

Accelerating Private Sector Engagement

QUALITY OF CARE



● ● ● A series on private sector approaches in family planning



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Summary



Privately delivered health care is an important component of many countries' national health system service offerings. Ensuring that care is of a high quality is a priority for the global community. This brief shares a range of approaches and implementation experiences that focus on improving the quality of private health care from SHOPS Plus work in Madagascar, Nigeria, Senegal, and Tanzania. It provides broad and contextual lessons as well as practical tips for implementing partners and donors who want to support efforts assuring and improving the quality of private health service delivery.

Practical tips



Ensure private providers of all cadres know the minimum service standards related to their scope of practice and service environment. Two critical aspects of assuring and improving quality of care are establishing clear benchmark standards and communicating them to all health providers. Unfortunately, private providers do not often possess copies of key health service standards or related periodic updates.



Understand the incentives and motivations of private providers. The vast majority of private providers are genuinely motivated to deliver a high standard of quality in their service provision. However, they often lack comprehensive definitions of what *quality of care*, *quality assurance*, and *quality improvement* are, or do not know which approaches to invest in for their practice. In some settings, private providers may focus their measurement of quality on patient feedback and satisfaction, rather than clinical competencies.



Consider the unique needs of non-networked private providers and facilities.

In many countries, most private providers are not formally aggregated or organized. Often, the first challenge in improving quality of care among these providers is locating them, particularly those who operate outside networks or other supportive bodies. While ensuring private providers know where to access government-certified trainings is a critical component to improving quality, understanding their needs and challenges is also necessary.



Support the creation of a quality culture. USAID missions can consider the following strategies when seeking to build and support lasting *quality cultures* that reinforce both public and private stakeholder personal accountability and responsibility for improving quality of care on an ongoing basis.

- Build the capacity of health provider associations to extend their mandate and activities beyond maintaining certification requirements. Provider associations can effectively engage private providers and connect them with public sector resources for quality assurance and improvement.
- Design quality-focused trainings that include clinical competencies but go beyond. Target private providers (networked and non-networked), use adult learning principles, and include immediate and ongoing post-training engagement to assess quality improvement barriers on an ongoing basis.
- Support digital data collection from private providers and the electronic dissemination of guidelines and norms widely.
- Enable access to business skills trainings as part of quality improvement interventions.

Quality of Care



The private health sector, in its diverse forms at all system levels, has increasingly become a key source of essential health services in communities worldwide. As privately delivered services become a more foundational component of national health service offerings, ensuring the quality of that care is now a greater priority for the global community.

Quality of care “is a key component of the right to health, and the route to equity and dignity” for women, children, and other health care users (WHO, n.d.). Many questions remain around the roles and actions of governments and private entities in assuring and improving the quality of privately delivered health services.

The Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project works closely with governments and private sector partners in diverse global contexts to pursue stronger quality assurance and improvement methods. This brief summarizes the project’s implementation experience to contribute to global knowledge around tested and replicable strategies.

SHOPS Plus shares a range of approaches and experiences in quality assurance and improvement from its work in Madagascar, Nigeria, Senegal, and Tanzania. It provides lessons learned and practical tips for donors who want to support future efforts.

A definition

According to the World Health Organization (WHO), quality of care can be defined as “the extent to which health care services provided to individuals and patient populations improve desired health outcomes. To achieve this, health care must be safe, effective, timely, efficient, equitable and people-centered.” (WHO, n.d.) To achieve universal health coverage, it is essential to ensure the sustained delivery of health services that meet these criteria.

Any framework for quality of care (in the private sector or otherwise) emphasizes that quality health care is viewed from the level of the provider, at health facilities, at numerous systems levels, and among patients and communities themselves. There are a plethora of interventions that can influence quality of care at any level. The Lancet Commission on High Quality Health Systems in the Sustainable Global Development Era defines a quality health system as “one that optimizes health care in a given context by consistently delivering care that improves or maintains health outcomes, by being valued and trusted by all people, and by responding to changing population needs” (Kruk et al. 2018).

Achieving quality of care at the health service delivery level requires, as foundational steps, establishing standards of care, ensuring the continuous availability of essential infrastructure and commodity supply, mobilizing an adequate and skilled workforce, matching appropriate incentives for quality of care to provider motivations, strengthening community involvement in building demand, and monitoring data (Tawfik et al. 2010). Quality of care is created through strategic choices in health systems, at health facilities, and among providers and their patients. It requires a focus on assuring and improving the components of safe, appropriately delivered, and effective health products and services.

Challenges and needs unique to the private health sector

Assuring and improving the quality of health services is a critical priority in the public and private health sectors. Both sectors face similar challenges ensuring that health provider skills and competencies are adequate. Both also lack consistent availability of essential infrastructure, commodities, and other inputs to clinical care. However, the private health sector has unique challenges in addressing gaps in quality. Most countries lack a consistent mechanism for improving the performance of private sector providers. The public sector often has limited capacity to refresh the skills of providers from either sector and provide sufficient oversight.

Various SHOPS Plus private sector assessments have highlighted challenges that private providers experience. The private health sector is often very large and fragmented. Private facilities are often unknown to government regulatory bodies because of poorly enforced licensure and registration regimes, infrequently updated registries, and weakly enforced requirements regarding private facilities' reporting to public authorities. As a result, private providers are often excluded from government policies, processes, and planning that focus on quality of care. This prevents them from accessing continuing medical education opportunities and government- or donor-led trainings. Private facilities do not receive routine feedback from the public sector or other external oversight bodies on the quality of their services through supportive supervision or other engagement. Finally, because their clients may keep returning, many private providers assume they deliver quality services and lack the incentive to invest in quality improvement activities.

