ABSTRACT TITLE: Optimizing Decisions and Support Supervision: Using Data for Health System Improvements

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Significance / Background: Health networks are growing fast, and paper-based tools make decision-making for health systems slow and complex. Technology has significantly improved performance for organizations in areas such as procurement. However, support supervision has not harnessed recent technological advances. Support supervision can easily be systemized and documented to optimize its effectiveness and, hence, provider performance.

Program intervention: PSI created the Health Network Quality Improvement System (HNQIS) application to help Quality Assurance Officers (QAOs) plan and follow-up their supervision visits to private providers. HNQIS was set up using District Health Information Software 2 (DHIS2). HNQIS assists the quality improvement team assess quality of care of providers’ services, measure their proficiencies in respective skills areas, and highlight missed critical steps. Monitoring allows providers to identify areas of improvement, which helps focus mentorship visits to improve technical knowledge and skills.

Methodology: PSI - Uganda began using the HNQIS app in 2017. Using its family planning quality improvement assessment, QAOs assessed and mentored health providers throughout Uganda through observation. The assessment includes contraceptive counseling, oral contraceptives, injectables, intrauterine devices, and implants. 139 FP assessments were completed for 101 health providers. Using the responses, Quality of Care (QoC) scores were computed at the end of the assessment. Responses are yes/no answers to questions measuring provider quality, such as whether abdominal exams for suprapubic tenderness and masses are performed before inserting an intrauterine device or whether expiry dates of oral contraceptives are checked. Since providers have multiple assessments over time, the results and key findings are calculated using most recent QoC scores.

Results / Key findings: Between April, May, and June 2017, the percentage of providers who scored above 80 increased from 90.2% to 91.9% to 93.1%. PSI supervisors prioritized resources and efforts into facilities that scored below 80. Providers with low QoC scores and high client loads referred clients to higher performing providers. Supervisors also retrained family planning skills.

Program Implications / Lessons: Using data properly is powerful. Constant monitoring leads to greater quality care by comparing quality versus quantity and allocating supervision resources based on need. Systems should provide visual evidence of areas with need. DHIS2 visualizes quality per region in tables and geographical maps and provides data-to-action frameworks, which are tables that indicate what information is needed to make a decision and what actions should be taken based on the collected data. HNQIS and DHIS2 unquestionably optimize the process of reading data and enhancing support supervision by driving evidence-based decisions, changing system designs, and combatting low skill levels.