Lessons for strengthening district health systems from India and Uganda

Background

Providing quality health services for patients at the point of care requires competent and motivated health workers, appropriate resources to address the health needs of the population, and effective processes to deliver care. But to assure quality care across a local health system, system-level interventions are needed. Since 2012, the USAID ASSIST Project has supported over 40 countries to improve care systems for maternal, newborn, and child health, HIV, tuberculosis (TB), malaria, and chronic disease services. A key area of learning from this work has been how to institutionalize care systems at the local level to provide and sustain responsive, quality services centered on people’s needs.

This webinar showcases two examples of ASSIST’s work to strengthen local health systems in two very different contexts: Chamba District, a predominantly rural district in the state of Himachal Pradesh in Northern India, and Kitgum District in post-conflict Northern Uganda. The experience in both settings highlights the importance of attention to both direct care provision through clinical guidelines, training, and supportive supervision and non-clinical systems and structures that enable quality care to be delivered.

Strengthening the health system in Chamba District, Himachal Pradesh, India

Chamba is one of the high priority districts identified in the Government of India’s Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) initiative. It has a population of 538,000, and approximately 7,000 women deliver each year. Chamba is a mountainous district with numerous snow-bound areas which are cut off from the rest of the district for months at a time. In addition to the challenges presented by the terrain and weather, Chamba is also home to nomadic tribes that are difficult to track for providing health services like antenatal care and child immunization.

In 2013, ASSIST was invited to work with Chamba Regional Hospital and four other facilities in the district to support the facilities to apply simple quality improvement (QI) approaches to address causes of maternal and neonatal mortality. The hospital has 200 beds and provides delivery care to women in the district. This short video documents how Chamba District strengthened its systems to support quality care and highlights how district authorities can adopt these approaches using their own resources. Video available at: https://www.usaidassist.org/resources/quality-improvement-initiatives-government-india%E2%80%99s-rmncha-strategy-lessons-chamba-himachal.
ASSIST started working in Chamba Regional Hospital and the other four facilities in December 2013 to improve the delivery of essential newborn care (ENC), resuscitation of asphyxiated newborns, and prevention and management of post-partum hemorrhage and other delivery complications. An improvement team was formed in each facility with various types of providers from the labor and delivery ward. Each team chose which aspect of care it wanted to focus on. After the team agreed upon their goals, they then discussed the barriers they faced using the problem analysis tools they had learned about in the initial ASSIST classroom training on improvement methods.

With coaching support from ASSIST and the district management team, the five teams made significant improvements in providing ENC and resuscitating neonates at birth. The Chamba District Chief Medical Officer was impressed with the results and wanted to extend the improvement work to all facilities in the district. The ASSIST team supported the district to design and implement a plan to spread QI approaches to 38 district facilities using their own staff and resources. This led to improvements similar to those seen in facilities receiving direct support.

The health authorities of the State of Himachal Pradesh recognized that the results in Chamba were worthy of spreading to all other districts in the state. Beginning in April 2016, the State Health Ministry worked with ASSIST to develop a practical strategy for state-wide scale-up. This plan included training programs for facility-based staff and coaches, changes in the human resources system to allow ‘QI coaches’ from the block level to visit facilities every month to help them apply QI skills, funding for new staff positions at the state and district levels to support QI implementation, and new management structures at facility, block, district and state levels. The state-led program is also being supported by staff from Tanda Medical College in Himachal Pradesh and from the All India Institute of Medical Sciences (AIIMS) faculty who provide additional QI support as needed.

**Strengthening the health system for tuberculosis control in Kitgum District, Uganda**

The Ministry of Health of Uganda estimates that annually, 253 new smear-positive cases occur per 100,000 population and that the incidence of TB is 330/100,000 population. In post-conflict Northern Uganda, TB case notification, at 62 cases/100,000, is extremely low and is considered to reflect a large pool of undiagnosed TB cases.

As part of broader family health and HIV prevention and care and treatment support to 15 districts in Northern Uganda, ASSIST worked with Kitgum District to address one of its identified priorities: to improve TB case detection and management. Kitgum District has a population of 211,792 served by 33 health facilities (including one faith-based hospital). When the work began in mid-2015, TB case notification for the district was 106 cases/100,000 population.

In Uganda, vulnerable populations, such as prisoners, people living with HIV, and socially and economically disadvantaged groups, especially in congregated urban settings, are disproportionately burdened by TB. Besides their increased risk of exposure to TB, vulnerable groups are also more likely to progress to active disease once they are infected due to the immune-compromised status of their underlying condition. The prevention and control of TB among these risk groups is complicated by delayed diagnosis, onward transmission, and poor treatment adherence. Traditionally, TB services have not been tailored towards the needs of the high-risk groups that carry a continuing risk of higher rates of TB and drug-resistant strains.

