



Delivering High-Quality DSD Services at Scale

A CQUIN Learning Network Workshop

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KP Quality score card

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

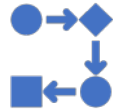
Outline

- Introduction to KP Quality Score Card (QSC).
- Phases of QSC
- Process during KP QSC introduction
- KP QSC implementation results
- What's next

Introduction-What is Quality Score Card (QSC)?



It is a Community Led Monitoring tool



QSC is a two-way and ongoing participation-based tool for assessing, planning, monitoring and evaluating services



The QSC brings together the demand side (“service user” or “community member”) and the supply side (“service provider”) of a particular service or program to jointly analyze issues underlying service delivery problems and find a common and shared way of addressing those issues.



Both the community members and service providers separately review the same performance indicators that have been developed for that site.



Phases of KP QSC



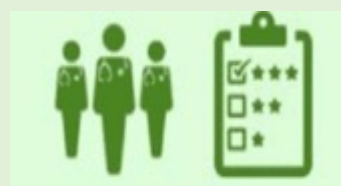
Phase 1: Planning & Preparation

Ground work to identify scope, engagement of KP community, and buy-in from stakeholders and plan for implementation.
Key activities, community engaging and staff training



Phase 2: Score the score card with service users

Bringing together service users (FSWs) to identify priority issues and barriers to service use, develop and score progress indicators, and generate suggestions for sustainable improvements to KP friendly service.
Key activities: Issue generation, indicator development and scoring



Phase 3: Score the score card with service providers

Bringing together service providers to identify priority issues and barriers to service use, develop and score progress indicators, and generate suggestions for sustainable improvements to health care.
Key activities: Issue generation, indicator development and scoring

Phase 4: Interface meeting & Action planning



Bringing together stakeholders (Service users representatives, service providers, client counsel, Health managers) and both community & facility score card will be presented, identify action items through discussions facilitated by score card facilitator. Key activities: Action planning, Task distribution



Phase 5: Implementation of action plans

Conducting sustainable and collective approaches to operationalize, monitor and evaluate action plan. Key activities: Action plan completion, monitoring & evaluation

KP QSC small scale implementation introduction process

- Integrated with CDC Ethiopia & ICAP Ethiopia, TOT training was provided for regional KP coordinators, quality focal persons, and selected town officers provided by CDC Atlanta.
- Overarching objectives and indicators are developed to guide implementation.
- A KP QSC implementation manual were developed with support from ICAP Ethiopia
- A variety of implementation **Job Aids** (ie, Scoring rating matrix, SOP, Action plan template, Workflow, interface meeting guide...) were developed and finalized.
- 10 KP friendly service-providing health facilities were selected by RHB for KP QSC implementation.

KP QSC small scale implementation introduction process

- In collaboration with ICAP Ethiopia, training for selected sites, subnational units and RHBs was provided using the QSC implementation manual.
- Staff trained included RHB KP coordinators, team leads, and selected sites providers and SNU officers.
- All job aids were printed and distributed for selected KP QSC implementing HFs.
- Standard review template was developed and used during regular review of QSC with all regions conducted as part monitoring.
- Based on the pilot testing of tools during in-between implementation periods, the rating matrix and scorecard template was revised and shared with all regions.

Goal and Strategic Objective of KP Quality score card

Goal: The overarching goal of KP score carding is to enhance the provision of transparent, accountable and accessible quality key population service package; through meaningful community engagement by jointly (facility and community) monitoring service quality and respond to KP community needs.

Strategic Objective: To identify KP specific HIV/AIDS service delivery gaps by empowered /oriented key population and jointly act on finding improvement solutions with the service providers.

Specific Objectives and scope of KP Quality score card

Specific Objectives:

- To identify the perceived reality of key populations and health workers on the performance of health units in delivering quality KP friendly HIV and AIDS services
 - Provide a platform for the key population community to engage with service providers.
 - To generate key recommendations to address HIV and AIDS service delivery gaps affecting key populations and develop PIPs.

