

# Evaluations of the Impact of Quality of Care Interventions on Clients' Behaviours in Three Countries

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# A conceptual framework for quality of care

## Readiness:

- Policies
- Procedures guidelines
- Infrastructure
- Trained staff
- Equipment/supplies
- Management information system

CLIENT-PROVIDER  
INTERACTION

PROCESS  
AND  
CONTENT

## Clients' right to quality care:

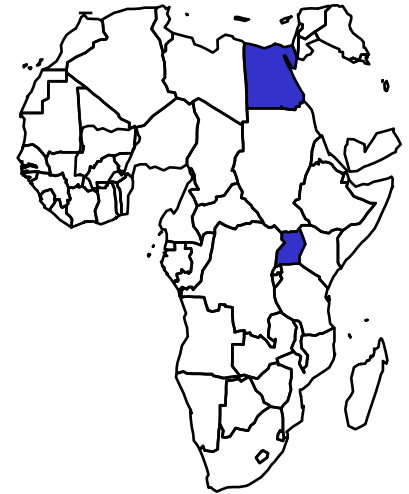
- Choice of contraceptive methods
- Correct information
- Technically competent provider
- Caring interpersonal relationship
- Continuity and follow-up
- Appropriate range of services

## Client outcomes

- Knowledge
- Satisfaction
- Method use
- Achievement of fertility intentions

# Studies in three countries to address three key questions:

1. Can context-specific interventions be implemented that:
  - Strengthen system **readiness**?
  - Enhance **clients' rights** to receive quality care?
2. Can these interventions make measurable improvements in **client-provider interactions**:
  - Process?
  - Content?
3. If client-provider interactions are improved, what is the effect on **client outcomes**?



# Interventions Tested: Egypt

- **System-oriented activities:**
  - Brainstorming sessions with central and district level managers
  - Introducing a non-monetary reward system to motivate providers
  - Developing a new supervisory checklist
  - Training managers and supervisors on facilitative supervision
- **Provider-oriented activities:**
  - Whole-site training in new counseling skills
  - Contraceptive technology updates
  - Job aids – posters, flip charts, and manual
  - Goal-setting and self-assessment
- **Client-oriented activities:**
  - Posters on clients' rights in clinics

# Interventions Tested: Uganda

- 7 “readiness” activities in all 20 study clinics
  - Updating RH policy guidelines and service standards;
  - Ensuring minimum levels of equipment and supplies;
  - Improving clinic environment;
  - Increasing availability of appropriate IEC materials;
  - Improving the Health Management Information System (HMIS);
  - Building capacity of DHMTs to undertake facilitative supervision effectively;
  - Improving provider competence in offering FP services
- 3 quality improvement activities in 10 experimental clinics: ***USAID Yellow Star program***
  - Building capacity for strategic planning and goal setting
  - Improving provider motivation
  - Raising clients’ awareness of rights to quality and their role

# Interventions Tested: Peru

Focus on client-provider  
interactions

## ***Balanced Counseling Strategy***

11-step decision-making algorithm to  
determine method appropriate for  
needs

Job aids to enhance providers'  
technical competence:

- ✓ Algorithm on single sheet
- ✓ Set of method-specific cards for all  
methods available

