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

May 2021

LEARNING AND ACCOUNTABILITY 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 LEARNING and ACCOUNTABILITY strategic objectives 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: LEARNING

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

OUTPUT 1:
Data systems are developed or strengthened to integrate and use quality of care data for improved care

Key deliverables:

1. A national core set of quality of care indicators for maternal and newborn health agreed and validated, and aligned with the core global indicators;
2. A process to add a core set of maternal and newborn quality of care indicators into the national health information system established and supported;
3. Data collection, synthesis and reporting are standardized, and data quality is monitored and assessed;
4. Capabilities in data collection, synthesis and use at health facility, district and national levels strengthened;
5. A system for collection and reporting of case histories, stories from the field, and testimonials developed and in use;
6. Key data shared with health-facility staff, district health teams and community groups to inform user decision-making, prioritization and planning.

OUTPUT 2:
Mechanisms to facilitate learning and to share knowledge through a learning network are developed and strengthened

Key deliverables:

1. National and international resources on quality of care accessible through a dedicated quality of care website;
2. Virtual and face-to-face learning networks and communities of practice established and supported at the global, national and district levels;
3. Learning collaboratives between health facilities and districts established and supported;
4. A government focal point and national institution established to coordinate and sustain a national learning network.

OUTPUT 3:
Data and practice are analyzed and synthesized for an evidence base on quality improvement

Key deliverables:

1. Data analyzed and synthesized regularly to identify successful interventions; and
2. Best practices and variations identified and disseminated within and between countries.

STRATEGIC OBJECTIVE: ACCOUNTABILITY

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

OUTPUT 1:
National framework and mechanisms for quality of care accountability are established and functioning

Key deliverables:

1. Quality indicator dashboards developed, with appropriate analytics to track progress at facility, district and national levels, and regularly updated and published;
2. Inputs and outputs in the national operational plan for quality of care tracked and regularly reported, and reports disseminated to stakeholders and discussed in national and sub-national forums;
3. Regular multi-stakeholder dialogue takes place to monitor progress;
4. Resources committed and action taken to resolve issues;
5. Periodic independent assessments of progress in place to validate routinely reported results.

OUTPUT 2:
Progress of the Quality of Care Network on maternal and newborn health is regularly monitored

Key deliverables:

1. An annual progress report on the Quality of Care Network published;
2. The Quality of Care Network plan reviewed, revised and shared;
3. There is an annual review and planning meeting of the Quality of Care Network;
4. Implementation learning at global and national levels is summarized and made available in the public domain (peer-reviewed publications included).

OUTPUT 3:
Impact of the global initiative on quality of care for maternal and newborn health is evaluated

Key deliverables:

1. Country-specific evaluation designs developed and agreed;
2. Pre-intervention qualitative and quantitative data collection established and implemented;
3. An interim impact analysis performed and used to inform programme implementation;
4. A final impact analysis performed and disseminated.

Country progress in implementing the LEARNING and ACCOUNTABILITY strategic objectives

QoC measurement and reporting

Quality of care measurement is critical for demonstrating whether QoC is improving and results are achieved. A MNH QoC monitoring framework and standardized tools for MNH QoC measurement were co-designed with Network countries and partners in 2018. Measurement includes a set of 15 QoC MNH common indicators that measure important aspects of provision and experience of care and water, sanitation and hygiene (WASH). Learning districts and facilities measure these indicators and coordinate measurement activities across their constituent learning sites, with the support of the MoH and partners. Progress in documenting and sharing this data varies across countries, reflecting the capacity and constraints of the information system.

Most Network countries have managed to collect data on provision of care, whether through their official national data systems or through other data collection mechanisms. Challenges to collect data on WASH and the experience of care are widespread across the Network. Ghana, Malawi, and Sierra Leone have established an additional mechanism to collect and report facility-based data on experience of care and WASH indicators periodically. The Network secretariat and partners have provided substantial technical support for QoC measurement at country level. However, all Network countries face overarching structural and operational HIS constraints that undermine the availability and quality of data, including those related to MNH QoC. More investment and capacity-building in health information systems to improve the overall quality of data is needed.

National learning network for QoC

Learning systems from national, sub-national to service delivery level are needed to facilitate documentation, sharing and learning in support of QoC. Learning is facilitated within and between health facilities and districts through peer to peer learning, with additional support provided by academic and research institutions for the documentation of best practices. The aim is for the implementation experience to influence management decisions and inform policy dialogue and implementation research, to support scaling up within and across countries.

