Deep Dive: An Exploration for Innovation

Improving Quality in the Private Sector

May 24, 2005

Case Study: Zambia Integrated Health Programme (ZIHP)

Contributed by Initiatives, Inc.

Name of Project
ZIHP

Country
Zambia

Years of activities
1998 – 2003

ZIHP worked with the Government of Zambia to address pressing health problems within the country. Further, ZIHP supported the institutional development of the Zambian government, NGOs, and the private sector by training community health workers and providing grants. ZIHP trained 18 NGO/CBOs using the Performance Improvement Review (PIR) Package. PIR has four principal steps designed around a conceptual framework to help NGOs improve the quality of their programs through self-monitoring and action planning.

Background

The Zambia Integrated Health Programme (ZIHP) was developed to continue the process of health reform in Zambia and to assist the Government of Zambia in further addressing the country's main health problems. ZIHP supported the institutional development of the government, NGOs, and the private sector. At the community level, this focus included training community health workers and providing grants to NGOs to support community activities. Using the Performance Improvement Review Package (PIR), ZIHP trained 18 NGO/CBOs and their partners in quality assurance. The case study summarized here was developed as a training tool and is a fictitious case based on Initiatives Inc.'s experience working with NGOs under the ZIHP Project.

How was the Intervention launched?

The Intervention was launched with the aid of ZIHP to the Zambian NGOs

How did you get started?

The PIR Process

The Performance Improvement Review process was developed to help NGOs improve the quality of their programs through routine self-monitoring and action planning. PIR included four principal steps: planning, data collection, analysis, and the development of program improvement plans. It was designed around a conceptual framework that outlined six key elements: 1) management and organization, 2) supply system, 3) sustainability, 4) technical competence, 5) community involvement, and 6) results-quantitative performance indicators. The process was rapid, taking between 3 and 5 days and was to be conducted on a biannual or annual basis. Many NGOs found that this process strengthened their management capabilities, helped them address technical weaknesses and fortified partnerships with the government health service and other NGOs.

The Illustrative ASSIST Peer Education Program

The case study is based on the ASSIST NGO, a fictional composite of NGOs, with which ZIHP worked. The ASSIST Peer Education Program's goal was to reduce HIV transmission among youth and to improve access to information and services for secondary school students. In the example, A KAP study conducted by ASSIST found that while 33% of secondary school students were sexually active, only 7% used condoms, 26% could define HIV/AIDS, and only 20% of the students could list ways HIV/AIDS is transmitted or name three safe sex practices.

Objectives of ASSIST

- To increase the proportion of secondary school students who are knowledgeable about HIV/AIDS, its transmission, and prevention to 60% by the end of the program's first year.
- To provide condoms to sexually active students at youth friendly corners.

What steps were used in the intervention?

QI Tool or Approach

The Performance Improvement Review included tools for record reviews, interviews of managers, supervisors and service providers and observations of service provision. It also provided worksheets and guidance for scoring performance in the 6 performance elements, developing action plans, and monitoring actions.

Intervention Training

To conduct the PIR, ASSIST worked with a team assembled from partner organizations, health center nurses from three youth friendly corners, and a member of the area school committee. Over four days, the team discussed the PIR process and observed peer educators in two of the five schools. The two schools were chosen at random from participating schools. The team reviewed the data collection instruments and identified successes and barriers to success that influence program performance. The team also discussed the performance improvement plan (action plan) and charted their performance in the 6 key elements to create a picture of program performance that could be compared with other performance reviews in the future.

Monitoring Tools

ASSIST trained 25 peer educators from five schools with a combined attendance of 25,000 to promote awareness and conduct small group sessions. Additionally, one teacher from each school was trained as an HIV/AIDS patron. To ensure group education sessions were taking place, ASSIST monitored peer educator and patron records every quarter.

How did you measure change?

In the ASSIST example, and with many of the Zambian NGOs supported by ZIHP, little or no baseline data were available. To establish a baseline, NGOs often used the first review process results. But, like ASSIST, NGOs used the PIR process to establish measurable objectives to measure their progress on achieving goals throughout the year. In the ASSIST example, the NGO documented the number of youth visits to health centers and the number of condoms distributed to measure demand for services.

What worked best in this experience?

After the team created the PIR Performance Improvement Plan, they followed-up on the recommendations by ensuring trainings were arranged and carried out, monthly reports from the HIV/AIDS patrons were collected and reviewed, and followed-up with the District Health Management Team, clinic nurses, and peer educators.

What were the potential roadblocks and challenges?

- Documentation was difficult for ASSIST. This made it hard for program managers to monitor indictors over time.

- Resistance to acknowledging problems was another constraint.

- Organizational, financial and human resource constraints were obstacles to conducting routine performance reviews.

What were the lessons learned?

- Performance improvement tools can build the capacity of NGOs to better manage their programs and improve the quality of services they offer. NGOs are sometimes resistant to acknowledging problems at first, but, as they gain experience with performance improvement, they become accomplished at identifying issues and developing action plans. Performance improvement processes that integrate partners, such as government health workers and other NGOs, strengthen relationships between sectors.

- Keeping performance improvement processes simple and rapid is key for the NGO sector, which in many places has few financial resources or personnel.

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