Improving Quality of Maternal, Newborn, and Child Care in Uganda

Dr. Jesca Nsungwa Sabiiti, Uganda MOH
September 2018
RMNCAH in Uganda: Selected Indicators

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population (millions)</td>
<td>38</td>
</tr>
<tr>
<td>Total Fertility Rate (children)</td>
<td>5.4</td>
</tr>
<tr>
<td>Teenage pregnancy (%)</td>
<td>25</td>
</tr>
<tr>
<td>Contraceptive Prevalence Rate (%)</td>
<td>39.0</td>
</tr>
<tr>
<td>Infant Mortality Rate (per 1,000 live births)</td>
<td>43</td>
</tr>
<tr>
<td>Under Five Mortality Rate (per 1,000)</td>
<td>64</td>
</tr>
<tr>
<td>Neonatal Mortality (per 1,000)</td>
<td>23</td>
</tr>
<tr>
<td>Maternal Mortality Ratio (per 100,000)</td>
<td>336</td>
</tr>
<tr>
<td>Full Immunization (%)</td>
<td>55</td>
</tr>
<tr>
<td>Stunting (% children under five years)</td>
<td>29</td>
</tr>
<tr>
<td>HIV Prevalence Rate (%)</td>
<td>6.2</td>
</tr>
<tr>
<td>Poverty (%)</td>
<td>21.4</td>
</tr>
<tr>
<td>GDP per capita (USD)</td>
<td>740</td>
</tr>
<tr>
<td>Literacy Rate (%)</td>
<td>75</td>
</tr>
</tbody>
</table>
Policy Environment

Governance Structure

• National supervision, monitoring and evaluations (Quality Assurance TWG) – meet quarterly

• Maternal Child Health technical working group – meet monthly

• Quality improvement team at regional level and health facility level
National/MOH Level- Leadership, Management, Coordination

District Health Office
Leadership, Management, Coordination

SERVICES

HOSPITALS & HC IV:
1. C-Section
2. Blood

LEVEL III and PRIVATE CLINICS
1. Basic maternity & immediate newborn care for normal delivery
2. Basic emergency OB & newborn care
3. PMTCT & HAART
4. Links with family planning, post-abortion care, malaria, nutrition, immunization, U5 case management

LEVEL II
1. Antenatal care

LEVEL I
1. BDR, Pregnancy registration
2. Complication Referral
3. Treatment of common illness

SYSTEMS

Human resource management
Lab system
Blood supply system
HMIS, registration of all pregnancies, births, deaths in facilities & communities
Performance quality improvement, training, mentoring, supervision
Essential medicines system
Infrastructure, equipment, commodities, supplies, Mama Kits in facilities
Voucher system
Emergency transport & communications network
## Overview QoC Approach and Plan

**Goal:** save an additional 6,350 maternal, 30,600 newborn, and 57,600 children (2-59 months) lives over five years (2016-2021)

### RMNCAH strategic shifts

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasizing evidence-based high-impact solutions</td>
<td>Comprehensive package of evidence-based high-impact interventions for each service delivery level</td>
</tr>
<tr>
<td>Increasing access for high-burden populations</td>
<td>Set of service delivery mechanisms that operate synergistically to reach underserved populations</td>
</tr>
<tr>
<td>Geographical focusing/sequencing</td>
<td>Concentration initially on a set of high-priority districts, where all elements of the package will be delivered together</td>
</tr>
<tr>
<td>Addressing the broader context</td>
<td>Focus on key determinants of health outcomes that lie outside the health sector, with a particular focus on adolescents and nutrition</td>
</tr>
<tr>
<td>Ensuring mutual accountability</td>
<td>Mutual accountability for results at all levels of the health system, reinforced by stronger data systems</td>
</tr>
</tbody>
</table>

### Strategic focus for QoC bottlenecks

- Linking UHC strategy with quality
- Establish a system that allows for continuous learning
- Strong data systems and feedback loops as the “backbone”
- Key areas to advance QoC road map:
  - Leadership, Action, Learning and Accountability
Theory of change for improving QoC for women, children and adolescents

Cross-cutting dimensions

- Socioeconomic status: is linked to access to good quality care. Socioeconomic status must be considered to reduce inequalities in accessing quality care.
- Gender: Female staff and patients should be considered at each component of the intervention and be empowered in order to reduce gender inequity in decision making and access to resources and care.
- Resilience and sustainability: Throughout the implementation consideration should be given to whether the intervention is contributing to building resilience, organisational culture and resistance to shocks over time.

Improved outcomes for women, newborn infants and children in the context of UHC.

- Survival, less morbidity, user satisfaction and dignity

Improved quality of care

- Changes in service and referral practices
  - Improved teamwork
  - Improved skills/signal functions
  - Improved quality improvement processes

Improved access to care for marginalised groups

- Increased individual and community empowerment
  - Improved social support/capital
  - Improved well-being
  - Empowerment and improved equity in decision making

Improved dignity and satisfaction

- Improved user satisfaction
  - Improved environment for childbirth
  - Improved maternal and infant practices (pre and post partum)
  - Changes in care-seeking, coping behaviour and in user satisfaction

Structural capital
- Improved WASH at facilities
- Improved hygiene practices
- Improved energy supply at facilities

Financial capital
- Increased ability to cover costs of care
- Improved access to health care

Social capital
- Increased sharing of knowledge and materials between providers
- Changed norms around management and quality improvement practices

Human capital
- Knowledge of best quality of care practices by service providers
- Improved facility management skills for service and dignity
- Improved gender equity, women’s empowerment and dietary practices

Integrated quality improvement by participatory teams

Leadership
- Country-led
- Structures
- Plans
- Mobilisation

Action
- Standards and resources
- Phased implementation
- Institutionalisation

Learning system
- Data systems
- Audit/team meetings
- PDSA cycles and PLA
- Global learning framework

Accountability
- National framework
- Institutionalisation
- Evaluation: internal and external

Women’s and child health outcomes

Quality of care outcomes

Clinical and community behavioural outcomes

Intervention processes

Intervention themes
- (i) National teams
- (ii) District teams
- (iii) Facility teams
Mechanisms For Strengthening Learning

1. Identified tracer intervention areas for monitoring network; IMNCI, death reviews and Catchment Area Planning and Action
2. Liaise with Makerere University and Regional Center for QOC
3. National annual RMNCAH assembly and QI Conferences
4. Web-based dashboards and scorecard system using HMIS data
Achievements

• Government increasingly acknowledging need for quality service delivery, results and getting **Value for Money** – “**Hakuna Muchezo**”; Service Delivery Unit set up

• Ongoing technical assistance during health facility assessment – a sustainable approach in bringing behavioral changes in a more public health oriented practice

• Learning districts - update tools, initialize prioritized action plan, and reviewing standards on “experience of care”
Challenges and Way Forward

• Specific standards are more challenging: i.e. emergencies, referral, client focus issues, staff motivation, crowded health facilities, data use for planning

• Coordination and more comprehensive technical assistance to districts to ensure sustained improvements (capacity to assess and coach) necessary

• Dissemination and institutionalization of theory of change for improving QoC and indicators are important

• Need to strengthen district QI committee functionality through regular review meetings & improve ownership of the review process findings