



Quality, Equity, Dignity

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

14-16 February 2017
Lilongwe, Malawi

Monitoring Framework

OVERVIEW

16 Feb 2017





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A Network for Improving Quality of Care
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Agenda

- Network Goals and Role of Monitoring Framework
- Monitoring Components for Differing Needs
- Moving Forward with the Network



Quality of Care Network Goals

- **Reduce maternal and newborn mortality** – reduce maternal and newborn deaths and stillbirths in participating health facilities by 50% over five years.
- **Improve experience of care** – enable measureable improvement in user satisfaction with the care received



Network Strategic Objectives

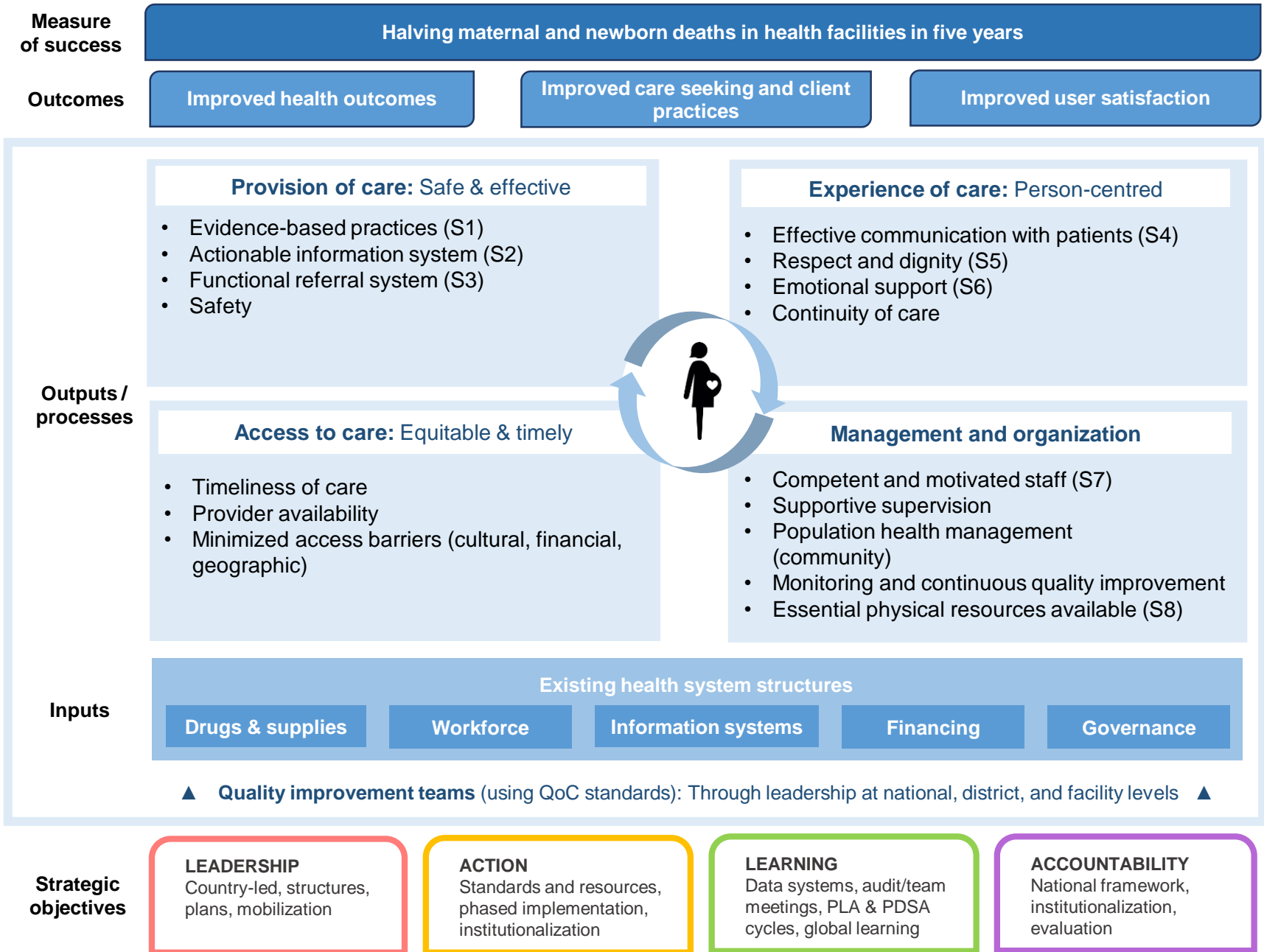
Four Strategic Objectives

1. Leadership
2. Action
- 3. Learning***
4. Accountability

