



HPF 3

Quality of Care Strategy

2019 - 2023

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List of Acronyms

ANC	Ante Natal Care
APGAR	Appearance, Pulse, Grimace, Activity, and Respiration
BEmONC	Basic Emergency Obstetric and Neonatal Care
BP	Blood Pressure
BPHNS	Basic Package of Health and Nutrition Services
CHD	County Health Departments
CME	Continuous Medical Education
CQI	Continuous Quality Improvement
DHIS	District Health Information Software
EmONC	Emergency Obstetric New-born Care
EPI	Expanded Programme on Immunization
FBC	Full Blood Count
FBO	Faith Based Organization
FIGO	International Federation of Gynaecology and Obstetrics
GBV	Gender Based Violence
GOSS	Government of South Sudan
HB	Hemoglobin
HMIS	Health Management Information System
HPF	Health Pooled Fund
HSQIF	South Sudan Health Sector Quality Improvement Framework
JHPIEGO	Johns Hopkins Program for International Education in Gynaecology and Obstetrics
KMC	Kangaroo Mother Care
MCH/FP	Maternal Child Health & Family Planning
MDSR	Maternal Deaths Surveillance and Response
MNCH	Maternal, New-Born and Child Health
MoH	Ministry of Health
MPDSR	Maternal Perinatal Deaths Surveillance and Response
NBU	New Born Unit
NGO	Non-Governmental Organization
NHP	National Health Policy
OPD	Outpatient
PDCA	Plan, Do, Check, Act
PHC	Primary Health Care
PHCC	Primary Health care Centre
PHCU	Primary Health Care Unit
PMTCT	Prevention of Mother to Child Transmission
QoC	Quality of Care
RDT	Rapid Diagnostic Tests
SARA	Service Availability and Readiness Assessment
SBM-R	Standard Based Management and Recognition
SOP	Standard Operating Procedures
TQM	Total Quality Management
USAID	United States Agency for International Development
WHO	World Health Organization

I. Introduction

The Health Pooled Fund began its third phase (HPF3) in July 2018 and is supported to run until 2023 by the British Government's Department for International Development (DFID), the Government of Canada, the Swedish International Development and Cooperation Agency (SIDA) and United States Agency for International Development (USAID). HPF3 supports the delivery of Government of South Sudan's Basic Package of Health Nutrition Services (BPHNS) in eight state hubs of South Sudan formerly known as: Eastern Equatoria, Central Equatoria, Western Equatoria, Northern Bahr el Ghazal, Western Bahr el Ghazal, Warrap, Unity and Lakes. HPF3 supports delivery of community level, essential primary health care, secondary health care and referral health services, stabilization of local health systems, and procurement and supply chain management of essential medical commodities.

The programme expected impact will be an improved health and nutrition status for the population that saves lives and reduces morbidity (including maternal, infant and under-5 mortality), and with the following three principal outcomes:

- Improved health and nutrition services for the population, especially women and children
- Improved community engagement and accountability of health services
- Stabilization of local health systems

2. HPF 2 Quality of Care Initiatives

HPF programme phase 2 had supported the Government to develop the South Sudan Health Sector Quality Improvement Framework (HSQIF) and Strategic Plan (2017-2021). The HSQIF is aimed at providing a common framework to ensure that the health sector prioritises, harmonizes, coordinates and institutionalizes Quality of Care (QoC) interventions in South Sudan through ensuring that all public and private health institutions, partners and stakeholders work to coordinate, plan, mobilize resources, implement, monitor and evaluate quality improvement initiatives.

Hence, HPF 2 developed a Maternal, New-born and Child Health Care Quality Monitoring System to provide guidance on monitoring improvements in QoC at all levels of Health Service delivery. The monitoring systems had the requisite tools to support assessment in health facilities in order to identify gaps in quality and communicate areas of improvement. The tools fed to an agreed set of indicators primarily adapted from World Health

Organization's (WHO) and Partnership for Maternal, New-born and Child Health, 2013's Consultation on Improving Measurement of the Quality of Maternal, New-Born and Child Care in Health Facilities. In addition, the developed system drew from best practices from various sources among them;

