IFAKARA HEALTH INSTITUTE
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POLICY BRIEF

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Champions for Scaling Up and Sustaining Quality Improvement Approach in Mtwara Region

Recommendations for Enhancing Accountability at Service Delivery Facilities in the Community and the Entire Health System to Improve Care Provision and Utilization

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KEY HIGHLIGHTS

Background

>> Evidences show that, scaling up cost-effective health interventions and innovations in Low and Middle-Income Countries remains a challenge.

>> From 2016 - 2020, we implemented a scaled-up quality improvement (QI) project at district, health facilities and community levels to improve the quality and utilization of maternal and new-born health services.

>> We integrated the project into the routine health system emphasizing on repeated capacity building of district managers, health facilities staff and community leaders to do QI.

Method

>> Selected teams of district, health facility staff and community leaders were oriented in QI so to become Champions and assigned to orient their colleagues on the approach at their workplaces.

Findings

>> The use of QI was found to be very widely translated into personal and community behavioural change among the champions and their communities.

Conclusion

>> The QI approach was found to be stimulating transparency and accountability, making the transfer of knowledge easy at a minimum cost when using existing platforms, therefore, it is sustainable if adapted in routine work environment.

Recommendation

>> Incorporating QI skills in government staff routine working systems will enhance accountability, and hence improve care

INTRODUCTION

Evidences show that, scaling up of the proven cost-effective health interventions and innovations in Low and Middle-Income Countries (LMICs) remains a challenge. In recent years, there has been an increasing attention in scaling up innovations to realise wider population benefits. Scaling up is expanding, replicating, adapting and sustaining successful policies, programs or projects in geographic space and over time to reach a greater number of people. It is presented as part of a broader process of innovation and learning.

There is ample evidence revealing important contribution of Quality improvement (QI) approaches in improving the health services delivery and outcomes in LMICs countries. Governments, health professionals and stakeholders have been prioritizing quality of health care improvement with greater attention on investments in changes in organisation and delivering of health services.

188

Number of champions selected and oriented in Quality Improvement

The uptake of QI requires many stakeholder's engagement to support services to build a sense of common meaning and purpose, operationalize basic concepts and tools, and develop and streamlining new practices into the routine working system. Promotion of QI needs a systemic approach and commitment.

At institutional level, a formal instructions, leadership and resources to support QI execution are required. At system wide, governance arrangements to optimize policy objectives pronouncing connections between QI and other parts of regulatory, finance, and routine structures with health system are necessary to assist in describing a role and vision for QI.

CHAMPIONS AS AGENTS OF SCALING UP INNOVATION

Champions are highly motivated individuals who are key in leading and promoting change from within an organization, institution or system. Evidences from multiple disciplines have shown that champions are critical players in taking new innovation through various phases at different levels within an institution in supporting both innovation-specific and transformative change efforts. The potential of champion lies at their ability to utilize locally available resources and deepen local ownership.

There is ample evidence revealing important contribution of Quality Improvement (QI) approaches in improving health service delivery and outcomes in Low and Middle-Income Countries.

We integrated the project into the routine district health system with the regional health management team oversaw the QI implementation.

THE INTERVENTION

From 2016 - 2020, we have implemented a scaled-up quality improvement (QI) project called Quality Improvement for Maternal and New-born Health At District Scale (QUADS) at district, health facilities and at community levels in four Councils of Tandahimba, Masasi district and Town Councils and Newala. We aimed to improve both the service provision (supply) and utilization (demand) sides for quality maternal and new-born health services.

We integrated the project into the routine district health system where the regional health management team oversaw the QI implementation. The QI approach emphasized on repeated capacity building of district level managers to do QI and for them to support QI teams at health facilities and communities using QUADS District QI mentors from Council Health Management Teams (CHMTs) and District Community development office with project team members from Ifakara Health Institute (Ifakara) providing technical backstopping.

METHOD

Identification and Selection Process of the Champions

In the last quarter of 2019, we identified and selected teams from CHMTs, health facility staffs and community-government leaders at district, division, ward and village levels respectively, to b oriented on QI knowledge with problem solving skills in routine working environment.

A total of 109 and 79 community and health staff champions respectively were selected from various administrative levels (Annex 2).

