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USAID ADOLESCENT REPRODUCTIVE HEALTH  
Quality Improvement Approach

concept note (First Draft)

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# Accronyms

AFS : Adolescent Friendly Service

ARH : Adolescent Reproductive Health

BCC : Behavior Change Communication

COC : Combined Oral Contraceptives

DMPA : Depot-medroxyprogesterone acetate

FP : Family Planning

IEC : Information Education and Communication

PBCC : Provider Behavior Change Communication

PDSA : Plan-do-study-act

PSEO : Private Sector Engagement Officer

RH : Reproductive Health

TSV : Technical Support Visit

TOC : Theory of Change

QA : Quality Assurance

QI : Quality Improvement

**Quality Improvement Approach**

# Background

The health program's goals cannot be met unless the highest quality of healthcare is ensured at the point of delivery. Hence it is important to prioritize the area of quality while developing health-related strategies and initiatives. Considering this, a special attention is given to the quality assurance in the health sector's policies, strategies, and ongoing projects. The primary goal of this system is to create and implement a method that addresses several areas of service quality such as effectiveness, efficiency, accessibility, customer-oriented, equality and safety, culturally acceptable, and dependability while providing health services.[[1]](#footnote-1) Quality assurance has three major functions: *defining quality*, *measuring quality* and *improving quality*.

USAID Adolescent Reproductive Health (ARH) is a five-year program supported by the U.S. Agency for International Development (USAID). Led by CARE Nepal and in partnership with Howard Delafield International (HDI), Jhpiego, Association of Youth Organizations Nepal (AYON), and Nepal CRS Company, USAID ARH is an initiative to empower girls and boys 10-19 years of age, including the most marginalized, to attain their adolescent reproductive health rights. The project ensures full participation of adolescents in the design and implementation of all activities. The primary goal of USAID ARH is to support adolescents to reach their full potential and strengthen public systems and private entities to create an enabling environment for healthy ARH behaviors through providing accurate FP/RH information and behavior change support to adolescents; and educate their parents, teachers, and communities, addressing current social norms for adoption of healthy reproductive health behaviors; improving availability and accessibility of quality FP/RH services by increasing access and utilization of adolescent-friendly services and FP products; data-driven approaches and mechanisms addressing adolescent reproductive health through the public and private sectors by improving health system governance.

The project covers 60 municipalities (15 rural, 45 urban) of which 41 municipalities (415 wards) are across 6 districts in Madhesh Province, 12 municipalities (94 wards) across 3 districts of Lumbini Province, and 7 municipalities (87 wards) across 2 districts of Karnali Province. Out of the total 596 wards, the project works intensively with 360 wards and less intensively with the other remaining 236 wards.

# Objective

The QA/QI approach of the project aims for:

* Integration of the ARH quality standard across the 275 private health facilities for high-quality FP/RH services for adolescents
* Development and maintenance of the quality assurance system at the municipal level
* Strengthen the Quality of Care by standardizing and establishing the quality improvement system in the private health facility to deliver high quality FP services.

# USERS

The primary users of this guideline are:

* Private sector engagement officer
* Private health facility
* Health coordinator/ health section chief of Rural/ municipality

# Frequency

The private sector engagement officers conduct QI assessment of private health facility in every **three months using the tool**.

# Steps of QA

The USAID ARH project adapts the GON quality improvement guidelines for private healthcare facilities. The guideline is based on the principle of "plan, do, study, and act" for quality improvement....[[2]](#footnote-2)

**STEP 1: Plan: Recognize an opportunity and plan a change**

1. **Setting Objectives:** The private health facility mapping has assess the capacity and gap of the private health facility of the USAID ARH working district. Over the project period, it is targeted to capacitate private health facility to provide adolescent friendly FP services. The overall objective of the QA/QI system is to integrate ARH quality standard across the 275 private health facilities (identified from health facility assessment) for the delivery of high-quality FP/RH services for adolescents.
2. **Adaptation of QA/QI monitoring tools:** USAID ARH project will adapt the Health Facility Quality Improvement modules for family planning and Certification tool for Adolescent Friendly Sexual and Reproductive Health Service.

