



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

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The Network for Improving Quality of Care for Maternal, Newborn and Child Health

Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, 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 with 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 national level, among the Network countries and with 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

Malawi

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

Presentation:

Dr Bongani Chikwapulo
Head of Norms & Standards, Quality Management
Directorate, Ministry of Health and Population, Malawi

Questions & Answers:

Facilitated by Dr Malangizo Mbewe
Deputy Director, Quality Management Directorate,
Ministry of Health and Population, Malawi
&
Martin Dohlsten, Technical Officer, Quality of Care
Network, WHO Geneva





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Presentation

Dr Bongani Chikwapulo

Head of Norms and Standards
Quality Management Directorate
Ministry of Health and Population, Malawi



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Presentation Outline

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





Part 1: MNCH Status in Malawi

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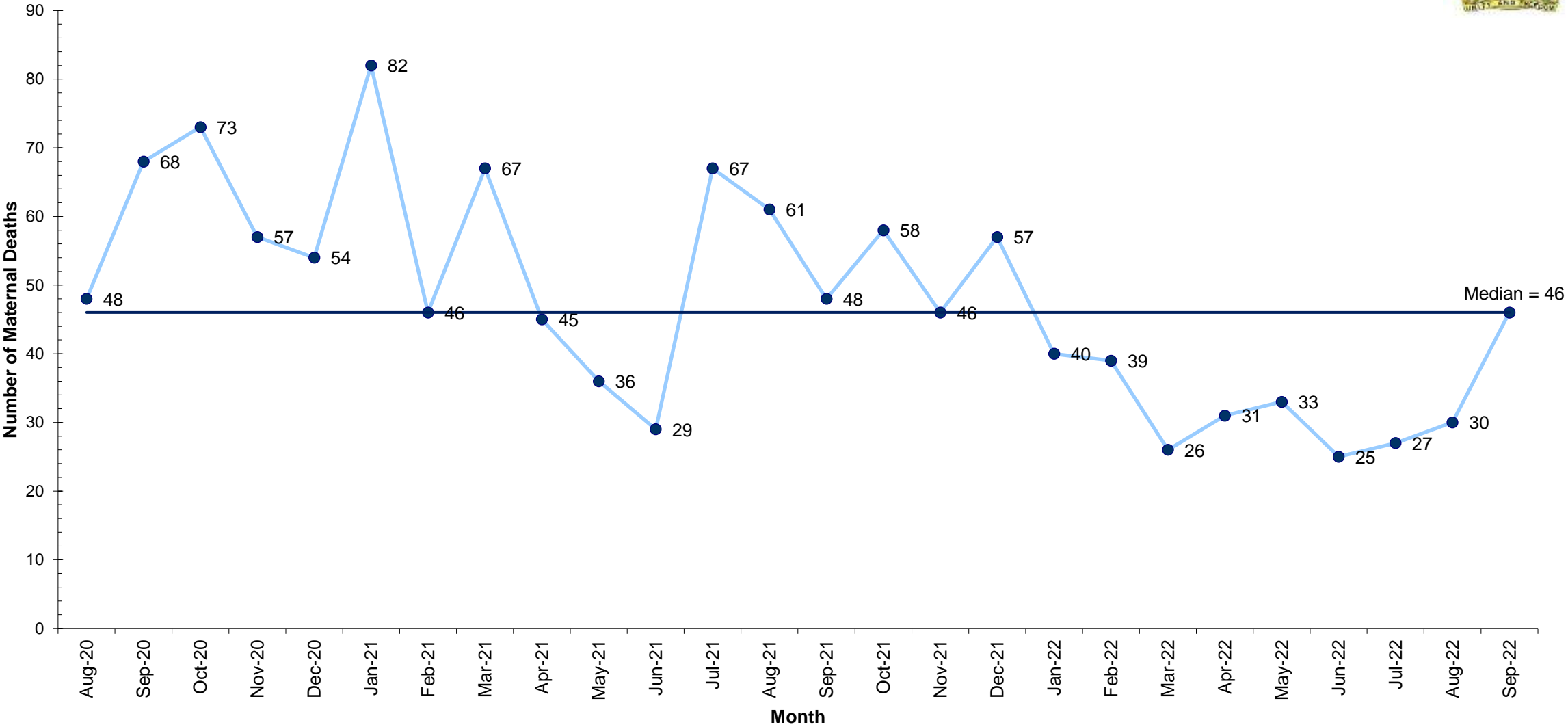
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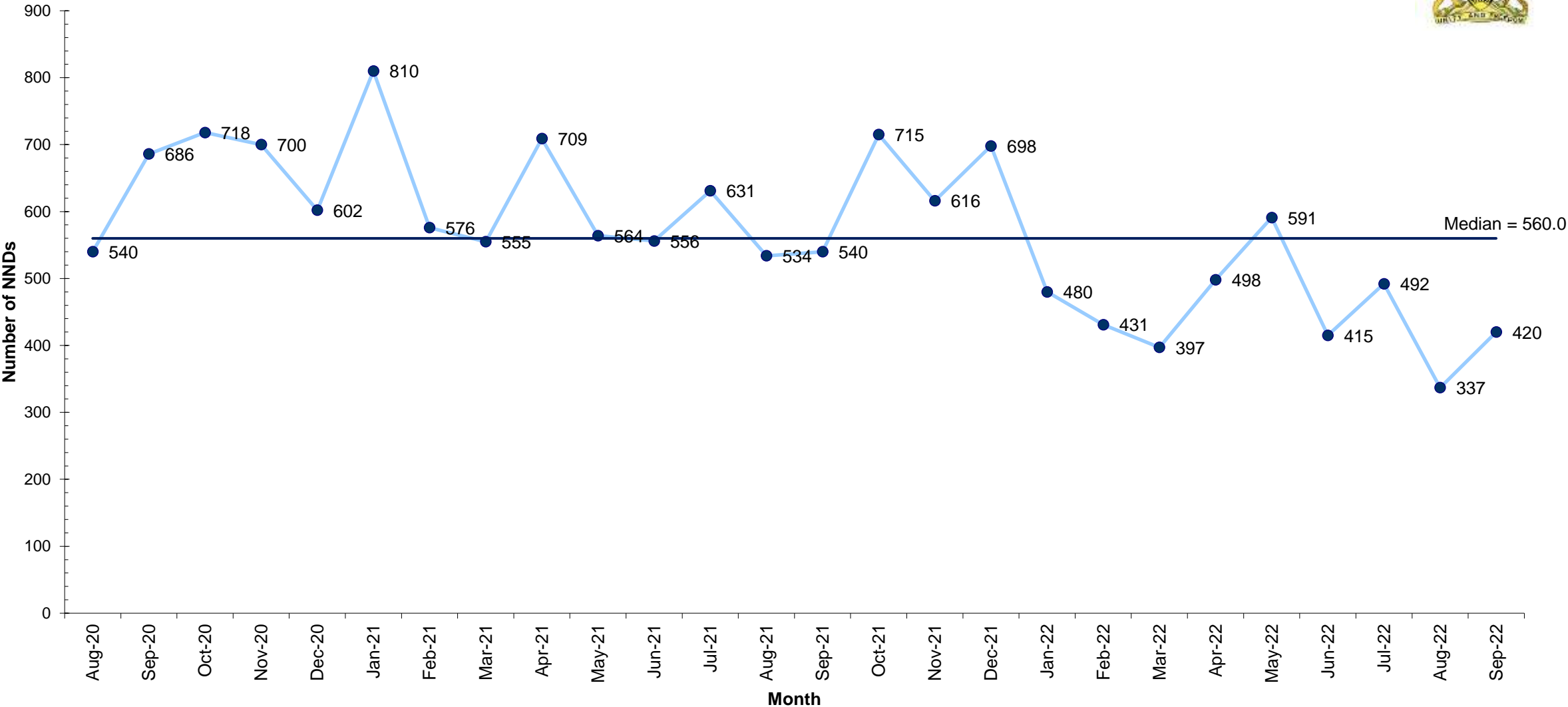
MNCH Status in Malawi

- High maternal mortality rate (439/100,000 LBs) – *MDHS 2015-16*
- Neonatal Mortality Rate (27/1000 LBs) – *MDHS 2015-16*
- Poor quality of care – a big challenge (*HSSP II; 2017 -2022*)
 - Only 42% of women and 60% of newborns received 48hr postnatal check
 - 53% Hospitals and 5% Health centers provide full package of CEmONC/ BEmONC
 - Preventable pediatric deaths due to acute respiratory infection (ARI), malaria, diarrhea still high
- Health systems factors affecting quality of care
- Government committed to achieve universal health coverage of quality, equitable and affordable health care

Run Chart - Number of Maternal Deaths by month (National)



Run Chart- Number of Neonatal Deaths by month (National)



