Making Quality Matter:
Lessons from the David and Lucile Packard Foundation Quality Innovation Challenge

Reproductive health information and services are fundamental to health, well-being, and opportunities for women and young people. Yet, millions worldwide do not have access to quality reproductive health care. In 2014, an estimated 225 million women in developing countries wanted to delay or avoid pregnancy but were not using a contraceptive method. Women with an unmet need for contraception face a number of health risks due to unintended pregnancy. Each year, 74 million unintended pregnancies occur in developing countries, leading to an estimated 28 million unplanned births and 36 million abortions—and more than half of these are unsafe.[1] To help address these challenges, the David and Lucile Packard Foundation launched the Quality Innovation Challenge (QIC), a competitive grant initiative that funded the development of new approaches to improving access to high quality, client-centered family planning and reproductive health services. The nine projects supported by the initiative provide insight into what does and does not work in quality improvement, and offer lessons on how to encourage innovation in the future.

The Foundation launched the Quality Innovation Challenge (QIC) during the 2013 International Conference on Family Planning in Addis Ababa, Ethiopia. Organizations were encouraged to propose new research on quality or to develop innovative ideas for improving service delivery, engaging communities, and increasing provider accountability. They could apply for a $25,000 individual award or a $100,000 collaborative award with other organizations at their conference table. After a competitive selection process, the Foundation issued nine awards, and grantees had one year to develop and test their innovation or conduct their research. Projects centered on three main themes: (1) engaging youth in sexual and reproductive health (SRH) service provision, (2) leveraging mHealth technologies to strengthen service delivery, and (3) improving quality measurement.[2] This brief describes key achievements, challenges, and learnings that emerged from the projects.

[1] Barot, S. "Sexual and Reproductive Health and Rights Are Key to Global Development: The Case for Ramping up Investment." Guttmacher Policy Review, vol. 18, no. 1, winter 2015. Available at: [https://www.guttmacher.org/pubs/gpr/18/1/gpr180101.html]. Accessed November 20, 2015.

[2] The information in this brief draws from a document review and grantee interviews conducted by Mathematica Policy Research and its partner, Learning for Action, which aimed to harvest key findings from the nine QIC grants. Read more about the grantees and their projects at https://www.packard.org/what-we-fund/population-reproductive-health/making-quality-matter/.

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ENGAGING YOUTH

Achievements

Grantees used innovative dissemination methods to deliver SRH information. Social stigma surrounding early sexual activity and family planning can discourage youth from seeking SRH services and limit exposure to accurate, objective information. Grantees harnessed technology and other information, education, and communication mechanisms to overcome socio-cultural barriers and reach youth with comprehensive, age-appropriate information.

- In **Cameroon**, CASD created a girl-friendly outreach space in the form of a **mobile ice cream shop** that travels to areas that girls frequent, such as markets, schools and churches. Trained counselors engaged ice cream shop clients in discussions on SRH topics and distributed educational brochures with a phone hotline number that youth could call for additional information. The ice cream truck has reached 17,412 girls so far, and encouraged them to discuss their questions regarding contraceptive methods without fear of judgment.

- In **Ghana**, ComAid and SCORA, in collaboration with iSolve Africa, developed an **online forum** (*ShyOut*) for university students to anonymously engage in one-on-one discussions with **peer educators** on SRH topics and submit questions for group discussion. Peer educators also conducted a

Thanks to the information I received at the mobile ice cream shop, I learned how to keep my dignity, interact with boys, and carefully go through adolescence.

— 13-year-old client of CASD mobile ice cream shop

week-long on-campus exhibition, organized monthly radio shows, and managed a Facebook page and Twitter feed. Over 500 new users joined the online forum during the on-campus exhibition, and the Facebook and Twitter pages have been widely accessed.

- In **Uganda**, MAI, CYSRA, and NWMP used **multiple channels** to engage youth, including social media and radio talk shows, youth family planning ambassadors, community meetings and events, and toll-free hotlines. Instant messaging and Facebook activity, event attendance lists, and toll-free line data suggest that the project has reached 60,000 youth.

The [QIC symposium at ICFP] was an innovative way of developing ideas to pilot. In a traditional grant application process, you don't have the opportunity to bounce ideas off of people with different expertise or background. [The QIC symposium] was a very participatory process that allowed us to work together to consider whether our ideas are really feasible."

— QIC grantee

Grantee approaches have attracted support from community and government stakeholders. Even within short project time frames, grantees have been able to generate external interest in their approaches and build support for youth-focused SRH interventions. CASD has received financial and nonfinancial community support, and three schools have invited CASD to partner with them to provide sex education to students. Students from other universities in Ghana and elsewhere have expressed interest in COMAID/SCORA's peer educator model and setting up their own forums. In addition, district officials attending an event sponsored by MAI and its partners earmarked funding for a youth center after they heard local youth discuss their reproductive health needs.

