STRENGTHENING HUMAN RESOURCES FOR HEALTH TO IMPROVE MATERNAL CARE IN NIGER’S TAHOUA REGION

“Only in death is one recognized in Niger,” a health worker responded in 2009 when asked if these workers are ever recognized for a job well done. 2008 data show Nigerien women have a 1 in 16 chance of dying from maternal and pregnancy complications in their lifetime. Health workers can feel discouraged in overcoming this crisis in the face of frequent staff turnover, reassignment, and a lack of recognition for their efforts.

To address these issues, the USAID Health Care Improvement (HCI) Project applies the Quality Improvement (QI) Collaborative method to managing health workers to improve competence, performance, clinical outcomes, and the quality of maternal care in Niger’s Tahoua region. Since the collaborative began in May 2009 working with Niger’s Ministry of Health (MOH), the 15 facility and 11 district management improvement teams have achieved significant gains in both improving performance and maternal care.

A midwife completes a patient’s partogram at the Madaoua District Hospital. Photo by Dr. Karimou Sani.

WHAT ARE WE TRYING TO ACHIEVE?

The collaborative aims to:

1. Improve health worker performance (productivity and engagement) and clinical indicators.
2. Improve the quality and efficiency of maternal care services by building the capacity of local management and health workers to implement sustainable improvements in maternal care provided in Tahoua.

WHY?

A 2009 baseline assessment conducted in 15 facilities in Tahoua found most health workers had neither job descriptions (4/53 said “yes” but could not produce one) nor performance evaluation (3/53 had ever “heard” of one).

The links among improvements in managing human resources for health, health worker performance, and health care quality are well known. However, in practice, the management of health workers is often top-down, does not address grassroots issues, and may have limited impact on improving clinical outcomes.

WHAT IS THE USAID HCI PROJECT?

The USAID HCI Project works with local health systems and existing resources to apply quality improvement approaches to provide better care for patients. The HCI Project has worked to improve patient care and outcomes in more than 30 countries in Africa, Asia, Europe, and Latin America. URC has worked with the Niger MOH since 2003 to improve maternal and child health outcomes.

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The USAID Health Care Improvement (HCI) Project seeks to develop the capacity of host country health systems to apply modern quality improvement approaches to improve health worker capacity, motivation, and retention. The work of the USAID HCI Project is supported by the American people through the United States Agency for International Development (USAID) under the terms of Contract Numbers GHN-I-01-07-00003-00 and GHN-I-03-07-00003-00. The USAID HCI Project’s predecessor, the Quality Assurance Project, was managed by University Research Co., LLC (URC) under USAID Contract Number GPH-C-00-02-00004-00. The contractor team for the USAID HCI Project includes prime contractor URC, EnCompass LLC, Family Health International, Health Research Inc., Initiatives Inc., Institute for Healthcare Improvement, and Johns Hopkins University Center for Communication Programs. For more information, please contact Ms. Lauren Crigler, HCI Senior Quality Improvement Advisor, at lcrigler@urc-chs.com, or visit www.hciproject.org/healthworkforce.
WHERE IN NIGER?

The Niger Human Resources Collaborative works with 15 facilities and 11 district management teams in all eight Tahoua departments (Figure 1).

Figure 1: Sites implementing human resources improvements in the Tahoua region’s 8 departments

HOW IS IT CARRIED OUT?

Since May 2009, multidisciplinary teams of health workers and facility and district managers have been working toward meeting a series of human resources objectives, described in the change package. The project applies the “collaborative improvement” method, which integrates basic elements of traditional improvement methods, such as standards, training, and job aids, with modern improvement strategies focusing on client needs, teamwork, making changes in care processes, and measuring the results of these changes. In a collaborative, teams from different sites work together and share strategies for improving care.

