



Quality, Equity, Dignity

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



UGANDA

Core demographic data

Population	39 032 000
Fertility rate per woman	5.7
Total maternal deaths in 2015	5 900
Neonatal Mortality Rate	19 per 1,000 live births
Stillbirth rate	23 per 1,000 births

Coverage of key interventions

	%
Demand for family planning satisfied	44
Antenatal care (4 or more visits)	48
Skilled attendance at delivery	57
C-section rate	5
Early initiation of breastfeeding	53
Exclusive breastfeeding	63
Postnatal visit for baby	11
Postnatal care for mother	33

Policies

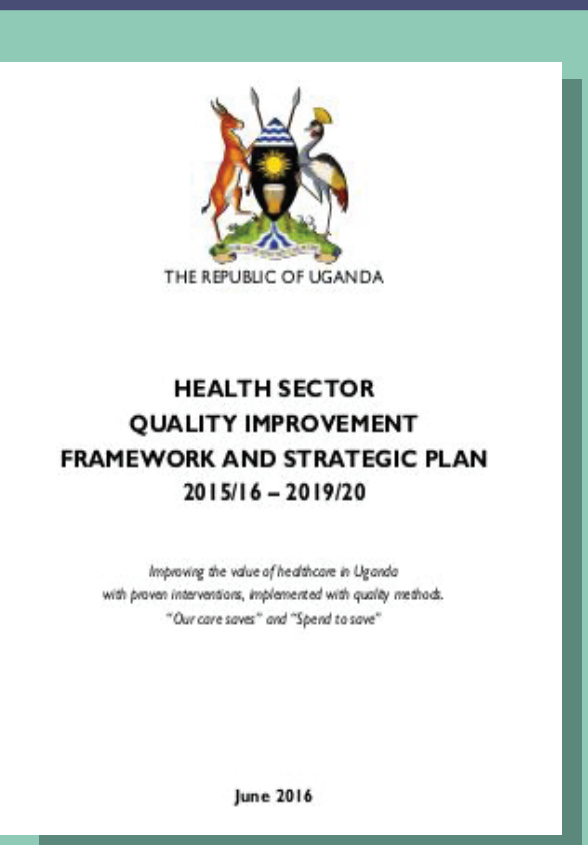
Midwives authorised for specific tasks (x of seven)	7 of 7
Maternal deaths notification	Yes
Postnatal home visits in first week after birth	Yes
Kangaroo mother care in facilities for low birth-weight/preterm newborns	Yes
Antenatal corticosteroids as part of the management of preterm labour	No
International Code of Marketing of Breastmilk Substitutes	Yes

Systems

Costed National Implementation plan(s) for maternal, newborn, child health available	Yes
Maternal and Newborn Lifesaving Commodities on the national Essential Medicine list:	
Reproductive Health (x of 3)	2
Maternal Health (x of 3)	3
Newborn Health (x of 4)	3
Child Health (x of 3)	3
Density of Doctors, Nurses and Midwives (per 10,000 population)	14.2
National Availability of Emergency Obstetric Care Services (% of recommended minimum)	34

Quality of Care Plans and Strategies

The National Quality Improvement Framework and Strategic Plan 2015/16 to 2019/20 are in place. As are the Reproductive Maternal Neonatal Child and Adolescent Health Improvement Project Plans and Strategies. Quality Improvement has been identified in the Investment Case (2016-2020) as a priority for addressing key bottlenecks to delivering Reproductive, Maternal, Newborn, Child and Adolescent Health.



Standards

The first draft of Standards for Improving Quality of Maternal and Newborn Care in Health Facilities is complete. This will be integrated within the National Service Delivery Standards.



The RMCNAH Facility and Provider Quality Improvement tool and Essential Maternal and Newborn Care guidelines are in place.

District Level Governance and plans

District quality of care management structure

- The DQIC is composed of:
- The DHO as Chairperson
 - DHT members
 - In-Charges of HSDs
 - Head of Nursing in the General Hospital or HSD where there is no General Hospital
 - HSD QI Focal Persons if different from the HSD In-charge
 - Representatives from IPs supporting implementation of QI in the district
 - Representatives from the Medical Bureaus
 - Community representatives, (one male, one female) e.g. Secretary for Health, Chairperson of a Health Unit Management Committee, Peers.

