PSI Quality Assurance Plan-PACE Uganda

PSI is accountable to its stakeholders for ensuring that services delivered by PSI-affiliated providers are consistent with five standards that are widely regarded in the medical community as being essential to quality of care:

1. Technical Competence
2. Client Safety
3. Informed Choice
4. Privacy and Confidentiality
5. Continuity of Care

To demonstrate that PSI is meeting these standards globally, field programs will be required to submit QA plans that describe how their service delivery channels meet PSI’s core quality of care standards and are supported by accurate data and documentation. This template is designed to facilitate the development of a comprehensive QA plan. Please describe the standards, mechanisms, and processes that have been utilized in the past and will continue to be used in the future to ensure quality for all service delivery channels. QA plans should be as concise as possible. In many cases, answers can be provided in a few sentences or with a referral to existing in-house documents. Please include a copy of all forms and monitoring tools being utilized to record and track quality assurance.

Note that “Provider” in this document includes anyone delivering services for PSI, ie franchises, direct PSI employees, public sector employees, and network affiliates.

Refer to the PSI Quality Assurance Manual for additional guidelines and tools.

PART I. QA Team Organizational Chart

Describe the organizational structural in terms of who is responsible for QA in your program and provide an organization chart. Include job titles, qualifications, job descriptions, and reporting lines. Who has the final authority for making decisions about quality standards and program compliance? Note that PSI must still dedicate core internal staff to overseeing, auditing and continuously monitoring QA even if QA is being subcontracted out.

Quality Assurance Organizational Chart

Job summaries of the QA team (JDS attached)

The Country Manager – Reproductive Health is responsible for QA of the WHP. The Country Manager is supported by a team of 2 technical staff (Programs Director, Program Manager-Reproductive Health) at the office headquarters who are tasked to develop/adapt quality assurance protocols and ensure adherence by the regional teams. PACE is administratively divided up into 5 regions. Each regional QA team comprises of the Regional Health Services Manager and Regional RH coordinator. This team directly interfaces with the service delivery channels (ProFam network and partners) and is therefore dedicated to overseeing, auditing and monitoring the QA.
Programs Director – A medical doctor with an MBA specialized in reproductive health. She recommends development of annual performance improvement, quality assurance and regulatory compliance strategic plans for PACE programs and reports to the Country Manager. She also assists the Country Manager Reproductive Health in the development of quality assurance and regulatory compliance strategic plans for the WHP program at PACE and provides technical supervision to the national health services manager and regional teams. She contributes to the development and regular review of all RH technical training materials and ensures adherence to the PACE/MoH training standard.

Program Manager RH - Develops and reviews protocols to ensure quality service delivery and ensure that these protocols are adhered to by the regional RH teams through regular support supervision and reports to the Programs Director.

Regional Health Services Manager (5) - Qualified medical doctors who have experience in public health field implementation and service delivery, particularly in the area of RH. They ensure quality controls and quality standards of reproductive health service provision are adhered to by services providers and health facilities through regular support supervision and monitoring at service delivery points and reports to the National Health Services Manager.

Reproductive Health Coordinator (5) and Assistant Coordinators (10) – Similar responsibilities to managers, except supervisory visits are more frequent. They oversee all events and ProFam clinics and directly report to the Regional Health Services Manager.

PART I: Mechanisms for Achieving Quality Standards

STANDARD 1: Assuring Technical Competence

The following are PSI’s minimum standards and measureable indicators for assuring technical competence. Describe how your program adheres to these standards for all PSI-affiliated providers (e.g. as Network or Franchise members, direct PSI employees, etc). Issues for consideration as well as PSI resources available are also included for each indicator.

Measurable Indicators (MI) for Standard 1:

MI 1.1 Procedures must be performed by licensed and registered health professionals who are authorized to do the procedures by national laws.

