



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

# NETWORK NATIONAL FORUM SERIES

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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



Leadership



Action



Learning



Accountability

# 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 to support policy makers, managers and providers to 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 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.





Leadership

Strengthen or build QoC health governance and management structures at national & subnational levels to sustain MNH QoC actions



Action

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



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



Accountability

- 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:

## UGANDA

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

#### Presentation:

Dr Elizabeth Namagala  
Quality Improvement Advisor  
Ministry of Health, Uganda

#### Questions & Answers:

Facilitated by Dr Martin Ssendyona,  
Acting Commissioner Department of Standard, Compliance,  
Accreditation and Patient Protection  
Ministry of Health, Uganda



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# Presentation

Dr Elizabeth Namagala  
Quality Improvement Advisor  
Ministry of Health, Uganda



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# Presentation Outline

- 1. MNCH Status in Uganda**
- 2. Uganda's National Quality of Care Forum**
- 3. Quality of Care Progress**
  - **Leadership**
  - **Action**
  - **Learning**
  - **Accountability**
- 4. Next Steps**





# Part 1: MNCH Status in Uganda

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# MNCAH Uganda Profile

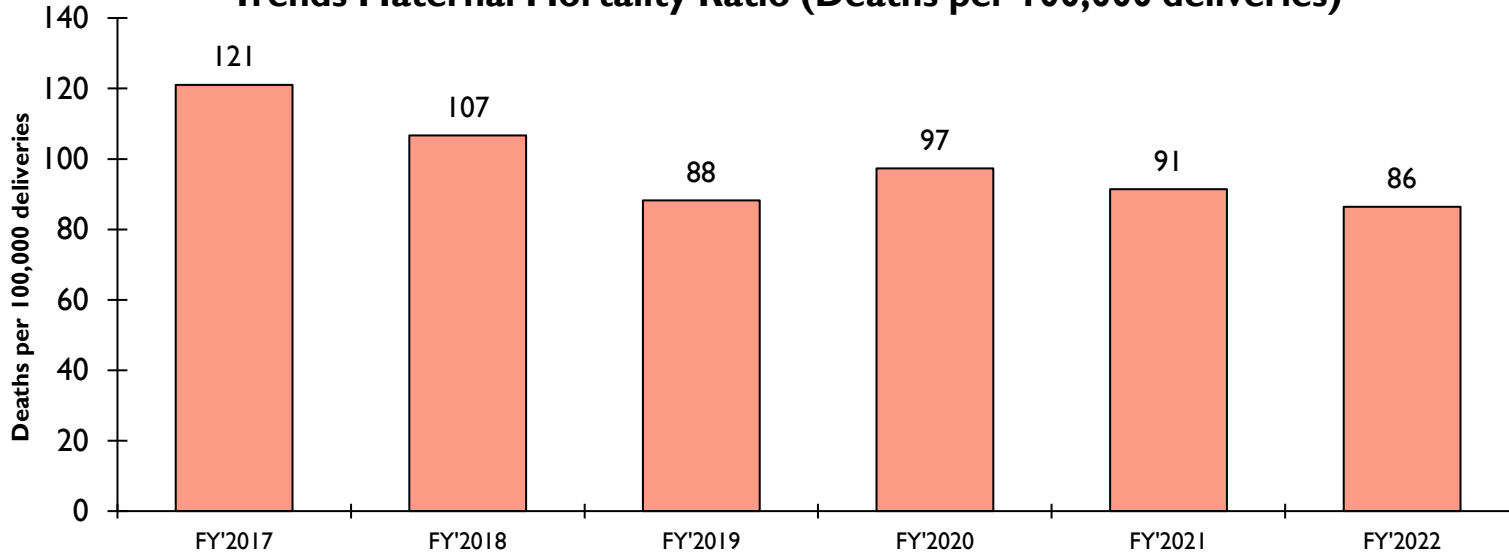
- Population: 46 million
- Total fertility rate (TFR): 5.4 per woman
- **Maternal Mortality Rate (MMR)** is on a declining trend though still high at 336 per 100,000 live births (UDHS 2016)
- **Under-5 mortality rate** declined from 90 (2011) to 64 per 1,000 live births (UDHS 2016)
- **Neonatal mortality rate (NMR)** has stagnated over the past decade at 27 per 1,000 total births (UDHS, 2016)
- **Stillbirth Rate** declined from: 24/1000 deliveries in 2014 to 17/1000 deliveries in 2020
- Modern contraceptive prevalence (CP) among married women still low 35 percent (UDHS 2016) below the desired 50%.



