

PD-ABN-684



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# *Quality Assurance Project Annual Report*

## *Contents*

Quality Assurance Project.....	2
Methodology Refinement .....	8
Institutionalization.....	14
Short- and Medium-Term Technical Assistance .....	34
Training.....	48
Dissemination.....	57

Note: FY95 Workplans and related fiscal information are presented as a special insert in the copies of this report that are being submitted to USAID.

# Quality Assurance Project



*The purpose of the Quality Assurance Project (QAP)\* is to improve the quality and efficiency of health care by helping lesser developed countries to institutionalize quality assurance (QA). Although improvements in service quality could have a substantial impact on the overall success of child survival programs, managers and policy makers have focused largely on measuring service outputs and health outcomes, giving little attention to assessment of the service delivery process. The QA Project is addressing this issue by building on the experience of the Primary Health Care Operations Research Project (PRICOR II), by developing and refining approaches to service quality assessment and problem solving, and by working with host country colleagues to design and institutionalize QA programs.*

\* The Quality Assurance Project is the familiar name for the Applied Research in Child Survival Services (ARCSS). It is funded by USAID and managed by the Center for Human Services ■ 7200 Wisconsin Avenue ■ Bethesda, MD 20814 ■ USA ■ Telephone: 301/654-8338 ■ Fax: 301/941-8427 ■ in collaboration with the Johns Hopkins University School of Hygiene and Public Health and the Academy for Educational Development.





QAP encompasses four parallel strategic thrusts:

- Refining existing QA methodologies and, where appropriate, developing new ones that are more valid, more specific, and most cost-effective for assessment and problem solving at the periphery;
- Providing technical assistance and training on a long-term basis in five countries (Egypt, Jordan, Niger, Nigeria, and Chile) that wish to develop and institutionalize QA systems. In addition, short-term and medium-term technical assistance has been provided to an additional 16 countries that have desired to begin the process by carrying out more limited QA activities;
- Developing and disseminating a substantial base of information about QA obtained through methodological studies and long-term country studies; and
- Designing and providing training programs to transfer knowledge and skills, and to increase awareness for the QA approach.

The project employs both traditional QA/quality control techniques, used effectively for over 70 years in developed countries, and the newer approach of total quality management (TQM). The applicability of these techniques is being tested and evaluated in the country projects. The goal is not only to improve maternal/child health but also to provide a sustainable quality methodology that will have applicability to all aspects of health care delivery.

*September 20, 1990 to  
September 20, 1995*

Total USAID Approved	
Project Ceiling:	\$22,000,000
Total Central (USAID)	
Programmed Amount:	\$8,500,000
Total Additional Funding	
Provided by USAID Missions:	\$10,399,433

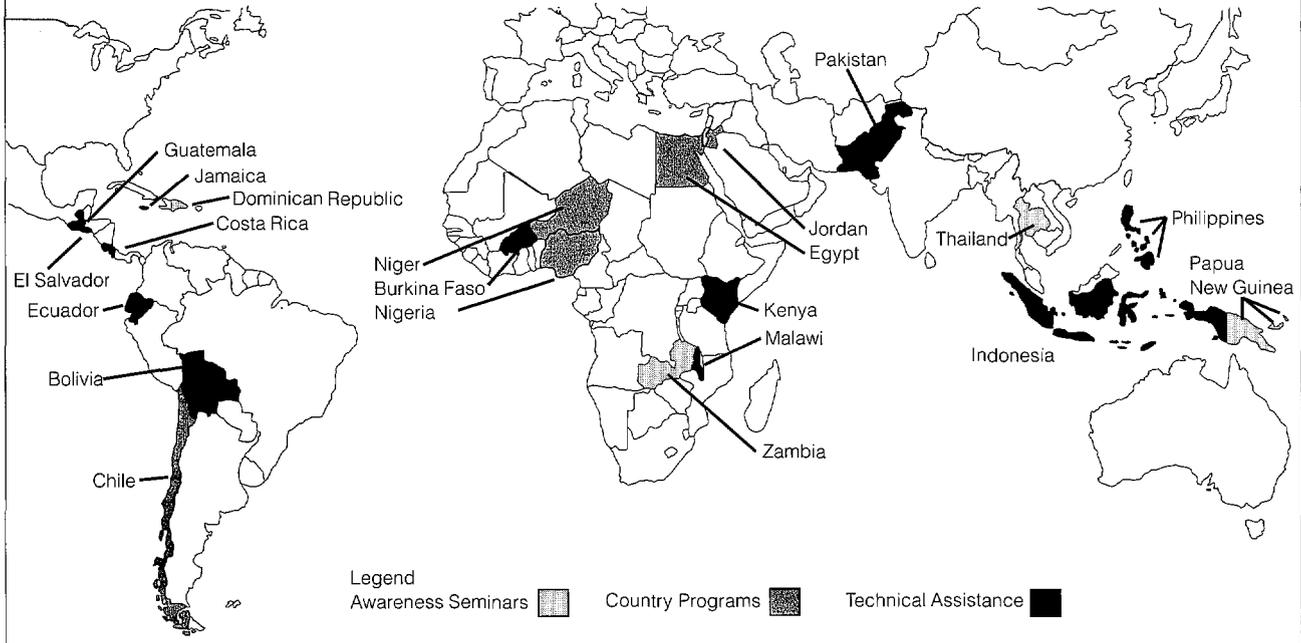
### Status

There has been an explosion of interest in QA around the world, fostered partly by the work of this project. Health officials in developing countries recognize the need for improvement in the quality of their health services. Their citizenry are demanding it. Health officials also recognize that improved quality is essential if there is to be cost recovery through user fees. Finally, they are recognizing that without quality assurance activities, they will not be able to provide quality health services.

The QAP has worked with WHO to conduct two international seminars on QA in developing countries. These have been attended by representatives from over 25 developing countries. QAP staff are members of the WHO Working Group on Quality Assurance.

National QA programs have been institutionalized in Chile and Jordan. Results of early work in both

### QAP's Global Activities To Date



countries show improved quality of care, reduction in costs, and increased client satisfaction. The lessons learned in these countries are being applied in Niger, Egypt, and Nigeria, with similar results.

Project experiences have demonstrated that the best results can be achieved if the country develops a national structure for its QA program that assures standards setting, quality monitoring, and a systematic process for problem solving/quality improvement. This structure needs to have a central authority. However, the QA activities need to be decentralized to the most peripheral delivery units. The involvement of teams of health workers empowered to identify and solve problems is critical.

The range of quality improvement activities accomplished by such teams includes;

- The design of a model integrated maternal and

child health (MCH)/family planning clinic in Jordan. Women had been interviewed about their needs, desires, and expectations for an MCH/family planning clinic; the women's suggestions and preferences were incorporated into the design of the clinic.

- Improved nutritional screening of children in a vitamin A distribution program in the Philippines based on a process analysis of clinics to identify deficiencies in the screening process.
- Development of standards for the management of antepartum hemorrhage by a team of obstetricians at the May 15 Hospital in Cairo. There had been no standards or protocols before this, and there was wide variation in the quality of care provided by physicians before the standards were developed.



Photo by Dennis Zaenger

*QA technical support will be needed for these countries beyond the end of this project.*

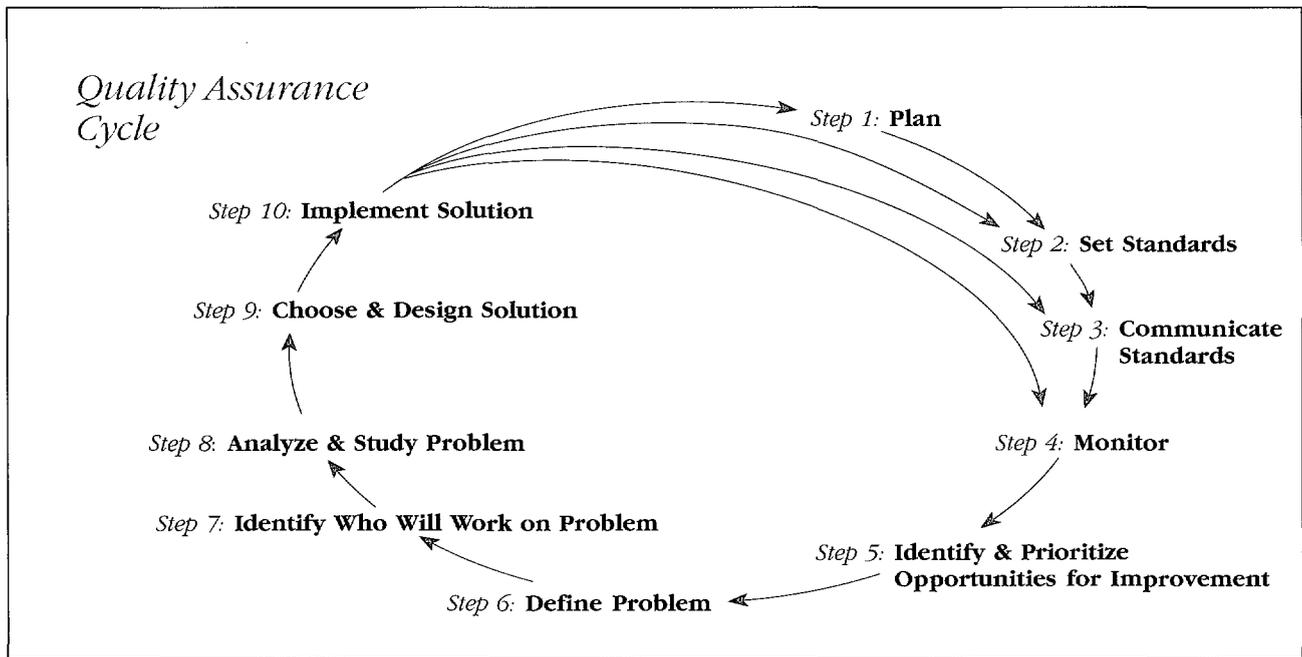
Further documentation of the results of the project's efforts will be the major focus of the final year of the project. Not the least of these is the recognition that institutionalizing the principles and methodologies of QA and quality improvement are progressive efforts requiring support over time. The Mid-Term Evaluation of QAP acknowledged the value of the institutionalization strategy and recommended less short-term technical assistance and even

greater emphasis on long-term country efforts aimed at sustainable national QA programs.

## Future

Quality assurance has proven to be an exciting concept and approach for countries and ministries of health plagued by complaints of poor quality, inadequate resources, and lack of management capacity. In the future, the QA Project will respond to the increasing demand for assistance in developing QA programs. The United States has a large competitive edge in QA, and developing countries look to the United States for guidance in this area.

Quality assurance helps countries address a number of important issues in a coherent and unified way. Most importantly, QA requires the monitoring and improvement of health care processes, with the goal of achieving improved health outcomes. QA gives physician-managers the kind of management goals they can more



easily respond to as they try to decentralize and integrate health services. QA also helps address critical issues in cost recovery and improved efficiency.

Just as QA is expanding rapidly in the United States, USAID will be asked to continue to provide QA assistance in developing countries. Many countries will be interested in developing national programs; others may want to start in priority child survival or maternal care programs. Some will be most concerned with their hospital sector. The International Society for Quality in Health Care (ISQua), with QAP support, has sponsored meetings in which more than 35 developing countries have expressed great interest in learning and incorporating quality assurance/quality improvement methodologies.

QAP will need to continue work already started in its five current focus countries. Chile has developed an internal capacity to sustain future growth in QA through the training of over 4,000

staff in the methodologies of QA, the development of standardized training courses, and the placement of QA Coordinators in the country's 15 regions. Intermittent technical assistance in advanced techniques will be required in Chile. Jordan, Egypt, and Nigeria have just established momentum in developing QA capacities. QA technical support will be needed for these countries beyond the end of this project. Jordan and Egypt have expressed serious interest in the need for continued support. Activities in Niger have focused on specific components of QA in primary health care, with less attention to the development of national capacities or hospital-based interventions. In Niger, older issues of supervision, counseling, and primary technical capacity have overshadowed broader issues and serve as the focus for future actions.

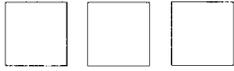
Finally, the Quality Assurance Project will collaborate with other USAID bilateral and centrally-funded projects in helping them to incorporate QA approaches into their programs so that optimal results can be achieved.