- Standard Based Management and Recognition SBM-R implemented by JPHIEGO in former Central and Western Equatoria states of South Sudan and other countries (Afghanistan, Guatemala, Malawi, Mozambique and Zambia) and whose focus is to set standards, implement the standards, measure progress, and reward achievements.
- WHO Service Availability and Readiness Assessment (SARA): a systematic survey for generating tracer indicators of service availability and readiness.
- Model QI System for resource constraint settings incorporating the WHO six building blocks of a health system and PDCA ((plan–do–check–act) cycle along with 5S (Sort, Set, Shine, Standardize, and Sustain), KAIZEN-Total Quality Management (TQM) approach.
- USAID Health Care Improvement Project: adopted in Niger and Mali where several improvement teams from different facilities work together towards the same objectives in addressing gaps in the quality of care in MNCH services.
- WHO Safe Childbirth Checklist: the checklist and the accompanying implementation manual help health care workers to deliver essential maternal and perinatal care.
- Maternal Death Surveillance and Response: implemented in many countries and includes maternal death identification, reporting, review and response, which is the essential information for stimulating and guiding action to prevent future maternal deaths and improve measurement of maternal mortality.
- International Federation of Gynaecology and Obstetrics: Mother Friendly Birthing Facility Initiative with 10 criteria, underpinned by the universal rights of childbearing women to ensure that every woman has the right to a positive birth experience and compassionate care leading a healthy delivery outcome for mothers and new-borns.
- University Research Corporation Model: use of data to improve Quality of Care for Mothers, Infants and Children premised on the concept of regular measurement of quality of care, produces improvements due to periodic assessment, participatory review and follow- up.

3. HPF 2 Quality of Care Monitoring Tools

HPF 2 QoC monitoring system had Excel based (Word based paper tool also available) monitoring tools for i) MNCH Quality Monitoring Tool for Hospitals ii) MNCH Quality Monitoring Tool for Primary Health care Facilities (PHCC & PHCUs with EmONC). Each tool had 24 assessment areas- ANC, Maternity & Delivery, New-born care, Child Health, Family Planning, Referral Services, Gender based Violence services, Quality Improvement Teams activities, Staff, Equipment, Power supply, Support services-Laboratory & Pharmacy, HMIS, Space management, and Hygiene and Waste Management. Each assessment area had its own set of assessment queries and standards that were embedded within the Excel document for ease of administration. Each assessment area had weighted scores that were based on the importance of the area in influencing quality outcomes, and the Health Facilities ability to influence the status quo. The total scores were calculated against a maximum score of 981 points for Hospitals and 710 points for PHCC/ PHCU and presented in form of a percentage.

4. Quality of Care Assessments

Quality assessments were carried out in 13 hospitals and 46 PHCCs from October 2017- June 2018 with 11 health facilities (six hospitals and five PHCCs) benefiting from follow-ups assessments. The score varied from 18%-71% with a score of 50% being deemed as acceptable. The aim was to have all the HPF supported facilities scoring 75% and above. The findings were discussed County Health Departments, Implementing Partners (IPs), Health Facility Management and where possible the staff within the Facility. The areas of main concern were; staff management, incomplete FANC/BEmONC/CEmONC packages, inadequate labour monitoring, inadequate skills in new-born assessments and appropriate management, poor drugs and commodities management, poor infection prevention and control, lack of guidelines and job aids and inadequate support services. There was notable improvement in some of the facilities that had follow-up assessments especially where staff followed up on the recommendations of the assessments and implemented remedial actions as illustrated in Figure I below.

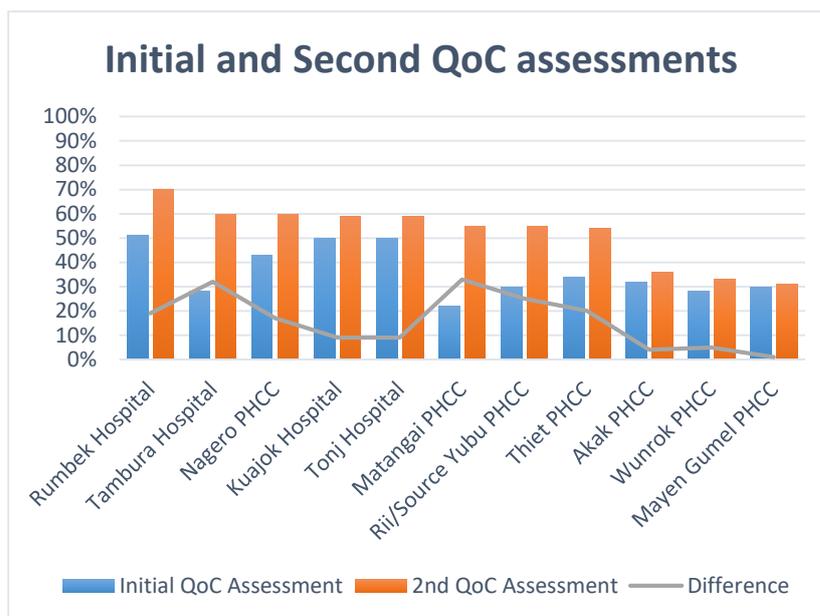


Figure 1: Comparisons between Initial and Follow up Assessments

Lessons Learnt

The following are the lessons learnt from implementation of Quality of Care Monitoring Strategies in HPF 2.

