



Five functions to improve quality of care for maternal newborn and child health

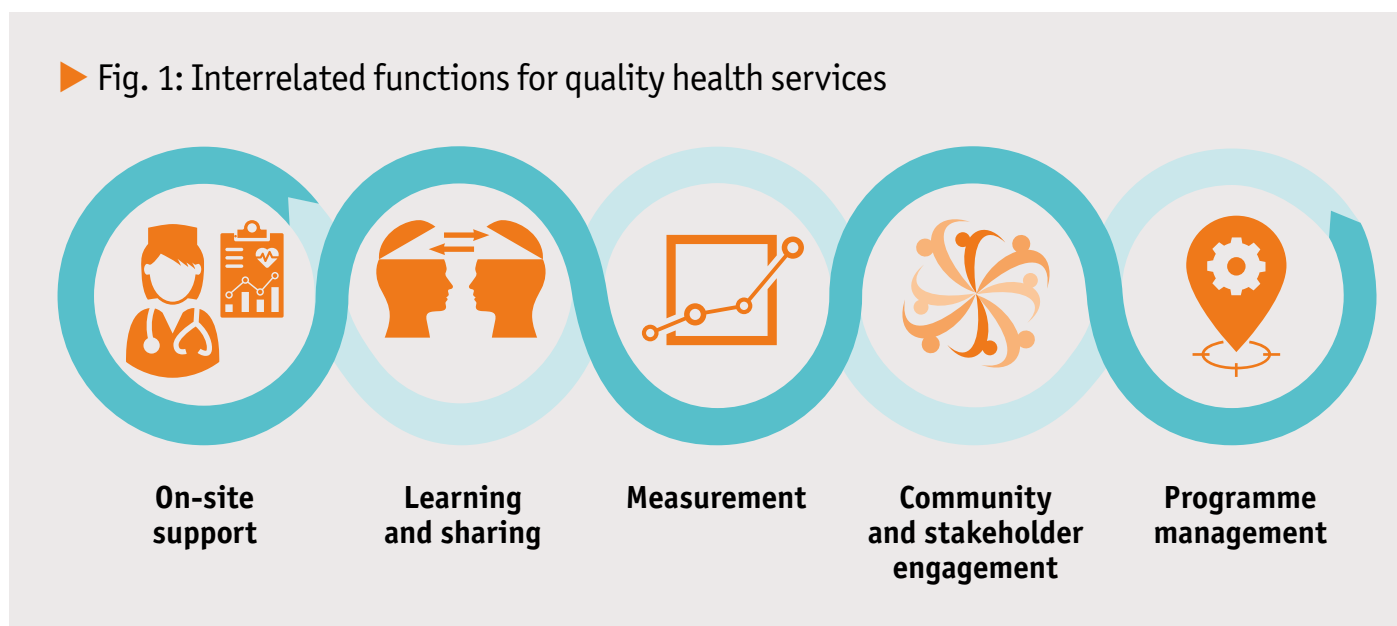
This knowledge brief is developed to support policy-makers, managers, practitioners and implementing partners engaged in improving quality of care (QoC) for maternal, newborn and child health (MNCH). The brief is informed by the implementation experience of the Network for Improving Quality of Care for Maternal Newborn and Child Health (The Network). The Network is helping to shape the guidance on how to implement QoC in a sustainable and scalable way, by holistically addressing and building the systems required to deliver Quality of Care (QoC) (1,2).

It is estimated that between 5.7 and 8.4 million deaths are attributed to poor quality care each year in low- and middle-income countries, which accounts for up to 15% of overall deaths in these countries. The occurrence of adverse events, resulting from unsafe care, is considered to be one of the 10 leading causes of death and disability worldwide (3). Improving access to health services must go hand in hand with improving the quality and safety of these services. Poor quality and experience of care may also lead to loss of confidence in the formal health sector and adversely impact future health-seeking behaviour (4).

The Network countries have identified five interrelated functions that sustain and scale up the implementation of the QoC interventions (5) from national and sub-national levels to the point of care. These functions are: on-site support, learning and sharing, measurement, community and stakeholder engagement and programme management (Fig. 1). These functions ensure that actions targeting QoC take place and that QoC is improved. Governments and partners will need to invest in and support these functions if they want to deliver QoC in a sustainable way.

Two of the functions: *On-site support* and *Learning and sharing* – serve primarily to build the knowledge, skills and motivation of front-line workers, managers and teams, and enable them to share their experience on improving QoC through all levels of the health system to inform practice, management and policy changes. The other three functions: *Measurement*; *Community and stakeholder engagement* and, *Programme management* aim to improve the accountability, governance and management of efforts to improve the quality of care.

