



Improving Quality of Nutrition MNCH Services

Global resources, opportunities & lessons from Ethiopia



Quality, Equity, Dignity

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

Photo credit: Karen Kasmauski/MCSP, Yifag Kebele, Amhara, Ethiopia

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

Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda

Goals

1

Halve maternal and newborn mortality in health facilities in Network countries, as well as stillbirths, by 2022

2

Improve the experience of care

Strategic Objectives



Leadership



Action



Learning



Accountability

<https://www.qualityofcarenetwork.org/>



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



World Health
Organization

unicef



Child Health Task Force



2400+ members

from



80+ countries



300+ organizations



Working together in 10 subgroups

Coordination



Advocacy



Support
Countries



Learning



Knowledge
Management



Focused on 5 themes of work



Quality of Care (QoC) Subgroup

Goal: To create a platform in the child health community to advocate for and provide targeted support to countries to improve QoC for children in countries where Task Force members are active.

Review and suggest subgroup activities here:

bit.ly/QoCworkingdoc

Recordings and materials from past meetings and webinars here:

<https://www.childhealthtaskforce.org/subgroups/qoc>

Panelists – Lessons from Ethiopia



Dr Desalegn Bekele Taye
Assistant Director
Health Service Quality Directorate and
Quality Improvement Case Team Lead
Federal Ministry of Health Ethiopia



Zenebu Yimam
Nutrition Advisor
Save the Children
Ethiopia

Panelists – Global Resources



Kathleen Hill
Senior Quality Advisor
MOMENTUM Country and Global
Leadership



Lydia Wisner
Nutrition Program Manager
MOMENTUM Country and Global
Leadership

IMPROVING QUALITY OF NUTRITION CARE FOR WOMEN AND CHILDREN

MOMENTUM Country and Global Leadership

March 22, 2022



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Presentation Outline

- Global burden of poor nutrition for women and children
- High-impact nutrition and health interventions across the life course for women and children
- Global burden of poor quality of health care services and common nutrition quality of care problems
- WHO quality of care framework and nutrition-specific standards/statements for improving quality of nutrition care in health services for women, newborns, and children
- Opportunities and policy and implementation considerations for applying the standards to improve quality of nutrition care in MNCH services

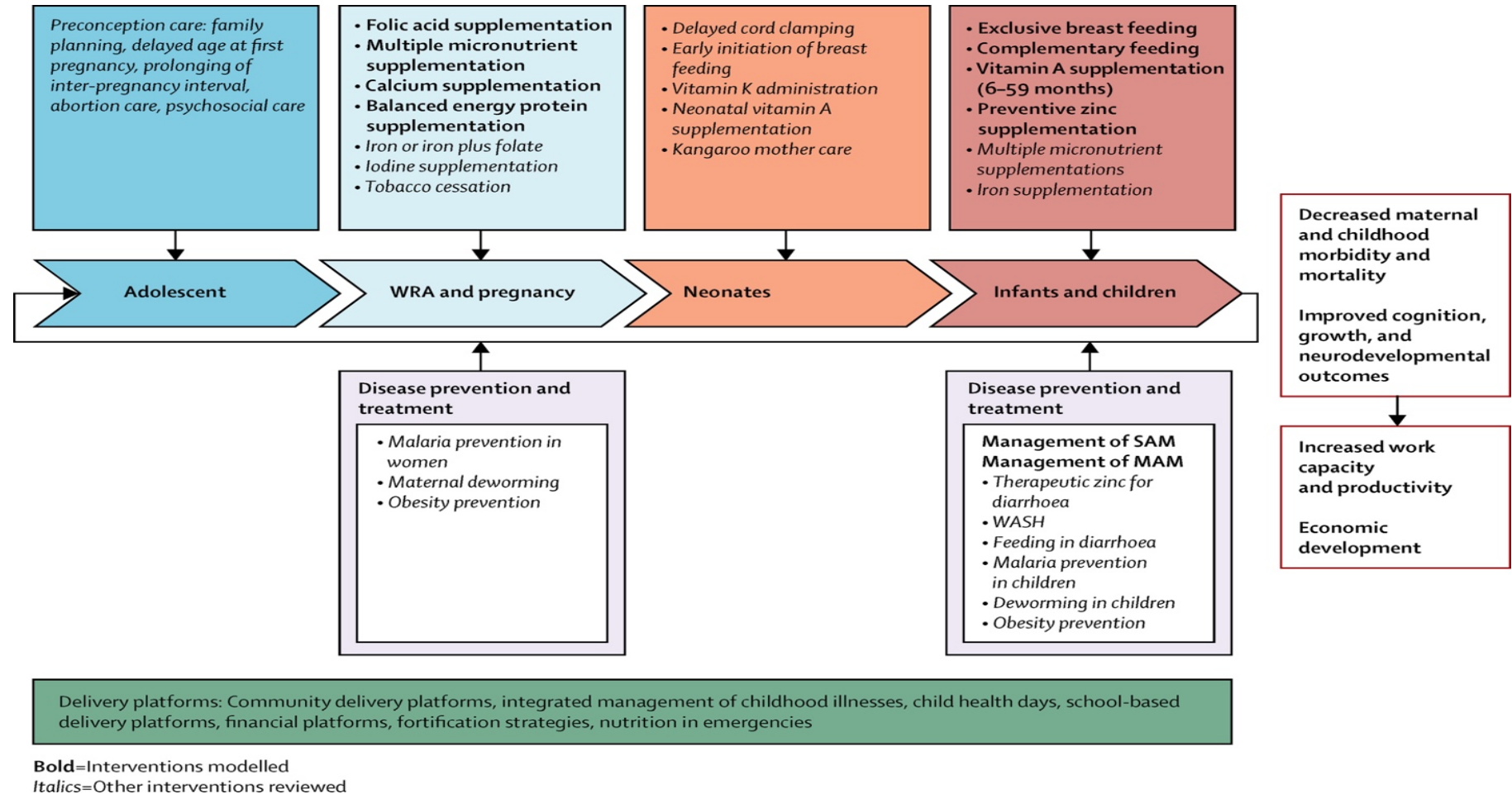
Global Burden of Poor Nutrition for Women and Children

