SPA Indicators Review Meeting: M&E Subgroup of the Child Health Task Force

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Recording:
https://jsi.zoom.us/rec/share/tfD0m8gn641PWs2psEBXdJXExFLKnaRv6tfvTP_Szf3seHQ6k_c9I-iww0kuqGsq.1DdwTWl3pG4eOMHe

Review and update on Service Provision Assessment (SPA) revisions for child health

Participant Questions:

- What are the next steps after this phase of prioritization?
    - Not entirely clear. Will not be finalized until the overall WHO core modules are final.
- The SPA covers the biggest (62%) proportion of maternal & newborn quality measures. How much % does it cover for *child* quality measures? What have you considered to improve this % in the current revision?
    - SPA organizers do not want to finalize the indicators until countries buy-in. The final will not be a full set of child health indicators, but will help give us an idea of QoC for children.
    - Previous versions of SPA did not measure *quality* well.
        - Experience of care is captured in two of the standards (6 and 7)
- What was the rationale for narrowing down from 98 to 45 indicators?
    - The full set of proposed indicators (still in draft version) include 174 indicators related to the 8 standards. WHO considers 25 of them "core indicators." 18 of the core indicators are included in the original 98 child health indicators proposed. There are still 14 of the core indicators left in this set of 74 indicators.
    - NOTE: the 98 were reduced to 74 by eliminating those that either cannot be measured with the tools available or overlapped with malaria or health systems strengthening

Prioritization of child health indicators

Feedback from members:

- **Standard 1: Evidence-based care and management of illness**
    - Deprioritized indicators include: oxygen administration, TB, growth monitoring
        - Oxygen administration: Fine to deprioritize because oxygen administration occurs in inpatient care so if SPA isn't going to do inpatient then it's not feasible. But we lose lots of QoC related to PSBI and other severe illnesses as well - child inpatient care should be included.
        - SPA does not have to be the only place where we get data from. Indicators 1.36-1.38 for example can be measured elsewhere - SPA is only focused on outpatient care.
            - Observations will still include diagnosis and treatment described/administered. Even if main tables do not show the progress

for inpatient indicators, they still collect this data, so would be able to do a secondary analysis.

- **Standard 2: Collection, analysis and use of data**
    - Deprioritized indicator 2.3: this concept will come up later in standard 6. There are other indicators on patient satisfaction.
- **Standard 3: Appropriate, timely referral and continuity of care**
    - Indicator 3.1: Concern about the denominator - How do we define "children who require referral"?
        - Can change the wording, making it a less strong indicator given the methods we have been given OR deprioritize it.
        - If the patient cannot go or refuses to go, even if they are referred, is that included in this set? Difficult to standardize.
            - This indicator is measured from observation.
            - In previous SPAs there was a question around the intention of the family to seek care and barriers to referral.
- **Standard 4: Effective communication with careseekers**
    - Slide 22 shows in pink priorities that were not prioritized in the survey, but we think should be prioritized since experience of care for child health is important.
        - Agreement among participants that it is important to understand the perception of experience of care. Indicator 4.2 should be prioritized.
    - Indicators 4.1 and 4.4 are potentially in danger of being dropped by SPA
- **Standard 5: Child's rights respected, without discrimination**
    - Indicator 5.7: What does "during the reporting period" mean? This is a mistake.
    - What percentage of quality measures are included in SPA? Before finalization, it would be good to know what percentage of child health indicators measure quality.
        - Do not know at this time. However, we will know better after the indicators are prioritized and recommended to WHO.
- **Standard 6: Educational, emotional and psychological support provided**
    - No additional feedback from participants
- **Standard 7: Competent, motivated, empathic staff providing care**
    - Indicator 7.4: What was the reason for deprioritization? This is an important measure of collaborative quality improvements.
        - Indicator 7.3 already includes this measure, so could still be calculated.
- **Standard 8: Appropriate, child-friendly physical environment with adequate supplies**
    - Indicators 8.4 and 8.5 are already included in SPA data collection and reporting but only for the service areas that SPA collects from which misses inpatient service areas.
    - Is it possible to have optional pediatric care modules for in-patient care?
        - If there's an ability to include an optional module on pediatric inpatient service areas, I'd be happy to help with that (Felix Lam)
    - This set is missing indicators that measure if a facility is child-friendly
        - Examples include: Paintings on the walls and early childhood educational material
        - Optional in-patient module could include observational data during well visits. This would provide an opportunity to include more indicators on child-friendly environments.
    - Indicator 8.1 does not fully reflect standard 8 as it includes many components besides the physical environment of the facility. Indicators 8.4. and 8.5 are critical but could be combined. Indicator 8.2 really measures outcome/output of friendly physical resources

that is much more relevant to QoC given that availability of resources does not mean they are being used.
    - Most of the maternal/newborn measures were in-patient. (With small and sick newborn resuscitation - concern that there would not be enough of a sample size for robust data).
        - Make sure newborn in-patient SPA indicators include readiness and oxygen availability.
            - Submitted from MNH group: SSNB Readiness - % of facilities with readiness components for care of small and sick newborns, including nutrition support and growth monitoring, screening, diagnosis and management of infection, jaundice, respiratory conditions, prematurity/low birthweight, and standard operating procedures for registration and notification of neonatal death and stillbirths.
        - Oxygen equipment readiness currently collected in client examination room (i.e. outpatient) and under non-communicable respiratory service areas.

Next steps

- To circle back with maternal and newborn groups to make sure oxygen is included in the readiness indicators
- To submit this synthesized feedback to the SPA team (sent on May 7th)
- To provide an update to the M&E subgroup in a couple months on next steps in the review process