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Proposal of a Quality of Care Index (MR29)

An Analysis Brief from The DHS Program

Why study quality of care?

As access to and use of health services is increasing globally, efforts are needed to focus on quality of care. In fact, the Sustainable Development Goals highlight the importance of quality health services along the continuum of services for women and children to end preventable maternal and child morbidity and death.

Women wait with their infants at Mikindani Health Center in Tanzania.
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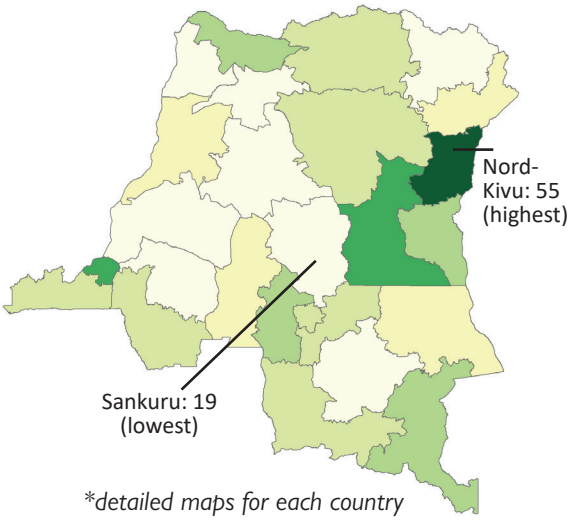
Which countries were included in the study?

This analysis included data from the 7 countries that completed a national Service Provision Assessment (SPA) survey since 2013: Bangladesh, Democratic Republic of Congo (DRC), Haiti, Malawi, Nepal, Senegal, and Tanzania.

What methods were used to conduct this analysis?

A set of reproductive, maternal, newborn, and child health and nutrition (RMNCHN) and water, sanitation and hygiene (WASH) indicators from the SPA were determined based on scientific evidence, international guidelines, and with the input from of technical experts. The 17 indicators selected reflect structural readiness at the facility level (e.g., does the facility have first-line antibiotics) as well as process components of quality service delivery which are measured at the client level (e.g. were children assessed for dehydration). The quality of care index (QOCI) was created with an equal-weight approach, by averaging the indicators within each service area and then averaging service scores to obtain a total score. Index data scores were calculated at national and subnational levels.

Figure 1: Range of Subnational QOCI scores in DRC



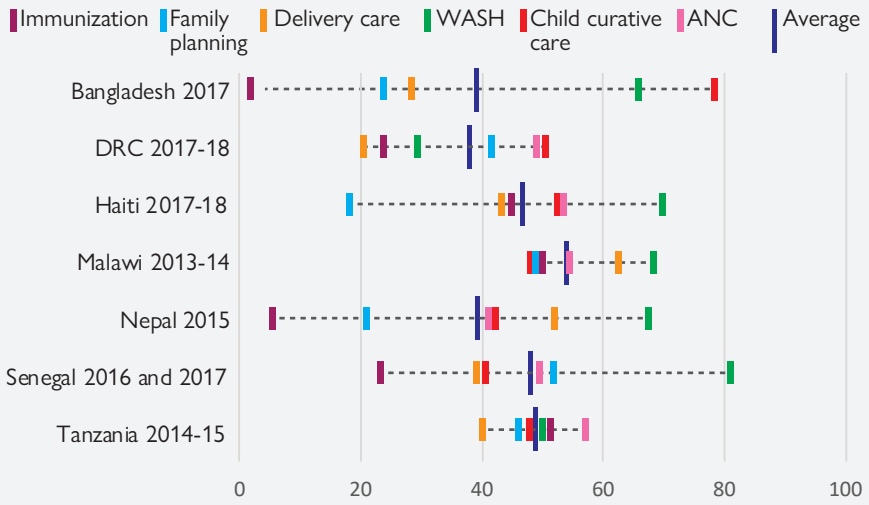
**detailed maps for each country are provided in the full report*

What are the key results?

- QOCI scores can differ dramatically by subnational region. Subnational variation was most extreme in the DRC, whose highest and lowest-scoring regions had 36 points between them (figure 1).

- QOCI scores vary by service area. In 5 of the 7 countries included, QOCI scores were highest for the WASH service area. Conversely, the immunization service was the lowest scoring area in 3 countries (figure 2).
- Scores for individual indicators range even more dramatically. In Senegal, for example, the ANC service area index score is 49, but this area also had the highest and lowest scoring indicators (blood pressure measurement and breastfeeding counseling, respectively; figure 3).

Figure 2: QOC distribution by service



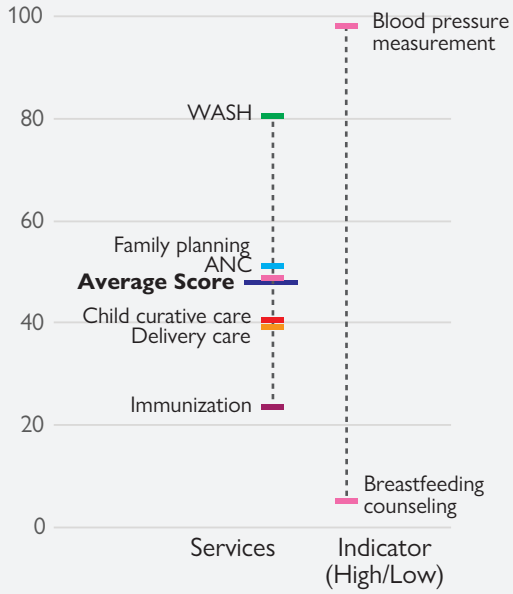
While QOCI data should not be compared across countries directly due to some differences in calculation and varying data collection times, this figure highlights the large range in quality of care across service areas in the study countries. It is important to note that no observation data was collected in Bangladesh and thus no process indicators were included in these scores.

How should these results be used?

This QOCI provides insight into subnational regions and health service areas which are most in need of quality of care interventions.

This study also serves as a starting point for further discussion on how to create a concise and practical summary measure quality of care. Additional indicators should be considered for future indices and, in particular, indicators that capture client's experience should be incorporated into future analyses. The DHS Program is currently in the process of revising the SPA, and this QOCI analysis and the detailed recommendations provided in the report will inform that discussion.

Figure 3: Senegal 2016 and 2017 QOCI Scores by Service and Indicator



This brief summarizes The DHS Program's Methodological Report 29, by Lindsay Mallick, Rukundo K Benedict, Courtney Allen, and Bradley Janocha with funding from The United States Agency for International Development through The DHS Program implemented by ICF. For the full report or more information about The DHS Program, please visit www.dhsprogram.com.