Addressing these challenges to strengthen the quality of health service delivery—in the public or private sector—is best understood as a continuous, multidimensional process. The global literature confirms that comprehensive programs that use several targeted interventions at once are preferred over isolated interventions (Tawfik et al. 2010; RamaRao and Mohanam 2003). In Nigeria, SHOPS Plus employs a combination of approaches to improve quality in its family planning program, including a two-week in-service training and post-training engagement. The program was successful due to the incorporation of adult learning techniques, post-training follow-up, and ongoing supportive supervision that built relationships between the providers and local government.

Organizing the private sector

In many countries, private health facilities (for-profit and nonprofit) and their providers operate independently and are often isolated from each other and the national health system. In the absence of formal organization or aggregation, it is an immense practical challenge to effectively engage each private provider or entity independently to assess and strengthen the quality of care for health services. Finding and engaging private providers for quality of care interventions and support requires an organized private health sector. External implementing partners and private providers have sought to address this challenge by creating aggregating bodies (provider or facility associations, formal and informal networks, and social franchises) that reach numerous individual providers and facilities at once to address quality issues. SHOPS Plus refers to private providers and facilities working with these aggregating bodies as *networked*. Networked private providers and facilities typically benefit from increased accountability, access to health commodities, clinical training, and supportive supervision. Facilities or providers who are *non-networked* or *weakly networked* do not benefit from these quality of care inputs except through independent action. Locating these providers in many settings is an immense challenge.

As a requirement for formal health professions in most countries, private health providers of various cadres are aggregated under a professional council or national health profession licensure body. Although such registration bodies demonstrate vastly different authorities and capacities in both assessing and assuring the quality of services, they can be a powerful way for private health providers and facility leadership to organize themselves. The associations serve many purposes. They are representative bodies for advocacy efforts with the government and the public, they disseminate quality of care standards, convene providers for quality assurance and improvement dialogue, and may support the implementation of quality assurance and improvement programs that benefit members. The Integrated Midwives Association of the Philippines successfully advocated for midwives to be accredited with PhilHealth, the national health insurance program (Callahan et al. 2017). Accreditation is an important quality assurance mechanism that ensures providers meet minimum quality standards. PhilHealth covers over 90 percent of the population and not being a PhilHealth-accredited provider is seen as a disadvantage (Callahan et al. 2019). The association operates its own private midwifery schools and offers continuing professional development courses to its members, showing how associations can support quality improvement with knowledge improvement efforts (Callahan et al. 2017).

Social franchising has also been a powerful approach to promote care seeking and quality of care among private health providers in numerous global settings. In most cases, social franchising involves organizing private health facilities into a network linked under a common brand. The facilities benefit from a perceived standard of quality associated

with that brand. Franchisees benefit from franchisor support such as training, access to commodities, and oversight, while clients feel assured that they are receiving services from a reputable brand. Quality assurance begins in the recruitment stage, as franchisors confirm certification and licensure before inviting a facility into the network. To stay within the network, franchisees must adhere to the standards and systems set in place by the franchisors. Most systems include participation in clinical trainings, adherence to reporting requirements, and participation in regular oversight visits from quality assurance coordinators. Most important, standards are enforced. If a franchisee is not adhering to the quality of care standards and processes, they may be removed from the network. Social franchises also help equip providers to deliver quality services by providing them with commodities and financing to purchase equipment and other resources. Many social franchises help franchisees become empaneled in national health insurance schemes, which often have their own quality standards that facilities are expected to maintain (HIP 2018).



Facilities that are part of a social franchise benefit from training, commodities, and oversight.

Photo: Javier Acebal

Although private providers and facilities can be aggregated under councils, professional associations, social franchises, or other networks, there is evidence that a large number of private providers and facilities are not working with aggregating bodies or are only weakly connected. The definition of non-networked private providers and facilities varies by country. However, it broadly refers to a private health entity that is formally licensed as a health provider or certified as a registered health facility but is operating independently without any working relationship with the formal health system or other providers in a meaningful sense, and without the supervision, accountability, and quality mechanisms that aggregating approaches can provide. A SHOPS Plus literature

review shows that there have been very few interventions specifically targeting these non-networked private providers and facilities, revealing a gap in the global evidence that this brief seeks to address.

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Lessons Learned





Lessons Learned

Any framework that seeks to improve quality of care will need to address issues at several levels of the health system. Common critiques of quality assurance and improvement interventions are that they are either too narrow in focus to account for other factors that determine success, or so broad and complex that they make it impossible to determine which input(s) were successful. A comprehensive process is needed. However, many health systems struggle to provide successful and sustained quality assurance and improvement interventions because factors such as enhancing provider knowledge, measuring treatment outcomes, or patient satisfaction are measured in isolation. To date there has not been enough focus on providing effective people-centered care that takes numerous quality factors into account. By necessarily addressing complex and numerous inputs that contribute to quality of care, health systems can begin to emphasize the core goal of preventing illness and promoting well-being. To support this, a recent report published by WHO, the Organization for Economic Co-operation and Development, and the World Bank Group, *Delivering Quality Health Services: A Global Imperative for Universal Health Coverage*, highlights the need for building quality into the foundations of health systems by focusing on the following priorities:

- Establish an effective health care workforce
- Achieve excellence across all health care facilities
- Deliver safe and effective medicines, devices, and other technologies
- Ensure effective use of health information systems
- Develop financing mechanisms that support continuous quality improvement

Focusing on these priorities can help guide actions to improve the quality of care among private health entities and the broader health system. This brief uses these actions as a framework to present country examples of SHOPS Plus efforts to address the quality of care among private providers and identify lessons learned.