109

Number of champions selected from the community

Criteria for Selecting Champions

1. Geographical representation of wards.
2. Rural-Urban mix was considered.
3. Highly populated wards were considered including the serving health facility in the same ward.
4. Good representation of referral levels (Hospitals and health Centres had direct entry).
5. High performing individual were head hunted and advised to attend as were seen to be potential to scale up QI.

There were quarterly learning sessions to analyse implementation successes and bottleneck at various levels and development of solutions by team and their leaders. Project team members from Ifakara provided technical backstopping as well. Mentoring, coaching, and application of collaborative Plan-Do-Study-Act (PDSA) cycles on QI implementation were emphasized.

At community level QI, village executive officers (VEOs) were trained and mentored to oversee the work of community-level QI teams comprising of 2 community Health Workers (CHWs) from each village. A nearby health worker provided technical mentorship to CHWs.

Following successful implementation of QUADS project with good maternal and new-born health (MNH) outcome in piloted divisions, it felt necessary to develop a pool of champions to further scale up and sustain the public health QI intervention.

The day-long orientation was delivered using adult learning method that included more active participation, splitting participants into groups for discussions and then presenting feedback in class for discussion and peer learning.

Materials Development

The simplified content of QI orientation material guide bearing the title: *"Mwongozo wa mafunzo ya vinara wa maboresho endelevu kwa vitendo kupitia mkakati wa QUADS 1"* - translation: *"A training guide for champions for practical sustainability of improvements through QUADS 1"* – was developed by project staff.

Orientation Method of QI to the Champions

Phase I orientation was done in December 2019 in two Councils of Tandahimba and Masasi DC and phase II was done in February 2020 in two Township Councils of Newala and Masasi. The orientation was done by QUADS District QI mentors with backstopping of project staff.

The day-long orientation was delivered using the adult learning method, which involved more active participation, splitting participants into groups for discussions and then presenting feedback in class for discussion and peer learning.

METHOD

Participants were facilitated to identify local context challenges using root-cause analysis by applying fishbone analysis and developed strategies and plans for addressing the challenges through the Plan Do Study Act (PDSA) cycle. Pre-prepared printed materials included fishbone, PDSA cycle and drawn graph papers were given to each participant as learning tools. Flip charts were used to provide step by step QI process and class presentations.

Examples from the local context were used to simplify the application of QI knowledge. That is, participants practiced searching for root cause of gaps in implementation of own routine activities and proposed solutions using PDSA cycle. At the end of the orientation, all champions were provided with hardcopies of the orientation package.

To strengthen their understanding and emphasis on practices, participants were given tasks to perform in their real working places. This included:

1. Forming ward QI teams linking health facilities and community QI teams.
2. Orienting their colleagues on QI by preparing training plan to make it possible to orient others in their area of influence. For those from health facilities to orient their colleagues and for leaders at community to orient other wards leaders and also to orient village leaders.
3. Identifying challenges in their working area and preparing plans for addressing them using the QI approach:
   - Community QI teams should identify health utilization challenges related to maternal and new-born and community development.
   - For health facilities QI teams should identify challenges related to quality services provision for maternal and new-born health.
4. Mentors at district level were encouraged to provide support, mentorship, coaching and to oversee the champions.

79
Number of champions selected from among the health staff

Follow Up and Evaluation

Follow up and evaluation of oriented champions were done physically and through phone calls, by project staff in collaboration with QUADS QI mentors from district level. The use of phone calls was due to movement restriction paused as a result of the COVID-19 outbreak. During follow up, we explored and documented success stories, facilitators and barriers to implement the QI approach. Case study stories were documented.

FINDINGS

There are some wards where the champions have provided education to the executives who didn't get orientation. But also, they have oriented the newly selected hamlet chairpersons. So, they are implementing.
Community QI District Mentor #02

• The use of QI was shown to be very widely translated into personal and community behavioural change among the champions and their communities. Leaders in the community at ward and village levels were applying QI in searching for root cause of problems within their routine working context and planned strategy to address the challenges. For example:

o There was evidence in application of QI at community through community development work: rehabilitation of trunk road connecting villages, construction of room for RCH services at dispensary level.

o In education sector the QI technique has been used in solving students' absenteeism and early reporting challenge when selected to join secondary schools.

o Some Community leaders were able to change their personal behaviour in view of their personal and community problems and apply the QI technique in searching for the root cause of, and plan for strategies to address the problem.

