Medair Health Service Delivery Exit Tool

HDTF Meeting July 29,2019

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Session Overview

1. **Background information on tool development and HDTF Working Group**

2. **Purpose and context of the tool**

3. **DRC V1 Usage Example**

4. **HSD Exit Tool V2 and Usage**

5. **Discussion**

Part of overall currently funded proposal

- **Community-based PHC context**

- **What tools and guidance exist, work and/or need to be created to smooth the transition between the humanitarian and development approaches to save, sustain and support life?**

- **Goal: build evidence on successful approaches and lessons learn**

- **1 of 2 Key proposed themes:**
  - Exit/transition indicators
  - Adaptation of community-based development tools in emergencies

1. How many of you work or have worked in humanitarian contexts where you were involved in developing, monitoring or implementing the program exit strategy? (Write response in chat box and organization(s))

2. What does your organization do or use to guide and monitor readiness for transitioning out of relief interventions?

Health Service Delivery Exit Tool--Purpose

- **Gap: Minimal evidence-based information, tools or guidance developed on use of exit transition/transition indicators to guide transitions**
  - URD Quality Compas 2000+
  - Medair DRC exit transition tool

- **Plan: to collaboratively adapt Medair DRC spider diagram tool for use in chronic complex emergency settings**

- **Purpose: to improve planning and monitoring by humanitarian field implementers on readiness for transitioning/exiting from public health emergencies**

3. Does your organization have a standard list of exit or transitioning indicators?

3. Would you be willing to share them with the HDTF Working Group?

Medair's Health Service Delivery Exit Tool V1—Democratic Republic of Congo Usage

- **Context:** Irumu Territory in Ituri District of Province Orientale

- MOH Fee for service baseline health system with ongoing intermittent conflict and localized displacements with periodic outbreaks (measles)
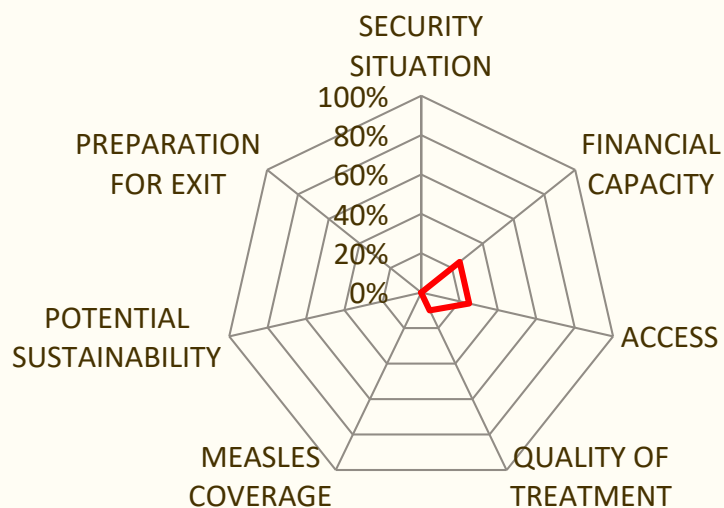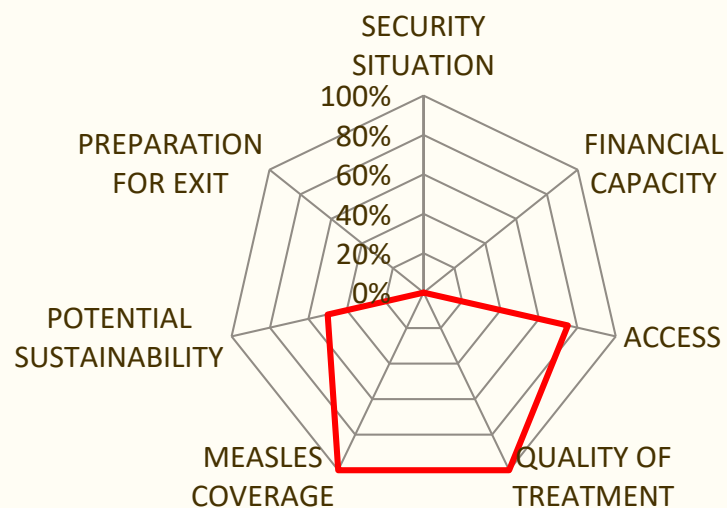
DRC Selected Exit Indicator Categories