# *Methodology Refinement*



*Methodology Refinement is the QAP's research component, through which QAP staff are continuously developing, refining, and validating cost-effective measures for improving the quality of health care. The project team is working toward this goal by reviewing the current state of the art in quality assurance and collaborating with host-country colleagues in conducting seminal studies on how best to achieve optimal quality of care. Priority research areas include cost-effective data collection methods, establishing and instituting standards for provider performance and support systems, methods of identifying and prioritizing operational problems, and simple problem-solving methods.*





## *Cost and Quality*

*Health care quality can be improved without increasing cost or with actual cost savings.*

### Nigeria

In spite of the political situation in Nigeria, the Economic Perspectives of Quality Assurance Methodology Refinement Group, including Dr. Wouters, Dr. Morrow, and Dr. Adeyi, collaborated with UNICEF on a study titled “Costs and Financing Improvement in the Quality of Maternal Services through the Bamako Initiative, Nigeria.” The work investigated the incremental cost requirements of improving the quality of antenatal and intrapartum care in public primary health care facilities in three Bamako Initiative local government areas (LGA) in Nigeria. Notably, given the severely deteriorated conditions of the public health infrastructure, the study focused on

issues of quality of design rather than of quality of implementation (conformance). The two basic research questions were: (1) What critical (and semi-critical) resources are required to bridge existing gaps in quality? and (2) What opportunities exist for financing and sustaining required quality improvements within the context of the Bamako Initiative and LGA primary health care budgets? The analysis phase of the study is currently under way. The technical approach for this study benefited greatly from the methodology refinement materials developed under the USAID Quality Assurance Project, most notably the manual “Quality and Costs in Health Care Service Delivery for Developing Countries: A Three Day Workshop for Trainers” by Dr. Wouters.

### Guatemala

The relationship between quality improvement and cost has been the objective of a study carried out in Guatemala. The QAP, in collaboration with the Latin America and Caribbean Health and Nutrition Sustainability Project (LAC/HNS), has been assisting the Ministry of Health to improve the quality and efficiency of public sector hospital services. The effort involved five hospitals in which studies were designed to demonstrate that health care quality can be improved without increasing cost or with actual cost savings. The data from at least one of the five hospitals provide evidence to suggest that quality improvements can indeed lead to cost savings and/or be carried out within the current budget.

A workshop, “Quality Cost and Cost Recovery,” will be conducted by the QAP for LAC/HNS. This workshop will be held in Bolivia.

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## Counseling

*The Methodology Refinement Group on Interpersonal Communication has as its objective to respond to a need for systematic means to assess, improve, and maintain the quality of client-provider communication in developing country primary health care services.*

To date, the focus has been on writing a conceptual framework presenting a preliminary list of norms for enhanced interpersonal communication. This work has been achieved by conducting a review of domestic and international literature, and by gathering collective experiences of the members of the group. The group then developed a list of guidelines for interpersonal communication that could be empirically tested in a lesser developed country.

During this period, a methodology study was designed and carried out in Honduras. This research aimed to validate the guidelines for interpersonal communication by studying whether the recommended behaviors led to improved patient satisfaction and improved health outcomes. The field team studied approximately 400 clinical encounters by audiotaping and conducting exit interviews. They also conducted about 80 home visits to assess health outcomes in a subsample of patients. In several months, the team completed the extensive and time-consuming process of coding and data entry. Based on the resulting collection of data, analysis of the exit interviews was completed, showing a positive impact of the counseling intervention. Upcoming activities include a more in-depth analysis of the audiotapes and household interviews.

The initial success of this effort has led to expansion of the research into other countries, including Trinidad and Egypt. Efforts have also been made to institutionalize local capacity to provide interpersonal communication training. The Trinidad study includes an evaluation methodology that is a simplified version of what was done in Honduras. The study, which has a pre-test/post-test design, assesses whether interpersonal communications training leads to measurable behavior change. Staff have conducted, coded, and analyzed 100 exit interviews. The training intervention and post-test assessment will take place in the upcoming year.

In Egypt, the interpersonal communication training was applied in the context of a comprehensive quality assurance program. The Egypt effort will also include an evaluation component, in accordance with available human and financial resources. In both Honduras and Egypt, the training capability in interpersonal communications has been transferred to local experts. Thus, local training is taking place based on the materials and course that QAP developed.

In the following year, the Methodology Refinement Group plans to begin work on an interpersonal communication report, which may be developed as a monograph. It is expected that two or three journal articles will result from this work.

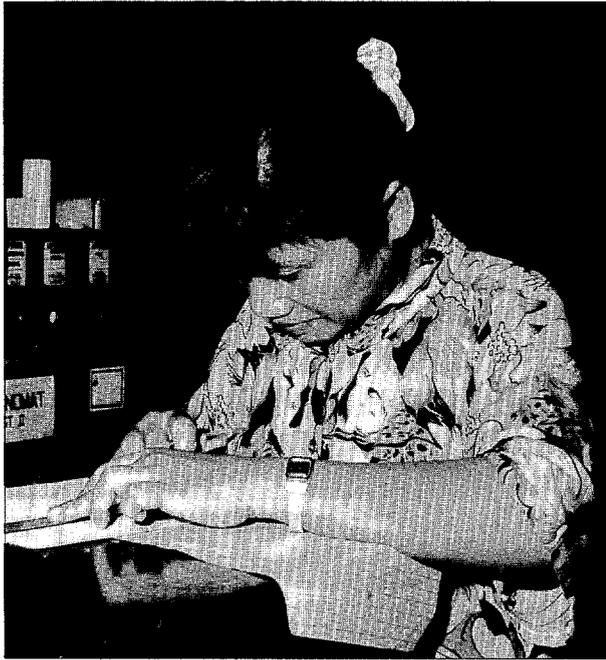


Photo by Dennis Zaenger

## *Q.A. Methodology Refinement Series*

This year, the QAP published “Achieving Quality through Problem Solving and Process Improvement” by Lynne Miller Franco, Jeanne Newman, Gaël Murphy, and Elizabeth Mariani. The monograph presents a step-by-step approach for improving processes and for solving problems related to health care quality. The series is expected to be completed in the coming year with the following publications:

- Institutionalization
- Standards and Monitoring
- Interpersonal Communications
- Job Aids

## *Tuberculosis*

*The Tuberculosis Project develops, tests, and refines methods which will help tuberculosis (TB) program managers and supervisors improve the effectiveness of their programs. Such quality assurance methods enable them to identify program elements that are significantly impairing system performance which they can improve with targeted interventions. This year's accomplishments include enhancing client compliance levels by improving counseling to ensure the patient's understanding of the disease as well as fostering the patient's commitment to treatment. Efforts were also made to improve health worker performance, specifically in record keeping.*

Early in the year in the Philippines, a study was completed identifying the types of errors health workers in the National Capital Region tend to make in filling out the standard clinical record. This record is used to determine which treatment regimen a given patient should be put on and thereafter to track compliance with the regimen. Among 254 records examined, only 2 were flawless. While most errors were not among the worst mistakes that could have been made (as judged by probable impact on effective case management), many were potentially quite damaging. Six percent, for example, did not note type of patient with regard to the type of regimen the patient should be placed on, and in 10 cases in which a pre-treatment sputum sample was taken, no result was recorded. (The records were unclear as to how many altogether had had a sputum taken.) With regard to the record of regularity of drug collection — the key means by which workers

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track compliance and defaulting — fewer than 10% were in compliance with the Department of Health's (DOH) standard procedures. As they had been filled in, most of the records could not have been used by the workers to track defaulters and certainly did not facilitate supervisory review to determine whether health center staff were systematically tracking defaulting.

Focus groups have been held with sets of treatment-compliant patients (i.e., those who followed through with treatment to completion) and defaulters. The former were found to have understood more about the nature of their disease, especially that it is an infectious disease and a communicable one and not hereditary or the inevitable consequence of a dissipated lifestyle. They also knew more about the duration of the therapeutic regimen and the importance of uninterrupted therapy. Defaulters seemed more prone to believe it was acceptable to stop therapy when they felt better and to take the drugs only when they did not. As a class, the compliers were better educated than the defaulters.

Two tools have been designed to promote patient compliance. The first tool aims at improving counseling. It consists of a desktop mini-flipchart which has text on one side and illustrations on the other. The text is read to the patient by the health worker; it describes the nature of the problem and the treatment regimen. It also spells out the responsibilities of the system to the patient and of the patient to himself/herself in order to effect a cure. As the provider turns the pages of the mini-flipchart, the patient sees an illustration designed to help him/her understand and remember the message. The text was developed by Dr. Stewart Blumenfeld, the illustrations by the Department of Health's media department.

The second tool to promote patient compliance is in the form of a "contract" between the patient and the system, spelling out the obligations of each. The contract is signed by the patient (who promises to collect and take the prescribed drugs according to the regimen) and the "system" (in the form of the health worker, local mayor, and the Secretary of Health), which promises to supply the drugs free of charge and without break. Further review of the instrument by the Department of Health led to two modifications to the flipchart. First, the language, which had been perceived as "legalistic," was simplified. Second, a "completion certificate" (complete with DOH seal) was added to the bottom of the agreement, to be filled out by the health center staff after the patient is declared cured.

Each tool will be tested separately for its own effectiveness, and the two will also be tested in combination. The prospective evaluation is expected to take approximately 8 months in order to allow for a sufficient cohort of newly diagnosed patients to enter and complete (or default from) the full 6-month course of therapy.

The Tuberculosis Project is behind its original schedule for testing the two instruments intended to reduce defaulting. A major cause for the delay is the relatively low level of staffing of the DOH TB Control Service. The staff have much to do; and, while they are clearly very interested in this work, they tend to work on it with some concentration when the QAP Technical Assistant is in-country but respond to other pressures the rest of the time. In order to move along more quickly, the QAP Resident Advisor will take more of the responsibility for collecting monthly data regarding continuation/defaulting.

# *Institutionalization*



*Institutionalization of QA is achieved when essential and appropriate QA activities are carried out effectively on a routine basis throughout an organization, health system, or health sector. Quality assurance activities can be said to be fully institutionalized and sustainable when expertise, commitment, and resource allocation are sufficient to apply, adapt, sustain, and further develop the QA approach.*

*The project is currently institutionalizing quality assurance with country programs in Jordan, Chile, Egypt, Niger, and Nigeria.*



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# Jordan



*The Quality Assurance Project's primary focus in Jordan is to assist the Ministry of Health (MOH) in the design, development, and implementation of a national quality assurance program applicable to the Jordanian health care delivery system.*

