



Trip Report

GHAI/Quality of Care Meetings

November 23–November 27, 1998

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**Academy for Educational Development
Cooperative Agreement HRN-A-00-97-00007-00
Breastfeeding and Related Complementary Feeding and Maternal Nutrition**

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List of Acronyms

DISH	Delivery of Improved Services for Health
FPLM	Family Planning Logistics Management Project
GHAI	Greater Horn of Africa Initiative
QAP	Quality Assurance Project
REDSO/ESA	Regional Economic Development Services Office/East and Southern Africa



Executive Summary

Melinda Wilson of REDSO/ESA requested LINKAGES representation at a Quality of Care curriculum meeting that was held in Kampala from November 23 to November 25, 1998. REDSO is working with Makerere University on a Quality of Care course for African Quality of Care Network countries. The course will be held at Makerere and will bring together health professionals to develop Quality of Care skills to take back to their districts.

Through funding from the Greater Horn of African Initiative, LINKAGES could work with Makerere University on the nutrition elements of the course and provide a Nutrition Program Officer to work on the course and on other nutrition activities in the region. Another way that LINKAGES could assist in the course is by offering assistance in setting up a Quality of Care Center at the University. Anne McArthur, LINKAGES Program Officer for Africa, traveled to Kampala to attend the Quality of Care meeting and look into the possibilities of setting up the center.

November 23, 1998

November 23 was the first day of the Quality of Care curriculum meeting.

In the morning, I went with Linda Olemioyi of AVSC/Kenya and Alix Grubel of REDSO to Makerere University to see the space allocated by the University for the Quality of Care Center. The Physiology Department of Makerere kindly offered the four rooms and an outdoor classroom for the Quality of Care Center. We met with the Head of the Physiology Department to discuss possible uses for the rooms and the repairs that need to be done for the center to become functional. We went through the four rooms and the outdoor classroom and came up with a list on necessary repairs (see Annex B). The center will consist of one office for four program officers (including a program officer in nutrition and one in reproductive health), one office for the Director of the Quality of Care Course and Center, a reception area, one office for the course coordinator and another program officer, a resource/study room, and the outdoor classroom that could also double up as a conference center.

AVSC has already donated two computers and possibly a photocopier for the center. The center will need approximately three or four additional computers and some printers. Professor Francis Omaswa will serve as the Director of the Center. The Center will also need a secretary. REDSO has a candidate in mind for the Course Coordinator who will be available to start on January 15, 1999. LINKAGES would like to recruit a Program Officer for Nutrition to work out of the Center.

In the afternoon, I attended the second half of the Quality of Care meeting. There were representatives from REDSO, Makerere University, the Ministry of Health, AVSC, QAP, and Johns Hopkins University. The group conducted a detailed review of the curriculum program. A draft of the program can be found in Annex C.



November 24, 1998

November 24 was the second day of the quality of care meeting

In the morning, the participants discussed the format, organization of the different modules, and the health topics to be covered in the course. Once the curriculum is finalized, it will need to be approved by the University Senate.

The group also discussed the Quality of Care Center. Makerere University authorities confirmed that the University would be happy to have the center and the Vice-Chancellor of the University agreed to staff time for the center. The center will be under the Institute for Public Health.

As part of its mandate, the center would have program officers for different aspects of Quality of Care. Along with the Nutrition Program Officer that LINKAGES could pay for, AVSC is interested in having a Reproductive Health Program Officer. There is also the possibility of a Logistics Program Officer that could be financed through FPLM. The Program Officers could come from other countries within the Network and they could do yearly terms as Program Officers. There was some discussion on how CAs could pay for candidates who were government officials, which is an issue LINKAGES may have to address. There was also talk of a residency program where the center could take the top student from the Quality of Care course and offer that student a 2–3 year posting at the center.

The center will need a coordinator to help Professor Omaswa in setting up the course and who could also help monitor the physical work on the center. As previously mentioned, there is a candidate who will be in Kampala in January who could serve as a coordinator for the course. The assignment would be for 10 months. For the permanent coordinator, Makerere University will create the role and title.

There was also discussion on how the course and center will be promoted and how the center will network with other organizations outside of USAID. Several of the CA representatives mentioned developing a web site for the center and creating links through their project web sites. Another idea was to develop a brochure for the center and the course.

REDSO and Makerere would like to have the Quality of Care center ready to open in June 1999 as part of the Quality of Care conference to be held in Entebbe.

Later that afternoon, Alix Grubel and I met with two contractors and went over our list with them on possible improvements to the center.

November 25, 1998

Alix and I met again with the contractors in the morning to take measurements of the rooms. Representatives of the FPLM project also came by to look at the space.



That afternoon, Melinda Wilson, Linda Olemioyoi, Alix Grubel, and I went to the Botanical Gardens Hotel in Entebbe to look at conference site for the Quality of Care meeting planned for June 1999. We met with the hotel manager to go over conference space, number of participants and rates. There are exactly 150 spaces for the quality of care meeting. Melinda would like CAs to put together a list of Africans who we want to invite to the conference. The CAs will need to inform the USAID Missions on who we would like to have attend these meetings.

I also met with Melinda to discuss next steps for LINKAGES. Through GHAI, there is \$450,000 programmed for the Quality of Care center and the June meeting. There is an additional \$850,000 managed by John Dunlop as a follow-up on the decisions made in Asmara on GHAI Priority Areas I, II, and III. In 1998 an additional \$300,000 was added, \$150,000 will go toward the quality of care activities and the other \$150,000 will go to John Dunlop's priority area budget.

Melinda's priority is the regional center and quality of care activities. Minpac will be launched at the regional center. Melinda requested that LINKAGES prepare a memo highlighting what we would like to see in the curriculum, in the Quality of Care center as outlined in the amplified description (see Annex D), and at the June conference. She would also like us to brainstorm on how we plan to use the \$450,000 allocated to LINKAGES. We will need to attach a budget to this memo. LINKAGES will also want to consider who we would like to speak at the conference and what topics we would like to present.

Melinda and I discussed other ways that LINKAGES could be involved in the center. Could the center serve as an information hub for LINKAGES? There are also possibilities of information sharing on LINKAGES activities in Zambia and Madagascar. It may be a very good way for the future LINKAGES Zambia Resident Advisor to network with others in the region.

November 26, 1998

In the morning I met with Cheryl Lettenmaier of the DISH Project to review IEC activities.

Right now, all the IEC materials are being pretested. DISH is doing breastfeeding/infant feeding radio spots, posters, and a calendar. They are also doing a *Health Matters* on breastfeeding and infant feeding. *Health Matters* is a newsletter that is published in three languages and circulated in local newspapers. The breastfeeding/infant feeding *Health Matters* is being reviewed by Louise Sserunjogi. Once it is completed, Cheryl will fax LINKAGES a copy to review.

As part of their IEC campaign, DISH created a video series of 25-minute episodes called "Time to Change." The MOH has a video van that travels to villages and they show the videos. DISH would like to do one on breastfeeding, but there is no money available for it.

Cheryl showed me posters that are currently being pretested. There are three posters being pretested and one will be selected. The caption "There is no substitute for breastmilk" will be printed on the bottom of the poster. The same image would be used for the calendar. Cheryl also showed me the radio spots that



are also being pretested. She would welcome LINKAGES feedback that can be incorporated into the revised version.

Cheryl also gave me copies of DISH's cue cards messages. The messages appear on the back of the cue cards and on the front there is either a color photo or drawing. These cue cards have been reviewed by USAID, the Ministry of Health, Louise Sserunjogi of Makerere University, and DISH in-service trainers. The cue cards are more or less ready and again, she would welcome necessary changes.

