# STRENGTHENING QI ACTIVITIES AT DISTRICT LEVEL

**This was a Focused Group Discussions (FGD)** with Council Health Management Teams in four Districts, which are Tandahimba, Newala TC, Masasi TC and Masasi DC.

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## Objective

This report summarizes the discussion held with the District teams on their understanding about QI and how better they can strengthen QI activities at Districts.

## Methods

### Data collection

4 focus group discussions (FGDs) were conducted with CHMTs which in it involved DMO, QI Focal Person, Data Management Focal Person, Laboratory technician, Pharmacist, District Reproductive Child Health Coordinator, District Nurse Officer, District Nutrition Officer, District Immunization Vaccination Officer, District AIDS Coordinator, District Health Secretary and Social welfare Focal Person.

**Number of participants and FGDs done per District**

| District | Number of participants | Number of FGD |
|----------|------------------------|---------------|
| Tandahimba | 8 | 1 |
| Newala | 8 | 1 |
| Masasi TC | 6 | 1 |
| Masasi DC | 8 | 1 |
| **TOTAL** | **30** | **4** |

## Findings

The questionnaire used had five (5) major themes with sub-themes which includes challenges they face on doing QI activities, suggesting way forward and how better they can sustain QI activities.

### 1. Understanding of QI

This theme aimed to test participants' understand on different QI issues. This section covered the meaning of QI and its importance, areas which need QI and likes and dislikes of QI activities.

### *Understand about QI*

Participants reported to have a good understanding of QI as it is part of their daily practices. They defined QI as a system of improving service delivery by identifying problems and setting strategies of solving it by using standard procedures and guidelines.

> *"Is the system of identifying a problem and setting strategies on how to solve the problem"* (Tandahimba DC)

Participants generalized QI as the system of providing services using standardized guidelines of quality services.

*"I also want to add on that, QI means improving services as per accepted guideline of that particular area".* (Tandahimba DC).

*"As others said, is providing services by adhering terms and standards which aim at improving services we are providing with uniformity"* (Masasi TC)

### *Importance of QI in Districts*

Concerning importance of having QI, teams reported that it helps them to plan and improve quality of care by being able to identify problems and needs of the community. QI guides them to analyze challenges they have and put action plans for improvement.

*"We, as healthcare providers, we are dealing with health and well-being of people, so we are supposed to provide quality services so that we cure them and not giving the diseases. Therefore QI helps us to abide with guidelines when we are serving them."* (Newala TC)

Other participants added that QI will help them in planning and budgeting after analyzing and visualizing needs in their working places.

*"Quickly I can say that we need to have QI as others said, this will help us to assess ourselves to see if the services we are providing is of good quality and if we satisfy our clients. Through that assessment, we will be able to identify gaps if we are lacking some equipment in our hospitals, and from there we set action plans and budgets for improving quality of services. QI is very important it reminds us how to handle important matters."* (MASASI TC).

### *Areas which require QI*

The participants responded that QI can be applied in all working areas starting from community, clinical and managerial level.

*"I would like to strengthen more, as QI means improvement, to me improvement starts from the bottom, so if we have QI teams at facility level it will be better as they will identify challenges and share with the CHMT."* (TANDAHIMBA TC)

Other participants' priotizes this areas as mostly it supposed to be done at hospital level taking more consideration at areas which provide services for maternal and newborn.

*"All departments are important but the most sensitive areas are RCH, LABOUR and THEATRE".* (NEWALA TC)

*"I think at hospital level, almost all departments like labor ward, RCH, laboratory they need to have QI teams, and if they have challenges they share to the main QI team.* (TANDAHIMBA DC)

Participants were able to explain different QI methods used in QI. Fish bone analysis and PDSA cycle, are the most used QI techniques.

> *"I remember to use PDSA cycle, Fish bone analysis or root cause analysis, but most of the time we use PDSA cycle".* (MASASI DC).

> *"On my side I remember to use two methodologies which are PDSA and Fishbone analysis*". (MASASI TC)

## Likes and dislikes of doing QI

Majority of them reported to like using QI. Team members said that they like use QI principles and team work spirit when doing QI in their work places.

> *"Quality improvement, has its principles which helps us to enjoy working, it emphasizes much on team work spirit so it makes you work whether you like or not, another thing in QI is their processes like organizing equipment, ordering of items this makes everyone aware of which commodity is needed and where should it be placed. QI has good things indeed."*(TANDAHIMBA DC)

Other participant added that QI helps in better quality of data, as in filling data in registers they have to adhere on QI principles as well. Also QI guide them to use data they have collected hence they can assess themselves.

> *"It helps in improving Data quality".* (MASASI DC)

> *"It also helps us to assess ourselves where we were, and what we are supposed to do so that we improve".* (MASASI DC)

On the other hand, things which they don't like about QI is, it is time demanding and consuming, as they have to take time  for meeting, follow ups, report writings etc.

> *"Everything in QI is interesting, because they make us improve quality of our services. But one thing which is a challenge in QI is time. It require a lot of time for example in report writing because other reports from facilities are not presented on time, hence causes delays in preparing reports".* (MASASI DC)

## Conclusion

Health managers (Council Health Management Team members) showed good understanding of quality improvement (QI) in all four districts. QI is useful as it provided guidance in assessing implementation bottlenecks and in coming up with solutions to address challenges. QI is a very

good approach towards improving quality of services for maternal and newborn services as well as overall services provision.