

THE MANAGER

CASE STUDY FOR TRAINING AND GROUP DISCUSSION

Landung Districts Become Leaders in Improving the Performance of Health Services

Scenario

THE DIRECTOR FOR HEALTH Services in Landung was concerned that district managers were having difficulty reaching national standards for essential public health functions (EPHFs) within their current budgets. He wanted them to meet their performance expectations without asking for budget increases. He was certain that if district managers could learn to identify and solve their performance problems themselves, they would become more engaged in carrying out their EPHFs, achieve their performance objectives, and use their existing funding more effectively.

The Director called on the Public Health Institute to devise an assessment and planning process that would strengthen the capacity of district health teams to analyze their local situations and design their own interventions to solve performance problems. The Public Health Institute chose the management of performance improvement (MPI) process for this purpose. To initiate the process, the Director chose three districts with prevalent maternal and child health concerns: Ritara, maternal deaths; Jambuku, malaria; and Bantalan, measles.

During a workshop facilitated by the Public Health Institute, the three district teams undertook a 10-day situation analysis and planning process. On the last day, the teams presented their proposed solutions for improving the three services to a panel of national program directors. Each director pointed out that the proposed solution included an approach that went beyond current Ministry-approved practice. They expressed concerns

about these approaches but agreed to approve their use by these districts as part of the MPI process. They acknowledged the need for districts to improve their effectiveness in carrying out EPHFs and stated their support for the Director in initiating MPI. Before leaving for their districts, the teams met to discuss what had happened.

"I was worried at first that the directors would not support our plans," said Dr. Nasar of Ritara.

"I guess it's no surprise that they expressed reservations about our approaches, since we were suggesting revisions to standard practices," said Mrs. Mahendra of Jambuku. "I'm just relieved that they are going to let us try these new service approaches."

Bantalan district's Dr. Yusril spoke next. "The program directors showed leadership in approving our plans as we designed them," he said with conviction. "I am confident that the process we went through to develop our strategies was rigorous. I am eager to put my district's plan into action." His colleagues nodded their assent.

One year later, the teams assembled again as planned to report the results of their approaches for improving the performance of their assigned services. The Ritara team presented its results first. "In the year before MPI, there were 10 maternal deaths in Ritara District," said Dr. Nasar. "Seven were caused by postpartum hemorrhage that was uncontrolled before the women reached the hospital for emergency treatment. Our strategy involved flagging the records of pregnant women consid-

ered to be at high risk for complications, visiting homes to convince husbands and mothers-in-law about the importance of women delivering in a hospital, equipping our health center vehicles with IV kits, and training drivers and attendants to begin administering IV fluids to women who were having postpartum hemorrhage on the way to the hospital.”

Mrs. Maryono of the Ritara team rose to speak. “Our mandate was to come up with innovative ways to reduce maternal mortality in Ritara, test them over 12 months, and evaluate their effectiveness. The government’s service standards for emergency obstetric care do not include training vehicle attendants to administer IV fluids, and we appreciated the program manager’s support in allowing us to carry out our solution as planned. We have fulfilled our mandate as well as we could, and we think you will be pleased with the results.”

“During the 12 months we spent implementing our interventions, there were no maternal deaths in Ritara,” continued Dr. Nasar. She had everyone’s attention. “Our evaluation found that some interventions were more successful than others. For example, our family education visits did not convince women at high risk of complications to deliver at the hospital. So we couldn’t reduce the need to provide emergency obstetric care at the community level. Even educated women in Ritara told us that ‘the hospital is where people go to die,’ and families continued to express concerns about the quality of care there. However, providing IV fluids for women suffering from postpartum hemorrhage while they were traveling in our vehicles between the community and the hospital meant that no woman in Ritara died from postpartum hemorrhage because of lack of access to transfusions or other needed care.”

“Do you think your strategy was responsible for this remarkable reduction in maternal mortality?” asked Mrs. Sofwan, Program Director for Maternal and Child Health.

“It is too early to tell whether this change in maternal deaths is due to our interventions,” replied Dr. Nasar.

“We need to investigate whether any other factors contributed to the reduction in deaths and observe the data for a longer period.”

“How did you fund your strategy?” asked a participant from another district. “The district already had vehicles, drivers, and attendants,” replied Mr. Wahid, the team’s financial management member. “The IV kits were not expensive, so we were able to buy them using our existing budget. And the record-keeping changes and education visits to families were all within our means.”

Presentations by the teams from Jambuku and Bantalan showed similar successes. For example, the Bantalan team had proposed a change in the immunization schedule for the second dose of the measles vaccine for children. The innovation not only increased adherence—it also helped the district achieve the national standard for measles immunization without increasing costs.

The Director spoke last. “These teams have clearly demonstrated the leadership role that Landung’s districts can play in improving the performance of our health sector. I will seek input from the Public Health Institute, program directors, and others to expand the MPI effort and determine whether any of these teams’ innovations can and should be adapted for wider use.” He thanked the program directors for their support, and then nodded to the team members. “Congratulations, and keep up the good work.”

