Vertical Programs: Impact on Quality of Services

Integration of Maternal and Newborn Health Care: In Pursuit of Quality

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Vertical vs Integrated

- Policy divide! We have ENAP and a Maternal health strategy
- Service divide! FP and an MCH Division
- Training divide! Single intervention focused training; successive trainings
- Logistics divide! Only contraceptive commodities
- HMIS divide!
Where Does that Lead Us?

• Lack of focus on health system
• Capacity building becomes impractical
• Confused frontline worker
• Widened inequity for certain services-SBA
Some Services Look Like...
## Health Systems Strengthening

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Way Forward</th>
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<tbody>
<tr>
<td>Inadequate and poor maintenance of infrastructure</td>
<td><strong>MCHIP is supporting the MoH:</strong></td>
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<td><em>(Significant infrastructure improvements are needed at health facilities to bring them to “Model Maternity” status)</em></td>
<td>• Re-engineering of space and doing small scale infrastructure improvements in selected Model Maternities.</td>
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<td>• Undertaking advocacy efforts with USAID for additional funds.</td>
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<td>Minimal participation of communities in demand for services</td>
<td>• MCHIP has added a community component to selected Model Maternities, to improve community-facility linkages, demand for services, and community participation in the health care evaluation.</td>
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Shibpasha Union Health and Family Welfare Centre
Daulatpur – Improved client flow

Seating area expanded outside the clinic for managing client flow

No toilet for urine test during ANC
## Health Systems Strengthening

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<td>Weak Health Information System and M&amp;E</td>
<td>• Providing technical support to revise MCH registers, as well as providing on-site TA at Facility-District-Provincial levels to improve data collection, analysis and reporting quality.</td>
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<td>Poor logistics management system (with shortage and stock out of several commodities and consumables)</td>
<td>• Technical assistance on SRH commodities forecasting and distribution (such as Syphilis tests, Oxytocin, Magnesium Sulfate, Family Planning Methods).</td>
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<td>• Providing a kit of material, equipment and consumables for Model Maternities.</td>
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<td>• Technical support and advocacy with USAID to define a list and purchase essential materials and equipments...</td>
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### Health Systems Strengthening

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| Inconsistent Use of Data to Improve Quality | **MCHIP is assisting the MOH:**  
  • Providing close TA to National Q&H Committee;  
  • Establishing district and provincial Q&H committees to review data and to monitor improvement plans;  
  • Give technical and financial assistance to establish facility-community co-management committees to motivate improvement;  
  • Improve the Central MoH M&E Unit and to establish a National Quality Standards Database. |
# Human Resources Reinforcement

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| Shortage and retention of trained staff at health facilities | • Ensuring that all staff in a Maternity is trained on-job through the Modular In-Service Training Packages.  
  • Piloting a mMentoring approach to improve/retain knowledge and change personnel attitudes. |
| Low Motivation | • Pilot a Performance Based Incentives Scheme for Model Maternities Facilities.  
  • Improve work conditions: reengineering and improving physical spaces and providing materials for health personnel benefit (ex. electric tea kettle).  
  • Institutionalizing a grade recognition system based on the Quality Standards and Selected Indicators Achievement – for HF and Professionals… |
Shibpasha Staff Quarters – for 24/7 service
Improving Quality & Integrated Care

Is a journey where we should walk together in order to find sustainable ways to overcome every challenge!
For more information, please visit www.mcsprogram.org

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