

Multi-country Field Test of QC Indicators in Clinic-based Family Planning Programs

Coordinated by:

**MEASURE Evaluation Project and the
M&E Subcommittee of the MAQ**

April 23, 1999

Objective

- To develop a **low-cost, practical** methodology for measuring QC in clinic-based family planning services in developing countries.

Rationale

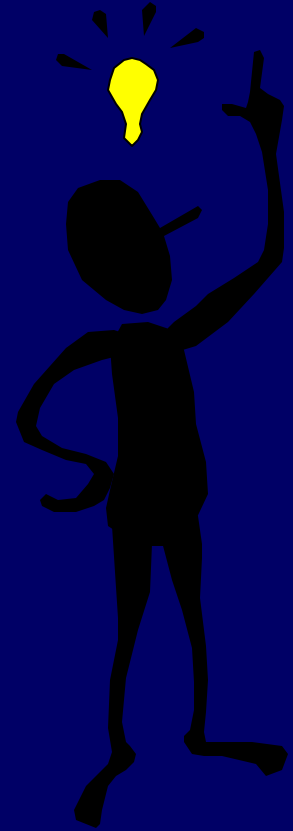
- a simplified methodology will make it possible to repeat data collection on a regular basis (e.g., every 1-2 years)

Purpose of developing QC indicators

- To provide USAID Missions with QC indicators for use in the R4 process;
- To develop an approach to monitoring quality that would be useful to CA's, NGOs, other donor agencies, etc.
- To increase collaboration and harmonize approaches of CA's on issues relating of the measurement of quality.

How we got started....

- USAID Office of Population asked MEASURE Evaluation to coordinate this initiative
- M&E Subcommittee of the MAQ was established in April 1998:
 - Staff of CA's working in quality
 - USAID/Washington



Approach to developing the methodology

- Identified the need for a “short list” of QC indicators
- Surveyed several groups of experts on quality and on evaluation (e.g., participants at MAQ meeting in May 1998)
- Identified factors judged **most important** to achieving quality outcomes

What was the *minimum* number of instruments to measure the short list?

- Facility audit (inventory)
- Observation of provider-client interaction
- Client exit interview
- Considered but not included:
 - Mystery client
 - Focus groups (wouldn't yield quantitative data)
 - Provider surveys

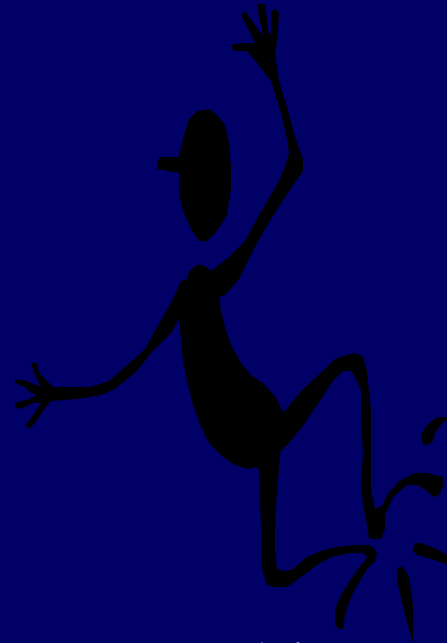
Organizing the field test of QC indicators

- Identified 5-6 countries interested in participating in a field test
- Developed instruments to measure the short list
- Convened local researchers from selected countries to finalize the instruments (Sept. 1998)



The field test was conducted in multiple countries:

- Completed:
 - Turkey, Ecuador, Zimbabwe, Uganda
 - Planned: Kenya, Morocco
 - (variations on the methodology): Paraguay, Mozambique
- Data have been entered in Epi-Info
- Data analysis in ongoing.