To facilitate knowledge sharing and learning beyond the district and facility levels, the Network countries and partners co-designed the concept of the national QoC learning platform. These platforms build on existing structures and involved identifying an academic institution to support the development and implementation of the national learning platform, including to facilitate exchanges among practitioners, learning districts, decision-makers, and academics, among others. This institution also facilitates the documentation of QoC implementation experiences and undertakes implementation research to inform scaling up of interventions. Bangladesh and Uganda have successfully established partnerships with national institutions and schools of public health.

The vision of Network countries is that quality improvement activities inform the periodic District Health Management Team (DHMT) review and supportive supervision. Following this vision, Ethiopia has integrated a QoC learning network within district management processes supported by the MoH, while in Ghana, district learning activities are implemented within the MNH DHMT review processes.

While the Network countries are in the formative stage of establishing their learning platforms, their absence has not prevented the sharing of emerging learning between districts and facilities. Countries have developed innovative solutions driven by social media and digital technology that bring together QoC practitioners. For example, Ghana, Malawi and Nigeria have established WhatsApp groups on QoC for MNH. Learning districts from Ethiopia, Ghana and Malawi have used national quality forums to share experiences and advocate for changes to support QoC implementation at scale.

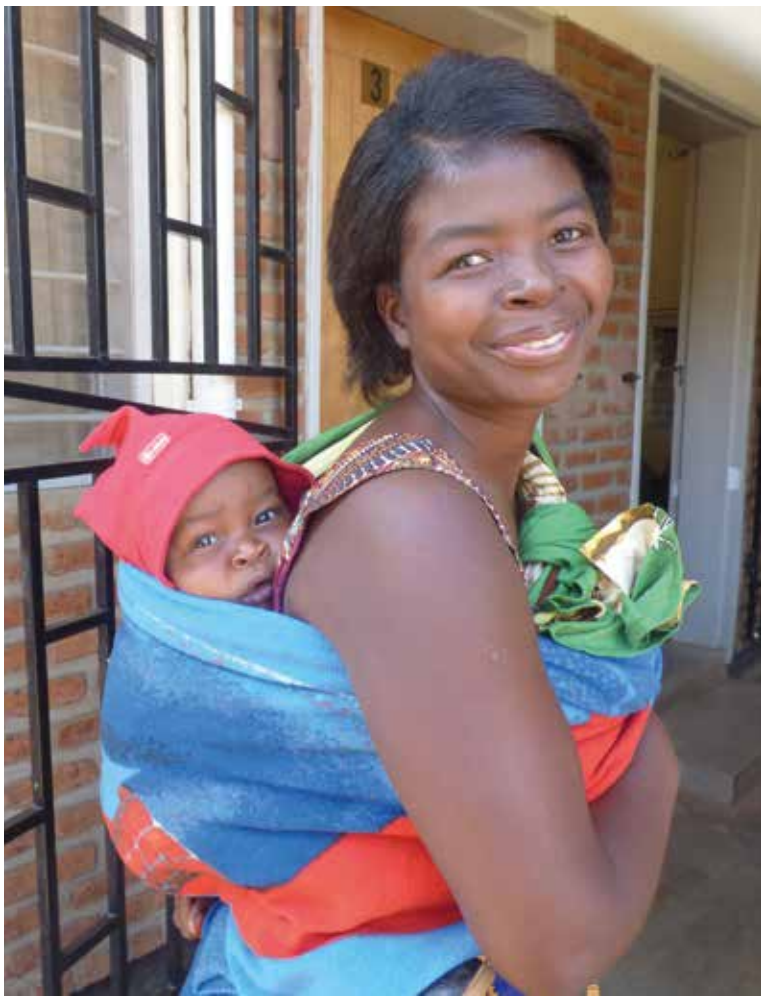
Looking ahead, the success and sustainability of learning systems for quality will depend on strengthening the coordination between knowledge generation and sharing, and policymaking and programme management processes.

Accountability mechanisms and community engagement

Community and stakeholder engagement is critical to ensure accountability for QoC and help identify gaps, prioritize concerns, monitor performance and provide solutions to improving QoC. QoC programmes should make intentional and systematic efforts to invite community representatives, including women representatives and patients, to participate in the programme.

