

# **Improving the Standards Based Management–**

## **Recognition Initiative to Provide High Quality, Equitable Maternal Health Services in Malawi SOUTHERN AFRICAN REGION**

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Increasing access and utilization of health care services is not sufficient for maternal health outcomes. However, health care providers should consider providing services that are safe, and of high quality if positive maternal and neonatal outcomes are to be achieved.

# Problem

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- The project aimed at addressing a key concern of the Malawian Ministry of Health (MOH), namely the persistence of a high maternal mortality ratio (MMR) of 439/100,000 live births despite a facility birth rate of 73%.
- An audit of maternal deaths found that the majority of these deaths take place in facilities, indicating the facilities are either not providing the necessary care or its quality was suboptimal.
- Poor quality of care was recognized to be a major contributing factor to maternal morbidity and mortality

# Research Focus

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The Focus of this implementation research was to:-

- Identify the gaps between the SBM-R (RH) program and the ground reality across the Malawian healthcare context.
- Co-produce and test potential solutions to improve the effective implementation of the SBM-R (RH) initiative to enhance quality and equity of care provided in the health centers.

# Research Focus

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**A. To identify the gaps between the SBM-R (RH) program and the ground reality across the Malawian healthcare context.**

1. Conducted Document Reviews and in-depths interviews of Policy makers and key stakeholders
2. Assessed facility readiness through structured observations using the Malawi MOH Integrated Performance Standards for Reproductive Health (MIPS) checklists.
3. Assessed provider adherence to standardised criteria of care through structured clinical observations.
4. Assessed women's experiences of care through exit interviews with women
5. Identified contextual factors affecting quality of care through organisational ethnography (Observations, in-depth interviews)

# Findings

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## **Contextual factors affecting quality of maternal Health Services include:-**

- Staff shortages and lack of resources
- Inadequate resources (medical equipment, supplies and infrastructure)
- Leadership and management challenges
- Lack of organizational culture of quality

# Research focus

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## **B. To Co-produce and test potential solutions**

1. Benchmarking visit
2. Quality Management Training
3. Provision of Quality improvement materials (5s and Infection prevention)
4. Monitoring and supervision

# Research Focus

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A Benchmarking visit was done to one of the Sites on Quality Improvement

- Learnt how colleagues managed quality improvement in similar settings
- Mostly it was on 5s and Total Quality Management
- Asked to come up with work plans on how they would start implementing QI activities following the visit.



**Bench-marking visit on Quality Improvement**



# Research Focus

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Training of research sites on Malawi's adopted Quality Improvement Model:-

- 5 s Kaizen
- Continuous Quality Improvement
- Total Quality Management



**Quality management training for Health care Providers**

# Research Focus

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The Project Provided few basic items as starter packs for the Sites to implement quality improvement

- Infection Prevention Materials
- Materials for 5 s Kaizen



**Distribution of quality improvement materials to health facilities**

# Results

## 1. Improvements in work environment using 5s Kaizen

There were tremendous improvements in the work environments in all the facilities, especially labour and delivery wards following 5s Kaizen



# Results

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## 2. Implementation of Quality improvement Projects

- The facilities reviewed their facility data and identified gaps in service delivery for quality improvement.
- The identified areas include:-
  - High rates of neonatal asphyxia
  - Long waiting time for mothers during admission into labour ward
  - Poor record keeping for maternity wards
  - High numbers of neonatal deaths

# Results

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## 3. Strengthened Quality Improvement Teams (QISTs AND WITs)

- Meetings/Orientations with Facility Management and other health care workers \*
- Formulation/Revamping of Quality Improvement Team
  - Formulated 1 QIST and revamped 2 QISTs
  - Formulated 4 WITs
- Formulation/ Strengthening of Quality Improvement plans
  - (Only 1 out of 4 facilities had a clear QI Plan).

# Challenges

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- There are limited resources
- Few health workers are trained on Total Quality Management.
- There is limited mentorship and supervision

# Lessons learned

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- Quality improvement is a more complex issue as it has multiple determinants and is impossible to address from one perspective. Different stakeholders should be aware of their roles in achieving quality improvement and be committed to doing their part.
- Leadership and management Teams play a big role in quality improvement and quality management
- Sustainability of quality improvement activities is key in quality management. As such, health facilities should be empowered to build their capacity to sustain their activities in the absence of external funding.

# Application of the Innovations

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Suggested priority areas for scale – up include:-

1. Strengthening leadership and management of health systems
2. Redefining the role of partners (Donors and Developmental partners) in improving quality of health services



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