KP scorecard scope: The KP scorecard scope generally stretches to assessing the accessibility, quality, friendliness, promptness and adequacy of facility level KP specific HIV/AIDS services.



KP-QSC Score Card Job Aids

Quality Scorecard Standard Operating Procedure (SOP)

The scorecard SOP is cyclical, and the goal of each scorecard review cycle is to facilitate incremental positive changes within the health system. Scorecards are deployed at the lowest level of service delivery (e.g. community health center). Implementation follows this overall procedure:

1. Score the scorecard with the community and with healthcare facility service providers.
2. Conduct the Scorecard Interface Meeting and develop an action plan.
3. Implement the action plan and monitor actions.
4. Disseminate scorecard dashboard to appropriate stakeholders



Community Score Card Indicators rating scale Matrix

Performance Indicator Discussion Questions	Measures	Criteria for rating (data elements)				
		1=Very low	2= low	3=ok	4=Good	5=Very good
1	Accessibility of Compassionate and Respectful Care KP friendly services.					
1.1	Were you treated with respect by the clinic staff and your health care workers? a) Receives patients well (welcoming face, hand shaking, standing & receiving clients...) b) Shows kindness to the client c) Motivate clients to involve in discussion & counseling d) Thanking clients for coming	Fulfills none of the measures	Fulfills one of the measures	Fulfills two of the measures	Fulfills three of the measures	Fulfills all of the measures
1.2	Do you trust that your health care provider will keep all of your information confidential? a) Explain on how to keep personal information and do what said to the client. b) Privately counsel the clients c) Keep their individual document in private space d) Not disclose their personal information to others	Fulfills none of the measures	Fulfills one of the measures	Fulfills two of the measures	Fulfills three of the measures	Fulfills all of the measures

Scoring template for Key population (KP) service scoring by Community and facility

Performance Indicator Discussion Questions	Score (1-5)	Reasons/Comments
1	Accessibility of Compassionate and Respectful Care	
1.1		Were you treated with respect by the clinic staff and your health care workers?
1.2		Do you trust that your health care provider will keep all your information confidential?
1.3		How well did the services providers treat you – did you feel stigmatized or discriminated against?
1.4		How well did the health care workers listen to you and respected your wishes?

KP-QSC Score card Indicators and their Interpretation standards

- Compassionate and respectful care .
- Availability of comprehensive services.
- Acceptability and Quality of KP Services.
- Affordability
- Interpretation: B/L- base Line F/U- follow up

KP-QSC Score Interpretation standards		
1. Very Good	16-20 Points (81-100%)	Very Good -Super pass standard
2. Good	13-15 points (65-80%)	Good -Meet standard
3. Ok	10-12 points (51-64%)	OK- Need Improvement
4. Low	6-9 points (30-50%)	Low- Need Improvement
5. Very Low	<5 points (<30%)	Very Low – Need urgent improvement

Oromia Region Site Level Pilot Implementation Consolidated Scores: at *Jimma and Bishoftu* HC: Baseline (February 21) and Follow-up 1 (June 21), follow up 2) August)

Source:(Monitoring Report)

Section	Indicator I			Indicator_II			Indicator_III			Indicator_IV			Total		
	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2
Expected Score	35			20			20			10			85		
Jimma HC: (# & %)	72.75 %	73.5	75	67%	69	72	63%	72	76.5	68%	67.5	69.25	67.7%	70.5	73.19
	25.46	25.7	26.25	13.4	13.8	14.4	12.6	14.4	15.3	6.8	6.75	6.93	58	60	62.88
Bishoftu HC: (# & %)	70	91	91.5	63	80	82	62	90	91.8	75	80	85	67	85.25	87
	24.5	32	32.03	9.5	16	16.4	15.5	18	18.4	7.5	8	8.5	57	72.5	74

- I. Compassionate and respectful care .
- II. Availability of comprehensive services.
- III. Acceptability and Quality of KP Services.
- IV. Affordability

