



TECHNICAL BRIEF

June 2005

THE ENABLING ENVIRONMENT FOR SKILLED CARE: A HEALTH SYSTEMS APPROACH

INTRODUCTION

Historical, clinical, and epidemiological evidence strongly suggests that skilled care during childbirth and in the immediate postpartum period can prevent most maternal deaths. However, many of the world's women do not have access to skilled care during pregnancy and childbirth because of severe shortages of qualified health providers; inadequate supplies, equipment, and infrastructure; and a range of physical, cultural, and financial barriers.

With funding from the Bill and Melinda Gates Foundation, Family Care International (FCI) is implementing a multi-faceted project to improve the quality and availability of skilled maternity care and increase its utilisation among rural and disadvantaged populations in three countries in sub-Saharan Africa (see box, right). A major focus of FCI's Skilled Care Initiative (SCI) is strengthening the knowledge and skills of health providers to equip them to provide high-quality care for both normal and complicated pregnancies. In addition, the skilled care approach operates on the premise that the environment in which providers work is as important as their competencies.

To ensure that skilled care is available as close as possible to the communities where women live, maternity care providers at all levels of the health system—from primary to referral levels—must be supported by a policy and regulatory framework, as well as adequate supplies, equipment, and infrastructure, and a functioning referral system. With this view in mind, FCI's provider training efforts have been coupled with a range of complementary interventions to strengthen the overall health system and to create an **enabling environment** that supports skilled providers and enhances their performance.

This technical brief provides an overview of the activities supported by FCI to strengthen district health systems as part of the Skilled Care Initiative, describing some of the challenges faced and lessons learned through the process of carrying out these changes.

SAVING WOMEN'S LIVES: THE SKILLED CARE INITIATIVE (SCI)

The Skilled Care Initiative aims to ensure that all women have access to high-quality, skilled care so that pregnancy-related problems can be detected and treated before they become fatal. The Initiative is working in selected districts in Burkina Faso, Kenya, and Tanzania to:

- **strengthen** government commitment and policies to increase skilled care during childbirth,
- **improve** provider performance through training and supervisory support for midwives and other skilled health professionals,
- **provide** essential equipment and supplies along with inputs to strengthen routine maintenance and resupply,
- **reinforce** linkages for referral, and
- **increase** utilisation of services by supporting behaviour change interventions in the community.

CREATING AN ENABLING ENVIRONMENT FOR SKILLED CARE

Extensive baseline research was conducted at the start of the project in 2001 to assess the capacity of the health system in the four intervention districts in Burkina Faso, Kenya, and Tanzania. The baseline studies reviewed the quality and availability of maternal health services. The assessments revealed a range of health systems factors—from poorly maintained physical

infrastructure and inadequate water and power supplies to gaps in essential equipment, drugs, and consumables, poor record-keeping, and weak supervision—that constrained the quality and availability of care at all levels of the district health system (see SCI paper *Quality and Availability of Maternity Services: Facility Survey Findings from Burkina Faso, Kenya, and Tanzania*). To address the gaps at health facilities and create an enabling environment for skilled care, FCI worked with the Ministry of Health and other partners in each district to strengthen the health system. Key areas of focus have included:

- **Rehabilitating and strengthening health infrastructure:** FCI has made strategic investments to address basic problems with the health infrastructure. In all three countries, solar panels have been installed in remote rural facilities that were not connected to national electricity grids, enabling them to provide 24-hour services.¹ At the same time, leaking roofs and ceilings were repaired and purged of bat populations living there. At some facilities, FCI has helped paint and tile maternities to improve cleanliness and infection prevention. FCI also provided tanks for rainwater catchment at facilities that lacked adequate water supply.

In making these investments, FCI has worked closely with Ministry of Health and community-level partners to foster local involvement and responsibility for ongoing maintenance of the health infrastructure.



A provider in Igunga demonstrates hand washing using a bucket fitted with a tap.

In addition, FCI has leveraged support from the Ministry of Health and communities for complementary facility upgrades and renovations. For example, in Burkina Faso and Kenya, the Ministry of Health funded the construction of new maternities with surgical facilities. In Kenya, communities constructed the cement bases for the new water tanks supplied through the project. In addition, when solar panels were installed, community members nominated representatives who would take responsibility for ongoing maintenance and security of the solar equipment. Communities have also been involved in other facility upgrades, such as repairing roofs and walls and exterminating bats, as well as identifying community safety nets, such as loan funds and transport schemes, which could be established to make delivery safer.

Addressing equipment gaps: FCI has made substantial investments in obstetric care equipment, ensuring that facilities have the equipment needed to provide all elements of

routine maternity care and to handle obstetric emergencies. Donated equipment has ranged from blood pressure gauges and delivery kits to delivery couches, autoclaves for instrument sterilisation, suction machines for newborn resuscitation, and buckets fitted with taps for hand washing and improved infection prevention. As with facility upgrades and repairs, FCI has worked with district teams to put systems in place for upkeep and renewal, while also promoting local ownership and accountability for the donated equipment. In Tanzania, for example, community members were invited to “Handing Over” ceremonies to ensure that they knew about the new equipment and were aware of providers’ capacity to offer a wider array of services.