Maternal mortality and Stillbirth: 8 Districts



Impact indicators	2017	2018	2019	2020	2021.
Kasungu institutional Maternal mortality (Per 100,000 live births)	113.9	98.6	129.8	109	142.4
Kasungu-institutional stillbirth rate (per 1000 live births)	31.9	19.7	29.5	20.9	23.9
Nkhatabay - institutional Maternal mortality (Per 100,000 live births)	112	135.3	136.5	59.2	88.5
Nkhatabay - institutional stillbirth rate (per 1000 live births)	17.9	16.1	24.9	15.9	22
Mzimba south institutional Maternal mortality (Per 100,000 live births)	131.8	134.8	54.2	80.8	93.5
Mzimba south- institutional stillbirth rate (per 1000 live births)	18.5	18	16.6	17.6	19.6
Zomba institutional Maternal mortality (Per 100,000 live births)	18.8	13	8.7	9.2	10.1
Zomba institutional stillbirth rate (per 1000 live births)	14.5	13.6	12.3	12.5	14.4
Blantyre institutional Maternal mortality (Per 100,000 live births)	16.9	8.4	25.7	50.6	33.5
Blantyre institutional stillbirth rate (per 1000 live births)	10	9.7	11	13.5	11.1
Thylo institutional Maternal mortality (Per 100,000 live births)	54.1	29.7	18.1	0	15.1
Thylo institutional stillbirth rate (per 1000 live births)	17.1	17.3	17.2	16.5	18.1
Lilongwe institutional Maternal mortality (Per 100,000 live births)	54.4	31.4	16.6	33.3	26.8
Lilongwe institutional stillbirth rate (per 1000 live births)	17.4	16	17.1	18.1	18.9
Dedza institutional Maternal mortality (Per 100,000 live births)	106	66.7	16.4	22.4	26.4



Part 2:

Malawi's National Quality of Care Conference



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Quality of Health Care Conference

“Investing in Quality Health Care; A Roadmap to Achieving Universal Health Coverage and Sustainable Development Goals”

AIM: Reflect on the overall implementation of the QoC initiative, assess whether the goals of the National Quality Management Policy (2017-2022) were met, and agree on next steps and plans for scale up.

- 11-14 October 2022 with 400 participants
- Co-funded by Government of Malawi and partners
- Attendees included MOH, Directors of Central Hospitals & teams, Directors of Health and Social Services & teams, District Health Officers, CHAM and Private Health facilities, Civil Society, Development Partners, Academia and research institutions, Journalists
- Officiated by the Minister for Health Minister of Health, Honourable Khumbize Kandodo Chiponda MP, several Keynote addresses from partners and academia
- 40 abstracts chosen to present QI activity and findings



Objectives and Program

Objectives:

1. To launch the National Quality of Care Standards
2. To share progress made by various stakeholders in Quality Management in line with the Quality Management Policy
3. To share progress since the launch and roll-out of the QOC MNCH Network in Malawi
4. To discuss plans for re-energizing, better positioning and sustaining QI initiatives and to inform the revision of the QM policy, QM Strategy

Program:

1. Opening session – Honorable Minister
2. Plenary presentations- MNCH QOC, QI collaboratives, Developing a culture for quality
3. Abstract presentations in four themes
 - Leadership and governance
 - Clinical excellence
 - Patient Safety and patient experience
 - Data for action
4. Two Panel discussions on:
 - Empowering Malawians to demand care?
 - How do we finance the quality agenda?



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Part 3:

Quality of Care Progress

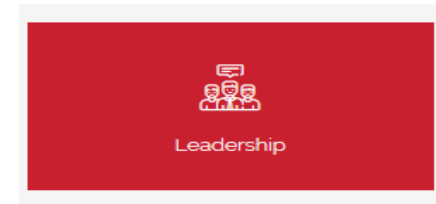
- Leadership
- Action
- Learning
- Accountability



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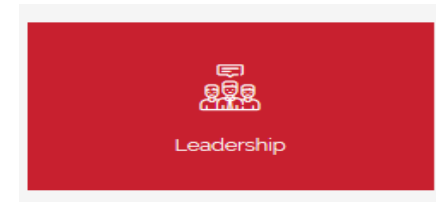
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Leadership



- At national level, **Quality Management Directorate** in the Ministry of Health is in charge of Quality Improvement providing stewardship across all programmes
- **National Quality Management Policy (2017-2022)** for the Health Sector:
 - Aligned to HSSPII (2017-2022) to set a framework for integrating and coordinating quality management initiatives.
- The Policy has **accompanying policies, strategies and tools** to guide and support district level implementation:
 - Quality of Care National Strategy (2017 - 2022)
 - Quality of Care Roadmap (2018 - 2022)
 - Quality Improvement training manual (2018)
 - MNCH Quality of Care standards and assessment tools (2017-2021)
 - National Quality of Care Standards
- **In 2017, Malawi joined the Quality of Care Network**

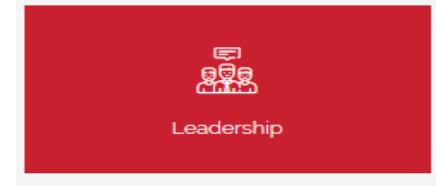
Leadership



NATIONAL QUALITY MANAGEMENT POLICY (2017-2022) : 7 Goals

1. Increase health sector leadership, governance and accountability
2. Increase capacity for HRH to deliver quality services
3. Promote excellence in clinical practice across the continuum of care
4. Improve client safety at all levels of health care
5. Strengthen people-centred care at all levels of the health system
6. Strengthen support systems for the delivery of quality health systems
7. Increase capacity in generation and use of accurate strategic information for evidence-based decision making and policy formulation

Leadership



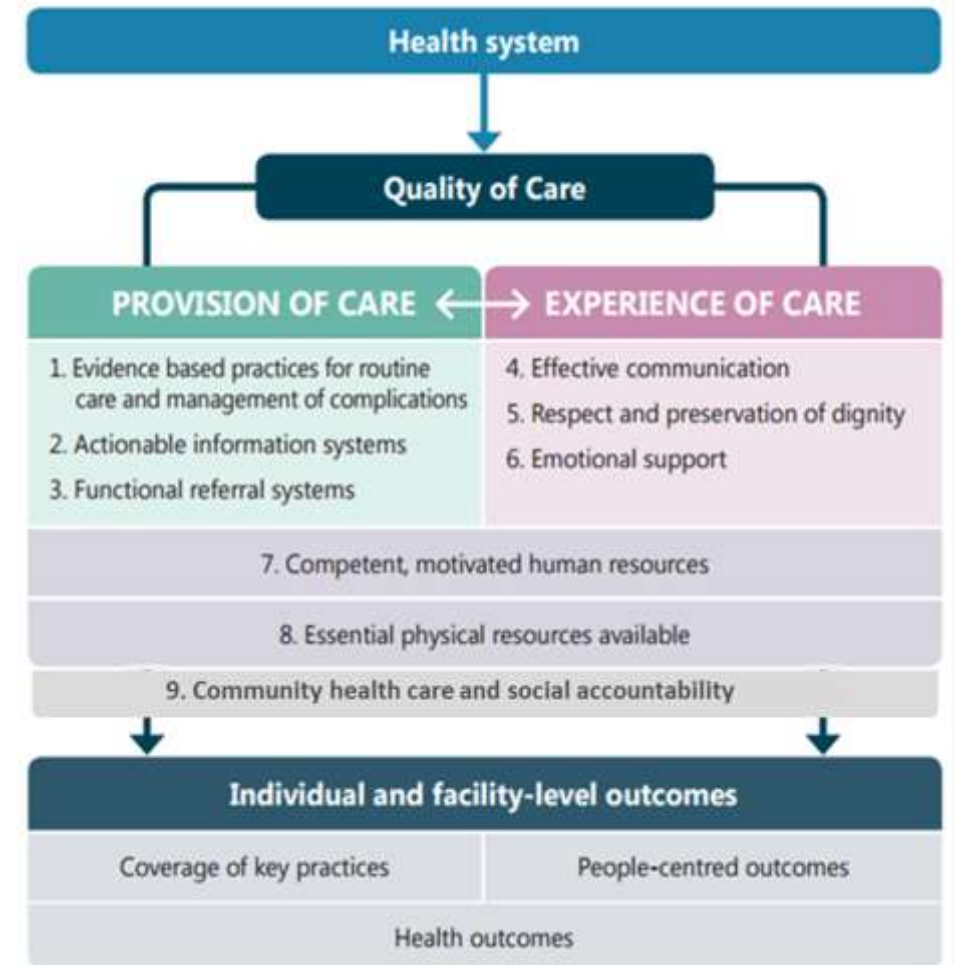
MNH pathfinder for quality of care in Malawi

- Spearheaded by Quality Management Directorate (QMD) and Reproductive Health Department
- Stakeholder engagement and National Coordination Committee established
- Selection of 9 learning districts
 - Mzimba South, Kasungu, Lilongwe, Thyolo, Zomba, Mangochi, Nkhatabay, Dedza, Blantyre
- Establishment of Quality Management structures: Quality Improvement Support Teams (QIST), Work Improvement teams (WIT)

Leadership



- Adapted **WHO MNH standards** and assessment tools for Malawi (**2017**)
 - 9 standards instead of 8 standards
- Adapted **WHO Standards for pediatric care (2019)**
- Adapted **WHO standards for the care of small and sick newborns (2021)**
- Updated and disseminated the **MNCH guidelines (2021)**



Leadership - National Quality of Care Standards (2022)