On the subject of HIV and breastfeeding, Cheryl was able to give me several contacts. Right now, DISH recommends that every woman who wants to get pregnant should get tested before trying to become pregnant. If she is HIV-positive, then she is recommended not to get pregnant. Every woman who is HIV-negative and pregnant should protect herself while pregnant or breastfeeding. If she is positive and pregnant, they are recommending to stop breastfeeding at six months and then move on to cow's milk.

There are several people working on HIV and breastfeeding in Uganda. There is a UNICEF trial about to take place. UNICEF is currently doing a study on different hospitals that could partake in the AZT trials. To be chosen, the hospitals must have family planning services, HIV testing and counseling, and STD services. The woman in charge of this at UNICEF is Dr. Vivian von Steferghen. Kathy Watson of Straight Talk is working on IEC for HIV and for these trials.

Cheryl gave me a list of contacts for HIV and breastfeeding activities:

- Dr. Mukasa is very involved in HIV and breastfeeding.
- For the Vertical Transmission Project going on at Mulago Hospital, she suggested contacting Phillipa Musoke (541 004) and also Dr. Muro at the School of Obstetrics and Gynecology.
- Dr. Pius Okomg works for the AIDS Control Program and wrote the Ugandan policy on HIV and Breastfeeding. Dr. Elizabeth Madraa is the director of the AIDS Control Program.
- Case Western University (with Johns Hopkins University and Makerere) are working on AZT studies and Avera Pan (?) for pregnant women.
- Dorothy Achole is working on the Drug Access Project, also on AZT and Avera Pan (?)

In the evening, I met with Dr. Omaswa to further discuss the center and possible LINKAGES involvement in the center.

November 27, 1998

In the morning, I went to Makerere University to meet with Dr. Mukasa. We talked about current breastfeeding activities. Unfortunately there wasn't enough time to see the lactation center that Dr.



Mukasa developed at Mulago Hospital. We talked about breastfeeding and HIV and went briefly over some of the research currently going on at Mulago Hospital. The general recommendation in Uganda is that women should breastfeed if the mother doesn't know her HIV status. The majority of HIV+ women in Uganda breastfeed. The main breastfeeding problems in Uganda are the delay of initial breastfeeding, too many pre-lacteal feeds, and mothers starting complementary feeding at 3–4 months.

Later that morning, I went to USAID to meet with Jay Anderson. I spoke with Jay about LINKAGES HIV/breastfeeding activities in Zambia and gave him recent copies of Zambia trip reports and HIV/breastfeeding FAQ sheets. Jay mentioned that there's a new RFA coming out that will cover nutrition, child survival, and vertical transmission in Uganda. He couldn't really recommend anything right now because of the new RFA. Testing and counseling is quite advanced in Uganda. Through the DISH Project, the AIDS Information Center is installing testing and counseling in the districts. Jay was interested in recent studies that indicate that micronutrient supplementation could reduce the rate of vertical transmission.

Next Steps

There are several next steps for LINKAGES

- Review DISH IEC materials and provide feedback
- Review budget for renovations with LINKAGES management and financial staff
- Prepare a memo for Melinda Wilson on how LINKAGES will use GHAI money and attach a budget. This includes activities on fortified weaning foods, the Quality of Care center, and the June conference.

List of Contacts

Jay Anderson
USAID/Kampala
Health, Population, and Nutrition
42 Nakasero Road
Kampala, Uganda
Tel (256) 41 244 087

Cheryl Lettenmaier
DISH
Plot 20 Kawalya Kaggwa Close
Kampala, Uganda
Tel (256) 41 244 075

Gelasius Mukassa
Makerere Medical School
P O Box 7072
Kampala, Uganda
Tel (256) 41 531 875

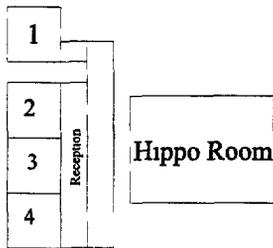
Linda Olemoiyoi
AVSC/Nairobi
Tel (254) 2 444 922
Fax (254) 2 441 774

Francis Omaswa
Makerere University
Kampala, Uganda
Tel (256) 42 20240

Melinda Wilson
Alix Grubel
REDSO/ESA
Nairobi Kenya
Tel (254) 2 75163
Fax (254) 2 751083



Annex B



Estimates for Quality of Care Centre at Makerere University

Room 1 = Resource centre/study lounge

Room 2 = Office for coordinator/program officers

Room 3 = Director's office

Room 4 = Office for Program officers

Hippo Room = Conference centre/class room

Room 4

Demolition

- Take down & cart away plyboard wall
- Take down & cart away hardwood shutters
- Take down & cart away blackboard
- Take down & cart away drying shelf
- Take out table
- Take out bookshelf

Strip formica and finish worktop

Brickwork

- 150 mm brickwork to cement monitor
- Plaster to brickwalling
- Three-coat plastic paint to brickwalling

Windows

- Take down & cart away hard wood window size 1660x1020 and good plaster to reveal Supply and fix aluminum sliding window

Refurbishment of door to include decoration, mortice lock, cylinder rim lock, door stop

Take down exterior hoodfan



Take out gas pipework and faucet

Room 3

Take down and cart away hardwood worktop size 3800x780x920mm

Take down and cart away hardwood worktop size 1990x780x920 mm

Plane existing hardwood bookshelf to approved

Windows

- 1) Take down and cart away hardwood window size 1550x1525mm make good plaster to reveals
- 2) Supply and fix aluminum sliding window size as above including glazing in one-way glass, burglar proofing

Refurbishment of door to include decoration, mortice lock, cylinder rim lock, door stop

Reception area

Demolition

Take out hardwood shutter

Plane, varnish hardwood bookshelf size 850x780x920 mm, ditto worktop size 1500x780x920 with no 10 cupboards below

Ditto size 2900 mm long, take out shelving under, make good joinery disturbed, convert into workstation

Windows

- 1) Take down and cart away hardwood window size 1550x1515mm make good plaster to reveals
- 2) Ditto size 810x1515 mm
- 3) Supply and fix aluminum sliding windows for both

Refurbishment of doors

- 1) Refurbishment of door to include decoration, mortice lock, cylinder rim lock, door stop (1000x2400 mm)
- 2) Allow for approved lockable steel grill size 1000x2400 mm

Take down gas pipework and faucet

Room 2



Demolition

Plane & varnish worktop size 3850x780x920 mm to approval Convert into 3 workstations

Refurbish worktop size 7420x780 mm to approval

Windows

- 1) Take down and cart away hardwood window size 1540 x 1520 mm to make good plaster to reveals
- 2) Ditto size 780x1515 mm
- 3) Supply and fix aluminum sliding window size as above
- 4) Ditto size 780x1515 mm

Refurbishment of door to include decoration, mortice lock, cylinder rim lock, door stop

Take down and cart away gas extraction hood size 1810x760 mm on plan and fan in blockwalling

Take down pipework and faucet

Room 1

Demolition

Take down and cart away 50 mm concrete worktop size 3580x780 mm, make good plasterwork disturbed

Refurbish hardwood worktop size 5380x780 mm wide in conversion into 3 workstations

Demolish bookshelf 5370 to bracketed to walling

Windows

- 1) Take down and cart away hardwood window size 1550x1525 mm make good plaster to reveals
- 2) Ditto size 780x1515mm
- 3) Supply and fix aluminum sliding windows size as above
- 4) Ditto size 780x1515mm

Refurbishment of door to include decoration, mortice lock, cylinder rim lock, door stop

Take out gas extraction hood size 1810x780 mm on plan and fan in blockwalling

Take out gas pipework and faucet



Roof allow for taking down all roof tiles for inspection of roof carpentry replacement of warped rafters, battens, fascias cleaning, re-laying of tiles