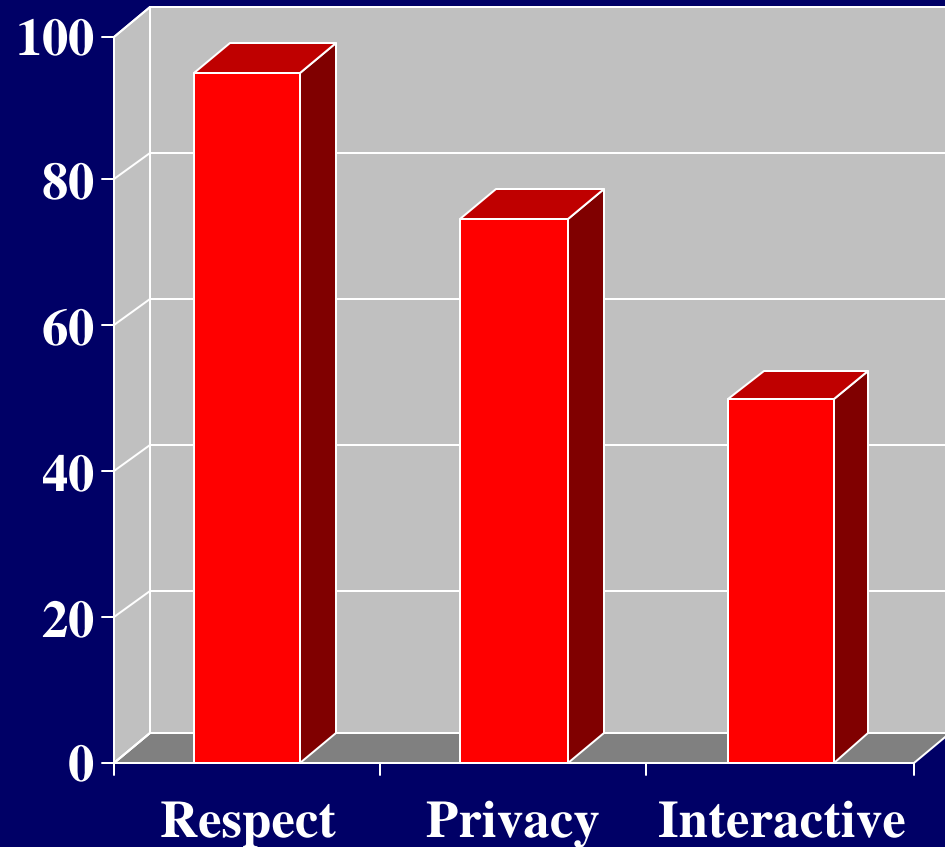


The Short List of Indicators

- Original list = 25; new and improved list = 24
- Number of indicators from each instrument:
 - Observation 14
 - Client exit interview 15
 - Facility inventory 7
- Tab #2 in binder shows match of indicators and instruments.