• Easy transfer of knowledge using cascade system to scaling up. In some wards, the oriented champions were able to orient other community leaders at villages levels, and plan to meet other community leaders on neighbouring wards. Some of health facility champions were able to orient other staff within facility.

• It stimulated community leaders and the people to identify specific local challenges and plan for strategies to address the challenges.

It has greatly helped me. I have improved so much on how I handle challenges. Previously, when these cases were brought to me, I was just forwarding them to community development officers without even understanding the details.
Village Executive Officer, Masasi

FINDINGS

The challenges were from both health in general and specific for maternal and new-born, as well as in community development.

- Majority of oriented champions acknowledged the usefulness of QI approach in solving challenges within their working areas.

… each year, there is a repeated challenge of form one selected students not joining secondary schools. So, after the orientation… I sat with them [and] understood a lot of challenges. (As a result) the reporting rate increased from 89% last year to 96% this year. The big lesson for me is the importance of knowing the root causes of the challenges.

Ward Executive Officer, Tandahimba

A Case Study of Community Mobilization for Toilet Construction Using QI Techniques

84

Total number of households targeted in the campaign

56

Number of households that built toilets as a result of the campaign

Some of the oriented champions at the village level used QI techniques to mobilize community campaign to construct toilets. The mobilization was aligned with the "Nyumba ni choo" – a regional campaign aimed at encouraging the use a toilet after diarrhea cases were frequently reported at a local health facility.

The champion met with health facility staff to find the root cause of the problem and found a significant number of households without toilets, and general poor hygiene and sanitation. This was after collection of baseline data to identify households with and without toilets.

The champion guided health facility, governing committee and 5 hamlets leaders, to discuss and agree to:

1. *Provide health education to community on importance constructing and using toilets*
2. *Each household without a toilet should construct and use it, and maintain environmental cleanness including digging holes for wastes dumping*
3. *Make and use of local frame (chanja in Swahili) for hanging and drying up washed utensils under direct sunlight.*

A timeframe of 14 days was given to accomplish the tasks. After implementation, 56 (67%) out of 84 households initially identified without toilets, had constructed the toilets.

The remaining 28 households (33%) were still followed as some of the households' member had moved away to distant seasonal simsim farms.

My approach in social problems analysis has completely changed. Now when I talk to a person or listen to their challenges, I have my fish-bone in my mind, even if you do not see it.

Ward Executive Officer, Masasi

CONCLUSIONS

We found the QI approach to be:

1. Stimulating transparency and accountability.
2. It makes transfer of knowledge easy, with minimal cost when using existing platforms such as cascading and Ward Councils meetings (WARDCs).
3. It is sustainable if adapted in routine work environment.

District QI mentors should strengthen mentorship and coaching to the champions to enrich the quality of QI knowledge content so then to transfer to other individuals in the routine working systems.

