



# Experience and lessons learned from Uganda



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





# **Strengthening HMIS for Maternal and Newborn Health QoC Measurement**

**Uganda Country Experience and Learnings**

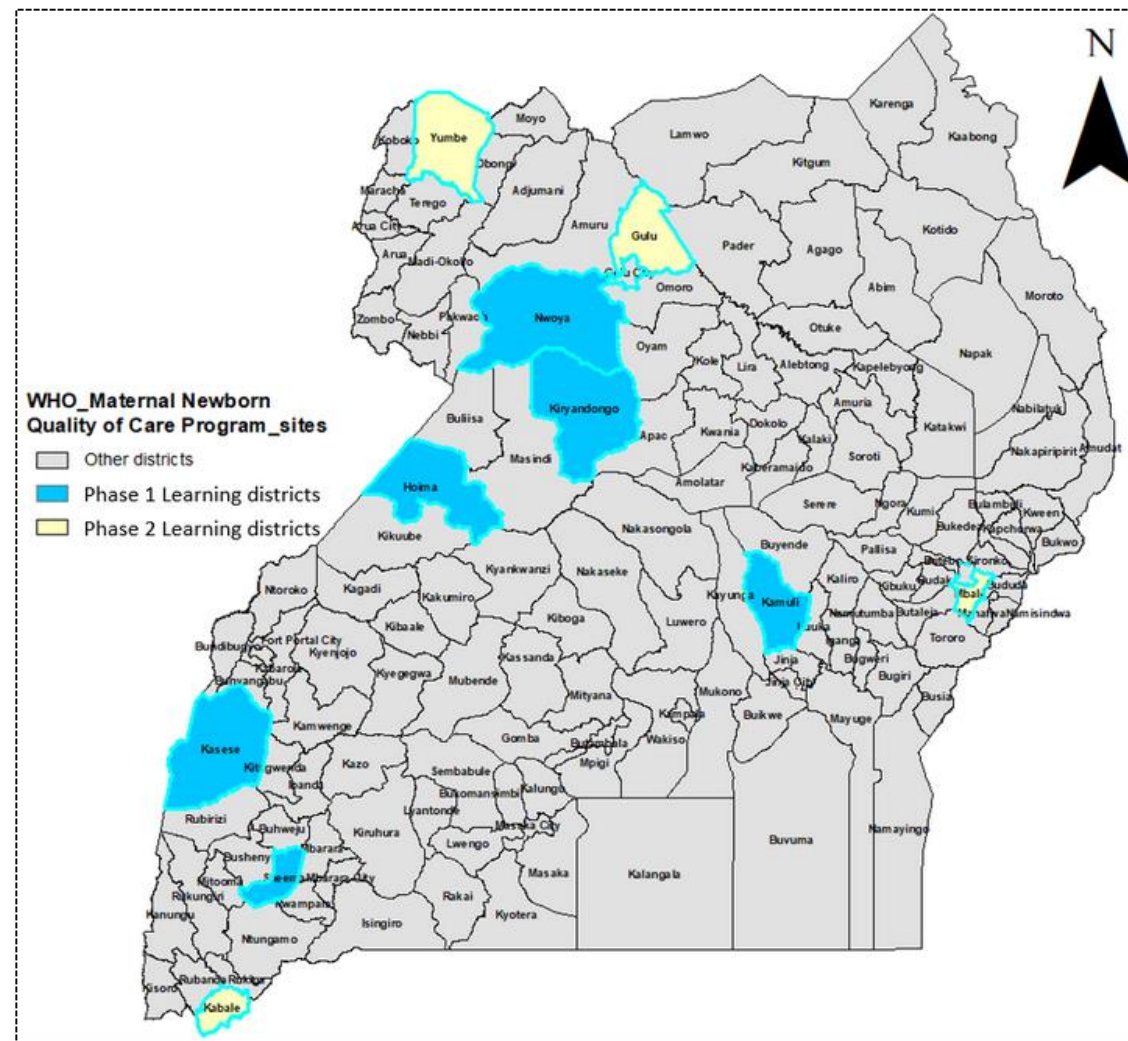
**WHO QoC webinar series**

# Background

- In 2017, the MNH QoC Network was established in Uganda
- It is chaired by the MoH Department of Standard Compliance Accreditation and Patient Protection (SCAPP).
- Objectives of the Uganda National RMNCAH (2020/21-24/25) Strategy:
  1. Ending preventable maternal, newborn, child, and adolescent deaths
  2. Promoting the health and development of all children, adolescents, and women
- National Quality of Care Framework & Strategic Plan (2021-25)