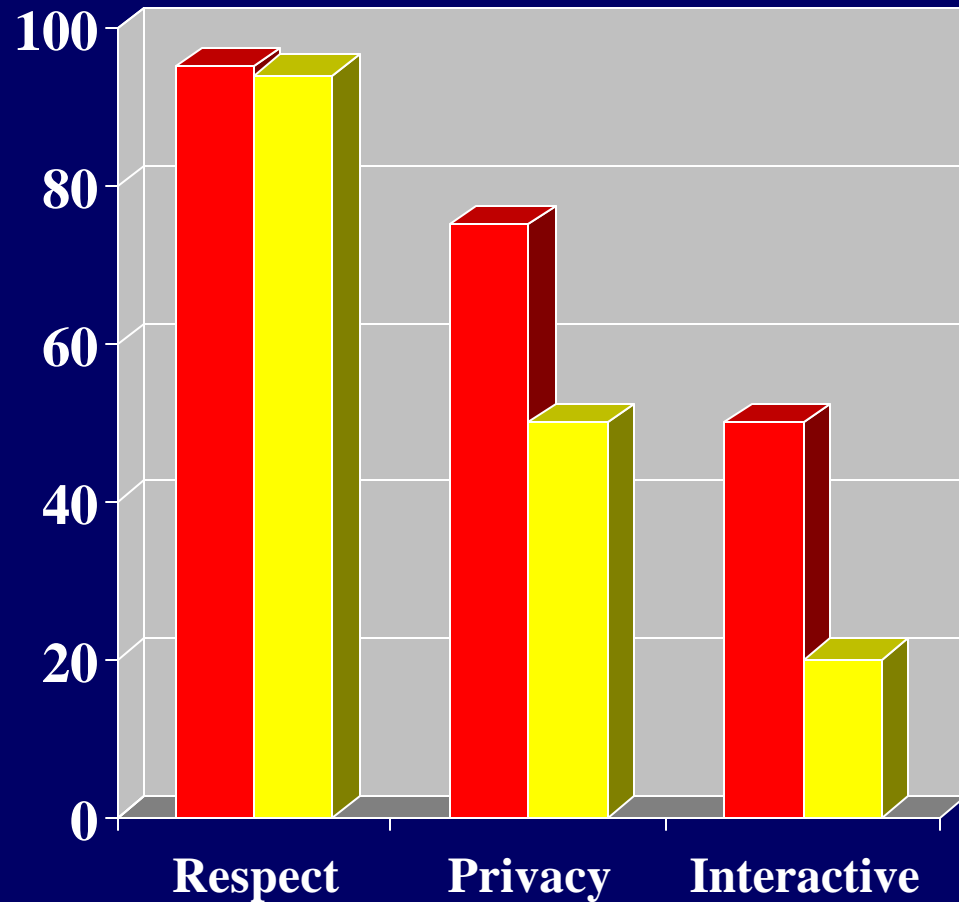
Use of Results on the QC Indicators

- Describe the strengths and weaknesses of the network of facilities on selected QC factors



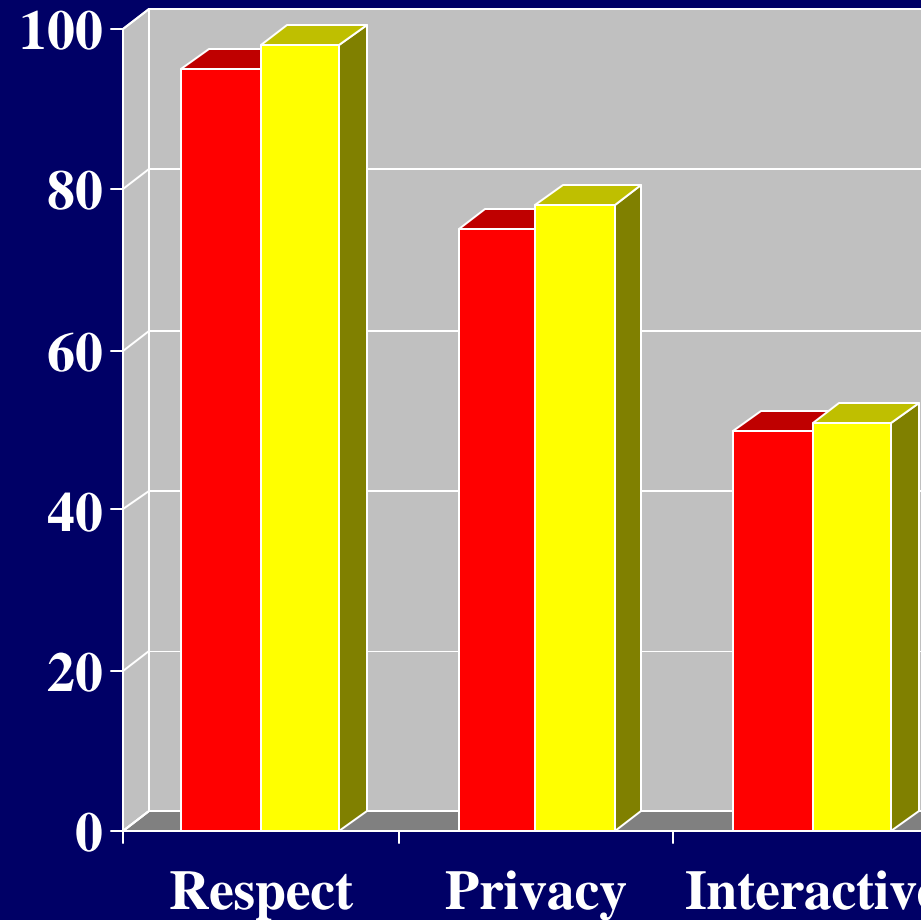
Use #2 of QC Results

- Contrast performance in project and non-project areas
- Example: **DISH** and **non-DISH** districts in Uganda