Challenges

Local stakeholders were not always supportive of grantee efforts to provide SRH information to youth. Adolescent sexual activity outside of marriage remains highly stigmatized in many developing countries, and parents and communities

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can be apprehensive about encouraging youth to engage in open discussions on SRH topics. CASD and MAI faced opposition from teachers and parents, who worried that youth targeted by their family planning education initiatives were too young to learn about reproductive health and that sharing information about contraceptives would encourage premarital sex. Engaging in conversations with parents and local stakeholders about the health and other benefits of exposing youth to accurate SRH information was critical for engendering community support.

Engaging female youth through in-person outreach and service provision can be difficult. Privacy is of particular concern to young women seeking to access SRH information. SCORA/ComAid found that female university students were more reluctant than their male counterparts to approach peer educators, ask questions, and obtain contraceptives available during on-campus exhibitions. Similarly, although CASD provided SRH information and contraceptive referrals to thousands of girls, few accessed clinic-based services because of concerns about being seen at the clinic and maintaining confidentiality, preferring instead to use nonclinical options, such as condoms distributed by the ice cream shop.

Learnings

Approaches that provide anonymity can be more effective than in-person interventions in reaching youth. Grantees found that youth were less restrained when they were able to ask questions anonymously and privately.

For example, students asked specific questions about the availability and side effects of contraceptive methods when submitting questions anonymously to SCORA/ComAid's online forum, whereas they posed more general questions during the in-person exhibition. Similarly, CASD found that ice cream shop clients who used the toll-free number often waited until late at night, when everyone was asleep, to call or send text messages seeking detailed information on family planning topics.

Multiple approaches are needed to reach youth concerned about stigma. Youth engagement efforts require a variety of youth-friendly outreach strategies, in order to reach and serve as many young clients as possible. The QIC grants incorporated multiple, simultaneous vehicles for reaching youth, including in-person service delivery and online, phone, and/or social media outreach. In-person interactions, which often took place in relatively public settings such as SCORA/ComAid's in-person exhibition or CASD's ice cream shop, were key to engaging youth initially in SRH discussions. Grants also included at least one option for one-on-one follow-up with counselors about specific questions and concerns.

We had never worked with [our QIC partner organizations] before, but since we were working on similar issues, we figured we should come together for this project. The fact that the three organizations were able to get to know each other by working together [on the QIC grant] and learn from each other's area of work was very beneficial.

—QIC grantee

LEVERAGING mHEALTH

Achievements

Grantees used mHealth solutions to strengthen service delivery and encourage client follow-up. Two grantees developed and tested mobile platforms to improve reach, efficiency, and quality of services.

• In **Tanzania**, D-tree and Pathfinder developed and tested a **mobile phone application** that guides community health workers (CHWs) in counseling family planning clients. Coupled with incentives for CHWs to register and follow up with clients, the new application increased monthly registrations 5-fold, and follow-up visits 15-fold; it also improved the workflow and clients' perceptions of the quality of family planning services delivered.[3]

> *Using the phone to provide family planning services is best because it helps you to remember every question you're supposed to ask the client. When we were using paper, we had to memorize almost everything in our heads, and would often forget things.*
>
> — Community health worker working with D-tree International and Pathfinder International

• In **Kenya**, Jacaranda sought to improve uptake and continuation of postpartum family planning through **task shifting**—which included transitioning counseling responsibilities from overburdened nurses to patient care assistants, and providing text-messaging-based follow-up counseling. The text-message system sent clients who had

adopted a postpartum contraceptive method additional information on method-specific side effects and reminders for follow-up appointments, and also provided a call-back option. Compared to clients who received in-person counseling only, text message subscribers were more likely to receive comprehensive information on family planning and to rate facilities highly on six quality measures.

Other grantees piloted mobile-phone-based data collection systems to obtain actionable client feedback on service quality and promote data-driven decision-making by health facilities.

• In **Tanzania**, FHI 360 and BongoLive developed and piloted a **feedback survey delivered via text message** to capture data on client perceptions of facility-based family planning services. Clients could complete the survey on their own time and submit their responses anonymously. The grantees also developed a dashboard to synthesize client data; this online tool automatically generated facility scores and ratings and allowed facilities to track their performance in real time. At the government's request, the project was tested in one public facility.
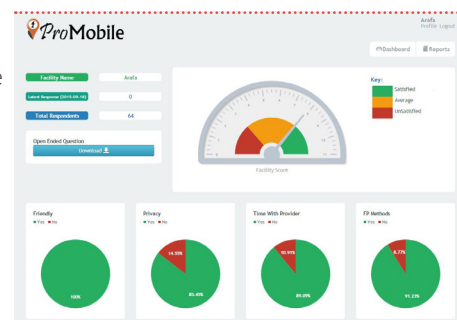
• In **Ethiopia**, ICRW and FGAE, in collaboration with Microsoft Technology Center, are developing a short **tablet-based exit survey** for family planning clients. The application, which is being tested in four FGAE facilities, has been adapted for use in low-literacy settings. It allows clients to play audio recordings of the questions and record their responses, and uses images or symbols in addition to words in a few questions. The platform also includes a back-end dashboard feature to aggregate and synthesize data in a way that facilitates quick review and decision-making by facility staff.

