Maternal and Child Survival Program

Improving Quality of Care at Scale for Better RMNCH Outcomes

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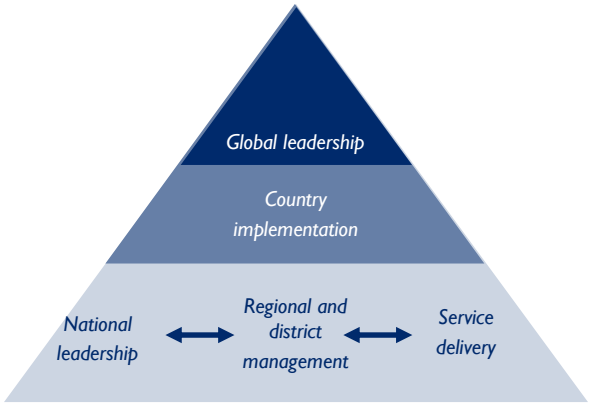
Introduction

In low-resource settings, poor quality care is now a bigger barrier to reducing mortality than lack of access to health care (Lancet Global Health Commission on High Quality Health Systems (HQSS), 2018.) Critical gaps in quality of reproductive, maternal, newborn, and child health (RMNCH) care, including care that is non-effective, unsafe, undignified, and uncoordinated, cost families and countries dearly, with the most vulnerable usually faring the worst. In 2015, deaths due to treatable conditions in low-resource settings resulted in US$6 trillion in economic losses (HQSS, 2018.) High-quality health systems could prevent 1 million newborn deaths and half of maternal deaths.



MCSP's engagement global to country

USAID's flagship Maternal and Child Survival Program (MCSP) works closely with global stakeholders, governments, and partners in over **30 countries** to improve coverage and quality of high-impact, person-centered RMNCH care. MCSP works with ministries of health (MOHs) and partners to improve care across the RMNCH care continuum, leveraging its engagement at global, country, and subnational levels to inform understanding and priorities and increase alignment of global and country strategies to improve care. At the **country level**, MCSP supports stakeholders to strengthen national quality policies and strategies, fortify subnational management and health system functions and continuously improve RMNCH primary and referral services across the care continuum.

MCSP Contributions to Global RMNCH Quality Initiatives and Resources

At the global level, MCSP has collaborated closely with the World Health Organization (WHO) to support the design of the WHO Quality of Care multi-country network for improving the quality of RMNCH care. MCSP has promoted the introduction and adaptation of the WHO Maternal and Newborn Health Quality of Care framework in **Nigeria**, **Madagascar**, **Mozambique** and **Rwanda**, supported the introduction of the pediatric Quality of Care Framework in **Uganda**, and helped countries develop individualized roadmaps to improve

RMNCH care. MCSP co-chairs the Monitoring and Evaluation Working Group for the Quality of Care Maternal and Newborn Health (MNH) network. In this role, MCSP co-developed the MNH network's monitoring framework, including a flexible menu of MNCH quality of care measures for use by policymakers, managers, and frontline health care worker teams, as appropriate, and a set of common MNH quality measures for tracking across network countries. MCSP also supported the development and launch of the WHO standards for improving quality of care for children and young adolescents in health facilities, the CDC and WHO Gender-Based Violence Quality Assurance Standards, and the Gender Service Delivery Standards for improving gender-sensitive inclusive RMNCH care to women and men.

MCSP applies a set of **core quality principles** to support countries across system levels to design and implement quality activities based on families' health needs, country priorities, and local assets and country structures:


Governance and leadership of quality via country structures (national, subnational, facility, community)


Measurable, clear aims focused on important health outcomes and users' priorities


