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MCHIP | Maternal and Child Health Integrated Program

TAKING STOCK OF MCHIP EFFORTS AROUND QUALITY IMPROVEMENT & QUALITY ASSESSMENT

April 2011

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Acronyms

AMTSL	Active Management of the Third Stage of Labor
CH	Child Health
DRC	Democratic Republic of Congo
FP	Family Planning
HCI	Health Care Improvement project
HIV	Human Immunodeficiency Virus
IMCI	Integrated Management of Childhood Illness
IP	Infection Prevention
LQAS	Lot Quality Assurance Method
MC	Male Circumcision
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MH	Maternal Health
MPT	Malaria Prevention and Treatment
NGO	Non-Governmental Organization
NH	Newborn Health
PDQ	Partnership Defined Quality
PE/E	Pre-eclampsia/Eclampsia
PPC	Postpartum Care
PPH	Postpartum Hemorrhage
PQI	Performance and Quality Improvement
PVO	Private Voluntary Organization
QA	Quality Assessment
QI	Quality Improvement
RBF	Results-Based Financing
RED	Reaching Every District
RH	Reproductive Health
SBA	Standards-based Assessment
SBM-R	Standards-based Management-Recognition
TB	Tuberculosis

Introduction

WHY THIS INVENTORY IS NEEDED

USAID's Maternal and Child Health Integrated Program (MCHIP) brings together a strong set of players in the field of maternal and child health (MCH). Each MCHIP partner—Jhpiego, John Snow, Inc. (JSI), Save the Children, PATH, Johns Hopkins University / Institute for International Programs (JHU/IIP), Broad Branch Associates, PSI and MACRO—has unique technical expertise with regards to Quality Improvement (QI) and Quality Assessment (QA) activities. Program partners also have specific knowledge about and experience with using different QI/QA approaches and tools. Given MCHIP's decentralized nature, the number of partners involved in the project and the speed with which MCHIP has expanded around the world at the country-level, an "internal inventory" to take stock of "what MCHIP is doing at country-level in terms of QI/QA" should prove a valuable resource both to those MCHIP staff who are already working to assess and/or strengthen QI/QA and to those who are considering implementing similar activities.

HOW WERE MCHIP QI/QA ACTIVITIES IDENTIFIED?

A handful of initial interviews were held with MCHIP Washington DC-based staff in order to get a better sense of the variety of QI/QA activities within MCHIP and to inform development of a brief online questionnaire (see Annex A). Currently MCHIP is actively engaged in more than 30 countries around the world. An internal quality program review was done and a QI/QA questionnaire was sent to all MCHIP country directors/team leaders, country support managers and program officers. For the purpose of the questionnaire, "QI/QA-related activities" were defined as: "activities that assess and/or improve quality which impact upon service delivery within health facilities or within the community". The questionnaire primarily sought to capture QI/QA activity areas, as well as tools being implemented or planned for use by MCHIP programs. However it also captured interventions—such as pre-service education and in-service training—that seek to strengthen health worker knowledge and skills and, as such, directly improve the quality of services provided and—more indirectly—improve health outcomes. Hence findings around MCHIP QI/QA activity areas, tools and health worker knowledge and skill strengthening are all included in the following analysis.

BEFORE THE QUESTIONNAIRE FINDINGS….A BIT OF BACKGROUND

The timing of the questionnaire turned out to be optimal, as it coincided with release of a publication commissioned by the Maternal and Child Health Division of USAID's Bureau for Global Health and the preparation of which was led by the USAID Health Care Improvement (HCI) project in close collaboration with many MCH partners including MCHIP, Jhpiego, JSI and Save the Children. Several of these MCH partners co-authored this document. This collaborative document *"Finding Common Ground: Harmonizing the Application of Different Quality Improvement Models in Maternal, Newborn, and Child Health Programs*"[1] highlights several points[2] which are relevant to this review of MCHIP QI/QA activities, for example:

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[1] "Finding Common Ground: Harmonizing the application of different QI models in MCHIP programs" by Tawfik et al 2011, available at http://www.hciproject.org/node/2048

[2] Language in bullets that follows is taken directly from notes shared following a meeting of partners and USAID held at URC on February 16, 2011, following publication of the "*Finding Common Ground*" document. In a few cases, it has been slightly edited, but the meaning has not been altered.

- There is no one single "correct" model for quality improvement (QI). However, regardless of which model is to be used, there is a need to be more rigorous in describing and measuring the impact of QI, processes applied to achieve results, and cost of interventions.
- The focus of QI needs to be on improving the results of health programs (e.g. patient outcomes). QI is not the goal; it is a process towards that end leading to increased impact of health programs. QI approaches are evolving as more experience and lessons are learned on how best to improve care. Hence the QI process is not static; to the contrary, it will continue to evolve over time.
- There is a need to document:
  - Where each QI model has been applied
  - How it has been implemented
  - What resources and tools were used to apply the model
  - How much it cost
  - The role of counterparts versus external consultants/advisors and
  - Model effectiveness and impact
- As a step towards identifying countries where QI partners overlap, partners should complete a mapping exercise to identify which QI partner(s) is (are) active in which country (ies). Preliminary mapping shows that several QI partners are currently overlapping in several countries e.g., Afghanistan, Guatemala, Mali, and Uganda (findings—below in Section IV—from this MCHIP QI/QA questionnaire can/should inform this process).
- In countries where several QI partners are working, there is a need to conduct such a mapping exercise at the country level to depict which QI partner/QI model is applied at the national, provincial, district and facility levels. Such mapping can be the basis for national level program coordination. It is advised that only one QI approach is to be applied in one district to avoid confusion. When different districts apply different QI models, a national entity, for example, a National QI Working Group can be formed to coordinate the implementation of different models and summarize lessons learned.
- Efforts to improve the quality of health care and strengthen coordination between QI partners needs to involve national counterparts to assure ownership of the process and endorsing of results.
- Finally, it was suggested that a Task Force including USAID QI partners be formed to continue the collaboration between QI partners and to ensure particular emphasis on achieving synergies in selected countries.

