

QUALITY ASSURANCE

TOPICS

The Importance and Challenges of Service Quality

What Governing Bodies Need to Know about Service Quality

Engaging Beneficiaries in Strategy Design and Implementation

Measuring and Reporting Progress against Plans

Celebrating Results

This section describes practical ways for governing bodies to work with their health workers and leadership team to ensure that their services achieve high standards of clinical outcomes, patient or beneficiary safety, and service excellence that earns beneficiary satisfaction.

THE CHALLENGE

You are a respected retired nurse-midwife serving on the governing body of a hospital for women and children in Cairo, Egypt, and you have been asked to develop a program to expand the number of births in Cairo that are attended by a trained birth attendant. How would you guide the governing body and staff to accomplish this challenge?

THE IMPORTANCE AND CHALLENGES OF SERVICE QUALITY

To save lives and enhance service utilization to improve health, governing bodies need to be active partners with their management and health workers to call for more formal and disciplined process improvements in health services. These improvements are often dependent on the availability of additional human and financial resources, which can be secured from the resource mobilization strategies outlined in [Section 20](#).

Service quality has three dimensions that must be maximized:

- clinical process improvement to meet sensible international standards of excellence;
- safety so that health workers do no harm in their interventions to improve health;
- user satisfaction with the following service characteristics:
 - access and hours of operation
 - convenience of location
 - comfort in waiting
 - dignity and respect for beneficiaries’ culture and norms
 - affordability of services
 - results, as measured by healing and increased personal functionality
 - opportunities to provide inputs into service planning and evaluation

Unfortunately, in many low- and middle-income countries, these attributes of health services and medicine delivery are rarely met. Too often we see the following symptoms of a failing health system.¹

- poor staff attendance at work
- stock-outs of essential medicines²
- maternal and neonatal deaths from unsafe or untrained staff or home deliveries
- infant deaths from malnutrition and unsafe water or sanitation
- long waiting lines for services
- stigma and discrimination that affect people with HIV & AIDS and tuberculosis
- rapid spread of communicable diseases such as Ebola
- poor diagnostic facilities and staff for chronic diseases such as cancer and diabetes
- medical equipment that fails due to lack of maintenance and/or spare parts
- inadequate supplies of water and electricity
- corrupt practices in such areas as procurement, drug management, and staff placement

These system and health worker failures kill people, demoralize health workers and communities, and impede a community’s or nation’s political stability and economic growth.

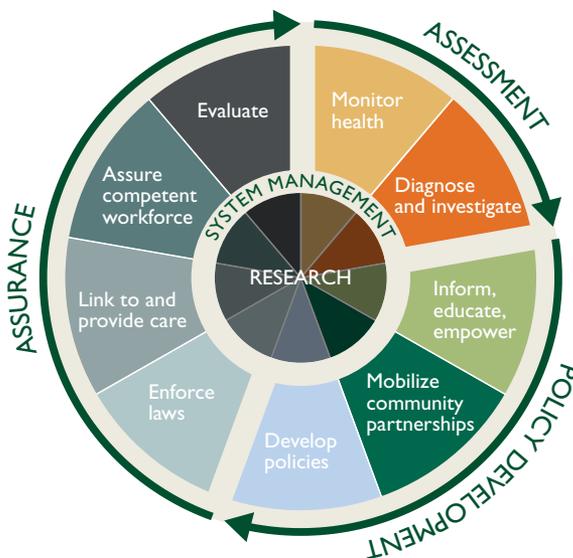
1. For reports on poor quality, see Stephen Lock, “The State of Healthcare in Southeast Asia” (Edelman Indonesia: Dec. 20, 2013). Available at: <http://www.edelman.com/post/the-state-of-healthcare-in-south-east-asia/>; Anthonia Adindu, “Assessing and Assuring Quality of Health Care in Africa,” *African Journal of Medical Sciences* 2010; vol. 3, no. 1: 31-36. Available at: <http://www.africaleadership.org/rc/Assessing%20Quality%20of%20Care%20in%20Africa.pdf>; and Kenneth N. Wanjau, Beth Wangari Muiruri, and Eunice Ayodo, “Factors Affecting Provision of Service Quality in the Public Health Sector: A Case of Kenyatta National Hospital,” *International Journal of Humanities and Social Science* 2012; vol. 2, no. 13: 114-25. Available at: http://ijhssnet.com/journals/Vol_2_No_13_July_2012/11.pdf.
2. See Joseph Wales, Julia Tobias, Emmanuel Malangalila, Godfrey Swai, and Leni Wild, “Stock-outs of Essential Medicines in Tanzania: A Political Economy Approach to Analysing Problems and Identifying Solutions” (London: Overseas Development Institute, 2013). Available at: <http://www.odi.org/publications/8432-stock-outs-essential-medicines-tanzania-political-economy-approach-analysing-problems-identifying-solutions>