*** Learning Objective Output 1: Data systems are developed/strengthened to integrate and use quality of care data for improved care**



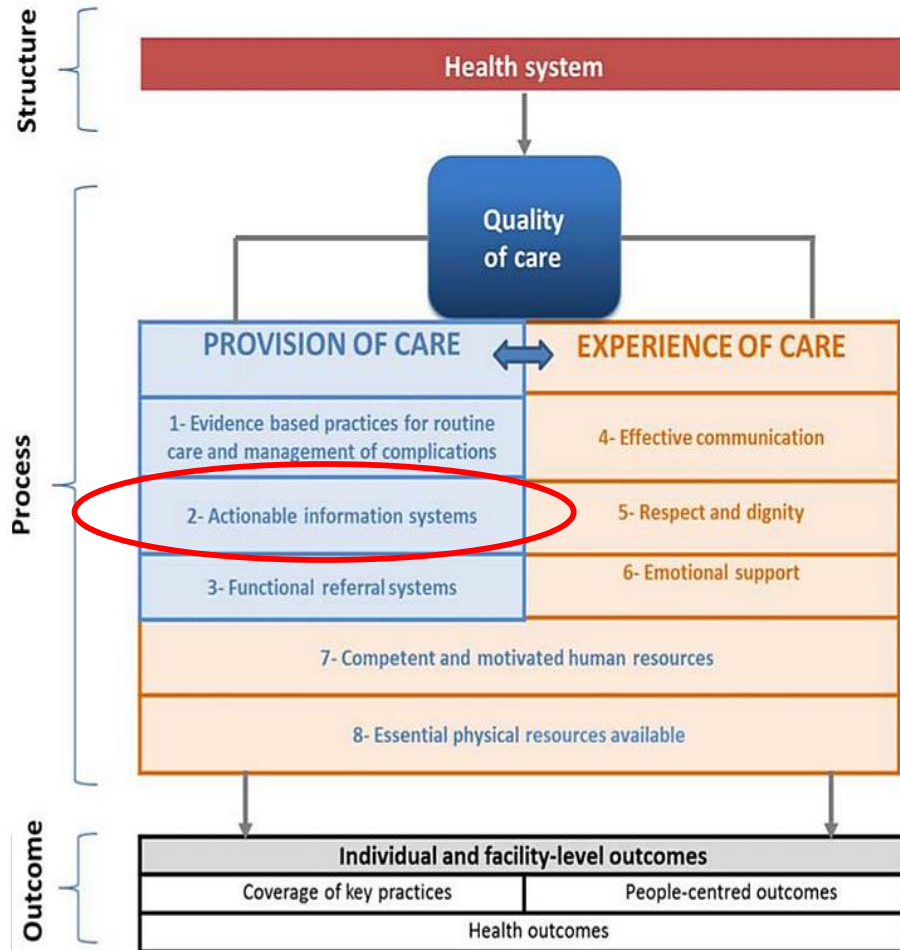
Monitoring logic model: *Unpacking the links between the strategic objectives and the outcomes of the QoC Network*



Context and social determinants (community, political, social, demographic, SES)



Standard 2: Actionable Information Systems



Progress takes adaptation and action.

Actionable Information Systems

STANDARD TWO: The health information enables the use of data for early and appropriate action to improve care for every mother and newborn

Quality statement 2.1: Every woman and newborn has a complete and accurate standardized medical record during labor, childbirth and early postnatal care

Quality statement 2.2: Every health facility has a mechanism in place for data collection, analysis and feedback, as part of its monitoring and performance improvement activities around the time of childbirth



Ummm...I think I need to start acting?



