**Full Q&A launch of WHO's Implementation guide:** *Improving the quality of care for maternal, newborn and child health: Implementation guide for national, district and facility levels*

Tuesday, 6 September 2022

| Session | Question | Answer |
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| Introduction of the Implementation Guide | Are there follow up plans to build in-country capacity on QoC implementation? what are opportunities and support available to extend implementation of the new guideline beyond the 10 network countries? | The QoC Network was launched on the principles that national leadership and ownership was key in the process. Governments, together with national partners and stakeholders are the ones that drives the improvements in countries, with support from WHO and other actors at global level. Since it is now 5 years since the Network was launched, a lot of learning have been documented, which will support further implementation and guidance for institutionalizing QoC in the Network countries and beyond. |
| | As UHC envisions universal access and quality, how do improvement teams be guided to identify the various quality gaps, determine priorities, develop measures, and test the change package through PDSA cycle? How long will it to show evidence that change leads to improved outcomes? | The implementation guide highlights various resources and interventions which intend to support successful QI implementation. MPDSR, Child Death audits are examples of tools which can help identify gaps, determine priorities etc. The time from initiating a QI project until you see results, depend on the nature of the project and the intended results. Some, like organizing record keeping for example, might be a quick way to see improvements, but others which target decrease in mortality and morbidity are expected to take longer time. |
| | To support policy strategy is challenge and depends on the leadership to implement and sustain the initiative. how can be sustained and make accountable stakeholders at different level? | Ownership and leadership at all different levels of the health care system is key for sustainability and scale-up. QoC committes, working groups, QI teams etc. are good ways to make sure that QoC stays high on the agenda and have a standing role in the work for MNCH. At national level, a QoC MNCH technical working group is a key part to make sure that partners are aligned and that a common visions is shared by all relevant stakeholders working on QoC MNCH |
| | It seems to me that a main challenge to scale-up of the great work being done in facilities and districts will be HRH (training, deployment, supervision, compensation) and these HRH issues often | Indeed, HRH is a major part of sustaining and scaling up efforts to improve QoC MNCH. The mid-term report from the Network highlights that it takes a whole health systems approach to improve QoC for MNCH. It requires investments in WASH, setting up measurements systems, capacity building etc. |

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| | require fundamental changes at national level. Is this a perception in the Network countries as well? | |
| | Any tips to establish/sustain a CULTURE of Quality - as QI may take time which cannot be achieved overnight | Culture changes are not one-off activities but will need constant reinforcement. A QoC-driven environment requires management to encourage staff to identify gaps and take action, and to actively look for and celebrate successes in implementing QI and improving QoC. Box 7 on page 17 in the implementation guide highlights some of the key strategies to develop and maintain a positive QoC culture. |
| | I noticed the community and self levels weren't included. Why did the guide stop at facility level? | Indeed, Stakeholder and community engagement are critical to ensuring accountability for QoC. Their involvement can help identify gaps, prioritize concerns, monitor performance and provide solutions to improving QoC. The guide mentions the importance of this at all levels of the health system. Reference is also made to the guidance on Integrating stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health. https://apps.who.int/iris/handle/10665/333922 |
| Ethiopia 's presentation | What are experiences, lessons and successes from Ethiopia on integrating QoC indicators into public sector HMIS? | The CCIs applied in QED MNH QoC initiative were used as one of the source documents for the national HMIS review conducted every five years. Accordingly, in the recent revision conducted in 2013 EFY (2020/21), selected indicators were incorporated in to the HMIS. These are women who developed PPH and Delivered women who received uterotonics. |
| | How are you sustaining QI projects? | National framework and mechanisms for quality of care are established and functioning<br>• The consecutive national health sector transformation plans prioritized quality care as one of the transformation agendas<br>• A national health care quality and safety strategy is available in Ethiopia<br>• And related governance structures for quality are in place,<br>Facility QI team's capacity built (on basic QI), a coaching system established, and learning collaborative sessions and quality summits also |

