



Save the Children

Quality Improvement for Maternal and Newborn Health in Malawi and Uganda: A cross-country analysis of learning from the Saving Newborn Lives Project

6 October 2020



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Background

SNL3 identified quality of care for MNH as a clear priority

- ↑ facility deliveries globally, but still high maternal and neonatal mortality
- SNL part of global MNH quality improvement (QI) effort

Two SNL country programs identified quality as a key issue to support Ministries of Health (MOH): Malawi and Uganda

Cross-country study of these two programs show lessons learned

- Full report forthcoming: www.healthynewbornnetwork.org
- Data for the case studies came from existing SNL reports, process documentation, evaluations and datasets with secondary analyses

NEWBORN
2013

2013



2014

INTEGRATION OF
MATERNAL &
NEWBORN
HEALTH CARE



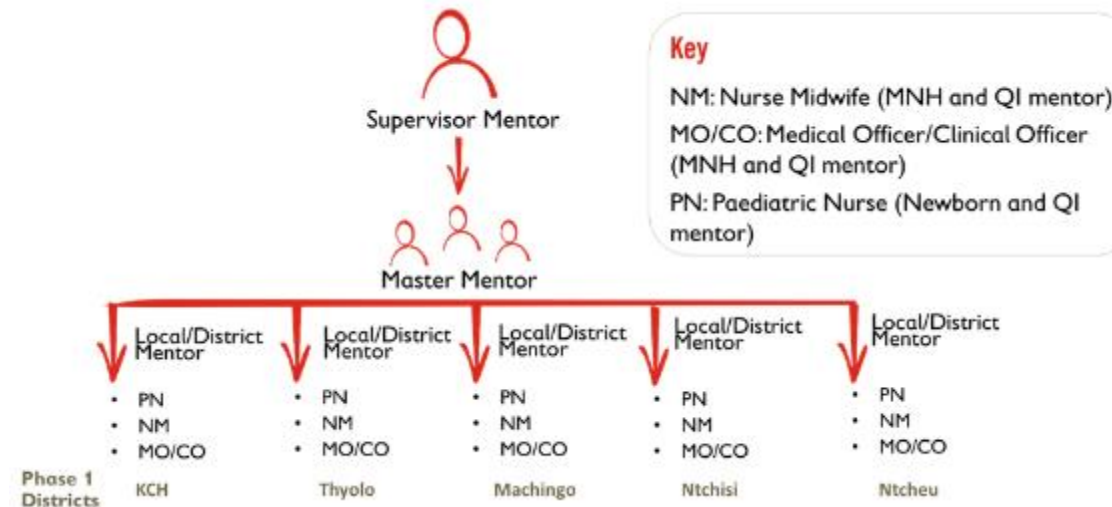
2015



2017

Malawi quality improvement program

- **Who:** Ministry of Health with support from Save the Children
- **Why:** To improve hospital-based quality of care provided to newborns and create an institutionalized mechanism for shared learning in central and district hospitals
- **When:** February 2014 to April 2017
- **Where:** 4 districts
- **What:** A district-led quality improvement & mentorship approach
 - Mentorship program
 - Refurbishment
 - Quality of Care Audits
 - Partnership



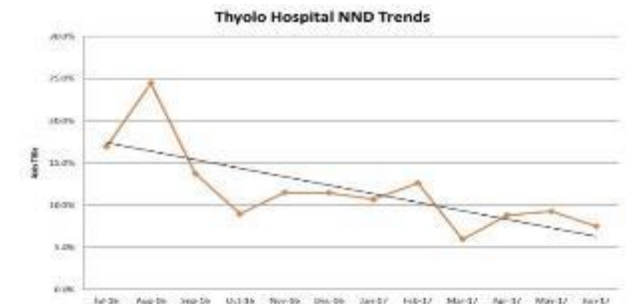
Malawi QI - results

Activities

- Four master mentors, 24 district mentors, and 16 mentees
- Improved access to equipment and supplies
- Thyolo: ↑ # of newborn care beds (3 to 40); ↑ designated staff (0 to 6)
- QI teams established in the districts
- Mentees visit to teaching hospital for a two week attachment.
- Monthly neonatal death audits and data collection and use support
- Continued engagement with district leaders and committees & partners

Outcomes

- Better documentation and use of data: LBW data increased from 24% in 2014 to 64% in 2016, in expected cases
- Thyolo: reduced mortality among newborns from 15.5% → 9.5%