- Malawi further adapted the MNCH QoC standards and accreditation standards
- Involved MOH and practitioners from Public, CHAM & Private health facilities
- Scope:
 - Public, Not-for-Profit and Private.
 - Primary, Secondary and Tertiary.
 - Guide what is required to offer quality care. Do not replace clinical guidelines. Support implementation of the guideline
- The aim is to ensure that health facilities are providing care that is safe, effective, efficient, timely, people-centred & equitable

Twenty-three Service Elements



LEADERSHIP AND MANAGEMENT

1. Governance and Management
2. Human Resource Management
3. Management of Information
4. Patient & Family Rights
5. Access to Care
6. Risk management
7. IPC



CLINICAL SUPPORT

1. Diagnostics and Imaging Services
2. Laboratory Services
3. Medication Management



ANCILLARY SUPPORT

1. Support Services
2. Facility Management
3. Medical Equipment Management



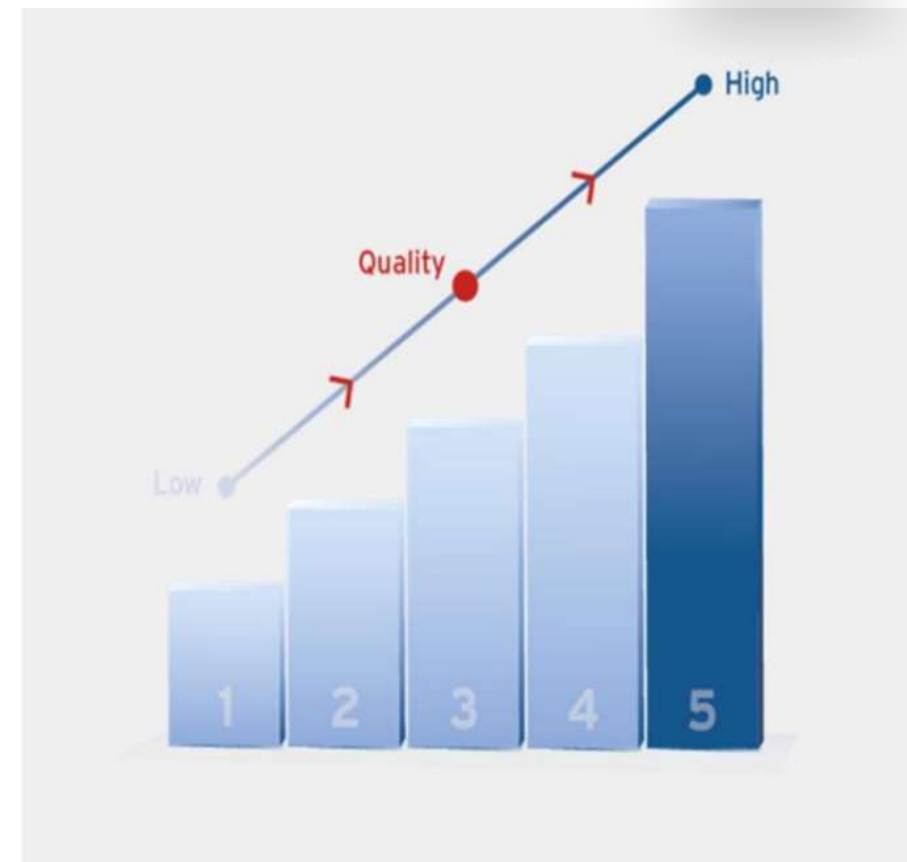
CLINICAL SERVICES

1. OPD
2. Emergency Care
3. Inpatient Care
4. Surgical, Anaesthesia & Operating Theatre
5. Obstetrics and Maternity services
6. Paediatric Care
7. Medical Care
8. Critical Care
9. Mental Health Services
10. Oncology Services
11. Palliative care

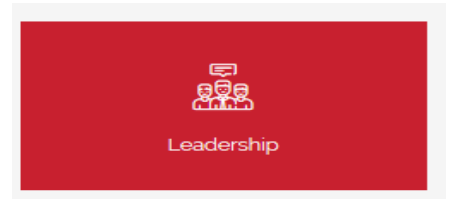
Implementation of Stepwise Quality of Care Program



1. Orientation of facility – Senior and extended Management
2. Baseline Assessment - Assign Star level
3. Develop Annual QIP from assessment
4. Implementation of QI – to move up the stars
5. Internal Assessment - self-tracking of progress
6. Progress assessment (Assign star level) - At least once a year/whenever the facility requires it
7. Facilities' star results will be benchmarked with other facilities at the same level



Lessons learned in terms of Leadership



- **Government & Facility leadership commitment is key** in the improvement of quality of care
- **Need to attend to the risk of verticalization of programmes**
 - Use the National Quality of Care Standards to engender a horizontal approach in the implementation of QOC
- **Need to mobilise funding both internally for sustainability, and externally to resource core health system needs** including data collection and digitization, increase recruitment and allocation human resources and essential supplies **as well as QI needs**
 - Partner enthusiasm has improved the availability of funds for scaling up MNH QoC in all regions with implementation in over 60 facilities in 25 districts
 - However, there is a lack of funds for QI and there is need to find alternative sources of funds.
 - QI activities in facilities is often 'projectized' supported by partners and therefore lack sustainability.

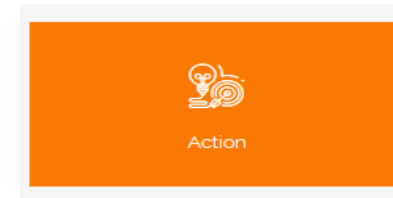
Action



- **MNH QoC package and clinical mentorship package developed**
- **Baseline assessment** of learning health facilities in 25 learning sites
- **Development of Quality Improvement Plans** to address gaps:
 - Protocols, capacity building, stockout of drugs & supplies
 - Documentation, not adhering to treatment guidelines
- **Training** Quality Improvement Support Teams (QIST), Work Improvement Teams (WIT), District Health Management Teams (DHMTs) and health care workers on Malawi QI Model in 9 + districts
- Online **Continuing Professional Development (CPD)** platform on MNCH quality of care finalized and launched in 2022.
 - 8 modules with 48 units for MNCH, Health Communications & Emotional support to women

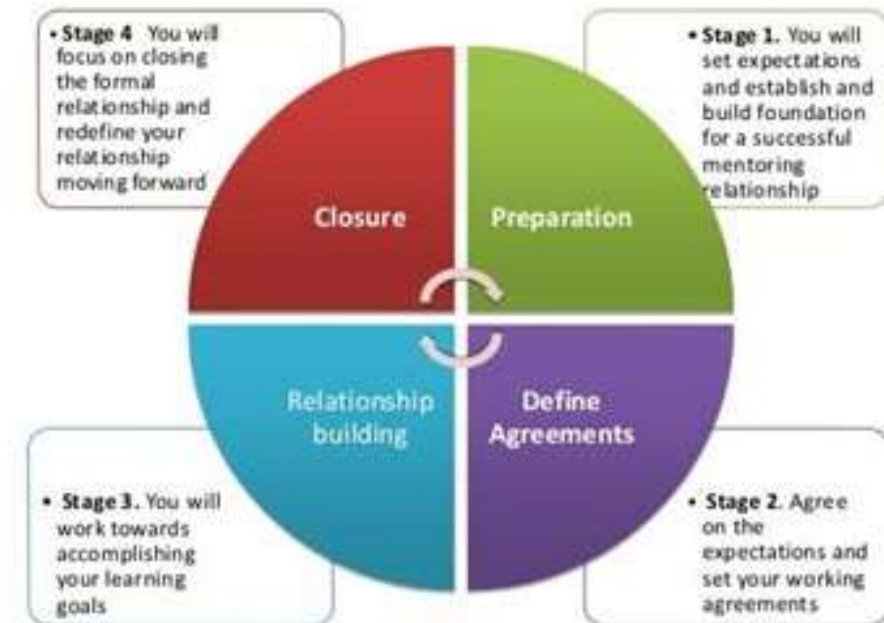


Action - Mentorship program

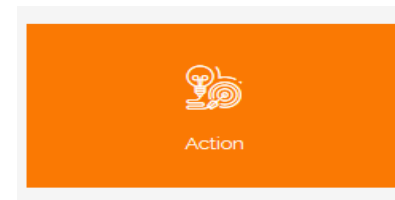


- District Health Officers and Health workers capacitated via **continuous mentoring, supportive supervision and capacity building in each district**
- National mentors support district mentors, Districts mentors H/C teams
 - 4 National QI and clinical mentors per district
 - 12 Mentees per district
- Mentorship tools: Self assessment forms, agreement forms, mentoring guide, Mentee logbook, Quality Improvement documentation journal
- 6-month cycle

