

Quality of care for reproductive, maternal, newborn and child health at Options

What we do

We work with governments to drive improvements in health care services by:

- Strengthening collaborative relationships between government, civil society, health users and providers to identify challenges and solutions to delivering high-quality health services.
- Developing and strengthening tools and approaches that measure the quality of health systems and policies to influence quality improvement initiatives.
- Improving data-based maternal and perinatal death surveillance and response systems.
- Designing accreditation systems and curricula for health workers, and providing training, mentoring, coaching and supportive supervision to health workers.
- Including the perspectives of health service users and marginalised groups in quality improvement mechanisms and ensuring that users receive good quality of care.

What we've achieved

Strengthened government stewardship of high-quality health services:

Since 2017, we have worked with governments to deliver high-quality health care across 12 countries by:

- ✔ Supporting the development and implementation of over 70 policies, strategies, guidelines and plans on reproductive, maternal and child health, pandemic preparedness, human resourcing and gender and social inclusion.
- ✔ Developing innovative tools to help governments across sub-Saharan Africa and Asia assess and measure their progress in improving quality of care for family planning and sexual and reproductive health services.
- ✔ Training over 6,907 health workers in interventions across nine countries to improve quality of care, including training 390 frontline service providers in Bangladesh on disability inclusion in sexual and reproductive health (SRH) services.



Improving quality of care through clinical mentorship in Kenya 2018 - 2021:

We worked with county and sub-county health management teams to implement a mentorship programme in emergency and obstetric and newborn care across four counties. In total, 285 health care workers were mentored from 119 facilities across the four counties. Mentees reported improved existing and new clinical skills, improved clinical management practices and reductions in maternal and perinatal mortality.

Developed and strengthened tools and approaches for quality improvement

We work with governments, health care workers and civil society to use evidence to identify key barriers and bottlenecks to the provision of quality health services and support solution-focused action planning. Since 2016, we have:



Supported **over 4,149 health facilities** to strengthen their quality of care in ten countries across Asia and Africa by packaging, designing and sharing evidence in powerful and accessible formats such as scorecards and infographics. This has led to improved health outcomes. For example, in four counties we supported in Kenya, the average skilled birth attendance rate at facilities improved from **62% at baseline in 2017-2018 to 80% in 2020-2021**.



Designed a **'Quality of Care Assessment Tool' (QoCAT)** to collect evidence that provides a real-time snapshot of issues affecting quality of care, such as delays in referrals. The assessment provided information to guide resource-allocation among **945 supported facilities** across the six states in northern Nigeria.

Improved data-based maternal and perinatal death and response systems

We have partnered with governments in Ethiopia, Kenya and Nigeria to prevent deaths among mothers and babies by strengthening the reporting and review of each death to understand the reasons why women and babies die. Since 2017, we have:



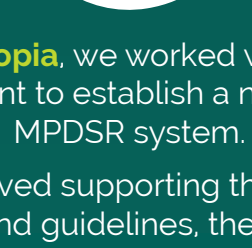
Supported 38 sub-national governments to build stronger surveillance and review systems to improve quality of care.



Worked with over 354 health facilities to establish or strengthen maternal and perinatal death surveillance and response (MPDSR) systems.



Supported action planning to ensure that the root causes of deaths were tackled to prevent future deaths from similar reasons.



In Ethiopia, we worked with the government to establish a nation-wide MPDSR system.

This involved supporting the drafting of tools and guidelines, the design of a training package for health workers, the integration of maternal deaths into the public health surveillance system and the design and management of the national MPDSR database.



Key results

- ✔ Maternal deaths elevated to the status of public health emergency
- ✔ Both community-based and facility-based maternal deaths captured
- ✔ Increased confidence in using local data to improve maternal health services
- ✔ Enhanced communication across the health system and more tailored responses to maternal deaths based on review evidence
- ✔ Facility level responses included changing staff rotas to ensure midwifery cover, buying or maintaining, updating protocols, and improving postnatal care.

