

Innovation Project Final Report: LHSS Activity 8 Quality of Care Measurement Landscape Wave 58

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Intent & Aim:

The aim of this project was to conduct a landscape analysis of global efforts to measure quality of care measurement in health systems at the country level.

Background:

There is an increasing effort by global organizations to understand how to measure quality of care in health systems at the country level. Organizations including the United States Agency for International Development (USAID), the World Health Organization (WHO), World Bank, and Results 4 Development (R4D) have strategies for measuring quality of care in health systems. However, the full scope of quality measurement at work at a global level is unclear.

IHI is taking part in project that focus on health system quality measurement in the following areas:

- Reproductive, Maternal, Newborn, and Child Health (RMNCH)
- Family Planning (FP)
- Maternal and Child Health
- Sick and Small Newborns
- Gender in Maternal Health
- Experience of Care (from the perspective of the end user)
- Quality at the Health System Level (e.g., policies, data platforms, existences of QI teams)

Teasing out the relevant indicators to measure quality at a system level is eventually the goal of the LHSS work. For this innovation project, we focused on efforts to measure the quality of care in the RMNCH service areas in line with the guidelines of the LHSS project.

Description of the Work:

Method:

To assess current effort to measure quality of care in RMNCH, we conducted a literature review of tools available to countries and programs that seek to measure quality of care. We focused on tools that contained indicators related to RMNCH but also looked at frameworks that contained elements of health systems strengthening. We also interviewed experts (listed below) involved in the development of various quality of care initiatives related to RMNCH and health systems strengthening. These experts pointed us to existing tools and frameworks related to quality measurement and many informed us of ongoing initiatives.

Expert(s) Interviewed	Organization
Anwer Aqil	USAID- HPHC
Apoorva Jadhav	USAID
Jennifer Requejo	UNICEF
Kathleen Hill	Jhpiego
Kavita Singh Ongechi	UNC
Lily Kak	USAID
Louise Day	LSHTM
Maria Carrasco, Meridith Mikulich, Emeka Nwachukwu	USAID HIPs
Patience Afulani	UCSF
Pierre Barker	IHI

Results:

As a result of this work, we found 141 tools and 12 initiatives/frameworks related to quality measurement in RMNCH. These are detailed in the following one-page briefs and the attached matrix.

Tool: Quality of Care for Maternal and Newborn Health: A Monitoring Framework for Network Countries ([found here](#))

Background:

This tool outlines a monitoring and evaluation framework to achieve the goals of reducing maternal and newborn deaths by 50% within health facilities in five years and improving the experience of maternal and newborn care. Authored by the WHO's Network for Improving Quality of Care for Maternal, Newborn, and Child Health, it includes indicators that can be incorporated into existing quality improvement efforts in health facilities, along with district and regional performance measures.

Indicators:

The listed indicators are intended to support QI efforts related the maternal and newborn health.

In Annex 1, common indicators for monitoring across network countries are listed and include process and outcome measures. These function as common indicators to monitor quality of care across all participating facilities.

Annex 3 is the Quality, Equity, Dignity (QED) Indicator Catalogue which lists indicators that can be used by QI teams in health facilities. The indicators are based on WHO maternal and newborn quality standards and quality statements or “concise prioritized statements designed to help drive measurable improvements in care”.¹ This catalogue includes a subset of indicators from the WHO standards for Improving Quality of Maternal and Newborn Care in Health Facilities. The indicators are organized by quality statement and are identified as either input, output (process) or outcome measures.

The tool lists several potential data sources for these indicators that be used by QI teams in health facilities or regional/district managers. These sources include other health assessments that can be including the Service Availability and Readiness Assessment (SARA), Service Delivery Indicator, Service Delivery Platform, and the Service Provision Assessment (SPA).

Use:

This tool includes quality of care indicators that can be used at the health facility level, the regional/district or subnational level, and at the subnational level. The tool and set of indicators had been made available on the WHO's website: Quality of Care Network- Resources and Data Related to Maternal, Newborn and Child Health Quality of Care Measurement.

¹ https://www.who.int/docs/default-source/mca-documents/advisory-groups/quality-of-care/quality-of-care-for-maternal-and-newborn-health-a-monitoring-framework-for-network-countries.pdf?sfvrsn=b4a1a346_2

Tool: Health System Strengthening: Monitoring, Evaluation and Learning Guide & A Compendium of Indicators

Background:

This tool was designed by the USAID and Measure Evaluation as a guide for developing an assessment for a USAID project. USAID has identified ending preventable child and maternal deaths and an AIDS free generation as its primary goals; the indicators in this tool have been selected with these goals in mind. However, this guide is not designed for a specific type of intervention but is to serve as a general framework for monitoring and evaluating health systems strengthening (HSS) interventions. The idea is that the guide and compendium of indicators will allow those implementing HSS interventions to accurately tailor a monitoring and evaluation framework.