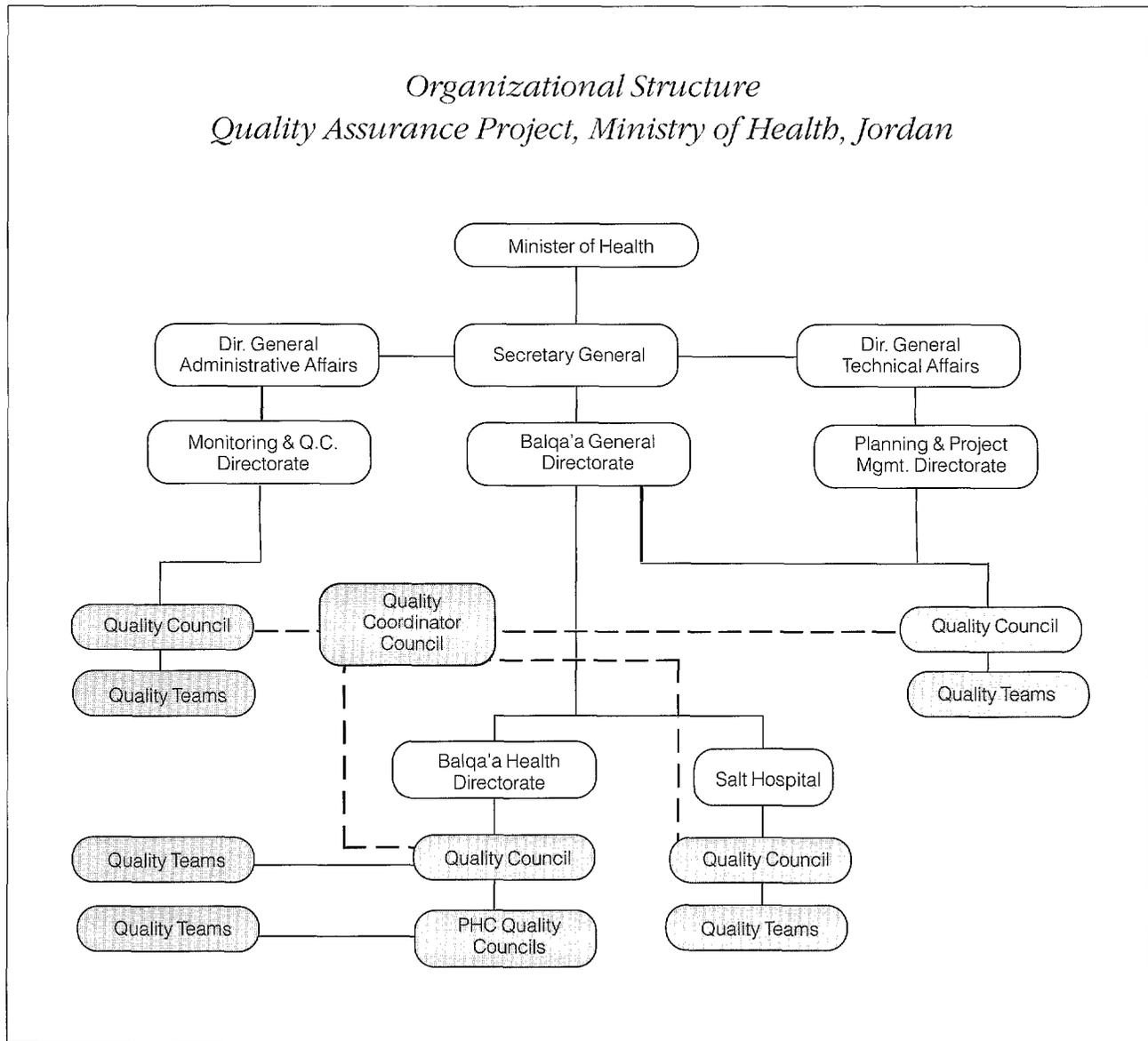
*The second focus is to improve the quality of family health services by working within the existing structure to set up a sustainable quality assurance structure.*

In 1992, an exploratory visit by QAP staff, a national QA awareness workshop, and QA seminars fueled an enthusiastic response for the QA approach in Jordan. The following year, the MOH created a QA Directorate in the MOH headquarters and a QA committee was formed at the Salt Hospital. As a result of continued negotiations, a Resident Advisor, A.F. Al-Assaf, M.D., was selected and began work in Jordan in February 1994. Throughout the year, staff were hired, office spaces were renovated to include a training room, and a Deputy Director, Bushra Nimry, M.D., M.H.A., assumed responsibility for the Family Health Service Model Project. Within the first 3 months, quality improvement councils, coordinators, committees, and problem-solving teams were in place and functioning at the Ministry, General Directorate, Health Directorate, and pilot project levels.

Through an initial investigation, the in-country QA team identified several hindrances to quality in the existing health system. The first was the lack of clinical standards. To address this problem, the MOH began collecting local practice pattern information and supported subordinate groups' development of practice standards. A second issue addressed by the team was that the lack of personnel standards and job descriptions contributed greatly to lack of quality. By the end of this reporting period, the MOH had created job descriptions and personnel standards for over 85% of its employees. Several problem-solving teams have also been formed to find solutions to a variety of issues. The following are but a few examples of the accomplishments of these teams.

- At the Health Directorate level, a problem-solving team addressed staff satisfaction in

*Organizational Structure*  
*Quality Assurance Project, Ministry of Health, Jordan*



a Health Directorate unit by working on problems of resolution of conflicts in the workplace. Clear definitions of the issues were produced through teamwork; subsequently, job descriptions were created in order to decrease role confusion. Staff now monitor their professional

satisfaction, and follow-up studies have shown significant reduction in errors and complaints.

Another team was formed which addressed the question of vaccine wastage and established standards for requisition, scheduled distribution,

# Quality Assurance is...



...equally sharing the workload.



*This poster is part of a series of dissemination products designed by the QAP/Jordan Project. It will be used to raise awareness of quality assurance in various locations such as hospitals and clinics.*

*The mix of participants from all levels of the health system created widespread enthusiasm and support for the QA approach...*

and cold chain assurance. As a result, vaccine waste dropped by 16%, with 27% fewer vaccines requisitioned, and overall vaccination compliance rose to 95%-100% throughout the Health Directorate.

- At Salt Hospital, a team was established to deal with problems in medical record content and organization. Forms were changed and record content was revised, yielding a uniform medical record which is used regularly by a satisfied medical and nursing staff. Staff indicated this improved continuity of care; records are now complete at the time of care and available for follow-up care.

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Also at Salt Hospital, a problem-solving team was formed to address patient complaints about the lack of medications. They discovered there were no standard dispensing requirements and proceeded to create such standards. Ongoing monitoring shows physicians are ordering according to the standards, and few medications are out of stock.

- At the Primary Health Clinic (PHC) in Balqa'a Health Directorate, staff surveys showed a lack of knowledge of and standards for infection control. Classes were conducted at the PHC level about handwashing, aseptic technique, instrument cleaning, disinfection and sterilization, and proper IUD insertion technique. Physicians anecdotally report a marked decrease in the number of clients requiring IUD removal due to infections or inflammations.

## Training/Conferences

One of the initial strategies selected by the Ministry of Health and QAP was to conduct QA awareness training simultaneously for Ministry, Directorate, and facility-level staff. The mix of participants from all levels of the health system created widespread enthusiasm and support for the QA approach, affirming commitment to quality and QAP pilot activities from the highest levels of the Ministry.

This year, a wide variety of awareness, basic skills, coaching, standards-setting, problem-solving, customer service, and training-of-trainers courses have been given to staff at all levels of the Ministry, within and outside of the project governorate, directorate, and pilot sites. In addition, courses have been given to the Royal Medical Services, Jordan University, Jordan University of Science and Technology, and the Public Administration Institute.

## Family Health Services Project

In cooperation with other Ministry programs, QAP is helping to establish a model family health services (FHS) treatment and training center in Salt. General practitioners have been retrained in family health practices, and a curriculum for ongoing training is being created. The facility equipment and reference needs will be addressed by QAP resources, with purchases beginning this fiscal year. Staff identified to work in the model project are receiving extra quality improvement (QI) training to be able to implement QI programs with model program start-up.

Quality assurance design techniques were used to create the physical plan for the model FHS unit in Salt. The team conducted consumer polls to ensure the design of the pilot hospital met with the intended clients' needs. Their input led to the incorporation of private interview areas, care areas separating pediatric patients from other clients, a single record storage area, and a check-in/out desk to provide one-stop admitting and discharge.

## Publications

Several Jordanian newspaper articles called attention to the start of the project, various training courses throughout the year, and the concepts of TQM moving from industry to health care.

## Studies

After extensive review, all plans, budgets, and protocols have been approved for five epidemiological and cost studies. Principal investigators and study assistants are in place. Data collection began in September for the perinatal/neonatal and morbidity trends studies. Data collection will begin in October for the maternal, causes of death, and unit cost studies.

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# Chile



*The purpose of this project is to work with the Ministry of Health in Chile to develop a national quality assurance program within the Department of Primary Health Care. Our work complements the USAID mission's effort to jumpstart the PHC sector in Chile. Major activities include training, technical assistance, small project support, and dissemination.*

This year brought a change in the government of Chile, and the central team spent a great deal of time doing strategic planning for the future of QA in the Ministry of Health. Reorganization has resulted in the formation of a new Unit on Norms and Quality of Care which is headed by Dr. Gilda Gnecco, our MOH counterpart. This unit is part of the new Department of Integrated Care, which combines primary health care with secondary and tertiary care. The QA team has continued to provide a large number of training courses, and they have worked with regional training teams so that some of the responsibility for QA training can be effectively decentralized. Also, the Chile team hosted a highly successful visit from the QAP mid-term evaluation team.

Overall, quality improvement efforts are beginning to take on a larger profile in Chile. In August, the government formed an inter-ministerial quality committee encompassing all sectors. Dr. Gnecco was asked to sit on this committee. October was designated "quality month," and special activities were planned throughout the public sector. The subsecretariat of the MOH has also requested that the QA team organize a national conference on quality in November. The objective of the meeting will be to share results and regional QA plans. The Minister of Health will preside over the meeting, which will be co-sponsored by QAP. These developments bode well for sustainability of the QA effort in Chile.

The Chile QA program has also been shared throughout Latin America. During the past year, Chile hosted a study tour for a Costa Rican colleague who is now initiating a QA program in Costa Rica. Informal collaboration has also taken

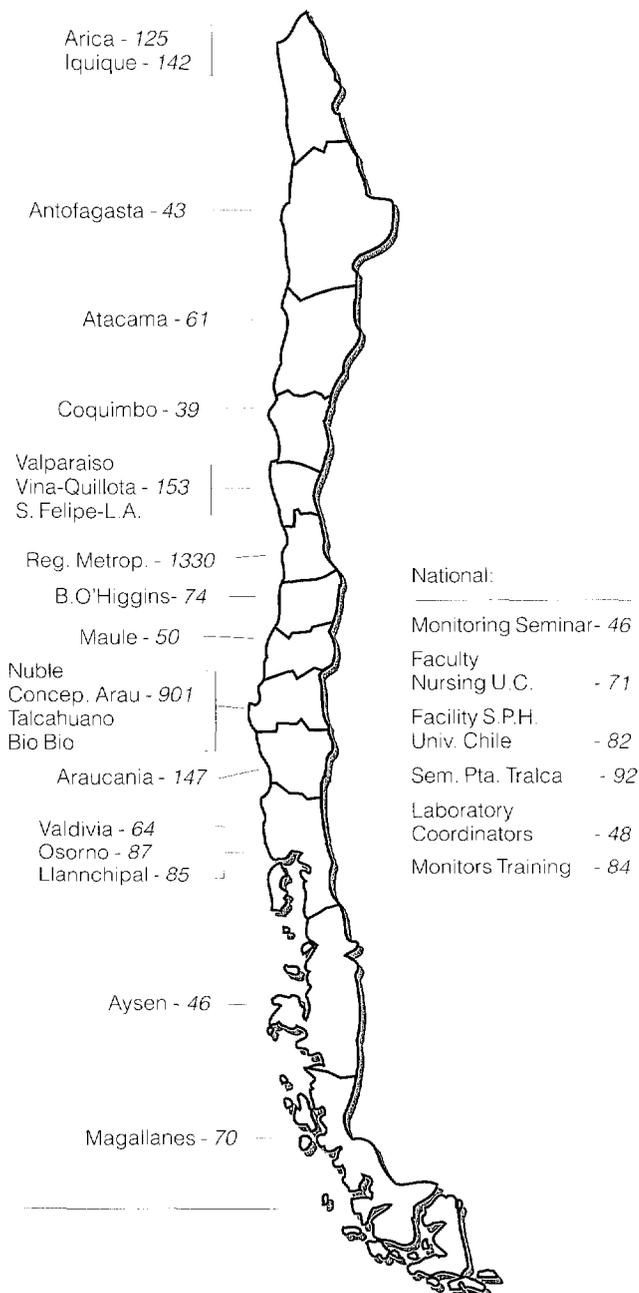
place with health professionals from Argentina and Peru who have taken courses in Chile and applied what was learned in their own countries.

Training and TA delivered by the central level staff to the health regions has continued according to their annual QA plan. These activities have strengthened and decentralized QA programs, making QA more sustainable at the regional and health care levels.

The central level team has further developed training modules for training of QA monitors and for QA planning. Also, they began the process of systematically documenting the QA projects that are already under way. The team is finding that small-scale improvements are taking place at all levels, either through participation in formal QA teams or informal application methods. Bethesda-based technical support has focused on technical review and documentation.

Efforts in the upcoming quarter will focus on the national conference and development of a monograph that documents the Chile experience. Our formal QA program will end at that time, but we will maintain a liaison with Chile for the remainder of the Chile project.

### Personnel Trained Through May 1994



Total	= 3820
Primary Level	= 53.4%
Hospitals	= 40.8%
Universities	= 5.8%

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# Egypt



*The Quality Assurance Project is providing technical assistance to two projects within the Ministry of Health in Egypt. The Cost Recovery in Health Project (CRHP) has been designed to develop and implement policy changes to improve the quality of health services provided through the Ministry of Health. The Child Survival Project (CSP) focuses on strengthening local quality assurance capabilities at the national, governorate, and district levels.*

QAP/Egypt technical staff and the new May 15 Hospital Quality Council selected priority areas for improvement in the May 15 Hospital. These included: Pediatrics, Obstetrics and Gynecology, Orthopedics and Surgery (with emphasis on the operating room), and the Emergency Services/Outpatient Department. An organizational structure was established to facilitate the progress of quality assurance activities.

