

VIRTUAL QUALITY OF CARE ASSESSMENT TOOL

USER GUIDE 2022



FOREWORD

Provision of high quality Sexual Reproductive Health (SRH) care not only ensure the client's rights to receive the highest attainable standard of care but also promoting utilization of integrated SRH care by clients resulting in prevention of adverse SRH outcomes such as number of unintended pregnancies, unsafe abortions and sexually transmitted infections.

One of the new IPPF strategy 2028 goal is to deliver quality person-centred care to more people, in more places in all their diversity. The strategy aspires to build person-centred care models investing on use of digital health, self-care and other innovative healthcare interventions which adapts to clients' needs in different context and hence maximizing our effort on better reach to the community especially for those who are excluded and marginalized. Quality of care remains the guiding principle, standards, and value for the Federation in this new strategy as well as in previous IPPF strategies for ensuring quality client-centred and rights-based care for all people.

During the COVID-19 pandemic, particularly due to its safety and restrictive measures, IPPF Member Associations (MAs) faced challenges in the continuity of SRH care as well as regular monitoring and assessment of quality of its services which were based on physical interaction. Many of our MAs have adapted the digital health interventions and other innovative service delivery models for service continuity and there is increasing need for quality assessment through these interventions. Given the context, to support the MA's work on its quality assessment routine and new service delivery model, ESEAOR has taken initiative to develop a hybrid quality assessment tool that can be utilized in both remote/virtual and onsite settings during the COVID-19 pandemic and beyond.

After going through a series of consultation with experts from MAs and Secretariat and thorough development process, we are now please to launch this comprehensive updated quality assessment tool which covers key elements of IPPF QoC framework, IPPF membership standards for quality of care, humanitarian, and digital health interventions. We hope this quality assessment tool will be effectively used to strengthen MAs quality assurance systems and processes for ensuring delivery of quality person centred care particularly for those who are excluded and marginalized people throughout the journey of IPPF new strategy 2028 and beyond.



TOMOKO FUKUDA
REGIONAL DIRECTOR,
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“ Quality of care, a client-centred approach to providing high-quality health care as a basic human right, is an essential element of sexual and reproductive healthcare delivery. ”

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ACRONYM

CMIS	Clinic Management Information System
FEFO	First Expire First Out
HIV	Human Immunodeficiency Virus
IMAP	International Medical Advisory Panel
IVR	Interactive Voice Response
MISP	Minimum Initial Service Package
SDPs	Service Delivery Points
GBV	Sexual and Gender-based Violence
SMS	Short Message Service
STIs	Sexually Transmitted Infections





1. INTRODUCTION

The International Planned Parenthood Federation (IPPF) is a worldwide movement of national organizations working with, and for communities and individuals to provide health services that further access to sexual and reproductive health and rights for all.

Quality of Care (QoC) is central to health service delivery supported by IPPF. It depends on the relationship between providers and clients, and high-quality services must be delivered with respect, compassion, and empathy, in line with the client's needs, values and preferences. Simultaneously, demand for services must be generated by increasing awareness in the community about their health needs and rights. Services of high quality further increase their demand, acceptance, uptake and long-term use within the community.

The presence of an ongoing robust quality improvement system based on a conceptual framework, standardized procedures and tools for quality assessment, is critical to monitor and ensure high quality of health services. Regular assessment of quality also helps to identify gaps and root causes, which must be addressed as soon as possible to ensure continuous quality improvement.

2. IPPF QUALITY OF CARE FRAMEWORK

The IPPF Strategic Framework 2016–2022 encourages the institutionalization of a structured QoC system at all levels of the Federation, to build on lessons learnt from and improve existing quality assurance mechanisms. Such a system is currently being used at all levels of the Federation, including Member Associations, to assess the quality of services provided on a regular basis, and make improvements where needed. ‘Meeting essential quality care standards at all core facilities’ has been further addressed as IPPF commitment under the new strategy 2028 - Pillar One of Centre Care on People.

The **2015 IPPF Quality of Care Framework** ([Annexure 1](#)) identifies **seven key elements** as necessary to the provision of quality services. The key elements are based on a **client-centred approach**, as the client is at the centre of IPPF's approach to quality of care. Each of the seven key elements has a number of essential components, each with their own criteria or standards, by means of which the quality of each component is assessed.



2.1 PRINCIPLES

The IPPF QoC Framework seeks to engage and empower clinic staff in identifying their own quality issues and concerns, and to involve them as key stakeholders in joint decision making on the recommendations and action planning for improvement. The ownership and responsibility for quality assurance and improvement should rest as much with the clinic staff as it does with the quality of care teams.

2.2 EXISTING PROCESS

The IPPF Member Associations (MAs) are committed to ensuring high quality services at all their service delivery points (SDP) continuously, through annual quality assessment activities and implementation of recommendations from these assessments. This ensures that services always meet IPPF quality of care standards.

Regular assessment of quality of care is considered integral to good programme management.

To ensure Quality of Care (QoC) to IPPF standards, MAs must set up a Quality Assurance (QA) Team and take action both at the service delivery point (SDP) level and at their headquarter (HQ) level.

Service Delivery Point or Clinic Level

The Quality Assurance Team at SDP level should ideally include a

- Clinic manager
- Clinic health care provider
- Clinic Administration/accounts officer

The clinic manager leads the annual quality assessment (AQA) process for the clinic with assistance from his /her team of service providers and administrative, accounts and logistics staff. The AQA is preferably done at the beginning of the year (Q1) so that necessary improvements can be put in place in a timely manner, to observe their impact by the year end. However quality assessments may need to be conducted more frequently if there are significant quality concerns that need immediate action and speedy follow-up.



The QA process usually includes the following activities at SDP or clinic level:

- A physical tour of the clinic to review infrastructure, clinic set-up, client flow mechanism, equipment, supplies and maintenance
- A clinic management review (review of clinic programme management, logistics and commodities, administration and human resources)
- Review of clinic infection prevention and control practices (including waste disposal)
- Review of provider - client interactions at the clinic
- Assessment of provider skills
- Review of clinic data management systems
- Review of client exit interviews
- Discussion on current QA findings and scoring
- Comparison of current QA findings/scores with the previous QA report
- Joint development of a quality improvement action plan with clinic staff

The above activities usually require **at least one full day**.

The clinic visit is followed by sharing of QA findings, scores and action plan with the Quality Assurance Team at MA Main Office or MA HQ, who provide necessary follow-up support to the clinic.

MA HQ Level

The HQ Quality Assurance Team consists of:

- Staff from Medical/Programme unit
- Health care provider from a peer clinic
- Clinic manager of the clinic to be assessed
- Staff from Monitoring and Evaluation/Integrated Management System teams and IT team (if clinic uses IT based Clinic Management Information System, CMIS or electronic medical records)
- Staff from Logistics and Commodities division
- Staff from Administration and Human Resources divisions
- Staff from Finance units (clinic and HQ financial audit teams)

The HQ Quality Assurance Team should schedule time to conduct at least one quality assessment of all their service delivery points, especially static clinics, by the middle of the year (May to August). This ensures that funds needed for quality improvements and technical support (e.g. provider trainings) can be included in the following year's annual programme budget.





The QA process by the MA HQ QA Team includes similar activities at clinic or SDP level:

- Introduction of clinic staff
- Presentation of their last internal QA findings and local resolution of quality assurance concerns. Unresolved issues that need further support from HQ are highlighted at this point.
- The HQ QA team leader provides an overview of the QA process and expectations, including the development of a joint action plan based on findings from the assessment.
- A physical tour of the clinic (infrastructure, set-up, client flow mechanism, equipment and supplies, maintenance)
- A clinic management review (review of programme management, logistics and commodities, administration, human resources)
- Review of clinic infection prevention and control management (including waste disposal)
- Review of provider- client interactions
- Review of provider skills
- Review of Clinic data systems
- Review of Client exit interviews
- Review of previous HQ QA findings and scores and comparison with current findings and scores
- Discussion with clinic staff on findings and scores from the current assessment process
- Joint development of an action plan that is followed-up in 6 months

2.3 TOOLS

Several versions of quality assessment tools have been used throughout the Federation, namely,

01

IPPF Quality of Care Improvement Process: Manual for Service Providers and Managers (Gates-funded quality of care initiative, 2005)

02

Evaluating the quality of comprehensive services for unwanted pregnancy (Western Hemisphere Region, 2007)

03

Clinic monitoring tool: IPPF's Global Comprehensive Abortion Care Initiative (Central Office, 2008)

04

Clinic audit tool: IPPF's Global Comprehensive Abortion Care Initiative (Central Office, 2011)

05

Branch monitoring tool (South Asia Region, 2012)

06

Provide-strengthening youth friendly services; Adolescent team (Central Office, 2014)

07

Quality of Care Guidelines (Africa Region, 2015)

The one thing common to all IPPF quality assessment tools is that it must be guided by the IPPF Quality of Care Framework and build on existing learning and best practices. This is to ensure minimum disruption to existing quality assessment systems and buy-in from key stakeholders e.g. service-providing Member Associations.

3. RATIONALE

COVID 19 and Access to Essential SRH Services

The rapid increase in Covid-19 confirmed cases and related deaths reported globally, led to enforcement of strict measures in many countries to curb the spread of the virus. These measures included movement and physical distancing restrictions and other containment efforts such as the mandatory use of personal protective equipment (PPE).

The pandemic and its consequences adversely affected the availability of and access to sexual and reproductive health (SRH) services, which were suspended, reduced or reorganized to protect service providers and clients from Covid-19 and to support governments' response to the pandemic. Services have been affected by shortage of health workers, lack of essential SRH commodities, supplies and PPE, restricted mobility, and fear of contracting the virus. Services affected include information and counselling on SRH services, CSE, contraception services, safe abortion services, maternal and new-born health services, services for sexual and gender-based violence (SGBV), STIs/HIV, infertility, and reproductive cancer.

Reduced access to essential SRH services can potentially lead to increase in unintended pregnancy, unsafe abortion, complications of a neglected pregnancy and childbirth, resulting in more maternal and new-born morbidity and mortality. Discrimination of marginalized groups, refugees, people with disabilities and those living in extreme poverty is further aggravated in these situations.

Reduced access also increases existing gender- based inequalities. A large number of frontline health workers are women, who are often the sole caretakers of their family, many of whom are infected with Covid-19. Restriction of movement and loss of work increases sexual exploitation and abuse. It increases the vulnerability of women and girls to sexual and gender-based violence (SGBV) as they are forced to remain confined with family members and/or partners who are perpetrators of SGBV.

Young people are affected by the closure of social spaces including schools, community centres and health clinics where many of them receive comprehensive sexuality education (CSE) and SRH services.

Decrease in supply of SRH services is often offset by an increase in demand reported by many MAs, as many public and private health facilities become unavailable or unwilling to provide SRH services. It is critical that essential and life-saving SRH services continue to be provided for women and girls. The IPPF IMAP has provided clear guidance on maintaining the continuity of essential SRH services including CSE, during the Covid pandemic.

The **IMAP guidance** has recommended the following:

- use of innovative approaches such as digital health (telemedicine, mobile apps, information through SMS etc) for counselling, information, sexuality education and follow-up;
- provide counselling, selected SRH services and replenishment of SRH supplies outside the clinic using a mix of self-care, digital health and community-based providers
- deliver essential SRH supplies using mailing and doorstep delivery of contraceptives, medical abortion and other essential products such as pregnancy test kits
- prioritize life-saving SRH services in the Minimum Initial Service Package (MISP) e.g. contraception, safe and post abortion care in places where Covid-19 occurs in fragile or humanitarian settings.

Quality Assurance of Services

While it is critical to continue providing essential and lifesaving SRH services and commodities during the pandemic, it is equally important to ensure that the services provided conform to quality standards outlined in the IPPF Quality Assurance Framework, are client centred and above all, do no harm.



4. VIRTUAL QUALITY ASSESSMENT (VQA)

4.1 OBJECTIVE

IPPF ESEAOR plans to pilot and scale-up a remote or virtual quality assessment system by adapting existing quality assurance systems, processes and tools and using the recommendations from IMAP, with the following objectives:

- 01 to guide IPPF and its MAs on how to remotely/virtually monitor and support SDPs and their SRH services in line with the IPPF quality of care framework and standards, during the COVID-19 pandemic and beyond
- 02 to keep providers, clients, and assessors safe from contracting Covid-19
- 03 to contribute to IPPF virtual accreditation review and assessment (Principle (9) Committed to Quality Standard) and,
- 04 to enhance the use of digital technology in SRHR work by the MAs.

The virtual quality assessment system will pilot

- innovative approaches such as use of the telephone for voice calls/consultation or use of digital technology using smart phones, tablets etc. Audio and/or video-consultations can be recorded or conducted live using mobile platforms such as Messenger and Whatsapp, audio/video internet platforms such as Zoom and MS Teams. SMS messaging, IVR systems etc can also be used depending on the infrastructure available
- a hybrid/blended quality assessment approach using a mix of physical on-site and virtual off-site assessments, depending on local context, Covid situation and availability of assessor.

4.2 PRINCIPLES

The Virtual Quality Assessment system will be supported by an assessment tool and accompanying user manual. The assessment system will follow the principles of the IPPF QoC Framework; the tool and user guide will be based on the seven key elements of the framework, their essential components and quality standards outlined in [Table 1](#).





Table 1 : Key Elements, Essential Components and Standards

1 SAFE AND CONFIDENTIAL ENVIRONMENT	
ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS
1.1 Appropriate set-up and structure	1.1.1 Clinic designed for category of services provided 1.1.2 Well signposted with information on opening times and services offered 1.1.3 Opening times convenient to clients 1.1.4 Entrance clean, unobstructed and client-friendly 1.1.5 Good general maintenance
1.2 Accessible location	1.2.1 Accessible and cheap by public transport 1.2.2 Accessible for people living with a disability
1.3 Safe environment for both providers and clients	1.3.1 Located in an area safe for women to travel to on their own 1.3.2 Security of clients and staff ensured 1.3.3 Systems in place for supporting and protecting providers and community workers from threats and criminalization (e.g. abortion, LGBTI, young people etc.)
1.4 Privacy and confidentiality	1.4.1 Exchange of information between clients and service providers occurs in an environment that secures privacy (e.g. entry into consultation rooms is restricted during client interviews and physical examinations, and client files/records are in a safe place with restricted access) 1.4.2 Effective (one-way) client flow mechanism in place 1.4.3 Client's audio and visual privacy ensured 1.4.4 Registration done confidentially 1.4.5 Confidentiality of record keeping
2 COMPREHENSIVE INTEGRATED SERVICES	
ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS
2.1 Integrated package of essential services (IPES)	2.1.1 Association facilitates – by provision, advocacy or referral – access to an integrated package of essential services (IPES) and additional SRH services 2.1.2 Effective system for documenting services provided, in place 2.1.3 Clients offered integrated package of services in addition to the index service
2.2 Comprehensive Information	2.2.1 Information, Education and Communication resources exist that facilitate clients' education to make informed and free decisions on sexual and reproductive health, especially on family planning methods, STIs/HIV and AIDS prevention and care, comprehensive abortion services 2.2.2 Provide information on services available in the clinic, explain what to expect during the visit (where to sit, how long it will take, and so on) 2.2.3 Answer questions and/or concerns raised by the client in a supportive and comprehensive manner
2.3 Client Follow up	2.3.1 Records of clients being referred or requiring follow-up filed separately
2.4 Reliable referral and referral follow-up	2.4.1 A well-functioning network of service providers ensures that referral mechanisms are in place and that patient information is also



	<p>referred so that providers have a complete picture of patient needs and care requirements</p> <p>2.4.2 Good referral system in place (particularly in emergency)</p> <p>If client is being referred, explains reasons for referral and the process</p> <p>2.4.3 A feedback loop to track referrals is vital to ensure quality</p>
2.5 Evidence-based service delivery (WHO compliance, internationally recognized protocols)	2.5.1 National policies, protocols and guidelines are presented in simple and clear language and are widely disseminated and available to all staff at service delivery point.
2.6 Informed Client Decision Making and Consent	2.6.1 IPPF Clients Rights and Providers Needs Charter available Staff aware of and follow IPPF's Clients Rights and Providers Needs Charter
3 WELL MANAGED SERVICES	
ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS
3.1 Efficient service delivery approach	3.1.1 Clinical management information system (CMIS) operational
3.2 Effective supportive supervision	<p>3.2.1 All staff have received written clear job descriptions</p> <p>3.2.2 Procedures in place to monitor and evaluate training activities and programmes</p> <p>3.2.3 Regular staff performance appraisals</p>
3.3 Policies, standard operating procedures and guidelines	<p>3.3.1 All IPPF and Member Association policies, protocols and guidelines are presented in simple and clear language and are widely disseminated and available to all staff at the service delivery point</p> <p>3.3.2 Written and updated guidelines clearly displayed in the rooms</p>
3.4 Provider Self- Assessment	<p>3.4.1 Self-assessment helps to improve quality of services and to:</p> <ul style="list-style-type: none"> • integrate work on sexuality and rights into services • identify and reach under-served populations • address practical issues about accessibility, such as location of services, opening hours, and cost; • assure standards of gender-sensitivity, non-discrimination and respect • respect confidentiality, giving choices and raising awareness on rights • link services to educational activities and wider development • ensure community, family and school support • provide effective referral systems to other services
3.5 Performance-driven culture	<p>3.5.1 System in place for staff to participate in decision-making and planning process for improving services to clients</p> <p>3.5.2 All relevant staff involved in review of service statistics at least once a month</p>
3.6 Client-driven demand for service delivery	<p>3.6.1 System in place for incorporating client suggestions to improve service delivery</p> <p>3.6.2 Client suggestion system in place and in use</p>
3.7 Clinical governance	<p>3.7.1 All staff adhere to all policies and protocols</p> <p>3.7.2 All staff adhere to the implementation of Quality of Care standards</p> <p>3.7.3 Clinic's procedures take account of national guidelines, recommendations of supervision and proven best practice in the country</p>



4 HIGHLY SKILLED AND RESPECTFUL PERSONNEL	
ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS
4.1 Sufficient and appropriate number of staff and functions	4.1.1 Staff recruitment is based on clear criteria (certified) 4.1.2 The clinic is fully staffed as needed
4.2 Supported and motivated staff	4.2.1 Refresher training programmes in place 4.2.2 Procedures are in place to monitor and evaluate training activities and programmes 4.2.3 Effective remuneration or incentive scheme in place
4.3 Staff committed to providing high-quality services	4.3.1 All staff adhere to IPPF mission and core values
4.4 Technically competent	4.4.1 Uses appropriate counselling tools during session (model, charts) 4.4.2 Staff skilled, value clarified and attitude transformed
4.5 Strong interpersonal skills (communication skills)	4.5.1 Listens patiently to client's needs and concerns, and answers questions 4.5.2 Uses language the client understands 4.5.3 Uses non-judgemental and supportive language
4.6 Client-focused personnel	4.6.1 Describes services available according to client's needs 4.6.2 Explains the chosen service or procedure to client (benefits, risks, side-effects, follow-up)
5 SECURED SUPPLY CHAIN MANAGEMENT SYSTEM	
ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS
5.1 Commodity security (regular supply)	5.1.1 Every person is able to choose, obtain, and use quality contraceptives and other essential reproductive health products whenever they need them
5.2 Durable, high-quality and appropriate equipment	5.2.1 Equipment is conducive to good quality of care, and meets agreed quality of care standards
5.3 Strong logistic management	5.3.1 Good logistic system manages the forecast, delivery, quality and storage of all supplies
5.4 Range of contraceptive methods	5.4.1 Programmes should offer a sustainable, well-balanced range of contraceptive methods that allow clients to choose the method that best suits their needs 5.4.2 Programmes should strive to offer as many contraceptive methods as they can reliably supply to meet the needs of different individuals and couples 5.4.3 A reasonable mix includes methods that are short-acting and long-acting, client-controlled and provider-dependent
6 ADEQUATE FINANCIAL RESOURCES	
ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS
6.1 Financial Sustainability	6.1.1 MA mobilizes appropriate resources to support its annual programme of work and takes necessary steps to ensure long-term financial sustainability and solvency
6.2 Costed Services	6.2.1 Association does costing of services based on affordability by the client and cost recovery
6.3 Fee system and non-refusal policy	6.3.1 Procedures to facilitate access to services for clients who cannot pay such as credit, free service or community-based financial scheme
6.4 Resource Allocation for QoC	6.4.1 Project budgets include funds for ensuring quality in service provision