Network Monitoring Components

Monitoring component	Description of the component	Facility manager and QI team	District managers	National MOH leadership
Quality improvement (QI) measures (facility teams)	To support rapid improvements in quality of care led by facility-based QI teams supported by district/regional (or other sub-national administrative managerial unit) managers	HIGH data collection and use	Moderate data collection and use	Moderate data use
District/regional performance monitoring measure	To support district/regional managerial and leadership functions in improving and sustaining quality of care (QoC) in facilities	Moderate data collection and use	HIGH data collection and use	Moderate data use
Implementation milestones	To track implementation steps and progress against strategic objectives (leadership, action, learning and accountability), in line with global implementation guidance	Moderate data collection and use	Moderate data collection and use	HIGH data collection and use
Common core measures	To provide a common set of standardized indicators for use by all stakeholders at every level of the health system and to track performance across countries	HIGH data collection and use	HIGH data use	HIGH data use

* Note: Components are not mutually exclusive. Some indicators may be useful in more than one (1) component.



Linking to Learning Agenda

Facility

- Frontline QI teams
- Learn within facility, community
- 4 components
 - Data analysis
 - Idea generation
 - Implement, Test
 - Monitor

District / Regional

- Learn across facilities, communities within a district
- Network learning

National

- Learn across districts for national scale-up



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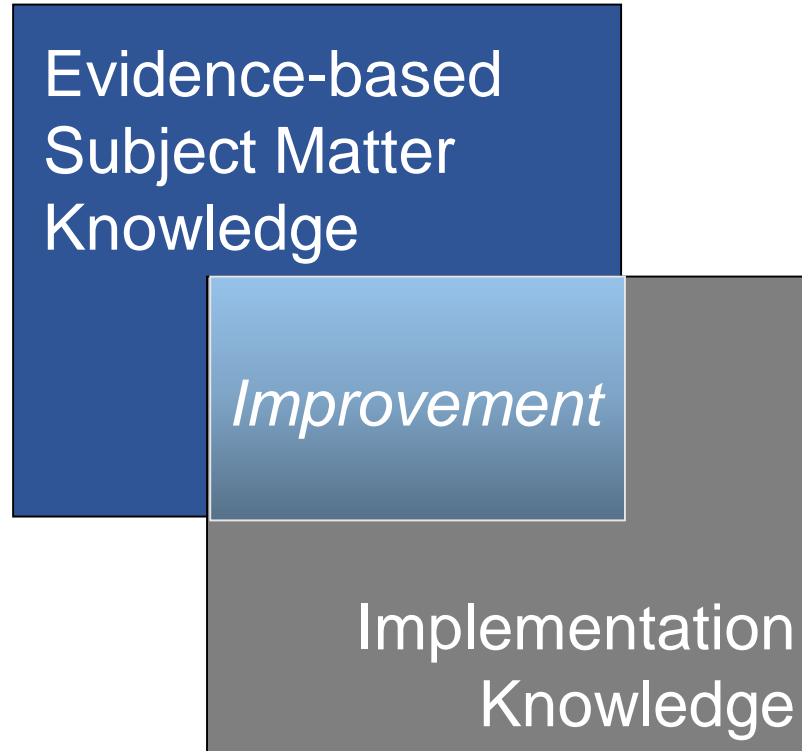


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A Better System Design: Bring Together 2 Types of Knowledge

- Protocols/
Guidelines
- Clinical
Training
- Essential
Resources



- **Motivation/**
Leadership of
Change
- **Systems View** to
Plan and
Understand
Change
- **Understanding &**
using **Data for**
Improvement
- **Learning &**
Adapting Design



Using Data to Improve Care

- Facility
- Sub-national
- National



Community Health Services
"Moyo Yeto, Abulame Leta"