- 22% (149.2 million) of children <5 are affected by stunting
- Malnutrition is underlying cause of over 3 million child deaths each year
 - Undernutrition linked to 45% of all deaths of children under age 5 (WHO 2020)
 - 9 of 10 children with stunting or wasting live in Africa or Asia
- Only 44 % of infants <6 months are exclusively breastfed
- 42% of children < 5 and 40% of pregnant women are anemic
 - Anemia is risk factor for premature birth, postpartum hemorrhage, stunting and impaired child development - leading causes of MNCH mortality/morbidity

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

High-impact Health and Nutrition Interventions across Life Cycle for Adolescents, Women, Newborns and Children

2 critical time windows: first 1000 days and adolescence



Source: Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? Conceptual Framework (Zulfi et al, 2013)


Access to health and nutrition care is essential but not enough!

Major quality of care problems with health and nutrition services persist in every country, with staggering human and economic costs

- In low-resource settings, poor-quality care is a bigger barrier to reducing mortality than lack of access to care
- High-quality health systems could prevent one million newborn deaths and half of all maternal deaths.
- **US \$6 trillion** – estimated cost of poor-quality care in low-resource settings in 2015

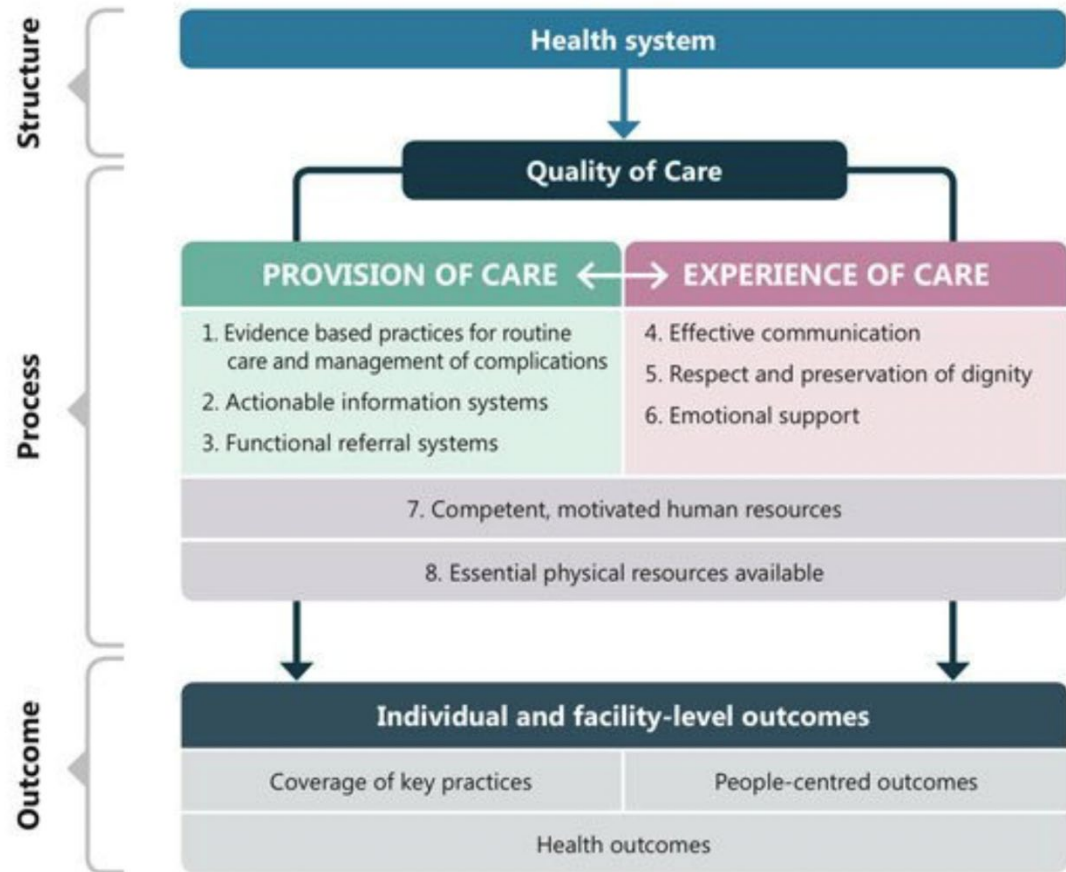
“ Unless there is a deliberate effort to improve the quality of health care services globally, Universal Health Care will prove to be an empty vessel.”

- *Crossing the Global Quality Chasm*



WHO quality of care framework and nutrition-specific standards/statements for improving nutrition care in health services for women, newborns, and children