6.5 Good financial management system	6.5.1 MA effectively implements appropriate regulations covering its financial affairs
6.6 Diverse sources of income	6.6.1 Multiple income streams to the organization including unrestricted, restricted and client income

7 EFFECTIVE COMMUNICATION AND FEEDBACK SYSTEMS	
ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS
7.1 Strong monitoring and evaluation systems (include client and community feedback mechanisms)	<p>7.1.1 Effective monitoring of activities and performance conducted on a regular basis and results used for learning and making necessary improvements on a continuous basis</p> <p>7.1.2 Community meetings and Focus Group Discussions regularly held. Feedback used to improve/ change service delivery</p> <p>7.1.3 Evaluations conducted regularly to measure impact of interventions and used to improve service delivery</p>
7.2 Quality improvements based on performance data	7.2.1 Association uses accurate data to inform decision-making, to adjust its programmes where necessary, and to continuously improve performance
7.3 Access to comprehensive information	<p>7.3.1 Information Education and Communication resources exist that facilitate clients' education to make informed and free decisions on SRH (especially on FP methods), STIs/HIV and AIDS prevention and care, comprehensive abortion services</p> <p>7.3.2 Clients have access to counselling services provided by competent service providers</p>
7.4 Community support and buy-in	7.4.1 System in place for incorporating client suggestions to improve service delivery
7.5 Assessment Mechanisms	<p>7.5.1 Service managers and providers use self-assessment tools and procedures to identify needs for improving quality of care</p> <p>7.5.2 System to assess quality of care and provider's performance according to service standards and guidelines in place</p> <p>7.5.3 Data made available to service providers without unnecessary delay and used to improve the quality of services</p>
7.6 Client empowered to take active part in care process	7.6.1 Association regularly conducts client exit interviews with special focus on service provision
7.7 Community participation	7.7.1 Association organizes regular meetings with the community to discuss services and quality on a regular basis

4.3 VIRTUAL PROCESS

The process of virtual quality assessment - how to plan, conduct and follow up on virtual QoC assessments, will be based on the overall principles and key elements of the IPPF Quality Assurance Framework and will follow a similar process to the existing physical QoC assessments in terms of team composition and planning.

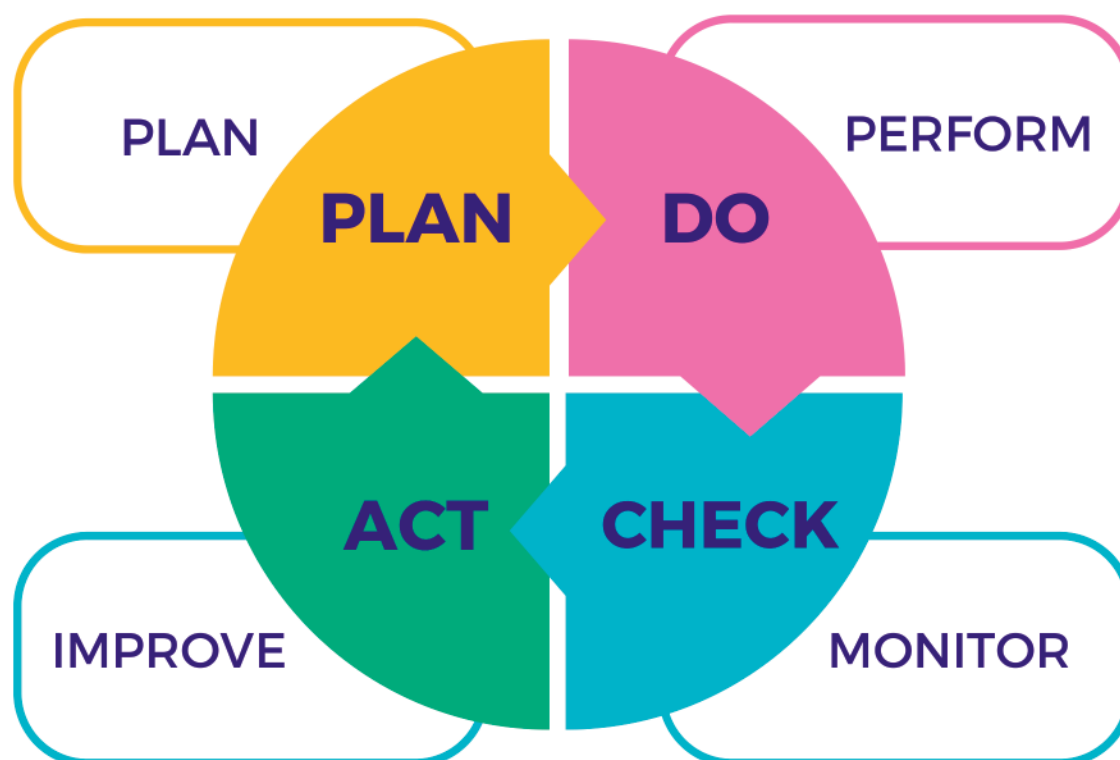
MAs must set up a similar Quality Assurance Team at the service delivery point (SDP) level and headquarter (HQ) level with similar functions. The Quality Assurance Team at SDP level will be responsible for the following

- Clinic manager, will lead on the live audio and video meetings
- Clinic health care provider will support the Clinic Manager as required
- Clinic Administration/accounts officer, will collate all QA related audio and video files, digital photos and document files for the pre- assessment desk review.

The user manual will provide guidance on the steps of the assessment process to ensure uniform application of the process across MAs by internal, peer to peer or external assessors.

The **Plan-Do-Check-Act (PDCA)** cycle is recommended for piloting and rolling out the virtual QoC assessment process. The PDCA cycle (**Figure 1**) is a four-step model commonly used in change management. Just as a circle has no end, the PDCA cycle is repeated again and again for continuous improvement e.g. for CQI or continuous quality improvement.

Figure 1 : PDCA Cycle





The PDCA cycle has four steps

01

Plan: Identify gaps or opportunities for improvement and plan how to change.

02

Do: Test the change on a small scale (e.g. few facilities or few procedures). In this case, it may be useful to first map the scope and scale of service delivery in a MA as well as its capacity to leverage digital technology. It is recommended that a pilot of the virtual quality assessment be done in one or two MAs with necessary digital infrastructure, limited scope and scale of service delivery (few sites and services), and providers who are comfortable with use of digital platforms and telemedicine.

03

Check: Analyze the result of the test (pilot) and identify what you have learned.

04

Act: Act based on what you have learned. If the planned change did not work, go through the cycle again with a different plan. If it works, incorporate it into wider implementation and use it as the base to plan further improvement, beginning the cycle again.

Dipstick Approach

Although the standards used for virtual quality assessment are based on the 2015 IPPF Quality Assessment Framework, all standards will not be assessed as part of the VQA process. Rather a dipstick approach will be used by dipping into existing IPPF standards for quality assessment and select those that are a) minimum standards expected for a criterion and b) can be assessed virtually or using a mix of digital and onsite physical assessment. As in physical quality assessment, the process of virtual quality assessment is not intended merely to undertake assessment and supervision, but also to encourage a culture of self-assessment and empower teams to reflect on the process and discuss what has worked and can be scaled-up and shared , and what needs changing and what is possible with local resources.

Fragile and Humanitarian Settings

- In fragile and humanitarian settings, the MISP Checklist of the VQA Tool is also used for quality assessment.
- Scoring of the MISP Section follows the same VQA approach as other sections (KE) of the VQA Tool. The approach is also explained in the tool.
- If the MISP Section scores less than 50%, assessment of MISP quality may be needed before the next routine annual quality assessment.

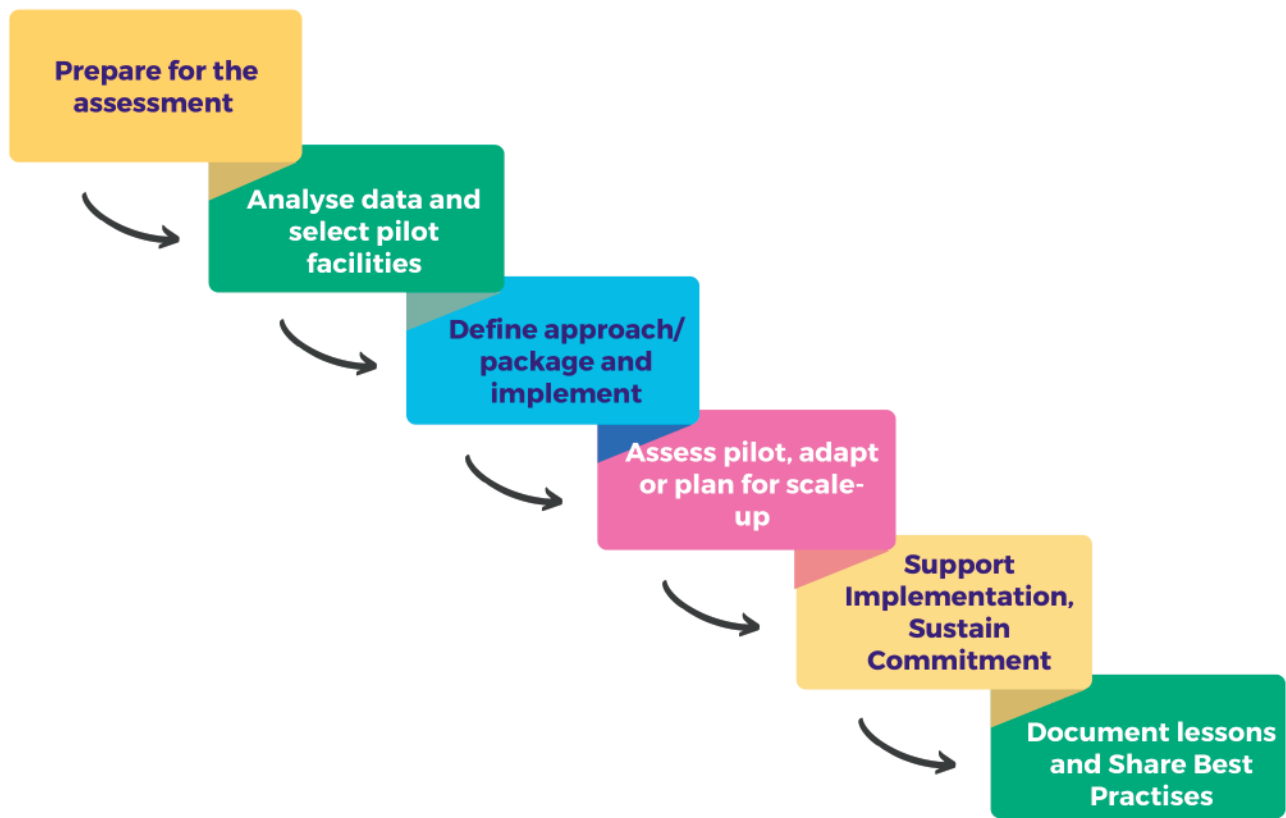
Skills

As in a physical QoC assessment, the assessors in a virtual quality assessment will need certain capacity and skills in conducting and managing remote assessments, such as

- Clear understanding of the key elements or principles, essential components and standards of the IPPF QoC Framework
- Strong interpersonal and communication skills
- Ability to give and receive constructive feedback
- Strong observational skills
- Sensitivity to cross –cultural differences, gender, and sexual and reproductive rights



Steps



4.4 PHASES

The following guidance on the phases of the VQA is for regional offices to undertake virtual assessment of their SDPs. The same process can be used by the MA HQ to assess its branches.

Prior to assessment, the VQA Tool and User Manual must be shared with all stake-holders and an orientation planned on how the virtual process and tool are to be used



I Pre-assessment Phase

- **One month before the virtual quality assessment (VQA)**, finalise the schedule (dates of quality assessment) with the SDP and MA. Keep in mind that it will take at least one full day to complete the assessment of one SDP, whether this is done only virtually or using a hybrid approach. It is recommended that 2 full days are scheduled for the virtual quality assessment of a SDP in the initial pilot phase.
- **One month before the VQA**, identify a few sites for the pilot phase, that have good IT infrastructure and network speed, and staff who are familiar with teleconsultation and use of audio and video software platforms e.g. MS Teams, Zoom, Whats App, Messenger etc.
- **Three weeks before the VQA**, identify and engage a translator (if required). He/she must preferably be internal staff, from another SDP or MA HQ who is aware of the IPPF quality assessment process.
- **Two weeks before the VQA**, confirm the contact person in the MA (name and contact) responsible for co-ordinating the virtual quality assessment between the assessor, SDP and MA to ensure that the process can be completed smoothly.
- **Two weeks before the VQA**, request an information pack on the SDP and MA for the assessor. This pack must be provided by the MA quality assessment coordinator and contain the following:
 - Copy of all quality assessment scored checklists, scores, and narrative reports on quality for the SDP in the last one year.
 - All other relevant documents that form part of the quality assessment, e.g. clinical policies, guidelines and other documents indicated under **Tools**.
 - All other digital files e.g. soft copies of relevant SDP documents (register pages, forms etc.), photos, recorded audio and video-clips, that will form part of the assessment.

The pack is compiled from the MA/SDP and sent for translation, if required, so that translated documents are available for assessor review at least a week before the VQA.

- **A week before the VQA**,
 - All files in the pack (translated if required) will be with the assessor for review and any translation related questions are clarified with the translator during this period.
 - The assessor, MA and SDP meet virtually and agree on the objectives and terms of reference of the VQA - e.g. services that will be observed virtually and the approach that will be used for assessing quality of services, e.g. live online observation of services, observation of role plays or observation of provider demonstration of the service on a humanistic model.
 - Any exemption requests from the MA/SDP can be discussed and agreed at this time.
- **A week before the VQA**,
 - Ensure that the IT team at both ends review and set up secure and password encrypted systems that will be necessary for the virtual assessment to be conducted smoothly.
 - The audio and video platforms that will be used for the VQA must be installed on the device/s that will be used (smart-phone, tablet, laptop, desk-top etc.) for the VQA.
 - A high speed connection that allows un-interrupted live-streaming of video and audio must be set-up and tested.
 - It is recommended that a few mock VQA sessions with live audio and video streaming be conducted prior to the actual VQA to identify and correct technical glitches.
 - Secure platforms for quick sharing and transfer of large files, restricted access for files (viewing, downloading etc.) and a sufficient and secure cloud server (One Drive, Google Drive etc.) must be pre-arranged and tested. Digital data privacy and security must be ensured according to country law and policy.



II Assessment Phase

The assessment phase is likely to take a day each for the Introductory and Concluding Meetings with the MA and at least one day for each SDP.

Introductory Meeting with the MA

An introductory meeting with the Senior Management Team of the MA at the start of the virtual quality assessment is recommended. The MA quality assessment co-ordinator will also be part of this initial meeting and a translator is engaged if required. The meeting is conducted over an office video or audio platform such as Skype, Zoom or MS Teams and includes the following discussions.

- 01 The assessor/s discusses the objectives of the VQA, the scope and method/approach that will be used and reviews the schedule with the MA.
- 02 The assessor/s outline the process of assessment and his/her key deliverables – scored checklists, overall score/s, summary and detailed narrative reports and an action plan.
- 03 The assessor explains the scoring system and how this will translate into a time-bound action plan that will be developed by the SDP and MA with inputs from the assessor. The assessor must highlight that this will be a consultative process.
- 04 The assessor also explains that real-time technical assistance may be provided onsite if a hybrid quality assessment approach is used (using a peer-assessor who is able to travel to the SDP) or online if the need felt is critical (e.g. use of incorrect infection prevention and control methods).
- 05 The MA provides the assessor with a summary of the findings of quality assessments of the SDP conducted over the previous year, the status of the action plan from the previous quality assessment, confirms the types and average daily numbers of services provided at the SDP, flags any major risks or serious incidents, and provides any other relevant information.
- 06 The assessor requests a senior member of the MA Quality Team to be part of the quality assessment, whether done online or using a mix of online and offline approaches. This should be someone, who is responsible for decision making and investment in quality within the MA.

Virtual Quality Assessment (VQA) of the SDP

- 01 The assessment of the SDP starts with an introductory meeting with the SDP manager and other clinic staff.
- 02 The assessor/s outlines the objective of assessment and his/her key deliverables – scored checklists, overall score/s, summary and detailed narrative reports and a joint action plan.
- 03 The assessor/s discusses the scope of assessment and the method/approach that will be used.
- 04 The assessor explains the scoring system and how this will translate into a time-bound action plan developed jointly by the SDP and MA with inputs from the assessor. The assessor highlights that this will be a consultative process.

- 05 The assessor also clarifies that real-time technical assistance will be provided onsite if a hybrid assessment approach is used (e.g. by a peer-assessor who is able to travel and assess certain sections of the Tool/Checklist) or even online if the need felt is critical (e.g. use of incorrect infection prevention and control methods)
- 06 The assessor discusses the layout of the SDP and sequence of assessment process with the SDP manager. ([Annexure 9](#))
- 07 The assessor clarifies any local or cultural requirements prior to the assessment.
- 08 The assessor always requests the clients' permission before observing an actual counselling session, procedure, or consultation.
- 09 The assessor uses relevant sections of the assessment tool/checklist while following the principle of supportive supervision, to observe, assess, score and provide feedback (if required) on the sections, keeping in mind clients' privacy and confidentiality requirements. Supportive and constructive feedback should be provided only after the client has left the room.
- 10 The assessor discusses any gaps in meeting IPPF QoC standards and how recommendations from the assessment must be used to develop a time-bound action plan.
- 11 Before closing the assessment, the assessor meets with the entire SDP team once again to thank them for their support in conducting the assessment. He / she also acknowledges their performance and hard work in providing essential services to the community during the Covid pandemic.
- 12 If helpful and agreed by the MA, the raw scored checklist is shared with the SDP team immediately after the assessment to help them prepare the action plan.

If other SDPs, are to be assessed, the same process is followed.

Concluding Meeting with the MA

- 01 An initial summary report of the assessment is prepared and shared with the MA. This meeting is scheduled over an office audio / video platform, a day or two after SDP assessments are completed to ensure all assessment translation transcripts are ready, if this was required.
- 02 The summary report must highlight good performance, innovative and best practises before listing the areas that need improvement.
- 03 Ensure that the discussion focuses on consensus building on areas for improvement and agreement on how and by when the MA and SDP will work together, with support from the assessor if needed, to ensure standards are put in place.
- 04 The assessor should highlight major safety concerns or risks that were identified during the assessment for priority action , during this concluding meeting.