Establish an effective health care workforce

Providers should be equipped with the knowledge, skills, and abilities to deliver quality health services. Numerous targeted interventions can be used, ranging from timely updates and dissemination of evidence-based protocols and guidelines to more direct approaches such as clinical training, continuing medical education courses, supportive supervision, and coaching and mentoring to improve provider knowledge and skills.

Clinical trainings are perhaps the most common technical intervention that governments and implementing partners use to improve the quality of the health care workforce. Bluestone and her colleagues (2013) found that the most effective educational techniques are case-based learning, clinical simulations, and practice with feedback. Didactic techniques such as lectures were found to have little or no impact on learning outcomes. An example of hands-on learning is a low-dose, high-frequency training approach pioneered by the United States Agency for International Development’s Maternal and Child Survival Program. This is “a capacity-building approach that promotes maximal retention of clinical knowledge, skills, and attitudes through short, targeted in-service simulation-based learning activities, which are spaced over time and reinforced with structured, ongoing practice sessions on the jobsite.” This approach can be used for both pre-service and in-service training. In Liberia, faculty and preceptors who are responsible for teaching midwifery students often lacked the clinical skills to effectively teach students. To address this, the Maternal and Child Survival Program improved the capacity of faculty and preceptors and the quality of pre-service education using a low-dose, high-frequency training approach. Post-training test scores show that participants’ skills continued to improve through the approach. The average post-test score was 90 percent for the immediate post-training test (MCSP 2019). In a pre-service context, access to real-world clinical environments is often a challenge for the private sector. The following case study from Tanzania illustrates how SHOPS Plus sought to address such a challenge.

The most effective educational techniques are case-based learning, clinical simulations, and practice with feedback.



A health provider uses a model to practice inserting an IUD during a training program supported by SHOPS Plus in Abuja, Nigeria.

Photo: KC Nwakalor

Case study: Developing a national strategy to address gaps in pre-service education in Tanzania

In Tanzania, private medical training institutes (PMTIs) produce 60 percent of staff in private facilities. Nursing and midwifery students who attended these institutions lacked access to practicums that prepare students to perform routine clinical tasks and procedures. Practicums in Tanzania were designed with public sector students and facilities in mind. Because the practicums were only available at a few public sector sites, the number of students exceeded the volume of patients, and students from public institutions were prioritized for placements over private students. There were too few clinical instructors to adequately supervise private students during their practicums. Tanzania lacked the capacity and a curriculum to produce more qualified supervisors, with most leaving the country to gain these skills. As a result of these constraints, many private graduates entered Tanzania's private health workforce without the proper exposure or practical skills needed to provide care at an acceptable level of quality.

SHOPS Plus support

To strengthen the quality of pre-service education and ultimately the quality of care at private health facilities, SHOPS Plus worked with various stakeholders to design a practicum model that allowed PMTI students to rotate to learning sites at various health facilities and hospitals—including private ones—with sufficient volumes to provide all students with clinical experience in family planning, integrated HIV care, antenatal care, and primary health care. SHOPS Plus built the capacity of additional clinical instructors to provide oversight to students during their rotations. This included developing a curriculum with a range of stakeholders.

The project convened a broad range of private sector stakeholders, including the Association of Private Health Colleges in Tanzania and the Private Nurses and Midwives Association Tanzania, in co-creation roundtables. These roundtables were used to support the design of the practicum model by discussing persisting challenges and successes and soliciting their ideas to improve the quality of practical education within the private health sector.

The SHOPS Plus model was initially designed to be a private-to-private model. However, because private facilities did not have enough patients nor offer all the services that would allow the volume of students to gain comprehensive experience, the program added practicum sites in the public sector. By engaging these sites, SHOPS Plus was able to solicit the views of public sector staff on challenges and solutions. This helped further improve the rigor of the practicum and helped gain acceptance from public sector stakeholders, thereby improving the sustainability of the model.

SHOPS Plus also improved sustainability by embedding the pre-service education approach into the broader health system. The project engaged numerous public and private partners in workshops to develop national protocols and tools that would ensure the approach be standardized and applied nationwide and presented them to the Tanzania Ministry of Health, Community Development, Gender, Elderly and Children. This effort led to the creation of the National Guideline for Health Training Institutions and Teaching Health Facilities, released in December 2019.

Results

SHOPS Plus demonstrated a model that could be replicated to strengthen the quality of pre-service education for nearly any private cadre. As of May 2020, 90 nursing and midwifery students from PMTIs had completed the practicum. By leveraging the success of the model in dialogue with the ministry and supporting the development of new national training guidelines, the program built a strong model for an effective pre-service medical education that solidified standards in the public and private sectors. The partnerships established between public and private partners led to additional commitments. For instance, the Ministry of Health, Community Development, Gender, Elderly and Children committed to giving 10 percent of training slots to trainers of private sector clinical instructors.

Lessons learned

- Designing a model for promoting quality with only the public sector in mind can result in exacerbating quality challenges in the private sector. Programs and planning should consider the whole health system in addressing health workforce challenges.
- Encouraging participation of private sector stakeholders whose voices have not been sufficiently heard is essential to articulating the issues and identifying the root causes of health workforce problems. Only then can solutions be developed to meet their needs.
- Facilitating—rather than leading—public–private stakeholders to engage in joint discussions through co–creation roundtables and other participatory approaches can deepen stakeholders’ ownership of activities and encourage sustainability of a high–quality health workforce.