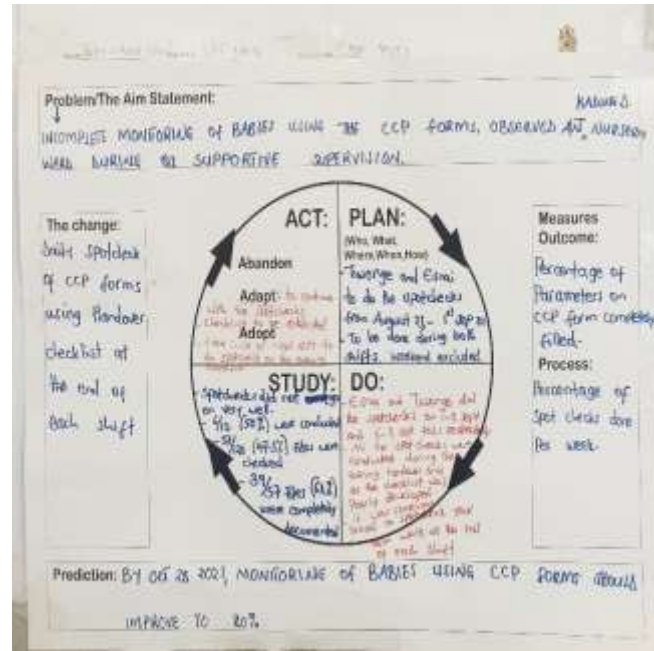
Mentoring Life Cycle



Action - Mentorship program achievements



- Improved QI skills – upgrade from mentees to mentors
- Successful facility MNCH QI projects presented at National Quality of Care Conference
- A pool of District QI mentors supporting QI initiatives within the district

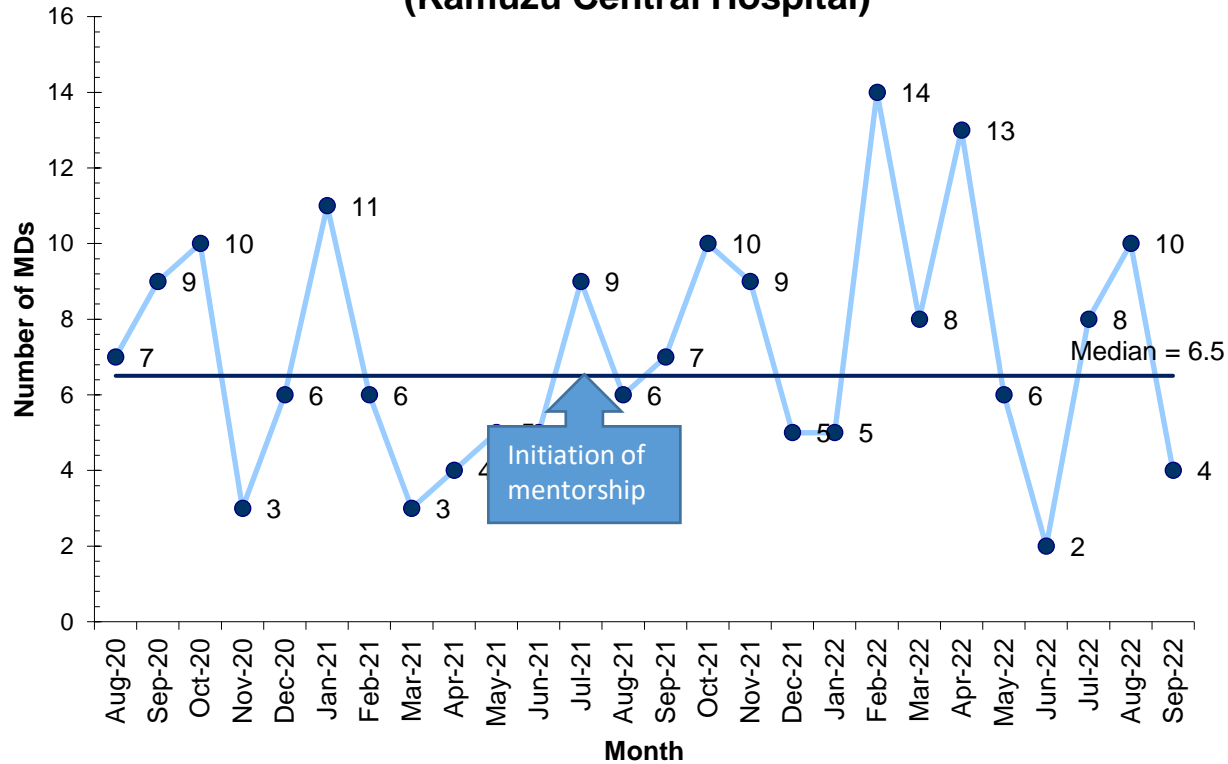


Year Month	Neonatal Outcome Monthly Status						
	Jan	Feb	Mar	Apr	May	Jun	Jul
Total Admissions	18	17	21				
Total Births	18	17	21				
Total Live Births	18	17	21				
Total NND	0	0	0				
NND ≤ 24 Hrs	0	0	0				
NND > 1 ≤ 7 Days	0	0	0				
NND > 7 = 28 Days	0	0	0				
NND - Prematurity	0	0	0				
NND - Asphyxia	0	0	0				
NND - Sepsis	0	0	0				
NND - Other	0	0	0				
BWT > 2500g	15	17	21				
BWT < 2500g	3	0	0				
Prematurity	0	0	0				
N/Sepsis	0	0	0				
B/Asphyxia	0	1	0				
Others	0	0	0				
Total Referred Out	0	0	0				
Total Referred in	0	0	0				
Multiple Births	0	0	0				
HIV Exposed Babies	1	0	0				

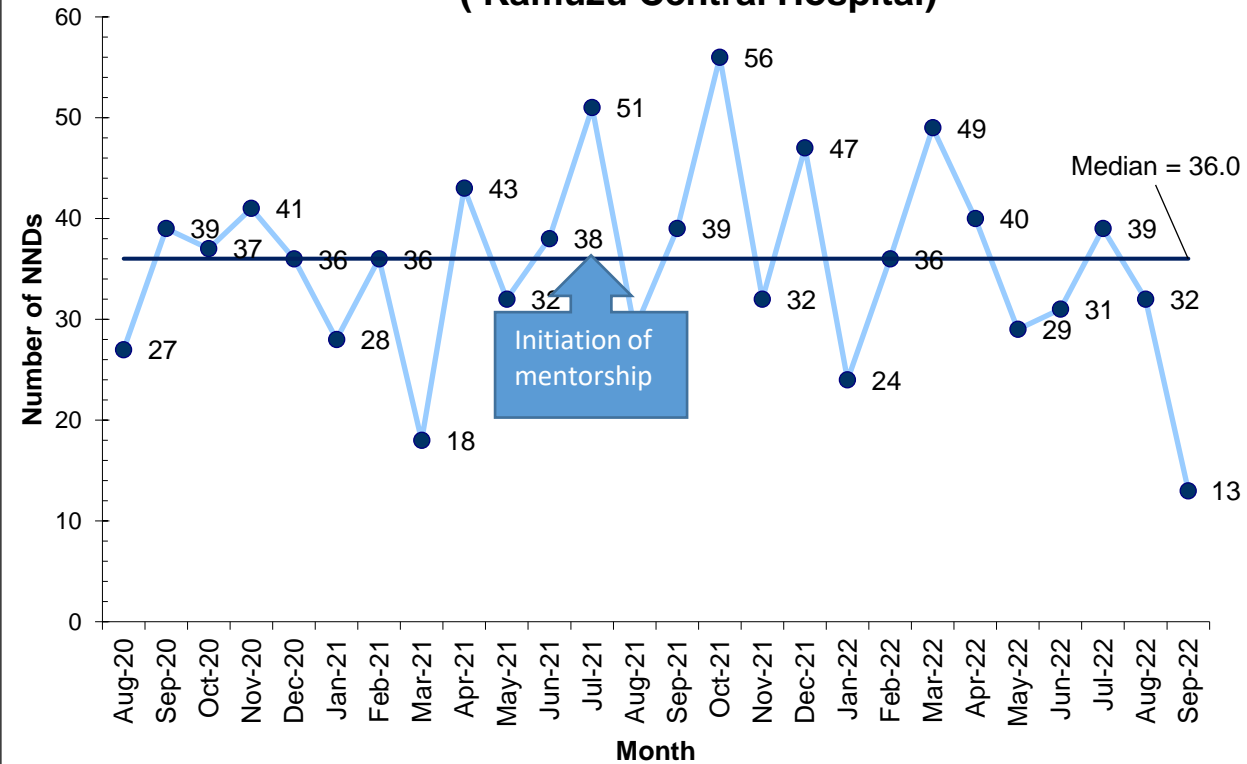
Action



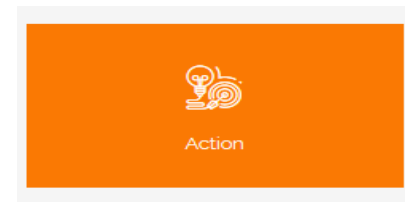
Run Chart - Maternal Deaths by month (Kamuzu Central Hospital)



