Measuring Quality of Care
Need for New Accountability Approach

• Interest in understanding progress in MNCH
  • Large investments in MNCH by Canadian gov’t and other donors

• Limitations of current approaches
  • Population-based surveys provide some key information, but are conducted 1x/5 yrs, and not aligned (time/space) with implementation
  • Routine data often inconsistent, unreliable, not representative
  • Multiple indicators being proposed and used
  • Current approaches fail to capture all aspects of impact pathway

• Opportunities
  • Harmonize indicators and methods to address impact pathway
  • Enable funders (GFF?, Canadians) & projects to regularly analyze data about MNCH investments with standardized, vetted tools
  • Carefully plan MNCH program evaluation as part of ongoing M&E
Are women and children receiving the interventions? How is the quality?

Inputs
- Funding
  - Canadian investments
  - Government sources
  - Other contributors
- Policies
- Plan
  - Canadian inputs are coherent, prioritised and adequately funded
- Harmonization
  - Canadian projects aligned with national plan and well coordinated with inputs from other donors

Process
- Project implementation
  - Clear, evidence-based link between projects and mortality in areas of:
    1) Human resources
    2) Commodities
    3) Service delivery
    4) Other
- Capacity building
  - Programmes
  - Institutions
  - People
- Accountability
  - Performance monitoring
- Gender equality

Outputs
- Health system strengthened
  - Governance, Human Resources, Commodities

Outcomes
- Intervention coverage
- Behavior change
- Reduced inequity (e.g. gender, socio-economic position)

Impact
- Improved survival
  - Child/newborn mortality
  - Maternal mortality
- Improved nutrition
  - Children
  - Pregnant women

Quality of Care
- Review of project plans & PMFs; Resource tracking
- Implementation Monitoring
- Health system monitoring
- Coverage monitoring
- Impact monitoring
- Strengthen country health information systems
- Evaluation: process, health systems strengthening, impact
## Existing data collection methods for QoC

<table>
<thead>
<tr>
<th>Qualities of ideal evaluation method</th>
<th>Direct observation*</th>
<th>Record/chart review</th>
<th>Simulated client</th>
<th>HW test/vignette</th>
<th>Patient exit interview*</th>
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</thead>
<tbody>
<tr>
<td>Real patients</td>
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<td><img src="#" alt="Red" /></td>
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<tr>
<td>Gold standard</td>
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<td>HWs don’t know they’re evaluated</td>
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<tr>
<td>Complete &amp; valid information</td>
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<tr>
<td>Low cost &amp; complexity</td>
<td>$$$$$</td>
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* With patient re-examination

Slide courtesy of Alex Rowe, US CDC
How have we assessed the quality of services provided to women & children

• Observation with re-examination
• Case scenarios
• Record reviews
• Exit interviews
Why measure Quality of Care?

What can Quality of Care assessments tell us?
Whether services are provided at a high enough quality to make a difference in health and survival

What gaps currently exist that can be filled?
• Standard newborn and nutrition quality indicators
• Data that are hard for mothers to report on surveys, like appropriate pneumonia care-seeking

How can they help programmers and funders?
Results can be used to improve quality of care and ultimately program impact
BURKINA FASO EXAMPLE
Community Case Management implementation in Burkina Faso

| Policy: CCM and iCCM pilot in 9 districts to inform national policy |
| Providers: volunteers (ASBCs); low literacy; nominal remuneration |
| Covering all rural communities 2 ASBCs 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: user fees |
| Demand creation: no deliberate approach |
| Linkage with health facility: for supplies, supervision |
Evaluation methods

**Clinical**
- Direct observation with Re-exam
  - Quality & accuracy of:
    - Assessment
    - Classification
    - Treatment
- Case scenarios
  - CHW knowledge in severe cases
- Register review
  - Cases seen
  - Treatment & referral decisions

**Systems**
- Caretaker Exit Interview
  - Client satisfaction
  - Counseling messages
  - Costs
Results: Quality of care provided by CHWs

1. Child evaluated for 4 danger signs
   - Total: 11
   - Districts with pneumonia CCM: 28
   - Districts without pneumonia CCM: 9

2. Child correctly classified for diarrhea, fever, and/or pneumonia
   - Total: 66
   - Districts with pneumonia CCM: 61
   - Districts without pneumonia CCM: 66

3. Child correctly managed for diarrhea, fever, and/or pneumonia
   - Total: 25
   - Districts with pneumonia CCM: 28
   - Districts without pneumonia CCM: 8

4. Child not needing an antibiotic leaves without an antibiotic
   - Total: 81

5. Child needing referral was referred
   - Total: 42
   - Districts with pneumonia CCM: 29
   - Districts without pneumonia CCM: 27

6. ASC counsels increased fluids and continued feeding for child with diarrhea
   - Total: 6
   - Districts with pneumonia CCM: 1
   - Districts without pneumonia CCM: 6

7. ASC counsels when to seek care
   - Total: 30
   - Districts with pneumonia CCM: 28
   - Districts without pneumonia CCM: 30
Objectives for IIP

1. **Develop Tools** to improve country-level accountability for Canadian-supported activities for MNCH
   - Use tools in at least two country settings *per tool* to improve them
   - Develop accompanying documentation and guidance for use
   - Transfer expertise, tools and guidance so they can be used widely

2. **Build capacity to use Tools** ultimately among governments, implementers
   - Build capacity in Canadian experts so they can train country governments and other implementers to use tools

3. **Analyze and report on progress** across sites, independent of implementers
   - Advise on development and use of data repository
   - Perform cross-site analyses
   - Feed results back to funders so they can inform programming
Proposed tool development process:
Key points for involvement of Canadian institutions

GLOBAL
- Global model of change, indicators & definitions
- Development of generic tool

Development of training materials, reporting templates & analysis plans

Refinement/finalization of tool

Supported use in additional countries by Canadian Institutions

Country adaptation of global model of change, indicators & definitions

Application 1 with close monitoring

Use of results to improve program performance and progress reporting

Continued use to monitor progress; application of tool to other programs at country level

Country adaptation of global model of change, indicators & definitions

Application 2 with close monitoring

Use of results to improve program performance and progress reporting

Continued use to monitor progress; application of tool to other programs at country level
Input and Participation request

Canadian evaluation and implementation experts’ input requested:

• Field experience
• Advice on cross-cultural issues
• Program context
• Technical input
Ultimate Goal

Good evidence  Better programs  Healthier women & babies
Possible sequencing of tools at country or project level

DATA-BASED DECISIONS

Tool 1: Decision Support/LiST
Tool 2: Model of Change

Data summary, review, reporting and action

Tool 4: Decision Support/LiST

DATA GENERATION

Tool 3: Implementation Strength (Annual, with changing program focus)

Tool 5: Coverage Baseline (Annual)

Tool 4: Quality of Care (As needed)

Tool 5: Coverage Progress (Annual)

Tool 6: Measurement Plan

Pre-implementation → Program roll-out → Program review & results monitoring

All adapted to reflect what is already happening at country level!