5: Experiences on Operationalizing District-Level Quality Improvement Teams for Maternal and Newborn Health

Background: Why did we work with the district managers?

Quality improvement in health facilities needs the support of the district managers because not all barriers for successful implementation can be tackled solely at the facility level. Issues such as stock outs of drugs, lack of human resources, or supervision of the health facilities need to be handled by the district managers. For this reason, district-level quality improvement teams made up of district health managers were formed.

Methods: What was done?

We engaged the district quality improvement teams by:

- Involving them as facilitators and mentors for quality improvement teams in health facilities and at varying degree at community level
- Including them as teachers and facilitators during learning sessions
- Encouraging them to work on district level problems

The district quality improvement teams met every 3–4 months for feedback and updates. During these meetings, each team was informed about the progress of health indicators in the district, using data from the continuous surveys presented as district "report cards" (Photo 1). These report cards contained trends of selected indicators presented in the form of run charts and figures.

Photo 1. Meeting with district managers for feedback

Based on these report cards, the district quality improvement team was supported by the EQUIP staff to analyse problems using the fishbone method. Change ideas were generated and tested using plan-do-study-act cycles. Most efforts at the district level were targeted at reducing drug stock-outs, improving supervision of health facilities, improving human resources provision within the facilities, and providing the necessary equipment.

Results: What did we learn?

In Tanzania, the improvement topic "regular provision of oxytocin" was successful in reducing stock-outs of the drug (see case study below). However, the improvement topic "supportive supervision" was less successful. Members of the district quality improvement team reported that while they were visiting health facilities together with various collaborating organisations, they had limited time to perform supervision and were unable to supervise more than one health topic at a time. Also, because there was no documentation of the purpose or content of these supervisory visits, no progress could be measured.

In Uganda, the district quality improvement team tackled the lack of human resources by the reallocation of staff within the district as well as recruitment of new staff. The frequency of drug stock-outs was reduced by improved forecasting and the timely requisition of drugs. Convening the district quality improvement teams was a challenge in both countries due to many competing activities of team members.

"The district quality improvement work in both countries was constrained by district managers being involved in many competing activities."

Conclusion

The district QI teams appreciated the reports cards and the intense quality improvement work in the health facilities. Although they committed to performing the continuous oversight of health facility and community quality improvement activities through supportive supervision, a lack of transport, poor documentation, poor coordination, and competing activities within the district hindered their quality improvement activities.

District quality improvement in Tanzania: Supporting the availability of oxytocin

"While working on improving the implementation of active management of the third stage of labour to prevent postpartum bleeding, it became apparent that individual health facility quality improvement teams were not able to solve stock-outs of oxytocin on their own. The immediate problem was that the Medical Stores Department, the official government supplier of drugs in Tanzania, was not able to regularly provide the facilities with the amounts they had requested. Securing the cold chain for proper handling of oxytocin was also identified as a problem.

EQUIP therefore engaged the district quality improvement team to resolve this situation. During a workshop, the district quality improvement team analysed bottlenecks using the fishbone technique (Photo 2). As one immediate solution, the district decided to procure directly from Medical Stores Department using district-owned resources (e.g. the donor supported funding mechanism 'basket fund').

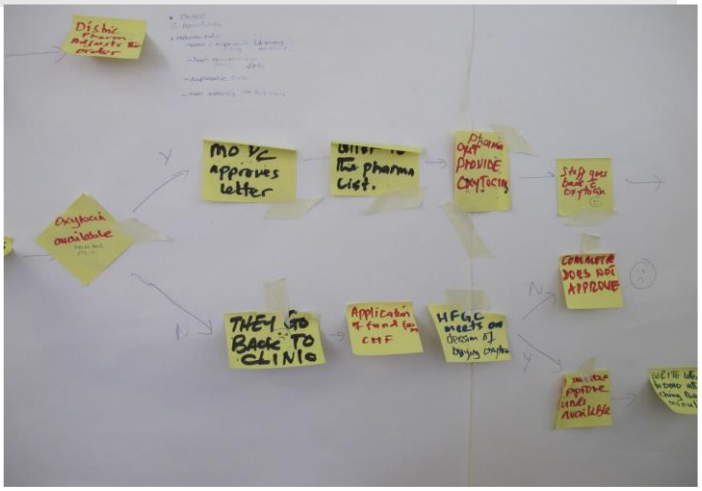

Photo 2. Fishbone diagram used to graphically display all the steps involved in procuring Oxytocin

By November 2012, a total of 100 vials had been purchased, mainly for use in the district hospital, though some were distributed to other health facilities."

(Yovitha Sedekia, EQUIP Tanzania)

District quality improvement in Uganda: Tackling lack of human resources

"EQUIP report cards revealed that one of the key problems faced by Mayuge district in Uganda was insufficient human resources for maternal and newborn health. The district quality improvement team analysed this problem using root-cause analysis and found that some health facilities had a surplus of staff while others did not have sufficiently skilled staff.

To mitigate this problem, the district quality improvement team proposed a change idea of staff reallocations within the district. In March 2012 and February 2013, surplus health workers were transferred to facilities where they were more needed.

The district quality improvement team also used the report cards successfully as an advocacy tool for recruitment of more health workers. As a result, five nurses were recruited in July 2012."

(Monica Okuga, EQUIP Uganda)

Photo 3. District quality improvement team meeting

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