- **Strengthening the referral system:** To ensure a well-functioning referral system that links all levels of the health system, FCI supplied an ambulance for district hospitals in Burkina Faso and Tanzania. In Tanzania, FCI worked closely with district officials and community representatives to develop detailed guidelines for the use of the ambulance, as well as a fair pricing system that would enable the district to recoup funds from users to subsidise maintenance and fuelling costs. FCI has also installed two-way

¹ Solar panels and lighting were also installed at some staff houses in Burkina Faso and Kenya to make some of the remote posts more attractive to staff in settings where turnover is particularly high.

radio call systems to link hospitals, health centres, and selected dispensaries in project districts in Burkina Faso and Tanzania. The radio call system enables staff at mid- and lower-level facilities to contact the district hospital to request emergency transport or to get advice on managing or stabilising complicated cases. In Kenya, where taxes and annual licensing fees on radio equipment are prohibitively high, investing in a radio call system was not strategic because the districts would not be able to sustain it after the project's close. Instead, mobile telephones were purchased for each facility to enable them to contact the district hospital for emergency transport. Funds for the mobile telephones are contributed by communities. To discourage misuse, logbooks were created to record calls and monitor usage.

- **Improving logistics systems for obstetric drugs and supplies:** To remedy pervasive drug and supply shortages in a sustainable manner, FCI has focussed on strengthening the overall logistics systems in our intervention areas. In each country, FCI has worked with district health managers to explore and assess existing systems for purchasing and supplying commodities and identify bottlenecks and weaknesses. In Burkina Faso, FCI trained health centre staff in inventory management. In Tanzania, FCI found that although facility managers were authorised to purchase some supplemental drugs and supplies directly, existing order forms focussed only on infectious and communicable diseases, while obstetric care was neglected. FCI thus worked with district health managers to update the form and train facility staff to assess and forecast their resupply needs, including for obstetric drugs. Also in Tanzania, FCI supported the district's transition from a "drug kit system" (in which standard drug packages with pre-set contents are delivered according to the level of each facility) to a demand-based system in which facility managers order drugs and supplies based on their caseloads and needs. In Kenya, efforts to improve logistics systems have been complicated by changes in health sector financing. In mid-2004, the Government of Kenya began providing health services free of charge, which eliminated an important source of revenue that facility managers had previously used to supplement the contents of the standard drug kit. As a result, shortages of supplies and drugs remain a serious challenge.



Health workers take inventory of equipment and essential supplies at a facility in Kenya.

- **Strengthening supervision and health service management:** To improve the content and frequency of supervision and overall health service management, FCI has provided district health managers with focussed training and on-the-job support. In Tanzania, few members of the district health management team (DHMT) had ever been trained in planning and budgeting, which made it difficult for them to participate actively in the development of annual district health plans and budgets. FCI therefore supported a week-long training for district health managers, which provided an important opportunity to encourage the district to budget for some of the recurring project costs (e.g., ambulance maintenance, refresher training, etc.) in future years. In Burkina Faso, FCI has supported training in accounting and financial management to bolster the technical capabilities of the DHMT. FCI has worked hand in hand with district health managers, jointly conducting supervisory visits and on-the-job training for maternity staff. This "mentoring" strategy has helped district supervisors adopt a more supportive and problem-solving approach.
- **Improving health information management systems:** A weak health information management system and poor record-keeping can negatively affect the operation of the entire health system, while making it difficult to monitor service delivery and performance. FCI has made concerted efforts to strengthen record-keeping systems, as well as systems for monitoring and analysing health service delivery statistics. In Burkina, where new registers had recently been introduced, FCI supported training for facility staff to strengthen their skills in record-keeping. In Tanzania, where national health information management systems are quite good but postpartum statistics were neglected, FCI's efforts focussed on developing a postpartum care register. FCI worked with national-level representatives of the Ministry of

Health to design the register, which is being field-tested in the project district and will ultimately be fine-tuned for use nationally. FCI has also provided computers to district health management teams to enable them to tabulate service delivery statistics and monitor trends more easily.

In Kenya, there were no standard registers at any of the health facilities in the two intervention districts. Therefore, FCI worked with district health managers to design and introduce new antenatal, delivery, and postpartum care registers. The new registers were distributed to all health facilities—public and private—and staff were trained in their use. Although record-keeping has improved considerably since the introduction of the new registers, continuous support and reinforcement remain essential to institutionalise good record-keeping practices.

- **Developing and disseminating standards and protocols.** Protocols and clinical reference tools are particularly important for maternity care providers, as the relative rarity of obstetric complications can make it difficult to maintain knowledge and skills. As such tools were not available in any of the project districts, FCI has worked with Ministry of Health representatives and other partners to develop and disseminate job aids and reference tools on obstetric care that support and guide providers at each level of the health system. For example, in Burkina Faso and Kenya, FCI developed a series of clinical flowcharts for managing obstetric complications, as well as other provider reference materials. In Tanzania, FCI worked with a group of national-level experts to develop an obstetric care job aid that also helps maternity care providers know which procedures they are authorised to perform. Most of these tools are already slated for national-level use.
- **Introducing quality improvement tools and approaches:** Quality assessment and improvement tools can do much to enable health facility staff and managers to identify key health systems issues that constrain the delivery of high-quality care. FCI has worked with district teams in each country to introduce COPE® for Maternal Health Services, a quality assurance methodology developed by EngenderHealth, at hospitals and health centres (see COPE® for *Maternal Health Services: Experiences from the Field* for a discussion of FCI's use of COPE® in the Skilled Care Initiative).

Ensuring an enabling environment for skilled care requires extensive investments to address gaps and strengthen health systems, as well as effective partnerships between donors, government ministries, and local communities. This poses daunting challenges, given stagnant—and in some cases declining—expenditures on health in sub-Saharan African countries in recent years. However, these investments are critical to enabling maternity care providers to offer skilled care, and only through such investments will skilled care be available to all women and accessible to them in the communities where they live.