Indicators:

The series of documents includes a compendium of indicators to accompany the Monitoring, Evaluation, and Learning Guide. The sources of these indicators are outlined in a literature review conducted by the authors to inform this guide.²

The indicators are grouped by the six core functions central to HSS identified by USAID: finance, health information, human resources for health, leadership and governance, medical products, vaccines and technology, service delivery. Though the focus of the guide is HSS, it includes indicators specific to RMNCH such as infant mortality, maternal mortality, neonatal mortality, and incidence of low birthweight.

The appendices of the compendium include indicators at the country-level health system, subordinate level health system, and facility level health system.

Use:

The intended use of this tool is to aid those implementing HSS interventions design an adequate monitoring and evaluation system. A few quality of care indicators are included. RMNCH indicators only make up a portion of the indicators included. The guide and compendium can be found on the Measure Evaluation website.

² Health Systems Strengthening—A Literature Review <https://www.measureevaluation.org/resources/publications/tr-17-167a>

Tool: Proposal of Quality of Care Index (QOCI) DHS Methodological Reports 29

Background

This tool outlines the design process for the Quality of Care Index (QOCI) measure. The measure is composed of indicators found in the Demographic and Health Surveys (DHS) Program's Service Provision Assessment (SPA) tool. Owned by USAID, the QOCI aims to give countries and health systems a core set of indicators to reports and track country performance and reproductive, maternal, newborn, and child health and nutrition (RMNCHN) quality of care. As stated in the report, the QOCI measure "provides a glimpse into the readiness of facilities and provision of care for the individuals using formal health services."

Indicators

The QOCI is composed of 17 indicators found in the DHS Program's SPA survey and based on the current SPA questionnaires and sampling process. The indicators were taken from six key health domains: family planning, antenatal care, delivery care, child curative care, and water, sanitation, and hygiene (WASH).

Data from the SPA surveys can be used to calculate the QOCI as the SPA survey was designed to collect information regarding a facility's capacity to provide services. This involves looking at the infrastructure and evaluating the accessibility and availability of medicines, equipment, medicine, guidelines, and human resources in each facility. The SPA survey can be done as a nationally representative sample or through a census of formal health systems in the country.

Use

The report illustrates how the index can be used at national and subnational levels to identify areas or services that need improvement. Specifically, the index can help countries assess performance and quality of care at these level as well as identify any geographic inequalities and service areas that warrant further investigation.³

[The report](#) can be found in the Publications section of the DHS Program's Website.

³ Proposed Quality of Care Index (QOCI) DHS Methodological Reports 29

Tool: Standards for Improving Quality of Maternal and Newborn Care in Health Facilities

Background:

This tool was designed by the World Health Organization (WHO) and aims inform national standards of quality care in maternal and newborn health. The foundation of the tool is the WHO definition of quality of care.⁴ This definition has been repurposed for this tool to emphasize quality of care in maternal and newborn health and is defined as “the degree to which maternal and newborn health services (for individuals and populations) increase the likelihood of timely, appropriate care for the purpose of achieving desired outcomes that are both consistent with professional knowledge and take into account the preferences and aspiration of women and their families.” This definition is represented by a quality framework that is composed of eight domains of quality of care. The WHO states these domains should be assessed, monitored, and improved within health systems⁵.

Indicators:

In this tool, indicators take the form of quality measures that are grouped under quality standards and statements. Quality standards illustrate “what is expected to be provided to achieve high quality care around the time of childbirth.” This tool outlines 8 quality standards. Quality statements “are concise statements of priorities for measurably improving quality of care” and “set out the requirements to achieve compliance with the standard.” Each quality standard has two or three quality statements associated with it.

The purpose of quality measures is to demonstrate whether the quality standards and statement have been achieved. There are three types of quality measures: input, output and outcome measures. Input measures focus on things that should be in place to deliver care, output measure focus on whether desired process was adequately provided, and outcome measures look at the effect of the provided service on the health of women, newborn and the community.

Use:

The framework, quality standards, and quality measures focus on quality of maternal and newborn health in health facilities. Its aims are to help set national standards of care, provide a foundation for quality improvement strategies and activities, and incorporate quality into existing

⁴ WHO Definition of Quality of Care: “The extent to which health care services provided to individuals and patient populations improve desired outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable, and people-centered.”

⁵ WHO () Standards for Improving Quality of Maternal and Newborn Care in Health Facilities

national programs. The tool is designed to be used to look at the health system from the perspectives of various parts of the health system including service users, service providers, and managers. The authors urge that the standards of care and the quality measures be adapted to the local context in order to achieve desired outcomes and be applicable.

This tool is available as a report online and as a published technical reference document. It is available for download at the websites of the WHO headquarters, the regional and country office, WHO collaborating centers, and partner agencies involved in newborn and maternal quality of care.

