



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

# NETWORK NATIONAL FORUM SERIES

## 2021- 2022

Learn more about the series: [bit.ly/NationalForumseries](https://bit.ly/NationalForumseries)



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# 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





# National Forum Webinar Series Objectives

## **DOCUMENTING AND SHARING LEARNING WITHIN AND BETWEEN COUNTRIES**

- A key objective of the Network is to document and share learning within and between countries.
- It is important support policy makers, managers and providers with have opportunities to exchange and learn from each other, to share their challenges and practical solutions which are saving lives, with quality and dignity.
- This exchange is needed at the national level, as well as among the Network countries and with broader partners.
- The National Forums on QoC for MNCH will provide a venue for sharing experience in adapting and implementing the MNCH QOC Standards, QoC Network strategic objectives and progress towards achieving the SDG MNCH goals, and their application during the COVID-19 pandemic.





# OBJECTIVES OF NATIONAL FORUMS

1. Discuss how the 4 Network Strategic Objectives have facilitated the acceleration of the implementation of the national strategic directions for QoC, and of the MNCH strategies and plans in the pre-COVID-19 and COVID-19 pandemic context.
2. Share examples and experiences in implementation of QOC for MNCH standards, quality statements and measurements, and related QoC interventions by learning districts, and to discuss implications for scaling up at the subnational and national levels.
3. Document best practices that will be shared at the global level through the intra-country Network Forum (in 2022) and other global learning events
4. Acknowledge and honour country-level actors and actions that have advanced Network milestones, objectives and improved quality of care for mothers, newborns and children.

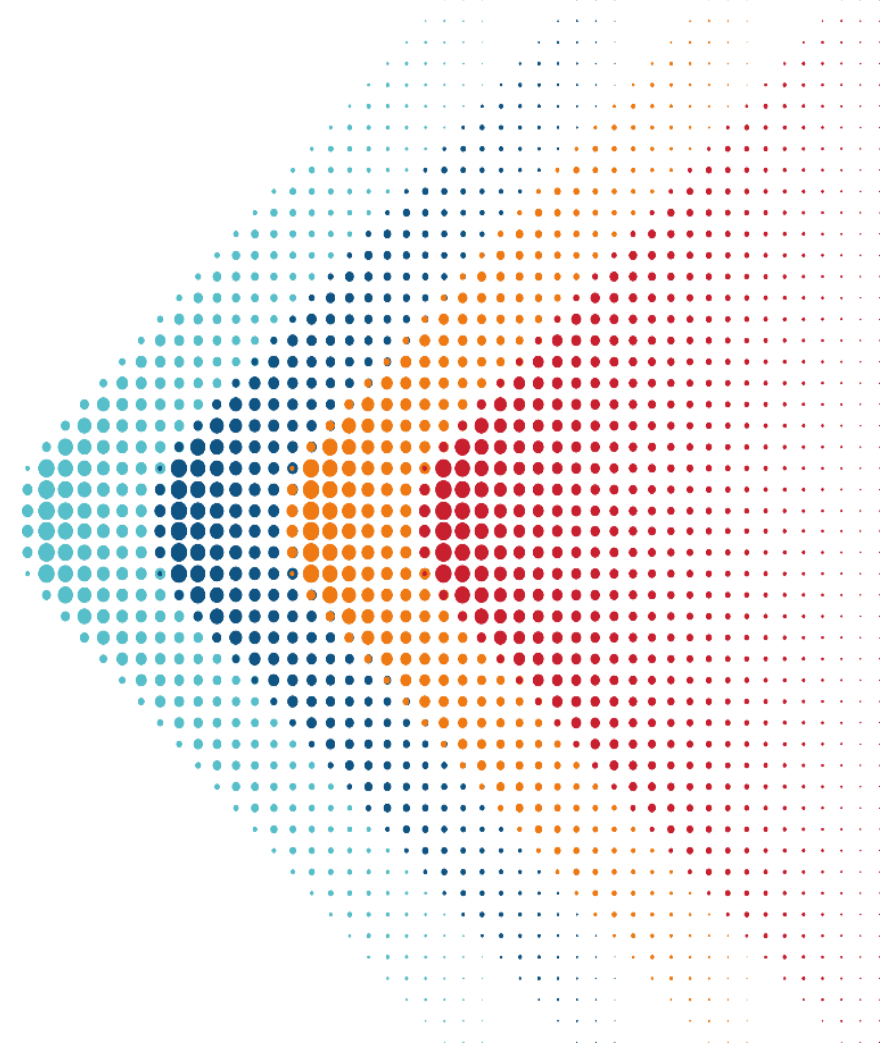


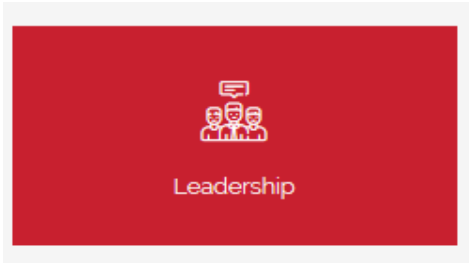


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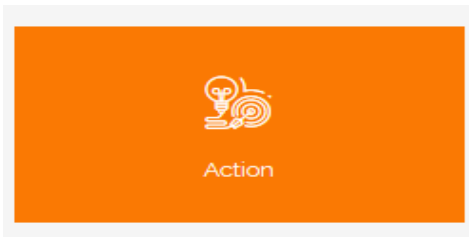
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*What lessons should be prioritized  
for documentation and learning  
by the QoC National Forums of the  
Network countries?*

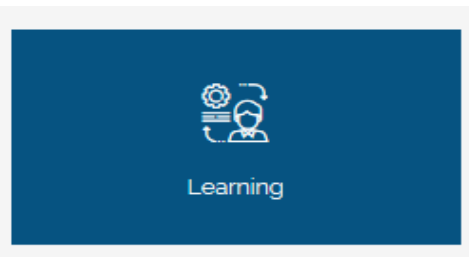




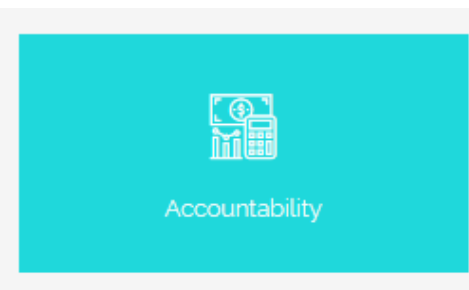
Strengthen or build QoC health governance and management structures at national & subnational levels to sustain MNH QoC actions including linking health system-wide interventions that sustain and institutionalize implementation of quality of care for MNH at scale  
*(essential package of interventions, professional regulation, pre-service curriculum update, regulation, results-based financing, health insurance etc.)*



Linking learning from MNH QI implementation sites with management and decision-making process at the facility and district level and aligning with local health systems governance to advance QoC governance and QI processes



Establish a learning system to support sharing of QoC knowledge within and across districts, and scale up QoC practices from learning districts to other districts in the country



- Strengthen routine measurement systems to collect, report and use QOC indicators to help improve and sustain quality MNH care
- Develop and implement accountability mechanisms that integrate community and stakeholder perspectives

# Network National Forum Series:

## Sierra Leone: Lessons from implementing and scaling up quality of care for maternal and newborn health

### Presentation

**Matron Margaret Titty Mannah**  
**Program Manager**  
**National Quality Management Unit**  
**Ministry of Health, Sierra Leone**

### Questions and Answers:

**Facilitated by Martin Dohlsten, MCA WHO HQ**



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## Presentation

Matron Margaret Titty Mannah  
Program Manager,  
National Quality Management Unit  
Ministry of Health Sierra Leone



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# Presentation Outline

## 1. MNCAH Status in Sierra Leone

## 2. Quality of Care Progress

- Leadership
- Action
- Learning
- Accountability

## 3. Next Steps





Foreign, Commonwealth  
& Development Office



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# National Health Care Quality for Mothers and Children Learning Forum

National Quality Management Program  
Directorate of Reproductive and Child Health  
Ministry of Health and Sanitation

