Three Millennium Development Goal Fund

Standard Operating Procedure
Performance Monitoring Assessment
and
Rapid Service Quality Assessment

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Introduction

The 3MDG Fund has developed a strategy to assess quality of community based services of Implementing Partners (IP) in order to fulfill the programme goal. Performance Monitoring Assessment (PMA) for Component 1 (Maternal and Child Health Program) and Rapid Service Quality Assessment (RSQA) for Component 2 (AIDS, TB and Malaria) are done during grant implementation through indicator monitoring and supervision visits.

The purpose of the assessment is to improve health care delivery in an accountable way by the implementing partners. As there are routine data quality visits routinely conducted (please refer Routine Data Quality Assessment-RDQA SOP), the use of service quality assessments will be crucial in verifying the health care delivery procedures. Ensuring quality service delivery will be a promising step for achieving the outcome and impact of the implementing programme. For patients and clients of the programmes supported by the 3MDG, the fund management office will work with partners to validate program quality with the use of PMA (Program Management Assessment Tool) for Maternal and Child Health component (C1) and modified version of RSQA-Rapid Services Quality Assessment tool for HIV, tuberculosis and malaria component (C2). Regular follow up and modification of the programme performance as recommended in the quality assessment tools will further enhance the service provision to ensure alignment with national and international guidelines.

The main objective of PMA/RSQA is to assess and improve quality of services of the implementing partner for C1 and at both the implementing partner and at the facility level for C2, and to continuously build capacity in establishing and using quality improvement as an integral part of programme implementation. More specifically, the tool assesses whether health services are implemented according to national standardized guidelines developed by the Department of Health.

These 3MDG guidelines are intended to provide an overall framework for the PMA/RSQA activities. They should, however, be implemented in a flexible manner, taking into account the individual grant and/or programme situation and the judgment of the 3MDG and partners. For example, additional activities and verification may be proposed by the 3MDG considering grant-related risks. 3MDG will use a learning and capacity development approach in implementing the tools.

Additional information about the use of the PMA/RSQA tool is provided in the tool itself.

General Principles

1. The objective is to have an overall assessment of the quality of service delivered by the implementing partner. This will be done by ensuring each partner has a comprehensive PMA or RSQA assessment. Findings of the various PMA/RSQAs will be combined to give an overview of the quality of service of all 3MDG partners.
2. PMA/RSQAs and their recommendations resulting from the findings should support capacity development of IPs in service quality improvement.
3. The PMA/RSQAs should be undertaken jointly with the Routine Data Quality Assessment (RDQA) to ensure a complete picture of the programme implementation and take necessary actions.

What is PMA?

Program Management Assessment Tool: maternal, newborn and child health programme (C1)
The Program Management Assessment Tool (PMA) was developed by 3MDG to use in the maternal, newborn and child health programme assessment during the field visits for verifying service quality. PMA is a standard used for assessing performance of implementing partners for activities in the previous reporting period or last quarter. The quality of community services provided by the implementing partners will be assessed. This tool will not directly assess the MOH National Programme services, rather the community based services provided by implementing partners. The tool does not cover data quality processes; this checklist assesses activities and documents information related to activities.

Structure of PMA
PMA is an excel tool which includes an assessment component and a recommendation section.

Part 1 of PMA: the tool will access “achievement against plan” for “level of supervision” and “training” of BHS: Basic Health Staff/ VHW: Volunteer Health Worker, VHC: Voluntary Township Committee, VTHC: Voluntary Township Health Committee.

Part 2 of PMA: assesses planning and coordination/meeting, supervision and monitoring visits, trainings, referrals, volunteers and outreach activities.

Part 3 of PMA: includes recommendations for implementing partners with the findings from the assessment visits of the team.

What is RSQA?

Modified Rapid Services Quality Assessment Tool: HIV, tuberculosis and malaria programme (C2)
As the Global Fund globally has introduced the Rapid Services Quality Assessment (RSQA) for overall assessment of the quality of service for three communicable diseases, the 3MDG team modified the existing RQSA checklist to assess the quality of service provision for assessing the service quality based on the different types of service delivered. The tool was modified to adapt to the country context and the 3MDG specific programme.