WHO Quality of Care Vision and Framework for Women, Newborns, Children



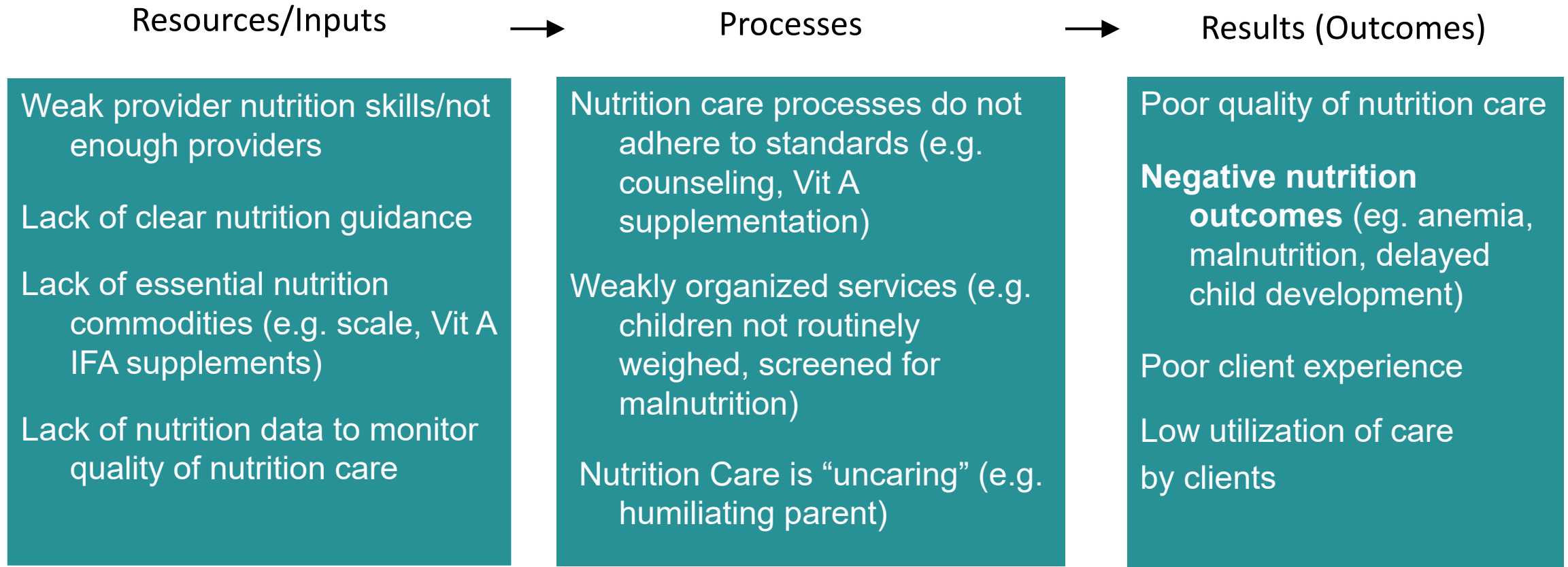
Eight domains of quality:

1. Evidence-based best practices for routine care and management of complications
2. Actionable information systems
3. Functional referral systems
4. Effective communication (with clients)
5. Respect and Dignity (for clients)
6. Emotional support (for clients)
7. Competent and motivated human resources (health care workers)
8. Essential Physical resources available

Source: Tunçalp Ö et al; BJOG 2015

Nutrition Care for Women and Children:

Common Types of Quality of Care Problems



WHO Standards for Improving Quality of Care for Maternal and Newborn Health (2016), Children and Young Adolescents (2018) and Small and Sick Newborns (2020)

QOC STANDARDS

Aspirational goals

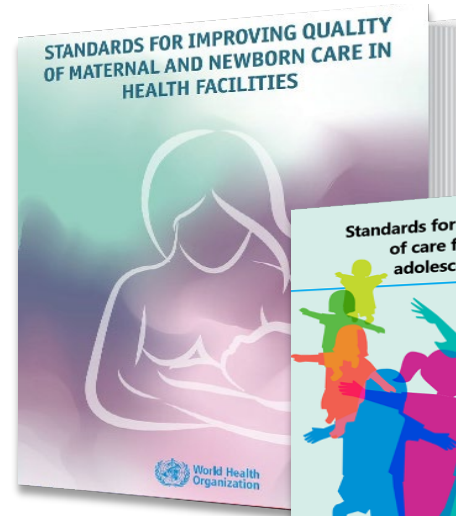
QUALITY STATEMENTS

(3-5 per quality standard)

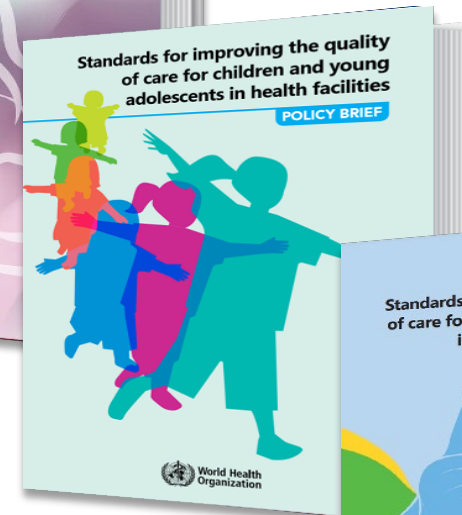
Concise prioritized statement designed to drive measurable improvements in care (improvement aim)

QUALITY MEASURES

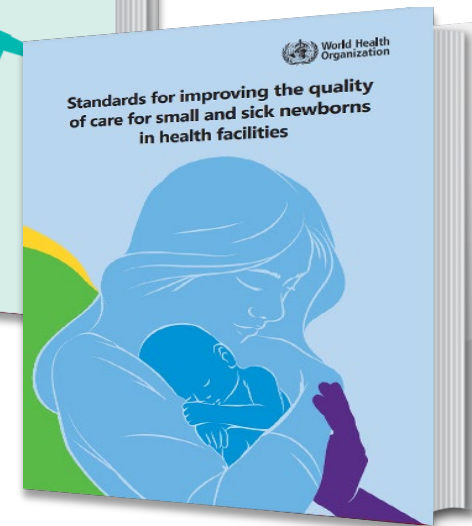
Input, output/process and outcome measures for each quality statement



Material & Newborn
2016



Pediatric & adolescent
2018



Small & Sick
Newborn 2020

Nutrition-specific quality statements for standard one (provision of care)

MNH, child and young adolescent, and small and sick newborn quality standards

MNH NUTRITION QUALITY STATEMENTS

Routine birth care

- Skin to skin and early breastfeeding (BF)

PNC


- Exclusive BF support and counseling
- Nutrition counseling and IFA supplementation for mother
- No woman or newborn is subjected to unnecessary or harmful practices; includes protection from promotion of breastmilk substitutes