Uganda quality improvement program



- **Who:** Ministry of Health with support from Save the Children & URC
- **Why:** to improve the survival and health of mothers and babies
- **When:** December 2014 to June 2017
- **Where:** 1 region; 14 hospitals
- **What:** A quality improvement collaborative:
 - QI methodology (eg skills lab, mentorship, learning sessions, etc)
 - Network building activities (eg district engagement, media training etc)

A Network of

- 14 government facilities in 6 Districts
- 1 Regional Referral Hospital (RRH)
- 4 District Hospitals
- 6 Health Center IV (HC IV)
- 3 Health Center III (HC III)
- Referral and Top down support

QI Collaborative & learning

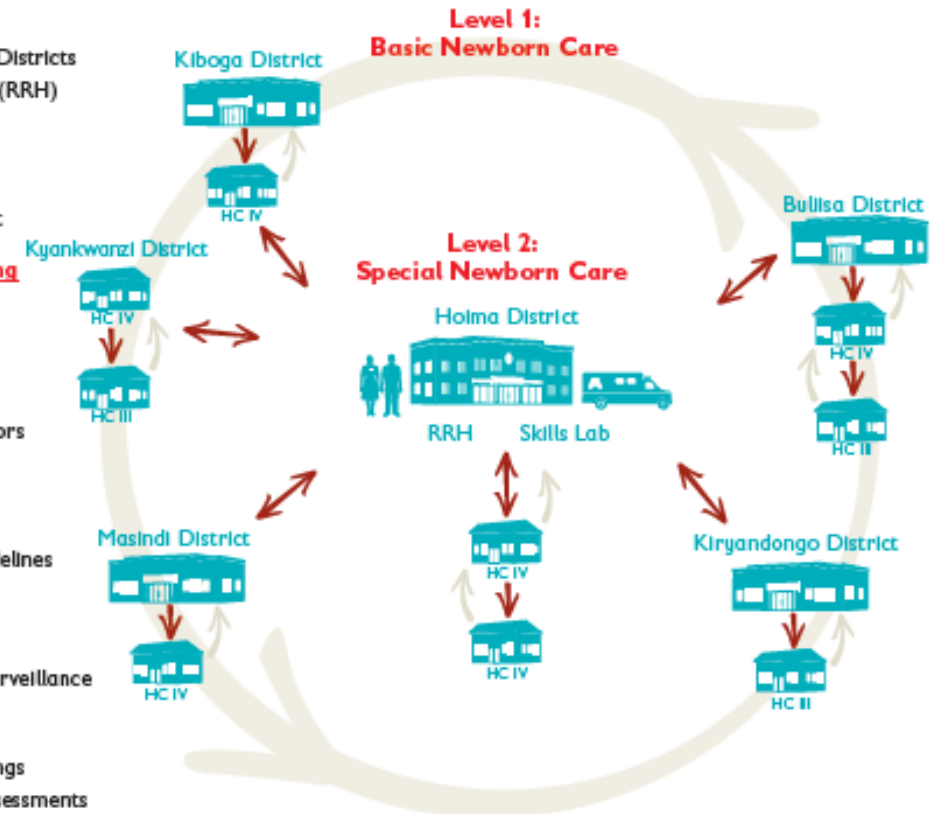
Led by URC

- 16 MNH QI teams
- Bi-weekly coaching visits
- Rapid PDCA Cycles
- Monitoring monthly indicators
- Quarterly Learning Session
- Training center/skills lab
- Mentorship
- National standards and guidelines

Network-building

Led by Save the Children

- Maternal perinatal death surveillance and response
- RMNCH scorecards
- District coordination meetings
- Quarterly Data Quality Assessments
- Media engagement