This will be a set of a number of checklists relating to standards, and performance indicator that allows private sector engagement officers and service provider to identify gaps in adolescent friendly service delivery within their health facility and generate action plans to correct the gaps. This tool not only enable service providers to review, analyze, and identify gaps and solutions on their own, but they also empower them to improve their service quality. The module will have 7 standards, 29 performance indicators *(refer to Annex III).*

1. **Develop tailor made plan for pharmacy, polyclinic, clinic, hospital**
2. **Web based QA system:** QA web (.net Microsoft platform) will be developed and fit with the indicator where the collected data will be analyzed to generate a data driven report as required by USAID ARH program.The web will help to categorize the HF into three level based on their performance assessment: *red, yellow and green* that helps to allocate intensity and frequency of the technical support to provide adolescent friendly services.
3. **Orientation of QA/QI tool:** One day orientation (face-to-face/virtual) will be provided by QA manager to the field officers on the rollout of the QA/QI tool at the private HF level.
4. **Implementation plan:** Each field/QA officers after the orientation will roll out the QA/QI tool *(for detail refer to user Guideline in Annex I)*.

**5**

**4**

**3**

**2**

**1**



QA/QI cycle

1. **Monitoring plan:** QA officers will ensure the implementation of the action plan during their routine HF visit in a monthly basis. Quarterly QA assessment will be carried out where the information is recorded and reported in the web-system. A joint monitoring visit from the local government, provincial and a central USAID ARH team will be conducted in a semi-annual basis.

**STEP 2: Do: Carry out the Plan.**

1. **Listing of HF:** The field officer/QA officer will list all the health facility with whom the Memorandum of Understanding (MoU) has been signed.
2. **Reporting:** Trained district and province team who will be engaged in QA/QI will fill the QA tool in the web-based system in a **quarterly basis**, where each private health facility will be assessed as per the **QI standard and indicators**. The private health facility will be capacitate in the first two year and from Y3 the self-assessment will be conducted by themselves.
3. **QA/QI assessment**

The health facility will be categorized into red, yellow, green based on their performance. Each private sector engagement officer will conduct frequent technical support visits and assist health facilities in the red and yellow categories in moving to the green category and for those in the green category will be supported to continue to provide quality health care service.

The figure below shows the categorical scoring of the health facility and the required technical support visit.

Table : HF categories[[3]](#footnote-3)

|  |  |  |  |
| --- | --- | --- | --- |
| **Scoring** | **Rating** | **Indication** | **Action Required** |
| ≤60% score |  | Below the average. | Requires intensive support. Conduct additional **2 times** follow-up on action plan/quarter. |
| 61-79% score |  | In a border line | Requires some technical and supply support. Conduct additional **1 time** follow-up on action plan/quarter. |
| ≥80% score |  | Meets the standard | Requires minimal support. Encourage to sustain the standard of AFS service. **Distance support** to be provided with regular visits. |

1. **Coaching mentoring:** Field staff/QA officer will conduct regular coaching mentoring to the private health facility based on the QA assessment categorization.

* First visit: facility assessment by QA/QI tool, identification of gaps, development of action plan.
* Second visit: review implementation of action plan, coaching mentoring on adolescent friendly health service as per government AFHS guideline.
* Third visit: discuss and encourage private health facility on their quality improvement.
* Fourth visit: Repeat the assessment

1. **Collaboration:** Collaboration and coordination with local government health office, JHPIEGO QA team to build linkage between private and public health facility.
2. **Documentation:** Recording and reporting will be maintained in the QA/QI web-based system.

**STEP 3: Study: Analyze & compare the data, and examine learning**

1. **Identification of problem/ gap:** The PSEO will note down all the “not achieved indicators” and discuss with the HF to prioritize the identified gaps. Further, service provider and PSEOs jointly open suggestion box at the HF. All the adolescent feedback collected at the suggestion box will be manually tallied out, discussed and prioritized.
2. **Development and implementation of action plan:** The PSEO jointly with the service provider will develop an action plan on identified three key priorities in a standard format (*Annex V*). The priorities will be the combination of gaps identified from web-based QA/QI tool and the adolescent feedback received in the suggestion box. These action plan will be enter into QA web system by PSEO which will be periodically monitored.