COMMUNITY HEALTH UNIT HEALTH INFORMATION SYSTEMS (CHIS) CHALK BOARD

MOH 516

PROVINCE: IRAKAZA DISTRICT: KURIA-WEST
DIVISION: NABERA LOCATION: Bugembe West
SUB-LOCATION: IRAKAZA Name of CU: IRAKAZA

Indicator	No	Indicator	No
Number of villages	10	Total women 15-49 years	1003
Number of households	740	Total children 0-6 months	91
Total population	4472	Total children under one years old	269
Number of household not treating water	20	Total children under five years old	398
Number of individuals not using ITNs	01	Total adolescent and youth-girls (13-24 yr)	324
Number of household without hand washing facilities e.g. leaky tins in use	25	Total adolescent and youth-boys (13-24 yr)	370
Number of household without functional latrines	16	Total elderly	107

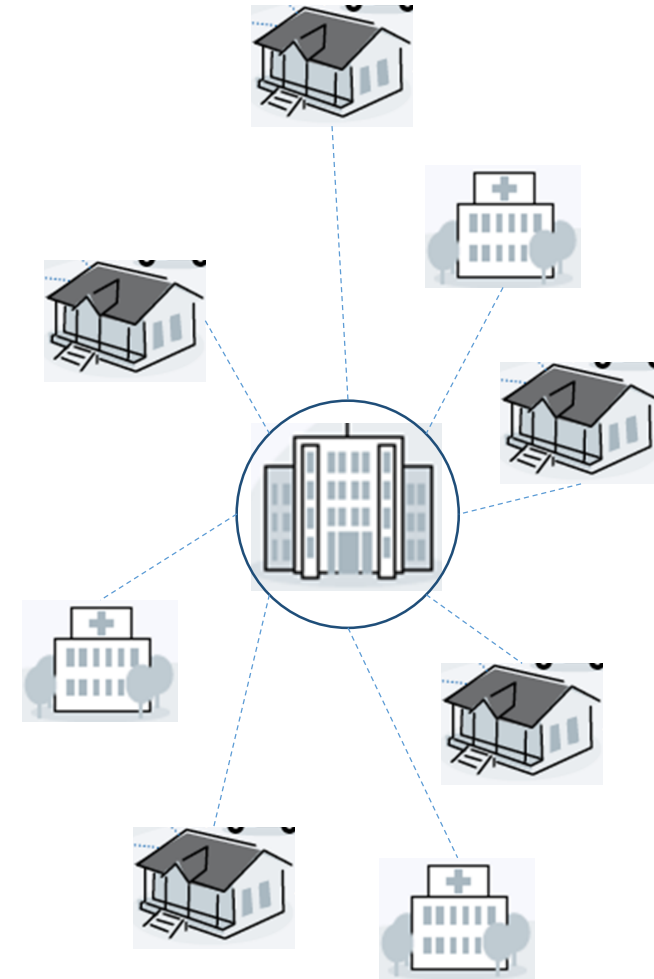
INDICATORS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Number of pregnant women	08	07	06	04	08	01	01	01	01	10	01	07
Number of pregnancies under 18 years	00	01	01	01	00	00	00	03	00	04	03	04
Number of pregnant women referred	03	02	08	03	04	03	02	03	03	01	00	01
Number of pregnant mothers not attending at least 4 antenatal clinic (ANC) visit, timely	00	00	01	02	02	00	00	01	01	00	00	00
Number of deliveries by unskilled attendants	00	01	01	02	02	00	00	02	01	00	00	01
Number of Newborns Not Referred for Care Services	01	01	01	01	01	00	00	02	01	197	144	158



QI Measures (facility teams): “Think Big but Start Small...”