1. **Security:** incidents, population movements, commercial access

2. **Financial Capacity:** access to fields/fear, access to 1 harvest, harvest quality, market function

3. **Access:** to curative/preventative services, CUR, measles and LLIN coverage

4. **Quality of Treatment:** % correct IMCI, % correct partograms, % deliveries referred

5. **Measles Coverage:** ≥ 95%

6. **Potential Sustainability:** health authority readiness, local health committees, drug ordering and procurement system set-up

7. **Preparation for Exit:** transition of payment models, developmental donors, MOH and community communication

# DRC Examples—Based on Program Data, Monthly Questionnaires

HEALTH FACILITY	SECURITY SITUATION	FINANCIAL CAPACITY	ACCESS	QUALITY OF TREATMENT	MEASLES COVERAGE	POTENTIAL SUSTAINABILITY	PREPARATION FOR EXIT
Entry	0%	25%	25%	10%	0%	0%	0%
Successful intervention with ongoing insecurity Inappropriate to exit until security situation stabilizes	0%	0%	75%	100%	100%	50%	0%
Successful intervention Appropriate to plan for exit in 6-9 months	75%	75%	100%	100%	100%	100%	50%
Partially successful intervention Partial exit may be appropriate but continued support is needed for EPI & drug transport	75%	75%	100%	100%	25%	25%	100%
Exit benchmarks fully met Appropriate for exit	100%	100%	100%	100%	100%	100%	100%

DRC Spider Diagrams-1

Entry

Improvement but ongoing insecurity

Entry spider diagram with axes: SECURITY SITUATION, FINANCIAL CAPACITY, ACCESS, QUALITY OF TREATMENT, MEASLES COVERAGE, POTENTIAL SUSTAINABILITY, PREPARATION FOR EXIT. Scale 0% to 100% (0%, 20%, 40%, 60%, 80%, 100%).

