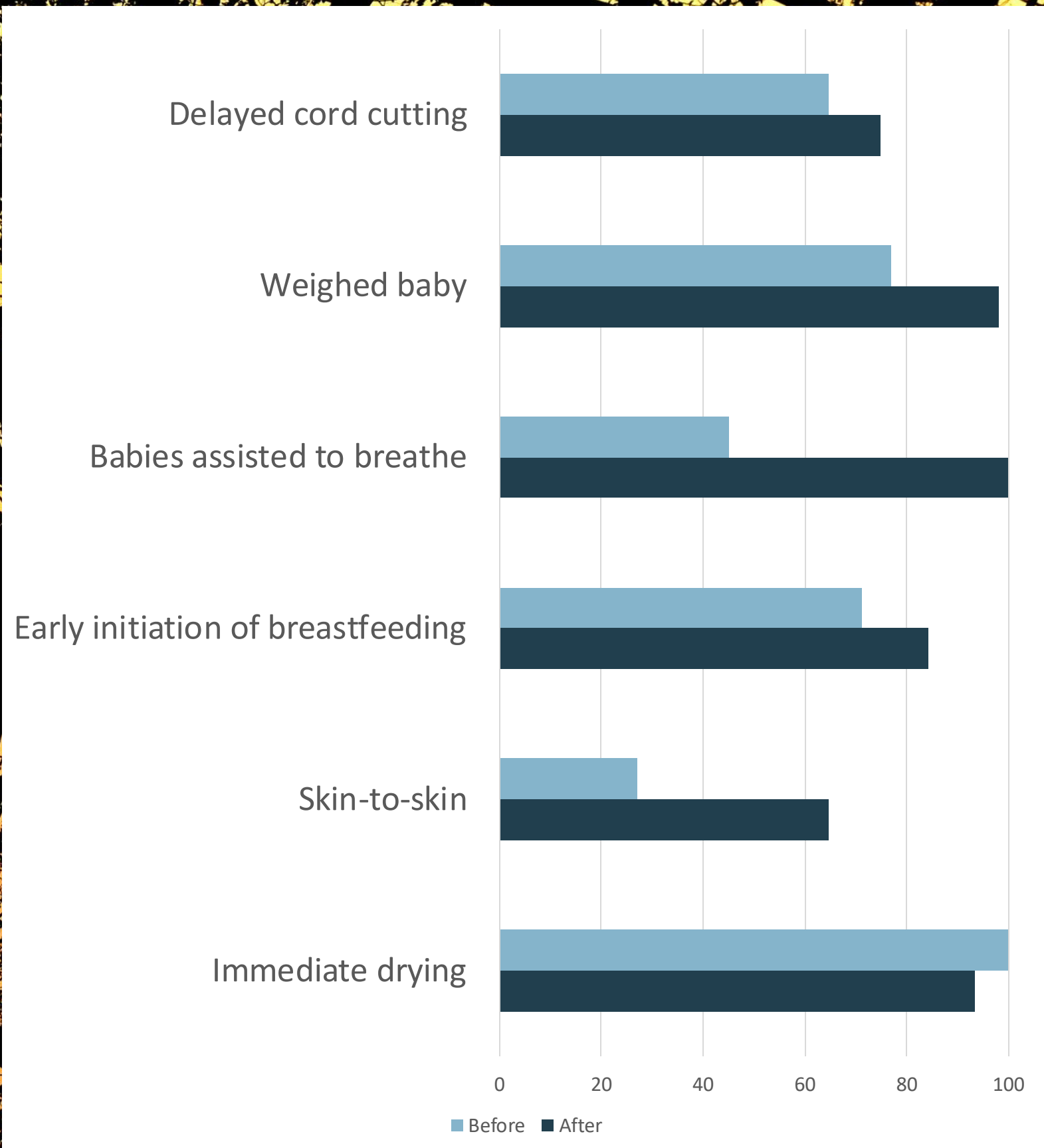




Maternity care

Substantial increases in practices around management of labour and delivery

Practices which were nearly non-existent saw some increase during implementation



Newborn care

- Substantial improvement in readiness and provision of early essential newborn care
- Establishment of Special Care or Newborn Stabilization Units and KMC rooms at facilities
- Job aids provided

Standards needing further improvement

STANDARD 2: The health information system enables use of data to ensure early, appropriate action to improve the care of every woman and newborn.