WHO quality statements (aims) and measures can be used to prioritize QI work based on key quality gaps

	Quality Statement (Aim)
Phase 1 (9-12 months) <i>-Quick wins!</i>	<ul style="list-style-type: none">• Improve routine postnatal care for mother and newborn (1.1c)• Improve management of newborn asphyxia (1.5)• Improve prevention/management of PPH (1.3)
Phase 2 (6 months)	<ul style="list-style-type: none">▪ Improve emotional support of women during childbirth (6.2)▪ Improve care of preterm and small babies (1.6b)▪ Improve detection and management of women with pre-eclampsia, eclampsia(1.2)



Example: QI Measures for PPH Prevention and Treatment (quality statements 1.1a, 1.3)

WHO Quality Statement	Illustrative Input, Output and Outcome measures	Key Data Users
<p>WHO Quality Statement 1.3 (evidence-based care)</p> <p>Women with PPH receive appropriate interventions according to WHO guidelines</p>	<ul style="list-style-type: none"> ➤ <u>Input measures</u>: proportion of facilities with functional uteronic available 24/7 in delivery room (<i>1.3, input</i>) ➤ <u>Process/output measures</u>: <ul style="list-style-type: none"> ● % women delivered who received immediate post-partum uteronic (<i>1.1.a, process</i>) ● % women with PPH treated with <i>therapeutic</i> uteronic (<i>1.3, process</i>) ➤ <u>Outcome measures</u>: <ul style="list-style-type: none"> ● Proportion of women who developed PPH (incidence) (<i>1.3, outcome</i>) ● Proportion of women with PPH who died (case fatality) (<i>1.3, outcome</i>) 	<ul style="list-style-type: none"> -Facility QI Team -District Manager -Facility QI team -Facility Team -District Manager -National leadership

Using Routine Data to Monitor Quality and Equity: Measurement Methods and Data Sources

- Health management information systems (HMIS/DHIS2)
- Patient records / facility registers
- Civil registration, vital statistics

* Maternal and Perinatal Death Surveillance and Response (MDSR)

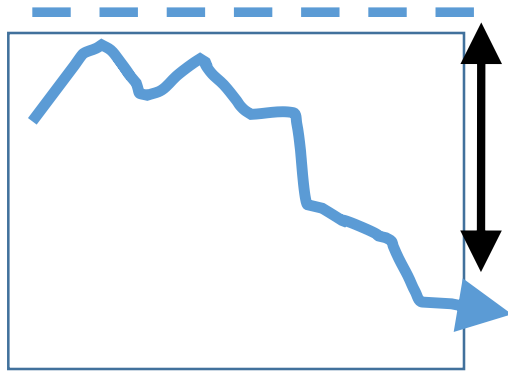
* Client interviews/questionnaires (qualitative, quantitative)

* *Can be sample*

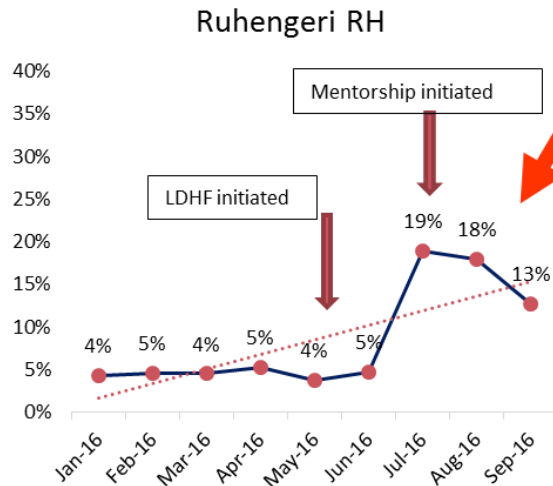
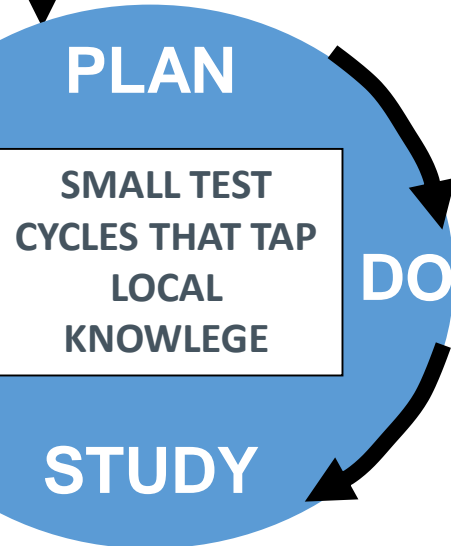
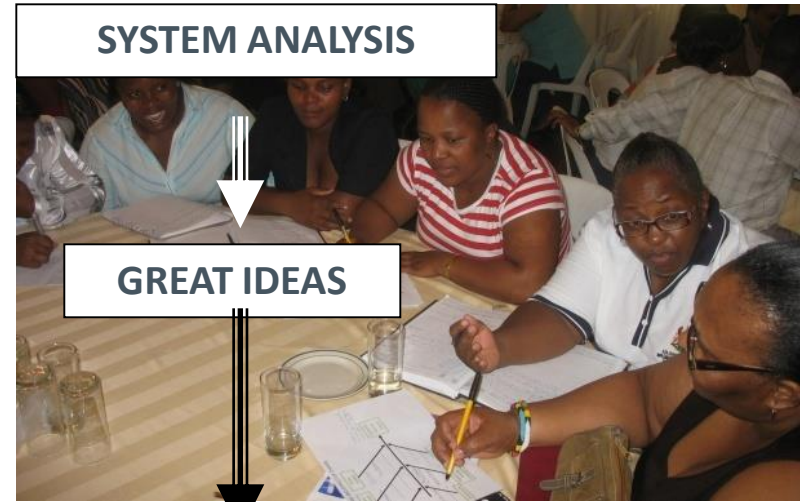
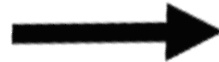