III Post- Assessment Phase

- 01
- The final scored assessment tool / checklist with the final summary and detailed narrative reports are submitted to the MA **within two weeks of the assessment**.
- 02
- The assessor (or designated person) must follow up and help with implementation of the action plan by the MA at regular intervals depend on MA resources. It is recommended that the VQA assessment team do **quarterly follow-up post VQA for the first year of VQA implementation at the MA**. The MA may then carry forward the VQA process using self-assessment.
- 03
- The assessor must ensure that priority actions highlighted during the concluding meeting are followed up on an urgent basis.
- 04
- If the overall quality assessment score was below 50%, an additional follow up assessment may be planned if agreed by the MA, before the next routine annual assessment, to assess progress on the areas highlighted for improvement.

The three phases are summarized below in the form of a **summary table** that lists the timelines, key activities, and responsibilities for each assessment phase

PHASE	TIMELINE	ACTIVITY	RESPONSIBILITY
I	1 month before VQA	<ul style="list-style-type: none">Finalise schedule (VQA dates)Identify pilot sitesIdentify translator if needed	MA and SDP
I	2 weeks before VQA	<ul style="list-style-type: none">Identify the MA VQA coordinatorArrange VQA pack on the SDP and MA for the assessorGet pack translated if needed	MA MA and SDP MA
I	1 week before VQA	<ul style="list-style-type: none">Assessor reviews VQA packAssessor meets MA and SDP virtually to agree on VQA objectives and ToRIT systems set up and tested at both ends	MA, Assessor MA, Assessor, SDP IT teams of MA/SDP and assessor
II	VQA (at least 3 days)	<ul style="list-style-type: none">Introductory Meeting (1day)SDP VQA (at least 1 day)Concluding Meeting (1 day)	MA, SDP and Assessor
III	2 weeks post VQA	Final scored assessment tool / checklist with final summary and detailed narrative reports are submitted to the MA	Assessor
III	3, 6- and 9- months after VQA (on quarterly basis)	Assessor or designated person follows up with MA and SDP to help with implementation of the action plan	MA, SDP and Assessor

4.5 GUIDANCE

Scoring

- ✿ **Every essential component of each of the seven key elements must be scored.**
- ✿ **Every essential component is scored by selecting any one of its standards / criteria (a dipstick approach).**
- ✿ The selected standard is either chosen randomly or one that is considered the most critical by the assessor under the circumstances, or the most feasible to assess using VQA. **The most critical standard of each essential component is highlighted in blue, unless the component has only one standard.** An explanation of how the standard was selected must be discussed and agreed with the assessed team.
- ✿ If response to the selected standard is equivocal, cannot be elicited or not applicable for some reason, document the reason and select another standard for assessment, using the same random or specific methodology.
- ✿ If response to or assessment of the indicator/s for selected standard is not satisfactory, it is marked as a cross (✗) and scored zero (0). If the response or assessment is satisfactory, it is marked as a check (✓) and scored two (2).
- ✿ If the response or assessment is only partially satisfactory, it is checked (✓) and scored one (1). Details of gaps or improvements needed are provided in the Comments section.
- ✿ **If an indicator is not applicable, note as NA and do not score the indicator.**
- ✿ In order for a standard to get the maximum score, all its indicators must be checked (✓) as satisfactory during the assessment.
- ✿ No standard will have more than three indicators for assessment.
- ✿ Indicators may be assessed at the SDP and/or the MA HQ level as relevant.
- ✿ All indicators are selected from existing IPPF Quality Assessment Tools/Checklists.
- ✿ These mini-checklists or tools can be found in Annexures. A translated copy of the tools must be explained and provided to the assessor prior to the VQA.
- ✿ The clinic must score at least 80% in each of the seven key elements for a satisfactory assessment
- ✿ If the score is below 80% in one or more key elements, all the standards in those key elements must be reviewed for improvement while developing an action plan.
- ✿ If the score for any key element is below 50%, it must be urgently prioritised in the action plan
- ✿ If the overall quality assessment score is below 50%, an interim follow up assessment is recommended after discussion with the MA, before the next routine annual assessment

Technology

- ✿ Audio meetings or conversations are heard and conducted using phone or internet -based audio platforms such as Whats App, Skype, Zoom or MS Teams.
 - ✿ Recorded audio in the form of audio clips / files should be less than 3 minutes to enable easy sharing.
 - ✿ Video recording can be done using internet video applications and platforms such as Facebook, YouTube , Whatsapp, Skype , Zoom or MS Teams.
 - ✿ Recorded video clips or files must be limited to 3 mins for easy sharing.
 - ✿ Live videos must be recorded to enable replay and translation (if required and appropriate).
 - ✿ Live videos for virtual assessment can be observed using any video platform that the clinic team is familiar with and that allows recording (e.g., Zoom, Skype, MS Teams).
 - ✿ Ensure that pre-recorded video-clips or live video recordings that do not require client/s to be present, are recorded before or after clinic opening and closing hours so that services are not disrupted and the client is not disturbed.
 - ✿ Use the appropriate tool/checklist (Annexures) to assess each selected standard
 - ✿ Services provided by the clinic as part of its IPES are assessed over live video by observing the service on a client or a model or using role play.
 - ✿ If the service is observed on a client (e.g., counselling), her verbal consent to the service being observed and assessed on video must be recorded online.
 - ✿ Services that are provided vaginally e.g., MVA and IUD insertion are preferably assessed using a humanistic model for client's ease, comfort and privacy.
 - ✿ Services that require less intimate exposure e.g., counselling, implant insertion/removal or tubal ligation can be observed over live video after proper voluntary informed consent of the client that is documented, and appropriate identity screening (e.g., covering of clients face or use of a curtain during counselling).
- Care must be taken to ensure**
- ✿ Proper client consent is taken before taking photos or recording audio or video. Please see [Annexure 11](#).
 - ✿ No client identification metrics are captured or recorded e.g., photo, name, DOB, address, contact no. etc.
 - ✿ No leading or close ended or intimidating questions are directed to any client or staff member.
 - ✿ The translator is taken on the audio or video call and the recorded audio and video clips are shared timely for translation and transcription, if this is needed.
 - ✿ Pre-recorded audio and video files, and photos sent to assessor prior to the live assessment are properly labelled (e.g. waiting area) and dated.



4.6 TOOL

Outline

The VQA Tool or mini-checklists can also be set up and tracked in an Excel document, with separate tabs for each of the seven key elements (KE) . Additional tabs can be set up to calculate section score summaries and overall assessment score, explain the scoring guidance and prepare relevant charts and graphs.

There are additional tabs in the VQA Tool on

- 01
- assessing MISP in fragile and humanitarian settings and
- 02
- assessing the quality and effectiveness of digital health interventions, if used by the SDP

Tabs on the Excel Document	
Overall Summary Narrative with Sectional and Overall Score	
Scoring Guide or Reference for Key Elements	
KE1 - A safe and confidential environment	
KE2 - Comprehensive integrated services	
KE3 - Well-managed services	
KE4 - Highly skilled and respectful personnel	
KE5 - Secured supply chain management system	
KE6 - Adequate financial resources	
KE7 - Effective communication and feedback systems	
+ MISP (Humanitarian)	
+ Digital Health (Optional)	



Scoring Guidance

The assessor will assess each indicator in the mini-checklists or VQA Tool as follows

- Indicator that is not applicable is documented as NA and reason is provided in the Comments column. This indicator is not included in scoring.
- Indicator that is applicable but not observed is documented as X and scored 0
- Indicator that is applicable and satisfactorily observed, is documented as √ and scored 2. It is also set as the standard score of each indicator.
- If the indicator is applicable and partially observed, it is documented as √, and scored 1, with detail on gaps provided in Comments column

Each SDP has a total standard score of 100%, which is the sum of standard scores of each of its 7 Key Elements plus MISP (humanitarian) and Digital Health Intervention (optional only if SDP provide DHI) Section.

Under each key element sections, there are respective essential components which are numbered as mini-checklist indicators.

The assessed score and its (%) of SDP is calculated through the number of assessed score divided by the number of standard score for each key element/session as well as mini-checklist indicators.

Use of an Excel Tool will help to automatically aggregate the scores against each indicator and generate sectional scores for each key element and sub-section scores for each essential component. These scores will automatically add up to generate an overall score for the SDP.






Example

Table 2 explains overall SDP scoring and section wise scoring of each key element.

Table 2: Scoring of VQA

QOC KEY ELEMENTS	Assessed Score	Total Standard Score	Assessed Score (%)
KE1 - A safe and confidential environment	0	88	%
KE2 - Comprehensive integrated services	0	64	%
KE3 - Well-managed services	0	80	%
KE4 - Highly skilled and respectful personnel	0	48	%
KE5 - Secured supply chain management system	0	32	%
KE6 - Adequate financial resources	0	26	%
KE7 - Effective communication and feedback systems	0	52	%
MISP (Humanitarian)	0	82	%
Digital Health (Optional)	0	22	%
Total Assessed Score	0	494	%

Table 3 explains the methodology that will be used to assess each key element of the IPPF QoC Framework.

-  All the essential components of each key element will be assessed virtually as indicated below.
-  The table below also indicates the level/s (SDP or MA HQ) at which the standard will be assessed.
-  The virtual approach that will be used for assessment is highlighted in dark blue

A hybrid approach will use a blend of physical on-site assessment and remote off-site assessment, depending upon the external environment (e.g. travel restrictions) and availability of assessor.



Table 3 : Virtual Quality Assessment of Standards

KE1 - SAFE AND CONFIDENTIAL ENVIRONMENT		
ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS	ASSESSMENT LEVEL – SDP
1.1 Appropriate set-up and structure	1.1.1 Clinic designed for category of services provided	1.1.1 Live video with audio explanation by Clinic Manager on how SDP design relates to services provided. Score using Mini-Checklist 1 (MC1)
	1.1.2 Well signposted with information on opening times and services offered	1.1.2 Photo/s of clinic signage. Score using (MC2)
	1.1.3 Opening times convenient to clients	1.1.3 Live video 1 , to ask client (after taking consent) if a) clinic timings are convenient for them b) and if not, what timings would they prefer. Live video 2 , to ask SDP manager if there are special timings for any group of clients (e.g. young people, men, key population) and how the SDP knows that timings provided are suitable to clients. Score using (MC3)
	1.1.4 Entrance clean, unobstructed and client-friendly	1.1.4 Photo/s of clinic entrance. Score using (MC4)
	1.1.5 Good general maintenance	1.1.5 Live video , to ask client if clinic is well maintained and what improvements would they suggest. Photo/s of entire exterior and all interiors of clinic (all rooms and clinic areas) Score using (MC5)
1.2 Accessible location	1.2.1 Accessible and cheap by public transport	1.2.1 Live Audio 1 to ask Clinic Manager and note distance of SDP from closest public transport (bus-stop /train station etc.) Live audio 2 to ask client (after consent) how long does it take to walk to the clinic from the nearest public transport point and how much does it cost her to travel to the clinic from home. Score using (MC6)
	1.2.2 Accessible for people living with a disability	1.2.2 Photos of disability friendly IEC materials and aids provided for people with disability e.g. ramps, rails, wheelchairs, crutches etc. Live audio to ask Clinic Manager if staff/ service providers have been oriented on disability-inclusive services? Ask if the SDP provides outreach services for clients living with disability. If Yes, enquire what and how these services are offered. Score using (MC7)
1.3 Safe environment for both providers and clients	1.3.1 Located in an area safe for women to travel to on their own	1.3.1 Live video to ask client if she feels safe coming to clinic location on her own Photos of how well-lighted the clinic surroundings are (day and night) and of the area around the clinic during service hours. Score using (MC8)
	1.3.2 Security of clients and staff ensured	1.3.2 Live audio 1 to ask Clinic Manager how this is ensured,



	1.3.3 Systems in place for supporting and protecting providers and community workers from threats and criminalization (e.g. abortion, LGBTI, young people etc.)	Live Audio 2 to ask a member of staff how this is ensured e.g. health / life insurance, PPEs, etc. Photos for verification (e.g. guard and guard room etc.) Score using (MC9) 1.3.3 Live Audio 1 to ask Clinic Manager what systems are in place to ensure standard 1.3.3 Live Audio 2 to ask a Clinic Provider what systems are in place to ensure standard 1.3.3 Score using (MC10)
1.4 Privacy and confidentiality	1.4.1 Exchange of information between clients and service providers occurs in an environment that secures privacy (e.g. entry into consultation rooms is restricted during client interviews and physical examinations, and client files/records are in a safe place with restricted access)	1.4.1 Live video 1 showing how client privacy is maintained during consultation e.g. closed door, 'Do Not Disturb' door signs etc. (<i>videos must not capture client</i>) Live video 2 to see how client information is stored and if confidentially is maintained. Score using (MC11)
	1.4.2 Effective (one-way) client flow mechanism in place	1.4.2 Live video 1 demonstrating client flow mechanism by Clinic Manager. Live video 2 with a staff member explaining client flow mechanism. Live video 3 with a client (after consent) asking her to describe the steps of her clinic journey in order. Score using (MC12)
	1.4.3 Client's audio and visual privacy ensured	1.4.3 Live video 1 or video clip showing how client privacy is maintained e.g. use of curtains etc. <u>Ensure videos do not capture the client.</u> Photos of SDP Clients Rights poster in local language, prominently displayed in waiting /registration area. Score using (MC13)
	1.4.4 Registration done confidentially	1.4.4 Live video of client registration (after blocking client identity) Score using (MC14)
	1.4.5 Confidentiality of record keeping	1.4.5 Video Clips of where and how client files and records are stored (physical and CMIS) Live Audio with Clinic Manger explaining who has access to client records. Score using (MC15)

2 COMPREHENSIVE INTEGRATED SERVICES

ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS	ASSESSMENT LEVEL – SDP
2.1 Integrated package of essential services (IPES)	2.1.1 Association facilitates – by provision, advocacy or referral – access to an integrated package of essential services (IPES) and additional SRH services.	2.1.1 Prior Desk Review of copy of client registers (or CMIS) of the last one month to see a) what service packages were provided and b) what % of clients were provided an IPES or integrated service packages in addition to index service. Live Audio 1 to ask clinic Manager about SDP policy to minimize visits by client while availing all chosen services.



	<p>2.1.2 Effective system for documenting services provided, in place</p> <p>2.1.3 Clients offered integrated package of services in addition to the index service</p>	<p>Live Audio 2 to ask clinic Manager about referral protocols and mechanism in place to ensure clients have access to high quality essential services not provided at the SDP. Score using (MC16)</p> <p>2.1.2 Prior Desk Review of copy of client registers or other documentation of services (CMIS) to see if index service is captured separately and a consistent format is used for review and inclusion of IPES into service statistics. Score using (MC17)</p> <p>2.1.3 Live video to review registers to see what IPES services were provided on day of VQA. Score using (MC18)</p>
2.2 Comprehensive Information	<p>2.2.1 Information, Education and Communication resources exist that facilitate clients' education to make informed and free decisions on sexual and reproductive health, especially on family planning methods, STIs/HIV and AIDS prevention and care, comprehensive abortion services</p> <p>2.2.2 Provide information on services available in the clinic, explain what to expect during the visit (where to sit, how long it will take, and so on)</p> <p>2.2.3 Answer questions and/or concerns raised by the client in a supportive and comprehensive manner</p>	<p>2.2.1 Photos of IEC material on <u>each service provided</u> are displayed in the clinic. IEC materials are in local language, simple, correct and up-to-date. IEC materials displayed <u>include IPPF Sexual Rights Declaration and Client Rights</u>. (Score 0 if this is not seen) Score using (MC19)</p> <p>2.2.2 Live video of information provided at client registration (ensure client ID e.g. face, name and other identification details are not captured). Score using (MC20)</p> <p>2.2.3 Live video of client counselling (ensure client ID e.g. face, name and other identification details are not captured) or ask any client if provider listened to and responded to their concerns patiently. Score using (MC21)</p>
2.3 Client Follow	<p>2.3.1 Records of clients being referred up or requiring follow-up filed separately.</p>	<p>2.3.1 Live video with audio explanation by Clinic Manager to demonstrate how filing and documentation of referral and follow-up cases is done. Score using (MC22)</p>
2.4 Reliable referral and referral follow-up	<p>2.4.1 A well-functioning network of service providers ensures that referral mechanisms are in place and that patient information is also referred so that providers have a complete picture of patient needs and care requirements.</p> <p>2.4.2 Good referral system in place (particularly in emergency). If client is being referred, explain reasons for referral and the process.</p> <p>2.4.3 A feedback loop to track referrals is vital to ensure quality,</p>	<p>2.4.1 Live Audio with Clinic Manager to explain referral systems in place to ensure standard 2.4.1 Photo of a completed referral form from last month. Score using (MC23)</p> <p>2.4.2 Live Audio to ask Clinic Manager to explain process of referral to ensure standard 2.4.2. Photo of a completed referral form from last month to check if reason for referral is noted. Score using (MC24)</p> <p>2.4.3 Live Audio and Case Study to ask Clinic Manager to explain how referrals are tracked and give example of a feedback loop using an actual SDP case study. Score using (MC25)</p>



2.5 Evidence-based service delivery (WHO compliance, internationally recognized protocols)	2.5.1 National policies, protocols and guidelines are presented in simple and clear language and are widely disseminated and available to all staff at service delivery point.	2.5.1 2.5.1 Live Video 1 with Clinic Manager to observe and understand the national policies, guidelines and protocols available at the clinic for the services provided. Live Video 2 with a provider to understand the national policies, guidelines and protocols available to him/her for providing services. Score using (MC26)
2.6 Informed Client Decision Making and Consent	2.6.1 IPPF Clients Rights and Providers Needs Charter available. Staff aware of and follow IPPF's Clients Rights and Providers Needs Charter.	2.6.1 2.6.1 Live Video with any staff member not providing service at the time to show and explain the Charter. Score using (MC27)

3 WELL MANAGED SERVICES

ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS	ASSESSMENT LEVEL – SDP
3.1 Efficient service delivery approach	3.1.1 Clinical management information system (CMIS) operational	3.1.1 Live Video demonstration by Clinic Manager of the online or offline system used for CMIS. Prior Desk Review of CMIS doc. Score using (MC28)
3.2 Effective supportive supervision	3.2.1 All staff have received written clear job descriptions.	3.2.1 Prior Desk Review of all staff JDs and signed children / vulnerable groups protection policy/ code of conduct forms. Live Video with any staff not providing services at the time to show their copy of the JD and explain their JD to the assessor. Score using (MC29)
	3.2.2 Procedures in place to monitor and evaluate training activities and programmes.	3.2.2 Live Audio to ask Clinic Manager how training activities are monitored and evaluated. Prior Desk Review of training documents e.g. training registers, refresher training and supervision registers, dated competency assessment reports of all staff. Score using (MC30)
	3.2.3 Regular staff performance appraisals	3.2.3 Live Audio asking Clinic Manager how and how often PA of staff is done. Prior Desk Review of last 2 performance appraisals of any one staff. Score using (MC31)
3.3 Policies, standard operating procedures and guidelines	3.3.1 All IPPF and Member Association policies, protocols and guidelines are presented in simple and clear language and are widely disseminated and available to all staff at the service delivery point.	3.3.1 3.3.1 Live Video demonstration by an assessor selected provider of a relevant IPPF policy, guideline or protocol requested by assessor. Ask to explain the IPPF QoC Framework briefly and how it is implemented at the SDP Prior Desk Review of IPPF and MA policies, protocols and guidelines present at the SDP. Score using (MC32)
	3.3.2 Written and updated guidelines clearly displayed in the rooms.	3.3.2 3.3.2 Video-clips/ photos of relevant guidelines and related SOPs displayed in the rooms Score using (MC33)



