MOMENTUM

Knowledge Accelerator

Technical Brief

RESOURCE GUIDE FOR USAID MISSIONS ON MEASUREMENT OF SELF-REPORTED EXPERIENCE OF CARE ACROSS SRMNCAH

BACKGROUND

Quality of care (QOC) is "the extent to which health care services provided to individuals and patient populations improve desired health outcomes," according to the World Health Organization (WHO). A landmark report published by the Institute of Medicine in 2001 defined six aims for quality health care, stating that high-quality care should be "safe, timely, effective, efficient, equitable, and patient-centered" (Institute of Medicine, 2001). More recently, the term "person-centered" has superseded "patient-centered," recognizing that while there is overlap between these concepts and the context in which they are evoked, the well-being of persons transcends their medical circumstances (Eklund et al., 2019; Kumar & Chattu, 2018).

QOC is comprised of **provision of care**, which focuses on health systems and service delivery, and **experience of care (EOC)**, the patient's perception of whether the care they received was of high clinical quality. In addition to person-centered care (PCC), EOC is intertwined with the concepts of respectful care, compassionate care, nurturing and responsive care, and service experience (Black et al., 2017; Jolivet et al., 2021). Further, EOC extends to the **full spectrum of sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) services, including services for family planning, HIV, sexually transmitted infections (STIs), and care of the sick child**. While no consensus exists on the definitions and relationships between these concepts, it is widely recognized that a person's perceptions of their experience when receiving care affects their perceptions of the quality of that care, their trust in the health system, and their motivation to continue seeking care. Principles such as dignity, autonomy, privacy, and confidentiality also reflect fundamental human rights (WHO, 2017). These and other entitlements were widely promulgated in the Respectful Maternity Care Charter, a rights-based framework developed by the White Ribbon Alliance (2011, 2019), while the acceptability of health services is a basic tenet of the Availability, Accessibility, Acceptability and Quality (AAAQ) rights-based framework for health care promulgated by the United Nations Committee on Economic, Social, and Cultural Rights (UN Economic and Social Council, 2000).

Measurement of EOC is complex and has been evolving. EOC is not integrated into national health management information systems and is only "sporadically monitored" in some networks, and data are mostly collected in client exit interviews. Recent studies have tested and validated new person-centered EOC composite measures or scales (Afulani et al., 2017; Afulani et al., 2019; Mehrtash et al., 2023). Data collection tools, such as client exit interviews conducted during facility assessments like the Service Provision Assessment, have been developed or updated to incorporate new measures consistent with emerging best practices in measurement (McHenga et al., 2023).

USAID FROM THE AMERICAN PEOPLE

MOMENTUM A Global Partnership for Health and Resilience

OCTOBER 2024

RESOURCE GUIDE

In order to help decision-makers select programmatic indicators to track change over time, the Resource Guide for USAID Missions on Measurement of Self-Reported Experience of Care Across SRMNCAH offers a curated repository of EOC measures and collection methodologies including a short list of vetted core EOC measures for low- and middle-income country (LMIC) settings. The guide adopts the eight domains of PCC proposed by Sudhinaraset and colleagues (2017) as the measurement framework for compiling and evaluating available measures of self-reported EOC.

1. **Dignity:** Patients should feel respected, avoiding any form of mistreatment.
2. **Autonomy:** Patients' choices and informed consent should be central.
3. **Privacy and Confidentiality:** Care must ensure privacy and confidentiality in all interactions.
4. **Communication:** Providers must explain conditions, treatments, and available options clearly.
5. **Social Support:** Patients should have access to support from companions or family during care.
6. **Supportive Care:** Care must be timely, compassionate, and protect patients from unnecessary harm.
7. **Trust:** Patients should have confidence in their provider's honesty and competence.
8. **Health Facility Environment:** Facilities should offer a clean, welcoming, and resourceful environment.

Sudhinaraset et al. (2017) adapted the Institute of Medicine (2001) definition of PCC—"providing care that is respectful of and responsive to individual patients' preferences, needs, and values, and ensuring that their values guide all clinical decisions"—to underpin their framework for person-centered reproductive health care. Their proposed framework demonstrates how the eight domains of PCC and, as a result, the proposed client-reported EOC measures link with clinical quality of care.

