

Strengthening national ownership for quality improvement of family planning services through the Women's Sexual Health Initiative (WISH) in Bangladesh, Pakistan, Zambia, Malawi, Madagascar, Uganda and Tanzania.

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Introduction

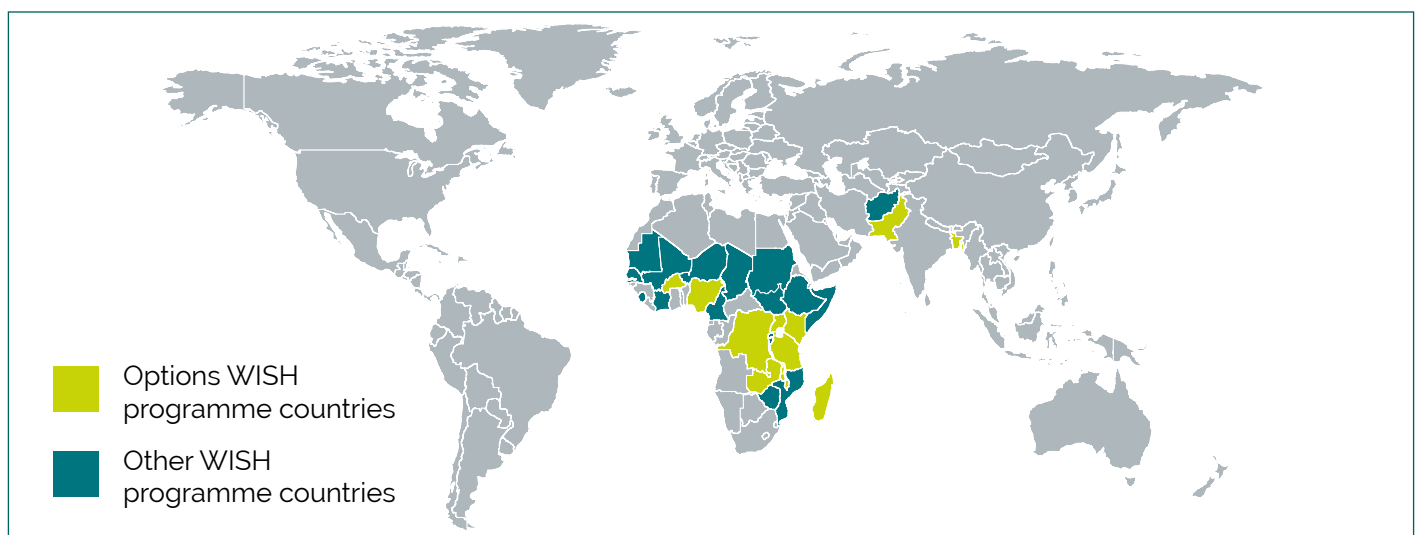
Stewardship is a key contributor for achieving the SDG health targets; mobilising capacity and commitment among stakeholders and addressing inequality and discrimination in access, coverage and uptake of health services. For quality improvement to be effective and sustained, stewardship needs to be led by governments who can mobilise and efficiently deploy domestic resources based on relevant evidence.

Background to the programme and setting

The Women's Integrated Sexual Health programme (WISH), funded by UK Aid, is expanding sexual and reproductive health care services in 26 countries across Africa and Asia and strengthening national stewardship for delivering these services into the future.

As part of this programme, Options leads the enabling environment component in 10 countries. We work directly with government and civil society actors to prioritise sexual, reproductive health and family planning (SRH/FP) by strengthening the capacity of civil societies to hold governments accountable to related commitments, supporting development and implementation of favourable policies for SRH/FP, strengthening national stewardship of quality improvement for SRH/FP and improving domestic financing.

WISH and Options supported countries



Approach to measuring government stewardship for quality improvement

The assessment tool consists of three thematic areas that include assessments of six key stewardship roles (see box 2):

Section A: structure and policy indicators (n=3) that assess the extent to which the necessary policies and structures are in place to ensure national stewardship over SRH/FP QI.

Section B: System and process indicators (n= 8) assesses the extent to which the necessary systems and processes are in place to ensure national stewardship of QI for SRH/FP.

Section C: Action and improvement indicators (n = 7): This section assesses the QI actions taken and some of the FP/SRH outcomes that would be expected as a result of these actions.