Interpretation: B/L- base Line F/U- follow up

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Gambell Region Site Level Pilot Implementation Consolidated Scores: at *Dimma HC Gambell Priamry Hospital*: Baseline (February 21) and Follow-up 1 (June 21), **Source:(Monitoring report)**

Section	Indicator I			Indicator_II			Indicator _ III			Indicator _ IV			Total		
	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2
Expected Score	35			20			20			10			85		
Gambella Primary Hos (# & %)	22 63%	28 80%	-	16 80%	20 100%	-	17 85%	18 90%	-	10 100%	10 100%	-	65 76%	76 89%	-
Dimma HC (# & %)	24 69%	30 86%	-	11 55%	16 80%	-	14 70%	18 90%	-	6 60%	6 60%	-	55 65%	70 82%	-

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Delivering High-Quality DSD Services at Scale, April 20-25, 2022

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Addis Ababa Site Level Pilot Implementation Consolidated Scores: at *Addis Reay & Arada HC*: Baseline (February 21) and Follow-up 1 (June 21), follow up 2) **Source:(Parallel Report)**

Section	Indicator I			Indicator_II			Indicator_III			Indicator_IV			Total		
	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U-1	F/U_2	B/L	F/U_1	F/U_2
Expected Score	35			20			20			10			85		
Addis Reay	23	33	34	16	20	20	12	18	18	7	8	8	58	79	80
	66%	94%	97%	80	100%	100%	60%	90%	90%	70%	80%	80%	68%	93%	94%
Arada	29	31	33.2	16	13	17.3	16	16	18.8	9	8	8.9	70	68	78.2
	83%	89%	95%	80%	65%	86.5%	80%	80%	94%	90%	80%	89%	82%	80%	92%

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Delivering High-Quality DSD Services at Scale, April 20-29, 2022

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SNNPR Site Level Pilot Implementation Consolidated Scores: at *Butajira & Mizan HC*: Baseline (February 21) and Follow-up 1 (June 21), follow up 2)

Section	Indicator I			Indicator_II			Indicator _ III			Indicator _ IV			Total		
	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2
Expected Score	35			20			20			10			85		
Butajira HC (# & %)	22	29	31	12	15	15	14	15	15	5	10	10	53	69	69
	63%	83%	88%	60%	75%	75%	70%	75%	75	50%	100%	100%	62%	81%	81%
Mizan HC (# & %)	25	28	29	14	16	18	15	17	18	5	5	8	59	66	73
	71%	80%	83%	70%	80%	90%	75%	85%	90%	50%	50%	80%	69%	78%	86%

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Delivering High-Quality DSD Services at Scale, April 20-29, 2022

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3. Ok	10-12 points (51-64%)	OK- Need Improvement
4. Low	6-9 points (30-50%)	Low- Need Improvement
5. Very Low	<5 points (<30%)	Very Low – Need urgent improvement

Amhara Region Site Level Pilot Implementation Consolidated Scores: at HC: Baseline (May 21) and Follow-up 1 (September 21) **Source: (Monitoring Report)**

Section		Indicator I			Indicator_II			Indicator_III			Indicator_IV			Total		
		B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2	B/L	F/U_1	F/U_2
Expected Score		35			20			20			10			85		
Debre	#	29	32.6	-	16.7	18.6	-	16.7	18.5	-	8.8	8.4	-	72.2	77.3	-
Markos HC	%	83.7	93.4	-	83.7	93	-	83.7	92.8	-	88.7	84.5	-	85	91	-

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Current updates in implementing QSC at scale

- Small scale implementation of Quality scorecard review meeting conducted nationally in the presence of FHAPCO, MOH & CDC-E with all implementing regions and health facilities.
- Site expansion to more Key population service providing health facilities launched in the presence of FHAPCO and MOH.
- Regions planned and submitted site expansion site plan.

Regions Site expansion plan

Regions	# of HFs at baseline	# of HFs planned for expansion	Remark
Oromia	2	10	
Addis Ababa	2	8	
Amhara	2	10	
SNNPR	2	20	
Gambella	2	4	
Total	10	52	

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THANK YOU