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[3] For clients referred to a health facility, D-Tree/Pathfinder's mobile application also prompts community health workers to administer a "Citizen Report Card" module that asks about quality of services received.

LEVERAGING mHEALTH

Challenges

Designing software solutions with non-health-sector partners required more time and effort than anticipated. Collaborating with technology partners was often time-consuming because of differences in priorities and processes. For instance, ICRW aimed to ensure that its tablet-based exit survey was usable in an environment with limited internet connectivity and potentially high levels of user discomfort with new technology—needs that were new to Microsoft. Microsoft, on the other hand, had a structured, multistep process for needs assessment, architectural design, and proof of concept development—and ICRW had to adjust its rapid turnaround piloting approach in response.

Developing content-appropriate client feedback tools entailed trade-offs between usability and comprehensiveness. Developing streamlined and user-friendly tools that also captured all relevant quality dimensions was challenging. For instance, FHI 360 sought to limit its feedback survey to 10 questions, but ensuring that all relevant aspects of quality were covered was challenging. FHI 360 eventually conducted a literature review to understand how to prioritize quality dimensions and develop a lean but comprehensive survey.

Rapid intervention adjustments were needed to successfully implement technological solutions in remote, low-literacy settings. Unfamiliarity or discomfort with technology limited take-up of some technology platforms and required grantees to modify their approaches. Jacaranda encouraged clients to respond to its text messages and request a phone counseling session with a nurse if needed, but many clients did not understand how to respond to the short codes. To address this challenge, Jacaranda will explain how to use the system in greater detail during its next round of recruitment and provide a demonstration. MAI and its partners sought to disseminate family planning information through social media, but these websites were difficult to access in rural areas with weak network coverage. In response, the grantees increased reliance on other in-person and media-based outreach strategies.

Learnings

mHealth tool development is most efficient when it includes stakeholders with both technology and health expertise. Including staff with both public health and technology experience in mHealth projects can help ensure that the needs and priorities of both sectors are fulfilled, and that collaboration and workflow are efficient. D-tree, an organization focused on mHealth, was able to work efficiently with a local mobile services company that had designed similar platforms to quickly build its mobile phone application. ICRW felt an in-house information technology consultant could have helped ensure clear, efficient communication with its technology partner and reduce the time spent on software design.

mHealth tools can be designed to preempt common technology-related challenges. Grantees found creative ways of addressing low computer literacy and poor internet connectivity. FHI 360 created an online dashboard that produces easy-to-understand data visualizations and does not require manual processing of electronic data. D-tree integrated an auto-synch function into its mobile application, which automatically transferred client data to a central server any time CHWs' phones had network coverage.

Facilities are willing to have clients review their services, despite the risk of receiving poor ratings. Health facilities partnering with the grantees supported efforts to collect and use client feedback. Staff at FHI 360's partner facilities were highly engaged—FHI 360 relied solely on facilities' promotion efforts to spread word about the project's text-message-based client feedback platform. Staff overseeing ICRW's partner facilities were enthusiastic about the project's use of a low-burden, technology-based approach for gathering client perspectives.

> *I like how personal the [text] messages are and how you feel welcomed to the program. The messages were also so helpful in reminding me how to use injectables the right way so that I don't become pregnant.*
>
> — Jacaranda client

IMPROVING QUALITY MEASUREMENT

Achievements

Grantees identified and addressed gaps and shortcomings in existing quality measures. Although the family planning field has renewed its focus on monitoring quality of care, tools and data that capture perspectives on quality are limited. Two grantees conducted research on improving quality measurement, with a focus on strengthening the base of client-centered indicators.

• Harvard's Women and Health Initiative (W&HI) developed **a scale to measure quality of provider-client interactions from the client's perspective** at the time a contraceptive method is selected. The scale, to be tested in Mexico, responds to longstanding concerns about potential coercion by providers in contraceptive decision-making, and incorporates foundational concepts and emergent innovations in patient-centered care, shared decision-making, and informed consent.

