Uganda

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

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

Country context

POPULATION & MORTALITY RATES	2017	2020	2022
Population (in million)[1]	40.1	44.4	45.8
Maternal Mortality Ratio per 100,000 live births[2]	375	284	–
Neonatal Mortality Rate per 1,000 live births[3]	21	19	19
Stillbirth Rate per 1,000 births[3]	18	16	15

NATIONAL COVERAGE OF KEY INTERVENTIONS (2016)	%
Antenatal care (4 or more visits)[4]	60
Skilled birth attendance during delivery[5]	74
Institutional deliveries[6]	73
Post natal visit for baby (within 2 days of birth, medically trained provider)[6]	56
Postnatal care for mother (within 2 days of birth, medically trained provider)[6]	54
Caesarean section rate[7]	–
Family planning[8]	50
Initial breastfeeding (1 hour of birth)[9]	66
Exclusive breastfeeding rate (of infants under age of 6 months)[10]	65

1. United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition. https://population.un.org/wpp/Download/Standard/MostUsed/
2. World Health Organization. (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: executive summary. World Health Organization. https://apps.who.int/iris/handle/10665/327596
   World Health Organization (2023). Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. https://apps.who.int/iris/handle/10665/366225
3. United Nations Inter-agency Group for Child Mortality Estimation (2023). https://childmortality.org/
4. WHO/SHR Global Database, Percentage of women aged 15–49 years attended at least four times during pregnancy by any provider, September 2022.
5. UNICEF/WHO joint database on SDG 3.1.2 Skilled Attendance at Birth. May 2022.
6. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Maternal and Newborn Health Coverage Database, New York, May 2022.
7. WHO Global Health Observatory. https://www.who.int/data/gho
8. United Nations, Department of Economic and Social Affairs, Population Division (2020). Estimates and Projections of Family Planning Indicators 2020. New York: United Nations.
9. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Infant and Young Child Feeding: Ever breastfed, Early initiation of breastfeeding, Exclusively breastfed for the first two days after birth, New York, October 2022.
10. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, New York, October 2022.

Milestone progress (2017-2022)

STRATEGIC OBJECTIVES	MILESTONE DELIVERABLES	2017	2020	2022
LEADERSHIP	Supportive governance policy and structures developed or established	On track	On track	On track
	Quality of care for maternal and newborn health roadmap developed and being implemented	No information	In progress	On track
ACTION	On-site coaching visits occuring in learning districts	No information	On track	On track
	Quality improvement coaches trained	No information	On track	On track
	QoC coaching manuals developed	No information	In progress	On track
	Learning districts and facilities selected and agreed upon	No information	On track	On track
	QoC implementation package developed	No information	On track	On track
	Adaptation of MNH QoC Standards	On track	On track	On track
	Orientation of learning districts and facilities	Not started	On track	On track
LEARNING AND ACCOUNTABILITY	Mechanism for community participation integrated into QoC planning in learning districts	Not started	On track	On track
	A research institution to facilitate documentation of lessons learned identified and is active	Not started	On track	On track
	District learning network established and functional (reports of visits)	No information	In progress	On track
	Common indicator data collected, used in district learning meetings, and reported upwards	Not started	In progress	On track
	Baseline data for MNH QoC common indicators collected	Not started	On track	On track
	Common set of MNH QoC indicators agreed upon for reporting from the learning districts	Not started	On track	On track

Key: On track (achieved) · In progress (initiated but not completed) · Not started · No information

