MOMENTUM

Country and Global Leadership

Technical Brief

NUTRITION QUALITY OF CARE

for Maternal, Newborn, Child, and Adolescent Health

Key Messages

This brief provides an overview of the World Health Organization's Quality of Care (QoC) standards for maternal, newborn, child, and adolescent health (MNCAH) services with a focus on nutrition-related standards, and opportunities to apply these standards to improve quality of nutrition and MNCAH services.

The audience for this brief includes nutrition and maternal, newborn, child, and adolescent health policy makers and program implementers in low- and middle-income countries.

Nutrition must be prioritized within MNCAH QoC programming to ensure long-term health impacts, which requires committed, multi-sectoral collaboration among stakeholders.

The Network for Improving Quality of Care for Maternal, Newborn and Child Health is an important platform for improving integrated nutrition and MNCAH care and services for women and children across the care continuum. Efforts must be made to support nutrition stakeholders to use this platform.

AN ESTIMATED 8.6 MILLION DEATHS PER YEAR IN 137 LOW- AND MIDDLE-INCOME COUNTRIES (LMICs) ARE DUE TO INADEQUATE ACCESS TO QUALITY CARE. Of these, five million are people who sought care but received poor-quality care.[1] An ambitious target of Sustainable Development Goal (SDG) Three—to ensure healthy lives and promote wellbeing for all at all ages by 2030[2]—is the achievement of universal health care (UHC), whereby all people can access and use quality, affordable health services.[3] However, since the burden of mortality attributable to poor care is larger than that due to lack of access to care,[4] achieving UHC and SDG health and

Global Nutrition Indicators

- 22% (149.2 million) of children <5 are affected by stunting
- 6.7% (45.4 million) of children suffer from wasting
- 5.7% (38.9 million) of children are overweight
- Africa and Asia account for at least 9 of 10 children with stunting or wasting
- 42% of children under five and 40% of pregnant women are anemic
- 44 % of infants <6 months exclusively breastfed
- 66% of households have access to iodized salt to combat severe iodine deficiency

Source: *FAO, IFAD, UNICEF, WFP and WHO. 2021. In Brief to The State of Food Security and Nutrition in the World 2021.*

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[1] Kruk, Margaret E. et al. 2018. "High-Quality Health Systems in The Sustainable Development Goals Era: Time for A Revolution." *The Lancet Global Health.* 6 (11): E1196-E1252. https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30386-3/fulltext.

[2] United Nations. *Sustainable Development Goals: Goal 3*. https://www.un.org/sustainabledevelopment/health/.

[3] WHO. 2021. *Fact Sheet: Universal Health Coverage*. https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc).

[4] *The Lancet*. 2018. "Putting quality and people at the centre of health systems." Editorial. 392(10150): 795. https://doi.org/10.1016/S0140-6736(18)32064-6.

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nutrition targets requires not only an expansion of service coverage but an investment in high-quality nutrition and health systems.

In 2015, the World Health Organization (WHO) published a vision and framework for quality care for women, newborns, and children, and subsequently published Quality of Care (QoC) standards, statements, and measures for facility-based maternal and newborn (2016), pediatric and young adolescent (2018), and small, sick newborns (SSNBs) (2020) health care services. Nutrition care and services are an important component of these standards.

As a cross-cutting issue, nutrition is often sidelined or neglected in facilities by overburdened health workers. As such, particular attention is needed to encourage a deliberate and committed collaboration between stakeholders to promote and strengthen the effective implementation of nutrition interventions within maternal, newborn, child, and adolescent health (MNCAH) services.

Quality improvement (QI) efforts focused on the WHO QoC standards are an important approach for improving the quality of health and nutrition care and services for women and children.

WHO'S QUALITY OF CARE STANDARDS

The WHO's QoC conceptual framework (Figure 1) includes eight domains that represent aspirational standards for the provision and experience of care in health facilities. The eight **Quality Standards** span provision of evidence-based health and nutrition practices (Standard 1), functional referral systems (Standard 3), positive experience of care (Standards 4–6), and cross-cutting health system functions essential for provision of quality care, including: competent and motivated human resources (Standard 2); essential physical resources, including water, sanitation, and hygiene (Standard 8); and actionable information systems (Standard 2).

Each standard is supported by several concise, prioritized **Quality Statements**, designed to drive measurable improvements in care.

Each quality statement includes criterion—input, process, and outcome **Quality Measures**—for assessing, measuring, and monitoring achievement of the quality statement.