PACE Uganda currently uses three levels of personnel for service provision as follows:

a) PACE staff consist of medical doctors, clinical officers, registered nurses, and registered and enrolled midwives. All staff who are involved in service provision have a certificate of registration under the relevant MOH associations and a valid annual practicing license which are regularly checked and filed by the PACE human resource manager

b) ProFam providers and partner sites: the category of staff is as above. All ProFam/partner sites have a valid annual operating license and a valid certificate of practice for the lead practitioner which should be on display at the site and the providers must be registered under the relevant MOH associations as well as have valid practicing license.
c) MOH and Government/Public sites; PACE only works at Health Centre IV and III which are headed by a medical doctor and clinical officer respectively. Since these are set up by MOH all staff are already registered by appropriate MOH bodies.

MI 1.2 All personnel providing IUD or Implant insertion or removal in affiliation with the program must have received training from PSI or an accredited organization and demonstrate competency to a qualified PSI affiliated medical personnel in the procedure in a clinical setting (e.g. Not only on a model).

The criteria used for selection of providers cuts across all types of channels used for service delivery. Only medical doctors, clinical officers, degree nurses (BSN), registered nurses and midwives and enrolled midwives can be selected as providers. All providers receive a 2weeks training held by PACE staff previously trained as trainers and a team of training consultants recommended by MOH reproductive health team. The training is based on the JHPIEGO training manual and adopted for Uganda by MOH. The training has both classroom training sessions (one week) followed by a practicum (one week) at a qualified health facility usually a government hospital or health center. All providers who complete the course then undergo a three day event where they undergo supervised clinical practice under strict supervision of the Regional Health Services Manager (RHSM). Each participant must conduct at least 5 IUD and 5 implant insertions proficiently after which they are given certificates of completion endorsed by MOH after which they eligible to provide LTMs.

Providers (doctors and gynecologists ) that have been inserting IUDs or implants prior to working with PACE only go through the three day event as refresher training under close supervision of the RHSM to assess their capacity after which they are eligible to provide LTMs. These providers are then entered into the regional database of providers for LTMs. RHSMs have the authority to allow new providers to offer services in affiliation to PACE. Any changes to the selection process are made as adjustments to the selection criteria although currently none have been made since inception of the project. Trainer performance is evaluated using a training assessment form after the training.

Resources in PSI Service Delivery Manual:
Guidelines for Selecting Providers/Facilities (applicable to networks and franchise)
Provider Performance Assessment for IUDs and Implants

MI 1.3 Provider must perform services according to Service Delivery Protocols approved by PSI Global Medical Director.

PACE provides health providers with clear guidelines for performing IUD or implant insertions and removals using a combination of protocols. PACE has adopted the PSI protocols, JHPIEGO and Pathfinder guidelines, as well as the WHO eligibility selection criteria. For counseling the MOH counseling guidelines are used. In addition, we are using FHI checklists for provision of IUD,
Implants and detection of pregnancy. These materials have not been approved by the PSI Medical Director. These materials are downloaded and copies distributed to providers during the trainings.

Resources in PSI Service Delivery Manual:
IUD and Implant Service Delivery Protocols

MI 1.4 Agreements with PSI affiliated providers will be renewed on an annual basis pending results from supervisory visits (skills assessments, procedural compliance).

PACE signs Agreements (MOUs) with all the ProFam sites and these are renewed annually depending on the performance of the ProFam sites which are supervised directly by the Regional Reproductive Health teams on a monthly basis. Standard M&E forms developed by PACE Uganda as well as MOH MIS forms are used for monitoring and evaluation and these are sent to the M&E manager for review. Provider skills are assessed by the RHSM during event days and outreaches and areas for improvement are addressed. PACE uses the IUD and Implants performance standards to assess quality of services that a provider provides. PACE also provides health providers with updated materials e.g. counseling guides and checklists on LTMs. Support provided is documented in the monthly reports provided by RHSMs.

Resources in PSI Service Delivery Manual:
Provider Performance Assessment for IUDs and Implants
- Initial Skills Assessment Guide
- Checklist: IUD and Implant Knowledge Assessments
- Checklist: IUD and Implant Skill Level Assessments

MI 1.5 All PSI-affiliated providers or collaborating partners and facilities will have a current letter of agreement or employment contract with PSI that clearly stipulates the roles and responsibilities of both parties and consequences of non compliance.