Summary of MCHIP QI/QA QUESTIONNAIRE Findings

QUESTIONNAIRE TERMINOLOGY

QI and QA activities were listed as separate categories in the questionnaire, with the former being defined as "implementation of interventions to try and improve the quality of services" and the latter being defined as "activities to determine the quality of services currently being provided". However there can be much overlap between QI and QA, especially as an initial assessment (using some form of QA) commonly drives implementation of QI activities. Implementation of the questionnaire and discussions with MCHIP staff found that the QI/QA distinction used by the questionnaire is often artificial. Indeed the QI definition reached by the authors of the recently-published "Finding Common Ground" document includes QA, presenting QI as "a cyclical process of measuring a performance gap; understanding the causes of the gap; testing, planning, and implementing interventions to close the gap; studying the effects of the interventions; and planning corrective actions in response". The analysis that follows attempts to follow the logic of "Finding Common Ground" first presenting QI-related tools covered in said document.

QUESTIONNAIRE FINDINGS ARE SUMMARIZED IN FOUR SUB-SECTIONS, AS FOLLOWS:

A. A brief snapshot of general findings: where and in what technical areas is MCHIP carrying out or planning to implement QI/QA?

B. An overview of where MCHIP is using the Standards-Based Management-Recognition (SBM-R) tool and for what technical areas. SBM-R has been given its own section as it is the tool most frequently used by MCHIP—currently being or soon to be implemented in 17 MCHIP countries.

C. A discussion of other QI/QA tools and interventions to strengthen health worker knowledge and skills that MCHIP is using or planning to use and for what purpose(s) and, finally,

D. A summary of a few additional country-specific issues around MCHIP QI/QA activity and tool implementation that were captured through the questionnaire

A. Which Countries are Planning and/or Carrying out QI/QA Activities? Why?

Twenty-seven questionnaire responses were received, of which two (South Sudan and Swaziland) reported no planned or ongoing QI or QA activities. The majority of the remaining 25 responses reported planned or ongoing use of both QI and QA in-country. Many countries are also implementing pre-service education and in-service training interventions to strengthen the knowledge and skills of health workers. These activities are summarized in more detail in Section C below.

MCHIP country programs are planning to implement or are currently implementing QI/QA activities for four key reasons:

- To measure quality at one point in time to give an overall snapshot of quality of care and determine priority areas for improvement
- To measure and monitor quality regularly
- To serve as a feedback mechanism to improve the skills and knowledge of providers
- To monitor outcome and impact indicators of services as appropriate

MCHIP QI/QA activities are being planned and implemented to tackle a long list of priority health concerns, including:

- Maternal health (MH)
- Neonatal health (NH)
- Family planning (FP)
- Reproductive health (RH)
- Malaria prevention and treatment (MPT)
- HIV
- Tuberculosis (TB)
- Child health (CH)
- Immunization
- PVO/NGO strengthening
- Cervical cancer prevention and treatment (CCPT)
- Infection prevention (IP) practice and
- Male circumcision (MC)

At global level, it should be noted that MCHIP/HQ is also actively engaged in discussions with WHO (via the health research group) to develop high level quality indicators for maternal health.

Those MCHIP country programs that are currently tracking the link between QI/QA activity implementation and outcomes are as follows:

- The normal M&E system is being used to track a link between QI/QA interventions and outcomes in **Bolivia** and **Guyana**
- In the **Dominican Republic** and **Paraguay**, MCHIP is tracking the proportion of newborns admitted to the nursery with suspected hospital-acquired infections
- In **Ethiopia**, implementation of the SBM-R process will be accompanied by internal and external assessments. The country team also plans to carry out outcome assessments to compare with baseline data and to measure changes
- In **India**, service statistics are being collected to assess any possible relationship between improved quality and service statistics (for example, strengthening of NNCS linking to increased usage of uterotonics for AMTSL)
- In **Liberia**, MCHIP will track FP uptake at two sentinel hospital sites which receive supportive supervision
- In **Madagascar** a very simplified version of the tools used during the QoC survey (see QA tools below) conducted there at the end of 2010 are being used. This data will serve as baseline data, along with data obtained from a district level needs assessment (to be completed in April 2011). The assessment is using focus groups and semi-structured interviews to get qualitative data. More quantitative data will be collected at a later date via field coordinators working in the districts at the basic health facilities. The main purpose of current data collection is to assist with needs assessment and planning
- In **Kenya**, health outcomes are being tracked and linked with implementation of RED for immunization and PMTCT. Tracked outcomes include: number of pregnant women being reached with ARV prophylaxis, proportion offered HAART and proportion of infants infected with HIV or having HIV-free survival at 18 months
- In **Malawi**, the MCHIP team uses a monthly PQI outcome data template to track performance in each facility. Measures that are tracked include:
- Puerperal and neonatal sepsis,