3.4 Provider Self-Assessment	<p>3.4.1 Self-assessment helps to improve quality of services, integrate work on sexuality and rights into services, identify and reach under-served populations, address practical issues about accessibility, such as location of services, opening hours, and cost; assure standards of gender-sensitivity, non-discrimination and respect, respect confidentiality, giving choices and raising awareness on rights, link services to educational activities and wider development, ensure community, family and school support, provide effective referral systems to other services.</p>	<p>3.4.1 Prior desk review of the completed staff self-assessment (SA) tool (Annexure 8) Live Audio asking Clinic Manager how staff SA Tools are used. Score using (MC34)</p>
3.5 Performance-driven culture	<p>3.5.1 System in place for staff to participate in decision-making and planning process for improving services to clients.</p> <p>3.5.2 All relevant staff involved in review of service statistics at least once a month.</p>	<p>3.5.1 Live Audio to ask a provider to explain the system with a case study of using service statistics data and adverse event data for improving services. Prior Desk Review of related doc if any. Score using (MC35)</p> <p>3.5.2 Prior Desk Review of last two staff service statistics review reports with date, names of participating staff, action points and management response. Check if data collected is disaggregated for analysis and decision making e.g. by sex and age-groups of clients, GBV sub-types, abortion sub-types (medical, MVA, D&C), HIV/ STI testing and positivity, and treatment, outcomes of delivery (live/ still birth/ maternal death), post-partum and post abortion contraception etc. Score using (MC36)</p>
3.6 Client-driven demand for service delivery	<p>3.6.1 System in place for incorporating client suggestions to improve service delivery</p> <p>3.6.2 Client suggestion system in place and in use.</p>	<p>3.6.1 Live Audio to ask Clinic Manager to explain the system of using client and community suggestions to improve service delivery with a SDP case-study. Score using (MC37)</p> <p>3.6.2 Photo of suggestion box Live Audio to ask Clinic Manager about the system with an example or case-study. Score using (MC38)</p>
3.7 Clinical governance	<p>3.7.1 All staff adhere to all policies and protocols.</p>	<p>3.7.1 Live Audio or Live Video to ask any one staff to explain or demonstrate one relevant IPPF protocol that he/she uses in their daily work e.g. decontamination protocol to housekeeping staff or Covid-19 Protocol in the Annexure 7. Prior Desk Review of Staff Training Register of previous year. Score using (MC39)</p>



3.7.2 All staff adhere to implementation of quality of care standards

3.7.3 Clinic's procedures take account of national guidelines, recommendations of supervision and proven best practice in the country.

3.7.2 Live Audio or Live Video to ask any one staff about their training on the IPPF QoC Framework and to explain or demonstrate one relevant IPPF QoC standard that he/she uses in their daily work.
Score using (MC40)

3.7.3 Live Video demonstration by Clinic Manager of a procedure provided according to national guidelines.
Live Audio with Clinic Manager to understand how country recommendations for supervision and best practice are followed.
Score using (MC41)

4 HIGHLY SKILLED AND RESPECTFUL PERSONNEL

ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS	ASSESSMENT LEVEL – SDP
4.1 Sufficient and appropriate number of staff and functions	4.1.1 Staff recruitment is based on clear criteria (certified).	4.1.1 Live Audio to ask Clinic Manager how staff recruitment is planned. Prior desk review of JD of staffs. Score using (MC42)
	4.1.2 The clinic is fully staffed as needed.	4.1.2 Live Audio to ask Clinic Manager about number and types of services provided in last quarter, vs number and types of staff with roles, and certification criteria. Prior desk review of clinic organogram and check if all services are available on day of VQA. Score using (MC43)
4.2 Supported and motivated staff	4.2.1 Refresher training programmes in place.	4.2.1 Prior desk review of refresher training registers. Score using (MC44)
	4.2.2 Procedures are in place to monitor and evaluate training activities and programmes.	4.2.2 Live Audio to ask Clinic Manager how regular and refresher training activities are monitored and evaluated. Prior Desk Review of training documents e.g. training, refresher training and supervision registers, dated competency assessment reports of all staff. Score using (MC45)
	4.2.3 Effective remuneration or incentive scheme in place.	4.2.3 Live Audio to ask Clinic Manager about staff remuneration criteria, performance-based incentives (e.g. PBF) and process of performance assessment using a case study or example. Score using (MC46)
4.3 Staff committed to providing high-quality services	4.3.1 All staff adhere to IPPF mission and core values.	4.3.1 Live Audio to ask any one staff about orientation on and awareness of IPPF Mission and Core Values Prior Desk Review of staff orientation doc. Score using (MC47)



4.4 Technically competent	4.4.1 Uses appropriate counselling tools during session (model, charts).	4.4.1 Observe live video of a counselling session (actual or role play). Ensure client consent and confidentiality. Score using (MC48)
	4.4.2 Staff skilled, value clarified, and attitude transformed.	4.4.2 Prior desk review of VCAT and other training records and competency assessment reports (as per role) of staff. Score using (MC49)
4.5 Strong interpersonal skills (communication skills)	4.5.1 Listens patiently to client's needs and concerns, and answers questions.	4.5.1 Observe live video of a counselling session (actual or role play) using adapted counselling checklist in Annexure 5 . Ensure client consent and confidentiality. Score using (MC50)
	4.5.2 Uses language the client understands.	4.5.2 Assess as in standard 4.5.1. Score using (MC50)
	4.5.3 Uses non-judgemental and supportive language.	4.5.3 Assess as in standard 4.5.1. Score using (MC50)
4.6 Client- focused personnel	4.6.1 Describes services available according to client's needs.	4.6.1 4.6.1 Assess as in standard 4.5.1 Score using (MC50)
	4.6.2 Explains the chosen service or procedure to client (benefits, risks, side-effects, follow-up).	4.6.2 4.6.2 Assess as in standard 4.5.1 Score using (MC50)

5 SECURED SUPPLY CHAIN MANAGEMENT SYSTEM

ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS	ASSESSMENT LEVEL – SDP
5.1 Commodity security (regular supply)	5.1.1 Every person is able to choose, obtain, and use quality contraceptives and other essential reproductive health products whenever they need them.	5.1.1 Prior desk review of stock register of last 3 months for availability (relevant to the MA) of contraceptives , MA drugs, STI medicines etc. or stock-out or expiry (type and quantity of drugs). Score using (MC51)
5.2 Durable, high-quality and appropriate equipment	5.2.1 Equipment is conducive to good quality of care and meets agreed quality of care standards.	5.2.1 Live video in presence of Clinic Manager to randomly review SA packs, IUD packs and other packs for quality – rusting, cracks, loss of flexibility, etc and if the manufacturer meets MA/IPPF quality standards. Score using (MC52)
5.3 Strong logistic management	5.3.1 Good logistic system manages the forecast, delivery, quality and storage of all supplies.	5.3.1 Live Audio with Clinic Manager on forecasting system used and how quality of products is checked at delivery. Live video of storeroom to review quality standards (using Supplies Storage Quality Checklist in Annexure 10). Score using (MC53)
5.4 Range of contraceptive methods	5.4.1 Programmes should offer a sustainable, well-balanced range of contraceptive methods that allow clients to choose the method that best suits their needs.	5.4.1 Prior desk review of stock register of last 3 months and procedure register to see if permanent methods were provided. Live video of store-room to observe method mix available according to country context - LARC and STM, and ECP. Score using (MC54)
	5.4.2 Programmes should strive to offer as many contraceptive methods as they can reliably supply to meet the needs of different individuals and couples.	5.4.2 Assess as in standard 5.4.1. Score using (MC55)



5.4.3 A reasonable mix includes methods that are short-acting and long-acting, client-controlled and provider-dependent.

5.4.3 Assess as in standard 5.4.1.
Score using (MC56)

6 ADEQUATE FINANCIAL RESOURCES

ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS	ASSESSMENT LEVEL – MA HQ
6.1 Financial Sustainability	6.1.1 MA mobilizes appropriate resources to support its annual programme of work and takes necessary steps to ensure long-term financial sustainability and solvency.	6.1.1 6.1.1 Prior desk review and Live Audio on MA and SDP APW and resources mobilized for APW, long term sustainability and solvency. Score using (MC57)
6.2 Costed Services	6.2.1 Association does costing of services based on affordability by the client and cost recovery.	6.2.1 6.2.1 Prior desk review of documents and Live Audio on how costing of services is done by the MA for client affordability and cost recovery. Score using (MC58)
6.3 Fee system and non-refusal policy	6.3.1 Procedures to facilitate access to services for clients who cannot pay such as credit, free service or community-based financial scheme.	6.3.1 6.3.1 Prior desk review of documents Live Audio to review fee system, non-refusal policy and methods in place for clients who cannot pay. Score using (MC59)
6.4 Resource Allocation for QoC	6.4.1 Project budgets include funds for ensuring quality in service provision.	6.4.1 6.4.1 Prior desk review of documents and Live Audio to discuss project budgets and % budget allocated to support QoC. Score using (MC60)
6.5 Good financial management system	6.5.1 MA effectively implements appropriate regulations covering its financial affairs.	6.5.1 6.5.1 Prior Desk Review of MA financial rules, regulations and policies and live audio to enquire about financial fraud, financial misconduct or misappropriation in the past year. Score using (MC61)
6.6 Diverse sources of income	6.6.1 Multiple income streams to the organization including unrestricted, restricted and client income.	6.6.1 6.6.1 Prior desk review of income streams of the MA (restricted, unrestricted and client income) supplemented by an audio meeting if required. Score using (MC62)

7 EFFECTIVE COMMUNICATION AND FEEDBACK SYSTEMS

ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS	ASSESSMENT LEVEL – MA HQ & SDP
7.1 Strong monitoring and evaluation systems (include client and community feedback mechanisms)	7.1.1 Effective monitoring of activities and performance conducted on a regular basis and results used for learning and making necessary improvements on a continuous basis.	7.1.1 Prior Desk Review of a) performance monitoring activities conducted in last year with action plans and their implementation, Live audio with Clinic Manager to ask for an example of above from the SDP. Score using (MC63)
	7.1.2 Community meetings and Focus Group Discussions regularly held. Feedback used to improve/ change service delivery.	7.1.2 Prior Desk Review of b) reports of Community Meetings and FGD, their feedback, Action Plans and implementation and Live audio with Clinic Manager for an example of above from the SDP. Score using (MC64)
	7.1.3 Evaluations conducted regularly to measure impact of interventions used to improve service delivery.	7.1.3 Prior Desk Review of c) interventions of last FY and their impact in improving service delivery Live audio if required. Score using (MC65)



7.2 Quality improvements based on performance data	7.2.1 Association uses accurate data to inform decision-making, to adjust its programmes where necessary, and to continuously improve performance.	7.2.1 Prior Desk Review of MA and SDP data collection, what data is collected and how it is used. Live audio with Clinic Manager to ask about examples/ case studies of data use for decision making and better performance. Score using (MC66)
7.3 Access to comprehensive information	7.3.1 Information Education and Communication resources exist that facilitate clients' education to make informed and free decisions on SRH (especially on FP methods), STIs/HIV and AIDS prevention and care, comprehensive abortion services. 7.3.2 Clients have access to counselling services provided by competent service providers.	7.3.1 Photos / video clips of IEC material on SRH displayed in the clinic. Score using (MC67) 7.3.2 Live video to observe FP counselling (actual service or role play) after ensuring client consent and confidentiality. Prior Desk review of counsellors qualification, training and competency assessment records. Score using (MC68)
7.4 Community support and buy-in	7.4.1 System in place for incorporating client suggestions to improve service delivery.	7.4.1 Live Audio to ask Clinic Manager to explain how client suggestions are used to improve service delivery with a SDP case-study/example Photo of SDP suggestion box. Score using (MC69)
7.5 Assessment Mechanisms	7.5.1 Service managers and providers use self-assessment tools and procedures to identify needs for improving quality of care. 7.5.2 System to assess quality of care and provider's performance according to service standards and guidelines is in place. 7.5.3 Data made available to service providers without unnecessary delay and used to improve the quality of services.	7.5.1 Prior Desk Review of self-assessment of managers and providers using IPPF MA QoC Assessment Tools to identify areas of improvement. Score using (MC70) 7.5.2 Prior Desk Review of IPPF service standards and guidelines, and quality assessment (QA) systems at MA and SDP levels. Live Audio with clinic manager to understand how the QA system, process and tools are used to improve performance. Score using (MC71) 7.5.3 Live Audio with one service provider to understand what data is available to providers, how often and if and how the data is used by them to improve quality. Ask for an example. Score using (MC72)
7.6 Client empowered to take active part in care process	7.6.1 Association regularly conducts client exit interviews with special focus on service provision.	7.6.1 Prior Desk Review of last client exit interview (sample in Annexure 10), its findings and how they were used to improve service provision. Live Audio with CM/MA to ask for an example Score using (MC73)
7.7 Community participation	7.7.1 Association organizes regular meetings with the community to discuss services and quality on a regular basis.	7.7.1 Prior Desk Review of community meeting records, frequency and actions taken by the MA based on community feedback. Live Audio with MA to ask for an example Score using (MC74)



MISP (HUMANITARIAN)		
ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS	ASSESSMENT LEVEL - SDP
MISP Objective 2 MI-01 Prevent sexual violence and respond to the needs of survivors	<ul style="list-style-type: none"> • There are GBV Standard Operating Procedures for prevention and response in your SDP. Do you provide (or referral) CMR at SDP. • The SDP has specific crisis-related SOP and referral pathway for GBV survivors? • Does the SDP provide (or offers referral) for Clinical Management of Rape services? Please specify. • Are all survivors given first-line support using the LIVES approach? • Does the SDP have all medicines/ equipment needed to provide clinical assistance to GBV survivors? • Is informed consent obtained from all clients for services and referrals? • Is GBV information collected & recorded and stored confidentially? • Do all staff respect confidentiality? 	Prior Desk Review Live Audio/Interview with Clinic Manager Live Audio/Interview with Clinic Manager
MISP Objective 3 MI-02 Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs	<ul style="list-style-type: none"> • SDP has a protocol for STI treatment? Are patients treated according to protocol? And all medicines for SITs are available? • Are Anti Retro Virals (ARVs) are available at the SDP or are referral pathway for patients on ARVs? Please specify • Is cotrimoxazole given to all HIV patients as prophylaxis? (at SDP or referral) Please specify • Testing is available for PMTCT at SDP or a referral pathway to PMTCT services? Please specify • Are Condoms are available and easily accessible in discreet locations at the SDP? Please share locations with assessor • Are all the medications present to treat STIs? • Are universal precautions respected by healthcare workers (list the precautions...) Do staff have sufficient PPE? 	Prior Desk Review of relevant photos, and video clips Prior Desk Review of Protocol, Live Video of Store Live Audio with Clinic Manager Live Audio with Clinic Manager Review of photos

<p>MISP Objective 4</p> <p>MI-03 Prevent excess maternal and newborn morbidity and mortality</p>	<ul style="list-style-type: none"> • SDP provides BEmNOC services 24 hours x 7 days a week (or referral) with an established referral pathway with transportation and a list of referral institution(s) • Referral pathway with transport established? Please show the list of referral institution/s? • SDP provides all seven signal BEmNOC functions? Please list how many • Are Referral pathways established for clients needing emergency transfer 24/7? All clinicians have an up to date knowledge of the danger signs in pregnancy and post partum? • SDP has a protocol for prevention and treatment of Post-Partum Haemorrhage and uterotonics (Misoprostol, oxytocin, etc)? • SDP has a protocol for Post-Partum Haemorrhage? • SDP provides education on danger signs in pregnancy and newborns to pregnant women? • Are staff trained on BEmNOC? • Does the SDP provide Post Abortion Care? Referral or actual? 	<p>Live Audio with Clinic Manager</p> <p>Live Audio with Clinic Manager</p> <p>Prior Desk Review of Protocol, Live Video of Oxytocic availability</p>
<p>MISP Objective 5</p> <p>MI-04 Prevention of unintended pregnancies</p>	<ul style="list-style-type: none"> • SDP offers a mix of contraceptive methods? Aim 5? • There is adequate privacy for counselling and procedures ? • Is a standard form used to guide for contraceptive counseling? (visual aids, BCS cards, etc) • Emergency contraception is available and provided at the SDP • SDP has clinicians that can provide LARCs (IUD, Implants) • SDP has system in place to measure the client's satisfaction with the contraceptive method chosen • Are staff trained to provide safe abortion care? • If not, is there a referral pathway for women requesting to terminate a pregnancy? 	<p>Live Audio with Clinic Manager on what is available</p> <p>Live Video/Observation of counselling and procedure room layout</p> <p>Live Video of Store</p> <p>Prior Desk Review of Service Register</p>
<p>MI-05 SRH Clinic</p>	<ul style="list-style-type: none"> • SDP has place to store client information confidentially • SDP has hand washing stations available • SDP has plan in place for waste management 	



MI-06 Client Satisfaction	<ul style="list-style-type: none">SDP has in plan to measure client satisfactionSDP has in place strategies to address stigma-related barriers to SRH care	Live Audio with Clinic Manager
Optional (if applicable)		
MI-07 Safe Abortion Care	<ul style="list-style-type: none">Medical and Surgical Post-abortion care services are available at the SDP? Or referral? Please specifySDP has protocols for women seeking comprehensive abortion care servicesSDP has a referral option, if abortion related services are not offered. All clients seeking abortion services are offered Post abortion contraception?Clients get adequate time with counselors and/or health care providers	<div>Live Audio with Clinic Manager</div> <div>Prior Desk Review</div> <div>Live Audio with Clinic Manager</div> <div>Live Video of Counselling Session</div>



DIGITAL HEALTH		
ESSENTIAL COMPONENTS	CRITERIA OR STANDARDS	ASSESSMENT LEVEL - HQ/SDP
OBJECTIVE 1 : USABILITY	<ul style="list-style-type: none">Is the digital health intervention in use at SDP (for example - telemedicine, hot line etc) usable (easily accessible) by the targeted end-user(s) for both clients & providers? (e.g. is the system/or the platform user friendly and easily assessible? Instruction in place to get access.etc)	Live Video/Observation of Digital Health Session
	<ul style="list-style-type: none">Is the learning curve steep before a user can demonstrate proficient system use? (e.g. whether the DHI designed for easy use that minimize times to familiarize with its features and functions for providing and recieving services) In other words, is it challenging for the users to proficiently use digital health system?	Live Video/Observation of Digital Health Session
	<ul style="list-style-type: none">Did users / providers receive any training before using digital health interventions or any self-learning/ instruction enabled?	Live Video of Digital Health Session
	<ul style="list-style-type: none">Are there high rates of error – in using the system – as a result of system use/misuse?	Live Audio with Clinic Manager
OBJECTIVE 2 : EFFICACY & EFFECTIVENESS	<ul style="list-style-type: none">Has the digital health intervention changed processes for users and providers at clinic. e.g. DHI change the client registration and appointment system efficiently and effectively where clients at their convenient can register and made appointment online/via telephone, and consult virtually and only needed to visit clinic for purpose of clinical procedures. DHI also offer clients home delivery or online purchase of needed contraceptives and medicines.	Live Audio with Clinic Manager
	<ul style="list-style-type: none">Has the digital health intervention changed outcomes e.g. improve provider competency/ performance such as guideline adherence, or improve client health outcomes or better reach to clients (achieving new clients target) ?	Live Audio with Clinic Manager



**OBJECTIVE 3 :
COST**

- Has the digital health intervention reduced costs associated with the delivery of health services? For example, digital record, education material such as videos, image can minimize the costs related to use of paper for client records, IEC publication and printing etc.
- Are the digital health intervention provide benefits for providers? (e.g. easy to perform tasks, improve client flow, increase job satisfaction..etc)

Live Audio with Clinic Manager**Live Audio with Clinic Manager**

**OBJECTIVE 4 :
QUALITY**

- Is there any SOP/mechanism in place for assessing quality of DHI services. Has the digital health intervention led to better quality of services ? (Compare previous Client Exit Interview (CEI) results with CEI after digital health interventions). E.g. booking convenience, provide better information to clients...etc)
- Is there a secure server or digital security system available to ensure client confidentiality ? (e.g. client can access information anonymously..etc)
- Is there a system for restricted access i.e. information stored digitally is accessible only to those that need to use them (e.g. concerned provider/s)?

