



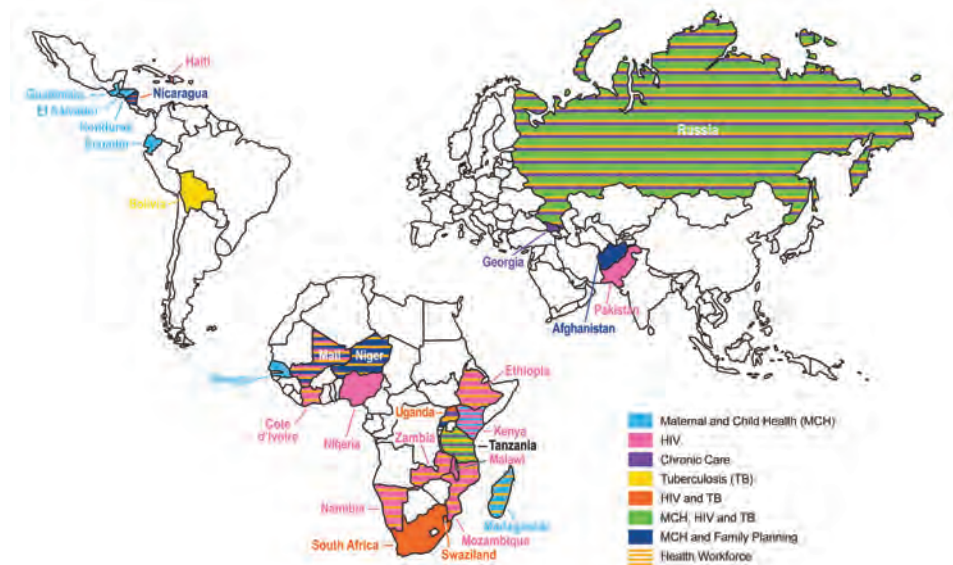
# THE USAID HEALTH CARE IMPROVEMENT PROJECT FY2012 Activities

The Health Care Improvement Project (HCI) is the global mechanism of the United States Agency for International Development (USAID) for technical leadership and assistance to improve health care delivery and health workforce capacity and performance in USAID-assisted countries. The project is managed by University Research Co., LLC (URC) through task orders issued under the USAID Health Care Improvement Indefinite Quantity Contract (IQC).

HCI builds the capacity of health systems to apply modern quality improvement (QI) approaches to make essential services accessible to all who need them and ensure that care is delivered in compliance with standards and client needs, for every client, every time.

A system is only as strong as the results it delivers. Modern improvement methods offer a means by which health systems can be strengthened to produce better outcomes and greater efficiency. HCI strengthens health systems at regional, district, and facility levels by engaging teams of care providers and managers to make changes in care processes to achieve better outcomes and to use data to measure their results. At national levels, HCI work with governments to develop policies and structures that support quality service delivery.

In quality improvement work, a team of health care providers analyzes their current system, tests changes in the organization of care that may result in improved quality and efficiency, and uses data to document the effect of those changes. Engaging teams of providers in improving care helps foster a culture of quality that



HCI is currently working with 27 countries to strengthen facility- and community-based services, human resource management, and services for vulnerable children and families, improving health outcomes and contributing to the achievement of the Millennium Development Goals.

contributes to health worker motivation and ownership of their work, as well as better flow and organization of care.

In recent years, a further adaptation of these methods, collaborative improvement, has linked the efforts of many health care provider teams to address quality gaps at a systems level for rapid change and large-scale impact. Collaborative improvement organizes QI beyond the scale of individual teams, mobilizing multiple teams to identify changes that lead to better outcomes and facilitating sharing of ideas and learning across these teams. With many

## HCI Objectives

- Institutionalize modern quality improvement approaches as an integral part of health care in USAID-assisted countries
- Document the content and impact of interventions to improve health care quality
- Expand the evidence base for methods to improve quality of health care and strengthen the health workforce
- Improve the cost-effectiveness of QI in USAID-assisted countries
- Provide global technical leadership for improving the quality of health care in USAID-assisted countries and global learning about health care improvement.