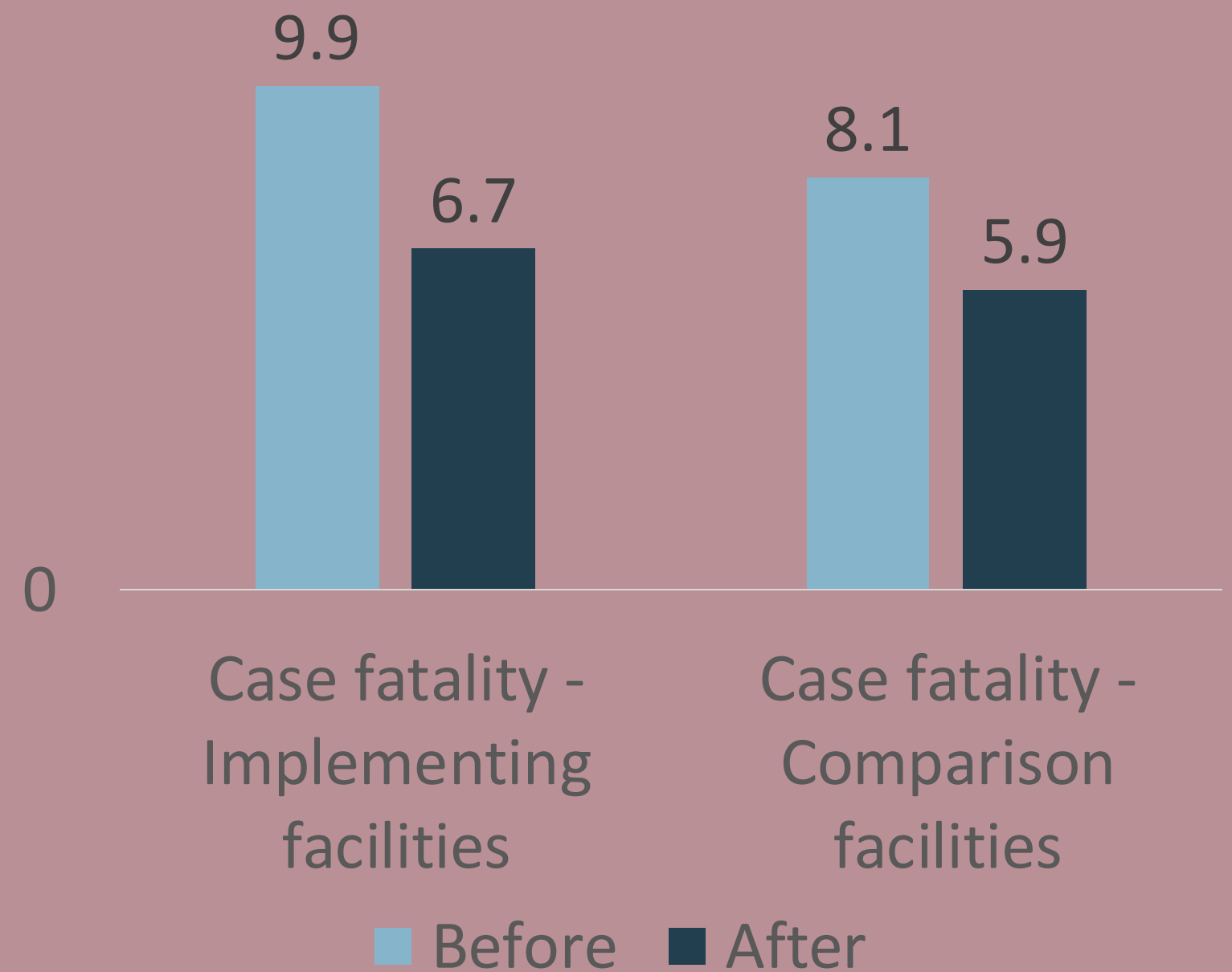
STANDARD 3: Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resources is appropriately referred.

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

Effect on mortality

The neonatal case fatality rate fell from 9.9% of admitted cases to 6.7% after 18 months of implementation. In comparison facilities there was a decrease from 8.1% to 5.9%.

Stillbirth rate had a marginal reduction from 44 to 42 per 1,000 births.





USAID

আমেরিকার জনগণের পক্ষ থেকে




Save the Children

Bangladesh: Building Quality of Care Systems and Scaling up Implementation of Standards for Maternal and Newborn Health

Dr. Mamun Bhuiyan
QI Advisor, USAID's MaMoni MNCSP
Institute for Healthcare Improvement



USAID's MaMoni Strategic Objectives and Results



Increased Equitable Utilization of Quality Maternal and Newborn Care Services

Improved responsiveness of district health systems to deliver patient-centered MNC services

Improved quality of MNC services and governance of quality of care

Sustained improvement in access and demand for MNC services and household practices