- Treatment for eclampsia and PPH,
- Obstetric complications,
- Abortion complications treated,
- Direct obstetric death rate and
- Cesarean sections (C/S)
- In **Nigeria**, the link between QI/QA activity implementation and outcomes will be somewhat tracked, as action plans are expected to be drawn up after gap analysis and thereafter implemented

B. SBM-R—Both a QA and QI Approach

Seventeen countries are currently using or planning to use SBM-R through MCHIP to assess and/or improve quality for a variety of technical areas (see Tables 1 and 2 below). Brief definition[3]: SBM-R is a practical management approach for improving the performance and quality of health services. It consists of the systematic, consistent, and effective use of operational performance standards as the basis for the organization and functioning of services.

SBM-R follows four steps:

1 The establishment of and agreement on evidence-based performance standards with local stakeholders,
2 The implementation of these standards by facility teams through a gradual change management process that emphasizes identification of performance gaps and appropriate solutions,
3 Periodic internal and external measurements to assess compliance with the standards,
4 The rewarding of compliance with standards through recognition mechanisms.

Using this approach, evidence-based best practices in key service delivery processes are introduced and reinforced. This model's focus is usually not a single intervention but the strengthening of integrated service platforms.

SBM-R was developed by JHPIEGO. The precursor to SBM-R was the Performance and Quality Improvement (PQI) tool. For purposes of this analysis, any questionnaire responses that included PQI were classified as SBM-R.

MCHIP partner with most expertise in SBM-R tool use: JHPIEGO

Key Features of and Issues around SBM-R:

- Original purpose is to empower local teams and to use standards as a performance-improvement device
- Once SBM-R is institutionalized, in addition to QI, it can be used for facility evaluation

[3] This SBM-R definition, alongside QI/QA tool descriptions in section C that follows come - word for word - from Tawfik et al., 2011"*Finding Common Ground: Harmonizing the application of different QI models in MNCH programs*" available at http://www.hciproject.org/node/2048

- Traditionally SBM-R has been used at facility-level. However it is increasingly used at community level as well
- SBM-R modules do not necessarily need to be implemented at the same pace/scale
- SBM-R is not intended as a research tool—it does not use random or multiple sampling
- The main challenge of SBM-R is the "R" component—"recognition" needs to be a negotiated process with an understanding of what motivates health workers and what they value
- JHPIEGO is currently working to complement the SBM-R field guide with process improvement tools
- MCHIP is focusing on ensuring that selected important outcome level indicators are monitored for each facility that implements SBM-R

Specifics about Indonesia and Malawi, as Examples of Application

In Indonesia[4], MCHIP is evaluating the impact of QI interventions (including SBM-R) on the quality of maternal, newborn and child health services and on referral linkages, support systems, perceived work environment, health outputs and health outcomes in both the public and private sectors. The study will also document the implementation process for the SBM-R intervention qualitatively.

In Malawi innovation around SBM-R is just beginning. Hand-held devices are being piloted which collect SBM-R data at facility level and upload it to a central location. Data will be analyzed to determine how facilities are performing on a number of quality-related MCH indicators. Payments will be somehow tied to performance on some of these indicators (exact details are currently being defined, as is the data verification process). Table 1 below provides an overview of where MCHIP country programs are implementing or planning to implement SBM-R and the wide variety of technical areas that SBM-R can cover. Table 2 highlights the different systemic levels at which SBM-R can be and is being applied.

[4] Language here for Indonesia is from the MCHIP QI Brief: "*Evaluation of the Effects of Quality Improvement (QI) Interventions on the Quality of Maternal, Newborn, and Child Health (MNCH) Services, Referral Linkages, and Health Outcomes in Indonesia*"

Table 1: Planned and ongoing SBM-R use by MCHIP Country and Technical Area (p= planned, o= ongoing)[5]

Country	ANC	L&D	PPC	FP	CH	HIV	TB	PMTCT	IP	MC	MPT	Infra	Sup Sys	Other
Bangladesh	X (o)	X (o)	X (o)	X (o)					X (o)			X (o)	X (o)	
Bolivia	X (p)	X (p)	X (p)	X (p)					X (p)			X (p)	X (p)	Management (p)
Ethiopia	X (p)	X (p)	X (p)	X (p)					X (p)				X (p)	
Ghana				X (o)		X (p)	X (p)				X (p)			Pre-service education
Guinea		X (o)	X (o)	X (o)										Pre-service education
Guyana														Cervical cancer prevention and treatment (o)
India				X (o)					X (o)					To improve pre-service nursing and midwifery education in targeted nursing colleges and ANM training centers
Indonesia	X (o)	X (o)	X (o)	X (o)	X (o)				X (o)			X (o)	X (o)	Immunization (o)
Kenya								X (o)						
Liberia				X (o)										
Malawi	X (o)	X (o)	X (o)	X (o)		X (o)		X (o)	X (o)				X (o)	
Mozambique	X (o)	X (o)	X (o)	X (o)			X (p)	X (p)			X (p)			Pre-service education
Nepal				X (p)										
Nigeria	X (o)	X (o)	X (o)	X (o)					X (o)		X (o)	X (o)	X (o)	
Rwanda	X (p)	X (p)	X (p)	X (p)	X (p)	X (p)			X (p)		X (p)			Nutrition services (p)
Tanzania	X (o)								X (o)	X (o)				
Zimbabwe	X (o)	X (o)	X (o)	X (o)	X (o)	X (o)		X (o)	X (o)		X (o)	X (o)	X (o)	Immunization