### October 2011

The work of the USAID Health Care Improvement Project is supported by the American people through the United States Agency for International Development and its Bureau for Global Health. The project is managed by University Research Co., LLC (URC) under the terms of Contract Numbers GHN-I-03-07-00003-00 and GHN-I-02-07-00003-00. For more information on HCI, please visit [www.hciproject.org](http://www.hciproject.org) or contact [hci-info@urc-chs.com](mailto:hci-info@urc-chs.com).



Health provider in Uganda and HCI staff discuss how to overcome barriers to providing comprehensive care for patients with chronic conditions like HIV.

Photo by Suzanne Gaudreault, URC

sites involved, an improvement collaborative can simultaneously test a variety of changes at different locations, identify the most effective ones, and efficiently spread them across all participating sites.

### Current HCI Activities

HCI's services include field-based technical assistance, research and evaluation, knowledge management, and technical leadership. Most of HCI's funding comes from USAID Missions, with the remainder from USAID Regional Bureaus and technical groups. HCI's current technical focus areas are:

#### Chronic Care

The burden of illnesses that require lifelong care is a growing challenge for most health systems, which were designed to deliver acute care services and have limited capacity for delivery of chronic care. HCI is working with Ministries of Health and other partners to apply the chronic care model to care for patients with HIV/AIDS and is transferring successful HIV care practices to the management of diabetes, hypertension, and other chronic conditions.

#### HIV/AIDS

HCI develops and validates methods for strengthening the capacity of health systems to provide and sustain high quality HIV/AIDS services, including antiretroviral

*Modern improvement methods offer a means by which health systems can be strengthened to produce better outcomes and greater efficiency.*

therapy (ART), prevention of mother-to-child transmission (PMTCT), nutritional assessment and care, HIV counseling and testing, home-based care, integration of HIV services with other programs, injection safety, and medical waste management. The project supports HIV/AIDS service providers to: 1) provide services for all who need them, 2) retain all those who access services in the continuum of care, and 3) achieve optimal health outcomes for all those who are retained in care. HCI is also working with the Office of the Global AIDS Coordinator (OGAC) and the Global Fund to scale up the use of quality criteria for monitoring and improving HIV/AIDS services.

#### Health Workforce Development

HCI is applying QI approaches to strengthen health worker and community health worker (CHW) performance, engagement, and productivity, making the case that improvement in human resources management has direct benefits for clinical outcomes, quality of care, efficiency of

health services, and patient satisfaction. The project supports government and NGO institutions to improve the functionality of CHW programs through a participatory assessment and improvement approach and manages [www.chwcentral.org](http://www.chwcentral.org), an interactive online community of practice dedicated to supporting excellence in CHW programs.

### Maternal, Newborn, and Child Health (MNCH)

HCI applies QI methods to strengthen the continuum of integrated maternal, newborn, and child health services at community, primary, and referral levels. The project supports global, regional, and national initiatives in MNCH, including Helping Babies Breathe, essential newborn care, prevention of post-partum hemorrhage and other obstetric complications, Kangaroo Mother Care, and community case management of child illness. HCI actively collaborates with other USAID implementing agencies to harmonize tools and approaches for improving the quality of MNCH programs.

### Orphans and Vulnerable Children

HCI is building local government capacity to develop and implement outcomes-oriented standards for services for vulnerable children and families. The project supports local implementers to apply QI methods at the point of service delivery to make a measureable difference in the lives of vulnerable children and facilitates sharing of experiences and best practices through web pages, case studies, and regional exchanges. HCI is supporting the development of an Africa-based alliance to provide technical assistance for OVC quality improvement activities in the region.