Desk review of Previous CEI with CEI after digital health interventions**Live Audio with Clinic Manager****Live Audio with Clinic Manager**

5. ANNEXURES

Annexure 1: IPPF Quality of Care Framework 2015

Vision

To enable all people to act freely on their sexual and reproductive health and rights by providing quality sexual and reproductive health services.

Guiding Principle and Values

International Planned Parenthood:
Quality of Care Charter

Rights of the Clients, Needs of the Providers

Human rights
Diversity
Equity

Social inclusion
Accountability
Stigma-free

Cross-Cutting Themes

Youth

Gender

Underserved, vulnerable
and marginalized

Key Elements



Client-Centered Approach



Safe & Confidential
Environment

- Appropriate set-up/structure
- Accessible location
- Safe environment for both providers and clients
- Privacy and confidentiality



Secured Supply Chain
Management System

- Commodity security
- Durable, high quality and appropriate equipment
- Logistics management
- Range of contraceptive methods



Comprehensive
Integrated Services

- Wide range of SRH services
- Comprehensive information
- Client follow-up
- Reliable referral system and follow-up
- Evidence-based service delivery
- Informed client decision-making and consent



Adequate Financial
Resources

- Financial sustainability
- Diverse sources of income
- Costed services
- Fee system including non-refusal policy
- Resource allocation for QoC
- Good financial management system



Well-Managed
Services

- Efficient service delivery approach
- Effective supportive supervision
- Provider self-assessment
- Performance driven culture
- Policies, standard operating procedures, guidelines
- Client-driven demand for service delivery
- Clinical governance



Effective
Communication &
Feedback Systems

- Strong monitoring and evaluation system
- Quality improvements based on data
- Access to comprehensible information
- Community support/buy-in
- Assessment mechanisms
- Client empowered to take an active part in the care process
- Community participation



Highly Skilled and Respectful Personnel

- Sufficient and appropriate number of staff and functions
- Supported and motivated staff
- Technically competent
- Staff committed to providing high quality services
- Interpersonal skills
- Client-focused personnel

Annexure 2: VQA Executive Summary Report Template

Member Association Name:	
Date/s of QoC Assessment	
Date of Report:	
Assessor/s Name:	
Number and names of SDPs assessed	
Final Score	
Major Risks or Concerns	

1. Background

- Provide background of MA e.g. number and type of SDPs and services provided.
- Provide brief background of SDP e.g. location and services provided – number and type, equity, diversity and community engagement

2. Summary of previous QoC assessment results:

- Date
- Score
- Key areas of improvement identified
- Any area of improvement not yet addressed

3. Methods

Provide brief background of methods/approaches used (remote or hybrid, software platforms and approaches used)

4. Services:

Provide brief explanation about services that are provided by the SDP, services that were observed or provided on day of assessment and services that are provided but were not seen on day of assessment with explanation.

5. Key findings

a) This information must be provided from scored VQA Tool and Charts & Graphs on the assessment Excel Sheet if used.

b) Comparisons with previous years should be made if the same standards and indicators were used.

c) Overall Scores

QOC KEY ELEMENTS	Assessed Score	Assessed Score (%)
KE1 - A safe and confidential environment		
KE2 - Comprehensive integrated services		
KE3 - Well-managed services		
KE4 - Highly skilled and respectful personnel		
KE5 - Secured supply chain management system		
KE6 - Adequate financial resources		
KE7 - Effective communication and feedback systems		
MISP (Humanitarian)		
Digital Health (Optional)		
Total Assessed Score		

d) Areas that performed well:

e) Areas needing improvement:

Essential Component and Assessed Standard	Observation	Recommendation

f) Areas needing urgent improvement / priority action:

Essential Component and Assessed Standard	Observation	Recommendation

6. Action Plan:

The SDP and MA must develop an action plan addressing all the areas that need improvement using the following template, with support from the assessor or designated person. An example is provided

Observation & gaps identified in the assessment	Actions to be undertaken to address gaps	Responsible	Timeline	Support/ Resources needed (Funding, TA etc.)	Means of Verification
e.g. the autoclave was not functional and no regular maintenance is being done	Get an annual maintenance contract (AMC)	Mr/s X (Clinic Manager)	--/--/--	Technical	AMC Document

7. Follow-up of VQA:

Action	Timeline	Date
1. Final action plan agreed by MA and assessor	2 weeks after final assessment report	--/--/--
2. 1st follow-up meeting with MA: on action plan status, challenges, support needed etc.	3 months after 1.	--/--/--
3. 2nd follow-up meeting with MA: on action plan status, challenges, support needed etc.	6 months after 2 (Q3)	--/--/--
4. 3rd follow-up meeting with MA: on action plan status, challenges, support needed etc.	3 months after 3 (Q4)	--/--/--

Annexure 3 –Virtual Quality Assessment Phases Flowchart



PRE-ASSESSMENT

- Finalize VQA schedule, **1 month before VQA**
- Identify VQA pilot sites, **1 month before VQA**
- Engage translator if needed, **3 weeks before VQA**
- Identify MA VQA Co-ordinator, **2 weeks before VQA**
- Request information pack on SDP and MA, **2 weeks before VQA**
- Send all documents and media for desk review and translation (if needed), **2 weeks before VQA**
- Assessor, MA and SDP have virtual meeting, **1 week before VQA**
- IT systems set up and readied at least, **1 week before the VQA**



ASSESSMENT

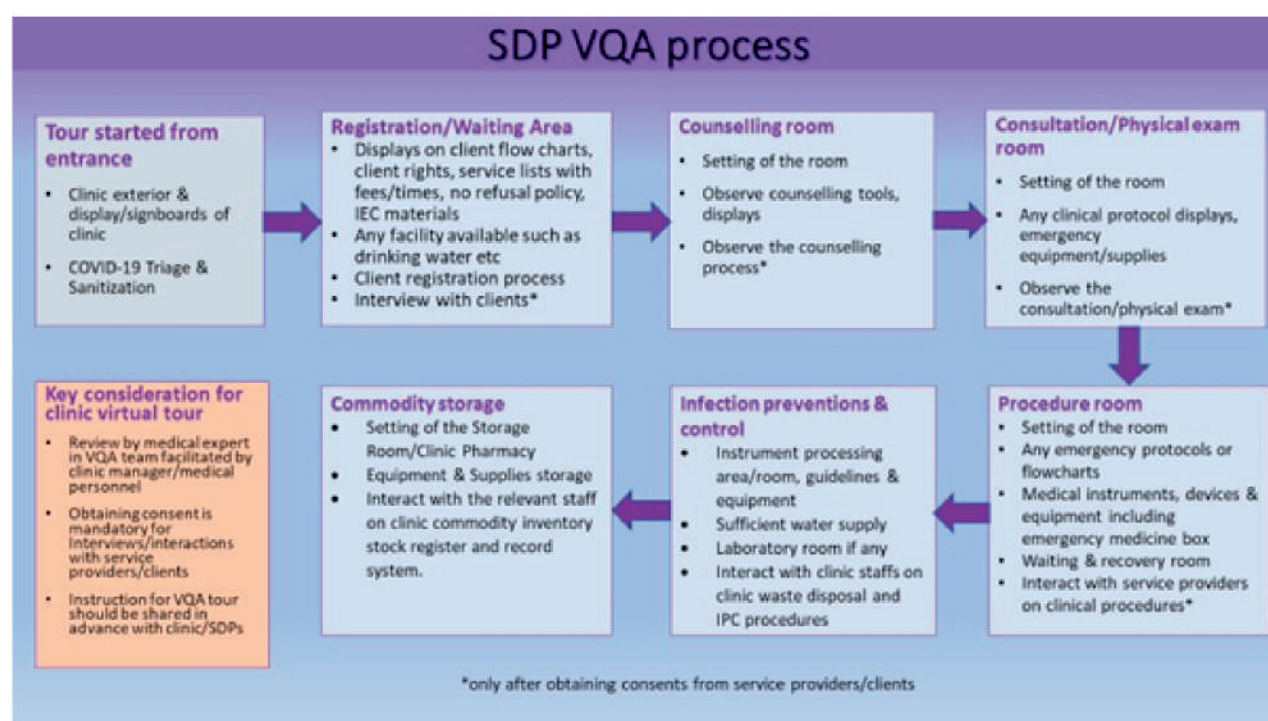
- **Introductory Meeting with MA**
- **VQA**
- **Concluding Meeting with MA**



POST-ASSESSMENT

- Final scored VQA tool checklist, final VQA summary and detailed narrative reports submitted to the MA, **within 2 weeks of the VQA**
- Action Plan followed up with MA, **3,6 and 9 months after VQA**
 - Next Routine VQA/ QoC Assessment planning, **9 months after VQA**

Annexure 4 – SDP VQA Flowchart



Annexure 5 – Step by Step Instructions for SDP VQA Process

Requirement:

- MA clinic manager/medical personnel should facilitate the clinic virtual tour at each step.
- There should be identified personnel for taking video recording and video should be a non-stop recording at possible starting from the step 1 to 8.
- Active internet connection or if not available, prerecording of video following below steps is recommended.

Steps:

1. Observation of Clinic Exterior: Start outside of the clinic and take a tour of the clinic exterior.

The following should be captured during this step.

- Introduction and time started for this recording by the presenter
- the clinic name and location (and how it can be accessible through public transport (bus, train etc)
- Logos, Directions and Signboards of clinic
- Clinic compound and entrance

Step 1. Approximate time: **3 min.**

2. Registration/Waiting Area: Enter the clinic through entrance and observe the registration area and waiting area. The following should be captured during this step.

- Any Instruction or Information display for clients at registration and waiting area (for example: available services list with timing/fees, client flow charts, IEC materials, suggestion box, etc).
- Any facility available for clients at the waiting area (for example: television, chairs, drinking water, air-conditioner, fans, warmers etc).

- After observing/recording the above, the presenter/assessor will talk with the clinic staffs at reception and enquire about the clinic appointment system, client flow mechanism, opening hours, available services and cost of services, e.g. subsidized costs/free of charge services if there any. The assessor will also observe a demonstration of how client registrations are made and recorded in the clinic management information system by the clinic.
- If there are clients in the clinic waiting room, the presenter/assessor will talk to the client and enquire about the reason for coming to the clinic, how they know about this clinic (from friend, internet, newspaper etc), waiting time to get services, and their feedback/review and level of satisfaction with clinic facilities and services on a scale of 1 to 10. Please note that the assessor needs to explain the purpose of this interview to the client and seek their consent for the recording.

Step 2. Approximate time: **10-15 min**

3. Counselling Area/Room: After step 2, the assessor will go to the counselling room and observe /assess the following. The assessor may need to talk and interact with the counsellor/service provider.

- Setting of the counselling room (space, ventilation, comfort, cleanliness & privacy).
- Counselling tools available (job aids, samples available for counselling clients).

Step 3. Approximate time: **2-3 min**

4. Physical Examination Area/Consultation Room: After step 3, the presenter will go to the physical examination room and observe / assess the following. The presenter may need to talk and interact with service provider.

- Layout of the physical examination room (space, ventilation, cleanliness and privacy).
- Any clinical protocols displayed in the room (for example: infection prevention, Post exposure Prophylaxis (PEP) guidelines, emergency and referral protocols or flow charts etc).
- Emergency equipment and supplies available (for example, Ambu bag, Injections such as Adrenaline, IV infusion sets etc.)

Step 4. Approximate time: **3 min** (time may vary depending on interview with service providers)

5. Procedure Room/Operation Theatre: After step 4, the presenter will go to procedure room, and observe/assess the following. The presenter may need to talk and interact with clinic staff and service providers.

- Layout of the procedure room (space, ventilation, cleanliness and privacy)
- Any display of Emergency protocols or flowcharts, hand washing etc.
- Emergency equipment and supplies
- Staff allowed access to the procedure room
- Services provided to and instruction for clients before and after entering the room (for example: Clients provided with clean clothing and instructed to empty bladder before procedure)

Step 5. Approximate time: **3-5 min**

6. Waiting room & Recovery Room: The presenter will observe and assess the waiting room & recovery room after step 5.

- Layout of the room (ventilation/ cleanliness/ comfort, /audio-visual privacy/ access to clean toilet/clean drinking water, changing spaces, access to clinic staff if help needed)
- Distance from procedure room and toilets

Step 6. Approximate time: **2-3 min**

7. Infection Prevention and Control: The presenter will observe and assess and observe the instrument processing room, laboratory room (if any) after Step 6 . The presenter may need to talk with clinic staff responsible for infection prevention and control , and laboratory tests.

- ·Layout of the room (e.g. separate area or room for processing instruments)
- ·Equipment (Lab instruments, Detergent, brush, bleaching powder, chlorine solution, utility gloves etc.)
- ·Sufficient water supply
- ·Equipment for sterilization (autoclaves, boilers, sterilizers)
- ·Guidelines and display posters for instrument processing
- ·The presenter will talk with relevant clinic staff about how clinic infection prevention and control are undertaken routinely at the clinic. (for example: cleaning/decontaminating the instruments and the procedure room, handling and disposal of clinic waste etc.)

Step 7. Approximate time: **5-10 min**

8. Commodities Storage Room/Clinic Pharmacy: After step 7, the presenter will visit the commodity storage room/clinic pharmacy and assess / observe the following.

- ·Layout of the Storage Room/Clinic Pharmacy (space, ventilation, cleanliness and temperature/lighting/humidity monitoring and control mechanisms)
- ·Supplies (labels, arrangement order followed e.g. FEFO order - First Expired First Out)
- ·The presenter may need to interact with relevant staff to enquire about clinic commodity inventory stock registers and recording system.

Step 8. Approximate time: **5-10 min**

The assessor wraps up the VQA and ends the Clinic Virtual Tour.

Annexure 6 – Sample Client Exit Interview

Name of SDP _____

Date of Visit _____

1	How would you describe your overall satisfaction with the service (s) you received? (Check one)	Satisfied	Not sure	Not satisfied
2	How long did you wait to see the health care provider? (In minutes) _____			
3	Were you satisfied with this waiting time? (Check one)	Satisfied	Not sure	Not satisfied
4	Were you satisfied with the overall cleanliness of the facility? (Check one)	Satisfied	Not sure	Not satisfied
5	Were you satisfied with the privacy at during consultation? (Check one)	Satisfied	Not sure	Not satisfied
6	Were you satisfied with the time given to you by the health service provider? (Check one)	Satisfied	Not sure	Not satisfied
7	Were you satisfied with the health service provider's behaviour with you?	Satisfied	Not sure	Not satisfied
8	Did the provider treat you with respect? (Check one)	Yes	Not sure	No
9	How long (min/hours) did you travel to reach the health facility? _____			
10	Did the provider explain the treatment to you ? (Check one)	Yes	Not sure	No
11	Did the provider explain the possible side-effects and complications to you? (Check one)	Yes	Not sure	No
12	Did the provider explain follow-up? (Check one)	Yes	Not sure	No
13	Did the provider explain other treatment options and allow you to choose? (Check one)	Yes	Not sure	No

Thank the respondent

Adapted from

www.resourcecentre.savethechildren.net/pdf/chasp_client_exit_interview_report.pdf/

Annexure 7 – Sample Consent Form for Client Interview and Service Observation

The interview / observation is part of the review of the Quality of Care provided in this service delivery point. This team is working with the Member Association of IPPF to conduct this review virtually , and we would value your perception as a client of the quality of services provided at the clinic.

Choice. Before you take part in this quality review, there are some things you should know.

- First, you do not have to take part if you do not want to.
- Second, you may stop participating at any time.
- Third, there is no penalty to you (e.g. denial of services) if you do not take part or if you stop taking part at any time.

It is important that you understand this information before we begin the review so that you can decide if you want to take part or not. Please let me know if you have any concerns or questions.

Interview / Observation - If you agree to participate in the interview, you will be asked a few questions about your experiences in this clinic. If you do not want to answer a question, you do not have to answer it. If you choose to participate, you will be asked 2/3 questions and the interview should only take a few minutes.

If you agree to participate in observation of services, you will not be required to reveal your identity at any point (e.g. face or other ID features like name, address etc.). We will also take your permission before taking a photo or video of the service provided to you e.g. injection, implant insertion etc. If you do not want to be part of the observation, you can refuse at any time. If you choose to participate, the service or part of it provided to you at the clinic will be observed over video and this should only take a few minutes.

Confidentiality - We will take every possible care to ensure that your participation and answers to questions are kept confidential, i.e. your name will not be associated with the answers you give. I will take record your answers as closely to the words you say as possible.

Potential benefits of the review - There is no direct personal benefit for you for taking part in this study. However, information we gather from your participation will be used to improve the quality of health services provided here. We hope that the process will be interesting for you as it might encourage you to think of some issues that you may not have thought about for some time or to think about them in a different way.

Your participation in the review is entirely voluntary. You can choose to pause or to end your participation at any time you wish.

- Do you have any questions for me?
- Do you want to take part in the interview/ observation? If you accept, we will then start the interview observation.

1) My name is _____ .I have read the information sheet about this quality of care review and/or it has been explained to me. I understand how my participation will contribute to the review of quality of care at the clinic and how my privacy and confidentiality will be ensured. I understand that my interview and / or the notes from observation of the service/s provided to me, will be documented.

I consent to participate in the review (interview and/ observation of service) on Quality of Care of services provided at this facility and for my interview / observation of services to be included in the review, and published anonymously as part of the findings if required.

2) Signed: _____ **Date:** _____ **Place:** _____

Thank you very much for your participation in this Quality of Care review.

VERIFICATION: INTERVIEWER OBTAINING CONSENT:

Your signature certifies that the objectives for this Quality of Care review have been read and explained in full to the potential participant. It certifies that you answered all their questions and after that, they agreed to take part.

Date

Signature of Interviewer Obtaining Consent

Annexure 8 - Provider Self - Assessment Tool

The Provider Self-Assessment Tool is adapted from the Ipas \ Abortion Attitude Transformation: A Values Clarification Toolkit for Global Audiences. It encourages providers to reflect on their values and attitudes towards clients with an aim to improve quality of services, integrate sexuality and rights into services, to identify under-served clients and address practical issues around accessibility of services, to ensure gender-sensitivity, non-discrimination and respect, respect confidentiality, provide choice and raise awareness on woman's rights and agency, to link services to wider development and to provide effective referral systems to other services and community support.