# Institutional maternal mortality ratio (IMMR) (2017-2022)

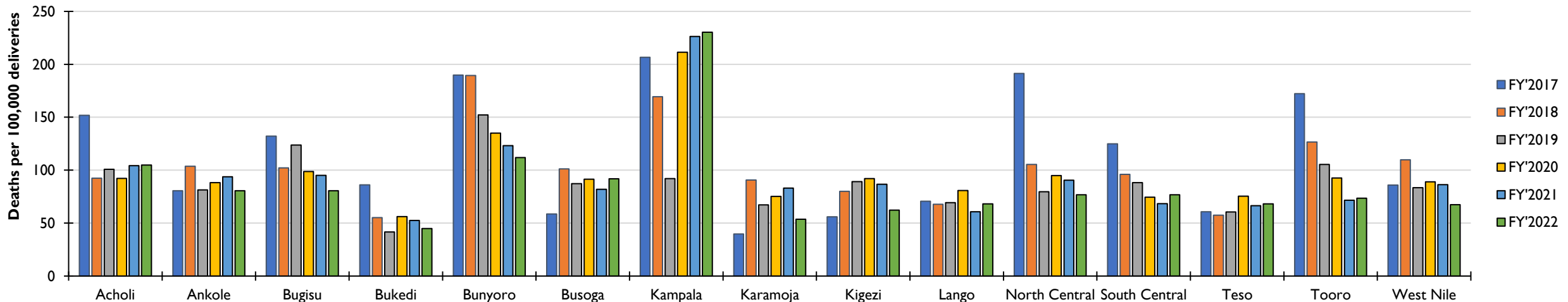
Source: DHIS2

### Trends Maternal Mortality Ratio (Deaths per 100,000 deliveries)



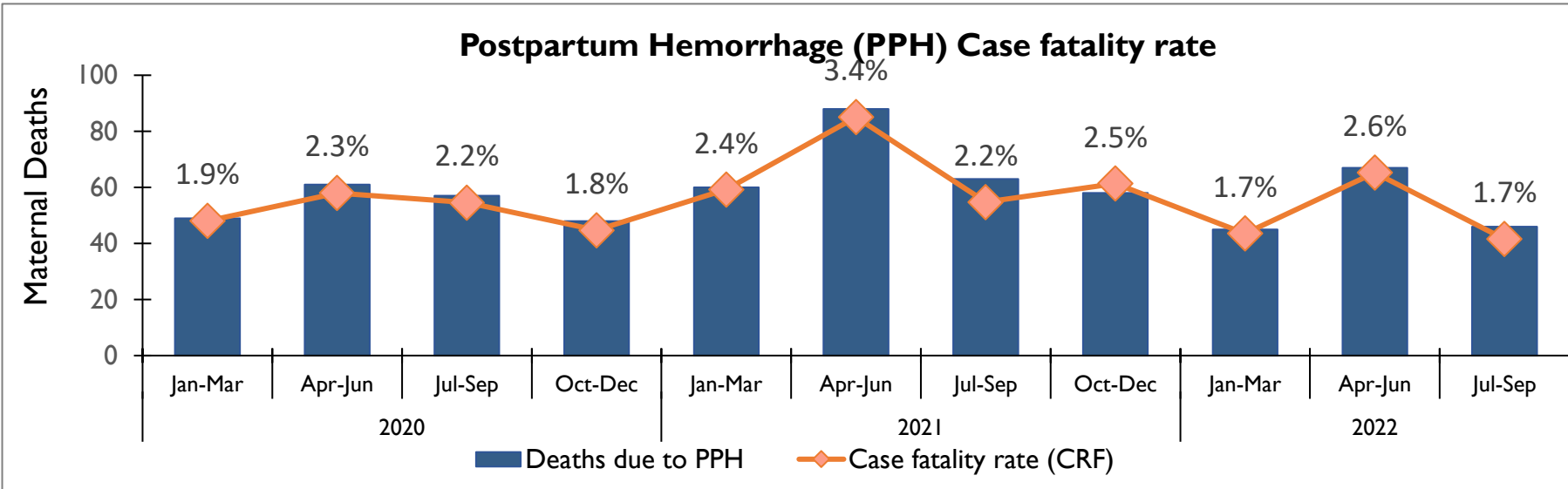
- There is a noticeable reduction in **Maternal Mortality Ratio** from 121 in FY17 to 86 in FY22. **National Target is 78/100,000**
- Kampala reported the **Highest IMMR >200 deaths per 100,000 deliveries**