District Quality Improvement Plan

District Quality Improvement plans include mentorship and supervision, performance reviews, capacity building and establishing regional learning networks. The DQIC is composed of the District Health Officer (Chair)

- District Health Team members
- In-Charges of HSDs
- Head of Nursing in the General Hospital or HSD where there is no General Hospital
- HSD QI Focal Persons if different from the HSD In-charge
- Representatives from IPs supporting implementation of QI in the district
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Facility quality of care teams

QI teams are by delivery areas. In MNH, there is one team catering for ANC, childbirth and newborn care area. This is constituted by the specific service providers, in charges and the administrators of the facility. It addresses service provision issues and data management

Composition:

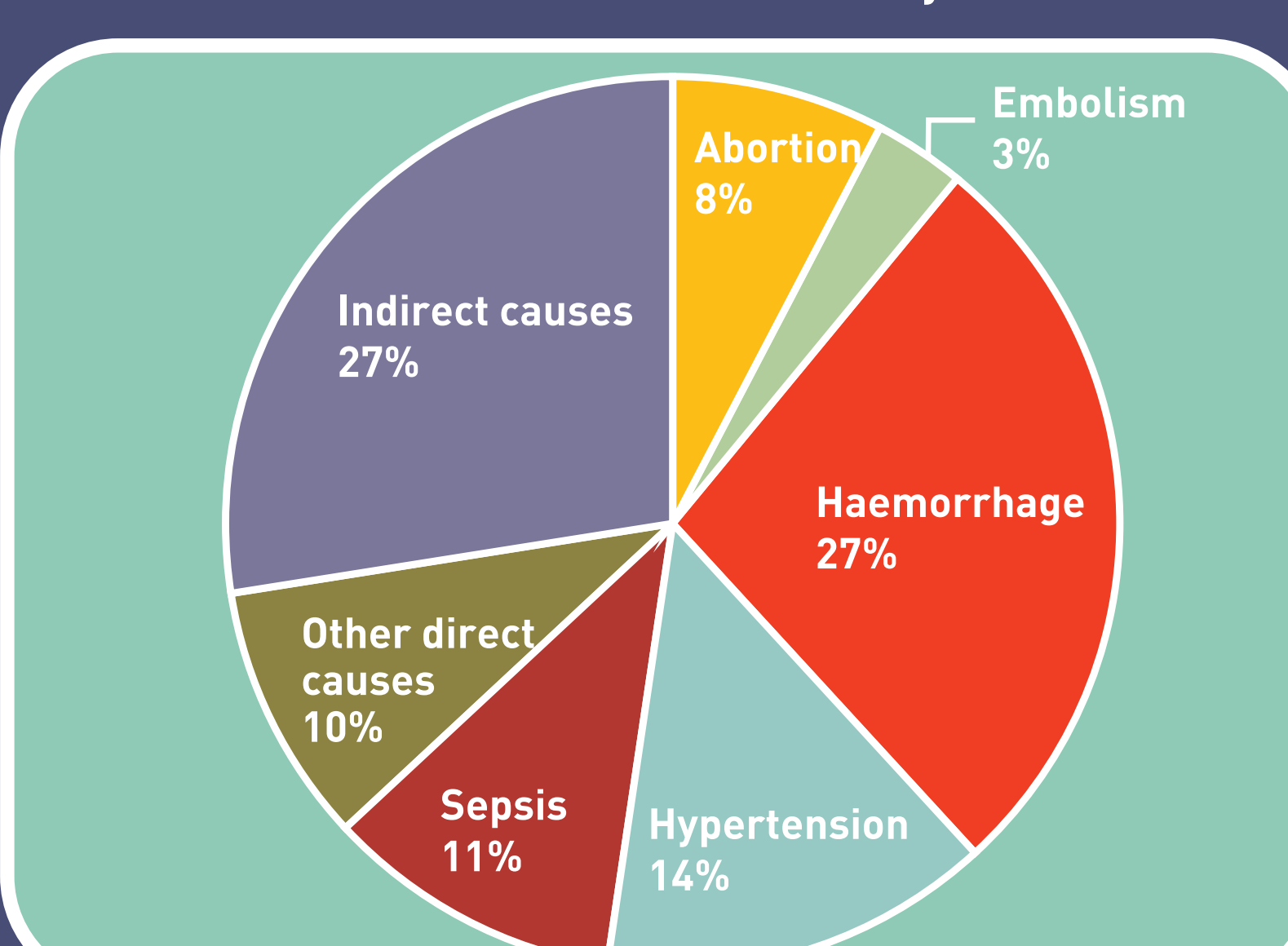
- The Health Facility Manager as Chairperson
- Representative of the Hospital Board or Health Unit Management Committee
- Administrator
- Heads of Departments
- Ward managers
- Medical Records Officer / Health Information Assistant
- Representatives from DPs / IPs supporting implementation of QI
- Health Consumers (Community/Patient) Representatives (one male, one female)