- Regular measurement of quality of care, timely feedback and development of quality improvement actions plans which are followed by timely implementation lead to tangible improvements in quality
- The IPs/CHD need support from the national level/HPF in capacity building, provision of policy and guidelines, SOPs, job aids, training materials for capacity building Health facilities and regular support in conducting assessments.
- MoH needs to play a champion role for Quality Improvement with focal persons for Quality at each level -National, State Ministry of Health (SMoH), County Health Department (CHD) and at the Health Facility (HF).
- Need to invest in building capacity of the IPs, CHDs and health facilities staff to conduct quality of care assessments, identification of gaps and development of quality improvement plans.
- IPs need to have a QI focal person preferably with a clinical background to support the health facilities with Quality Improvement activities
- Approach to quality assessments should be facilitative rather than 'Inspectorate' to promote open communication, collective identification of quality gaps and development of remedial actions.

- Involvement of other partners/agencies on the ground to find a common ground on QI approach. Some partners may have their own tools that can enrich the existing tools or may play an important part in filling the identified gaps, e.g. in mentorship and training of HCWs, provision of commodities, equipment, guidelines and job aids.
- Operationalization the definitions of some key terms in the Standards in the context of South Sudan in order to improve objectivity
- Involvement of all technical officers in assessments/capacity building activities. However, the assessments should be conducted by person with technical capacities in the respective technical areas. For example assessment of Maternity services should be assessed by someone with a clinical background.
- Inventory of all the existing policies, guidelines, SOPs, Job Aids and distributing them to IPs and identification of gaps and mapping out ways to address those gaps
- Facilitation of Health Facilities to form QITs/ QICs and training them on their expected mandate based on the agreed ToRs for various levels.
- Linking QI activities with select indicators in the HPF log frame in order to monitor the desired outcomes
- The QoC tools need to be reviewed to make them more user-friendly and to incorporate the experiences of the last one year of implementation.
- A culture of data review in the health facilities should be cultivated in the QIT/QIC meetings to promote evidence based decision making.
- Need to standardize client satisfaction surveys by having agreed tools and methodology of data collection.
- QoC activities should be budgeted for in the Annual plans for IPs, CHDs and Health facilities.

5. South Sudan Health Sector Quality Improvement Framework and Strategic Plan

The goal of the South Sudan Health Sector Quality Improvement Framework and Strategic Plan (HSQIF) is to **“ensure provision of high quality health services and to contribute to the attainment of good quality of life and well-being at all levels of health care”**.

The strategic objectives are;

- To provide a harmonized and integrated approach to quality improvement in health service delivery throughout the health sector
- To improve quality of health care and patient safety at all levels including the private sector while ensuring efficient utilization of available resources.
- To provide client centered services with the aim of improving the quality and responsiveness (including gender responsiveness) of health services provided.

It is on the HSQIF that the QoC Strategy is anchored.

6. HPF3 Quality of Care Strategy

HPF seeks to revise the QoC Strategy commensurate with programme priorities for HPF 3, lesson learnt from HPF 2 QoC implementation, and priorities of the Health Sector as articulated by the Ministry of Health. The strategy strives to incorporate the contribution, experience and existing tools from MoH, other donors and partners including UN agencies that are supporting health care delivery especially in the area of MNCH. It is envisaged the tools developed can be utilized across-board by all partners supporting health care delivery including partners in Upper Nile and Jonglei. The aim is to have a comprehensive, user friendly Quality of Care system that monitors a set of inputs and processes that would lead to a measurable Outputs and Outcomes at different levels of health care delivery.

6.2 Objectives

- I. To define a small set of programme indicators that will be used to monitor outcomes in quality of care improvements
- II. To outline users' friendly tools for quality assessments, identification and communicating quality of care gaps, and facilitating development of quality improvement plans
- III. To define the organizational structure at all levels that will be required to monitor and implement improvements in quality of care
- IV. To define the processes that will be utilized in quality of care monitoring and improvements
- V. To define the capacity building activities required for Quality of Care Improvements.

Definitions:

- **Quality of Care** is “the extent to which health care services provided to individuals and patient populations improve desired health outcomes. The health care must be safe, effective, timely, efficient, equitable and people-centred.” (WHO: 2018)
- **Quality Improvement (QI)** is an approach to improvement of service systems and processes through the routine use of health and programme data to meet patient and programme needs.(WHO: 2008)

To Promote a Culture of Quality Improvement

- Create a vision for quality by setting shared goals for performance
- Educate staff about QI and provide them with the skills to participate in QI processes.
- Set a routine schedule for monitoring and reviewing data.
- Communicate results from improvement projects throughout the health facility and the community.
- Display data where Staff and Community can see them.
- Celebrate successes.
- Articulate the values of QI in meetings.
- Provide opportunities for all staff to participate in QI teams.
- Reward staff members for their QI contributions e.g. including the contributions in performance appraisals.
- Use available existing resources to strengthen quality improvement activities.
- Include a budget for QI activities including training

- **QI Vs QA:** Quality Assurance (QA) measures compliance against certain necessary standards through regulatory approaches such as accreditation, whereas Quality Improvement (QI) is a continuous improvement process focused on people, processes and systems.