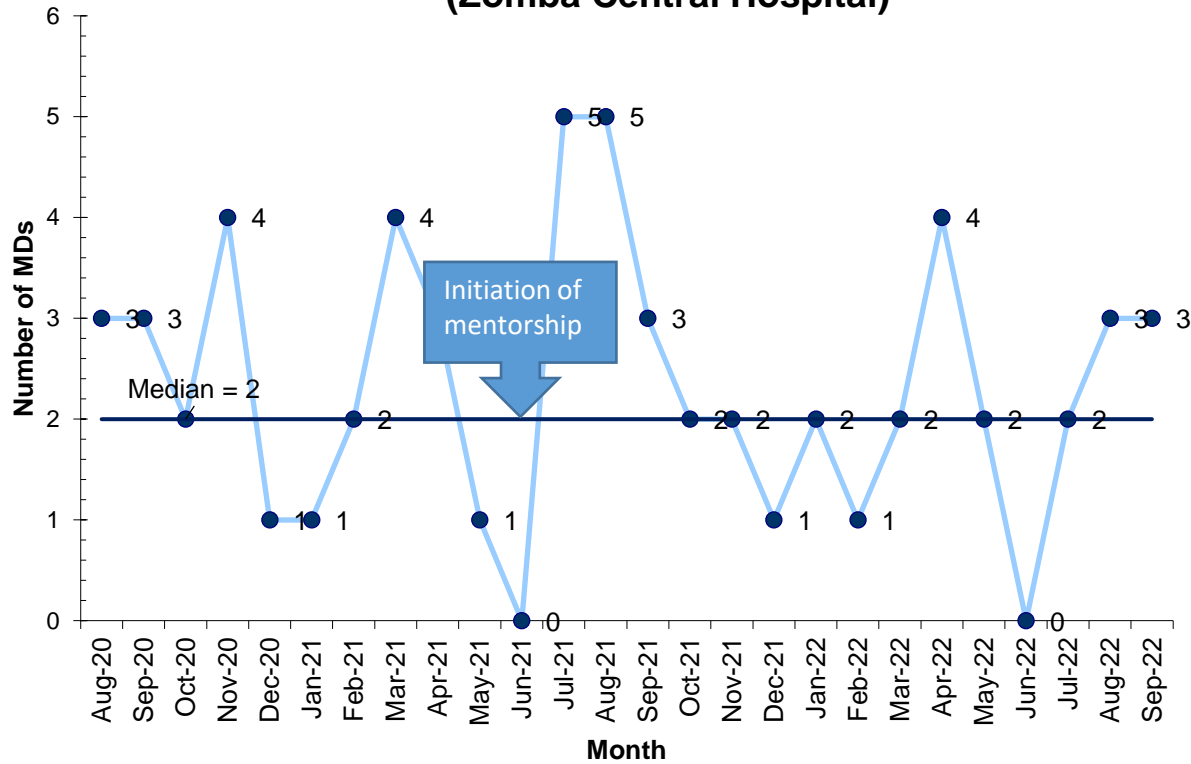
Run Chart - Neonatal Deaths by month (Kamuzu Central Hospital)



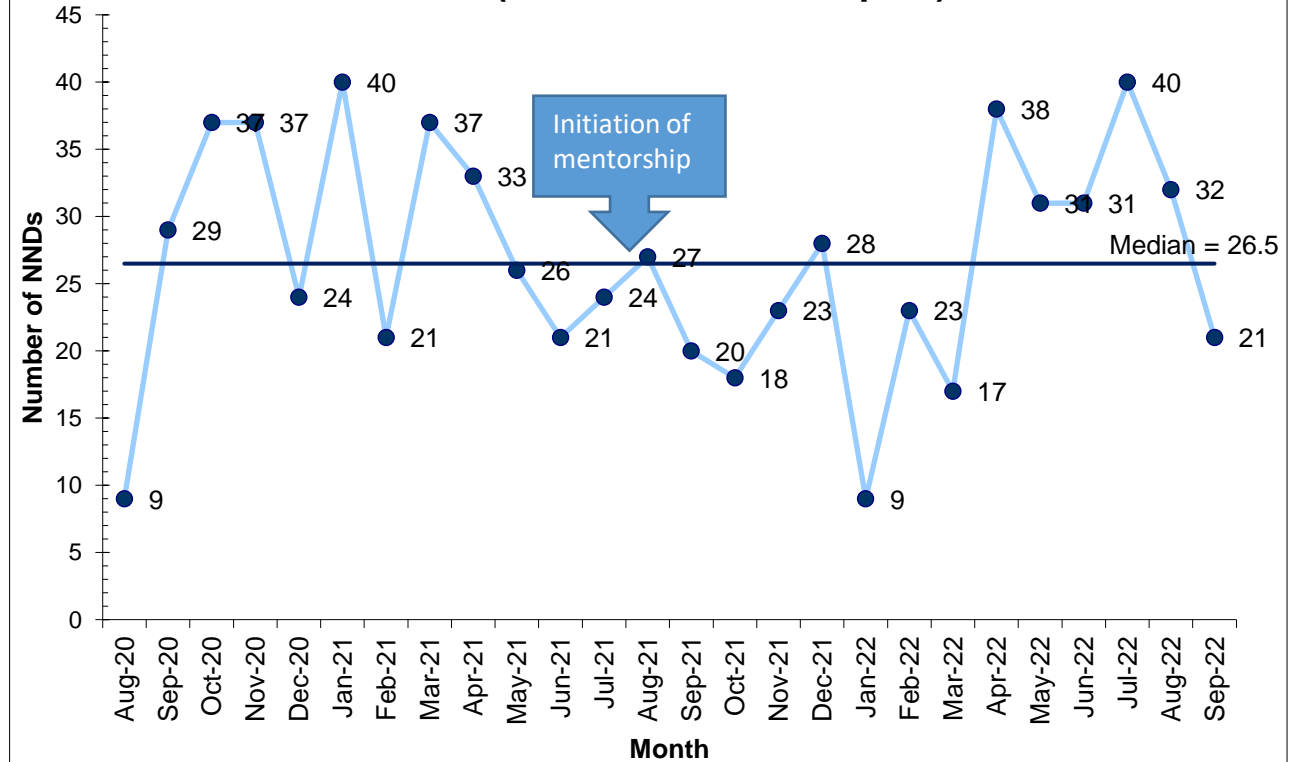
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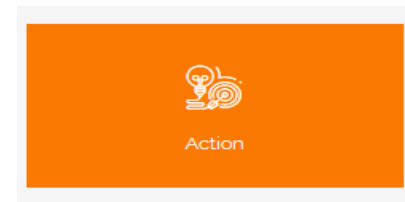
Run Chart - Maternal Deaths by month (Zomba Central Hospital)



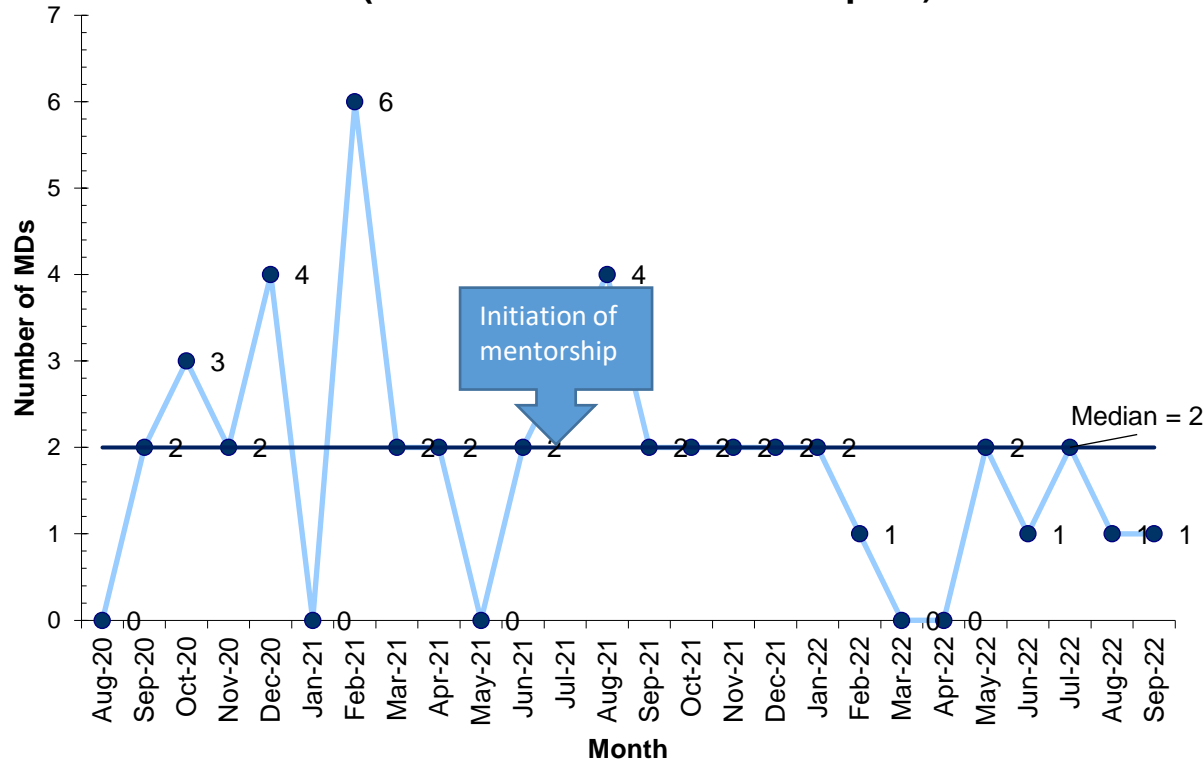
Run Chart - Neonatal Deaths by month (Zomba Central Hospital)