Uganda QI - results



Activities

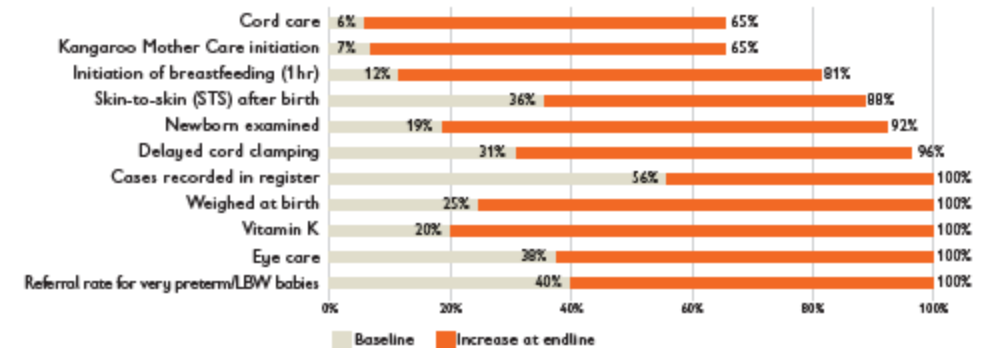
- Skills lab trained 185 frontline
- Improved access to equipment and supplies
- Mentorship and coaching
- QI teams established and trained in facilities
- 4 learning sessions
- Support for data improvement: MPDSR, DQA, RMNCAH scorecard
- Local media engaged and trained



Outcomes

- Increased coverage of newborn care practices
- Health worker knowledge mixed
- Mortality reductions observed but small & fluctuating nun

Figure 4: Increased coverage of newborn care practices, May 2016 – June 2017



Source: Structured observations of essential newborn care at facilities.

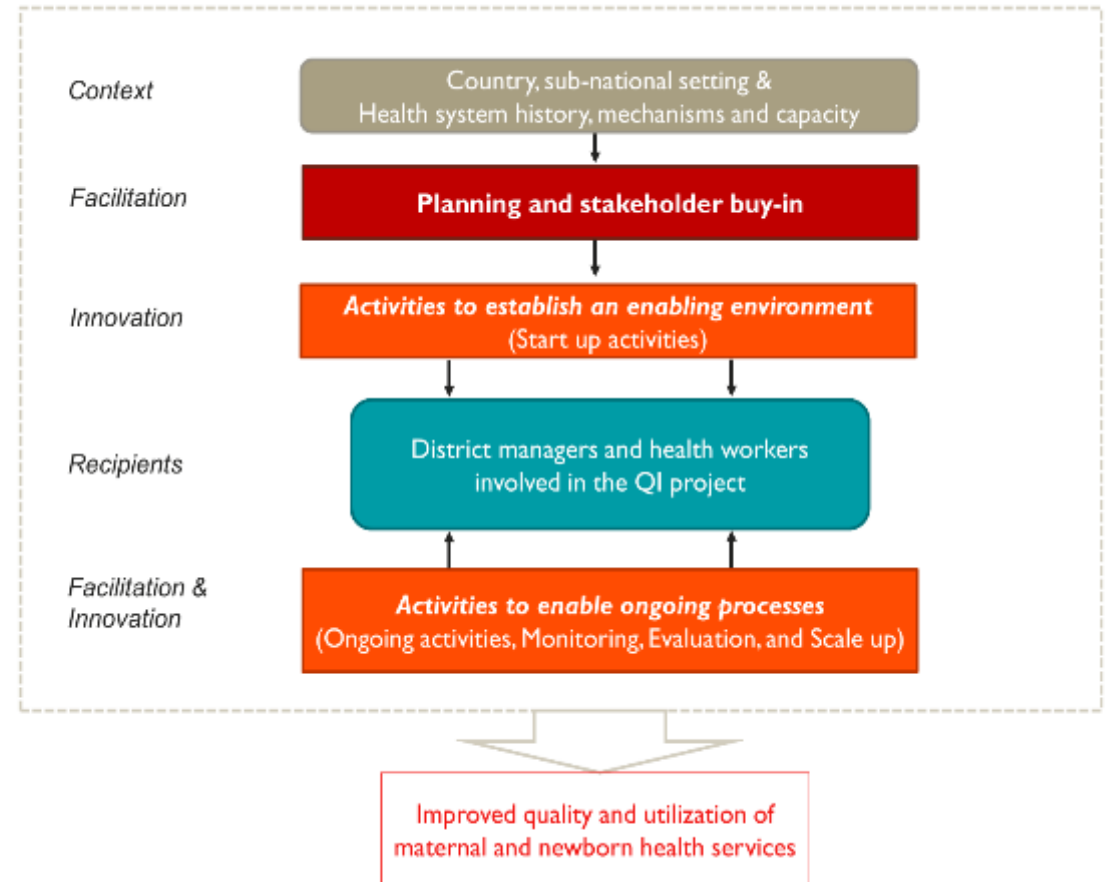
Cross country analysis

Applied the **integrated Promoting Action on Research Implementation in Health Services framework**