SSNB NUTRITION QUALITY STATEMENTS

- SSNBs are fed appropriately, including assisted feeding with mother's milk
- SSNBs who cannot tolerate enteral feeding or enteral feeding contraindicated are provided with parenteral nutrition
- All newborns of HIV-infected mothers are fed appropriately
- All very-low-birth-weight newborns are given vitamin D, calcium, phosphorus, iron supplements

PEDIATRIC NUTRITION QUALITY STATEMENTS

- All infants/young children are assessed for growth, BF and nutrition and their caregivers receive appropriate support and counselling.
- All children at risk for acute malnutrition/anemia are correctly assessed and classified and receive appropriate care.
- Assessment of status and provision of Vitamin A supplementation every 6 months



Moving to Action: Opportunities and Policy and Implementation Considerations for Applying the Nutrition Quality Statements to Improve Nutrition Care in MNCH Services

The Nutrition QoC Brief published by the MOMENTUM Country and Global Leadership project summarizes nutrition-specific quality statements & measures and reviews policy and implementation considerations for improving nutrition care in MNCH services

<https://usaidmomentum.org/resource/nutrition-quality-of-care-for-maternal-newborn-child-and-adolescent-health/>

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 2030²—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 6 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.

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 (12): e1116-1125. [https://www.thelancet.com/journal/2018/12/05/S2468-2667\(18\)30819-1](https://www.thelancet.com/journal/2018/12/05/S2468-2667(18)30819-1)

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/universal-health-coverage-uhc>

⁴ The Lancet. 2018. "Putting quality and people at the centre of health systems." Editorial. 392(10150): 796. [https://doi.org/10.1016/S0140-6736\(18\)30544-6](https://doi.org/10.1016/S0140-6736(18)30544-6)



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Policy and Implementation Considerations

- Nutrition interventions implemented within health systems are more effective for improving health outcomes (Salam et al. 2019; *“Integrating nutrition into health systems: what the evidence advocates”* <https://doi.org/10.1111/mcn.12738>).
- The MNCH nutrition-specific quality statements can be applied to strengthen national policy and sub-national MNCH quality improvement (QI) interventions to improve nutrition care in integrated health services for women, newborns and children
- The multi-country Network for Improving Quality of MNCH and linked global resources offers an important platform and set of resources for improving quality of nutrition care in MNCH services*

**Implementation Guidance for Improving Quality of MNCH care* (www.qualityofcarenetwork.org); *Quality Health Services: A Planning Guide* (for key Actions at National, District and Facility levels to improve health services) <https://www.who.int/publications/i/item/9789240011632>)

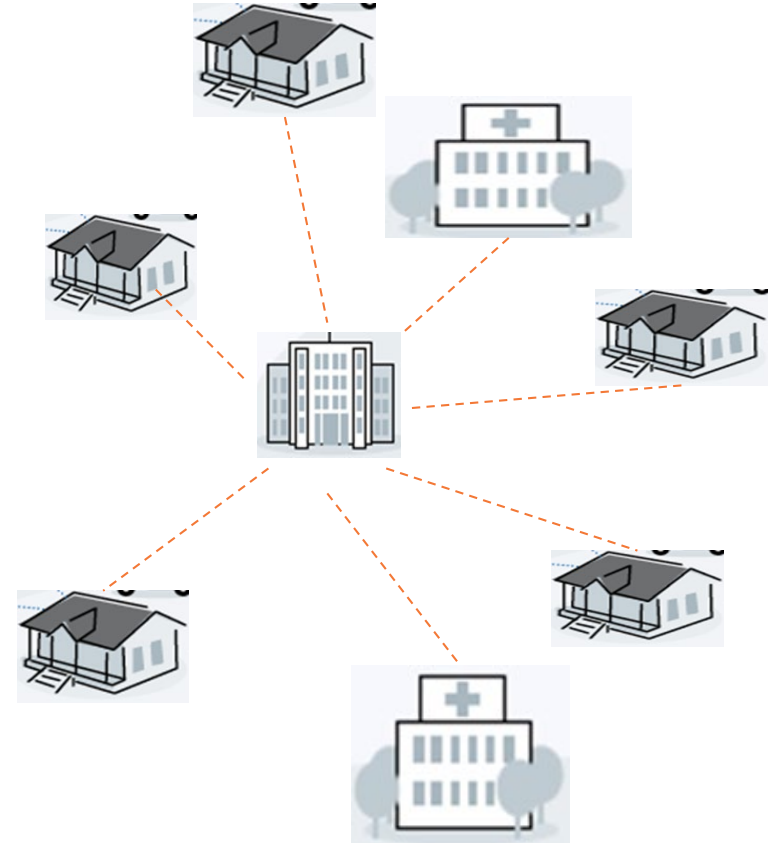
The Network for Improving Quality of MNCH care and other global quality guidance emphasizes key activities at national, subnational and health facility levels for improving quality of MNCH Care

- National level – government leadership; quality policy/strategy
- Sub-national level (regional/district) - leadership/management of QoC program activities (including support of facility QI teams, peer to peer support)
- Facility level - *quality improvement led by multi-cadre QI teams*
- Community Engagement



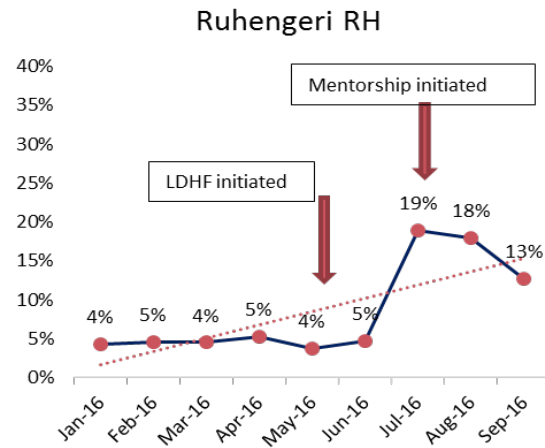
The Nutrition Quality Statements ('improvement aims') can be incorporated into a phased District-level QoC program led by District Managers with engagement of key stakeholders