Improvement but ongoing insecurity spider diagram with axes: SECURITY SITUATION, FINANCIAL CAPACITY, ACCESS, QUALITY OF TREATMENT, MEASLES COVERAGE, POTENTIAL SUSTAINABILITY, PREPARATION FOR EXIT. Scale 0% to 100% (0%, 20%, 40%, 60%, 80%, 100%).
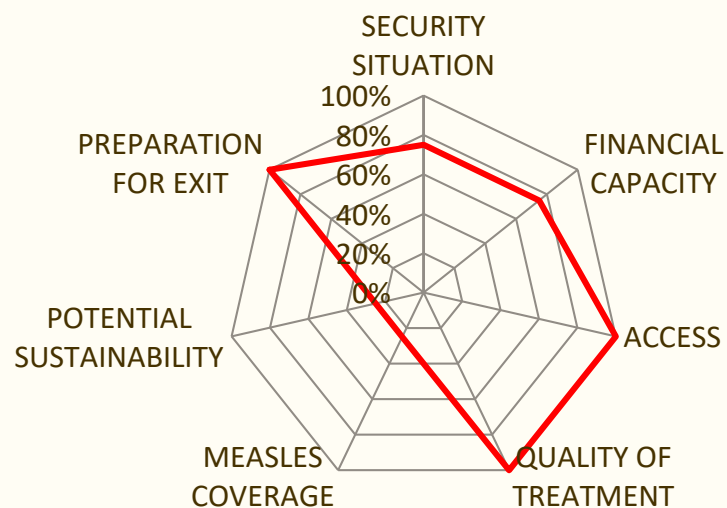
DRC Spider Diagrams-2
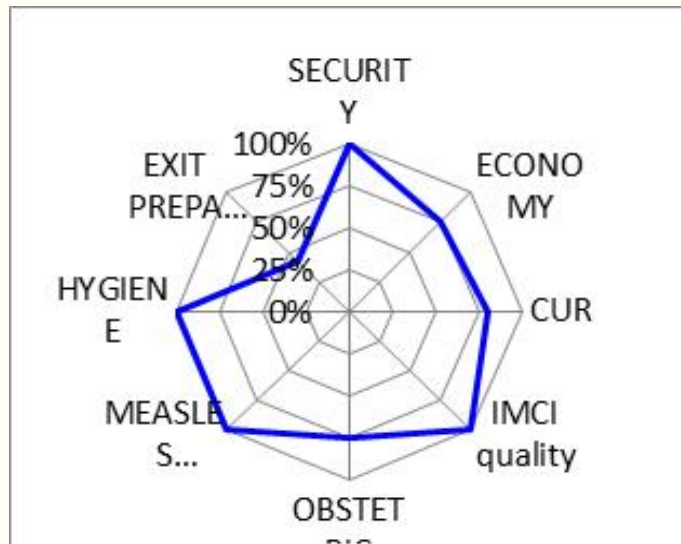
Successful—Exit in 6-9 Months
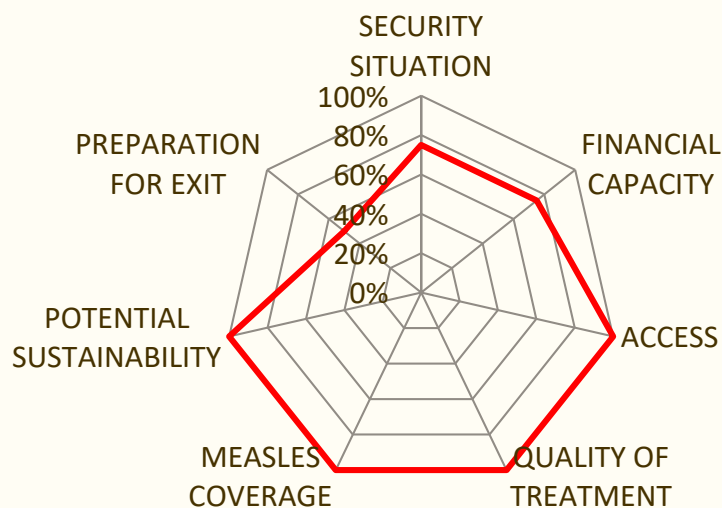
Partial success—Partial Exit?

**Partial exit may be appropriate but continued support is needed for EPI & drug transport**

Bukiringi, Gety Health Zone—Medair OFDA Donor Report Excerpt

June 2013

January 2014

- Security situation was quiet despite past issues in Bukiringi

- Indicators directing to readiness for MOH hand-over

- August, fighting resumed and most of population fled and health facility severely looted. Health staff treating pts in area of displacement.

- October on, health staff returned to location and started working

- December on much of population returned.
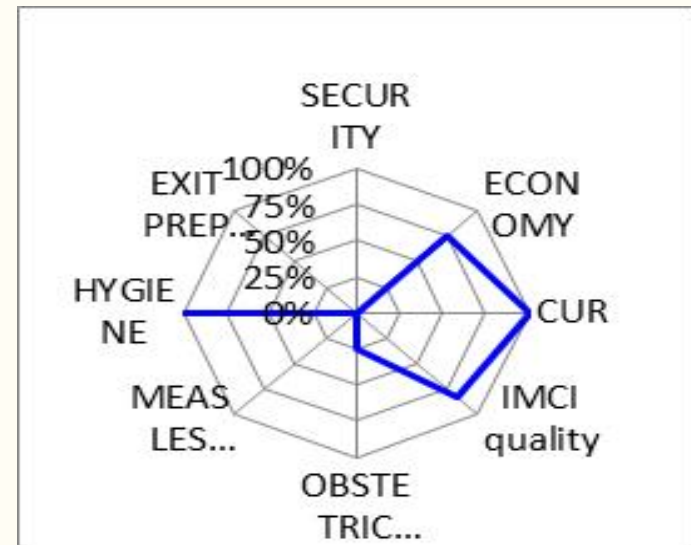
- January 2014: Looting and insecurity results still visible.