Prioritization of client needs, values, and desires


Engagement of health care worker hearts and minds


Overcoming of critical gaps (bottlenecks) in local care processes


QI teamwork with representatives for key system functions


Change management driven by local health workers


Real-time use of data to monitor, improve, and guide change


Regular shared learning within and across countries to accelerate improvement

National Quality Leadership and Policies

Countries are at different stages of defining and implementing the national policies, strategies, and leadership structures necessary to achieve and sustain quality health services in each country's individual context. MCSP has worked with national governments and stakeholders in **20** countries to update national RMNCH guidelines based on global evidence and, in a smaller subset of countries, to advance quality policies, strategies, and leadership structures. In **Nigeria,** MCSP supported the MOH to establish a national RMNCH Quality Improvement Technical Working Group tasked with developing a unified national RMNCH quality improvement (QI) strategy. When the WHO launched its multi-country Quality of Care MNH network in 2017, Nigeria joined the network as one of nine first-phase countries with support from MCSP and has aligned its national RMNCH quality strategy with the WHO MNCH Quality of Care framework. In **Rwanda**, MCSP supported the revision and finalization of the National Policy for Quality and Accreditation of Healthcare System in Rwanda. In Tanzania, MCSP supported development of the *National Strategic Plan for Improving RMNCH 2015-2020 (One Plan II.)* In **Ethiopia,** MCSP seconded staff to support the MOH Quality Directorate to develop the *National Health Care Quality Strategy* and to develop and implement quality of care self-assessment and improvement tools for maternal and newborn health in facilities. In **Mozambique,** MCSP seconded a Quality and Humanization Advisor to the national MOH to support development and oversight of the national quality policy and strategy, leading to the operationalization of the *National Strategy for Quality and Humanization of Care, 2017-2023*. Advocacy by MCSP and partners contributed to the creation of a national Quality Assurance and Management Directorate by the MOH with the mandate to lead implementation of national quality policy.

Subnational Governance for Quality

Subnational managers play a critical role in leading RMNCH quality efforts at the regional and district level to improve and sustain effective, safe, person-centered RMNCH care. MSCP has worked closely with subnational managers, professional associations, community members, and other stakeholders in multiple countries to design and support RMNCH QI interventions based on national and local priorities, local burden of disease, and critical quality gaps, while leveraging existent health system and community resources. MCSP has worked closely with regional managers and other partners to apply MCSP core improvement principles to support thousands of frontline community and facility health workers to improve effective, safe, dignified and timely care across the RMNCH continuum. In **Madagascar**, MCSP supported regional and district MOH managers to work with facility health workers to strengthen organization of ANC and

childbirth services and to introduce a standard dashboard of facility quality measures. **In Uganda,** MCSP regularly strategized with the MOH's Quality Assurance Division about how to apply QI best practices to a broad range of public health services. For example, MCSP supported the adaptation and expansion of the Reaching Every Child quality improvement (REC-QI) approach that is used for strengthening immunization services to a broader set of RMNCH interventions. REC-QI strengthens the management capacity of district health teams to apply QI tools and concepts to strengthen district health microplanning through local problem analysis, problem prioritization, and problem solving. In **Nigeria,** MCSP supported State MOH and district managers to develop and implement a statewide QI operational plan in Ebonyi and Kogi States with defined roles and activities for key actors at state, district, and facility level. In **Mozambique**, MCSP met regularly with district managers to review and improve the quality of facility and district data, analyze and interpret data trends, and prioritize actions based on identified gaps.

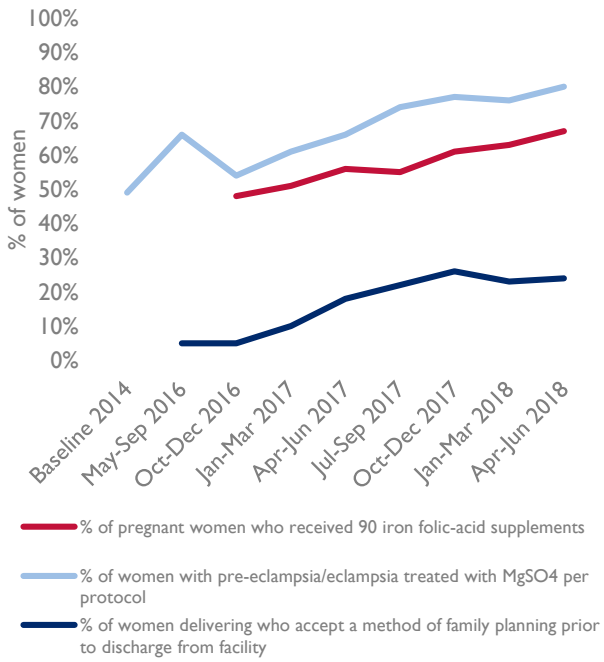
Improving RMNCH Services at the Front Lines

In many country programs, QI interventions have focused on improving integrated maternal, newborn, child, family planning, and nutrition services and have helped to break down siloes between vertical programs.