# Maternal and Newborn Health QoC Learning Sites

Districts	County	Facilities
Hoima	Hoima Municipality	Hoima RRH
	Kigorobyia	Kigorobyia HCIV
	Bugambe	Butema HCIII
Kasese	Bukonzo	Bwera Hosp
	Busongora	Rwesande HCIV
	Burahya	Kyairumba HCIII
Kamuli	Bugabula North	Kamuli General Hosp
	Buzaya	Nankandulo HCIV
	Buzaya	Bupadhengo HCIII
Kiryandong o	Kibanda	Kiryandongo Gen Hosp
	Kibanda	Kigumba HCIII
	Kibanda	Panyadoli HCIII
Nwoya	Nwoya	Anaka Gen Hosp
	Nwoya	Purongo HCIV
	Nwoya	Gods Mercy HCIV
Sheema	Sheema South	Kitagata Gen Hosp
	Sheema North	Kabwohe HCIV
	Sheema South	Kigarama HCIII



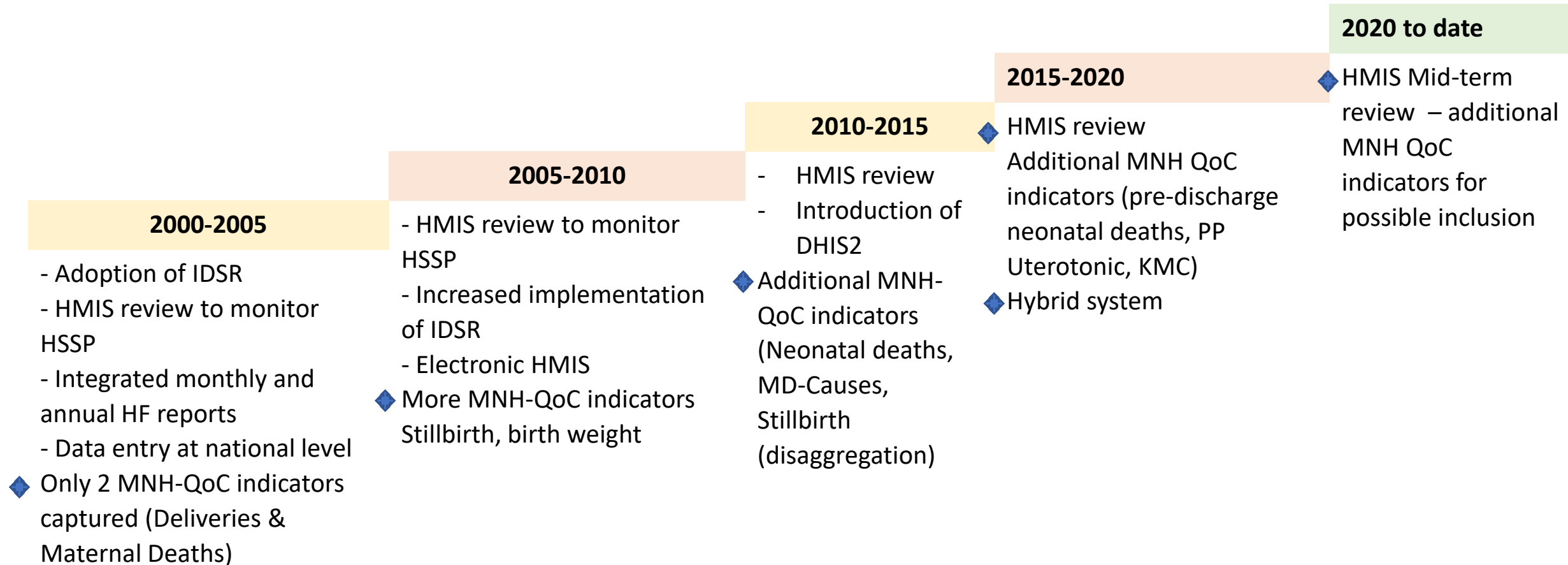
## Key Progress and Milestones on MNH QoC Measurement