The WHO QoC standards, statements, and measures are a part of normative guidance for improving the quality of MNCAH and nutrition services in facilities. The WHO QoC standards should be adapted to the local context and incorporated into a national QoC policy and strategy, supported by managerial structures and implementation at all levels.[5]

Fig. 1. WHO framework for the quality of maternal and newborn health care

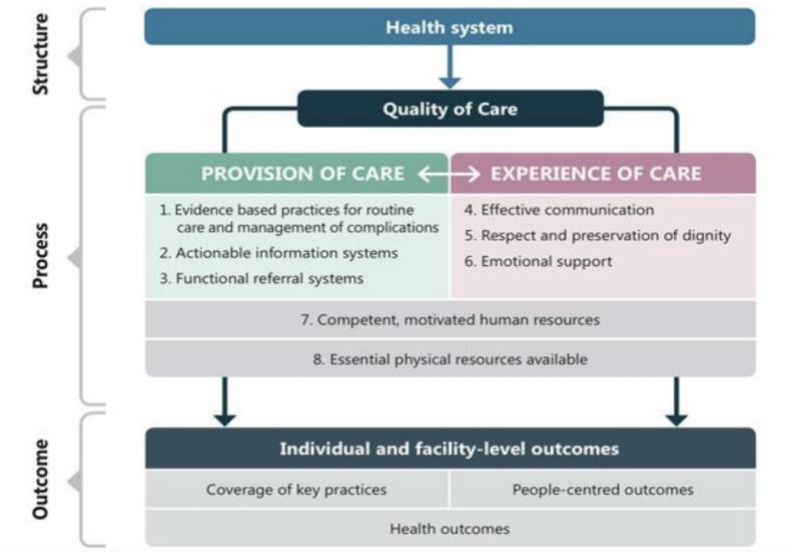

FIGURE 1: WHO'S QUALITY OF CARE CONCEPTUAL FRAMEWORK AND EIGHT STANDARDS

[5] Network for Improving QoC for Maternal, Newborn and Child Health. 2017. *WHO Standards of Care to Improve Maternal and Newborn Quality of Care in Health Facilities*. Accessed March 2021: https://www.qualityofcarenetwork.org/sites/default/files/2021-02/brief%207%20Standards%20_1.pdf.

NUTRITION-SPECIFIC AND NUTRITION-RELATED QUALITY STATEMENTS

Nutrition care and services for women, newborns, and children are included in many of the WHO QoC standards, quality statements, and measures, and can be used by health and nutrition stakeholders to ensure inclusion of nutrition support in interventions to improve quality of facility-based MNCAH services.

Table 1 summarizes the nutrition-specific and nutrition-related Quality Statements under Standard 1 (provision of care) for maternal and newborn health (MNH) and child, adolescent, and SSNB standards.

TABLE 1: NUTRITION-SPECIFIC AND NUTRITION-RELATED QUALITY STATEMENTS AND MEASURES UNDER STANDARD 1 (PROVISION OF CARE)

Maternal and Newborn Care
• Routine care immediately after birth (newborns), including **skin-to-skin contact and early inititation of breastfeeding** (1.1b). • Routine postnatal care (PNC) (mothers and newborns), including **exclusive breastfeeding (EBF) support and counseling**, **nutrition counseling**, and **iron-folic acid** (**IFA)** supplementation for the mother (1.1c). • No woman or newborn is subjected to unnecessary or harmful practices during labor, childbirth, and the early postnatal period; includes **protection from the promotion of breastmilk substitutes** while in the care of the facility (1.9).
Small and Sick Newborn Care
• SSNBs are exclusively breastfed or breast milk fed, including assisted feeding with mother's milk when possible, per WHO guidelines (1.24). When SSNBs require supplementary feeding, the use of donor human milk from safe and affordable milk banking facilities is recommended. • SSNBs who cannot tolerate enteral feeding or for whom enteral feeding is contraindicated are provided with parenteral nutrition per guidelines (1.25). • All newborns of HIV-infected mothers are fed appropriately according to WHO guidelines (1.26). • All very-low-birthweight newborns are given vitamin D, calcium, phosphorus, and iron supplements according to WHO guidelines (1.27). • All newborns are protected from unnecessary or harmful practices, including **separation from their mothers** and families during their care, and including **protection from the promotion of breastmilk substitutes** while in the care of the facility (1.8).
Pediatric and Young Adolescent Care
• All infants/young children are assessed for growth, breastfeeding, and nutrition, and their caregivers receive appropriate support and counseling, per WHO guidelines (1.6). • All children at risk for acute malnutrition/anemia are correctly assessed and classified and receive appropriate care per WHO guidelines (1.7).

Nutrition content is also included in quality statements and measures under Standards 2–8 (see Figure 1 and Annex 1). Examples of such nutrition-related quality statements include:

- *MNH Quality Statement 8.3 (Standard 8: Essential physical resources)*: *An adequate stock of medicines, supplies, and equipment is available for routine care and management of complications* (includes availability of IFA supplements).
- *SSNB Quality Statement 7.3 (Standard 7: Competent, motivated, empathetic, multidisciplinary workforce):* All staff have the necessary knowledge, skills, and attitudes to provide infection prevention and control, basic resuscitation, kangaroo mother care, **safe feeding** and medications, and positive interaction with newborns and communication with caregivers.
- *Pediatric and Young Adolescent Quality Statement 5.5 (Standard 5: Every child's rights are respected, protected, and fulfilled without discrimination):* All children have access to **safe, adequate nutrition** that is appropriate for both their age and health condition during their care in a facility.