Achieve excellence across all health care facilities

Enhancing provider knowledge without addressing the environment in which they are expected to practice is a common oversight in private sector-focused quality of care efforts. Ensuring service readiness in the clinical practice environment and conducting regular facility assessments are important to ensure health providers and their leaders are positioned to provide excellent quality of care across facilities. The clinical practice environment is the physical environment in which providers are expected to implement their skills and deliver their services. Improving providers’ knowledge and skills does little to strengthen quality if they lack the necessary supplies, equipment, and infrastructure to provide services. Since many non-networked providers operate largely independently, they need support determining the gaps in their practice environment and knowing how to address them.

Assessments of facilities combined with mentorship can strengthen the practice environment and improve quality of care outcomes. For example, the Mentorship and Enhanced Supervision for Health Care and Quality Improvement program by Partners in Health used mentorship as a key intervention to improve quality among public sector nurses in Rwanda. Mentors used structured checklists to gather quality

of care information during their visits to health centers and provided one-on-one mentorship and learning sessions at the facilities. The mentors and health facility team worked together to identify gaps in administration, procedures, and the supply chain that could be addressed through targeted, collaborative interventions. Nurses improved their quality of care as a result of the program, with correct diagnosis increasing from 68 percent in 2014 to 94 percent in 2015. While the program was successful, there were challenges including logistical issues such as transportation for the mentors to remote areas. Additionally, the program found that staff turnover could reverse any gains made in a facility. Nevertheless, the program shows that improving the practice environment is a promising way to improve quality across many health areas. A key lesson learned was to work with the existing public health system, rather than creating parallel systems, to increase sustainability (Kirk et al. 2015).

Interventions that focus on identifying facility-level gaps and mentorship in the practice environment are equally critical to institutionalizing a quality culture (Figure 1) in routine private practice. This approach can be seen in SHOPS Plus’s adaptation of a public sector methodology for the private sector in Senegal.

Figure 1. Characteristics of a quality culture



Provider associations engage with the public sector and serve as a resource for quality assurance—in addition to organizing providers



Trainings target private non-networked providers, use adult learning principles, and include immediate and ongoing post-training engagement



Digital data collection from private providers and the electronic dissemination of guidelines and norms widely



Access to finance and business skills trainings as part of quality improvement interventions

Case study: Strengthening the family planning practice environment for Senegalese private providers

Despite the broad existence of national policies, standards, and protocols for quality assurance in Senegal, private sector providers are often unaware of them. SHOPS Plus implemented a methodology known as Tutorat, which was developed for the public health sector by IntraHealth International. Using facility assessments and coaching, Tutorat (which means tutoring in French) helps private facilities identify and resolve gaps in their practice environment, such as a lack of commodities, supplies, and equipment. It is a comprehensive approach that considers a variety of factors that affect quality of care across a range of health services.

IntraHealth International began implementing Tutorat in Senegal in 2008 in collaboration with the Ministry of Health and Social Action, with funding from USAID. Now in its third iteration (Tutorat 3.0), the methodology builds the capacity of facility-level supervisors and identifies champions to assess weaknesses in the practice environment and develop action plans to address them.

SHOPS Plus support

Recognizing a need for private providers to use policies, standards, and protocols in their practice environment more often, SHOPS Plus worked with USAID, the Ministry of Health and Social Action, IntraHealth's Neema project, and Senegal's Private Sector Alliance to adapt the Tutorat 3.0 methodology and extend it to the private sector. Seventy-five private health facilities in five regions of Senegal used the adapted methodology, Tutorat-P.

Implementation of Tutorat-P begins with pre-assessments of facilities. The pre-assessment uses a checklist that evaluates adherence to guidelines, availability of core service equipment, and access to necessary commodities and supplies. It determines a broad range of gaps and facility-based needs, resulting in a tailored improvement plan delivered by coaches. Coaches, who are clinicians from the public and private sectors, provide hands-on, personalized support to facility supervisors to familiarize them with the approaches emphasized in Tutorat-P, including the policies, standards, and protocols. Coaches provide

support on a variety of health topics such as family planning, maternal and child health, and infectious disease. Recognizing that private facilities are businesses that must be financially sustainable, Tutorat–P coaches provide business and financial management support. Follow-up assessments are conducted to evaluate improvements and identify needs for further coaching to address the remaining gaps.



Tutorat is a comprehensive approach that considers a range of factors that affect the quality of care.