- Baseline assessment at learning sites for MNH QoC
- Adaptation/development of essential core MNH QoC indicators
- Built capacity of QI Teams and district biostatisticians on MNH QoC data and measurement
- Support to the collation of this data. For example, a hybrid system was developed to capture indicators that were out the routine system.
- Established QI teams in health facilities to document the various QI projects
- Provided joint support vision to provide mentorship, training and data collection
- Rallied donors and development partners to support MNH QoC measurement

# QoC Baseline Assessment: Modules 1 to 6: by facility

Health facility level	Regional Referral	Hospital	HC IV	HC III	HC II	Overall Module Score
Health facility name	Hoima	Bwera, Kiryandongo Anaka, Kamuli Kitagata	Kigorobywa Rwesande Nankandulo Kabwohe	Butema, Kyairumba Kigumba Panyadoli Purongo Bupadhengo Kigarama	God's Mercy	
Number of health facilities (18)	1	5	4	7	1	
Module	Facility level scores					
Module 1: Health Facility Basic Infrastructure, Layout and Support Systems	3	3	3	2	3	3
Module 2: MNH Quality Interventions	4	4	4	4	2	4
Module 3: Quality and utilization of maternal health services	4	5	4	3	2	4
Module 3a: Health provider perspectives regarding MNH services and quality of care	3	3	3	3	2	3
Module 3b: Women's experiences on respectful maternity care	3	2	2	2	2	2
Module 4: Quality and utilization of neonatal health services	4	3	2	1	2	2
Module 1 -6: Overall	21/30	20/30	18/30	15/30	13/30	18/30
Percentage	70	66.6	60	50	43.3	60
Grand Facility & Module Scores	3	3	3	2	2	3

# The evolution of the adaptation of MNH QoC Indicators in the Uganda HMIS/DHIS2



## Current status of core Indicators tracked in the HMIS

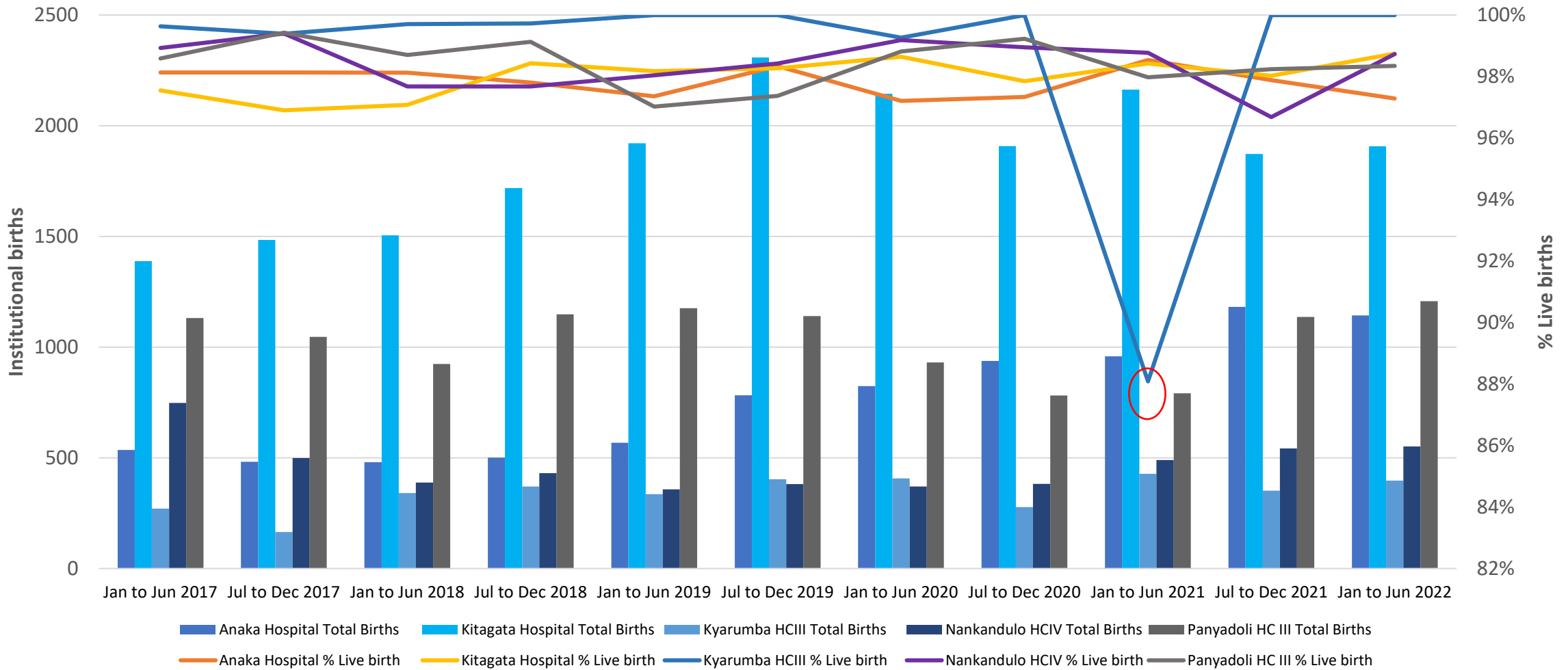
Area	Status
Maternal deaths	√
Pre-discharge Maternal deaths by cause	√
Neonatal deaths in health facilities by cause	√
Institutional stillbirth rate (disaggregated by fresh and macerated)	√
Pre-discharge neonatal mortality rate	√
Obstetric case fatality rate (disaggregated by direct and indirect when possible)	√
Pre-discharge counselling for mother and baby	√

