



# MAKING MAGIC IN HEALTH FACILITIES

Bihar Technical Support Program  
Innovation Brief No.3  
Facility Quality Improvement



*“It was in the wee hours of one morning I first felt the pain. It started with a cramp in my stomach and slowly spread all over, till the time the pain became unbearable. From that moment onwards, till I reached the delivery room at our primary health center, was something I will never forget. I was cold and it felt like I was slowly suffocating to death. Through all this pain, I kept reminding myself that the worst was yet to come. **I had heard that the primary health center was not one of the best places to deliver a baby.** Yet thinking of nothing else, we had rushed to the same primary health center.”* —KUMARI, MOTHER DELIVERING AT A PUBLIC HEALTH CENTER IN BIHAR

## **THE CHALLENGE: IMPROVING CARE AT PRIMARY HEALTH CENTERS**

Despite some progress, Bihar has some of the highest rates of maternal and newborn death in all of India. Many mothers like Kumari deliver their babies in public health facilities in Bihar and fear that doing so will mean delivering their baby in an unsanitary room with an inadequately skilled provider and neglectful facility staff. Unfortunately, this was often the case for women seeking care at public facilities in Bihar.

Facilities themselves were poorly maintained, sometimes lacking water and electricity, and regularly out of essential medicines. Providers and other staff at these facilities had heavy caseloads and were often inadequately trained and unsupervised. Overworked staff would routinely enter facilities that were falling apart, with little to no functioning equipment available for them to conduct their jobs properly.



## **THE INNOVATION: THE QUALITY IMPROVEMENT APPROACH**

In 2013, CARE, in partnership with the Government of Bihar, developed a solution to improve the quality of services at public health facilities. The quality improvement (QI) approach was initially launched in eight districts of Bihar and later scaled to all 38 districts within the state. This approach tackles several tangible and intangible elements of high quality care by upgrading infrastructure and equipment, improving staff morale, sharpening clinical skills, and updating a range of standard operating procedures, systems, and processes.

### *Daily challenges: Improving infrastructure and boosting morale*

As an initial step to implementing the QI approach, CARE held discussions with key officials and health staff at the district and facility levels in Bihar to identify the challenges they were facing in their work. As a result of these initial discussions, CARE's first task was to prioritize improvement of health facility infrastructure, including: painting the walls, landscaping around the facility, and reorganizing labor rooms, maternity wards, operating theaters, sick newborn care corners, and storerooms. This in turn improved the morale of the staff themselves.

### *Working together: teams and tools*

An essential element of the QI approach is the convening of quality improvement teams. These teams include all facility staff – from doctors and nurses, managers and storekeepers, to sweepers and cleaners. The QI teams coordinate assessments, actions, and monitoring of the improvement process, using resources such as a readiness toolkit and checklists with benchmarks. Before the QI approach, these different cadres rarely communicated or

coordinated their activities. Cleaners and other support staff felt their roles were disconnected from the overall performance of the facility. After the introduction of the QI approach, these cadres became part of an interdisciplinary team working with pride toward a shared goal of an improved facility.

The teams track health service delivery indicators including antenatal care visits, number of deliveries, immunizations, referrals, and maternal and newborn complications and deaths. The QI teams meet once a month to review progress, address issues and set goals for the following month.

The QI teams use **facility assessment tools** to assess readiness and availability of all types of inputs in the health center and identify gaps in human resources, supplies, infrastructure, and equipment. Data from these assessments are then used to inform QI team discussions and improve services. The assessments are conducted every year, at both the public health center and district hospitals.

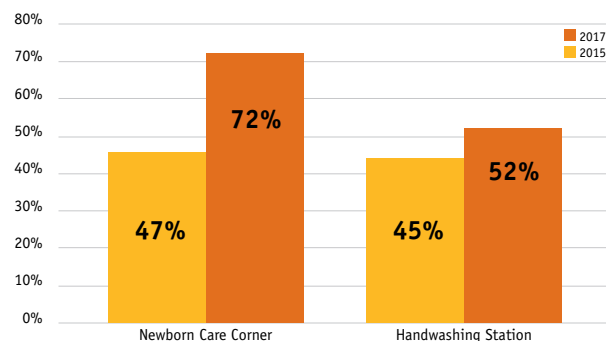
At the district level, CARE also activated the previously defunct **District Quality Assurance Committees**. Consisting of members with technical, managerial, and financial functions, these committees are authorized to oversee, monitor, and order changes to facilities. The QI teams started working in synergy with the committees for infrastructure renovations and for procurement of drugs and equipment.

As part of the overall QI approach, CARE developed the **AMANAT nurse mentoring program** to strengthen provider skills and capacity (see *Innovation Brief no.4* for details on the AMANAT program).

## RESULTS

CARE's QI program helped to create positive changes to public health facilities, which contributed to an increase in attendance in outpatient departments and delivery loads in these facilities. A range of evidence-based clinical practices have also improved (see *Innovation Brief no.4* for results from the AMANAT program). There is an increased availability of supplies and equipment in facilities, including functional autoclaves, pregnancy testing kits, and intrauterine contraceptive devices. Improvements to infrastructure include newborn care corners and handwashing stations, as noted in the chart below.

Infrastructure improvements after QI approach



Labor Room in health facility (before QI)



Labor Room in health facility (after QI)

Facilities also saw enhanced referral systems, blood bank quality, sick newborn care, and pediatric services.

Facility staff have also felt empowered and engaged in the process to identify issues and generate solutions, reporting enhanced pride and a sense of ownership and responsibility in their work. Perceptions of facility leadership and providers towards quality of care has also improved. Better coordination between the nursing staff and other facility staff have ensured better supply chain management of equipment, consumables, and medicines within the facilities.

Pregnant women and mothers visiting the health facilities reported feeling more welcomed and respected, which we know is a key driver of service use among women. Remember Kumari? Here is the rest of her story:

*“It was not very difficult to identify the nurse that day; she was in a white saree! I had never seen her earlier in a white saree, least of all a clean one. As I entered the labor room, I was shocked to find it clean! Very clean! I had visited the primary health center six months before and it was so foul-smelling. The labor table even had a*

*rubber sheet on it today! As I was laid out on the table, I could see the nurse washing her hands and putting on a pair of gloves. I still can’t understand, whether it was due to how the labor room looked or due to the nurse’s white saree or her calm preparations for my childbirth, that I suddenly felt very safe. I couldn’t help but wonder what had wrought the magic here?”*

## ?? WHAT’S NEXT

Evidence suggests that improved quality of care increases client satisfaction and attendance. Bihar government facilities have seen a dramatic increase in client visits from 39 per facility per month in 2005 to 10,000 per facility per month in 2018.

CARE has scaled up the QI approach across all 38 districts of Bihar. QI teams exist and function in all block facilities across the state. While CARE has guided this process, facility staff feel ownership of the approach and with financial support from government, they will continue to implement it even when CARE is no longer facilitating this process.

**This brief is part of the Bihar Innovation Series, which highlights some of the innovations that make up the Bihar Technical Support Program. In partnership with the Government of Bihar, CARE has developed innovative solutions that are increasing access to high quality health services in Bihar.**

**The Bihar Technical Support Program is helping the Health and Social Welfare Departments of Bihar to achieve their goals of reducing rates of maternal, newborn, and child mortality and malnutrition, and of improving immunization rates and reproductive health services statewide.**

### Contact Information

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