[5] Phased implementation of SBM-R activities in Bangladesh is just initiating at time of this report write-up

Table 2: Levels at which SMB-R is being used by Country and Technical Area

Country	Tertiary Care Level	District Hospital Level	Primary Care Facility Level	Other Level
Bangladesh		ANC, L&D, PPC, infection prevention, infrastructure, support systems	ANC, L&D, FP, PPC, infection prevention, infrastructure, support systems	
Bolivia	ANC, L&D, PPC, FP, IP, management	ANC, L&D, PPC, FP, IP, management	ANC, L&D, PPC, FP, IP, management	Within regional health networks of health care providers (all aspects except IP)
Ethiopia	ANC, L&D, PPC, FP, IP and support systems	ANC, L&D, PPC, FP, IP	ANC, L&D, PPC, FP, IP	
Ghana				Activities focus on pre-service education in Midwifery, Public and Community health Nursing Schools
Guinea	L&D, PPC, FP and pre-service education	L&D, PPC, FP and pre-service education	L&D, PPC, FP and pre-service education	
Guyana		Cervical cancer prevention and treatment	Cervical cancer prevention and treatment	
India	FP and IP	FP and IP	FP and IP	
Indonesia		ANC, L&D, PPC, FP, CH, IP, infrastructure, support systems	ANC, L&D, PPC, FP, CH, IP, infrastructure, support systems	
Kenya	PMTCT	PMTCT		PMTCT
Liberia	FP	FP	FP	
Malawi	ANC, L&D, PPC, FP, HIV, PMTCT, IP and support systems	ANC, L&D, PPC, FP, HIV, PMTCT, IP and support systems	ANC, L&D, PPC, FP, HIV, PMTCT, IP and support systems	
Mozambique	ANC, L&D, PPC, FP, MPT	ANC, L&D, PPC, FP, MPT		
Nepal	FP			
Nigeria	SBM-R activities are primarily at tertiary and district levels, with a few activities at primary care level			
Rwanda		ANC, L&D, PPC, FP, CH, HIV, IP, MPT, nutrition services	ANC, L&D, PPC, FP, CH, HIV, IP, MPT, nutrition services	
Tanzania	ANC, IP, MC	ANC, IP, MC		
Zimbabwe	ANC, L&D, PPC, FP, PMTCT, IP, MPT, infrastructure and support systems	ANC, L&D, PPC, FP, PMTCT, IP, MPT, infrastructure and support systems	ANC, L&D, PPC, FP, PMTCT, IP, MPT, infrastructure and support systems	

C. QI/QA-tools and other measures beyond SBM-R that are being used by MCHIP: where and for what purpose(s)?

This section provides an overview of QI/QA tools currently being or soon to be used by MCHIP country programs.[6] A brief description of each QI/QA tool, alongside an inventory of where it is currently or will soon be used and the name of the MCHIP (or other) partner with most expertise in its use is provided. Table 3 summarizes tool use by country and technical area.

As mentioned previously, MCHIP is also implementing measures to strengthen health worker knowledge and skills which should impact positively on quality of health service delivery. The specifics of which countries are implementing these measures—specifically pre-service education and in-service training—in which technical areas is also captured in the following analysis and summarized in Table 4.

QI/QA-tools Currently Being or Soon to be Used by MCHIP

QI Activities (using methodologies other than SBMR) under the MCHIP umbrella are planned or ongoing in 10 countries. These efforts currently mostly target maternal and neonatal health, family planning and, to a lesser extent child health, immunization and malaria. A few MCHIP planned or ongoing QI activities are also directed at improving TB control, reproductive health, infection prevention, male circumcision and nursing education. The two QI tools that MCHIP country programs are currently using are

1. Improving Newborn Health and
2. Reaching Every District

A brief description[7] of each tool follows below, alongside an inventory of where it is currently or will soon be used. Other QI tools listed and described in the "*Finding Common Ground"* document are not currently being led by MCHIP country programs, although MCHIP does sometimes have a collaborative role in other QI tool use (such as in improvement collaborative implementation being led by HCI in Mali and several Latin American countries).

1. Improving Newborn Health

Brief tool description: The Basic Support for Institutionalizing Child Survival (BASICS) project adapted a tool from HCI to serve as a **model for improving newborn health** in Latin America and the Caribbean through a regional approach covering three countries. Launched in the early 2000s, this model seeks to identify gaps in the prevention and treatment of newborn infections at the facility or community level and then introduces short cycles of change to evaluate the impact of such change on a small scale. If successful, the change(s) is then brought to scale.

