

*Quality Assurance Methodology
Refinement Series*

***Niger Country
Report: Tahoua
Project***

Preface

The Quality Assurance Project (QAP) was initiated in 1990 to develop and implement sustainable approaches for improving the quality of health care in less developed countries. The project is funded by the U. S. Agency for International Development under Cooperative Agreement Number DPE-5992-A-00-0050-00 with the Center for Human Services. Collaborating with the Center for Human Services on the project are the Johns Hopkins University School of Hygiene and Public Health and the Academy for Educational Development.

This final report describes QAP technical assistance activities in the Tahoua Region of Niger during the period April 1993 through March 1997. It is anticipated that this report will eventually be supplemented by a report on 1997-98 activities, expected to be funded in QAP's second phase under Contract Number HRN-5992-C-00-6013-00.

Quality assurance in Tahoua Region has had dramatic effects on management styles and procedures as well as on the quality of health care services. In a time of generally deteriorating systems, the men and women of the Nigerien Ministry of Health have shown what dedication to clients and to improved health care—coupled with simple problem solving skills—can do to effect a turn around and begin making progress on long-standing problems. The Tahoua experience demonstrates that systems severely deprived of resources can be made to work better and that even individuals with limited professional training and low status within the hierarchy can take ownership for quality and make substantive and meaningful improvements. Improvement activities can continue despite political turmoil and non-payment of salaries. This phenomenon was noted in a recent letter of commendation from Dr. James Heiby, the Contracting Officer's Technical Representative for QAP:

□ □ □ *“When you began in Tahoua, there was no shortage of skeptics who dismissed the idea of improving quality of care in the Nigerien health system. [The QAP resident advisor's] persistence, good judgment and creativity have produced the kind of development achievement that very few of us ever experience. A wide range of fairly jaded development professionals have visited Tahoua, and every one that I talked to recognized something special in the QA activities there.”*

Quality assurance as implemented in Tahoua is now being replicated nationwide and seems likely to make Niger a model for health care in the region and the continent. The World Bank and the World Health Organization are committing funds to quality assurance—an example of successful USAID leveraging for other donors. The USAID Administrator, Brian Atwood, has authorized continued QAP assistance

despite closure of USAID/Niamey so that Tahoua can continue to serve as a regional model. The Tahoua project has brought significant respect for USAID in an often doubtful arena of development assistance. The Quality Assurance Project is proud to have been associated with this effort.

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List of Acronyms

CHS	Center for Human Services
CiMéFor	Circonscription médicale de formation
DHMT	District Health Management Team
DMO	District Medical Officer
EPI	Expanded Program for Immunization
FP	Family Planning
GM	Growth Monitoring
GTZ	German Technical Cooperation Agency
HKI	Helen Keller International
ISQua	International Society for Quality Assurance in Healthcare
MCH	Maternal and Child Health
QAP	Quality Assurance Project
QC	Quality Council
QIT	Quality Improvement Team
RHD	Regional Health Directorate
SNIS	National Health Information System
TB	Tuberculosis
USAID	U. S. Agency for International Development

Executive Summary

The Tahoua Quality Assurance Project has been a four-year collaborative effort between the Ministry of Public Health of Niger and the USAID-funded Quality Assurance Project, to improve the delivery of critical primary health care services by integrating and institutionalizing the quality assurance approach in the primary health care system in one demonstration region. The region of Tahoua, with an estimated population of 1.6 million and severely limited resources to meet the population's primary health care needs, was selected as the intervention site.

During its first phase (April 1993 to March 1997), the project sought to introduce a quality assurance system of management to health care delivery through training, clarifying and communicating clinical and management standards, monitoring, and putting in place a process for preventing and correcting problems. A "minimum package of essential services" was selected to be the focus of concrete efforts to enhance service quality through increased coverage, improved case management, and strengthened support services such as supervision and logistics. A QAP Resident Advisor, Ms. Lauri Winter, directed in-country activities, with technical support from QAP staff based in Bethesda. Ms. Winter worked directly with the Tahoua Regional Health Director, his staff and the district level health care personnel to accomplish project objectives.

The project's first major activity was to train regional directorate staff and teams from each of the region's seven districts in process improvement skills and to help them to launch quality improvement projects. The latter were intended to produce quick results that would generate enthusiasm for quality assurance and reveal deficiencies in the health management infrastructure underlying service quality deficiencies. These weak components would then become the targets for Tahoua Project support.

The project trained 76 health workers in quality assurance skills during the first two and half years. An additional 168 health personnel from all over the region were trained in May and June 1996, using a cascade training strategy. To date, over 60 quality improvement teams have been formed, achieving significant improvements in service quality and program management in Tahoua in areas such as growth monitoring, nutritional rehabilitation, tuberculosis treatment, family planning, malaria case management, prenatal care, family planning, supervision, and cold chain maintenance.

Six months after project start-up, the regional Quality Council (QC) was formalized to promote the regional vision and mission for a quality health care system, support and oversee the quality improvement activities in the districts, and ensure integration

of quality assurance in the overall primary health care system. Beginning as district level quality improvement teams, district management teams have since taken on permanent performance review and quality monitoring functions similar to those of the regional QC.

The Quality Council identified supervision as the main vehicle for introducing quality assurance and for preventing and correcting errors in quality of care. Analysis of the supervision system revealed significant gaps, such that the QC decided to redesign the entire system. A new supervision policy was instituted, creating a regional supervision team and integrated district level supervision teams which now play key roles in monitoring and improving the quality of service delivery.

To address the lack of clear clinical and managerial guidelines, the project assisted the Regional Health Directorate to develop a manual of norms and standards for vaccinations and for administrative functions. Job aids for tuberculosis and malaria case management were also created. Sufficient copies of existing clinical standards were reproduced and distributed to every health center.

Dissemination activities were emphasized throughout the project, as a means to both document progress and evaluate results. The primary vehicles for disseminating findings have included regular and special publications, international and in-country conferences, seminars and routine meetings. After two and a half years of experience and results in the field, the project organized in December 1995 a three-day national conference to disseminate among national and donor officials the Tahoua experience with quality improvement, quality-oriented supervision, and the use of norms and data to monitor gains in service quality.

Though contributing to the decentralization process was not an explicit objective of the Tahoua project, quality assurance has served to operationalize the goals of decentralization in the Tahoua Region by promoting increased responsibility for problem solving at the local level. The focus of quality assurance on systems and processes has enabled district managers to become more aware of how their health care system operates in reality and the ways they may improve it to achieve an effective decentralized system of health services. The attention given to teams by the project has been important because it reflects closely the proposed decentralized health management structure. Problem solving and process improvement efforts undertaken at the district level in Tahoua have strengthened analytical skills and improved action-oriented decision making.

The interest in quality assurance sparked by the national conference continues to present more opportunities to institutionalize quality assurance nationally. Quality assurance is planned to be one of the fundamental elements in the

proposed District Health Management Team curriculum. The Ministry of Public Health has proposed that quality assurance be one of its basic strategies to revitalize primary health care services in Niger, along with an enhanced Bamako Initiative approach emphasizing district organization and Integrated Case Management of Childhood Illness. The World Bank, UNICEF and the World Health Organization have all agreed to finance in 1997 quality assurance activities in the areas that they influence.