References:

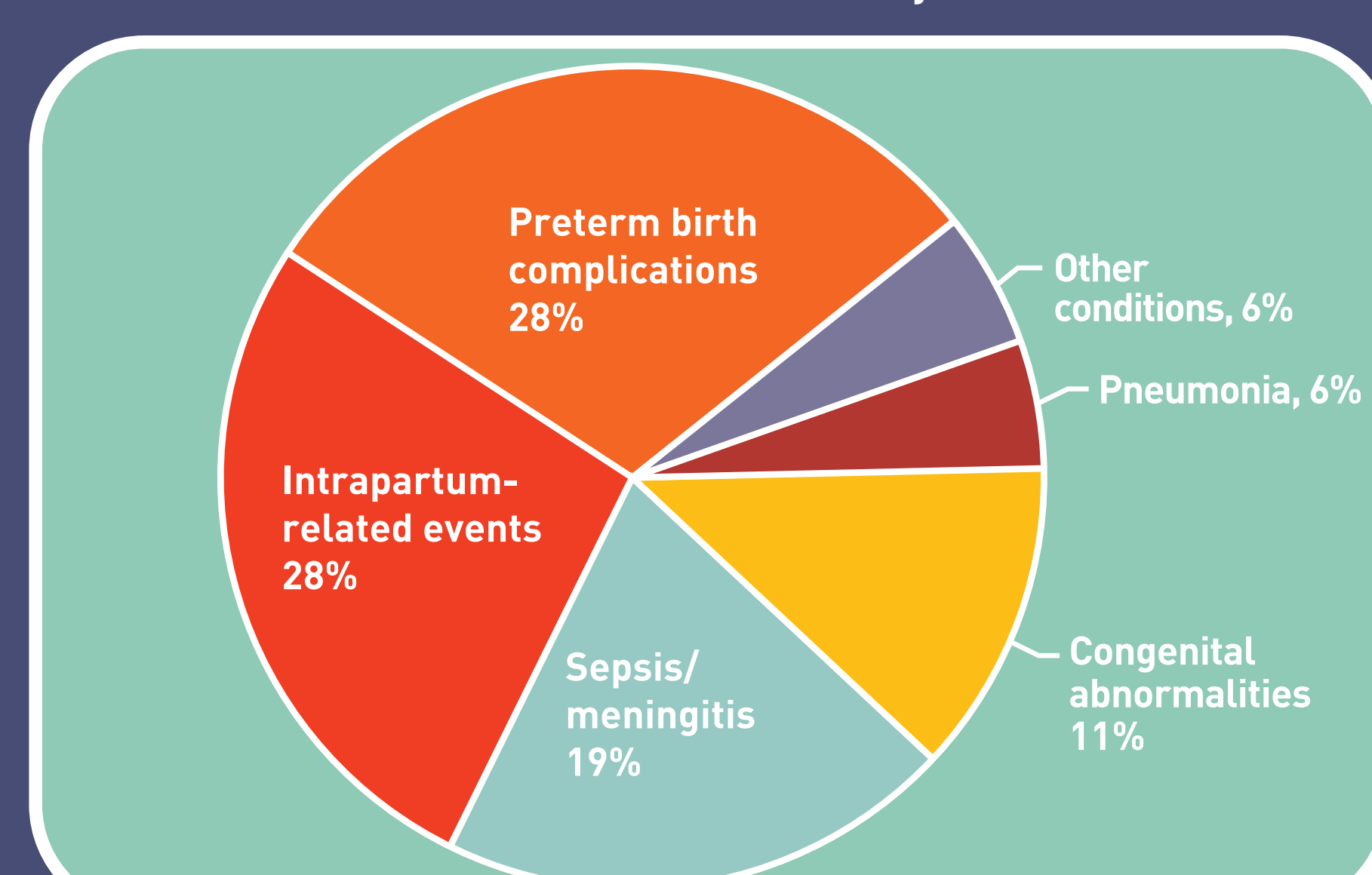
- Countdown to 2015, 2015 report. See <http://countdown2015.org/>
- Maternal Death Surveillance and Reporting Country Profiles WHO 2014. See http://www.who.int/maternal_child_adolescent/epidemiology/maternal-death-surveillance/country-profiles/
- Causes of Maternal Death. See <http://www.who.int/maternal-child-adolescent/epidemiology/maternal-death-surveillance/country-profiles/>
- Global Health 2014. See <http://www.who.int/mediacentre/factsheets/fs201401/>
- Water, sanitation and hygiene in health care facilities. WHO and UNICEF (2014). See http://apps.who.int/iris/bitstream/handle/10665/119588/1/9789241508754_eng.pdf?sf1=1
- All other data received from the relevant Ministry of Health and UNICEF and WHO Country Offices.