Photo: Javier Acebal

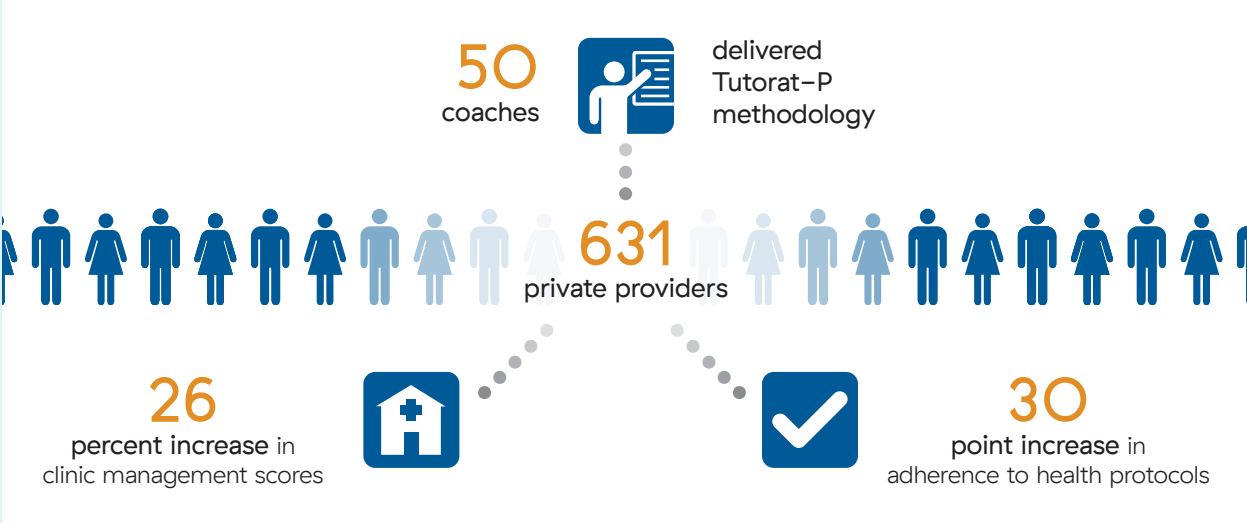
The assessments found three common needs across private facilities: rapid malaria diagnostics, long-acting and reversible contraceptives, and vaccine or consumable materials required to provide immunizations. To address these needs, SHOPS Plus worked to increase provider access to finance in the form of loans from private financial institutions. In addition, the project established a partnership with the Ministry of Health and Social Action. SHOPS Plus presented the findings of the performance evaluation to the district health management teams, who agreed that private facilities needed to be brought into the overall health system. Public sector district management teams and private facilities plan to sign agreements formalizing their relationship. Private facilities are being integrated into district training activities, coordination meetings, and supervision activities. In return, private providers agree to regularly report through the National Health Information System platform, [DHIS2](#).

All health facility employees—from the provider to the janitor—have a role to play in strengthening the practice environment to deliver quality services. When applying Tutorat-P, SHOPS Plus found that larger facilities have staff members who are on duty at different times of the coaching visits, resulting in an uneven retention of knowledge. For coaching to be most effective, facilities need permanent, committed staff members to benefit from the regular coaching. This should be established in the initial coaching plan, which should be a joint exercise between the coach and the facility manager.

Results

As of 2019, SHOPS Plus supported 50 coaches in delivering the Tutorat-P methodology to 631 private providers. The interaction between the coaches and facilities has helped providers better adhere to the policies, standards, and protocols by identifying their gaps, needs, and solutions. For example, the follow-up assessment of participating clinics in Dakar shows a 26 percent increase in clinic management scores and an increase from 35 percent to 65 percent in adherence to health protocols (Figure 2).

Figure 2. Results of Tutorat-P implementation



Experience from the ongoing application of the methodology has led to further improvements and refinements, such as limiting each visit from a coach to focus on one area of quality and increasing the frequency of follow-up. In mid-2020, SHOPS Plus transferred the Tutorat-P program to district management teams to improve their participation in Tutorat-P and their overall relationship with private facilities.

Lessons learned

- Knowledge gaps can be addressed through coaching, but structural gaps in the facility and practice environment (such as a lack of equipment or commodities) require either a strong partnership with government or increased access to finance for providers.
- Government partners, including those at the subnational level, should be consulted early on to strengthen commitment to provide needed resources to address practice environment gaps.
- Governments may be open to providing commodities, equipment, and other resources needed to strengthen the practice environment in exchange for regular reporting of data. Support to private providers should include training on reporting through established information management systems such as DHIS2.

Deliver safe and effective use of medicines, devices, and other technologies

Access to reliable and quality medicines, devices, and other technologies is a basic requirement in ensuring a high standard of health service delivery. Regulation can ensure quality products on the market and proper provider training can ensure their appropriate use. Injectables are the most commonly used method in many sub-Saharan African countries. DMPA-SC uses a small needle that allows for subcutaneous injection. It is considered by many to be a safe and effective, low-dose product that comes with fewer side effects than other injectable options. The product allows for the possibility of self-injection, which empowers women in their fertility decision making. Introduction of this revolutionary product by PATH into four countries required tracking product registration, guiding the product introduction plans through the review and approval processes, and guiding quantification exercises. It also required adapting provider training materials developed by PATH, so that providers could gain the skills to safely administer the product and counsel patients on the method. Nearly half a million doses of DMPA-SC were administered over two years in Burkina Faso, Niger, Senegal, and Uganda—29 percent of which were to first-time family planning users (Stout et al. 2018).

The introduction of DMPA-SC shows that to ensure safe and effective use of new medicines, stakeholders need to take a comprehensive approach that also seeks to strengthen the enabling environment, prepare for product distribution, and train providers. This can also be seen with the introduction of chlorhexidine in Ghana by the SHOPS project.

Case study: Improving the quality of neonatal care by introducing chlorhexidine in Ghana

UNICEF data indicate that infection is a primary cause of neonatal mortality. Neonatal sepsis may occur from umbilical cord infection in low-resource settings where home deliveries are common (Imdad et al. 2013). Ensuring optimal cord care at birth and in the first week of life, especially in low-resource settings, is a crucial strategy to prevent life-threatening sepsis from cord infections, averting preventable neonatal deaths (WHO 2014). Chlorhexidine digluconate is a widely used, low-cost antiseptic that is effective against neonatal infection. Prior to the Strengthening Health Outcomes through the Private Sector project in Ghana (USAID SHOPS), no umbilical cord care product was available in the private sector in Ghana.

