



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

EVOLUTION, IMPLEMENTATION AND PROGRESS
2017–2020

May 2021

ACTION FOR QUALITY

A brief on progress and learning from implementation

“Without quality, universal health coverage remains an empty promise.”

Dr Tedros Adhanom Ghebreyesus, WHO Director General

In 2017 the Network for Improving Quality of Care for Maternal, Newborn and Child Health (the Network) committed to halving maternal and newborn deaths and stillbirths and to improving the experience of care for pregnant women, mothers and their babies by the end of 2022. To achieve its targets, the Network articulated [four strategic objectives](#) - Leadership, Action, Learning, Accountability.

The World Health Organization (WHO) report “[The network for improving quality of care for maternal, newborn and child health: evolution, implementation and progress. 2017-2020](#)” describes the Network progress towards its strategic objectives and lessons learned from implementation. This brief provides a summary of progress in implementing the ACTION strategic objective and emerging lessons.

At the outset of the Network, governments took the lead to co-develop and operationalize the Network strategic objectives and its related outputs and activities. They first developed or strengthened the strategies, structures and mechanisms for supporting the institutionalization of quality of care (QoC) for maternal and newborn health (MNH) within the national health systems. Activities were then directed towards action, learning and accountability.

Strategic Objectives of the Network



LEADERSHIP

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



ACTION

Accelerate and sustain implementation of quality of care improvements for mothers and newborns



LEARNING

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



ACCOUNTABILITY

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

STRATEGIC OBJECTIVE: ACTION

Accelerate and sustain implementation of quality of care improvements for mothers and newborns

OUTPUT 1: WHO evidence-based standards of care for mothers and newborns are adapted and disseminated

Key deliverables:

1. National standards and protocols for maternal and newborn quality of care compiled and reviewed;
2. National standards and protocols adapted and updated to follow WHO standards;
3. National standards and protocols incorporated into national practice tools;
4. Updated national standards and protocols plus their practice tools disseminated to all relevant stakeholders and are in use.

OUTPUT 2: National package of improvement interventions is adapted (or developed) and disseminated

Key deliverables:

1. The quality of care situation assessed, with gaps in quality identified based on the national standards of care;
2. National package of quality of care interventions to address identified quality gaps developed and disseminated, drawing on the WHO quality of care interventions.

OUTPUT 3: Clinical and managerial capabilities to support quality improvement are developed, strengthened and sustained

Key deliverables:

1. A national resource centre, with tools to improve capabilities of health-care providers and managers established and functioning;
2. National and district pools of experts in quality improvement (including participatory learning and action) identified and trained;
3. National manuals for quality improvement and participatory learning and action for national, district and facility levels, and community groups and committees developed and in use;
4. Monthly meetings for participatory learning on quality improvement at district, facility and community levels scheduled and take place.

OUTPUT 4: Quality improvement interventions for maternal and newborn health are implemented

Key deliverables:

1. Learning sites identified and established to implement a national package of improvement interventions for quality of care in maternal and newborn health services;
2. A change package adapted to the district context;
3. Resources and technical support to implement the change package in the districts provided;
4. Success of learning sites reviewed and assessed regularly;
5. A refined package of effective and scalable quality improvement interventions identified from learning sites;
6. The implementation of a refined package of interventions expanded into new districts and health facilities.

Country progress in implementing the Network ACTION strategic objective

Adaptation of the MNH QoC standards and development of the implementation packages

Maternal and newborn healthcare must be guided by the implementation of evidence-based quality care standards. [WHO standards for improving quality of maternal and newborn care in health facilities](#) have been adopted and adapted by all Network countries. The implementation of the standards is supported by QoC for MNH intervention packages which include MNH clinical decision support tools, protocols, audits and reviews, collaborative team-based improvement cycles and in-service training and competency development etc. The intervention packages are diverse across countries and reflect the country context and MNH QoC priorities. In Ethiopia the standards were integrated into the national quality standards and audit tools for hospitals and health facilities. In Bangladesh, Ghana and Malawi in addition to their use as a quality improvement (QI) reference tool, the standards were also used to assess QoC in health facilities. By the end of 2020, eight countries had developed their related QoC implementation packages. Most Network countries continue to depend on partner resources and technical support to implement the packages within and beyond learning districts.

Selection and orientation of learning districts and facilities

Learning [districts and facilities](#) serve as ACTION laboratories for learning from the adaptation and contextualization of QoC activities and for the documentation of processes and results. Learning districts are selected based on the commitment of District Health Management Teams (DHMT) to learning and to making changes to improve QoC for MNH. The learning districts are representative of others in the country, so action and learning are more likely to be generalizable. Facilities within learning districts systematically implement a package of QoC interventions for MNH, under the leadership and coordination of the MoH and DHMTs and supported by implementing partners.

Eight countries have identified learning districts where implementation, documentation and monitoring is taking place. In addition to engaging with districts interested in improving QoC, most countries have prioritized districts with a heavier burden of maternal and newborn morbidity and mortality. They were also able to capitalize on existing experiences and structures developed by country partners. Each country has taken steps to orient the learning districts on the Network implementation approach, QI methods, and QoC intervention packages. Additional efforts have focused on strengthening DHMTs and QoC governance structures to support implementation readiness. Following orientation, country teams began to establish QI approaches and supporting tools for learning districts. By the end of 2020 eight countries had agreed on and developed or updated QI coaching manuals and most countries had trained QI coaches.

Engaging learning districts in quality improvement

ACTION in learning districts has benefited from the use of existing QI methods supported by coaches identified from previous QI related programmes or newly trained. On-site coaching helps teams identify gaps in the implementation of the MNH standards, develop solutions and advocate for resources to address implementation gaps. While in most countries, QI coaches are not a recognized cadre within the health workforce, six countries have developed, maintained or integrated on-site QI coaching as part of routine activities.