Causes of death

Global Causes of Maternal Mortality (2014)



National Causes of Newborn Mortality (2015)



Snapshot of readiness to improve quality of care

Leadership

- Functional Leadership Structure for Quality Improvement
- Quality of Care Committees established in District Health Management Teams

Plans, strategies & standards

- National Quality of Care Strategy for the Health Sector
- National Strategy for Maternal and Newborn Health addresses Quality of Care
- National Quality of Care Standards and Protocols

Data

- National Situational Analysis for Quality of Care up to date
- Assessment of Quality of Care in Health Facilities completed in the past two years

Supporting systems

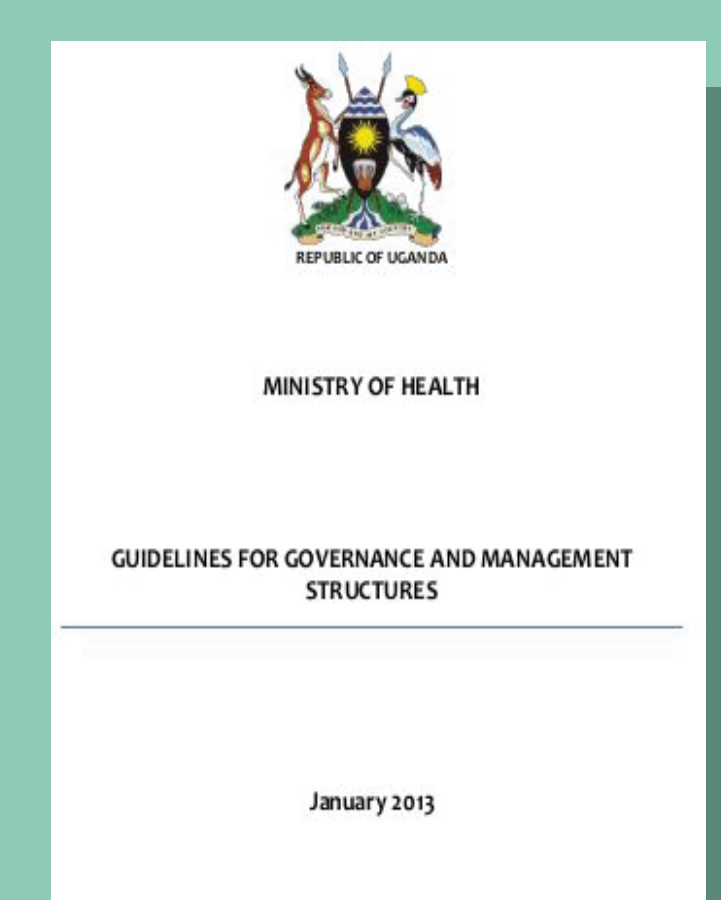
- Maternal and Perinatal Death Surveillance and Response System established
- 13 Maternal and Newborn Lifesaving Commodities on the Essential Medicine list
- Water Coverage in Health Care Facilities (%)
- Skilled attendance at delivery (%)
- National Availability of EmOC (%)

66% Water Coverage in Health Care Facilities (%)
57% Skilled attendance at delivery (%)
34% National Availability of EmOC (%)

Achieved In process Not started No data

Governance of quality of care improvement

The National Quality Improvement Framework defines and provides guidelines on governance and management structures for quality improvement. At the national level, a technical working group oversees QI across the board, including for MNH. Similar structures exist sub-nationally.