Local ideas, testing changes, frontline measurement and learning

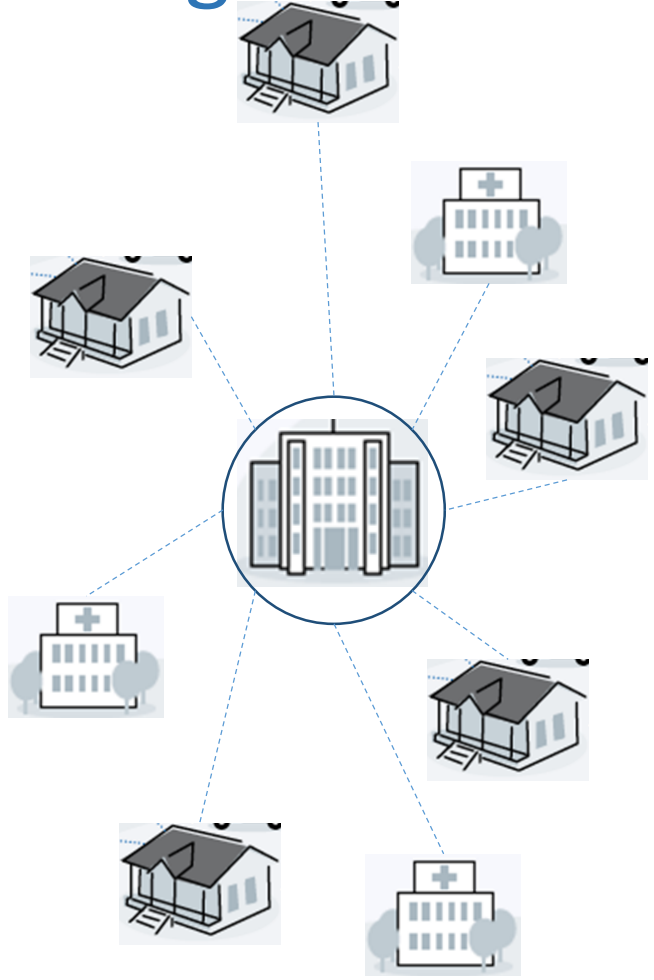


The "Gap"



SUCCEED/SUSTAIN

District Learning – bringing QI teams together to share results and learning



Periodic assessments: often use multiple data sources - identify critical quality gaps and inform priorities (baseline, etc.)

