

IMPACT BRIEF: Improving quality of care in health facilities in sub-Saharan Africa

Introduction

Many primary healthcare facilities in sub-Saharan Africa are underfunded, poorly equipped, and understaffed. This makes providing essential life-saving care difficult. Since 2014, the Innovating for Maternal and Child Health in Africa (IMCHA) initiative has made important strides towards improving the lives of women and children in 11 countries in sub-Saharan Africa. Co-funded by Global Affairs Canada, the Canadian Institutes of Health Research, and Canada's International Development Research Centre, IMCHA is an eight-year, \$36 million initiative. IMCHA has supported 28 projects through 19 research teams, as well as two Health Policy and Research Organizations (HPROs).

Some research teams worked with health facilities in countries such as Ethiopia, Malawi, Mozambique, Nigeria, and Tanzania to ensure that women and children receive high-quality and respectful services. They supported training for health workers in technical skills and in soft skills like teamwork and respectful communication. They also explored how data from health information systems is being collected, analyzed and shared, and proposed more efficient solutions. These efforts have contributed to keeping more women and children alive and healthy.

Overview of the challenges

Unsatisfactory health care can deter women from

- attending prenatal and postnatal visits;
- planning to deliver at a facility; or
- bringing their children in for routine services.



ANDREW ESIEBO, IDRC



The benefits of improving the quality of care in health facilities

In health facilities, trained staff can identify high-risk pregnancies and assist in developing delivery plans. When pregnancy complications arise, or newborns require medical attention, well-qualified and equipped staff can intervene promptly using life-saving techniques. When women have positive experiences at health facilities, they are more likely to return in the future and encourage others to use health services.

"I can see changes everywhere; for pregnant women, for newborn babies, in post-natal checks which was worse, but for now post-natal is good. We are doing very good."

Health worker, Mtwara Region, Tanzania

SUCCESS STORIES

Addressing mental health in Nigeria

A research team in Oyo State, Nigeria, implemented strategies to help tackle mental health issues at primary health centres to improve health outcomes for pregnant women, new mothers, and their children. The project developed a short screening tool to identify depression in mothers receiving care, and trained health workers to identify and treat depression during pregnancy and after childbirth. They were also encouraged to provide more supportive and respectful care, particularly for depressed adolescent mothers.

IMPACT

38% increase in the detection rate of perinatal depression in intervention areas

Inclusion of the screening tool in routine prenatal care visits in the intervention sites

Creation of a Mental Health Desk at the Oyo State Ministry of Health to scale detection of perinatal depression to the entire state

Involving users to improve services in Tanzania

In four districts in Mtwara Region, Tanzania, a research team brought together health facility staff and village leaders to collaborate and generate ideas to improve maternal and child health through problem-solving. As a result, the quality of prenatal services improved. More women now get medical tests that can identify higher risk pregnancies. Women also receive more information about breastfeeding and newborn health. With better services, more women come to health centres.

IMPACT

43% increase in pregnant women attending four or more prenatal visits in intervention facilities

21% increase in women receiving prenatal care within the first 12 weeks of pregnancy

7% decrease in the need for resuscitation in newborns

Saving premature babies in Malawi

Malawi has the highest rate of premature births in the world. Almost half of those babies die within the first four weeks of life. A research team introduced an integrated healthcare package that includes a low-cost, mechanical continuous positive airway pressure (CPAP) device to help newborns in respiratory distress. They also introduced other simple initiatives, such as breastfeeding and skin-to-skin care for newborns, to improve the survival rate for premature babies. They worked with healthcare workers to provide related training and foster team cohesion.

IMPACT

41% increase in survival for babies with respiratory distress syndrome

100% of healthcare workers in maternity wards in three districts trained to care for premature babies

LESSONS LEARNED

Collaboration and communication between health workers can improve the quality of care offered

When health providers work well together, it contributes to better quality of services.

On-the-job training and mentoring can improve quality of care

Training and on-the-job mentoring can improve the quality of services even in remote areas by refreshing knowledge and introducing new techniques. This approach can also allow task-shifting, increasing the range of services offered at primary health centres and reducing the need for referrals to higher levels of care.

Engaging the community can lead to better services

Working with the community to identify and implement locally appropriate solutions fosters mutual understanding and trust, and strengthens accountability of the health facility.

Low-cost interventions can have a big impact

Well implemented and tailored low-cost interventions can be effective in considerably improving health outcomes.

"Through the initiative, it was possible to equip a surgery room for caesareans, as well as ultrasound machines. Now the healthcare staff can assess better, and the pregnant women can have a better follow-up during the pregnancy."

Celso Belo, Principal Investigator, Mozambique

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