

FORM

FOLLOWS

FUNCTION

CRITERIA FOR SELECTING MEASURES

- Empirical basis
- Value in previous research
- Minimal subjectivity
- Utility in intervention evaluation
- Representativeness of broader issue
- Measurable
- Utility in trend and comparative analysis

The 3 QoC Tools

- Are specific to FP
- Are for use in clinic based facilities
- Can be used for monitoring a/o evaluation
- Have multilevel applicability
- Can be integrated or used independently
- Are set to international standards
- Facilitate aggregation for presentation

Short List of QC Indicators Matched with QC Instruments

MEASURE *Evaluation* Project

Version: April 22, 1999

Indicator Number	Indicator	Client Exit Interview	Observation	Facility Audit
	PROVIDER			
I-1	Demonstrates good counseling skills (composite)	✓	✓	
I-2	• Assures client of confidentiality			
I-3	• Asks client about reproductive intentions (more children? When?)	✓	✓	
I-4	• Discusses with client which method she would prefer	✓	✓	
I-5	• Mentions HIV/AIDS or responds to questions about HIV/AIDS	✓	✓	
I-6	• Promotes dual method use	✓	✓	
I-7	• Tries to make interaction respectful	✓	✓	
I-8	• Tailors key information to the particular needs of the specific client	✓		
I-9	• Gives instructions on when to return	✓	✓	
I-10	• Gives accurate information on the method accepted (how to use, advantages, disadvantages, side effects, complications)	✓	✓	
I-11	Follows infection control procedures outlined in guidelines		✓	
I-12	Recognizes/identifies contraindication consistent with guidelines		✓	
I-13	Performs clinical procedures according to guidelines		✓	

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Indicator Number	Indicator	Client Exit Interview	Observation	Facility Audit
	STAFF (other than provider)			
I-14	Treat clients with dignity and respect	✓		
	CLIENT			
I-15	Participates actively in discussion and selection of method (is “empowered”)	✓	✓	
I-16	Receives her (his) method of choice	✓	✓	
I-17	Client believes the provider will keep her information confidential	✓		
I-18	Has all (approved) methods available; no stockouts			✓
	FACILITY			
I-19	Has basic items needed for delivery methods available through SDP (sterilizing equipment, gloves, blood pressure cuff, specula, adequate lighting, water)			✓
I-20	Offers privacy for pelvic exam/IUD insertion (no one can see)	✓	✓	✓
I-21	Has mechanisms to make programmatic changes based on client feedback			✓
I-22	Has received a supervisory visit in past ___ months			✓
I-23	Adequate storage of contraceptives and medicines (away from water, heat, direct sunlight) is on premises			✓
I-24	Has state-of-the-art clinical guidelines			✓

Exit Interviews

Measures the client reaction to and
incorporation of the CPI.

Measures the emotional response/content to
the CPI.

Exit Interviews

Advantages

- Ease of use
- Client perspective

Disadvantages

- Subjective response
- Limited to areas known by client
- Courtesy bias

Observation - CPI

Observes and Measures the provider's role in quality of care:

- information transfer
- informed choice
- screening
- compliance with standards
- Integration of reproductive health (HIV/AIDS)

Observation - CPI

Measures the role of the client in

- Demanding quality of care
- Information giving
- Informed choice

Observation - Clinical

Observation and measurement of clinical standards of quality of care:

- Clinical quality of care
- Compliance with standards

Observation - Client Provider interaction and Clinical Services

Advantages

Direct information
Clinical measures
Less subjective
**Collects information
not otherwise
available**

Disadvantages

Hawthorne effect
Requires more training
Ethical issues

Facility Audit

- Measures readiness to provide service
- Assesses the system's contribution to quality
- Provides denominators
- Provides control variables
- Primary measure of quality in low prevalence environments

Facility Audit

Advantages

- Widely used & easily applied
- Provides a background for interpretation

Disadvantages

- Time consuming
- Difficult in larger facilities
- Complex interpretation
- No precision (“we have one”)