Phase	Illustrative Quality Statements (improvement aims)
1 (9-12 months) <i>-Quick wins!</i>	Improve routine postnatal care for mother and newborn, including: <ul style="list-style-type: none"> • EEBF counseling/support (BFHI) • Nutrition counseling and IFA supplementation for mother
2 (9 months)	<ul style="list-style-type: none"> ▪ Improve growth and nutrition monitoring for young child ▪ Improve quality of counseling and active feeding for sick child ▪ Improve screening, early detection and management of malnutrition (acute and stunting)



Supporting front-line QI teams to identify QoC gaps, analyze root causes, test and adopt *changes* and continuously *measure* trends in QoC indicators to guide QI efforts (e.g. children with fever are correctly assessed, diagnosed and treated)

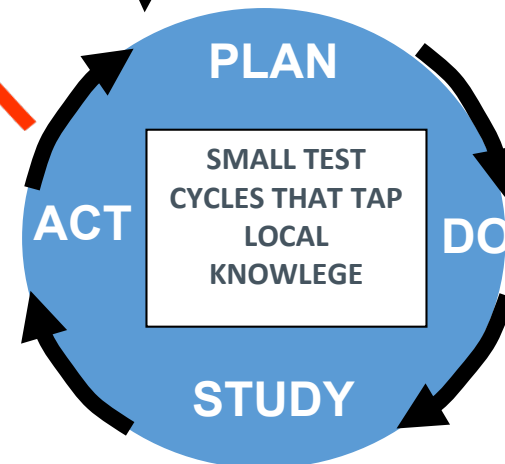
QoC Performance Gaps
(e.g. children not weighed routinely)



Run chart (process, outcome measures)



QI Team members participating in care of women and newborns (e.g. nurse, nutritionist, pharmacist, health information officer, laboratory technician, doctor)



Selected Policy and Implementation Considerations for Improving Quality of Nutrition Care in MNCH Services (see *technical brief*)

National

- Promote participation of nutrition stakeholders in MNCH QoC working groups.
- Include evidence-based nutrition content in national MNCH quality policies, strategies, and documents

Sub-national Management (Region/District)

- Promote participation of nutrition stakeholders in regional/district MNCH QoC TWGs
- Raise awareness of QoC standards, including nutrition-specific quality statements, among regional/district health and nutrition officers
- Ensure nutrition-specific improvement aims and quality measures are included in the design and oversight of sub-national MNCH QI efforts.
- Promote and strengthen regional/district QI teams that include nutrition program managers.
- Promote regular shared learning across sites about what works to improve nutrition care
- Include review and discussion of nutrition-specific QoC data in regional-level nutrition cluster meetings

Facility Level

- Support/strengthen multi-cadre facility QI teams that include nutrition professionals and community members
- Identify quality gaps in nutrition care and analyze root causes of gaps and test changes to close gaps
- Regularly collect and analyze nutrition QoC indicators as part of QI interventions to improve quality of MNCH care
- Strengthen community linkages (e.g. understand local barriers to exclusive breastfeeding for six months and work with community members and facility QI teams to help families overcome barriers)

Concluding Messages

- The MNCH QoC Network and associated nutrition-specific quality statements and global resources offer a vital platform for improving nutrition care in MNCH services.
- Advocacy is vital to raise awareness of the nutrition quality statements and incorporate these as a central element of MNCH QI efforts at global, national, and sub-national levels.
- Global commitments such as the [United Nations Decade of Action on Nutrition 2016–2025](#) should promote and incorporate standards, quality statements and measures for improving quality of nutrition care.
- Nutrition, MNCH and QoC stakeholders must align efforts to leverage existing MNCH, nutrition and QoC resources and platforms (e.g. Network) to improve and sustain high-quality nutrition and health services for women, newborns and children.

Resources and References

Quality of Care Network: www.qualityofcarenetwork.org

Quality of Care for maternal, newborn and child health: a Monitoring Framework for Network countries (2019):
<https://www.qualityofcarenetwork.org/knowledge-library/quality-care-maternal-and-newborn-health-monitoring-framework-network-countries-0>

Implementation Guidance for Improving Quality of MNCH care (*working document*, 2017):
<https://www.qualityofcarenetwork.org/sites/default/files/2019-09/brief%206%20implementation%20guidance.pdf>

Quality health services: a planning guide (provides guidance on key actions required at national, district and facility levels to enhance quality of health services) <https://www.who.int/publications/i/item/9789240011632>

Integrating Community and Stakeholder Engagement in QoC Initiatives for MNCH (2020):
<https://www.qualityofcarenetwork.org/knowledge-library/integrating-stakeholder-and-community-engagement-quality-improvement-0>

Standards for improving quality of maternal and newborn care in health facilities (2016)
https://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/

Implementation Guidance: Protecting, promoting and supporting Breastfeeding in facilities providing maternity and newborn services: the revised BFHI initiative <https://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation-2018.pdf>

Standards for improving quality of care for children and adolescents in health facilities (2018)
https://www.who.int/maternal_child_adolescent/documents/quality-standards-child-adolescent/en/

Standards for improving quality of care for small and sick newborns in health facilities (2020)
<https://www.who.int/publications/i/item/9789240010765>

THANK YOU

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Designing and Executing the Quality Strategy and Initiatives: Ethiopian Experience

Presenter: Desalegn Bekele Taye (MD, FISQua),
Assistant Director, Health Service Quality Directorate,
Ethiopia



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MINISTRY OF HEALTH-ETHIOPIA

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HEALTHIER CITEZENS FOR PROSPEROUS NATION

Outline

Objective

Introduction

Implementing QoC

Collaborative execution

Opportunities and challenges of integration

Way forward



Objective

Discuss the Ethiopian experience in implementing the quality strategy and initiatives.



