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

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

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

Client-provider interaction

Process and content
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

Source: León et al. 2003b.
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

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