Tool: Primary Health Care Performance Initiative Framework and Indicators

Background:

The Primary Health Care Performance Initiative (PHCPI) aims to improve primary health care in low- and middle-income countries (LMICs) with the goal of achieving universal health care. The Bill and Melinda Gates Foundation, The World Bank, World Health Organization, Ariadne Labs, and Results for Development partnered together on this initiative that involved the development of a conceptual framework and two sets of performance indicators. The PHCPI conceptual framework emphasizes service delivery and quality of care due to an understanding that these two areas are key aspects of performance in managing population health.⁶

Indicators:

The report includes two sets of performance indicators: Diagnostic Indicators and Vital Signs Indicators. Vital Signs Indicators are meant to help assess the level and trend of primary health care (PHC) performance. Diagnostic Indicators aim to help understand underlying factors that drive performance and why variance between country performance and outcomes is seen.

This tool includes indicators that are relevant to the field of RMNCH. Relevant Diagnostic indicators include Nursing and midwifery personnel density per 1,000 population (Workforce) and Differential rate ratio of Q1-Q5 maternal mortality ratio (equity). Relevant Vital Sign Indicators include Community health worker, nurse, and midwife density (workforce); demand for family planning stratified with modern method, antenatal care coverage, skilled birth attendance, DTP3 immunization coverage (Effective service coverage). Maternal mortality ratio, under-5 mortality rate, neonatal mortality rate (Health Status).

Use:

Diagnostic Indicators are meant to be used as comparison between countries while the Vital Signs Indicators can be used at the national, subnational, and facility levels. Ultimately, the PHCPI envisions these tools catalyzing PHC improvements to achieve universal health coverage.

⁶ Better Measurement for Performance Improvement in Low- and Middle-Income Countries: The Primary Health Care Performance Initiative (PHCPI) Experience of Conceptual Framework Development Indicator Selection

The conceptual framework and indicator sets are detailed in a Milbank Quarterly article. Further information can be found on the PHCPI Website.⁷

⁷ <https://improvingphc.org/>

Tool: WHO Core Indicators and Measurement Methods- A Standardized Health Facility Survey Module

Background:

This tool was designed by the Health Facility Working Group as part of a broader partnership known as the Health Data Collaborative. The Health Data Collaborative is composed of several health organizations with the aim improving health data to track the Sustainable Development Goals. The aim of the Health Facility Working Group and the subsequent tool are to “review and harmonize facility survey modules, including standard indicators and measurement methods, instruments and analyses; and to catalyze a joint/aligned support for one country system facilities survey based on a modular approach.”⁸ This tool is a working document as of January 2019.

Indicators:

The working groups looked to existing tools when putting together the preliminary list of core indicators. The tool includes indicators for use in health facilities. These indicators have been grouped under five modules to achieve the aim of harmonizing the facility survey with standardized measures and methods. Each module includes set of questions that inform the information collection needed and the indicators for that topic area. The five modules are availability, management and finance, readiness, quality and safety of health care, and data verification.

For the core primary indicators, the workgroup drew from global recognized tools and indicators. These include the USAID Service Provision Assessment (SPA), the WHO/USAID Service Readiness Assessment, the World Bank Service Delivery Indicators, the Global Core Reference List of Indicators, and the Newborn Action Plan. The tool includes indicators that are specific to reproductive, maternal, newborn, child, and adolescent health (RMNCAH) across several modules.

Use:

The tool has a health facility focus. Some indicators will need to be measured at the health facility level where they are offered. Other indicators should be measured across all levels in a health facility. As this is a working document, it is not yet available for distribution.

⁸ WHO Core Indicators and Measurement Methods

Tool: Primary Health Care for Universal Health Coverage and Health Related SDGs [Not for Circulation]

Background:

This draft tool is a response to a request by the WHO for member states to develop a framework that would aid in implementing national primary health care efforts. The eventual aim of this effort is to provide guidance and support to countries looking to strengthen their primary health care efforts and to track and monitor their progress and performance.

In this document, primary health care is defined as “a whole society of approach to health that aims to maximize the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as a core of integrated health services; (b) multisectoral policy and actions; and (c) empowered communities.

Indicators:

The document presents a draft list of 118 indicators that have been grouped into 14 core strategic levers. The indicators included draw from processes related to quality as well as governance, including policies, plans and regulatory mechanisms. Structure, input, process, and outcome indicators that draw from global monitoring efforts are included in this draft. The definition of primary health care has also led the authors to include indicators that look at multiple areas for service delivery outside of primary care and public health, including home-based and community-based care, long-term care facilities, emergency care units, and hospitals—among others.

