



# Quality Assurance Project Support for Micronutrient Programs

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# Introduction

## *Quality Assurance Project Support for Micronutrient Programs*



Preventing micronutrient deficiency is now a top priority for the international health community.

The plan of action adopted by 71 heads of state at the 1990 United Nations World Summit for Children clearly viewed micronutrient programs as leading measures for promoting health among women and children. The plan states that

*“With the right policies, appropriate institutional arrangements, and political priority, the world is now in a position . . . to virtually eliminate vitamin A deficiency and iodine deficiency disorders, and to reduce nutritional anemia significantly.”*

In the past few years, initiatives to reduce or eliminate micronutrient deficiencies have become international public health priorities. A set of simple nutritional interventions is available to prevent or correct in the early stages micronutrient deficiencies:

- vitamin A capsule distribution
- iron supplementation
- iodized oil injections and capsule distribution
- iron deficient anemia case management
- vitamin A supplementation in measles case management



*Despite substantial resource inputs . . . micronutrient programs are still not achieving their full desired impact.*



In recent years, expansion of micronutrient programs in developing countries has been encouraged through the allocation of resources for essential supplies, logistics, and training. Despite substantial resource inputs, however, micronutrient programs are still not achieving their full desired impact due to fundamental systemic flaws.

## Example 1

In one Asian nation, the Ministry of Health has been supported by international donors since 1978 in executing a community-based vitamin A capsule distribution program. Despite significant effort and resource investment, vitamin A deficiency continues to be a serious public health threat. The efficacy of the vitamin A capsules has not been questioned. Rather, several alternative causes for program weakness have been suggested, including problems in supervision, logistics, training, and community demand for services. In this case, the specific factors inhibiting full vitamin A capsule coverage are still unknown. In fact, even the major components and procedures of the program have never been delineated.

## Example 2

Virtually every country with a maternal and child health policy includes iron supplementation as a fundamental component of prenatal services. Yet the success of this nutritional intervention can be severely hampered by health workers' inconsistent adherence to anemia prevention protocols, by inconsistent supply delivery systems, and by deficiencies in

counseling that fail to inspire consistent compliance with a supplementation regimen. While these problems are widely acknowledged, their causes and the extent of their negative impact on program effectiveness remain unclear.

While micronutrient interventions may be simple, the service delivery processes can actually be quite complex. The challenge lies in delivering services to communities in an equitable, efficient, and sustainable fashion. Another challenge is to ensure that services are consistently delivered in a technically sound manner most likely to achieve the expected health impact. Alternatively stated, attention must be paid to the *quality* of services.

This document provides an overview of the Quality Assurance Project (QAP), its strategy, and its methodological approach. Most important, it describes how QAP will assist micronutrient program managers in developing more effective service delivery processes.



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# Service Quality

*Why must micronutrient program managers pay attention to service quality?*



Until recently, micronutrient program officials have not placed major emphasis on quality. As the focus turns, important deficiencies have come to light.

## **Incomplete or inappropriate program standards:**

In the absence of standardized guidelines, health workers are unclear about their responsibilities. Providers may be uncertain about micronutrient program targets and prescribed regimens. Supervisors have no basis for assessing the quality of health worker performance.

## **Insufficient program monitoring:**

When program officials fail to select and track service quality indicators, program weaknesses go undetected. Managers have no means of targeting system-strengthening support. Left unchecked, minor deficiencies may escalate into major problems.

## **Health worker non-compliance with standardized procedures:**

Even in cases in which program norms exist, health worker compliance may be poor. This may be provoked by poor communication of expected performance, inadequate reinforcement through supervision, or weak motivation. Non-compliance also occurs when standards are maladapted to a given context.



*The efficiency and effectiveness of service delivery are major determinants of a program's public health impact.*



### Unsafe or ineffective treatments:

Health workers may deviate from program standards by administering treatment to clients outside the target group or by prescribing doses incorrectly. Program resources are wasted when imprecision leads to unnecessary or ineffective treatment. Overdosing can produce harmful side effects.