### Maternal Mortality Ratio (MMR) by Region



# Postpartum Hemorrhage (PPH) Case fatality rate (2020-2022)

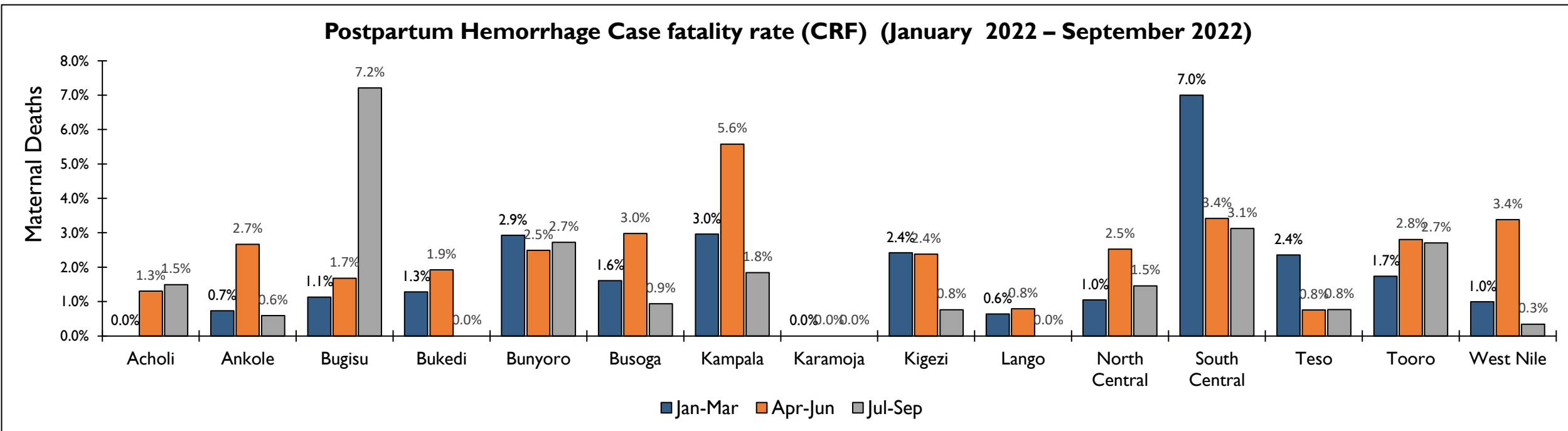
Source: DHIS2



About 2.4% of women with Postpartum Hemorrhage (PPH) die

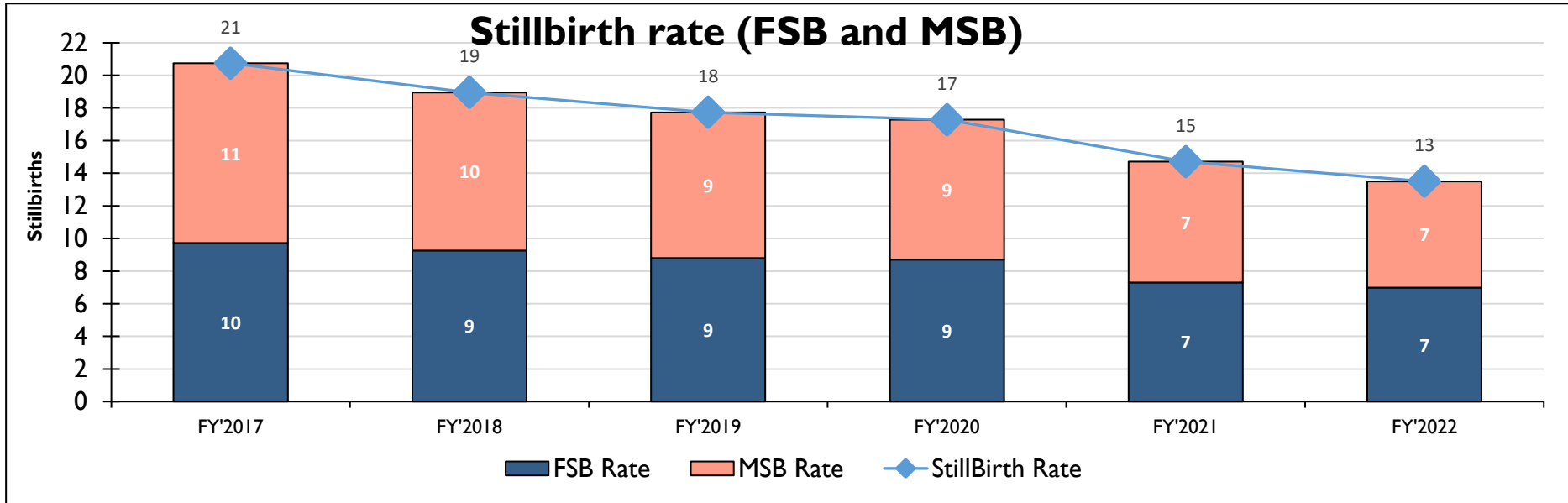
Karamoja and Lango reported the lowest CFR

Kampala has the highest incidence



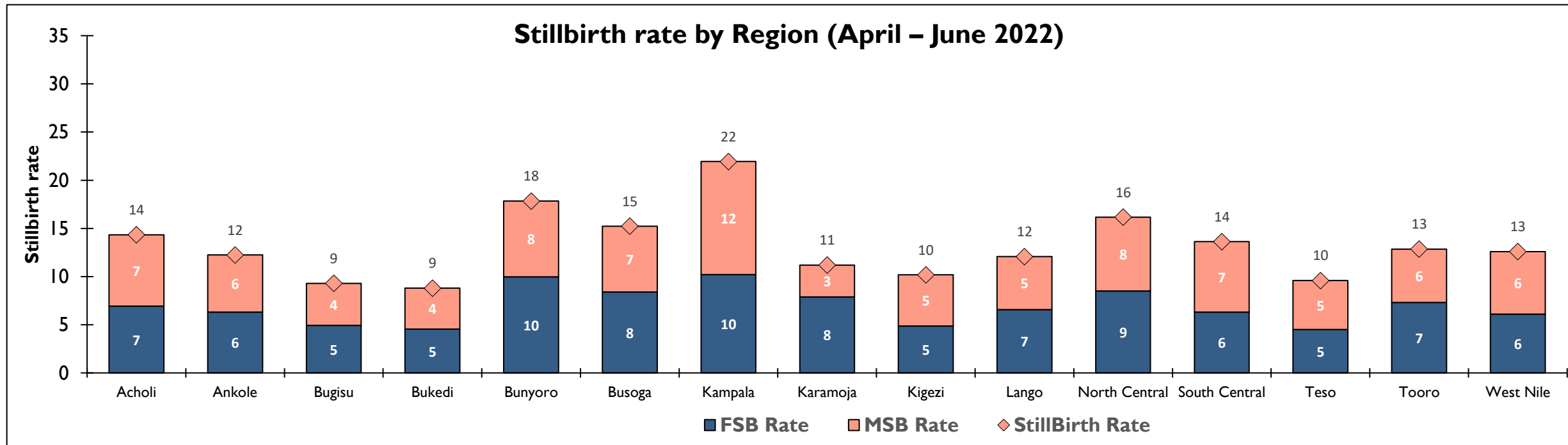
# Stillbirth rate - FSB and MSB (2017-2022)

Source: DHIS2



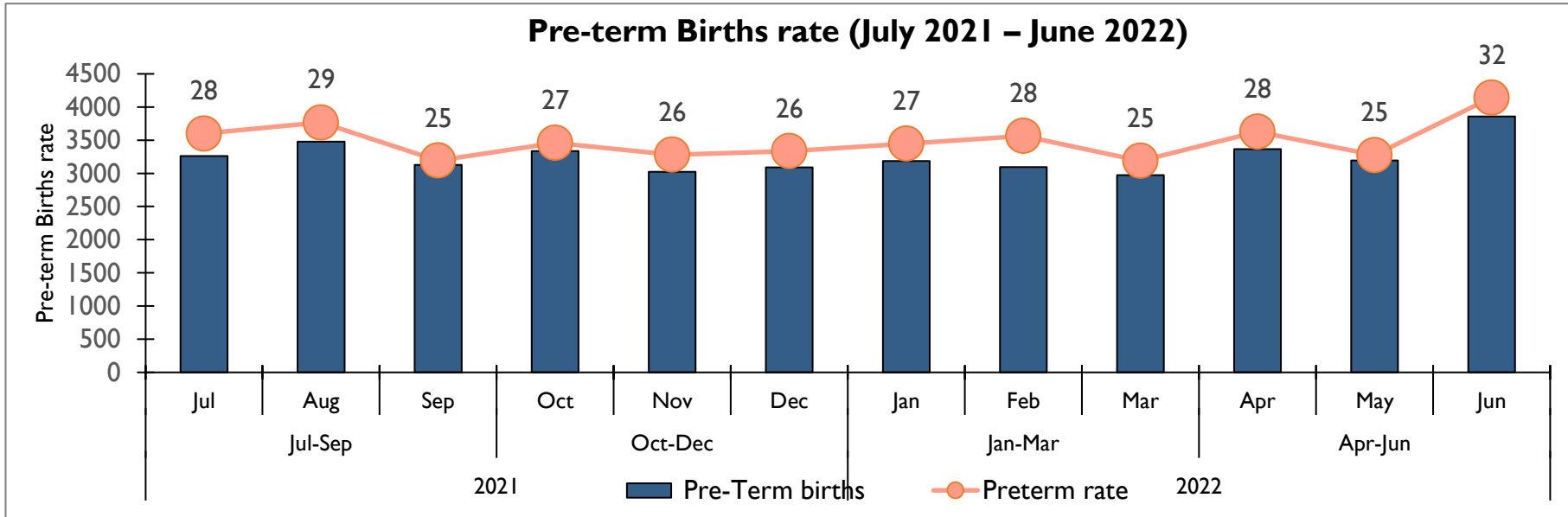
Noticeable decline in **Intrapartum stillbirths** from 21 per 1000LB in 2017 to 13 in 2022