Take-away pamphlet for client  
describing selected method



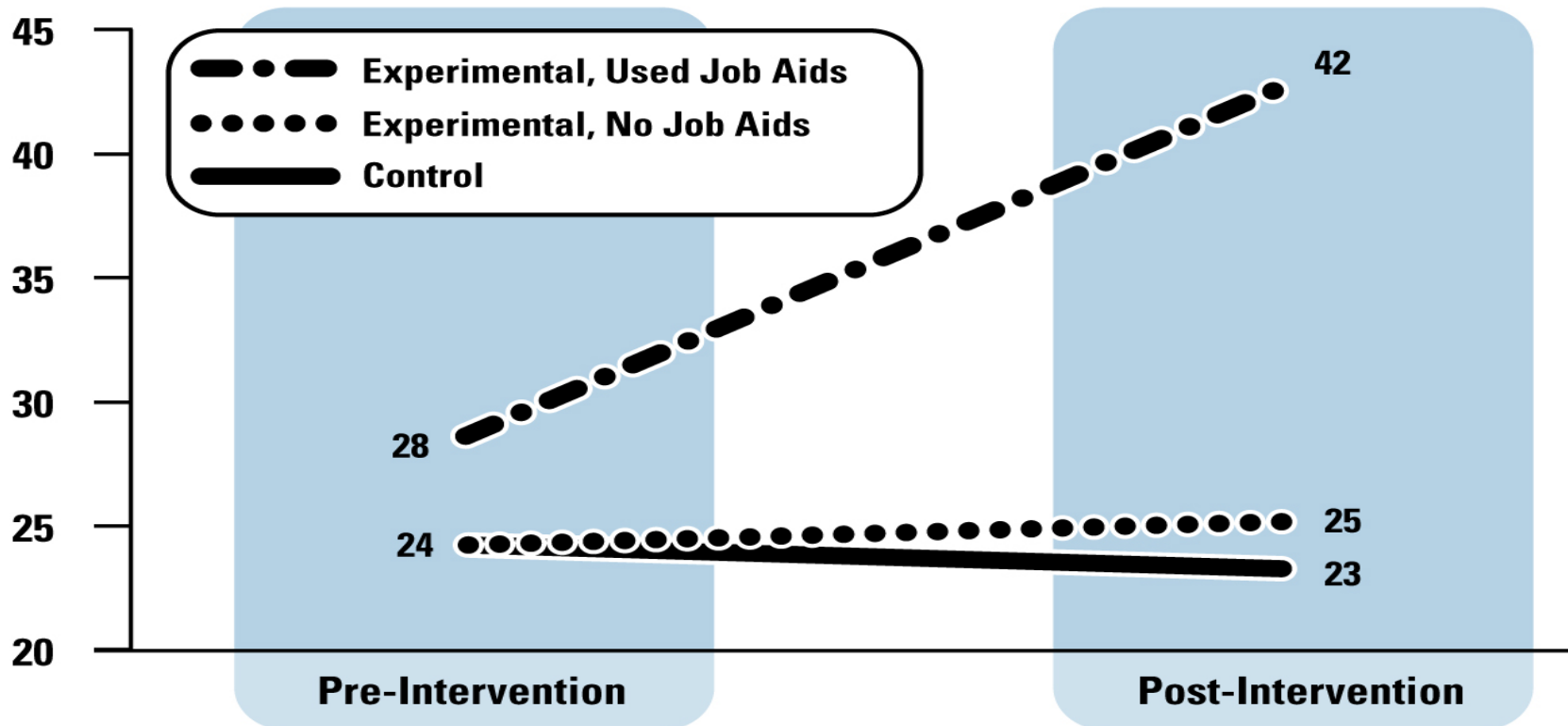
# Two-stage Evaluation Design: Phase I: Egypt, Peru, Uganda,

1. Can context-specific interventions be developed that strengthen system readiness and enhance clients' rights to quality care?
  - Documentation of interventions' implementation process
  - Inventory, provider interviews, service statistics
2. Can these interventions make measurable improvements in client-provider interactions?
  - Selected districts matched and randomly assigned to experimental and comparison groups; clinics randomly selected
  - Before and after measures in both groups of clinics
  - Observations, client exit interviews

# Convincing results from Peru: *BCS significantly improved quality*

**Figure A1: Quality Scores of Peruvian Providers at Experimental and Control Clinics by Use or Non-Use of Job Aids**

Scores Reported by Simulated Clients



# Mixed results from Uganda

## Limited effect on readiness

- No improvements in readiness of clinics to offer FP
- Some improvement in supervision in Yellow Star clinics
- Some improvement in provider knowledge in Yellow Star clinics

## Significant effect on CPI

- Improved information about contraindications and side effects
- Improved method choice offered, information on alarm signs, and follow-up
- ...but reduced instructions on method use

# Two-stage Evaluation Design: Phase II: Egypt and Peru

3. If client-provider interactions are improved, what is the impact on client outcomes?
  - Longitudinal study of 'new-event' users ( $\approx 300$ )
  - Recruited from experimental and control clinics
  - Quality of CPI observed on recruitment
  - Clients interviewed at recruitment, and two further times
  - Evaluation: Comparison of 12 month continuation rates

# Results from Phase II in Peru and Egypt

Egypt (60% used IUD)	Peru (63% used hormonals)
Women in expt. group slightly more knowledgeable about IUD; Poor knowledge of LAM	Women in expt. group slightly more knowledgeable of method chosen
About one-quarter of women in both groups switched method	About one-quarter of women in both groups switched method
80% of all women satisfied with method; Women in expt. group much more satisfied with clinic services than control	Client satisfaction not reported
83-86% still using FP at 12 months	71-75% still using FP at 12 months
No differences in all-method 12-month cumulative continuation rates: 66-68% (78-79% IUD)	No differences in all-method 12-month cumulative continuation rates: 44-48% (70% IUD)

# Improving Quality – What did we learn?

- ✓ Activities to strengthen clinic readiness are well known....but may not lead to major, sustainable improvements in care
- ✓ Contraceptive updates lead to small improvements in provider knowledge....especially if existing knowledge is poor
- ✓ Provider motivation is critical to improving client-provider interactions
- ✓ Provider motivation improved with working conditions
- ✓ Job aids can help provider communication and client understanding

# Evaluating Effect of Improving Quality: Questions remaining

- Little difference in continuation rates – does quality of care matter?
- Is a continuation rate the appropriate effectiveness indicator?
  - Method dependent
  - Discontinuation: intention change vs. service quality differences
- Are we measuring “averages” that may be misleading?
  - Assess the facility? Or assess the provider?
  - Client exposure to the intervention... and intensity of intervention
- Good quality of care is a right – so why evaluate effect?
- Should achievement of a minimum standard of quality be the key outcome indicator?

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