Developing and Scaling Up Quality Assessment Tools in India

M.E. Khan

Strengthening Family Planning
Services through Operations Research

Washington, DC
23-24 April 2008

USAID
FROM THE AMERICAN PEOPLE

Population Council
FRONTIERS
IN REPRODUCTIVE HEALTH

Outline

- Process followed:
  - development of Quality Assessment tool
  - testing its efficacy
  - institutionalization for district level management
- Scale-up in State of Gujarat
- Replication in 6 states by MOH
- Adaptation for QA of adolescent-friendly clinics in India and internationally

Context

- Globally, tools are available to assess quality of services
- Most too specific, cumbersome and time consuming to institutionalize in Indian Health System
- Often used for ad-hoc assessments and not as mechanism within health system for monitoring quality
- MOH expressed need for a tool for measuring quality of Reproductive and Child Health (RCH) components

Key Considerations in Developing QA Monitoring System

- Ensure sustainability
  - Human resources
  - Capacity building
  - Funds for essential logistics
  - As part of regular supervision visit
- Develop feedback system to monitor actions taken
- To ensure resources are available for quality improvement, making QA a part of District-level Program Implementation Planning (DPIP)

Guiding Principles for Development of QA Checklists

- **Practical:** Can be completed within 3 hours by two people
- **Specific:** Assess functionality of individual services
- **Independent:** Stand alone assessment – not linked to other records or reports
- **Feedback:** Could be provided immediately to Medical Officer in charge of facility
- **Transparent:** Prior awareness of visit and criteria for assessment
- **Sensitive**: Improvements and changes quantified

QA Checklists Measure:

- Facility Readiness **(INPUT)**
- Quality of services provided **(PROCESS)**
- Trend in number of services provided **(OUTPUT)**
- Assessment, action plan and summary report **(REPORTING)**

Quality Framework for Assessment

RH facility-based services to be assessed	INPUTS	PROCESS	OUTPUTS
Family Planning	■ Building ■ Infra-structure ■ Equipment ■ Personnel-training ■ Supplies	■ Clinic-wide procedures e.g. schedules, hygiene, asepsis ■ Technical competence ■ Client-Provider interaction	■ FP method mix ■ Complications ■ Follow-up
Maternity Care			■ ANC/PNC attendance ■ Normal deliveries ■ Complications managed
RTI/STI and HIV-VCT			■ Lab tests ■ Case treatment ■ Follow-up

Steps in Quality Assurance Visit

- Two-member QA team visits the facility
- Information is collected using checklists and data are analyzed and scored on site
- Medical Officer in charge briefed before leaving facility
- Gaps are identified and a proposed facility-level action plan is agreed by QA team leader and Medical Officer
- Report is discussed in monthly QA meeting at District and actions to be taken are formally communicated
- Facility is revisited after 4 months for follow-up

Results from QA Pilot Study

- Piloted in 2 districts each of Gujarat and Maharashtra
- Checklists useful to assess and improve service quality
- Demonstrated that QA could be integrated at district management level
- Phased scaled up in all 25 districts of Gujarat
- State appointed QA Coordinator for state and each district
- MOH in Maharashtra beginning replication

Scale-up Coverage: First Phase in Gujarat

- 401 (37%) Primary Health Centers and 65 (24%) Community Health Centers covered
- 45 state and regional level officials oriented
- 1,886 providers of different levels trained

Illustrative Gaps Observed

Inputs

- Training of providers in Emergency Obstetric Care
- Need 24 hour availability of staff
- Poor maintenance of facilities
- Lack of protocols and jobs-aids
- Short supply of equipment, medicines and contraceptives

Processes

- Non-adherence to maternal and immunization service standards
- Poor infection management practices
- Poor waste management practices
- Poor updating of records
- Few facilities conducting deliveries in night

Two Quality Assessment Visits – Change in Facility Maintenance Indicators

Status	Percentage	
	Visit - I	Visit - II
Very Good	13	23
Good	42	48
Total (N)	**466**	**350**

1- PHC/CHC painted and looks clean, 2-No window broken, 3- No cobwebs, 4 – Solid waste containers in each room, 5 – No dust in OT, 6 – All occupied beds have mattresses, rubber cover and clean bed sheet

Indicator	PHC		CHC	
	Max Score	% Change	Max Score	% Change
Personnel	10	**12**	19	**7**
Infrastructure	20	**20**	21	**3**
MCH Equipment and Supplies	39	**16**	39	**4**
Essential Protocols and Job Aids	12	**15**	12	**13**
Lab Equipment and Supplies	51	**9**	54	**2**
Maintenance of Records	7	**15**	7	**18**

N=466

Indicator	Percentage	
	Visit – I N=466	Visit – II N=350
Delivery performed between 8 pm to 8 am	32	43
Low birth baby kept for 24 hour observation	21	25
>25 deliveries at facility within 3 months	10	13
>25 IUD inserted	36	41
>10 RTI/STI cases treated	20	26
Baby was breastfed within 1 hour (106)	70	80

Training Needs Identified and Training Accomplished

Type of Provider	Needed Training	No. of providers to be trained	Number trained	% trained
MO (CHC/PHC)	Em Obstetric Care	353	333	**94**
MO (CHCs)	Anesthesia	57	57	**100**
MO	RTI/STI	318	70	**22**
Lady Health Visitor	RTI/STI	283	148	**52**
Lab Tech	RTI/STI	352	95	**27**

Number of CHC/PHC = 466

Institutionalization of QA within District Health Management

- State capacity built to train and conduct QA activities
- QA visits are being made in 24 districts of Gujarat
- Capacity of Medical College faculties built to provide TA
- Resources for QA activities in SPIP and DPIP
- Human resources,infrastructure and clinical practices improved after QA

Scaling Up Nationally

- QA checklists adopted by MOH
- Expanded coverage of types of facilities such as sub-centers and RCH camps
- Replication in 6 states and planned expansion in 4 more states
- USAID, UNFPA, GTZ are funding replications
- Population Council, Path and EngenderHealth are providing TA, each in two states

International Adaptation of QA for Adolescent-friendly Clinics

- WHO has requested and funded adaptation of QA tool for adolescent-friendly clinics
- Tool was revised on the basis of standards from RCH program and WHO
- The checklist is being tested and will be applied in WHO-supported Adolescent-friendly Clinics globally