PACE has MOUs with both Profam/partner providers and districts where we work with public sites as well as with MOH reproductive Health department which clearly stipulate roles and responsibilities of PACE and the partner. MOUs with Profam/partner sites stress adherence to PACE quality standards and how the partnership maybe terminated. MOUs with MOH and districts state that PACE will work under the mandate of MOH.

PACE follows the Tiahrt amendments and does not reward providers on basis of FP method a client chooses. Incentives or recognition for strong performance is rewarded with equipment and commodities, branding of sites with Profam logo, and promotional activities e.g. holding an outreach event at the site. Sites are terminated once they do not fulfill the eligibility criteria and this is supported by clauses in the MOU with partners.

Resources in PSI Service Delivery Manual:
Sample Letter of Agreement
STANDARD 2: ASSURING CLIENT SAFETY

The following are PSI’s minimum standards for assuring that services are delivered safely to clients. Note that a key component of this, provider competency, has already been covered in Section 1. Describe how your program adheres to these standards for all PSI-affiliated providers (e.g. as Network or Franchise members, direct PSI employees, etc.)

Standard 2: Measurable Indicators (MI)

MI 2.1 Provider properly screens clients for service eligibility, according to PSI Service Delivery Manual protocols.

The service provider screens clients for eligibility using the PSI service delivery manual protocols and WHO eligibility wheel. Proper screening is verified through client exit interviews on the day of the insertion. Follow up of clients is done 6 weeks after insertion. On the day of the insertion, each client is given a return date (6 weeks post insertion) for review.

Resources in PSI Service Delivery Manual:
PSI IUD and Implant Service Delivery Protocols: Section 4

MI 2.2 All PSI-affiliated facilities comply with the minimum facility standards for the service offered as per the PSI Service Delivery Manual and are approved by a PSI medical representative before beginning service delivery.

PACE has adapted the IUD and implant checklists in PSI Service Delivery manual and MoH guidelines. The facility assessment is conducted by PACE regional Reproductive health team. The team members’ qualifications include medical doctors, clinical officers, registered nurse/midwives, enrolled midwives. Before the facility begins delivering services, the regional team ensures that they meet the PACE minimum standards. In addition, PACE provides on job training to ProFam network members through participation in event days (On- going process). PACE also provides an initial start up package of consumables and equipment (autoclave, IUD insertion kits) for ProFam network members who need them after confirmation from a site visit. Support supervision activities are recorded and a copy of the report is kept at the facility and PACE regional office. The regional team specifically the RH coordinator is responsible for enforcing follow up of deficiencies identified.

Resources in PSI Service Delivery Manual:
Provider and/or Facility Selection Guidelines and Tools
Facility Audit Checklists: IUD and Implant
Supervision and Support Guidelines

MI 2.3 Provider follows PSI approved procedures for infection prevention (IP).

PACE adopted the infection prevention guidelines from JHPIEGO. These guidelines have been summarized into flow charts for easy reference. Decontamination and sterilization is used at PACE
affiliated facilities (ProFam network). Decontamination, high level disinfection/sterilization are used at the event days. PACE provides all supplies for the event days while members of the ProFam network procure their own supplies. At least two health service providers are assigned the role of overseeing and providing infection prevention procedures.

*Resources in PSI Service Delivery Manual:*

**PSI IUD and Implant Protocols, Section 3**

**MI 2.4** All required insertion equipment, infection prevention equipment and consumables are available in sufficient supply and not expired (i.e. bleach, gloves, proper equipment, and product).

PACE provides all consumables and commodities required for the event days at start up clinics after which clinics are encouraged packaged IUDs that are packed with consumables such as sterile gloves and cotton. For the ProFam we provide an IUD set and autoclave for clinics that need them. The RHSM continuously monitors the stock available at the clinic through our routine supervision visits and compared with the number of insertions performed per unit.

