



USAID
FROM THE AMERICAN PEOPLE

USAID
ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

RESEARCH SUMMARY

Evaluation of Thematic Change Package in Six States of India

Introduction

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project started working in India in January 2013, supporting facilities in 27 high-priority districts in six states of India – Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab, and Uttarakhand. ASSIST's efforts aimed to improve the quality of care along the reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) continuum by building capacity of the government health system to apply the quality improvement (QI) approach. In each of the 27 districts, ASSIST supported health facilities, including the district hospital, community health center, primary health center, and sub centers, to apply QI to RMNCH+A services. Every district had an ASSIST District Improvement Coordinator (DIC), who provided coaching and mentoring support to the government health staff to implement QI in their facility on identified priority areas.

After one year of intervention, supported facilities achieved clear results in terms of improved quality of care indicators. The learning and best practices from successful QI interventions, including the better care processes and supporting strategies adopted in selected facilities were documented in three thematic areas: intranatal care of mothers, postnatal care of mothers, and essential care of newborns. The information was packaged in a manner that district and state program managers could readily use for implementation and scale-up in other facilities of the district or the state. The change ideas shared for each thematic area in these short booklets were aligned with the Government of India's standards and guidelines. The thematic area change package booklets were then field-tested in all six states by collecting feedback on the clarity of message, design, content, and possible areas of improvement. This short report presents the results of the field-testing of the newborn care change package booklet in six states.

Objectives

The objectives of evaluation of the state-level change package booklets were to:

1. Assess the acceptability of the thematic change package by the district and state program managers, and government health care staff; and
2. Identify possible areas of improvement for providing tailor-made information.

Methods

Study sample and sites

Two districts per state—one where the QI intervention was implemented and one where it was not implemented—were selected to evaluate the change package booklet. In order to ensure uniformity of the

DECEMBER 2015

This research summary was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) and authored by Subir K. Kole, Enisha Sarin, and Mahtab Singh of URC under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project. USAID ASSIST is managed by URC under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC's global partners for USAID ASSIST include: EnCompass LLC; FHI 360; Harvard University School of Public Health; HEALTHQUAL International; Initiatives Inc.; Institute for Healthcare Improvement; Johns Hopkins Center for Communication Programs; and WI-HER, LLC. The contents of this report are the sole responsibility of URC and do not necessarily reflect the views of USAID or the United States Government. For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

content for assessment, only one change package – “changes to improve neonatal health services”- was tested among all participants. In each district, interviews were conducted at all or a combination of a few levels of health care facilities: district hospital, community health center (CHC), and primary health center (PHC) or sub center (SC). To ensure representation of various cadres of health care workers, a range of doctors, nurses, auxiliary nurse midwives (ANMs), and lady health volunteers (LHVs) were randomly selected as participants from the different facilities. A total of 38 interviews were conducted, approximately six per state.

Study instrument

A structured questionnaire with both close-ended (Likert scale) and open-ended (qualitative) questions was used to gather information that measured the following aspects of the change package: language clarity, layout and design, readability, comprehension, retention of message, usefulness of the information presented, and possible areas for improvement. The questionnaire was then administered by the DICs to various cadres of health care workers. The data were analyzed using SPSS software.

Questionnaire design

The questions asked for evaluation of change package are presented in **Table 1** below:

Table 1: Questions for evaluation of change package

Questions	Measure
Q1. How do you find the layout and design of booklet?	Likert Scale
Q2. Is the text/ language of the booklet easy to understand?	Likert Scale
Q3. What is the purpose of this booklet?	Open ended with probe
Q4. What are the 3 different sections that explain how change happened?	Quantitative
Q5. Can you tell me what you just read?	Quantitative
Q6. How useful is the booklet for your services?	Likert Scale
Q7. How would you use the information?	Open ended with probe
Q8. What do you not like about the booklet?	Open ended with probe
Q9. If you were to design/ develop the booklet, what would you change?	Open ended with probe

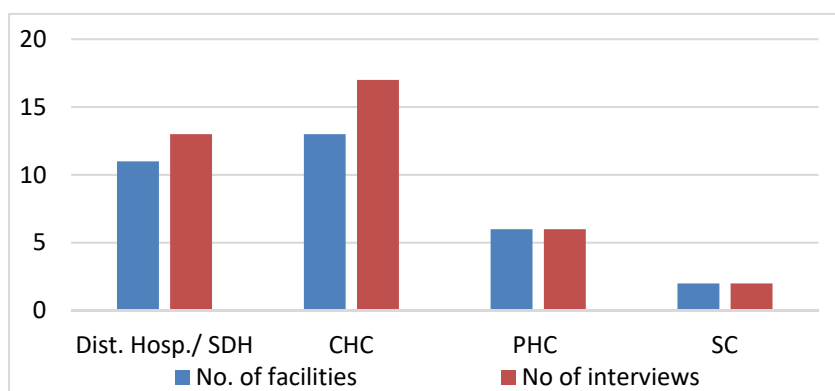
Results

In six states, 38 interviews were conducted from 32 health facilities covering district hospitals, CHCs, PHCs, and SCs (**Figure 1**).