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[6] For QI, the focus is on MCHIP use of (some of) the ten tools mentioned in the "Finding Common Ground" document. These are as follows: Client-oriented provider-efficient services (COPE), Fully functional service delivery point (FFSDP), HIVQUAL, Improvement Collaborative, Improving Newborn Health, Partnership Defined Quality (PDQ), Private Sector Quality Improvement Package, Quality/Process Improvement (QI/PI), Reaching Every District (RED) and Standards-Based Management and Recognition (SBM-R)

[7] Where possible and unless otherwise indicated, brief QI tool descriptions come—word for word—from Tawfik et al., 2011"Finding Common Ground: Harmonizing the application of different QI models in MNCH programs".

In addition to technical support from BASICS staff, consultants, and local coordinators, this model was introduced through distance-learning methodologies. The model has three major components:

i. Competency-based training in maternal and newborn health care with follow-up supportive supervision and monitoring and evaluation,

ii. Distance learning using Elluminate[8] and

iii. Multiple center/country support through an adapted collaborative approach with in-country support and facilitation.

Where *Improving Newborn Health* being used/planned for use by MCHIP and for which technical area(s):

a. Dominican Republic (ongoing)
b. Madagascar (planned)
c. Mali (planned)
d. Paraguay (ongoing)
e. Sierra Leone (planned)
f. Zimbabwe (ongoing)

MCHIP partner with most expertise in *Improving Newborn Health* tool use: PATH

2. Reaching Every District (RED)

***Brief tool description*:** WHO, the United Nations Children's Fund (UNICEF), and other immunization partners developed and introduced **the RED approach** in 2002 to improve immunization systems in areas with low coverage. RED is a district health system strengthening approach to revitalize routine immunization by focusing on weaker performing areas (e.g. looking at pockets of unreached or hard-to-reach populations). The model has been used extensively by national immunization programs in Africa, WHO, BASICS, and the IMMUNIZATION basics project. The approach is now being expanded and adapted beyond immunization for MNCH interventions at the primary health care level under MCHIP. RED components include:

- The planning and effective management of human and financial resources;
- Reaching the target populations by improving access to and the use of services through a mix of service delivery strategies;
- Linking services with the community by engaging communities to ensure that health services are meeting their needs;
- Supportive supervision through regular on-site teaching, feedback, and follow-up with health staff; and
- The monitoring and analysis of data at the health facility and district levels to promote the use of data for action, especially during review meetings. The approach includes use of data tools for self-monitoring (e.g., charting of doses) and mapping population in each health facility.

[8] Elluminate is software that enables participants to listen to and follow a PowerPoint presentation on their computers and discuss content by typing comments and questions.

Where is *Reaching Every District* (RED) being used/planned for use by MCHIP and for which technical area(s):

a. DRC (ongoing)
b. India (ongoing)
c. Kenya for MH, NH and CH, immunization and PMTCT (ongoing)
d. Liberia for family planning (planned). FP and immunization services will be integrated at the facility level, so that vaccinators give a brief FP talk to postpartum women and refer them for services the same day
e. Zimbabwe (ongoing)

MCHIP partner with most expertise in *RED* tool use: JSI

QA Activities (Using Methodologies other than SBMR)

Under the MCHIP umbrella are planned or ongoing in 12 countries. These activities assess the quality of MH, NH, RH, FP, malaria, CH, immunization and male circumcision services. The two QA tools that MCHIP uses the most are the Maternal and Newborn Complications QI/QA Survey and the Rapid Health Facility Assessment.

1. Maternal and Newborn Complications QoC Survey

***Brief tool description*:** The **MNC QoC Survey** tool[9] provides information on key screening, prevention and management interventions of the most frequent direct maternal complications such as post-partum hemorrhage (PPH), pre-eclampsia/eclampsia (PE/E), prolonged/obstructed labor (PL/OL), post-partum (PP) sepsis and newborn asphyxia. It is an observational tool that can be used to guide development of program interventions for improving the quality of facility-based maternal and newborn care services, to inform policy change and resource allocation, to provide baseline and end-line measures in countries where the survey is part of an evaluation of MCHIP program interventions and to develop indicators and data collection tools that can be used in multiple countries. Findings from MNC QoC Surveys can be used for advocacy, for formative purposes and/or for facility-level monitoring.

<u>MNC QoC Survey</u> undertaken or being planned for use by MCHIP:

a. Ethiopia (ongoing)
b. Kenya
c. Madagascar (ongoing)
d. Mozambique (planned)
e. Rwanda
f. Tanzania
g. Zimbabwe (planned)

[9] Description is from MCHIP brown bag presentation on 7 October, 2010

MCHIP partner (s) with most expertise in MNC QoC Survey tool use: Jhpiego, Save the Children and ICF/MACRO

2. Rapid Health Facility Assessment (R-HFA)

Brief tool description[10]**:** This is a relatively rapid instrument for measuring a small set of key indicators to give a "balanced scorecard" for maternal, newborn, and child health (MNCH) services at the primary health care level (including an optional module for use with CHWs for community outreach services). It identifies key bottlenecks to quality service delivery. The survey was originally designed for assessing quality of child health activities within the Child Survival and Health Grants Program (CSHGP), but application within the Malaria Booster Initiative experience has shown, it is quite suitable for use by District Health Medical Teams (DHMTs). The recommended frequency is 3-5 years but a subset of the indicators may be incorporated into the supervisory check and be used for routine monitoring of child health services at the facility level.