*Resources in PSI Service Delivery Manual:*

**Facility Audit Checklists: IUD and Implant**

**MI 2.5** Providers and other project-affiliated staff follow PSI mandated procedures for handling and reporting adverse events so that appropriate and timely follow-up care can be provided to clients if necessary.

An adverse event is defined as per the PSI adverse event policy. PACE has put in place procedures to assure appropriate and timely follow up and reporting. Event days are held at a health facility (1-2 health workers identified as point persons) where clients can return in the event that any complication occurs before six weeks of planned follow up. The regional team is informed immediately if any client reports back with a complication. For cases where the facility is unable to handle the complication, clients are referred to regional/district hospitals for management. In case of any adverse event at the affiliate clinics, the regional teams are informed immediately and they in turn inform the country manager reproductive health. The PACE team clearly documents all adverse events including the management procedures done. Each PACE region has identified referral centers per district. The guidelines/protocols in place clearly mention who should be contacted and what should be done by whom. The regional teams provide regular support supervision to the ProFam network sites.

*Resources in PSI Service Delivery Manual:*

**PSI Adverse Events Procedures and Reporting**
STANDARD 3: ASSURING INFORMED CHOICE

The following are PSI’s minimum standards for assuring that clients are making an informed choice when receiving services from PSI affiliated providers. Describe how your program adheres to these standards for all PSI-affiliated activities.

**Standard 3: Measurable Indicators (MI)**

**MI 3.1** Clients must receive appropriate counseling that includes comprehensible information about the benefits, risks, and side effects, of any chosen modern method prior to receiving that method (either by the provider herself or another designated counselor).

PACE ensures that clients receive counseling on all the available modern FP methods with an emphasis on benefits and possible side effects. At event days, providers provide an initial group counseling on all FP methods before more detailed counseling is done on individual FP methods to ensure informed choice. This is followed up by individual client counseling which is not limited to particular methods. PACE uses MOH counseling guides which provide information on all FP methods.

*Resources in PSI Service Delivery Manual:*
*PSI IUD and Implant Service Delivery Protocols: Guidelines for Counseling the Client*
*PSI Document: Leveling the Playing Field*

**MI 3.2** Clients will have access to a range of modern methods or information on where to obtain such methods.

PACE does not provide short term FP methods but ensures that sites where we have LTM have stocks of other FP methods e.g. Governments sites access other FP methods (Pills and Injectables) through the National Medical Stores. Where possible, PACE works with other partners that provide other FP methods e.g. UHMG, HIPs, MSI etc to ensure that clients have access to the full range of FP methods. PACE also provides information on TRUST condoms as an FP method.

*Resources in PSI Service Delivery Manual:*
*PSI Document: Tiahrt Considerations for LAD (WHP) Programs*

*Other Resources:*
*USAID’s Guidance for Implementing the “Tiahrt” Requirements for Voluntary Family Planning Projects*

**MI 3.3** Providers and program personnel are not subject to any targets or quotas for the number of family planning acceptors or acceptors of a particular method.

PACE does not tag incentives to numbers of FP acceptors or acceptors of a particular method that a provider or program personnel see.

*Resources: See above*
MI 3.4  There are no incentives to individuals in exchange for becoming acceptors or to program personnel for achieving targets or quotas for numbers of acceptors of a particular FP method.

PACE does not provide incentives to individuals in exchange for becoming acceptors or to program personnel for achieving targets or quotas for numbers of acceptors of a particular FP method.

Resources: See above

MI 3.5  All Incentives Schemes for providers and recruiters will be documented and submitted for approval to PSI/Washington to assure that there is no coercion and unacceptable bias.

PACE has developed a non cash incentive scheme that is in line with the Tiahrt amendment. Incentives are not tagged to any particular FP method and providers are not given performance targets or quotas.

Resources in PSI Service Delivery Manual:
PSI Document: Leveling the Playing Field

STANDARD 4: ASSURING PRIVACY AND CONFIDENTIALITY

The following are PSI’s minimum standards for assuring that clients are making an informed choice when receiving services from PSI affiliated providers. Describe how your program adheres to these standards for all PSI-affiliated activities. Describe how your project ensures that client’s rights to privacy are respected by providers delivering services for PSI.