Use:

The 14 levers are meant to be used at a both a national and global level for primary health care measurement and monitoring. The indicators are to help countries assess their performance of primary health care efforts at the national, subnational, facility and community level. These assessments will then inform any subsequent action to correct efforts, allocate resources, and inform policy. **As this document is still a draft, it is not yet publicly available.**

Tool: Service Provision Assessment Review [Do Not Cite or Circulate]**Background:**

The Service Provision Assessment (SPA) tool is used by USAID and other agencies to survey formal health facilities at a country level. Between 400-700 different types of health facilities are sampled to provide indicators at both the national and regional levels.

The SPA tool aims to answer questions about a country's health facilities, namely around service availability, facility preparation and infrastructure, adherences to acceptable standards of care, and client and provider satisfaction.⁹

Indicators:

The SPA tool is comprised of four questionnaires¹⁰—the Inventory Questionnaire which focuses on service readiness indicators and other maternal and child indicators, SPA Observation Protocols that allow interviewers to observe consultations and determine whether the standards of care are being met, Exit Interview Questionnaires that are given to clients and patients after a visit, and the SPA Health Worker/Provider Interview that focuses on providers qualification, training, and opinions of the working environment.

The SPA tool is dominated by indicators relevant to health system quality, reproductive, maternal, and child health. Specifically, the SPA tool focuses primarily on antenatal care and general readiness.¹¹

Use:

The purpose of the SPA survey to provide a full picture of a country's health service delivery landscape. This monitoring function of the survey plays a role in the overall health systems strengthening.¹²

⁹ <https://dhsprogram.com/Methodology/Survey-Types/SPA.cfm>

¹⁰ <https://dhsprogram.com/Methodology/Survey-Types/SPA-Questionnaires.cfm>

¹¹ Service Provision Assessment Review

¹² <https://dhsprogram.com/methodology/Survey-Types/SPA.cfm>

Every Newborn: An Action Plan to End Preventable Deaths (ENAP)

Background:

The Every Newborn Action Plan (ENAP) was designed by the WHO and UNICEF in 2014 as a response to country demand. It builds on the framework outlined by the “Every Women, Every Child” initiative but specifically emphasizes newborn survival and health due to the lack of inclusion in the Millenium Development Goals (MDGs). The action plan is focused on creating a world where “there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated and women babies and children survive, thrive, and each their full potential.”¹³ The guide details the vision, goal, guiding principles and strategic objectives of the initiative.

Indicators:

The ENAP proposed 10 global core indicators as part of their framework for success. The authors state that work will need to be done to establish a monitoring strategy to track progress. Data collected at the national level should inform activities related to newborn health within the country. The guide includes examples of milestones at the national level. More detailed indicators are detailed in *Every Mother, Every Newborn Quality Improvement Guide*, developed by WHO, UNICEF, and partners.

Use:

The indicators highlighted as part of this action plan are meant to be integrated into the existing work countries are doing around RMNCH. Indicators will need to be assessed by countries and integrated into national health strategies, as the report states that real change will come from within countries. This action plan is available on the WHO website.

¹³ Every Newborn: An Action Plan to End Preventable Deaths (2014)

Every Mother Every Newborn (EMEN) Quality Improvement Guide (and Appendices)

Background:

The Every Mother, Every Newborn (EMEN) Quality Improvement Guide was developed by the WHO and UNICEF to assist health facilities in accomplishing the aims of the Every Newborn Action Plan (ENAP). It is specifically written to help facilities set up quality improvement teams to focused on the nine EMEN standards that were formulated in response to ENAP. The guide cites the WHO definition of quality care and quality triangle framework.

Indicators:

The guide provides support for facilities as they focus on the nine EMEN standards drafted by the WHO. The standard focus on clinical interventions in the context of the health system and are in line with WHO standards of care for others and newborn within the first 24 hours of birth.¹⁴ Every standard is accompanied by an intent statement detailing the reasoning for the statement and supporting evidence. The standards and intent statement are detailed in Appendix 1.

The indicators are detailed in the EMEN standard assessment tool, found in Appendix 2. The indicators are grouped by standard and whether it focus on maternal or newborn care. Each indicator includes relevant assessment questions and various methods of verification such as observation or medical record review.

Use:

The guide focuses primarily on health facilities. But the explicit link to the ENAP indicates that the data collection can contribute to subnational and national initiative to improve quality of care for mothers and newborns.

¹⁴ Every Mother Every Newborn QI Guide

Quick Investigation of Quality (QIQ)- A User's Guide for Monitoring Quality of Care in Family Planning

Background:

Originally published in the 1990s, this QIQ guide aims to help those looking to monitoring quality of care in family planning facilities. The updated second edition, published in 2016 by the Measure Evaluation Project and the USAID Office of Population Health, uses the Bruce/Jain framework to define quality of care in family planning. The framework outlines six elements of quality care in family planning: choice of methods, information given to clients, technical competence, interpersonal relations, follow-up, and continuity mechanisms.¹⁵

Indicators:

The QIQ Guide includes as short list of 25 key indicators. The authors hypothesize that a facility performing well on these key indicators would likely perform just as well on similar indicators not included in this instrument. The quality of care framework that informed the design and selection of indicators asserts that facility readiness impacts quality of care which then affects outcomes.¹⁶ The guide outline the rationale behind each indicator, particularly how it relates to quality of care.

