

# Road to Results

ACHIEVING SUCCESS STEP BY STEP

## Quality Improvement System Improves Reproductive Health Services, Enhances Client Satisfaction, and Empowers Health Workers in Kyrgyzstan

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Health reforms in the Central Asian country of Kyrgyzstan seek to improve the quality and efficiency of health services, with an emphasis on strengthening primary health care. Breaking from the Soviet system that emphasized highly specialized care, recently formed Family Group Practices (FGPs) offer a range of primary health care services. They also compete for clients and receive a capitated payment for each person enrolled. FGPs have considerable autonomy in the way they provide services and use their funds. However, many challenges remain. Services need to improve in quality and become more client-friendly, and FGP staff need to learn to use their new-found autonomy to manage their facilities effectively and to attract clients.

The USAID-funded ZdravPlus project piloted a Quality Improvement System (QIS) in three FGPs in the Issyk-Kul Oblast of Kyrgyzstan. The system was designed to improve the quality of care and to support the vision of an FGP as a client and market-oriented health care provider, with staff that works together as a team to manage services and resources. It also sought to demonstrate the potential of a supportive supervision system as an alternative to the current system that relies on punishment for adverse health outcomes or infractions of strict or confusing rules and regulations.

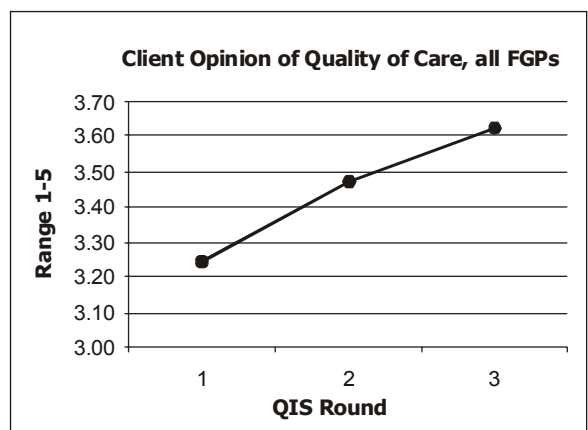
The QIS takes advantage of the clinical and interpersonal skills of trainers from the local Family Medicine Training Center, expanding their role to become curators, a local term for supervisors. In the QIS, the curators assess the quality of services using four tools:

- *Exit interviews* that objectively measure quality from the clients' perspective, solicit clients' suggestions, and indirectly promote a client-orientation among providers;

- *Walk-through assessment of the facility* by a curator with a standard checklist, based on Ministry of Health (MOH) standards;
- *Observation of clinical staff* while they provide information and services to clients, conducted by a curator using checklists based on MOH protocols; the skills of individual staff are assessed and immediate feedback is provided with a view to increasing competence, not to criticize or punish; and
- *Facility self-assessment* in which the entire staff of the FGP meets to identify problems in quality of care.

Once problems have been identified using these tools, the staff of the FGP works as a team to prioritize and decide how to resolve them. An action plan is developed, with each problem assigned to an individual with lead responsibility for implementing the solution. Three months later, the curator returns to check on progress and to repeat the cycle. In reality, in Kyrgyzstan, the curators built close, trusting relationships with the FGP staff and visited much more frequently.

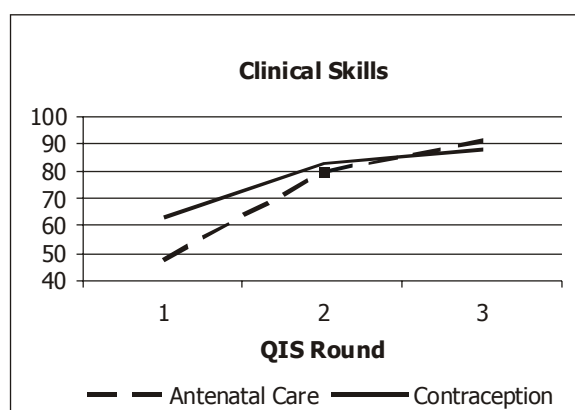
During the pilot project, three rounds of the QIS were implemented in February, May, and September 2001, resolving a variety of problems:



The USAID-funded ZdravPlus Program provides technical assistance and training to improve the health of Central Asian populations by improving health delivery systems

- The first round of observation of services showed that doctors at all three FGPs did not follow standards of care in the provision of contraception, with an average score of just 63 percent. Training was provided and, by the second round, the score increased to 83 percent. The third round demonstrated sustained improvement, at 88 percent.
- Observations at all three sites demonstrated that doctors did not follow antenatal care standards, with scores of 47 percent. After training, the score increased to 80 percent in the second round and, by the third round, had reached 91 percent.
- At one FGP, clients disliked the examination room. The staff discovered that clients felt the room was unattractive and lacked privacy. In response, they created separate examination rooms and bought curtains, soap, and towels. By the next round, scores increased 83 percent. In the third round, after further improvements, the score improved 119 percent over Round 1.
- At two FGPs, the facility review noted that there were no laboratory facilities. After the third round, one FGP had opened a lab, hired a laboratory technician, and was doing glucose, Hb, and urine tests. They set goals to get more reagents and have a nurse trained as a lab tech. In the other facility, laboratory equipment was purchased and staff were trained.

Of course, not all problems affecting quality of reproductive health services were resolved. One persistent problem was the lack of contraceptives, which is an issue nationwide in Kyrgyzstan. Another issue was that clients at all FGPs still felt that confidentiality was inadequate, with people frequently walking into examining rooms.



Clearly, the QIS improved quality of care as measured by compliance with MOH standards. It also increased client satisfaction and strengthened the abilities of FGP staff. Staff reported feeling more motivated, part of a team and able to solve their own problems. Clinic directors found sponsors for improvements and persuaded clients to donate time and skills. One FGP, not part of the pilot project, decided to merge with a pilot site in order to achieve quality improvements.

With the initial pilot phase of the QIS project over, other FGPs want to be included in the system. Once a cadre of QIS trainers is developed (early 2002), the system will be expanded within Kyrgyzstan and elsewhere in Central Asia. The pilot FGPs plan to broaden the scope of the QIS to include indicators for immunization, tuberculosis, diarrheal diseases, and anemia. They also plan to work with the local Health Insurance Fund in an effort to use the results of the QIS for distribution of financial incentives to staff. Finally, the national Family Medicine Excellence Center sees links between QIS and Continuing Medical Education and will build on the QIS to identify needs for refresher training from the bottom up — and not only from the top down.

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