Included the perspectives of health service users and marginalised groups in quality improvement mechanisms

Strengthening communication with and involvement of health service users improves the quality of care they receive. Since 2018, we have contributed to this by:



Establishing and supporting 817 Facility Health Committees in Northern Nigeria to involve community voices in health service decision-making.



Working with governments in Bangladesh, Malawi, Uganda and Tanzania to revise health facility assessments to routinely gather user perspectives on their experiences with SRH and family planning services, and use the findings to inform quality improvements.



263,148

Number of girls reached with adolescent sexual and reproductive health information



Kenya: 132,777



Nigeria: 130,371

Options' quality of care achievements



1997-2004

Supported access to quality obstetric care in Nepal.



2010-ongoing

Promoted expansion of emergency obstetric care in remote areas and rational decision-making for optimal caesarean section rates in Nepal.



2014-2016

Reduced Ebola test turn-around time and strengthened laboratory systems in Sierra Leone.



2016-2019

Improved quality of health facilities in northern Nigeria through community scorecards and facilitated the multi-lateral global QOC network pilots in Madagascar (2019).



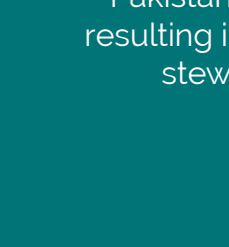
2019-2021

Designed and delivered a mentorship scheme for stronger management of obstetric and newborn emergencies in Kenya.



2019-ongoing

Designed a tool to measure government's capacity to make health systems' quality improvements in Bangladesh, Madagascar, Malawi, Pakistan, Tanzania, Uganda, Zambia, resulting in action plans to strengthen stewardship for delivering these.



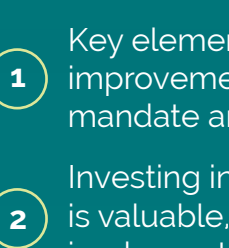
2006-2010

Developed and implemented Cambodia's National Protocol for Comprehensive Abortion Care 2010 and designed abortion care accreditation system for private providers.



2012-ongoing

Designed a digital QoC approach to rapidly measure quality of health facilities and designed one-page scorecards with traffic lights to visualise results in Ethiopia, Ghana, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania. Established national MPDSR system in Ethiopia, Sierra Leone, and in sub-national regions in five other countries.



2016

Published and put into practice a framework recognising the multi-dimensional nature of quality of care and recognising user experience.



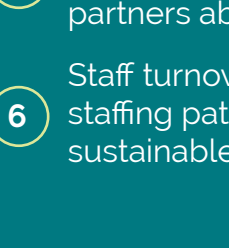
2016-2018

Developed and delivered respectful care curricula in Kenya.



2016-2018

Designed and gathered data to measure health facilities in Tanzania for the star-rating system; developed the national policy for complaints and suggestions management in health facilities.



2018-ongoing

Trained and mentored 371 youth friendly private sector SRH service providers in Nigeria and Kenya resulting in 97% meeting minimum quality standards and zero stock outs.

What we've learned

- 1 Key elements to drive change include creating a culture of continuous quality improvement, and accountability mechanisms involving members who have the mandate and ability to effect change.
- 2 Investing in building the data literacy skills of accountability coalition members is valuable, because they need to use the evidence to advocate for and implement action.
- 3 Focusing discussions on data and evidence can build trust between different stakeholders. It is important to understand the political economy surrounding decision-makers and other data consumers when determining what data to use (e.g., government-owned data or international sources). Delimiting economy analysis can also guide how to present evidence, when and where in order to inform decision-making.
- 4 Involving communities in quality improvement mechanisms creates an opportunity for them to build trust with actors in the health system. We have found that health facility committees can be highly effective at mobilising resources equipment and infrastructure. This gives communities the ability to raise and address issues important to them.
- 5 One important way to strengthen government stewardship and to drive joint accountability and change is to develop a shared vision among health actors and partners about what's needed to improve the quality of services.
- 6 Staff turnover in the health sector is a challenge for skills retention. Understanding staffing patterns and issues in the health sector is essential to develop effective and sustainable training and mentoring models.