These failures can be addressed with leadership that calls for more education and funding and celebrates groups that invest their time and talents to design new ways to meet health service performance standards.

The US Centers for Disease Control and Prevention (CDC) has many guides for essential public health standards in the following 10 areas³ (also see Figure 21.1):

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

FIGURE 21.1 Ten essential public health services. Developed by a committee of American public health service agencies in 1994, the essential services are one example of the core activities that a public health system should undertake to best serve the community. They can also factor into the development of health performance standards.



Source: Core Public Health Functions Steering Committee, "Public Health in America" (Atlanta, GA: CDC, 1994). Available at: <http://www.health.gov/phfunctions/public.htm>

3. See CDC, National Public Health Performance Standards, "The Public Health System and the 10 Essential Public Health Services" (Atlanta, GA: CDC, 2014). Available at: <http://www.cdc.gov/nphpsp/essentialServices.html>

WHAT GOVERNING BODIES NEED TO KNOW ABOUT SERVICE QUALITY

Governing body members may not be experienced in the technical aspects of quality improvement of health services. They can, however, invite experts from the Ministry of Health, local medical schools, schools of nursing and public health, and international NGOs and local CSOs to help them to become better informed about root causes of poor service quality and about innovative approaches to improve service outcomes and acceptability to beneficiaries. Advances are being developed with many local partnerships with such respected organizations as the [Institute for Healthcare Improvement](#);⁴ [University Research Corporation](#);⁵ [International Society for Quality in Health Care](#);⁶ [US Agency for International Development \(USAID\)](#);⁷ [International Planned Parenthood Federation \(IPPF\)](#);⁸ [United Nations Population Fund \(UNFPA\)](#);⁹ and [United Nations Children's Fund \(UNICEF\)](#).¹⁰

The main lesson for governing bodies is that poor quality is avoidable and much can be done without spending a lot of money. Sanitation, hand-washing, preventive medicine, good food, and clean water can help as much, or more, as well-trained health workers.

Evidence that significant improvements are possible can be seen in the work in Ghana to reduce under-five mortality with local health providers collaborating with the [Institute for Healthcare Improvement](#).¹¹

To make a positive impact on health care through your organization's activities, reach out to other segments of your community, province, or other ministries that deal with the social determinants of health.^{12,13} Seek to organize joint projects with the schools and the ministry of education.¹⁴