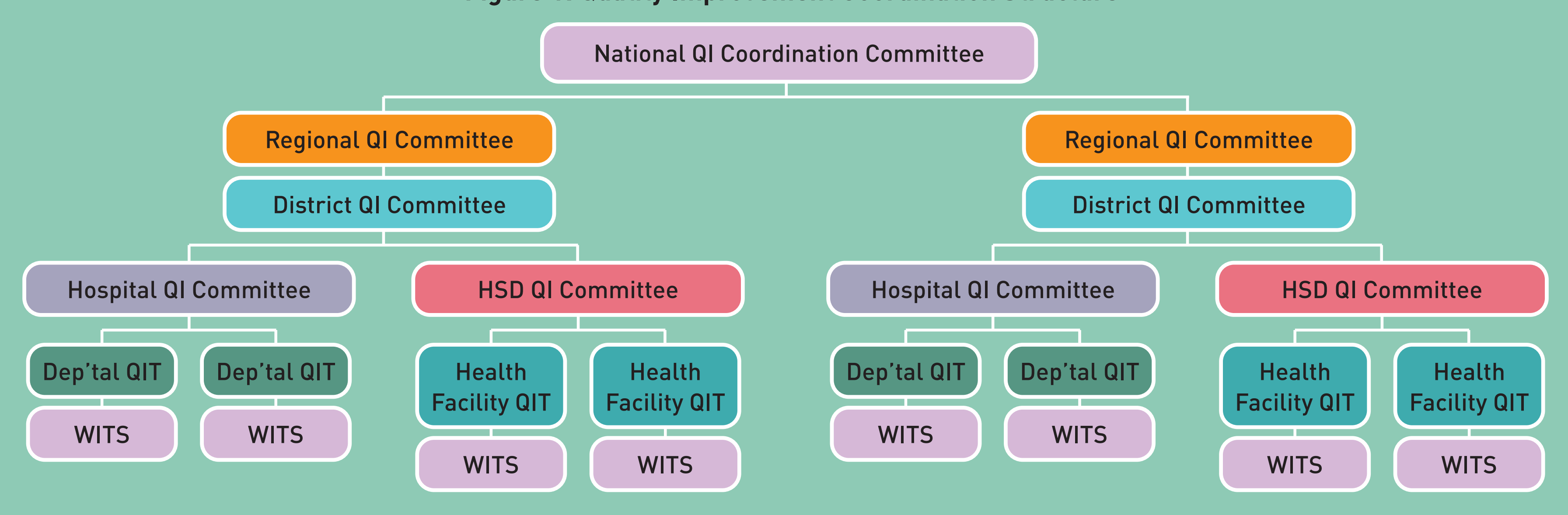


Role: The national TWGs main role is to advise the sector on policy related QI issues, advocate for QI, monitor QI implementation by different players and at different levels of the health system, support districts and partners to build capacity and supervise implementation, mobilize resources and review programs.

Results:

- QI have been harmonized and mainstreamed QI based on a national QI framework and strategic plan launched last year.
- Clear QI tools, standards, indicators developed and how to measure them, QI approaches prioritized and implementation materials agreed upon.
- Team of national trainers and supervisors are trained,
- Standardized reporting tool for all partner activities – meeting sits on a monthly basis.
- Programs across nutrition, HIV and MNCH have developed their specific QI indicators and some have even developed a scoring system for use during verification.
- Capacity has been built to host learning collaboratives
- MPDR and Audits have also been scaled up – focusing on establishment of MDPR sub national teams and integrating this in HMIS/ disease surveillance system.