The maternal QoC standards address childbirth and PNC but do not include quality standards for antenatal care (ANC). Since antenatal nutrition interventions for pregnant women are vital for optimizing maternal and perinatal outcomes, the development of ANC quality standards based on the WHO 2016 ANC recommendations would be an important global good.

A 2016 Lancet commission on adolescent health and wellbeing[6] highlighted the lack of data and consensus on the burden of malnutrition and successful interventions to improve malnutrition in adolescents. In October 2017, a global Call to Action, signed by over 100 organizations, committed to generate knowledge and data needed to improve adolescent nutrition.[7] Future revisions of the pediatric and young adolescent QoC standards should incorporate these and other nutrition recommendations to strengthen the adolescent nutrition content.

THE QUALITY OF CARE NETWORK

In 2017, WHO, partners, and the governments of nine countries[8] launched a partnership to operationalize the QoC framework and standards to accelerate reductions in preventable maternal and newborn illness and deaths, and to improve experience of care for women, newborns, and families. The Network for Improving Quality of Care for Maternal, Newborn, and Child Health, or "QoC Network," pursues a vision where every mother and newborn receives quality care throughout pregnancy, childbirth, and the postnatal period. It aims to halve maternal and newborn deaths in facilities by 2022 by supporting national strategies for QoC in the health sector and pursuing four strategic objectives: **Leadership**, **Action, Learning,** and **Accountability**.

The QoC Network website (www.qualityofcarenetwork.org) includes many useful resources and provides a platform for generating knowledge (e.g., QI lessons learned, and challenges and solutions encountered) through the interactive Global Community of Practice for Quality of Care.

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[6] Patton, George C. et al. 2016. "Our future: A *Lancet* commission on adolescent health and wellbeing." *The Lancet* [Internet]. 387:2423–78. https://doi.org/10.1016/S0140-6736(16)00579-1.

[7] Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) project. 2018. *Adolescent Nutrition Call to Action: Better data now to drive better policies and programs in the future*. https://www.spring-nutrition.org/sites/default/files/adolescent_nutrition_call_to_action_final.pdf.

[8] The nine "first wave" countries to form the Quality, Equity and Dignity partnership include: Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Kenya, Malawi, Nigeria, Sierra Leone, the United Republic of Tanzania, and Uganda.

In addition to the QoC standards, useful resources on the website include:

- The QoC MNH Implementation Guidance (2020) provides flexible guidance for policy makers and program managers on policy and implementation strategies to apply the MNCAH quality standards to improve MNCAH care and services, including nutrition.
- The MNH Quality of Care Monitoring Framework (2019) outlines the key information needs of actors supporting the monitoring of QI initiatives across system levels, including subnational managers and facility QI teams. The framework includes appendices of prioritized QoC MNH measures developed in consultation with country stakeholders.
- Integrating Stakeholder and Community Engagement in Quality of Care Initiatives for Maternal, Newborn and Child Health (2020) addresses the engagement of community stakeholders in QI efforts to advance equitable, safe, person-centered health care.

At present, the nutrition-focused content available on the QoC Network website is limited, presenting an opportunity to engage stakeholders to introduce appropriate nutrition resources; and, in doing so, spotlight the importance of nutrition as a key element of high-quality MNCAH care and services.

QUALITY OF CARE MEASUREMENT IN NUTRITION SERVICES

Regular measurement is a core principle of QI characterized by real-time monitoring of QoC indicators by QI teams and managers. Annex 1 (below) presents examples of nutrition-related QoC measures from Standards 1, 4, 5, 6, and 8 in the MNH, SSNB, and pediatric and young adolescent standards. Appendices 1 and 2 in the MNH Quality of Care Monitoring Framework (referenced above) include prioritized MNH and nutrition QoC measures and methods in the context of regular measurement as a key component of all QI interventions.

External assessments of QoC, such as health facility assessments, often incorporate a broader range of quality measures and more resource-intensive measurement methods (e.g., observation of care) than are possible in regular QoC measurement as part of a QI intervention. Thus, nutrition QoC indicators and methods may vary depending on the primary purpose of the measurement (e.g., QI, accreditation, and quality assurance).

COMPLEMENTARY GLOBAL FRAMEWORKS AND INITIATIVES

The WHO's MNCAH QoC Standards and QoC Network implementation approaches complement many existing global nutrition and health initiatives. Indeed, there are many opportunities to strengthen synergies and additive impact by aligning the WHO QoC standards and strategies with complementary global initiatives. For example, each of the Ten Steps to Successful Breastfeeding is included, or can be mapped to, at least one MNH Quality Statement or Measure (input, process) across the eight quality domains—providing an opportunity to co-leverage Baby-Friendly Hospital Initiative (BFHI) and QoC activities for maximum impact. Similarly, the QoC standards and statements reinforce many of the key nutrition components of nurturing care including, for example, responsive feeding (see SSNB Standard 6 in Annex 1).

