

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





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.

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 **Tanzania's health facilities**

13 April 2021

BILL & MELINDA
GATES foundation



Webinar at a Glance

Part 1: Introduction, National strategy and engagement

Part 2: Action and learning: Every Mother Every Newborn

Part 3: Lessons learned and recommendations

Part 4: Questions and Answers

Presenters and panelists



Dr. Edwin Swai

RMNCAH Technical Officer,
WHO Tanzania



Fatima Gohar

Health Specialist, UNICEF
Easter and Southern Africa
Regional Office



Dr. Talhiya Yahya

Head, Quality
Management sub-Unit,
In Health Quality
Assurance Unit, Tanzania



Dr. Kyaw Aung

Chief of Health, UNICEF
Tanzania



Dr. Mary Mmweteni

HIV/AIDS Specialist, UNICEF
Tanzania



PART 1:

Introduction

Dr. Edwin Swai

RMNCAH Technical Officer, WHO Tanzania



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

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

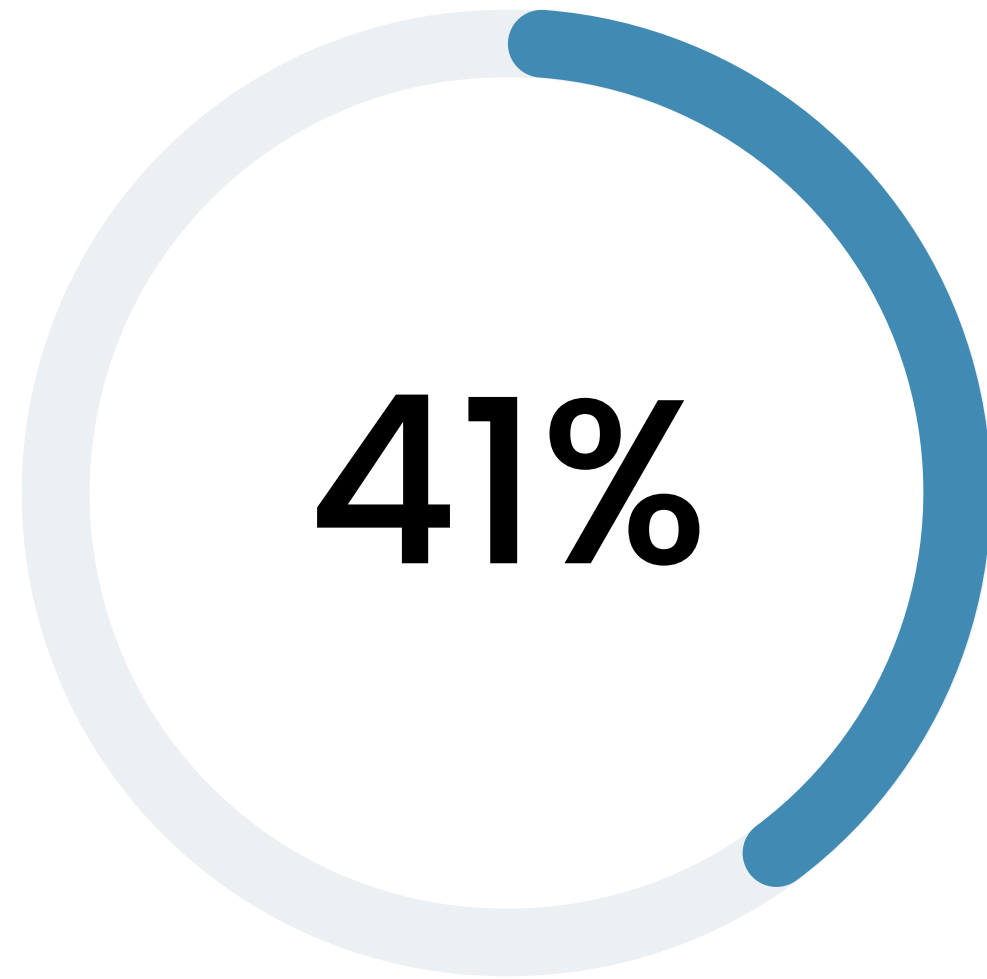


National strategy and engagement

Dr. Talhiya Yahya

Head, Quality Management sub-Unit,
In Health Quality Assurance Unit, Tanzania

Perinatal health in Tanzania

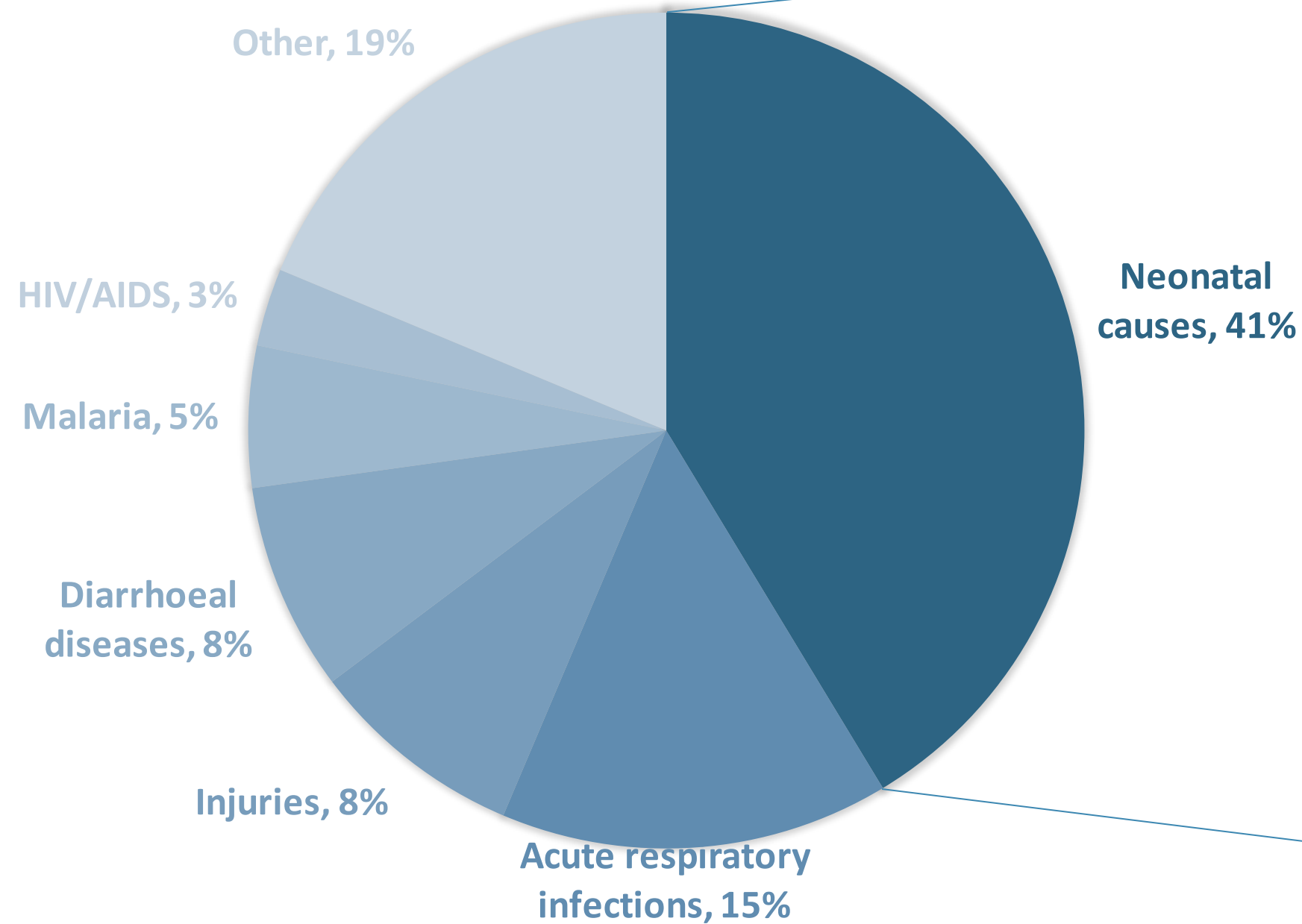


Neonatal complications are the leading cause of death, 41% of all under-five deaths

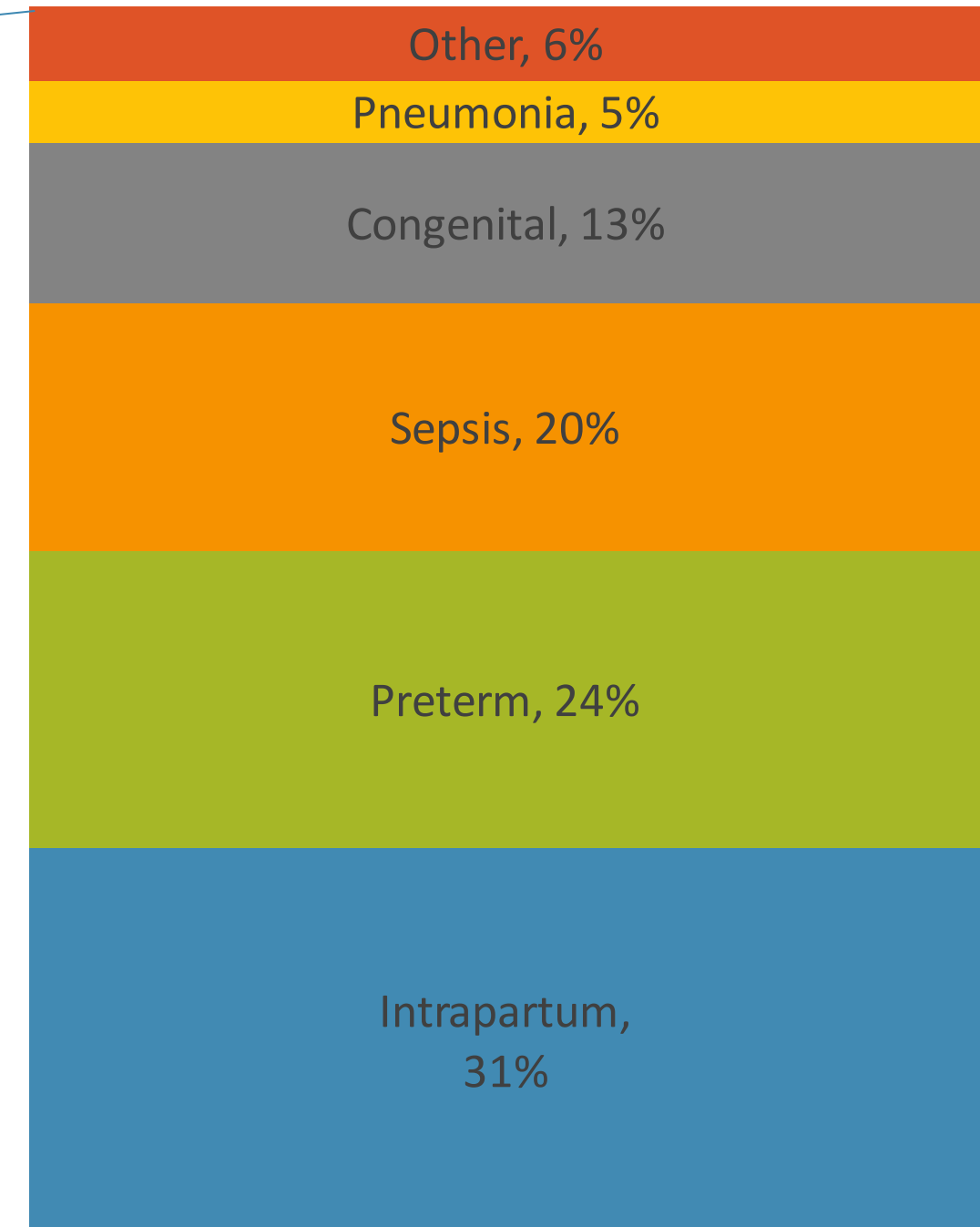
20

neonatal deaths per 1,000 live births

Perinatal health in Tanzania



Causes of under-five death



Causes of neonatal death

Leadership & accountability

Governing structure:

- Health Quality Assurance unit
- Technical working group (TWG) for quality management
- QI committees at the regional and council levels
- QI teams at facility level
- MPDSR committees

National guiding documents:

- National Health Sector Strategic Plan IV (HSSP IV)
- National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (One Plan II)
- Tanzania Quality Improvement Framework
- National MPDSR guideline
- Big Results Now document for star rating





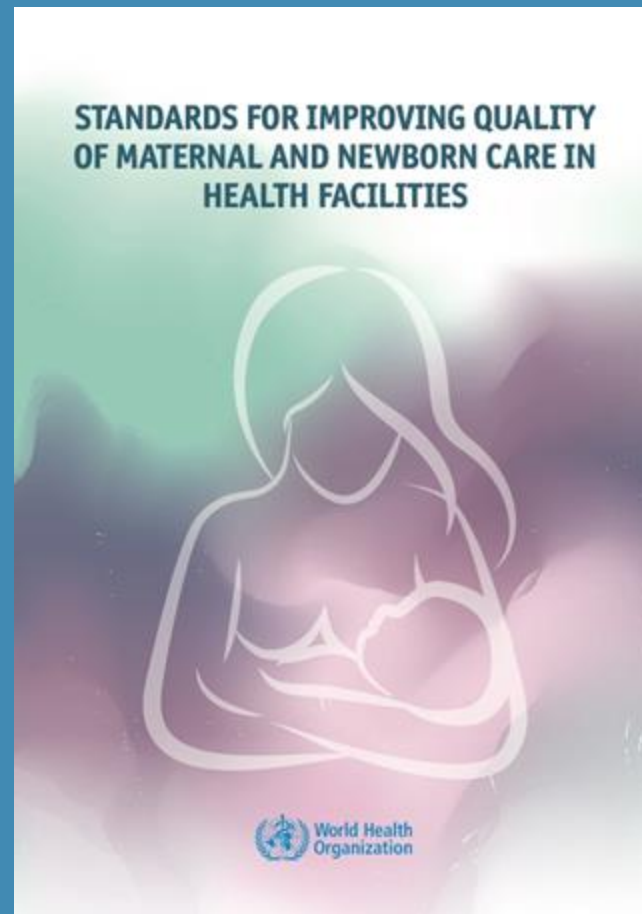
PART 2:

Action and learning: Every Mother Every Newborn Project

Dr. Kyaw Aung
Chief of Health, UNICEF Tanzania

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

- Building of new structures
- Upgrading of existing structures
- Establishment of newborn and KMC units
- Procurement of equipment, drugs, supplies



Institutionalization of QI

- QI teams in facilities
- Training, mentorship, coaching
- Death audits and response
- Strengthening national oversight from the QI Committee



Implementation

- Infection prevention
- Water, sanitation, hygiene
- Labour monitoring, postnatal & newborn care
- Community engagement
- Postnatal care and counselling
- Timely referral

When and where?

- 2016–2018
- 14 facilities (2 hospitals, 4 health centres, 8 dispensaries)
- Njombe region
 - Ludewa
 - Wanging'ombe



