

7: Experiences of Implementing Community-level Quality Improvement

Background: The community approach

We used QI to engage community-level stakeholders in identifying problems and implementing local strategies to address health care seeking and household-level maternal and newborn care practices. Applying the collaborative approach to quality improvement (see **Brief 3**), we worked in all 157 villages in Tandahimba District, Tanzania, and all 72 parishes in Mayuge District, Uganda.

Methods: Involving the community

In Tanzania, starting in November 2011, two volunteers from each village in Tandahimba formed a village-level quality improvement team. Ten government-employed extension workers supported volunteers in groups of 15–18 villages. A district mentor supported volunteers and extension workers alongside EQUIP staff.

In Uganda, we conducted two-day trainings of two volunteers from each village to form a parish quality improvement team from 2011 and 2012. Each parish has 6–15 villages. A total of 72 quality improvement teams were formed. The trained volunteers were often also members of pre-existing village health teams. We trained 30 community mentors to support the 72 community quality improvement teams.

Improvement topics at the community level	Tanzania	Uganda
Antenatal care attendance		✓
Birth preparedness	✓	✓
Encouraging health facility delivery	✓	✓
Infection prevention	✓	
Maternal and newborn danger signs	✓	
Postnatal care		✓

Box 1: Improvement topics at the community level

During “learning sessions”, the community quality improvement teams learned the basic principles of quality improvement and how to use “plan-do-study-act” cycles (see **Brief 3**). Essential health education in maternal and newborn health topics that could feasibly be addressed at the community level was also given during these sessions (Box 1). Report cards of indicators linked to these topics, collected from EQUIP continuous survey data (see **Brief 4**), were shared with volunteers at learning sessions to underline the need for action.

Shortly after learning sessions, community quality improvement teams were mentored and coached to support their understanding of improvement topics and to ensure that plausible change ideas related to the topics were created. In Tanzania and Uganda, monthly meetings were held to review learning session content and to allow the community quality improvement teams to share experiences on various issues related to implementation.

Results: What was achieved?

Community quality improvement teams were able to learn and apply quality improvement techniques, but ongoing mentoring and coaching was critical to their success. In Tandahimba, throughout the EQUIP intervention, the contribution that community quality improvement teams made to the increases in health facility births and birth preparedness was noted by village leaders and community members. Major challenges included limited literacy of quality improvement team members, dropout, resistance to change ideas among traditional birth attendants or in households, and some health facilities being unable to meet increased demand for services.

“Community members felt empowered to follow up their change ideas with local data.”

Conclusion

It was feasible to conduct quality improvement at the community level. Community quality improvement team members were accepted in their communities and the change ideas generated by them were able to respond to local contexts. Community quality improvement also helped to increase cooperation between communities and health facility staff. However, community-level quality improvement was heavily reliant on extensive mentoring and coaching, which was resource intensive.

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Community quality improvement in Uganda: Birth preparedness and health facility delivery

“Initially, when we did orientation and training of the community quality improvement team members, we taught them the steps that we go through: the problem analysis and brainstorming and developing possible change ideas. To increase birth preparedness, some suggested that money should be saved to assist mothers in need to go to the nearest health facility at the time of delivery. This was the start of women’s savings groups initiated by community members. Mothers were informed about these saving groups during home visits and at a special meeting in one village. Now there are over 45 of these groups. They work together to save small amounts throughout each woman’s pregnancy.

Women have expressed their joy and happiness about how they have been assisted. There was one mother who was brought to the health centre to deliver, but the midwife wasn’t there. She didn’t have enough money to get to another health facility, so she used the money from the savings groups to go to a higher-level facility and delivered there safely. In general, many women are able to use the money from the savings groups at the time of birth.

Before, if a woman could not prepare for birth, she was afraid to go to the health facility and would instead give birth at home. The women are now comfortably and confidently going to the facility to deliver.”

(Rogers Mandu, EQUIP Uganda)



Photo 1. Gathering of a women’s group

Community quality improvement in Tanzania: Improved collaboration between health facilities and communities



Photo 2. Health facility and community meeting

“In one cluster, a staff member from a nearby health facility rushed to be present for a community quality improvement meeting. She wanted to convey that there had been an increase in home births recently, and she wanted to encourage the community quality improvement team to continue with their efforts.

Nowadays, even those working in the health facilities see the importance of community involvement and recognise that they can make a difference in maternal and newborn health. People in the community can support each other to make sure that there is no maternal or newborn death.

Now health facility staff are cooperating with the community level and seeing it as essential in order to encourage good health-seeking behaviours.”

(Albert Majura, EQUIP Tanzania)

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