The list of indicators in Table 1 also includes the most suitable method of data collection. These include a facility audit that asks question of the program manager, observation of client provider interactions and procedures, and exit interviews with clients after a visit. Some indicators can be measured using multiple data collection methods.

Use:

The guide was designed and tested for facilities to use on a regular basis. Subsequent publications outline how the QIQ guide has been used in other countries including Ecuador, Turkey, Uganda, and Zimbabwe.¹⁷

¹⁵ MEASURE Evaluation. (2016). Quick investigation of quality (QIQ): a user's guide for monitoring quality of care in family planning (2nd ed.). Chapel Hill, North Carolina: MEASURE Evaluation, University of North Carolina.

¹⁶ MEASURE Evaluation. (2016). Quick investigation of quality (QIQ): a user's guide for monitoring quality of care in family planning (2nd ed.). Chapel Hill, North Carolina: MEASURE Evaluation, University of North Carolina.

¹⁷ <https://www.measureevaluation.org/resources/publications/tr-00-05>

Ending Preventable Maternal Mortality (EPMM)

Background:

The Ending Preventable Maternal Mortality Initiative (EPMM) as an initiative focused integrating the protection of mothers and the elimination of preventable maternal mortality into the Sustainable Development Goals. The EPMM initiative is the work of the Maternal Health Task Force at the Harvard Chan School of Public Health along with representatives from the FCI Program of Management Sciences for Health (MSH), Jhpiego, the Maternal and Child Survival Program (MCSP), United Nations Population Fund (UNFPA), UNICEF, United States Agency for International Development (USAID), White Ribbon Alliance (WRA) and the World Health Organization (WHO).¹⁸ The initiative has produced a report outlining global, national, and country targets along with strategies for ending maternal mortality (“Strategies Toward Ending Preventable Maternal Mortality”) and convened stakeholders to determine appropriate indicators. The EPMM Strategies report outlines 11 key themes in the form of guiding principles, cross-cutting action, and five strategic objectives that contribute to the ending of preventable maternal mortality.

Indicators:

The indicators are detailed in two peer-reviewed articles in BMC Pregnancy and Childbirth. The process for selecting the indicators was undertaken in two phases. The first phase focused on identifying indicators closely linked to direct causes of death for global monitoring and reporting by all countries.¹⁹ Many of the selected indicators overlap with other global tools including the ENAP core indicators, the WHO list of 100 indicators, and the WHO 2013 Quality MNCH indicators. Phase 2 focused on finding a balanced set of indicators that address the broader, social, political, economic determinants of maternal health and survival as related to the EPMM Strategies report. The product of phases 1 and 2 is a core set of 25 indicators and 6 stratifiers.

Use:

These indicators aim to provide concrete tool to aide monitoring work related to 11 key strategies, as well as to support the SDGs and work alongside other global monitoring efforts.²⁰

¹⁸ <https://www.mhtf.org/projects/ending-preventable-maternal-mortality/>

¹⁹ Moran et al. 2016 <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-1035-4>

²⁰ <https://www.mhtf.org/projects/ending-preventable-maternal-mortality/>

WHO Global Reference List of 100 Core Health Indicators (2018)

Background:

The WHO Global Reference List of 100 Core Indicators (“Global Reference List”) contains 100 standard core indicators available for use for national, global, or regional health monitoring efforts.²¹ The previous edition compiled in 2015 was based on existing global sets. The second edition, published in 2018, has been updated to reflect changing priorities in global health and reflect other global health tools including the global SDGs, the Global Strategy for Women’s, Children’s, and Adolescents’ health, and the WHO indicators for Global Monitoring Framework on Maternal, Infant, and Young Child Nutrition.

Indicators:

The tool classifies indicators as core or additional. Core indicators meet certain criteria including being prominent in monitoring of international declarations agreed on by member states, being scientifically robust, having a strong track record of extensive measurement use and experience, and its use by countries in monitoring national programs and plans. The indicators included in reference list are grouped under four domains: health, risk factor, service coverage, and health system. Quality and safe care indicators are included in the health system domain.

Each indicator lists the appropriate numerator and denominator, disaggregation, method of measurement, method of estimation, measurement frequency, the monitoring and evaluation framework, preferred and possible data sources, and any relevant further information. Many of the indicators are relevant to RMNCH including contraceptive prevalence rate and antenatal care coverage.