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



5,494 births



134 newborns
admitted for special
care



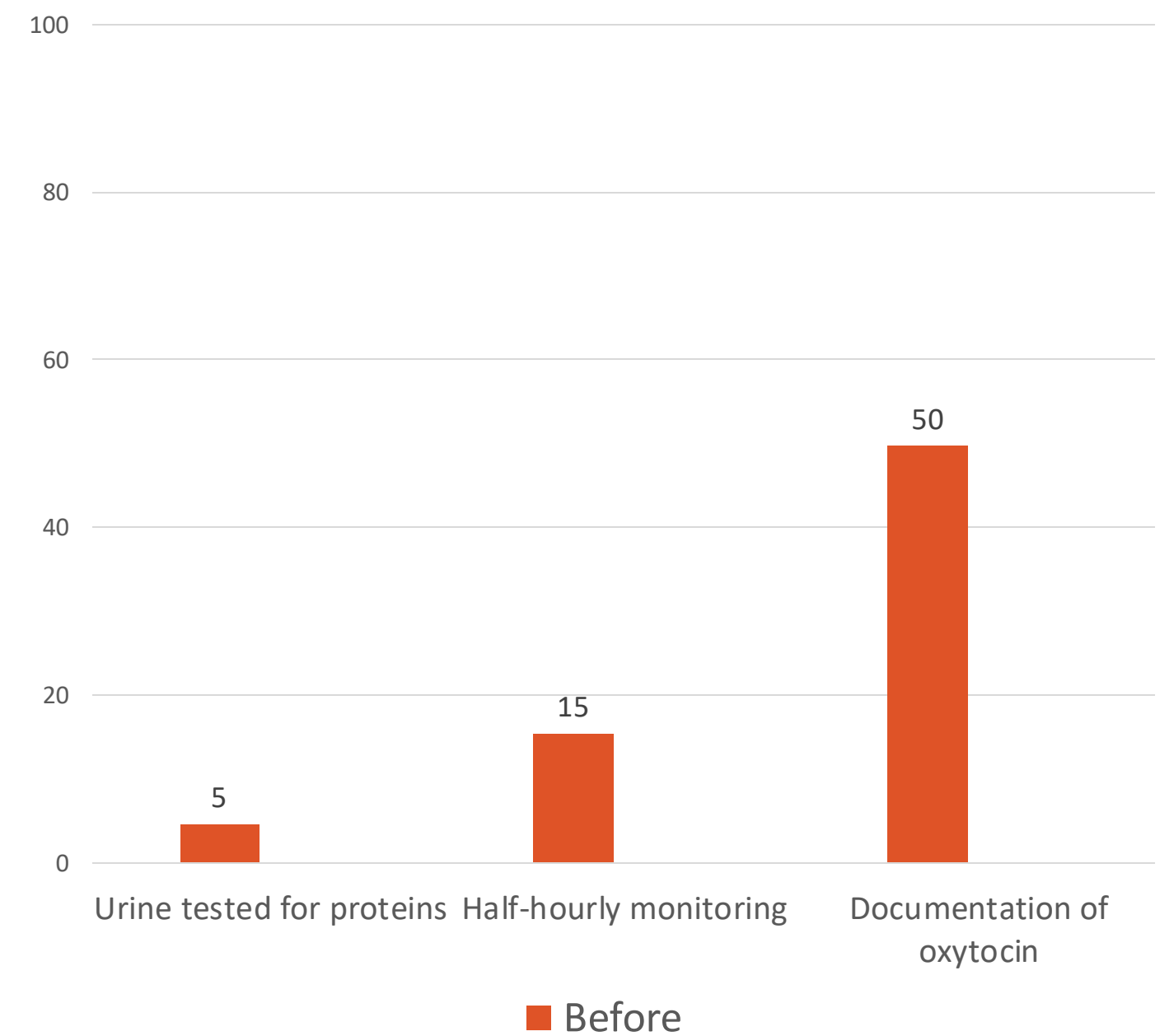
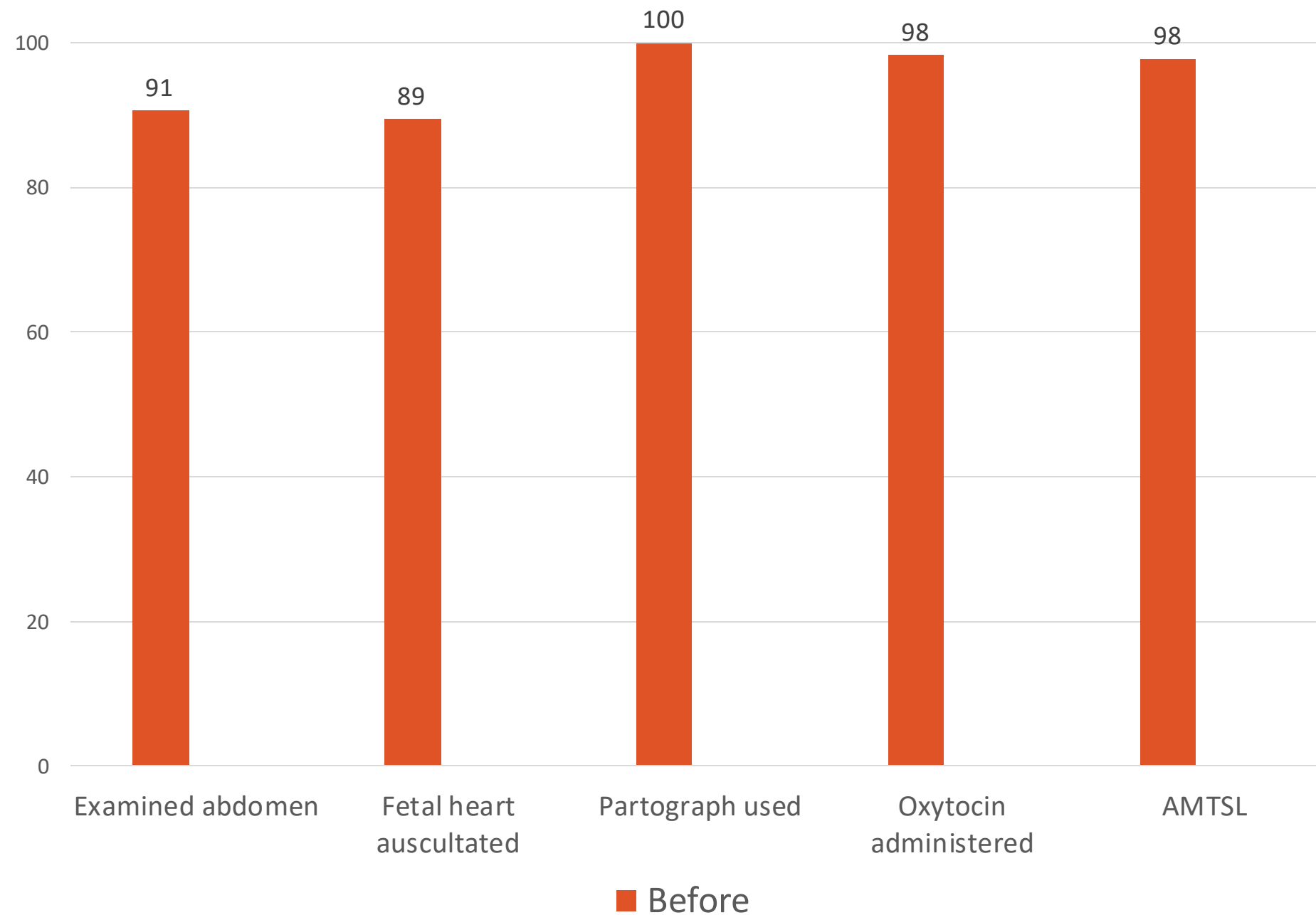
24 mentorship visits