Improved national capacity to deliver quality MNC services at scale

Care and Operational Bundles

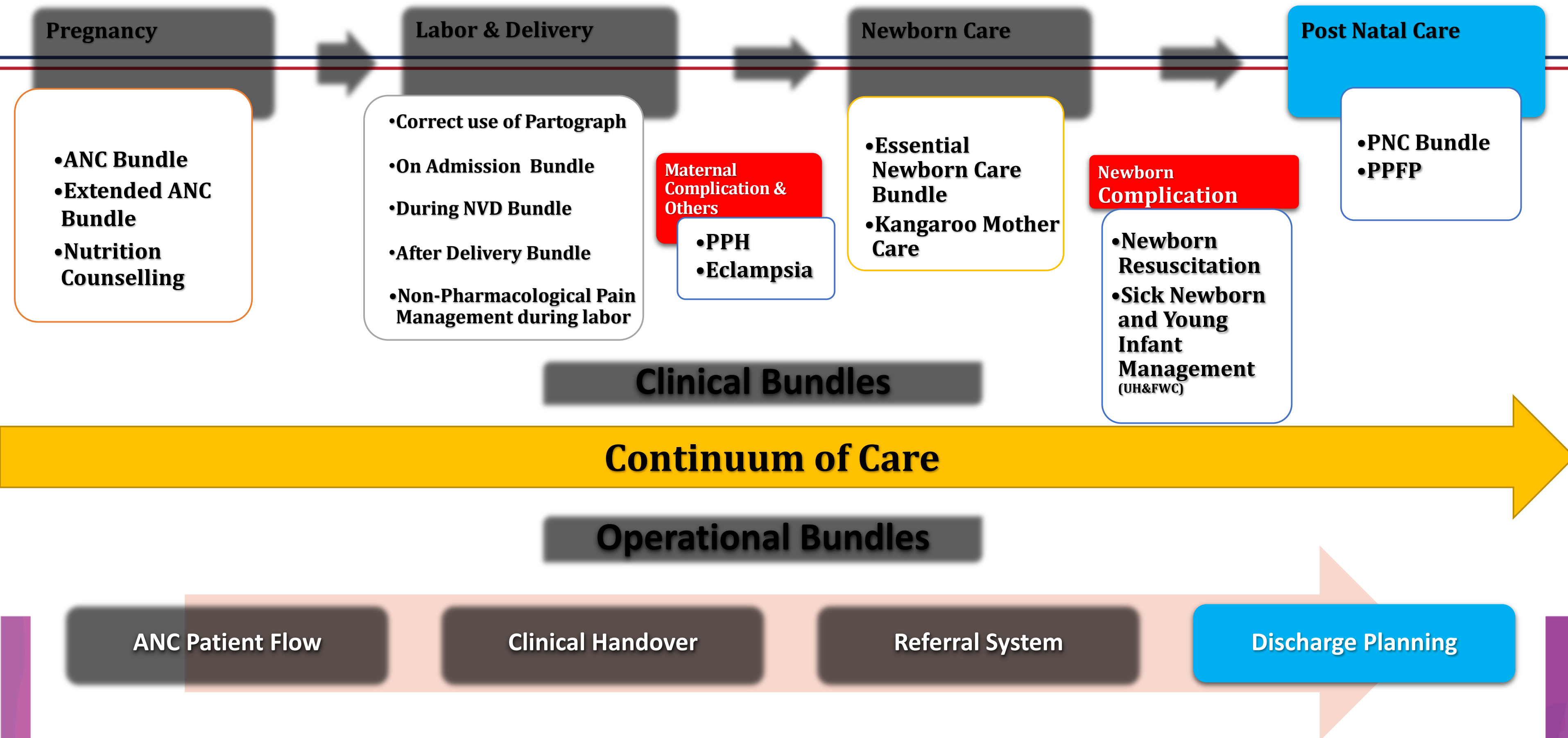


Example Bundle. Antenatal Care

- Measuring blood pressure
- Measuring weight
- Measuring blood Hb
- Measuring albumin in urine
- Counselling on maternal danger signs

- A **bundle** a small set of related evidence-based practices — generally three to five — that, when performed collectively and reliably to address a common problem, result in patient outcomes.
- “**Bundle effect**” – more efficient method for improving a number of related improvement processes simultaneously (vs improving individual components).
- **Measurement of a bundle** – all components of the bundle must have been undertaken during a patient encounter to “count” as having been implemented.
- **Care Bundle concept extended to Operations**
e.g. referral system

