

Evaluations of the Impact of Quality of Care Interventions on Clients' Behaviours in Three Countries

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A conceptual framework for quality of care

Readiness:

- Policies
- Procedures guidelines
- Infrastructure
- Trained staff
- Equipment/supplies
- Management information system

CLIENT-PROVIDER
INTERACTION

PROCESS
AND
CONTENT

Client outcomes

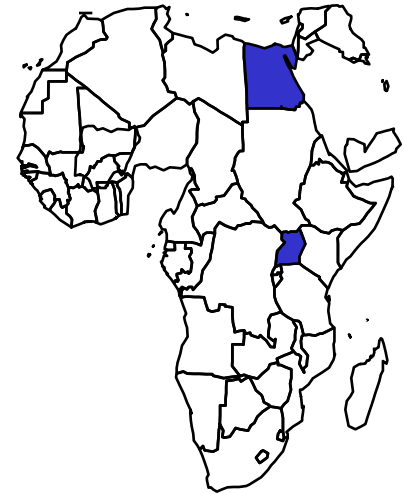
- Knowledge
- Satisfaction
- Method use
- Achievement of fertility intentions

Clients' right to quality care:

- Choice of contraceptive methods
- Correct information
- Technically competent provider
- Caring interpersonal relationship
- Continuity and follow-up
- Appropriate range of services

Studies in three countries to address three key questions:

1. Can context-specific interventions be implemented that:
 - Strengthen system **readiness**?
 - Enhance **clients' rights** to receive quality care?
2. Can these interventions make measurable improvements in **client-provider interactions**:
 - Process?
 - Content?
3. If client-provider interactions are improved, what is the effect on **client outcomes**?



Interventions Tested: Egypt

- **System-oriented activities:**
 - Brainstorming sessions with central and district level managers
 - Introducing a non-monetary reward system to motivate providers
 - Developing a new supervisory checklist
 - Training managers and supervisors on facilitative supervision
- **Provider-oriented activities:**
 - Whole-site training in new counseling skills
 - Contraceptive technology updates
 - Job aids – posters, flip charts, and manual
 - Goal-setting and self-assessment
- **Client-oriented activities:**
 - Posters on clients' rights in clinics

Interventions Tested: Uganda

- 7 “readiness” activities in all 20 study clinics
 - Updating RH policy guidelines and service standards;
 - Ensuring minimum levels of equipment and supplies;
 - Improving clinic environment;
 - Increasing availability of appropriate IEC materials;
 - Improving the Health Management Information System (HMIS);
 - Building capacity of DHMTs to undertake facilitative supervision effectively;
 - Improving provider competence in offering FP services
- 3 quality improvement activities in 10 experimental clinics: ***USAID Yellow Star program***
 - Building capacity for strategic planning and goal setting
 - Improving provider motivation
 - Raising clients’ awareness of rights to quality and their role

Interventions Tested: Peru

Focus on client-provider interactions

Balanced Counseling Strategy

- 11-step decision-making algorithm to determine method appropriate for needs
- Job aids to enhance providers' technical competence:
 - ✓ Algorithm on single sheet
 - ✓ Set of method-specific cards for all methods available
- Take-away pamphlet for client describing selected method