6.3 HPF Programme Indicators for Monitoring Quality Improvement Outcomes

A set of indicators has been selected to monitor improvements in quality of care. The choice of indicators was based on;

- Indicators that encompass a wide range of inputs and processes therefore serving as a proxy to determine the effort that has been invested in QoC improvements
- Indicators associated with interventions that have the greatest contribution to reduced morbidity and mortality in MNCH
- Ease of collecting data to inform the progress of the indicator performance

Below is the list of the selected indicators- Table I.

Table 1: List of Quality of Care Monitoring Indicators

	Maternal
1.	Proportion of ANC women receiving IPT 2 or more
2.	Proportion of women receiving uterotonic Oxytocin (or misoprostol) after facility based delivery
	New-Born
3.	Proportion of health facilities with functional bags and masks (two neonatal mask sizes) in the delivery areas of maternity services
4.	Proportion of health facilities in which baby warming facility/Kangaroo Mother Care is operational by level of facility
	Child Health
5.	Proportion of facilities with malnutrition cure rate of > 75%
	GBV services
6.	Proportion of Health facilities with capacity to provide psychological support and care for victims of SGBV
	Family Planning
7.	Number of contraceptive methods available at a specific service delivery point
	Supplies
8.	Proportion of health facilities that had NO stock- outs of essential lifesaving medicines for mothers, newborns and children in a specified period (no stock out even for a single day)
	Staff
9.	Proportion of health facilities meeting minimum staffing standards for provision of maternal and newborn care
	CQI
10.	Proportion of facilities with an established mechanism (Quality Improvement Teams evidenced by documented membership, assessment reports and QI plans) to continuously improve quality of care

6.4 Quality Assessments Standards and Tools

The strategy seeks to outline users' friendly tools for quality assessments, identification and communicating quality of care gaps and facilitating development of quality improvement plans

The tools to carry out the assessments are categorized into;

- Hospital Assessment Standards and Tools (County, State & Referral hospitals)
- PHCCs Assessment Standards and Tools
- PHCU Standards and Monitoring Tool

The tools and the scoring matrix are detailed in Separate Excel Documents.

6.5 Organizational Structure at different levels to monitor improvements in quality of care

The South Sudan HSQIF defines the roles and responsibilities of the various teams and persons involved in monitoring improvements in quality of care at various levels. These are

- National Quality Improvement Committee
- State Quality Improvement Committee

- County Quality Improvement Committee
- Hospital Quality Improvement Team
- Departmental Quality Improvement Circles
- Lower Level Health Facility Quality Improvement Teams
- Focal persons at different levels

In order to make the management of QI activities more efficient, this strategy recommends integrating the QI Organizational Structure with the existing Support Supervision structures at the State and County level. Supportive Supervision is the process of guiding, helping and encouraging staff to improve their performance so that they meet the defined standards set within the health sector¹. The focus is to understand how staff, apply the guidelines and protocols to deliver services and to help staff fill in knowledge and skill gaps.

Thus, the existing Support Supervision activities should be strengthened to include QI activities. This shall include modifying the ToRs for Support Supervision teams to include QI activities as well as allocating more resources for field activities, meetings, personnel etc. In addition, appointments of QI focal persons at the State, County and Facility level with a counterpart from the IPs will be crucial to ensure that there is a point person at all levels who is responsible for quality monitoring activities.

6.5.1 Strengthening Support Supervision Activities to include QI activities at State Level

The following activities will be conducted at State level in addition to the Support Supervision activities to track progress on implementation of the QI activities:

- Quarterly state QI Coordination meetings
- Quarterly Support Supervision visits to implementing facilities
- Quarterly QI progress reports compiled and submitted to the National Quality Improvement organ, Programme / Project Managers
- Quarterly QI performance review meetings

6.5.2 Roles and Responsibilities of the State QI Focal Person

- Identifying key priority areas for QI and make recommendations to the State QI committee.
- Preparing State QI plans and presenting them to the State Health Management Team
- Facilitating networking with partners in identifying problems and solutions at State level.
- Participating in building capacity of State, County, Sub County and facility personnel in the implementation of QI activities in health services.

¹ Source: Making Supportive Supervision Effective: A Manual for Managers, Ministry of Health of the Republic of South Sudan with support from the Health Pool Fund (HPF) July 2015

- Participating in supervision/coaching/mentorship within the State.
- Participating in periodic QI performance assessment.
- Preparing State QI reports for submission to the MoH.
- Organizing State Quality Improvement meetings in consultation with the Chairperson.

6.5.3 Strengthening Support Supervision Activities to include QI activities at the County Level

In addition to the Support Supervision activities at the County level, the following activities will be integrated;

- Monthly County QI meetings to track progress.
- Quarterly Support Supervision visits to the Health Facilities.
- Quarterly QI progress reports compiled and submitted to the State Health Department / Project Managers.
- Quarterly QI performance review meetings.