Toilet room

Take down and cart away door, replace mortice lock in hardwood

Ditto cylinder rim lock

Ditto S W G aluminum mosquito-proofing beaded to hardwood

Painting

Rub down, prepare, apply two coats of plastic emulsion paint to plastered walls internally

Ditto to plastered ceilings

Ditto externally

Hippo Room

Blockwalling

230 mm hollow blockwalling in cement mortar

Plaster to blockwalling internally and externally

Plastic emulsion paint ditto

Concrete work

100 mm concrete (mix 1 3 6) in floor slab

Concrete (mix 1 2 4) to ring beam

Allow for plugging vent holes in blockwalling

13 mm cement screed in floor finish

15 mm ditto in plaster to blockwalling

Decoration

Rub down, prepare and apply two coats of plastic emulsion paint to plastered walls internally and externally

Ditto but three coats

Roofs

Kajansi clay roofing tiling complete, all roof carpentry



Windows

Steel casement window size 1515x1515 mm complete including glazing and decoration to match

Doors

Steel casement door size 1000x1400mm complete with rebated lock
Allow for approved lockable steel grille size 1000x2400 mm, decoration

Ceilings

“Celotex” softboard ceiling finish to and including all brandering
Rub down prepare and apply two coats of plastic emulsion paint to softboard ceilings



Improving nutrition and reproductive health

Annex C

Draft curriculum program



Annex D

Amplified Description of REDSO/PHN Network Activities

AAU

MAKERERE UNIVERSITY
FACULTY OF MEDICINE
INSTITUTE OF PUBLIC HEALTH

**Proposed Programme for the Post-Graduate Diploma in
Quality Assurance (Improvement) of Health Services.**

October 1998

**PROPOSAL FOR A POST GRADUATE COURSE IN QUALITY OF CARE
AT MAKERERE UNIVERSITY, KAMPALA**

1 TITLE OF COURSE

POST GRADUATE DIPLOMA IN QUALITY OF HEALTH CARE

2 PREAMBLE

The sub-Sahara countries of Africa experienced a period of optimism during the decades preceding and immediately following independence when it was felt that improvement in all sectors was inevitable. Indeed some successes were recorded. This was followed by a phase of decline which, for a variety of reasons afflicted these countries and there was widespread deterioration including the health sector where health indices worsened and diseases which had been under control witnessed a recrudescence. Now, however, the emergence of another phase of a New Hope is visible in the horizon. In many parts of the continent there is talk of democratisation, empowerment, accountability and transparency. Some changes in that direction are actually on the ground in a number of countries.

In order to capture the opportunity presented by this new era it is important and urgent to recruit, prepare and mobilise the men and women who will manage the change for the better which is anticipated. This course is proposed is intended to do just that.

The Principles of Total Quality Management (TQM) were written up more than one hundred years ago. Their introduction into Japanese industry after the second world war is credited with the well known success of the Japanese. This management method has now become widely practised and is institutionalised in most health systems in developed countries. TQM aims at continuously improving services as they are in the process of being delivered through the pursuit of excellence at all times and results in a cultural transformation in the work habits of service providers. It will also help to forge a partnership with consumers and other stake holders in a common pursuit of improvements. It is the intention of this proposed course to bring the benefits of this management method to Africa as well.

The Ministry of Health in Uganda has been running a Quality Assurance Programme for the last five years which has now been established as a full fledged department in the new structure. A number of other countries in Africa notably Zambia, Ghana and Botswana have active programs and others are in the process of establishing programs. In 1994 the World Health Organisation Health Ministers Conference for Africa passed a resolution urging member countries to establish national Quality of care programs. Two conferences organised by WHO in Brazzaville and Lesotho in the past two years have further underlined the urgency of addressing the subject of Quality of Care and need to train leaders in the region.

The donor community and other NGOs are also backing this approach and have expressed the desire to have their own health care professionals trained. For example

The donor community and other NGOs are also backing this approach and have expressed the desire to have their own health care professionals trained. For example the World Bank sponsored the establishment of the Quality Assurance Department in the Ministry of Health. DANIDA sponsored the Zambian and Ghana programs. The United States Agency for International Development through the REDSO regional office in Nairobi has been particularly supportive. USAID have facilitated many activities over the last three years which have enabled exchange of experience and networking between African professionals and have facilitated in the sensitisation of political leaders on the topic. On top of this USAID has indicated willingness to support the introduction of this course at Makerere.

The availability of a market for this course is supported by the following evidence. All countries in the African region are in the process of starting Quality of Care programs but lack trained personnel and the same applies to the NGOs in the health sector. The Ministry of Health in partnership with Johns Hopkins University and The Quality Assurance Program in Washington has conducted a two week course annually in Jinja for the last two years. These courses have been oversubscribed. Participants to these two courses have expressed the desire for further training. Lastly, a needs assessment undertaken among participants to a conference of midlevel managers in Harare in June 1998 showed a positive response.

3 RESOURCES

3.1 Human Resources

The program will rely on existing manpower from the MOH (Quality Assurance Department), Institute of Public Health, Faculty of Medicine and Institute of Statistics and Applied Economics (See appendix). As this is an international course mentors will be appointed from countries where students will come from. Mentors will be senior health managers who will go through a mentoring course and will have qualifications which meet requirements for appointment as Honorary Lecturers of Makerere University.

3.2 Available Facilities

Lecture room space will be available at IPH and other departments of the Faculty of Medicine. The students will have access to the Albert Cook library, the IPH Learning Resource Centre, the Main Library and the Data Management Centre at IPH. Among the start up costs (mentioned in 3.3 below) there will be provision of relevant books on Quality Assurance to the resource centre. The students will also have access to electronic mail available at the IPH and Albert Cook library.

3 3 Funding Sources

The Ministry of Health and Makerere University will continue to meet the salaries of staff who will teach on this course - on top of their current assignments

USAID has already provided financial support for planning and curriculum development USAID has also pledged further support for program start up and administrative costs for the first three years

This will be an International Program capable of generating funds from fees for sustaining itself

4 PROGRAM OBJECTIVES

The overall goal is to produce Health Managers who possess the necessary knowledge, skills and attitudes to lead the pursuit and realisation of the highest standards and excellence in Health Service delivery

The graduates of this course will possess the necessary knowledge, skills and attitudes to be able to -

- a) Apply Total Quality Management to health services with emphasis on the following key package of interventions Malaria, Reproductive Health /Family Planning, Sexually Transmitted Diseases/Human Immune deficiency Virus, Integrated Management of Childhood Illnesses (IMCI) Nutrition, Tuberculosis accidents/emergencies and cervical cancer
- b) Effectively supervise health services
- c) Carry out Monitoring and Evaluation of health services
- d) Manage the process of developing disseminating and applying guidelines and standards
- e) Manage systems that mobilise generate conserve resources for health service delivery at the highest standard and excellence
- f) Identify quality gaps prioritise them and use problem solving approaches for cost-effective interventions
- g) Undertake Health Systems research

5 0 GENERAL REGULATIONS

The general regulations of the University relating to application procedures registration supervision progress reports and extension of registration shall apply

5 1 Program Management

- i) The authority of the curriculum is the Faculty of Medicine, Makerere University
- ii) The program will be executed on behalf of Makerere University by the Institute of Public Health and the Ministry of Health
- iii) The degree awarding authority shall be Makerere University
- iv) Academic Supervisors shall be Faculty and staff of the Faculty of Medicine Institute of Public Health and the Ministry of Health
- v) Local mentors shall be nominated among eminent practitioners in the trainees country who have the required academic qualifications for appointment as honorary lecturers of Makerere University They will undergo mentorship training