Table 2 outlines complementary global nutrition and health initiatives, categorized by target group and nutrition-related quality care and services included in the WHO QoC standards.

TABLE 2: NUTRITION QUALITY STATEMENTS AND SERVICES MAPPED TO COMPLEMENTARY GLOBAL INITIATIVES BY TARGET GROUP

Target Group	Nutrition Quality Statement or Service	Hyperlinks to Complementary Initiatives
Mothers and newborns	• Promote exclusive breastfeeding (EBF) for the first six months for all infants and do not advertise or promote breastfeeding substitutes and bottle feeding • Essential Newborn Care (ENC) including the promotion of early EBF within the first hour for the first six months, including SSNBs (with assisted feeding as appropriate) • Routine PNC, including nutrition counseling and IFA for the mother	• The International Code of Marketing of Breast-Milk Substitutes (1981) • The Baby-Friendly Hospital Initiative (2018) • Essential Newborn Care • The Global Breastfeeding Collective • The Nurturing Care Framework (2018) • Respectful Maternity Care Charter (2011)
Small, sick newborns	• Routine care and management of complications according to WHO guidelines • Appropriate assisted feeding and support to facilitate EBF • Appropriate alternative feeding, including donor milk • Vitamin D, calcium, phosphorus, and iron for very-low-birthweight newborns according to WHO protocol	• WHO Guidelines on optimal feeding of low-birth-weight infants in low- and middle-income countries (2011) • The Baby-Friendly Hospital Initiative for Small, Sick and Preterm Newborns (2020) • Survive and Thrive: Transforming Care for Every Small and Sick Newborns • WHO Nurturing Care for Every Newborn: Thematic Brief (2021)
Children under five and young adolescents	• Accurate assessment of growth and nutrition practices • Breastfeeding and nutrition counseling to encourage appropriate complementary food and diet • Assessment, classification, and treatment of acute malnutrition, diarrhea, and anemia in children at risk according to Integrated Management of Childhood Illnesses (IMCI) protocol	• Integrated Management of Childhood Illnesses (1995) • Emergency Triage Assessment and Treatment • The Global Strategy for Infant and Young Child Feeding (IYCF) (2003) • Community-Based Management of Acute Malnutrition Training Guide (2018) • Nutrition Assessment, Counseling, and Support (2016) • Global Action Plan on Child Wasting (2020)

OPPORTUNITIES AND EARLY LEARNING FROM NETWORK COUNTRIES FOR IMPROVING QUALITY OF NUTRITION AND MNCAH HEALTH SERVICES

FIGURE 2: WHO'S STANDARDS FOR IMPROVING THE QUALITY OF CARE

The vertical scale-up of isolated nutrition interventions is insufficient to sustainably improve nutritional status. Nutrition interventions implemented within health systems are known to be more effective for improving health outcomes.[9] The QoC MNCAH standards are a useful resource for advancing improved quality of nutrition MNCAH services for women and children. The following examples present early learning from selected QoC Network countries implementing efforts to improve quality health and nutrition services:

- In **Nigeria**, QoC Network activities are led by the national MNCAH QoC technical working group (TWG), convened by the Family Health Division of the Federal Ministry of Health (FMOH). The first phase of QI work in designated QoC Network learning facilities across several states focused on improving the quality of integrated early PNC for mothers and newborns, including early initiation of breastfeeding, support for early EBF, and pre-discharge nutrition counseling for mothers and newborns. QI interventions included training and mentoring of health care workers, formation and ongoing support to QI teams to identify and overcome local obstacles to provision of quality integrated PNC, continuous monitoring of trends in a small number of quality measures, and regular sharing of learning across sites to accelerate improvements in PNC. A high proportion of participating health facility learning sites demonstrated improvements in quality of PNC. For example, in 91 health facilities in Ebonyi and Kogi States, initiation of breastfeeding within one hour of birth increased from 38 percent at baseline to 94 percent for a total of 27,643 live births.[10]
- In **Ethiopia**, USAID's Growth for Nutrition project and the FMOH are applying QI approaches to strengthen nutrition services in primary health care units, including vitamin A supplementation in children.[11, 12] Interventions have included building QI capacity of health workers and supporting formation and functioning of QI teams within primary health care units to identify issues, implement changes, and track progress on vitamin A supplementation in children. Vitamin A supplementation for children increased by 49 percent on average in target facilities. Prior to the program interventions, staff reported that nutrition services were generally neglected, performance monitoring was infrequent, and mentoring was weak. Despite the successes, high staff turnover and the perception that the project was "extra work" for staff compromised the team's capacity to consistently apply the QI approaches.