### Missed opportunities for prevention:

Health workers may also deviate from micronutrient program standards by failing to administer services to targeted clients. They may fail to screen for risk factors or overlook warning signs. The price of remedying the health consequences of such oversights far surpasses the cost of prevention.

### Poor patient counseling:

Even in cases in which a micronutrient service is delivered according to prescribed steps, provider/client communication may still be inadequate. Program effectiveness requires client compliance with prescribed regimens. Counseling must be sufficiently informative and encouraging to motivate patients to comply with preventive treatment, particularly when they do not perceive a health risk.

### Supply shortages:

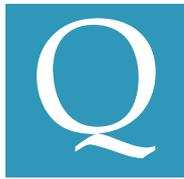
Failure in supply distribution systems is yet another common problem impeding the success of micronutrient programs. Suspension of services due to capsule or tablet shortages results in missed opportunities for prevention. Stockouts frustrate providers and threaten clients' confidence in the health system.

These examples of common program weaknesses indicate that technical effectiveness of micronutrient interventions by no means guarantees program success. The efficiency and effectiveness of service delivery are major determinants of a program's public health impact. Fortunately, micronutrient program managers now may access quality assurance measures to help eliminate program weaknesses.



# Quality Assurance

*What is Quality Assurance?*



Quality assurance (QA) is a set of activities carried out to ensure that health care is provided as effectively and safely as possible. It is an approach for improving performance through standard setting, program monitoring, problem identification, and problem solving. In the health care field, quality assurance focuses on the quality of both health worker performance and the support services that influence the health worker-client interaction. Recent experience in applying quality management to health care systems suggests that QA efforts should be based on four tenets:

Quality assurance is oriented toward meeting the needs and expectations of the community served.

Quality assurance promotes the notion that the sole reason that health services exist is to respond to clients' needs. Client-focused micronutrient interventions must be accessible and fully acceptable to targeted populations. In some cases services must be tailored to respond to client preferences; in other cases patients must be educated to heighten popular perception of critical public health needs.



*QAP is promoting the incorporation of quality improvement techniques into the management of varied developing country health services, including micronutrient programs.*

### Quality assurance focuses attention on the process of service delivery.

Quality assurance requires that an intervention be viewed as a series of steps carried out according to standardized procedures. Quality improvements in micronutrient programs are achieved by instituting sound, efficient processes; continuously monitoring performance; and reducing deviation from prescribed norms.

### Quality assurance uses data to analyze service delivery processes.

Quality assurance offers simple quantitative approaches for program assessment and problem analysis. System-strengthening improvements are based on data rather than assump-

tions. By applying QA measures, micronutrient programs verify program effectiveness using objective measures as opposed to intuition.

### Quality assurance encourages a team approach to problem solving and quality improvement.

Quality assurance is based on the notion that those responsible for carrying out an intervention are in the best position to heighten its effectiveness. QA offers micronutrient programs tools and methods for identifying problems and devising solutions in teams. QA fosters universal commitment to quality by empowering health workers of all ranks to correct program deficiencies.

Until recently, QA was applied primarily by hospitals in industrialized countries. It focused mainly on enforcement of standards of care developed by accrediting agencies. In the 1980s, health care managers in the United States and Europe began conceiving a broader quality assurance philosophy which promoted continuous improvement in all aspects of health service delivery. Concurrently, WHO introduced quality assurance to primary health care by promoting internationally accepted case management algorithms for diarrhea and acute respiratory infection. WHO and several