Area	Status
Companion of Choice	X
Women who experienced physical or verbal abuse anytime during labor, childbirth, or postpartum period	X
Newborns breastfed within one hour of birth	√
Immediate postpartum Uterotonic for PPH prevention	√
Newborns with birthweight documented	√
Premature babies initiating KMC	√
Basic Hygiene Provision	X
Basic sanitation available to women and families	X

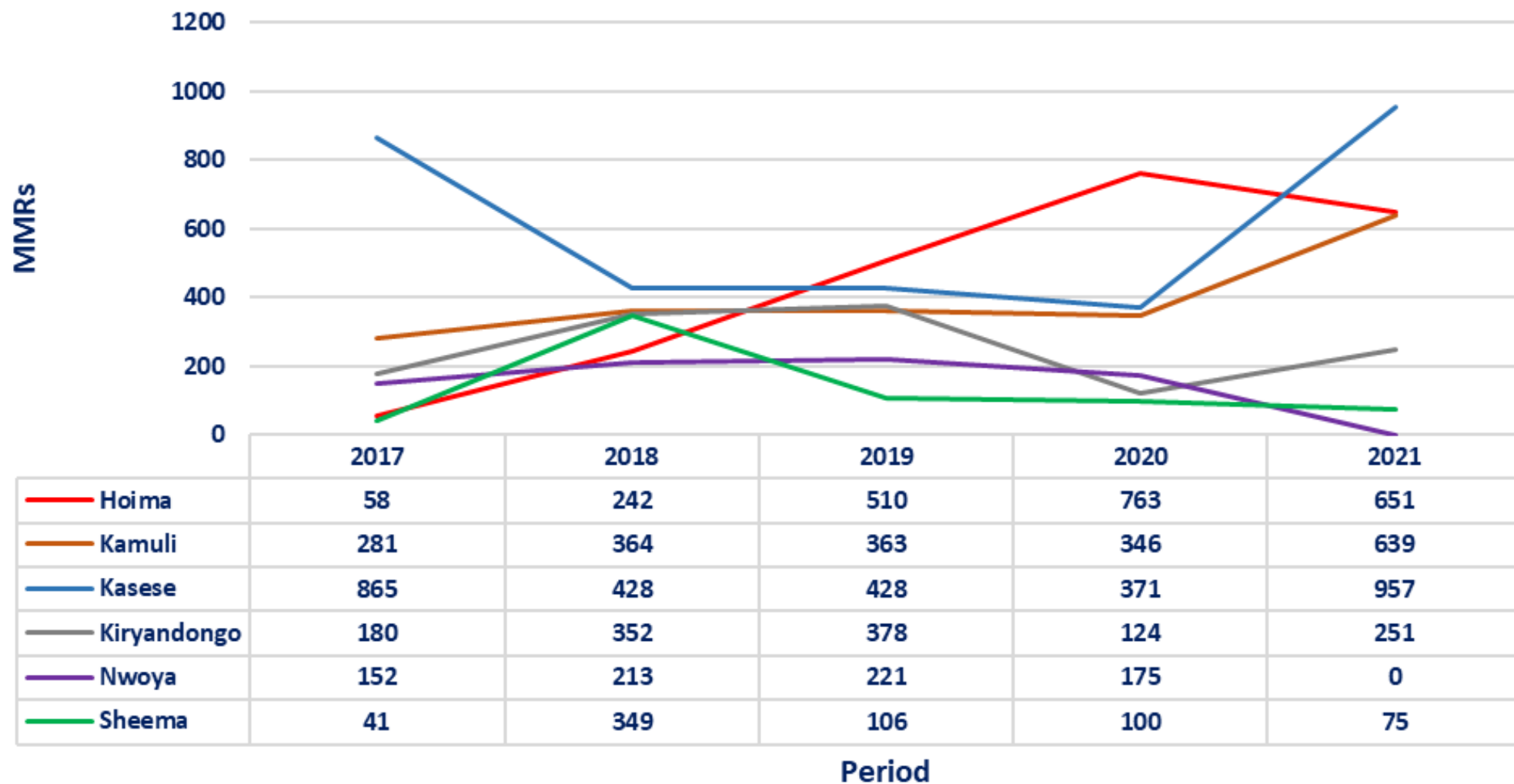


# MNH QoC Learning Districts: Institutional Births & Live Births rates

## Institutional Births & Live Birth Rates



# MNH QoC Learning Districts: Specific Maternal Deaths



# Selected QI Projects from Learning sites in Uganda

## Increasing enrolment of pre-term/small babies in KMC from 60% in Jan 2020 to 80% in June 2020

Export

Share

Activity level: **Facility** Location: **Uganda** Duration: **4 months** Period: **27.02.2020 - 27.06.2020** Successful: **Yes**

### Problem

Both local data and from the perinatal death reviews and the monthly MPDSR Committee meetings

### Project planning

#### Problem analysis

5 why's

#### Quality improvement team

To increase the % of pre-term/small babies nursed using KMC from 60% in Jan 2020 to 80% in Jun 2020.

### Project implementation

#### Change idea

1. Availing linen to the mothers with pre-term/small babies and didn't have linen/were not prepared. 2) Peer-to-peer Health Education

#### Testing change ideas

Adopting change ideas that seem to work and adding more

### Solution

Reduction in neonatal deaths due to hypothermia by 90%. There is improved experience of care and hands on gave mothers the confidence to look after subsequent pre-terms and their peers with similar cases

#### Were external stakeholders engaged

Yes

USAID RHITES North Acholi

1) A number of perinatal deaths due to hypothermia were being registered. 2) The hospital didn't have a stable power supply to run the incubator.

### Process chart - % of preterms enrolled into KMC

The chart presents the data for:

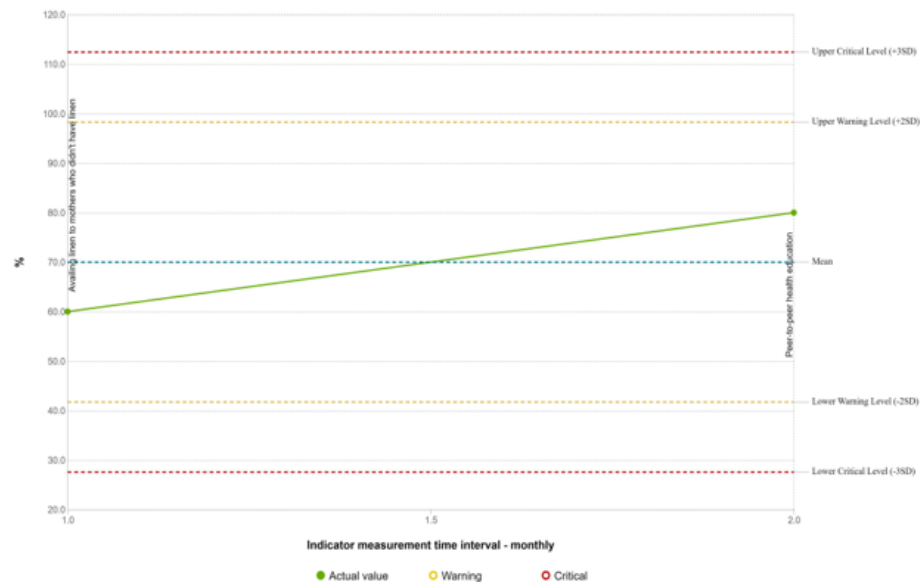
Data type

Timestamp

19th October 2022 04:52

URL address

https://mca.essensys.ro/data/maternal-newborn-child-adolescent-ageing/qed-project-details?Sys\_ID=3ca6ce77-1ee0-4db2-9f4d-df4073628e09