Standard 4: Measurable Indicators (MI)

MI 4.1  Services, especially IUD insertions, are performed in a setting that offers the client privacy (i.e. the setting is screened from view of others).

PACE has procured screens to provide privacy to clients receiving services especially IUDs. In addition adequate privacy is one of the criteria for selecting ProFam sites.

MI 4.2  Precautions are taken to ensure that client records are stored safely and confidentially.

In Government and public sites PACE follows the record keeping procedures of the facilities but tries to emphasize that client records are stored safely and confidentially. PACE does not have any policies for employees and affiliates on client confidentiality although training does emphasize confidentiality.

Resources in IUD Service Delivery Manual
Site Selection Tool Phase II: Assessment of Necessary/Required Conditions
Site Selection Tool Phase III: Assessment of Preferred Conditions
STANDARD 5: ASSURING CONTINUITY OF CARE

The following are PSI’s minimum standards for assuring that clients are able to obtain follow-up care if and when needed. Describe how your program adheres to these standards for all PSI-affiliated activities.

Standard 5: Measurable Indicators (MI)

MI 5.1 Provider informs clients about post-insertion care, including circumstances under which she should return to the clinic or referral site and schedules a follow-up appointment where indicated.

All PACE providers and affiliates are supposed to provide information to clients about post insertion care as part of the counseling check list and this is also assessed in the exit interviews. In addition, VHTs are used to follow up clients in their communities and this is monitored through PACE Community Mobilization Coordinators (CMC). The RHSM is the contact person and he makes phone calls to health providers where PACE has had LTM service provision. PACE also provides a referral list to health centres where services have been provided as well as referral cards for clients for post-insertion care.

Resources in IUD Service Delivery Manual
PSI IUD and Implant Protocols: Post-insertion Procedures
PSI Adverse Events and Complications Policies and Procedures

MI 5.2 If provider is not available or not qualified to provide appropriate follow-up care (as with some event days or in case of an adverse event), she or he has a list of PSI-approved referral sites and informs client of where to go for follow-up care (either by telling her or giving her a referral card).

All clients are provided with a referral card after LTM service provision. Initial referral is usually to the site where the LTM services were provided and only when this site cannot provide services is the client referred to another unit. Secondary referral is mainly to district referral hospitals. All PACE sites are provided with a list of referral sites and the telephone number of the RHSM.

MI 5.3 The facility provides the client with information on who to call or where to go in case of emergency or if she has questions or concerns.

Clients are provided with vital information regarding side effects and directions on how to respond to an emergency. This among others includes immediate call to the provider site using telephone contacts provided to clients in addition to any other recommended health facility within the vicinity of the client. Each region has developed a referral system per district and per clinic that is clearly displayed at each facility.

MI 5.4 PSI programs have a mechanism to assess client satisfaction with services including pre-counseling, insertion, provider access, and follow-up care.
Village Health Teams (VHTs) and CMCs follow up clients to their community to assess client satisfaction. Client satisfaction study is done around the catchment area of the affiliated provider sites among the target population.

PART III: DOCUMENTATION AND MIS

Record-keeping and documentation are essential components of quality assurance. The Standards above include various requests to describe the process of collecting accurate and useful information about the quality of services delivered, and asks how that information is later recorded, monitored and reviewed. For this section, please describe the Management Information System (MIS) in place, and include copies of all forms and monitoring tools in use. All efforts should be made to ensure that all data collected (routine service statistics, performance assessments, adverse event forms, supervision reports) is accurate, complete and timely.

Issues you may want to consider

How are client data, including service delivery statistics, collected and recorded by PSI?

The WHP MIS consists of both computerized data and paper based library. The purpose of the MIS is to manage data for monitoring project progress over time, and provide feedback for informed decision making. PACE MIS tracks quantitative data related to the Log frame indicators to monitor progress of project implementation. E.g. no of IUDs inserted, No of implants inserted, etc. The primary data collection point is the health facility where clients are provided with the service and vital information captured onto the MIS. Each client is assigned a unique number for easy identification and tracking.