Since the QI activities were primarily implemented in the labor room covering maternal and newborn care, majority of the respondents were doctors (47%), followed by nurses (37%). ANMs and LHVs

consisted of 16% of the sample in lower-level facilities. Of all the respondents, 53% reported to be a member in the QI team at their selected health facilities.

Figure 1: Number of interviews (n=38) by type of facility (n=32)



Layout and design

Almost everyone in the sample studied responded positively about the layout and the design of the change package as either good (58%) or excellent (40%). Similarly, the feedback on language/text of the change package and the ability to comprehend messages received very positive scores. Almost 87% felt that the language was mostly easy to understand (**Table 2**), with some places having difficult texts.

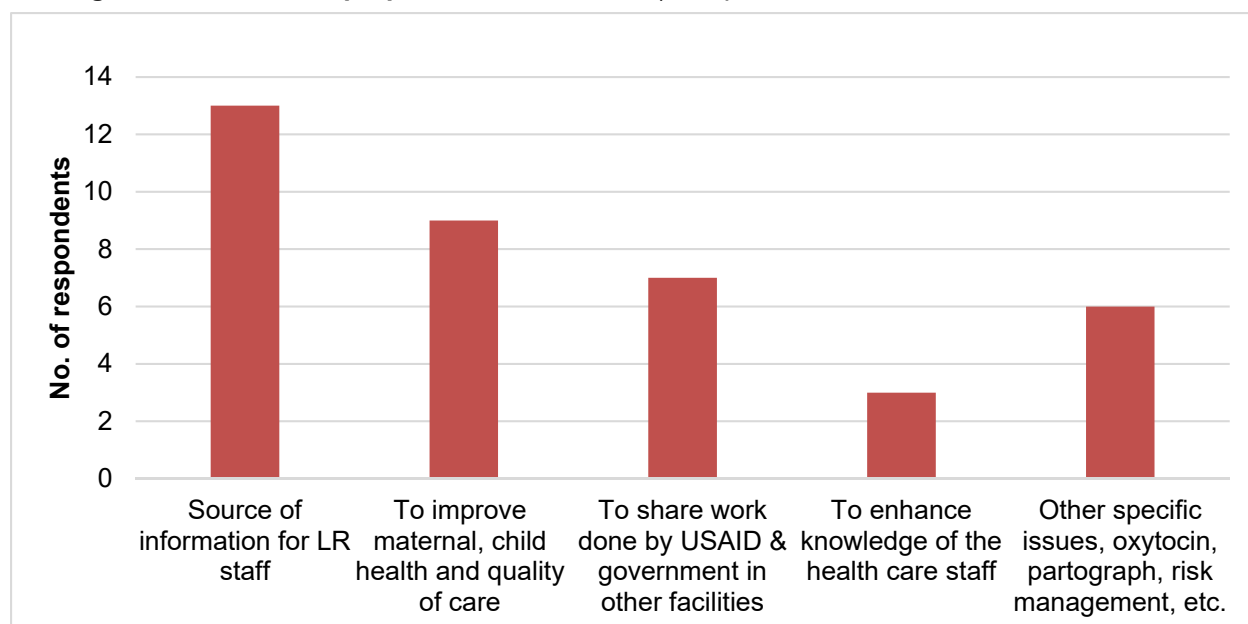
Table 2: Ease of understanding the change package

Is the text/ language of the booklet easy to understand?	Number of respondents	Percent
Very easy to understand (simple language, small sentence, convey ideas easily)	19	50.0
Mostly easy to understand - But in some places, the text is difficult	14	36.8
Average - The entire document is a mix of simple and difficult texts (50% each)	3	7.9
Very Difficult to understand - text do not convey the ideas easily	1	2.6
Mostly difficult to understand- text is complex; very few places have easy text	1	2.6
Total	38	100

Purpose of the Change Package

When respondents were asked the purpose of the booklet, the responses were mixed. The open-ended responses were later classified into five major categories. The majority of the health care staff (13) understood it as a source of information for the labor room (LR) staff providing simple instructions and guidance on how to conduct deliveries and provide neonatal care (**Figure 2**). There were six respondents who provided very specific information and whose responses could not be grouped with other categories. They understood the purpose as: instruction on how fill a partograph, how to administer oxytocin, how to manage complicated cases, etc.