**Equity**

*15—17 March 2021  
Bo, Sierra Leone*

**Dignity**

**Quality**





Learning

**National  
Forum-  
Learning  
Meeting  
Objectives**

---

To discuss progress, challenges and lessons on implementation of the QoC agenda -at National, District and Facility level

---

Inform the next steps and future directions for QOC Implementations

---

Provide a forum for learning on Quality and Patient Safety

---

Look forward into the activities of the coming year by reviewing and endorsing the QOC plan and target for 2021

---

Strengthen the partnership between the government, donors and other stakeholders



Learning

## Principles of the National Learning Forum

01

**Government led**

02

**Learning Facility at the  
center**

03

**Civic society and  
Regulatory bodies  
as backbone of the  
initiative**

04

**Partner as Catalytic  
agent**

05

**Appreciating Donor  
Investment and further  
sensitized**



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# Part 1: MNCAH Status in Sierra Leone



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# Key Health Statistics



7.8+ Million  
Population



350,000+  
Estimated Pregnant  
Women Population



280,000+  
Estimated number of Live  
Births



51  
Hospitals



1,200+  
Primary Health Care Units



0.34/1000  
Doctors/Nurse/Midwives  
Density

# Key Health Statistics



ANC1 (98%)  
ANC4 (76%)



83%  
Institutional Birth Rate



87%  
Skilled Birth Attendant Rate



54.5  
Early Initiation of Breast  
Feeding



81%  
Newborn Dried After Birth



75%  
Health Seeking Behavior for  
Fever in Under-five

# Key Health Statistics



717/100,000  
Maternal Mortality Rate



24/1000  
Stillbirth Rate



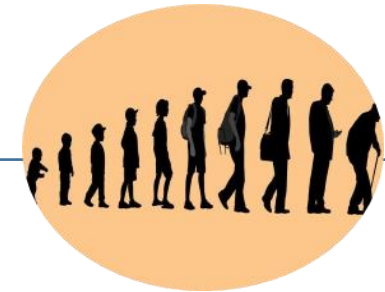
31/1000  
Neonatal Mortality Rate



122/1000  
Under-five Mortality Rate



106/1000  
Adolescent Birth Rate



54.3  
Life Expectancy at Birth





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# Poor Quality Health Care identified as a major contributing factor to the poor health outcomes in Sierra Leone



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# The RMNCAH Strategy & Investment Case

**Goal:** Accelerating reduction of preventable deaths of women, children and adolescents and ensuring their health and well being.

## Targets

- Reduce maternal mortality ratio from 1165 per 100000 live births to 650 per 100000 live births by 2021
- Reduce neonatal mortality rate from 39 per 1000 live births to 23 per 1000 live births by 2021
- Reduce under-five mortality rate from 156 deaths per 1000 live births to 71 live births by 2021
- Reduce Stillbirth rate from 24 per 1000 live births to 18 per 1000 live births by 2021
- Reduce adolescent birth rate from 125.1 to 74 per 1000 women aged 15-19 years by 2021



SIERRA LEONE NATIONAL  
REPRODUCTIVE, MATERNAL,  
NEWBORN, CHILD & ADOLESCENT  
HEALTH STRATEGY 2017-2021

Ministry of Health and Sanitation



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## Part 2: Quality of Care Progress

- Leadership
- Action
- Learning
- Accountability



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# Sierra Leone QOC Strategic Objectives aligned to Network Objectives



Leadership

**LEADERSHIP:** Build and strengthen national institutions and mechanisms for improving quality of care in the health sector



Action

**ACTION:** Accelerate and sustain implementation of quality-of-care improvements for mothers and newborns



Learning

**LEARNING:** Facilitate learning, share knowledge and generate evidence on quality of care



Accountability

**ACCOUNTABILITY:** Develop, strengthen and sustain institutions and mechanisms for accountability for quality of care

# LEADERSHIP

## Prioritized learning:

Strengthening/building QoC health governance and management structures at national & subnational levels to sustain MNH QoC actions including linking health system-wide interventions that sustain and institutionalize implementation of quality of care for MNH at scale



## Presidential request to join the QED Network in 2017

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

**Partners:** ASSIST, Bill and Melinda Gates Foundation, Council of International Neonatal Nurses (COINN), Institute for Healthcare Improvement (IHI), International Confederation of Midwives (ICM), International Council of Nurses (ICN), International Federation of Gynecology and Obstetrics (FIGO), International Pediatric Association (IPA), Jhpiego, Liverpool School of Tropical Medicine (LSTM), Management Sciences for Health (MSH), Save the Children, The Partnership for Maternal, Newborn and Child Health (PMNCH), UNICEF, UNFPA, University College London, University Research Co., LLC – Center for Human Services (URC-CHS), USAID, WHO

<http://qualityofcarenetwork.org/>



Leadership

## Political Commitment -2018

### *His excellency speech on state Opening of the Fifth Parliament*

*“The strategic objective of the health sector in the New Direction is to transform the;*

***Under-resourced, ill-equipped, dysfunctional and inadequate health infrastructure and healthcare delivery and make it high quality, efficient, reliable, cost-effective, affordable and sustainable***





Leadership

## Political Commitment – 2019

***His excellency speech during the commission  
the King Harman Maternal and Child  
Hospital***

***“The thrust of this New Direction of the  
Government is increasing access to***

***Quality health services for all the  
population, particularly mothers, children  
and the elderly”.***







1. QOC Secretariat  
Established in 2018

2018

2019

2. National Quality  
Management Program  
Established in 2019

3. District and Facility  
QOC Committee  
Established in 2019

2019

4. National Technical  
Working Group  
Established in 2019

2019

5. National Steering  
Committee Established  
in 2019

2019





Leadership

# National Forum Discussion – Leadership, Management & Coordination of QOC

## Objective:

To share thought, insight, reflection and inspiration for **stronger leadership, management and coordination** for improved RMNCAH outcomes.

## Key Reflections

- QoC has **high-level support** from President to the Ministry of Health and Sanitation
- Effective **communication**, appropriate **leadership style** and strengthening **teamwork** is key for quality of care.
- **Transformational leadership** – change should always be intrinsic
- Institutionalizing **competency-based** appointments and **performance-based management**
- Review of existing organogram and need for **creation of QOC structure** at district and facility level
- HCWs should be **motivated, retained and redistributed**





# National Forum Discussion – Regulation

## Objective:

To discuss current regulatory practices around registration, licensing and accreditation for Doctors, Pharmacists, Nurses and Midwives including health infrastructures

## Key Reflections

- Current regulatory bodies need to be **independent**
- Regulatory body to be **well staffed and financed**
- Regulators should be held **accountable** for issues such as malpractices, licensing, re-licensing etc
- Need to be well **supervised**
- Need for the nursing and midwifery board to be **transformed to council**
- To follow **standards** (ethics, guidelines, policies etc).
- Ensure enforcement of **laws, standards and guideline** – integrity





# National Forum workshop – Aspiration to Action – Transforming Programs and Districts - Proactive Leadership

## Objective:

To discuss facility and district level leadership and learning for better facility and district health system planning and management

## Key Reflections

- Knowing scale and magnitude of local context specific problem – **avoid assumptions and generalization**
- Low demand for data for decision making – **local level data collection, analysis and use** – not only forward reporting
- **Leading by example**
- Comprehensive planning is not inherent in the district and facility health care management – **solely fund dependent/ no plan causing limited opportunity for resource mobilization**
- Little awareness of partners activity by DHMT– **limited coordination platform/meetings** – limited exchange of plans- **waiting for others to come to DHMT** rather than DHMT actively coordinating



# ACTION

## Prioritized learning:

Linking learning from MNH QI implementation sites with management and decision-making process at the facility and district level & aligning with local health systems governance to advance QoC governance and QI processes



Action

The goals of the National Health Care Quality and Patient Safety Policy are to ensure:

- a) Quality of healthcare services provided by both public and private **health facilities meet set standards of safety, timeliness, effectiveness, efficiency, accessibility, equity, and compassion;**
- b) **Quality assurance system is in place and overall quality improvement activities are well implemented in all health facilities to fulfil consumers' needs;**
- c) Quality mainstreamed in **pre-service education and training**



National Health Care Quality and Patient Safety Policy



Ministry of Health and Sanitation

October 2020



Action

- The overarching goal of this roadmap is to “**ensure that every mother, newborn, child and adolescents receives quality care throughout the pregnancy, childbirth and postnatal period**”.
- It will seek to facilitate a continuous improvement in the outcomes of maternal, newborn, children and adolescents and ***halve institutional maternal, newborn and child deaths*** in Sierra Leone.



