

QoC Quarterly Newsletter-May 2019



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



Ghana team in a QoC training in Nairobi, 12-16 November, 2018

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1. Introducing the Global Network for Improving the Quality of Care for Maternal and Newborn in Ghana
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Ghana, in the 2nd Global network meeting in Addis, 10-15 March, 2019

Issue One

About the Global Network .. >>>

Many women, their babies and children still die, or suffer from life-long disabilities, even after reaching a health facility, due to poor care practices. Thus improving Quality of Care for every woman and every child with a particular focus on mothers and newborns is of utmost urgency. The World Health Organization (WHO) has elaborated a global vision where ‘every pregnant woman and newborn receives quality care throughout pregnancy, childbirth and the postnatal period’.

Globally, there are ten countries selected to champion the Global Network for improving Quality of Care for Maternal and Newborn Health. These are Bangladesh, Cote d’Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda; supported by WHO, UNICEF, UNFPA and over twenty partners. Since February 2017, this partnership is working together through the Network for Improving Quality of Care for maternal, newborn and child (MNC) health which aims to halve maternal and newborn deaths in facilities within five years and to improve experience of care.

The Ghana network comprise of 6 Regions, 36 implementing facilities in 12 districts. The Regions are Ashanti, Bono East, Western, Upper East, Volta and Greater Accra Regions. In each region, two district hospitals and two health centres referring most to the district hospitals are selected. Ghana has developed a National Healthcare Quality Strategy, National Implementation guide for improving maternal and newborn health, National Roadmap for Improving Maternal, Newborn and Child Health (MNCH) to facilitate implementation to achieve the Global Network milestones set for countries.

The network is aimed at bringing together countries and implementing partners to deliver the vision of “Every mother and newborn”. This vision is underpinned by the core values of “quality”, “equity” and “dignity”.

The Network pursues four strategic objectives:

1. To strengthen national leadership for quality;
2. To accelerate and scale up quality interventions;
3. To create an environment for learning; and
4. To support mechanisms for improving accountability.

The need to systematically institutionalize, sustain and scale up MNCH quality of care has provided the Network countries with an entry point to the development and operationalization of their broader national quality policies and strategies, a process that is now informed by the WHO Handbook on National Quality Policy and Strategy.

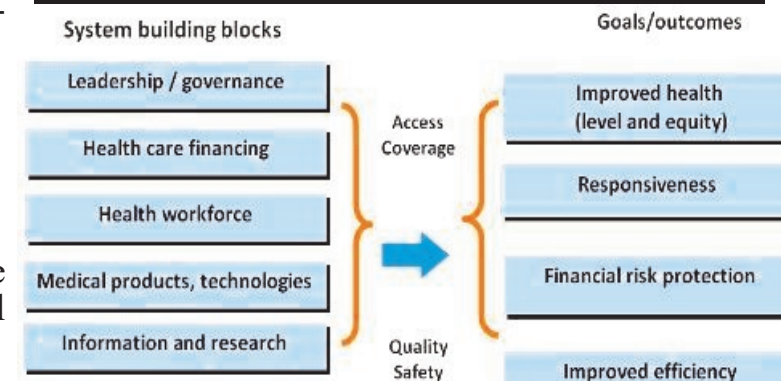
In Ghana, the network is coordinated by a Technical Working Group (TWG) and the members include WHO, UNICEF, UNFPA, USAID, Ubor Institute and JICA with support from the Technical Working Group led by the Ministry of Health/Ghana Health Service.

“Health care quality is the degree to which health care interventions are in accordance with standards and are safe, efficient, effective, timely, equitable, accessible, client-centred, apply appropriate technology and result in positive health outcomes, provided by an empowered workforce in an enabling environment” (NHQS , 2016)

Current topics >>>

Capacity Building on Quality of Care in Maternal and Newborn Health

Since July 2018 over 500 health managers have been oriented on Quality of Care and at least 200 health staff trained on Quality of Care in Ashanti, Bono East, Upper East, Greater Accra, and Western Regions. Also, over 40 health staff and 270 Community Health Management Committee members have been trained on Community Scorecard for Experience of Care as part of the implementation of the Quality of Care network in line with the Ghana implementation guide. 270 yet to be trained in 3 implementing regions.