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[9] Salam, Rehana A., Das Jai K. and Zulfiqar A. Bhutta. 2019. "Integrating nutrition into health systems: what the evidence advocates." *Maternal & Child Nutrition*. 15(Suppl 1): e12738. https://doi.org/10.1111/mcn.12738.

[10] Maternal and Child Survival Program (MCSP)Nigeria. *Technical Brief: Improving Quality of Maternal, Newborn and Postpartum Family Planning Care*. August 2018. https://www.mcsprogram.org/resource/mcsp-nigeria-mnch-program-technical-brief/.

[11] Yimam Zeneby Y. et al. 2019. "Quality Improvement for Better Vitamin A Uptake at Community Level, Ethiopia." Ethiopian Health Care Quality Bulletin. 1: 9-13.

[12] Vitamin A deficiency in children 6–59 months old is a major public health issue in Ethiopia and supplementation is known to reduce death from measles by 50%, diarrhea by 40%, and overall mortality by 24%.

- In **Ghana**, the "Mother and Baby Friendly Health Facility Initiative" (MBFHI) promotes the BFHI Ten Steps and the WHO MNH QoC standards. The combined approach revives, strengthens, and expands BFHI by providing encouragement and quality support for breastfeeding and IYCF at the facility during childbirth as well as in the community as a component of PNC. MBFHI includes: respectful, courteous, and supportive facility-based care for the mother and baby; protection, promotion, and support of early EBF; use of expressed breastmilk; provision of basic ENC, including kangaroo mother care at the hospital level; and the promotion of mother support groups at the community level.[13] By providing ongoing care and support in the postnatal community, there is an extended window of opportunity to encourage the mother and her family to assume healthy behaviors and provide optimal nutrition to the infant through EBF and IYCF. Particular successes encountered in Ghana saw facility managers identified to be breastfeeding champions, proving effective both in stimulating facility-level leadership in support of BFHI and in spotlighting the importance of breastfeeding in the wider community.[14]

POLICY AND IMPLEMENTATION CONSIDERATIONS

The WHO QoC standards and QoC Network implementation guidance can be applied to improve nutrition care and services but implementation challenges for optimizing quality nutrition MNCAH services persist at the country level.[15] Table 3 presents policy and implementation considerations for improving quality of nutrition in MNCAH services mapped against common nutrition-related challenges.

TABLE 3: NUTRITION-RELATED CHALLENGES AND POLICY AND IMPLEMENTATION CONSIDERATIONS FOR STRENGTHENING QUALITY OF NUTRITION IN MNCAH SERVICES

GLOBAL	
Nutrition-Related Challenges	**Policy and Implementation Considerations**
• The lack of community QoC standards misses the potential promotive, preventive, and curative health and nutrition interventions that can be delivered via community platforms (which could be particularly valuable for mothers of SSNBs post-discharge). • Global EBF rates remain far lower than needed to optimally protect the health of women and their children. • Nutrition stakeholders are inadequately represented in some QoC Network TWGs and activities at global and country levels.	• Develop QoC standards, inclusive of nutrition care and services, for community-based MNCAH services. • Leverage application of the QoC standards to advocate for implementation of the BFHI Ten Steps to improve quality support for breastfeeding. • Initiate a series of QoC Network webinars/podcasts to promote and prioritize nutrition in MNCAH QoC programs. • Promote awareness and participation of nutrition stakeholders in QoC Network working groups and activities at global and country levels. • Strengthen awareness of the importance of optimal breastfeeding and avoidance of promotion of breastmilk substitutes in facilities among QoC Network partners.

[13] Ghana Health Service. 2017. *Mother and Baby Friendly Health Facility Initiative, Upper East Region, Ghana, October–December 2016*. https://www.ghanahealthservice.org/downloads/MBFHI-UER-Synopsis-1.pdf.

[14] UNICEF Ghana Country Program. *2018–2022 Program Strategy Note: Health and Nutrition*. 2017.

[15] MCSP. *Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child, Workshop Report*. November 2018. https://www.childhealthtaskforce.org/sites/default/files/2019-07/Improving%20Nutrition%20Services%20Workshop%20Report%20%28MCSP%202019%29.pdf.