Short List of Vetted Core EOC Measures for LMIC Settings

CHILD HEALTH		
Data Collection and Analysis	**Measure Description**	**LMICs Included**
***Child Hospital Consumer Assessment of Healthcare Providers and Systems (Child HCAHPS*)**, as reported in** Hu et al. (2021) **Domains:** Dignity, Autonomy, Communication, Social Support, Supportive Care, Health Facility Environment		
Quantitative analysis based on facility-based online exit survey, administered on day of discharge before leaving inpatient facility	62-item survey with various response options (binary, scales, open-ended questions)	China
FAMILY PLANNING/REPRODUCTIVE HEALTH		
***Quality of Contraceptive Counseling (QCC) scale*, as reported in** Holt et al. (2019) **Domains:** Dignity, Autonomy, Communication, Supportive Care		
Quantitative analysis based on facility-based survey, administered in outpatient clinics	22-item survey; responses captured on a 4-point Likert scale	Mexico

<table>
<tr><td colspan="3">QCC-10 (short version of Quality of Contraceptive Counseling scale), as reported in Holt et al. (2023)
Domains: Dignity, Autonomy, Communication, Supportive Care</td></tr>
<tr><td>Quantitative analysis based on facility-based survey, administered in outpatient clinics</td><td>22-item survey; responses captured on a 4-point Likert scale</td><td>Mexico</td></tr>
<tr><td colspan="3">Quality of Family Planning Counselling (QFPC) measure, as reported in Dey et al. (2021)
Domains: Dignity, Autonomy, Communication, Supportive Care</td></tr>
<tr><td>Quantitative analysis based on facility-based survey, administered in outpatient clinics</td><td>13-item survey with binary response options (yes/no)</td><td>India</td></tr>
<tr><td colspan="3">MATERNAL AND NEWBORN HEALTH</td></tr>
<tr><td colspan="3">Person-Centered Maternity Care (PCMC) scale, as reported in Afulani et al. (2017)
Domains: Dignity, Autonomy, Privacy/Confidentiality, Communication, Social Support, Supportive Care, Trust, Health Facility Environment</td></tr>
<tr><td>Quantitative analysis based on client survey, administered in private spaces in health facilities or in homes of respondents</td><td>30-item scale; responses captured on a 4-point (0–3) scale with an additional "not-applicable" response option</td><td>Ethiopia, Ghana, India, Kenya, Malawi, Nigeria, Pakistan, Sri Lanka, Turkey</td></tr>
<tr><td colspan="3">Short Person-Centered Maternity Care (Short PCMC) scale, as reported in Afulani, Feeser, et al. (2019)
Domains: Dignity, Autonomy, Privacy/Confidentiality, Communication, Supportive Care, Trust</td></tr>
<tr><td>Quantitative analysis based on facility-based survey, conducted in health facilities</td><td>30-item scale; responses captured on a 4-point (0–3) scale with an additional "not-applicable" response option</td><td>Ethiopia, Ghana, India, Kenya, Malawi, Nigeria, Pakistan, Sri Lanka, Turkey</td></tr>
<tr><td colspan="3">Quality of Respectful Maternity Care Questionnaire in Iran (QRMCQI), as reported in Taavoni et al. (2018)
Domains: Dignity, Autonomy, Privacy/Confidentiality, Communication, Social Support, Supportive Care</td></tr>
<tr><td>Quantitative analysis based on facility-based survey, administered in postpartum care clinics in health centers</td><td>59-item survey; responses captured on a 4-point scale</td><td>Iran</td></tr>
<tr><td colspan="3">Respectful Maternity Care questionnaire, as reported in Abebe & Mmusi-Phetoe (2022)
Domains: Dignity, Autonomy, Communication, Social Support, Supportive Care, Health Facility Environment</td></tr>
<tr><td>Quantitative and qualitative analysis based on facility-based survey, administered at postpartum health clinics at health centers</td><td>Composite index with 6 items to measure effective communication, 6 items to measure supportive care, and 6 items to measure dignified care; coded Y=1, N=0; additive score with 75% cut-off point for respectful maternity care</td><td>Ethiopia</td></tr>
<tr><td colspan="3">Respectful Maternity Care scale and Childbirth Experience questionnaire, as reported in Hajizadeh et al. (2020)
Domains: Dignity, Autonomy, Supportive Care, Trust</td></tr>
<tr><td>Quantitative analysis based on facility-based survey, conducted in the postpartum unit of maternity hospital and in the community (households)</td><td>Respectful Maternity Care scale: 15-item survey; responses captured on a 5-point Likert scale
Childbirth Experience questionnaire: 22-item questionnaire; responses for 19 items captured on a 4-point scale; 3 items use visual assessment</td><td>Iran</td></tr>
</table>