USAID SHOPS support

To promote optimal cord care in newborns in the private health sector, USAID SHOPS worked with the Ghana Health Service and the Ministry of Health to introduce 7.1% chlorhexidine digluconate gel. The introduction of this product for umbilical cord care involved three approaches: supporting the enabling environment, ensuring the availability of the product in the private sector, and ensuring providers were trained in its use.

To support the enabling environment, the project prepared a policy brief and advocated for its inclusion in the national essential medicines list, standard treatment guidelines, and the National Health Insurance Scheme Medicines List. The project worked with the Family Health Division of the Ghana Health Service to create a new working group that would develop the appropriate protocols, guidelines, and training curricula for health workers on the use of the gel for cord care. This effort generated government support for the eventual rollout and oversight of the product.

The product also needed to be made available in the private sector through pharmacies and over-the-counter medicine sellers to ensure wide access and availability. USAID SHOPS identified potential local pharmaceutical firms that had the capacity to import the product and facilitated the market authorization by the Ghana Food and Drug Administration. The project also provided technical assistance to Presoque Company Limited, a subdistributor of

the Chlorxy G–Gel (a WHO–certified product), to develop marketing and scale–up plans to promote effective distribution nationwide.

Finally, to ensure providers were trained in its use, USAID SHOPS worked with the Family Health Division and professional associations to train 1,214 pharmacists and 9,409 over–the–counter medicine sellers. The project also worked with the division to conduct a training–of–trainers event so the Ghana Registered Midwives Association’s regional trainers could train their midwife members. Given that the product could be used at home, caregivers needed to be aware of the product and how to use it. The project developed key messages and counseling aids aimed at educating caregivers on the use of chlorhexidine for umbilical cord care.

Results

By the end of the project, 353,814 tubes of 7.1% chlorhexidine digluconate gel had been distributed, 21 percent of over–the–counter medicine sellers and pharmacies stocked the product, and over 10,000 private providers completed training on its use, potentially saving thousands of newborn lives.

Lessons learned

- Getting new products or technologies onto essential medicines lists and on medicine lists for national health insurance schemes can position the government as a champion of ensuring the availability of quality products.
- Three service delivery levels should be considered when introducing a new product: the retailer (pharmacies and over–the–counter medicine sellers), the provider (midwives), and the end user (caregivers). Interventions need to be targeted at these levels to ensure a high quality of service delivery.

Ensure effective use of health information systems

Effective health information systems improve clinical governance. They enable stakeholders to make better resourcing decisions and providers to make better care-related decisions. Jhpiego’s Expanding Maternal and Neonatal Survival project leveraged data visualization to improve the quality of care in hospitals in Indonesia. The project invested in systems to collect information at all levels and to strengthen data quality. It made the data available to staff at health facilities using wall charts. These data helped hospital administration make timely management decisions. It also helped midwives and facility teams improve the quality of their work by enabling them to refer to the performance data on a regular basis. Expanding Maternal and Neonatal Survival demonstrated the importance of delivering quality services. In Nigeria, SHOPS Plus developed an app aimed at collecting tuberculosis (TB) data more efficiently.

Case study: Developing an app to improve efficiencies in TB data collection in Nigeria

Nigeria is a high-burden country for TB, multidrug-resistant TB, and TB-HIV co-infection. In 2017, Nigeria was estimated to have an incidence of 418,000 cases. The country also has one of the lowest case detection rates among high-TB-burden countries with just 25 percent of cases detected (WHO 2018). The private sector is an important source of overall care in the country but is underused for TB; treatment is largely restricted to the public sector.

There are many reasons for low detection rates. Patients who go to private facilities are often not adequately screened and their samples and referrals are not tracked, leading to loss to follow-up. Further, the entire process is paper-based, which makes the collection and use of data more time-consuming. It delays both clinical and programmatic decision making, follow-up, and care. Improvements in TB case notification in Nigeria would prevent the further spread of TB there.

