

QUALITY ASSURANCE IN RELATION TO REPRODUCTIVE MATERNAL AND CHILD HEALTH

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Introduction

Quality assurance has been one of the strategic objective pursued by the UCMB health network. UCMB is a coordination body for Catholic founded health facilities. Currently, UCMB coordinated 297 health facilities of which 32 are hospitals and 265 are health centers. Through the Diocesan health offices within 19 regions, UCMB is able to coordinate quality improvement and quality assurance in the affiliated health facilities.

Quality assurance has been part of the activities of UCMB since 2000. In 2010, UCMB strategized to include activities related to patient safety. The health facilities have since been supported to provide both quality and safe care through training and technical support supervisions and assessment. In collaboration with Uganda Martyrs University Nkozi, UCMB introduced a module on quality and patient safety in the Health Services Management (HSM) – Diploma/ Master’s program to boost the knowledge in quality and patient safety. Several interventions have also been adopted to include HFQAP, SQIS, SIMS, WASH, CQI projects, DQAs, governance inductions, etc

I would like to share the quality assurance efforts that UCMB had undertaken to assure quality and eventually improve service delivery on specifically Reproductive Maternal Neonatal and Child Health (RMNACH)

MAJOR UCMB INTERVENTION

Basic and Comprehensive EMOnc services for HC III and HC IVs

UCMB has been conducting a survey on basic and comprehensive emergency obstetric and neonatal care services in HC III and HC IVs. The intention was to understand the degree of completeness in providing these basic and comprehensive services and eventually this has been an annual practice to find out if the health facilities are able to expand the level of health services. For any facility that is providing health services, it is continuously important to check on medicine availability throughout the year. This quality assurance activity has been possible with the support of the regional coordination offices. On a quarterly basis facilities are visited to mentor the staff on safe maternal and neonatal care services and ensuring medicine availability with focus on emergency obstetric medicines like parental antibiotics, anticonvulsants and oxytocines. This has continuously improved quality services for mothers and neonates. The intention is to reduce on the maternal and neonatal deaths that may occur as a result gaps in EMOnc

UCMB is continuously training nurse and midwives on EMONC to improve maternal and child health. The knowledge and skills enable staff to refresh on EMOnC standards, protocols and how to use the manual Vacuum Aspirations (MVA) to manage difficult deliveries and post abortions. The staff are also refreshed in the use partographs, learn protocols on postpartum haemorrhage, post abortion care, use of magnesium sulphate and Helping Babies Breath (HBB).

It is a good platform for sharing experiences among health workers on how to address related health challenges especially in LLUs.

Currently 50% of our LLUs are able to continuously sustain basic EMOnC services throughout the year. The challenges of not continuously providing complete EMOnC package have been mitigated by continuous technical support supervisions, functionalise CQI committees, recruitment and replacement of qualified midwives, ensure constant supply of medicines and use of MVA

Quality assurance with focus on annual performances monitoring maternal and neonatal services in the health facilities. As part of quality assurance, UCMB is assessing quality performance using comprehensive proxy indicators. The indicators that are continuously assessed are related to Maternal Death Rates, Infection rates for caesarean section, Hospital Fresh Stillbirth Rate, Early neo-natal deaths rate¹, qualified staff, satisfaction rate

Table showing the median scores of the proxy indicators of hospitals for the past 5 years

	2014	2015	2016	2017	2018
Maternal Death Rates	0.3%	0.3%	0.2%	0.2%	0.2%
Infection rates for caesarean section	2.4%	1.7%	2.2%	1.6%	2.1%
Hospital Fresh Stillbirth Rate	1.5%	1.1%	1.0%	1.1%	1.3%
Early neo-natal deaths rate	2.0%	1.9%	1.9%	2.1%	1.6%
Qualified staff	66%	67%	66%	58%	71%
Satisfaction rate	75%	75%	79%	82%	78%

Source: UCMB generated reports (Annual HMIS 107, Quality indicators, Staffing, Surveys)

Accreditation: This is one of the program that UCMB started to ensure quality services are provided in the health facility. It involves setting standard and compliance is measured for a facility to get the annual accreditation. UCMB works hand in hand with the hospital managers and regional officers to ensure compliance of the standards throughout the year. The quality assurance standards set are:

- Annual practicing licenses of health workers
- Conduct antenatal, maternal and postnatal services
- Provide immunisations services specifically monitoring and ensuring that all new born are immunised with in the first 7 days after birth
- Availability of essential drugs

¹ MDR – Mothers dying with in the hospital while pregnant or up to 42 days (Six weeks) following delivery or interrupted pregnancy, FSB – Babies born dead but known to be alive on arrival in the facility, by spontaneous virginal delivery or CS, Qualified staff working attached to MCH services, IFRS – No. of CS wounds that get affected within 4 – 8 days post-operative, ENDR - Number of babies who died within the 7th day from birth divided by the total number of deliveries in the hospital in that year expressed in percentage terms.