(i-PARIHS framework), to understand implementation, uptake and sustainability

Countries had similar processes:

1. Planning and stakeholder buy-in
2. Creating an enabling environment with start up activities
3. Supporting ongoing implementation
4. Monitoring, evaluating and scale up



Facilitation

Process of enabling, helping or making something easier; considered to activate implementation through its interaction with the other three constructs

Key findings

- National and sub-national buy in; continuous feedback to stakeholders; strong and enabled leadership
- Coaching and mentoring activities

Lessons learned

- Invest in national and sub-national buy in, integration, and ownership throughout process
- Focus on partnership, ownership and integration as vital components to implementation

*“Now our leaders know what is happening in the health facilities ... And they also go out, they tell people to utilize their facilities because services are improving, they are better than they were before.”
(District MCH Focal person, IDI, Uganda).*



Recipients

Staff, support services and patients involved in and/or affected by implementation and their responses to the changes required to implement

Key findings

- Culture of sharing & collaboration with clear communication channels
- Start-up activities supported QI
- Health worker agency linked to supportive management
- Staff time & transport remain challenges

Lessons learned

- Embed a culture of sharing and collaboration to create team cohesion and improve outcomes.
- Ensure implementation of coaching and mentoring activities to strengthen skills as well as boosts provider confidence
- Create an enabling environment

*“You see the foundation that we had laid in training those people [mentoring] in placing ..”
(Mentor IDI, Malawi)*



Innovator

The focus or content of the implementation effort; innovation(s) implemented

Key findings

- Clear objectives, workplans, guidelines and staff expectations
- Helpful to align QI initiative with national policies and standards
- Dedicated staff and/or space for newborn care
- Standardized monitoring and use of data
- Data literacy needed along with data collection

Lessons learned

- Align objectives with MOH policies and plans & integrate tasks into existing scopes of work
- Consider the unique needs of the health workers and clients in the context
- Built-in systems of continuous documentation and review

*“Before we had data but we didn’t know how to interpret it...now we are able to know our ..we can track it and interpret it.”
(Mentor, IDI, Malawi)*



Context

Conditions in which the innovation is introduced – not just geographical but also other factors, their potential impact on implementation and how best to handle them

Key findings

- Embedding QI innovation takes time
- Cascade learning shared through MOH
- Stability in wider health system and maturity of system influence quality of governance

Lessons learned

- Think long-term
- Leverage existing local resources and expertise
- Provide continuous feedback to MOH to share lessons and create scalable initiative



Conclusion – 5 key learnings

1. **Buy-in and ownership (at all levels) requires intentional efforts** including pre-work to understand the context, identifying local leadership, and establishing mechanisms for long term engagement and oversight.
2. **The creation of an enabling environment** must go beyond initial equipment and training to embedding a system of continuous support.
3. **Mentorship and sub-national and facility level engagement enable facilitation** of teamwork and a culture of learning.
4. QI initiatives must be **tailored to the local context and adaptable over time** to serve the community.
5. Think and act with a vision for a **longer term investment in the broader health system** – moving away from pilots to national systems.

The work of SNL, together with partners, has contributed to the prioritization and careful enhancement of quality improvement in the efforts to end preventable newborn deaths and stillbirths and ensure health for women and children.



Queen Dube, Malawi

THANK YOU



Save the Children



Tom Ediamu, Uganda

ACKNOWLEDGEMENTS

The work is presented on behalf of those who contributed to the research, interpretation, writing and process documentation including:

- **Center for Human Services/University Research Co., LLC team:** Jorge Hermida, Richard Kagimu-Musoke, Juliet Namukasa, Hussein Kato, and Anjali Chowfla
- **SCI Uganda SNL team:** Berina Kamahoro, Richard Mayanja, Sam Ongom, Patricia Pirio
- **SCI Malawi SNL team:** Gedesi Banda, Kondwani Chavula, Lydia Chitembo, Victoria Lweshwa
- **Save the Children US team:** Lauren DuComb, Etienne Franca, Samantha Herrera, Mary Kinney, Elaine Scudder, Bina Valsangkar, Lara Vaz, Steve Wall, Lyndsey Wilson-Williams
- **Consultants:** Jolly Beyeza-Kashesya, Erica Corbett, Queen Dube, Tom Ediamu