

The Challenge

Needs assessments carried out for NSMP in 1997 and 2000 indicated that standards of midwifery and obstetric care at health facilities in the project districts were failing to meet the “elements of quality of care” identified by the World Health Organisation (WHO) as basic requirements. Staff morale was low and the prevailing community perception was that public health services were not meeting their needs. As a result, women and their families were reluctant to seek emergency obstetric services except as a last resort, by which time the situation was often too serious to save the life of mother and baby. Since access to quality emergency obstetric care is a key



component of NSMP, and recognised as a critical issue in the reduction of maternal and child mortalities, there was a clear need for prompt action to address the situation.

Key Issues

The low standards of care found in many district health facilities reflect a number of underlying generic issues within the health sector, including lack of resources, poor



quality badly maintained buildings, insufficient and inappropriate staffing, lack of professional support for staff and poor management. Some of these problems, especially those related to physical infrastructure and equipment, can be addressed with relatively simple interventions, while others require longer term and more complex approaches. In order to break the vicious circle of low staff morale and poor quality of care, leading to poor perceptions on the part of communities and under utilisation of services, it was clear to NSMP that early initiatives should focus on increasing the confidence and motivation of staff and building trust between facilities and communities.

One of the key issues noted was the hierarchical nature of management systems, which excluded lower cadres of staff, and especially females, from decision-making, and left them feeling unsupported and marginalised.

In particular it was felt that the role of nurses was undervalued, and there was potential for further development of their skills and responsibilities, particularly in the light of the prevailing shortage of doctors in rural hospitals. Early initiatives therefore focussed on developing a team spirit among staff and management, the ability to recognise and support each other’s roles, and a sense of personal responsibility for standards of care provided, which would lead to increased levels of job satisfaction as well as quality of services provided. Expansion of the role of nurses was a



key area of input, through the provision of further training and on site support and encouragement.

Achievements and Lessons Learned

NSMP’s approach was based on three fundamental principles: local ownership of initiatives; inclusion of all staff in development; and early wins to boost staff confidence and morale. Infrastructural improvements and additional equipment were provided where needed, which also helped to improve staff morale. Whole hospital infection prevention training was used as an entry point, which not only improved standards of cleanliness and lowered infection risks, but also provided a means of developing teamwork



and a more inclusive approach to management and decision-making. The “Foundation For Change” process built on this beginning, using appreciative enquiry techniques to highlight and further develop positive achievements, rather than focussing only on gaps and “failures”. This was effective in promoting organisational change based on consensus building and fostering the attitude that change was possible. Training in interpersonal communication skills was provided for staff, to help them build a better rapport with clients and participate effectively in meetings.

A quality of care package was introduced, which included a number of components such as the establishment of hospital quality of care committees to identify and address facility level issues and monitor changes. As a result, out of a total of 17 health facilities in NSMP project districts, 15 now have functioning quality of care committees that have demonstrated the capacity to manage and sustain positive changes at facility level and identify local resources to support these when needed.

A fundamental principle for NSMP is the provision of ongoing support and followup at facility level to ensure that new skills and understanding developed through whole site training using competency based approaches are fully integrated into systems. Interventions have focussed on developing good management systems and flexible approaches that can be adapted to suit changing needs and circumstances as appropriate to local needs. Data from project monitoring in 2004 show that 15 out of the 17 health facilities in project supported districts now provide 24-hour midwifery and emergency obstetric services. This is partly a result of the fact that more than 80% of the trained nurses are now competent to provide basic essential obstetric care, including post abortion care, compared with only 20% at the beginning of the project. This represents a major breakthrough, not only in terms of increased availability of care for women, but also as a change in the attitudes



of doctors and policy makers towards nurses as professional people capable of taking responsibility for managing emergency cases competently.

Questions Remaining

The key question is how to sustain the positive changes seen in project supported facilities, especially in view of the continuing likelihood of staff changes resulting from transfers. Since changes were instigated through a whole site approach, it is hoped that they are now sufficiently institutionalised to be sustained. It also remains to be seen whether staff who have worked with these

new approaches will be able to positively influence other facilities if they are transferred. The need to scale up these successes to all districts is a key issue, since although the amount of hardware input needed is not large, the human resource requirements are not inconsiderable, taking into account both training and followup support.

The Nepal Safer Motherhood Project (NSMP) was initiated in 1997 as a collaboration between the Nepal Ministry of Health and the UK Department for International Development (DFID).