6.5.4 Responsibilities of the County QI Focal Person

- Identifying key priority areas for QI and making recommendations to the County Health Department.
- Preparing County QI plans and presenting them to the CHD
- Facilitating networking with partners in identifying problems and solutions at the County level.
- Participating in building capacity of County and facility personnel in the implementation of QI activities
- Participating in supervision/coaching/mentorship within the County
- Organizing periodic QI performance assessments
- Preparing County QI reports for submission to the CHD and SMOH.
- Organizing County QI meetings in consultation with the County Health Department.

6.5.5 Responsibilities of the QI Focal Person from the IPs

- Liaison with all the Health Facility, CHD and SMOH QI focal persons to identify key priority areas for QI and make recommendations to the IPs, SMOH and CHD.
- Supporting the preparation of SMOH, CHD and Health Facility QI plans and presenting them to the relevant authorities.
- Networking with other IPs and Development partners, UN agencies on the ground in identification of quality gaps and creating synergies to solve problems on the ground.
- Preparation and logistics for capacity building activities at the State, County and Health Facility level for QI activities
- Supporting supervision/coaching/mentorship within the Health Facilities/County

- Organizing quarterly QI performance assessments
- Supporting preparation of County QI reports for submission to the CHD and SMOH.
- Liaison with HPF focal person with regard to QI activities in their respective Lot.
- Preparation of quarterly QI reports including individual facility progress reports and submission to HPF.
- Organizing County QI meetings in consultation with the CHD.

6.5.6 Hospital Quality Improvement Team

Below is the recommended membership of the Hospital QI Team;

- Hospital Director (Chairperson)
- Hospital QI Focal Person (Secretary)
- Hospital Administrator
- Head of Nursing & Midwifery
- Representatives from various wards and Departments
- Health Records Officer
- Representatives from other IPs/Development partners and UN agencies supporting health services delivery in the hospital

6.5.7 Roles and Responsibilities for the Hospital Quality Improvement Team

- Organizing HMT meetings with QI as a permanent agenda of the meetings
- Developing hospital QI plan and budget in line with the identified QI priorities of the Hospital
- Overseeing the implementation of QI plans/activities
- Evaluating the QI plans/activities

6.5.8 Roles and Responsibilities of the Hospital QI Focal Person

The Hospital QI Team will appoint a Hospital QI Focal Person who shall support the coordination of QI activities within the hospital. The QI focal person is preferably a champion in QI matters and does not necessarily have to be departmental or in charge head. The focal person shall;

- Liaise with the hospital management on QI plans and activities implementation
- Facilitate networking with departmental QI circles in identifying quality gaps and solutions/testing changes at facility/departmental levels.
- Liaise with CHD/IP focal persons to facilitate availability of guidelines, SOPs and Job Aids at various levels.

- Participate in building the capacity of hospital personnel in the implementation of QI activities.
- Organise hospital self-assessments
- Preparing hospital QI work plans
- Participate in external assessments from the CHD/SMOHs and IPs

6.5.9 Departmental Quality Improvement Circles

Departmental QI Circles will be established in major departments (Surgery, Medical, Paediatrics, Obstetrics and Gynaecology, Outpatient Departments, Laboratory, Pharmacy & Stores etc.) and will report and liaise with both the QI focal person and the Hospital QI Team. The membership is not limited and ideally the members of staff working within the respective departments are de facto members of the QI Circle together with representatives from other departments whose activities are closely linked to the department. The Team leader is ideally the head of the department and the secretary would be a member of staff who has demonstrated championship on issues of quality.

6.5.10 Roles and Responsibilities of Departmental Quality Improvement Circles

- Conducting departmental 'mini' self-assessment using the checklists and identification of areas of improvement
- Introducing improvements and testing changes in the departments
- Liaison with the Hospital QI focal person and Hospital QI Team to report progress and request for resources and support.
- Organizing departmental weekly QI meetings

6.5.11 Lower Level Facility QI Teams

In essence all the staff working in the lower facilities should be in the Quality Improvement Team. In addition, service providers supporting the facilities and community representatives should also be in the Team. In addition, the CHD and IPs QI focal persons are ad-hoc/guest members of the QI team. The team is supported by the County HD through the CHD QI focal person.

6.5.12 Responsibilities for the Lower Health Facility QI Team

- Identification of QI gaps within the health facilities
- Consensus on remedial actions to improve the situation
- Identification of resources to address the QI gap and lobbying for support from CHD and partners
- Documentation of QI improvement activities (Hard cover book)

- Weekly meeting on QI activities

6.6 Monitoring Quality of Care Improvements

The quality of care assessments will be conducted as follows;

6.6.1 Facility Based Self-Assessment

Hospitals and PHCCs will conduct self-assessments on monthly basis. The self-assessment need not be based on all the assessment areas on the QI monitoring tool. The tool can be divided into three parts or based on the areas of most need. The tool is then administered and the quality gaps are identified and documented.