Please go through the following questions and reflect on each one for some time before answering and moving on to the next question.

Questions	Answer
If you were to find out that a young unmarried client is pregnant, what is the first thought that would go through your head?	
Who would you inform about the client's pregnancy?	
Who would you definitely not tell?	
What would you decide to tell her about the pregnancy?	
If your client tells you that she wants to have an abortion, what would you do?	
What would you advise her for the future?	
If she wants to use a contraceptive method, what would you do and why?	
Have you ever faced this situation in your work or personal life?	
Why does this problem exist? What are the root causes?	
How can we do something about this?	
What support would you need to resolve this problem?	

Annexure 9 – Counselling Assessment Tool

COUNSELLING	YES/NO/NA
Greets client respectfully and listens patiently to needs and concerns.	
Uses simple and non-judgemental language.	
Allows client to ask questions and assures confidentiality.	
Provides appropriate /correct information on SRH & FP services.	
Provides information on all methods/options available.	
Supports client to make an informed choice.	
Uses appropriate tools/models and displays during counselling sessions.	
Explains the chosen service/ procedure (benefits, risks, side-effects, follow-up) to client.	

All above parameters must be satisfied to score 1 on the counselling checklist. If any indicator is unsatisfactory, the overall score is 0.

Annexure 10 – Supplies and Storage Virtual Quality Assessment Tool

Supplies Storage Quality	YES/NO/NA
Dedicated storage space is adequate to stock clinic supplies.	
Space is well ventilated, clean, without dampness or water leaks.	
No broken or unused equipment or supplies are stored in the store.	
There is a designated person in charge of the store.	
A Commodity Tracking system is present. (e.g. Stock records/register are updated and show no stock-outs)	
Supplies are clearly labelled and stored in FEFO order, away from the floor and wall.	
There is an operational system to dispose damaged or expired drugs and equipment as per guidelines. (Ask store manager how this is done)	

All above parameters must be satisfied to score 1 on the counselling checklist. If any indicator is unsatisfactory, the overall score is 0.

Annexure 11 – Covid-19 Protocols Assessment Tool

Covid-19 Protocol	YES/NO/NA
Place visual alerts, such as signs and posters in appropriate languages, at entrances and strategic places, with instructions on hand hygiene, respiratory hygiene (including the use of face masks) and cough etiquette.	
Set up waiting rooms to allow people to be at least 6 feet apart.	
Reduce crowding in waiting rooms by asking people to remain outside (e.g., in their vehicles or designated outdoor waiting area), if feasible, until they can be called in for their appointment.	
Set up triage booths/areas to screen patients safely. Post signs at the entrance instructing clients with fever, respiratory symptoms, or other symptoms of COVID-19 to go directly to the triage area for further instructions.	
Provide facemasks for all clinic patients who are not already wearing one, ideally before they enter the clinic.	
Provide hand sanitisers (preferably foot operated) at the clinic entrance and other strategic points such as registration, waiting area, counselling and procedure rooms and toilets.	

Adapted from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/>

All above parameters must be satisfied to score 1 on the checklist (see MC-39). If any indicator is unsatisfactory, the overall score is 0.

Annexure 12 – VQA tool (excel doc)

VQA TOOL



6. REFERENCES

01

Digital health interventions for SRHR during Covid-19 – IPPF Guidance

(available at https://ippf-covid19.org/wp-content/uploads/2020/06/Digital-Health-during-Covid-19_FINAL_24.04.20.pdf)

02

IPPF IMAP Statement on Covid 19 Impact on SRHR

(available at <https://ippf-covid19.org/wp-content/uploads/2020/04/IMAP-Statement-on-COVID-19-impact-on-SRHR-English.pdf>)

03

Innovative Approaches to SRH in Covid 19 – IPPF Guidance

(available at <https://ippf-covid19.org/wp-content/uploads/2020/04/Innovative-approaches-to-SRH-in-COVID-19-IPPF-guidance.pdf>)

04

Prioritisation of SRH services in Covid 19 – IPPF Guidance

(available at <https://ippf-covid19.org/wp-content/uploads/2020/04/Prioritisation-of-SRH-Services-in-COVID-19-IPPF-guidance.pdf>)

05

Readiness for telemedicine – WHO 2020

(available at <https://www3.paho.org/ish/images/toolkit/COVID-19-Telemedicine-Tool-en.pdf>)

06

IPPF Quality of Care Framework 2015

(available at https://www.ippf.org/sites/default/files/2016-07/Quality_of_care_framework_2015.pdf)

07

Monitoring and evaluating digital health interventions: a practical guide to conducting research and assessment © World Health Organization 2016

(available at <https://apps.who.int/iris/bitstream/handle/10665/252183/9789241511766-eng.pdf?sequence=1&isAllowed=y>)



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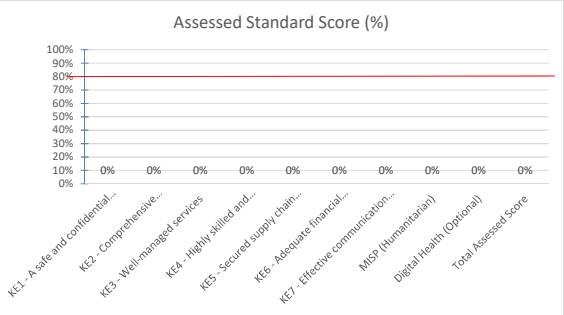
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Tabs on the Excel Document	
Overall Summary Narrative with Sectional and Overall Scores	
Scoring Guide or Reference for Key Elements	
KE1	A safe and confidential environment
KE2	Comprehensive integrated services
KE3	Well-managed services
KE4	Highly skilled and respectful personnel
KE5	Secured supply chain management system
KE6	Adequate financial resources
KE7	Effective communication and feedback systems
+ MISP (Humanitarian)	
+ Digital Health (Optional)	

Overall Summary Narrative	
Member Association Name:	
Date/s of QoC Assessment	
Date of Report:	
Assessor/s Name:	
Number and names of SDPs assessed	
Major Risks or Concerns	

Final Score			
QOC KEY ELEMENTS	Assessed Score	Total Standard Score	Assessed Score (%)
KE1 - A safe and confidential environment	0	88	0%
KE2 - Comprehensive integrated services	0	64	0%
KE3 - Well-managed services	0	80	0%
KE4 - Highly skilled and respectful personnel	0	48	0%
KE5 - Secured supply chain management system	0	32	0%
KE6 - Adequate financial resources	0	26	0%
KE7 - Effective communication and feedback systems	0	52	0%
MISP (Humanitarian)	0	82	0%
Digital Health (Optional)	0	22	0%
Total Assessed Score	0	494	0%



Action Plan					
Observation & gaps (area of key concerns) identified in the assessment	Recommendation/actions to be undertaken to address gaps	Responsible	Timeline	Required Support / Resources (Funding, TA etc.)	Means of Verification
e.g. the autoclave was not functional which require proper maintenance and no regular maintenance is being done	Get an annual maintenance contract (AMC)	Mr/s X (Clinic Manager)	--/--/--	Technical	AMC Document

IPPF VIRTUAL QUALITY ASSESSMENT TOOL

Name of Service Delivery Point:

Location :

Member Association:

Date/s of assessment :

Name of assessor/s :

SCORING GUIDANCE: The assessor will score each indicator in the mini-checklists as follows. The total standard score for each Mini-Checklist is already provided for comparison and reference.

• Indicator that is not applicable is documented as NA(Not applicable). This indicator is not included in scoring and the reason needs to be provided in the Comments column. This indicator should also be removed from total number of assessed indicator as well as standard indicators.

Hence, for Mini Checklist with NA, its total standard score need to be updated.

• Indicator that is applicable but not observed is documented as X and scored 0. Provide details in comments as necessary.

• Indicator that is applicable and satisfactorily observed, is documented as ✓ and scored 2.

* If the indicator is applicable and partially observed, document as √, score as 1 and provide detail on gaps in Comments column

STANDARD - KEY - SAFE AND CONFIDENTIAL ENVIRONMENT				Approach		Assessment		Score			Comments
MINI-CHECKLIST 1 (MC1) - Appropriate set-up and structure				NA	X	✓	0	1	2		
1.1.1 Clinic designed for category of services provided				Observation through clinic visit or virtual tour							
Procedure room has easy access from physical examination area											
Procedure room has adequate space, is well ventilated, well- lit, clean and ensures privacy											
There is water supply arrangement for hand washing of providers											
Total Assessed Score							0			Total number of assessed indicator* assessed score	
Total Standard Score							6.0			Total number of standard indicator * max score	
MINI-CHECKLIST 2 (MC2) - Appropriate set-up and structure				Assessment		Score			Comments		
1.1.2 Well signposted with information on opening times and services offered				NA	X	✓	0	1	2		
Services provided are clearly visible outside the clinic (e.g. Sign board, direction)											
Information is displayed on services being provided regardless of client's ability to pay											
Opening hours are clearly displayed outside the clinic (including the a special opening hour/after working hours)											
Total Assessed Score							0				
Total Standard Score							6.0				
MINI-CHECKLIST 3 (MC3) - Appropriate set-up and structure				Assessment		Score			Comments		
1.1.3 Opening times convenient to clients				NA	X	✓	0	1	2		
Ask any client (after taking consent) if a) clinic timings are convenient for her and if not b) what timings would she prefer											
Does the clinic offer special timings for any group of clients ? (men, young people, key population etc.)											
Has the clinic ascertained that its opening times are convenient to clients? If yes, how ?											
Total Assessed Score							0				
Total Standard Score							6.0				
MINI-CHECKLIST 4 (MC4) - Appropriate set-up and structure				Assessment		Score			Comments		
1.1.4 Entrance clean, unobstructed and client-friendly				NA	X	✓	0	1	2		
The entrance is clean and well-maintained											
There are no obstructions to client entry or exit											
The entrance had special provisions to cater to differently abled (e.g. ramp and wide entrance for wheel chairs)											
Total Assessed Score							0				
Total Standard Score							6.0				
MINI-CHECKLIST 5 (MC5) - Appropriate set-up and structure				Assessment		Score			Comments		
1.1.5 Good general maintenance				NA	X	✓	0	1	2		
Building exterior is well maintained (e.g. clean and easy for movement)											
Building interiors are well maintained (e.g. clean, seating place)											
Ask any client (after consent) if they are happy with clinic maintenance. If NO - what improvements would they suggest											
Total Assessed Score							0				
Total Standard Score							6.0				
MINI-CHECKLIST 6 (MC6) - Accessible Location				Assessment		Score			Comments		
1.2.1 Accessible and cheap by public transport				NA	X	✓	0	1	2		
Ask Clinic Manager about distance of SDP from closest public transport (bus-stop /train station etc.)											
Ask client how long does it take to walk to clinic from nearest public transport point (should be <20 min)											
Ask client how much does it cost to come to the clinic from their home ?											
Total Assessed Score							0				
Total Standard Score							6.0				
MINI-CHECKLIST 7 (MC7) - Accessible Location				Assessment		Score			Comments		
1.2.2 Accessible for people living with a disability				NA	X	✓	0	1	2		
Check what aids the clinic has for people with disability e.g. ramps, rails etc.											
Clinic provides appropriate mobility aids (wheelchairs, crutches, etc.)											
Clinic organizes outreach services for persons living with disabilities											
Total Assessed Score							0				
Total Standard Score							6.0				
MINI-CHECKLIST 8 (MC8) - Safe environment for both providers and clients				Assessment		Score			Comments		
1.3.1 Located in an area safe for women to travel to on their own				NA	X	✓	0	1	2		
Ask any client if she feels safe coming to the clinic location on her own. If NO, note why											
The clinic surroundings are well lighted											
The clinic is located in a busy area frequented by general public											
Total Assessed Score							0				
Total Standard Score							6.0				
MINI-CHECKLIST 9 (MC9) - Safe environment for both providers and clients				Assessment		Score			Comments		
1.3.2 Security of clients and staff ensured				NA	X	✓	0	1	2		
Ask Clinic Manager and note how security of clients and staff is ensured											
Verify how security is ensured (e.g guard and guard room, locked strong gates etc.)											
Ask a staff member and note how their security is ensured											
Total Assessed Score							0				
Total Standard Score							6.0				
MINI-CHECKLIST 10 (MC10) - Safe environment for both providers and clients				Assessment		Score			Comments		
1.3.3 Systems in place for supporting and protecting providers and community workers from threats and criminalization (e.g. abortion, LGBTI, young people etc.)				NA	X	✓	0	1	2		
Ask Clinic Manager and note what systems are in place to ensure standard 1.3.3											
Ask any clinic staffs/service providers and note what systems are in place to ensure standard 1.3.3											
Total Assessed Score							0				
Total Standard Score							4.0				
MINI-CHECKLIST 11 (MC11) - Privacy and Confidentiality				Assessment		Score			Comments		
1.4.1 Exchange of information between clients and service providers occurs in an environment that secures privacy (e.g. entry into consultation rooms is restricted during client interviews and physical examinations, and client files/records are in a safe place with restricted access)				NA	X	✓	0	1	2		
Verify if and how client privacy is maintained (e.g. curtains, closed door, 'Do Not Disturb' door signs etc.)											
The SDP Clients Rights (that includes privacy and confidentiality) poster is prominently displayed											
See how client information is stored. Is confidentiality maintained? (e.g. file and a safe place, locked)											
Total Assessed Score							0				
Total Standard Score							6.0				
MINI-CHECKLIST 12 (MC12) - Privacy and Confidentiality				Assessment		Score			Comments		
1.4.2 Effective (one-way) client flow mechanism in place				NA	X	✓	0	1	2		
Clinic Manager demonstrates client flow mechanism. Verify it is one way											
Ask another staff member about client flow mechanism. Verify it is one way											
Ask a client about the client flow mechanism she went through. Verify if it is one way											

Total Assessed Score						0			
Total Standard Score						6.0			
MINI-CHECKLIST 13 (MC13) - Privacy and Confidentiality		Assessment				Score		Comments	
1.4.3 Client's audio and visual privacy ensured		NA	X	✓		0	1	2	
Verify if and how client privacy is maintained (e.g. curtains, closed door, 'Do Not Disturb' door signs etc.)	Interview with clinic manager & Observation clinic virtual tour								
The SDP Clients Rights (that includes privacy and confidentiality) poster is prominently displayed									
Client is not exposed to un-necessary visitors or staff during services									
Total Assessed Score						0			
Total Standard Score						6.0			
MINI-CHECKLIST 14 (MC14) - Privacy and Confidentiality		Assessment				Score		Comments	
1.4.4 Registration done confidentially		NA	X	✓		0	1	2	
Privacy and confidentiality is maintained during client registration.	Observation through clinic visit or virtual tour								
Client is not overheard by other clients or staff									
Client file is not left open or unattended for other clients and staff to see									
Total Assessed Score						0			
Total Standard Score						6.0			
MINI-CHECKLIST 14 (MC15) - Privacy and Confidentiality		Assessment				Score		Comments	
1.4.5 Confidentiality of record keeping		NA	X	✓		0	1	2	
Client files and records are stored securely in locked cabinets	Observation through clinic visit or virtual tour and interview with clinic manager								
If clinic has CMIS, client records are password controlled									
Limited people have access to client records									
Total Assessed Score						0			
Total Standard Score						6.0			
TOTAL ASSESSED SCORE FOR KE1						0	(sum of total assessed scores)		
TOTAL STANDARD SCORE FOR KE1						88	(sum of all total standard score)		
TOTAL ASSESSMENT SCORE (%)						0%	(sum of total assessed scores/sum of total standard scores)		

IPPF VIRTUAL QUALITY ASSESSMENT TOOL

Name of Service Delivery Point:

Location :

Member Association:

Date/s of assessment :

Name of assessor/s :

SCORING GUIDANCE: The assessor will score each indicator in the mini-checklists as follows. The total standard score for each Mini-Checklist is already provided for comparison and reference.

• Indicator that is not applicable is documented as NA(Not applicable). This indicator is not included in scoring and the reason needs to be provided in the Comments column. This indicator should also be removed from total number of standard indicators. Hence, for Mini Checklist with NA, its total standard score need to be updated.

• Indicator that is applicable but not observed is documented as X and scored 0. Provide details in comments as necessary.

• Indicator that is applicable and satisfactorily observed, is documented as ✓ and scored 2.