By December 2020, Ethiopia, Ghana, Malawi, and Uganda had established a mechanism for the systematic integration of community participation and accountability for QoC. For example, Ethiopia uses a community score card (CSC) as a social accountability tool in all regions. Ghana is using a sector-wide strategy based on the development and roll out of a community scorecard. The scorecard is used by the community to monitor health services provision and provides a platform for their participation in the development of solutions to address service gaps and challenges.

In Uganda, the Community Health Department developed Community Dialogue Guidelines that guide discussions with the community on the findings of QoC MNH assessments. These dialogues resulted in the development and implementation of joint action plans by communities and facilities in the learning district area. Despite these good examples, more work is needed to systematize and integrate community engagement for QoC into accountability processes and mechanisms in routine systems across all Network countries.



Status of implementation for selected milestones under the LEARNING and ACCOUNTABILITY strategic objective in 2020

	Bangladesh	Cote d'Ivoire	Ethiopia	Ghana	India	Malawi	Nigeria	Sierra Leone	Tanzania	Uganda
Learning and Accountability										
Common set of MNH QoC indicators agreed upon for reporting from the learning districts	●	●	●	●	●	●	●	●	○	●
Baseline data for MNH QoC common indicators collected	●	●	●	●	●	●	●	●	○	●
Common indicator data collected, used in district learning meetings, and reported upwards	●	●	●	●	●	●	●	●	○	●
District learning network established and functional (reports of visits)	●	●	●	●	○	●	●	●	○	●
A research institution to facilitate documentation of lessons learned identified and is active	●	●	●	●	●	●	●	●	○	●
Mechanism for community participation integrated into QoC planning in learning districts	●	○	●	●	●	●	●	●	○	●

Legend:

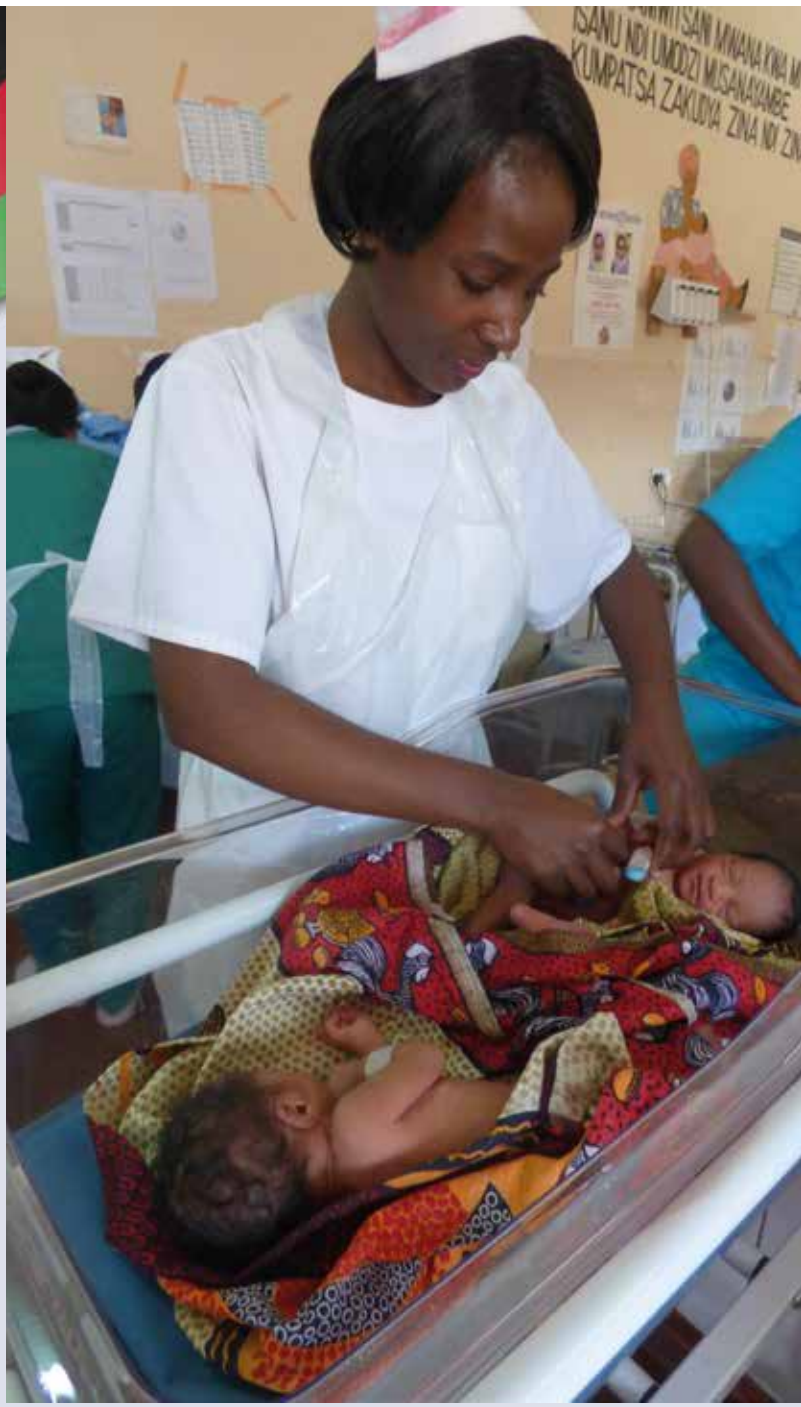
● On track (achieved) ● In progress (initiated but not completed) ● Not started ○ No information