***Women's Perceptions of RMC (WP-RMC) Questionnaire and Qualitative Interview Guide*, as reported in Patabendige et al. (2021), Ayoubi et al. (2020)** **Domains:** Dignity, Autonomy, Social Support, Supportive Care, Trust		
Quantitative and qualitative analysis based on facility-based survey, self-administered to patients in hospital postpartum unit, and in-depth interview conducted in a quiet place in the hospital postpartum unit	Questionnaire: 18-item survey; responses for 15 items captured on a 5-point Likert scale; 3 items assessed on an 11-point (0–10) scale Qualitative interview guide: 12 open-ended questions with additional probes	Sri Lanka
GENERAL MEDICINE		
Communication Assessment Tool (CAT), as reported in Goba et al. (2019) **Domains:** Communication, Supportive Care		
Quantitative analysis based on facility-based survey, administered in various in-patient facility settings	15-item survey, responses captured on a 5-point Likert scale; via hospital-based survey	Ethiopia
Schwartz Center Compassionate Care Scale, as reported in Zeray et al. (2021) **Domains:** Dignity, Autonomy, Communication, Supportive Care, Trust		
Quantitative analysis based on facility-based survey, administered in in-patient oncology units	12-item survey, responses captured on a 10-point scale; via hospital-based survey	Ethiopia

Note: General medicine is also included in this short list of EOC measures. The systematic scoping review found no high-quality, research-validated tools to measure EOC in the context of adolescent health, newborn health only, and sexual health/STIs in LMIC settings.

CONSIDERATIONS FOR SELECTING AND USING EOC DATA WITHIN A HEALTH SYSTEM

There are several points to consider when integrating EOC measures into country monitoring and evaluation plans and data collection platforms.

- **Periodic Data Collection:** None of the identified measures lend themselves easily to introduction into national health management information systems. In order to use them without alteration, these measures must be integrated into periodic data collection efforts, such as program evaluations, special cross-sectional health facility evaluations (e.g., client exit interviews), or community-based surveys (e.g., household surveys).
- **Routine Facility and Subnational-Level Monitoring:** For ease of implementation, subscales or single-item validations of EOC measures could be undertaken so that short client surveys (e.g., exit interviews or self-administered satisfaction surveys) may be routinely implemented. To use the recommended EOC measures for facility- and subnational-level monitoring (e.g., by district health management teams), the collected data need to be reformulated into programmatic indicators by assigning threshold or cut-off values and monitoring the proportion of client encounters in a given facility that meet those targets within a specified time period.
- **Generalizability:** The ability to generalize measures for a specific context should be interpreted with caution. Tools developed or research validated in one LMIC setting may not be generalizable to other countries without adaptation for context or without cognitive testing in the same context.
- **Feasibility:** Factors that affect feasibility in the choice of measures and measurement approaches vary by context; however, at a minimum, such factors include the associated financial, time, and personnel burden and the need for relevant data collection expertise.
- **Utility:** Uses cases that identify exactly who plans to use the EOC data, at which levels of the health system, and with what frequency to inform any related decisions, products, or processes that may be needed.