2020 – 2024



Action

**1. Training  
Manual on QI  
Developed in  
2019/20**

**2. Sensitization  
of partners on  
QOC  
2018/2019/20  
20**

**3. Implementation  
Package for Reducing  
MNCA Death  
Developed 2020/2021**

**4. Experience of  
Care/QI Reporting,  
SS Tools  
Developed in  
2019/2020**

**5. Training of  
Coaches and  
Health Workers  
on Facilitation  
Skills and Quality  
Improvement  
Methodology**

**36 (25) Learning Facilities  
identified**





# ACTION

Linking learning from MNH QI implementation sites with management and decision-making process at the facility and district level & aligning with local health systems governance to advance QoC governance and QI processes

## National Forum Discussion – Respectful Care / Experience of Care

### *Objective:*

To share thought and reflection on problems, challenges and opportunities for **reducing neglect, abuse during labour and childbirth** as well as improving **experience of care**

### *Key Reflections*

- Staff need to be equipped with knowledge and skill on **accountability framework and respectful care** provisions
- Using **pre-service curriculum and preceptorship** as a tool for compassionate care strengthening
- Continuous positive **staff criticism, appraisal and reward** system
- Ensure existence of **feedback mechanism** from the users
- **Economic issues of staffs** do not prevent us from doing the simple things like paying attention to patients.
- Environment should be **welcoming and conducive** for patients



# ACTION

Linking learning from MNH QI implementation sites with management and decision-making process at the facility and district level & aligning with local health systems governance to advance QoC governance and QI processes

## National Forum Discussion – Referral System

### Objective:

To share insights on the progress, lessons learnt and challenges in the implementation of the **National Emergency Medical Service (NEMS)**

### Key Reflections

- There is **high demand for ambulance services** compared to the supply
- Referral coordination system improved for **availability of real time data for action** (number of referrals, service availability, bed occupancy)
- **Silent chiefdom/facilities** that had never made referral to the next level
- Lacks clear **SOP** for referral and ambulance service
- Referral is linked with **ambulance and free health care services** and not seen broadly from HSS
- COVID impacted **referral pathways and number of referrals**
- **Poor road and phone network** challenge referral system



# LEARNING

## Prioritized learning:

Establish a learning system to support sharing of QoC knowledge within and across districts, and scale-up QoC practices from learning districts to other districts in the country



Learning

QI Team Meeting



District - Facility In  
charge meetings



National Learning  
Forum 2021





A total of **40** QI Projects Problem Analysis, Target, Progress, Challenges and Outcome were presented

# National Forum Learning Sessions

## QI Project Poster Presentation



Six Districts Presented QI Posters

20 Projects from Hospitals

20 Projects from PHUs

### Nature of Projects (Direct Impact)

Maternal  
15

Newborn  
10

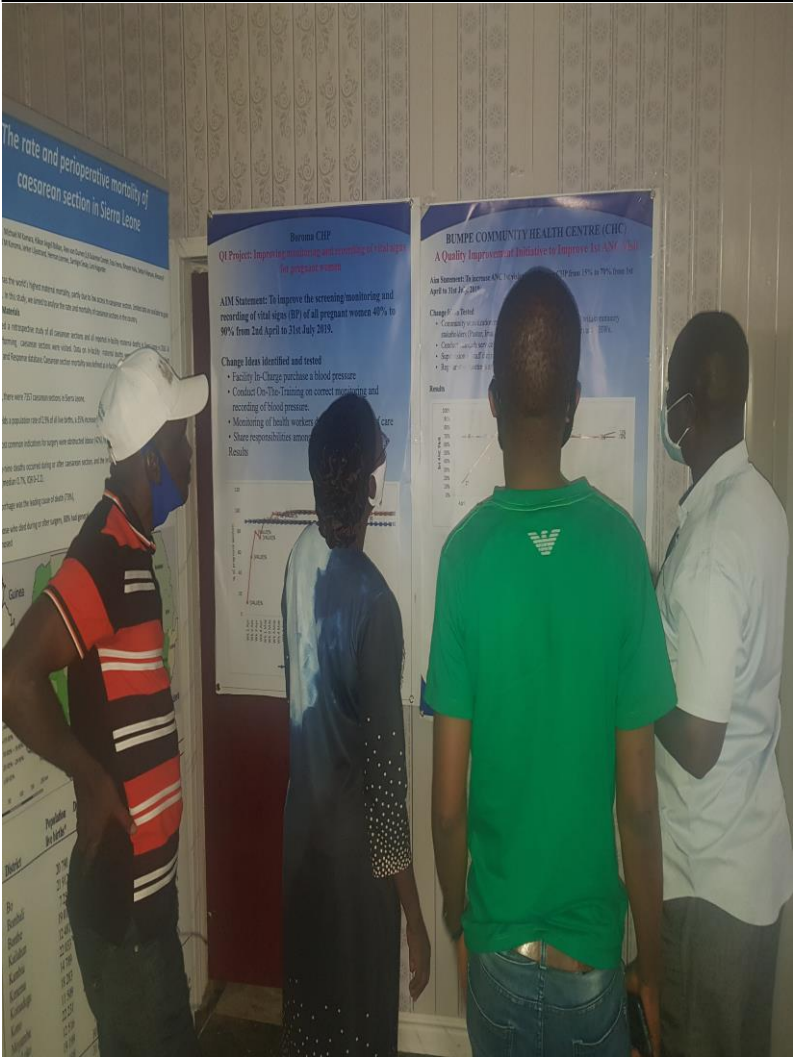
Child health  
5

Health System  
10



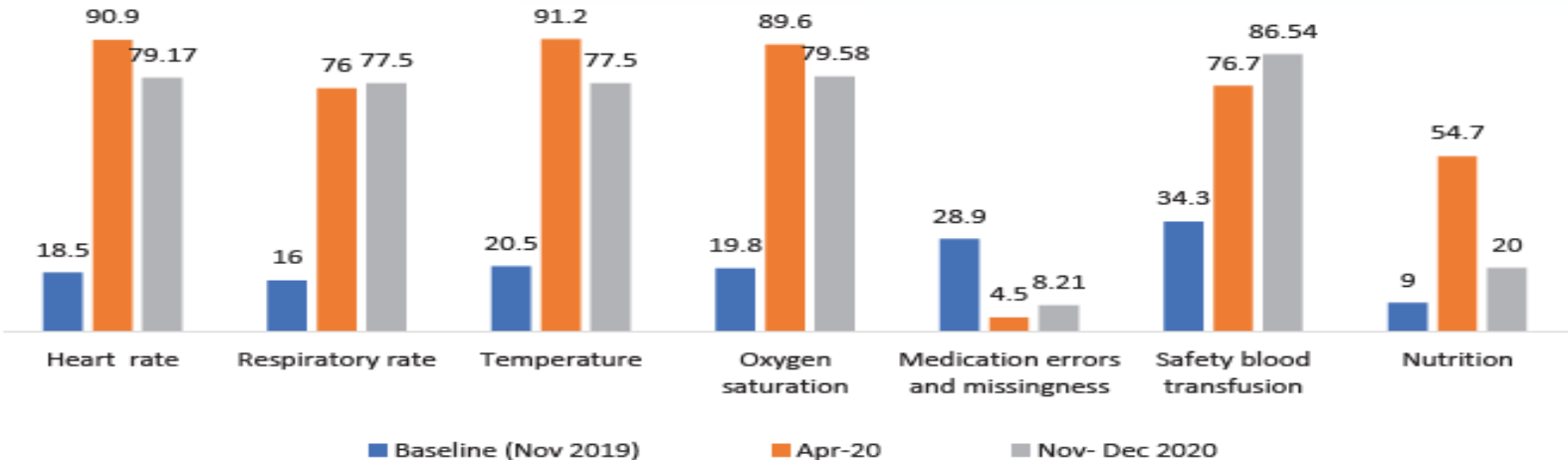
# Poster Presentation – QI Projects by Facilities