High Stillbirth rates in **Bunyoro & Kampala**



# Pre-Term Birth Rates (2021-2022)

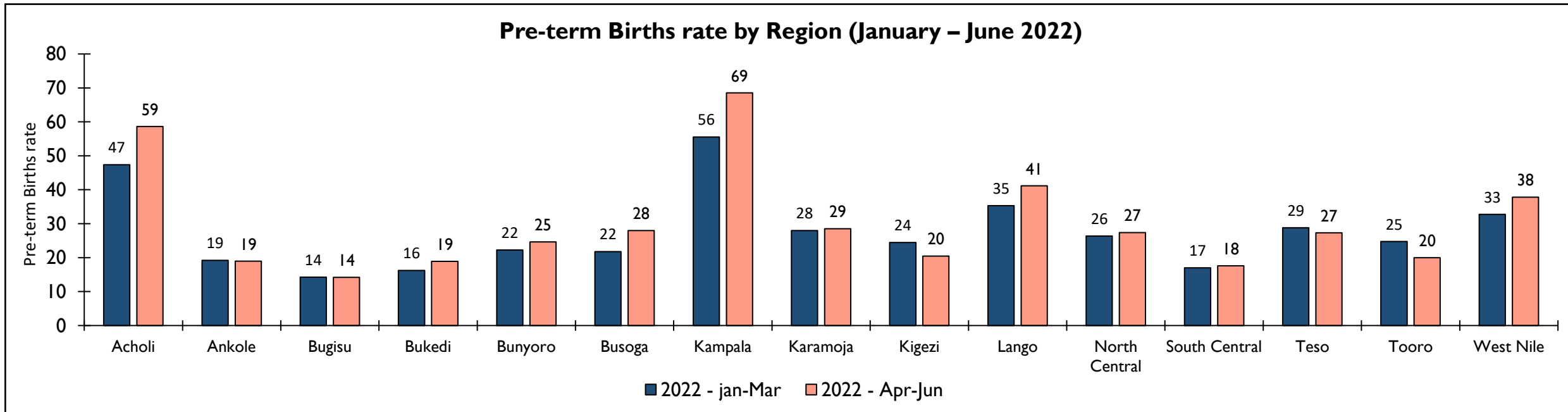
Source: DHIS2



Preterm birth rate is about **30 per 100 live births**

Kampala reported the highest rate (**69/100**)

About **61% of preterm babies** are under weight





## Part 2: Uganda's National Learning Forum



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# First Maternal and Newborn Health Quality of Care Forum

- Held from 24<sup>th</sup>-26<sup>th</sup> May 2022 with 210 participants
- The forum was co-funded by Government of Uganda and partners
- Attendees included Maternal and Newborn Health partners, stakeholders and frontline health workers
- The forum was officiated by the Minister of State for Health (Hon. Margaret Muhanga Mugisa), US Mission Director (Mr. Richard Nelson), WHO Geneva (Dr. Darinka Perisic) and several Keynote addresses from partners and academia



# Lessons learned from the MNH Quality of Care Forum

- High partner enthusiasm has improved the availability of funds for scaling up MNH QoC in all regions (WHO, USAID, UNICEF, CHAI, UNFPA, JHPIEGO, Save the Children, Rotary International) with implementation in over 300 facilities in 73 districts
- Engaging politicians positively improved the implementation and effectiveness of MNH QoC interventions: a significant contribution to ambulance services
- Understanding the root causes of gaps and problems improved the design and effectiveness of facility MNH QoC interventions
- Strengthening maternal and perinatal death surveillance and response systems (MPDSR) at all levels improved health facility participation and the effectiveness of MNH QoC interventions.
- Strengthening community engagement at all levels has been slow to address challenges in MNH QoC implementation.





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## Part 3: Quality of Care Progress

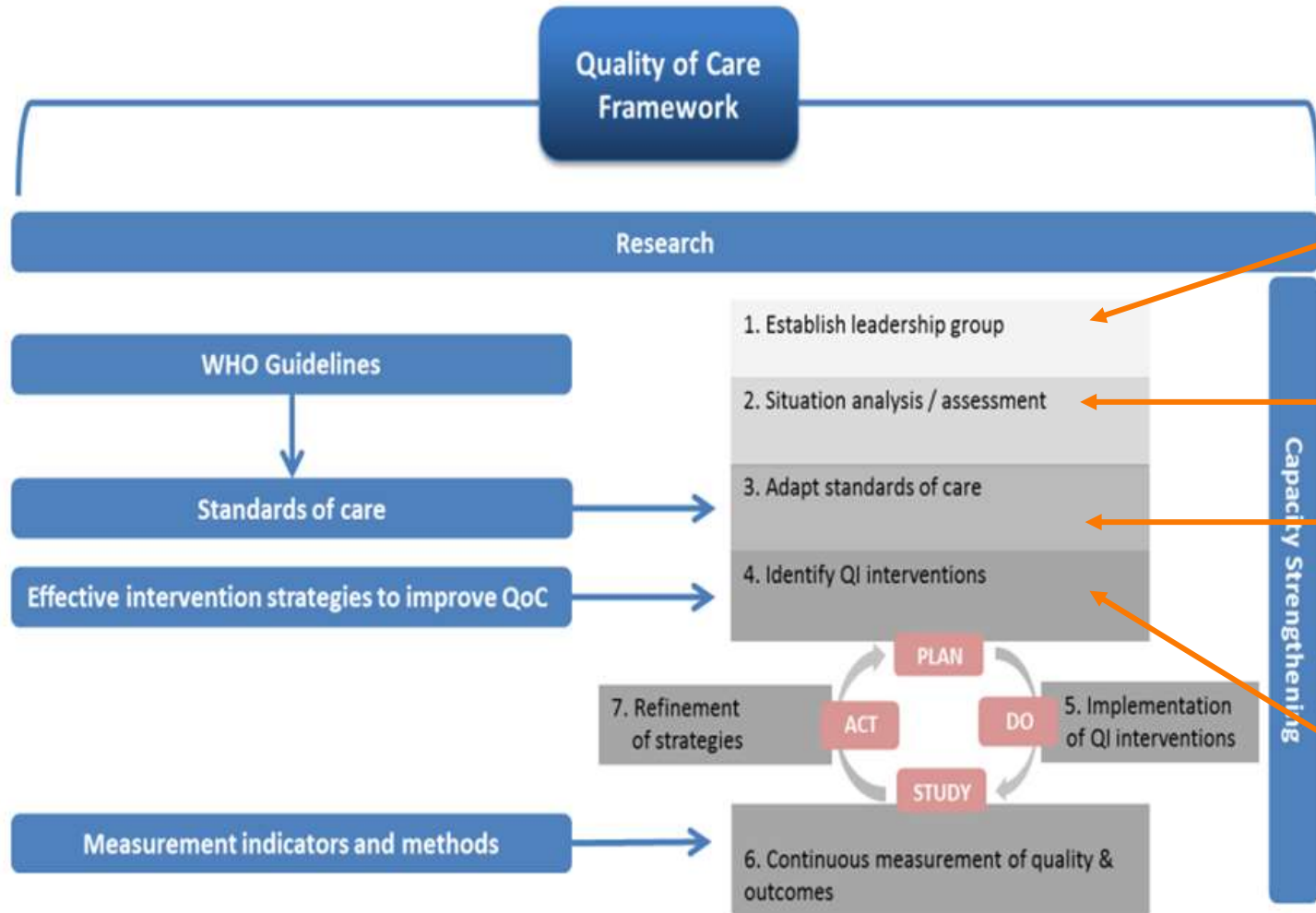
- Leadership
- Action
- Learning
- Accountability