A quality improvement plan (Template in Annex 3) is then developed with key activities, responsible persons, resources needed and time frame.

The Hospital QI focal person follows on the progress of QI activities implementation and also follows up on the various departments on the activities they are working on and compiles a report.

An evaluation is conducted weekly and reported during the HMT meetings to monitor progress and determine whether the desired results have been achieved.

A congratulatory note is sent from HMT to the departments that completes and reports on a QI activity with a note of encouragement to embark on a new activity.

Each department/ Health facility should maintain an A4 hard cover book to record the identified areas of improvement, QI plans, the implementation progress and the outcomes.

6.6.2 External Assessments

The SMOH/CHD and the Implementing Partners will conduct quarterly quality of care assessments using the recommended tool for each level - Hospitals, PHCCs and PHCUs with EmONC. The areas of quality gaps are identified and discussed with the respective Health Facility. A quality Improvement plan with key activities, responsible persons, resources needed and time frame is drawn and agreed with the health facility. The SMOH/CHD monitors the progress of implementation of QI activities on a monthly or weekly basis as need may be.

Results of all the assessments together with improvement activities are documented and communicated to HPF and National Level as appropriate.

6.6.3 External Assessments from HPF

HPF/National level will periodically commission external assessors who will conduct spot assessments within the health facilities and compare the results with those from IPs/SMOH/CHDs. A data base of results and improvements will be kept where the

performance of all the facilities and their respective IPs is maintained. Incentives will be determined for best and poor performing facilities.

A separate database will be maintained for all the interventions that require intervention from CHD/SMOH to facilitate the work of the health facility e.g. power, water, referral services etc. The score of how well the SMOH/CHD have done in supporting the facilities will be done and communicated to the respective SMOH/CHDs.

6.6.4 QI activities at PHCU level

As most PHCUs have either 1 or 2 Community Health Workers (CHWs) offering services, the approach to this level will be facilitative mentoring rather than assessments. A tool to identify areas in need of improvement will be identified and documented by the assessment team. The team will then spend time within the health facilities guiding the PHCU staff on the best practices. The team will document the interventions and strive to make repeated visits to monitor progress.

6.7 Capacity Building Measures Required for Quality of Care Improvements

To carry out QI activities, capacity building activities are requisite at every level.

- **IPs/ SMOH/CHDs:**
 - An initial training will be done for the IPs and SMOH/CHD on how to use the quality monitoring tools, identification of the quality improvement gaps and development of QI plans. The IPs and SMOH/CHD will also participate in developing and agreeing on operation definitions for terms on the tools in order to develop a shared understanding and minimize subjectivity.
 - The IPs and SMOH/CHDs will also be trained on supervision and mentorship skills in order to support the facilities on QI activities.
- **Hospital/ PHCCs Quality Improvement Teams**
 - The IPs/SMOH/CHDs will train the hospital staff on how to form QITs, roles and responsibilities of QITs and how to conduct internal assessments within the health facility. The IPs will also train the OITs on how to develop quality improvement plans, follow up activities and evaluating for success.
- **Hospital Departmental Quality Improvement Circles**
 - The IPs/ SMOH/CHD will train the key departmental staff on how to form quality improvement circles, how to conduct mini self-assessment and to come up with remedial actions and follow up with implementation. The

IPs/SMOH/CHD will also orient the staff on how to identify areas requiring outside help e.g. training on guidelines, skills, Standard Operating Procedures (SOPs), job aids etc.

- **PHCUs**

The staff at the PHCU level will be mentored and coached on best practices of service delivery at that level rather than on assessments and tools. They will receive multiple visits to monitor progress.

6.7.1 Capacity Building for Skills Enhancements for Delivery of Services

From all the QI plans, the areas in need of capacity building and skills enhancements will be identified from all the facilities at various levels. The possible methodology of meeting these capacity building needs will be identified together with possible sources e.g. from other partners. A quarterly capacity building plan will be developed and monitored for execution. Continuous monitoring in the health facilities to monitor improvements will be done in order to inform adjustments where necessary.

7. Quality of Care Strategy Implementation Plan

Goal: A comprehensive, user friendly Quality of Care system that monitors a set of inputs and processes that would lead to a measurable Outputs and Outcomes at different levels of health care delivery.																					
Objective 1: To define a small set of programme indicators that will be used to monitor outputs and outcomes in quality of care improvements																					
Activities	Responsibility	Timeframe																Outputs	Means of Verification		
		2018	2019				2020				2021				2022					2023	
Identify a set of indicators to monitor QI Outcomes	HPF	x																		List of QI indicators in place	M/E Documentation
Identify means of collecting data for the indicators	HPF	x																		Linkages with Programme Log frame	M/E Documentation
Monitor the performance of the indicators	HPF		X	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Reporting on indicator performance	Quarterly Reports
Objective 2: To outline users friendly tools for quality assessments, identification and communicating quality of care gaps and facilitating development of quality improvement plans																					
Activities	Responsibility	Timeframe																Outputs	Means of Verification		
		2018	2019				2020				2021				2022					2023	
Review existing QI tools from various partners/MoH		x																			
Develop appropriate tools for various levels- Hospitals, PHCCs and PHCUs based on feedback from IPs/ Partners/MoH		x																		Revised draft tools in place	HPF documentation
Pilot the tools in select Hospitals		x																		Final tools	
Disseminate the tools to MoH/ DPs/IPs			x																	Dissemination meetings held	HPF reports
Develop electronic tools for use on Mobile phones/tablets			x																	Electronic tools in place	HPF reports
Develop an online database to consolidate QI assessments results			x																	Database in place with entries	HPF reports
Continuously disseminate the findings to IPs/ DPs/ MOH and other stakeholders			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Dissemination products	HPF reports