12 QI coaching visits

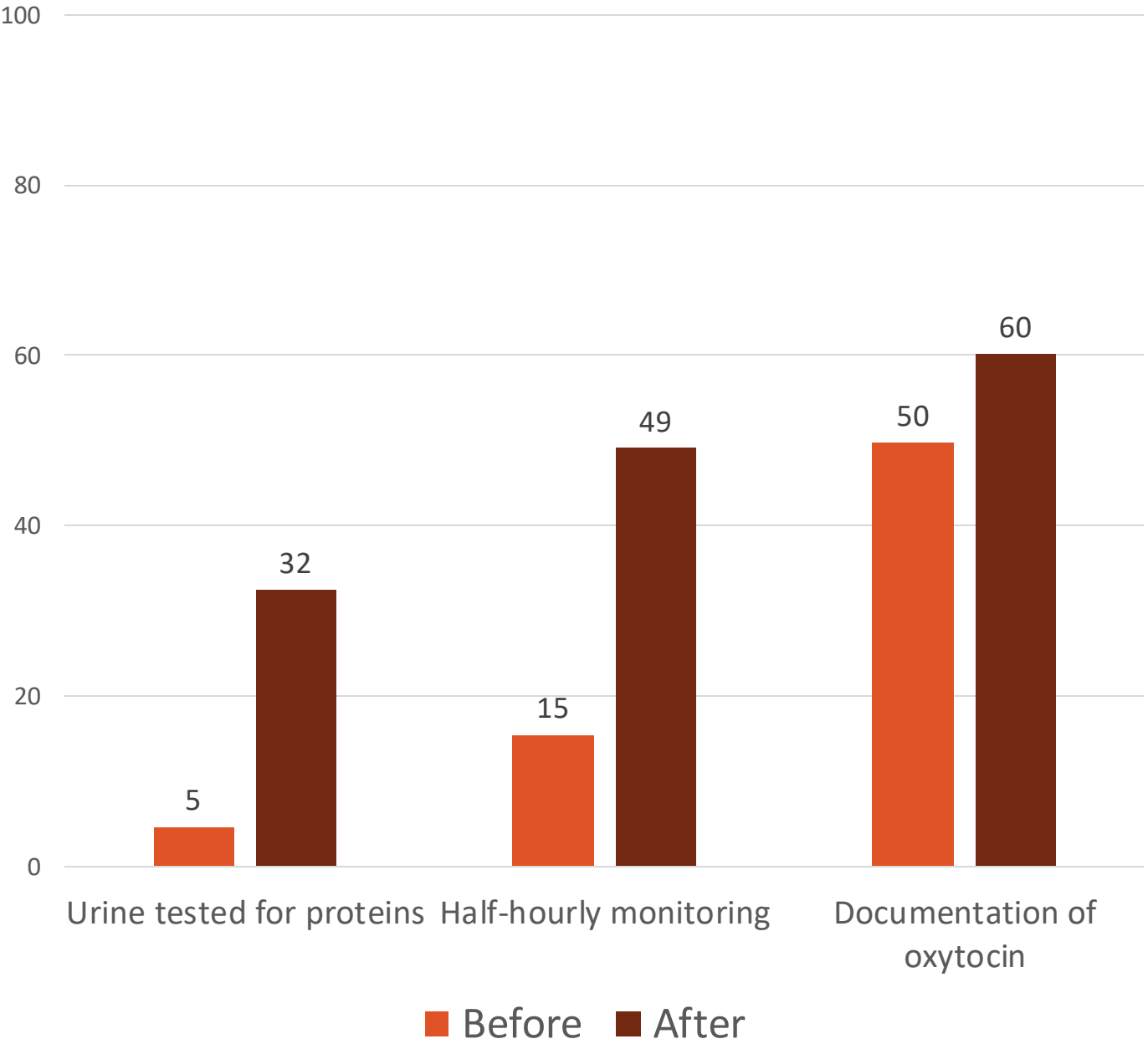
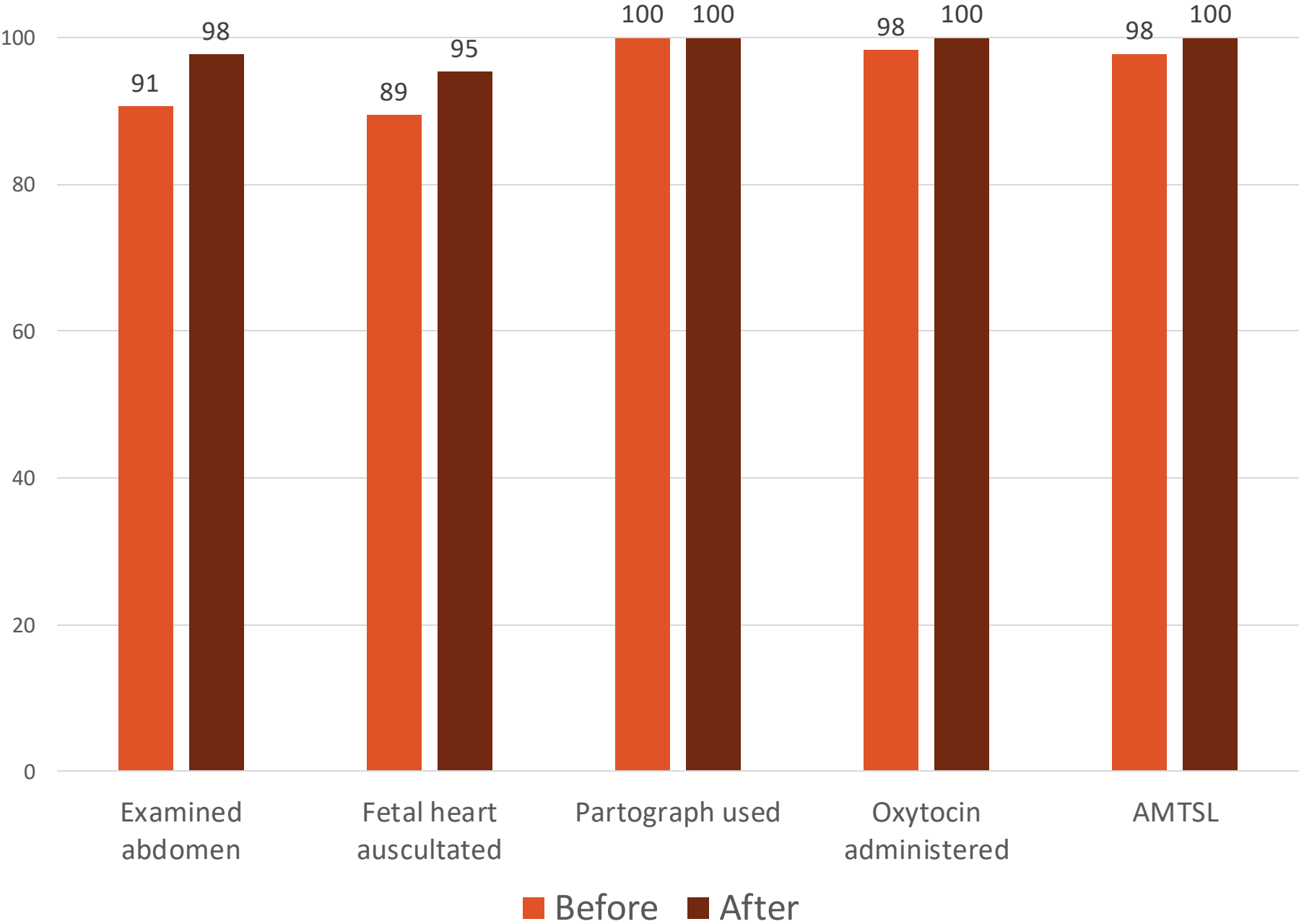
Labour and delivery care