The QAP/Egypt staff operates at two organizational levels within the Cost Recovery in Health Project (CRHP). One is at the CRHP central level, and the second is at the peripheral level in the May 15 Hospital and the El Kantara Gharb Hospital. In order to facilitate communication between these two levels, a CRHP task force was established comprising central level staff with responsibilities impacting on the implementation of quality assurance at May 15 Hospital. A medical advisory group made up of Egyptian medical expert consultants was also established. The group will work with May 15 Hospital staff to develop clinical practice guidelines and provide technical guidance to the hospital's quality assurance program.

With these organizational structures in place, a number of process improvement teams were formed. The following are specific examples of the needs identified by some of these teams and the subsequent interventions.

### *Development of nursing management and clinical procedures*

- After an initial evaluation, members of the operating room nursing staff rotated through a 3-week training at the Arab Contractor Medical

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Center. The operating room nurses' post-training performance was evaluated and found to be greatly improved.

- Prior to training, operating room staff wore street clothes and did not use gloves during surgical procedures. Upon completion of the training, each staff member was provided with two new surgical scrub uniforms and shoes. It is hypothesized that this intervention will contribute to lowering the post-operative infection rate.
- Data are being analyzed from observations taken of nursing performance over the past 6 months to evaluate the long-term effectiveness of both the formal and the on-the-job training programs for operating room nurses.
- An operating room nursing consultant has been assigned full-time at the May 15 Hospital to provide on-the-job training to the operating room supervisor and nursing staff. In addition, the consultant is working with the staff to develop and implement operating room nursing procedures, both for assisting at surgical procedures and for support activities such as preparation of sterile supplies and stocking inventory.

#### *Assuring availability of operating room supplies required for scheduled surgery*

- The process improvement team working on improvement of operating room supplies reported that they had analyzed the stock shortage problem and identified and implemented a solution. The team reported that since the implementation of their solution, there have been no stock shortages reported during a



*Egypt QA Seminar, April 1994*

2-month trial period, nor since the completion of the trial period. The hospital administration is implementing the process they developed for maintaining adequate inventory levels as a hospital administrative procedure.

#### *Development of clinical practice guidelines*

- Ob/Gyn clinical practice guidelines, developed by May 15 staff with assistance from two clinical experts and QAP staff, were distributed to the Ob/Gyn physicians. Pediatric clinical guidelines are being developed by pediatric staff working with clinical experts.
- To assist in monitoring clinical practice and patient outcomes, an Ob/Gyn medical record form has been developed by the May 15 Hospital staff. This record will form the



*Egypt QA Seminar, April 1994*

*This was such a successful activity that it was covered in an unsolicited article in a popular Cairo magazine.*

basis for a medical record review by staff. The Ob/Gyn staff is instituting a weekly case management review meeting in which staff will discuss cases with Ob/Gyn clinical consultants.

#### *Improvement of the hospital reception area*

- Two members of the May 15 nursing staff were selected to be receptionists in the new reception area established at May 15.

They were trained in communications and interpersonal relations. Part of their training was observing the reception areas in busy metropolitan hospitals. Returning to May 15 Hospital, the receptionists developed an information manual and established the hospital reception desk. This was such a successful activity that it was covered in an unsolicited article in a popular Cairo magazine.

#### *Appropriate use of laboratory tests*

- One of the process improvement teams completed a study of the inappropriate use of laboratory tests. Analysis of data showed that the cost of inappropriately used laboratory tests was equal to 30% of the annual laboratory budget deficit.

#### *An improvement plan for the emergency room*

- A study was conducted of the emergency room to identify problems for quality assurance

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activities. The results of the study have been used to develop the quality assurance improvement plan for the emergency room area. Examples of data collected included the availability of physicians to the emergency room on a 24-hour basis and type and frequency of presenting diagnoses for patients coming to the emergency room.

## Training

- The Quality Council provided a series of Quality Assurance Awareness Workshops to the May 15 Hospital staff. The purpose of the workshops was to introduce the concepts of the quality assurance program and explain the on-going quality assurance activities to the hospital staff.
- Following the QA Awareness Workshops, the Quality Council members stated a need for upgrading their training skills and asked the QAP/Egypt staff to provide a training-of-trainers workshop; the resulting workshop was given in March 1994 by the QAP/Egypt staff.
- A Clinical Guidelines Workshop was held by QA staff for the physician obstetric and gynecology staff. The purpose of the workshop was to introduce reasons for clinical guidelines, discuss their development, and then have the May 15 Ob/Gyn staff review the guidelines which were developed by staff members with the consultant physicians and the QAP staff. This activity is seen as the beginning of an institutionalized quality assurance program.
- A workshop was held by QAP staff for CRHP central staff and key decision makers for quality assurance in the five participating

health facilities in the CRHP project. The workshop was "Quality Assurance Through Monitoring Clinical Care" and was given by Dr. Avedis Donabedian. This workshop exposed the leaders of the participating CRHP facilities to quality assurance concepts and strategies. It was seen as a beginning step in the process of implementation of quality assurance in the other facilities.

- A series of workshops was held in July with physicians of the May 15 Hospital. The objectives of the workshop series were to improve interpersonal communication skills between physicians and their patients, communication between providers, and patient satisfaction. A series of similar workshops was held in September for the May 15 Hospital nursing staff.

A new Hospital Director was appointed for the May 15 Hospital. The QAP/Egypt Resident Advisor met with the new Director and the Director of the Cost Recovery in Health Project to review the previous year's program. As a result of the meeting, new members were assigned to the Quality Council and a 1-day retreat was held with the new Quality Council.

The outcome of the retreat was a review of previous activities and consensus on a quality assurance plan for the coming year, delineation of the roles and responsibilities of Quality Council members, and development of operating policies for the Quality Council. New priority areas were established and improvement plans for these areas prepared. The four new areas are out-patient department, emergency room, operating room, and the Quality Assurance Committee. Work continues in two previously selected priority areas, obstetrics and gynecology and pediatrics.

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# Niger



## *Taboua and Measles*

*The QAP currently has two projects in Niger. The Niger Measles Initiative focuses on improving the quality of immunization services in two health districts. The Taboua Project is focused on specific clinical interventions in the Taboua health district.*

## *Niger Measles Initiative*

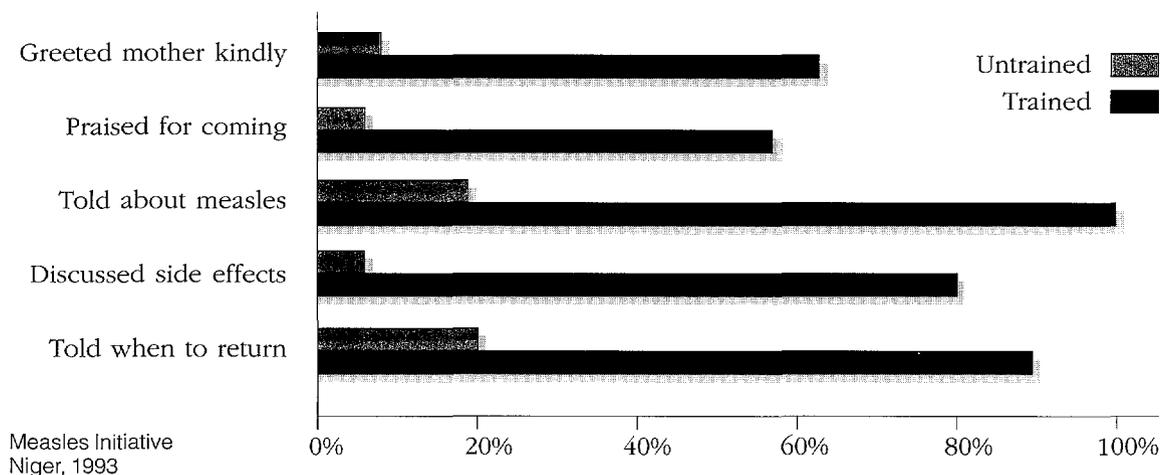
*The purpose of the Niger Measles Initiative was to assist the National Immunization Program in Niger to improve the quality and coverage of immunization services in two Departments (administrative areas)— Taboua and Maradi—with the goal of reducing infant and child morbidity and mortality, in particular that due to measles. The Quality Assurance Project managed long- and short-term technical assistance, as well as material assistance, to the central Expanded Program of Immunization (EPI) and the two Departments.*

Assistance focused on improving district-level planning and management of EPI service delivery. This included effectively integrating immunization services into the decentralized primary health care system, decreasing vaccination dropout rates, and increasing access through better outreach and communication strategies.

An evaluation of the information, education, and communication (IEC) work done under this initiative was completed. Evaluation results indicated a significant improvement in health worker behavior when educating mothers visiting primary health care units about vaccinations. This resulted in improving the mothers' understanding of which immunization the child had received, when to come back for the next vaccination in the series, and possible side effects of the immunization.

Resident Advisor Nancy Keith left her post in November, as planned. Very little activity occurred

*Quality of Interpersonal Communication with Mothers by Trained and Untrained Health Workers*



during the third quarter, since Measles Initiative activities were on hold while awaiting additional funding. While awaiting the ceiling raise, in-country Niger staff were placed on part-time status in an effort to keep them on board until renewed funding of the initiative became available.

Funding for the second phase of the project became available at the end of this reporting period. Phase II of the Niger Measles Initiative will continue the work of its predecessor, using communication, monitoring, and problem-solving strategies to improve the quality of immunization services.

QAP Technical Advisor Gaël Murphy visited Niger in September to re-initiate planning activities for

this second phase. Meetings were held with USAID/HPN and the national EPI staff to prepare for a visit in the following month by Martine Hilton, Measles Initiative Technical Monitor, to launch the project start-up.

Upcoming activities include finalizing the project framework and detailed workplans, setting up offices in Niamey, and orienting new staff to Measles Initiative — Phase II. Technical activities planned for next year include:

- Expanding activities into the Departments of Dosso, Diffa, and Niamey.
- Integrating the monitoring wallchart into the district and peripheral-level monitoring workshop curriculum.

- Training the resident Technical Coordinator in QAP's approach to process analysis, improvement, and problem solving.
- Supporting the QA problem-solving cycle in selected areas in an effort to reduce the drop-out rate.
- Assessing selected strategies, such as the use of "femmes relais" (community EPI promoters).
- Collaborating with Helen Keller International (HKI)/Niger on the use of vitamin A for measles case management.

## *QAP/Tahoua*

*The focus of QAP/Tahoua was developed in collaboration with the Regional Health Director of the Ministry of Health. The priority clinical interventions to be improved include: growth monitoring; nutrition; vaccination; family planning; and case management of diarrhea, malaria, tuberculosis, and acute respiratory infections. Management support services such as supervision, logistics, and communication systems are also targeted for quality improvement, as these support services are critical to ensuring that the health service structure can deliver quality care.*

Work has progressed this year within these interventions to achieve the QAP goals. However, constraints such as a general strike in Niger temporarily suspended the work of certain teams. Remarkably, the QAP staff in Tahoua has been able to continue much of the planned activities and has shown progress in all interventions.

The first regional and district-level meetings were held at the beginning of the year. The Quality Council was established at that time, and district-level quality improvement teams (QITs) were created within the district medical centers. District-level supervision teams were formed, and the project agreed to finance vehicle repairs and support fuel costs to facilitate regular supervisory visits.

The QAP/Tahoua has identified four strategic interventions through which quality assurance techniques will be promoted:

- The supervision system
- Quality improvement teams (QITs)
- Strengthening of management, communication, and information systems
- Adapting and communicating norms.

### The Supervision System

The supervision training and the quality assessment, which were conducted early in the year, were important accomplishments toward the institutionalization of quality assurance techniques into the primary health care system of Tahoua. The supervision training emphasized the importance of monitoring performance based on a set of explicit standards, as well as team approaches to improving deficits.