Mozambique

MCSP supported health workers and community members of co-management committees in 86 facilities in Nampula and Sofala regions to improve delivery of high-impact integrated antenatal, childbirth, and postpartum interventions for women and newborns for both routine and complications care. Facilities measured improvements in antenatal care, intrapartum, and postnatal interventions including iron and folic acid supplementation, provision of a postpartum family planning method of choice, treatment of women with severe pre-eclampsia and eclampsia with magnesium sulfate, and other essential interventions. Facility health workers and co-management committees that included community members strengthened multiple health system functions that underpin quality care, including management of essential RMNCH commodities, such as magnesium sulfate (ending historical stock-outs of magnesium sulfate). Teams monitored and analyzed common priority indicators on a regular basis to inform ongoing improvement work.

Figure 1: Improved quality of antenatal and childbirth care for mothers and newborns in 86 MCSP-supported facilities



Nigeria

Health care teams in 91 facilities (primary health centers and hospitals) in Ebonyi and Kogi states improved integrated intrapartum and postnatal care (PNC) for women and newborns. Program interventions are described in a brief available on the MCSP website at mcsprogram.org. Figure 2 demonstrates improvements in the documentation of blood pressure and fetal heart tones for pregnant women in labor, use of a partogram to monitor progress in labor, and postpartum administration of an immediate postpartum prophylactic uteronic for prevention of PPH.

Figure 3 demonstrates improvements in skin-to-skin care, early initiation of breastfeeding. Facility teams came together regularly in Kogi and Ebonyi states to share results of common quality indicators, common challenges, and innovative changes to improve RMNCH care in primary health centers and hospitals in the Kogi and Ebonyi state context. As a result of these efforts total obstetric case fatality rate exhibited a downward trend in phase-one QI facilities from 2016 to 2018 (see Figure 4).

Figure 2: Improved labor and delivery care in 91 MCSP-supported facilities in Ebonyi and Kogi states

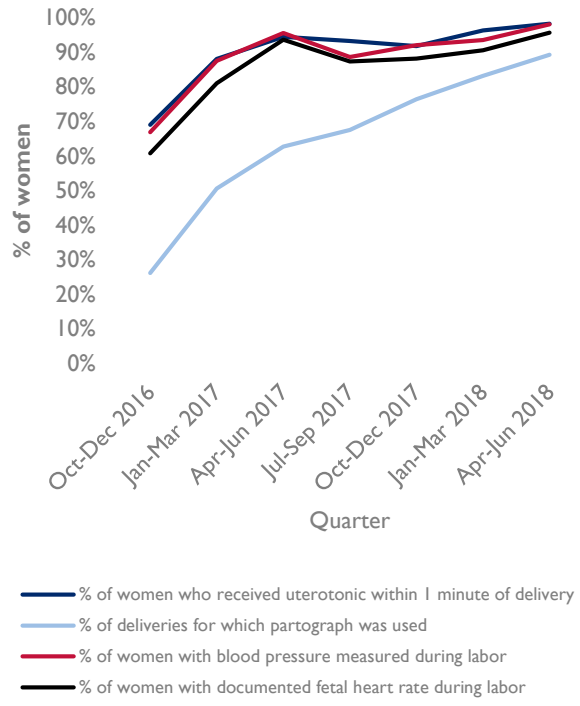


Figure 3: Improving quality of early postnatal care for newborns: initiation of skin-to-skin contact, breastfeeding, chlorhexidine gel to umbilical cord

