Resource Catalogue for Service Quality and Experience

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Service Experience Definition

- Summary of the WHO Quality of Care framework that outlines eight domains of quality of care, supported by standards statements to be monitored and improved, in its application to Maternal and Newborn health.

  *WHO Standards of Care to Improve Maternal and Newborn Quality of Care in Facilities. A Network for Improving Quality of Care for Maternal, Newborn and Child Health, MCA, WHO, 2017, pp. 1–8.*

- Detailed report on the WHO Quality of Care Standards, including the methods of development, and definition of the framework and standards, quality statements and measures, operationalization, and monitoring and evaluation of standards in practice.


- Outline of the role of service quality in a UHC context and highlights the WHO workstreams feeding into the topic of service quality.


Service Experience and Quality Assessment

- A guide intended for district health management teams and others working on qualitative study of health workers’ knowledge, attitudes, and practices, particularly in regards to interacting with caregivers and infants in immunization services.


- Site compiling JSI exploration of home-based record improvement including technical resources, field learnings, blogs, presentations, case studies, etc.

  *“Coordination and Implementation of Child Health Record Redesigns (Home-Based Records) Resources.” International Health, John Snow, Inc., 2019.*

- Data Collection Tool for assessing systemic immunization barriers at a country’s central, intermediate and facility levels.


- Report providing a compendium of measurement tools used in domains of health care performance, service quality, and health care needs

  *Global Efforts in Measuring Quality of Care. WHO, 2018, pp. 1–37. Licence: CC BY-NC-SA 3.0 IGO.*

- Compendium of home-based records for recording primary care services across countries provided by UNICEF and WHO, and country programme offices.

- Self-monitoring tool designed for community workers / community itself to increase involvement in planning and monitoring of immunization services.
  

- Assessment tool developed to allow stakeholders to assess CHW programs and count CHW numbers in an area. Includes planning and resource guide to strengthen CHW programs.
  

- Conceptual framework developed to meet the global gap of service delivery and quality measurement. Presents mapping tool to be developed and plan for analysis of gap between capacity building and measurement.
  

**Problem Definition and Planning**

- Identification of demographic correlations to parental vaccination KAPs, identifying greater need for outreach to the poorer and less educated population.


- Attributes poor service quality and subsequent suffering coverage rates to poor health worker attitude and work culture that lead to lack of outreach and follow-up needed among migrant population. Recommendation for improved planning and supervision


- Book providing comprehensive review of health coverage quality and gaps with a strong recommendation for emphasis on frontline service delivery and low resource areas. Additionally provides in depth guidance for engagement across stakeholders in approaching systems design.


- Review of grey literature on un- and under-vaccination. Significant themes for un- or under-vaccination were service quality issues and parental knowledge and attitudes. Both of these factors can be addressed through quality improvement interventions.

• Western based study that finds that most hesitancy stems from an individual vaccine and that healthcare providers indicate mass media and word of mouth as most common reasons for hesitancy. Hesitant parents were found receptive to discussion with provider.


• Validation of the Vaccine Confidence Scale as a tool to measure vaccine hesitant and risk of parental refusal or delay in vaccination.


• Report of a qualitative and quantitative KAP study conducted among different target audiences. Mapping perceptions, experiences, and awareness, as well as providing immunization promotion pathways among the different audiences.


• Article differentiating vaccine delay most commonly due to child illness and vaccine refusal mostly stemming from vaccine fears and uncertainties. Largest reason for parents changing their mind and vaccinating cited as information and assurance from provider.


• Article laying out vaccination barriers and solutions with specific expansion on understanding and communicating about vaccine risks and benefits from a health provider perspective.


• Study evaluating mortality attributable to receipt of poor-quality care in LMICs, which concludes that UHC for SDG conditions could avert 8.6 million deaths per year but only if expansion of service coverage is accompanied by investments into high-quality health systems.


• Editorial article highlighting the importance of addressing quality in the quest for UHC and referencing corresponding research and analysis that providing the evidence and resources to address this area of work.


• Case Study from Cite Soleil Haiti on pairing supply accessibility interventions with service quality improvements in order to successfully increase vaccination coverage.

- Systematic review of non and under-vaccination reasons, identifying the parental attitudes and knowledge. Flagging the need for multifaceted approaches to reach the non / under-vaccinated including outreach, health worker training.


- Brief outlining the supply and demand barriers to a positive service experience leading to vaccination.

  *Role of Communities in Coverage and Demand. WHO Ministerial Conference on Immunization in Africa, 2016, pp. 1–2.*

- Review of cross regional studies carried out in LMICs documenting caregiver perceptions of vaccination barriers, heavily relating to service quality issues including accessibility and reliability of services and interactions with health workers.


