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# Uganda: Governing for Quality Improvement in the Context of UHC

## Background

**History:** In 2010, the Uganda Capacity Program conducted a situation analysis of quality improvement initiatives that identified there were many quality improvement initiatives, however they were mostly donor driven. Uganda had weak mechanisms to coordinate the initiatives at all levels. The National Quality Improvement Framework and Strategic Plan was developed to recognize the need to institutionalize, harmonize, and coordinate quality improvement and management interventions in the country. From this analysis, a quality improvement coordination structure was created to enhance and coordinate quality improvement policy, strategy development, communication, and capacity building activities.

**Governance:** The quality improvement unit, titled the Quality Assurance Department (QAD), in the Uganda MOH is very active. It has a technical working group that meets quarterly. Staff from this unit take part in joint quality improvement coaching with implementing partners on a regular basis across the country, and facilitate at formal quality improvement trainings across the country. They develop quality improvement related policies, guidelines, and strategies.

The unit is comprised of five staff members, which include Commissioner of the QAD, Assistant Commissioner, Principal Medical Officer, Senior Medical officer and Quality Improvement Technical Advisor. The department provides a supervisory function, carries out national quality improvement training and disseminates quality improvement tools across the country. It develops national guidelines and protocols, capacity building and mobilizing resources for quality assurance.

**Financing:** In 2010, households spent approximately 9% of their expenditure on health. Although public health services are largely free in Uganda, 5% of households in Uganda were experiencing catastrophic payments, while 2.3% were impoverished due to medical costs. In the Health Sector Strategic Plan III (2010/11-2014/15), the Government of Uganda stated it would explore “alternative, equitable and sustainable options for health financing and health service organization targeting vulnerable groups”. Specifically the strategic plan calls to broaden the resource base for the Uganda National Minimum Health Care Package and strengthen financial managements systems.

**Quality:** The Government of Uganda has long pushed for quality improvement throughout the health sector. For over two decades, they have had a commissioner for quality and have had a unit specifically focusing on quality. Involvement has been with the Director Generals and Permanent Secretary on an ongoing basis. Integration of quality improvement has expanded to many technical areas, including HIV & AIDS and maternal and child health. In 2010, they developed the first quality framework, with a new version currently being developed. Staff from Uganda’s quality improvement unit take part in joint quality improvement coaching with implementing partners on a regular basis across the country, and facilitate at formal quality improvement trainings. They develop quality improvement related policies, guidelines, and strategies.

Background Country Data	
Total Population (millions)	37,782,971
Life Expectancy at birth (years, both sexes)	57.8
Infant Mortality (per 1,000 births)	37.7
Maternal Mortality (per 100,000 births)	n/a
Hospital beds (per 1,000 people)	0.5
Public health expenditure (% of total health expenditure)	44.4
Total health expenditure (% GDP)	4.3
OOP health expenditure (% of total expenditure)	38.4
Poverty headcount ratio at \$1.25 a day (% of population)	33.24
GDP per capita(current USD)	714.6

Source: World Development Indicators, accessed February 2016

## Overview of Governing Quality – Key Inputs and Processes

Function of Quality	Institution Responsible for Function	Key Features and Processes
Regulation	<ul style="list-style-type: none"> <li>MOH</li> </ul>	<ul style="list-style-type: none"> <li>Councils for each type of health professional are charged with ensuring maintenance of professional standards (Ugandan MOH, 2010).</li> </ul>
Leadership and Management	<ul style="list-style-type: none"> <li>MOH</li> </ul>	<ul style="list-style-type: none"> <li>The Health Sector Quality Improvement Framework and Strategic Plan 2010/11-2014/15 clearly provides guidance on formation, roles and responsibilities for the different quality improvement implementation committees and teams at the national, regional, district and facility levels. It also outlines criteria for staff recognition. There is a National Quality Improvement Coordination Committee chaired by the Director for the Health Services responsible for planning and development with a sub-committee of two people to draft criteria for recognition and reward. The first draft will be presented in the next quality improvement committee meeting in March 2016.</li> </ul>
Monitoring and Evaluation	<ul style="list-style-type: none"> <li>Health Management Information System (HMIS), project databases, the Human Resource Information System (HRIS), the Logistics Management Information System (LMIS), the Output Budgeting Tool (OBT) and other systems.</li> <li>Joint Review Missions, the National Health Assembly and the Uganda Parliament.</li> </ul>	<ul style="list-style-type: none"> <li>Per the Health Sector Quality Improvement Framework and Strategic Plan 2010/11-2014/15, data are to be collected from Uganda's various data management databases: HMIS, project databases, HRIS, LMIS, OBT, and other systems. Data collected include: Results of baseline-, mid-, and end- stage evaluation surveys and providers' use of standardized checklists and patient complaint systems (e.g. complaint boxes) (Omaswa F et al, 1997). In 2013, a group of multilateral organizations developed Service Delivery Indicators (SDI) to construct a set of benchmarking metrics which capture critical dimensions of service delivery, including the knowledge and effort of providers. (World Bank et al., 2013).</li> <li>Much of the data collection and analysis responsibility falls on multidisciplinary provider teams. (Ugandan MOH, 2011). Data are to be benchmarked internally and externally compared to other health facilities. (Ugandan MOH, 2011). Final analyses are then shared with Joint Review Missions, the National Health Assembly and the Uganda Parliament (Ugandan MOH, 2010).</li> <li>The MOH is in advanced stages towards completion of the M&amp;E plan for the Health Sector Development Plan. This will provide indicators against which health sector priorities implementation will be measured. The Ministry of Public Service, along with the MOH, has initiated performance contracts starting with senior government officials.</li> </ul>
Planning	<ul style="list-style-type: none"> <li>MOH Quality Assurance Department (QAD)</li> </ul>	<ul style="list-style-type: none"> <li>The Health Sector Quality Improvement Framework and Strategic Plan 2010/11-2014/15 outlines the QI priority intervention areas to be considered for each year. Supported by the National Health Policy Plan which outlines a National Quality Improvement Framework, and the Second National Health Policy. (Ugandan Ministry of Health, 2011).</li> <li>Under the National Health Policy Plan, the MOH QAD will manage all strategic plans (Ugandan MOH, 2011).</li> <li>The Supervision, Monitoring, Evaluation and Research Technical Working Group collaborate with the MOH QAD. Both groups advise the Health Policy Advisory Committee on strategic plans (Ugandan Ministry of Health, 2011). Roles and responsibilities are clarified.</li> </ul>
Financing	<ul style="list-style-type: none"> <li>Government of Uganda and partners</li> </ul>	<ul style="list-style-type: none"> <li>Available resources are captured in the work plan. Commitments on budget support are made and harmonized among all partners.</li> </ul>

## Abbreviations

HMIS	Health Management Information System
HRIS	Human Resource Information System
LMIS	Logistics Management Information System
MOH	Ministry of Health
OBT	Output Budgeting Tool
QAD	Quality Assurance Department

## Sources

- Omaswa F et al, 1997. Introducing quality management into primary health care services in Uganda.
- Uganda Ministry of Health. Health Sector Strategic Plan III (2010/11-2014/15).
- Uganda Ministry of Health. The Second National Health Policy: Promoting People's Health to Enhance Socio-economic Development.
- World Bank. 2013. Education and Health Services in Uganda: Data for Results and Accountability.