While TB diagnostic microscopy and TB drugs were available in each of Kitgum’s nine sub-counties and the Kitgum Town Council, the turn-around time for TB diagnostic test results conducted with GeneXpert was over a week, resulting in many TB cases lost. Furthermore, TB data were not routinely available to non-TB health workers, and the latter were not engaged in any way to try to address TB diagnosis. The role of community health workers was limited to TB directly observed treatment and client education on prevention, and they were not engaged in finding new cases. While many of the facilities in Kitgum had QI teams, these were focused only on HIV and did not address gaps in TB care.

ASSIST supported the District Health Management Team and facility-level TB focal points to address the health system barriers to more effective TB detection. With support from ASSIST, Kitgum set up district and facility QI teams with membership relevant for TB and integrated QI team meetings into monthly health facility meetings. They also set up coaching structures and engaged TB focal points and other supervisors in health facility quality of care assessments and supporting facility QI teams to address TB case detection and treatment gaps. The facility and district QI teams began making changes to encourage:

- **Timely diagnosis:** Phone call to relay positive results; night duty created to run samples at night; regular review of data on turn-around time; timely quantification and submission of cartridge requests; district expanded the hub riders from 1 to 2 hub riders and procured additional cartridges and paper.
- **Data use:** Mentorships, coaching, and training were provided to all health workers on the TB HMIS, and facility staff began data quality checks to compare TB HMIS data with DHIS2 data and facility registers. Performance data was shared within the facility and at the district level through dashboards and quarterly data review meetings.
- **Community engagement:** The facilities activated existing community
structures through the Village Health Teams (VHTs) to help in community-based case finding, mapping coughers, referring coughers using VHT referral forms, and physically escorting coughers to health facilities.

**Quality improvement:** Introduced documentation journals, quality improvement projects, and exchange visits.

The district QI team also addressed supply chain and human resources issues that were impeding TB services. They put in place systems to eliminate stock-outs of items for TB diagnosis and treatment, including review of facility TB orders by the district TB focal point and inclusion of two TB tracer items (anti-TB drugs for adults and children, geneXpert cartridges) in the broader supply chain tracking system of the district. By lobbying with Kitgum Hospital management, donor resources were identified to hire X-ray technicians for the hospital to perform TB chest x-rays for definitive diagnosis. Makerere Lung Institute supported the facility TB orders by the district technical review meetings and data review meetings. Health, political, and community leaders targeted for sharing performance data on TB case notification.

As a result of these interventions, TB diagnosis lab test turn-around was reduced from one week to two hours for positive results and to one day for all results. Case notification improved to over 140 cases/100,000 population since 2017 through March 2018. The Kitgum experience shows that systems strengthening is important for making sustainable progress on TB control.

**Lessons**

- Strengthening local systems to sustain delivery of good quality care benefits from attention to skills, structure, systems, culture, and leadership.
- Balance meeting critical immediate quality gaps with strategies that build the foundation for sustainable efforts to assure quality care.
- Organizational readiness tools can be useful in identifying key gaps in organizational capacity and systems that improvement efforts should target.

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**Organizational factors to support quality care**

**Skills**
- Improvement: Prioritizing, team work, system-thinking, change management
- Coaching: QI, facilitation
- Learning: Harvesting and spreading learning

**Structures**
- Operational structures: QI teams, QI coaching, peer-to-peer learning
- Skills-building structures: To build the above skills through the system
- Management structures: Ensure operations happen and barriers are removed and link with overall MoH priorities

**Systems**
- HR systems enable QI activities by providing time for improvement or coaching and including QI in performance management
- Data systems provide usable data
- Communication systems encourage QI activities
- Management systems fix problems not fixable at facility level

**Culture**
- Focus on systems more than individuals
- Focus on team work rather than hierarchies
- Focus on solving problems
- Focus on learning

**Leadership**
- Lead culture change
- Policy/strategy and funding to support building of skills, structures and systems

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**Resources Available**

- **Point of Care Quality Improvement (POCQI) training model:** A collection of materials to guide QI teams, and the coaches and leadership that support them, in improving the quality of care for mothers and newborns in health facilities. These materials are available at: [www.pocqi.org](http://www.pocqi.org).
- “**What we learned while improving care for 180,000 babies annually in India**.”
- “**Improving essential newborn care through quality improvement interventions in Regional Hospital, Chamba, Himachal Pradesh, India**.” This case study gives the facility-eye view of the Chamba district strengthening work.
- “**Scaling up quality improvement to reduce maternal and child mortality in Lohardaga District, Jharkhand, India**” (case study on supporting QI in another district in India).
- **A guide to increasing TB screening amongst the fishing communities:** The USAID ASSIST Project’s experience from Northern Uganda.
- “**TB hunters! A revolution against TB in Northern Uganda**.”
- “**Community Support to Improve TB Care in Uganda**.” This short slideshow depicts how a TB treatment facility in Kampala, Uganda has applied improvement methods to engage community health workers in tracing TB contacts and helping to increase retention in care of TB patients.

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