Objective 3: To define the organizational structure at all levels that will be required to implement and monitor improvements in quality of care																								
Activities	Responsibility	Timeframe																		Outputs	Means of Verification			
		2018	2019			2020			2021			2022			2023									
Revise ToRs for various QI management Committees for National State and County Levels	HPF/MoH	x																				Revised ToRs for various Committees	HPF documentation	
Constitute various QI Committees at National, State and County	MOH, SMOH, CHD		x	x																	Membership for QI committees for various levels	MoH documentation		
Orientation of IPs on QI activities/ recruitment of focal persons	HPF		x	x																	Training Workshops held	Participants lists		
Orientation of the QI committees on their mandate/ QI activity coordination/ appointment of focal persons																				Training Workshops held	MoH Participants lists			
Constitute various QI teams/circles at Health facility Level	IPs/ SMOH/CHD		x	x	x																	Membership for various Teams	HMT minutes/ Lists	
Orientation of various QI Teams on mandates and QI activities	HPF/IPs/SMOH/CHD		x	x	x																	Training In house/Workshops held	Participants lists	
Continuous capacity building of Health facility teams	IPs/SMOH/CHD			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Capacity building activities	Reports
Objective 4: To define the processes to be utilized in quality of care monitoring and improvements																								
Activities	Responsibility	Timeframe																		Outputs	Means of Verification			
		2018	2019			2020			2021			2022			2023									
Develop a calendar of QI activities with SMOH/CHDs	HPF/IPs/ SMOH/CHD		x	x		x				x				x				x					Documented schedule of activities	IP/ SMOH/CHD documentation
Develop a calendar of QI activities with Hospitals	IPs/ SMOH/CHD		x	x		x				x				x				x					Documented schedule of activities	IP/ SMOH/CHD documentation
Develop a calendar of events with PHCCs	IPs/ SMOH/CHD		x	x	x		x			x				x				x					Documented schedule of activities	IP/ SMOH/CHD documentation
Identify the resources for QI activities	IPs/ SMOH/CHD			x	x		x			x				x				x					QI activities budget in CHD/ IPs Plans	IP/ SMOH/CHD documentation
Carry out QI assessments in Health Facilities	IPs/ SMOH/CHD			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	QI assessments score/QI plans for HF	IP/ SMOH/CHD documentation
Develop Consolidated QI plan for the County	IPs/ SMOH/CHD			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Quarterly QI plan	IP/ SMOH/CHD documentation