Coming soon >>>

MCHN Conference, 26-28 June 2019 @ La Palm Beach Hotel, Accra

Joint WHO/UNICEF/USAID ASSIST Mission on the Global Network for Improving Quality of Care for maternal and Newborn Health 10-14 June 2019

Quality of Care is everyone's business

For more information on the network go to <http://www.qualityofcarenetwork.org>



Using PDSA to reduce newborn hypothermia at Namoo Health Centre, Bongo District, Upper East Region, Ghana

Title: To reduce newborn hypothermia through immediate skin-to-skin contact after delivery at the Namoo Health Centre in the Bongo district.

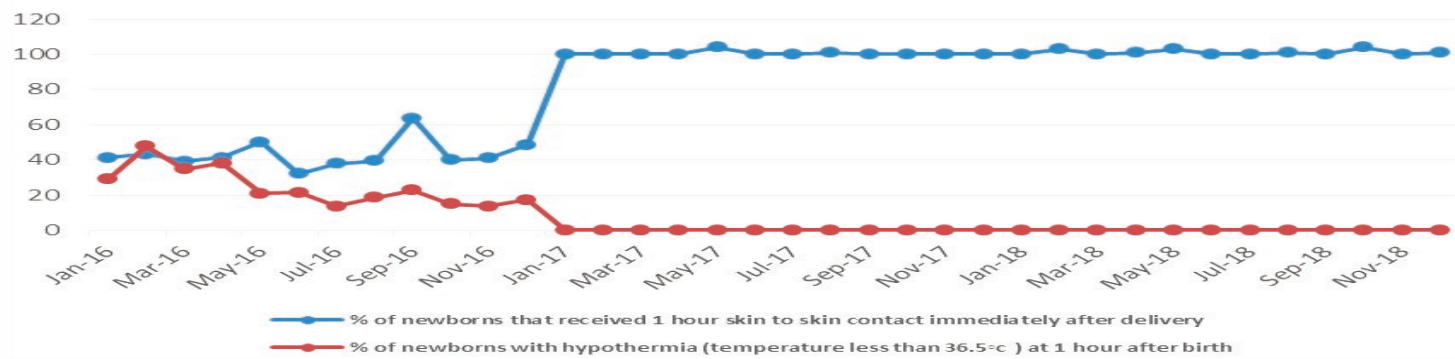
Problem: Majority of babies born in Namoo Health Centre do not receive proper skin-to-skin contact immediately after delivery

Assessment of the problem and analysis of its causes: There is evidence that suggests that many neonatal deaths are caused by hypothermia when newborns are not placed in skin-to-skin contact with their mothers immediately after delivery and continued for the first hour of birth. Prematurity contributes to about 60% of newborn deaths suggesting that the situation could worsen without skin-to-skin contact.

Intervention: Through the Mother Baby Friendly Health Facility Initiative (MBFHI), capacity building on maternal and newborn care – helping babies breathe (HBB) and essential care for every baby (ECEB) were given. Display of protocols in the maternity unit on skin-to-skin contact, onsite coaching and support to caregivers to practice immediate skin-to-skin contact, sensitization of mothers and families on the need for skilled delivery at ANC, taking the temperatures of all newborn babies immediately after birth and at one hour, recording temperatures in the delivery register, encouraging mothers to come with enough cloths for delivery, midwives are supported during labour by a staff (helper) to ensure immediate and continued skin to skin contact is done. The PDSA cycle was used to document and track progress of work.

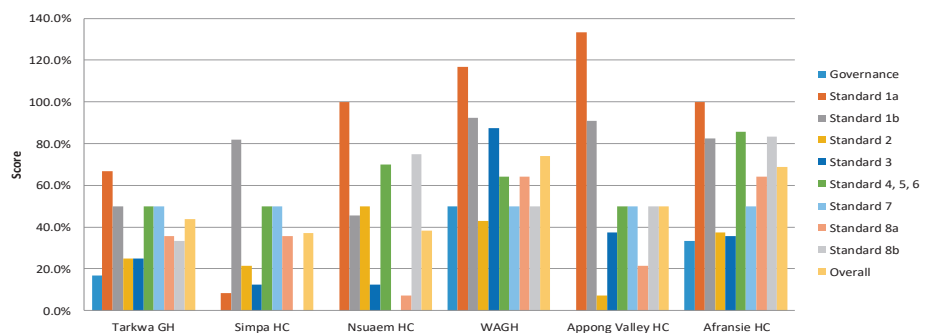
Effects of changes: There were no neonatal deaths recorded at the facility since 2016. However, the changes made showed that the interventions have helped to reduce neonatal hypothermia and also improved the counseling skills of staff. Feedback given to mothers and families has also helped educate them on the need to keep newborn babies warm in skin-to-skin contact with their mothers.