**Service Quality Interventions: General**

- Application of implementation science frameworks in immunization demand generation context. Highlights the consumer / client as central stakeholder in the process promoting human centred design.


- Highlights the key lessons learnt in WHO publication on CHW programme needs: strong management, appropriate selection, proper training, retention structures, positive relationships with other health workers; and calls attention to sixth need of community embeddedness of CHWs


- Meta-analysis and review of strategies to address vaccine hesitancy, concluding that no one intervention can be identified as best practice due to importance of context.

• Guide to support countries in quality improvement interventions using the WHO Quality of Care standards through an implementation framework at the national, district, and facility level.

_Implementation Guidance: Improving quality of care for maternal, newborn, and child health._

• Systematic review of influences on community health worker performance. Financial incentives are found to have uneven results whereas supervision and community integration of CHWs decreased workload and increased credibility.


• This case study review identifies the strong drivers of RI coverage Emphasizing the importance of tailoring interventions to local settings and community needs. The direct drivers of RI coverage included tailoring the immunization services to the community, review of health worker performance, health system and community partnership, and cadre of community-centered health workers.


• Proposal of areas of intervention to best address vaccine hesitancy including national commitment to monitoring vaccine acceptance and testing policy solutions, as well as community level engagement to build trust and shape norms, and education by health providers.


• Guide made for national immunization programs as a resource for the district, health facility, and community teams to improve services. From the service experience lens it provides in depth guidance on engaging with communities, supportive supervision, and monitoring.


• A systematic review of service quality improvement interventions in LMIC settings. Indicated that multicomponent interventions often performed better than stand alone interventions. Of individual interventions group-problem solving had the greatest impact. Combinations of community support and health worker trainings additionally has significant positive impact.

• WHO guidance on TIP, aiming to shape strategic programming and communications with tools to identify and prioritize populations, diagnose the demand and supply barriers, and design evidence-informed responses.


• Case study on Bulgaria’s TIP intervention where three custom solutions were developed: strengthening of health mediators in vulnerable populations, increase high quality information on vaccination available to caregivers, and improve the quality of health worker – caregiver encounters.


• A high level guide to immunization including the role of behavior change in determining feasible demand promotion actions for parents, health staff, and others, along with strategies to facilitate these behaviors.


• Evidence based guideline developed to provide policy recommendations to optimize design and performance of community health worker programmes for better service quality.

  WHO Guideline on Health Policy and System Support to Optimize Community Health Worker Programmes. World Health Organization, 2018, pp. 1–112.

• A systematic review of vaccine hesitancy interventions. Major themes identified in promoting vaccine acceptance included dialogue based interventions, non-financial incentives, and reminders/recalls. Multicomponent interventions performed best. Additionally communication-based training (most) and information-based training for health workers had positive impacts on EPI uptake.


• Framework putting forth five interdependent strategies to address that can flexibly develop integrated, people-centred health services depending on context. The strategies are: empowering and engaging communities, strengthening governance and accountability, reorienting model of care, coordinating services within and across sectors, and creating an enabling environment.


Interpersonal Communications

• A training guide for facilitating frontline worker trainings on communications and interactions with community to build trust in services. Developed for Ebola outbreak response.
Enhanced Capacity Building: Training for Frontline staff on building trust and communication.
WHO EVD GCR 15.1. 2015, pp. 1-56.


- Review of key package principles and steps for adapting the package content, including conducting a needs assessment, and tailoring the global package to individual or local needs and priorities.


- Manual of common supervision practices, obstacles to supervision, and IPC/I-specific needs and information to help supervisors support FLWs to improve IPC in immunization services.


- Guide providing instructions for training FLWs on IPC/I through knowledge, skills and attitudes needed to communicate effectively with caregivers and communities.


- Information and exercises on IPC/I knowledge, skills and attitudes needed to communicate effectively with caregivers and communities. In contrast to the facilitator guide this publication is useful for self study in addition to training and supervision settings.


- Adaptable guidance to review, monitoring, and measurement of implementation, use, learning, and impact of IPC/I initiative and its components. It highlights the IPC/I package’s expected translation into actionable knowledge and skills of FLWs.

• Visual tool providing easy access to key themes and information on vaccines and VPDs. Intended for use as self-learning tools, conversation guides, and a resource for training.


• Summary of most common caregiver questions and guidance for appropriate responses from the FLWs following the principles of effective IPC.


• Dialogue tracks sharing key messages related to questions FLWs encounter with caregivers – providing similar guidance to the FAQs in an audio medium.


• Videos presenting scenarios of common challenges faced by FLWs and corresponding IPC strategies and skills that FLWs can apply to address these situations.


• The presentation of the Vaccination Communications Framework providing guidance to healthcare professionals to best communicate with parents depending on their initial stance on vaccination in order to best encourage vaccination.