COUNTRY	
National Level	
• Nutrition stakeholders are often inadequately represented in national QoC MNCAH TWGs. • There are many missed opportunities for including and prioritizing nutrition in national MNCAH and QoC policy and programming. • Health management information systems (HMIS) do not include sufficient data elements (or indicators) on the quality of nutrition interventions; this precludes the use of routine information sources to monitor quality of nutrition interventions as part of management, QI, and accountability mechanisms.	• Promote participation of nutrition stakeholders in existing or newly formed MNCAH QoC Network working groups. • Ensure inclusion of evidence-based high-impact nutrition content in national MNCAH quality policies, strategies, and documents. • MOH and partners review quality gaps and identify opportunities to adapt and incorporate nutrition QoC standards and care and services into existing MNCAH and QoC policies as well as supporting materials, including QI/supportive supervision, capacity-building, and monitoring plans/tools. • Ensure all MNCAH QoC stakeholders and health workers are aware of the nutrition-related quality statements and measures and are equipped to report on QoC global indicators (including indicators designed to measure the accuracy and completeness of nutrition services). • Review measurement tools designed to capture nutrition QoC indicators to ensure they are concise, simple, and user-friendly. • Strengthen awareness among policy makers of legal requirements to eliminate promotion of breastmilk substitutes, including in facilties, where provided for in domestic Code legislation.
Sub-National	
• Regional and district MNCAH and nutrition program managers lack awareness of MNCAH and nutrition QoC standards and QoC Network implementation guidance. • Nutrition data collected in health facilities is often incomplete, of poor quality, or not effectively aggregated and used in decision-making at the sub-national level.	• Raise awareness of QoC standards and QoC Network implementation guidance among regional and district health management teams, including nutrition program managers. • Ensure nutrition-specific improvement aims and quality measures are included in the design and oversight of sub-national MNCAH QI efforts. • Support regular oversight of QI, health worker capacity-building, and monitoring activities by regional and district health management teams, inclusive of nutrition program managers. • As appropriate to the local context, consider formation or strengthening of regional/district QI teams that include nutrition program managers. • Where established, invite regional-level nutrition cluster meetings to review and discuss QI data and offer feedback and recommendations.

Health Facility	
• Facility-level nutrition indicators are overlooked when health workers are overburdened. • On-the-job support, such as clinical mentoring or QI coaching, is motivating and creates a positive environment, but is rarely available. • QoC is perceived by health workers as "extra work." • Anthropometric equipment is not always available or functional. • Stock-outs of nutrition commodities are more frequent when supply chains for nutrition-specific interventions are not well integrated. • Local barriers hinder efforts to encourage EBF for six months. • Lack of support for lactation specialists or health facility specialized nurses/midwives to assist mothers with breastfeeding difficulties.	• Distribute national guidelines and user-friendly job aids and tools (e.g., look-up tables to classify nutrition status) with training to improve measurement of nutrition indicators. • Conduct regular training, mentoring, and/or supportive supervision, including performance feedback focused on nutrition aspects of MNCAH (e.g., growth monitoring), to ensure health workers have the competencies to deliver quality nutrition care. • Support QI teams to establish monitoring systems to ensure anthropometric equipment is appropriately maintained. • Conduct regular measurement of prioritized nutrition QoC indicators, incorporated within facility QI tools (DHIS/HMIS, scorecards, etc.) to assess whether or not care is improving in priority areas. • Identify local barriers to EBF for six months in the community and work with health facility staff to support families to overcome them. • Strengthen community links to ensure that families are supported to provide optimal nutrition to children and adolescents through, for example, healthy school meals and discouragement of sugary beverages. • Strengthen community links to ensure that families are supported to provide optimal nutrition to mothers and babies, and that mothers of SSNBs are prioritized for community follow-up. • Advocate for health facilities to appoint lactation specialists in facilities providing newborn care, particularly those facilities providing SSNB care. • Strengthen awareness among facility management and staff of legal requirements to eliminate promotion of breastmilk substitutes, including in facilities, where provided for in domestic Code legislation.

CONCLUSION

The Network for Improving QoC for Maternal, Newborn, and Child Health, and associated QoC standards, offer a vital platform for improving quality of nutrition in MNCAH services. Further advocacy is required to highlight and advance the nutrition components of the MNCAH QoC standards and to incorporate nutrition as a central element of interventions to improve quality of MNCAH services at global, national, and sub-national levels. Large-scale, global commitments such as the United Nations Decade of Action on Nutrition 2016–2025 and the SDGs should be overt in their efforts to promote and incorporate QoC standards. Global nutrition and MNCAH stakeholders must commit to aligning efforts to leverage existing MNCAH, nutrition, and QoC resources and initiatives to advance high-quality nutrition and MNCAH services to meet the needs of women, newborns, children, and adolescents.

ANNEX 1: EXAMPLES OF MEASURES FOR NUTRITION-RELATED QUALITY STATEMENTS FROM QOC STANDARDS 1, 4, 5, 6, AND 8 IN MNH, SSNB, AND PEDIATRIC AND YOUNG ADOLESCENTS STANDARDS

NB: This table is illustrative and does not present the exhaustive list of standards, statements, and measures. Please refer to hyperlinks to the WHO Standards Guidelines for full content.