► Fig. 1: Interrelated functions for quality health services



1. On-site support

To ensure that care remains of good quality, health workers, managers and their teams must apply Quality Improvement (QI) to address gaps and reward good performance. The development of capacity for QI requires structured support across all levels of service delivery (6). This support includes continuous coaching to build and sustain QI skills of health workers at the front line (on-site support). On-site support needs to be carefully planned and executed from the point of care or facility, to the district and national levels. Specific attention is required to develop and sustain QI coaching mechanisms at the facility and district levels, including embedding QI on-site support within existing mechanisms such as supportive supervision and periodic reviews.



2. Learning and sharing

Learning and sharing good practices and failures is fundamental to improve QoC. A learning system among health workers and managers enables routine sharing of their experiences and can lead to the adaptation and scale up of best practices. Learning should be facilitated within and between health teams, facilities, districts, up to the national level. At the team and facility level (micro level), learning influences adaptation and use of best practices and allows to address organizational problems. At the district or sub-national levels (meso level), adaptation of learning as an active mechanism for reflection and action allows for sharing best practices and lessons among teams and facilities, within the same district or across districts. It also facilitates development of targeted management response to address gaps identified by the facilities, including clinical skills and capacity building for health workers. At the national level (macro level), it is important to recognize successful interventions and share them with a larger audience. Additional support provided by academic and research institutions for the documentation of best practices is needed to build the local evidence-base. Well-documented implementation experiences can be used to influence management decisions and inform policy dialogue to support scaling up of successful practices and interventions within and across countries.



3. Measurement

Data is needed to know whether QI activities are indeed implemented and if targeted outcomes are being reached. Detailed planning is necessary to define what data should be collected and when, the sources of data and the basic tools to be applied. In many instances, this will require that new indicators are defined and included in the routine data that is being collected through the Health Management Information System (7).

Four types of measures are important in QoC programmes:

- i. Patient outcome measures – Data on these outcome measures or indicators are used to prioritize areas for intervention and improvement, and to learn whether QoC-improvement activities are impacting patient outcomes.
- ii. Patient process measures – Processes of patient care are the actions that are taken by both staff members and patients in the context of health care; several processes together lead to a specific patient outcome.
- iii. Facility input/structure-related measures – inputs; such as adequate and trained staff, infrastructure and supplies that are necessary for quality care to be provided. Managers should have enough information about inputs or structure required to provide quality care for the health problem that is being addressed.
- iv. Programme performance measures – The staff managing MNCH QoC activities will need data to know if activities are taking place. The performance measures used will depend on the chosen quality interventions.



4. Community and stakeholder engagement

Community and stakeholder engagement are critical to ensure accountability for QoC and help identify gaps, prioritize concerns, monitor performance and provide solutions to improving QoC. Community feedback is also valuable in guiding the most strategic use of resources to improve services. QoC programmes benefit from making intentional and systematic efforts to engage community representatives, including women representatives and patients, to participate in the programme. When community engagement mechanisms are in place, they provide a powerful avenue to ensure accountability for results. Examples such as community scorecards or guidance for community dialogue are useful platforms that allow for meaningful participation of communities in improving QoC.



5. Programme management

Effective programme management is vital and required at all levels to support QoC implementation, hence it is crucial to invest in strengthening the capacities of managers and service providers across the system. Programme management is vital to ensure that activities to improve quality are carried out and supported by adequate resources and that upstream planning and review is in place to enhance management of quality programmes at national, district and facility levels. The district management and leadership, through the programme management function, facilitates and ensures that QoC activities are prioritized, supported and delivered at the point of care. Program management for quality should also include advocating and promoting a culture of quality within the health system starting with the management and leadership. The program management function is responsible for linking QoC efforts with the broader health system functions, including health planning, financing, service delivery, commodities and supply chain management, measurement, etc. in order for the health system to respond effectively and timely to QoC needs.

Key resources

Resources from the Network for improving quality of care for maternal, newborn and child health

- Network for Improving Quality of Care for Maternal, Newborn and Child Health.
<https://www.qualityofcarenetwork.org/>
- Implementation guidance – updated. https://www.who.int/maternal_child_adolescent/topics/quality-of-care/quality-of-care-brief-implementation.pdf
- QoC MNCH Network Monitoring Framework Network Monitoring Framework.
<https://www.who.int/publications/m/item/quality-of-care-for-maternal-and-newborn--a-monitoring-framework-for-network-countries>
- Improving the Quality of Care for Mothers and Newborns in Health Facilities Point of Care Quality Improvement. <https://www.qualityofcarenetwork.org/sites/default/files/2020-06/POCQI%20Facilitator%20Manual%20Ver03%202020.pdf>

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

The secretariat of the Network is hosted by the Department of Maternal, Newborn, Child and Adolescent Health and Ageing, World Health Organization, Geneva, Switzerland.
<https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/quality-of-care>
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