6 ADMISSION REQUIREMENTS

6 1 Target group

The course will be international for developing countries and will be conducted in the English language Candidates will be Middle and Senior Health Managers e.g National program managers (TB/Leprosy, AIDS/STD, Reproductive and child health etc), members of District Health Management Team (DHMT), Heads of NGO Health Care Institutions, In-charges of medical units\specialised units, and those from the Industrial and Manufacturing Sector

Such candidates will have positions in the health sector where they can do their field attachment or would have negotiated such a position before the course

6 2 Minimum qualifications

Bachelors degree or its equivalent from a recognised University in subjects relevant to this course

7 CURRICULUM

7 1 Duration

This course shall be offered over a duration of one academic year divided into 2 semesters

7 2 General Course Structure

- i) Modular curriculum with academic and field blocks
- ii) First semester will have a 3 month academic block during which Basic Principles of management Quality Assurance and Health Systems Research will be taught using relevant problem-sets to illustrate concepts
- iii) Trainees will be assigned academic supervisors early during the academic block to allow bonding
- iv) Field block assignments will consist of a work - based project The proposal for this project will be developed during the academic block by trainees under guidance of their supervisors, based on set course guidelines
- v) Trainees will return to their jobs for implementation of the projects for the remaining semester under guidance of assigned local mentors

7 3 Written Examination

The general examination regulations of Makerere University shall apply

Assessment of Courses

- (a) Every course is assessed on the basis of 100 total marks with proportions as follows -

Course work	-	40%
Written examination	-	60%
- (b) Course work consists of practical/laboratory work and progressive assessment (Assignments/Tests) each component assessed at 20%

7 4 Progression

Progression through the course is assessed in three parts

- i) Normal progress
This occurs when a student passes all courses taken
- ii) Probationary progress
This is a warning stage and occurs if -
 - a) A student fails a core/compulsory course, or
 - b) A student obtains a grade point average (GPA) or cumulative grade point average CGPA of less than 2.0

Probation is removed when either of the two conditions (a) or (b) no longer holds

Discontinuation

A student is discontinued from the program if one of the conditions below obtains -

Receiving two probations on the same core/compulsory course
Receiving two consecutive probations based on GPA or CGPA

Re-taking a course

There is no supplementary examination in any course of the program. However, a student may re-take any course when it is offered again -

- to pass it if the student had failed it before
- to improve the grade if the first pass grade was low
- a student who does not wish to retake a failed elective course is allowed to take a substitute elective

7.5 Award

The award of this Program shall be a Post Graduate Diploma in Quality Assurance (Improvement) of Health Services

76 Detailed Course Description
Program Syllabus

Management for Quality

SEMESTER I

MODULE I MANAGEMENT AND PLANNING

Course	LH	TH	PH	FH	CH	CU
DQA 611 Introduction to Planning and Management <i>Planning + Management</i>	15	2	38	-	36	
DQA 612 Human Resource Management	23	3	22	-	37	
DQA 613 Management of Financial & other resources <i>Resource Management</i>	15	14	16	-	38	

MODULE II QUALITY ASSURANCE IN HEALTH SERVICES

Course	LH	TH	PH	FH	CH	CU
DQA 621 Introduction to Quality	8	11	-	-	19	
DQA 622 Basic Principles of QA <i>Quality Management</i>	25	9	24	-	46	
DQA 623 QA Tools and Standards <i>Quality Management</i>	10	4	16	-	22	
DQA 624 Institutionalisation of Quality <i>Quality</i>	14	7	2	-	22	

MODULE III HEALTH SYSTEMS RESEARCH

Course	LH	TH	PH	FH	CH	CU
DQA 631 Foundation for Health Systems Research <i>Operations Research</i>	16	10	16	6	37	
DQA 632 Methods for Health Systems Research	27	24	18	-	60	
DQA 633 Proposal development for HSR	18	13	24	-	45	

SEMESTER II

Course	LH	TH	PH	FH	CH	CU
DQA 641 Field Attachment	-	5	20	180	75	
DQA 642 Work-based Project	-	5	20	180	75	
DQA 643 Project Report	-	5	120	30	75	

611 + 621 + 624
bring these 3 together

merge focus

3 courses
↓
MODULE I
1) 611, 621 + 624
2) 612 + 613
3) 622 + 623
Module II
Priority Health Issues

MODULE I MANAGEMENT MODULE FOR THE POST-GRADUATE DIPLOMA IN QUALITY HEALTH CARE

Module Objectives

By the end of the module the participants should be able to

- i Define, describe and apply the principles of planning and management
- ii Describe the managerial process and planning cycle
- iii Carry out planning, monitoring, and evaluation of health services
- iv Write a project and implement it (there is overlap with HRS Module)
- v Demonstrate skills involved in managing people and self in the working situation
- vi Prepare budgets and appreciate their value as part of the planning process and as a control mechanism
- vii Effectively and efficiently manage the available material resources
- viii Demonstrate awareness and effectively manage the process of making capital investments in health

COURSE DQA 611 INTRODUCTION TO PLANNING AND MANAGEMENT

Unit 1 Management, Learning Objectives

By the end of the unit participants should be able to

- i Define management and outline reasons for adopting different management approaches
- ii Describe the functions of management and the tools for effective management
- iii Define administration
- iv Explain the main features of administrative and management functions
- v Discuss MBO/ROM techniques and their influence on processes and systems
- vi Outline the principles of management and their application

Course Content

- i Definitions of management administration, leadership, MBO ROM (1LH)
- ii Management approaches and historical perspective (1LH)
- iii Fayol's principles of management (1LH 1TH 2PH)
- iv Management Functions planning, organizing, staffing, directing, control (1LH 1TH 2PH)
- v Skills through which managers exercise their functions decision-making, communication, co-ordination (1LH)

Time Summary 5LH + 2TH + 4PH

Unit 2 Planning

Learning Objectives

By the end of the unit participants should be able to

- I Define planning
- II Describe the theories of planning and outline the strengths and weaknesses of the approaches derived from these theories
- III Describe and explain the planning cycle
- IV Discuss each component of the planning cycle and the importance of each to ensure that the plan is implemented successfully
- V Prepare a plan of action for a health facility/organization or for a project
- VI Discuss the importance and sources of information for planning

Course Content

- I Definitions of planning Planning theories, rationalism, incremental and mixed scanning (1LH)
- II Situation analysis (1LH)
- III Problem identification (1LH 2PH)
- IV Setting priorities (1LH 2PH)
- V Setting goals objectives strategies and activities, resource identification and mobilization (4LH 30PH)
- VI Monitoring and evaluation plans (2LH)

Time Summary 10LH + 34PH = 27CH

COURSE DQA 612 HUMAN RESOURCES MANAGEMENT (37CH)

By the end of the course participants should be able to

- I Describe and explain theories and practice of organizations
- II Explain the relationship between organizational objectives and structures
- III Discuss the importance of job analysis and job descriptions in relation to achieving organizational objectives
- IV Describe the principles and processes of staff recruitment retention and development
- V Describe the characteristics and processes of effective management of teamwork in an organization
- VI Describe the principles behind the techniques of promoting job satisfaction and maintenance of a productive workforce

- vii Outline the tools and techniques available to the manager to project and maintain a good public image of the organization
- viii Demonstrate successful use of the following skills leadership delegation effective communication and co-ordination, support supervision, motivation management of change, management of conflict

Course Content

- i Organizational theory and practice (1LH)
- ii Organizational structures, organograms, spans of control (1LH, 2PH)
- iii Job analysis and job descriptions (2LH, 2PH)
- iv Group dynamics and interpersonal relations (3LH, 4PH)
- v Power, influence, authority and responsibility (1LH)
- vi Tools of HRM,
 - Leadership (1LH, 2PH)
 - Delegation (1LH)
 - Communication and co-ordination managing meetings (3LH 4PH)
 - Support supervision (1LH)
 - Training (2LH 4PH)
 - Motivation (2LH 1TH)
 - Personnel policies and practices, recruitment selection, performance appraisal, staff development (3LH, 2PH)
- vii Management of change (1LH)
- viii Management of conflict (1LH 2PH)
- ix Professional ethics (1LH 2TH)