REFERENCES

Afulani, P. A., Diamond-Smith, N., Golub, G., & Sudhinaraset, M. (2017). Development of a tool to measure person-centered maternity care in developing settings: Validation in a rural and urban Kenyan population. *Reproductive Health*, *14*(1). https://doi.org/10.1186/s12978-017-0381-7

Afulani, P. A., Feeser, K., Sudhinaraset, M., Aborigo, R., Montagu, D., & Chakraborty, N. (2019). Toward the development of a short multi-country person-centered maternity care scale. *International Journal of Gynecology and Obstetrics*, *146*(1), 80–87. https://doi.org/10.1002/ijgo.12827

Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: Care, Health, and Cost. *Health Affairs (Project Hope)*, *27*(3), 759–769. https://doi.org/10.1377/hlthaff.27.3.759

Black, M. M., Walker, S. P., Fernald, L. C. H., Andersen, C. T., DiGirolamo, A. M., Lu, C., McCoy, D. C., Fink, G., Shawar, Y. R., Shiffman, J., Devercelli, A. E., Wodon, Q. T., Vargas-Barón, E., Grantham-McGregor, S., & Committee, L. E. C. D. S. S. (2017). Early childhood development coming of age: Science through the life course. *Lancet (London, England)*, *389*(10064), 77–90. https://doi.org/10.1016/S0140-6736(16)31389-7

Eklund, J. H., Holmström, I. K., Kumlin, T., Kaminsky, E., Skoglund, K., Höglander, J., Sundler, A. J., Condén, E., & Meranius, M. S. (2019). "Same same or different?" A review of reviews of person-centered and patient-centered care. *Patient Education and Counseling*, *102*(1), 3–11. https://doi.org/10.1016/j.pec.2018.08.029

Institute of Medicine (US) Committee on Quality of Health Care in America. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academies Press (US). https://pubmed.ncbi.nlm.nih.gov/25057539/

Jolivet, R. R., Gausman, J., Kapoor, N., Langer, A., Sharma, J., & Semrau, K. E. A. (2021). Operationalizing respectful maternity care at the healthcare provider level: A systematic scoping review. *Reproductive Health*, *18*(1). https://doi.org/10.1186/s12978-021-01241-5

Kumar, R., & Chattu, V. K. (2018). What is in the name? Understanding terminologies of patient-centered, person-centered, and patient-directed care! *Journal of Family Medicine and Primary Care*, *7*(3), 487–488. https://doi.org/10.4103/jfmpc.jfmpc_61_18

McHenga, M., Burger, R., & Fintel, D. von. (2023). Can women's reports in client exit interviews be used to measure and track progress of antenatal care services quality? Evidence from a facility assessment census in Malawi. *PLoS ONE*, *18*(7 July). https://doi.org/10.1371/journal.pone.0274650

Mehrtash, H., Stein, K., Barreix, M., Bonet, M., Bohren, M. A., & Tunçalp, Ö. (2023). Measuring women's experiences during antenatal care (ANC): Scoping review of measurement tools. In *Reproductive Health* (Vol. 20, Issue 1). BioMed Central Ltd. https://doi.org/10.1186/s12978-023-01653-5

Sudhinaraset, M., Afulani, P., Diamond-Smith, N., Bhattacharyya, S., Donnay, F., & Montagu, D. (2017). Advancing a conceptual model to improve maternal health quality: The Person-Centered Care Framework for Reproductive Health Equity [version 1; peer review: 2 approved, 2 approved with reservations]. *Gates Open Research*, *1*(1). https://doi.org/10.12688/gatesopenres.12756.1

UN Economic and Social Council. (2000). *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant)*. https://www.refworld.org/legal/general/cescr/2000/en/36991

White Ribbon Alliance. (2011). *Respectful maternity care: The universal rights of childbearing women*.

White Ribbon Alliance. (2019). *Respectful maternity care: The universal rights of women and newborns*. https://whiteribbonalliance.org/wp-content/uploads/2022/05/WRA_RMC_Charter_FINAL.pdf

World Health Organization. (2017). *Leading the realization of human rights to health and through health*. https://www.who.int/publications/i/item/9789241512459

MOMENTUM Knowledge Accelerator is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by Population Reference Bureau (PRB) with partners JSI Research and Training Institute, Inc. (JSI) and Ariadne Labs under USAID cooperative agreement #7200AA20CA00003. For more about MOMENTUM, visit www.usaidmomentum.org. The contents of this brief are the sole responsibility of PRB and do not necessarily reflect the views of USAID or the United States Government.

