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Review of **Family Planning Quality of Care Measurement Tools** and **Applications**

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Summary Statement

This review provides a landscape of what has been and is currently being done to measure quality of care in family planning programs.

Background

Defining, measuring, and ensuring service quality has been of interest to family planning (FP) programs for more than 20 years. Quality of care (QOC)—a client-centered approach to providing high-quality healthcare—emerged in the 1980s and 1990s as a critical element of FP and reproductive health programs. A wide variety of tools has since been developed and applied to measure and assess readiness and quality of care in FP service delivery. With so many tools available to programs, and changes in the organization and delivery of FP services (for example, through integrated services), it is important to know if and how these QOC measurement tools meet current needs. One way to do this is to take stock of the tools available, where they are being applied and how often. Furthermore, information on the extent to which national programs use available tools to routinely monitor FP service quality may help focus attention on the issue of QOC, the barriers to assessing quality, and the innovations needed to ensure that improved service quality remains a priority.

This review aims to 1) identify and compare the tools currently available for measuring FP QOC; 2) assess where and how quality measurement tools have been used since 1990 (with extra focus on MEASURE Evaluation's guide, *Quick Investigation of Quality: A User's Guide for Monitoring Quality of Care in Family Planning*); and 3) identify the barriers and facilitators to using currently available QOC tools, particularly for routine monitoring.

Methods

This review includes assessments of FP quality in public and private health services in low- and middle-income countries published between 1990 and 2015. The authors conducted a systematic search of electronic databases (PubMed, POPLINE, Scopus), organizational websites (Marie Stopes International (MSI), International Planned Parenthood Federation (IPPF), Population Services International (PSI), the World Health Organization (WHO), Family Planning 2020 (FP2020), Performance Monitoring and Accountability 2020 (PMA2020), the Guttmacher Institute, and conference websites (international conferences on FP; American Public Health Association annual meeting) from January–September, 2015. The search strategy included peer-reviewed articles, grey literature, and unpublished documents or reports from organizations working in FP. We used keywords "quality of care," "FP," "framework," "indicators," "measurement," "evaluation," "monitoring" and various permutations of these phrases. When tools were identified, forward searches were conducted to identify all applications and follow-up studies.

Article citations were uploaded into the reference management program Endnote x7, at which point duplicate articles were automatically removed. Among electronic databases, 4,199 unique publications were found and reviewed for title relevancy; 765 were reviewed for abstract; and 208 were reviewed in full. Five frameworks and 10 tools (Appendix A) were included and 134 studies and reports (Appendix B)

were used to inform this review. For each framework and tool, we analyzed its key components, QOC indicators, and relevant applications. For all relevant studies and applications, we analyzed data for the following components: year(s) of study, country/countries included in the study, and tool(s) used to measure FP QOC.

In recognition that country programs may be using other tools to measure service quality, or, that they may be using tools without publishing the results, and to complement findings from the literature review, we interviewed FP monitoring and evaluation (M&E) field experts about their experiences. We initially interviewed key informants from within MEASURE Evaluation who have worked in FP M&E or health system strengthening to get a broad perspective on experiences with measuring FP service quality at the country level. These four colleagues came from our partner institutions of JSI, ICF International, and Palladium. We also spoke with the director of TRACK20, which has a network of FP M&E staff in many FP2020 countries. We then collected information from five recommended key in-country informants in Kenya, Bangladesh, Nigeria, Côte d'Ivoire, and Tanzania. Our intent was to connect with the TRACK20 M&E network as well as "snow ball" informants from as many countries as possible, however, we found that the response to our request for information was very low.

Interviews were conducted via email, phone, and in-person from May–September 2015. Using a semi-structured interview approach with open-ended questions, informants were asked about measuring quality of care in their country/program. Information from the interviews was synthesized and analyzed for key themes: if/how FP QOC is measured; who is responsible for collecting and analyzing data; what tools are used to collect data; and what barriers exist in collecting and using information on FP QOC.

Findings

Frameworks and Tools for Measuring QOC

In the 1980s, quality in FP was predominantly assessed through availability and access. In 1989/1990, Bruce and Jain outlined a more comprehensive definition of quality as "the way individuals and clients are treated by the system providing services" and identified six key elements of quality for FP, including choice of methods, information given to clients, technical competence, interpersonal relations, follow-up and continuity mechanisms, and the appropriate constellation of services.[2] Most subsequent work in QOC is based on this framework. In fact, while measurement tools and methodologies have evolved, the Bruce-Jain framework has remained the cornerstone for assessing quality within FP programs, particularly among public sector health services.[3] Only recently have other frameworks been proposed for monitoring quality in national FP services.[4-6] These frameworks and the tools and approaches that have been developed to measure quality of care in FP and reproductive health services are listed in Appendix A.

Our review found that large, private international organizations have built tailored frameworks and tools to match the needs and values of their organization. For example, IPPF collects data on 30 indicators annually that are grounded in a rights-based approach. These annual indicators are supplemented by project reports, annual reports, midterm reviews, evaluations, and special studies. Similarly, MSI

conducts internal and external audits of their facilities annually, including clinic visits, technical audits, observations, exit surveys, focus group discussions, and mystery clients. Monitoring is conducted at the clinic level through regular quality and technical meetings, "clinic scans," client comment books, client exit interviews, "mood-meter boxes," and report cards. PSI also employs client exit interviews and mystery clients to assess client satisfaction. Private international organizations like IPPF, MSI, and PSI have exhibited a high level of commitment to quality by having multiple quality assessment measures from a variety of data sources; however, these measures are often internally developed to fit their service models and objectives, and require resources that most national public sectors do not have.

Measurement of FP service quality within the public sector has often relied on larger periodic studies, such as the Service Provision Assessment (SPA) through Demographic and Health Surveys (DHS), situation analyses (SAs), or other one-time special studies at the national or regional level. These tools are described in greater detail, below.