Care & Operational Bundles



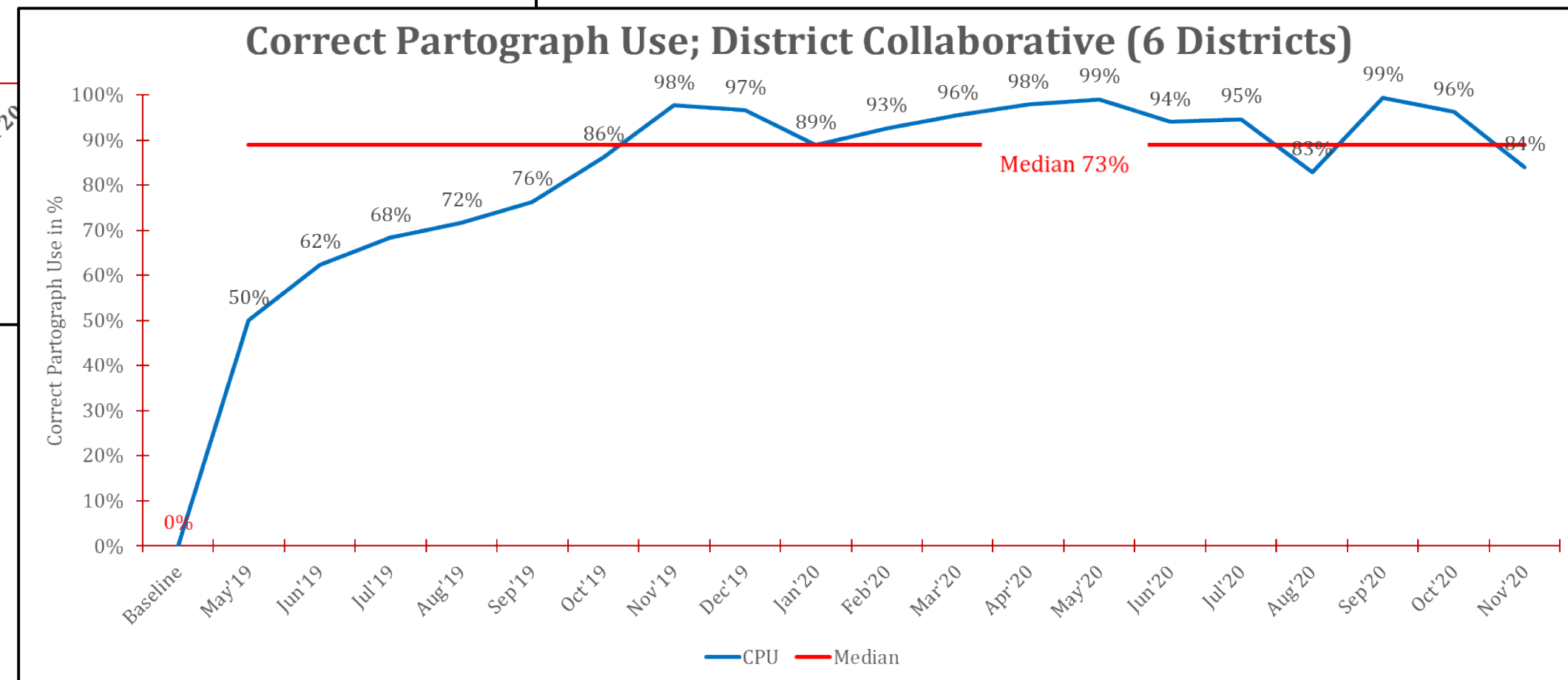
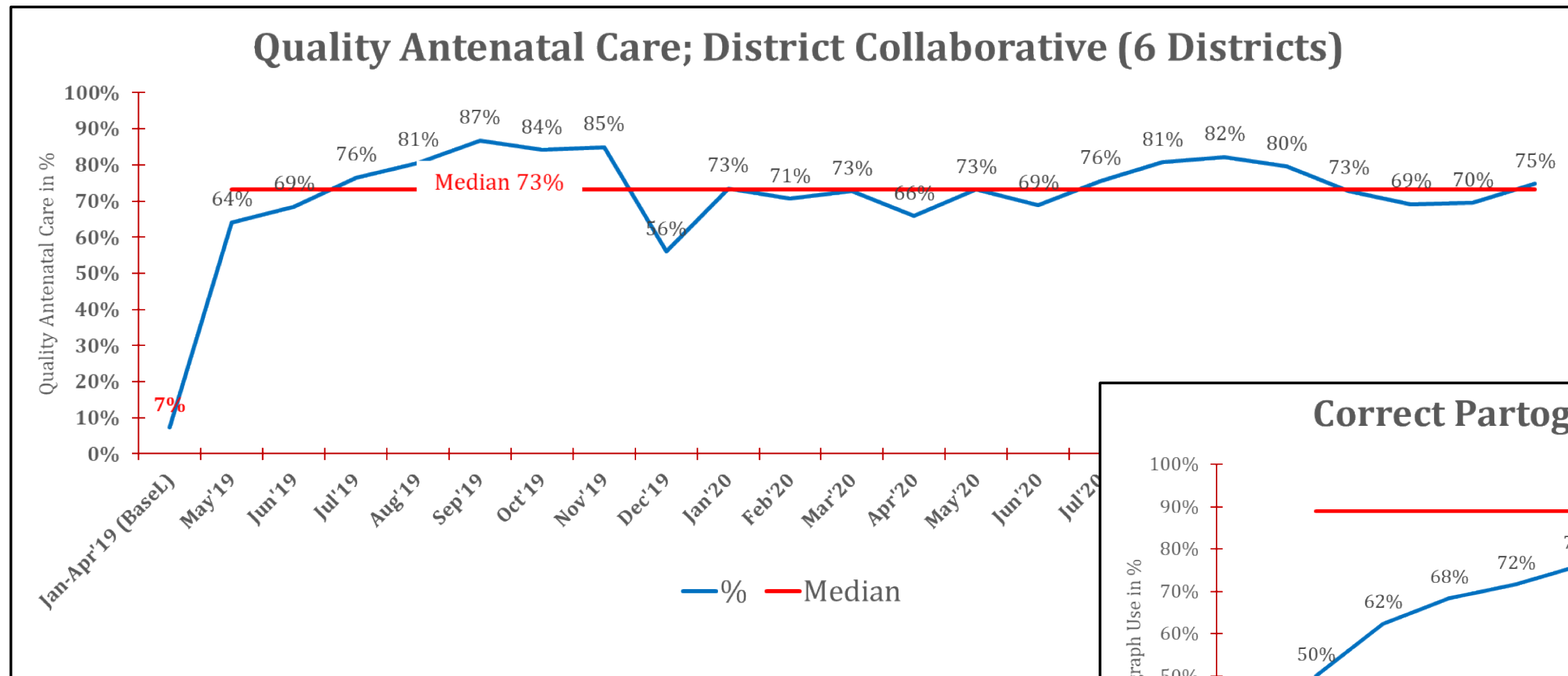
Learning by doing

- Linking the integrated elements
- Understanding what is being done and why
- Practicing what is learnt all the time
- Its fine to make mistakes and for things to go wrong
- Approach applicable to multiple settings
- Onsite coaching and mentoring
- Leadership Engagement
- Creating a safe environment
- Sustaining the gains