- Measles outbreak occurred

- Maternity had not been working optimally with partographs, most women or their families refused to be transferred to Gety, where the situation was perceived as still insecure.

- Mass measles vaccination had taken place, but not reflected here, as this indicator was based on routine EPI activities.

Questions about DRC Examples?

How many think some of your humanitarian implementing teams would find something like this useful? (Write response and organization in chat box)

# Medair's Health Service Delivery Exit Tool V2

General Principles and Assumptions

- **In order to be globally useful needs to be adaptable for each intervention and context**

- **Customizable exit indicators/transitioning metrics**

- **Locally relevant definitions of scoring**

- **Menu of possible exit criteria categories**

How to Adapt and Use the HSD Exit Tool

1. **Field team level** approach and simple Excel sheet for widespread usage

2. **Select exit indicator** categories—max 10 for visualization

3. **Define** your indicators and your **scaling 1** to 10 or 0 to 100%--Qualitative? Quantitative? Combined indicators?

4. Assess **need to develop additional tools**—questionnaires for team, MOH, health clinic staff—or do you have info already?

5. **Define** your **time frame** for monitoring—weekly, monthly, quarterly?

6. **Enter** definitions, baselines (if known) and results **into spreadsheet** as you go along

7. Review and discuss as implementing team to monitor exiting readiness
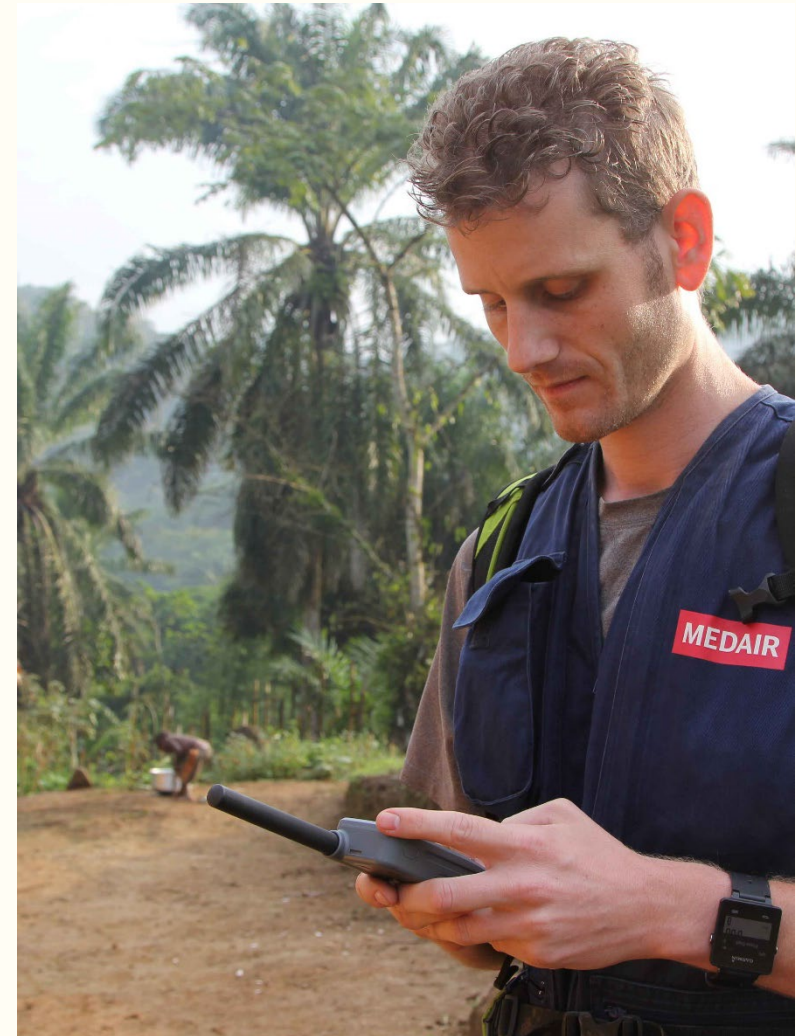
Current Intervention Types and Exit Indicator Menu Category Examples