### Project evaluation

#### Lessons learned

Both changes worked but peer-to-peer health education has sustained better health outcomes of the pre-terms

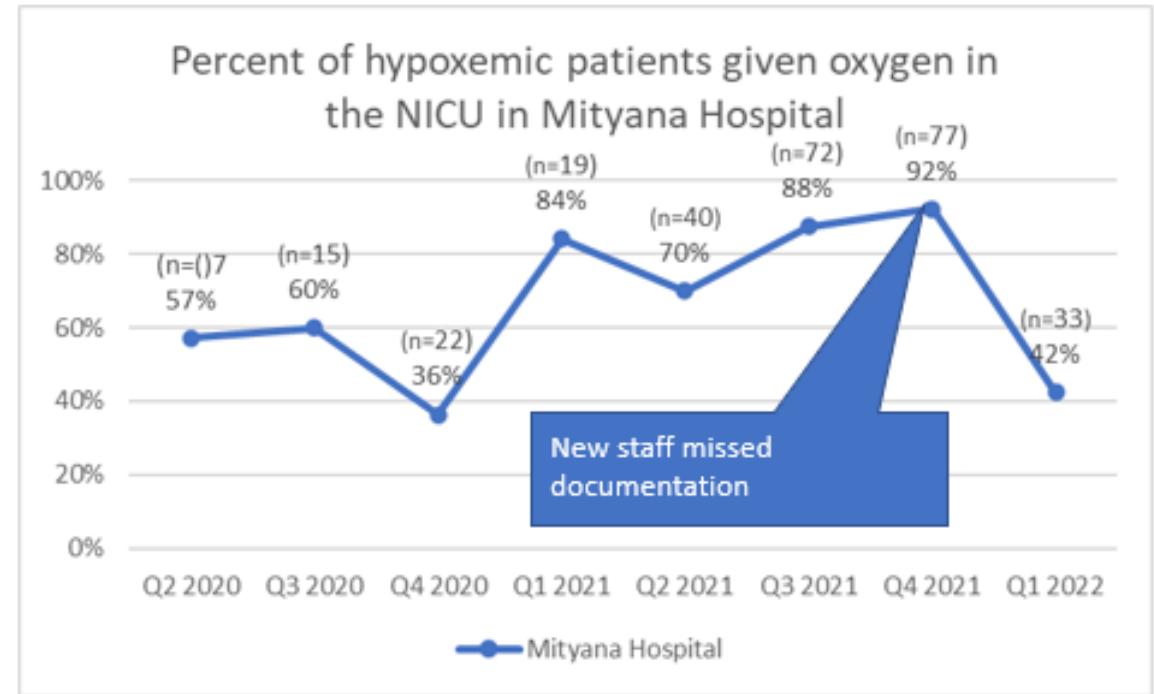
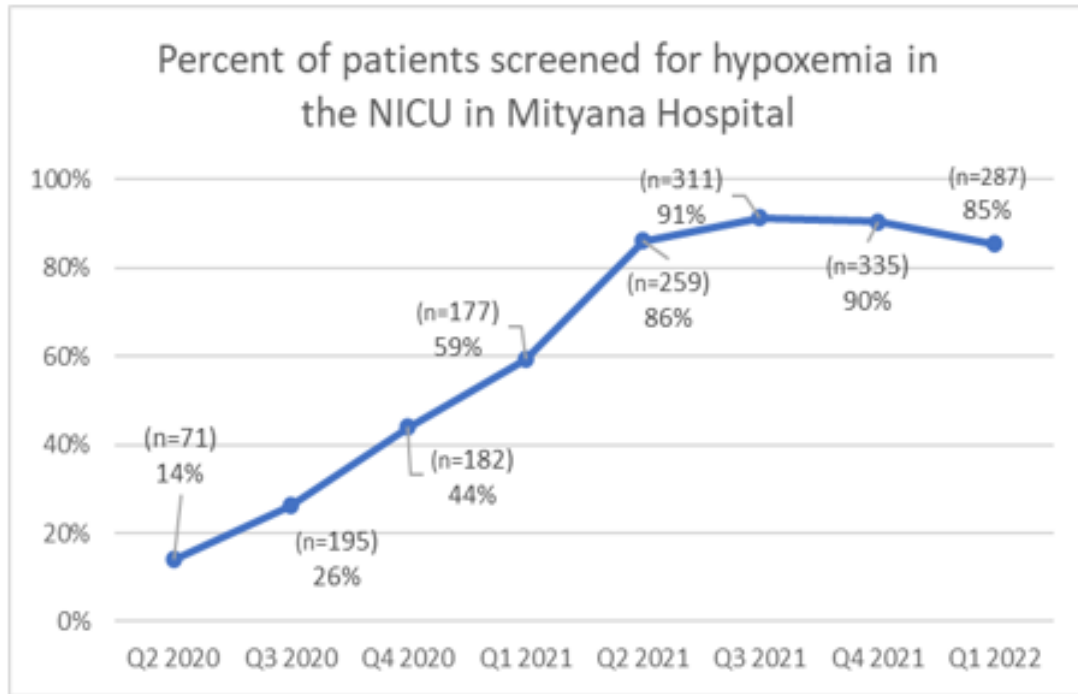
#### Sustainability