* If the indicator is applicable and partially observed, document as √, score as 1 and provide detail on gaps in Comments column

STANDARD - COMPREHENSIVE INTEGRATED SERVICES		Approach		Assessment		Score		Comments	
MINI-CHECKLIST 16 (MC16) - Wide range of services									
2.1.1 Member of Association facilitates – by provision, advocacy or referral – access to an integrated package of essential services (IPES) and additional SRH services									
Review client registers (or CMIS) of the last one month to see a) what service packages were provided and b) what % of clients were provided an IPES or other integrated services		Prior Desk Review & Interview with clinic manager & service providers							
SDP has strong referral protocols and mechanism to ensure access to quality essential services not available in the facility									
SDP has a policy (follow IPES guideline) to provide all chosen services through minimize number of visits by the client									
Total Assessed Score						0		Total number of assessed indicator* assessed score	
Total Standard Score						6.0		Total number of standard indicator * max score	
MINI-CHECKLIST 2 (MC17) - Wide range of services									
2.1.2 Effective system for documenting services provided, in place									
Review client registers or other documentation of services (CMIS) to see if index service and integrated packages are captured separately		Prior Desk Review & Interview with clinic manager							
IPES records follow a consistent format that facilitates review and incorporation into service statistics									
Total Assessed Score						0			
Total Standard Score						4.0			
MINI-CHECKLIST 3 (MC18) - Wide range of services									
2.1.3 Clients offered integrated package of services in addition to the index service (reason/service requested by client)									
Review client registers (or Daily Clinic Register/CMIS) to see what IPES services were provided on day of assessment.		Prior Desk Review & Observation of Clinic Tour							
Total Assessed Score						0			
Total Standard Score						2.0		If there is indicator with NA, please change number of assessed indicators.	
MINI-CHECKLIST 4 (MC19) - Comprehensive Information									
2.2.1 Information, Education and Communication resources exist that facilitate clients' education to make informed and free decisions on sexual and reproductive health, especially on family planning methods, STIs/HIV and AIDS prevention and care, comprehensive abortion services									
Review all IEC material displayed in the clinic		Prior Desk Review & Observation Virtual Clinic Tour							
IEC materials are in local language, simple, correct and up-to-date.									
IEC materials displayed include IPPF Sexual Rights Declaration and Client Rights									
Total Assessed Score						0			
Total Standard Score						6.0			
MINI-CHECKLIST 20 (MC20) - Comprehensive Information									
2.2.2 Provide information on services available in the clinic, explain what to expect during the visit (where to sit, how long it will take, and so on)									
Information is provided on services available in the clinic.		Prior Desk Review, Observation Virtual Clinic Tours & client counselling or demo by counsellor (MC 50)							
Client is explained what to expect during the visit (where to sit, how long it will take, and so on)									
Client is assured that she will not be denied the service if she is eligible for contraception									
Total Assessed Score						0			
Total Standard Score						6.0			
MINI-CHECKLIST 21 (MC21) - Comprehensive Information									
2.2.3 Answer questions and/or concerns raised by the client in a supportive and comprehensive manner									
Provider listens carefully to client's needs and concerns		Observation virtual clinic tour & Interview with Service Provider (MC 50)							
Provider answers all client questions and concerns as far as possible									
Provider treats clients with kindness, dignity and respect									
Total Assessed Score						0			
Total Standard Score						6.0			
MINI-CHECKLIST 22 (MC22) - Client follow up									
2.3.1 Records of clients being referred or requiring follow-up filed separately									
Referral and follow-up cases are filed separately		Observation virtual clinic tour & interview with clinic manager/staffs							
SDP records referral outcomes in separate record/register that documents client identification (ID/name), referral service, and follow up required if any									
Total Assessed Score						0			
Total Standard Score						4.0			
MINI-CHECKLIST 23 (MC23) - Reliable referral and follow-up									
2.4.1 A well-functioning network of service providers ensures that referral mechanisms are in place and that patient information is also referred so that providers have a complete picture of patient needs and care requirements									
Clinic has referral and follow up system in place		Prior Desk review & Observation virtual clinic tour							
SDP has an updated list of service providers for referrals, who are known to provide high quality care to their clients (including young people) and who will provide feedback to the referring provider.									
Referral sources and destinations are clearly recorded in the client's file									
A sending and reception system has been established with providers in the referral network such as Counter-Service									
Total Assessed Score						0			
Total Standard Score						8.0			
MINI-CHECKLIST 24 (MC24) - Reliable referral and follow-up									
2.4.2 Good referral system in place (particularly in emergency) If client is being referred, explains reasons for referral and the process									
If SDP cannot meet a client's health needs - services, complications or lab tests, they refer them to appropriate		Prior Desk Review & Observation virtual clinic tour							
Providers give referred clients clear, easy to understand referral instructions, and offer them in writing.									
For referred clients, feedback is provided to the referring SDP with clear follow-up recommendations									
Total Assessed Score						0			
Total Standard Score						6.0			
MINI-CHECKLIST 25 (MC25) - Reliable referral and follow-up									
2.4.3 A feedback loop to track referrals is vital to ensure quality									
SDP has standard operating procedure or mechanism in place for following up with its referred clients to ensure client receive services at referring health facilities.		Prior Desk Review & Observation virtual clinic tour							
SDP has mechanism in place for collecting feedbacks from its referred clients for their experiences and responding with further improvement									

SDP regularly assessed its referral cases for its self-improvement											
Total Assessed Score									0		
Total Standard Score									6.0		
MINI-CHECKLIST 26 (MC26) - Evidence-based service delivery		Assessment			Score			Comments			
2.5.1 National policies, protocols and guidelines are presented in simple and clear language and are widely disseminated and available to all staff at service delivery point		NA	X	✓		0	1	2			
IPPF/National policies, protocols and guidelines in simple and clear language are available for all services provided at SDP											
IPPF/National policies, protocols and guidelines in simple and clear language are available to provider for the service/s they provide											
Total Assessed Score									0		
Total Standard Score									4.0		
MINI-CHECKLIST 27 (MC27) - Informed client decision-making and consent		Assessment			Score			Comments			
2.6.1 IPPF Clients Rights and Providers Needs Charter available. Staff aware of and follow IPPF's Clients Rights and Providers Needs Charter		NA	X	✓		0	1	2			
IPPF Clients Rights and Providers Needs Charter displayed											
Staff aware of Clients Rights and Providers Needs Charter											
Staff understand and can explain how to use IPPF Clients Rights and Providers Needs Charter											
Total Assessed Score									0		
Total Standard Score									6.0		
TOTAL ASSESSED SCORE FOR KE1									0		(sum of total assessed scores)
TOTAL STANDARD SCORE FOR KE1									64		(sum of all total standard score)
TOTAL ASSESSMENT SCORE (%)									0%		(sum of total assessed scores/sum of total standard scores)

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STANDARD - Well-managed services
MINI-CHECKLIST 28 (MC28) - Efficient service delivery approach

	Approach	Assessment			Score			Comments
		NA	X	✓	0	1	2	
3.1.1 Clinical management information system (CMIS) operational								
Client information recorded / updated on a daily basis in a master register	Prior Desk Review, Observation Virtual Clinic Tour							
Consent for procedures is documented.								
Client records stored in a systematic manner (numeric / alphabetic etc.) with unique IDs not names.								
Total Assessed Score					0			Total number of assessed indicator* assessed score
Total Standard Score					6.0			Total number of standard indicator * max score

MINI-CHECKLIST 29 (MC29) - Effective supportive supervision
3.2.1 All staff have received written clear job descriptions

		Assessment			Score			Comments
		NA	X	✓	0	1	2	
The SDP provides each staff with a clear Job Description (JD)	Prior Desk Review & Interview with clinic manager/staffs							
Each staff has a copy of their JD which has been clearly explained to them								
The JD is based on staffing needs/requirement .								
Total Assessed Score					0			
Total Standard Score					6.0			

MINI-CHECKLIST 3 (MC30) - Effective supportive supervision
3.2.2 Procedures in place to monitor and evaluate training activities and programmes

		Assessment			Score			Comments
		NA	X	✓	0	1	2	
All relevant staff have been trained or received updates on infection prevention and control in the last 12 months	Prior Desk Review & Interview with clinic manager/staffs							
All relevant staff have been trained or received updates on Youth Friendly Services / Services for marginalized population such as LGBTIQs, Migrants, People with disabilities in the last 12 months (from MOH, UNFPA, IPPF or other quality training authorities)								
All staff managing Logistics and commodity management have been trained or updated in the last 12 months								
Total Assessed Score					0			
Total Standard Score					6.0			

MINI-CHECKLIST31 (MC31) - Effective supportive supervision
3.2.3 Regular staff performance appraisals

		Assessment			Score			Comments
		NA	X	✓	0	1	2	
The SDP conducts regular staff performance evaluation/appraisal	Prior Desk Review & Interview with clinic manager/staffs							
The staff performance evaluation/appraisal uses a standardized objective process								
Staff performance /appraisals are related to staff JD								
Total Assessed Score					0			
Total Standard Score					6.0			

MINI-CHECKLIST 32 (MC32) - Policies, Standard Operating Procedure and Guidelines
3.3.1 All IPPF and Member Association policies, protocols and guidelines are presented in simple and clear language and are widely disseminated and available to all staff at the service delivery point

		Assessment			Score			Comments
		NA	X	✓	0	1	2	
All IPPF and MA policies, protocols and guidelines are available at the SDP	Prior Desk Review & Interview with clinic manager/staffs							
All relevant IPPF and MA policies, protocols and guidelines are available to all staff at the SDP								
All staff have been trained on the IPPF QoC Framework and follow its implementation								
Total Assessed Score					0			
Total Standard Score					6.0			

MINI-CHECKLIST 33 (MC33) - Policies, Standard Operating Procedure and Guidelines
3.3.2 Written and updated guidelines clearly displayed in the rooms

		Assessment			Score			Comments
		NA	X	✓	0	1	2	
All rooms have relevant guidelines displayed clearly	Prior Desk Review & Interview with clinic manager/staffs							
Displayed guidelines are correct and updated								
Displayed guidelines are easy to understand and follow and also present in local language								
Total Assessed Score					0			
Total Standard Score					6.0			

MINI-CHECKLIST 34 (MC34) - Provider Self- Assessment
3.4.1 Provider Self Assessment (SA)

		Assessment			Score			Comments
		NA	X	✓	0	1	2	
All staff use a SA Tool at least once every quarter, to assess their performance and work on gaps	Prior Desk Review & Interview with clinic manager/staffs							
All Staff have access to a mentor with whom they can discuss their responses to the SA Tool (e.g. Program manager, supervisors/senior management officer, etc)								
The completed SA Tools are used during staff appraisal discussions with their supervisors								
Total Assessed Score					0			
Total Standard Score					6.0			

MINI-CHECKLIST 35 (MC35) - Performance-driven culture
3.5.1 System in place for staff to participate in decision-making and planning process for improving services to clients

		Assessment			Score			Comments
		NA	X	✓	0	1	2	
Staff participate in decision-making and planning for improving services through monthly review of service statistics	Prior Desk Review & Interview with clinic manager/staffs							
There is a system for reporting (including investigation) near misses and adverse events.								
There is a process for debriefing and learning following near misses and adverse events.								
Total Assessed Score					0			
Total Standard Score					6.0			

MINI-CHECKLIST 36 (MC36) - Performance-driven culture
3.5.2 All relevant staff involved in review of service statistics at least once a month

		Assessment			Score			Comments
		NA	X	✓	0	1	2	
Routine service data is collected and analyzed for performance improvement on a regular basis (at least monthly)	Prior Desk Review							
The SDP schedules regular access and quality of care audits.								
Data analysis and evaluation reports are followed up with management responses								
Total Assessed Score					0			
Total Standard Score					6.0			

MINI-CHECKLIST 37 (MC37) - Client-driven demand for service delivery
3.6.1 System in place for incorporating client suggestions to improve service delivery

		Assessment			Score			Comments
		NA	X	✓	0	1	2	
SDP uses tools to solicit client feedback (including the consolidating reporting mechanism in place)	Prior Desk Review, Observation Clinic Virtual Tour, Interview with clinic manager/staffs							
Client feedback includes questions designed to capture client's negative experiences.								
The SDP has a suggestion box that is both accessible to clients and usable (e.g. has handy paper & pen)								

Total Assessed Score					0				
Total Standard Score					6.0				
MINI-CHECKLIST 38 (MC38) - Client-driven demand for service delivery				Assessment				Score	Comments
3.6.2 Client suggestion system in place and in use		NA	X	✓		0	1	2	
Client exit interviews are done to get client feedback (the interview can be done to all clients and on random selection by internal MA)	Observation Clinic Virtual Tour, Interview with clinic manager/staffs								
Client feedback is used to improve access and quality of services at the SDP									
Total Assessed Score					0				
Total Standard Score					4.0				
MINI-CHECKLIST 39 (MC39) - Clinical governance				Assessment				Score	Comments
3.7.1 All staff adhere to all policies and protocols		NA	X	✓		0	1	2	
Staff use relevant policies and protocols in their daily work	Prior Desk Review, Observation Clinic Virtual Tour, Interview with clinic manager/staffs								
Staff have a copy of relevant policies and protocols									
Staff have refresher training and updates on relevant protocols/policies at least once a year									
Total Assessed Score					0				
Total Standard Score					6.0				
MINI-CHECKLIST 40 (MC40) - Clinical governance				Assessment				Score	Comments
3.7.2 All staff adhere to implementation of quality of care standards		NA	X	✓		0	1	2	
All SDP staff are trained on and aware of the IPPF QoC Framework.	Interview with clinic manager/staffs								
All SDP staff use relevant IPPF QoC standards in their daily work									
Total Assessed Score					0				
Total Standard Score					4.0				
MINI-CHECKLIST 41 (MC41) Clinical governance				Assessment				Score	Comments
3.7.3 Clinic's procedures take account of national guidelines, recommendations of supervision and proven best practice in the country		NA	X	✓		0	1	2	
SDP follows relevant national guidelines	Interview with clinic manager/staffs								
SDP follows recommendations for good supervision									
SDP follows examples of best practices									
Total Assessed Score					0				
Total Standard Score					6.0				
TOTAL ASSESSED SCORE FOR KE1					0				(sum of total assessed scores)
TOTAL STANDARD SCORE FOR KE1					80.0				(sum of all total standard score)
TOTAL ASSESSMENT SCORE (%)					0%				(sum of total assessed scores/sum of total standard scores)

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STANDARD - Highly skilled and respectful personnel													
MINI-CHECKLIST 42 (MC42) - Sufficient and appropriate number of staffs and functions				Approach	Assessment			Score			Comments		
4.1.1 Staff recruitment is based on clear criteria (certified)					NA	X	✓		0	1	2		
SDP has a staff recruitment plan in place				Prior Desk Review& Interview with clinic manager									
Staff recruitment is based on needs/requirement													
Staff recruitment is based on clear certification / eligibility criteria for the JD													
Total Assessed Score								0	Total number of assessed indicator * assessed score				
Total Standard Score								6	Total number of standard indicator * max score				
MINI-CHECKLIST 43 (MC43) - Sufficient and appropriate number of staffs and functions					Assessment			Score			Comments		
4.1.2 The clinic is fully staffed as needed					NA	X	✓		0	1	2		
SDP is adequately staffed to provide uninterrupted integrated services (e.g. enough staff to handle with the clients flow)				Prior Desk Review& Observation clinic tour & Interview with clinic manager									
Review of staffing for previous quarter shows adequate staff for type and numbers of services provided													
Total Assessed Score									0				
Total Standard Score								4					
MINI-CHECKLIST 44 (MC44) - Supported and motivated staff					Assessment			Score			Comments		
4.2.1 Refresher training programmes in place					NA	X	✓		0	1	2		
All staff received relevant updates and refresher training in the last 12 months				Prior Desk Review									
Refresher trainings register in place and updated after every refresher training													
Total Assessed Score									0				
Total Standard Score								4					
MINI-CHECKLIST 45 (MC45) - Supported and motivated staff					Assessment			Score			Comments		
4.2.2 Procedures in place to monitor and evaluate training activities and programmes					NA	X	✓		0	1	2		
All relevant staff have been trained /updated on relevant areas in the last 12 months				Prior Desk Review& Interview with clinic manager									
All staff are assessed and signed off as competent in relevant area after regular or refresher trainings													
Refresher training is planned based on training needs and competency gaps									0				
Total Assessed Score								6					
Total Standard Score								6					
MINI-CHECKLIST 46 (MC46) - Supported and motivated staff					Assessment			Score			Comments		
4.2.3 Effective remuneration or incentive scheme in place					NA	X	✓		0	1	2		
Remuneration is based on staff experience and qualification				Prior Desk Review& Interview with clinic manager									
There is a system of staff incentives / rewards / recognition based on performance													
Total Assessed Score									0				
Total Standard Score								4					
MINI-CHECKLIST 47 (MC47) - Staff committed to providing high quality services					Assessment			Score			Comments		
4.3.1 All staff adhere to IPPF/MA mission and core values for service delivery					NA	X	✓		0	1	2		
All staff have been oriented on IPPF/MA mission and core values related to service delivery (as part of orientation for				Prior Desk Review & Interview with clinic staffs									
All staff are aware of IPPF/MA mission and core values related to service delivery													
Total Assessed Score									0				
Total Standard Score								4					
MINI-CHECKLIST 48 (MC48) - Technically competent					Assessment			Score			Comments		
4.4.1 Uses appropriate counselling tools during session (model, charts)					NA	X	✓		0	1	2		
Provider uses appropriate IEC materials during session (model, charts)				Interview with service providers									
Provider uses language to explain the tools that client understands.													
Provider uses IEC materials in local and simple language													
Total Assessed Score								0					
Total Standard Score								6					
MINI-CHECKLIST 49 (MC49) - Technically competent					Assessment			Score			Comments		
4.4.2 Staff skilled, value clarified and attitude transformed					NA	X	✓		0	1	2		
Staff trained in VCAT				Prior desk review , Observation of counselling/consultation session of clinical staff/service providers									
Staff skilled in services they provide													
Total Assessed Score									0				
Total Standard Score								4					
MINI-CHECKLIST 50 (MC50) - Strong interpersonal skills and Client-focused Personnel					Assessment			Score			Comments		
4.5.1 Strong interpersonal skills (communication skills)					NA	X	✓		0	1	2		
Provider listens patiently to client's needs and concerns, and answers questions				Observation of counselling session (actual or role play)									
Provider uses language the client understands													
Uses non-judgmental and supportive language													
Client Focus Personnel (client centered approaches)													
Describes services available according to client's needs													
Explains the chosen service or procedure to client (benefits, risks, side-effects, follow-up)													
Total Assessed Score								0					
Total Standard Score								10					
TOTAL ASSESSED SCORE FOR KE1								0				(sum of total assessed scores)	
TOTAL STANDARD SCORE FOR KE1								48				(sum of all total standard score)	
TOTAL ASSESSMENT SCORE (%)								0%				(sum of total assessed scores/sum of total standard scores)	

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STANDARD - Secured supply chain management system										
MINI-CHECKLIST 51 (MC51) - Commodity Security (regular supply)										
5.1.1 Every person is able to choose, obtain, and use quality contraceptives and other essential reproductive health products whenever they need them		Approach		Assessment		Score		Comments		
		NA	X	✓		0	1	2		
Stock register is maintained and always updated		Prior desk review Clinic Virtual Tour	Observation							
Three months buffer stock of all essential commodities and supplies available (e.g. supply form MOH, IPPF, UNFPA and others)										
All equipment and commodities necessary for service delivery are available on the day of assessment.										
Total Assessed Score						0		Total number of assessed indicator* assessed score		
Total Standard Score						6		Total number of standard indicator * max score		
MINI-CHECKLIST 52 (MC52) - Durable, high-quality and appropriate equipment										
5.2.1 Equipment is conducive to good quality of care, and meets agreed quality of care standards				Assessment		Score		Comments		
		NA		X	✓		0	1	2	
Equipment, supplies and medicines are purchased from a recognized high-quality supplier. (e.g. pre-qualify suppliers by the MOH or other international agencies)		Interview with clinic manager								
There is a system to dispose of damaged/expired commodities and supplies										
Effective assets disposal and renewal plan for damaged/ unused/ old equipment is in place										
Total Assessed Score						0				
Total Standard Score						6		assessed indicators.		
MINI-CHECKLIST 53 (MC53) - Strong logistic management										
5.3.1 Good logistic system manages the forecast, delivery, quality and storage of all supplies				Assessment		Score		Comments		
		NA		X	✓		0	1	2	
Stock control is performed using stock and bin cards which are updated immediately upon issuance		Interview with clinic manager Observation Clinic Virtual Tour Interview with clinic manager								
Supplies arranged in FEFO order (check any three essential supplies at random)										
Monthly/Quarterly stock taking of all supplies is conducted at the SDP										
Total Assessed Score						0				
Total Standard Score						6		assessed indicators.		
MINI-CHECKLIST 54 (MC54) - Range of Contraceptive methods and other SRH supplies such as medical abortion pill										
5.4.1 Programmes should offer a sustainable, well-balanced range of contraceptive methods that allow clients to choose the method that best suits their needs				Assessment		Score		Comments		
		NA		X	✓		0	1	2	
SDP has well-balanced mix of contraceptive methods		Prior desk review of last 3 month stock Observation Clinic Virtual Tour Refer to observation of counselling session								
Clients are allowed to choose a method that meets their need										
Total Assessed Score							0			
Total Standard Score						4		assessed indicators.		
MINI-CHECKLIST 55 (MC55) - Range of Contraceptive methods and other SRH supplies such as medical abortion pill										
5.4.2 Programmes should strive to offer as many contraceptive methods as they can reliably supply to meet the needs of different individuals and couples				Assessment		Score		Comments		
		NA		X	✓		0	1	2	
The SDP offers a wide variety of contraceptive methods		Prior desk review (refer to 5.4.1) Refer to observation of counselling session								
Needs of individuals and couples are respected and met										
Total Assessed Score							0			
Total Standard Score						4		assessed indicators.		
MINI-CHECKLIST 56 (MC56) - Range of Contraceptive methods and other SRH supplies such as medical abortion pill										
5.4.3 A reasonable mix includes methods that are short-acting and long-acting, client-controlled and provider-dependent					Assessment		Score		Comments	
		NA	X		✓		0	1	2	
Method mix at SDP has a mix of short acting, long acting methods and emergency contraceptives		Prior desk review (refer to 5.4.1) Refer to observation of counselling session								
Client chooses and controls her method use										
Provider verifies method eligibility to ensure chosen method is safe for the client										
Total Assessed Score						0				
Total Standard Score						6		assessed indicators.		
TOTAL ASSESSED SCORE FOR KE1						0		(sum of total assessed scores)		
TOTAL STANDARD SCORE FOR KE1						32		(sum of all total standard score)		
TOTAL ASSESSMENT SCORE (%)						0%		(sum of total assessed scores/sum of total standard scores)		

