

Integrating Quality Improvement in All Levels of the Ugandan Health System

Anthony Musisi Kyayise and [Nigel Livesley](#)
Health Care Improvement Project
University Research Co., LLC.
ISQUA Conference 2009



- Population: 32 million
- GDP per capita: \$1100 (210th highest)
- Live on less than \$1/day: 35%
- Life expectancy: 52 (200th highest)
- IMR: 98 (33rd highest)

USAID HEALTH CARE IMPROVEMENT PROJECT

Level	Roles and responsibilities	Facilities
Central	Policy and guideline formulation Standard setting Health information Resource allocation	National referral hospitals
Regional	Service delivery	Regional referral hospitals
District	Resource allocation Human resources Service delivery	General hospitals
Sub-District	Service delivery	Health centres

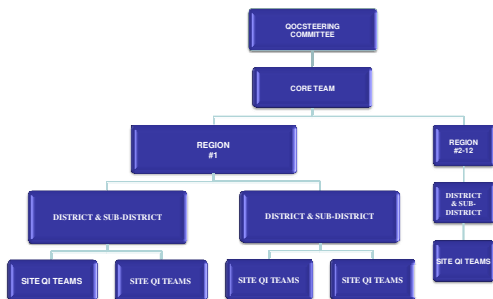
USAID HEALTH CARE IMPROVEMENT PROJECT

National antiretroviral therapy program

- **Initiated by Central MoH in 2004**
 - Developed treatment guidelines
 - Accredited sites to provide ART
 - Trained facility level staff
 - Provided direct supervision to facilities
- **Rapid expansion**
 - Approximately 350 facilities accredited to dispense ART
 - Approximately 170,000 people on ART
- **Quality of Care Initiative for HIV founded by the MoH and HCI in 2005**
 - Improve care for people living with HIV
 - Build capacity in the MoH to implement a QI program

USAID HEALTH CARE IMPROVEMENT PROJECT

Quality of Care Initiative



USAID HEALTH CARE IMPROVEMENT PROJECT

Level	HCI Support
Central	Fund QoC Coordinator Train and support Central staff to act as QI coaches
Regional	Train and support Regional staff to act as QI coaches
District	Train and support District staff to act as QI coaches
Health Facility	Train staff in QI methods Provide regular coaching to facility teams

USAID HEALTH CARE IMPROVEMENT PROJECT

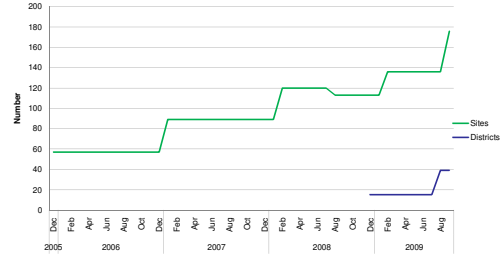
HCI activities

- **Classroom training**
 - 2-3 days training in quality improvement methods
 - Focusing on systems and processes
 - Teamwork
 - Client focus
 - Using data to manage
 - Making changes
 - 5 day training in HIV for District managers
- **On-site support**
 - Monthly coaching visits to help facility based teams improve the care they provide
 - Improve communication within the system
 - Address stock-outs and HR issues
- **Peer to peer learning**
 - Bringing facilities together to learn from each other

USAID HEALTH CARE IMPROVEMENT PROJECT

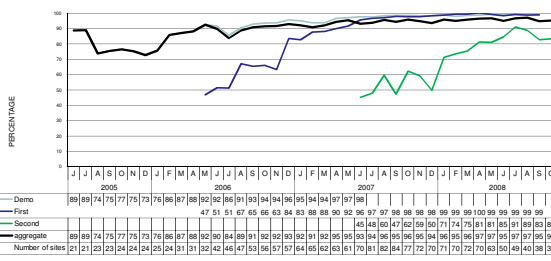
QoC Initiative

Number of facilities and districts supported over time



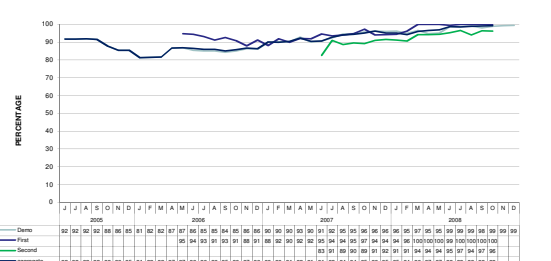
USAID HEALTH CARE IMPROVEMENT PROJECT

% of HIV+ patients assessed for active TB at last clinic visit



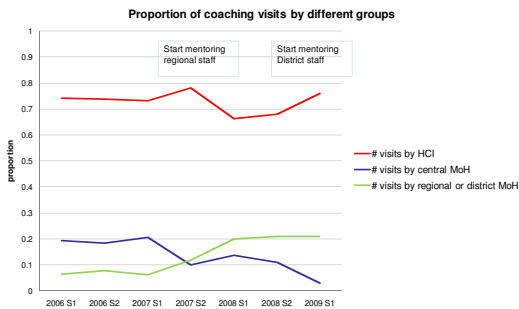
USAID HEALTH CARE IMPROVEMENT PROJECT

% of patients who are adherent to ARV medicines at last clinic visit



USAID HEALTH CARE IMPROVEMENT PROJECT

Building QI Capacity Throughout the System



USAID HEALTH CARE IMPROVEMENT PROJECT

Next steps

- **Change improvement focus**
 - Six collaboratives with specific goals:
 - Improve coverage
 - Improve retention of patients
 - Improve clinical outcome
 - Improve nutrition care
 - Improve laboratory services
 - Improve data management
- **Increase integration into regular MoH structure**
 - Integrate QI methods with routine district supervision
 - Develop mentorship program for new QoC coaches

USAID HEALTH CARE IMPROVEMENT PROJECT