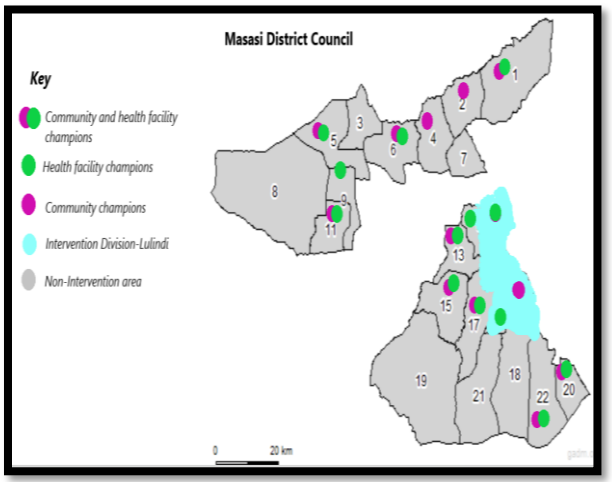
POLICY RECOMMENDATIONS

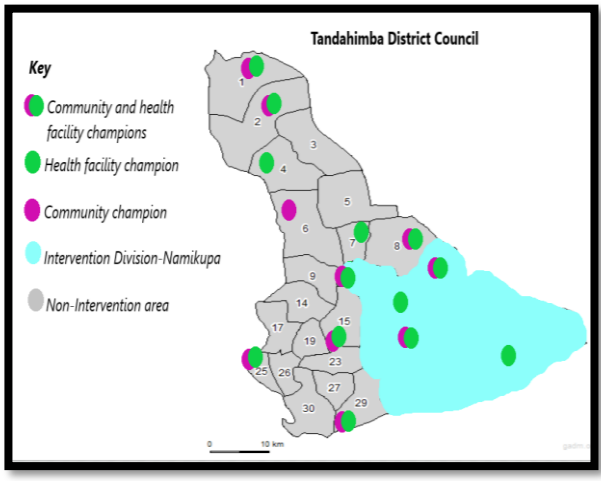
Incorporating QI skills in government staff routine working systems like in job description will enhance accountability at services delivery in community and health systems and hence improve care provision and utilization.

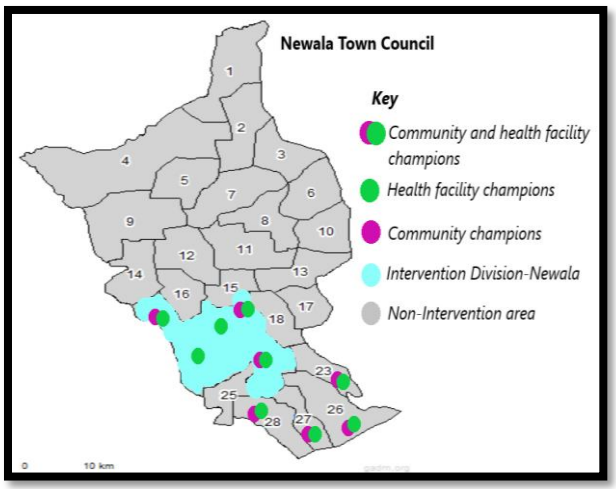
[The QI approach] stimulates transparency and accountability; makes transfer of knowledge easy, with minimal cost when using existing platforms such as cascading and Ward Councils meetings; [and] it is sustainable, if adapted in routine work environment.

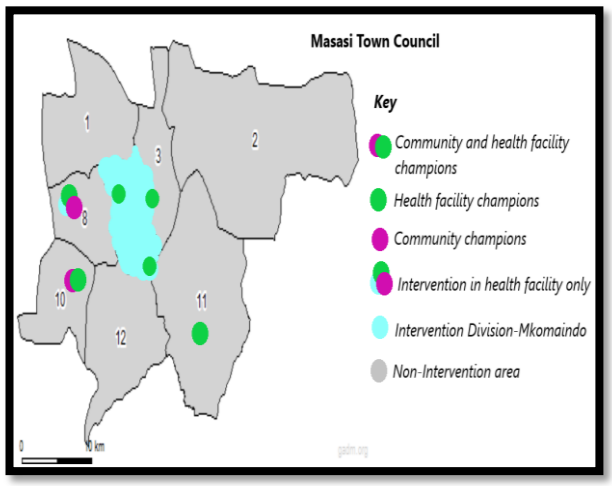
ANNEXES

A. Distribution of Oriented Champions for Easier Scaling-up of the QI Approach









B. Levels Selected for Champion Orientation

Table 1: Administrative Community Levels Selected for Champions Orientation

S/n	Admin level	Tandahimba DC	Masasi DC	Masasi TC	Newala TC	Total per admin level
1	District	1	1	1	1	4
2	Division	2	5	1	2	10
3	Ward	8	11	6	6	31
4	Villages	9	15	8	8	40
	Total per district	**20**	**32**	**16**	**17**	**85**

Table 2: Health Facilities Selected for Champions Orientation

S/n	Health facilities	Tandahimba DC	Masasi DC	Masasi TC	Newala TC	Total per admin level
1	Hospitals	1	1	1	1	4
2	Health Centres	3	2	1	1	7
3	Dispensaries	10	12	4	7	33
	Total per district	**14**	**15**	**6**	**9**	**44**

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5
Number of partners who joined hands to make the study a reality.

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Declaration of Conflict of Interest

The researchers declare to have no any conflict of interest that could influence the work reported in this brief.

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