## A Quality Improvement Initiative to Improve Monitoring of Blood Transfusion (Safe Transfusion)



### Change Package

- Regular monitoring and feedback to the concerned staff and the whole staff in general
- Every 4 months, do statistical assessment of the progress about the implemented interventions
- And share the results of monitoring to the staff (and other stakeholders)
- Plan, do, study, and assess the new/adjusted interventions



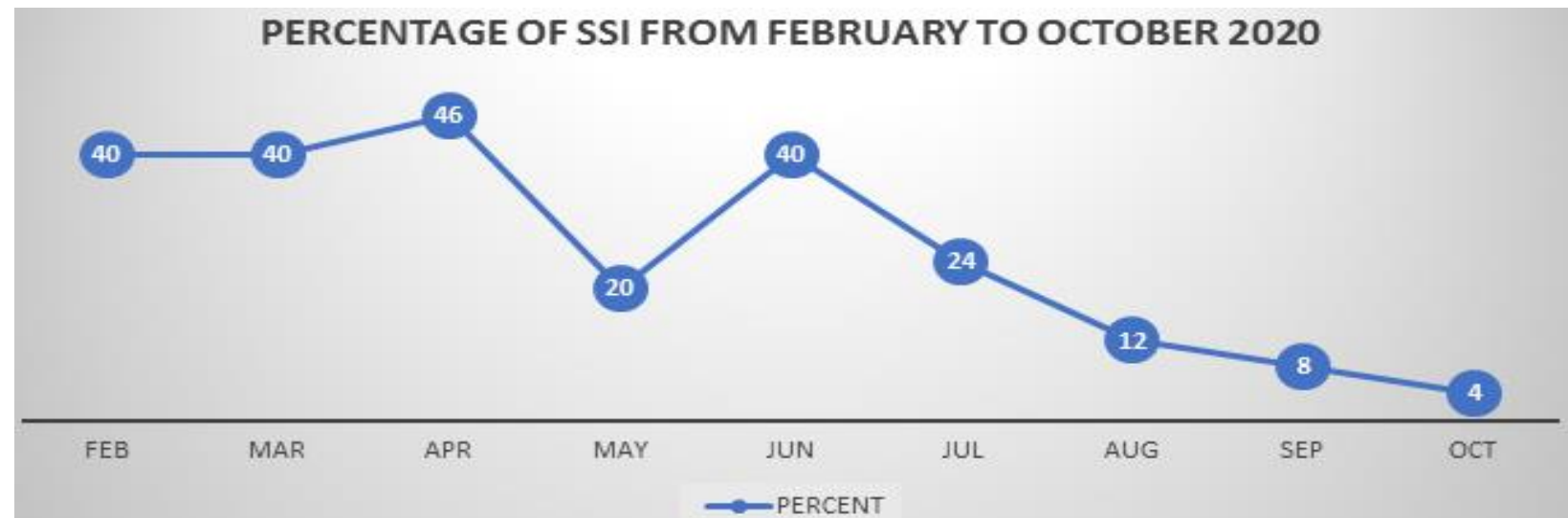
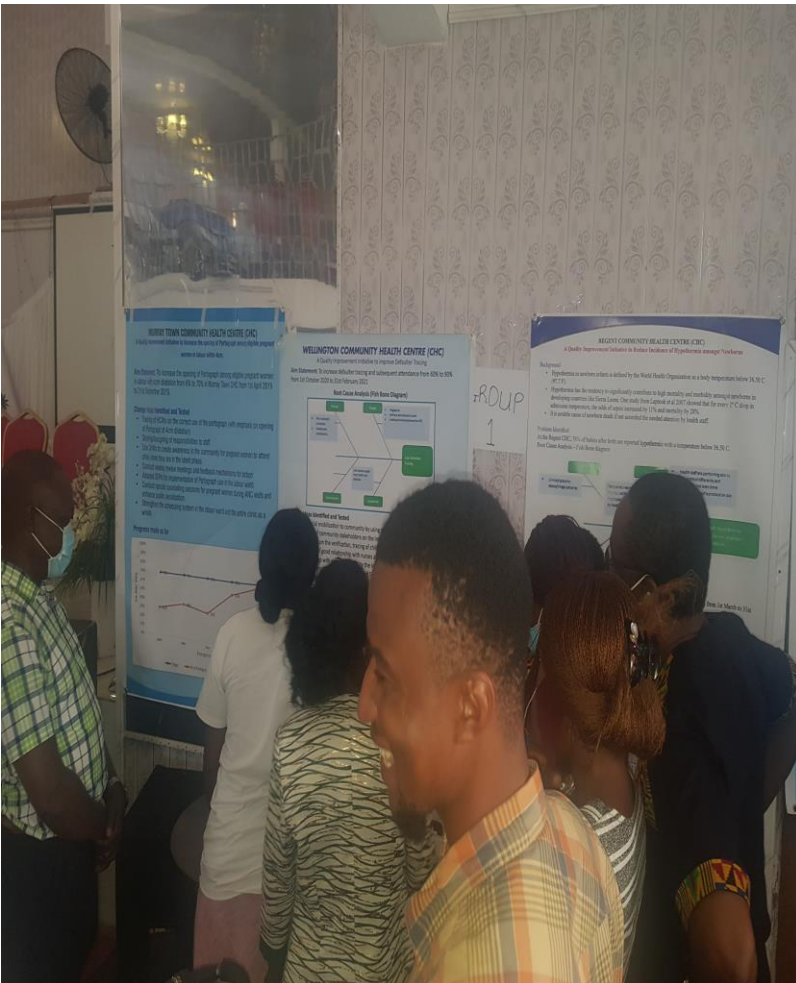


# QI Projects by Facilities

## A Quality Improvement Initiative to Reduce Surgical Site Infections Rate

### Change Package

- Every patient undergoing C/S must have a big bath in the labour ward.
- Pre-Op antibiotic medication given 30 mins before C/S and post Op antibiotic coverage
- Instruments processing \_ proper sterilization using the indicator tape
- All staff in OT trained on wound care and 5 of these staff selected for wound dressing
- Fumigation of OT on monthly basis



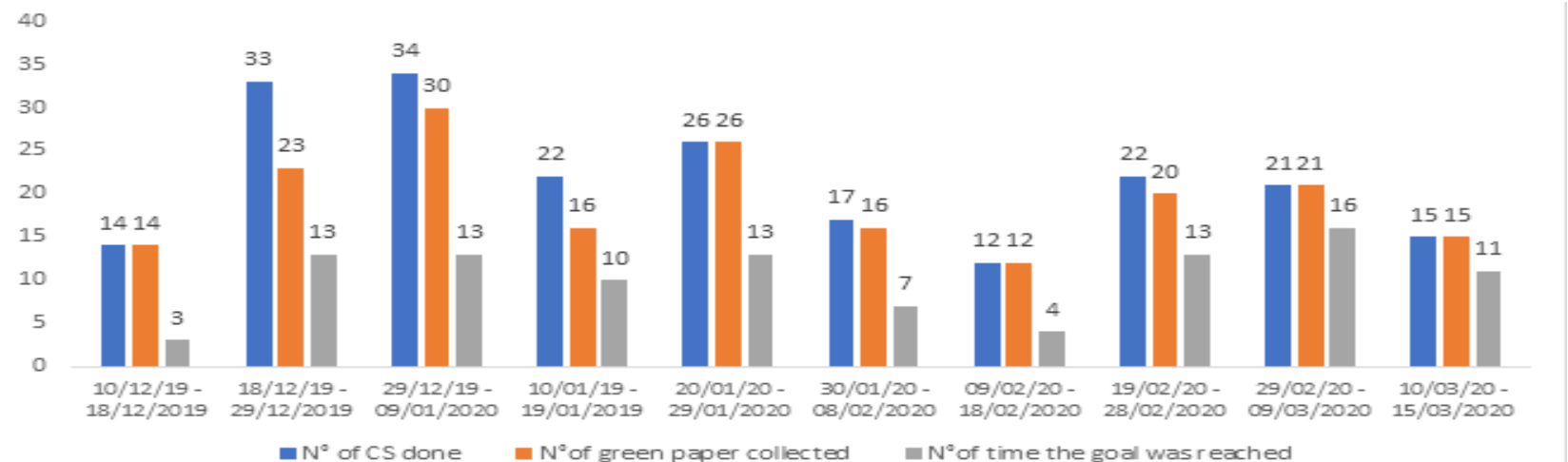
# Poster Presentation– QI Projects by Facilities