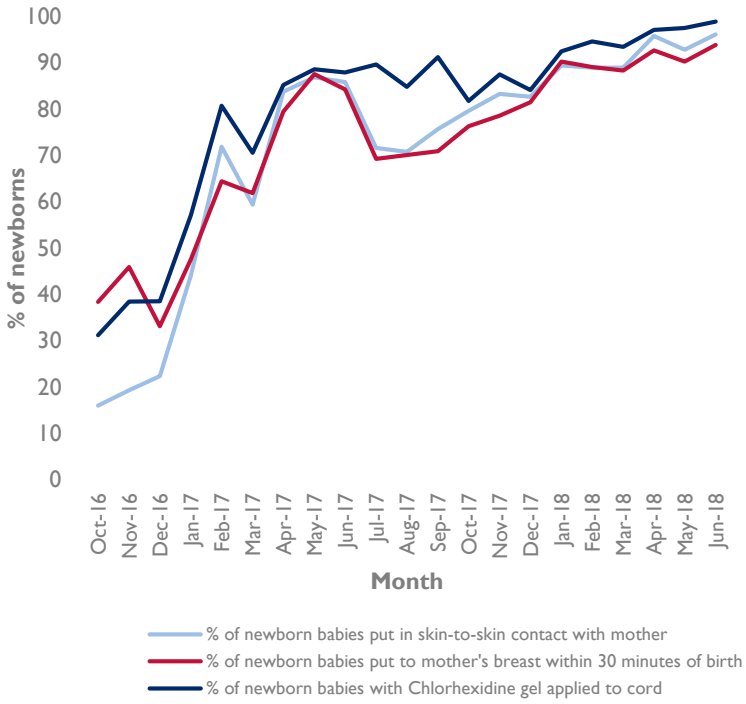
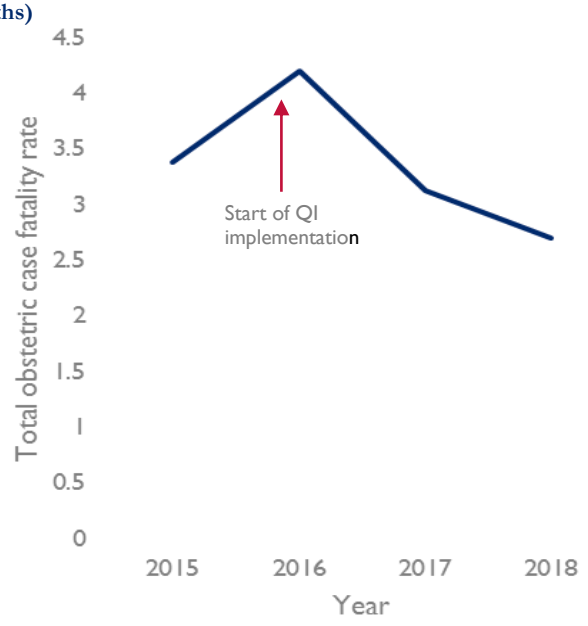


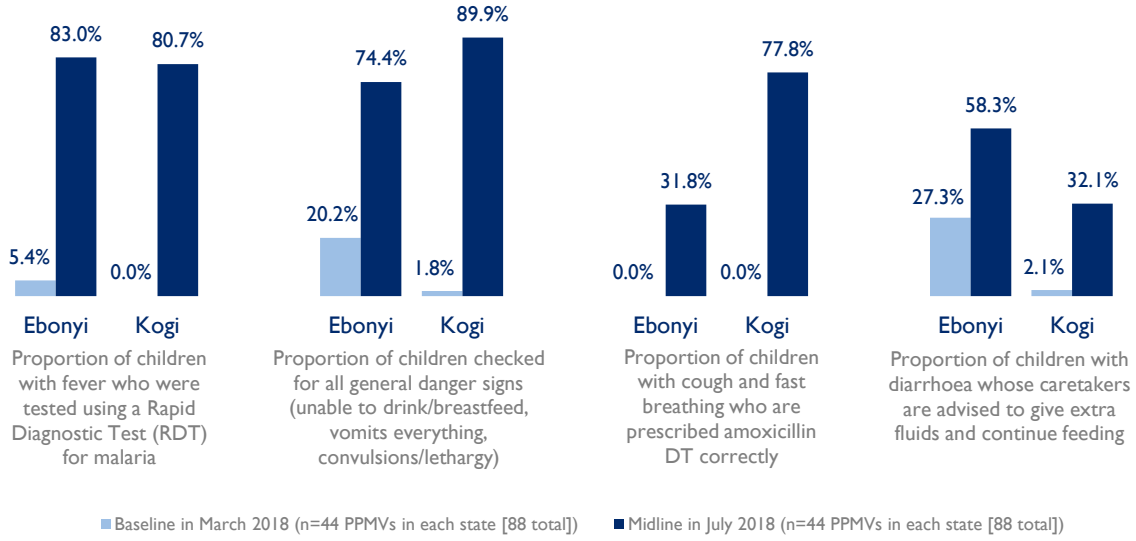
Figure 4: Decreasing trend in facility total obstetric case fatality rate in 45 first-phase quality improvement facilities (N=5,767 women with obstetric complications; N=187 total maternal deaths)