Background

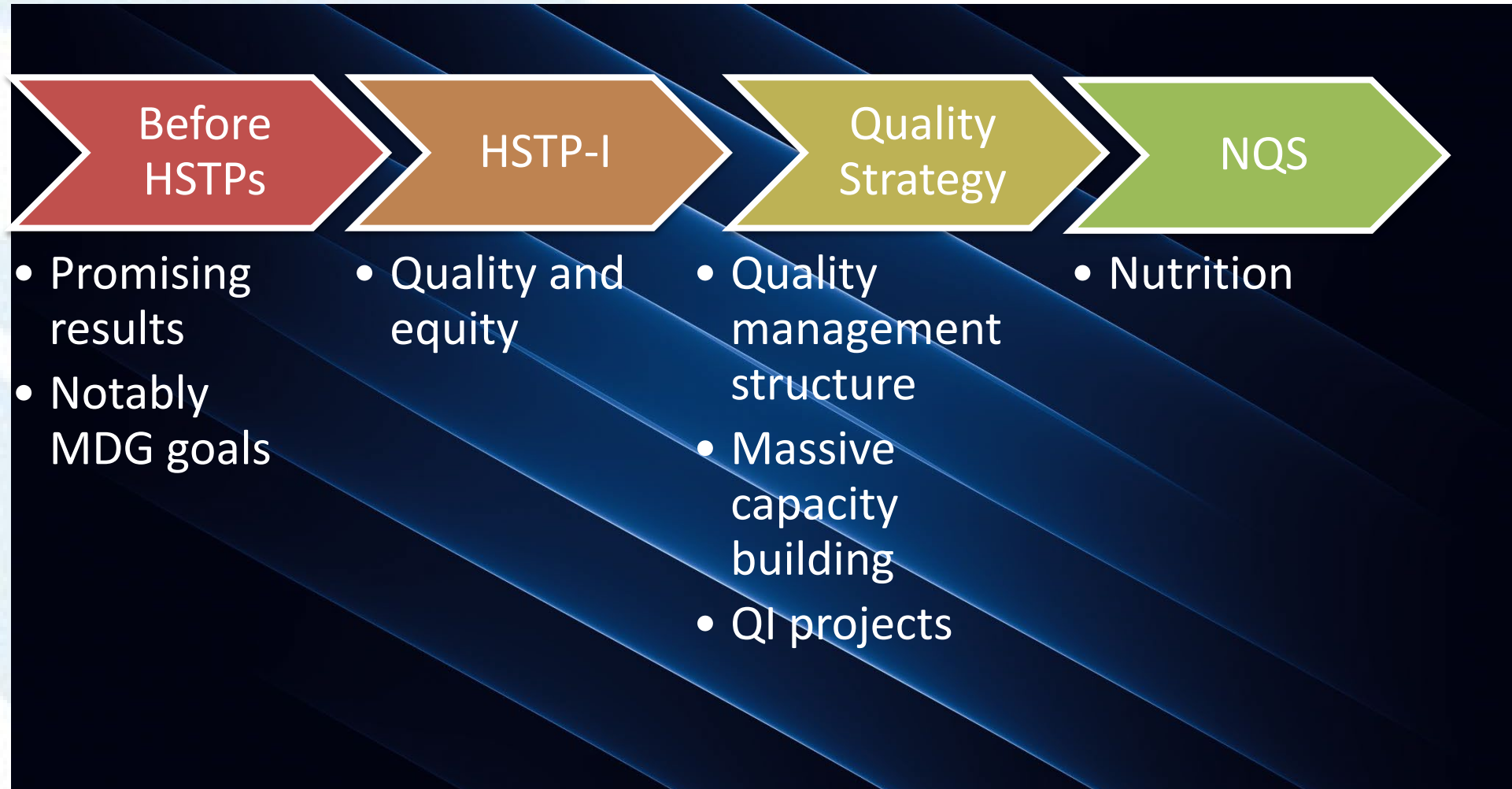
National Healthcare Quality Strategy
2015/16-2019/20

MNH QOC

- Global network to decrease maternal and neonatal death
- Positive experience of care
- A three-year roadmap



Background



Collaborative Execution

Steering group

Technical working groups

Joint capacity building

Joint supportive supervision

Summits

- Disseminate success
- Discuss big issues that need a common consensus



GTN Contribution to Health System

- Technical contribution
- Capacity building
- Lessons in execution informing the strategy



Opportunities

Quality is a national priority

- Policy (draft)
- Health sector plans

Political Will

- Nutrition

HSTP-II

- Quality and Equity
- Nutrition

NQSS

- Woreda level intervention



Challenges

Weak inter-directorate collaboration

Pandemic

Peace and instability



Way Forward

Integration

Strengthen collaborative execution

Sustaining gains





Thanks!





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The U.S. Government's Global Hunger & Food Security Initiative

Improving Quality of Nutrition Services: Growth through Nutrition Activity Experience

March 22, 2022

Presenter: Zenebu Yimam, Nutrition Advisor at
Save the Children International, Ethiopia

QUALITY IMPROVEMENT FOR BETTER
NUTRITION SERVICES



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PRESENTATION OUTLINE

- Introduction
- Quality Improvement Implementation
- Quality Approaches and Achievements
- Facilitators and Barriers
- Way Forward