• Exploration of health care provider – patient/parent interactions in influencing vaccine acceptance indicating that the content and structure of the interaction has an impact on vaccine acceptance as well as service satisfaction.


• A correlative study finding a significant positive difference in quality of care given by nurses that underwent communication skills trainings versus those who did not.

• Report overviewing immunization communication and guidance to maximize its contribution to immunization programs, including a detailed case study of the implementation of immunization communication activities in Madagascar.


• Report identifying key communications related immunization barriers and documents successful communications interventions including interpersonal communications from health providers and integration of local leaders in interpersonal communications to foster trust and willingness for vaccination.


**Community Participation / Engagement**

• Case study of community mobilization interventions in Madagascar including use of community health insurance, social security or Equity Funds to fund quality services. Additionally the program incorporated the use of data to improve and competency development for improved service experience.

Community Involvement In Maternal And Child Health In Madagascar Example from Immunization. USAID, pp. 1–21.

• Project funded by USAID and implemented by JSI focused on advancing learning on community-based programming for positive health impact with an emphasis on family planning.


• A review of a female health worker community based intervention in perinatal and neonatal care. Showed that health-worker community interactions improved outcomes.


• Note outlining ARISE findings and recommendations on community partnership with health systems for RI. Document includes a community partnership centered framework for improved RI as well as intervention stakeholders and details, and case examples.

Fields, R., & Kanagat, N. *Notes from the Field: Health System and Community Partnerships. JSI Research & Training Institute, Inc., ARISE Project for the Bill & Melinda Gates Foundation, 2012, pp. 1-6.*
• Note of ARISE findings and recommendations on on the success of community centred health workers as a driver for improving RI outcomes including case examples, identified factors of effectiveness, and implementations for action.


• Article detailing the impact of the “My Village is My Home” (MVISM) / Uma Imunizasaun (UI) tool on immunization coverage. Assessments in India and Timor-Leste suggested improved timeliness and coverage in communities engaged with this tool.


• A case study showing positive impact on maternal and child health outcomes through community mobilization and participation in health education.


• Presentation of training content for service quality interventions focused on interpersonal communications to address hesitancy, and pain mitigation practices.


• Brief outlining lessons learned from case examples in Uganda and Ethiopia in engaging stakeholders in RI. These interventions increased financial and in kind contributions to RI programmes as well as social and political will for vaccination in the community.


• Guidance for engagement with local religious leader to foster buy-in and build positive alliances.


• Framework outlining processes to workshop and design community engagement interventions by health service workers beyond only community health workers.

**Supportive Supervision**

- A systematic review of PHC supervision citing a strong recommendation for supervision across the literature and identifying supportive supervision as the most effective supervision practice when it includes centre visits with review checklists.


- Compilation of supervision impact evaluations. Evidence suggests that quality of supervision has greater influence on impact than frequency. Supportive supervision particularly has an impact on quality improvement.


- Case Study of Jharkand strategy to improve RI coverage, concluding the improvements could be attributed to improved tracking of children and the emphasis on enhancing quality of services through supportive supervision.


- Training module outlining processes for both integration of a supportive supervision program in a health system as well as the proper implementation of supportive supervision practices in the field.


**Group-Problem Solving**

- Guide outlining the methods of the Health Improvement Collaborative approach to group problem solving.


- Evaluation of improvement collaboratives set up as a part of the USAID quality assurance project. Finds the collaboratives robust and feasible in these LMIC settings through the use of the 8 essential collaborative features.


- Objective and participant review of improvement collaborative impact. Identifies 6 key activities / practices of the improvement collaborative model that are most impactful: collaborative faculty, solicitation of their staff’s ideas, change package, Plan-Do-Study-Act cycles, Learning Session interactions, and a collaborative extranet.

**Vaccine Administration Skills**

- Technical guidance for nurses and other health professionals on vaccination. Including content on value of vaccination, AEFI mitigation and reporting, and safe immunization practices.


- Knowledge synthesis of vaccine related pain and its lasting impacts on patient behaviours including needle fear, preventative healthcare avoidance, and increased pain in future needle interactions.


- Summary of the clinical guidance for vaccination pain mitigation best practices dependent on patient context.


- Instructional material on best practices for multiple injection administration including injection technique


- Guidance on multiple injection technique and communications to address multiple injection concerns and hesitancy.


**Health Service Quality Policy and Strategy**

- High level guidance identifying the importance of service quality and the need for national quality policy and strategy to set and implement health care quality standards.


- Report highlighting the role of demand in health service delivery and proposing a framework for intervention at a health systems level in order to enact proper governance bringing up standards of care.

- Guidance document outlining the process of a National Quality Policy and Strategy. This comprehensive document includes adaptable guidance as well as tools and case study examples.


**Additions**

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