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| | | embedded in the health system which strengthen continuous quality improvement practice and ensure a quality culture and provide the foundation for sustainable progress |
| | Are the lessons learnt from the QoC implementation in the learning districts documented? | Yes, through regular national and regional annual quality bulletins, also documented in the mid-term review report of the previous quality strategy (2016-2020)<br><br>Tested ideas or change packages harvested and documented, pending publication and dissemination<br><br>End term review of the national MNH QOC roadmap ongoing |
| | Is QoC now a regular program in the government, health programme or still in the project phase supported by partners? | QOC as mentioned above is a government owned and prioritized agenda. Partners also have large scale projects on MNH QOC.<br><br>Regarding the QED network initiative, planning for scale up to more districts is considered and lessons documented through the end term review of the road map expected to inform scale up |
| | It would be interesting to see more details on how WASH services and hygiene behaviors have been monitoring and/or addressed? | QoC measurement includes a set of 15 MNH QoC common core indicators that measure important aspects of WASH as the health system inputs like availability of at least one functional hand washing station in the delivery room and availability of functional a toilet/latrine dedicated for use by women during and after labour and delivery. Measurement of these indicators, analysis and feedback from MOH/Regional health bureaus also investigate the links between rate of neonatal sepsis, quality of care and WASH and provide feedbacks for improvements. Partners technical team along with district coaches also focus on system level inputs like WASH and discuss with the facility and district leadership. while conducting mentoring and coaching visits |
| | QI officers are from existing government staff? how are they motivated? Is the directorate for quality supported by separate set of staffs from Govt? | Yes, all QI officers are from existing government staff. The directorate for quality is also supported by program directorates such as MCH directorate, clinical directorate, plan poly directorate and the MPDSR team at different levels |

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| | There are many committees in MNCH, how can it be managed/coordinated? | There is a separate QI unit led by a GPat hospital level and a quality committee with focal person at health center level. Under these structures, there are QI teams for the different programs like MCH which are responsible for implementing MNCH related interventions, for quality gap identification, designing QI interventions and following up on implementation in order to improve quality of MNCH care. Moreover, the QI team is also supported by MPDSR committee who are still drawn from MCH team. There is a harmonized processes and alignment of these structures. |
| | How is the integration of MNH QoC such as standards with other health services including nutrition, EPI programs? | QI work in designated QoC Network learning facilities across several districts focused on improving the quality of maternal and newborn care and nutrition in integrated manner including early PNC for mothers and newborns focused on early initiation and support for early breastfeeding (EBF), pre-discharge nutrition counseling for mothers and newborns including on promoting exclusive breastfeeding, routine PNC, nutrition counseling and IFA for the mother. |
| | Has QoC been integrated within health and/or nutrition services that treat wasting/acute malnutrition at national or sub-national levels? | Refer above. Plus, partners focusing on nutrition program implement QOC activities for nutrition, though they are limited and inadequately represented in QoC Network TWGs and activities |
| | Who were the master trainers for the mentors? and how could you secure funding, as QoC is usually time intensive. | The master trainers for the mentors were drawn from a pool of experts at national level who were experienced in mentorship and coaching. QI coaching guide developed building on existing WHO POCQI coaching guide. Funding mobilized from partners as well as national government for both training of district QI coaches and conducting coaching visits. |
| | Relating to the national structure of QoC, how do you advise ministries of health to restructure? | A dedicated directorate for health care quality and safety with different case teams under it for quality planning, improvement and assurance is critical. It should have clear roles and responsibilities describing also the interface it has with the different program directorates. Equally important is a structure/platform that can bring together the program directorates with the quality |