Each indicator could be scored between 0 to 3 and allocated as follows:

0	Awarded where there is no existence of the indicator or no progress towards it	1	Awarded when there has been some initial progress towards achieving the indicator	2	Awarded when there is active progress towards achieving the indicator	3	The highest possible score, allocated with the indicator is fully achieved or being implemented
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The approach to completing this assessment in each country was to gather a group of stakeholders under the oversight by the MOH.

Using assessments to co-create and implement action plans

Table showing the score at baseline (2019) for each country.

	Bangladesh	Madagascar	Malawi	Pakistan	Tanzania	Uganda	Zambia
Structure and policy	78%	67%	56%	44%	0%	67%	67%
Systems and processes	25%	4%	58%	8%	13%	25%	13%
Action and improvement	38%	0%	62%	5%	33%	38%	43%
Overall score	39%	13%	56%	13%	19%	37%	33%

Examples of areas that Options supported Ministries of Health include the following illustrative interventions:

- **Tanzania:** developed a five-year regional reproductive health strategic plan.
- **Madagascar, Pakistan Uganda, Malawi:** developed provincial FP guidelines, model FP facility guidelines and frameworks for QI of FP.

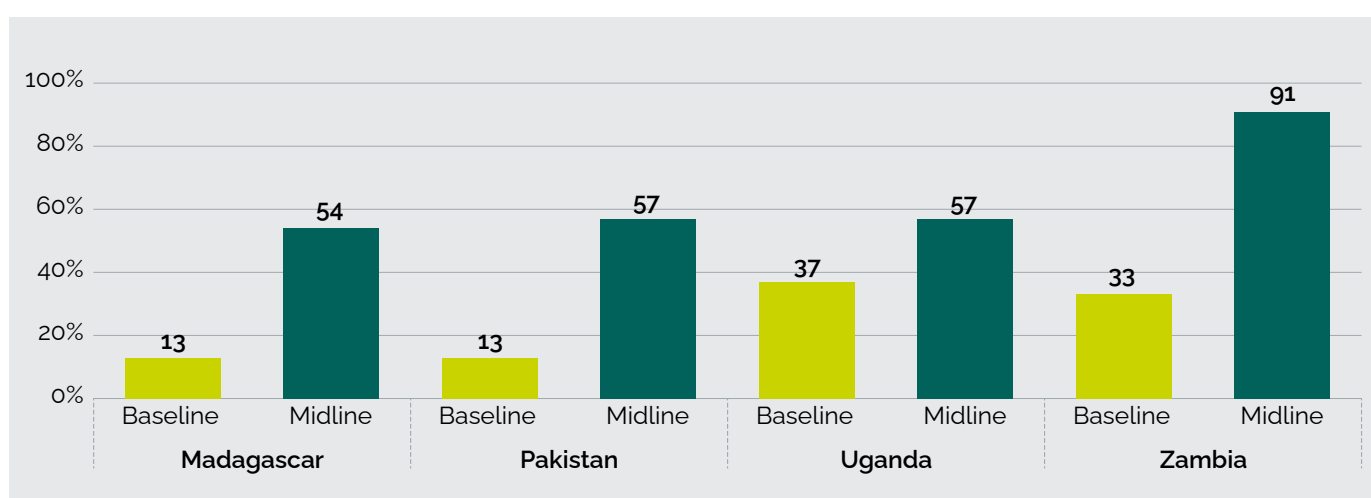
- **Malawi:** revision of the reproductive health manual, including a chapter on Provision of FP during emergencies and humanitarian crisis.
- **Bangladesh, Malawi, Uganda, Tanzania:** review, revision/development of existing or new supportive supervision guidelines
- Strengthening the assessment of SRH/FP services and supporting district health teams to conduct supervision visits, including digitisation in **Malawi**.
- **Madagascar, Zambia, Punjab-Pakistan,** supporting governments to establish quality improvement technical working groups or committees with a focus on SRH/FP and across government departments.
- **Tanzania, Madagascar, Uganda, Zambia:** developing routinely updated national scorecards/dashboards to track progress towards key reproductive health indicators. The scorecards were used by national and sub-national health management teams to plan targeted supportive supervision, develop plans and allocate resources, and to inform evidence-based advocacy and guide micro-targeting of FP/SRH interventions.