Strengthening data systems for QoC and building structures for community engagement and social accountability to improve QoC in Malawi

In Malawi much emphasis has been placed on creating a sustainable system to capture QoC data in a way that is linked to the health information system (HIS). In mid-2018, Malawi created an integrated collection form in the HIS which captures most of the QoC MNH common indicators for provision of care. Quality gaps in the data exist due to weak data collection systems. Data is also still manually collected in hard copy in many facilities. Districts and facilities need capacity-building support and systematic follow-up from the Ministry of Health and partners.

Much progress has been made in Malawi to support accountability and strengthen community engagement for improved QoC. Malawi has adapted the eight QoC MNCH standards of care for mothers and newborns developed by WHO. However, they have also included a ninth QoC MNCH standard which focuses on community engagement and social accountability. To start operationalizing this standard, by the end of 2019, Malawi's 25 learning facilities had a designated Hospital Ombudsman. The Hospital Ombudsman is used as a platform for patients and community members to raise concerns about challenges in accessing or receiving healthcare services. The Ombudsman is expected to discuss the concerns with facility management so they can take remedial action as needed.

Spot checks of service provision by community health workers are also being piloted in two learning districts through the Community Based Maternal and Newborn Care programme. A community scorecard process also commenced in November 2020 in two districts. The aim of the scorecard is to monitor health services, empower citizens, and improve the accountability of service providers. Two indicators on patient experience of care have also been included in HIS and the data can be used to inform these activities.



Despite this progress, challenges still exist. For example, as the Hospital Ombudsman position is newly established, its mandate and role are not clearly understood by all health workers or communities. To ensure that the Hospital Ombudsman can be empowered and add value to the QoC processes, activities to build awareness and knowledge of communities and health providers on the expected roles and responsibilities is needed.

LEARNING and ACCOUNTABILTY levers that enhance QoC implementation

The report highlights a set a of critical levers for enhancing the implementation of the LEARNING and ACCOUNTABILITY strategic objectives:

- **Investing early and intentionally in the development and strengthening of data systems for QoC is essential.** Opportunities should be leveraged to integrate MNH health QoC measurement efforts within broader initiatives to improve health information systems. Integrating relevant QoC indicators in routine health information systems also strengthens accountability for QoC.
- **Designing, implementing and monitoring a comprehensive and adaptable QoC programme at the district/regional levels is critical.** Designing QoC for MNH programmes at district levels must include communities and stakeholders from the very beginning. Even the best programme designs will not show impact if implemented poorly, not monitored or are neither context sensitive nor adaptable.
- **Documenting and sharing lessons from QoC initiatives can help build more effective programmes and it requires trust.** Learning from QoC initiatives can be transferable to other QoC programmes when they document and respond to why improvement ideas worked or not. Countries must be willing to share their data and lessons so other countries can apply the learning to their own implementation context. Building trust among members of the Network is critical for the sharing of lessons within and between countries.
- **Engaging communities and stakeholders in designing and implementing QoC for MNH programmes paves the way to progress and ensures accountability for QoC.** This engagement is critical to help identify gaps, prioritize concerns and monitor performance. When community engagement mechanisms are in place, they provide a powerful avenue to ensure accountability for results.
- **Demonstrating impact of quality improvement activities takes time.** Quality improvement interventions implemented at the health facility level can show tangible results in a short time. However, if an impact assessment is conducted too early in the implementation process, demonstrating the impact of quality improvement initiatives implemented in multiple health facilities, with varying focus, intensity, and timing, will likely be limited.

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

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