Integrated supervisory teams have been established at the district level. A sequence of three trainings for these supervisors in generic supervision skills and in conducting quality assessments was achieved. Following the training, supervisors conducted assessments in their respective districts. The data collected during these assessments served not only to identify where supervisors need to focus attention, but also to provide QITs with more detailed information about the processes they have selected to improve.



Photo by Gaël Murphy

Within the framework of the Departmental Supervision Model, QAP assisted the Department in developing recommendations for key activities to be supervised by the central and Departmental levels. The project designed a supervision reporting system for the Departmental and district (arrondissement) levels.

At the end of the year, the QAP team assessed supervisory performance applying a structured observation instrument and provided technical support to enhance supervisors' quality assessment capability. This assessment will serve to design the next phase of district supervisory team training.

### Quality Improvement Teams (QITs)

Quality improvement teams have been established in each district. Examples of the efforts of these teams include: an intensive nutritional rehabilitation service to improve recuperation and compliance with treatment in Tchintabaraden; diarrheal disease case management in Illella; and a field survey of TB defaulting patients in Keita.

The teams have all collected data through mini-surveys and quality assessment observations. These data will be used to determine the principal causes of problems in the processes chosen for improvement. Five out of seven quality improvement teams have completed the solution development step and



Rural Health Facility, Siaya District, Kenya

Photo by Gaël Murphy

*Positive  
unsolicited  
comments  
have also been  
received from  
WHO and  
UNICEF  
representatives.*

have begun solution implementation. In addition, these teams have initiated a second problem-solving cycle.

A summer intern surveyed a sample of the QIT members to gauge their perception of the influence of QA methodologies on improvements in the quality of their work settings. The preliminary analyses show that members have positive impressions of the utility of the new methods, tools, and teamwork approach on improving their work processes.

### Strengthening of Management, Communications, and Information Systems

One of the major obstacles to health care efficiency found by the QAP was the lack of an adequate MOH transportation system. In order to address this problem, the QAP assisted in the development of a better vehicle repair and garage management system, which has significantly reduced costs in the garage. In the 6 months prior to installation of the control system, the average expense for spare parts was 1 million CFA per month; after 3 months of control, the costs plummeted to 120,000 CFA per month. In addition to this major improvement, 32 regional health system drivers were trained in preventive vehicle maintenance and trouble-shooting. They also reviewed defensive driving techniques for rural terrain. Numbers and severity of repairs per vehicle and driver will be tracked to assess the impact of this training on reducing costs for vehicle maintenance.

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The first Tahoua regional health information system — *ADER SANTE INFO* — was developed and distributed this year. *ADER SANTE INFO* greatly improves the availability of information on innovations for better service provision and will continue to serve as a continuing education outlet.

## Adapting and Communicating Norms

Theresa Hatzell, consultant, arrived in Tahoua in May to begin investigating ways to improve the compliance of health workers regarding the application of norms and standards. The hypothesis was that communication mechanisms need to be strengthened, modified, or changed. Based on the weak organization and management of clinic-based services, the consultant's scope of work was amended to include drafting a preliminary list of key management standards. The results of this work are being used to determine how to improve communication about, and compliance with, adapted norms and standards.

The working group responsible for adapting national norms and standards for MCH interventions was reconvened. This group will investigate appropriate means for improving communication and compliance with adapted norms and standards.

## Training

One of the most important obstacles to the success of the project in Tahoua is the constant reassignment of government health personnel at all levels. Awareness and skills training activities have had to be provided repeatedly to ensure that the continued new wave of personnel is adequately informed about the new "quality perspective." The project Resident Advisor, Lauri Winter, and her counterpart — the Regional Director of Health — have brought this to the attention of the Secretary of Health in order to achieve a degree of stability in the project.

To compensate for the excessive MOH turnover, the Resident Advisor designed and implemented an abbreviated 5-day, 10-hour awareness course on QA basic skills and concepts for newly arrived health staff.

## Collaboration, Integration, and Administration

QAP/Tahoua was one of the prototype projects selected for the QAP's mid-term evaluation by USAID. QAP/Tahoua received very positive feedback on its team-based approach and the progress made during the first year of activity. Positive unsolicited comments have also been received from WHO and UNICEF representatives. After visiting several health care activities in various regions in Niger, they noted that QAP/Tahoua seemed to be the only region where concern for providing quality health care was being actualized in a decentralized manner.

Collaboration and information sharing with other projects and institutions continues to be a crucial part of the QAP's activities in Tahoua. The Resident Advisor has consulted with the Director of the National Tuberculosis Program, the USAID Program Design and Evaluation Office, CARE International/Zinder, GTZ/Tahoua, Peace Corps, BASICS, and the Niger Family Health and Demography Project.

QAP/Tahoua continues to make visible progress in establishing structures for improving quality of services within an overall framework of the primary health care system for Tahoua. Notwithstanding interruptions and delays in the uncertain socio-political environment, this progress comes from the dedication to change on the part of Tahoua health care personnel and from the flexibility and adaptability of the QA Project.

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# Nigeria



*Termed the Nigeria Quality Assurance Initiative (NQAI), this country project was developed by Dr. Stella Goings, faculty member in the Department of International Health of the Johns Hopkins University School of Hygiene and Public Health, and is managed by that institution under the Hopkins/QAP subcontract. In October 1993, Dr. Goings went to Nigeria as the Resident QA Advisor in Lagos. The project's unique objective was to incorporate a QA emphasis within each of the USAID-funded projects in Nigeria.*

NQAI activities are organized around four major objectives:

- The transfer of QA awareness and skills throughout the primary health care (PHC) system, both governmental and non-governmental;
- The application of QA methods to the resolution of problems and the continuous improvement of clinical and service delivery processes;
- The adaptation and refinement of the QAP approach and methodology to the Nigerian context; and
- The dissemination and institutionalization of QA within the Nigerian health system.

Dr. Jeanne Newman and Maria Francisco, both Bethesda-based, visited the NQAI during January-February of this year. The team made field visits to family health services (FHS) and the Combatting Childhood Communicable Diseases Project (NCCCD)'s focus states and visited offices of USAID staff and counterparts. They provided technical assistance in the development of a survey (Nigerbus), and the planning of "coaching skills training" for Nigerian continuing education units (CEUs), and provided technical input to the EPI policy document and the Population QA Tool (PQAT) assessment instruments being developed for FHS. The team also reviewed the Quality Awareness Workshop materials and delivered a seminar on QA methods.

Activities were well under way when several external factors placed severe constraints on the project's progress. The combination of the country's severe political turmoil and resulting

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economic collapse, along with the decertification of USAID activities in Nigeria by the U.S. Government as of April 1994, has led to major changes in the plans for NQAI. By June, the U.S. Government granted an exemption for the NQAI provided that the activities were limited to the programs of private voluntary organizations (PVOs).

Despite these setbacks, because of the high level of local enthusiasm, a number of activities begun under the NQAI were carried forward by local health workers and managers during the period that the waiver was pending, with encouragement and assistance, as appropriate, from the QA Advisor. Although under the terms of the waiver the NQAI can work only with non-governmental organizations (NGOs) and other private sector organizations until Nigeria has once again been certified, the interest in quality assurance is expected to continue within the public sector as well.

The political turmoil and subsequent economic disruptions have continued into the latter half of the year. The USAID mission has planned a major meeting in November-December with the national PVO groups to work out plans for introduction of quality assurance for these organizations. The Quality Assurance Project remains hopeful that the situation in Nigeria will improve so that activities can resume as planned.

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# *Short- and Medium-Term Technical Assistance*



*In addition to the five country programs included in Institutionalization, the Quality Assurance Project is involved in a number of short- and medium-term technical assistance efforts throughout the world. The length and scope of these efforts vary greatly according to the countries' specific needs.*



Cibenzolide  
ANTHELMINTIC

# Baby's Growth Development Chart

## PLAN YOUR FUTURE

The Newborn	The
The Smiler	
The Observer	The
The Grabber	
The Laugher	The
The Sitter	

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# Micronutrients Initiative



*The Methodology Refinement Group had as its original objective to develop and test measures to improve the quality of vitamin A programs.*

*In response to USAID's financial support for QAP technical assistance to micronutrient interventions, our focus has switched from vitamin A methodology refinement to the institutionalization of QA techniques within micronutrient programs.*

*Through methodology refinement research and technical assistance for institutionalization, QAP supports micronutrient programs by offering techniques for setting standards, assessing the current status of programs, planning for quality improvements, and problem solving.*

Active micronutrient activities at the end of the year included support for the vitamin A supplementation program in one province of the Philippines, the iron deficiency anemia program in two governorates in Egypt, and improved supervision of nutrition programs in Tahoua, Niger. In the last quarter of the year, a tentative agreement was reached with the Cordillera Autonomous Region Health Office, a region of the Philippines where goiter is endemic, for QAP to assist the provinces of the region with their salt iodization program. Detailed planning is expected to take place early next year.

In addition, active discussions have been held with representatives of the Palestinian Health Authority for the West Bank region. These discussions are expected to lead to development of an assistance program, probably focusing on iron deficiency anemia.

## Philippines: Vitamin A

Health provider staff from 6 of the 18 municipalities of Antique Province have completed quality improvement activities aimed at improving targeting in the provincial vitamin A supplementation program. By the end of last year, QAP staff had provided an orientation and basic training in quality management for teams of providers from the selected municipalities and for Provincial-level supervisors based in the Provincial Health Office. Each municipal team selected problems pertaining to the weighing process, determining nutritional status, recording data, and counseling mothers of children requiring supplementation of vitamin A. At the beginning of the fiscal year, with some guidance from QAP



Photo by Dennis Zaenger

*Analysis of data collected indicated that several of the interventions had been quite successful.*

and Department of Health (DOH) staff, each team began collecting data to document and quantify its problem. During the year, each team developed its intervention approach, implemented it, and collected post-intervention data.

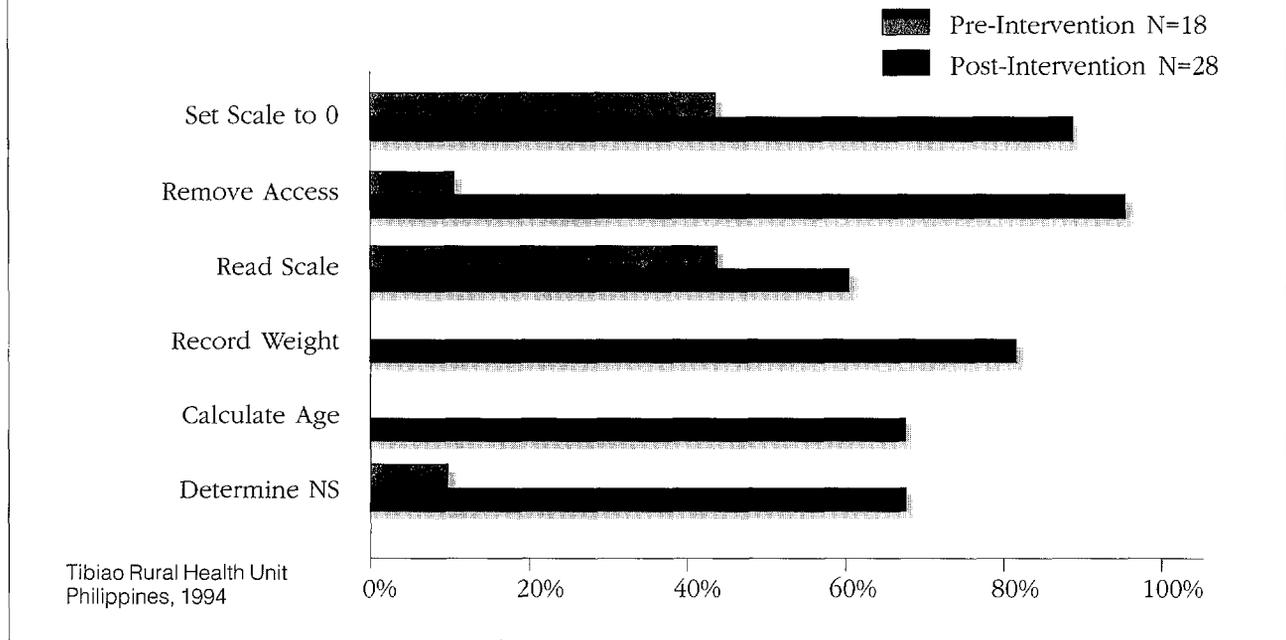
Analysis of data collected indicated that several of the interventions had been quite successful. One team was able to reduce by 28% the number of workers who had incorrectly determined if a child is malnourished. The incorrect determination resulted from estimating growth rate by physical appearance rather than using a growth chart. In the same municipality, the percentage of health workers recording weighing data on the growth chart was increased from 22% to 100%. The percentage of workers who could correctly calculate nutritional status was raised from 77% to 93%. Another district was able to raise the proportion of

correctly filled out nutrition records by approximately 25%.