Data Source: MCSP QI dashboard (DHIS2 data and additional data)

MCSP also works in Ebonyi and Kogi states with patent and proprietary medicine vendors (PPMVs) to improve quality of care for sick children. PPMVs are an important source of treatment for sick children in this setting. In close coordination with public and private state and national-level stakeholders, MCSP introduced integrated community case management services for childhood malaria, diarrhea, and pneumonia at 542 PPMV shops, including initial training, joint and PPMV association supervision, as well as coordination with suppliers, wholesalers, and PPMV associations to improve commodity availability. Baseline (March 2018) and midline (July 2018) assessments included inventory audits at 176 PPMV shops and direct observation of PPMV services provided to sick children with clinical re-examination. Preliminary results suggest large improvements in the quality of PPMV services for sick children for clinical assessment, diagnosis, treatment, and counseling of sick children and their caregivers (Figure 5). This promising approach to improve availability of medications and quality of integrated community case management services at PPMV shops demonstrates that task shifting to existing, private frontline providers can improve the quality of care children receive close to where they live.

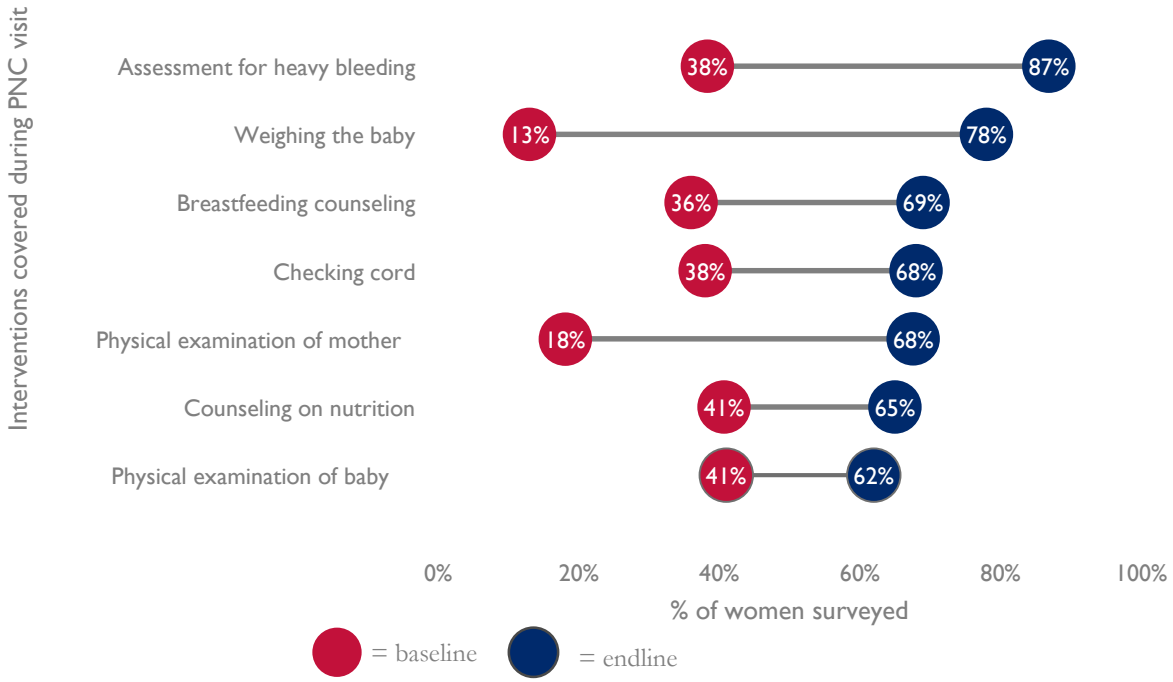
Figure 5: Preliminary results: Improving quality of clinical assessment, diagnosis, treatment, and counseling for sick children under five years of age seen at PPMVs



