

### **133: QUALITY RECOGNITION: AN ACCREDITATION MODEL FOR LOW-RESOURCE SETTINGS GLOBALLY**

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#### **Objective:**

Conduct multi-country analysis of programs in low-resource settings that couple accreditation with strategic communication to publicly recognize and motivate quality improvement.

#### **Methods:**

Accreditation programs are only effective in improving quality of care if workers perceive a benefit for achieving accreditation. While a number of regulatory and financial motivators are present in developed countries, this is not always true in developing countries where a much of the population relies on public sector health services. *Quality Recognition*, a model of accreditation adapted to such settings, couples regular assessment of service delivery performance against a set of pre-determined standards – with a complementary public communication strategy. The communication strategy serves to increase consumer 'demand' for quality, as well as to develop a culture of quality among service delivery staff. It includes a combination of mass media, community mobilization and other IEC activities. This study examines the impact of *Quality Recognition* in improving the quality of reproductive health services Brazil, Egypt, Uganda, and a West African Regional program in Burkina Faso, Cameroon, and Togo.

Qualitative and quantitative methodologies were used to evaluate the programs. While each was carried out independently of the others, a number of design similarities exist. Longitudinal analyses were conducted using data from: 1) accreditation assessments; 2) service statistics; 3) omnibus survey; 4) client exit interviews and 5) focus groups discussions. Comparison between matched intervention and control service delivery sites were also conducted for Brazil, Uganda and West Africa.

#### **Results:**

In all countries, the number of clinics that improved performance, and ultimately were accredited, increased with time. This increase occurred despite the fact that some clinics failed to maintain their accreditation. Within the first year (1996-1997), the percent of standards met by participating Brazilian clinics rose from an average of 12% to 94%. The number of clinics achieving 100% compliance in Egypt rose from 696 to 1887 between 1996 and 2000. Ugandan clinics averaged 47% compliance in 2001, but 71% in 2002. By 2001, three years into program implementation in West Africa, 100 of 206 participating clinics were accredited.

Service utilization also increased. Service statistics from 10 Brazilian pilot clinics show a 74% increase in visits in the first 6 months of the recognition program. 75 Ugandan sentinel facilities showed an average 55% increase in the number of monthly visits over two years. In the first year in Cameroon, new clients visiting accredited sites increased from an average of 25 to 35 per month.

Client satisfaction rose. Multiple rounds of client FGDs in Brazil demonstrated both that clients believed quality had improved and that their own standards for judging quality had rose. Exit interviews in West Africa indicated a 98% client satisfaction with overall quality, 92% reported adequate privacy in consultation and 90% thought the waiting time acceptable.

An associated increase in a range of health indicators is also observed. In Egypt, CPR rose 8% from 1995 to 2000. Male condom use for STI prevention increased 4% between 1995

and 1997. In West Africa, 23% of women attending accredited clinics and exposed to the recognition campaign began using modern contraceptives as compared to 8% not exposed.

**Conclusions:**

*Quality Recognition* is a viable model for improving the quality of health care in programmatic contexts that lack regulatory and financial incentives for provision of quality health service. Strategic communication provides an array of approaches that can strengthen any accreditation effort by creating a synergistic increase in public expectations for quality services – as well as motivating behavior change among service providers.