Time Summary 23LH + 3TH + 22PH

COURSE DQA 613 MANAGEMENT OF FINANCIAL AND OTHER RESOURCES

Learning Objectives

By the end of the course participants should be able to

- i Describe the principles, approaches and steps in budgeting
- ii Discuss and apply the tools for effective and efficient management of finances
- iii Discuss the use of evaluation for "value-for-money" and audit in financial management
- iv Evaluate the effectiveness and feasibility of different methods of health financing
- v Prepare proposals on involving specified communities in contributing to health financing
- vi Discuss and apply the principles underlying good procurement practices and supply management
- vii Describe the tools and techniques used in procurement and supplies
- viii Describe and establish/maintain systems for the management and maintenance of - transport, equipment buildings

Course Content

- i Finance
 - Budgeting and financial control (2 LH 4 PH),
 - approached to budgeting zero-base, incremental
 - types of budgets line item project, program etc
 - Financial records ledgers cash books vote-books vouchers etc (2 TH, 2 PH)
 - Resource mobilisation (2 LH PH)
 - Cost containment and the recurrent cost problem (1 LH 2 TH)
 - Efficiency and effectiveness (1 LH 2 PH)
 - Equity (1LH 2 TH)
 - Accountability (2 TH)
- ii Other resources
 - Supplies management selection procurement distribution management of stores use (4 LH 4 TH)
 - Maintenance systems vehicles buildings equipment (2 LH 2 TH),
 - Management of transport (1LH 2 PH)

Time Summary 15LH + 14 TH + 16 PH

MODULE II QUALITY ASSURANCE IN HEALTH SERVICES

Module Objectives

By the end of this module, participants should be able to -

- i) Discuss issues affecting the quality of health services
- ii) Describe the concept of Total Quality Management
- iii) Describe the basic principles of Total Quality Management
- iv) Use common QA tools
- v) Apply facilitative and effective supervision techniques
- vi) Develop and present a Quality Improvement plan

COURSE DQA 621 INTRODUCTION TO QUALITY

Unit 1 Introduction

Learning Objectives

By the end of this unit, participants should be able to -

- i) Discuss Quality and its components
- ii) Appreciate the role of Quality in Health Services delivery
- iii) Distinguish between good and poor quality health services
- iv) Discuss factors affecting the Quality of health services

Course Content

- i Definitions of Quality (1 LH)
- ii Components of Quality and their Indicators (2 LH, 5 TH)
- iii Factors affecting Quality of Health Services (1 LH 4 TH)
(Summary 4 LH 9 TH)

Unit 2 Quality Assurance Philosophy

Learning Objectives

By the end of this unit participants should be able to -

- i) Explain the origins and history of Total Quality Management (TQM)
- ii) Discuss the role of Quality Assurance as a management method
- iii) Appreciate the role of Quality Assurance in the continuous improvement of health services

Course Content

- i Origins of Total Quality Management (1 LH)
 - ii Quality Assurance as a management method (2 LH)
 - iii Application of Quality Assurance as a management method in health services (1 LH, 2 TH)
- (Summary of Total hours 4 LH, 2 TH)

COURSE DQA 622 BASIC PRINCIPLES OF QUALITY ASSURANCE

Overall Learning Objectives

By the end of this unit participants will be able to discuss basic principles of Quality Improvement

Unit 1 Meeting the Needs of the Clients

Learning Objective

By the end of this unit, participants should be able to -

- i) Define the different clients in health care
- ii) Describe the relationship between health providers and their clients
- iii) Explain the changing roles of the provider and the clients
- iv) Discuss the concept of health needs
- v) Define the concept of the Essential Health Package (E H P)

Course Content

- i Types of clients in health services and their respective roles (1 LH)
- ii Needs of the clients in health services (2 LH 4 PH)
- iii The concept of Burden of disease (2 LH 4 PH)
- iv The concept of the Essential Health Package (2 LH, 4 PH)

Unit 2 Focusing on Systems and Processes

By the end of this unit participants should be able to -

- i) Define processes and systems
- ii) Flow Chart processes in systems
- iii) Explain the role of processes in Quality Improvement
- iv) Describe tools used in analysis of processes

Course Content

- i Definitions of processes and systems (1 LH, 1 TH)
- ii The Systems Model (1 LH, 2 PH)
- iii Flow Charting (2 LH, 2 PH)
- iv Introduction to analytical tools (1 LH)
- v Quality Design and re-engineering (1 LH, 1 TH, 4 PH)

Unit 3 The Role of Data in Quality Improvement

Learning Objectives

By the end of this unit, participants should be able to -

- i) Explain the importance of data in Health Services
- ii) Discuss the sources of data in Health Services
- iii) Explain the role of data in decision making
- iv) List the statistical tools used for data analysis and presentation

Course Content

- i Sources of data and methods of data collection in Health Services (1 LH)
- ii Application of data to Quality Improvement (2 LH, 2 TH)

Unit 4 The Use of Teams in Quality Improvement

Learning Objectives

By the end of this unit the participants will be able to -

- i) Define a team
- ii) Explain the importance of team work in Quality Improvement
- iii) Describe the stages in team development
- iv) Discuss the qualities of a good team

Course Content

- i Team building and maintenance (1 LH)
- ii Qualities of an effective team (1 LH, 1TH)

- iii Team Skill Development exercises
 - Red Bead game (2 PH)
 - The broken square game (2 PH)

Unit 5 Quality Improvement through better Communication

Learning Objectives

By the end of this unit the students should be able to -

- i) Define communication
- ii) Describe the communication process
- iii) Describe the qualities of effective communication
- iv) Discuss barriers to effective communication
- v) Discuss the role of communication in conflict resolution and managing change

Course Content

- i The Communication Process (1 LH)
- ii Barriers to effective communication (1 LH, 1 TH)
- iii Provider - Client communication (1 LH, 1 TH)
- iv Communication within the Health System (1 LH)
- v Communication between Health system and the community (1 LH - 1 TH)
- vi Conflict resolution (1 LH 1 TH)
- vii Management of change (1 LH 1 TH)

COURSE DQA 623 TOOLS AND STANDARDS

Unit 1 Quality Improvement Tools

Learning Objectives

By the end of the unit participants should be able to

- i) Discuss the different Quality Improvement Tools and their types
- ii) Apply the QI tools in problem solving and health services improvement
- iii) Use the Quality - Problem solving cycle

Course Content

- i Analytical tools
 - brain storming (1 LH 1 TH)
 - cause effective diagram (1 LH, 2 PH)
 - flow charts (1 LH 2 PH)
 - systems model (1LH, 2 PH)
 - checklists (1 LH, 1 TH)
- ii Statistical tools
 - questionnaires (1 LH)
 - line graphs, histograms bar graphs & pie charts (1 LH, 2 PH)
 - pareto and scatter diagram (1 LH, 2 PH), etc
- iii The Quality Improvement cycle (1 LH, 2 TH, 4 PH)

Unit 2 Standards

Learning Objectives

By the end of this unit, the participants should be able to

- i) define standards and describe their characteristics
- ii) Discuss common examples of standards used in health services
- iii) Develop, disseminate and use standards for improvement of health services

Course Content

- i Definitions types and characteristics of standards (1 LH, 1 TH)
- ii Development of standards (2 LH 1 TH 2 PH)
- iii Dissemination of standards (1 LH)
- iv Application of standards (1 LH)
- v Monitoring of Standards (1 LH)