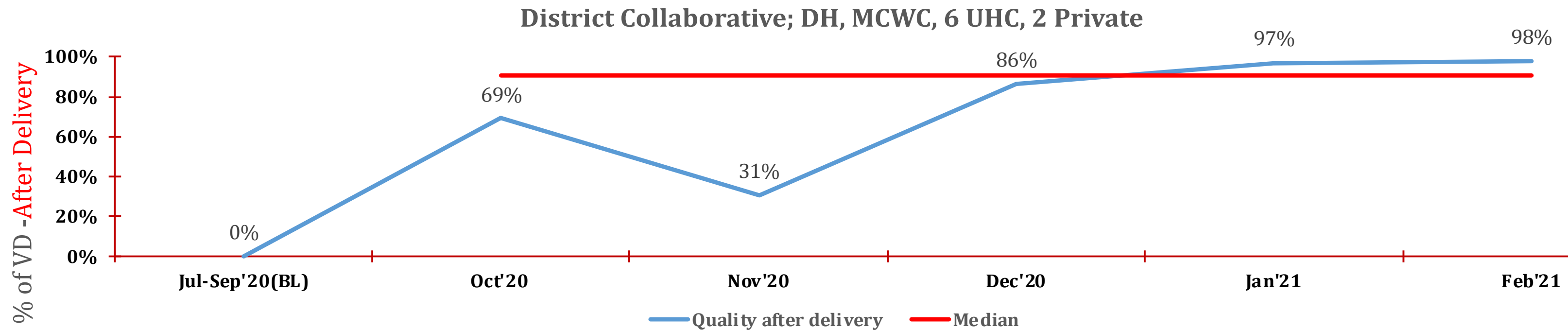
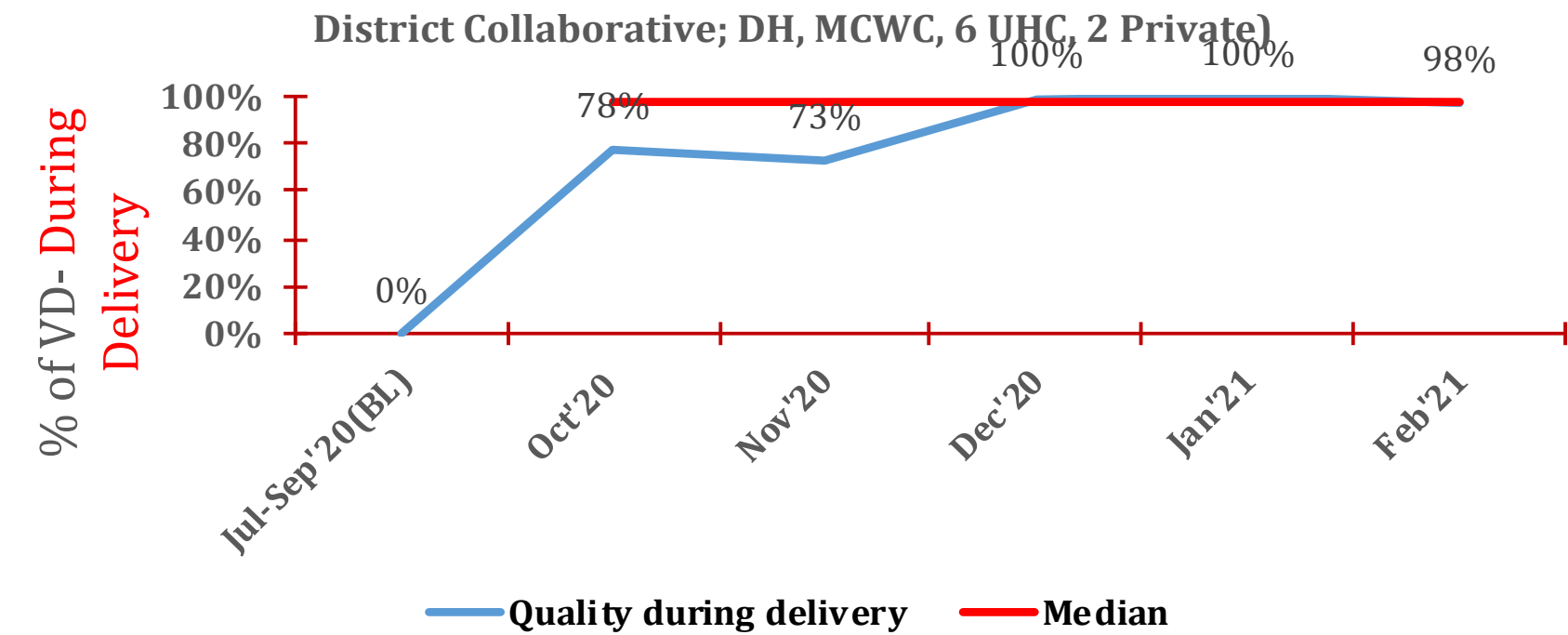