Structure of modified RSQA:
The excel tool collects general information about the IP and health facilities visited. The different sheets include different questions followed by a dashboard summarizing the answers of the respondents/ assessment questions in scoring. RQSA will include assessment questions sheets for, project staff, volunteers, beneficiaries, and an overall recommendations session. Meanwhile, the tool was modified to include addition questions to assess mobile services for TB and facility questions for
HIV. There is a session of overall rating performance output from the responses of different stakeholders of the project.

**Output of PMA/RSQA**

The output of the assessment is the PMA/RSQA tool with recommendations made by the 3MDG in the respective worksheet. Each of the answers in the tool is weighted (through color coding); indicating whether there is ‘unsatisfactory’, ‘need to improve’ and ‘satisfactory’ and will be revised as necessary.

The overall programme service quality will be established based on the ‘aggregated’ findings from assessments of all visited IPs’ sites for the same disease. This should take into consideration the situation and issues observed during assessment of all sampled partners and assessment sites.

**Guiding PMA/RSQA principles**

**Who will conduct:** 3MDG staff assigned by the 3MDG FMO Programme Management Unit, jointly with M&E staff. Partners are strongly encouraged to support and work with the 3MDG to implement the tool and jointly learn about programme quality improvement. PMA/RSQA should be conducted by the 3MDG Programmatic Health Professional/Public Health Expert or as assigned by the Fund Management.

**Where to assess/ How we choose:** The PMA/RSQA are conducted jointly with RDQA, especially for component 2. One IP is visited at least once a year. The criteria used for selecting sites to visit includes, but not limited to: (1) new sites/projects (2) extreme or outlier data-reported from specific sites (3) coordination need e.g. area where the IP is running its activities under different funding sources, area where the activities are overlapped with other IPs and (4) project continuity requires verification before contract extension. In general, the number of IPs visited in one trip is not more than three for time management and quality monitoring.

A random selection of service delivery sites is recommended with negotiation among assessors for each planned trip to the specific area and specific township taking into account security and safety concerns. Meanwhile, there can be assessment visits with purposive sampling to the assessing grants or locations when there is a questionable situation (based on weakness of implementation, discrepancies, irrelevant and unsatisfactory achievements vs plan etc.) to assess the integrity and accountability of the program with reported achievement and based on individual grant situation.

Sites for the PMA/RSQA shall generally be the same as those selected for RDQA. Where this is not possible, i.e., indicators recommended in the RDQA are for SDAs not covered by the PMA/RSQA, additional facilities should be selected for PMA/RSQA. For example, indicators for Care and Support or BCC, which may be assessed as part of the RDQA, will most likely not be captured in the same facilities where PMA/RSQA is normally conducted. Nevertheless, there should be an effort at planning stage to select sites that are common for both RDQA and PMA/RSQA whenever possible.
**Why:** The assessments are conducted to support learning and improving health care service quality. The use of service quality assessment tools will be crucial in verifying health care delivery procedures.

**What:** The health facility level questionnaires in the PMA/RSQA tools provide detailed instructions for the implementation of PMA/RSQA.

For maternal, newborn and child health, the 3MDG will gather information from the IP staff on the achievement against plan; conditions/situation in service delivery; planning and coordination; supervision and monitoring visits; training; referral; volunteers and outreach activities performed by IPs.

For Malaria, TB and HIV, at the facility level, the 3MDG will gather information from the IP staff and consult registers and patient cards to assess whether or not (i) the conditions to deliver quality services are present; and (ii) services of adequate quality are delivered. The quality of services under the key Service Delivery Areas in HIV, TB and Malaria programs and of pharmaceutical management shall be assessed. The assessment areas and detailed explanations for each question are provided in the tools.

**Requirements for PMA/RSQA**

RSQA should, whenever possible, be administered jointly with the RDQA, with the following exceptions:

i. Grants that will have been implemented *less than 6 months* during the calendar year;
ii. In situations where *specific service quality risks* are being perceived, 3MDG Fund will perform an additional RSQA during a given year.