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# Steps taken to roll-out Quality of Care interventions were aligned with the WHO framework



## Actions accomplished as a country

Ministry of Health (Departments of Maternal and Child Health & Standard, Compliance, Accreditation and Patient Protection) at National Level

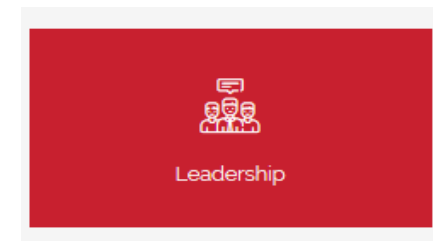
Makerere University School of Public Health and Uganda Private Midwives Association spearheaded this assessment with support from WHO

Adapted and rolled out the WHO Standards of Care with partners support to implement

Key QI interventions in focus for implementation:

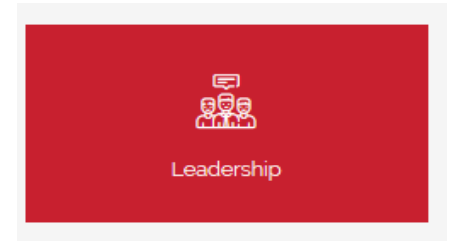
- Partograph use
- Decision-Incision
- Simplified guide for h/facility teams to address mortality
- PPH and PET bundles

# Leadership



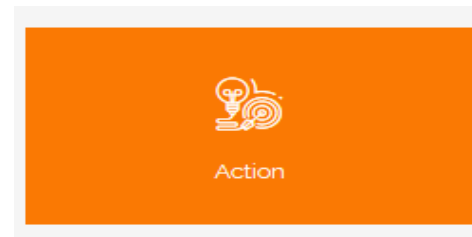
- Directorate of Governance in Ministry of Health, Uganda in charge of Continuous Quality Improvement providing stewardship for MNH QoC
- Implementation of MNH QoC is within the existing structures for Continuous Quality Improvement and follows national guiding documents: National QI Frameworks and Strategy.
- Implementation guidelines for QI for RMNCAH, including Family Planning, have been developed.
- Monthly MNH QoC Network Learning meetings are being held to guide and harmonize implementation and to share learning and best practices.

# Lessons learned in terms of Leadership



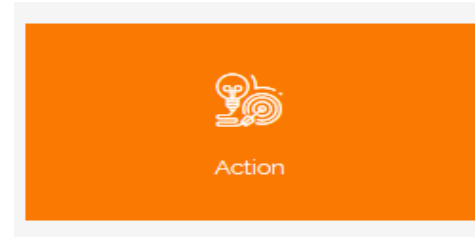
- Nesting QoC in the departments of Maternal and Child Health & Standard, Compliance, Accreditation and Patient Protection at MoH enhanced guidance and stewardship for QoC efforts in the country (including partner coordination)
- Engagement of leadership enabled mobilization of funds from partners; through GFF Government of Uganda, result-based financing was implemented with a focus on improving MNCH services, which has resulted in equipment and infrastructure improvements
- Implementing MNH QoC within existing structures for Continuous Quality Improvement at national, district, and facility levels has enhanced the sustainability and institutionalization of MNH QoC
- Implementation of the Regional Strategy by strengthening the capacity of Regional Referral hospitals to coordinate support supervision, CQI and performance monitoring at the regional/district level has strengthened governance and supervision for MNH QoC

# Action



- Adaptation of the 8 WHO MNH QoC standards, MNH QoC package, and clinical mentorship package
- Operationalization of the national MNH QoC working group
- MNH QoC implementation guidelines and framework for network objectives were developed
- National and district capacity for MNH QoC rollout through training of trainers (ToT) on the point-of-care QI (POCQI) model (over 250 national and district ToTs trained)
- Scheduled hands-on support (mentorship and coaching) to learning sites with district-led supportive supervision

# Action



- A baseline MNH QoC assessment was conducted with the adopted MNH QOC Assessment tool.
- MoH developed the RMNCAH QoC guidelines across the life course
- Weekly MPDSR and National Safe Motherhood Executive Committee (NASMEC) are held at national level with prompt linkage to QoC to address identified root causes
- Developed and disseminated the Essential Maternal and Newborn care guidelines
- Using learning from implementing facilities to guide further scale-up