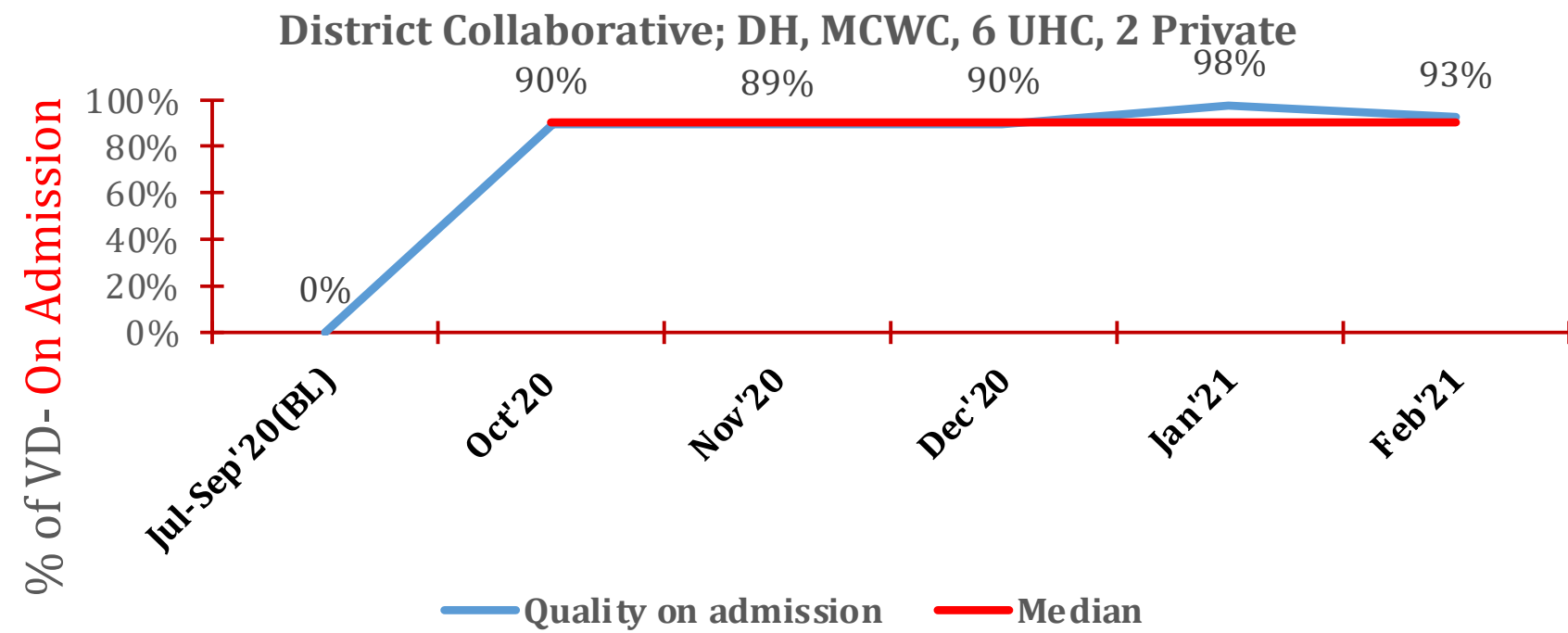