Use:

This tool provides a standard set of indicators that health systems and organizations can select as appropriate. The indicators reflect health interests at the country, regional, and global level. The hope is that the Global Reference List will contribute to a reduction of global reporting requirements.

²¹ <https://www.who.int/healthinfo/indicators/2018/en/>

UNICEF Multiple Indicator Cluster Survey (MICS)

Background:

The UNICEF MICS Survey has been in use since 1995 and serves a primary source of internationally comparable data for women and children worldwide.²² The survey is conducted within countries through household face-to-face interviews using questionnaires. The MICS survey was a significant data source to the MDGs and will continue to inform the SDGs and ENAP.²³

Indicators:

MICS6 is the latest indicator list for the MICS survey. Each indicator listed includes a description, the module it is grouped in, and the relevant SDG, it is linked to, if applicable. Modules relevant to RMNCH include fertility/birth history, maternal & newborn health, and post-natal health checks.

Use:

Designing the MICS survey for a particular country requires on an initial assessment of data the country needs to help inform the national and regional monitoring priorities. The global MICS team supports to help countries customize the questionnaires and indicator lists to their context and needs. The MICS website has resources for planning the survey, sampling, and preparing fieldwork.²⁴ There are also examples of country reports and surveys.

²² <https://mics.unicef.org/about>

²³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6771654/>

²⁴ <https://mics.unicef.org/tools#survey-design>

Relevant Quality of Care Initiatives & Frameworks

Mother and Newborn Information for Tracking Outcomes and Results (MoNITOR)

The MoNITOR initiative is a technical advisory group launched by the World Health Organization in 2015. The group aims to address the global challenge of measuring care at the time of birth by facilitating measurement, aligning initiatives with common messaging, and provide technical guidance.²⁵ As of December 2020, the group has developed a toolkit with an indicator database, an online prioritization tool, and recommendations and case studies for testing and validation of maternal and newborn indicators.²⁶ The toolkit was informed by a scoping review that looked to harmonize various maternal and newborn indicators from different stakeholder groups.²⁷ The toolkit is currently being piloted. The second phase of the MoNITOR initiative will involve forming various subgroups, including one focused on Quality of Care/ Effective Care Management.

Leapfrog to Value (L2V)

Leapfrog to Value is an initiative housed in the USAID Center for Innovation and Impact (CII). The initiative is outlined in the L2V report which makes the case for implementing value-based care in low- and middle-income countries. Built on a Measure-Deliver-Pay framework, the L2V report makes the economic and human case for value-based care rather than volume-based systems. This builds on findings of other studies that assert quality of care received will have an impact on health outcome rather than access alone. Measurement is a central component to this framework; however, the report emphasizes measuring outcomes that that matters to patients along with costs.²⁸ The report outlines best practices and framework has been tested in India when looking at TB care in a specific region to determine whether scaling to larger initiatives is possible.²⁹ The initiative is also taking step to act on the report recommendations including forming a coalition.³⁰

²⁵ <https://www.who.int/data/maternal-newborn-child-adolescent-ageing/advisory-groups/monitor>

²⁶ https://www.who.int/docs/default-source/mca-documents/advisory-groups/monitor/monitor-meeting_executive-summary_1-3-dec-2020.pdf?sfvrsn=ae357a8f_8

²⁷ Moller et al. 2018

²⁸ https://static1.squarespace.com/static/5db772d44638535b2114f2e6/t/5dde52751c72e2c5edacd77/1574872363413/2019_LeapfrogToValue.pdf

²⁹ Interview with Monisha Ashok

³⁰ <https://www.leapfrogtovalue.org/>

High Impact Practices (HIPs)

The High Impact Practices, of HIPs, focuses on sharing evidence-based best practices related to family planning.³¹ These practices are primarily identified by their impact on contraceptive use and applicability, though other outcome measures are assessed. The practices found in briefs on the HIPs website and look at service delivery, enabling environment, and social and behavioral change. There is ongoing work facilitated by HIPs looking at how to measure quality in family planning. The first phase of this work is to map indicators countries are currently using to measure quality of care.³²

Re-Visioning Emergency Obstetric and Newborn Care (EmONC)

The Revisioning Emergency Obstetric and Newborn Care Project is currently reviewing the framework and indicators used in low- and middle-income countries to assess emergency obstetric care.³³ The project is composed of four workstreams including one looking at quality of care and experience of care. The aim of the workstream is to include quality of care and patient-reported experience in the overall indicators. The goal is to produce a framework that fulfills and adapts to countries' needs.