- **The Service Availability Module** (SAM)[7] was the first systematic quantitative tool to measure a population's access to reproductive and child health services. SAM was a useful tool to measure the time and distance to the nearest service delivery point, but did not look at choice of methods, information given to clients, technical competence, interpersonal relations, or follow-up, which are considered essential elements of service quality according to the Bruce-Jain Framework.[1] Implementation of the SAM tapered off during the 1990s as more comprehensive tools were developed.
- **The situation analysis** was developed and first used by Miller, et al. in Kenya[8] to provide a more comprehensive view of quality in services and dominated as a quality measurement tool throughout the 1990s. A SA seeks primarily to enable program planners to collect information about the functional components, performance, and quality of care offered at a clinic. However, a situation analysis does not typically link services with specific household populations.
- A combination of the SAM and SA, **the Service Provision Assessment**, is designed to provide an overview of the country's health service delivery. This comprehensive tool utilizes four different data collection methods to monitor the quality and overall availability of different facility-based health services in a country and their readiness to provide those services. Due to complexity and cost considerations, the SPA is limited in implementation to a few countries, and even fewer have conducted it more than once (Senegal,[9] Kenya,[10-12] and Rwanda[13,14]).
- The massive undertaking a SPA requires and sheer volume of data generated led to the creation of **the Quick Investigation of Quality (QIQ) tool[15]**. Developed by the MEASURE Evaluation project, the QIQ uses three data collection tools to gather information on 25 QOC indicators to "quickly" but thoroughly assess FP QOC. An in-depth assessment of the QIQ tool and its applications indicates that while the tool is not far removed from the standards and needs of quality assessment in FP, it is being used sparingly. We found only four publicly available applications or analyses citing QIQ tools within the past five years,[16-19] and most applications limited the number of indicators to assess and/or reduced the number of data collection methods. Furthermore, most examples of application are one-time evaluative, with the exceptions of Turkey,[17,20] which used QIQ twice, and Indonesia,[21] which indicates annual implementation. It is not known from the

literature searches how often the tool is being used internally by programs that do not post or publish documentation or findings.

While QIQ depends on a "short list" of QOC indicators, its full implementation is still quite dense for a routine monitoring tool. Additionally, data collection, analysis, and reporting are separate from other routine monitoring systems, making it less likely to be adopted habitually.

> *"While [the QIQ] methodology has proven useful in different settings, it may be too complex, time-consuming or expensive for small service providers to carry out on their own. To begin the process of quality evaluation in such settings, a simpler, more practical methodology may be called for."—T. Williams, IPPF*[22]

Lastly, QIQ is focused only on FP services alone, which may not be the priority of country ministries with integrated programming.

- **The Service Availability and Readiness Assessment** (SARA) was developed through a joint WHO-USAID collaboration and builds upon the previous **Service Availability Mapping**[*] tool developed by WHO and the DHS's SPA tool. The SARA is a health facility assessment tool designed to generate reliable and regular information on service delivery (such as the availability of key human and infrastructure resources), the availability of basic equipment, basic amenities, essential medicines, and diagnostic capacities, and the readiness of health facilities to provide basic healthcare interventions. The tool is used to collect information from FP services as well as child health services, basic and comprehensive emergency obstetric care, HIV, tuberculosis (TB), malaria, and non-communicable diseases. And while it may collect information on a greater array of services, SARA only collects information related to availability and readiness, which is only one aspect of quality according to the Bruce-Jain Framework.
- **The PMA2020 project** is a project of FP2020 that collects data on indicators to track quality of care in national FP programming through a periodic survey. Measurements of quality have been pared down to domains of utilization, demand, choice, access, and quality—with only two specific indicators related to the later (FP counseling and services to adolescents; client feedback system). The lifespan of collection of these indicators additionally limits measurements to the five-year project timeline.
- **Various smaller methodologies and tools** such as Client-Oriented, Provider-Efficient Services (COPE),[23,24] Continuous Quality Improvement (CQI),[25,26] and WHO's Decision Making Tool[27] have been developed to include data collection as well as quality improvement components. To accommodate the increase of integrated services, Population Council created the Assessing Integration Methodology (AIM) which measures and assesses FP integration, including components of quality.[28]

[*] The DHS's Service Availability Module (SAM) tool and WHO's Service Availability Mapping (SAM) tool are separate and distinct. For this report, applications of WHO's SAM are combined with applications of WHO's SARA, because the former is a predecessor of the latter.

Applications of QOC Measurement Tools

The review found that published studies measuring the QOC in FP programs were primarily from sub-Saharan Africa (65%, n=88). We found significantly fewer studies from all other geographic regions: Middle East and North Africa (9%, n=12), South Asia (7%, n=9), Latin American and the Caribbean (7%, n=9), East Asia and the Pacific (6%, n=8), and Europe and Central Asia (4%, n=5). 2% of studies (n=3) were global, comparing countries across multiple regions. (Figure 1)

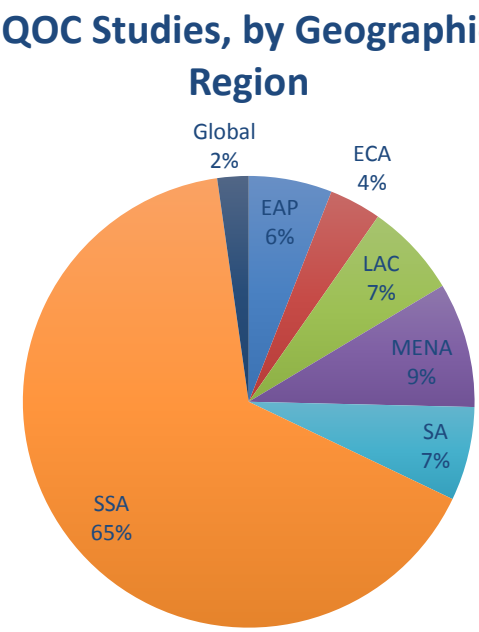

Figure 1: Distribution of QOC studies by geographic region. *Regions are in line with World Bank administrative regions.[1] The majority of studies included in this review were conducted in sub-Saharan Africa.*

Reports from just five SSA countries collectively represent over a third (41%) of all studies included in this review (Kenya, Tanzania, Uganda, Ethiopia and Ghana; n= 15, 13, 10, 9, and 8 respectively). There were few cases of repeat assessments using a specific tool; most countries conducted "one-off" evaluations, often coinciding with the roll-out of a new FP QOC measurement tool.

Of the 134 studies and reports reviewed, we found 146 independent applications of QOC measurement tools.[†] The choice of tool seems to be largely dependent on the period in which the study was conducted (Figure 2). Between 1985 and 1990, the DHS SAM tool was used nearly exclusively to measure QOC in FP programs. Its popularity was replaced by the situation analysis in 1990, followed by the DHS SPA and MEASURE Evaluation's QIQ tool in 2000. While SPA and QIQ have been intermittently employed since, WHO SAM/SARA tools have gained traction to measure accessibility and service readiness as a key quality indicator in FP and other health services. Other smaller and independent studies (including COPE, CQI, and AIM, among others) have been conducted relatively steadily over the last 25 years.

The use of tools to assess FP service quality increased slightly in the mid-1990s but remained relatively low until recently, with the addition of PMA2020 measures. We also note that the larger, more comprehensive assessment tools, such as SPA and QIQ, are implemented relatively infrequently in favor of the less comprehensive measurement tools.

[†] Some publications reported data or other results from two or more independent and distinct applications. For example, Wilkinson, et al. (1993) reported SAM results from Burundi, Togo, Uganda, Zimbabwe, Egypt, Thailand, Tunisia, Colombia, Dominican Republic, Ecuador, and Guatemala. Because each was a separate application of SAM, conducted independently, each application is treated as a distinct unit of analysis.