Figure 1: Quality Improvement Coordination Structure

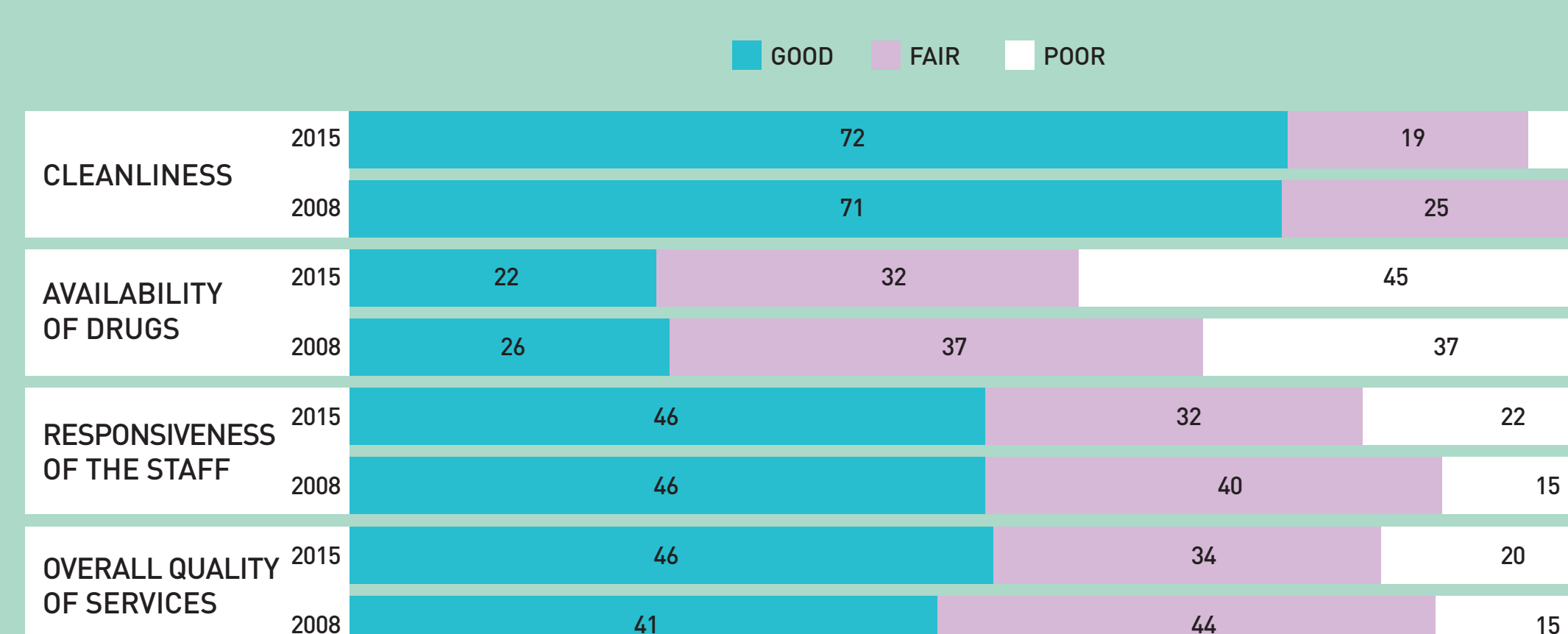


Key data sources including Health Facility Assessments

- Hospital and Health Centre IV Census (2016)
- Northern Uganda SARA – HFA (2016)
- Newborn Health QI Assessment (2015 and 2016)
- HFA for EmONC under preparation
- A Health Facility Quality of Care Assessment Program using the service delivery standards is in place. This is being rolled out to 44 districts where an annual quality of care assessments is planned for all facilities.

Figure 1: Households' rating of public health services

In 2015, the Ministry of Public Service together with the Uganda Bureau of Statistics undertook the National Service Delivery Survey in order to get feedback on Governments performance. This survey found that 46% of households rated the overall quality of services at Government health facilities as good. This was an increase from 41% in 2008.



Partnerships for quality of care improvement

Many partners are supporting quality improvement work including WHO, UNFPA, UNICEF, USAID, CDC, USAID ASSIST, Save the Children, White Ribbon Alliance, JICA, RHITES SW, RHITES EC, JHPIEGO, Mild May, Baylor Uganda, PACE, Regional Centre of Health Care Improvement, IDI, MCHIP, MNH Centre of Excellence (MUSPH), Uganda Private Sector

Get involved: www.qualityofcarenetwork.org