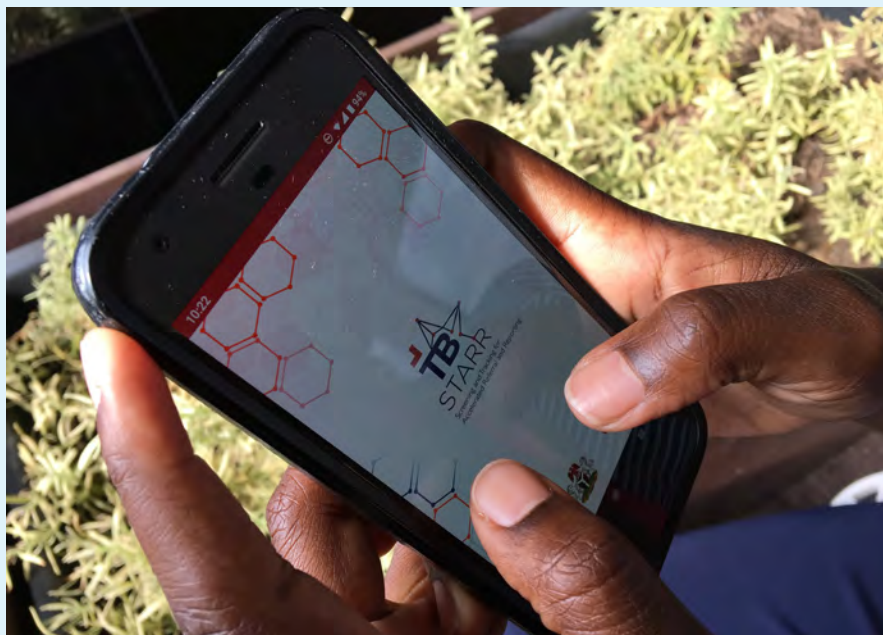
SHOPS Plus support

SHOPS Plus developed a mobile application to replace paper forms with a more efficient digital platform that supports the reporting needs of clinical providers such as doctors and nurses, laboratory scientists, pharmacists, and patent and proprietary drug vendors. TB Screening and Tracking for Accelerated Referral and Reporting (TB STARR) displays workflows specific to provider types and includes functionalities such as TB case referral tracking and sputum sample tracking. The app has the potential to reduce delays, improve data for program decision making, and ultimately improve the patient experience. All of the data collected through the app are aggregated and visualized through a web-based data portal. This information can be used by the national, state, and donor-funded TB programs to improve decision making and follow-up. The app is unique in that it can be adapted for other health areas. Given the impact of COVID-19, in late 2020 SHOPS Plus added a screening tool to help distinguish between the two respiratory diseases.

SHOPS Plus partnered with Every1Mobile, a digital solutions design firm with experience designing tools for drug shops in Nigeria. Together, they worked with the National

Tuberculosis and Leprosy Control Program, private providers, and other stakeholders to develop the app using a user-centered approach. This ensured that the final product would meet the needs of the providers who would use the app to enter, use, and submit data. The project convened workshops with various providers and stakeholders to outline challenges and visualize patient pathways. The development of the app was an iterative process that involved piloting, revising, and problem solving.

TB STARR was originally created for providers who participated in SHOPS Plus's network of patent and proprietary medicine vendors, pharmacies, labs, and clinicians. Eventually, the app was modified to include non-networked providers, which required enhancements to the app's user capacity, design interface, and data security. The project developed a streamlined user type for these providers, is simpler to use, and has less risk for data sharing.



TB STARR displays workflows for different types of providers and tracks TB case referrals and sputum samples.

Photo: SHOPS Plus

Results

Since TB STARR's launch in August 2019, users have downloaded the app over 1,000 times, which has resulted in 680 registered users and several cases reported. SHOPS Plus will transition the app to the National Tuberculosis and Leprosy Control Program. To achieve this, the project is working to integrate TB STARR into the existing digital ecosystem, and is planning to make it interoperable with GxAlert, which reports Xpert MTB/Rif test results in real time, and the e-TB manager system in Nigeria.

Lessons learned

- Digital tools have the potential to improve the delivery of services, but they need to be flexible and designed with the end user in mind. Hosting multiple user-centered design workshops and testing and re-testing a theory of change and design can ensure that the tool best fits the needs of the private sector, including non-networked providers.
- The motivations of an end user and possible incentives to ensure the use of an app must be considered. This is especially important for private health providers who often need to be encouraged to report data.

Develop financing mechanisms that support continuous quality improvement

Unlike public sector facilities, the ability of a private facility to financially invest in quality improvement at its discretion can have both positive and negative effects on service delivery. In the public sector, government budgets fund quality assurance and improvement investments. Private sector facilities must find or raise discretionary capital to invest in their practice environment and quality of care initiatives as part of routine business practice. Facility managers, who are often clinicians, may have limited business acumen and require support to improve their managerial capacity and access financing. If improvements were made in these areas, managers could more easily pay and retain staff, as well as purchase the supplies and equipment needed to deliver quality services.

Gaining business skills is one of many benefits afforded to members of social franchises. In 2012, with support from Africa Health Markets for Equity, PS Kenya introduced the Tunza Business Skills program to improve providers' entrepreneurial skills. In addition to business support, the program helped fund quality improvement initiatives and facility expansion by linking franchisees to affordable financing. The program has strengthened quality of care; 30 facilities improved by one full level in SafeCare accreditation from 2017 to 2018. Many of the Tunza facilities also saw business growth. Collectively, the facilities demonstrated a 15 percent improvement on measured scores of management and leadership, human resource management, facility management, and support services. As the program evolved, it adapted its approach. Similar to clinical skills, the project learned early that training alone would not be sufficient to improve managerial or business performance. As each facility has its own unique gaps, strengths, and needs, each is best served with tailored, in-person managerial support and on-the-job coaching. Therefore, each facility in the program was equipped with a business improvement plan tailored to its specific needs and a business advisor to assist the facility in implementing it (Mwachandi 2019).



PS Kenya's Tunza Business Skills program improved providers' entrepreneurial skills and helped fund quality improvement initiatives and facility expansions. Pictured here is Wankam Medical Center in Juja, which is part of the Tunza network.

Photo: Jeanna Holtz

Private providers and facilities that are part of a network often have access to this type of tailored support. However, non-networked private providers do not often possess the same opportunities. The SHOPS Plus program in Madagascar offers an approach to building managerial capacity among providers who do not participate in a network.

Case study: Building the business skills of private providers in Madagascar

The public health sector in Madagascar has struggled to serve the health needs of all citizens due to budget constraints and ongoing environmental and health crises. As such, family planning clients, including the poor, rely on the private sector to meet their health needs. In 2017, SHOPS Plus conducted a private sector assessment that revealed the quality of private health services is a major concern to numerous public and private stakeholders. The assessment also found that private providers in Madagascar often do not know how to best manage their businesses. This gap impedes providers' ability to invest in their facilities and purchase supplies and equipment that could strengthen the practice environment for ongoing quality improvement.