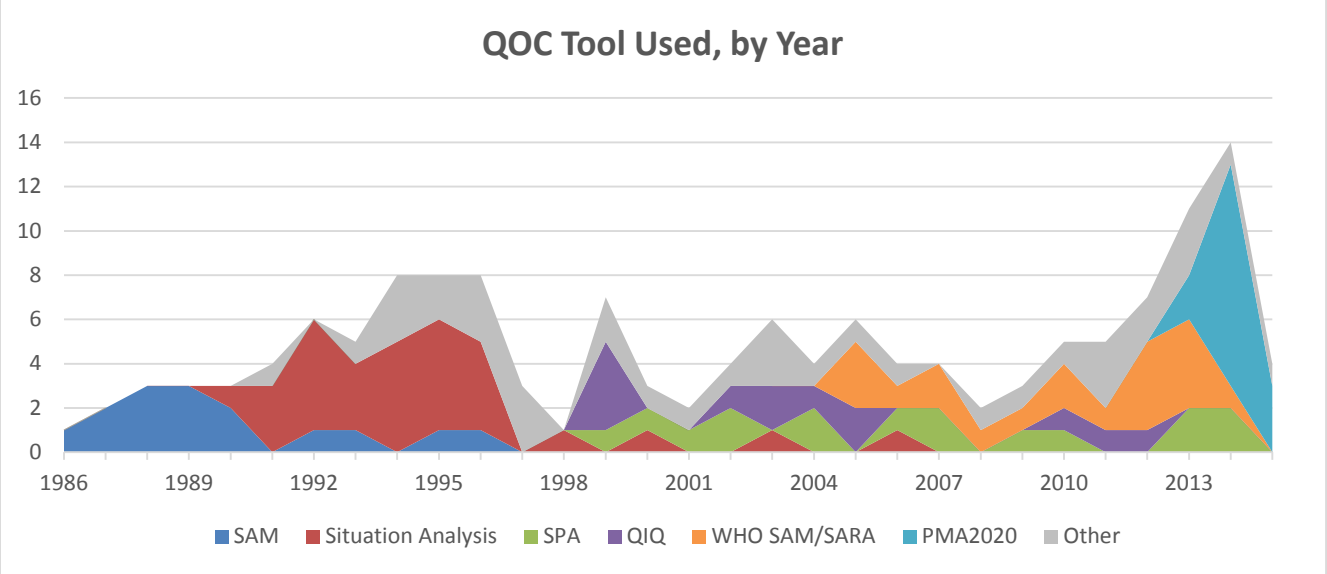

Figure 2: Use of OOC measurement tools by year*. Source: Literature review of 146 applications. Because publication of data can lag significantly behind time data were collected, we report the year in which data are collected (e.g., a study published in 1994 with data from 1993 will be presented here as 1993).*

We were unable to find evidence of many routine FP quality assessments conducted by national governments through our literature search. Efforts to monitor quality on a continuous basis may not be published or made publicly available. Additionally, while donor-funded projects have often included quality standards and assessments, it is difficult to collect comprehensive information on these through a search of published literature. To investigate the issue further, we discussed the QOC issue with our key informants and country contacts from reproductive health programs and Ministries in Bangladesh, Côte d'Ivoire, Tanzania, Kenya, and Nigeria. Country contacts confirmed that quality is assessed, at least minimally, in their programs through the use of routine FP indicators, such as:

- Stock management and commodity statistics
- Contraceptive prevalence rate (CPR)
- Proportion of new users
- Proportion of continuing users
- Unmet FP need

These indicators are generally collected through health management information systems (HMIS), such as DHIS 2, or logistic management information systems (LMIS). Unfortunately, these indicators, particularly when measured alone, do not provide a good assessment of service quality. Data from national periodic surveys, such as DHS, are used to round out this information by providing indicators related to service access and client satisfaction. Other important elements of quality such as provider skills and appropriate service provision and counselling are not routinely monitored.

This is the case in Nigeria, for example, where FP QOC data are routinely collected using the national Contraceptives Logistics Management System (CLMS). Quality is ensured primarily through: 1) preventing stockouts and 2) ensuring method mix. Other areas of quality are not routinely monitored.

The focus in Bangladesh is on infection prevention, training of providers, increasing the availability of FP commodities in facilities, and improving provider attitudes and management of services through proper counseling and screening. Eight quality assurance teams monitor the safety of clinical procedures and conduct regular field visits; EngenderHealth supports an additional seven senior quality assurance staff. There is not, however, a focus on the quality of service provision beyond the expansion of service coverage and adherence to clinical protocols. The strategic plan for the next health sector program, 2016–2021, is highlighting quality of services as one of its guiding principles.

Kenya presents the case of a country with an increasingly robust system for assessing service quality. As one the very few countries to have conducted more than one SPA, Kenya is also implementing the Standard-Based Management and Recognition program in some regions of the country. This quality improvement program has so far been effective in improving the monitoring of quality by collecting information on a quarterly basis. Thus far, the quality improvement and management programs have shown to be useful, but will require additional resources to operate and are costly to scale up.

Some informants discussed the use of supportive supervision checklists based on the national guidelines to monitor and improve quality of FP services. One informant stated, “When you have donor projects like USAID funded, Gates funded, etc., then you have such projects providing supportive supervision and on-the-job coaching.” When probed, however, it was unclear how often the supervision is actually used once such projects leave. Most informants mentioning supportive supervisory checklists were not able to provide them, making it difficult to ascertain exactly how quality was being assessed. (Note: an M&E officer from Pakistan provided a training manual for providing supportive supervision, but did not send responses to our questions or any further information to explain the use of the guide.)

Overall, we found there to be limited transparency in country programs in what is measured and by what tools. Information was not often publicly available and it was difficult to receive answers to our questions from in-country contacts. We were typically in communication with one or two people from each of the countries included in this review; we acknowledge that there may be differing opinions and levels of knowledge on what is being done at the country level depending on who is providing the information. A comprehensive study for the National Composite Index for FP report found that there was not always agreement in what is collected and used to assess FP service quality.[29]

Barriers and Facilitators to Monitoring QOC

From this review, it is clear that there are several QOC measurement tools available. Yet, it appears that countries are not routinely using them and/or including quality measures in their routine reporting systems. When probed, FP M&E officers and experts named the following barriers to the collection and use of information on FP QOC:

- A focus on expanding service coverage rather than quality of service provision
- Inadequate resources (human and material)

- Inadequate equipment and essential supplies for data collection and storage (e.g., computers, laptops, cupboards)
- Not enough qualified individuals for supportive supervision
- Increased workload to service providers who are already collecting service provision data
- Limited provider knowledge and skill
- Inadequate staff records
- No system in place to undertake such work

Conclusions

Decades of research have provided an array of frameworks and tools to measure QOC in FP programs. Our assessment of their use is largely based on publicly available reports. This may represent a bias against national government efforts, especially as governments may not have the same incentives to make their results known. However, we found it difficult to collect information about what is happening at the country level, suggesting to us that monitoring quality is not a priority, and/or country ministries retain fewer resources and limited capacity to fully implement M&E for FP QOC. We also found that the most comprehensive of the general-use tools and methods, such as the SPA and QIQ, appear to be the least used to assess quality as compared to other tools and methods, perhaps due to size, complexity, and cost issues.