- Health Facility Assessment (e.g. SARA, SDI, SPA, SDP)
- Observation of Care
- Client and Community Interviews and focus groups (qualitative/quant)
- Provider questionnaires and interviews
- Simulations of care
- Review of records



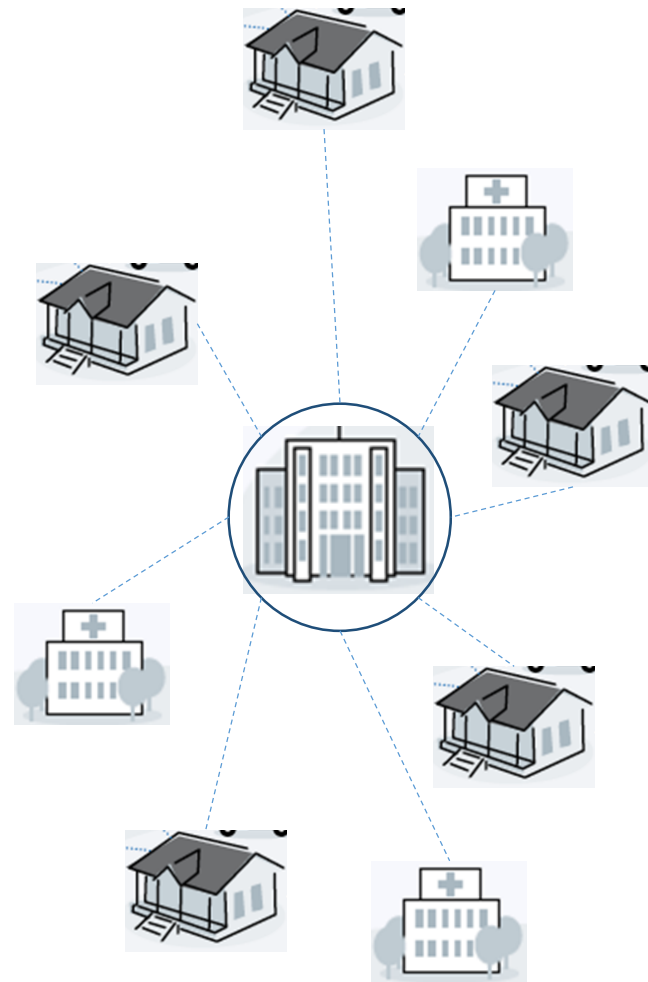


District/Regional Performance Monitoring

To support district/regional **managerial and leadership functions** for improving and sustaining quality of care (QoC) in facilities

Illustrative measures (from standards):

- Selected process and outcome measures across facilities [*e.g. fresh stillbirth rate; PPH case fatality*]
- % facilities with sufficient numbers of providers to meet workload
- % facilities with registers, data collection forms [standardized record] in place at all times
- % facilities with essential supplies/meds
- % facilities with functional safe water source
- % facility managers trained in QI





Common Core Indicators

- For use by all stakeholders (facility, regional, national, global and civil society.)
- Focused on outcome measures and a small number of sentinel process measures
- Aligned with standardized global measures (EPMM, ENAP, EWEC, WHO 100)
- For tracking and learning within and across countries
- Ideally, feasible to measure via routine information systems



Draft Common Core Indicators – For Discussion

Domain	Indicator (all facility-based)	Reference
Outcome	1. Institutional Maternal Mortality Ratio (MMR): Number of maternal deaths among 100,000 deliveries in the health-care facility	WHO 100 Core systems [*EPMM, ENAP, GS,SDG]
	2. Stillbirth rate (disaggregated by fresh and macerated)	WHO 100 Core [*ENAP,GS}
	3. Pre-discharge neonatal death rate	WHO QoC [*ENAP]
	4. Measure of respectful maternity care (client experience of care)	To be determined
	5. % of women who developed severe postpartum haemorrhage (PPH)	WHO QoC
Output / process	6. % of women administered immediate postpartum uterotonic (i.e. active management of the third stage of labour)	EPMM
	7. % of maternal and perinatal deaths and near-misses reviewed with standard audit tools	WHO QoC
	8. % of newborns breastfed within one hour of birth	WHO 100 Core [*ENAP; GS]
	9. % of newborns not breathing / crying spontaneously at birth for whom additional resuscitation actions (stimulation and/or bag and mask) were taken.	ENAP
	10. % of newborns under 2000 grams initiated on facility-based kangaroo mother care (KMC)	ENAP
	11. % of deliveries where delivery attendant washed hands with	WASH