## A Quality Improvement Initiative to Improve time of Decision to Incision



### Change Package

- Preliminary maternity meeting for staff sensitization on QI and for sharing new activities
- Stricter supervision and support from DHMT
- Posting a team leader for each shift to follow up on team working and staff allocation
- To improve communication after CS indication is given LW staff immediately inform OT staff and anesthetist
- The referral system will call LW for each case the ambulance bring in.
- Operating Theatre (OT) staff will make sure there always be a OT table available for maternity



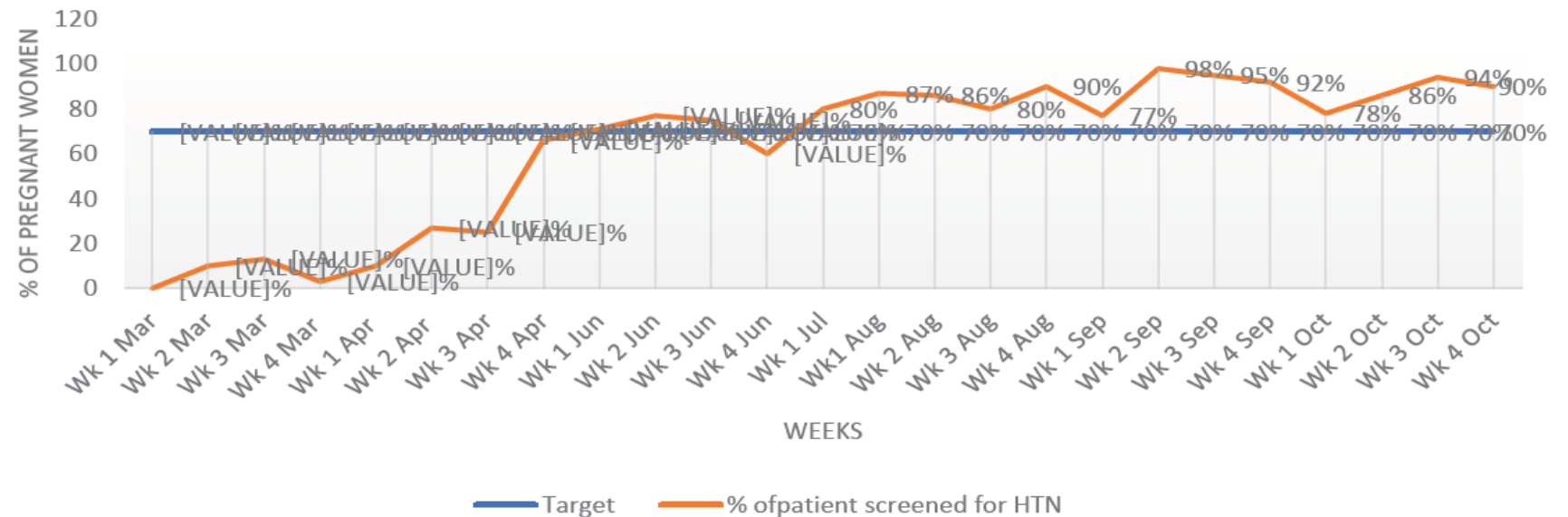


# Poster Presentation– QI Projects by Facilities

## A Quality Improvement Initiative to Improve Screening for Hypertension

### Change Package

- Conduct monthly OJT for staff on HTN screening and documentation (Create register for HTN screening and documentation)
- Delegate weekly task to staff to reduce workload through duty roster on HTN
- Conduct monthly outreach activities on HTN screening
- Conduct community engagement meeting on HTN screening.
- Ensure BP machine always available

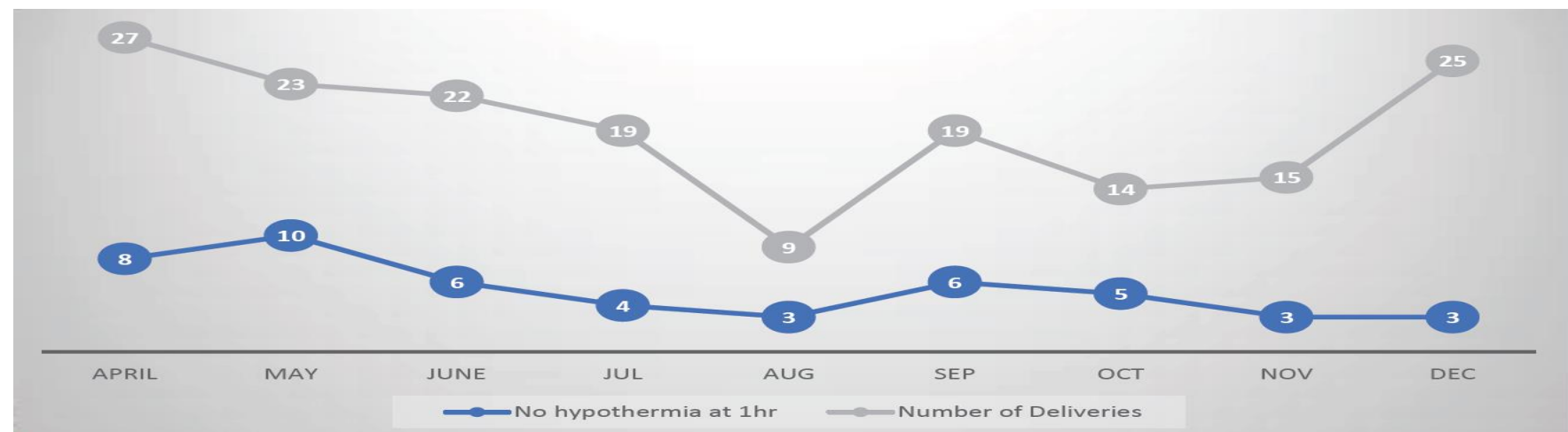


# Poster Presentation– QI Projects by Facilities

## A Quality Improvement Initiative to Reduce Hypothermia Incidence amongst Newborns

### Change Package

- Conduct baseline assessment on the current scenario and how to overcome it
- Conduct training on monitoring and recording of vitals
- Ensuring Skin to skin done for every new-born
- Monitoring and Recording of temperature at 0mins and 1hr (60mins) after delivery
- Increase awareness of staff on skin to skin and recording of temperature daily
- Supportive supervision by facility –In-Charge and midwife in charge



# Research on Pepper Injection – Awareness of Risks and Prevalence of Use of Highly Concentrated Injectable Oxytocin

## Key Finding

- Improper/harmful use of oxytocin is widespread and of concern in Sierra Leone
- Might be a major contributor to maternal and newborn morbidity and mortality (High rupture of uterus and stillbirth)



# Poster Presentations on Research

## Maternal caesarean section infection (MACSI) in Sierra Leone: a case–control study



The primary findings of this study:

- One in 10 women undergoing CS at PCMH developed an SSI that led to death in 5.3% of them
- The predictors of SSIs were social and demo-graphic i.e. being single, being unemployed, with low education level, having an abnormal BMI, health-system related (coming from home instead of being referred from a health facility), obstetric (previous CS, presenting with premature membranes rupture, a long decision–incision interval) and clinical (a high rate of missing post-CS antibiotic doses)
- The need to urgently tackle SSIs more stringently. Antibiotics requires appropriate administration and dosing and in selecting eligible patients for treatment, in order to avoid resource waste and the development of antibiotic-resistance

# Poster Presentations on Research

## The rate and perioperative mortality of caesarean section in Sierra Leone



The primary findings of this study were:

- The caesarean section rate has increased rapidly in Sierra Leone, but the distribution remains uneven.
- Caesarean section mortality is high, but there is wide variation amongst hospitals/districts
- More access to caesarean sections for maternal and neonatal complications is needed in underserved areas, and
- Expansion should be coupled with efforts to limit late presentation, to offer assisted vaginal delivery when indicated and to ensure optimal perioperative care

# ACCOUNTABILITY

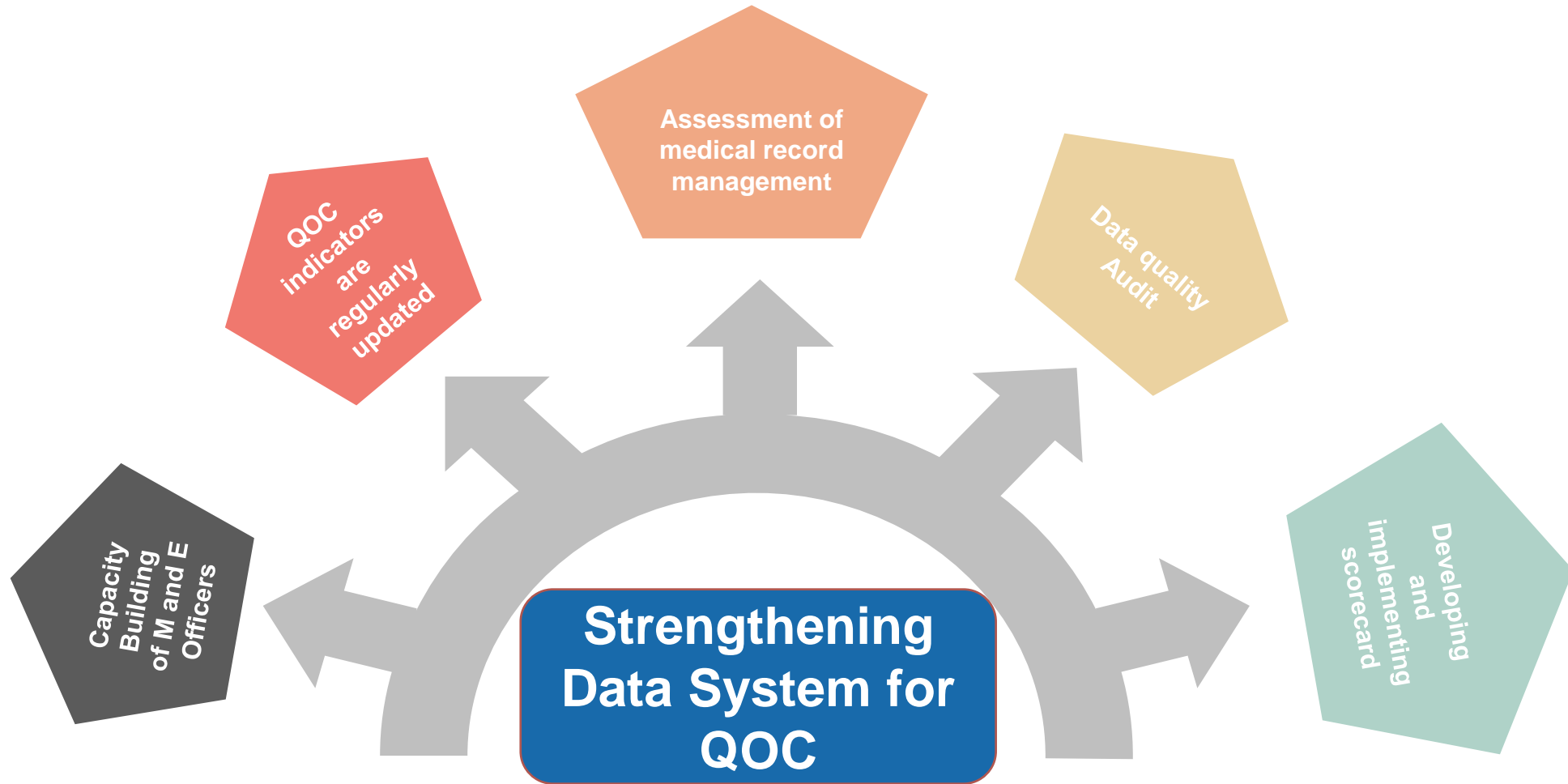
## Prioritized learning

1. Strengthen routine measurement systems to collect, report and use QOC indicators to help improve and sustain quality MNH care
2. Develop and implement accountability mechanisms that integrate community and stakeholder perspectives



Accountability

# 1. Strengthen routine measurement systems to collect, report and use QOC indicators to help improve and sustain quality MNH care



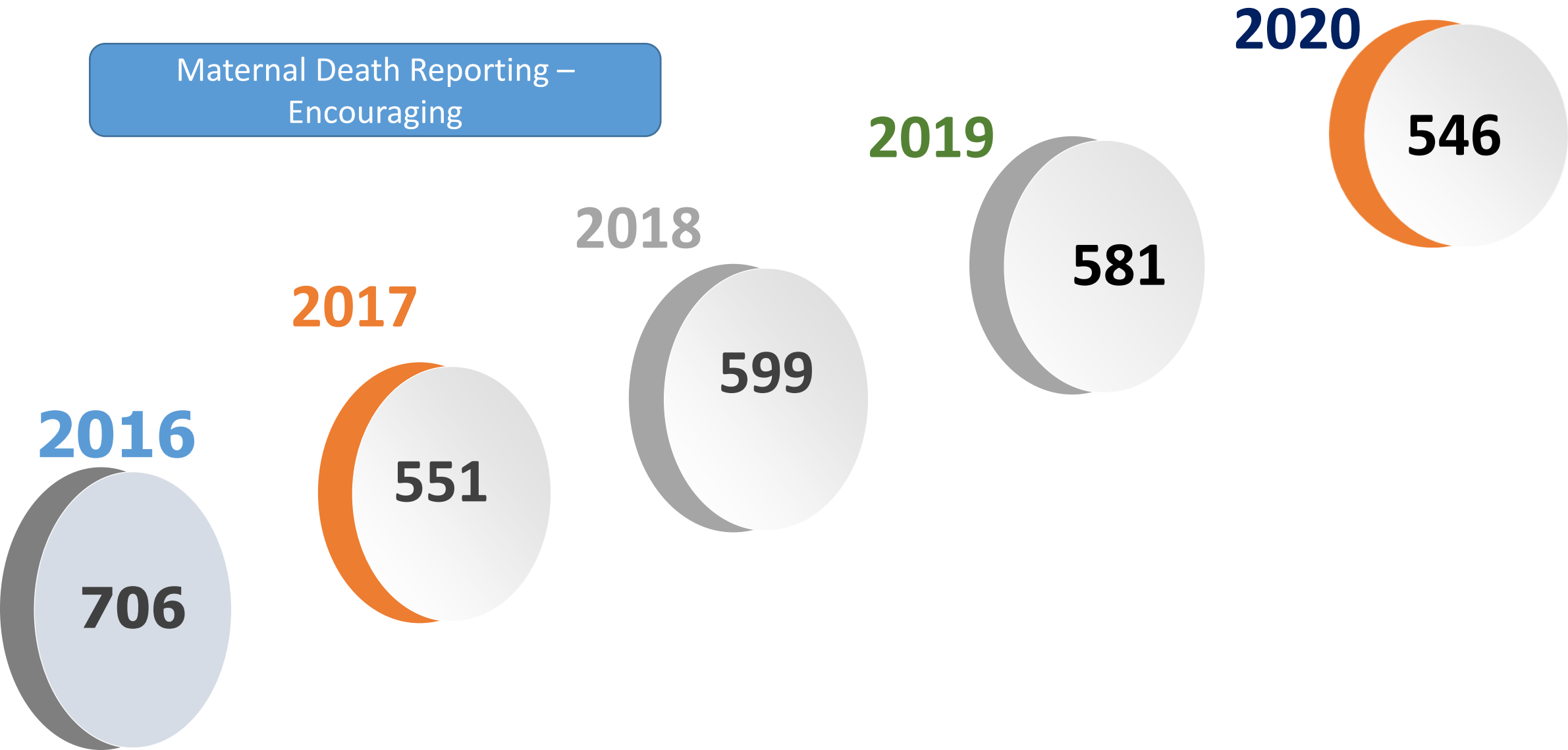


Accountability

# 1. Strengthen routine measurement systems to collect, report and use QOC indicators to help improve and sustain quality MNH care