In contrast, private sector organizations exhibit a high level of commitment to measuring QOC by ensuring that it is routinely assessed with a variety of tools and methods. These methods and tools are often internally developed to fit specific service models and objectives.

Newer initiatives such as the PMA2020 project have boosted the incidence of FP QOC measurement, but with a pared down number of FP indicators in the domains of utilization, demand, choice, access, and quality. The lifespan of collection of this information is also likely tied to the five-year project timeline.

We feel more attention could be paid to monitoring quality through sustainable systems. For example, this review suggests the need to identify and promote key indicators (work on DHIS 2 recommended core indicators in underway by Track20 and others) that measure basic standards of quality that can be monitored on a routine basis. Non-routine data on quality need to be valued as well, which has implications for resource allocation (such as time, funding, and skills). Non-routine data can be added to robust health information systems so that, when triangulated with routine data, more comprehensive assessments of service quality can be made. Our limited review of barriers to the implementation of quality assessments, especially where tools are known and available (and where supportive supervision is supposed to be happening, but is not) could shed light on the issue of service quality and what needs to happen in order for M&E of QOC to become a valued standard of practice.

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Appendix A: Assessment Tools for Monitoring and Managing Quality

FRAMEWORKS

Tool/Framework	Author, Year	Description
Fundamentals of quality of care: a simple framework	Bruce, 1990	A framework for assessing quality from the client's perspective consisting of six parts (choice of methods, information given to clients, technical competence, interpersonal relations, follow-up and continuity mechanisms, and the appropriate constellation of services).
Quality Assurance Project Framework	Reerink and Sauerborn, 1995	The Quality Assurance Project (QAP) is based on quality management principles derived from industry that are applied to the accreditation of facilities, supervision of health workers, and other efforts to improve health workers' performance and the quality of health services in less developed countries. Quality in healthcare can be broken down to three mutually reinforcing components: quality design, quality control, and quality improvement.
Availability, Accessibility, Acceptability and Quality (AAAQ) Framework	UNCESCR, 2000	Framework to ensure that all healthcare information, services and commodities are available, accessible, acceptable, and of the highest possible quality.
Voluntary, Human Rights-Based FP Framework	Hardee, et al., 2013	By applying human rights laws and principles to FP program and quality of care frameworks, this new framework brings what have traditionally been parallel lines of thought together in one construct to make the issue of rights in FP concrete. Focuses on human rights-based FP and links the current focus on quality of care in FP programming to the concepts of availability, accessibility, acceptability, and quality to meet the FP2020 goal.

TOOLS

Tool/Framework	Author, Year	Description	Countries/Applications
Service Availability Module (SAM)	DHS, 1985	Collects information from community members about barriers to seeking care at clinics, then verifies whether the facilities offer certain basic services (such as FP services). • time and mode of transport to nearest FP facility; • location of facilities offering specific types of FP and reproductive health services; • contraceptive prevalence rates and method by distance to nearest facility; and • % of women with an unmet need for FP who reside near a facility	Burundi, Colombia, Dominican Republic, Ecuador, Egypt, Morocco, Peru, Tanzania, Thailand, Togo, Tunisia, Uganda, Zimbabwe

Situation Analysis (SA)	Population Council, 1991	A comprehensive approach that identifies the strengths and weaknesses of a program. A situation analysis seeks primarily to enable program planners to collect information about three aspects of a FP program: • its functional components or subsystems (for example, equipment, staffing, training, supply logistics, recordkeeping); • its outputs or performance (such as, the services provided); and • the quality of care offered at the clinics	Bangladesh, Brazil, Burkina Faso, Botswana, Côte d'Ivoire, Ethiopia, Ghana, Guatemala, Pakistan, India, Indonesia, Kenya, Mongolia, Morocco, Madagascar, Nicaragua, Nigeria, Peru, Philippines, Senegal, South Africa, Tanzania, Turkey, Vietnam, Zaire, Zambia, Zanzibar, Zimbabwe
Continuous Quality Improvement (CQI)	MSH, 1993	Continuous quality improvement is a process to ensure programs are systematically and intentionally monitoring and improving services for clients. It involves identifying an area where there is an opportunity for improvement, defining a problem within this area and outlining the sequence of activities that occur in that problem area, establishing the desired outcomes of the process and the requirements needed to achieve them, selecting specific steps in the process to study, collecting and analyzing data about the process, taking corrective action, and finally, monitoring the results of those actions.	Uganda, Ukraine, Zambia, Zimbabwe
COPE (client-oriented, provider-efficient services) and Quality Management Tool (QMT)	Engender Health, 1995 &2003	Designed for providers to assess their performance with regard to standards related to clients' rights and health providers' needs. COPE is cost-effective and does not involve large investments of time because some activities may be conducted while staff carry out their routine work. It is also results-oriented. Raises awareness of good practices. The COPE tools consist of a series of self-assessment guides, including a record-review checklist; client-interview guides; client-flow analysis; and an action plan.	Bangladesh, Ghana, Kenya, Nigeria, Uganda, and "introduced in 50 countries around the world"[30]
Service Provision Assessment (SPA)	MEASURE DHS 2002, revised 2012	The SPA uses four different data collection methods: inventory, provider interview, observation, and exit interviews. Assesses availability of contraceptives and supplies, user fees, counseling and client assessment, provision of STI treatment for FP clients.	Bangladesh, Egypt, Ethiopia, Ghana, Haiti, Kenya, Malawi, Nepal, Namibia, Rwanda, Senegal, Tanzania, Uganda
Quick Investigation of Quality (QIQ)	**MEASURE, 2001**	QIQ refers to the set of three related data-collection instruments designed to monitor 25 indicators of quality-care in clinic-based FP programs.	Democratic Republic of the Congo, Ecuador, Ethiopia, Indonesia, Iran, Kenya Madagascar, Nigeria, Tanzania, Thailand/ Myanmar,