## The Four Tenets of Quality Assurance

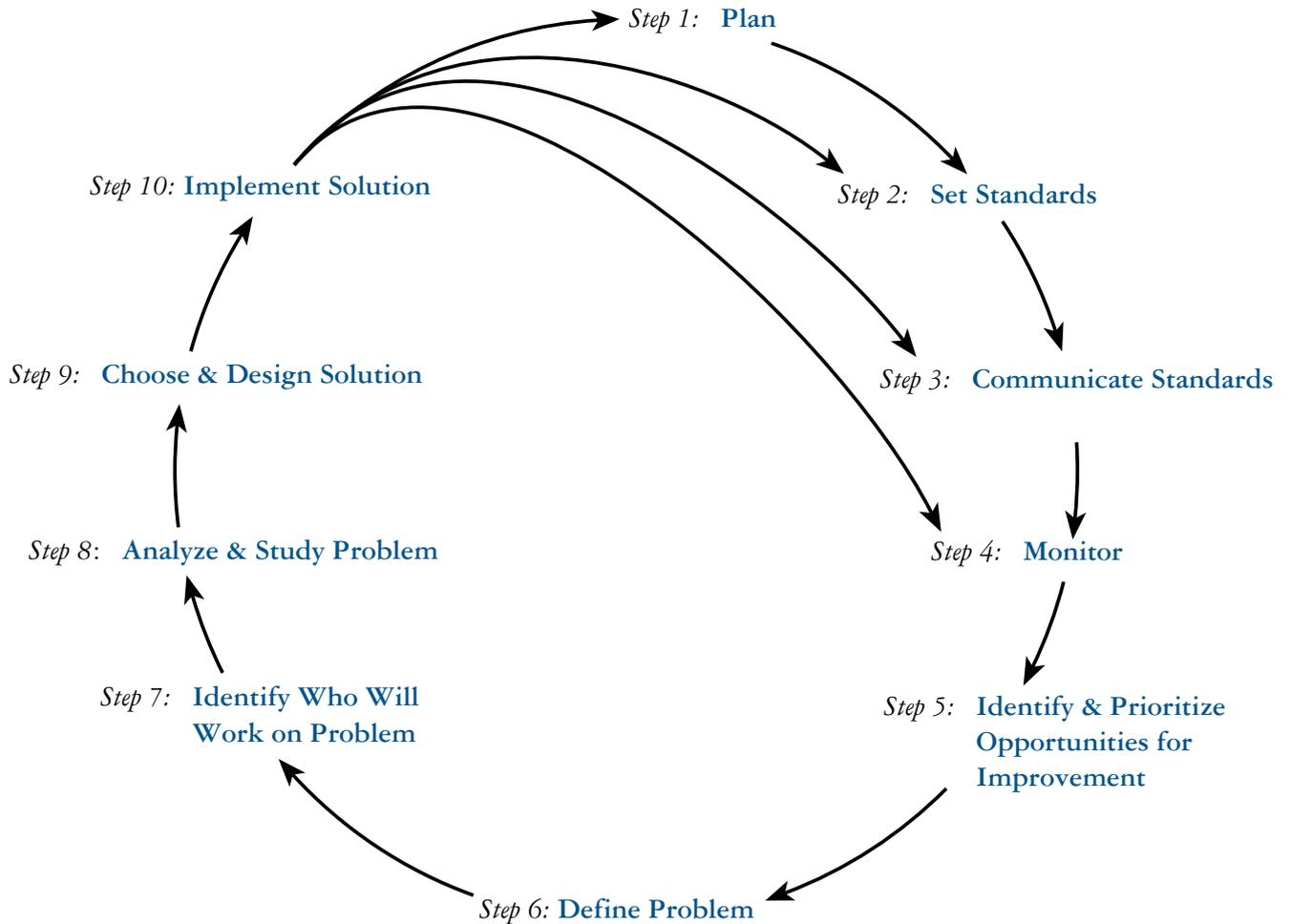
- Quality assurance is oriented toward meeting the needs and expectations of the patient and the community.
- Quality assurance focuses on systems and processes.
- Quality assurance uses data to analyze service delivery processes.
- Quality assurance encourages a team approach to problem solving and quality improvement.

A.I.D.-funded projects such as Primary Health Care Operations Research and Combatting Childhood Communicable Diseases began using systems analysis and facility assessments to measure quality of a broad array of primary health care services. These projects also promoted operations research as a technique for improving service quality through problem solving. Now, QAP is promoting the incorporation of quality improvement techniques into the management of varied developing country health services, including micronutrient programs.

