STRATEGIC FRAMEWORK FOR QUALITY ASSURANCE COMPONENT

Definition

Quality Assurance (QA) can be simply defined as a system to support performance according to standards. It implies a systematic way of establishing and maintaining quality improvement activities as an integral and sustainable part of systems or organisations. In the education and health systems, this includes all activities that contribute to the design, assessment, monitoring of standards agreed upon by all stakeholders and improving quality of service delivery, client satisfaction and effective utilisation. In most cases, managers and supervisors tend to limit the standards to professional or technical ones, but in social services, client focused or "customer service" standards are very important determinants of utilisation of the services.

Current Policy Priorities and Interventions the Health Sector

The current National Health Policy and Education Strategic Investment Plan both clearly spell out the roles of the sectors in ensuring the public has access to quality services. The Health Sector Strategic Plan mandates the Quality Assurance Department to ensure that: Guidelines are developed, disseminated and used for technical and support services; Supervision is strengthened; and QA capacity is built at all levels. To this effect, the Ministry of Health piloted and adopted the Yellow Star Programme (YSP) as a QA model to be strengthened and implemented in all districts of the country. The YSP aims to improve quality of health services through a system of supervision, certification of facilities that achieve basic standards and recognition of these facilities. Currently, there are 35 basic standards, which reflect interventions in all health services areas and address the Uganda Minimum Health Care Package. They include standards on infrastructure, health management, infection prevention, interpersonal communication/relationships with clients and patients, technical competence in key services areas (IMCI, reproductive health, malaria, TB and injury management) and those which are client-focused or termed "customer-service". The programme was initiated in 12 districts of Uganda with encouraging results and the MOH has planned to expand its dissemination and establishment in 22 districts for FY 2002/2003 and another 22 for FY 2003/2004.

There were some key lessons learned during the implementation of the Yellow Star Program which are outlined below:

- Each level of the health system must be committed to attaining and maintaining the basic standards and needs to play its part in supporting health facilities to do so. During dissemination of the program, teamwork was emphasised as key principle of QA and attaining Yellow Star status.
- Supervisors see the monitoring of the standards as a way to focus supervision efforts. The elements of skills development in supervision and problem solving, which were inbuilt in their training helped them gain more confidence in initiating quality improvement activities.
- The Yellow Star tools were viewed by district and community leaders as a practical application to their constitutional role in monitoring social sector activities, therefore every effort should be made to increase their awareness and involvement in QA.

- To improve quality, the community must be involved in defining and participating in QA and more investment should be made to develop participatory approaches to engage the community in QA.
- To increase ownership of QA initiatives, information on achievements and quality gaps must flow freely between the different levels of the health system and all avenues to effect this communication should be sought.

Current Policy Priorities and Interventions the Education Sector

The Education Sector Investment Plan outlines quality enhancement as a broad policy priority, specifically to enhance the quality and relevance of instruction especially at primary level. Strategic objectives for quality improvement include: improving access to appropriate basic textbook requirements in primary education; increasing teacher effectiveness through better selection of trainees, reducing untrained teachers and developing a teacher training master plan; raising the quality and relevance of programmes in higher education institutions and incorporating QA mechanisms; development of district-level inspectorate led in-service strategies with integration of resource centres, project initiatives and refresher courses. In addition, the delivery of services is to be strengthened by creating community-school partnerships and improving local government planning for the sector.

Current QA initiatives include the Teacher Development Management System (TDMS) which started as a project, but has been institutionalised as the main MOES delivery system for teacher training and support and the establishment of the Education Standards Agency (ESA). TDMS is centred on reformed primary training colleges (PTC) where pre-service training has been revitalised and in-service training developed. Outreach services by Centre Coordination Tutors (CCT) include teacher and headteacher training, refresher courses and community mobilisation activities. ESA on the other hand has developed a number of education standards which are assessed annually by inspectorate staff, but the agency is still in formative stages and needs to be strengthened in areas of: skills development in participatory development of standards especially at community level; monitoring of standards; and developing linkages and information flow systems beneficial to all stakeholders.