Data collected at the ProFam sites is submitted to the PACE regional office – RH office in form of a hard copy monthly report that is in the approved format. The RH coordinator checks for completeness & accuracy of the data and gives feedback to the ProFam sites. Accuracy is further checked by comparing the number of method insertions against the quantities of the products given and stock balances. This data is then entered into the computer as a report of that particular site for the specific month.

Data from the regions is sent to the PACE central M&E unit through the operations department in form of monthly report both in soft copy (email) & duplicate hard copy sheets of the MIS register. The M&E manager reviews the soft copy regional reports and crosschecks against the hard copy duplicate sheets to ensure completeness and accuracy of the data. Where inconsistencies in data are spotted, the M&E manager falls back to the respective regions for clarification.

Data storage

Data from the regional reports is compressed and entered into a central database (excel) for analysis and generation of reports. The database is hosted onto the PACE shared drive for staff with only M&E unit having rights of editing. Complete and verified data is entered into the PSI web based data base every month.
How is provider-performance data collected and recorded? To who is data sent?
Service quality is closely monitored by the regional RH team during the routine supervision as shown in the above sections, for critical issues immediate feedback is given to each provider during the visit while follow on action points are executed by the field staff. A report is made at the region which is shared with the health service team on monthly basis.

How does PSI verify the accuracy of data collected?
In addition to the verification of project reports by field staff and M&E unit, the PACE M&E manager & field staff make routine spot checks to the various clinics to validate the accuracy of reports from the sites and also assess the whole documentation process. Tools like the dummy table and tally sheets will be used to validate data at the different levels. These field visits will also create an opportunity to build capacity of field teams in M&E.

How do we share credit with other organizations or the government to prevent double counting?
PACE’s MIS system has useful data which can be shared with other organizations & government departments to show our contribution to the national goal of improved reproductive health and reduction in unintended fertility. Information is extracted from the database for dissemination on project progress to PACE management, donors & other stakeholders such as affiliated service providers (Profam sites through quarterly stakeholder program review meetings. Monthly, quarterly, semi-annual and annual reports are generated from the database to this effect. On a quarterly basis, the M&E manager produces a state of program performance report that is shared with senior management for discussion. The M&E office also shares with the regions their performance data over the previous period and they are able to compare with performance by other regions.

PACE is measuring indicators that are consistent with national & international standard indicators to allow for proper comparison and integration. To avoid double counting at public facilities PACE therefore reports to the MOH through the districts HMIS. The ProFam network FP numbers are reported directly to the donor and are not captured by the MOH systems.

Are source documents kept by providers/facilities and can they be made available upon request?
The primary data recording documents (MIS form) is filed at the different health units. The monthly report form for clinics has triplicate leaves. The original leaf is kept at the facility, the two duplicate copies are submitted to PACE regional office for verification, and the triplicate copy is later submitted to PACE head-office for verification of soft copy reported data as a standard. Because most facilities have poor documentation management systems, PACE provided filing materials for proper keeping of documents at the health units and for easy accessibility.
How will you ensure that new staff is trained up in record keeping and documentation procedures?

At the beginning of project implementation field staff are involved in data recording and reporting (RH team & regional heads) were trained on using the various project forms by the M&E manager. The field staff are trained to become champions in their own regions by passing on the training to the different providers involved in data management. During implementation, the M&E manager has been providing continuous support to the field teams in data management basing on the individual staff needs and lessons learned. Any new staff or provider is oriented by the M&E team and supported by the experienced PACE field teams.

Resources in PSI Quality Assurance Manual
M&E Framework for PSI Service Delivery
Provider Performance Assessments -- Guidelines and Tools:
  • Provider Performance Assessment Forms

Routine Supervision and Support – Guidelines and Tools:
  • Routine Service Delivery Statistics Collection Form
  • Service Delivery Summary Statistics Tracking Tool

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