- ⦿ Clinical audits emphasising on maternal and neonatal deaths with actions to improve the status quo
- ⦿ Functionality of continuous quality Improvement committees
- ⦿ Surgical safety checklist – pre operative, operative and post-operative. It's a prevention tool used to prevent errors and create avenues for learning from mistakes
- ⦿ The facility provides adequate infection prevention/control in the maternity ward and labour suite. Emphasis is on availability of standardised bins, proper sterilisation of equipment, disinfection of the suites, availability of incinerators and placenta pit

UCMB has been supporting health facility to provide Natural Family Planning services: The NFP technical support and training have increase the chance pf quality maternal care. The chances of having mothers spacing pregnancies are increased and this by proxy reduces maternal and neonatal death rates. This is also one of the commitments of Diocesan Health Coordinators to continuously spread and monitor in the Lower Level facilities.

UCMB is continuously lobbying and advocating for maternal and neonatal services. With the funds from the donor, UCMB as supported the health facilities to prevent jaundice among the neonates. UCMB has support several hospitals to procure phototherapy equipment effective during jaundice management among the new born babies. Training have also been conducted to build the Capacity on how to use phototherapy equipment to prevent jaundice in new born babies.

UCMB health facilities are supported to provide PMTCT services with focus on prevention and elimination of HIV among the new born. Continuously mother and children are supported through the PEPFAR program activities. Vibrant CQI committees are formed and are supported to identify gaps during service delivery. As a result, CQI projects are started, teams meet weekly to discuss interventions and actions are undertaken. Quality improvement journals are used to document and monitor progress of undertaken efforts to improve quality of services. Because of these initiatives, UCMB has been able to boost retention of mothers (92%), children (95%) and treatment (99%).

UCMB introduced the scholarship program to support nurses and midwives to upgrade knowledge skills and attitude of staff to improve quality of care in the network. Staff are supported to upgrade from nursing assistants to enrolled level. The enrolled cadres are supported to upgrade to diploma/registered level. It is our hope that the more upgrades, the more will realise quality and safe care in our health facilities.

UCMB has also invested in the production of nursing and procedure manuals, targeting preservice health professionals in view of improved and standardised nursing and midwifery care. The HTI are encouraged to take advantage of it to help them pass on improved nursing and midwifery practical to all trainees. Equally the nurses and midwives are encouraged to make it as a point of reference while providing nursing and midwifery care.

In addition, UCMB developed the quality and patient safety training manual and a curriculum to guide and assist effective training and capacity building in quality and patient safety education. The curriculum has been adopted at UMU where health facility managers train (even through UCMB sponsorship). The training manual has effectively been used by HF's during continuous medical education.

CHALLENGES

UCMB has encountered several challenges to ensure quality health services. These are mainly

1. Staff attrition has affected availability of adequate staff numbers, contributed to the workload and also knowledge and skill loss.
2. Continuous commitment of Quality Improvement committee.
3. Stock outs of emergency obstetric drugs in especially among the LLUs thus affecting continuity on Maternal and Child health services
4. Slow upgrade of HC IIs that are functionally HC III
5. Limited finances to UCMB personal and health facility peripheral efforts.

Conclusion

In conclusion we appreciate the Government through MoH and Districts for PHC CG, for seconding critical cadres, providing vaccines for immunisation services, providing ambulances during emergencies, involving health facilities in URMCHIP project and in the ongoing continuous CMEs and technical review and support supervision et al.

PEPFAR based Projects have also enabled UCMB and its health facilities to enhance HIV services, maternal service through Voucher plus project, staffing through Human resources for Health that project from which we have realised provision of quality services like deliveries, ANCs, PMTCTs, immunisations and outreaches

UCMB wishes to appreciate the commitment of the health facilities in the network and will continue to pursue quality and safe care through collaborations and partnerships.