Ensuring MNH QoC core indicators are available in routine HMIS

DATA ELEMENTS	Integrated into HMIS	Collected	Reported	Used	Source
Pre-discharge maternal deaths	YES	YES	YES	YES	HMIS/facility register
Maternal deaths by cause	YES	YES	YES	YES	HMIS/facility register
Neonatal deaths by cause	YES	YES	YES	No information	HMIS/facility register
Facility stillbirth rate (disaggregated by fresh/ macerated when possible)	YES	YES	YES	No information	HMIS/facility register
Pre-discharge neonatal mortality rate	YES	YES	YES	No information	HMIS/facility register
Obstetric case fatality rate (disaggregated by direct/indirect when possible)	NO	NO	NO	No information	HMIS/facility register
Pre-discharge counselling for mother and baby (woman-reported)	YES	YES	YES	NO	Client questionnaire (sample of women)
Companion of Choice (woman-reported)	NO	NO	NO	NO	Client questionnaire (sample of women)
Women who experienced physical or verbal abuse in labor or delivery (woman-reported)	NO	NO	NO	NO	Client questionnaire (sample of women) (e.g. exit interview)
Breastfeeding within one hour	YES	YES	YES	YES	HMIS/facility register
Immediate postpartum prophylactic uterotonic for PPH prevention	NO	NO	NO	No information	HMIS/facility register
Birthweight documented	NO	NO	NO	No information	HMIS/facility register
Premature babies initiating KMC	YES	YES	YES	YES	HMIS/facility register
Basic Hygiene Provision	NO	NO	NO	No information	Facility survey (e.g. district supervision)
Basic sanitation available to women and families	NO	NO	NO	No information	Facility survey (e.g. district supervision)

Key: YES · NO · No information

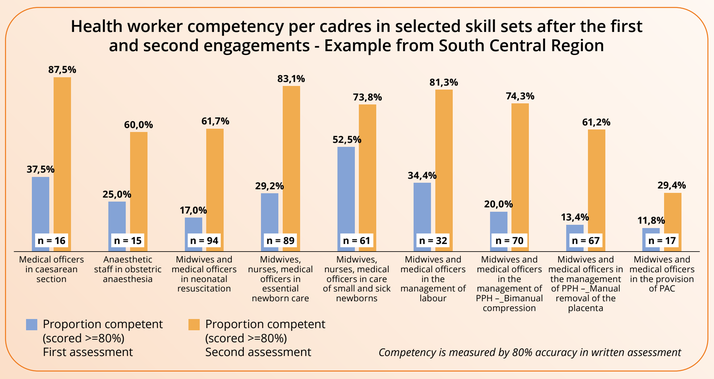
Creating an enabling environment for sustainability and scaling up of MNH QoC

Leadership

- Coordination of maternal and newborn health quality of care was assigned to **Standards, Compliance Accreditation and Patient Protection (SCAPP) and the Reproductive Health Departments** of Ministry of Health.
- **Monthly MNH QOC meetings** are held to provide guidance, oversight, monitor implementation through the various implementing partners. Dashboards are used to track progress in the implementation of MNCH standards.
- **National Safe Motherhood Executive Committee** – a team of experts established that supports development and review of clinical guidelines but also monitor maternal and newborn health and follow-up of actions to accelerate reduction of mortality and morbidity in mothers and children. The team has:
  1. Revised the Essential MNH clinical guidelines.
  2. Developed PPH and PET intervention frameworks.
  3. Developed framework for the reduction of perinatal death.
- **Resources mobilized** to support implementation and scale up of MNCH QoC activities beyond the 6 learning districts. By 2022, MNCH QoC initiative was scaled up to 60 districts and implemented as part of the **National RMNCAH GFF investment case.**
- **National guiding documents** were adapted, and existing RMNCAH QoC tools harmonized. This includes:
  1. **National Quality of Care Framework & Strategic Plan (2021-2025) developed in 2021.**
  2. **Standards for improving QoC for maternal, newborn and pediatric care.**
  3. **Adaptation of the Standards for care for small and sick newborns in health facilities was initiated in 2022.**
- Training in leadership and programme management for national and regional managers supported.
- **Local Maternity Newborn Systems (LMNS)**: Regionalization of support strengthened the capacity of Regional Referral Hospitals to coordinate, monitor implementation and build capacity of districts for MNH QoC.

National RMNCAH QI Mentorship Program

The Ministry of Health with funding support from the World Bank conducted the first cycle of RMNCAH QI mentorship aimed at building the capacity of the frontline teams to provide quality care and build regional local capacity to cascade and sustain the intervention. The activity was implemented by the Ministry of Health national mentors in collaboration with professional bodies and regional referral hospital reproductive health teams. There were demonstrable gains in maternal and newborn care knowledge and skills for all the cadres that were reached between the baseline and follow-on mentorship visits. Adopting a dynamic data-driven approach to setting mentorship priorities helped to focus on the real issues or gaps in skills as they arose. Over 400 MNH care providers were equipped with point of care quality improvement (POCQI) technical skills for maternal and newborn care, facility level action plans developed and a national after-action review (AAR) meeting conducted to inform follow-on mentorship. This effort was complemented by several partners and stakeholders including WHO, UNICEF, UNFPA, USAID and CHAI.