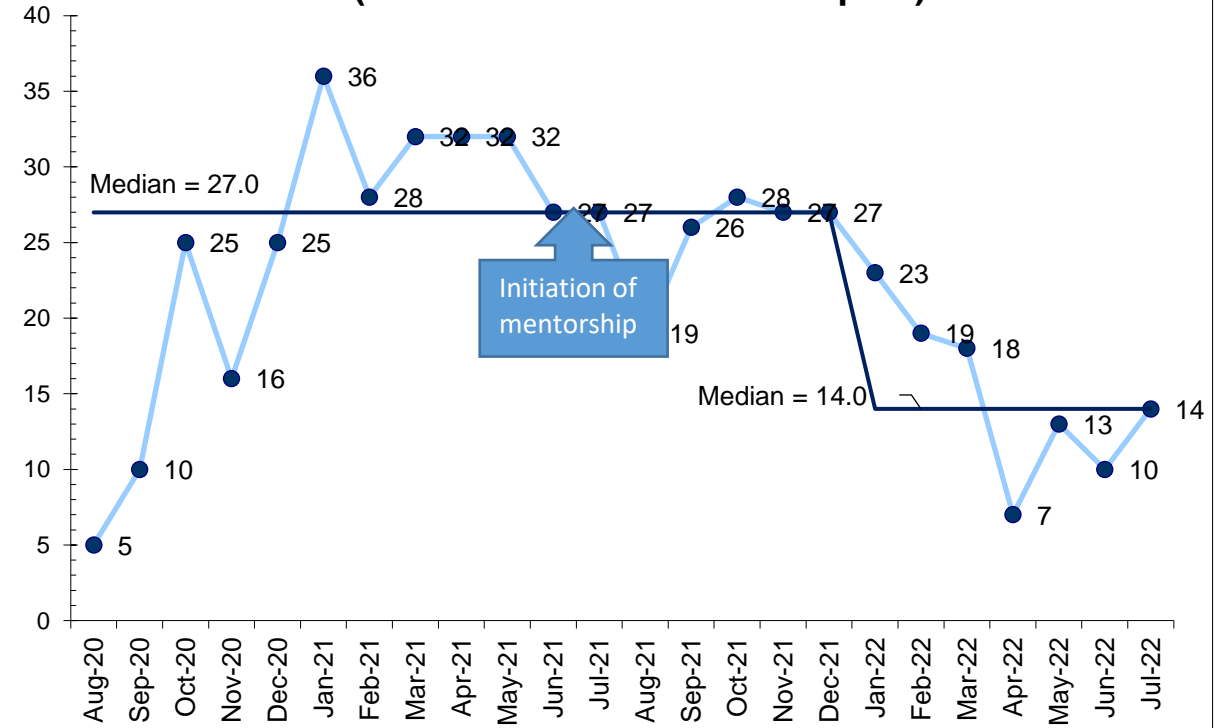
Action



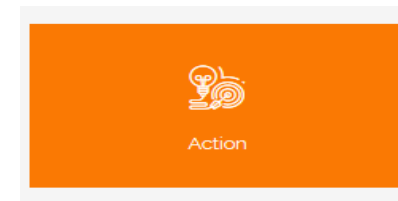
Run Chart - Maternal Deaths by month (Mzimba South District Hospital)



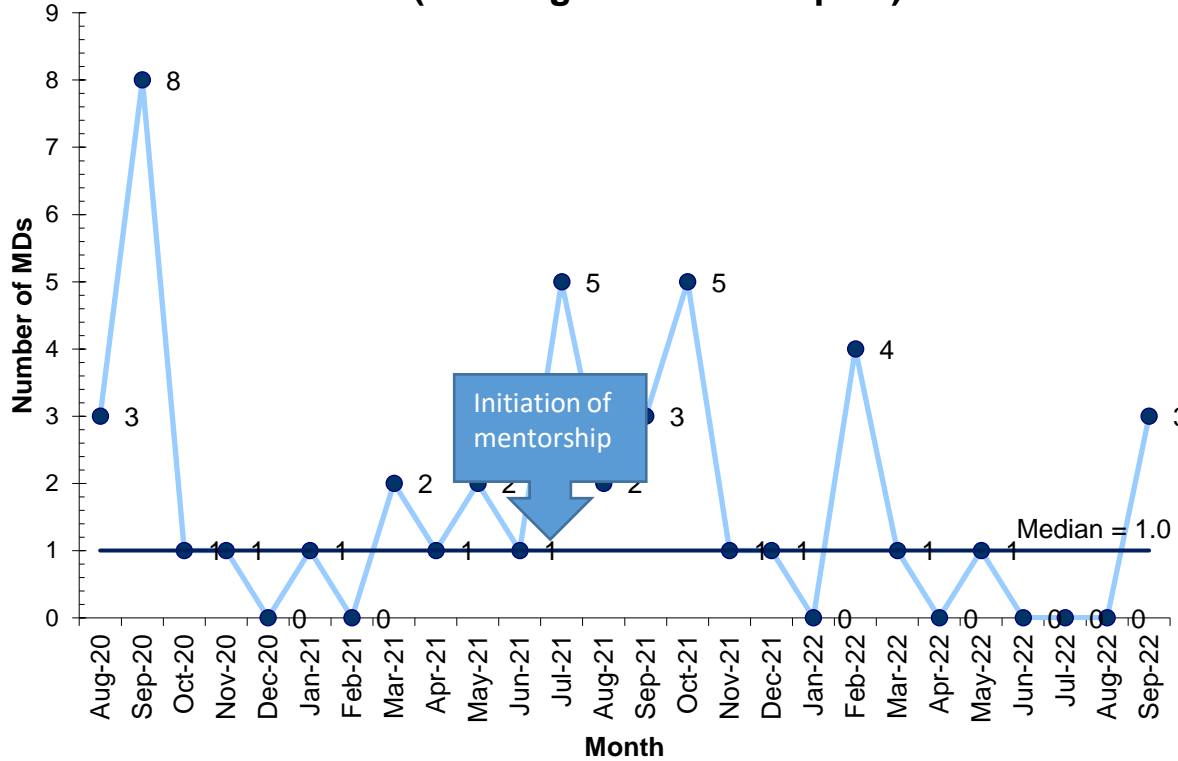
Run Chart - Neonatal deaths by Month (Mzimba South District Hospital)



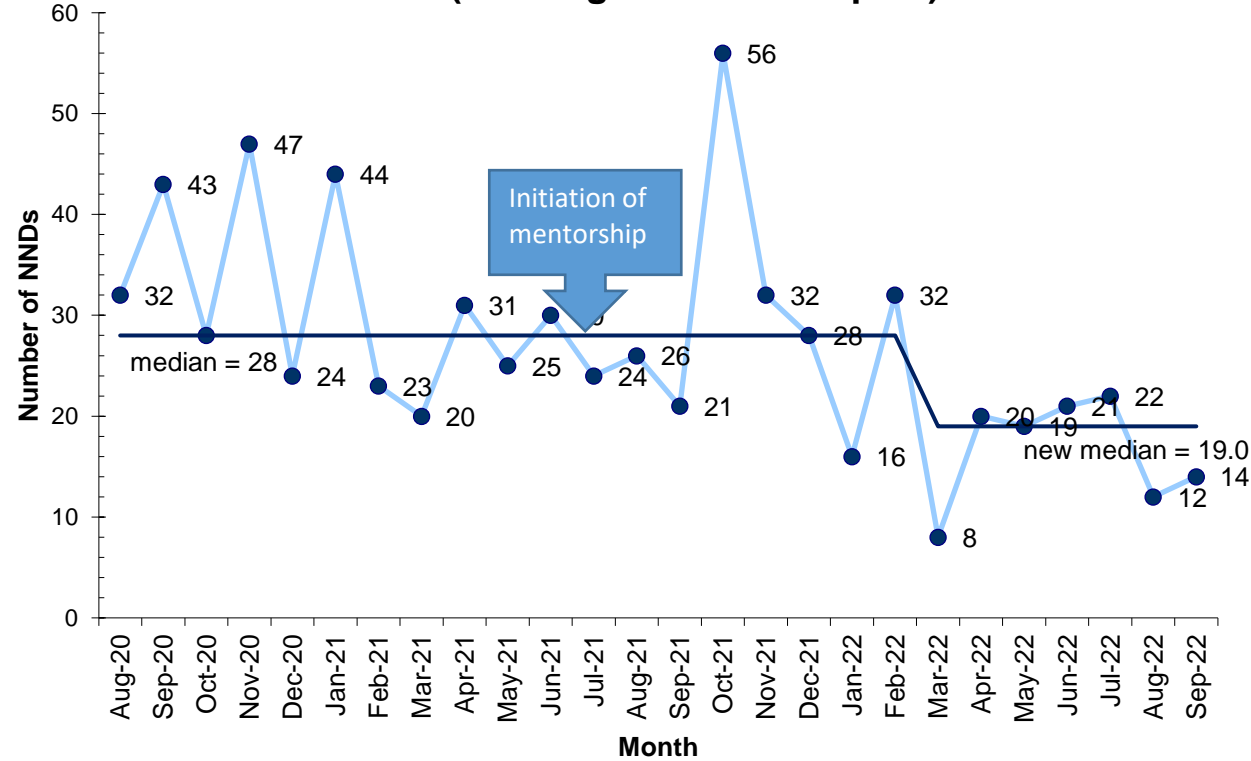
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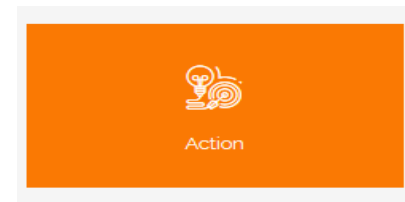
Run Chart - Maternal Deaths by month (Kasungu District Hospital)