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| | | directorate for good collaboration and synergistic effect. In Ethiopia this was materialized through a national health care quality steering committee led by the state minister, but interrupted now. |
| Ghana's presentation | Can you please share the political commitment that helped to make this a success? | • The ministry of Health established the Quality Management Unit to oversee quality of care issues<br>• Ghana's Healthcare Quality Strategy spells out clearly government commitment and what is expected of agencies working within the framework of healthcare<br>• Ghana has an established Institutional Care Division in the Ghana Health Service that has oversight responsibility for the implementation in health facilities and governance of regional and district quality systems |
| | How did you sustain all these gains? | • Ghana has integrated quality of care into the health system<br>• The MOH has established the National Technical steering committee that meets regularly to plan and monitor progress of general quality of care implementation. There is also a Technical Working Group for QoC/MNCH that coordinates all efforts in MNCH at the national level.<br>• At the facility level, learning forums have encouraged evidence generation and knowledge sharing for the implementation and adaptation of successful QI projects |
| | What QI changes did you implement to reduce maternal mortality? | Various facility specific projects have been done across the country. Ghana is supporting health facilities to improve maternal and perinatal death audits and to use the recommendations to generate QI projects |
| | It would be interesting to see more details on how WASH services and hygiene behaviors have been monitoring and/or addressed | Ghana measures 11 WASH indicators across facilities in the country quarterly. Facilities conduct self-assessment on these indicators and measurements of their performance are entered into the DHIS 2 for decision taking in quality of care. These indicators assess inputs, processes, and outcomes of WASH. |

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| | Thank you Ghana team for sharing these interesting QI projects, do you have a published document on these QI projects to be shared? | QI projects are currently published in the first 2 editions of Ghana's QoC/MNCH Network bulletin. (Knowledge Library \| Quality of Care Network) |
| | Can you elaborate on the reduction of anaemia during pregnancy? | This project was conducted in a district hospital with high rates of anaemia in pregnancy at 36 weeks. Using QI tools, the problem was assessed to have root causes which included poor process flow of pregnant women seen at the antenatal clinic and the hospital laboratory. This discouraged most women to have laboratory testing and appropriate reviews, subsequently leading to inadequate interventions to correct anaemia before 36 weeks. The project helped the hospital to restructure the flow of ANC mothers by creating a new lab within the ANC clinic to ensure testing of mothers and adequate care. |
| | Are there links to the research done by the Ghana team? keen on the private facility-based studies | Engaging the Private Sector for Quality of Care for Maternal, Newborn and Child Health \| Quality of Care Network |
| | For how many days is the package for training health workers? | 5 days, inclusive of meetings with regional health management team |
| | What are the main challenges in implementing the community participation approach? | In some places where communities have built health facilities, they expert free care when they attend the clinic. |
| | How do we link the community to the QOC at the District & health facility level? | • Ghana has the concept of community health management committee that comprises selected community members (usually by chiefs or community leaders), and heads of health facilities. In some areas, QI team members are part of this committee.<br>• Community members under Ghana's Community Scorecard have the mandate to conduct quarterly assessments of the health facilities with predetermined indicators. Feedback is provided and an a joint action plan |

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| | | developed by the community members and the health facility leadership with shared responsibilities.<br>• The community feedback is entered into a web-based system which informs districts, regions and national level leadership to take action to address the community concerns. |
| | What are the areas you got feedback on from the community? | There are 9 pre-determined indicators that communities provide feedback on under Ghana's community scorecard implementation:<br>• Indicator 1: Caring, respectful and compassionate care<br>• Indicator 2: Waiting time for provision of health care services<br>• Indicator 3: Availability of medicines, diagnostic services and medical supplies<br>• Indicator 4: Availability, accessibility and affordability<br>• Indicator 5: Leadership and management of facilities<br>• Indicator 6: Cleanliness and safety of facility<br>• Indicator 7: Home visits by Community Health Officers/Nurses<br>• Indicator 8: Home visits by Community Health Worker/Volunteer<br>• Indicator 9: Assessment of NHIA service |
| | Great results Ghana team, is the community score card digitalized and linked to DHIS2 in Ghana? | Yes |
| | Apart from accountability to the community, any experience in conducting community QI projects? | Yes<br>Facilities have used QI tools to address neonatal mortality occurrence due to newborn enema use in some communities.<br><br>There have been projects used to improve yield of blood donation campaigns to solve maternal mortality issues due to shortage of blood in facilities |