Scaling up the experience from learning districts within Network countries requires continuous technical assistance from the QoC structures at the national and subnational levels. To build these capabilities, partner support as well as more time and resources are needed.

Status of implementation for selected milestones under the ACTION strategic objective in 2020

	Bangladesh	Cote d'Ivoire	Ethiopia	Ghana	India	Malawi	Nigeria	Sierra Leone	Tanzania	Uganda
Action: Accelerate and sustain implementation of MNH quality of care										
Orientation of learning districts and facilities	●	●	●	●	●	●	●	●	●	●
Adaptation of MNH QoC Standards	●	●	●	●	●	●	●	●	●	●
QoC implementation package developed	●	●	●	●	●	●	●	●	●	●
Learning districts and facilities selected and agreed upon	●	●	●	●	●	●	●	●	●	●
QoC coaching manuals developed	●	●	●	●	●	●	●	●	●	●
Quality improvement (QI) coaches trained	●	●	●	●	●	●	●	●	●	●
On-site coaching visits occurring in learning districts	●	●	●	●	●	●	●	●	●	●

Legend:

● On track (achieved) ● In progress (initiated but not completed) ● Not started ● No information

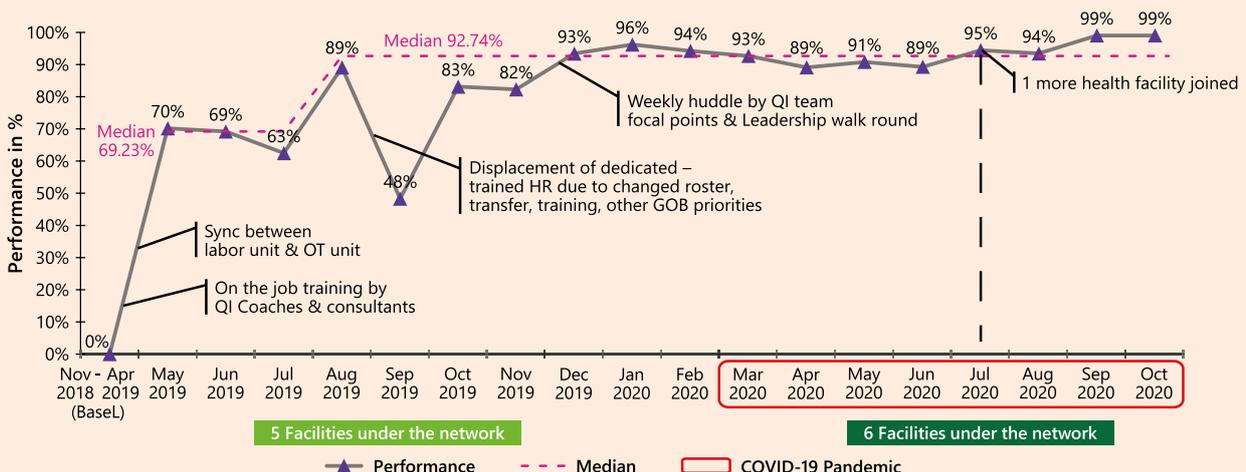
Emerging results from a quality improvement initiative to improve outcomes for maternal and newborn care in Bangladesh

In support of the Government of Bangladesh's commitment to significantly reduce maternal and neonatal mortality by 2022, the USAID MaMoni Maternal and Newborn Care Strengthening Project (MaMoni MNCSP) is advancing the learning and scaling up of effective maternal and newborn care interventions to improve outcomes for mothers and newborns. From 2018 to 2023, the project aims to roll out proven maternal and newborn care interventions and approaches with quality in 10 priority districts to reach an estimated 22 million people, including poor and marginalized women and newborns for whom the risk of dying is greatest.

In 2018, MaMoni MNCSP selected the Manikganj district within the Dhaka Division as a QoC Network learning site to design, develop, test and implement QoC MNH interventions. Between April 2019 and October 2020, five MNH clinical bundles (intervention packages) were tested and implemented in 39 facilities. The bundles focused on antenatal care, postnatal care, essential newborn care, correct partograph use and kangaroo mother care.

There have been clear patterns of improvement in maternal and newborn care. For example, the introduction of four small-scale, easy to implement and measurable actions introduced at different points of QI implementation improved the performance of newborn care in five health facilities from a baseline of 0% to 93% within eight months of implementation. This improvement was sustained at 92% over the next 11 months of implementation. The scaling up of these interventions has already started in five other districts covering 97 health facilities. Further expansion to 13 other districts covering more than 250 health facilities has also been initiated.

Improvement in essential newborn care across six health facilities in Manikganj district



ACTION levers that enhance QoC implementation

The report highlights a set of critical levers for enhancing the implementation of the ACTION strategic objective:

- **Health systems operate in different contexts which impact the pace of QoC development, adaptation and implementation**

Countries progress better when their QoC structures and strategy are anchored in their existing health system architecture and reflect their actual capacity to reach targets. Improving MNH quality at the point of care will only bring about small-scale changes if systemic and resource gaps are not addressed.

- **Building quality improvement capabilities is necessary for sustaining the provision of QoC**

QI capabilities in many countries' health systems are still limited and QI capacity-building requires time and investment. Preservice education should include a focus on building the QI knowledge of health workers. At the same time, health services management must change to embrace a QoC culture and encourage QI as a method of work across all levels.



The network for improving quality of care for maternal, newborn and child health: evolution, implementation and progress. 2017 – 2020 report. Action for quality: a brief on progress and learning from implementation

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