Toward the end of the year, QAP staff members Dennis Zaenger (Bethesda) and Maricor de los Santos (Manila) helped each team produce storyboards for display in its municipal health center. These are expected to serve two purposes. First, they demonstrate to the local clientele that this health center staff is committed to quality improvement. Second, they serve to remind the staff that they have the skills necessary to identify and find solutions to other quality problems, since the tools and techniques they used are generic and not applicable only to vitamin A.

The role of the Provincial supervisors (who supervise all programs, not just nutrition) is to continue to support the provider teams' efforts to maintain

*Health Workers Reporting Correct Weighing Steps  
Before and After Quality Intervention*



the higher level of quality gained in the vitamin A capsule supplementation program and to coach them in continuing efforts to identify and treat other problems in the program. Since, due to restrictions on resources, QAP must end its affiliation with the program, the QAP probably will not be able to determine whether they do this effectively.

During Bethesda-based Dr. Stewart Blumenfeld's last visit of the year, Mrs. Ramos and Dr. Bayugo (the former and current directors of the DOH Nutrition Service) suggested that the experience of Antique Province could be used to introduce the principles and approaches of quality management to the Regional Health Office. The Region is the next higher administrative level in the health care system and consists of Antique and four other Provinces. The QAP proposed that this be done by means of a day-long seminar in which Dr. Blumenfeld would provide an introduction of

principles. The work done by the Antique Province staff would be used to illustrate approaches and tools. The proposal has been accepted and has been expanded somewhat to include participation by senior DOH staff based at DOH headquarters in Manila. Due to impending personnel changes in the Department, the seminar will be conducted in the second quarter of the coming year.

## Egypt

The iron deficiency anemia program in Egypt was initiated when a memorandum of agreement was signed by the Ministry of Health (MOH), and a local technical representative was recruited. He was trained in QA concepts and techniques in an intensive one-on-one tutorial by Dr. Walid Abubaker (QAP/Bethesda), the Technical Advisor for this project. An overall board was formed to guide the activities of the project, and separate local boards



Photo by Dennis Zaenger

were formed at each governorate. All three boards were given awareness training. Two health centers have been selected in each of two governorates to receive awareness/basic skills training late next year.

In December 1993, the QAP sponsored an awareness/advocacy QA workshop for central MOH senior health officials and other interested participants. Soon after, a QA operational structure was installed. This included a Central QA Micronutrient Board, QA committees at the governorate level, and district-level process improvement teams (PITs). One of the first tasks undertaken by these teams was to develop an information system which would generate critical information needed to monitor the quality of services provided to pregnant women and children under 5, as well as to track iron deficiencies in these groups.

The teams developed three data collection instruments which are now being used on a monthly basis.

- The first instrument measures dependent variables including:
  - The results of hemoglobin lab tests.
- The second instrument is used to observe independent variables, including:
  - The condition of the reception/waiting area;
  - Availability of educational materials and iron tablets stock;
  - Processes, which include taking of history and physical exam, counseling, treatment, and follow-up;
  - Other factors, such as client satisfaction.
- The third instrument is used during monitoring visits by team members and includes:
  - Documentation of finalized problem statements;
  - Follow-up actions taken;
  - Observations by the supervisor.

Early next year, all four team members will participate in a team-building workshop, in which actual Egyptian case studies and exercises will be developed and used during the workshop. The workshop is expected to further strengthen the management capacity of team members, especially in the operational use of quality assurance/quality management principles for team development, communication, decision-making, and problem-solving methods. In addition, each team will produce a mission statement for the health center and a team charter for the team.

## Tahoua, Niger

In Tahoua, supervisors received supervisory training in quality assurance; but, because of general civil disorganization in Niger, no further work has been done. An assessment of the quality of supervision post-training is being considered.

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# Cholera



*The Quality Assurance Project is carrying out QA activities related to cholera case management in Central America and Ecuador. This initiative is training local managers to carry out Rapid Service Quality Assessments and to use program-specific information to develop effective improvement strategies.*

*These objectives are being achieved through awareness-building, through QA training, through technical support in evaluating and improving case management, and through dissemination. Based in Ecuador, Jorge Hermida, M.D., is overseeing the cholera field activities.*

## Ecuador

In the Ecuador Cholera Initiative, four QA committees were formed in local health areas and hospitals. The committees designed 12 microprojects to improve priority areas. Selected activities of these microprojects are summarized below.

- Three refresher workshops on acute diarrhea/cholera case management and counseling techniques were held in Los Rios and La Troncal health areas and in Babahoyo Hospital. Approximately 120 doctors, nurses, and auxiliary personnel attended the three workshops.
- Within one microproject, interventions were implemented to improve patient waiting times in La Troncal Health Center, and a second measurement of waiting times was conducted in late June. Preliminary results indicate clear reductions in waiting times.
- Implementation of microprojects continued with training of a new group of young doctors and nurses who arrived at the health districts of La Troncal and Babahoyo to serve 1 year at the Ministry of Health's facilities, as required by MOH regulations. Forty-five doctors and nurses were trained in cholera/acute diarrhea case management, prevention, epidemiological surveillance, and outbreak control.
- At Babahoyo Hospital, as part of a microproject to improve quality of case management, technical assistance was provided to develop the laboratory capability

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to perform stool cultures to identify *Vibrio cholerae*. A special area for microbiology has been established within the laboratory. The Laboratory Director participated in the training of new doctors and nurses arriving in the district, teaching how to collect and send samples to the laboratory, and distributing test tubes with Cary-Blair medium.

### *Training*

A workshop for 12 technical personnel of the laboratory of the Babahoyo Hospital was held to review concepts and techniques for performing lab tests for *Vibrio cholerae* and bacteria in samples of suspected patients in the hospital's locale, in coordination with the Cholera French-Ecuadorian project.

### *Other Results*

The design and implementation of a monitoring system for selected indicators of quality in the project was completed. With QAP technical assistance, supervisors in the three health areas are integrating simplified data collection forms in their routine supervisory visits, collecting information through observation checklists, reviewing records, and interviewing patients and providers. Initial data indicate dramatic improvements in the majority of indicators monitored, although the number of supervisory visits is still too small to draw conclusions.

### *Dissemination*

A presentation of the project's progress was made in June by the MOH's Dr. Laspina and QAP's Dr. Hermida and Dr. Idrovo to the Ministry of Health's Director General in Quito. The Director

General expressed his satisfaction with the project's progress and extended his full support to the activities being developed.

## Guatemala

Dr. Hermida returned to Guatemala in November to review the progress in implementing the QA activities in the Provinces of El Quiché and Suchitepequez.

Implementation of the QA microprojects designed by health services continued; 139 auxiliary nurses from all 20 health districts and the hospital of El Quiché Province were trained in cholera/acute diarrhea case management, prevention, epidemiological surveillance, and control of outbreaks. In Ilotenango health district, community health workers (CHW) of 12 counties and 6 health centers were trained. In the Río Bravo and Pueblo Nuevo health districts, 50 CHWs were trained in simplified management of cholera/diarrhea, prevention, and community education techniques. As part of the training activity, the CHWs conducted house-to-house educational activities, visiting approximately 1,000 homes.

In July, a review of the progress of the overall project was held by Dr. Hermida and officials of the Institute on Nutrition for Central America and Panama (INCAP). A new microproject presented by health officials of Suchitepequez was approved. It aims to develop a community-based system of epidemiological surveillance of cholera in an area of high incidences. An earlier strike at the Ministry of Health, begun in mid-February, slowed activities during that period.



Photo by Dennis Zaenger

QAP also provided technical assistance to the Guatemala Water and Sanitation Project (PAYSA). Quality assurance principles were applied to the design of a monitoring system for the health education component. The new methods will be field tested and refined for large-scale implementation.

## El Salvador

A detailed activity plan for the Cholera Project was developed in November with representatives of the Ministry of Health's Divisions of Epidemiology, Maternal and Child Health, and Community Health, and USAID and INCAP's local and home offices.

Dr. Hermida traveled to El Salvador in May 1994. He reviewed and tested data collection instruments designed for the rapid assessment of quality of services. He then trained nine health professionals to collect data for the assessment of health services in Chalatenango and provided technical assistance to the MOH in the operational/technical aspects of data collection in the field. Dr. Hermida also assisted the MOH in designing a data analysis procedure to generate quality of care indicators.

During the last quarter, a rapid assessment of quality of care in cholera/acute diarrhea was conducted in Chalatenango Province. The nine previously trained nurses collected data during 2 weeks in 2 hospitals and 18 health centers. They used direct observation checklists and interview techniques. Over a hundred clinic sessions were observed, and 149 mothers and 106 health personnel were interviewed. Data were processed using an EPIINFO program, and indicators of quality of care were produced.

A 3-day workshop was held at the end of the year to present indicators, select and analyze problems, and design quality improvement interventions. The workshop was attended by 30 doctors, 16 nurses, 5 auxiliary nurses, and 5 public health assistants of the health centers and hospital of the Province. Dr. Hermida and INCAP officials presented QA basic concepts and tools and conducted work groups. In learning how to use QA tools, participants designed 12 draft microprojects to be implemented in the following months.

Dr. Hermida presented the results to date of the Cholera Project at the Annual Conference of the International Society for Quality Assurance (ISQua) held in May in Venice, Italy.



## *Costa Rica*

*In cases where the local capacity for instituting quality assurance measures is particularly strong, or the target of quality improvement is narrowly focused, project staff will provide shorter term technical assistance to health managers in a number of countries.*

*The purpose of this project is to work with the Social Security System and the Ministry of Health in Costa Rica to develop a national quality assurance program. The project takes place in the context of health system reform, which includes consolidation of health services for the entire population under the Social Security System. The Ministry of Health roles will evolve into standards setting and external oversight. The Quality Assurance Project's work will complement the efforts of the World Bank and the International Development Bank, who are participating in the design and implementation of the health sector reform. The QAP has agreed to undertake training in QA methods, to provide technical assistance in the application of QA in selected pilot sites, and to facilitate a national strategic planning effort.*

In November 1993, the QA consultant team delivered a 5-day course in Costa Rica for approximately 30 health professionals. As a result, five process improvement teams were created to work at their health care sites, which include a hospital, a primary health center, and a regional health office. QAP consultant Dr. Hector Colindres, who is providing ongoing technical support to teams, visited Costa Rica in May.

Following the recent political changes and resulting organizational changes, the Social Security Office has asked the project to modify the scope of work for the remainder of the technical assistance. They would like to focus most of the attention on assisting the process improvement teams in the completion of their

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work. Another workshop has been planned for December 1994 to train team members in data analysis and solution development.

Dr. Colindres represented the Quality Assurance Project at a National Seminar on Accreditation and Quality Management organized by the Pan American Health Organization. He gave a presentation about the quality improvement methodology used by the teams working in the three different kinds of facilities in Costa Rica.

## Indonesia

*The Indonesian Association for Secure Contraception (PKMI) continues to pilot test a QA model for internal supervision of hospital-based long-term contraceptive services. Program activities have since been expanded to include seven additional hospitals in Jakarta.*

In January, Bethesda-based Maria Francisco and Trish MacDonald, from University Research Corporation's Private Sector Family Planning Project (PSFP) in Jakarta, assisted Dr. Azrul, Head of PKMI, and his staff in conducting an interim evaluation of the hospital-based quality assurance program. The objectives of the evaluation were to:

- Determine the effects of PKMI's training and technical assistance on the hospital teams' ability to implement the program;
- Assess the difficulties and problems faced by the teams;

- Assess PKMI's training program and materials; and
- Recommend changes and/or improvements to the overall program.

The evaluation included a review of modifications to the PKMI Quality Assurance Manual and related training materials, as well as field visits to several of the study hospitals in order to better observe and document the progress of the teams. To date, several hospitals have made significant progress in conducting problem-solving activities as part of the larger quality assurance effort.

