

Introduction of Improved Quality Management in Basic Reproductive Health Services An Example from Southern Sudan

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Abstract

The aim of this study was to introduce improved Quality Management (QM) in Basic Reproductive Health Services and to assess the value of QM procedures. The study was conducted between March 2004 and June 2006 within the Primary Health Care Programme of "Diakonie Emergency Aid" at southern Sudan in a context where maternal health indicators and access to health services are among the worst in the world. The principles were the encouragement of leadership, staff involvement, a clear, simple and coherent framework and a process approach. Our methods included document review, statistical analyses of health information system data, direct observation, structured interviews with staff and patients, key stakeholders interviews and focus group discussions as well as capacity building for Sudanese staff. After development and testing of an appropriate QM Model we measured changes in the health care processes and outputs.

Results:

The number of standards increased significantly as well as the utilization of the services. The organizational access was improved through reorganization of different services, for example the daily provision of ante natal care and immunization services. The relevance to need could be improved through the implementation of delivery services at one remote health centre. Furthermore the effectiveness and the efficiency of the services increased and with a reduced total project budget more people are served now.

The human resources have been identified as the most important factor in quality improvement. The study could contribute to an increase of number of personnel and intensified capacity building. However a staff appraisal system - which was introduced in order to attract and retain qualified personnel - was used for disciplinary measures mainly and a considerable number of people resigned or absconded.

Due to financial constraints, lack of health staff and absence of management staff the implementation of QM procedures was delayed and restricted significantly. Furthermore our example shows that staff involvement and the QM as a whole is dependant on the attitude and commitment of the leadership. We as facilitator could only provide limited guidance due to our absence from the field. However we saw that QM is a tool which can promote and foster participation, ownership and sustainability. It stimulates intensified monitoring of the activities thus resulting in positive changes. It needs a lot of effort and willingness to work on it, but the principles of it easily can be introduced even in similar very poor setting.