4. See examples from the Institute for Healthcare Improvement (IHI), "Africa: Overview" (Cambridge, MA: IDI, 2015). Available at: <http://www.ihl.org/regions/africa/Pages/default.aspx>; "Latin America: Overview" (Cambridge, MA: IDI, 2015). Available at: <http://www.ihl.org/regions/LatinAmerica/Pages/default.aspx>; and Asia: "Asia-Pacific: Overview" (Cambridge, MA: IDI, 2015). Available at: <http://www.ihl.org/regions/AsiaPacific/Pages/default.aspx>
5. For the approach of the University Research Corporation (URC), see "Quality Improvement" (Bethesda, MD: URC, no date). Available at: http://www.urc-chs.com/quality_improvement
6. Website of the International Society for Quality in Health Care (ISQua) (Dublin: ISQua, 2012). Available at: <http://isqua.org/>
7. USAID, "USAID Quality Health Care Project" (Washington, DC: USAID, March 13, 2015). Available at: <http://www.usaid.gov/kyrgyz-republic/fact-sheets/usaid-quality-health-care-project>
8. For IPPF commitments, see "Good Quality of Care at All Service Points" (London: IPPF, 2013). Available at: <http://www.ippf.org/about-us/accountability/quality>
9. UNFPA, Quality Assurance, "UNFPA's Quality Assurance" (New York: UNFPA, no date). Available at: <http://africa.unfpa.org/public/cache/offonce/home/procurement/pid/10863>
10. Website of UNICEF, "UNICEF in Action" (New York: UNICEF, 2003). Available at: http://www.unicef.org/health/index_action.html
11. IHI, "Initiatives: Project Fives Alive! in Ghana" (Cambridge, MA: IHI, 2015). Available at: <http://www.ihl.org/Engage/Initiatives/ghana/Pages/default.aspx>
12. See WHO Commission on Social Determinants of Health: Final Report, *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health* (Geneva: WHO, 2008). Available at: http://www.who.int/social_determinants/thecommission/finalreport/en/
13. For US experiences in social determinants, see US Department of Health and Human Services (DHHS), "Social Determinants of Health" (Washington, DC: DHHS, 2015). Available at: <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health>
14. See an example to improve health worker supply from the WHO Global Health Workforce Alliance, "The Alliance Brings Together Ministries of Health, Education, Finance and Public Service in El Salvador" (Geneva: WHO, 2010). Available at: <http://www.who.int/workforcealliance/media/events/2010/ccfsalvador/en/>

ENGAGING BENEFICIARIES IN STRATEGY DESIGN AND IMPLEMENTATION

The power and impact of governing body interest to improve service quality increases dramatically when you engage with community groups and beneficiaries. You do not need to do this alone. Inviting in users and community leaders from schools, faith-based groups, and businesses provides superior leverage because you gain new ideas and resources, fresh energy, and stronger political will to sustain and expand successful interventions and implement new ones to achieve and celebrate health gains.

Governing bodies can form special task forces focused on specific diseases and/or hard-to-reach rural villages and ask them to generate ideas on how to improve service quality, acceptability, utilization, affordability, and overall quality. Community groups in villages in Peru, for example, have achieved substantial increases in use of services by engaging community leaders to define how best to design and deliver quality health programs to improve maternal and child health.¹⁵ In Afghanistan, provincial and district health councils meet to plan services and monitor the delivery of packages of basic health services.¹⁶ The experiences of community health committees in Kenya, as summarized in Box 21.1, are also examples from which governing bodies can learn.

15. See Eliana López Pérez, “Peruvian Leaders Guide Their Communities to a Just and Healthy Life” (Medford, MA: MSH, 2015). Available at: <http://www.msh.org/news-events/stories/peruvian-leaders-guide-their-communities-to-a-just-and-healthy-life>

16. For Afghanistan community health councils, see MSH, “Afghanistan” (Medford, MA: MSH, 2015). Available at: <http://www.msh.org/our-work/country/afghanistan>

BOX 21.1 Learning from community health committees in Kenya

The curriculum was developed by key stakeholders who work at the community level and who are aware that community health committees (CHCs) are crucially important for the success of both community health workers (CHWs) and community health extension workers (CHEWs). This curriculum formed the basis for developing the trainers' manual, out of which was derived the take-home Handbook for Community Health Committees. Development of the curriculum was guided by the roles and responsibilities of CHCs. These roles and responsibilities, listed below, hinge on CHCs' core functions of providing leadership and governance oversight in the community.