R-HFA was developed in by the Child Survival Technical Support *plus* (CSTS+) project in collaboration with MEASURE Evaluation and a panel of experts from US private-voluntary organizations (PVO), USAID, and other cooperating agencies.

Where being used/s R-HFA planned for use by MCHIP and for which technical areas:

a. Bangladesh for MH, NH and FP (planned)
b. Democratic Republic of Congo for immunization (planned)
c. India for NH (ongoing)
d. Kenya for MH and NH (completed)
e. Lesotho for Planned Parenthood Assn male circumcision services (ongoing)
f. Mali for MH, NH, FP, malaria and child health (planned)
g. Tanzania for male circumcision as part of HIV prevention (ongoing)
h. Zimbabwe for MH, NH, FP, RH, immunization (ongoing) and child health (planned)

MCHIP partner with most expertise in R-HFA tool use: JSIIFC MACRO

[10] Description comes (word for word) from: "PROFILES OF Health Facility Assessment Methods Report of the International Health Facility Assessment Network (IHFAN)" June 2008

Other QI/QA Tools in Use

Four MCHIP country programs reported using other QI/QA tools as part of QI/QA activities, as follows:

- In **Burkina Faso** a supportive supervision tool is being used for malaria
- Data Quality Self Assessment tools are already being used in the **DRC** and will soon be expanded to assess immunization coverage
- An innovative supportive supervision tool that uses supervisory checklists, called the Rapid Appraisal of Performance of Immunization in District (RAPID), has been pioneered in **India** to assess the quality of immunization services. This approach will be adapted and used for newborn health
- A referral system assessment tool is being used in **Indonesia**

Table 3: QI/QA tools currently being or soon to be used by MCHIP (p= planned, o= ongoing, c= completed)

Technical Area	MN QoC Survey	RHFA	Improving NH	RED	Other
Maternal Health	Ethiopia (o) Kenya Madagascar (o) Mozambique(p) Rwanda Tanzania Zimbabwe (p)	Bangladesh (p) Kenya (c) Mali (p) Zimbabwe (o)		Kenya (o)	
Newborn Health		Bangladesh (p) India (o) Kenya (c) Mali (p) Zimbabwe (o)	Dominican Republic (o) Madagascar (p) Mali (p) Paraguay (o) Sierra Leone (p) Zimbabwe (o)	Kenya (o)	India (p) (RAPID)
Family Planning		Bangladesh (p) Mali (p) Zimbabwe (o)		Liberia (p)	
Reproductive Health		Zimbabwe (o)			
Malaria		Mali (p)			Burkina Faso (o) (supportive supervision tool)
Child Health		Mali (p) Zimbabwe (p)		Kenya (o)	
HIV				Kenya – PMTCT (o)	
Immunization		DRC (p) Zimbabwe (o)		DRC (o) India (o) Kenya (o) Liberia (p) Zimbabwe (o)	DRC (p) (Data Quality Self-Assessment tool) India (o) (RAPID)
Male Circumcision		Lesotho (o) Tanzania (o)			
Other					Indonesia (o) (Referral system assessment tool)

Interventions to Strengthen Health Worker Knowledge and Skills

In addition to QI/QA tools, the questionnaire captured MCHIP use of interventions that strengthen health worker knowledge and skills and, as such, should improve delivery of health services and health outcomes. The two such interventions that MCHIP countries are heavily implementing in a wide selection of technical areas are 1) pre-service training and 2) in-service training.

1. Pre-service Education

Brief *description*: Pre-service education is the training of health professionals in quality of care aspects prior to medical certification

Where is pre-service education being used/planned for use by MCHIP and for which technical area(s):

a. Ethiopia for MH and NH (ongoing)
b. Ghana for FP (including post partum), malaria, HIV and TB (ongoing)
c. Guinea for MH, FP and RH with the medical school (ongoing with possible expansion to the midwives school forthcoming)
d. India for MH, NH, FP, RH, CH and Immunization (ongoing)
e. Lesotho for improving nursing education quality (ongoing)
f. Liberia for FP (ongoing)
g. Madagascar for MH and NH (ongoing)
h. Mozambique for MH, NH, FP (ongoing)
i. Nigeria for clinical training competency in EmONC and FP (ongoing)
j. Paraguay for midwifery education (ongoing)
k. Rwanda for midwifery and nursing (ongoing)

2. In-service Training

***Brief description*: In-service training** is the training of health professionals in quality of care aspects following medical certification

Where is in-service training being used/planned for use by MCHIP and for which technical area(s):

a. Bolivia for MH, RH (ongoing) and FP (planned)
b. Burkina Faso for malaria (ongoing)
c. DRC for MH, NH, CH and immunization (ongoing)
d. Dominican Republic for MH and NH (ongoing)
e. Ethiopia for MH and NH (ongoing) and FP (planned). This latter will focus on increasing availability of post-partum FP methods at the facility level
f. Guinea for MH, FP and RH
g. Guyana for HIV and cervical cancer prevention (ongoing)
h. India for NH, FP, CH and Immunization (ongoing)
i. Liberia for FP (ongoing with expansion planned) and MH (planned)

j. Madagascar for MH and NH (planned)
k. Malawi for MH, NH, FP, HIV (specifically PMTCT) and MC (ongoing) using Malawi's BEmONC training curriculum that includes all of the above areas (except MC) and has elements of malaria under the FANC modules. ENC is part of the BEmONC training. Malawi is also doing separate training on Helping Babies Breathe
l. Mali for MH, NH, FP, malaria and CH (ongoing)
m. Mozambique for MH, NH, FP, RH, CH, HIV, TB, MPT, immunization, infection prevention, cervical cancer (planned) and, if approved by the MoH male circumcision for neonates (planned)
n. Paraguay for MH, NH (ongoing) and FP (planned)
o. Sierra Leone for MH, NH, malaria, HIV and infection prevention (planned)
p. Tanzania for male circumcision (ongoing)
q. Zimbabwe for MH, NH, FP, HIV, CH, immunization (ongoing)