Other initiatives to enhance education quality include the Improving Education Quality (IEQ) I & II Projects (1995-1999) and Integrated Participatory Approaches to Quality Learning (IPEQUAL). Under IEQ, formative research findings contributed to policy decisions on guidelines for use of textbooks in teacher training and the establishment of minimum education standards. Further, IEQ II began a system of utilising participatory action research as a tool to inform policy makers about the complexities and use of community participation to improve pupil learning. IPEQUAL is a pilot project to improve the learning dynamics in schools focusing on classroom processes. It began in February 2003 and covers two classes (P.4 and P.6) in four schools and preliminary results show enthusiasm for the methodologies, which should be scaled up if effective

The mid-term review of ESIP (draft) recommends that ESIP II will have to focus more on quality interventions because UPE has stretched the capacity of teachers and the systems

they work in to provide quality learning experiences for their pupils. In particular the reviewers recommend interventions to improve quality for: Supervision and professional teacher support; Teacher welfare (mainly housing and timely wages); Development and implementation of an integrated and relevant teacher training curriculum; and Inculcation of professional ethics derived from their code of conduct and technical training. The supervision system is weak and ill defined with both CCT and inspectors conducting supervision activities. However, the inspectorate staff is facilitated much less and CCT have stepped in to undertake some of the inspector's responsibilities, stretching their capacity to the limit since their geographic coverage is large with 10-25 schools per CCT.

UPHOLD will support initiatives in the education sector, which focus on getting the stakeholders to dialogue on quality concerns leading to participatory definition, monitoring and evaluation of quality standards, while strengthening support systems for QA, in particular supervision and sharing of information for informed decision making. Action research into what constitutes quality will be used to further refine quality standards in education and improve service delivery and effective innovations to improve education quality will be supported or scaled up.

Current Policy Priorities and Interventions the HIV/AIDS Interventions

The National Policy Guidelines and Service Standards for RH (MOH, 2001) emphasise the need to integrate HIV/AIDS services into RH services at facility level, but do not indicate clear steps on how to do this. Over the last two years, the MOH has developed draft policies on VCT and PMCT and ARVT, with QA incorporated in varying degrees. In addition, there are guidelines for implementation of the policy for VCT services, but none for the implementation of PMTCT and other HIV/AIDS prevention or care and support services.

HIV/AIDS interventions in the country have mainly been spearheaded by the NGO and PFP sector. Voluntary Counselling and Testing (VCT) for example were initiated by AIC while counselling and social support were initiated by TASO. Initially, the health sector took the lead in coordinating HIV/AIDS interventions, but HIV/AIDS is no longer regarded as a health problem alone and a multis-sectoral approach has been adopted by the government. To this effect the Uganda AIDS Commission was placed under the President's Office and coordinates HIV/AIDS interventions across the sectors. At district level, the District HIV/AIDS Action Committees (DHAC) are comprised of members from all sectors and NGOs working in the district, but they are still weak and UPHOL will assist them to play their role in designing innovations, coordinating, monitoring and evaluating HIV/AIDS interventions.

There are many quality concerns in service delivery for HIV/AIDS prevention and mitigation of impact, which need to be addressed both at the point of delivery as well as from a systems perspective so that QA can be incorporated into the interventions. In addition, clients of HIV/AIDS interventions are usually in such dire need that they accept whatever they are given and their perspective or involvement in quality of care is often overlooked.

The demand for counselling services is high, yet the number of counsellors and counsellor assistants is inadequate. This leads to concerns about the quality of counselling due to heavy workloads and the need for a system to ensure that provider performance is monitored and continuously improved. Under VCT, laboratory protocols to ensure quality testing exist in AIC and TASO supported centres and are routinely monitored, however in government facilities providing the services, monitoring is not as rigorously conducted and needs strengthening.

PMTCT interventions are still very dynamic in the country, but the MOH plans to establish PMTCT centres at all HC IV, while PMTCT+ is being piloted at Nsambya and Mulago Hospitals. PMTCT+ brings new dimensions into the quality of care of in this service area, because the amount of resources needed (human and otherwise) to ensure that an HIV+ mother and her family receive adequate and quality care and support to cope with HIV/AIDS is immense.

Home based care and support for HIV/AIDS infected and affected persons has traditionally been provided by the private sector i.e. NGOs and CBOs. In some districts, attempts have been made to coordinate their activities, but in most, the type, frequency and quality of the home-based care is not known. There is therefore a need to ensure that all HIV/AIDS interventions at different levels have elements of QA incorporated in them.