Build Confidence

Quality ANC and Correct Partograph Use

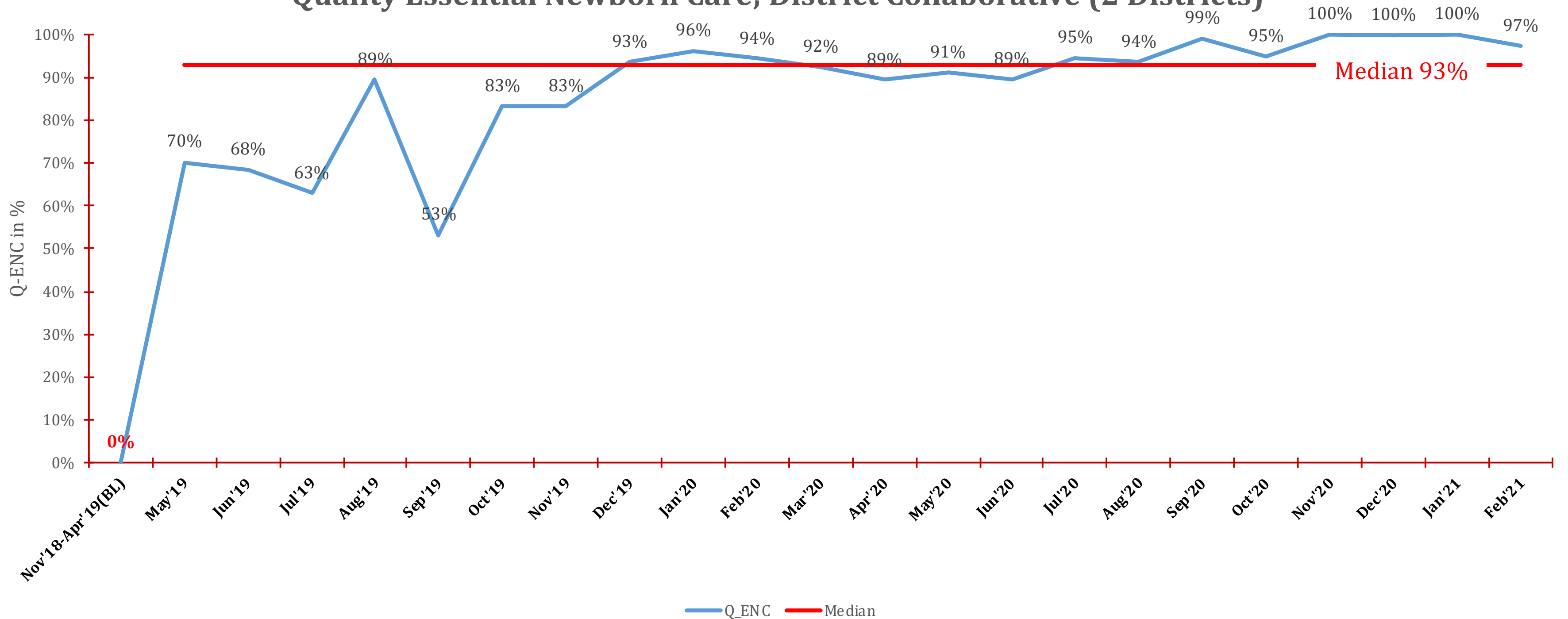


Delivery Bundles

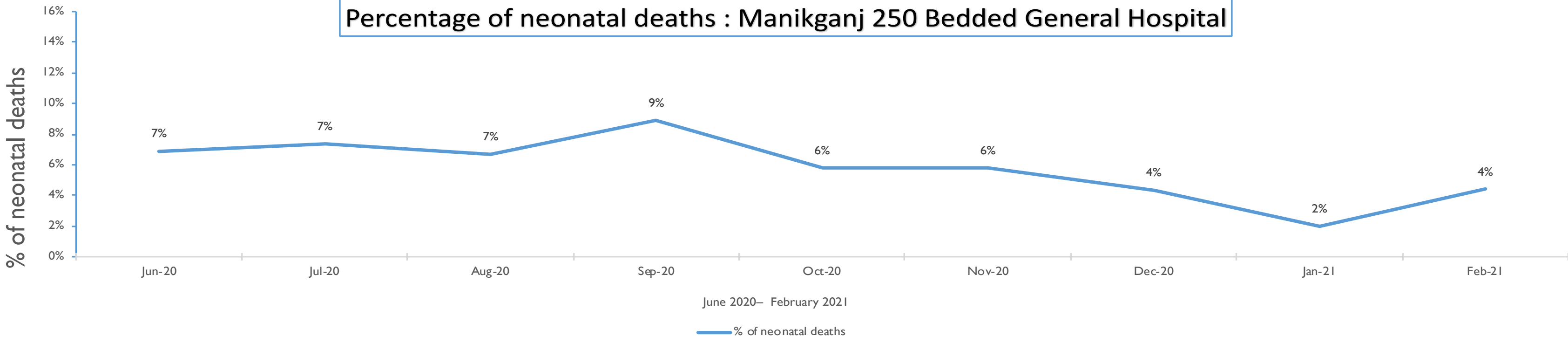


Quality Essential Newborn Care (ENC)

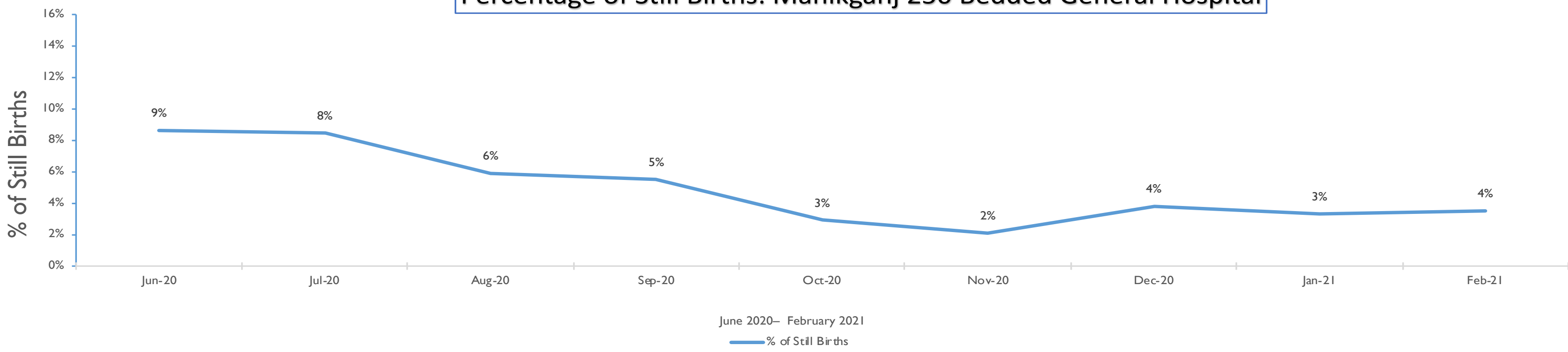
Quality Essential Newborn Care; District Collaborative (2 Districts)