The health facility will than implement the action plan and PSEO will support HF to implement the action plan through the technical visit, coaching mentoring, distribution of IEC/BCC materials and linking with sangini distributors for the FP commodities.

1. **Follow up visit:** PSEO will undertake follow-up visits depending on the service site category (red, yellow, green) by the QA assessment. The PSEO and service provider will assess the action plan, and confirm whether the proposed activity has implemented or not. If the action plan has not yet been implemented, the PSEO will discuss with the service provider on the reason behind and develop new timeline jointly. The PSEO in each visit will assess and encourage HF to meet the performance standard.

PSEO will encourage service provider to implement the action plan using PBCC skills and schedule a follow-up visit. PSEO will repeat the process and review the action plan in each follow-up visit.[[4]](#footnote-4)

**STEP 4: Act: Take action based on what you learned in the study step.**

1. **Review**

All the entered information will be reviewed by PSEO and QA manager. The data thus collected will be analyzed and used to understand the status of the private health facility. The status will be reflected in the quarterly report by QA manager.

The findings of the QA/QI assessment will be analyzed carefully and take action eg., adopt, adapt and discard learning.

# Using and scoring QI standards

The user fill the boxes for each standard and associated performance indicator. The QI standard will be achieved, if all of the conditions are met. To earn one point, all of the standard's criteria must be met. Each standard is objectively measurable and considered important to overall achievement. A performance indicator, is a quantitative indicator that focuses on the intended level of performance. The third column indicates whether all of the verification criteria within a standard have been met. If the condition is met, the 'Y' column will be ticked which means YES; if it is not met, the 'N' column will be ticked which denotes NO. Each performance indicators carry equal weightage i.e.,1. Gaps in performance indicator shows areas for improvement for a specific health service to the private health facility.[[5]](#footnote-5) All the indicators with “zero” indicates the gap which will later compile, discuss, prioritized and include into the action plan.

An example is given in Table 2, below.

Table Using and scoring QI indicators

|  |  |  |  |
| --- | --- | --- | --- |
| Standard | Performance Indicators | Assessment score | |
| Y | N |
| Private Health facility is ready to provide quality FP services with well-equipped infrastructure (4) | Facility has separate space to maintain privacy and confidentiality while providing service to the adolescent |  | √ |
| Facility has clean drinking water, clean toilet with running water, clean environment with adequate lighting | √ |  |
| Regular supply of electricity with backup | √ |  |
| Availability of adequate waiting space | √ |  |
| Score: | | 3 | 1 |

# Annex I: QA/QI roles and responsibilities

* 1. **PSEOs/field officer/Quality Improvement Officer**
* Implementation of QA/QI process in quarterly basis
* Conduct QI review with private health facilities
* Provide on-site coaching to private health facilities based on the gap identified
* Documentation of lesson learnt and best practices
* Ensure effective implementation of action plan
* Update USAID ARH team on QA/QI progress, challenges and initiatives for effective implementation
* Support local government, provincial and central ARH team to carry out joint QA/QI assessment
* Encourage and capacitate local private health facility to carry out self-assessment

**QA manager (Nepal CRS)**

* Provide technical support for the adaptation of QA/QI process
* Orientation to field staff on QA/QI roll out
* Oversee the implementation of the QA/QI activities at field level
* Review of the progress of QA/QI implementation
* Report generation based on the QA/QI web based system

**USAID ARH team (Care Nepal)**

* Review of the progress of QA/QI implementation
* Provide technical support to implement QA activities
* Provide technical support to create linkage between public and private health sector QA/QI initiatives.