In May 1994, Elizabeth Mariani (Bethesda), conducted a 5-day coaching course to further enhance the knowledge and skills of PKMI's QA monitors. The course, entitled "Introduction to Coaching and Intermediate Problem Solving Skills," included participants from the Ministry of Health, PKMI, and PSFP. Technical assistance was also provided to the PKMI staff in how to critically analyze and facilitate the work of teams during a monitoring visit.

Indonesia - World Bank: *Introduction of Systems Analysis Methodology*

Indonesia has already undertaken a series of quality assurance initiatives as part of the government's strategy to address both quality and equity in the delivery of basic health services. However, detailed information on the quality of care is lacking, especially information on how service delivery and management activities are routinely carried out. To address this need, QAP has been applying a methodology for identifying and diagnosing discrete problems in the process of primary health care (PHC) service delivery. This *systems analysis* methodology relies on direct observations, key informant interviews, and other rapid assessment methods to provide decision



Photo by Maria Francisco

*To date, several hospitals have made significant progress in conducting problem-solving activities as part of the larger quality assurance effort.*

makers with a comprehensive picture of program strengths and weaknesses.

In May, staff from the Ministry of Health (DepKes), with the assistance of QAP staff, introduced the systems analysis methodology to the peripheral

levels of the PHC system. The main objective of the systems analysis in Indonesia was to enable DepKes

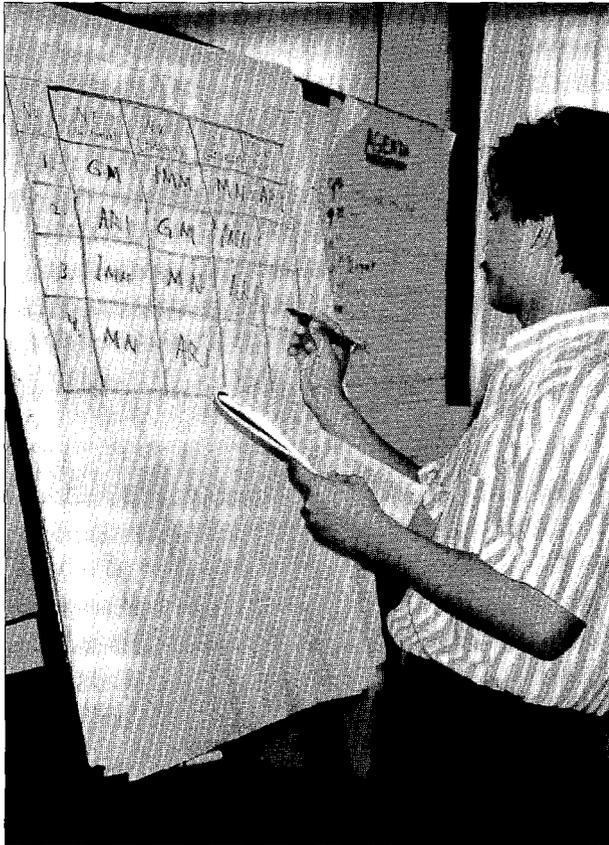


Photo by Maria Francisco

*The activities in Uganda are providing an excellent opportunity for development of a nationally based Quality Assurance Management Program with strong support from top administrative health officials.*

to identify opportunities to improve the quality of care at the level of the health center (Puskesmas) for selected PHC and support services. Through focused training and start-up assistance, QAP provided health center staff with the basic skills needed to conduct meaningful assessments of service quality. The results, expected in July 1995, will provide input toward the development of a quality assurance strategy to be supported by the World Bank's Health IV Loan.

#### Methodology Refinement Study on Peer Review

Implementation of a methodology refinement study on peer review is ongoing. In 1992, the Indonesian Midwives Association (IBI) began pilot testing a program of peer review among their members who operated private practices. The aim of the program was to improve the quality of care provided by the midwives through two mechanisms:

- Visiting a midwife.
  - Reviewing her practice.
  - Providing feedback on her performance.
- Providing continuing education based on individual assessments.

Subsequently, a self-assessment tool was designed and is being pilot-tested as an alternative means of identifying weaknesses in the quality of midwifery practice. This is necessary in order to plan and deliver targeted continuing education programs based on these findings. If adequate self-assessment is possible, it would be less time-consuming and costly than peer review.

Several research questions are addressed in this study, namely:

- How should a self-assessment tool be constructed?

- 
- What types of weaknesses can be identified through the use of the tool?
  - Are there any differences in self-assessment scores between newly graduated midwives who are based in the village and senior midwives who operate a private practice?
  - How do weaknesses identified by the self-assessment tool compare with the type of weaknesses identified through self-assessment?

The first self-assessment was conducted during the first cycle of peer review in three provinces. Results of the study will be reported in the coming year.

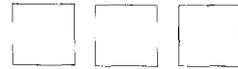
## Uganda

*Quality assurance activities in Uganda are the results of ongoing collaboration between Johns Hopkins University (JHU), the Ministry of Health, and Makerere University in Uganda. Early visits by JHU and Bethesda QAP staff to introduce the concepts of QA resulted in a decision by the Ugandan Ministry of Health during the first quarter to incorporate a QA program into the plans for a projected World Bank-funded Health Sector Loan. Technical assistance for QA activities under this loan would be provided by QAP and JHU faculty and staff.*

The activities in Uganda are providing an excellent opportunity for development of a nationally based Quality Assurance Management Program with strong support from top administrative health officials. A 5-year program supported by the World Bank has been initiated. This program will focus on training district health teams for all districts in the country and will take place over a 3-year period in conjunction with the decentralization of all districts. Although the financial support for the QA Management Program in Uganda has come from the World Bank, the Quality Assurance Project has played an essential role in the early quality assurance awareness seminars and will continue to have an important part to play in relation to special activities that are not presently covered in the World Bank program. These include: the important interrelationships of methods for financing with quality of services and the relation of types of costs to the quality of the service; the critical areas of communication in terms of individual provider-patient counseling; and the assurance of community input and interchanges with district health team planning and management activities.

Plans are also well under way for the JHU/QA team to take responsibility for the development of the curricula for the health policy planning and management modules for the joint Ministry of Health-Makerere University MPH program that will have a strong focus on district health management.

# Training



*Training is critical to the achievement of the QAP objectives. It is seen as the first step to attaining a level of institutionalization needed for a successful QA program. It has been used effectively to transfer QA skills and knowledge as well as to increase awareness and enthusiasm for the QAP approach.*

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*The Training Resources Library serves as an excellent repository of project knowledge and experiences from which to draw in the future.*

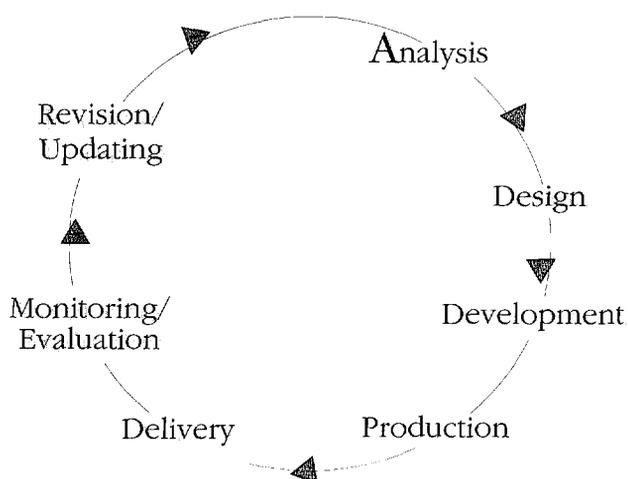
A broad range of training activities has been conducted this year to meet project goals. QAP offered a wide variety of courses to meet the needs and expectations of each country program. These included: QA Awareness; Tools for QA Improvement: Setting, Communicating, and Monitoring Standards; Coaching/Facilitating QA Teams; Customer Service in a QA Environment; and Team Building. These courses used experiential methods such as: facilitated discussion,

case studies, role plays, and team problem solving. For specific information about country and program trainings, please refer to the appropriate sections in this report.

Training programs have been developed in Bethesda with input from field staff to ensure that the training met the country's needs and expectations. This approach to training development ensures continuity and consistency across all QA country programs. However, as QAP enters its last year, the staff recognizes the need to transfer the training development skills to their counterparts and short-term consultants. To accomplish this transfer and still maintain quality training programs, QAP is developing a training development reference manual. This unique manual will help the users to follow a systematic process for developing training. The reference manual will specify the outcomes, key quality characteristics, and critical indicators for each step in the training development process. This innovative manual is designed to guide the users through the analysis of the tasks to be performed, the people to perform them, and the places in which they will be performed. Using this information, the training developer will design and develop training that will help the participants transfer their new QA skills to their job.

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*QAP Training Development Process*



In addition to forming the basis for in-country training development, this approach allows central staff to monitor and evaluate trainings in the field. By reviewing the outcomes of each step of the development process, the training manager can determine how well the objectives and learning activities achieved the desired changes in behavior and indicate any corrective action which may be required.

In order to centralize and increase access to past training materials on both electronic and hard file, a training library has been established in Bethesda.

The library is being used to research past trainings which can be tailored to meet newly identified needs of the various country programs. Use of past trainings from different regions adds to consistency across various country projects, promotes exchange of regional QA experiences, and helps to reduce design and development time. Central staff have developed a unique system for

cataloging training materials both by technical content, e.g., team building and problem solving, and by major geographical regions and countries. The Training Resources Library serves as an excellent repository of project knowledge and experiences from which to draw in the future. The following chart presents a list of selected holdings of the training library.

## Quality Assurance Project Training Inventory

### Africa

Title or Type of Course	Client	Purpose of Training	Participants	Training Subject Matter	Training Methods	Training Date
QA Awareness and "Kickoff" Training	Niger DOH, Tahoua region	Introduction of QA, formulation of vision and mission statements, and creation of initial quality improvement teams.	Medical Officers, their assistants, district midwives, and Regional Health Program Coordinators for Tahoua (12-16 participants).	Basic QA concepts and tools, planning for a QA program.	Presentations, small group work, individual and large group work, consensus building exercises, case studies, videos	May 1993 July 1993 November 1993
QA Awareness	Nigeria	Introduce QA concepts and tools and a problem-solving methodology.	MOH staff.	Basic QA concepts and tools.	Presentations, small group discussions, exercises	February 1994
QA Monitoring & Problem Solving	Burkina Faso	Introduce QA problem solving and monitoring methodologies.	National and regional EPI technical staff.	Problem solving and monitoring.	Presentations, exercises	Fall 1992
Supervisory Techniques in QA	Niger, Tahoua	Introduce supervision concepts and tools in the context of Tahoua Province.	Regional and district level supervisors.	Supervisory skills, tools, and concepts.	Presentations, small group discussions, exercises	February 1994

## Asia/Pacific

<b>Title or Type of Course</b>	<b>Client</b>	<b>Purpose of Training</b>	<b>Participants</b>	<b>Training Subject Matter</b>	<b>Training Methods</b>	<b>Training Date</b>
Hospital-Based Quality Improvement for Long-Term Contraceptive Services	Indonesia Perkumpulan Kontrasepsi Mantap Indonesia (PKMI)	Train participants to use QA problem-solving skills for hospital-based family planning activities.	Clinical staff that work in hospital-based family planning programs.	Basic QA concepts and problem solving skills.	Presentations, small group work, games, case study, storyboarding	April 1993
QA Awareness Seminar	Thailand ASIN	Introduce basic QA concepts and plan QA intervention for AIDS/STD counseling.	Senior ASIN staff (30 participants).	Basic QA concepts and tools.	Presentation, small group exercises	April 1993
Vitamin A Capsule Utilization Process Improvement Workshop	Philippines Nutrition Service, DOH, Antique Province	Introduce basic QA concepts and process improvement methodology to begin a pilot project in the provincial vit. A utilization program.	Staff from selected Barangay health clinics and provincial health office staff (28 participants).	Basic QA concepts and process improvement methodology and how they can be applied to a vit. A capsule utilization program.	Presentations, small group exercises, video and discussion, case study	August 1993
QA Supervision	Philippines, Antique Province	Introduce supervision concept and tools in the context of Philippines health care.	Provincial Health Office staff.  Provincial Health Office staff and Rural Health Unit Physicians.	Supervisory skills, tools, and concepts.	Presentations, small group discussions, exercises	February 1994 June 1994
Training for Quality Improvement Coaches	PKMI staff	Prepare coaches for process improvement teams.	MOH staff, PKMI staff, trainers (28 participants).	Team building, coaching, basic QA concepts and tools.	Presentation, small group work, case studies, exercises	May 1994