Figure 2: What is the purpose of the booklet? (n=38)

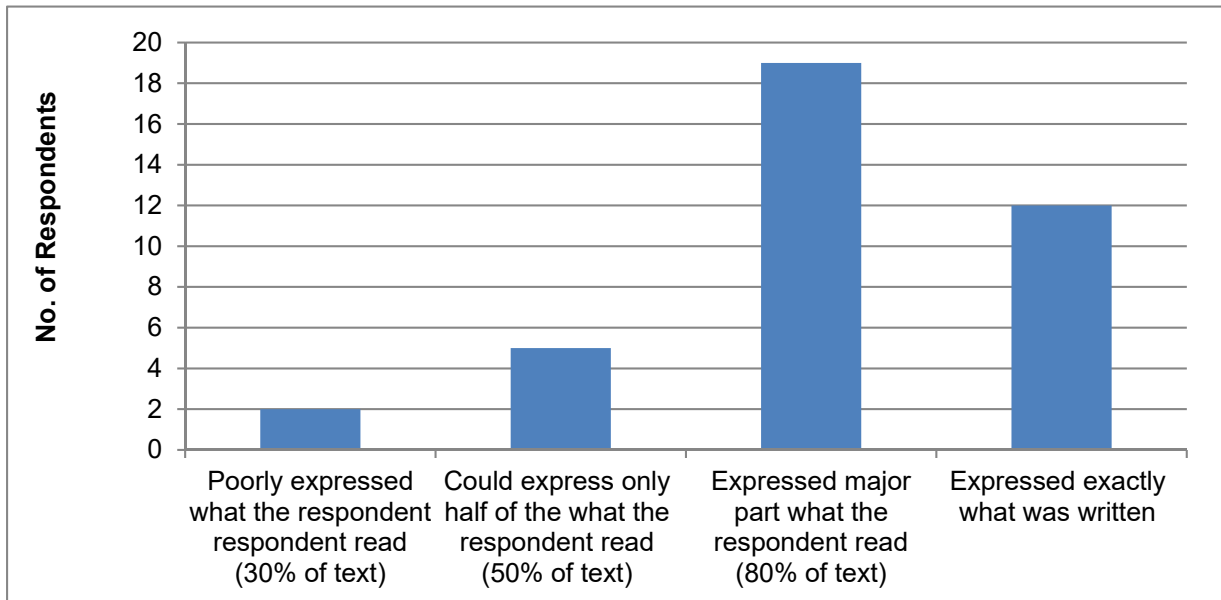


Reading and comprehension

The evaluation also focused on how and to what extent respondents retained messages after reading the booklet. Respondents were given random sections of the booklet to read and then asked to explain what they just read without looking at the text. While half of the respondents were able to comprehend most of what was written, only 12 of the 38 respondents (31%) understood exactly what was meant in the text (**Figure 3**), and 7 (18%) were not able to completely understand the meaning of the text.

When asked, “what are the three different sections that explain how change happened,” over half (53%) of the respondents correctly answered all three sections.

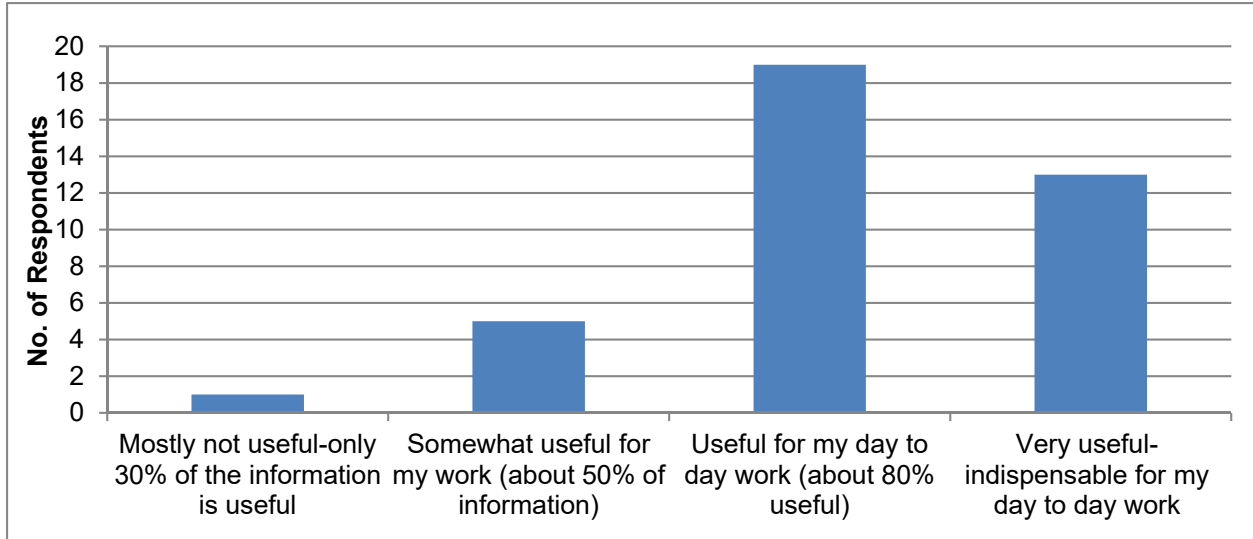
Figure 3: Comprehension of the booklet (n=38)