COUNTRY	FOCUS OF HCI PROJECT ASSISTANCE IN FY12
<b>AFRICA</b>	
<b>Cote d'Ivoire</b>	Support the National HIV/AIDS Program (PNPEC) and partners in improve the quality of ART and PMTCT in 120 sites; support the national OVC program to improve the quality of services offered to orphans and caregivers in 10 regions; support NGOs in implementing quality standards for HIV prevention through peer education; improve the quality of laboratory services in 25 labs in 10 regions
<b>Ethiopia</b>	Develop and test the Communities of Excellence model to facilitate community-to-community support to build local capacity for coordinated and comprehensive care for children and families affected by HIV/AIDS; apply QI methods to improve CHW performance
<b>Kenya</b>	Support the roll-out of OVC service standards and develop district government capacity to assure service quality; pilot MCH-PMTCT integration in 21 sites; improve the quality of nutrition assessment counseling and support in 4 districts to improve HIV clinical outcomes
<b>Madagascar</b>	Assess the functionality of CHW programs
<b>Malawi</b>	Support the National OVC Task Force and implementers in applying quality standards to OVC services
<b>Mali</b>	Improve the quality of maternal and newborn care and post-partum family planning at the facility and community levels in two regions; develop facility and community interventions to address maternal and child anemia; assist the Ministry of Health (MOH) to improve safe injection practices; improve CHW productivity in two regions
<b>Mozambique</b>	Organize key stakeholders and gather evidence on the application of quality standards to improve OVC services in three provinces; support government and other partners to develop and apply quality standards for home-based care for people living with HIV
<b>Namibia</b>	Improve medical injection safety and health care waste management practices countrywide; support the Ministry of Health's efforts to improve health worker knowledge and awareness of infection prevention, occupational safety, and post-exposure prophylaxis; strengthen commodity management
<b>Niger</b>	Support the MOH to plan for scale up of the health workforce interventions developed in Tahoua Region
<b>Nigeria</b>	Build the capacity of the Federal Ministry of Women and Social Development to improve quality of OVC services and integrate standards of care in OVC programming in six states
<b>Senegal</b>	In partnership with ChildFund and the MOH, apply collaborative improvement to support effective community management of child illness in two districts
<b>South Africa</b>	Develop the capacity of provincial and district managers to support facilities to provide an essential package of high quality HIV prevention, care and treatment services; strengthen community and referral linkages and coordination among the different levels of the health system; support the roll-out of the National Core Standards for Health Establishments
<b>Swaziland</b>	Strengthen delivery and scale-up of integrated TB/HIV services including multi-drug resistant TB care and treatment in primary health care facilities and communities; institutionalize QI for TB/HIV services in TB diagnostic sites and clinics in all four regions
<b>Tanzania</b>	Assist the Ministry of Health, Regional and Council Management Teams, and implementing partners to improve ART, PMTCT, infant feeding counseling, and OVC services in eight regions; support implementation of home-based care quality standards; pilot patient self-management in two districts; pilot interventions to reduce attrition gaps in PMTCT; prototype the new WHO PMTCT guidelines
<b>Uganda</b>	Support the Ministry of Health to improve HIV care coverage, retention, and outcomes in 96 sites in 45 district; apply QI methods to improve chronic care and maternal and newborn care in selected districts; integrate QI into national, regional, and district level supervision, monitoring, and evaluation systems; support other USAID implementing partners to improve care quality; integrate family planning services in HIV programs
<b>Zambia</b>	Develop minimum standards for services for vulnerable children and integrate with the national OVC strategy response; assist implementing partners in three provinces to implement OVC standards
<b>ASIA</b>	
<b>Afghanistan</b>	Support the Ministry of Health to build capacity for health care improvement nationwide; implement improvement collaboratives in nine provinces to improve obstetric and newborn care and outcomes at facility and community levels; improve outcomes in Kabul maternity hospitals through improved prevention and treatment of major direct causes of maternal and neonatal mortality and strengthening post-partum family planning
<b>Pakistan</b>	Pilot a quality improvement intervention to increase injection safety in one province
<b>EUROPE &amp; EURASIA</b>	
<b>Georgia</b>	Assist the Ministry of Labor, Health, and Social Affairs to increase the use of evidence-based medical information and clinical guidelines by Georgian physicians; strengthen provider capacity to provide safe and effective care; support local partners to provide continuous learning opportunities and spread the application of QI methods
<b>Russia</b>	Work with federal institutions to facilitate adoption and national promotion of best practices in HIV prevention and care; support Sverdlovsk and Leningrad oblasts to improve the organization and delivery of HIV prevention and care; improve the early detection and treatment of TB in the general health care system in Saratov and Bryansk oblasts and expand activities to Astrakhan region; disseminate best practices and results from MCH improvement interventions in six regions
<b>LATIN AMERICA AND THE CARIBBEAN</b>	
<b>Bolivia</b>	Support the MOH to scale up best practices in TB-DOTS to private and Social Security facilities in the city of El Alto and in MOH facilities in the city of Cochabamba; support the national TB program to implement distance learning in TB control; provide technical assistance in TB program improvement to the UNICEF-FORTALESSA project
<b>Ecuador</b>	Conduct research on the spread and sustainability of QI in maternal and newborn care, on the uptake of child survival interventions, and on the role of social organizations in health care improvement
<b>El Salvador</b>	Assist the Ministry of Health to institutionalize continuous quality improvement in the management of maternal and neonatal complications in all 28 national hospitals and monitoring of compliance with standards; support capacity building in breastfeeding, waste management, newborn resuscitation, IMCI, adolescent-friendly services, and micronutrient supplementation
<b>Guatemala</b>	Support the MOH to improve quality of maternal and newborn care services at the community, facility, and referral care levels in seven health areas; improve the quality of maternal and child essential nutrition actions at the community and facility levels in six health areas; support the MOH to institutionalize and sustain gains achieved by its quality management system at the central level and in five health areas
<b>Haiti</b>	Support the Ministry of Health and Social Affairs and implementing partners to apply quality standards for OVC services
<b>Honduras</b>	Support the Secretariat of Health to develop the national quality system including licensing standards; improve the management of newborn complications in five health regions; support ASHONPLAFA to improve the quality of private sector family planning services; support three hospitals to reduce intra-hospital infections; assist the La Paz region to scale up best practices in reducing under five mortality from pneumonia and diarrhea; document best practices to improve referral and counter-referral system for obstetric complications in Comayagua
<b>Nicaragua</b>	Support the Ministry of Health to institutionalize quality monitoring and improvement through development of in-service and pre-service training in QI, MNCH, family planning and HIV; support six prioritized hospitals to improve case management of maternal and newborn complications and child pneumonia and diarrhea; promote exclusive breastfeeding in eight hospitals; support QI in post-obstetric event family planning; scale up infection prevention and control practices in 10 hospitals; reduce C-sections in five hospitals; support QI for ART, PMTCT, and HIV testing; support implementation of Kangaroo Mother Care in one hospital and Helping Babies Breathe in two hospitals

