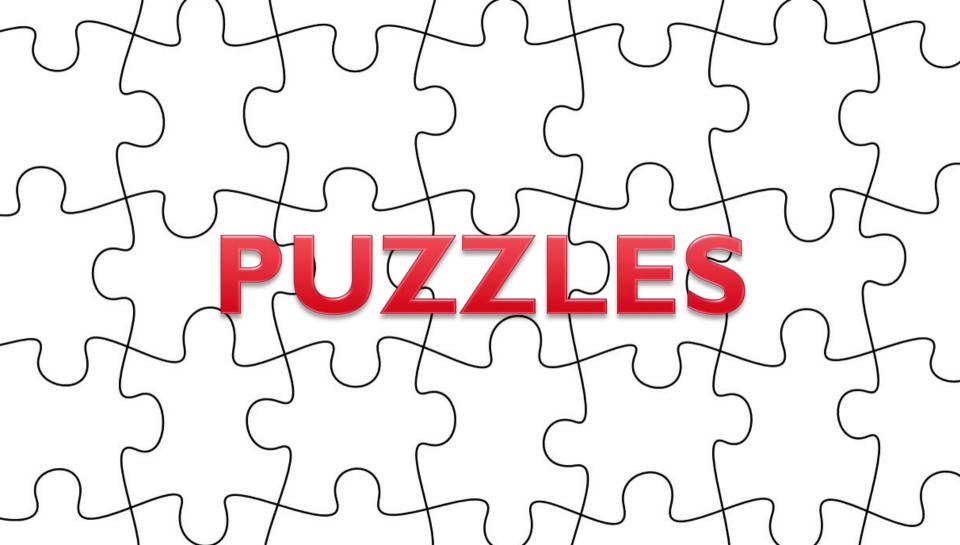


## GOOD MORNING! TODAY WE'RE TALKING ABOUT QUALITY

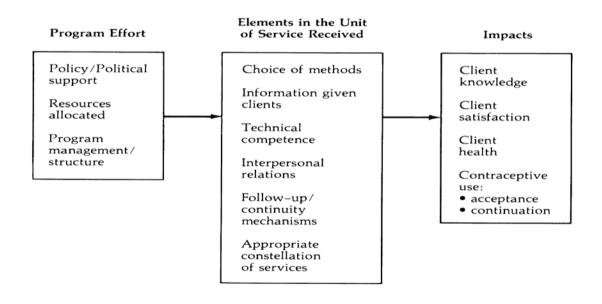
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## Fundamental Elements of the Quality of Care: A Simple Framework

**Judith Bruce** 

Figure 1 The quality of the service experience—its origins and impacts



## Quality of care in family planning: clients' rights and providers' needs

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#### Abstract

Quality of care means that the needs of the clients in the context of their personal life should be the major determinant of the behavior of the providers and the goal of the programs. Since family planning has been recognized as a right of individuals and couples, quality of care can be focused as a right of the client. Ten rights of family planning clients have been outlined by the International Planned Parenthood Federation (IPPF) as follows. Rights to: information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity, and opinion.

The responsibilities for quality of care, and therefore fulfilling the rights of the clients, are distributed throughout the whole family planning program, but those who are actually seen as most responsible are the ones who are in direct contact with the clients – the service providers. A strategy for quality of care cannot be realistic without recognising that service providers have their own needs which can be outlined as: training, information infrastructure, supplies, guidance, back-up, respect, encouragement, feedback, and self-expression.

When fulfilling the rights of the clients and needs of the service providers, both technical and human aspects should be taken into account.

The main aim of family planning is to improve the quality of life. During the last decade we have observed a growing interest among service providers and international groups in the quality of family planning services, both in response to the needs of clients, and the understanding that quality of care leads to an increased demand for and acceptability of family planning. Analysis of the concepts, principles, strategies and activities related to quality of care has been taking place [1-4]. Frameworks for guiding discussions and activities on quality of care have been proposed. The emphasis has been on making the perspective of the client the foundation on which service providers and policy makers should focus their activities. This perspective has considerably enlightened a field where the demographic and

# SOCIAL FRANCHISING & QUALITY

QUALITY MEASUREMENT IN FAMILY PLANNING:

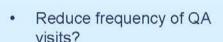
Past, Present, Future Papers from the Bellagio meeting on Family Planning Quality in October 2015 2016

## **Example: Quality assurance**

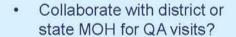
Opportunities based on franchisee capacity

Quality Assurance & Monitoring





- Use technology to replace some in person interaction?
- Establish mentoring relationships within the franchise network?



- Utilize existing regulatory frameworks?
- Partner with private medical associations for mentorship or QA?