# Annex II: User Guideline for QA/QI

|  |  |
| --- | --- |
| Where will this tool be used? | Private health facilities |
| Who will use this tool? (Responsible person) | PSE officer will fill out this tool for private health facilities. |
| Frequency of data collection | Quarterly as per government calendar(Shrawan- Asad) |
| Total Standards and Indicators captured by this tool | 7 standards and 29 performance indicators |
| Steps included | STEP 1: PSEOs fill the QA tool (HF QI standard + client feedback)  STEP 2: Identification & prioritization of gaps  STEP 3: Development & implementation of action plan  STEP 4: Ensure & encourage HFs to meet standard during field visit  STEP 5: Review and analyze of the data in QI web system |
| Things to consider while using the tool | * + - 1. Should conduct observation to verify the response of the service provider.       2. The listed item is considered available only if it is present at the time of visit.       3. While recording the availability of FP commodities (stock status), please check the availability of each commodity. If the commodity is available (at least one) on the day of visit at the health facility, it is considered as stock.       4. For the counselling room, audio visual privacy needs to be ensured.       5. Among these four FP commodities condom, pills, DMPA, ECP, the health facility should have at least three commodities. Presence of only two commodities should be reported NO.       6. The PSEO should make clear plan of their technical support visit to the private health facility based on the QA/QI assessment. |
| Mode of reporting and documentation | QA/QI web system |

# Annex III: QI tool

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **USAID ARH Quality Assurance Checklist** | |  |  |
|  |  |  |  |  |
|  | **Name of private sector engagement officer:** |  | **Date of visit: \_\_\_\_** |  |
|  | **Name of facility/outlet: \_\_\_\_\_\_\_** | **Code #:(auto generate) \_\_\_\_\_\_\_** | |  |
|  | **Date of last visit: (auto generate) \_\_\_\_\_\_\_\_\_\_\_\_ Grade (auto generate):** | |  |  |
|  | **HF address** *(in dropdown option upto ward)* |  |  |  |
|  | Province: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  District: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
|  | Municipality: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Ward : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
|  | Tole:- **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  GPS Coordinates: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
|  | **Outlet telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
|  | 1.    Type of outlet : Pharmacy/Clinic/Polyclinic/Hospital |  |  |  |
|  | 2.    Health facility has up-to-date certification from the DDA posted**:** Y/N | |  |  |
|  | 3.    Register in Nepal government based on type (verify registration document): Y/N | | |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Standard** | **Performance Indicators** | **Yes/No** | **Observation/client case scenario** | **Remarks** |
| **1** | **Private Health facility is ready to provide quality FP services with well-equipped infrastructure (4)** |  |  |  |
| 1.1 | Facility has separate space to maintain privacy and confidentiality while providing service to the adolescent |  |  |  |
| 1.2 | Facility has clean drinking water, clean toilet with running water, clean environment with adequate lighting |  |  |  |
| 1.3 | Regular supply of electricity with backup |  |  |  |
| 1.4 | Availability of adequate waiting space |  |  |  |
|  | **Total score obtained** |  |  |  |
|  |  |  |  |  |
| **2** | **Availability of medicine and medical equipment (4)** |  |  |  |
| 2.1 | Weighing machine (functional) |  |  |  |
| 2.2 | Stethoscope and BP set (functional) |  |  |  |
| 2.3 | Pregnancy test kit |  |  |  |
| 2.4 | At least three FP commodity (condom, pills, DMPA, ECP) |  |  |  |
|  | **Total score obtained** |  |  |  |
|  |  |  |  |  |
| **3** | **Appropriate package of services (5)** |  |  |  |
| 3.1 | Adolescent receive the services instantly |  |  |  |
| 3.2 | List of referral sites for specialized services including LARC, STIs, HIV, GBV |  |  |  |
| 3.3 | Availability of suggestion box |  |  |  |
| 3.4 | Suggestions received by the adolescent are addressed. |  |  |  |
| 3.5 | ASRH Booklets (8 booklets) |  |  |  |
| 3.6 | MEC, DMT, ASRH flip chart, informed choice |  |  |  |
| 3.7 | Medical Protocol |  |  |  |
|  | **Total score obtained** |  |  |  |
|  |  |  |  |  |
| **4** | **Service Availability (3)** |  |  |  |
| 4.1 | Availability of at least three FP services (condom, pills, DMPA, ECP) on the day of visit |  |  |  |
| 4.2 | Counselling on FP/RH services |  |  |  |
| 4.3 | Refer the adolescent for desired FP/RH/LARC, permanent method and other health services if not available |  |  |  |
|  | **Total score obtained** |  |  |  |
|  |  |  |  |  |
| **5** | **Skill service provider (7)** |  |  |  |
| 5.1 | Service provider trained on ASRH and Sangini |  |  |  |
| 5.2 | Provider informed the client about other available FP methods and supports to choose FP method *(At least using FP informed choice poster, decision making tool-DMT tool)* |  |  |  |
| 5.3 | Provider informed the client about possible side effects or problems they might have with the method *(At least provider informed the client about common side effects including warning signs of the chosen method)* |  |  |  |
| 5.4 | Provider explains warning signs and instructs her to return immediately if symptoms occur: (Very heavy bleeding, Dizziness, fainting, Severe lower abdominal pain, Severe mood swings) |  |  |  |
| 5.5 | Provider gives information on possibility of switching FP methods |  |  |  |
| 5.6 | Services are provided without any discrimination, and judgement with regard to gender, disability and marital status |  |  |  |
| 5.7 | Services are provided to adolescent with dignity and respect |  |  |  |
|  | **Total score obtained** |  |  |  |
|  |  |  |  |  |
| **6** | **Infection Prevention (2)** |  |  |  |
| 6.1 | Puncture proof needle-syringe disposal container/safety box is present and being used properly. *(Disposal container is less than ¾ full, disposed when ¾ full)* |  |  |  |
| 6.2 | Collects medical waste and other waste separately in different color coded and clearly labelled containers *(Red-sharp blades, glass, expired medicine; Yellow-plastic, paper, bottle, rubber, non-biodegradable, Green-food items, fruits, degradable wastes)* |  |  |  |
|  | **Total score obtained** |  |  |  |
|  |  |  |  |  |
| **7** | **Data and Quality Improvement (2)** |  |  |  |
| 7.1 | Recording and reporting of all the FP/RH services data *(in HMIS format)* |  |  |  |
| 7.2 | HF does regular review of developed action plan to improve quality |  |  |  |
|  | **Total score obtained** |  |  |  |
|  | **EVALUATION (Total score of indicators=29)** |  |  |  |
|  | Score Obtained = |  |  |  |
|  | % obtained= Total score obtained/total score of indicators\*100 |  |  |  |