Maternal Death Reporting – Encouraging

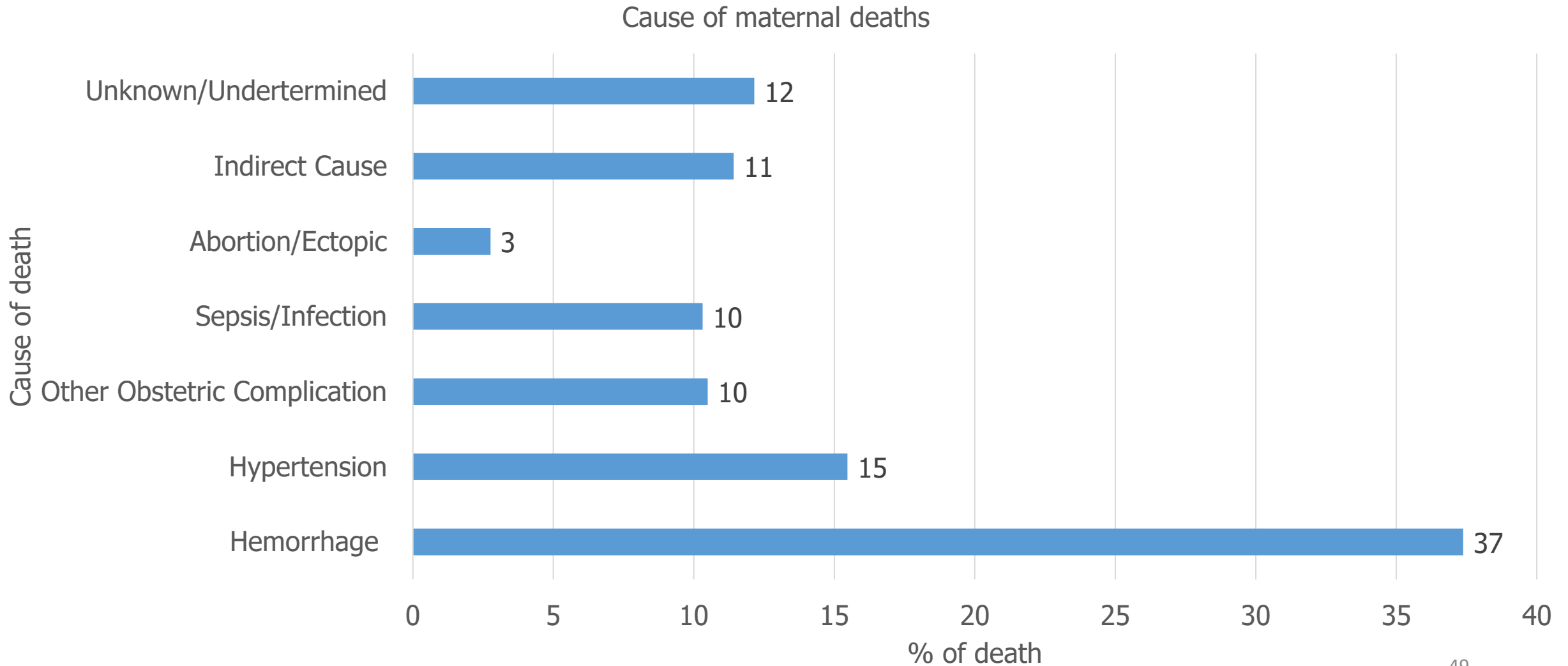






Accountability

# 1. Strengthen routine measurement systems to collect, report and use QOC indicators to help improve and sustain quality MNH care

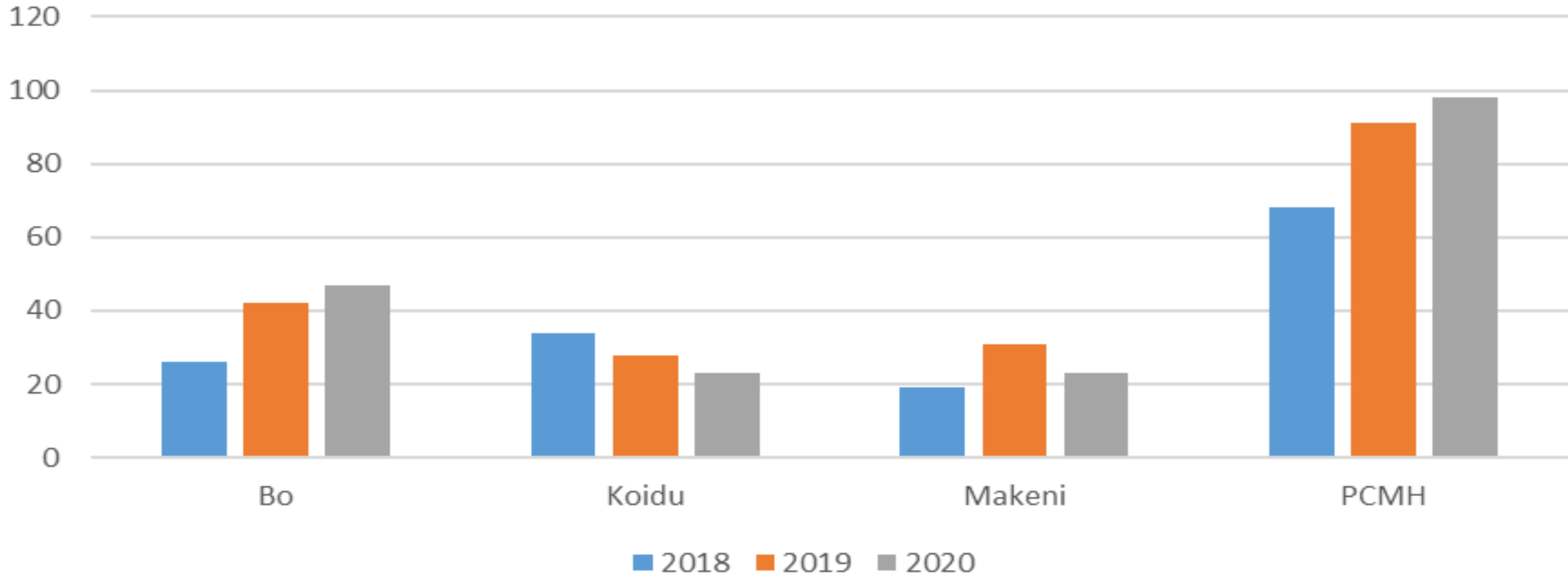




Accountability

**1. Strengthen routine measurement systems to collect, report and use QOC indicators to help improve and sustain quality MNH care**