			Turkey, Uganda, Zimbabwe,
WHO Decision Making Tool	WHO, 2002	Participatory process whereby stakeholders from many different constituencies frame relevant questions, develop data-collection instruments, collect data, and analyze them. The team of stakeholders visits facilities, interviews clients and providers, observes as services are provided, and interviews other key stakeholders.	Iran , Nicaragua
Service Availability Mapping (SAM)/ Service Availability and Readiness Assessment (SARA)	WHO, 2004/2010	The Service Availability and Readiness Assessment is a health facility assessment tool designed to assess and monitor the service availability and readiness of the health sector and to generate evidence to support the planning and managing of a health system. The SARA methodology builds upon previous and current approaches designed to assess service delivery including the service availability mapping tool developed by WHO, and the service provision assessment tool developed by the MEASURE DHS project.	Albania, Benin, Burkina Faso, Ghana, Honduras, Kenya, Mauritania, Rwanda, Sierra Leone, Tanzania, Togo, Uganda, Zambia
Assessing Integration Methodology	Population Council, 2008	The Assessing Integration Methodology (AIM) was developed by the Population Council using an adapted and revised SA method. AIM helps health programs to guide decisions regarding the feasibility, quality, and effectiveness of specific FP and related service combinations.	FRONTIERS Country Projects: Bolivia, Dominican Republic, Egypt, Ghana, Haiti, India, Kenya, Lesotho, Nicaragua, South Africa, Tanzania, West Bank/Gaza
Performance, Monitoring and Accountability 2020 (PMA2020)	Gates Institute for Population and Reproductive Health JHSPH, 2013	Performance, Monitoring and Accountability 2020 (PMA2020), the project will track key indicators for contraceptive demand, supply, use, and quality of care in developing countries. Annual basis. • % that offer FP counseling and services to adolescents • % with client feedback system • Additional indicators for “choice” and “access”	Burkina Faso, DRC, Ethiopia, Ghana, Kenya, Nigeria, Uganda (future: Senegal, Indonesia, India)

Appendix B: Applications of QOC Monitoring Tools

Author	Publication Year	Study Year	Title	Tool	Countries
RA Miller, L Ndhlovu, MM Gachara and AA Fisher	1991	1990	The Situation Analysis Study of the FP program in Kenya	Situation Analysis	Kenya
M Muanda, HL. d Lys, M Diallo, A Fisher, B Mensch and R Miller	1992	1991	Zaire: A situation analysis of the FP program of Zaire, comparing three service delivery systems	Situation Analysis	Zaire
D Huntington, A Damiba, K Koffi and L Kouakou-Kouassi	1992	1992	Assessing the relation between the quality of care and the utilization of FP services in Cote d'Ivoire	Situation Analysis	Côte d'Ivoire
YM Kim, CL Lettenmaier, PT Piotrow, TW Valente, KP Bose, S Yoon, O Mugenda, A Mugenda and J Mukolwe	1992	1992	Quality of FP counseling for community-based distribution agents and clinic providers in Kenya	Situation Analysis	Kenya
I Askew, P Tapsoba, Y Ouedraogo, C Viadro, D Bakouan and P Sebgo	1993	1991	Quality of care in FP programmes: a rapid assessment in Burkina Faso	Situation Analysis	Burkina Faso
P Lynam, LM Rabinovitz and M Shobowale	1993	1991	Using self-assessment to improve the quality of FP clinic services	Other—COPE	Ghana, Kenya, Nigeria, Uganda
MI Wilkinson, W Njogu and N Abderrahim	1993	1985–1990	The availability of FP and maternal and child health services	SAM	Burundi, Togo, Uganda, Zimbabwe, Egypt, Thailand, Tunisia, Colombia, Dominican Republic, Ecuador, Guatemala
I Askew, B Mensch and A Adewuyi	1994	1992	Indicators for measuring the quality of FP services in Nigeria	Situation Analysis	Nigeria
KA Twum-Baah	1994	1993	A Situation Analysis Study of FP Service Delivery Points in Ghana	Situation Analysis	Ghana
K Beattie, AJ Faisel, M Ahmed and BA Pati	1994	1993	Introducing COPE in Asia: a quality management tool for FP services in Bangladesh	Other—COPE	Bangladesh
R Vernon	1994	1994	Situation analysis as a rapid assessment tool in Guatemala	Situation Analysis	Guatemala

B Mensch, A Fisher, I Askew and A Ajayi	1994	1992, 1992, 1991	Using situation analysis data to assess the functioning of FP clinics in Nigeria, Tanzania, and Zimbabwe	Situation Analysis	Nigeria, Tanzania, Zimbabwe
DR Hotchkiss, RJ Magnani, N Rutenberg, LL Correia, GT Morgan and M Sutula	1995	1993	Access to FP services, service quality, and contraceptive use in northeast Brazil	Situation Analysis	Brazil
Population Council. Asia and Near East Operations Research and Technical Assistance Project	1995	1994	Indonesia. A situation analysis of public FP clinics: Indonesia	Situation Analysis	Indonesia
L Ndhlovu, The Population Council's Africa OR/TA Project	1995	1994	Quality of care in FP service delivery in Kenya: clients' and providers' perspectives. Final report	Situation Analysis	Kenya
P. Tavrow, D Namale and N Mpemba	1995	1994	Quality of care: an assessment of FP providers' attitudes and client-provider interactions in Malawi. Executive summary. Draft	Other—Quantitative, qualitative, participatory, simulated client	Malawi
Population Council Africa Operations Research and Technical Assistance Project. Ministry of Health and Social Action Senegal	1995	1994	Situation analysis of FP service delivery in Senegal	Situation Analysis	Senegal
T Williams and J Schutt-Aine	1995	1994	Client satisfaction studies: a simple, inexpensive way to measure quality. Meeting the needs: client satisfaction studies	Other—IPPF; Survey	Trinidad and Tobago, Peru
Turkey Ministry of Health. General Directorate of Maternal-Child Health and FP, Population Council. Asia and Near East Operations Research and Technical Assistance Project, AVSC International	1995	1994	Turkey situation analysis of reproductive healthcare services in Turkey	Situation Analysis	Turkey
A Korra	1995	1995	Situation analysis of the integration of FP into health system in Ethiopia	Situation Analysis	Ethiopia
Population Council. Asia and Near East	1995	1995	Pakistan. Situation analysis of Pakistan's family welfare centers	Situation Analysis	Pakistan