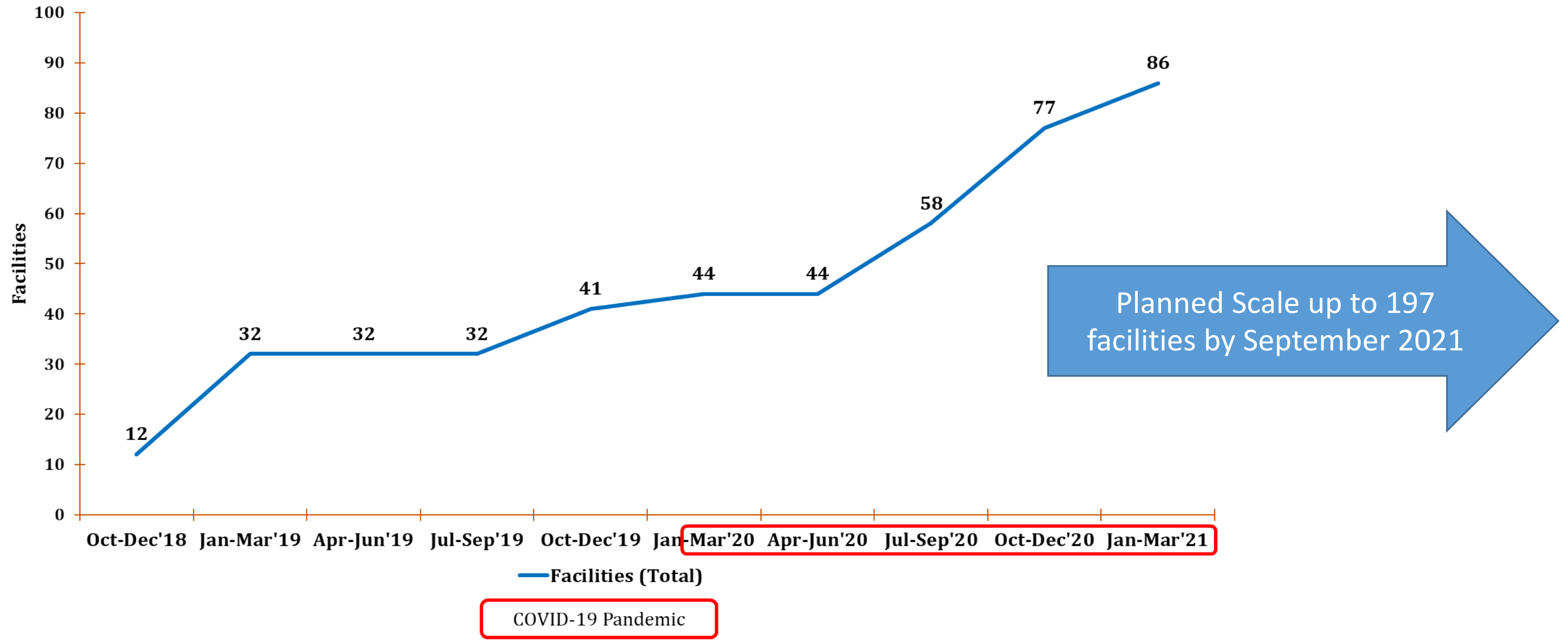
Percentage of neonatal deaths : Manikganj 250 Bedded General Hospital



Percentage of Still Births: Manikganj 250 Bedded General Hospital



MNH-QI Bundle Scale Up under Learning & Sharing Model





Right care at the Right place at the Right time

All the time

Embedded throughout the system



Part 3:

Lessons learned and recommendations

Dr. Muhammad Shariful Islam

Program Manager Newborn Health Program
Manager & IMCI,
Directorate General of Health Services,
Ministry of Health and Family Welfare,
Bangladesh



Lesson #1:

Strong leadership that promotes inclusivity (involves professional associations, academia and public-private partnerships) at all levels is a key to success. Translation of policy and guidelines at the macro level to micro level helped synergize action and greater stakeholder buy-in.



Lesson #2:

QI interventions, when appropriately implemented, will help save lives. They are overdue and necessary to strengthen quality PHC and achieve Sustainable Development Goal targets and beyond.



Lesson #3:

Quality of care should be the entry point for broader health system improvements. Improved quality and use of data to inform changes are bedrocks for system resilience.



Lesson #4:

Coaching and mentorship, when fully integrated in national strategy, will allow for the availability of expertise to support care at all levels. Gaps in skilled human resources are a threat to sustained progress.



Lesson #5:

Data evolves during QI and early improvements in outcomes may be masked by concurrent improvements in data capture.



Lesson #6:

Gains in QI are not an end in themselves but must serve as a platform to achieve even more improvements. Substantial challenges remain in the quality of care for mothers and newborns.

Recommendations

Recommendation # 1

The MOHFW, DGHS, and the QIS should facilitate roll-out of the QI packages across all facilities in the country.

This will require further strengthening and systematic institutionalization at the national and district levels. Capital investment for procurement of key inputs are required and need engagement with key partners.

Recommendation # 2

Human resources for health are poorly available and may threaten the sustainability of the momentum and system wide improvements.

The MOHFW should address this at the national and local levels as an immediate critical challenge.

Recommendation # 3

The MOHFW and partners should develop strategies to ensure equipment is used for providing care by training technical staff on equipment operation as a short-term priority.

This should be followed with support for installation and maintenance of equipment through bioengineering departments.

Recommendations, continued

Recommendation # 4

Community engagement at the micro level must be prioritized with support from the macro level.

This will require resources and greater intersectional collaboration at all levels.

This will make quality health care that responds to needs a valued community asset.

Recommendation # 5

The MOHFW should ensure that standard operating procedures for referral of maternal and newborn complications are available in all facilities to standardize and guide practice.

Two-way information flow for referrals is critical for continuity of care.



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 will require system-wide change and significant technical support.

Acknowledgements

We would like to recognise and appreciate contributions, partnership, and support from:

- Ministry of Health and Family Welfare, Bangladesh
- District management teams and implementing facilities
- Professional associations and academia: The Obstetrical and Gynaecological Society of Bangladesh, The Bangladesh Neonatal Forum, Bangabandhu Sheikh Mujib Medical University
- Other partners: WHO, UNFPA, USAID, Save the Children International, icddr,b, Health team of UNICEF Bangladesh, The Bill and Melinda Gates Foundation

Questions & Answers

Facilitator:

Dr. Rajesh Mehta
Regional Adviser Newborn, Child and
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WHO Regional Office for South-East
Asia

Please put your questions in the CHATBOX



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

~~EMEN Ghana~~

~~Webinar – 31 March 2021~~

EMEN Tanzania

Webinar – 13 April 2021

EMEN Summary

Webinar – 26 April 2021

STAY ENGAGED

- **Upcoming webinars in this series:**
 - 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
- **Learn more about the series:** bit.ly/ImplementationQoCMNCH
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