### Maternal Death Trend in Selected Learning Facilities



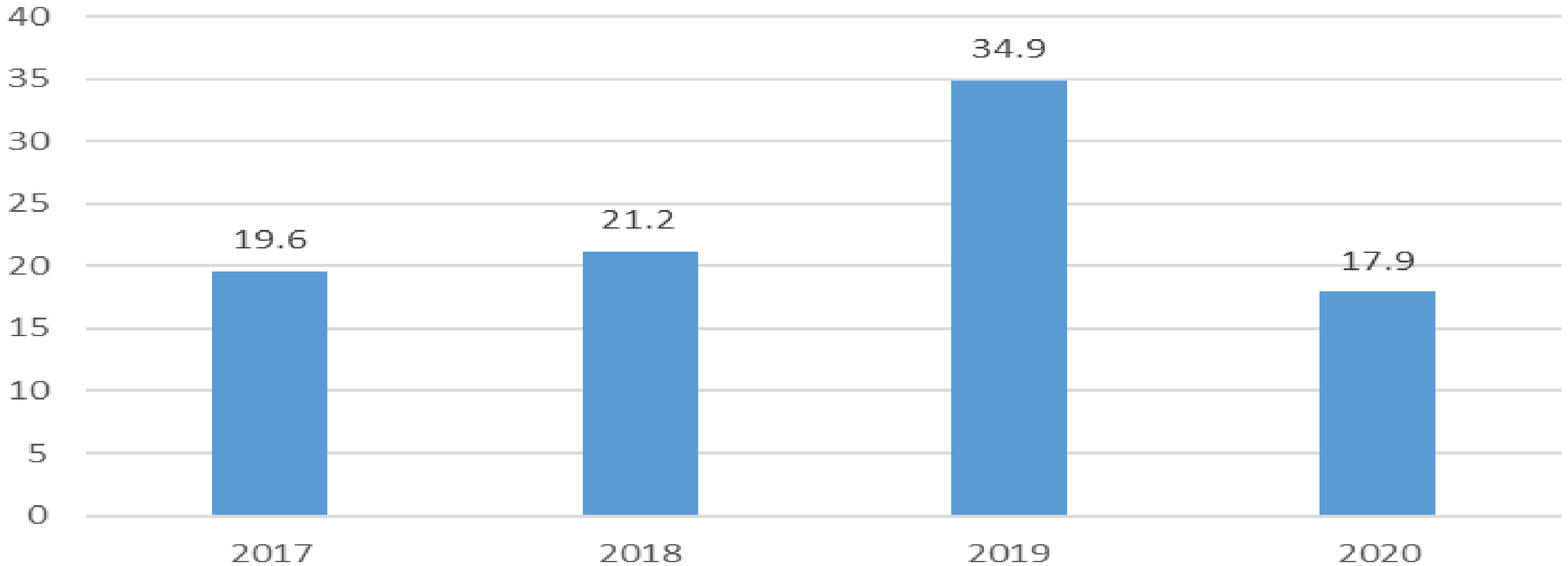


Accountability

1. Strengthen routine measurement systems to collect, report and use QOC indicators to help improve and sustain quality MNH care

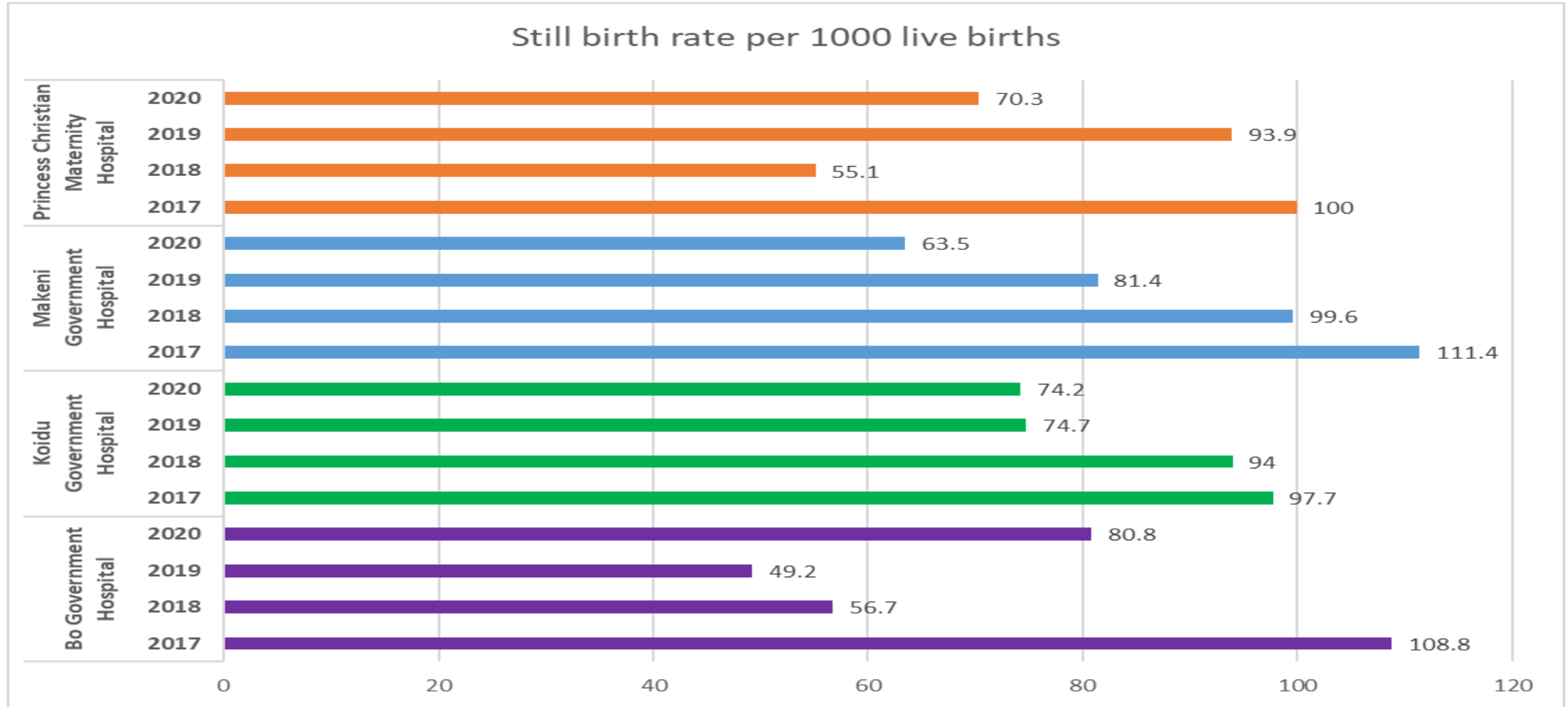
Stillbirth Trend in Selected Learning Facilities

Still birth Rate





**1. Strengthen routine measurement systems to collect, report and use QOC indicators to help improve and sustain quality MNH care**





Accountability

## 2. Develop and implement accountability mechanisms that integrate community and stakeholder perspectives



### National Forum Objective:

To share insights on the progress, lessons learnt and challenges in the **engagement of communities** for quality improvement

### Key Reflections

- Community **fatigue/requiring incentive** for engagement
- Irregular/**No feedback collection mechanism**
- **Dysfunctional** facility management committee
- **Limited awareness** of existing community health policy
- Lack of **community scorecard**
- **Poor participation** of communities in facility and district planning

# Next Steps

- Transform the regulatory system – complete reform
- Creation of QOC structure in district and facility organogram
- Appointment of dedicated QOC officers and capacity building on Quality Management
- Strengthen national, facility and district coordination platforms
- Strengthen facility and district level learning
- Mobilize partners to provide direct support for infrastructure development
- Development of patient charter and orientation of health care worker
- Conduct experience of care survey in selected learning facilities through exit interview
- Capacitate QI team and strengthen onsite support
- Virtual meeting with districts and learning facilities
- Improve on data quality and feedback mechanisms
- Develop community scorecard
- CCI and NCI dashboard on DHIS2
- Conduct learning forum every six month



TENKI

# Questions & Answers

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**Facilitation: Martin Dohlsten, MCA WHO HQ**

**Please type your questions in the CHATBOX**



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# STAY ENGAGED

- Upcoming webinars in this series:
  - Ethiopia: Lessons from implementing & scaling up quality of care for maternal and newborn health
- Learn more about the series: [bit.ly/NationalForumseries](http://bit.ly/NationalForumseries)
- Visit website: <https://www.qualityofcarenetwork.org/about>