Fig 1: A graph showing skin to skin contact at birth and hypothermia (2016 to 2018)



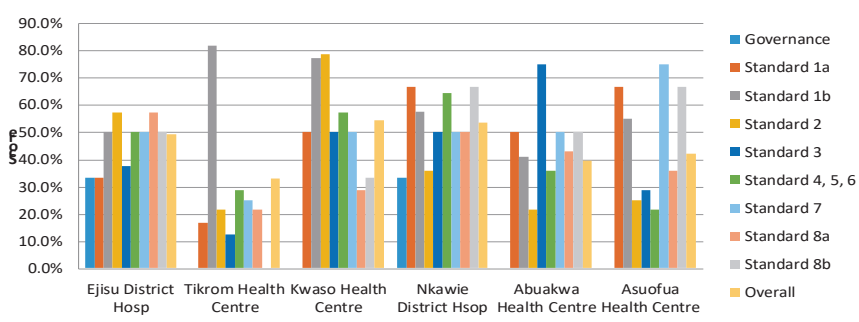
Ashanti Region

Baseline Assessment of MNH Standards



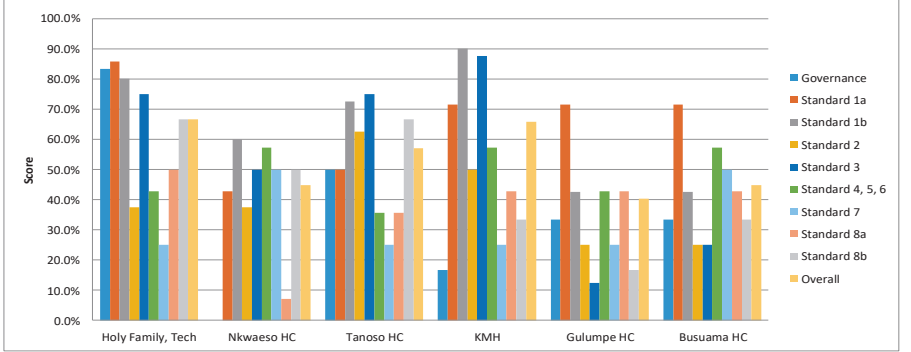
Bono East Region

Baseline Assessment of MNH Standards

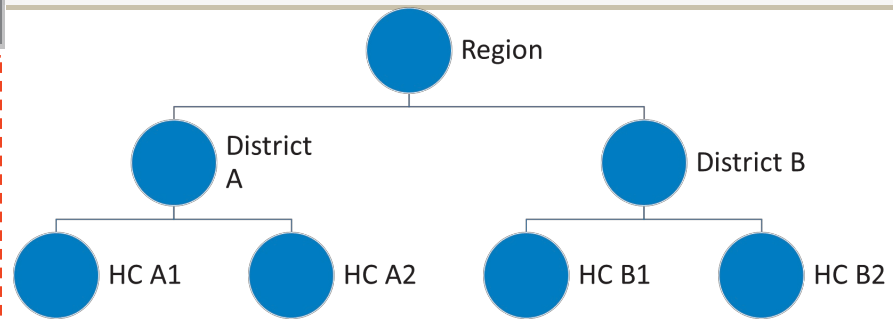


Western Region

Baseline Assessment of MNH Standards



Ghana's framework for the network



Picture at Kwaso Health Centre with CHMC members, District Health Information Officer, Maternity In-charge and QoC Focal Person-WHO during a coaching visit to the facility. CHMCs contributed funds for the renovation of the maternity ward, bought weedicides and cleared the facility of weeds and also constructed a waste disposal site for the Health Centre as part of their contribution towards quality of care.



Participants in a capacity building workshop in Kumasi undergoing training on Quality of Care for maternal and newborn health.



National Facilitators briefing Regional management team on their role on the QoC network



Health Facility Assessment going on in Western Region