SHOPS Plus support

SHOPS Plus acknowledged that access to finance and weak business management skills were significant barriers to quality improvement among private providers in Madagascar. The project provided technical assistance in business management to help private health facility leaders better manage their health practices, purchase necessary equipment, apply for loans, and make other decisions necessary to promote a work culture that prioritizes quality. One-on-one coaching was available to a few providers who requested it.

By partnering with AccèsBanque and local suppliers of health equipment and supplies, the project developed lending products specifically for private clinics. With support from the Development Finance Corporation's Development Credit Authority Guarantee, clinics were able to access low-collateral, low-risk loans that enabled them to make investments in their practice environments, such as the purchase of ultrasound, radiology, x-ray, and other equipment or consumables that were previously unavailable, severely limiting the quality of service offerings.

Results

SHOPS Plus supported 187 private facility owners and providers in Madagascar in improving their business management skills. Project staff administered a survey at the beginning of the interventions and during follow-up visits with individual private providers. The project assigned each facility a score that indicated its capacity to sustain its business management practices. The scores increased by 24 percent, on average. Improved skills have helped providers grow their businesses. For example, one provider's improved bookkeeping practices allowed him to set aside part of his income to save for future projects, such as purchasing land to build a new medical center. Additionally, 158 new loans totaling \$1.3 million were disbursed to private facility owners. These loans have been crucial in expanding the quality of services offered in private facilities. One husband and wife team obtained a loan to purchase equipment needed to complete the expansion of their maternity center. The improved facility and equipment allowed the owners to extend access to maternal care to additional women. Since the new addition opened, over 300 patients visited and an average of 30 babies were safely delivered each month.

Lessons learned

- While business skills and access to finance may not always be associated with clinical quality, they equip providers with the resources to sustain their facilities as businesses and ultimately deliver quality services.
- Improving business management skills yields two benefits. First, providers build their confidence and make more informed investment decisions and access finance wisely. Second, they become more viable lending targets for financial institutions, which allows them to more sustainably and efficiently address capacity gaps.



Practical tips

Ensure all private providers know the standards relevant to their service offerings.

The most foundational aspect of assuring and improving quality is establishing benchmark standards against which that quality will be measured. However, private providers (even those who benefit from a strong network) do not often possess written or electronic copies of key health service standards for family planning, maternal and child health, HIV, and other key health services.

Understand the incentives and motivations of private providers. The vast majority of private providers are genuinely motivated to deliver a high standard of quality in their service provision. However, they often lack a comprehensive definition of *quality of care*, *quality assurance*, and *quality improvement* and are not aware of recommended approaches. They tend to focus on quality measures related to patient satisfaction but not clinical competency. Private providers often narrowly equate quality improvement with training interventions, which address only some factors that affect quality of care. Understanding the incentives, motivations, and common barriers private providers face is critical to ensure quality of care approaches are designed for them.

Consider the unique needs of non-networked private providers and facilities.

Organizing private providers into social franchises or provider networks (such as a faith-based or nongovernmental organization networks) are proven strategies to promote quality of care interventions. However, in many countries most providers are not organized and those who are lack the capacity to coordinate or invest in joint quality of care efforts. Locating private health providers and facilities that operate outside networks is the first challenge. SHOPS Plus used census data, registration data provided by councils and training institutions, local stakeholder informants, and community groups to identify where private providers operate. Once the project found these providers, one-on-one engagement was often necessary to encourage their participation in networking and quality of care programs.

Support the creation of a quality culture. Improving the quality of care among private providers involves building behaviors that become routine. USAID missions can consider the following when building *quality cultures*, which reinforce quality as everyone’s responsibility:

- Build the capacity of provider associations to do more than organize providers. Support them in effectively engaging with the public sector and serving as a resource for quality assurance.
- Design trainings that specifically target private non-networked providers, use adult learning principles, and include immediate and ongoing post-training engagement.
- Support digital data collection from private providers and the electronic dissemination of guidelines and norms widely.
- Enable access to business skills trainings as part of quality improvement interventions.



Ultimately, sustaining a high level of quality in private health settings requires strong public sector stewardship.

Photo: DDC/Sama Jahanpour



Looking forward

This brief described several examples from SHOPS Plus that illustrate the challenges stakeholders face in improving the quality of essential health service delivery. Private providers and facilities are often motivated to improve the quality of their care, but they do not always know the standards, measurements, and approaches of quality assurance, or the methods that will achieve and sustain quality improvement. Designing quality assurance and improvement efforts for private providers with the five WHO key elements in mind can allow stakeholders to develop approaches that private providers can use independently or in partnership with government and donors. It is critical that these approaches consider the unique motivations and incentives of private providers; incorporate the private practice environment as well as clinical knowledge; include pre-service and in-service interventions; and address the specific logistic, financial, and operational barriers private providers face. Such approaches, as outlined in this brief, should continue to be developed, tested, and scaled—ensuring that lessons learned are broadly disseminated.

Ultimately, sustaining a high level of quality in private health settings requires strong public sector stewardship. Public-private partnerships can efficiently extend access to commodities, equipment, and other consumables. Donors can support efforts by asking their implementing partners to include private providers in training programs in a systematic and sustained way. They can also encourage local governments to extend supportive supervision visits to private points of care. Finally, donors can engage with the Development Finance Corporation to introduce loan guarantees that would increase lending to the private health sector. Ensuring that private providers, facility leaders, and other private entities are all motivated to assure and improve the quality of care is critical to promoting these public-private partnerships. Using the approaches outlined in this brief, stakeholders can ensure that private health providers have the tools, knowledge, skills, and abilities they need to invest in strategies to achieve a high standard of quality in their practices.

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