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STANDARD - Adequate financial resources											
MINI-CHECKLIST 57 (MC57) - Financial sustainability		Approach			Assessment			Score			Comments
6.1.1 MA mobilizes appropriate resources to support its annual programme of work and takes necessary steps to ensure long-term financial sustainability and solvency		NA	X	✓				0	1	2	
SDP has appropriate resources to support its APW											
MA has a plan and appropriate resources to support long term sustainability											
Total Assessed Score								0	Total number of assessed indicator* assessed score		
Total Standard Score								4	Total number of standard indicator * max score		
MINI-CHECKLIST 58 (MC58) - Costed services		Assessment			Score			Comments			
6.2.1 Association does costing of services based on affordability by the client and cost recovery		NA	X	✓				0	1	2	
The MA has a process for costing of services											
Costing of services is based on client affordability (or changing of services)											
Costing of services takes into account cost recovery											
Total Assessed Score								0			
Total Standard Score								6			
MINI-CHECKLIST 59 (MC59) - Fees system, including non refusal policy		Assessment			Score			Comments			
6.3.1 Procedures to facilitate access to services for clients who cannot pay such as credit, free service or community-based financial scheme		NA	X	✓				0	1	2	
There is a mechanism in place to provide services to clients who cannot afford to pay (display information)											
The reception / waiting area has a poster to indicate that no client will be charged more than the listed service fees.											
Total Assessed Score								0			
Total Standard Score								4			
MINI-CHECKLIST 60 (MC60) - Resource allocation for QOC		Assessment			Score			Comments			
6.4.1 Project budgets include funds for ensuring quality in service provision		NA	X	✓				0	1	2	
All MA projects have funds set aside for quality assurance of services											
The MA has a monitoring, evaluation and learning plan, with adequate budget and staff assigned for implementation.											
Total Assessed Score								0			
Total Standard Score								4			
MINI-CHECKLIST 61 (MC61) - Good financial management system		Assessment			Score			Comments			
6.5.1 MA effectively implements appropriate regulations covering its financial affairs		NA	X	✓				0	1	2	
All cash received is receipted and recorded immediately											
All staff are aware of and participate in internal audits/control processes											
Total Assessed Score								0			
Total Standard Score								4			
MINI-CHECKLIST 62 (MC62) - Diverse source of income		Assessment			Score			Comments			
6.6.1 Multiple income streams to the organization including unrestricted, restricted and client income		NA	X	✓				0	1	2	
The MA has multiple revenue streams											
MA revenue comes from client income											
MA revenue comes from unrestricted and restricted donor money											
Total Assessed Score								0			
Total Standard Score								4			
TOTAL ASSESSED SCORE FOR KE1								0	(sum of total assessed scores)		
TOTAL STANDARD SCORE FOR KE1								26	(sum of all total standard score)		
TOTAL ASSESSMENT SCORE (%)								0%	(sum of total assessed scores/sum of total standard scores)		

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STANDARD - Effective communication and feedback systems											
MINI-CHECKLIST 63 (MC63) - Strong monitoring and evaluation systems		Approach		Assessment			Score			Comments	
7.1.1 Effective monitoring of activities and performance conducted on a regular basis and results used for learning and making necessary improvements on a continuous basis				NA	X	✓		0	1	2	
The MA has a plan for regular monitoring of services and performance		Prior desk review & Interview with clinic manager									
Findings from monitoring are used for continuous quality improvement											
Total Assessed Score								0			Total number of assessed indicator* assessed score
Total Standard Score								4			Total number of standard indicator * max score
MINI-CHECKLIST 64 (MC64) - Strong monitoring and evaluation systems				Assessment			Score			Comments	
7.1.2 Community meetings and Focus Group Discussions regularly held. Feedback used to improve/ change service delivery				NA	X	✓		0	1	2	
The SDP has a community mobilization workplan to cover an allocated region		Prior desk review & Interview with clinic manager									
Community mobilization activities (meetings and FGDs) are recorded in registers/books											
Feedback from the community is used to improve services											
Total Assessed Score								0			
Total Standard Score								6			
MINI-CHECKLIST 65 (MC65) - Strong monitoring and evaluation systems				Assessment			Score			Comments	
7.1.3 Evaluations conducted regularly to measure impact of interventions used to improve service delivery				NA	X	✓		0	1	2	
SDP has implemented activities in last FY to improve services		Prior desk review & Interview with clinic manager									
SDP has evaluated the impact of implemented activities on service performance											
Total Assessed Score								0			
Total Standard Score								4			
MINI-CHECKLIST66 (MC66) - Access to comprehensive information				Assessment			Score			Comments	
7.2.1 Association uses accurate data to inform decision-making, to adjust its programmes where necessary, and to continuously improve performance				NA	X	✓		0	1	2	
MA and SDP collect and analyze data for service statistics and other requirements		Prior desk review & Interview with clinic manager									
Findings from data analysis are used to guide decision making and programming											
Total Assessed Score								0			
Total Standard Score								4			
MINI-CHECKLIST 67 (MC67) - Access to comprehensive information				Assessment			Score			Comments	
7.3.1 Information Education and Communication resources exist that facilitate clients' education to make informed and free decisions on SRH (especially on FP methods), STIs/HIV and AIDS prevention and care,				NA	X	✓		0	1	2	
IEC materials on SRH are displayed in the clinic (including all forms of IEC materials. E.g. verbal awareness, digitalised TV screens to display information...etc)		Prior desk review & Observation clinic virtual tour									
IEC materials are accurate, simple and in local language to help clients choose a method/service for their own use											
Total Assessed Score								0			
Total Standard Score								4			
MINI-CHECKLIST 68 (MC68) - Access to comprehensive information				Assessment			Score			Comments	
7.3.2 Clients have access to counselling services provided by competent service providers				NA	X	✓		0	1	2	
All clients have access to counselling services		Prior Desk Review & Refer to observation of counselling session (MC 69)									
Service providers providing counselling are competent in the services they provide											
Total Assessed Score								0			
Total Standard Score								4			
MINI-CHECKLIST 69 (MC69) - Community support and buy-in				Assessment			Score			Comments	
7.4.1 System in place for incorporating client suggestions to improve service delivery				NA	X	✓		0	1	2	
Client exit interviews are done at the SDP to get client feedback		Interview with clinic manager									
Client feedback is used to improve access and quality of services at the SDP		Interview with clinic manager									
Client suggestion box is available and used		Observation clinic virtual tour									
Total Assessed Score								0			
Total Standard Score								6			
MINI-CHECKLIST 70 (MC70) - Assessment mechanisms				Assessment			Score			Comments	
7.5.1 Service managers and providers use self-assessment tools and procedures to identify needs for improving quality of care				NA	X	✓		0	1	2	
Managers and providers use IPPF QoC Assessment Tools to self-assess services and competencies		Prior Desk Review									
Managers and providers use self-assessment to identify areas of improvement		Prior Desk Review									
Total Assessed Score								0			
Total Standard Score								4			
MINI-CHECKLIST 71 (MC71) - Assessment mechanisms				Assessment			Score			Comments	
7.5.2 System to assess quality of care and provider's performance according to service standards and guidelines is in place				NA	X	✓		0	1	2	
MA and SDP have a system in place to assess quality of care and provider performance		Prior Desk Review & Interview with clinic manager									
The quality assessment system used by MA and SDPs is based on IPPF service standards and guidelines											
Total Assessed Score								0			
Total Standard Score								4			
MINI-CHECKLIST 72 (MC72) - Assessment mechanisms				Assessment			Score			Comments	
7.5.3 Data made available to service providers without unnecessary delay and used to improve the quality of services				NA	X	✓		0	1	2	
MA/SDP make service related and other relevant data available to service providers		Interview with clinic manager & service providers									
Service providers use data available to them to improve quality of services											
Total Assessed Score								0			
Total Standard Score								4			
MINI-CHECKLIST 73 (MC73) - Client empowered to take active part in the care process				Assessment			Score			Comments	
7.6.1 Association regularly conducts client exit interviews with special focus on service provision				NA	X	✓		0	1	2	
MA conducts regular client exit interviews		Prior Desk Review & Interview with									

Client exit interviews focus on improvement of services	clinic manager								
Total Assessed Score								0	
Total Standard Score								4	
MINI-CHECKLIST 74 (MC74) - Community participations		Assessment			Score			Comments	
7.7.1 Association organizes regular meetings with the community to discuss services and quality on a regular basis (e.g. every 3 months, annually...etc)		NA	X	✓		0	1	2	
MA/SDP organizes regular community meetings in area/s allocated	Prior Desk Review & Interview with clinic manager								
Community meetings include discussion on services provided and their quality (link this activity to NPS)									
Total Assessed Score								0	
Total Standard Score								4	
TOTAL ASSESSED SCORE FOR KE1								0	(sum of total assessed scores)
TOTAL STANDARD SCORE FOR KE1								52	(sum of all total standard score)
TOTAL ASSESSMENT SCORE (%)								0%	(sum of total assessed scores/sum of total standard scores)

IPPF VIRTUAL QUALITY ASSESSMENT TOOL

Name of Service Delivery Point:

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Member Association:

Date/s of assessment :

Name of assessor/s :

SCORING GUIDANCE: The assessor will score each indicator in the mini-checklists as follows. The total standard score for each Mini-Checklist is already provided for comparison and reference.

* Indicator that is not applicable is documented as NA(Not applicable). This indicator is not included in scoring and the reason needs to be provided in the Comments column. This indicator should also be removed from total number of standard indicators. Hence, for Mini Checklist with NA, its total standard score need to be updated.

* Indicator that is applicable but not observed is documented as X and scored 0. Provide details in comments as necessary.

* Indicator that is applicable and satisfactorily observed, is documented as √ and scored 2.

* If the indicator is applicable and partially observed, document as √, score as 1 and provide detail on gaps in Comments column

STANDARDS/INDICATORS	Approach	Assessment			Score			Comments
		NA	X	✓	0	1	2	
MI-01 Prevent sexual violence and respond to the needs of survivors (MISP Objective 2)		NA	X	✓	0	1	2	
There are GBV Standard Operating Procedures for prevention and response in your SDP. Do you provide (or referral) CMR at SDP	Prior Desk Review							
The SDP has specific crisis-related SOP and referral pathway for GBV survivors?								
Does the SDP provide (or offers referral) for Clinical Management of Rape services? Please specify	Live Audio/Interview with Clinic Manager							
Are all survivors given first-line support using the LIVES approach?								
Does the SDP have all medicines/ equipment needed to provide clinical assistance to GBV survivors?	Live Audio/Interview with Clinic Manager							
Is informed consent obtained from all clients for services and referrals?								
Is GBV information collected & recorded and stored confidentially?								
Do all staff respect confidentiality?								
Total Assessed Score					0			Total number of assessed indicator* assessed score
Total Standard Score					16			Total number of standard indicator * max score
MI-02 Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs (MISP Objective 3)		NA	X	✓	0	1	2	
SDP has a protocol for STI treatment? Are patients treated according to protocol? And all medicines for STIs are	photos, and video clips							
Are Anti Retro Virals (ARVs) are available at the SDP or are referral pathway for patients on ARVs? Please specify	Prior Desk Review of Protocol, Live Video of Store							
Is cotrimoxazole given to all HIV patients as prophylaxis? (at SDP or referral) Please specify	Live Audio with Clinic Manager							
Testing is available for PMTCT at SDP or a referral pathway to PMTCT services? Please specify								
Are Condoms are available and easily accessible in discreet locations at the SDP? Please share locations with	Live Audio with Clinic Manager							
Are all the medications present to treat STIs?	Review of photos							
Are universal precautions respected by healthcare workers (list the precautions...) Do staff have sufficient PPE?								
Total Assessed Score					0			
Total Standard Score					14			
MI-03 Prevent excess maternal and newborn morbidity and mortality (MISP Objective 4)		NA	X	✓	0	1	2	
SDP provides BEmNOC services 24 hours x 7 days a week (or referral) with an established referral pathway with transportation and a list of referral institution(s)	Live Audio with Clinic Manager							
Referral pathway with transport established? Please show the list of referral institution/s?								
SDP provides all seven signal BEmNOC functions? Please list how many	Live Audio with Clinic Manager							
Are Referral pathways established for clients needing emergency transfer 24/7? All clinicians have an up to date knowledge of the danger signs in pregnancy and post partum?								
SDP has a protocol for prevention and treatment of Post-Partum Haemorrhage and uterotonics (Misoprostol, oxytocin, etc)?	Prior Desk Review of Protocol, Live Video of Oxytocic availability							
SDP has a protocol for Post-Partum Haemorrhage?								
SDP provides education on danger signs in pregnancy and newborns to pregnant women?								
Are staff trained on BEmNOC?								
Does the SDP provide Post Abortion Care? Referral or actual?								
Total Assessed Score					0			
Total Standard Score					18			
MI-04 Prevention of unintended pregnancies (MISP Objective 5)		NA	X	✓	0	1	2	
SDP offers a mix of contraceptive methods? Aim 5?	Live Audio with Clinic Manager on what is available							
There is adequate privacy for counselling and procedures ?	Live video of counselling and procedure room layout							
Is a standard form used to guide for contraceptive counselling? (visual aids, BCS cards, etc)								
Emergency contraception is available and provided at the SDP	Live Video of Store							
SDP has clinicians that can provide LARCs (IUD, Implants)	Prior Desk Review of Service Register							
SDP has system in place to measure the client's satisfaction with the contraceptive method chosen								
Are staff trained to provide safe abortion care?								
If not, is there a referral pathway for women requesting to terminate a pregnancy?								
Total Assessed Score					0			
Total Standard Score					16			
MI-05 SRH Clinic		NA	X	✓	0	1	2	
SDP has place to store client information confidentially								
SDP has hand washing stations available								
SDP has plan in place for waste management								
Total Assessed Score					0			
Total Standard Score					6			
MI-06 Client Satisfaction		NA	X	✓	0	1	2	
SDP has in plan to measure client satisfaction								
SDP has in place strategies to address stigma-related barriers to SRH care								
Total Assessed Score					0			
Total Standard Score					4			
Optional (if applicable)								
MI-07 Safe Abortion Care		NA	X	✓	0	1	2	
Medical and Surgical Post-abortion care services are available at the SDP? Or referral? Please specify	Live Audio with Clinic Manager							
SDP has protocols for women seeking comprehensive abortion care services	Prior Desk Review							
SDP has a referral option, if abortion related services are not offered. All clients seeking abortion services	Live Audio with Clinic Manager							
Clients get adequate time with counselors and/or health care providers	Live Video of Counselling Session							
Total Assessed Score					0			

Total Standard Score					8	
TOTAL ASSESSED SCORE FOR KE1					0	(sum of total assessed scores)
TOTAL STANDARD SCORE FOR KE1					82	(sum of all total standard score)
TOTAL ASSESSMENT SCORE (%)					0%	(sum of total assessed scores/sum of total standard scores)

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Name of assessor/s :

SCORING GUIDANCE: The assessor will score each indicator in the mini-checklists as follows. The total standard score for each Mini-Checklist is already provided for comparison and reference.

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• Indicator that is applicable but not observed is documented as X and scored 0. Provide details in comments as necessary.

• Indicator that is applicable and satisfactorily observed, is documented as ✓ and scored 2.

• If the indicator is applicable and partially observed, document as √, score as 1 and provide detail on gaps in Comments column

DIGITAL HEALTH CHECKLIST STANDARDS/INDICATORS	VQA Approach	Assessment			Score			Comments
		NA	X	✓	0	1	2	
OBJECTIVE 1 : USABILITY								
Is the digital health intervention in use at SDP (for example - telemedicine, hot line etc) usable (easily accessible) by the targeted end-user(s) for both clients & providers? (e.g. is the system/or the platform user friendly and easily accessible? Instruction in place to get access etc)	Live Video/Observation of Digital Health Session							
Is the learning curve steep before a user can demonstrate proficient system use? (e.g. whether the DHI designed for easy use that minimize times to familiarize with its features and functions for providing and receiving services) In other words, is it challenging for the users to proficiently use digital health system?	Live Video/Observation of Digital Health Session							
Did users / providers receive any training before using digital health interventions or any self-learning/ instruction enabled?	Live Video of Digital Health Session							
Are there high rates of error – in using the system – as a result of system use/misuse?	Live Audio with Clinic Manager							
Total Assessed Score					0			Total number of assessed indicator* assessed score
Total Standard Score					8			Total number of standard indicator * max score
OBJECTIVE 2 : EFFICACY & EFFECTIVENESS		NA	X	✓	0	1	2	
Has the digital health intervention changed processes for users and providers at clinic. e.g. DHI change the client registration and appointment system efficiently and effectively where clients at their convenient can register and made appointment online/via telephone, and consult virtually and only needed to visit clinic for purpose of clinical procedures. DHI also offer clients home delivery or online purchase of needed contraceptives and medicines.	Live Audio with Clinic Manager							
Has the digital health intervention changed outcomes e.g. improve provider competency/ performance such as guideline adherence, or improve client health outcomes or better reach to clients (achieving new clients target) ?	Live Audio with Clinic Manager							
Total Assessed Score					0			
Total Standard Score					4			
OBJECTIVE 3 : COST		NA	X	✓	0	1	2	
Has the digital health intervention reduced costs associated with the delivery of health services? For example, digital record, education material such as videos, image can minimize the costs related to use of paper for client records, IEC publication and printing etc.	Live Audio with Clinic Manager							
Are the digital health intervention provide benefits for providers? (e.g. easy to perform tasks, improve client flow, increase job satisfaction..etc)	Live Audio with Clinic Manager							
Total Assessed Score					0			
Total Standard Score					4			
OBJECTIVE 4 : QUALITY		NA	X	✓	0	1	2	
Is there any SOP/mechanism in place for assessing quality of DHI services. Has the digital health intervention led to better quality of services ? (Compare previous Client Exit Interview (CEI) results with CEI after digital health interventions). E.g. booking convenience, provide better information to clients...etc)	Desk review of Previous CEI with CEI after digital health interventions							
Is there a secure server or digital security system available to ensure client confidentiality ? (e.g. client can access information anonymously..etc)	Live Audio with Clinic Manager							
Is there a system for restricted access i.e. information stored digitally is accessible only to those that need to use them (e.g. concerned providers)?	Live Audio with Clinic Manager							
Total Assessed Score					0			
Total Standard Score					6			
TOTAL ASSESSED SCORE FOR KE1					0			(sum of total assessed scores)
TOTAL STANDARD SCORE FOR KE1					22			(sum of all total standard score)
TOTAL ASSESSMENT SCORE (%)					0%			(sum of total assessed scores/sum of total standard scores)