Accountability

- 11 of 15 MNH QoC common core indicators are captured in the national HMIS (DHIS2) and are collected and monitored directly from facility registers; 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 to capture the core MNH QoC process indicators.
- Weekly presentation of MPDSR reports during national, regional, and facility level MPDSR meetings has improved accountability for health outcomes.
- Progress on MNH QoC core indicators is presented at monthly MNH QoC learning meetings and quarterly performance review meetings.
- Engagement of stakeholders has fostered the creation of accountability mechanisms: Members of the Health Committee of Parliament are champions for Respectful Maternity Care.

Building learning health systems for quality MNCH

National learning mechanisms

- National learning mechanisms began in 2005 starting with the annual district level safe motherhood community awareness and service delivery campaigns and exhibitions of best practices targeting districts with poor maternal and newborn outcomes. These progressively evolved into annual health assemblies and eventually into the annual Safe Motherhood RMNCAH Conferences.
- At the national level, monthly webinars are organized on specific technical areas to share good practices and learning.
- The first **Maternal and Newborn Health Quality of Care Forum** was held in May 2022 with the objective to review implementation of the quality-of-care network milestones and share innovations and best practices. The forum was attended by 210 participants including frontline providers, development and implementing partners and academia, and officiated by the Minister of State for Health (Hon. Margaret Muhanga Mugisa). The outcomes were shared learning between different stakeholders and strengthened partnerships for consolidating and scaling-up of harmonized QoC MNH interventions.

- **Makerere School of Public Health** facilitates the documentation of lessons learned and exchanges among practitioners, learning districts, decision-makers, and academics. Lessons from reduction of the third delay and improved use of partographs has been shared between facilities. Further, formative information from client experiences, provider perception and quality of care at the different levels of care were generated to target technical support. For example, MNH QoC scores were higher at Health Centers level IV, General Hospitals and Regional Referral Hospitals and were much lower at health center levels III and II identifying the need for additional targeted support for the lower-level centers.

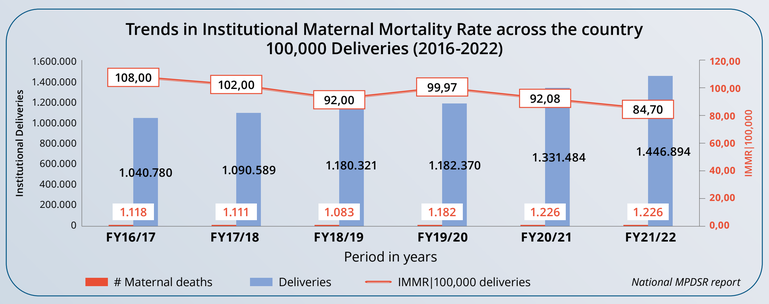
District and facility learning mechanisms

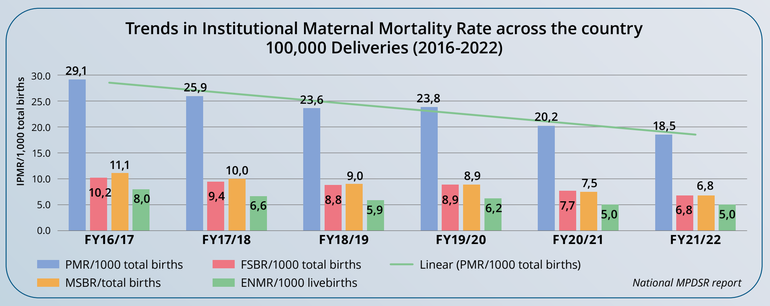
- **Peer-to-peer Maternal and Newborn Health quality of care learning sessions** have been incorporated into district performance reviews in learning districts.
- **Knowledge Management Portal and Online learning** is facilitated through documentation and uploading of best practices, technical briefs and lessons.
- Innovative solutions have been developed to share learning from district-based activities across health facilities, such as **WhatsApp platforms** for each learning district.