Ethiopia

The quality of integrated home PNC visits for mother and baby within 48 hours of birth improved after implementation of a multi-faceted community-level intervention to improve coverage and quality of home PNC visits, in support of the government's scale up of a community-based newborn care program that included a home PNC visit package (see Figure 6). Trained health care workers based in primary health centers provided close supervision and mentoring of community-based health extension workers for home PNC visits within 48 hours of birth, including support to health extension workers to maintain and analyze simple monitoring charts of selected indicators on a monthly basis to assess progress and design strategies to address indicators with low performance. MCSP helped to support the scale up of the government's PNC home visit package as part of the community-based newborn care program scale-up.

Figure 6: Improving provision of high-impact maternal and newborn health interventions during home postnatal care visits (n=153 observations at baseline; n=243 observations at endline)



Madagascar

Over 500 primary health centers supported by MCSP in collaboration with district health managers and partners measured improvements in high-impact integrated maternal and newborn interventions across the antenatal, intrapartum and postnatal care continuum from 2015 to 2018. Program interventions were multi-faceted and are described in a separate brief available at mcsprogram.org. Primary health centers measured decreases in the pre-discharge maternal death ratio (maternal deaths per 100,000 total births) and decreases in the fresh stillbirth rate (fresh stillbirths per 1,000 total births (live and stillborn) (Figures 7, 8).

Figure 7: Decreasing maternal mortality ratio in basic health centers (N =183,483 total women delivered and 151 total maternal deaths in 513 basic health centers)

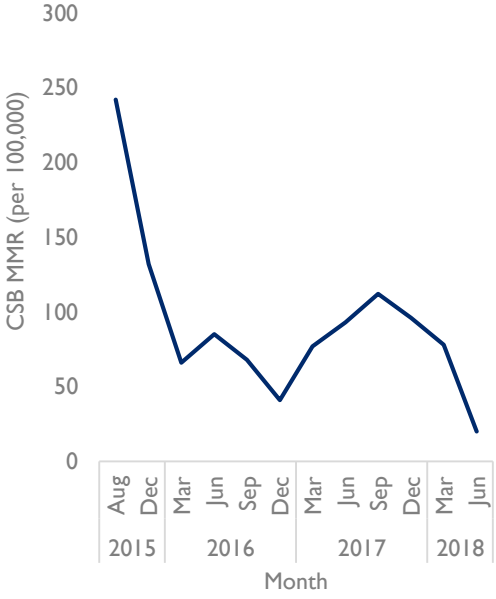
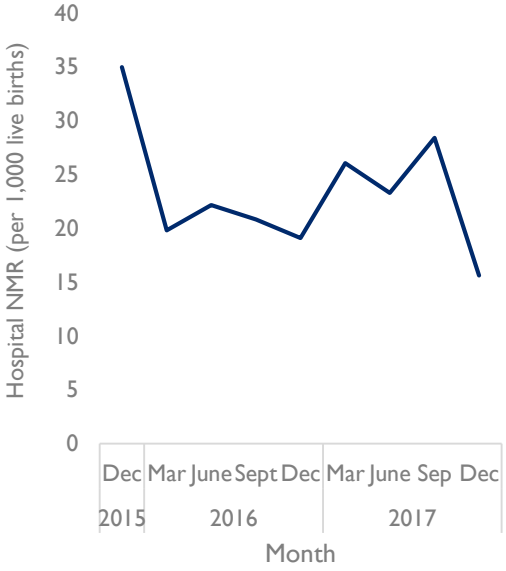


Figure 8. Decreasing hospital pre-discharge newborn mortality rate (N = 9,321 live births; 211 pre-discharge newborn deaths in five regional hospitals)



Measuring What Matters and Measuring Better to Improve Care

Regular measurement of meaningful quality of care indicators using routine data is a core principle of all improvement work. However, historically, measurement of quality indicators in low-resource settings has been limited. Country and global stakeholders in low-resource settings are increasingly prioritizing the regular collection, calculation, and analysis of quality indicators to guide action to improve care in their local context. However, countries continue to face many hurdles including:

- Lack of necessary data elements in routine health information systems;
- Weak health worker skills for calculating, tracking, and using quality of care indicator results to improve care;
- Lack of global guidance and country consensus on the most meaningful RMNCH quality indicators; and
- Tension between aspirational and feasible quality measures.