MATERNAL AND NEWBORNS STANDARDS (2016)		
Quality statement 1.1b		
	Quality Measure	Health care staff in the labor and childbirth areas of the maternity unit receive in-service training or regular refresher sessions in essential newborn care and breastfeeding support at least once every 12 months. **[BFHI 2]**
		Health care staff in the labor and childbirth areas receive at least monthly drills or simulation exercises and supportive supervision in essential newborn care and supporting breastfeeding. **[BFHI 2]**
Quality statement 1.1c		
	Quality Measure	The health facility has written, up-to-date clinical protocols for postnatal care in the maternity and/or postnatal care areas of the maternity unit that are consistent with WHO guidelines. **[BFHI 1b**]
		The health facility practices and enables rooming-in to allow mothers and babies to remain together 24 hours a day. **[BFHI 7**]
		The health facility has a written breastfeeding policy that is routinely communicated to all health care and support staff. **[BFHI 1b]**
		Health care staff in the maternity unit receive in-service training and regular refresher sessions in routine postnatal care and breastfeeding at least every 12 months
		The health facility has local arrangements for alternative feeding methods, including cup or cup-and-spoon feeding, and avoids bottle feeding. **[BFHI 9 and 1a]**
		The health facility has local arrangement to inform pregnant women and their families about the benefits and management of breastfeeding. **[BFHI 3,5,10]**
		The health facility ensures that feeding of infant formula is demonstrated to mothers and family members of newborns only when needed, with a full explanation of the hazards of improper use**. [BFHI 1a]**

MATERNAL AND NEWBORNS STANDARDS (2016)		
Quality statement 1.6b		
	Quality Measure	The health facility has the supplies and materials to provide optimal feeding to preterm babies and support for breastfeeding or alternative feeding (feeding cups and spoons, infant formula, breast pumps, milk-storage facilities, pasteurizers, milk banks if possible, nasogastric tubes, syringe drivers, and intravenous fluids and tubing). [BFHI 9]
		The proportion of all low-birth-weight newborns born in the health facility whose mothers received additional support to establish breastfeeding. [BFHI 4]
Quality statement 4.1		
	Quality Measure	Health care staff in the maternity unit are oriented and receive in-service training at least once every 12 months to improve their interpersonal communication and counseling skills and cultural competence.
		The proportion of all women discharged from the labor and childbirth area of the facility who received written and verbal information and counseling on the following elements before discharge: **nutrition** and hygiene, birth spacing and family planning, **exclusive breastfeeding and maintaining lactation**, keeping their baby warm and clean, communication and play with the baby, danger signs for the mother and newborn, and where to go in case of complications.

SMALL, SICK NEWBORNS (2020)		
Quality statement B2, 1.24		
	Quality Measure	The health facility has a written infant feeding policy that reflects the clinical practices of the Ten Steps to Successful Breastfeeding, protects breastfeeding for all newborns by implementing the International Code of Marketing of Breastmilk Substitutes, and is routinely communicated to all health care and support staff.
		The health facility has the supplies and materials to provide optimal feeding of small and sick newborns and support for breastfeeding or alternative feeding, including feeding cups and spoons, nasogastric tubes, breast pumps, safe milk-storage facilities, donor human milk, breastmilk fortifiers, and infant formula.
		The health facility has a mechanism for establishing newborn feeding, preferably with breastmilk, supporting mothers in expressing breastmilk and maintaining lactation and monitoring feeding difficulties, growth, and breastfeeding.
		Health care staff in the health facility who care for newborns receive in-service training and regular refresher sessions in counseling on breastfeeding and optimal feeding of small and sick newborns, including newborns of HIV-infected mothers, at least once every 12 months.
		Proportion of small and sick newborns in the health facility who receive assisted feeding with a documented, correctly prescribed feed volume appropriate for their weight, gestational, or postnatal age.
		Proportion of carers of small and sick newborns in the health facility who have received counseling on breastfeeding or optimal feeding of newborns, including provision of breastmilk or breastmilk substitutes.
		Proportion of breastfeeding mothers who report that they were shown how to express breastmilk and who were given written information about expressing breastmilk.
		Proportion of the health facility staff who received training or orientation in counseling on breastfeeding, at least once in the previous 12 months.
		Proportion of health facilities in which high-quality, nutritious meals and drinking water are provided for breastfeeding women.

SMALL, SICK NEWBORNS (2020)		
STANDARD 6	**All small and sick newborns are given developmentally supportive care and follow-up, and their families receive emotional and psychosocial support that is sensitive to their needs and strengthens their capability.**	
Quality statement 6.3	All small and sick newborns receive appropriate developmental supportive care, and their families are recognized as partners in care.	
	Quality Measure	The health facility has written, up-to-date guidelines, protocols, standard operating procedures, and mechanisms to ensure that staff and carers provide developmental supportive care for small and sick newborns.
		Proportion of small and sick newborns in the health facility whose carers reported participating in their newborn's care.
*NB: Quality Statement 6.3 pertains to the promotion of "nurturing care, which comprises the conditions necessary for babies" and children's health, **nutrition**, security and safety, and responsive caregiving and opportunities for early learning. Nurturing care starts before birth, keeps the newborn safe, healthy, and **well nourished**, and ensures that their needs are met and they can interact with their caregivers and others.*		