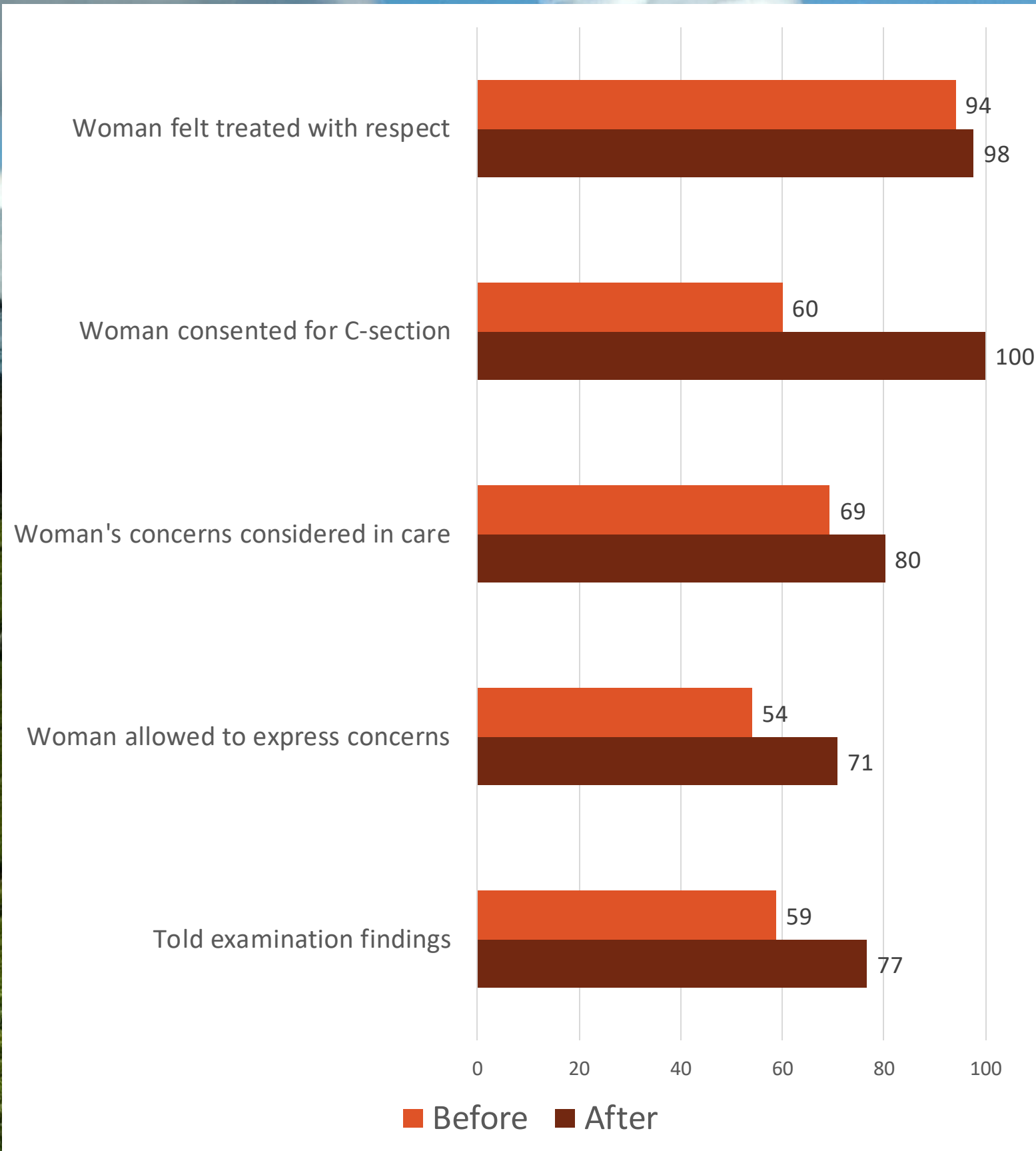
Before: high coverage of some interventions