Other Core Indicators Under Discussion

- Maternal death by cause
- Newborn death by cause
- Maternal case fatality rates (PPH, Pre-eclampsia, infection)
- Neonatal case fatality rates (asphyxia, prematurity, infection)
- Proportion of women with severe pre-eclampsia/eclampsia treated with full dose of Magnesium Sulfate

% of network countries with draft core indicator data points in routine HMIS; (N=8 countries; Cote d'Ivoire not included)

Domain	Data Elements	Register at health facility level	Summary form, report to district and/or national level
Outcome	Maternal death	7/8 (88)	6/8 (75)
	Maternal death by cause	0 (0)	2/8 (25)
	PPH diagnosed	8/8 (100)	6/8 (75)
	Maternal death audit conducted	4/8 (50)	5/8 (63)
	Newborn death	6/8 (75)	5/8 (63)
	Newborn death by cause	5/8 (63)	4/8 (50)
	Newborn asphyxia	5/8 (63)	4/8 (50)
	Stillbirths (disaggregated by fresh and macerated)	8/8 (100)	8/8 (100)
Output/ process	Immediate postpartum Uterotonic (PPH prevention)	2/8 (25)	2/8 (25)
	Newborns resuscitated	5/8 (63)	3/8 (38)
	Breastfeeding within one hour of birth	7/8 (88)	5/8 (63)



Implementation Guidance:

Monitoring and Data Use for Improvement

National

- Establish (or strengthen) **minimum set of quality indicators** for monitoring all levels
- Adapt or develop **district and facility data-collection tools** (registers and primary patient records) to capture essential data
- Develop reliable and transparent **reporting system for facility, district and national levels**
- Develop **indicator dashboards** to make indicator data widely accessible and transparent
- Identify and **build capacity of national- and district-level facilitators** to analyse and communicate quality indicators

District/regional

- Integrate and **track quality indicators in district management systems**
- Assess **district-specific baseline values**, synthesize and disseminate data
- Strengthen **capacity of district health management team staff** to review data, ensure their reliability and act upon the information

Facility

- Continuously identify **standards/quality statements and indicators** that facility will target for quality improvement (QI) and quality control (QC)
- Establish **baseline and track monthly performance** of priority quality indicators
- Establish mechanism to **continually disseminate indicator results** to facility staff, **patients, families and community**
- Strengthen **capacity of QI team to generate and use data** for improving QoC
- Participate in **district-level events where the facility staff can compare and discuss its indicators and QI activities with other facilities' staff**



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Measurement Issues to Address as a Network

- Bringing women's and families' voices into monitoring systems
- Many routine health information systems contain few routine quality measures
- Some (many) facilities do not have a standardized patient record (or register in some settings)
- Health workers and managers often do not have experience (or confidence) in measuring and analyzing QoC indicators
- Emerging (still fragile) consensus on MNCH quality of care measures
- Data quality concerns
- Strengthen implementation guidance on monitoring based on experience, lessons learned



Potential Network Resources for Monitoring

- **A web-based repository of monitoring tools and guidance:** This will include indicator sets, validated data-collection tools, analysis methods, manuals and capacity-building materials.
- **Technical assistance:** When requested by countries, the Network can facilitate technical assistance to help with the design and implementation of a country-level monitoring framework.
- **A web-based dashboard and tools to track performance:** The Network will develop a web-based dashboard to showcase implementation status and progress towards the collective goals across countries.
- **Links to related initiatives:** The Network will help to connect countries with relevant M&E and health information system initiatives, such as the Health Data Collaborative (HDC) and Primary Health Care Performance Initiative (PHCPI).



Network Resources for Monitoring: What are your priorities?

- What do you think about the core indicators that have been proposed?
- What network resources would be most useful to you in your country context?



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THANK YOU



**Quality of Care
Its Awesome!!**

(...one client satisfaction data point)