UPHOLD will therefore support action research in quality perspectives of clients and promote interventions which will incorporate these perspectives into standards being developed at district and national level. UPHOLD will also support activities to translate guidelines which have already been developed at central level into simplified forms which district level providers can use and design job aids to support activities to disseminate the guidelines.

Developing a Culture of Quality

There is need to inculcate a culture of quality at all levels of the education and health systems as well as in HIV/AIDS interventions. The concepts of QA are not yet known by most stakeholders and need to be disseminated at all levels. This will entail promoting institutional changes in systems to reward or sanction certain behaviour/practices and also promoting positive role models i.e. those who adhere to standards and have good work ethics. Improving the performance of service providers will be a key objective of UPHOLD and action research to establish the motivating factors for good performance will be carried out and the results used to determine incentives for better performance. In the health sector, although the Yellow Star Programme (YSP) was designed to have a strong community component, it is minimally felt at this level while in the education sector the Education Standards Agency (ESA) has developed some standards, but the standards have not been disseminated to all stakeholders and there is a need to design a participatory approach in assessing and monitoring quality education and learning. The Yellow Star Programme has a lot of goodwill from both sectors and can be strengthened in the health sector and adopted in the education sector as well as for HIV/AIDS interventions.

The SWOT analysis of the existing QA systems below shows that although the policy environment in both sectors is good, the policy has not yet been fully translated to action.

SWOT Analysis of QA Systems

Strengths	**Weaknesses**
• Good policy environment. • Some standards exist in the health and education sectors. • Supervision systems which can be used as basis for QA design, control and improvement exist in education and health sectors	• Policies on QA are not well translated for implementation at decentralised levels. • Concept of QA not known/appreciated by stakeholders. • Standards are not fully owned by or shared with all stakeholders. • Supervision systems for monitoring standards are weak and not all stakeholders are involved. • Feedback and dissemination mechanisms for performance achievements are weak. • Weak incentive/disincentives system.
Opportunities	**Threats**
• YSP (as a better practice) can be scaled up and strengthened in both sectors. • Communities appreciate quality and can be mobilised to participate in QI activities. • Community structures (HUMC, SMC, PTA, PDC) and NGOs/CBOs can be utilised for promoting community participation in QI.	• Lack of motivation of service providers to change behaviours. • Behaviour change is a slow process. • Community may use standards to punish or threaten service providers. • Community demands may be inappropriate from technical quality perspective. • QI in services may lead to high client turnovers, which in turn may compromise technical quality.

UPHOLD (Services) is mandated to improve the quality and use of health, education and HIV/AIDS services and build capacity of stakeholders to sustain QA efforts. This will be done through building the capacity of the community and service providers to participate in quality improvement activities using the Yellow Star Programme as a better practice QA model, adapting it to the education sector and strengthening its implementation in both sectors. Other QA methods will also be adopted for use depending on their adaptability and utility at different levels of service delivery and for different sectors. The overall objective will be to change individual, community and institutional behaviours to effect improvement in the quality of services as well as the demand and utilisation of these services. This strategic framework for QA therefore focuses on: creating opportunities for dialogue and consensus building for a common understanding of what

constitutes quality; disseminating QA concepts and performance standards agreed upon by stakeholders to all levels; and strengthening support systems for QA.

Priority Areas

1. Scaling up YSP implementation in the health sector to new districts.
This will entail introducing the YSP to 16 districts in a phased manner, starting with 10 districts in the first year. Dissemination activities will include meetings, seminars, training workshops and IEC materials in the print, radio and television media. UPHOLD will partner with organisations with a proven track record in designing training and IEC materials as well as training in QA whom UPHOLD, two of which are highlighted below:

- The Regional Centre for Quality of Health Care based in Uganda, which promotes better practices in 20 countries in East, Central and Southern Africa, providing technical assistance in QA training, designing of IEC materials and developing standards and guidelines.
- Health Training Consult, a local training consultancy firm composed of senior health trainers with experience in QA and technical health service areas.

2. Introducing and Adapting the YSP to the Education Sector
In the education sector, this will entail packaging and disseminating the current YSP to the sector at different levels to change mind sets in the sector to possibilities of adapting the program. At the same time, formative research on perspectives of quality by all stakeholders will be conducted to start the process of defining quality in education. Together with the Education Component of UPHOLD, school based quality reform activities will be held and these will comprise developing partnerships between parents, pupils, teachers and administrators which promote defining and monitoring quality as well as participating in quality improvement activities.