APPENDIX A: CITATIONS FOR SHORT LIST OF VETTED CORE EOC MEASURES FOR LMIC SETTINGS

Abebe, A. H., & Mmusi-Phetoe, R. (2022). Respectful maternity care in health centers of Addis Ababa city: A mixed method study. *BMC Pregnancy and Childbirth*, *22*(1), 792. https://doi.org/10.1186/s12884-022-05129-5 https://doi.org/10.1186/s12884-022-05129-5

Afulani, P. A., Diamond-Smith, N., Golub, G., & Sudhinaraset, M. (2017). Development of a tool to measure person-centered maternity care in developing settings: Validation in a rural and urban Kenyan population. Reproductive Health, 14(1), 118. https://doi.org/10.1186/s12978-017-0381-7

Afulani, P. A., Feeser, K., Sudhinaraset, M., Aborigo, R., Montagu, D., & Chakraborty, N. (2019). Toward the development of a short multi-country person-centered maternity care scale. International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics, 146(1), 80–87. https://doi.org/10.1002/ijgo.12827

Ayoubi, S., Pazandeh, F., Simbar, M., Moridi, M., Zare, E., & Potrata, B. (2020). A questionnaire to assess women's perception of respectful maternity care (WP-RMC): Development and psychometric properties. Midwifery, 80, 102573. https://doi.org/10.1016/j.midw.2019.102573

Dey, A. K., Averbach, S., Dixit, A., Chakraverty, A., Dehingia, N., Chandurkar, D., Singh, K., Choudhry, V., Silverman, J. G., & Raj, A. (2021). Measuring quality of family planning counselling and its effects on uptake of contraceptives in public health facilities in Uttar Pradesh, India: A cross-sectional analysis. PLOS ONE, 16(5), e0239565. https://doi.org/10.1371/journal.pone.0239565

Goba, G. K., George, J., Alemayehu, M., Amdeslasie, F., Divelbess, K., Makoul, G., ... & Stephenson, M. D. (2019). Translation, Adaptation, and Assessment of the Communication Assessment Tool in Tigray, Northern Ethiopia. Journal of Graduate Medical Education, 11(4s), 141-145. https://doi.org/10.4300/JGME-D-18-00711

Hajizadeh, K., Vaezi, M., Meedya, S., Mohammad Alizadeh Charandabi, S., & Mirghafourvand, M. (2020). Respectful maternity care and its relationship with childbirth experience in Iranian women: A prospective cohort study. BMC Pregnancy and Childbirth, 20(1), 468. https://doi.org/10.1186/s12884-020-03118-0

Holt, K., Karp, C., Uttekar, B. V., Quintero, X., Gebrehanna, E., Kanchan, L., & Zavala, I. (2023). Reduction of the quality of contraceptive counseling (QCC) scale to a short version (QCC-10) in Ethiopia, India, and Mexico. Contraception, 118. https://doi.org/10.1016/j.contraception.2022.09.128

Holt, K., Zavala, I., Quintero, X., Hessler, D., & Langer, A. (2019). Development and Validation of the Client-Reported Quality of Contraceptive Counseling Scale to Measure Quality and Fulfillment of Rights in Family Planning Programs. Studies in Family Planning, 50(2), 137–158. https://doi.org/10.1111/sifp.12092

Hu, G., Yuan, C., Ren, H., Hu, J., Shang, M., & Wang, K. (2021). Reliability and validity of an instrument to assess pediatric inpatients' experience of care in China. Translational Pediatrics, 10(9), 2269–2280. https://doi.org/10.21037/tp-21-130

Patabendige, M., Agampodi, S. B., Jayawardane, A., Wickramasooriya, D. J., & Agampodi, T. C. (2021). Perceptions on respectful maternity care in Sri Lanka: Study protocol for a mixed-methods study of patients and providers. PLOS ONE, 16(5), e0250920. https://doi.org/10.1371/journal.pone.0250920

Taavoni, S., Goldani, Z., Rostami Gooran, N., & Haghani, H. (2018). Development and assessment of respectful maternity care questionnaire in Iran. International Journal of Community Based Nursing and Midwifery, 6(4), 334–349. https://pmc.ncbi.nlm.nih.gov/articles/PMC6226608/

Zeray, M., Mariam, D. H., Sahile, Z., & Hailu, A. (2021). Validity and reliability of the Amharic version of the Schwartz Center Compassionate Care Scale. PloS one, 16(3). https://doi.org/10.1371/journal.pone.0248848