## Community Health

HCI is testing models to build community capacity to provide comprehensive care for vulnerable children and families, improve the impact of CHW programs, increase facility and community linkages, and strengthen the community health system to extend coverage of critical services.

## Family Planning

HCI is applying quality improvement methods to improve the effectiveness of post-obstetric event family planning services at both the facility and community levels, strengthen the integration of family planning with HIV services, and increase male involvement in reproductive health services.

## Tuberculosis

HCI is strengthening TB case detection and management, directly observed treatment (DOTS), management of multi-drug resistant TB, and the integration of TB and HIV care to accelerate initiation of treatment.

## Knowledge Management

HCI supports a global knowledge management system to gather and share practical knowledge, best practices, and tools from QI teams and country experiences through the Health Care Improvement Portal, [www.hciproject.org](http://www.hciproject.org), and related web sites aimed at regional audiences, including [www.maternoinfantil.org](http://www.maternoinfantil.org), [www.alianzaneonatal.org](http://www.alianzaneonatal.org), and [www.healthquality.ru](http://www.healthquality.ru).

## Research and Evaluation

HCI conducts applied research related to spread and institutionalization of best practices and improvement methods, accelerating learning and results through collaborative improvement, improving the efficiency of QI interventions, adapting QI methods to community-level services, enhancing QI team performance, and documenting



A community health worker in Nepal during a home visit. HCI is strengthening community level health services through tools and technical resources for improving the functionality of CHW programs. Photo by Lauren Crigler, Initiatives Inc.

the cost-effectiveness and cost implications of QI interventions. Tools, summary descriptions, and publications related to HCI research studies are available at: [www.hciproject.org/improvement\\_tools/research\\_evaluation](http://www.hciproject.org/improvement_tools/research_evaluation).

## Technical Leadership

HCI provides global technical leadership for USAID's initiatives to improve health care by collaborating with other international agencies and by disseminating QI results, tools, and methods to support the strengthening of health systems in USAID-assisted countries. HCI also collaborates with training institutions develop courses on quality improvement.

## HCI Contractor Team

URC is the prime contractor for the USAID Health Care Improvement Project. URC's subcontractors on HCI include: EnCompass LLC, FHI 360, Health Research Inc., Initiatives Inc., Institute for Healthcare Improvement, and Johns Hopkins University Center for Communication Programs.