Labour and delivery care

After: Increase in care and documentation





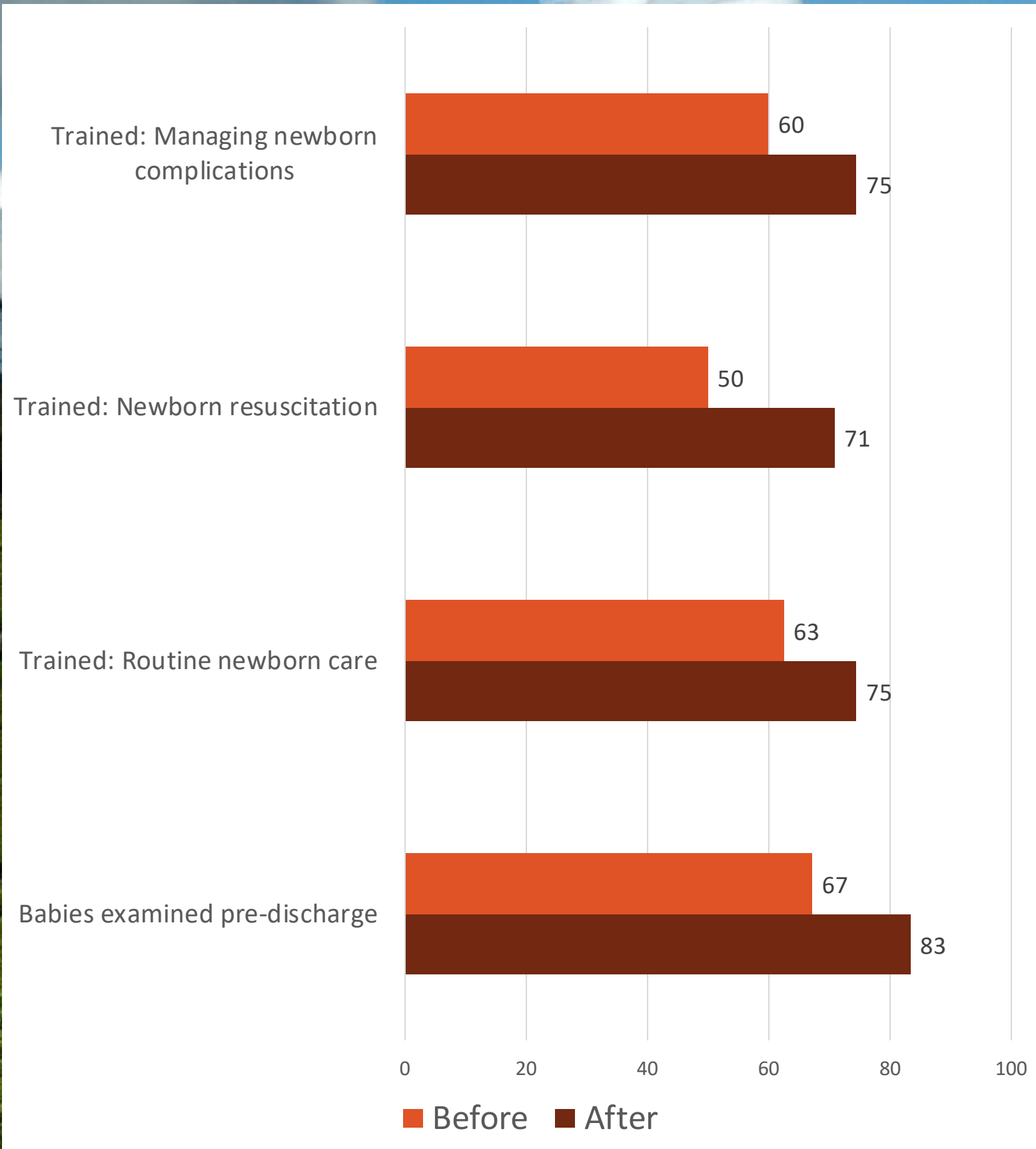
Respectful care

Improvement in respectful care in all three domains:

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



Every Mother Every Newborn



Newborn care

- Substantial improvement in pre-discharge exams
- Substantial improvement in training on newborn care
- Training resulted in varied improvements in newborn care