MCHIP is also in the initial steps of planning district (rayon)-level immunization interventions in both **Tajikistan** and **Kyrgyzstan**. The likely focus is on strengthening health staff at rayon level in better use of available immunization data to improve program management. Interventions will additionally seek to strengthen the link between health staff and local communities.

Table 4 below summarizes MCHIP PSE and in-service training activities.

Table 4: MCHIP PSE and in-service Training Activities (p= planned, o= ongoing)

Technical Area	Pre-service Training	In-service Training
Maternal Health	Ethiopia (o) Guinea (o) India (o) Madagascar (o) Mozambique (o) Zimbabwe (o)	Bolivia (o) DRC (o) Dominican Republic (o) Ethiopia (o) Guinea (o) Liberia (p) Madagascar (p) Malawi (o) Mali (o) Mozambique (p) Paraguay (o) Sierra Leone (p) Zimbabwe (o)
Newborn Health	Ethiopia (o) India (o) Madagascar (o) Mozambique (o) Zimbabwe (o)	DRC (o) Dominican Republic (o) Ethiopia (o) India (o) Madagascar (p) Malawi (o) Mali (o) Mozambique (p) Paraguay (o) Sierra Leone (p) Zimbabwe (o)
Family Planning	Ghana (o) Guinea (o) India (o) Liberia (o) Mozambique (o)	Bolivia (p) Ethiopia (p) Ghana (p) Guinea (o) Liberia (o)

Technical Area	Pre-service Training	In-service Training
	Nigeria (o) Zimbabwe (o)	Malawi (o) Mali (o) Mozambique (p) Paraguay (p) Zimbabwe (o)
Reproductive Health	Guinea (o) India (o)	Bolivia (o) Guinea (o) Mozambique (p)
Malaria Prevention and Treatment	Ghana (o)	Burkina Faso (o) Ghana (p) Mali (o) Mozambique (p) Sierra Leone (p)
Child Health	India (o) Zimbabwe (o)	DRC (o) India (o) Mali (o) Mozambique (p) Zimbabwe (o)
HIV	Ghana (o) Zimbabwe (o)	Guyana (o) Malawi (o) Mali (p) Mozambique (p) Sierra Leone (p) Zimbabwe (o)
Cervical Cancer Prevention		Guyana (o) Mozambique (p)
TB	Ghana (o)	Mozambique (p)
Immunization	India (o) Zimbabwe (o)	DRC (o) India (o) Mozambique (p) Zimbabwe (o)
Male Circumcision		Malawi (o) Mozambique (if approved by MoH) Tanzania (o)
Infection Prevention		Mozambique (p) Sierra Leone (p)
Nursing Education	Lesotho (o)	
Clinical Training Competency in EmONC	Nigeria (o) Rwanda (o)	
Midwifery Education	Paraguay (o) Rwanda (o)	

D. Additional Issues Around QA/QI Tool Implementation

The questionnaire also queried respondents about the following:

i. The degree to which QA and QI tools have been institutionalized within their countries

ii. Who MCHIP in-country partners are on QA and QI activities

iii. Respondents' knowledge of other QA/QI tools being piloted or used within each country and

iv. Respondents' interest in expanding quality-related activities within their countries to additional technical areas

i. Degree to which QA and QI Tools have been Institutionalized

Institutionalization of QI/QA tools has occurred in several MCHIP countries, facilitated by a number of mechanisms, for example:

- Several respondents reported that MoH engagement in development and/or implementation of a tool facilitated national-level institutionalization. Examples include: **Bangladesh**, **DRC**, **Ethiopia**, **India** (at both national and state levels) and **Mozambique**.
- In **Ghana**, collaboration with the National Programes and the Nursing and Midwifery Council were important to institutionalization
- In **Guinea**, engagement of the Medical University facilitated institutionalization
- In **Kenya**, SBM-R standards for PMTCT have been approved nationally
- In **Malawi**, where SBM-R infection prevention has been institutionalized (as has SBM-R for RH, yet to a lower extent) institutionalization has been made possible through MoH ownership and involvement of many partners through TWG meetings chaired by the MoH
- Finally, in **Zimbabwe** QI/QA tool development through national stakeholder meetings, creation of a QI/QA Unit at the central ministry of health, wide stakeholder buy-in and advocacy have all contributed to tool institutionalization.

ii. MCHIP QI/QA Partners

MCHIP QI/QA activities are often being implemented in collaboration with other partners in addition to the MoH and/or national programs (for malaria for example in **Burkina Faso** or for AIDS in **Malawi**). Specifically:

- In **Bangladesh**, it is anticipated that QI activities (SBM-R) will be implemented in partnership with WHO and JICA
- In **Bolivia**, MCHIP is one partner in the ENLACE en Salud consortium of partners (which includes Care, Georgetown University's Institute for RH, JSI, Socios para el Desarollo and PROCOSI) and through the ENLACE umbrella SBM-R has been integrated into the Bolivian MOH's Family Community and Intercultural Health Strategy
- In the **DRC**, MCHIP is working with USAID-funded NGOs, WHO and UNICEF
- In the **Dominican Republic**, MCHIP is working with Abt Associates
- In **Guyana**, MCHIP is working with the Georgetown Public Hospital Corporation
- In **India**, ongoing MCHIP activities are in partnership with the Indian Nursing Council and management of targeted health facilities
- In **Indonesia**, MCHIP is partnering with JSI and STC

- In **Latin America**, MCHIP is engaged in regional LAC Neonatal Alliance Initiative activities. While not the lead on quality-related activities in countries where HCI is currently engaged, MCHIP does have an important leadership role in the **Dominican Republic** and **Paraguay**. In all countries, MCHIP plays a strong coordination role and is tasked with harmonizing implementation of initiative activities in a standardized manner. Under BASICS, a modified form of improvement collaborative was developed and implemented in several initiative countries. MCHIP LAC countries that currently continue to use the modified IC approach are the DR and Paraguay
- In **Liberia**, MCHIP is working with the bilateral Rebuilding Basic Health Services (RBHS) Project
- In **Madagascar** MCHIP is working with a local subcontractor, called Tandem, on QA implementation
- In **Mali**, improvement collaborative for MH, NH, FP, malaria and CH are currently being implemented in one district and there are plans to expand implementation to a second district in the near future. Implementation is being led by HCI with contributions from MCHIP
- In **Mozambique**, MCHIP has been asked to work with all USG partners in the Associate Award; for QI/QA activities the main ones to be included will likely be: ICAP, EGPAF, HAI and Health Systems 20/20
- In **Nigeria** MCHIP began SBM-R tool implementation and the USAID-funded Targeted States High Impact Project (TSHIP) project has reviewed and broadened the tools to include child health
- In **Sierra Leone**, MCHIP is working with the Healey Family Foundation
- In **Zimbabwe** QI/QA efforts are conducted in partnership with several UN agencies (UNICEF, UNFPA, WHO), with DFID, with the Liverpool School of Tropical Medicine, with parastatals, international NGOs, university departments, professional associations and individuals

Countries that explicitly responded that they are working on quality activities alone area as follows: **India**, **Kenya** and **Nepal**.

iii. A Snapshot of other QI/QA Activities ongoing in MCHIP Countries (but not involving MCHIP)

While many respondents are aware of other QI/QA activities that MCHIP is not part of in their countries, not all provided concrete examples. Examples captured include:

- SBM-R implementation for PMTCT by Jhpiego in Burkina Faso
- QI tools for MNH by Abt's Centers of Excellence Project in the Dominican Republic
- A range of different QI tools (HIVQual, FFSDP) particularly under PEPFAR funding in Ethiopia. The MoH also plans to use an integrated supportive supervision tool, but this is not yet fully functional
- HIVQual implementation in Guyana
- SBM-R has been adapted by state governments for family planning supportive supervision approach for immunization and is being used by UNICEF in districts of Uttar Pradesh in India
- Quality and access to perinatal hospital care (QUAPEC) survey use at district level implemented by the Health Services Program (led by JSI) in Indonesia
- HIVQual implementation in Kenya

- KAIZEN by JICA and Total Quality Improvement by Mai Khanda in Malawi
- HIVQual for HIV service delivery in Mozambique
- MNH and FP QI tools by the National Health Training Center, the National health sector planning project (former HSSP) and UNICEF health right international (HRI) in Nepal
- Servicom project and both COPE and the baby friendly initiative in the past in Nigeria
- ISO standards are being used by one central hospital (that has just received accreditation) in Zimbabwe

iv. Country Interest in Expanding QI Activities

A number of possible opportunities for QI expansion were captured by the questionnaire, notably countries expressed interest in the following:

- Development of standard operating guidelines for male circumcision (**Malawi**)
- Planning a QI/QA assessment as a check of SBM-R data at baseline and final (**Mozambique**)
- Expanding QI efforts to cover post partum family planning (**Zimbabwe**)
- Developing learning guides for particular skills to be learned (e.g., conducting a rapid test for HIV or malaria) as an addendum to standards (**Ghana**)

Conclusion, Next Steps and Opportunities for Expansion

The information and tools for QA/QI activities collected through the questionnaire should be available for all MCHIP staff to access; we therefore are currently exploring development of a simple mechanism through our current information platforms (Sharepoint, etc.) to ensure this is possible. The reference page would list activity by 1) country, 2) technical area targeted (MH, CH, HIV, MC etc.), 3) tools used, and 4) stage of activity implementation. Each activity would include contact information of the key individuals involved in each country to facilitate communication. Ideally this internal database will be updated on a quarterly basis.

While the foremost intent of this MCHIP QI/QA review was to inform partners internal to MCHIP, now, especially given recent collaborative QI efforts and creation of a QI task force, findings from the questionnaire will also be shared to inform the wider QI circle of players. If desired, the questionnaire could also be adapted so that it could be used to survey QI partners beyond MCHIP.