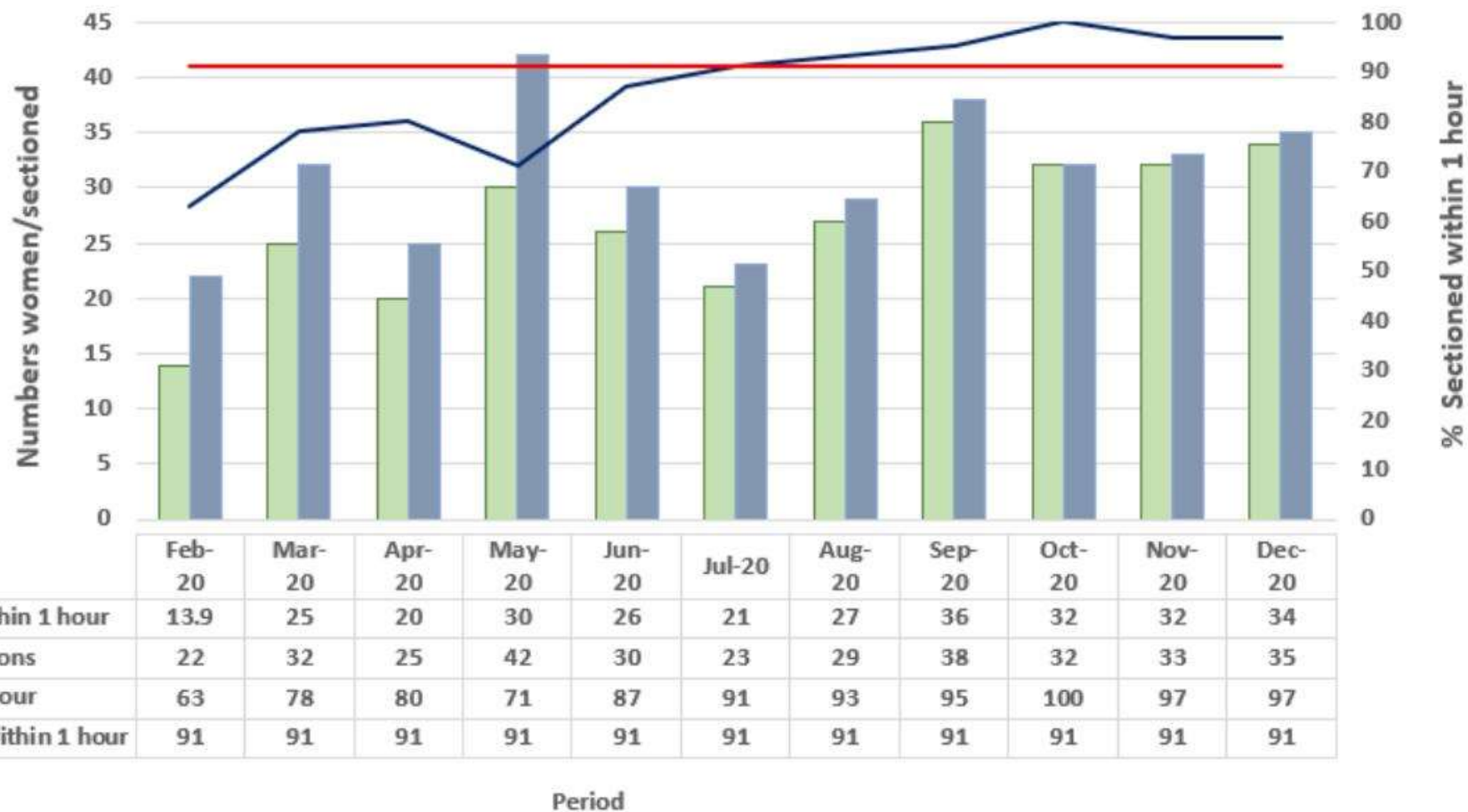
# Action



## Adopted Mentorship Packages

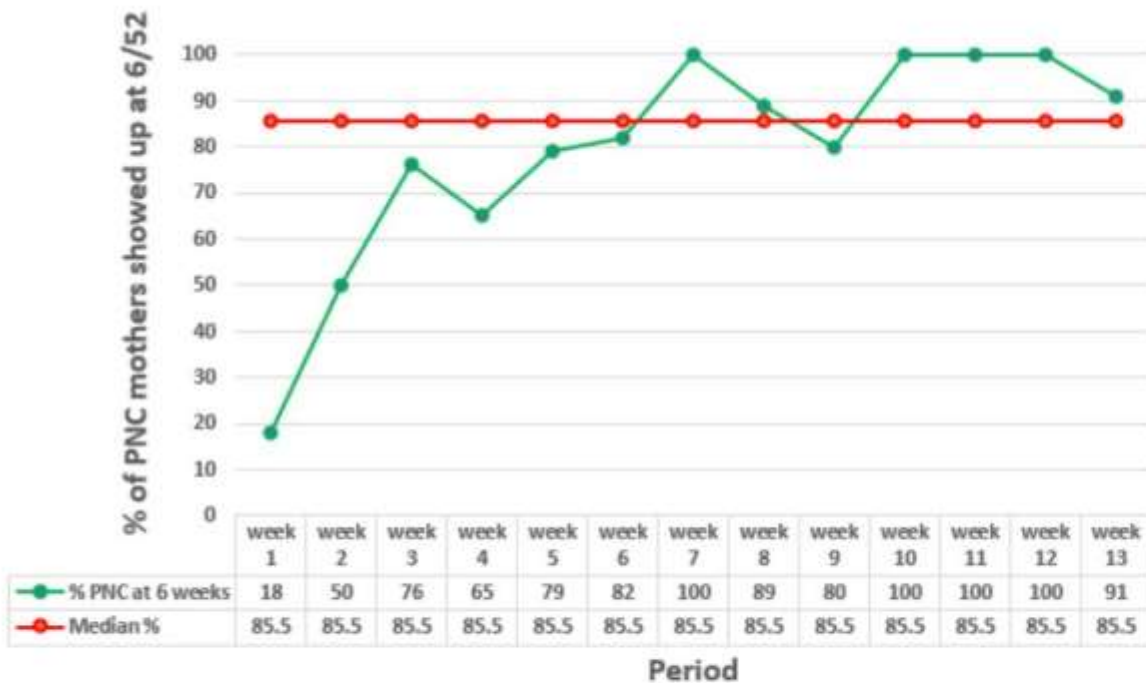
1. Helping Mothers Survive Package Plus (skills package)
2. Helping Babies Breathe Plus Package (Child Health)
3. Pediatric Emergency Triage and Treatment and IMNCI
4. Integrated FP (e.g., Implant Insertion & Removal, Mini Lap technique for TL PFP)
5. Adolescent Health Mentorship Package
6. Surgical Operative Obstetrics /Essential Training in Operative Obstetrics
7. Basic anesthetic skills
8. Quality Improvement – MNCH QoC standards, MPDSR
9. Infection prevention standards at health facilities

