

PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

PROCEEDINGS OF A REGIONAL KNOWLEDGE CAFE: IMPROVING THE QUALITY OF MATERNAL AND NEWBORN HEALTH CARE

INTRODUCTION

A Knowledge Cafe was organised by **Options Consultancy Services Ltd** (UK) as a technical learning and exchange event. Options has been working in Nepal since 1997 and is currently leading a consortium of organisations that provide technical assistance to the Ministry of Health and Population (MoHP) to implement the second Nepal Health Sector Programme (NHSP-2).

The participants in this half-day workshop shared ideas on the important topic of improving the quality of maternal and newborn health care (MNH), focussing on experiences from South Asia. The cafe began with six leading MNH policy, planning, research and practice advocates articulating their 'big ideas' and responding to questions from the floor. Participants then formed discussion groups around key themes and prepared a series of challenges and suggestions for improvements that were fed back to the plenary session (as presented on page 3 of this report).

THE SIX BIG IDEAS FOR IMPROVING THE QUALITY OF MATERNAL AND NEWBORN HEALTH CARE

Idea 1: Improving the quality of certain key services, such as comprehensive emergency obstetric and neonatal care (CEONC), will improve the quality of other services (Dr Mark Zimmerman, Nick Simons Institute).

Idea 2: Staff motivation is key to improving the quality of care (Dr Archana Amatya, NHSSP).

Idea 3: Quality improvement and assurance require dedicated budgets (Prakash Kumar, BTAST).

Idea 4: A systems approach and proactive leadership are essential for quality of care (Lok Raj Paneru, ex-Quality Assurance Section, DoHS).

Idea 5: Provide quality health care in remote areas through strategic services available at strategic locations (Dr Maureen Dar lang, NHSSP).

Idea 6: Health service M&E frameworks should measure quality of care as well as service coverage (Deepak Paudel, DFID).

Date: 12th November 2014

Location: Hotel Annapurna, Kathmandu, Nepal

Participants: 59 health sector experts and policy makers from Nepal, India, Myanmar and external development partners.



Dr Maureen Dar lang describing her big idea alongside the other five expert panelists

QUALITY OF CARE CHALLENGES

CAFE participants identified many challenges that undermine quality of care in health institutions:

- Weak management and the traditional focus on service *delivery* rather than service *quality* are the principal causes of poor quality health care in Nepal.
- Many health staff are never asked for their views by management personnel and so it is no surprise that service quality often doesn't improve.
- The sometimes irrational planning and placement of health facilities makes the provision of quality care impossible when patient loads are too small and staff are reluctant to stay in underused facilities.

- d) Nepal's health sector is fragmented. As district hospitals are not responsible for primary health care centres and health posts, communication between them is weak and there is little quality of care trickle down. This affects referrals and clinical services.
- e) Processes for assuring quality of health care are not integrated into public health care systems in India resulting in the under-resourcing of quality assurance.
- f) Fewer than 50% of Nepal's district hospitals provide reliable C-section services, with many operating theatres underused. Critical bottlenecks are the limited availability of anaesthetists and blood supplies.
- g) The unavailability of equipment and supplies often undermines quality of care.
- h) Equipment and supplies often become available so late that health workers are unable to practice new skills learned, and therefore do not retain such skills.
- i) Some patients demand that doctors prescribe medicines straightaway before necessary tests are carried out. Quality of care is not necessarily about making patients happy!

DISCUSSION POINTS

Systems, leadership and management

Quality improvement and assurance should be a continuous process that is taken forward through proactive leadership. It should address all relevant areas including human resources, infrastructure, and equipment and supplies.

Participants' suggestions:

- a) Provide dedicated budgets for quality assurance and improvement and make more decentralised resources available to empower health facilities and providers.
- b) Improve the quality of non-clinical as well as clinical aspects of health care. This includes clearly assigning responsibilities for equipment and supply logistics.
- c) Outsource quality of care-related activities to the private sector if management is weak.
- d) Calculate how best to use available resources to improve the working environment and inspire positive attitudes among health workers. Facilities should start with one key activity, such as improving delivery rooms, and then expand to improving other service points.

- e) Health facilities are needed in the right places run by the right types of organisations.
- f) Include hospital leadership in hospital development committees and establish quality improvement teams at health facilities.
- g) Examine quality assurance and improvement through a management rather than a medical lens to put more emphasis on improving management systems.

Services

The need is for the right types of services properly staffed and supported. For example, the availability of qualified C-section teams led by MDGP trained doctors and staff nurses would lead to significant improvements in health care services at hospitals.