Unit 3 Costs and Quality

Learning Objectives

By the end of this unit participants should be able to -

- i) Appreciate how the quality of health services can be improved using the existing resources
- ii) Discuss visible and invisible costs of poor quality

Course Content

- i Cost and quality of health services (1 LH 1 TH)
- ii Visible and invisible costs of poor quality (1 LH 2 TH)
- iii Rational use of existing resources (1 LH 2 TH)

COURSE DQA 624 INSTITUTIONALISATION OF QUALITY

Learning Objectives

By the end of this course the students will be able to -

- i) Describe the concept of Institutionalisation of Quality Assurance management methods in the Health Services
- ii) Discuss and apply the strategies for achieving institutionalisation and sustainability

Course Content

- i Definition of Institutionalisation (1 LH)
- ii The meaning of and strategies for sustainability (1 LH)
- iii Mobilisation of political professional and community will for quality improvement (1 LH 2 TH)
- iv Examples of successful quality improvement in Health Services
- v The global perspective of the Quality Improvement movement (1 LH)

MODULE III HEALTH SYSTEMS RESEARCH

Courses

COURSE DQA 631 FOUNDATIONS FOR HEALTH SYSTEMS RESEARCH

Learning Objectives

By the end of this course the participants should be able to

- i) Understand the principles and different types of research
- ii) Describe what health systems research is and understand its contribution in solving priority problems in health
- iii) Describe the types of information needed for decision - making in the health system and the contribution various disciplines can make in providing it
- iv) Have a basic understanding of epidemiologic concepts necessary for health systems research
- v) Have a basic understanding of statistical concepts necessary for health systems research

Course Content

- 1 Introduction to Health Systems research (2 LH)
 - what is HSR
 - types of research
 - information needed for decision making
- 2 Introductory Epidemiology (2 LH 2 PH)
 - definition uses and classification of epidemiology
 - sequence of epidemiologic reasoning
 - sources of epidemiologic data needed for decision making
- 3 Measurement Epidemiology (4 LH 2 TH 4 PH)
 - rates ratios and proportions
 - numerators and denominators
 - measures of morbidity and mortality
 - definition of variables and attributes
 - important epidemiologic and service variables
- 4 Descriptive Statistics (3 LH 4 TH 4 PH, 6 FH)
 - definition and uses of statistics
 - description of population hierarchy (Reference Population, Target population and Actual study population)
 - sampling methods
 - sample size estimation

- 5 Inferential Statistics (5LH 4 TH 6 PH)
- contingency tables
- hypothesis testing
- estimation (95% confidence interval)
- derivation of causal inference

(Summary of Total Hours 16 LH 10TH, 16PH, 6FH = 37CH)

COURSE DQA 632 METHODS FOR HEALTH SYSTEMS RESEARCH

Course Content

Unit 1 Quantitative Methods

- i Study designs - descriptive (1 LH 1 TH)
- analytical (1 LH, 1 TH)
- experimental (1 LH, 1 TH)
- ii Tools for Quantitative data collection
- structured questionnaires (2 LH, 4 TH)
- iii Data collection techniques (1 LH 2 TH)
- interviews
- measurements
- iv Analysis of Quantitative data (2 LH 3 TH)
- v Interpretation and Presentation (3 LH 4 TH)

Unit 2 Qualitative Methods (6 LH, 8 TH)

- 1 Study types and design
- focus group
- key informal interview
- ethnographic surveys
- rapid appraisal methods
- 2 Review of documents
- 3 Tools for qualitative research
- focus group descriptive guides
- observation check lists
- key informat guides
- 4 Data collection techniques
- interviews

- 5 Analysis of Qualitative data
- 6 Interpretation and presentation

Unit 3 Dissemination

- Report writing
 - Dissemination workshops
 - Publications
 - Briefs and memoranda
 - Abstracts
 - Presentation and communication techniques
- (3 LH, 8 PH)

Unit 4 Methods for Evaluation Studies (7 LH, 8 PH)

- 1 Modes of evaluation
- 2 Evaluation design (experimental quasi-experimental, before - after, systems model) 2 LH
- 3 Data collection techniques
- 4 Analysis interpretation and presentation (2 LH, 8 PH)

(Summary of Total Hours 27LH 24TH 18PH = 60CH)

COURSE DQA 633 PROPOSAL DEVELOPMENT FOR HEALTH SYSTEM RESEARCH

Learning Objectives

- a) By the end of this course the participants should be able to prepare a health systems research proposal by completing the following steps -
 - i) Problem identification
 - ii) Statement of the problem (Problem Statement)
 - iii) Review of literature and other available information
 - iv) Formulation of research objectives and hypothesis
 - v) Development of an appropriate research methodology
 - vi) Understanding the requirements for ethical and technical review of research proposal
- b) Prepare and present a critical review of published research
- c) Organise and implement a HSR study

Course Content

- i Planning Research Project (4 LH 4 TH, 8 PH)
 - format of a research proposal
 - identification and prioritization of a research problem
 - analysis and statement of the problem
 - definition of the research objectives
 - formulation of the research hypothesis
 - justification of the study
 - conceptual frame work
- ii Reviewing the literature (4 LH 7 TH 8 HP)
 - critical appraisal of published literature
 - conducting a literature search
 - referencing/citation of literature
 - writing a background and justification of a study
 - writing a literature review
- iii Selection of an Appropriate Methodology (4 LH, 4 TH, 4 PH)
 - definition of study population and study unit
 - definition of sampling frame and sampling units
 - selection of appropriate sampling method
 - estimation of sample size

- selection of appropriate methods

iv Organisation and Implementation of the study (6 LH, 2 TH)

- budgeting (1 LH + 1 TH)

- scheduling (1 LH)

- acquisition of resources (1 LH, 1 TH)

- training of personnel (1 LH)

- pilot (1 LH)

- ethical and technical review process (1 LH)

Summary of Hours

18 LH)

17 TH) 45 contact hours

20 PH)

MODULE IV PRIORITY AREAS

During the first Semester participants will be required to undertake at least two course units selected from the following package of key interventions

- Malaria
- Reproductive Health/Family Planning
- Sexually Transmitted Diseases/Human Immune deficiency Virus
- Integrated Management of Childhood Illnesses (IMCI)
- Nutrition
- Tuberculosis
- Accidents/emergencies
- Cervical Cancer

The field based component of the course will as much as possible be drawn from one of these topics

APPENDIX 1 STAFF AVAILABLE TO TEACH ON THE COURSE

NAMES	POSITION	AREA OF SPECIALISATION	QUALIFICATIONS
INSTITUTE OF PUBLIC HEALTH STAFF			
1 Dr Fred Wabwire-Mangen	Senior Lecturer	Epidemiology, CDC, Research Methodology	MBChB, DTM&H, MPH, PhD
2 Dr E Katabira	Senior Lecturer	Research Methodology/AIDS	MBChB, M Med MSc,
3 Dr C Zirabmuzaale	Senior Lecturer	Population & Family Health	MBChB, DPH, MPH
4 Dr Olico-Okui	Lecturer	Primary Health Care	MBChB, DPH, MSc
5 Dr S O Bane	Lecturer	Public Health & Tropical Medicine	MBChB, DTM&H, MPH
6 Mr N T Mbona	Assistant Lecturer	Biostatistics	B Stat, MA (Demo) MSc
7 Mr S Kasasa	Assistant Lecturer	Biostatistics	B Stat
8 Dr Murru Maurizio	Visiting Lecturer	Health Management	MD, MPH
9 Dr George W Pariyo	MPH Field Co-ordinator	Health Systems Management	MBChB, Msc, Cert MDHS