# Increasing numbers of mothers had a C-Section within an hour for Anaka General hospital in Nwoya District (Learning Site)





# Improved Postnatal Care visits at 6/52 by Kigumba HC III in Kiryandongo District (Learning site)



## Tested changes

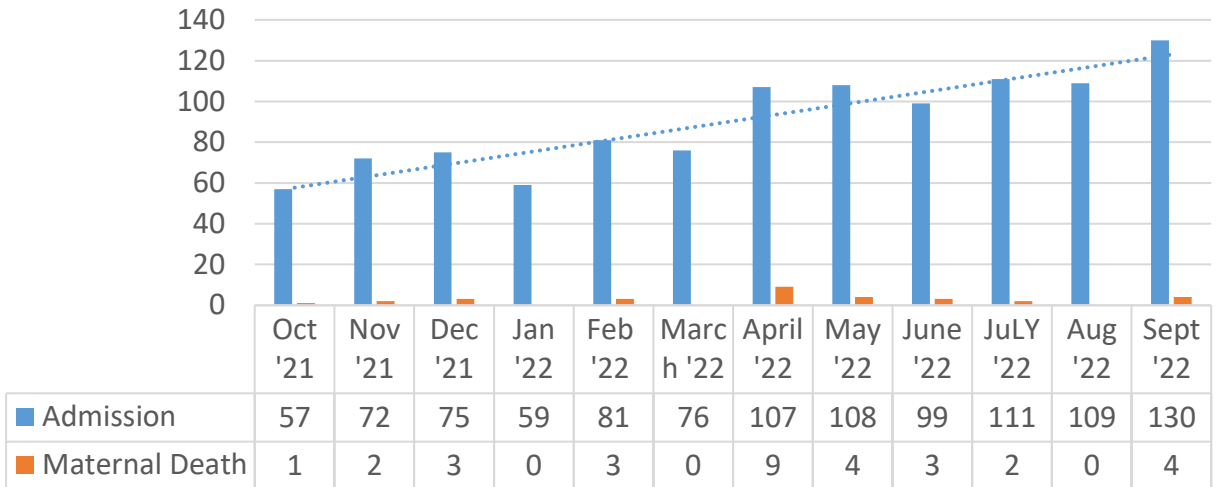
- Identified PNC staff to monitor PNC attendance
- Identified mothers with specific risk factors & retained in facility
- With donor support, gave basin and soap
- In-charge maternity, tasked to review, adapt, integrate, strengthen PNC within existing services (e.g. EPI, IMCI)

# Quality of care at HDU in West Nile Sub region



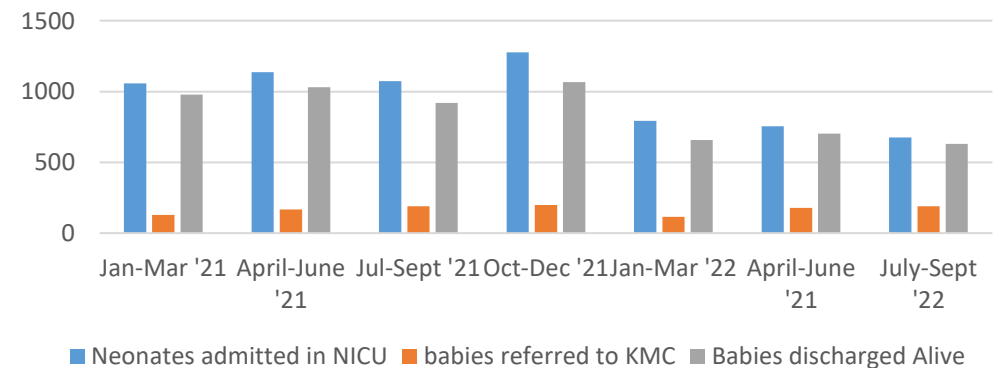
- **9** Maternal High Dependency Units (HDU) established in Hospitals,
- Total **33** bed capacity, fitted with basic life support equipment- monitors, oxygen, infusion pumps,
- **End user equipment training: 185** Health workers in critical care
- **1,087 admissions** were registered in Oct 2021 to Sept 2022 in all the nine hospital HDUs
- **Maternal Survival rate 97%** (31 mothers died between Oct '21 to Sept '22 in the nine Hospitals). MPDSR reviews were conducted for all these cases

Outcomes in HDUs – Admissions and Maternal Deaths( Oct '21 to Sept '22)



Admission Maternal Death Linear (Admission)

Trend of admissions in NICU, West Nile- Yr2021-22



# Strengthening of referral systems – 'boda-boda'

Overall, **46,961 referrals** (41,201 pregnant mothers and 5,760 Children(U5) with danger signs) were referred through transport voucher from 2020-2022



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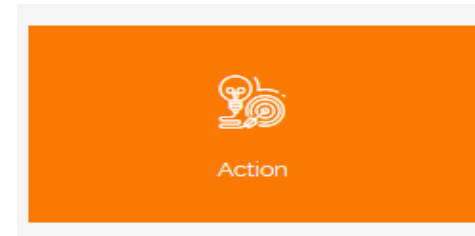
# Procurement and distribution of Ambulances in the Busoga region to reduce intra-facility delay

Seven Toyota Type A Ambulances were distributed at the following health facilities. Monitoring of functionality is ongoing:

1. Jinja RRH
2. **Butagaya HCIII**
3. Mayuge HCIV
4. Nankoma HCIV
5. **Iganga Hospital**
6. Kidera HCIV
7. Kamuli Hospital