Maternal Perinatal Death Surveillance and Response (MPDSR)

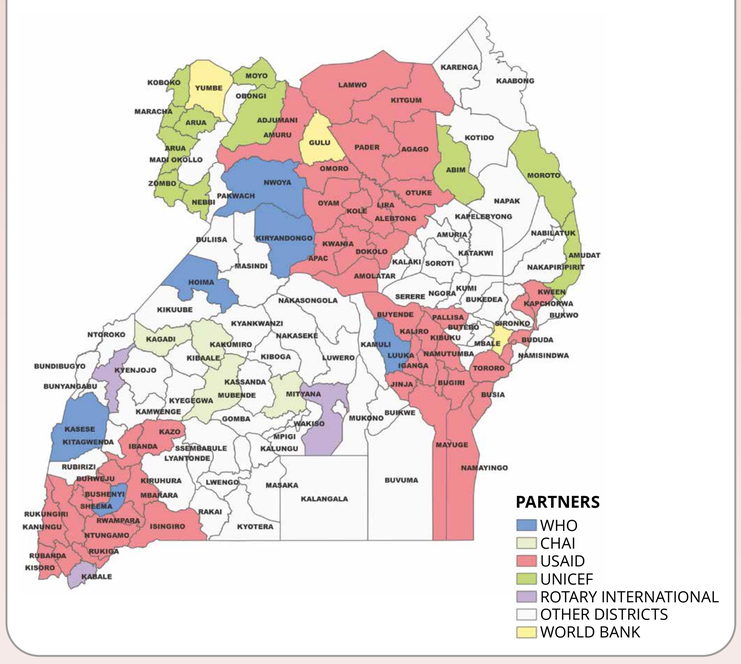
MPDSR is an important Quality of Care improvement platform:

- The national MPDSR platform has been a success to bring together health workers working on MNCH to discuss experiences and best practices regarding specific cases, how they were managed and what could have been done differently.
- The Ministry of Health has prioritized the weekly platform meetings held each Monday and Thursday.
- The Ministry of Health has supported the regions to constitute local maternity and newborn systems (LMNS) to examine and improve their own systems through regular reviews and actions to address the causes of maternal and newborn deaths over the preceding 7 days
- However, a lot needs to be done to improve the ICD11coding for maternal and newborn deaths and also update the MPDSR guidance to build and decentralize capacity for MPDSR including more engagement and leadership for Medical Officers.
- An MPDSR digital monitoring tool and action tracker has been piloted in 9 hospitals and will be scaled up with support from UNICEF.





Map of the districts and learning facilities



Taking forward the unfinished and emerging agenda for quality MNCH

Challenges:

Sustaining leadership for QoC and partner coordination at the subnational level (Quality of Care is still seen as additional work for health workers especially in the MNH setting).

Data quality and utilization is still low especially **at the subnational level** with low capacity to develop and use analytics.

Dependency on donor funding (High cost of equipment, medicines, infrastructural improvements and maintenance, mentorship visits).

HR challenges (Inadequate numbers and skills to sustain facilities and interventions; staff attrition exacerbated by staff transfer and rotation).

Insufficient community engagement and inadequate investment in community systems for better maternal and newborn health outcomes.

Priorities for next phase of implementation

Leadership

- Strengthen participation of all partners and stakeholders in national monthly MNH QoC meetings.
- Integrate the National RMNCAH Mentorship Program within the Regional Support Mechanism to ensure sustainability.

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.
- Increase the pool of RMNCAH QoC Competent coaches and mentors.
- Increase capacity for conducting quality MPDSR process including ICD11 coding.

Learning

- Scale-up platforms for learning National Safe Motherhood Executive Committee (NASMEC) and Local Maternity and Neonatal System (LMNS).
- Increase district and health facility capacities to generate good practices and share learnings across different levels.

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.
- Improve data collection, analysis and tracking of progress (digitalization of the MNH QoC assessment and ensure continuous improvement of tools and checklists).