The hospital workplan has a budgetary item on procurment of more linen using primary health care funds (GoU), mentorships are facilitated by USAID RHITES North Acholi

#### Scalability

There is need for expanding the space as more pre-term babies are likely to be referred to this hospital

# Improving Hypoxemia management among neonates in Mityana Hospital, Uganda



Routine screening for all babies before and while on admission is key to case detection



*“Routine screening for hypoxemia has reduces referrals out and saves many lives,” said a nurse said in Mityana Hospital*

## Lessons learned

- Technical guidance and Strategic partnerships have been instrumental to strengthening QoC Measurement
- Having MNH QoC district focal points (ADHOs-MCH), biostatisticians have contributed to better results
- More efforts are needed to share evidence-based learning (within and across facilities)
- District Biostatisticians are instrumental to data collection and reporting

# Challenges

- Insufficient data quality to monitor MNH QoC
- Human resources for health (quantity and quality)
- Knowledge & skills gap in particular on data analysis and QI documentation
- Inadequate resources to support QoC measurement
- Multiple data systems, some not interoperable and unsustainable

## Some immediate priorities

- Advocating for more resources to strengthen QoC Measurement
- Integration of remaining essential indicators into the HMIS/DHIS2 system
- Enhancing DHIS2 to improve its functionality
- Streamline the various EMR Systems
- Partner with academic institutions and professional bodies for critical research on the essential MNH indicators
- Harmonize the various MNH QoC assessment tools and have them integrated in the electronic database
- Building health and district staff capacity on data quality, analysis and QI documentation



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**Thank You!**

## Facilitated by

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Please place your questions in the [CHATBOX](#)



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# Strengthening National Health Management Information Systems for measuring maternal and newborn health quality of care

Experience and lessons learned from Sierra Leone

Thank you!

Thursday, 20 October

8am New York, 12pm Freetown, 2pm London, 5pm New Delhi

*This is the first webinar in a series on Quality of Care Measurement, hosted by the Network for Improving Quality Of Care for Maternal, Newborn and Child Health, with the support of the World Health Organization.*



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