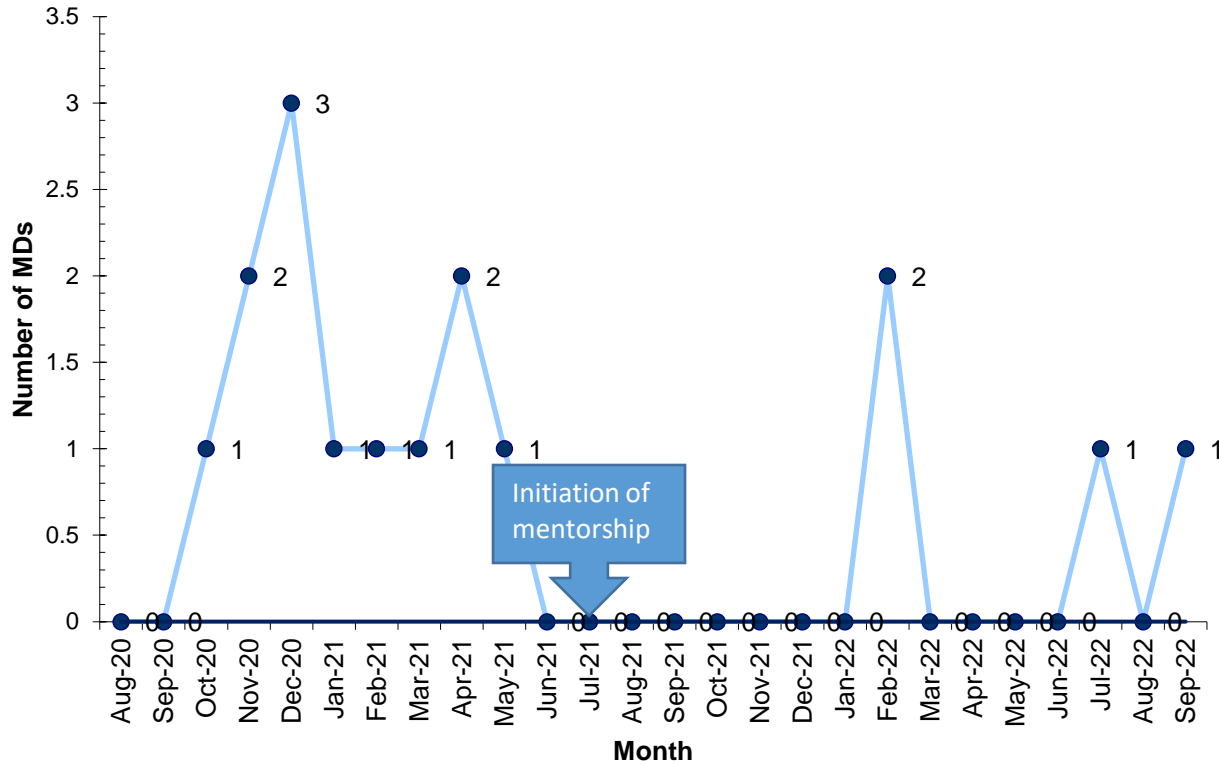
Run Chart - Neonatal Deaths by month (Kasungu District Hospital)



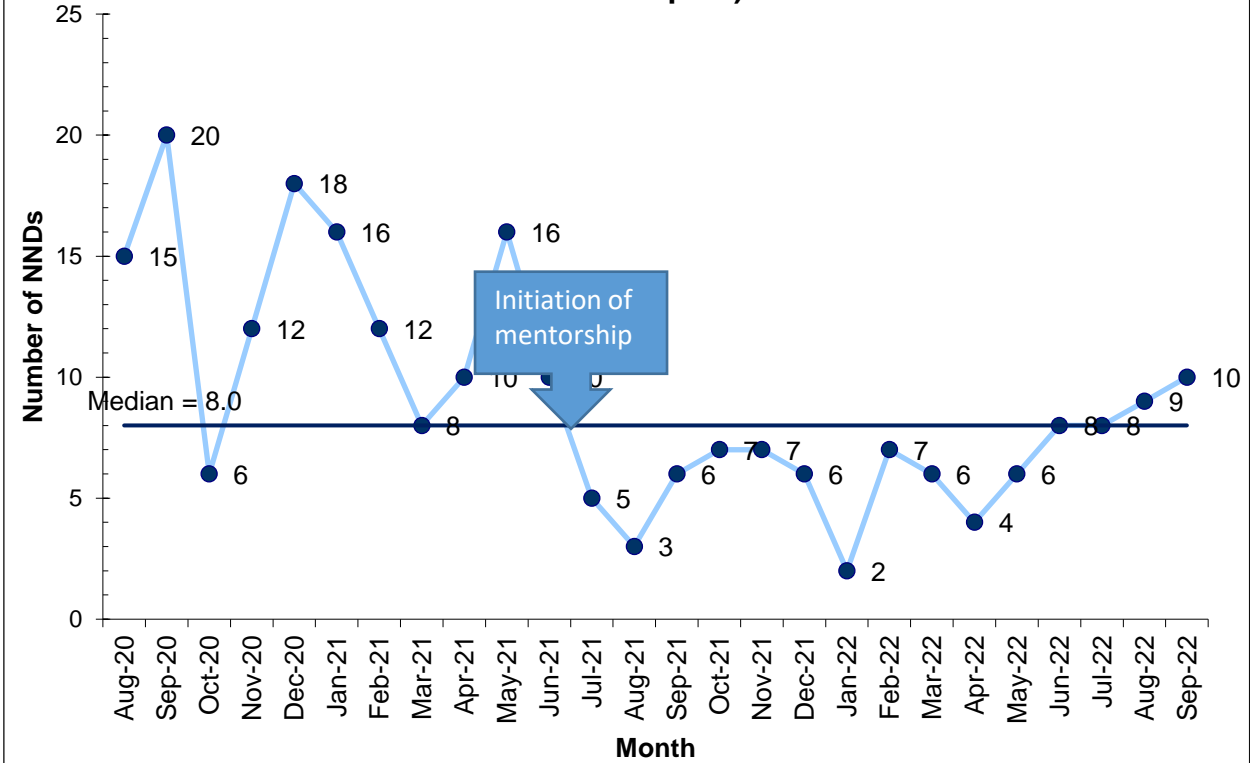
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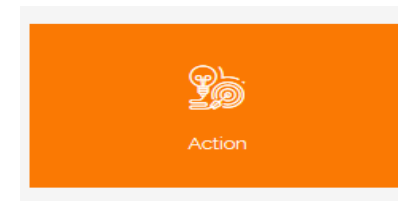
Run Chart - Maternal Deaths by month (Thyolo District Hospital)



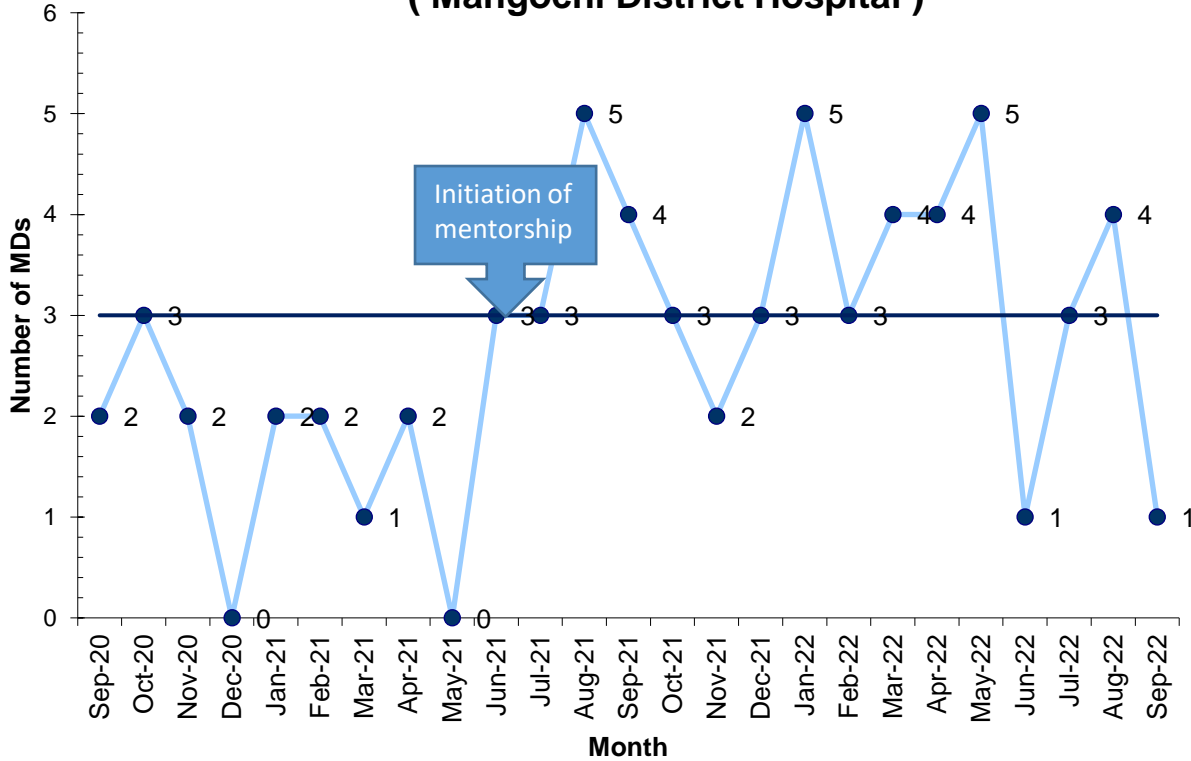
Run Chart = Neonatal Deaths by month (Thyolo District Hospital)