# ANNEX IV: Adolescent Feedback form

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N.** | **Adolescent Feedback** | **Y/N** | **Remarks** |
| Introduction | A. Form Fill By 1. Service User (self) 2. By Service provider (on behalf of user) |  |  |
| B. Age 1. 10-19 Years 2. 19-24 years |  |  |
| C. Gender  1. Male  2. Female  3. Others ………………. |  |  |
| D. Disability 1. Yes 2. No  3. Not prefer to say |  |  |
| E. For which service are you going to provide feedback? 1. FP/RH 2. Others ……………. |  |  |
| 1 | Does the HF has adequate ASRH IEC/BCC materials for reading and take away? |  |  |
| 2 | Does HF provider informed about all FP methods? |  |  |
| 3 | Does HF provider informed about side effect of chosen FP method? |  |  |
| 4 | Does HF provider informed about what to do if you experience side effect on chosen FP methods? |  |  |
| 5 | Does provider treated you with dignity, empathy, and respect regardless of your age, disability or marital status |  |  |
| 6 | Adolescent can consult with service provider at any time without any hassle? |  |  |
| 7 | Does the confidentiality is ensured during providing service or counselling? |  |  |
| 8 | Does the HF refer patients to other medical facilities when a service is unavailable? |  |  |
| 9 | Do you refer other to visit this HF for health service? |  | IF Yes, Why? Which services do you like? |
| 10 | Will you return to this HF for medical care again? |  | If no, what kind of improvement would you suggest? |

# Annex V: Action plan format for QA

Name of the Facility:

Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Problem Identified (standard indicator) | Main reason of problem | Solution / Intervention | Responsible person | Time frame | Implementation status |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. *Ensuring the quality of health services and Improvement method implementation guide, MoHP, GoN, 2073* [↑](#footnote-ref-1)
2. *USAID ARH Technical Proposal 2022-2027* [↑](#footnote-ref-2)
3. *Sangini QA program Operational Manual, Nepal CRS* [↑](#footnote-ref-3)
4. *QI/QA module, MPHD, Nepal CRS company*  [↑](#footnote-ref-4)
5. *Health Facility Quality Improvement Module for Health Services Strengthening, User’s manual, DoHS, 2017* [↑](#footnote-ref-5)