3. Building the Capacity of Districts to Sustain QA Initiatives
Existing community and organisational structures (including the private sector) will be an important focus of intervention to ensure consensus, ownership and sustainability of QA initiatives. Therefore interventions will be designed to increase the awareness and skills of managers and providers in QA methods in all sectors, as well as strengthen support systems to monitor performance according to standards and improve feedback mechanisms to inform stakeholders about achievements and quality gaps. Supervisors have poor supervisory skills and UPHOLD will support districts to strengthen their skills as well as increase the motivation for effective supervision. Quality review meetings for working groups of different stakeholders will be promoted at all levels to ensure the use of information for decision making. These working groups will be assisted to incorporate the private sector in all their activities and promote sharing of experiences to effect a balanced improvement of quality of services in both public and private sector.

The motivation for good performance is another area that needs to be explored by UPHOLD and an incentive system developed. There is a need to determine what motivates supervisors and providers to work effectively and promote it. Innovations in incentives/disincentives for providers to improve performance will be piloted in a few districts and scaled up accordingly to contribute to the development of an effective incentive system in the education and health sector.

4. Strengthening Community Participation in QA

The existing structures for community involvement in social services (Health Unit Management Committees, School Management Committees and Parent Teachers Associations) are currently weak. In most districts these structures have disbanded because of poor motivation and many are not functional because they do not know their roles and responsibilities or are not facilitated to perform them. UPHOLD will therefore strengthen them through training and provision of means to carry out their roles and responsibilities. UPHOLD will also use proven methods of arriving at partnership-defined quality (PDQ) for better social services. We will support work with through organisations in all sectors and community based organisations (CBO), to promote dialogue between communities and service providers. An important partner in the health sector is Uganda National Health Consumers Organisation (UNHCO), a NGO which advocates for patients rights to quality health services and has strong links at community level for the few districts it works in, facilitating dialogue between the community and service providers. These fora for dialogue will be used as a means of gathering and disseminating information about quality as well as gaining commitment to participate in quality improvement activities in social services. In addition,.

District based NGOs and CBOs will be facilitated through the grant strategy to mobilise communities to participate in QA activities. CBOs will be encouraged to use PDC to mobilise communities for PDQ activities, and where they do not exist, UPHOLD will provide for their training. In addition, grant awardees will be provided with training in QA and management skills to ensure that interventions they implement are conducted effectively and will be sustained.

Within the first year, it is expected that the communities will be more involved in quality improvement activities. The YSP will be disseminated and established in the health sector for 10 of the 20 UPHOLD-supported districts and that it will be adapted for the education sector and piloted in at least 4 districts. This will increase awareness of all stakeholders about issues pertaining to quality of care and gain their commitment to QA. Improving the supervision and information flow systems will increase the capacity of decentralised levels to monitor quality and initiate QI activities. Assessments results of service delivery points will be disseminated to all stakeholders and used as focal points of discussion with communities so that QI activities can be owned from grass root level and improved quality of service delivery for core interventions realised i.e. Teacher Effectiveness, Pupil Learning, Child Health, Reproductive Health, Malaria, TB and HIV/AIDS control and Nutrition.

The planning and management capacities of decentralised levels and NGOs/CBOs will also be increased by providing support for management and QA skills development in the form of training, supervision, study trips and incentives.

Objectives

The overall purpose of QA is to improve the quality of health, education and HIV/AIDS services in the 20 UPHOLD-supported districts of Uganda.

Specific objectives of the QA component of UPHOLD

1. By the end of 2007, 30% of schools in UPHOLD supported districts show an increase of at least 30% in a set of quality education standards as defined by stakeholders.
2. By the end of 2007, 60% of lower level health facilities (HC II-IV) achieve at least 75% of Yellow Star Programme standards.
3. By the end of 2007, 80% of facilities providing VCT and PMTCT services will meet at least 75% of a set of quality standards as defined by stakeholders.
4. BY the end of 2007, 50% of community based care and support services for HIV/AIDS will provide quality services as defined by stakeholders.
5. By the end of 2007 all UPHOLD supported districts will have established and functioning monitoring and evaluation systems at district and lower levels.
6. By the end of 2007, 30% of schools will have active community –facility partnerships.
7. By the end of 2007, 60% of health facilities will have active community –facility partnerships.
8. By the end of 2007, an incentive system for better health provider performance will be established in at least 2 districts.
9. By the end of 2007, an incentive system for better teacher provider performance will be established in at least 2 districts.