MINISTRY OF HEALTH STAFF			
1 Prof F G Omaswa	Head QAP/Chief Surgeon	Total Quality Management (TQM)/Surgery	MBChB, Med, FRCS Cert inQA
2 Dr H G Mwebesa	Ag Principle Medical Officer	TQM/Health Planning & Management	MBChB MPH, Cert in QA
3 Dr O C Kobusigye	Medical Officer Special Grade	TQM/Suregey	MBChB, M Med, MPH, MSc
4 Dr V C Ojome	Commissioner Health Services (Training), Senior Consultant Paed	TQM/Paediatrics	MBChB, M Med
5 Prof E M Kajuka	Commissioner Health Services MCH/FP	TQM/Reproductive Health	MBChB, MPH, Cert in QA
6 Dr G Magumba	Deputy Director of District Health Services	TQM/Health Planning & Management	MBChB, M Med (PH), Cert in QA
7 Dr J S Nsungwa	Ag Program Manager IMCI	IMCI/Paediatrics	MBChB M Med

Dr G Mukasa → child health/nutrition

Louise Sserunjogi → nutrition

Jessica Jitta

**BUDGET PROPOSAL FOR POST-GRADUATE DIPLOMA IN QUALITY
ASSUARANCE OF HEALTH SERVICES (IN US \$)
(1999/2000 - 2001/2002)**

A. INCOME

1 REVENUE TO BE GENERATED BY THE PROGRAMME

Year	No. of students	Amount /student/year	Total
1999/2000	15	US \$600	\$ 9,000
2000/2001	15	US \$600	\$ 9,000
2001/2002	15	US \$600	\$ 9,000

2. DONOR FUNDS

Quality Assurance Budget proposal

26 October 1998

Expense Category	Quantity	Line Item	Unit cost	1999/00			99-00	00-01	00-02
				Total Yr 1	Total Yr 2	Total Yr 3			
1 Academic costs		Capital expenses		42,040	10,000	-			
		Books & journals					10 000	10 000	-
	2	Over head projector	990				1 980	-	-
	2	Slide projector	1 000				2 000	-	-
	1	Video set (TV & deck)					1 080	-	-
	1	White board					300	-	-
	1	LCD Projector	8 000				8 000	-	-
	8	Computers (compaq Desktop)	1 800				14 400	-	-
	2	Printer	1 000				2 000	-	-
	4	UPS	395				1 580	-	-
Classroom furniture	20	Chairs	15				300	-	-
	8	Desks	50				400	-	-
		Recurrent expenses		10,194	10,194	10,194			
	15	University fees	600				9 000	9 000	9 000
	20	Teaching staff allowances					-	-	-
		Consultants					-	-	-
		Invigilation and marking					-	-	-
Teaching materials	20	Boxes of chalk	2				40	40	40
	40	Flip charts	9				360	360	360
	24	Dozens of Markers	5				120	120	120
	10	Pkts of transparencies	60				600	600	600
	12	Dozens of Manilla paper	2				24	24	24
	5	Pkts of white board markers	10				50	50	50
2. Program Running costs		Capital expenses		54,577	-	-			
	1	4*4 Suzuki Vitara					18 000	-	-
Set up of Q A Center -IPH	4	Filing cabinet	250				1 000	-	-
Office furniture	1	Metallic cupboard	250				250	-	-
	2	Executive desks	1 550				3,100	-	-
	3	Executive chairs	540				1 620	-	-
	6	easy chairs	116				696	-	-
	2	Sofa sets	1 925				3 850	-	-
	2	Book shelves	310				320	-	-
	1	secretarial chair	165				165	-	-
Office equipment	2	Computers(desktop)	1 800				3 600	-	-
	2	Pnnters (HP 6P)	1 000				2 000	-	-
		Computer accessones							
	1	Photocopier (Xerox model 5845)					18 000	-	-
	1	Fax Machine					1 000	-	-
	1	Paper Shredder					280	-	-
	1	Spiral binder					696	-	-

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Quality Assurance Budget proposal

26 October 1998

		Recurrent expenses		22,850	21,850	20,850			
		Support staff allowances	1				-	-	-
		Stationary					3 000	3,000	3,000
Vehicle operation & maintenance	3000 lts	Fuel (10l*22*12mths)	1				3 000	3 000	3 000
		servicing (10%)					300	300	300
		Repairs 15%					450	450	450
		Tyres (replaced once a year)	150				1 200	1 200	1 200
Communication		Tel & Fax (\$100 per mth)					1 200	1 200	1 200
		Internet (\$100 per mth)					1 200	1 200	1 200
		Postages (Including courier)					500	500	500
		Office expenses (utilities teas cleaning)					2 000	2 000	2,000
		Equipment servicing					2 000	2 000	2 000
		Import Handling & taxes					6 000	5 000	4 000
		Financial services & bank charges					2 000	2 000	2 000
3 Field costs		Capital expenses		28,000					
		1 Minibus 14 Seater					28 000	-	-
		Recurrent expenses							
		Allowances for field mentors							
		Site visits & supervision							
		Mentors training workshops							
Total RF Budget				157 661	42 044	31,044	157,661	42,044	31,044



Annex D

Amplified Description of REDSO/PHN Network Activities

Amplified Description of REDSO/PHN Network Activities

Regional Centre for Quality of Care, Makerere University: A Proposal for the Africanization of the Quality of Care Network to Improve Reproductive and Child Health

July 6th, 1998 (M Wilson)

Introduction and Background:

For the past two years, REDSO PHN, has been working closely with Network partners and leaders in the region to improve the quality of reproductive and child health care. Based entirely on the "reengineering guidance" from AID's management bureau, and utilizing the principles underlying customer surveys, joint planning and programming, participatory decision making, and consensus building, a strong but informal Network is in place. To foster African ownership, through the review and utilization of lessons learned in Africa and capacity building activities, a series of events have taken place with detailed attention to follow-up actions.

One of the most widely recognized results of the networking process is the emergence of strong African leaders in the region, many of whom are Ugandans and affiliated with the Ministry of Health and/or Makerere University in Kampala. Leadership is, of course, not limited to Ugandans. Virtually all of the countries which have participated in the Network offer outstanding, committed leadership, Zambia, Tanzania, Mozambique, Zimbabwe, Ethiopia, and Eritrea to name a few.

Through an iterative process using consensus building at venues throughout the region, (Nanyuki Kenya x 2, Mombasa, Nairobi, Asmara, and Harare) many African partners, leaders from the Africa and Global Bureaus, USAID Missions, other donors (eg UNICEF, DFID), and REDSO PHN staff have identified a set of priority topics and interventions which have evidence of being, and are collectively believed to be, most likely improve quality of care in the region.

The priority topics are

- Standards and Guidelines
- Innovative Training
- Logistic Support
- Facilitative Supervision
- Quality Assurance
- Cost and Quality

It was also recognized that these topics in and of themselves will not necessarily reduce maternal and child morbidity and mortality, the desired outcome of improved quality of care unless they are coupled with effective interventions in reproductive and child health. The interventions identified by the Network partners, currently include

- Promotion of dual protection (against HIV/AIDS/STIs/unwanted pregnancy)
- Prevention and case management of STIs
- Emergency Contraception
- Postabortion Care, and
- Screening and case management of cervical cancer

The technical interventions for child health as agreed to by the Network partners currently include

- Prevention and case management of malaria
- Promotion of the minimum package to improve maternal and child nutrition (Exclusive breastfeeding for about 6 months, adequate complementary feeding from 6 to 24 months with continued breastfeeding for at least 24 months, nutritional care of sick and severely malnourished children, adequate intake of vitamin A, adequate intake of iron, regular use of iodized salt, plus feeding and nutrition counselling, malaria prophylaxis, anti-helminthics, and child spacing)
- Fortification and supplementation
- Promotion of appropriate ways for introducing, implementing, and sustaining IMCI
- Community and home management of childhood illness

Current Status of Network Activities:

REDSO/PHN currently funds Quality of Care (QoC) activities in the region utilizing the financial mechanisms and technical expertise of Global Bureau results packages (projects) operated by cooperating, US-based, agencies. While it is desirable to maintain this successful partnership, it is envisaged that there will be a proportional shift from the current level of REDSO resources funding activities implemented by CAs, to a local African institution, the newly formed Regional Centre for Quality of Care, housed jointly within the School of Medicine and the Institute of Public Health at Makerere University in Kampala.