Operations Research and Technical Assistance Project					
ME Khan, BC Patel and RB Gupta	1995	1995	Quality of FP services from provider's perspective. Observations from a qualitative study in Sitapur district, Uttar Pradesh	Other—Focus groups, in-depth interviews, informal discussions	India
L Brown, M Tyane, J Bertrand, D Lauro, M Abou-ouakil and L de Maria	1995	1992-1993	Quality of Care in FP Services in Morocco	Situation Analysis	Morocco
M Arends-Kuenning, B Mensch and MR Garate	1996	1992	Comparing the Peru service availability module and situation analysis	SAM; Situation Analysis	Peru
S Ramarao	1996	1995	Situation analysis in India	Situation Analysis	India
B Baakile, L Maribe, BN Maggwa and RA Miller	1996	1996	A situation analysis of the maternal and child health / FP (MCH / FP) program in Botswana	Situation Analysis	Botswana
F Uka and S Abella	1996	1996	A situation analysis of FP service delivery at MHCs and BHSs in Maguindanao	Situation Analysis	Philippines
S Rahman, JH Chowdhury, MS Khan, T Tariq and AP Rahman	1996	1996	MCH-FP services in Rajshahi division -- a situation analysis	Situation Analysis	Bangladesh
L Ndhlovu, J Solo, R Miller, K Miller and A Ominde	1997	1995	An assessment of clinic-based FP services in Kenya: results from the 1995 situation analysis study	Situation Analysis	Kenya
TS Osteria	1997	1995	Assessment of the quality of FP services in selected service delivery points in the Philippines	Other—Observation, interview	Philippines
KA Twum-Baah	1997	1996	Report of Second Situation Analysis Study of FP Services in Ghana	Situation Analysis	Ghana
LS Maribe, BN Maggwa, I Askew and K Miller	1997	1996	Using a rapid assessment approach to evaluate the quality of care in an integrated program: the experience of the Family Health Division, Ministry of Health, Botswana	Other—LQAS	Botswana
Tanzania Bureau of Statistics. University of North Carolina at Chapel Hill, Carolina Population Center, MEASURE Evaluation Project	1997	1996	Tanzania Service Availability Survey, 1996	SAM	Tanzania
E Kleinau	1997	1997	Proposal for a quality assurance framework and supervision strategies, Ministry of Health, Eritrea	Other—Facility audits, checklists,	Eritrea

				staff meetings	
JM Turan, A Bulut and H Nalbant	1997	1997	The quality of FP services in two low-income districts of Istanbul	Other—Semi-structured interviews, checklists	Turkey
K Miller, H Jones, C Vogel, M Gorosh and M Ojermark	1997	1994-1996	Urban and rural FP services in sub-Saharan Africa: does service quality really differ?	Situation Analysis	Botswana, Burkina Faso, Ghana, Kenya, Senegal, Zanzibar
F Olowu	1998	1996	Quality and costs of FP as elicited by an adolescent mystery client trial in Nigeria	Other—Mystery clients	Nigeria
TA Mroz, KA Bollen, IS Speizer and DJ Mancini	1999	1993	Quality, accessibility, and contraceptive use in rural Tanzania	SAM	Tanzania
HB Perry, S Begum, A Begum, TT Kane, MA Quaiyum and AH Baqui	1999	1994	A comprehensive assessment of the quality of services provided by FP field workers in one major area of Dhaka city, Bangladesh	Other—Survey, observation, client exit interviews	Bangladesh
F Steele, SL Curtis and M Choe	1999	1995	The impact of FP service provision on contraceptive-use dynamics in Morocco	SAM	Morocco
A Hailemariam, M Welsh and D Nichols	1999	1997	Quality of care in the delivery of FP services in Ethiopia: Family Guidance Association of Ethiopia baseline assessment, 1997	Other—Client exit interviews	Ethiopia
C Simbakalia, P Riwa, C Kihinga, A Mlay and R Goergen	1999	1999	Assessment of quality of reproductive health services in Lindi region	Other—Provider survey	Tanzania
Mongolia. Ministry of Health and Social Welfare; United Nations Population Fund [UNFPA]; AVSC International	2000	1998	Report on a situation analysis study of Mongolia's reproductive health services conducted by staff of the Ministry of Health and Social Welfare, UNFPA and AVSC International on March 9-27, 1998	Situation Analysis	Mongolia
Ministry of Health [Kenya], National Council for Population and Development [Kenya], and ORC Macro	2000	1999	Kenya Service Provision Assessment Survey, 1999	SPA	Kenya
R Bessinger, KC and C Lettenmeier	2000	1999	Uganda Quality of Care Survey of FP and Antenatal Care Services	QIQ	Uganda
John Snow, Inc.	2000	2000	FP Service Expansion & Technical Support (SEATS II) Project: Final Report	Other—CQI	Uganda, Zambia, Zimbabwe

Q. N. Vũ	2000	2000	A situation analysis of public sector reproductive health services in seven provinces of Vietnam	Situation Analysis	Vietnam
T Williams, J Schutt-Aine and Y Cuca	2000	1993–1996	Measuring FP service quality through client satisfaction exit interviews	Other—IPPF/WHR; Survey	Brazil, Chile, Colombia, Mexico, Paraguay, Peru, Trinidad and Tobago, and Uruguay
TM Sullivan and JT Bertrand	2000	1998–1999	Monitoring quality of care in FP by the quick investigation of quality (QIQ): country reports	QIQ	Ecuador, Turkey, Uganda, Zimbabwe
MM Ali	2001	1989	Quality of care and contraceptive pill discontinuation in rural Egypt	SAM	Egypt
RE Bessinger and JT Bertrand	2001	1999	Monitoring quality of care in FP programs: a comparison of observations and client exit interviews	QIQ	Ecuador, Uganda, Zimbabwe
P Tavrow, YM Kim and L Malianga	2002	1999	Measuring the quality of supervisor-provider interactions in healthcare facilities in Zimbabwe	Other—Observation, interviews	Zimbabwe
T Saha	2002	2000	Bangladesh Service Provision Assessment Survey 1999–2000	SPA	Bangladesh
Ministry of Health [Rwanda], National Population Office [Rwanda], and ORC Macro	2003	2001	Rwanda Service Provision Assessment Survey 2001	SPA	Rwanda
Ministry of Health and Population (MOHP) [Egypt], El-Zanaty Associates, and ORC Macro	2003	2002	Egypt Service Provision Assessment Survey 2002	SPA	Egypt
Ghana Statistical Service (GSS), Health Research Unit, Ministry of Health, and ORC Macro	2003	2002	Ghana Service Provision Assessment Survey, 2002	SPA	Ghana
L Ndhlovu, C Searle, R Miller, A Fisher and E Snyman	2003	2002-2003	Reproductive health services in KwaZulu Natal, South Africa: a situation analysis study focusing on HIV / AIDS services	Situation Analysis	South Africa
A Sulistomo, L Pinxten, N Caiola and GF Chanpong	2004	2002	Assessment of Public Health Facilities using the Quick Investigation of Quality in Indonesia	QIQ	Indonesia
E Loha, M Asefa, C Jira and F Tessema	2004	2003	Assessment of quality of care in FP services in Jimma zone, southwest Ethiopia	Other—Survey, observation, client exit interviews, facility audit	Ethiopia