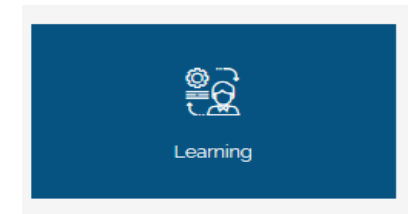


# Lessons learned in terms of Action



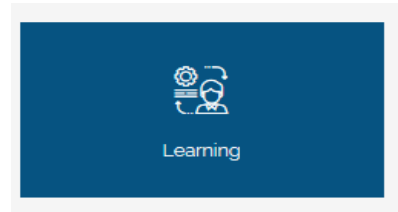
- Partner engagement and participation have enhanced scale up of implementation (implementation in over 171 facilities in 53 districts with USAID partners and 20 in the West Nile and Karamoja regions with UNCEF-funded partners)
- Weekly MPDSR and National Safe Motherhood Expert Committee-NASMEC meetings held at the national level have enabled early linkage to QoC interventions and the addressing of root causes of maternal and newborn deaths
- The development of essential maternal and newborn care guidelines has improved the delivery of evidence-based care in MNCH settings

# Learning



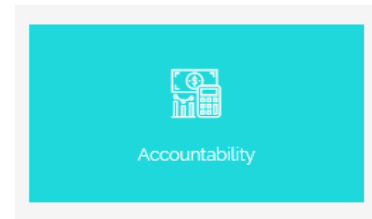
- Implementation of the MNH QoC started in 6 learning districts to inform further scale-up
- Peer-to-peer MNH QoC learning sessions have been incorporated into district performance reviews in learning districts. This has enabled the scale-up of successful QI projects e.g. reducing Cesarean Section Decision to Incision Time
- MNH QI Collaboratives in 65 districts conduct quarterly regional learning meetings and national level annual learning meetings.
- Communities of Practice have been set up as a platform for continuous knowledge exchange.
- Annual Safe Motherhood Conferences
- First Maternal and Newborn Health Quality of Care Forum held in May 2022

# Lessons learned in terms of Learning



- Early implementation in the 6 learning districts has informed national strategies for scale-up in additional districts and regions
- Implementing MNH QI Collaboratives with quarterly and annual regional learning meetings has improved the sharing and harvesting of learning across districts
- Webinars on Post-Partum Hemorrhage and other major causes of Maternal and Newborn Mortality and Communities of Practice have created platforms for continuous knowledge exchange for MNH QoC
- The Safe Motherhood Conference and the MNH QoC Forum have created opportunities for sharing innovations and best practices in MNH QoC.

# Accountability



- 11 of 15 MNH QOC common core indicators are captured in the national HMIS (DHIS2)
- Core indicators in HMIS are monitored through direct data collection from facility registers in scheduled visits to learning sites and reported.
- With support from WHO, the USAID HYBRID HIV Database was modified to enable reporting of data on experience of care and WASH indicators.
- A national QI database has been established, which captures the core MNH QoC process indicators.
- Progress on MNH QoC core indicators is presented at monthly MNH QoC learning meetings and quarterly performance review meetings.
- Weekly MPDSR reports are presented during the national, regional, and facility level MPDSR meetings.

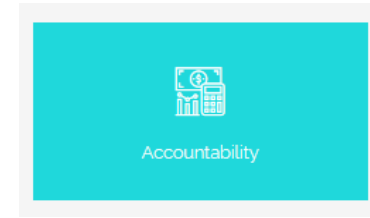


## Status of collecting the MNH Core Indicators' data in HMIS

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

# Accountability



Engagement of stakeholders has fostered the creation of accountability mechanisms:

- Fora for Accountability have been set up with the Health Committee of Parliament.
- Parliamentarians have been mobilized to sign up as champions for respectful maternity care.
- Several engagements with the media have been held to promote respectful maternity care.
- The process for the domestication of the Respectful Maternity Care Charter has started.



Accountability

# Lessons learned in terms of Accountability

- Establishing a national QI database has allowed capture of the core MNH QoC indicators and additional process indicators
- Modification of the HYBRID HIV Database has enabled collection of data on the experience of care and WASH indicators
- Presentation of progress on MNH QoC core indicators in the monthly MNH QoC Learning meetings has enhanced monitoring and evaluation of implementation
- Facility level MPDSR meetings and weekly MPDSR reports during National MPDSR meetings have contributed to the improvement and sustainability of MNH QoC



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# Challenges in implementing Maternal and Newborn Health QoC

- High dependency on donor support—looking for partners to scale-up QoC
- Funding for MNH QoC interventions is still inadequate, especially for coaching and mentorship support for health workers
- Inadequate community engagement in implementing MNH QoC interventions
- Inadequate staffing for MNH services, especially for critical staff; outdated staffing norms
- Gaps in referral systems, infrastructure and in implementing experience of care standards
- Continued outbreaks/epidemics (COVID-19 and Ebola Virus Disease) have affected the implementation of MNH QOC

# Challenges in implementing Maternal and Newborn Health QoC

## Data capture largely paper based



# New partnership with Rotary for MNH QoC





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## Part 4: Next steps



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# Next Steps

## Leadership

- Strengthen participation of all partners and stakeholders in national monthly MNH QoC meetings

## Action

- Implement National QI collaborative to scale up best practices and lessons learnt nationwide
- Increase scope of QoC implementation to include child health, Family Planning and Nutrition QoC
- Disseminate the Essential Maternal newborn Care guidelines at subnational level
- Disseminate the small and sick newborn quality of care standards

## Learning

- Scale-up platforms for learning National Safe Motherhood Executive Committee (NASMEC) and Local Maternity and Neonatal System (LMNS)

## Accountability

- Plan to capture all 15 core MNH indicators in DHSI2 during its upcoming review
- Evaluation of impact in learning sites is ongoing with WHO support
- Resource mobilization through the corporate society for Maternity (launch on 4<sup>th</sup> Nov. 2022)
- Domestication of Respectful Maternity Care (RMC) Charter





# Conclusions

- A survey to ascertain the root causes of the persistent high newborn death rates in Uganda is needed
- Increased funding for essential medicines, commodities, and infrastructural improvements will require enhanced advocacy efforts
- The desired improvement in quality of MNH care may not be achieved if we do not address human resource issues in Uganda

# Questions & Answers



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**Dr Martin Ssendyona**  
Acting Commissioner, Department of Standard,  
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Please type your questions in the [CHATBOX](#)

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