Every Newborn-BIRTH Indicators Research and Tracking in Hospitals (EN-BIRTH) Study

Based out of the London School for Hygiene and Tropical Medicine (LSHTM), the EN-BIRTH study was linked to the Every Newborn Action Plan (ENAP), specifically the measurement improvement roadmap.³⁴ The study focused on measurement validation of routine data collected in health facilities and women's survey. The study took place in five hospitals across Nepal, Tanzania, and Bangladesh to look at how they captured facility-based coverage and quality of care data. The study looked at coverage and quality indicators, in addition to outcome indicators and patient's experience of care. They found that quality of care had many gaps, particularly

³¹ <https://www.fphighimpactpractices.org/overview/>

³² Interview with Maria Carrasco, Meridith Mikulich, Emeka Nwachukwu

³³ Re-Visioning Emergency Obstetric and Newborn Care Project Brief May 2020

³⁴ Moran and Requejo 2021 <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-020-03427-4>

around timing of care, compared to global standards. The findings are being reviewed with ENAP stakeholders including the WHO and UNICEF to inform the recommendations around appropriate indicators.

USAID Quality of Care Group

USAID has had a long commitment to quality of care; however, the work has often been done in silos. The crosscutting Quality of Care group aims to bring together the various quality work being done at USAID.³⁵ There are several workstreams including one on maternal and newborn health. This group is working with the MCGL project to help 5-6 countries track their quality of care. This work is still in early stages of development.

Every Newborn-Simplified Measurement Integrating Longitudinal Neurodevelopment & Growth (EN-SMILING)

The EN-SMILING study is an extension of the EN-BIRTH study specifically focused on child development. The study follows up on newborns who received interventions during the EN-BIRTH study to follow their development over five years.³⁶ The study uses a simplified Early Childhood Development (ECD) measurement approach and aims to see if routine measurement can be simplified and integrated with newborn and child health care to detect developmental delays.³⁷ The study used multiple ECD tools including the WHO Indicators of Infant and Young Child Development tool, the Caregiver Reported Early Development Instruments, the Malawi Developmental Assessment tool, and the Rapid Neurodevelopmental Assessment.³⁸ The study protocol is in process of being published.³⁹

Informed Decisions for Actions in Maternal and Newborn Health Project (IDEAS)

The IDEAS project is based out of London and works in Nigeria, Ethiopia, and India to improve maternal and newborn health by using evidence to inform policy.⁴⁰ A portion of their research

³⁵ Interview with Lily Kak

³⁶ <http://goldencommunity.org.np/wp-content/uploads/2018/07/Report-on-EN-SMILE-Training-draft-min.pdf>

³⁷ <http://goldencommunity.org.np/service/en-smiling/>

³⁸ <http://goldencommunity.org.np/wp-content/uploads/2018/07/Report-on-EN-SMILE-Training-draft-min.pdf>

³⁹ <https://mnhgroup.lshtm.ac.uk/every-newborn-action-plan-enap/>

⁴⁰ <https://ideas.lshtm.ac.uk/about/>

focuses on quality improvement (QI). Project in this workstream aim to understand how QI is influenced by health system context, how QI approaches affect health worker behaviors, service delivery, patient utilization, and how the Quality of Care Network operates at a country level.⁴¹

Family planning 2020/2030 (FP2020/FP 2030)

FP2020 is hosted by the United Nations Foundation and aims to work with various countries and stakeholders to ensure that women have access to lifesaving contraceptives.⁴² As part of their work, FP2020 outlines a core measurement framework to assess family planning including enabling environment, process, output, outcome, and impact indicators.⁴³ As the initiative evolves into FP2030 and looks forward to the next decade of work, their Performance Monitoring & Evidence Working group is looking to update the measurement framework.⁴⁴ Their measurement agenda for this next phase includes measuring system-level responsiveness, including facility measures of quality.

High Performance Health Care System Assessment Tool (HPHC)

A team at USAID is in the process of creating and testing an assessment tool to understand “to what extent is the healthcare system accountable, accessible, affordable, and reliable?”⁴⁵ Quality is an implied attribute of a health systems that fulfills these requirements, and the tool includes indicators related to quality including licensing and credentialling processes, quality of care for priority interventions, and training health care workers to provide quality services. The intended users of this tool include USAID, governments, and donors. The tool will be hosted online and should be launched in mid-April.

WHO Maternal, Newborn, Child, and Adolescent Health (MNCAH) Consolidated Data Portal

The MNCAH data portal is an online resource hosted by the WHO that allows key indicators to be in one place. Data from different sources are compiled to help identify gaps and fulfill global and national monitoring needs.⁴⁶ The data portal includes indicators used in previously

⁴¹ <https://ideas.lshtm.ac.uk/research/understanding-quality-improvement/>

⁴² <http://familyplanning2020.org/about-us>

⁴³ <http://familyplanning2020.org/what-we-measure>

⁴⁴ <http://familyplanning2020.org/what-we-measure>

⁴⁵ Interview with Anwer Aqil

⁴⁶ https://www.who.int/maternal_child_adolescent/epidemiology/mncah-data-platform/en/

mentioned initiatives and tools including MoNITOR. There are multiple topics with several indicators including quality of care maternal and newborn metrics. The portal also allows you to access data for certain indicators and view country profiles.