#### Vision

#### Guiding Principle and Values

Diversity Accountability

#### Cross-Cutting Themes

#### **Key Elements**

#### 223







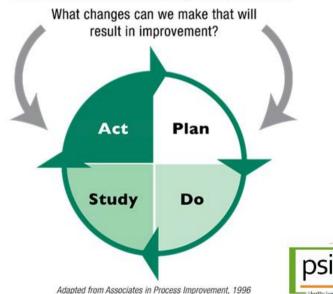
## Six Components of PSI's QA System



## Continuous Quality Improvement

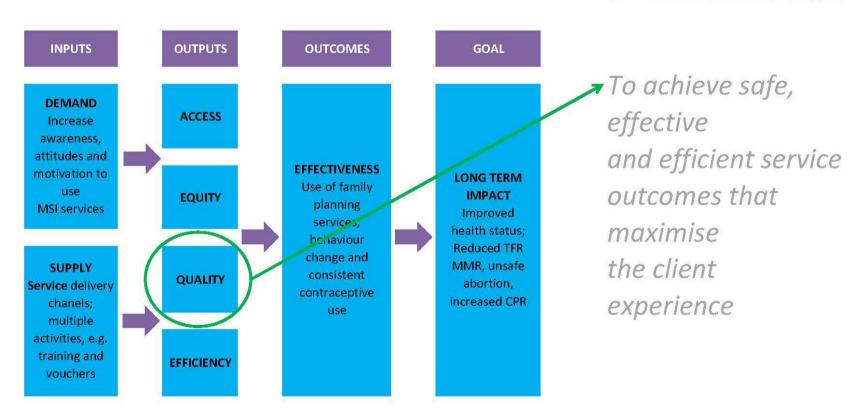
#### Model for Improvement

What are we trying to accomplish? How will we know that a change is improvement?



## **Quality of Care at the centre**





## THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIM AND DESIRABLE ATTRIBUTES

SYSTEM BUILDING BLOCKS OVERALL GOALS / OUTCOMES



### Framework for Voluntary Family Planning Programs that Respect, Protect and Fulfill Human Rights

#### **INPUTS & ACTIVITIES**

#### POLICY LEVEL

- A. Develop/revise/implement policies to respect/protect/fulfill rights and eliminate policies that create unnecessary barriers to access (All Rs)\*
- B. Develop/revise/implement policies to ensure contraceptive security, including access to a range of methods and service modalities, including public, private, and NGO (R2)
- C. Create processes and an environment that supports the participation of diverse stakeholders (e.g. policymakers, advocacy groups, community members) (R2/R3)
- D. Support and actively participate in monitoring and accountability processes, including commitments to international treatics (All Rs)
- E. Guarantee financing options to maximize access, equity, nondiscrimination, and quality in all settings (R2/R3)

#### +

#### SERVICE LEVEL

- A. Inform and counsel all clients in high-quality interactions that ensure accurate, unbiased, and comprehensible information and protect clients' dignity, confidentiality, and privacy and refer to other SRH services (All Rs).

  B. Ensure high-quality care through effective training and supervision and performance
- improvement and recognize providers for respecting clients and their rights (All Rs)

  C. Ensure equitable service access for all, including disadvantaged, marginalized,
  discriminated against, and hard-to-reach populations, through various service models
  (including integrated, mobile, and/or youth-friendly services) and effective referral to other
  SRH services (All Rs)
- D. Routinely provide a wide choice of methods and ensure proper removal services, supported by sufficient supply, necessary equipment, and infrastructure (R2)
- by surnerent supply, necessary equipment, and infrastructure (KZ)
  Establish and maintain effective monitoring and accountability systems with community input: strengthen HMIS and OA/OI processes (All Rs)



#### COMMUNITY LEVEL

- A. Engage diverse groups in participatory program development and implementation processes (R2/R3)
- B. Build/strengthen community capacity in monitoring and accountability and ensure robust means of redress for violations of rights (R2/R3)
- C. Empower and mobilize the community to advocate for reproductive health funding and an improved country context and enabling environment for FP access and use (All Rs)
- D. Transform gender norms and power imbalances and reduce community-, family-, and partner-level barriers that prevent access to and use of FP (R3)
- E. Support healthy transitions from adolescence to adulthood (All Rs)

#### INDIVIDUAL LEVEL

- A. Increase access to information on reproductive rights, contraceptive choices (All Rs)
- B. Empower, through education and training about reproductive health, self-esteem, rights, life-skills, and interpersonal communication (R1/R2)
- C. Foster demand for high-quality services and supplies through IEC/BCC and empower individuals to demand their rights be respected, protected, and fulfilled (R2)

#### OUTPUTS OUTCOMES

#### Illustrative

- · Family planning services are
- Available (adequate number of service delivery points, equitably distributed)
- ✓ Accessible (affordable and equitable; free from discrimination; no missed opportunities for service provision)
- ✓ Acceptable (respectful of medical ethics, culturally appropriate, and clients' views are
- Highest quality (scientifically and medically appropriate and of good quality (e.g., full, free, and informed decisions; a broad choice of methods continuously available; accurate, unbiased, and comprehensive information; technical competence; high-quality client-provider interactions; follow-up and continuity mechanisms; and appropriate constellation of services)
- Accountability systems are in place, which effectively expose any vulnerabilities, and alleged or confirmed rights violations and issues are dealt with in a significant, timely, and respectful manner
- Communities actively participate in program design, monitoring, accountability, and quality improvement
- Community norms support the health and rights of married and unmarried women, men, and young people and their use of family planning
- Agency of individuals is increased to enable them to make and act on reproductive health decisions

#### Illustrative

- Women, men, and young people decide for themselves free from discrimination, coercion, and violence whether, when, and how many
- children to have and have access to the means to do so
- Trust in FP programs is increased
- Universal access to FP is achieved
- Equity in service provision and use is increased
- Availability of a broad range of contraceptive methods is sustainable
- Women get methods they want without barriers or coercion
- FP needs are met; demand is satisfied

#### IMPACT

#### Decreased

- Unintended pregnancies
- Maternal/infant deaths
  - Unsafe abortions
  - Adolescent fertility rate
  - · Total fertility rate

#### Increased

- Agency to achieve reproductive intentions throughout the lifecycle
- Well-being of individuals, families, communities, and countries

\* Reproductive rights: R1: reproductive self-

determination R2: access to sexual and reproductive health services, commodities, information, and education

R3: equality and nondiscrimination

("All Rs" indicates that all rights are encompassed)

## Thank you!

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