PEDIATRIC AND YOUNG ADOLESCENTS (2018)		
STANDARD 1	**Every child receives evidence-based care and management of illness according to WHO guidelines.**	
Quality statement 1.4	All children with diarrhea are correctly assessed and classified and receive appropriate rehydration and care, including **continued feeding**, according to WHO guidelines.	
	Quality Measure	The health facility has a written, up-to-date clinical protocol for identifying and managing children with diarrhea, consistent with WHO guidelines.
		The health facility staff use standard guidelines to assess, document, and appropriately manage children with diarrhea and dehydration or dysentery, based on WHO guidelines.
		The health facility has adequate supplies for diarrhea management (IV fluids, oral rehydration salts [ORS], zinc, antibiotics) for the expected case load without stock-outs in the past three months.
		The health facility clinical staff who care for children receive IMCI training and regular refresher sessions in assessing and managing children with diarrhea who are dehydrated or have dysentery at least once every 12 months.

PEDIATRIC AND YOUNG ADOLESCENTS (2018)		
Quality statement 1.6	All infants and young children are assessed for **growth, breastfeeding, and nutrition**, and their carers receive appropriate support and counseling, according to WHO guidelines.	
	Quality Measure	The health facility has a written, up-to-date policy for exclusive breastfeeding and appropriate feeding, according to WHO guidelines.
		The health facility maintains a baby-friendly status that supports breastfeeding according to WHO guidelines.
		The health facility fully complies with the International Code of Marketing of Breastmilk Substitutes and has systems in place to monitor compliance with the Code.
		The health facility has the necessary supplies and materials to support breastfeeding and, when appropriate, alternative feeding (feeding cups and spoons, infant formula, nasogastric tubes, syringe drivers, and IV fluids and tubing).
Quality statement 1.7	All children at risk for **acute malnutrition** and anemia are correctly assessed and classified and receive appropriate care according to WHO guidelines.	
	Quality Measure	The health facility has written, up-to-date clinical protocols for assessment, identification, and management of children with **acute malnutrition** and anemia consistent with WHO guidelines.
		The health facility has adequate, functioning equipment (e.g., **weighing scales**, **length and height boards**, **mid-upper arm circumference tapes**) and other supplies for assessing and managing acute malnutrition for the expected case load without stock-outs.
		The health facility has or is linked to an outpatient or community therapeutic feeding center that provides nutritional support and counseling.
		The health facility that is managing children with complicated severe acute malnutrition has adequate medical and nutrition supplies (e.g., antibiotics, F75, F100, Resomal and ready-to-use therapeutic food) available for the expected case load without stocks-outs.
		The health facility has a separate room for all children with complicated severe acute malnutrition, with facilities for keeping them warm (e.g., overhead heaters) and provisions for developmental stimulation.
Quality statement 1.15	All children are protected from unnecessary or harmful practices during their care.	
	Quality Measure	The health facility does not promote infant formula on the wards, and samples are not distributed to mothers or staff.
		The health facility does not display infant formula or bottles and teats, including on posters or placards.

PEDIATRIC AND YOUNG ADOLESCENTS (2018)		
STANDARD 4	**Communication with children and their families is effective, with meaningful participation, and responds to their needs and preferences.**	
Quality statement 4.4	All children and their carers receive appropriate counseling and health education, according to their capacity, about the current illness and promotion of the child's health and wellbeing.	
	Quality Measure	The health facility holds regular "wellbeing clinics" (e.g., well-child and immunization clinics, counseling services, **growth** and development monitoring clinics, and adolescent clinics), which are used as opportunities for health promotion and preventive care.
	Quality Measure	The health facility has an effective system for implementing community-based activities to promote children's health and wellbeing.
STANDARD 5	**Every child's rights are respected, protected, and fulfilled at all times during care, without discrimination.**	
Quality statement 5.5	All children have access to **safe, adequate nutrition** that is appropriate for both their age and their health condition during their care in a facility.	
	Quality Measure	The health facility has a **food and nutrition policy** and guidelines to meet children's nutritional needs, including special needs, consistent with dietary requirements.
		The health facility has an up-to-date, written policy on **breastfeeding** that adheres to the International Code of Marketing of Breastmilk Substitutes and is routinely communicated to all health care staff.
STANDARD 8	**The health facility has an appropriate, child-friendly physical environment, with adequate water, sanitation, waste management, energy supply, medicines, and medical supplies and equipment for routine care and management of common childhood illnesses.**	
Quality statement 8.2	Child-friendly **water,** sanitation, hand hygiene, and waste disposal facilities are easily accessible, functional, reliable, safe, and sufficient to meet the needs of children, their carers, and staff.	
	Quality Measure	The health facility has drinking water stations that are either low or have a stool for easy reach, and small cups are available for children.

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