Johns Hopkins Bloomberg School of Public Health. Center for Communication Programs. Sustaining Technical Achievements in Reproductive Health [STARH]	2004	2003	Quick Investigation of Quality (QIQ) follow-up survey 2003: Indonesia. Report	QIQ	Indonesia
TM Sullivan, N Sophia and C Maung	2004	2001-2003	Using evidence to improve reproductive health quality along the Thailand-Burma border	QIQ	Thailand/ Burma
P Maharaj and C. Munthree	2005	2001	The quality of integrated reproductive health services: perspectives of clients in KwaZulu-Natal, South Africa	Other—Client exit interviews	South Africa
M Fantahun	2005	2002	Quality of FP services in northwest Ethiopia	Other—Client and provider interviews, observation	Ethiopia
N Nakhaee and A R Mirahmadizadeh	2005	2003	Iranian women's perceptions of family-planning services quality: a client-satisfaction survey	Other—Survey	Iran
Ministry of Health and Population, El-Zanaty Associates, and ORC Macro	2005	2004	Egypt Service Provision Assessment Survey 2004	SPA	Egypt
JG Rakotondrabe, H Andrianaivo and EE Anastasi	2005	2004	Use of Quick Investigation of Quality to measure and improve FP services in the public sector: The experience of ADRA/Madagascar	QIQ	Madagascar
National Coordinating Agency for Population and Development (NCAPD) [Kenya], Ministry of Health (MOH), Central Bureau of Statistics (CBS), ORC Macro	2005	2004	Kenya Service Provision Assessment Survey 2004. Maternal and Child Health, FP and STIs	SPA	Kenya
Albania Ministry of Health	2005	2005	Service Availability Mapping (SAM): Albania	WHO SAM/SARA	Albania
Kenya Ministry of Health	2005	2005	Service Availability Mapping (SAM): Kenya	WHO SAM/SARA	Kenya
Rwanda Ministry of Health	2005	2005	Service Availability Mapping (SAM): Republic of Rwanda	WHO SAM/SARA	Rwanda
M Simbar, M Ahmadi, G Ahmadi and HR Majd	2006	2004	Quality assessment of FP services in urban health centers of Shadid Beheshti Medical Science University, 2004	Other—Client and provider interviews, observation	Iran
R Hong, L Montana and V Mishra	2006	2003, 2002	Family planning services quality as a determinant of use of IUD in Egypt	SPA	Egypt

Zambia Ministry of Health	2006	2006	Service Availability Mapping (SAM): Zambia	WHO SAM/SARA	Zambia
SM Alizadeh, L Marions, R Vahidi, A Nikniaz, A Johansson and R Wahlström	2007	2005	Quality of FP services at primary care facilities in an urban area of East Azerbaijan, Iran	QIQ	Iran
Tanzania National Bureau of Statistics and Macro International	2007	2006	Tanzania Service Provision Assessment Survey 2006	SPA	Tanzania
Ghana Ministry of Health	2007	2007	Service Availability Mapping (SAM): The Republic of Ghana	WHO SAM/SARA	Ghana
Ministry of Health and Social Welfare, Tanzania Mainland and Ministry of Health and Social Welfare,, Zanzibar	2007	2007	Tanzania Service Availability Mapping	WHO SAM/SARA	Tanzania
YM Kim, C Davila, C Tellez and A Kols	2007	2003-2005	Evaluation of the World Health Organization's FP decision-making tool: improving health communication in Nicaragua	Other—WHO Decision-Making Tool	Nicaragua
H Nanbakhsh, S Salarilak, F Islamloo and S Aglemand	2008	2003	Assessment of women's satisfaction with reproductive health services in Urmia University of Medical Sciences	Other—Survey	Iran
A Shahidzadeh-Mahani, S Omidvari, HR Baradaran and SA Azin	2008	2006	Factors affecting quality of care in FP clinics: a study from Iran	Other—Modified UNICEF checklist	Iran
F Solis, A d C Rojas, A Gadea, ME Rivero-Fuentes and R Vernon	2008	2006	Situation Analysis of the Integration of FP Services in Postpartum, Postabortion and Prevention of Mother to Child Transmission Programs in Nicaragua	Situation Analysis	Nicaragua
Uganda Ministry of Health and Macro International	2008	2007	Uganda Service Provision Assessment Survey 2007	SPA	Uganda
National Institute of Statistics (NIS) [Rwanda], Ministry of Health (MOH) [Rwanda], and Macro International Inc.	2008	2007	Rwanda Service Provision Assessment Survey 2007	SPA	Rwanda
U De Silva and P Fonseka	2008	2008	Quality of care in government FP clinic services in Colombo District	Other—Client exit interviews, observation	Sri Lanka
Ministry of Health of Honduras	2008	2007-2008	SAM Honduras 2007-2008: Service Availability Mapping in the Region of the Americas	WHO SAM/SARA	Honduras
P Research	2009	2009	Nigeria (2009): Assessing the Quality of FP Services Using Client Exit interview Study	Other—PSI; Client exit interviews	Nigeria

Y Kuyinu	2010	2005	Clients' perception of quality of FP services in urban and rural health facilities in Lagos State	QIQ	Nigeria
Namibian Ministry of Health and Social Services; Macro International	2010	2009	Namibia Health Facility Census 2009	SPA	Namibia
E Topcuoglu	2010	2010	An Approach to monitoring Quality of Care in Turkey's FP Programme	QIQ	Turkey
Ministère de la Santé, Burkina Faso	2010	2010	Cartographie de l'offre de services de santé: Document d'analyse	WHO SAM/SARA	Burkina Faso
Zambia Ministry of Health	2010	2010	Zambia Service Availability and Readiness Assessment 2010: Summary Report	WHO SAM/SARA	Zambia
National Coordinating Agency for Population and Development (NCAPD) [Kenya], Ministry of Medical Services (MOMS) [Kenya], Ministry of Public Health and Sanitation (MOPHS) [Kenya], Kenya National Bureau of Statistics (KNBS) [Kenya], ICF Macro	2011	2010	Kenya Service Provision Assessment Survey 2010	SPA	Kenya
M Innocent and M Philip	2011	2011	Malawi (2011): Evaluating client satisfaction and quality of service of FP services through mystery client and client exit interviews. First Round	Other—PSI; Mystery client	Malawi
National Institute for Medical Research (NIMR) Tanzania	2011	2008-2009	Tanzania District Health Assessment 2008-2009	WHO SAM/SARA	Tanzania
R Hong, V Mishra, and N Fronczak	2011	2004	Impact of a quality improvement programme on family planning services in Egypt	SPA	Egypt
Ministry of Health & Sanitation of Sierra Leone	2012	2011	Sierra Leone Service Availability and Readiness Assessment: 2011 Report	WHO SAM/SARA	Sierra Leone
Uganda Ministry of Health	2012	2012	Uganda Service Availability and Readiness Assessment 2012: Summary Report	WHO SAM/SARA	Uganda
FHI 360/PROGRESS	2012	2010-2011	Assessing the Quality of Integrating FP Services into the Immunization Program in Jharkhand	Other—Semi-structured interviews, checklists	India
F Tafese, M Woldie and B Megerssa	2013	2011	Quality of FP services in primary health centers of Jimma zone, Southwest Ethiopia	Other—Client exit interviews, observation	Ethiopia