**The PMA/RSQA Process**

3MDG is responsible to implement PMA/RSQA.

**Main functions include:**

- **Planning and organizing** of PMA/RSQA, FMO will jointly arrange with implementing partners the most appropriate time to host the assessment visit, including the proposal of sites, for PMA/RSQA in a timely manner. 3MDG will also inform and invite national counterparts from the Ministry of Health, such as members of the Township Health Department, State/Region or national level counterparts to join the assessment as necessary.
- Assessor will collect data relevant to project implementation and relevant forms from IPs that would support the assessment
- **Visits at selected facilities** for assessment should ideally include representatives of IPs and they should be invited as observers for active participation and learning.
- 3MDG should use the ‘follow up actions’ worksheet in the PMA/RSQA Tool to summarize findings and to provide recommendations for follow up.
The Role of the Implementing Partners in PMA/RSQA:

3MDG will notify the head quarter (HQ) of Implementing Partner (IP) about the specific sites to be visited for the PMA/RSQA, and the required source, a minimum of 7 working days prior to the planned visit to the site.

Unless otherwise advised, the IP HQ will be responsible for informing the sites 5 working days prior to the planned visit and in ensuring the availability of staff and source documents during the visit.

It is recommended that the IP HQ accompanying the 3MDG on the PMA/RSQA. The IP HQ should request/ with the approval of Medical Superintendent/Local Health Authorities for the 3MDG interviewers’ access to facility staff within the Ministry of Health or other relevant respondents during the assessment visits.

The IP HQ shall permit or ensure authorized representatives of the 3MDG access at all times to all records deemed necessary for the conduct of PMA/RSQA, including, subject to applicable law, patient records.

PMA/RSQA Debriefs and Reports

Briefing and debriefing of findings will be shared to both central and facility level staff of IPs during the visit and face to face meeting with the senior management team after complete picture assessment. Completion of PMA/RSQA tools, including of summary recommendations
which need to be addressed within specified period of time will be shared to those implanting partners.

Relevant national health staff, Township Medical Officer, Regional Health Department and the National Program Manager for both components should be informed as necessary with the finding of the visit at the end of the visit and sharing of the report thereafter.

After each site visit, 3MDG shall **debrief relevant staff at site level**. The debrief should focus on key findings and recommendations and clarify that agreement of the recommendations will be sought at the IP HQ level prior to finalization. It is important to note that these recommendations are only preliminary agreement with the site level.

At the end of field work, 3MDG shall **debrief the IP HQ** on the key PMA/RSQA findings via email and/or face to face meeting based on the findings. Recommendations will be shared with the IP HQ at the debriefing session. The IP HQ should be allowed an opportunity to comment on findings and to clarify issues. Debrief should include all relevant IP staff.

The final PMA/RSQA reports will be agreed and finalized after getting agreement on findings and recommendations and will be sent to the IP in pdf format.

Subsequently, the final PMA/RSQA reports should be submitted to the database and internal sharing **within 10 working days of completion** of the PMA/RSQA visit. Time frame for allowing addressing the implementation is usually three months after giving the feedback report unless there is special timeframe for follow-up that is specified.

**PMA/RSQA Follow-up**

**Follow-up of the recommended actions:** After three months of giving feedback on the PMA/RSQA recommendations, the responsible persons assigned or assessors from FMO must document follow up on the implementation of recommended points in the feedback report. PMA/RSQA identifies quality of service issues at the facility level or IP level. Depending on the severity of the issues and the associated risks, 3MDG may propose additional follow up actions to address issues of concern and to strengthen the capacity of implementers in quality improvement.

**Reference:**

LFA Guidelines for On-Site Data Verification and Rapid Service Quality Assessment implementation (July 2014)

Assessment Tools

1. Performance Management Assessment (PMA) Tool
2. Rapid Service Quality Assessment (RSQA) Tool – HIV
3. Rapid Service Quality Assessment (RSQA) Tool – TB
4. Rapid Service Quality Assessment (RSQA) Tool - Malaria