Quality of Care

What can Quality of Care assessments tell us?
If quality of services are high enough to make a difference

What opportunities exist?
• Incorporate newborn & nutrition quality measures
• Get data that are hard for mothers to report on surveys, like appropriate pneumonia care-seeking

How can results help us?
Improve quality of care → ultimately program impact

Ultimate Goal

Good evidence
Better programs
Healthier women & babies

Burkina Faso Case Study

Policy: program pilot in 9 districts to inform national policy
Providers: volunteers; low literacy; nominal remuneration
Covering all rural communities
2 volunteers per community

Training: WHO/UNICEF materials, cascade training, clinical practice variable
Commodities: Initial stock to be replenished against a cost
Supervision: Every 2 months

Service provision: use fees
Demand creation: no deliberate approach
Linkage with health facility: for supplies, supervision

Community Case Management Implementation in Burkina Faso

Plan: Develop tools, train key Canadian leaders, make them available for use
• Use tools in at least two country settings per tool to improve them
• Develop accompanying documentation and guidance for use

Evaluation methods

Clinical
Case scenarios
- CHW knowledge in severe cases
- Register review
- Cases seen
- Treatment & referral decisions
- Caretaker Exit Interview
- Client satisfaction
- Counseling messages
- Costs

Systems
Direct observation with Re-exam
Quality & accuracy of:
Assessment
Classification
Treatment

Results: Quality of care provided by CHWs

- Child evaluated for 4 danger signs
- Child correctly classified for diarrhea, fever, and/or pneumonia
- Child correctly managed for diarrhea, fever, and/or pneumonia
- Child not needing an antibiotic leaves without an antibiotic
- Child needing referral was referred
- ASC counsels increased fluids and continued feeding for child with diarrhea
- ASC counsels when to seek care

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