Jain et al. (2018)- Proposed Metrics to Measure Quality: Overview⁴⁷

In this working paper, the authors proposed metrics for measuring quality in family planning. The authors noticed various definitions for quality and differing opinions on the elements of quality that are important. Their proposed indicators are aligned with Donabedian's framework of structure, process, and outcome measures. Quality of care metrics are highlighted in the process measures. The domains included in the quality of care metrics include respectful care, method selection, effective use of methods chosen, and continuity of care.

Other Relevant Literature Reviewed:

The following literature were not included in the one-page summaries but helped inform the thinking behind the results and conclusions drawn in this report.

- **High-quality Health Systems in Sustainable Development Goals Era: Time for a Revolution** (*Lancet Global Commission on High Quality Health Systems*)
 - Section 4 details gaps in measurement found during a review of global quality of care tools.
- **Crossing the Global Quality Chasm: Improving Health Care Worldwide** (*National Academies of Science, Engineering, and Medicine*)
 - Chapter 4 explores metrics and summarize the gap in quality.
- **A Framework for Safe, Reliable, and Effective Care** (*IHI*)
 - This white paper outlines IHI's model of safety, focusing on an organization's culture and learning system.

⁴⁷ https://knowledgecommons.popcouncil.org/departments_sbsr-rh/557/

- **A Rapid Review of Available Evidence to Inform Indicators for Routine Monitoring and Evaluation of Respectful Maternity Care** (*Afulani et al, 2020*)⁴⁸
 - This rapid review provides recommendations of indicators to measure respectful maternity care.
- **Global Efforts in Measuring Quality of Care** (*WHO*)
 - A list of 29 tools used by WHO member states for their monitoring and evaluation efforts.
- **Overview of Quality of Care in Reproductive Health: Definitions and Measurements of Quality** (*Population Council and Population Reference Bureau*)
 - A policy brief that discusses definition of quality of care as it relates to reproductive health with suggestions for measurement.
- **Measuring Quality Contraceptive Care in a Value-Based System** (*Planned Parenthood, Manatt*)
 - This brief details three quality of care measures recently approved by NQF and how they can be used in health policy in the US.

Conclusions and Recommendations:

It is clear when you review the WHO maternal, newborn, child and adolescent health (MNCAH) consolidated data portal⁴⁹ that health progress has been made across the world. What is not clear to us after doing this work is what contribution measurement tools are playing in this improvement. In our interviews we heard of one measurement experiment in which the DHS and the SPA tool were done on a yearly basis in Senegal. (These tools are normally done every 3 to 5 years.) At the end of the experiment those involved in Senegal were asked how much value they got from the data from these two tools and they replied that they were too busy collecting the information to be able to do anything with it. Of course, this one experiment does not prove that these tools are not successful in the field, but it does show the need for a careful balance between measures and use. And we did hear from a few experts that they did think some of the tools were making a difference in the field.

⁴⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7108935/>

⁴⁹ <https://www.who.int/data/maternal-newborn-child-adolescent-ageing>

We learned that in the past there has been a robust focus on measures related to HIV. That there has been improvement in measures to MNCH and that reproductive and family planning measures have lagged behind the others. Thankfully there is ongoing work to improve this situation.

From our interviews, leaders involved in measurement recognize the need to have more focus on quality of care in measurement tools. A lot of the tools in the past were oriented to access of care. And as we noted above there has been steady progress in health outcomes around the world in which access to care played a role in this improvement. Further progress will require that quality of care should be measured and improved.

In the results section of this paper, we have a brief description for each of the tools we reviewed. A number of them have the potential to help in understand quality of care at the facility, district and national level. What we recommend now is continuing to building a deeper understanding of the use and barrier to the of these tools in the field with country partners to learn together what is and is not working. An example of this approach is the work of Leapfrog to Value that is funded in part from USAID, where they are testing quality of care measures for TB treatment in a small part of India. If they have success, they will work on scaling up this work.

Appendices:

The following is a list of experts we were unable to speak with and literature we were unable to review. We have provided the names and references for any future work.

Expert	Organization
Moise Muzigaba	WHO
Barbara Rawlins	Jhpiego

Jennifer Wheeler	PSI
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Literature to Consider

- Improving Coverage Measurement for Maternal, Newborn, and Child Health (Melinda Munos, 2018)
- A Review of HHS Family Planning Program: Mission, Management, and Measurement of Results (Institute of Medicine 2009)
- Revising the FP Quality of Care Framework in the Context of Rights-based Family Planning (Jain and Hardee 2018)
- Review of Quality Assessment Tools for Family Planning Programmes in Low- and Middle- Income Countries (Sprockett, 2017)