INFOGRAPHIC: EVALUATION OBJECTIVE 4 - REPORT 1 (AUGUST 2020)

Evaluation aims

Micro level contexts

To develop a model that describes the optimal contexts, relationships between social actors, ownership of change, and implementation processes of effective quality improvement (QI) teams, that can be used for replicating and scaling up QI teams at facility level, by:

- Describing the contexts, interactions, and implementation processes of QI teams;
- Assessing how these elements shape QI team functioning; and
- Evaluating team leadership within QI teams.

Macro and meso level contexts

To identify the key elements of an enabling sub-district, district and regional environment for improved quality and outcomes of maternal and neonatal health care (MNHC), specifically:

- The nature and extent of distributed leadership for MNHC;
- The functioning of governance structures and processes;
- Availability of resources, and referral systems; and
- The role of contextual factors in shaping the implementation of the interventions.

Methods

- ***18 individual interviews*** (February-May 2020) – at least one participant from all the consortium partners, and
- reviewing programme documentation, such as QI advisors' field trip reports, and PMC meeting minutes

Results

The shaping of team functioning

1. Participants view the QI methodology as an effective and empowering intervention. It promotes agency in frontline health workers and encourages them to take ownership to solve problems.
   "… Mphatlalatsane was opening their eyes to say that there are certain things that as a facility they can do that does not need money." (Participant)

2. QI uptake requires facility level leadership, commitment, and teamwork.
   "… if that is not in the custody or power of the operational manager … then that defeats the purpose of having micro system level changes that actually can make a big difference in outcomes. (Participant)

Results (cont.)

Enabling district environment for quality improvement

1. District and sub-district level leadership is key to unlocking implementation processes and making resources available.
   "The people who make decisions, these are district managers and facility CEOs, these are key decision makers and for any improvement work …" (Participant)

2. The district clinical specialist teams (DCSTs) are important vehicles to introduce QI projects and processes.
   "… there are provinces where DCSTS are actually calling the shots … they are very enthusiastic and very motivated and they are very clear what their mandate is …" (Participant)

3. The health system is very fragmented, at programme, management and governance level, and people are working in silos.
   "Programme managers, MCH and others work in silos, there is no integration e.g. with HIV. They see our QI work as the start of the integration" (Participant)

Mphatlalatsane: multi-faceted, multi-level, multi-partner

1. Stakeholder management was raised as a core challenge.
   "The one thing I think that is important … is how to manage a multi-stakeholder, complex project. That, for me, is the question I'm battling with every day … with so many stakeholders with different interests, [to] *move forward as if it's one."* (Participant)

2. Managing different and shifting priorities in the partnership impact frontline players.
   "… you are being contracted to support specific area or catchment site, and the catchment site does not need your support the way you ae [mandated] to support them." (Participant)

3. Competing methodologies and assumptions need to be resolved.
   "Our model…, we also call it a quality improvement model but then they said, no, they want the actual …. model." (Participant)

Helen Schneider, Arrie Odendaal, Solange Mianda
(13/08/2020)

Conclusions and Recommendations

- Mphatlalatsane has many promising features – it can be 'the bright morning star heralding a new dawn' for sexual and reproductive health and MNHC in SA.
- It is transformative in its goals and has adopted an integrated and inclusive design, seeking to leverage home grown strengths and experiences in a holistic, systems approach. In a short period of implementation, the QI methodologies have shown their potential, unlocking teamwork, health worker agency and meaningful action at facility level.
- The meso-level of district and sub-district is the enabling environment for the Mphatlalatsane initiative.
- Ensuring buy-in and involvement of key actors, developing meso-level leadership structures, and systems; and strengthening district level governance are required to support the Mphatlalatsane improvement processes.

Implementation of quality improvement

1. *Collate lessons learned and good practises*

The advisors are keeping comprehensive records of the QI teams and activities, with many examples of lessons learned and good practises. However, these are in separate documents and kept for each province. We recommend that these be collated into one report, distilling the key learnings and successes to guide the next implementation phases.

2. *Test diffusion*

There are five locked change ideas, and detailed descriptions of two of those were found. These adopted change ideas should be considered as offering the first opportunity to test the diffusion of change ideas that work.

3. *Identify and address contextual barriers*

The PMC could consider building a session into the next QI team training or workshop, that will allow teams to discuss the contextual factors they have experienced to date, that strengthen or challenge their performance, such as having day - and - night shift staff in one team, or how to deal with staff attrition.

Enabling district environment for quality improvement

1. *Quality forums*

Establish forums focused on quality at district and area level, that articulate with core decision-making structures and processes such as District Health Management Teams.

2. *Focus on key actors*

Ensure the buy-in and involvement of key actors (senior and middle managers, the range of clinicians, and information and public health functions) in decision-making on quality.

3. *Establish an enabling climate*

Seek to shift cultures of engagement at the frontline from punitive to enabling, with support and supervisory players going from "being gatekeepers to being gateways". (Participant)

4. *Strengthen coordination*

Strengthen mechanisms of referral and coordination across levels: what happens in the facilities needs to link to what happens in the sub-district, district, and area levels.

5. *Promote distributed leadership*

Invest in strengthening distributed leadership for quality at facility, sub-district and district levels and provincial stewardship of district level processes.

Partnership synergy

1. *Partnership synergy*

Create regular opportunities, for instance at PMC meetings, of reflection on partnership synergy in Mphatlalatsane, with skilled facilitation.

2. *Joint strategy development*

Create opportunities for joint strategy development and planning, as has happened with COVID-19, for other components of Mphatlalatsane. Convene inclusive national learning collaboratives on scaling up, methodologies for building enabling environments for quality at district, area and provincial levels, and leadership development.

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