> *The focus of this research is calling attention to the potential for coercion and poor counseling. It is important to develop a robust tool that goes beyond just one question on an exit interview that says 'were you treated well?'*
>
> — W&HI staff member

• Ibis is conducting **focus groups** to collect data on Ghanaian and South African women's perspectives on and experiences with reproductive health care, particularly abortion and post-abortion care. The data will identify gaps in current quality indicators, suggest modifications to existing indicators, and help develop new indicators, with a focus on ensuring that abortion care is included in service assessment and improvement.

Both grantees have conducted literature reviews and key informant interviews that confirm significant knowledge gaps around quality measurement and reinforce the need for better and additional client-centered measures.

Challenges

Minimizing bias in quality measures demands a flexible, creative approach. Projects sought to address longstanding sources of bias in reproductive health care quality measures. W&HI found that standalone, generalized questions about client satisfaction could lead to social desirability bias—that is, to clients giving what they perceived to be desired positive responses. It opted therefore to develop a nuanced and detailed scale that allowed for more robust measurement. Ibis grappled with stigma and privacy concerns during focus group discussions, finding that women were hesitant to participate and share their perspectives. To increase response rates, women were advised that they did not need to share personal abortion experiences and could instead speak more generally about women-centered quality of care.

Defining and measuring universal quality standards are challenging. Grantees grappled with issues related to developing standardized quality measures in contexts where clients have low expectations about quality. It is important to incorporate context-specific understandings of how women should be treated during care interactions, while also ensuring that a core set of fundamental standards are met.

Learnings

Developing reliable quality measures requires significant investment in early phases of research. Grantees needed to conduct in-depth research up front to develop an evidence-based conceptual framework for measure development. W&HI conducted an extensive, multidisciplinary literature review and key informant interviews to develop a scale that not only draws on quality-of-care and human rights concepts, but also integrates key principles from other fields. Both W&HI and Ibis are conducting focus groups with women of reproductive age to understand the local status quo in reproductive health care, learn more about client expectations, and test the validity of existing or new measures.

LESSONS LEARNED ON FOSTERING INNOVATION TO IMPROVE QUALITY

- **Launching the QIC initiative at an international conference gave nontraditional stakeholders an opportunity to contribute**. Initiating the grant competition at a conference attended by a variety of organizations brought new voices into the quality conversation and facilitated the development of creative approaches to quality improvement. Organizations that brought alternative viewpoints to the table include student associations (which are able to mobilize large networks of youth), mHealth organizations (which have valuable perspectives on how to harness technology to improve health outcomes), and research outfits (which can help test and develop more accurate measures).

- **Collaborative grants encouraged organizations to combine diverse but complementary areas of expertise to develop productive partnerships**. The QIC open house symposium at the ICFP brought together organizations that had similar goals but different capabilities, and provided them the opportunity to align their areas of comparative advantage to effectively address barriers to quality improvement. MAI, CYSRA, and NWMP leveraged their joint experience to improve youth access to high quality family planning information and services. CYSRA had expertise in promoting dialogue among youth on reproductive health issues, MAI had experience in working with providers on service delivery, and NWMP had close access to government and the ability to engage policymakers.

- **Requiring on-site, collaborative proposal development facilitated participatory design and sparked innovation**. Collaborative grant applicants appreciated the Packard Foundation's directive to design their quality innovations during the open house symposium in collaboration with other organizations at their table. Brainstorming with others in the field led to creative and out-of-the-box thinking on how to address longstanding quality challenges. This approach also expedited the project design process—allowing for ideas to be discussed, assessed, and either adopted or rejected in a matter of hours, instead of days or months.

- **Short timelines and limited budgets proved challenging for some grantees and necessitated grant extensions and scope modifications**. Common implementation challenges included delays in establishing local partnerships and obtaining ethics review board approvals. In these cases, one year was insufficient for grantees to successfully launch, implement, and test planned innovations, and some needed no-cost extensions to complete project activities. Other grantees felt constrained by the relatively small amount of funding available. To execute planned efforts within budget, grantees shifted projects to new locations, narrowed the scope of project activities, or discarded certain project components altogether. One grantee conducted additional fundraising over the course of the grant to ensure that project costs were covered.

- **By introducing innovative approaches, some grantees sparked government interest in a relatively short time span**. Despite short time frames and small coverage areas, some grantees attracted considerable government attention. FHI 360's intervention included one public-sector facility because government officials learned about the intervention and expressed an interest, which project staff hope to leverage to promote further scale-up. MAI and its partners worked closely with local government, and their community dialogue events brought beneficiaries into contact with influential government representatives, who learned firsthand about urgent family planning and reproductive health needs and took immediate action to address them.

- **Grantees could benefit from learning more about each other's interventions and sharing best practices**. For several grantees, the unique value-added of the QIC was the opportunity to interact with and learn from other organizations. They stressed that they were all engaged in similar work and could benefit from sharing information on successes and challenges. Many asked to meet with other grantees (either virtually or in person) to discuss preliminary results and findings.