INTRODUCTION ABOUT GROWTH THROUGH NUTRITION ACTIVITY

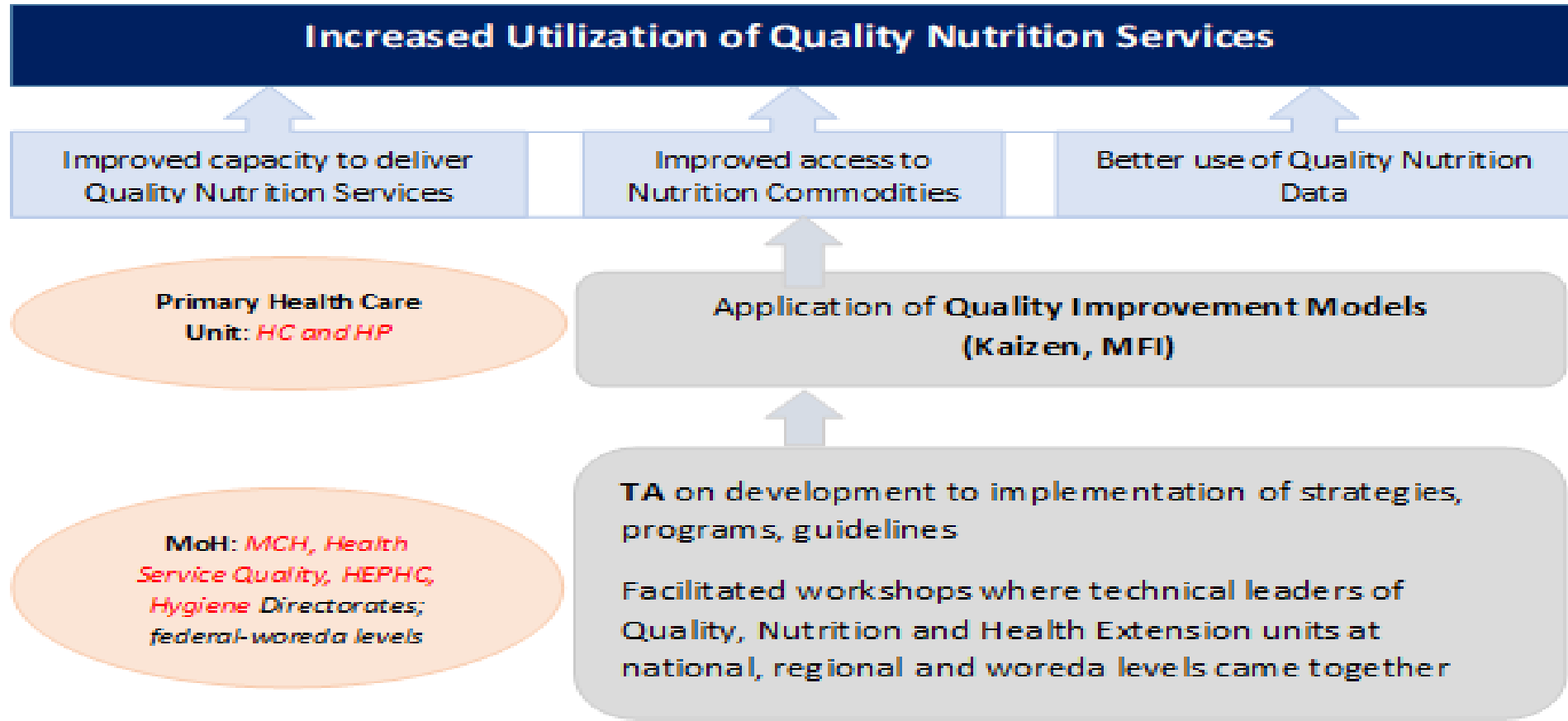
PURPOSE: IMPROVE NUTRITION STATUS OF WOMEN AND YOUNG CHILDREN



Cross Cutting: Research and Learning , Gender, Convergence/Layering, and Crisis Response



QUALITY IMPROVEMENT IMPLEMENTATION





QUALITY APPROACHES AND ACHIEVEMENT

- Prior to applying QI models
 - **Site selection-** one PHCU/woreda, as a learning site for neighboring PHCUs
 - Works closely with partners to avoid duplication of efforts (NI, T- PHCU), plan alignment
 - **Capacity building-** Provided QI training to around 1300 **HWs** and oriented **1150** HEWs
 - **Establish QI team and develop Nutrition assessment tool**
- Provided **intensive coaching** on MFI and Kaizen 5s to 66 model (learning) PHCUs
- Supports **PHCU RMs**, facilitated 230 **exchange visits-** reached more than 400 non-QI PHCUs