Results from scorecard assessments

	Madagascar	Pakistan	Uganda	Zambia
Months between baseline (in 2019) & subsequent assessment	32 months	20 months (programme closed in August 2021)	23 months (programme closed in August 2021)	20 months

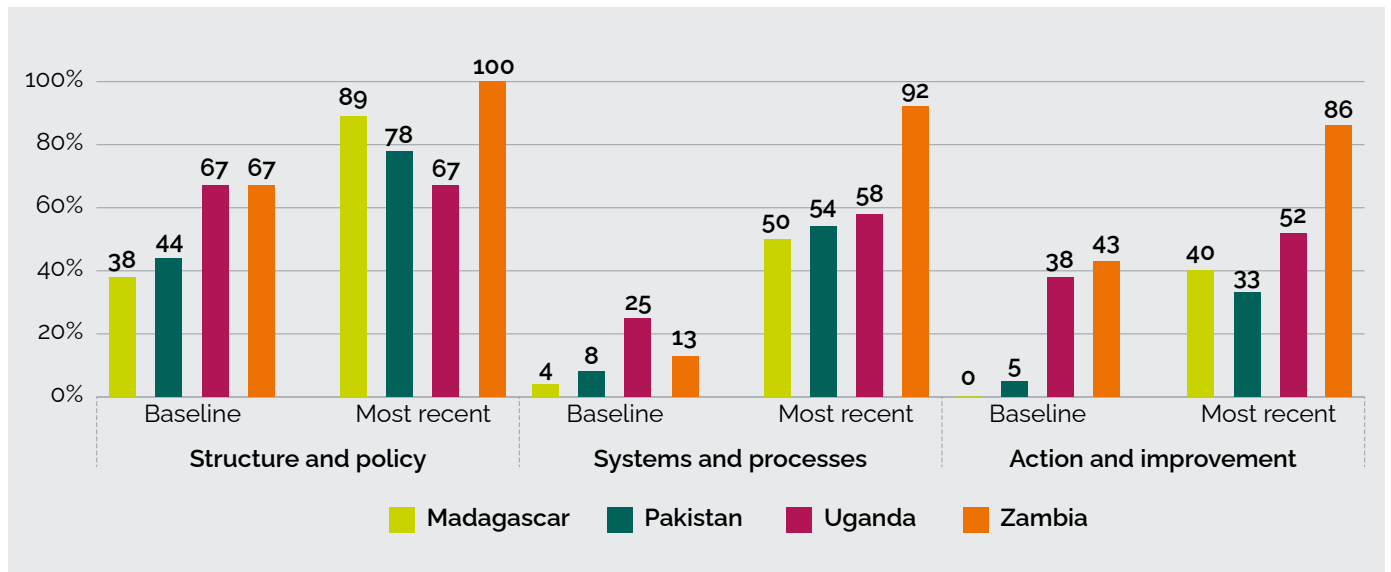
All four countries show an increase in scores across all three sections of the QI scorecards.

Chart showing summary score for all sections of assessment among for 4 countries at baseline and most-recent assessment



The greatest increases are in the section on systems and processes – increasing from a mean of 13% (range: 4-25%) at baseline to 64% (range: 50-92%) by the most recent QI scorecard, followed by 'action and improvement' which increased from 22% to 53%.

Chart showing change in scores by section of assessment comparing baseline with most-recent assessment in four countries



Achievements

Achievements in strengthening stewardship and national ownership for quality improvement have been realised through the WISH programme. This included:



Lessons



Changes in how well governments' stewardship functions are performing can be measured, and findings can solicit engagement from government and stakeholders and establish a shared understanding of the context, gaps and needs to strengthen stewardship.



Stewardship for QI can be strengthened more effectively in settings where a focal person or body is identified and acknowledged to function to lead and coordinate interventions.



The QI programme scorecard can contribute to the development of a plan of action with focussed interventions, redefining roles and responsibilities and identify where technical assistance within the context of understanding the health ecosystem and actors within it.



Structures, policies, systems and processes must be in place with the relevant responsibilities to identify action needed; action and improvement naturally requires more time to effect and demonstrate change.