



## Maternal and Child Health Integrated Program: MCHIP Uganda Quality Improvement in Reaching Every Child (QI-REC)

**MCHIP** is USAID’s global maternal, neonatal and child health technical support program. The goal of MCHIP is to assist in scaling up evidence-based, high-impact maternal, newborn and child health interventions, and thereby to contribute to significant reductions in maternal and child mortality and make progress towards Millennium Development Goals 4 and 5.

MCHIP is a flexible integrated program which allows for USAID country offices to determine the best intervention(s) to improve maternal and child health. In Uganda, USAID has requested assistance from MCHIP to strengthen the country’s routine immunization system by providing technical assistance to the Uganda National Expanded Programme on Immunization (UNEPI) at central level and in select districts. MCHIP supports the national level by improving the capacity of UNEPI while at the district level, strengthens the capacity of District Health Teams (DHT) to manage routine immunization programs.

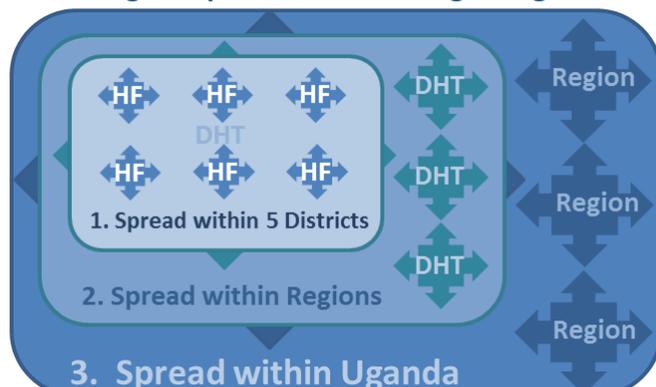
MCHIP’s emphasis is on operationalizing Uganda’s national routine immunization strategy, Reaching Every Child (REC), by introducing strengthening elements of Quality Improvement (QI) and Plan-Do-Study-Act (PDSA) performance improvement cycles. The “QI-REC” approach is a process that supports addressing larger priority problems (e.g. persistently high drop-out rates) using small, rapid, doable changes that can quickly be tested and vetted for adoption, adaption or abandonment at local level.

QI-REC gives program managers and implementers practical tools to help them continuously find and then vaccinate on time every eligible woman and child by:

- **Diagnosing** what the problems are using REC microplanning and QI analysis tools
- Finding **underlying causes** of system failures; **sharing** local solutions with peers
- Using a team approach to decide on **priority areas for change**
- Addressing priority areas by working on **smaller parts** of a larger problem that can be rapidly tested using local knowledge and expertise (e.g. 1-3 month PDSA “test cycles”)
- Determining if the changes being made are leading to **improvement**

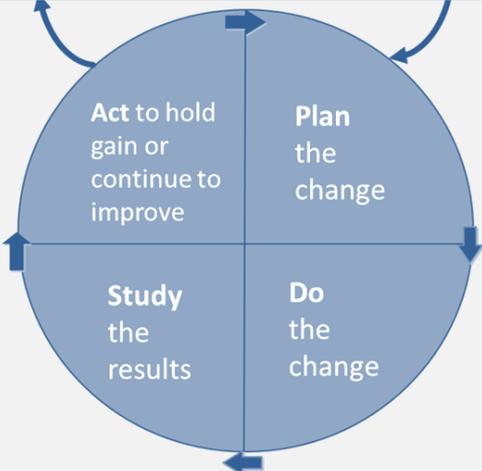
The QI-REC methodology promotes a learning environment and provides DHTs and health workers with user-friendly tools to better understand root causes of symptoms impacting routine immunization in their communities. Once the process is well established within a district, the approach can be spread to nearby districts within a region, and then from region to region—with an eventual vision of national scale up.

### Planning for spread from the beginning



MCHIP works with five USAID-focus districts: Busia, Iganga, Kabale, Kapchorwa, and Rukungiri. To achieve results using QI-REC, MCHIP builds capacity of DHTs for them to provide long term and affordable technical and managerial support to their health workers, assists with operationalizing the REC approach in the districts where it works—with emphasis on the REC component related to community linkages—and encourages health unit, health sub-district, and district levels to actively seek out and regularly share successful local solutions with each other (*see next page for overview of the process*).

## Using REC and QI tools to foster a learning culture, maximize current local knowledge, and rapidly test ideas at small scale at district/health facility levels

<b>REC focus on planning: annual microplanning &amp; situation analysis</b>	<b>QUALITY IMPROVEMENT model of PDSA (Plan-Do-Study-Act)</b> <ul style="list-style-type: none"> <li>• <u>Aim</u>: What are we trying to accomplish?</li> <li>• <u>Changes</u>: What changes can we make that will result in an improvement?</li> <li>• <u>Measures</u>: How will we know that a change has led to an improvement?</li> </ul>  <p style="font-size: small; margin-top: 10px;">Quality comes <u>not</u> from inspection [of the outcome], but from improvement of the production process. Source: Deming WE. Out of the Crisis (Cambridge, MA: MIT Press, 2000), p.29</p>
Use <b>fishbone analysis/other QI tools</b> with REC microplanning to look at root causes of problems & identify 2-3 priority <b>aims/objectives</b> to address in the coming year ( <b>PLAN</b> )	
<b>REC focus: improving community linkages &amp; reaching the target populations</b>	
Selecting 1 priority <b>aim/objective</b> jointly identified in district, HFs involve community (e.g. VHTs) in <b>Quality Improvement Teams (QITs)</b> ; using existing groups if possible, such as HUMC) to develop <b>changes/ activities</b> and <b>measures/indicators</b> to address priority <b>aim/objective</b> ; QIT meet regularly ( <b>DO; ACT</b> )	
<b>REC focus: monitoring for action</b>	
Use local data to help identify <b>changes/activities</b> and <b>measures/indicators</b> that relate to priority <b>aim/objective</b> ; <b>QITs</b> use <b>run charts</b> and other data visualization tools to determine if <b>changes/activities</b> are working or not ( <b>STUDY</b> ); build on existing review meetings to hold regular <b>learning sessions</b> for <b>QITs</b> to share <b>QI/PDSA</b> progress/lessons/ideas with their peers within a district or region ( <b>STUDY</b> )	
<b>REC focus: supportive supervision</b>	
Use supervisors as <b>mentors/coaches</b> to support <b>QITs</b>	

### The QI-REC methodology in action in a district over the course of a year



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