H Farrokh-Eslamlou, S Aghlmand, M Eslami and CS Homer	2013	2011	Impact of the World Health Organization's Decision-Making Tool for FP Clients and Providers on the quality of FP services in Iran	Other—WHO Decision-Making Tool	Iran
K Tumlinson, IS Speizer, LH Archer and F Behets	2013	2012	Simulated clients reveal factors that may limit contraceptive use in Kisumu, Kenya	Other—Simulated client	Kenya
Ministère de la Santé, Togo	2013	2012	Indice de disponibilité et de capacité operationnelle des services (SARA): Togo, 2012	WHO SAM/SARA	Togo
Ministry of Health & Sanitation of Sierra Leone	2013	2012	Sierra Leone Service Availability and Readiness Assessment: 2012 Report	WHO SAM/SARA	Sierra Leone
Ministry of Health and Social Welfare, Tanzania	2013	2012	Tanzania Service Availability and Readiness Assessment (SARA): 2012	WHO SAM/SARA	Tanzania
J Murashani, K Godfather, K Byashalira and E Diarz	2013	2013	Quality of FP services in HIV / AIDS care and treatment clinics in Tanzania	Other—Client exit interviews, observation, document review	Tanzania
J Raharinjatovo, I Reerink and N Taruberekera	2013	2013	Madagascar (2013): Client satisfaction survey assessing quality of services offered by PSI supported providers from the TOP Réseau social franchise among youth clients, women more than 24 years old and caregivers of children under five years old in Antananarivo, Fianarantsoa and Toamasina Round 1.	Other—PSI; Client exit interviews	Madagascar
Ministère de la Santé, Benin	2013	2013	Disponibilité et capacité opérationnelle des services de santé au Bénin	WHO SAM/SARA	Benin
Ministère de la Santé, Burkina Faso	2013	2013	Enquete nationale sur les prestations des services de santé et la qualité de données sanitaires (EN-PSQD)	WHO SAM/SARA	Burkina Faso
Ministère de la Santé, Mauritanie	2013	2013	Indice de disponibilité et de capacité operationnelle des services (SARA)	WHO SAM/SARA	Mauritania
PT Kagurusi	2013	2010-2011	Explaining the Observed Quality of Care in FP Services in East and Central Africa	QIQ	DRC, Ethiopia, Tanzania, and Uganda
Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal] et ICF International	2013	2012-2013	Continuous Service Provision Assessment Survey in Senegal 2012–2013 (SCSPA 2012–2013)	SPA	Senegal
K Tumlinson, IS Speizer, SL Curtis and BW Pence	2014	2012	Accuracy of standard measures of FP service quality: findings from the simulated client method	QIQ; Simulated Clients	Kenya
D Michael	2014	2013	Tanzania (2013): Client Satisfaction Survey: Assessing Familia network quality of care and satisfaction with FP services (Round 1)	Other—PSI; Client exit interviews	Tanzania
Institut Haïtien de l'Enfance (IHE) et ICF International	2014	2013	Haiti Service Provision Assessment Survey, 2013	SPA	Haiti

PMA2020/Ghana	2014	2013	PMA2014/Ghana-R1 Brief	PMA2020	Ghana
Uganda Ministry of Health	2014	2013	Uganda Services Availability and Readiness Assessment 2013: Summary Report	WHO SAM/SARA	Uganda
C Ujuju, SB Adebayo, J Anyanti, O Oluigbo, F Muhammad and A Ankomah	2014	2014	An assessment of the quality of advice provided by patent medicine vendors to users of oral contraceptive pills in urban Nigeria	Other—Mystery clients	Nigeria
Kenya Ministry of Health	2014	2014	Kenya Service Availability and Readiness Assessment Mapping (SARAM) Report	WHO SAM/SARA	Kenya
PMA2020/Ethiopia	2014	2014	PMA2014/Ethiopia-R1 Brief	PMA2020	Ethiopia
PMA2020/Kenya	2014	2014	PMA2014/Kenya-R1 Brief	PMA2020	Kenya
PMA2020/Uganda	2014	2014	PMA2014/Uganda-R1 Brief	PMA2020	Uganda
Ministry of Health (MOH) [Malawi] and ICF International	2014	2013-2014	Malawi Service Provision Assessment	SPA	Malawi
Z McHome, E Richards, S Nnko, J Dusabe, E Mapella and A Obasi	2015	2012	A 'Mystery Client' Evaluation of Adolescent Sexual and Reproductive Health Services in Health Facilities from Two Regions in Tanzania	Other—Mystery clients	Tanzania
PMA2020/DRC	2015	2013	PMA2013/DRC-R1 Brief	PMA2020	DRC
Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal] et ICF International	2015	2014	Sénégal: Enquête Continue sur la Prestation des Services de Soins de Santé (ECPSS) 2014.	SPA	Senegal
PMA2020/Burkina Faso	2015	2014	PMA2014/Burkina Faso-R1 Brief	PMA2020	Burkina Faso
PMA2020/DRC	2015	2014	PMA2014/DRC-R2 Brief	PMA2020	DRC
PMA2020/Ethiopia	2015	2014	PMA2014/Ethiopia-R2 Brief	PMA2020	Ethiopia
PMA2020/Ghana	2015	2014	PMA2014/Ghana-R3 Brief	PMA2020	Ghana
PMA2020/Ghana	2015	2014	PMA2014/Ghana-R2 Brief	PMA2020	Ghana
PMA2020/Kenya	2015	2014	PMA2014/Kenya-R2 Brief	PMA2020	Kenya
PMA2020/Nigeria	2015	2014	PMA2014/Nigeria- R1 Brief	PMA2020	Nigeria
O Kuzmenko	2015	2015	Continuous Quality Improvement: Influence on Contraceptive Use and Abortion Rate in Ukraine	Other- CQI	Ukraine
PMA2020/Ethiopia	2015	2015	PMA2015/Ethiopia-R3 Brief	PMA2020	Ethiopia
PMA2020/Kenya	2015	2015	PMA2015/Kenya-R3 Brief	PMA2020	Kenya
PMA2020/Uganda	2015	2015	PMA2015/Uganda-R2 Brief	PMA2020	Uganda

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