Roles and responsibilities of CHCs are to:

1. Provide leadership and governance oversight in the implementation of health and related matters in community health services at level 1.
2. Prepare and present to the Link Health Facility Committee (and to others as may be needed) the community Annual Operational Plan (AOP) on health-related issues at level 1.
3. Network with other sectors and developmental stakeholders towards improving the health status of people in the Community Unit, e.g., Ministries of Water, Agriculture, Education, etc.
4. Facilitate resource mobilization for implementing the community work plan and ensure accountability and transparency.
5. Carry out basic human resources and financial management in the community.
6. Plan, coordinate, and mobilize the community to participate, along with themselves, in community dialogue and health action days through social mobilization skills.
7. Work closely with the Link Health Facility Committee to improve the Community Unit's access to health services.
8. Facilitate negotiations and conflict resolution among stakeholders at level 1.
9. Lead in advocacy, communication, and social mobilization.
10. Monitor and evaluate the community work plan, including the work of the CHWs through monthly review meetings.
11. Prepare quarterly reports on events in the Community Unit.
12. Hold quarterly consultative meetings with the Link Health Facility Committee.

Source: Ministry of Health and Sanitation, Training Community Health Committees in Kenya: The Trainers' Manual for Community Health Committees (Nairobi, KE: Ministry of Health and Sanitation, 2012). Available at: http://chs.health.go.ke/images/pdf/trainers_manual_for_chc.PDF or http://webcache.googleusercontent.com/search?q=cache:h7n2f8jLZPgJ:chs.health.go.ke/images/pdf/trainers_manual_for_chc.PDF

MEASURING AND REPORTING PROGRESS AGAINST PLANS

It is not enough to have a good plan, well developed in partnership with the beneficiaries and other stakeholders. The work must be implemented, and progress measured against the plan must be monitored. Progress should be reported openly (even when progress is slow) to all stakeholders.

Stakeholders can also be engaged in defining a practical set of tactics to implement the plan. The first and most important step is to ask the stakeholders to identify all of the

obstacles they believe you will encounter in your journey to better quality services and their utilization. By defining in advance the barriers expected in the road to improvement, you are better able to define ways to remove, reduce, or work around these obstacles to a successful implementation.

To report on the progress being made to better quality, you can post charts on the walls of the health facility, on the walls of buildings in the villages, on a website, in newspaper reports to the community, and in radio stories with testimonials by real beneficiaries and health care providers explaining what was planned, what was done, and what results are being seen.

Country Coordinating Mechanisms use dashboards at the national level to show how Global Fund support is yielding service improvements for patients.¹⁷ CARE International provides a [toolkit](#) that includes Community Score Cards that can be used to monitor a variety of health-related gains.¹⁸

CELEBRATING RESULTS

Too many health organizations, in both wealthy and poor nations, try to drive the behavior of their health workers to higher levels of quality and performance by “naming and shaming” weak results and weak workers or service departments. This negative pressure rarely helps and usually hurts your drive for improvement. Continuous quality and process improvement is usually more significant and more sustained when people are praised for good progress.

How might your governing body work with your health workers to define a series of practical but powerful ways to recognize and reward great ideas to continuously improve your processes for health services quality? [Section 28](#) provides a variety of ways drawn from international health leaders at the Cambridge University Judge School of Business to accomplish this.

17. Grant Management Solutions Project, *The Country Coordinating Mechanism Grant Oversight Tool: Set-Up and Maintenance Guide* (Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria, 2010). Available at: http://www.theglobal-fund.org/documents/ccm/CCM_SetUpMaintenance_Guide_en/

18. CARE Malawi, “The Community Score Card (CSC): A Generic Guide for Implementing CARE’s CSC Process to Improve Quality of Services” (Washington, DC: Cooperative for Assistance and Relief Everywhere, Inc., 2013). Available at: <http://governance.care2share.wikispaces.net/file/view/CARE%20Community%20Score%20Card%20Toolkit.pdf/433858992/CARE%20Community%20Score%20Card%20Toolkit.pdf>