Participants' suggestions:

- a) An integrated approach to service delivery is needed using public-private partnerships to assure service quality. This would also improve referral systems, increase the availability of other services and improve patient care.
- b) All populations should be given access to health services through strategically located health facilities that provide basic lifesaving procedures.
- c) In Nepal, integrate the Management Division's new quality of care approaches with those of other divisions in the Department of Health Services.

NHSSP supported interventions for improving quality of care in Nepal

- i) Processes are being piloted at two district hospitals to improve the quality of care. Good basic skills, financial incentives for staff and institutions, and access to essential equipment are resulting in higher levels of awareness, concern and engagement with the quality of care to make it a priority for health workers.
- ii) Ways of improving access to quality health services in remote areas are being piloted in Taplejung, eastern Nepal. Needs assessments identified improving obstetric care and access to medical abortions as local priorities. On-site support and mentoring is being provided, including advice on improving decision making for timely referrals.



Janet Hohnen (GIZ) responding to points made by the expert panelists

Protocols, standards and monitoring

MoHP recently prepared minimum standards for quality of care. This opens up the prospect of accreditation of health facilities in Nepal.

Monitoring and evaluation needs to capture the level of quality of care (as well as coverage). For example, it should be evident from HMIS data which district hospitals are performing C-sections.

Participants' suggestions:

- Set minimum basic standards for clinical and non-clinical procedures and make all providers and clients aware of them. And as appropriate, make quality of care standards contextual with, for example, different standards for remote rural and urban areas.
- Introduce standard official lists of equipment and supplies for different kinds of health facilities.
- Establish effective quality assurance processes at district hospitals and encourage the trickle down of these approaches to lower level facilities.
- Recognise the inherent power of checklists and use them for supportive clinical supervision and clinical audits. These are essential for quality assurance and improvement.
- Include quality assurance indicators in health management information systems. An appropriate range of indicators is needed to measure quality of care; for example, water quality surveillance is needed to combat diarrhoea.

Providers

A strong team spirit is needed in health facilities based on a clear understanding and appreciation of the roles of different service providers for assuring quality of care.

Quality assurance and improvement is a team building exercise that needs capacity building, raising awareness on what quality of care entails and regular feedback from patients.

Participants' suggestions

- Improve organisational structures, institute clear updated job descriptions, assign clear levels of accountability (including for hospital development committees) and assign responsibilities to individuals rather than teams.
- Build the capacity of service providers and staff at all levels of facilities. Everyone, including sweepers, needs to be involved for system-wide responsibility and ownership. Specialised human resources agencies can provide team building services.
- Include logistics and quality assurance in pre-service training for health workers.
- Motivate human resource managers through supportive supervision, mentoring, capacity building and the use of emerging technologies.

- More evenly distribute tasks to make the workloads of managers and service providers manageable.
- Ensure that review meetings are held regularly in health institutions with all levels of staff and carry out performance appraisals to help define responsibilities.
- Introduce performance-based incentives for facilities and individuals.

Community voice

Harness communities to improve the quality of care at their local facilities. This requires political will and receptivity to user voices at all levels as there is widespread low awareness of rights and quality of care among users.

Participants' suggestions

- Engage with communities and users to improve quality of care by carrying out social audits and using citizen scorecards for monitoring and accountability.
- Bring about supply side quality improvements by involving local communities and getting their feedback on quality of care.
- Use scorecards, appreciative inquiry planning, social auditing and community hearings to improve the accountability of health workers to users.
- Carry out patient satisfaction surveys to give users the chance to articulate difficulties and identify needed improvements.
- Community engagement is important for directly leveraging community and local government resources. Non-confrontational engagement is better than more aggressive approaches.



Discussions at the round table session on empowering health service users



Options Consultancy Services Ltd (UK) provides technical and management expertise in the health and social sectors to governments and international development partners. Options' work focuses on providing expertise in sexual and reproductive health, maternal newborn and child health, HIV and AIDS, citizen voice and accountability, gender and social inclusion and equity, to strengthen pro-poor health systems.

Options is the lead organisation of the consortium implementing the Nepal Health Sector Support Programme (NHSSP). This programme is providing technical assistance to implement the Nepal Health Sector Programme.

✉ 58 Saint Katharine's Way, London E1W 1LB, UK ☎ +44 (0)20 7430 1900 @ info@options.co.uk

🖱 <http://www.options.co.uk> 🐦 @Optionsinhealth