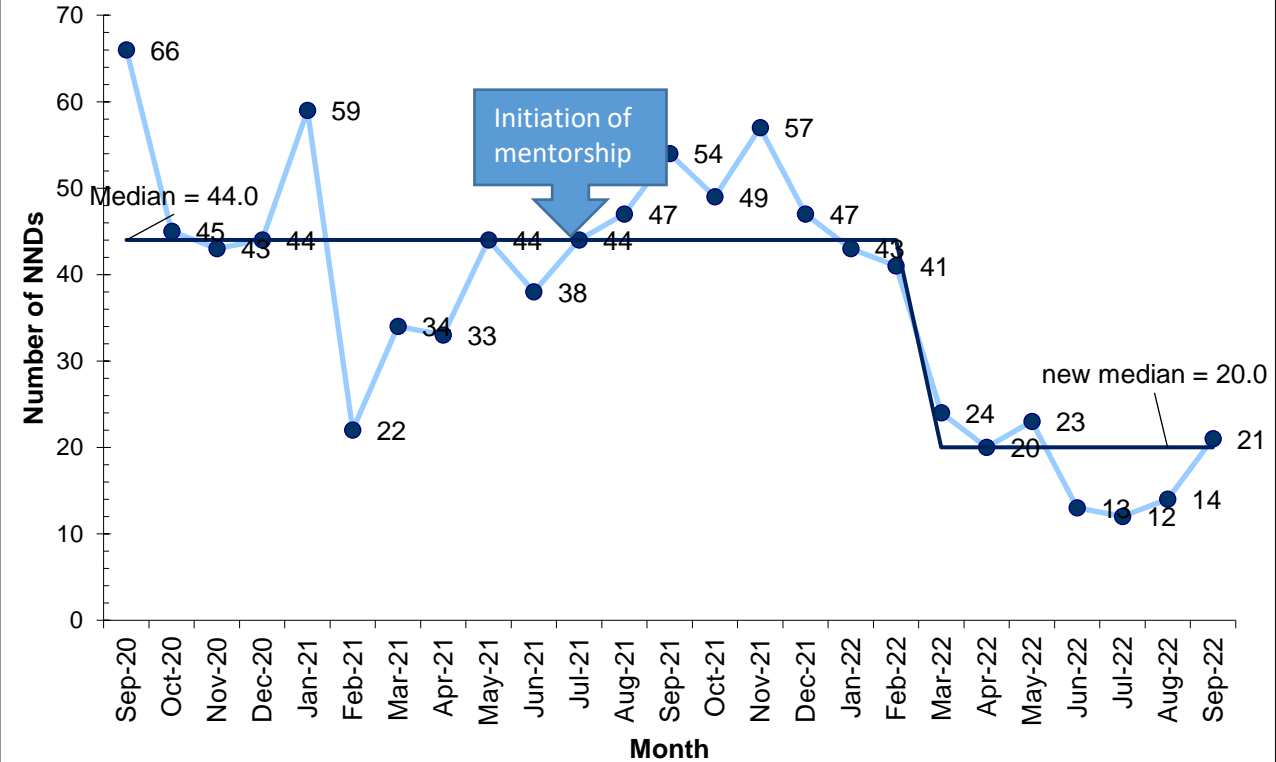
Action



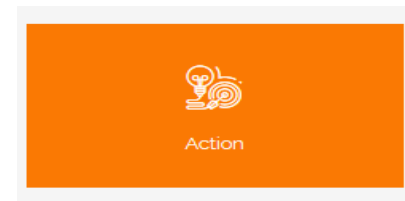
Run Chart = Maternal Deaths by month (Mangochi District Hospital)



Run Chart = Neonatal Deaths by month (Mangochi District Hospital)



Action



MPDSR

- An evaluation to assess the implementation status of MPDSR and to explore the barriers and facilitators of MPDSR implementation was conducted in 2021 by Reproductive Health Department (RHD), MoH Malawi
- Found gaps in staff training in implementing MPDSR, no committees for MPDSR in health centres/community and DHMT members do not actively participate in audits
- Recommends:
 1. Integrating MPDSR within broader QI efforts to enhance follow up, implementation and monitoring of responses.
 2. Perinatal Death audits to be institutionalized
 3. Community MPDSR (verbal autopsy) to be rolled-out

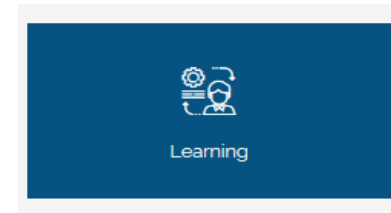
Lessons learned in terms of Action



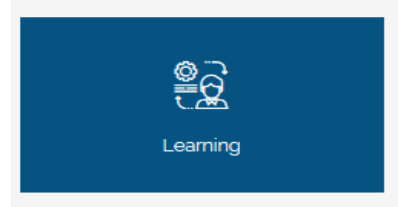
- The development of **essential maternal and newborn care standards and guidelines** has improved the delivery of evidence-based care in MNCH settings
- **Partner engagement and participation** have enhanced scale up of implementation in districts, however QI activities is partner dependent and some districts are resource poor
- **‘There is no quality without quality health workers’**
 - Health care providers are doing more on the ground despite the existing challenges e.g staff shortages, high disease burden, shortage of drugs and supplies etc.
 - Building a culture of quality remains a challenge; difficult to implement QI initiatives because some cadres, mostly clinicians are not actively being involved in QI as part of the team
 - Training institutions need to incorporate QI in training curriculum and continued mentorship in health facilities (in-service)
 - Managers in the healthcare system at all levels responsible for the quality of the healthcare worker and their wellbeing

Learning

- Implementation of MNH QoC started in **9 learning districts** informed further scale-up
- Positive experiences and lessons are being documented that will need to be consolidated
- **Peer-to-peer MNH QoC learning sessions (QI Collaboratives)** take place periodically to enable the scale-up of successful QI projects
- **National Quality of Care conference**
- National QI learning documentation workshop held with District Health officers over 3 days in October 2022 to increase motivation and skills in learning documentation and sharing learning within and between districts

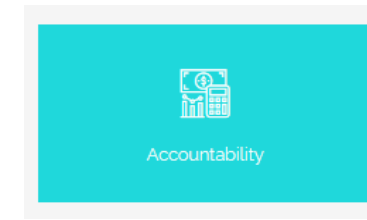


Lessons learned in terms of Learning



- Useful to incorporate peer-to-peer MNH QoC learning sessions into district performance reviews to enable the scale-up of successful QI projects
- Implementing MNH QI Collaboratives with annual learning meetings has begun to improve the sharing and harvesting of learning across districts.
- Establishing a national learning centre will institutionalise the practice of QI learning documentation and sharing within and between facilities and districts.

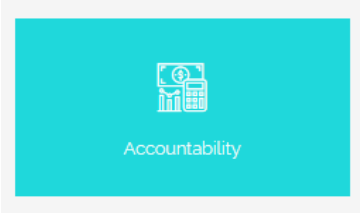
Accountability



- 9th Standard introduced: community engagement and social accountability mechanisms
- Established Accountability mechanisms:
 - Hospital ombudsman: as a venue to raise concerns of access and provision of health to facility management teams (Between 2018-2022 the HO resolved 4719 cases)
 - Health Centre Management Committees (HCMCs)
 - Grievance committees
- Hospital charters displayed to sensitize clients to patient rights



Lessons learned in terms of Accountability



- Strengthening community engagement in planning is necessary to address challenges in MNH QoC implementation -> Health facility committees are operational, with different levels of activity and success. Need to identify what works and replicate if feasible.
- Overall, the Hospital Ombudsman mechanism is proving to be a critical accountability tool in the delivery of health services and empowerment of health service users to demand accountability. However, MOH and government interns often hold the role raising questions on independence and conflict of interest.
- Service user/community capacity to demand quality remains low



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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

- Establish systems for capturing QoC data and digitalization of data

Learning

- Nurture QI Collaboratives to scale up best practices and lessons learnt nationwide
- Establish National Learning Centre & nurture QI Collaboratives

Accountability

- Lobby for partner support in the next MHDS



Conclusion

Key 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 and data capture
- Inadequate staffing for MNH services
- Gaps in infrastructure and essential medicines, commodities, and infrastructural improvements will require enhanced advocacy efforts
- Need to improve community engagement in implementing MNH QoC interventions
- QI learning structures need to be strengthened
- Outbreaks/epidemics (COVID-19, Cholera) have affected the implementation of MNH QoC

Questions & Answers

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Please type your questions in the CHATBOX



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