

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



# BANGLADESH

## **Core indicators**

- Under -5 mortality rate (per 1,000 live births) = 46
- Infant mortality rate (per 1,000 live births) =38
- Neonatal mortality rate (per 1,000 live births) =28
- Institutional Delivery Rate (%) = 37
- Facility delivery: 37%
  - ▶ Public facility- 13
  - ► Private facility-22

Delivery by SBA: 42%

- ► NGO facility- 2
- Home delivery rate: 62.2%
- Contraceptive prevalence rate: 62.4%
- Unmet need of Family planning: 12%

# **Key coverage indicators**

Coverage of key interventions	%
Demand for family planning satisfied	82
4 ANC contacts	31
Skilled attendance at delivery	42
C section rate	23
PNC within 2 days for women	36
PNC within 2 days for children	32
EBF	55
Early initation of BF	44

# **National Standards on MNH QoC**

- In 2015, MoHFW finalized Every mother Every newborn MNH quality of care standards and initiated its piloting in 5 selected facilities supported by UNICEF
- MOHFW has been implementing comprehensive MNH quality improvement interventions in 4 districts with the support from USAID/MaMoni HSS Project since 2013
- MoHFW finalized national RMNCAH standards in 2017 and planned to pilot these in 2 district hospitals, 4 sub-district hospitals, 2 MCWC with the support of USAID and UNICEF.
- MoHFW initiated process of developing the training outline of the RMNCAH QI framework for these piloting sites. Moreover, MoHFW initiated QI implementation in 16 selected district health facilities.

# QI Management and response system

Divisional Land	National Quality Improvement Committee  National Technical Committee  Task Force
Divisional Laws	Task Force
Divisional Lavel	
Divisional Level	Divisional QIC Medical College QIC  College QIC  College QIC  College QIC  College QIC  College QIC
District Level	District QIC District Hospital QIC
Upazilla Level	Upazila QIC Upazilla Health Complex QIC

# **National Learning Hub**

Indicator	Details
Terms of reference for a learning hub/ centre to support the national learning network developed	In process
The learning hub/centre for QoC established	In process
Standardized documentation for capturing and sharing learning from QoC implementation developed	In process
Processes for synthesising and sharing key lessons agreed	In process
Venues and mechanisms for sharing QoC lessons and evidence synthesis identified	In process

# **Selection of learning sites**

### **RMNCAH** piloting Sites:

- Narsingdi will be supported by USAID ► Tangail will be supported by UNICEF
- District facilities: Tangail and Narsingdi
- Sub-district facilities
  - ► Shibpur and Polash
  - Shokhipur and Nagorpur

- **Ongoing QI implementation:** ► Kurigram district hospital and 4 sub-district hospitals (Nageshwari, Fulbari, Rowmari and Ulipur): EMEN Piloting
- ► Lakshmipur, Noakhali, Jhalokathi and Hobiganj district hospitals
- **Baseline data collection:**
- ► For RMNCAH piloting sites: Dec, 2017-Jan 2018 (Planned)
- ► For EMEN piloting sites, Kurigram (2016)

# **National QI initiative for MNH services**

- A broad national QI strategic plan for quality of health care in health service delivery is in place
- Development of comprehensive RMNCAH QI framework in which EMEN standards are embedded and will be introduced nationally in step wise approach
- Surgey Checklist and AMS QI framework
- ► Antimicrobial Stewardship QI framework
- MNH specific strategic framework in line with learning evidences from EMEN QI piloting is under process of development that includes key strtaegies:
- ► Training on 5s operational manual, leadership training
- ► Professionals engaged in various mentoring visits Develop package and orient on tab based entry of QI indicators
- ▶ Develop and implement 5s operational guideline, PDCA module, patient safety guideline, MPDSR guideline, EMEN standards guideline

# QI measurements

Indicator	Details
National monitoring framework for MNCH QoC developed	The key performance indicators: to track the progress, moreover, EMEN & RMNCAH indicators are in place
Core set of QoC indicators for agreed for national level reporting	EMEN & RMNCAH indicators developed
Common set of QI aims across districts agreed	5S, PDCA, patient safety, infection prevention, EMEN, MPDSR

# Orientation to districts and facilities

- The basic QI packages are already existing such as 5S-CQI-TQM, PDCA
- The EMEN clinical package is developed and implemented in piloting 5 sites and MOHFW is planning for its scale up in other QI model facilities.
- Training outline for RMNCAH QI framework is under development.

# QI coaching system and structures

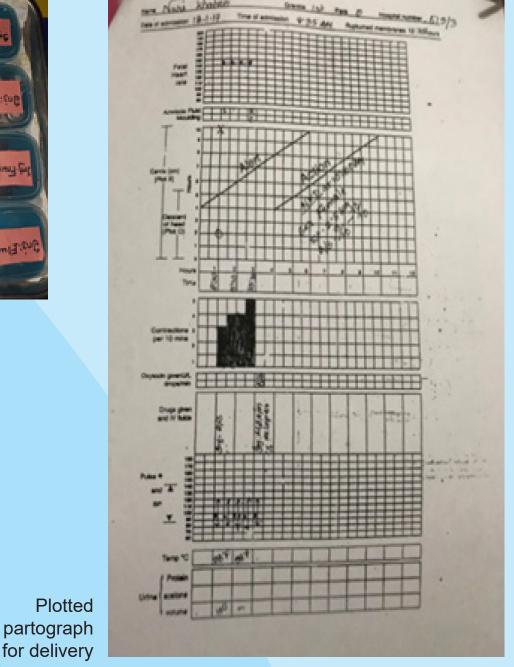
Indicator	Details
A pool of QI coaches/experts developed/available	QIS developed resource pools at national, divisional and district levels.
Clinical mentorship program/ approach agreed and developed	Trained to monitor the QI activities and mentor the facility staff for quality improvement.
Nationally agreed ToR for QI coaches developed	These pools have structured plan for further orientation at the facility levels in different tiers.
Nationally agreed ToR for clinical mentors developed	For piloting EMEN implementation an assessor pool is there for routine quarterly assessment of MNH standards in Kurigram supported by UNICEF.  RRQITs (regional roaming QI team) established to monitor and mentor the QI activities in 4 MaMoni HSS Project supported districts.

# **Examples from EMEN piloting sites**



infection prevention and waste









Introducing QI culture

KMC service









Quality Improvement Secretariat, Ministry of Health & Family Welfare, Bangladesh website: http://qis.gov.bd/