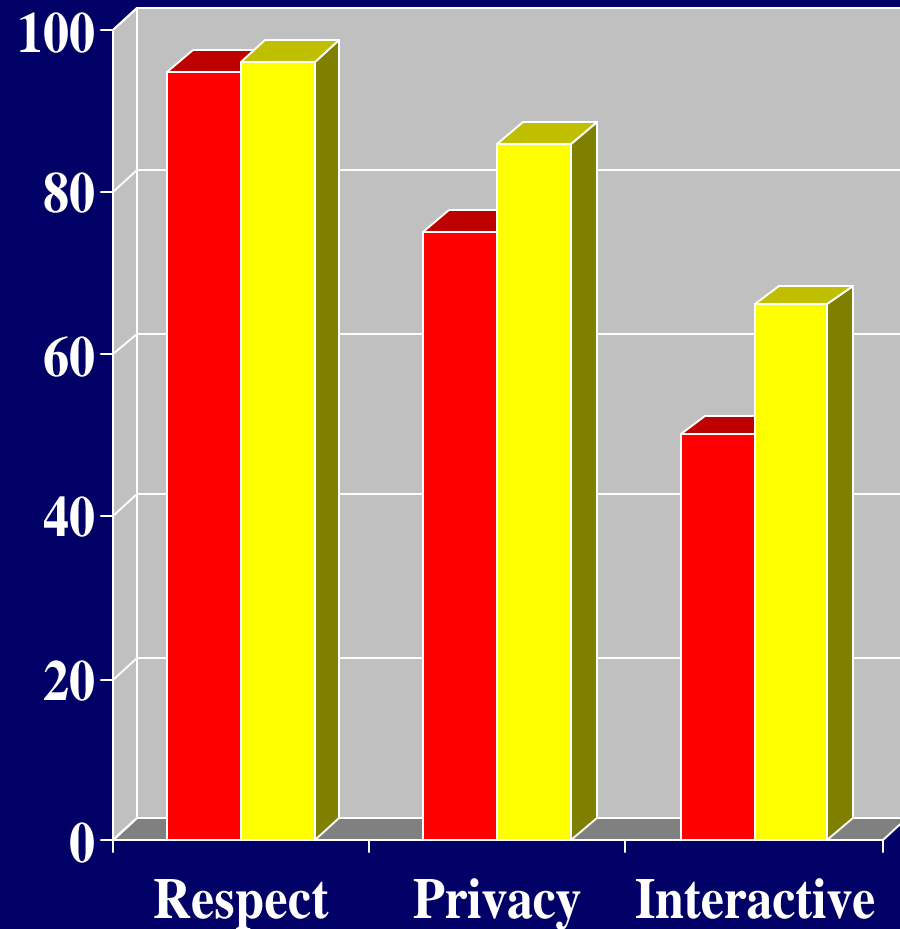
Use #3 of QC Results

- Compare the performance of two types of service providers on key variables
- Example: Ecuador, **doctors** and **nurses**



Use #4 of QC Results

- Compare a set of facilities over time.
- Example: Turkey
1998 vs **2000**



Why is measuring QC important?

- To help a program to detect aspects of service delivery in need of improvement.
- To evaluate the effectiveness of interventions designed to improve quality (to what extent has change occurred?).
- To increase the importance of quality for service providers (“if you’re evaluated on it, it becomes important”).

Why only family planning?

- The original source of funding for this initiative was the Office of Population.
- We wanted to “get it right” for family planning first before moving on to other areas;
- Countries have already expanded beyond FP:
 - Uganda: ante-natal care
 - Turkey: post-partum, post-abortion clients
- Interest in adapting the instruments to other areas:
 - Kenya: facility audit measures all four SO's

How useful are cross-national comparisons?

- **Data are not representative at that national level:**
 - Ecuador: all facilities of two NGOs;
 - Turkey: sample of facilities in the province of Istanbul;
 - Uganda: sample of facilities in 10 DISH and 3 non-DISH districts;
 - Zimbabwe: all facilities working with SEATS.
- **More useful to compare:**
 - By intervention area versus non-intervention area
 - By type of provider
 - By year (example: 1998 vs. 2000)

Is it important to use all three instruments?

- All three are needed to measure all indicators on the short list;
- Using all three instruments gives a more complete picture of quality than using only 1 or 2.
- However, the final decision will depend on time, money, and personnel.



Can these instruments be adapted to the country-specific context?

- In the field test, we tried to maintain uniformity across the instruments.
- Even then, some in-country adaptations were made.
- If cross-national comparisons are not of prime concern, then local adaptations are not important. Rather, it is necessary to maintain consistency across regions, time, etc.

Final Product from the QC Field-test

- A package of materials for organizations interested in monitoring quality of care:
 - Short list of QC indicators
 - Sampling issues
 - Instruments for data collection
 - Field guide for supervisors
 - Plan of analysis
 - Illustrative presentation formats for data

Caveats

- Data analysis is ongoing
- All data presented today should be considered preliminary