At the **global level**, MCSP has worked closely with the WHO, UNICEF, and many stakeholders to prioritize and define a limited number of RMNCH quality measures, including indicators to measure experience of care for women and families. MCSP co-designed the WHO MNH quality of care network monitoring framework and provided technical input to a forthcoming WHO recommendation for a core set of standard facility RMNCH indicators for inclusion in-country routine health management information system (HMIS) (many align with Quality of Care MNH network common indicators). Improving family planning use among postpartum women is key to fulfilling FP2020 commitments and Sustainable Development Goals; however, there are limited data to track progress. MCSP convened a multi-agency measurement committee under the Postpartum Family Planning Community of Practice to recommend facility postpartum family planning indicators appropriate for routine measurement in a national HMIS.

At the **country level**, MCSP has developed and implemented data use capacity-building packages in multiple countries to strengthen use of data for clinical, QI, management, and program decision-making. MCSP collaborates regularly with country stakeholders to define quality and health outcome targets, prioritize quality indicators, incorporate RMNCH data elements into HMIS, and build capacity of managers and health care workers to use local data to calculate, track, and act on trends in quality indicator results. MCSP participated in technical working groups in **Nigeria**, **Rwanda**, **and Mozambique** to incorporate RMNCH data elements into their national HMIS. MCSP also used its suite of data-use capacity-building materials to orient subnational managers and frontline health workers in **Nigeria**, **Mozambique**, **Madagascar**, **Rwanda**, **Tanzania**, **India**, **and Ethiopia** to use dashboards to collect, visualize, and track trends in RMNCH quality measures.

MCSP HMIS Review

MCSP conducted a review[1] of RMNCH data elements in routine HMIS across 24 countries. The review revealed significant gaps in the availability of data elements for high-impact RMNCH interventions and maternal, newborn, and child health outcomes. For example, only **67%** and **25%** of the 24 countries track cause of maternal death and cause of newborn death, respectively, in their facility registers.

Since 2014, MCSP has worked closely with country partners to improve care for thousands of women, newborns, and children by advancing favorable RMNCH and quality policies and strategies, by strengthening subnational management and quality leadership structures, and by developing the capacity and confidence of frontline health workers and communities to improve care on a continuous basis. Continued monitoring will be necessary to evaluate sustainability of measured gains. However, the program is hopeful that its strong collaboration with government and partners to co-design and implement RMNCH quality strategies and QI interventions based on local priorities and health system assets will help to sustain results and, more importantly, will have contributed to the motivation and the capacity of managers and health care workers to make continuous improvement of RMNCH care a core function of their daily work.

Recommendations to Accelerate Improvements in RMNCH Care and Health Outcomes in Low-Resource Settings

- Develop and implement actionable country RMNCH quality strategy, anchored in a common vision for quality defined with people who need and use care.
- Strengthen regional and district management structures and leadership of district-wide people-centered RMNCH quality initiatives that leverage local health system assets.
- Co-design with local stakeholders system-wide multi-faceted QI interventions for scale from day one.
- Build capacity, confidence, and commitment of managers, health care workers, and community members to continuously improve care.
- Build global and country consensus on meaningful RMNC quality measures, especially process and outcome measures (health and experience of care); reduce the overall number of indicators; and prioritize measurement of outcomes over inputs.
- Incorporate routine measurement of health care quality and essential system functions into the day-to-day work of managers and health workers and use results to close quality of care deficits, strengthen systems, and promote accountability.
- Support regular shared learning across communities, facilities, districts, regions, and countries to accelerate improvements in RMNCH care and outcomes, and engage the hearts and minds of health workers and people who need and use care.

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