Documentation of care

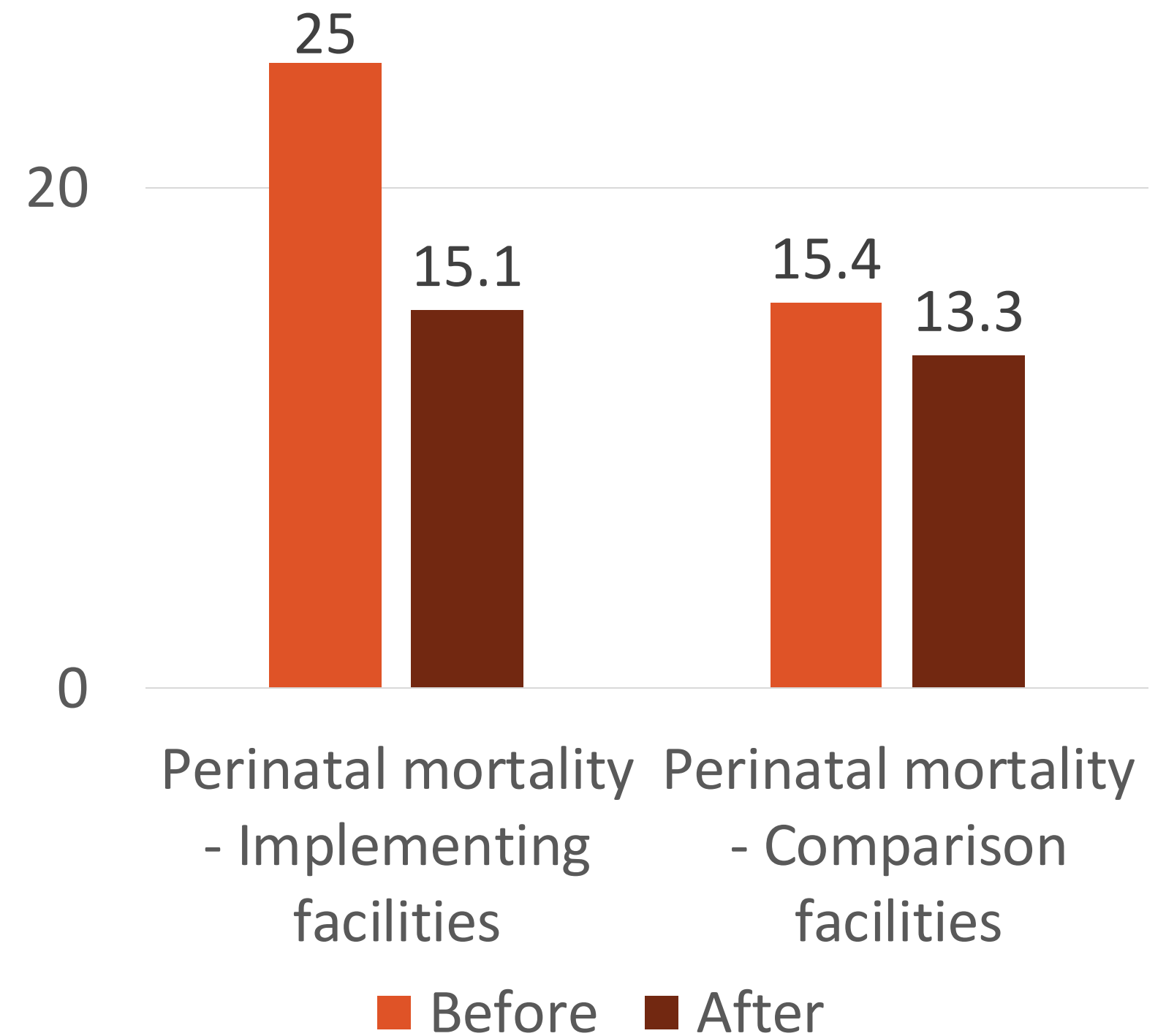
Documentation of care was a major challenge, while oxytocin administration was universal (100%), only 60% of these instances were captured in patient records



Effect on mortality

Perinatal mortality fell by 40% from 25 per 1,000 total births to 15 per 1,000 total births.

There was no significant improvement in stillbirth rate (14.8 to 14.5 per 1,000 births)





PART 3: Lessons learned and recommendations

**Dr. Mary Mmweteni,
HIV/AIDS Specialist, UNICEF
Tanzania**



Lesson #1:

Leadership and governance at all levels, from facility through national, are key to success and must be synergistic and coordinated. Early engagement with participatory approaches increases acceptability.



Lesson #2:

QI coaching and clinical mentorship, when fully integrated in national strategies, improve clinical expertise availability to support care at all levels and are important where geographical distance is a barrier



Lesson #3:

Data quality evolves during QI. Early improvements in outcomes may be masked by concurrent improvements in data capture.



Lesson #4:

Investments in infrastructure, capacity building, and provision of medicines and equipment must be paired with implementation and close monitoring to achieve sustained improvements in quality of maternal and newborn care



Lesson #5:

Increasing engagement and involvement of communities in the improvement of care for mothers and newborns increases community trust and perceptions of accountability



Lesson #6:

Improved capacity to procure and maintain equipment and implementation of stock management systems are critical to sustaining gains in quality care



Lesson #7:

Training staff is not enough to effect quality improvement. Institutionalization of practices is key and will require continuous support and development of local capacity for supervision

Recommendations

Recommendation # 1

Ministry of Health, Community Development, Gender, Elderly and Children and UNICEF should **unpack implementation of EMEN and use data to guide action beyond Njombe**

Recommendation # 2

At the macro level, Ministry of Health, Community Development, Gender, Elderly and Children should **facilitate roll out of QI packages nationally**, starting in Njombe region.

This should start with re-defining the quality framework and harmonising partner efforts to conform to WHO global standards

Recommendation # 3

Substantial capital investment by the Government should aim to **build capacity around the development of conducive structures that conform with privacy and autonomy of women** in labour as well as parent-centred care for babies.

Recommendations, continued

Recommendation # 4

Policy should devolve the definition of Tanzania's quality-of-care vision to local realities of the regions and empower them to **mobilize human resources for health**.

Recommendation # 5

As an immediate priority, at the region, district and facility levels, **key components of QI should be provided additional support** in line with global recommendations. This should include strengthening regional oversight and facility capacity to conduct surveillance and institute responses to address challenges.

Recommendation # 6

Ministry of Health, Community Development, Gender, Elderly and Children **should recruit more biomedical engineers to provide technical support for** procurement, installation and maintenance of equipment.

The Government should strengthen systems for stock control of key drugs and supplies in all facilities in collaboration with development partners.



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

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- Reproductive and Child Health Section
- Quality Assurance Directorate
- Ministry of Health, Community Development, Gender, Elderly and Children
- Njombe Region Health Management Team
- Wanging'ombe and Ludewa Council Health Management teams
- All implementing facilities
- National Institute for Medical Research
- Ifakara Training Centre for International Health
- Liverpool School of Tropical Medicine
- Quality improvement experts
- The Bill and Melinda Gates Foundation

Questions and Answers

Facilitator:

Dr Fatima Gohar,
Health Specialist, UNICEF Eastern and Southern Africa Regional Office

Please put your questions in the CHATBOX



STAY ENGAGED

- **Upcoming webinar in this series:**
 - 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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