Initiated in 1990, QAP is charged with developing and implementing sustainable approaches for improving the quality of health care in developing countries. QAP has two broad objectives: 1) to provide technical assistance in designing and implementing effective strategies for monitoring quality and correcting systemic deficiencies; and 2) to develop, refine, and validate cost effective methods for ensuring optimal quality health care.



# Quality Assurance Cycle



QAP assists LDC health managers in applying systematic methods for achieving sustainable quality improvements. Depending on local needs, technical assistance is based on full or partial implementation of QAP's quality improvement methodology, illustrated on the previous page. The approach begins with planning for quality. QAP supports program managers in formulating program objectives for quality services, setting service delivery standards, and communicating these performance expectations to health personnel. Next, QAP guides program managers in establishing a monitoring system to track service quality. The project also promotes practical methods for analyzing common problems and devising and testing solutions. The aim of QAP's technical assistance is to transfer to counterparts full capability for ensuring the quality of the micronutrient services they provide. QAP promotes the institutionalization of sustainable quality improvement mechanisms into routine program management.

The project has applied these methods in 18 less developed countries worldwide. It has supported counterparts in improving the delivery of a broad variety of health care interventions, including child survival services, family planning, hospital services, and chronic disease control. The quality improvement methods proposed for micronutrient

activities are highly transferable to other interventions. Given QAP's expertise in a broad array of primary care services, project staff can foster integration of micronutrient programs into the larger health care system. In adapting QA methods to LDC health care, QAP has forged collaborative relationships with the Centers for Disease Control, the



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Program Against Micronutrient Malnutrition, UNICEF, the World Health Organization, the World Bank, and the International Society for Quality Assurance.

Through the project's methodology refinement component, QAP conducts applied research to develop approaches for achieving optimal quality services. The project is researching and

testing alternative methods for setting standards, monitoring performance, and problem solving. The project's efforts to improve the effectiveness of provider/patient interpersonal communications is one example of methodology refinement activities. Following a thorough review of the international literature, a QAP task force proposed a set of essential elements of effective interpersonal communications. The group translated these elements into health worker behaviors necessary for positively influencing patient compliance with health interventions. QAP is in the process of testing these communication standards, both for the feasibility of implementing them as performance norms and the impact they have on health outcomes.

QAP is prepared to promote quality assurance in micronutrient programs through the following services:

1. Quality assurance awareness seminars/workshops to reaffirm health workers' commitment to quality and to introduce methods for heightening program efficiency and effectiveness.
2. Technical support for clarification of program components and procedures, and the local adaptation of internationally accepted micronutrient program standards.
3. Support for skill-based clinical training and use of on-the-job reference materials or job-aids to promote knowledge of and compliance to standards.
4. Technical assistance for the design, conduct, and analysis of surveys to measure service quality, followed by support in the use of techniques for problem analysis and solution development and testing.
5. Technical support in disseminating quality assessment findings to relevant decision makers and guidance in planning program strengthening initiatives.
6. Guidance or operations research for strengthening management functions which support service delivery, such as supervision, record keeping, management information systems, and resource management.

By applying quality assurance methods, micronutrient program managers can maximize the efficiency and effectiveness of the *process* of delivering micronutrient services. Quality assurance methods help ensure that resources invested in micronutrient programs achieve maximum impact.



# Accessing Services

*Accessing the services of the  
Quality Assurance Project*



The Quality Assurance Project mandate is to introduce methods for improving the quality of existing health care programs. Project services complement micronutrient program implementation strategies conducted by ministries of health, private voluntary organizations, local non-governmental organizations, A.I.D. centrally-funded and bilateral projects, and other international donors. QAP is prepared to tailor the scope and nature of technical assistance to local needs.

The Quality Assurance Project is eager to discuss specific applications of quality improvement techniques to local micronutrient programs. Inquiries should be addressed to:

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Bethesda, Maryland 20814

Quality Assurance Project Officer  
Office of Health  
Bureau for Research and Development  
U.S. Agency for International Development  
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Host country program managers are invited to contact the local A.I.D. mission to access more information about the micronutrient support services provided by the Quality Assurance Project.