Usefulness

Most of the staff found the change package to be useful for providing crucial guidance on performing simple delivery care and improving neonatal health (**Figure 4**). Only six out of 38 respondents (16%) felt that the information may not be very useful. Overall, the staff felt that they would be using the information contained in the booklet in several ways (**Figure 5**). This open-ended response was categorized in four major categories: to improve the functioning of the labor room, work practices, and adopt the changes (11); distribute to other staff in the facility to motivate them for adopting the changes (13); test and implement the change ideas in their facility (10); and use as a work guide, job aid, and checklist, etc. for performing routine work in the labor room (4).

Figure 4: Usefulness of the booklet for respondents' services



Areas needing improvement

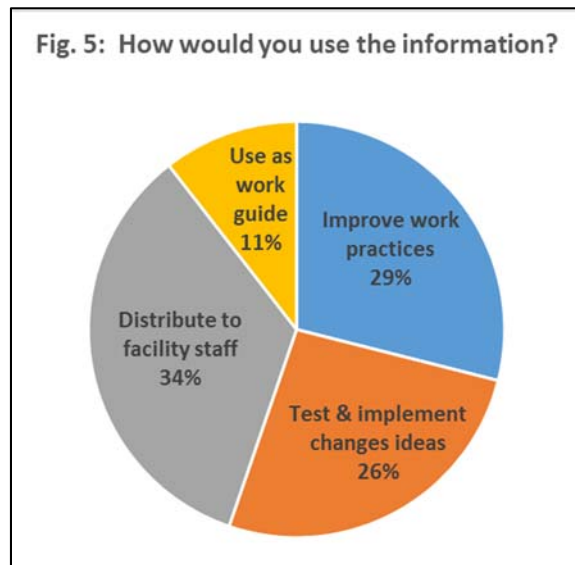
Nearly half (47%) of the total respondents liked the change package booklet as is and did not find any area needing improvement. However, over half of the respondents provided very crucial feedback on areas that they did not like, or that needed improvement. Major flaws pointed out by the respondents include the following:

- Too lengthy text; difficult language at places;
- Not easy to understand; complicated tables; lot of abbreviation, and repetition;
- Spacing is too small, small fonts, lack of picture and visuals; lack of illustration, pictures and diagrams;
- Too much information contained in text.

When asked, “If you were to design/ develop the booklet, what would you change?”, the participants came up with a range of ideas. This was an open-ended question – so the following themes were identified to articulate the major areas for improvement:

- Pictorial presentation rather than text;
- Highlighting of important points;
- Inclusion of new section on staff sensitivity toward patients;
- Provision of information on facilities where change ideas were implemented;
- Addition of clinical treatment information;
- Better formatting: large font, black color;
- Shortening length by reducing text and including only novel change ideas;
- Provision of direct information through checklist; and
- Translation in local languages.

Fig. 5: How would you use the information?



Conclusion

Based on the findings that the changes package was by and large comprehensible and considered useful by almost all the staff interviewed, it was planned to widely disseminate the same to all facilities in all the states. The specific suggestions and recommendations were noted as areas of further improvement in the design and development of similar communication materials in the future.

This research summary was made possible by the generous support of the American people through USAID. The contents of this short report are the sole responsibility of URC and do not necessarily reflect the views of USAID or the United States Government.

USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project

University Research Co., LLC • 7200 Wisconsin Avenue, Suite 600 • Bethesda, MD 20814 • USA
LMR House, 2nd Floor • Green Park Ext. • New Delhi 110016 • India