## Latin America and the Caribbean

Title or Type of Course	Client	Purpose of Training	Participants	Training Subject Matter	Training Methods	Training Date
QA Awareness	Chile MOH	Introduce QA concepts, gain support for QA program.	Central and district level officials, university professors, representatives from NGOs (100 participants).	Basic QA concepts so that participants could develop a plan for their QA program and how to start QA activities in selected regions.	Presentations, Q&A, small group work with problem definitions, tools, and group dynamics	March 1991
QA Awareness and Skills	Chile MOH	Introduce concepts, stimulate local start-up of local projects or committees.	Health professionals in the health services directorate from all 26 regions, some university staff, and NGOs (100 participants).	Introduce basic QA concepts and tools.	Presentations, Q&A, case study, group exercises	July 1991
QA Awareness and Skills	Chile MOH, regional trainings (course has been replicated by national team)	Introduce concepts, support local team in regional start up.	Health professionals who work in public sector in region, some university staff (course is sometimes organized by professional associations).	Introduce basic QA concepts to health workers at local level of health system, university staff, and other health care professionals. As a result of workshop, committees and projects are developed at the local level.	Presentations, Q&A, group exercises	September 1991 May 1992 October 1993 December 1993 March 1993 May 1993
QA Coaching	Chile MOH, metro area region VII	Further development of QA skills, introduce coaching skills.	QA monitors who are working on committees.	More advanced concepts and skills in QA, and skills in coaching local teams such as group work and group dynamics.	Presentations, Q&A, group exercise, role play	March 1992 September 1993
QA Monitoring	Chile MOH	Teach the basics of monitoring systems for QA.	MOH staff who are responsible for programs that should be monitored, selected QA monitors with previous QA training.	Advanced skills in monitoring for a QA program.	Presentations, group exercise	September 1993

Latin America and the Caribbean, cont.

<b>Title or Type of Course</b>	<b>Client</b>	<b>Purpose of Training</b>	<b>Participants</b>	<b>Training Subject Matter</b>	<b>Training Methods</b>	<b>Training Date</b>
QA Awareness	Ecuador MOH	Introduce QA concepts, gain support for QA program in ORT/cholera or more broadly.	Staff from central level and selected regions of MCH department, MSH child survival project staff (30 participants).	Basic QA concepts so that participants could develop a plan to use QA approach in cholera work.	Presentations, Q&A, small group work	July 1992
QA Awareness and Sustainability	Dominican Republic (14 PVOs)	Introduce QA concepts and issues of sustainability.	PVO directors, senior health staff (40 participants).	Basic QA concepts and tools.	Presentations, exercises, case studies	February 1993
QA Awareness	Costa Rica MOH	Introduce basic QA concepts and process improvement methodology.	MOH staff members.	Basic QA concepts and tools.	Presentations, small group discussions	March 1993 November 1993
QA Awareness and Skills	Costa Rica MOH	Introduce concepts, start QA pilot efforts in two sites.	Selected staff from MOH, social security and two selected regions (35 participants).	Introduced basic QA concepts and designed four quality improvement projects.	Presentation, group work, case study	November 1993
Improvement of Quality and Efficiency in the Hospital Sector in Guatemala	Guatemala MOH, staff of public hospitals	Introduce basic concepts of QA, teamwork, and study protocols for individual hospital studies.	MOH, PAHO, representatives of five hospitals.	Basic QA concepts, flow diagrams, and cause-and-effect diagrams.	Presentations, group work on specific problems in each hospital	December 1992
Improvement of Quality and Efficiency in the Hospital Sector in Guatemala: Data Analysis and Solution Development	Guatemala MOH, staff of public hospitals	Review of QA improvement cycle, data analysis tools, solution development, team work.	MOH, PAHO, representatives of 5 hospitals of social security and of the armed forces medical services (38 participants).	Tools for data analysis and solution development, team work/team dynamics.	Presentation, group work on data analysis	April 1993
A Programmed Process for Managing Quality	Jamaica, CEO Conference	To introduce and illustrate the different problem-solving and quality improvement methodologies available.	CEOs from around the world.	Problem solving methodologies, quality improvement concepts, and tools.	Presentation	March 1994
Training for Quality Improvement Coaches	LAC/Tech, Jamaican MOH	Prepare coaches for process improvement teams.	Hospital CEOs, MOH staff, trainers, and consultants (35 participants).	Team building, coaching, basic QA concepts and tools.	Presentation, small group work, case studies, exercises	June 1994

## Middle East

Title or Type of Course	Client	Purpose of Training	Participants	Training Subject Matter	Training Methods	Training Date
QA Awareness	Jordan MOH	Introduce basic QA concepts and process improvement methodology and develop a vision for Jordan MOH.	MOH staff Jordan.	Basic QA concepts and tools.	Presentation, small group discussion, case study	June 1992
QA Awareness	Egypt	Introduce basic QA concepts and process improvement methodology and develop a vision for the May 15th Hospital.	MOH officials in Egypt, May 15th Hospital staff.	Basic QA concepts and tools.	Presentation, small group discussion, case study	March 1993
QA Awareness Seminar	Egypt Cost Recovery Health Project, May 15th Hospital	Introduce basic QA concepts and problem-solving methodology.	1. Hospital QA committee members (18 participants). 2. Operating room nurses (8 participants). 3. Department heads at Kantara Gharb Hospital (19 participants).	Basic QA concepts and tools.	Presentations, examples, exercises	1. September 1993 2. October 1993 3. September 1993
Quality Customer's Service Workshop	Egypt Cost Recovery Health Project, May 15th Hospital	Introduce provider-client communication skills, help identify client needs, how to deal with clients, how to act professionally.	Front-line workers at May 15th Hospital (receptionist, emergency room personnel, social workers, pharmacy personnel, clerks).	Basic provider/customer interpersonal skills.	Presentations, discussions, exercises, role play	October 1993
QA Awareness/ Coaching Workshop	Egypt DOH MCH/ Nutrition Directorate	Introduce QA methods and tools and their application for micronutrients.	Mid-level managers, physicians, RNs, midwives, nutritionists, technicians, representatives of 5 governates (32 participants).	QA/CQI tools and how to use them, group dynamics, coaching, and problem-solving techniques.	Presentations, examples, exercises	December 1993

Middle East, cont.

<b>Title or Type of Course</b>	<b>Client</b>	<b>Purpose of Training</b>	<b>Participants</b>	<b>Training Subject Matter</b>	<b>Training Methods</b>	<b>Training Date</b>
QA Team Building	Jordan MOH	Introduce concepts and value of team work, team building, QI coordinator, and team development.	QA Coordinators, MOH, Salt Hospital PHC.	Team building, coaching, basic QA concepts and tools.	Presentation, small group discussion, case study	April 1994
QA Customer Service	Jordan MOH	Increase awareness of need for quality services and customer communication.	MOH staff Jordan.	Customer services concepts and communication.	Presentation, small group discussion, case study	April 1994
Coaching/Basic Skills for Quality Improvement Councils	Jordan QAP/ Jordan MOH	Prepare Quality Improvement Council (QIC) to coach and train in basic problem-solving skills.	QIC members, military hospital staff (28 participants).	Team building, coaching, basic QA concepts and tools.	Presentation, small group work, case studies, exercises	April 1994
Setting & Communicating Standards & Monitoring Standardized manual	Jordan MOH	Introduce the concepts and methods of developing, communicating and monitoring standards.	QA Coordinators, MOH, Salt Hospital PHC.	Introducing development and use of standards and their application to monitoring.	Presentation, small group discussion	July 1994
Interpersonal Communication Skills	Egypt MOH	To enhance the communication skills of H.C. providers and improve their interpersonal interaction with patients.	H.C. providers in Egypt.	Interpersonal communication skills	Presentation, small group discussion	July 1994

# *Dissemination*



*The three goals of QAP dissemination are: 1) to raise awareness of the importance of quality improvement in health care management; 2) to demonstrate to program managers and decision makers various approaches for integrating quality assurance measures into an existing program; and 3) to explain to the international health community the discoveries and advances that the QAP is making in the field of PHC quality improvement. The dissemination channels the QAP has used to meet these goals include the distribution of printed materials, conference presentations, publications, and interpersonal networking.*

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*Note:* This section focuses on Bethesda-based dissemination efforts. Those initiated and carried out in the field are reported under specific country programs.

As the project enters its final year, increased emphasis is being placed on reporting and disseminating results not only within the United States but, more importantly, to the field where the materials are of the greatest value. QAP hopes to share the methodologies, lessons, and insights gained throughout the project.

QAP's newsletter, the *QA Brief*, has continued to be published and disseminated as scheduled. However, several changes in structure, translation, and focus have recently been made. Whereas the previous issues provided a general overview of all aspects of the project, it was decided that each issue of the newsletter would have a specific focus. The latest issue, for example, focused exclusively on specific QA trainings in various countries and programs. The next issue, due to come out in January 1995, will highlight qualitative and quantitative results, and indirect results of the project. Another important change is that the *Brief* is now being translated into Arabic in order to widen the dissemination base and increase awareness of the project. Translation and production are being done entirely in Jordan in order to minimize costs and ensure quality.

### The International Society for Quality Assurance (ISQua) Conference

QAP organized a pre-conference meeting on International Quality Assurance held in conjunction with the May 1994 Annual ISQua Conference in Venice. Twenty-five high-level health care officials from 17 countries were in attendance. Many QAP field staff presented papers. The conference

provided a forum discussion of recent developments in quality assurance in non-Western countries and an exchange of ideas based on the different experiences of the participants.

The program consisted of three panel and audience discussions on: national structures for quality assurance; developing standards and monitoring systems; and the use of quality management including team work and client focus.

### Other Conferences

- QAP staff members Jeanne Newman, Walid Abubaker, and Gaël Murphy presented a session entitled "Partners in Quality Care" as part of the NGO forum at the International Conference on Population and Development in Cairo, Egypt, September 5-13. The session focused on improving the quality of care in the context of family planning.
- Tisna Veldhuyzen van Zanten (Bethesda) presented a paper at the National Conference on International Health, held in Crystal City, Virginia, June 26-29. The paper was entitled "A Practical Method for Promoting MCH Services."
- QAP staff presented a number of papers at the 1994 conference of the American Public Health Association which focused on public health and equity. The meeting was held in Washington, DC, from October 30 to November 3. One panel was devoted exclusively to Quality Assurance in Developing Countries, and most of the papers were presented by QAP staff. For a complete listing, please refer to *Papers Presented* . . . on the next page.

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## Quality Assurance Methodology Refinement Series

This series started last year with "Quality Assurance in Developing Countries." The second volume, "Achieving Quality Through Problem Solving and Process Improvement," was finalized and published this past June. The series is expected to be completed by the end of this year, with publications on the following topics:

- Institutionalization
- Standards and Monitoring
- Interpersonal Communications
- Job Aids

### Articles Published:

"Quality Consultations," Dr. Bérengere deNegri, Dr. Orlando Hernandez, Dr. Lilliana Dominquez, Dr. Deborah Roter, Lori DiPrete Brown, and Julia Rosenbaum, in *Dialogue on Diarrhoea*, AHRTAG, Issue no. 58, September-November 1994.

### Papers Presented at the APHA Conference on Public Health and Equity, October 30-November 3, Washington, DC:

"Supporting Quality Performance of Basic Outreach Health Workers in Malawi," Jeanne S. Newman, PhD; Lynne Miller Franco, ScD; Catherine Thompson, MPH.

"Model for Implementation of a Quality Assurance Program in a Public Hospital in Egypt," Nadwa Rafeh, PhD; Samy Gadalla, MD; Norma W. Wilson, DrPH.

"Improving the Quality and Efficiency of Hospital Health Care Services in Guatemala," Tisna Veldhuyzen, Ph.D.

"Making Commitment to Quality Health Care: Developing a Sustainable Program for Quality Assurance in Chile," Lori DiPrete Brown, MPH.

"Peer Review as a Model for Improving Service Quality: The Experience of the Indonesian Housewives Association," Patricia MacDonald, RN; Margie Ahnan, MD.

"Quality Assurance Approaches to Cholera Prevention/Management," Jorge M. Hermida, MD; Lori DiPrete Brown, MPH; William J. Davis, MA.

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*Note: The above-mentioned staff have contributed to the QAP effort on either a full-time or part-time basis.*