Monitoring Indicators for Quality of Care

Three sets of indicators will be used to monitor quality of care:

1. Indicators reflecting improved overall quality of education and health services with integration of QA principles and practices through the Yellow Star Programme, adapted versions and other QA models.
2. Indicators reflecting improved quality of service delivery for core intervention in education and health.
3. Indicators reflecting systems strengthening for QA.
4. Indicators reflecting increased community participation in quality improvement and satisfaction with services.

Quality of health services	Number of education and health facilities awarded Yellow Star or equivalent status.	YSP assessment reports	Document review	DDHS DEO	Annual
Quality of health services	Percentage improvement in Yellow Star scores for health facilities disaggregated appropriately.	YSP assessment reports	Document review	DDHS DEO	Quarterly
Quality of health services	Percentage improvement in health facilities achieving 75% of set of core intervention health care standards.	YSP reports	Records review	DDHS DEO	Quarterly
Quality of education services	Percentage improvement in Yellow Star or equivalent scores for school environments disaggregated by target groups.	YSP, assessment reports	Document review	DDHS DEO	Quarterly
Strength of quality assurance system	Percentage of health facilities with correctly completed supervision rounds conducted by HSD	Inspection/ supervision reports	Record review	UPHOLD	Quarterly
Strength of quality assurance system	Percentage of schools with appropriate and functioning teacher support system for improving quality	Inspection/ supervision reports	Record review	UPHOLD	Quarterly
Quality teaching	Improved teaching as measured by a set of quality	surveys	Records review,	DEI, UPHOLD	Annual

	teaching standards		observation, Interviews		
Quality learning	Improved pupil learning as measured by set of learning standards in target subject areas.	surveys	Records review, observation, Interviews	DEI, UPHOLD	Annual
Quality of VCT/PMTCT/HBC services	Percentage improvement in quality standards for VCT/PMYCT/HBC services	UAC, AIC database, monitoring reports	Document review	UAC AIC	Annual
Quality of social services	Proportion of cross-section of community expressing satisfaction with school and health services.	survey	Client exit interviews, focus group discussions	UPHOLD	Annual
Community participation in quality improvement	Percentage increase in functioning community support systems for improving quality in education services	School/NGO/ CBO supervision reports	Records review	DDHS DEO	Quarterly
Community participation in quality improvement	Percentage increase in functioning community support systems for improving quality in health services	NGO/CBO supervision reports	Records review	DDHS DEO	Quarterly

Acronyms

ARS	Action Research Specialist
BCS	Behaviour Change Specialist
CAO	Chief Administrative Officer
CBO	Community based organisations
CCT	Cordination Centre Tutors
CDA	Community Development Assistants
CWG	Central Working Group
DDHS	District Director Health Services
DHMT	District Health Team
DWG	District Working Group
ES	Education Specialist
FENU	Forum for Education NGOs in Uganda
FM	Finance Manager
GM	Grants Manager
HSD	Health Sub-District
HT	Head teachers
HTC	Health Training Consult
MEO	Monitoring and Evaluation Officer
MOES	Min of Education and Sports
MOH	Ministry of Health
NGO	District-based NGOs
PDC	Parish Development Committees
PMS	Performance Measurement Specialist
PSS	Private Setor Specialist
PTA	Parent-Teacher Associations
QAS	QA Specialist
QOC	Quality of Care
QOTL	Quality of Teaching and Learning
RCQHC	Regional Centre for Quality of Health Care
SC	Sub-Counties
SMC	School Management Committees
UMI	Uganda Management Institute
UNHCO	Uganda National Health Consumers Association
UPMA	Uganda Private Midwives Association

Reference Materials

1. MOH, DISH II Project, 2002. *Improving Quality of Health Care Services through Monitoring of Standards and Recognition of Performance: The Yellow Star Program.*
2. MOH, 1999. *National Health Policy.*
3. MOH, 2000.*Health Sector Strategic Plan.*
4. Uganda IEQ Project, 1999. *Perspectives of Quality Learning*
5. MOES, 1998. *Education Strategic Investment Plan 1998-2003.*
6. J. Friedrich Pfaffe et al, 2002. *Mid-Term Review of Education Strategic Investment Plan.*