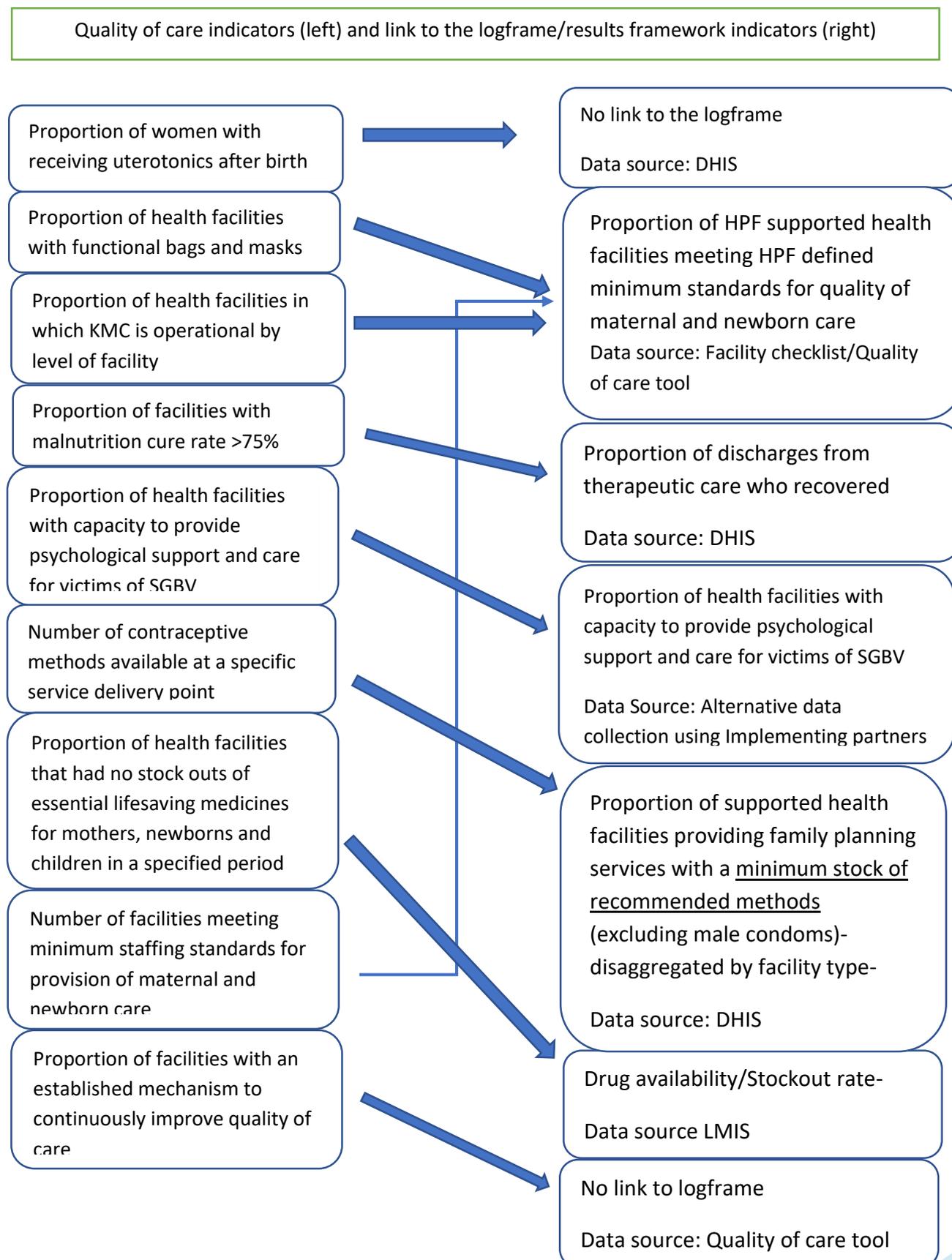
Monitor QI plans implementation for different Health facilities	IPs/SMOH/CHD				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Quarterly QI plan updates	IP/SMOH/CHD documentation
Submit quarterly reports on QI activities	IPs/SMOH/CHD				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Reports submitted	HPF data base
Conduct Spot assessments for select Health Facilities for Validation purposes	HPF/MoH				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Assessment reports	HPF database
Consolidate Quarterly/ yearly score for various health facilities	HPF/MoH				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Documented Scores	HPF database
Reward best performers/ incentives for poor performance	HPF/MOH																					Award for best performers, documented incentives for poor performing	HPF documentation

Objective 5: To define the capacity building activities required for Quality of Care Improvements.

Activities	Responsibility	Timeframe																				Outputs	Means of Verification
		2018	2019	2020	2021	2022	2023																
Extract Capacity building requirements for each County from QI plans and consolidate the County's capacity building needs together with other identified needs	IPs/SMOH/CHD		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	List of Capacity building needs for various levels for the County	IPs/SMOH/CHD Records
Consolidate into a Lot Capacity Building Needs	IPs/SMOH/CHD		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	List of Capacity building needs for various levels for the Lot	IPs/SMOH/CHD Records
Identify source and methodologies of the capacity building initiatives –trainers, materials, methodologies (on job, Workshop etc.)	IPs/SMOH/CHD		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	List of possible capacity building activities/methodology of delivery	IPs/SMOH/CHD Records
Develop a consolidated capacity building plan	IPs/SMOH/CHD / HPF			x		x		x		x		x		x		x		x		x		Capacity building plan in place	IPs/SMOH/CHD /HPF Records
Liaise with other partners who can provide capacity building measures	IPs/SMOH/CHD / HPF		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Collaborations identified	IPs/SMOH/CHD /HPF Records
Execute the plan	IPs/SMOH/CHD		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Capacity building activities carried out	IPs/SMOH/CHD /HPF Records
Monitor behavioral change /skills enhancements among the target groups	IPs/SMOH/CHD		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Supervision activities	IPs/SMOH/CHD /HPF Records

Annexes

Annex I: Quality of Care Indicators/ Link to Programme Logframe



Annex 2: Assessment Tools

(See Separate Excel Documents)

Annex 3: Quality Improvement Plan Template

Problem 1

Identified Problem/Gap in Quality:				
Objective:				
Activities	Responsible	Resources	Timeframe	Comments
Activity 1				
Activity 2				
Activity 3				
Activity 4				

Problem 2

Identified Problem/Gap in Quality:				
Objective:				
Activities	Responsible	Resources	Timeframe	Comments
Activity 1				
Activity 2				
Activity 3				
Activity 4				

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