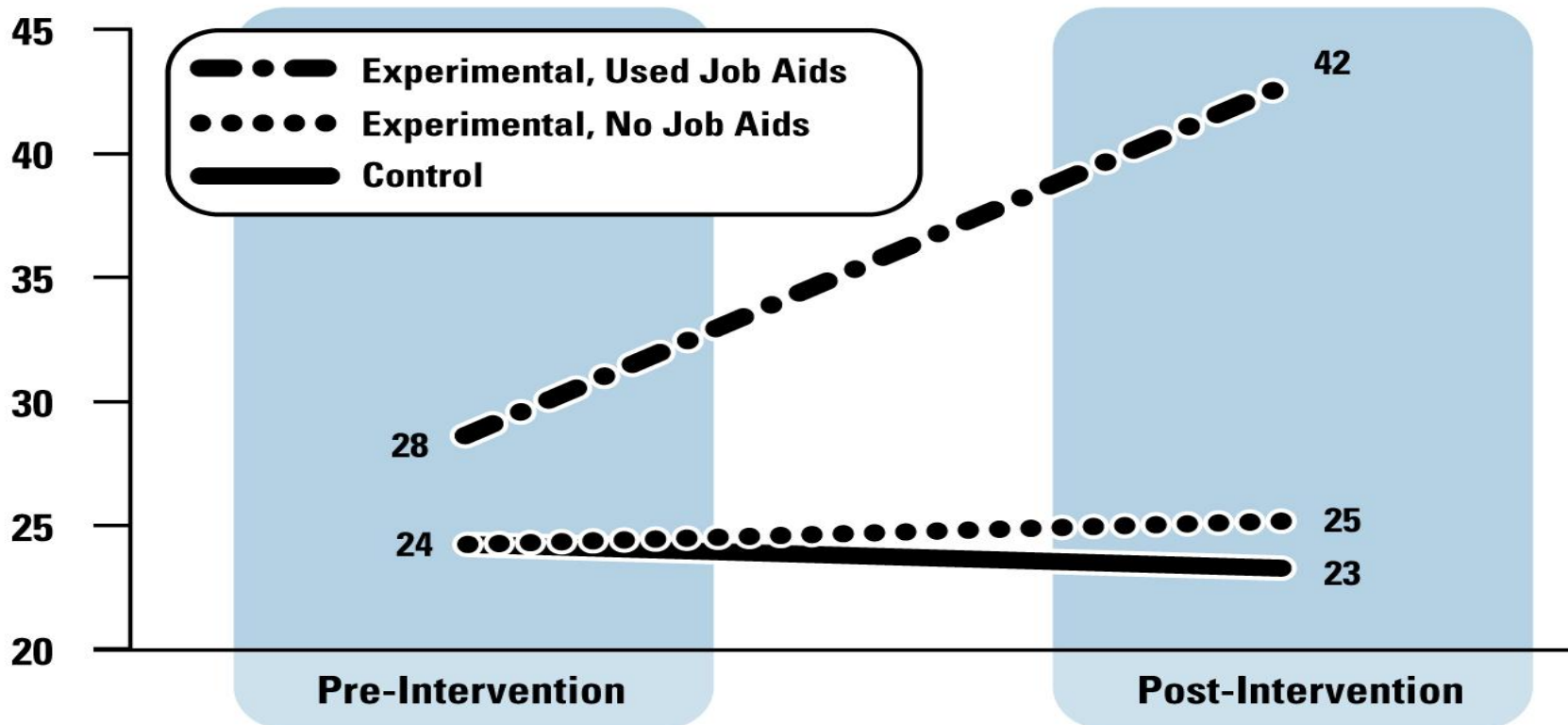
Two-stage Evaluation Design: Phase I: Egypt, Peru, Uganda,

1. Can context-specific interventions be developed that strengthen system readiness and enhance clients' rights to quality care?
 - Documentation of interventions' implementation process
 - Inventory, provider interviews, service statistics
2. Can these interventions make measurable improvements in client-provider interactions?
 - Selected districts matched and randomly assigned to experimental and comparison groups; clinics randomly selected
 - Before and after measures in both groups of clinics
 - Observations, client exit interviews

Convincing results from Peru: *BCS significantly improved quality*

Figure A1: Quality Scores of Peruvian Providers at Experimental and Control Clinics by Use or Non-Use of Job Aids

Scores Reported by Simulated Clients



Mixed results from Uganda

Limited effect on readiness

- No improvements in readiness of clinics to offer FP
- Some improvement in supervision in Yellow Star clinics
- Some improvement in provider knowledge in Yellow Star clinics

Significant effect on CPI

- Improved information about contraindications and side effects
- Improved method choice offered, information on alarm signs, and follow-up
- ...but reduced instructions on method use

Two-stage Evaluation Design: Phase II: Egypt and Peru

3. If client-provider interactions are improved, what is the impact on client outcomes?
 - Longitudinal study of 'new-event' users (≈ 300)
 - Recruited from experimental and control clinics
 - Quality of CPI observed on recruitment
 - Clients interviewed at recruitment, and two further times
 - Evaluation: Comparison of 12 month continuation rates

Results from Phase II in Peru and Egypt

Egypt (60% used IUD)	Peru (63% used hormonals)
Women in expt. group slightly more knowledgeable about IUD; Poor knowledge of LAM	Women in expt. group slightly more knowledgeable of method chosen
About one-quarter of women in both groups switched method	About one-quarter of women in both groups switched method
80% of all women satisfied with method; Women in expt. group much more satisfied with clinic services than control	Client satisfaction not reported
83-86% still using FP at 12 months	71-75% still using FP at 12 months
No differences in all-method 12-month cumulative continuation rates: 66-68% (78-79% IUD)	No differences in all-method 12-month cumulative continuation rates: 44-48% (70% IUD)

Improving Quality – What did we learn?

- ✓ Activities to strengthen clinic readiness are well known....but may not lead to major, sustainable improvements in care
- ✓ Contraceptive updates lead to small improvements in provider knowledge....especially if existing knowledge is poor
- ✓ Provider motivation is critical to improving client-provider interactions
- ✓ Provider motivation improved with working conditions
- ✓ Job aids can help provider communication and client understanding

Evaluating Effect of Improving Quality: Questions remaining

- Little difference in continuation rates – does quality of care matter?
- Is a continuation rate the appropriate effectiveness indicator?
 - Method dependent
 - Discontinuation: intention change vs. service quality differences
- Are we measuring “averages” that may be misleading?
 - Assess the facility? Or assess the provider?
 - Client exposure to the intervention... and intensity of intervention
- Good quality of care is a right – so why evaluate effect?
- Should achievement of a minimum standard of quality be the key outcome indicator?

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