- **General**
  - DRC example: Security, financial access, potential sustainability, preparation for exit

- **Primary health care**
  - Measles coverage, quality of care (exit interviews/supervision checklist), CMR, U5MR, Clinic utilization rate (CUR), Sphere indicators for HSD achieved

- **Nutritional emergency**
  - GAM rate, CMAM coverage, Quality of Rx, Health system capacity for integrated services, caseload, Supply chain, Expected GAM trend

- **Outbreak**
  - Case fatality rate, case management quality, HS Capacity for management, surveillance system, outbreak prevention, vaccination coverage (if relevant)

- **Population displacement**
  - Health system capacity for management, CUR, quality of care, CMR, U5MR

HSD Exit Matrix Table—Outbreak Example Selection

	Exit Indicator/ Category	Indicator description	Target Description for Exit Readiness	Baseline	Spider Target	Week 1 Achieved	Week 2 Achieved	Week 3 Achieved	Week 4 Achieved
1	**Case fatality rate**	% of reported cases of a specified disease or condition which are fatal within a specified time	<1% (Example: cholera)		10				
2	**Case management quality**	Standard protocols for case management exist with % adherence on supervision checklists	>85% adherence on disease specific case management supervision checklists		10				
3	**Health system capacity**	Existing health system has trained staff and resourced to manage current caseloads	>90% of relevant staff trained and resourced to manage current case load with appropriate clinician to patient ratios		10				
4	**Surveillance system**	System established and ≥90% of alerts reported within 24 hours	≥90% alerts reported within 24 hours		10				
5	**Prevention**	Community SBCC systems established and % population reached with info on outbreak disease related risk, prevention activities and recommended health seeking	>90% population reached with info on outbreak disease related risk, prevention activities and recommended health seeking		10				
6	**Vaccination coverage**	% of children aged 6 months to 15 years vaccinated against measles	≥95% of children aged 6 mo to 14 yrs vaccinated		10				

Indicator Scoring Section for Team to Develop

Indicator description	Target Description for Exit Readiness	Indicator Scoring									
		1	2	3	4	5	6	7	8	9	10

Collaboration Opportunities

- **Looking for potentially interested case study partners to adapt and pilot the tool with us**

- **Needs to be transitioning relief to development**

- **Pilot period August through October/November 2019**

- **Requires field team willing to pilot tool and available to participate in short training, adaptation process with review and participate in follow-up interviews and discussions on results/usefulness and recommended improvements**

- A new acute or ongoing chronic complex emergency context

- Regular ongoing humanitarian responses **requiring reviewing, developing or adjusting community level interventions OR transitions** within the given time frame—**3 months**

- Field team willingness

- Sufficient security and access to measure results

- **Countries** approved by OFDA

- Current countries planned: South Sudan, DRC and ?

Pilot Key Activities Summary

- **Finalize case-study relevant literature review (completed)**
- **Adaptation of tool** (DRC exit matrix) implementing site feedback
- **Pilot** adapted tools prospectively— Medair & interested Core partners after training
- **Develop qualitative research tools** for KIIs and FGDs post pilot and conduct study
- **Refine and share revised tools and lessons learned--**CORE and broader depending on results
- **Incorporate** ongoing lessons learned into overall CORE OFDA **HDN guidelines**

Questions, thoughts, potential piloting interest?