Activities supporting the priority focus areas and interventions include

Regional review and planning meetings, seminars, and conferences designed to share and expand lessons learned in the region, enhance capacity building to promote and implement effective interventions, and to promote African *regionalism* in the promotion of improving quality of care.

Examples of these events designed and implemented by REDSO's QoC Network include

- The joint planning and programming meeting to set the agenda for quality of care held in Nanyuki, September 1996 (60 participants, 8 countries)
- The joint planning and programming meeting to determine specific priority interventions as the focus of the Urban Initiative in Nairobi, January 1997 (20 participants, 3 countries)
- The regional conference on the identification, sharing, adaptation, and expansion of

“better practices” in the six priority focus areas for improving the quality of reproductive and child health in May, 1997 (170 participants, 16

countries)

- The joint planning and programming meeting to set the agenda for nutrition in the GHAI and to set REDSO’s nutrition priorities for the region as a whole, Nanyuki, October 1997 (50 participants, NGOs, Missions, Africa and Global Bureaus)
- The joint planning meeting to determine the umbrella workplan for the GHAI and the region as a whole for nutrition (and food security for the GHAI), Asmara, March 1998 (60 participants, 8 countries)
- The Standards and Guidelines invitational seminar to review standards and guidelines for priority reproductive health interventions (dual protection, management of STIs, emergency contraception, postabortion care, screening for cervical cancer) and plan for expansion/improvements, Harare, June 1998 (110 participants, 10 countries)

Three events are planned for the second half of 1998 and first half of 1999 These are 1) a regional meeting to be held in Arusha, which will include site visits to examine specific successes in facilitative supervision in the region 2) two sub-regional meetings on guidelines and standards for operationalizing the improvement of case management of malaria, and 3) the sharing of lessons learned which will enhance ways of initiating and expanding the use of the regional minimum package for improving maternal nutrition.

Country specific follow-up activities are jointly planned in close coordination with USAID missions and African institutions, primarily Ministries of Health These activities are those determined by individuals and country teams at the regional review meetings as priorities They are known in the Network as “country plans”, “next steps”, or “to do lists” Activities typically include actions which will promote, expand, adapt, initiate or improve the priority focus areas or interventions by taking them a step further an improvement in quality of care

There are numerous examples of these activities ranging from holding “in-country” meetings to disseminate proceedings of the regional meetings, to study tours, follow-on workshops, national statements on improving quality of care, development of monitoring systems to improve aspects of quality of care, adaptation of materials which improve quality of care from one topic area to another, the further identification and expansion of “better practices” from lessons learned, development of quality improvement units and/or strategic plans at the national level for quality of care, USAID mission inclusion of quality of care and related topics in their strategic plans, and many more

Regional education and training to improve quality of care is ongoing primarily under the leadership of the Ugandan Network partners At the priority setting meeting for QoC in Nanyuki, September, 1996, participants called for a short course in foundations of quality improvement REDSO and the Ugandans from the MOH and Makerere University with close partnership and technical assistance from one of Global bureau’s cooperating agencies designed and implemented a course on foundations The first course which received considerable support from REDSO was delivered in Jinja, Uganda in March 1997 Since then there has been

considerable regional demand and support from USAID missions, WHO, CRHCS and many others, and the Ugandan team, with experts from elsewhere in the region, has continued to offer this course with very limited REDSO support. The short-term course is planned to be offered in rotating sites around the region beginning in 1999.

Based on the demand for this course and its success, the Network is pursuing the initiation of a higher diploma course and possibly a Master of Science in Quality of Care geared to the unique needs of sub-Saharan Africa. The School of Medicine and the Institute of Public Health, guided and supported by the Regional Centre for Quality of Care at Makerere are in the process of designing a diploma course with the capacity to expand to an MSc in Quality of Care. It is envisaged that the course will provide intensive training on site at Makerere for a three month period focusing on effective intervention-specific modules. Students will then use distance learning methods and will be guided by a Makerere affiliated mentor in his or her country as they learn to improve quality of care within the context of their own jobs and professions.

REDSO and its CA Network partners are expected to be involved in the facilitation of the design and funding of this initiative. A task force is in place and a series of small planning meetings have forged the way for further development. Intake for the first diploma class is expected to be in January, 2000.

Advocacy, Materials Development, Documentation and Dissemination make up an important piece of the QoC Network activities. It is recognized that to improve quality of care, the improvement of the delivery of effective interventions is critical. Sub-Saharan Africa has unique and overwhelming problems which can effectively be addressed by improving the quality of interventions delivered. At the top of the list of problems are the AIDS pandemic and the endemic state of malaria. The Quality of Care Network is focusing attention on these problems (and others) by offering feasible solutions through the understanding of "better practices" from lessons learned within the region and from disseminating cutting edge, appropriate technology from lessons learned around the world. Materials have been developed promoting "no missed opportunities" for the promotion of dual protection (condoms) and for the adaptation of quality assurance tools from reproductive health interventions as they pertain to child health interventions. Documentation is underway for a compendium of "better practices" developed and institutionalized in Africa. Calendars promoting the Network priorities and posters promoting better practices are examples of materials produced by the Network partners in response to Network priorities.

Support activities for the Quality of Care Network include the establishment of a QoC taskforce which guides regional direction and monitors activities in compliance with the plans established at the "better practice" meeting in Mombasa (1997). This taskforce includes members from several ministries of health (currently Zimbabwe, Zambia, Eritrea, and Uganda) and staff from REDSO, WHO, and CRHCS. The chair of the taskforce and the leadership strength comes from Uganda's Ministry of Health. Excellent working relations have been well established by the chair and numerous members of the Network. An NGO has also recently been established through the energy of several Network members who have legally registered the

“Association for Quality of Health Care Improvement in Africa” (AQUA) This NGO is expected to work as an arm of the Centre for Quality of Care providing an opportunity to many Africans to participate as consultants or to establish small projects within the region under the umbrella of AQUA

The Proposed Regional Centre: Mandate and Activities

The Regional Centre for Quality of Care will be the heart of regional networking activities, essentially taking over the role that REDSO is currently playing. The mandate is one of capacity building within the region to strengthen Network focus area priorities and effective reproductive and child health interventions through the activities described above. Lessons learned will be drawn from the region and disseminated in the promotion of quality improvement of reproductive and child health. The role of the centre will be facilitative and catalytic. It will encourage others throughout the region to implement the jointly planned priorities in terms of focus areas and interventions. The centre will provide strong guidance for education, training, advocacy, and materials development activities.

Staffing Through REDSO assistance, the regional centre will be staffed by a Director (currently the Chair of the QoC Network Taskforce and voluntary director of the centre), a Senior Technical Advisor, two Program Associates, and a Secretary. Staff will be drawn from the region. Complementing the centre staff are a host of experts in reproductive and child health currently on the faculty of the School of Medicine and Institute of Public Health who interact on a daily basis with the centre staff. Considerable synergy is continued to be expected among the faculty at Makerere, the Centre, and the Ministry of Health in Uganda, which puts the Centre in a unique position in the region as the African home for institutionalizing Quality of Care Network activities.