Discussion Questions

1. What factors may have contributed to the effectiveness of the MPI process in Landung? How does the MPI process differ from other district planning processes?
2. Discuss the effectiveness of the interventions applied by the Ritara team. Do such experiences justify changing service policies and procedures?
3. Based on the experience described in the scenario, what factors need to be in place to apply MPI? Explain your thinking.

QUESTION 1 What factors may have contributed to the effectiveness of the MPI process in Landung? How does the MPI process differ from the other district planning processes?

A major factor in the effectiveness of Landung's district team problem-solving process was the support of the Director. He initiated the process, and it is clear that he was pleased with the results and will support expansion of the effort. Support from program leaders allowing the district teams to implement their solutions as planned was another major factor.

Other factors include the following:

- The teams went through a rigorous process of identifying factors contributing to their problems and finding new ways to deliver services. This process unleashed their creativity. It helped them feel confident about the validity of their innovative service approaches and motivated to implement them.
- This learning-by-doing process was real, not just a training exercise. Because the team members did the work themselves, they "owned" the products.
- The teams gathered, analyzed, and quantified data at every step of the way. Their "before" and "after" data appear to demonstrate the effectiveness of their interventions, although the team is correct about the need to observe the trend over a longer period and investigate whether any other factors may have changed in their district's environment.
- By telling the districts what health problems to focus on, the Director impressed upon districts that the Ministry was monitoring their epidemiological situation and service performance and that they were a part of a health system. Although it is usually desirable in the MPI process to let each team choose its own problem to work on, in this case the assignment of the health problem was effective because the strategic solutions were left to each district to work out.

- The process in each district focused on one high-priority problem and only a few services. Now each team will have the experience and confidence to apply this process to other problems and services.
- All teams were able to implement their interventions using existing resources.

The process applied in Landung differs from other district planning processes because, although supported at the central level, it encourages district teams to develop solutions based on their own analysis of data and causal factors. This type of "bottom-up" approach is more effective than orders from higher up. Teams also focus on only one important problem, rather than all services.

QUESTION 2 Discuss the effectiveness of the interventions applied by the Ritara team. Do such experiences justify changing service policies and procedures?

In the scenario, Dr. Nasar points out that some interventions appeared to be more effective than others. For example, the outreach efforts with families did not convince pregnant women at high risk of complications to deliver at the hospital. However, the intervention that enabled women to receive IV fluids while traveling to the hospital appeared to eliminate the incidence of maternal mortality due to postpartum hemorrhage. The district will need to determine whether any other factors contributed to this reduction in maternal mortality.

As for changing service policies and procedures based on this experience, the Director said that he would seek input from others to determine whether the interventions explored by the teams could be applied more widely. This approach is appropriate because it is gradual and inclusive. Authorities may also want to observe the districts' experiences over a longer period. They may consider applying the interventions in a few new districts and evaluate the experiences before making wider changes in service policies and procedures.

QUESTION 3 Based on the experience described in the scenario, what factors need to be in place to apply MPI? Explain your thinking.

Factors that need to be in place to apply MPI include:

- **Support from health leaders.** National authorities need to support this effort. They must be willing to let district teams develop and implement their own solutions to problems they identify and provide limited resources, if they are essential to implement the proposed interventions.
- **Facilitation.** A team of central and provincial facilitators should support the MPI process. If the facilitation team does not already exist, then it needs to be developed. The team must use a style of facilitation that focuses on learning-by-doing and encourages district teams to do their own analyses and come up with their own solutions.
- **Monitoring and evaluation requirements.** The facilitation team and others need to provide support and encouragement to the district teams during the implementation phase. District teams may be more motivated to carry out their plans if they are prompted about the monitoring and evaluation schedule and reminded that their performance will be compared with that of other

participating districts at the end of the implementation period. Visits by facilitators, district managers, or others may help teams develop solutions to obstacles that arise during implementation.

- **The planning and budgeting process.** The MPI process and resulting strategies need to be integrated into district planning and budgeting.
- **A policy framework for essential public health functions.** Having in place a national policy framework that defines EPHFs across all health categories and defines district-level performance objectives is important in facilitating MPI. Such a framework conceptually organizes priority health problems, the services that manage those problems, and the specific tasks or services to be delivered to a percentage of the population. In the scenario, EPHFs and performance objectives have been defined at the central level, and the districts are expected to figure out for themselves how to fulfill their EPHFs and meet their performance objectives. Within this policy context, MPI offered districts an opportunity to identify factors contributing to a specific health problem, develop innovative local solutions, and implement them. MPI motivated the districts to be more assertive in working to reach national standards.

THE
MANAGER

MSH Publications
Management Sciences for Health
165 Allandale Road
Boston, Massachusetts 02130-3400
USA

Phone: 617.524.7799
Fax: 617.524.2825
E-mail: bookstore@msh.org
Web site: www.msh.org

printed on recycled paper