Model for Improvement





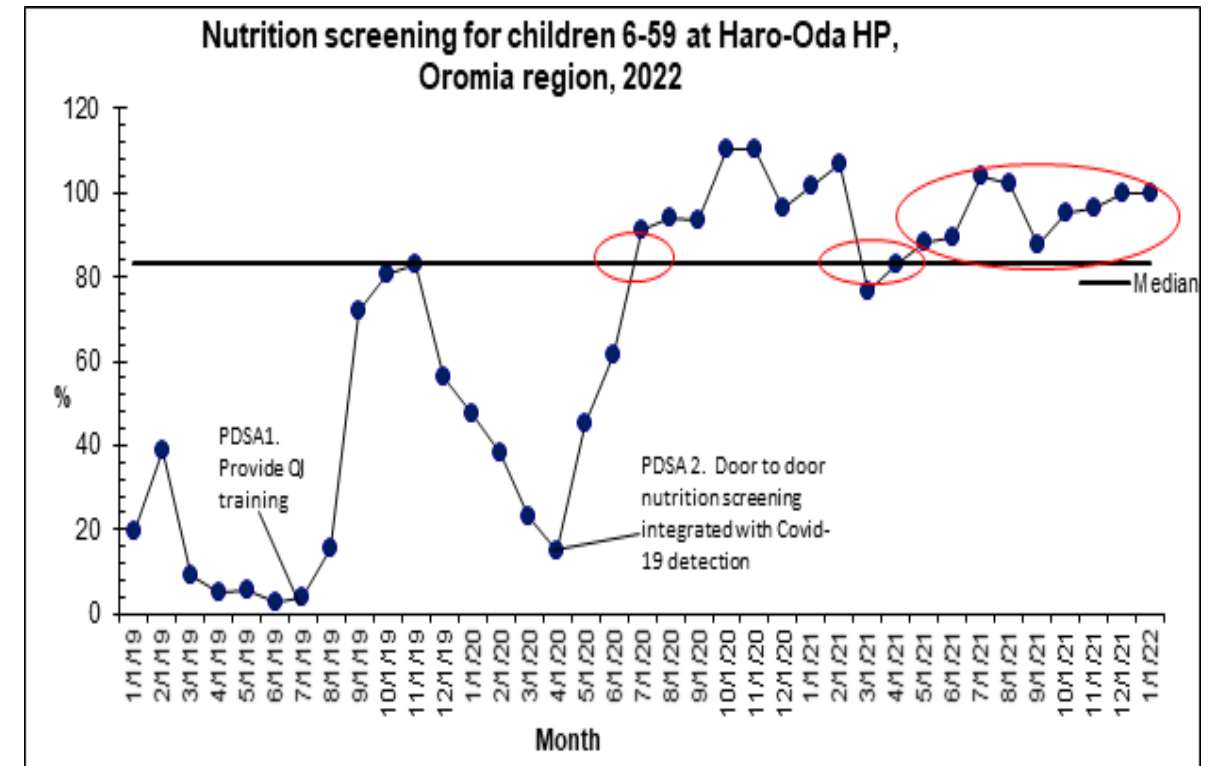
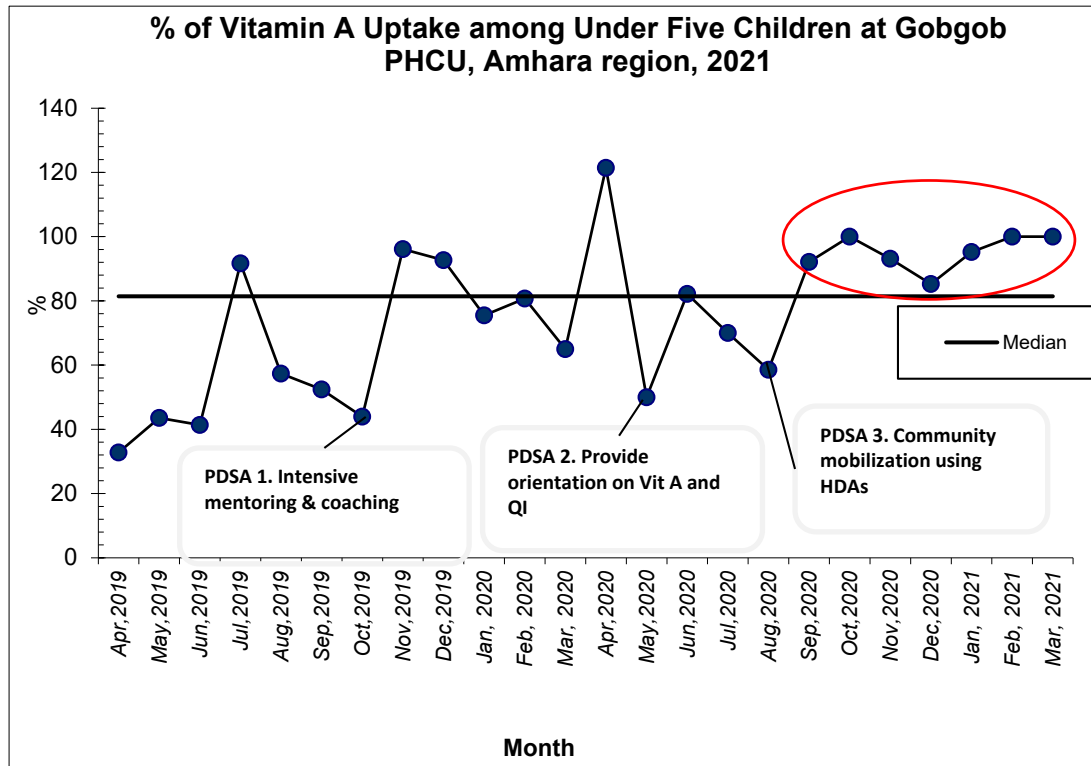
MFI CHANGE IDEAS AT FACILITY LEVEL

- Community mobilization
- Integration of nutrition screening with various campaigns
- Peer supervision
- Door to door nutrition counseling
- Utilize facility's revolving fund to purchase nutrition supplies
- Monitor report and requisition form, quantify supplies based on caseload and request timely replacements
- Closely monitor routine nutrition service data
- Use locally available recording materials
- Borrow nutrition supplies from other facilities/lend surplus nutrition supplies to nearby facilities
- Conduct frequent orientation/coaching sessions





EXAMPLES OF TRACKING NUTRITION QI





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KAIZEN 5s



Before the Application of Kaizen 5S



After the Application of Kaizen 5S



Before



After kaizen 5s in Oromia region



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QI FACILITATORS AND CHALLENGES

■ Facilitators:

- Structure, strategy, guidelines
- Motivated and committed staff
- Supplies
- Simplicity of QI models
- Support from the project

■ Barriers:

- Coordinated leadership and accountability at all levels
- Inadequate nutrition service quality indicators
- Ownership and focus on reportable output indicators
- Human resources (HEWs workload, high staff turnover, limited capacity of HEWs to apply MFI)
- Shortage of supplies
- Closure of health posts for various reasons
- Inadequate support from woreda health office
- Contextual factors



WAY FORWARD

- Attention from higher levels to apply QI models at PHCU level, with particular focus on preventative nutrition services
- QI approaches and assessment tools should be integrated into basic nutrition-related trainings
- Integrate nutrition QoC indicators in existing MNCAH QoC initiatives and programs
- Simplify QI approaches for health posts/community-based implementation
- Needs-based training and intensive coaching/mentoring at all levels and a pool of coaches
- Joint planning and monitoring of quality focused interventions by quality experts at different levels
- Regular application of external quality audits in all PHCUs
- Emphasis should be given on engaging community and clients



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