- **Change package:** To improve health worker performance and human resources management, a change package (Figure 2) consisting of seven human resources objectives was developed for the teams to follow. For each objective—rationalized tasks, competency development, etc.—the package provides guidance for QI teams to develop relevant and needs-based solutions to their specific challenges.

- **Quality Improvement teams:** The collaborative worked with 15 facility and 11 district management QI teams consisting of health care workers, facility managers, union members, and district management staff that work together to identify, test, measure, and share realistic strategies to basic problems.

- **Steering committee:** In addition to the facility and QI teams, there is a Steering Committee consisting of national and regional MOH experts and partners. The committee guides all collaborative planning and activities and includes representatives from the ministries of public sector, planning, finance, and professional education, as well as all labor unions representing health workers.

- **Training:** Teams receive regular on-the-job training from coaches so participants can problem-solve to address implementation obstacles in their local settings. Teams have also identified their own competency development needs and developed strategies to address these.

- **Site and coaching visits:** Regional MOH staff and USAID HCI Project staff conduct bi-monthly coaching visits to provide ongoing support to individual site teams. Best practices and results are shared between teams during quarterly “Learning Sessions” and disseminated countrywide.
WHAT HAS BEEN ACHIEVED?

Stakeholders and health care workers have kept the enthusiasm they had going into the work from seeing more motivated health workers, workers who better understand and perform their jobs, and patients who feel they are receiving good care. Key changes have been seen in health worker engagement and productivity that positively impact maternal care. Since 2009, six of the eight districts now meet the national target for institutional delivery, postpartum hemorrhage has been reduced by half in collaborative sites, and adherence to essential newborn care standards has increased from 72% to 98% (Figure 3).

“This project has brought a revolution in how we do work.”
– Niger MOH official

Figure 3: Adherence to norms for essential newborn care in targeted district hospitals in Tahoua

Figure 4: Contraceptive prevalence at all collaborative sites and one leading site (Wadata)
HEALTH WORKER ENGAGEMENT

- All sites: Explored ways to provide peer-to-peer coaching and engaged managers to identify and close key competency gaps.
- Health posts and District hospitals: Identified key competencies using team and peer observation checklists, created learning plans for health workers needing specific competency development, and undertook monthly supervisory observations to monitor progress in addressing gaps.
- District hospitals: Analyzed and redefined tasks for each position and produced and posted job aids to ensure health workers are following correct norms and procedures, such as for Essential Newborn Care (Figure 3).

HEALTH WORKER PRODUCTIVITY

- Health posts: Transferred pre-natal care services from the maternity to growth monitoring (conducted in another ward) to reduce wait time at the maternity. The Wadata Health Post increased contraceptive prevalence from 11% to 42% by setting performance objectives, instituting regular feedback of performance indicators, and reassigning family planning tasks (Figure 4).
- District management teams: Designated a person responsible for family planning to ensure the timeliness of quarterly reports on the use of contraceptives. This resulted in an improvement of timely reports from 60% to 96%.
- District hospitals: Transferred ante-natal care activities from the District Maternity Hospital to the Urban Health Post to increase coverage and encourage women to deliver at facilities.

LESSONS LEARNED

Teams clearly see the link between human resources and clinical changes and how their individual work directly contributes to improving health outcomes in Tahoua.

District Heath Management Teams now recognize how important regular supervision and support are to the facilities. Shared learning between participating sites was critical. There were five sites that never received training in the active management of the third stage of labor (AMTSL) or participated in any QI exercises, but through learning sessions and regular coaching, the sites’ health workers have been able to provide AMTSL according to set standards.

NEXT STEPS

A National-level meeting was held in Niamey in August 2010 to discuss the human resources collaborative’s key results and positive impact on worker efficiency and patient care. More than 400 MOH participants attended the meeting at which four QI teams presented their results and achievements.

The collaborative is now part of the MOH’s 2011-2015 national action plan to improve health objectives in Niger. The MOH is also adapting the collaborative to improve organization in two of its internal departments: human resources and maternal child health.