

Malawi German Health Programme

Strengthening quality management structures in the Malawian health care system

Background

Although the number of women delivering with the support of a skilled birth attendant has risen from 56% in 2000 to 87% in 2014, maternal and neonatal mortality remains high. The Ministry of Health (MoH) recognises that quality of care received insufficient attention during the implementation of the joint Programme of Work 2004–2010, when quality assurance (QA) and quality improvement (QI) initiatives were implemented on a piecemeal basis with little coordination and synergy. The new Health Sector Strategic Plan (HSSP) 2011–16 places a strong emphasis on improving quality of care and one of its objectives is to develop and implement a comprehensive approach to quality improvement at all levels for effective service delivery.

Objectives

Strengthening quality management structures involves establishing a culture of quality assurance and quality improvement at both the national and district levels. The main objectives at the national level are to:

1. establish a quality management (QM) secretariat that strengthens, streamlines and coordinates quality assurance and quality improvement interventions across the health sector;
2. ascertain the viability of using comprehensive health facility accreditation mechanisms as a way to set benchmarks and improve the quality of health care services.

The main objective at the district level is to establish quality improvement teams that will continuously monitor and improve quality of care with a special focus on maternal and newborn health.

Approach

The Malawi German Health Programme has two principal approaches for improving quality management. The first, Strengthening Quality Management Structures, is being implemented by EPOS Health Management on behalf of GIZ. In this approach, two international public health and quality assurance experts work closely with the Department of Planning and Policy Development (DPPD) in the MoH and with the District Health Management Teams (DHMTs) in Balaka, Dedza, Ntcheu and Mchinji districts. This means that, at the district level, a total of four district hospitals and 14 health centres are receiving support.

The second approach focuses on piloting accreditation mechanisms for health care facilities and is being delivered in conjunction with the MoH at six facilities located across the country. Accreditation aims to bring all aspects of service delivery in the facilities up to a standard level, which is then independently assessed. The pilot is supported by the Council for Health Service Accreditation of Southern Africa (COHSASA), an organisation that both accredits health facilities and supports the process of preparing for accreditation.



left: Maintaining hygiene at a central hospital.

right: An outpatient waiting room at a Malawian health centre. The women are seeking medical care.

The main areas of support are:

- institutional and individual capacity building in QA and QI of the:
 - QM secretariat and its staff,
 - QA focal persons in various departments and programmes at the national level,
 - DHMT members,
 - quality improvement support teams (QISTs) and their members,
 - quality improvement teams and their members;
- intensive follow up and on-the-job coaching of QISTs and QI teams;
- regular collaborative sessions to share experiences and identify best practices;
- internal and external quality management assessments;
- the harmonisation and integration of QM standards with a particular emphasis on sexual and reproductive health (SRH) standards;
- coaching at the facility level on the implementation of accreditation standards;
- the coaching of MoH quality assessors on the implementation of accreditation standards;
- the provision of external support and supervision to facilities within the accreditation pilot programme.

Technical support

The Ministry of Health at the national level and the DHMTs and service providers at the district level are the principal implementers of interventions to strengthen quality management structures. Both the districts and the facilities piloting the accreditation system receive support from GIZ to develop and implement action plans for addressing any gaps identified in the system. The EPOS team also facilitates capacity building, coaching and collaborative sessions, and coordinates annual external quality management assessments. In conjunction with COHSASA, facilities participating in the accreditation pilot receive regular support from MoH quality assessors and also quarterly visits from COHSASA teams tasked with identifying areas of improvement and developing action plans to address service deficiencies.

Lessons learned

The prevailing organisational culture in Malawi's health care system is hierarchical, with the national level controlling most of the resources and the operational level being granted little autonomy. Introducing the concept that it is possible to improve quality of care without any additional resources takes time, as it involves changing the mindset at all levels.

There are no standardised systems and structures in place in the health sector in Malawi to objectively measure and improve quality of care. The capacity and understanding of quality assurance and quality improvement at both the national and district levels remain limited. Further support is required at all levels if quality management is to be institutionalised. Furthermore, national mechanisms to ensure good-quality service provision by all providers – public or private – are required.

Useful lessons have been learned at the operational level regarding the feasibility and practicality of institutionalising QA and QI approaches in day-to-day work. These lessons will be invaluable for guiding the QM secretariat in its work to develop a national QA framework that is realistic and feasible.

Conclusion

Malawi's health care system faces many challenges when it comes to delivering quality services, such as a shortage of skilled and motivated health workers, deteriorating facilities and equipment, a lack of drugs, and insufficient health information data to guide decision-making. Strengthening quality management structures might seem anomalous in such an environment, but these are the structures that can make a difference and achieve a greater focus on health outcomes and the efficient use of the limited resources available. The Malawi German Health Programme will continue supporting the Ministry of Health and its partners to develop systemic approaches to quality management.