

# The ACQUIRE Project's Program Model for Family Planning/Reproductive Health Service Delivery:

***“More Services to More People in More Places”***

The ACQUIRE Project's Program Model for Family Planning/Reproductive Health Service Delivery reflects a holistic understanding of the components and dynamics of health systems that provide family planning and reproductive health (FP/RH) services. By giving technical assistance on these health system components, ACQUIRE helps to foster increased access to, quality of, and use of FP/RH services. The Program Model applies to FP/RH services in general, as well as specifically to clinical FP services, the program area in which ACQUIRE primarily works. The model is applicable to national-, regional-, and district-level FP/RH programs. It is represented visually below, and is then discussed.



The service encounter between client and provider is at the center of the Model because this is the key event in service delivery. A quality client-provider interaction takes place between a knowledgeable, empowered client and a skilled, motivated FP/RH service provider, at an appropriately staffed and well-managed service site.<sup>1</sup> A quality client-provider interaction is enabled by well-functioning supply-side and demand-side program elements operating within a supportive policy and program environment. Such an interaction contributes to improved quality and use of FP/RH services provided by ACQUIRE's health system partners.

## PROGRAM COMPONENTS

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The ACQUIRE Program Model emphasizes the importance of supply, demand, and advocacy and holds that there is potential synergy among them that can be fostered via a coordinated package of mutually reinforcing interventions.

**Supply:** Strengthened service-delivery subsystems—training, supervision, logistics, and referral—lead to increased availability of well-informed, skilled, motivated, and well-supported FP/RH service providers. When these providers are widely deployed throughout the health system at sites that have adequate infrastructure, commodities, equipment, and supplies, they are able to deliver quality clinical care and counseling. (Other supply-side subsystems—e.g., administrative, financial, and management information systems—must also be in place and functioning, although ACQUIRE usually does not work on these subsystems.)

**Demand:** Provision of up-to-date, understandable information fills knowledge gaps and corrects misunderstandings about FP methods both for those who have an unmet need for contraception as well as for those currently using a method. For optimum impact, information is provided via multiple channels of communication—interpersonal, community, mass media—about specific FP/RH methods and services, including where they can be accessed, how they can be best used, and by whom. When awareness and accurate knowledge are increased and common misconceptions and myths are dispelled, the image, acceptability, and use of FP/RH methods and services are enhanced. As communities become more engaged in defining their FP/RH needs, opportunities increase for their input into allocating resources, planning programs, defining policies, and ensuring their right to quality services.

**Advocacy:** Advocacy is an integral part of the ACQUIRE Program Model because the larger socio-cultural, economic, and political environment influences the nature and extent of human and financial resources available for FP/RH. In the context of FP/RH service delivery, advocacy entails working: to foster effective leadership for, and championing of, FP/RH at all levels of the health care system, as well as within the community; to promote supportive and rational service policies based on the best available medical and program evidence; and to

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<sup>1</sup> Service providers may be doctors, midwives, clinical officers, nurses, counselors, peer educators, pharmacists, outreach workers, or community-based distribution (CBD) workers. Service sites may be clinical facilities, health and other outreach posts, pharmacies, or CBD outlets. The Program Model applies across this range of possible providers and service sites.

secure greater human and financial resources for FP/RH services based on informed estimates of need. The resultant improved policy and program environment is reflected in a better resourced, more productive, higher quality, and more widely supported and sustainable FP/RH program.

## **CROSS-CUTTING ELEMENTS**

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Several important cross-cutting programmatic imperatives undergird the ACQUIRE Program Model. These include the need to focus on the fundamentals of care, to use (locally relevant) data for decision making, to promote gender equity, and to ensure widespread stakeholder participation.

**The Fundamentals of Care:** The fundamentals of care—informed choice, medical safety, and quality improvement—are essential for FP/RH services, especially clinical services. FP clients must be able to exercise their right to make an informed, voluntary choice based on accurate information and a range of contraceptive options, free of provider bias. Methods and services are safe when skilled and properly equipped providers deliver them according to up-to-date, evidence-based standards, protocols, and guidelines and manage any side effects or complications that may arise. Ongoing quality improvement mechanisms and activities (which rely on local resources and need not be complicated or expensive) ensure the maintenance of quality of and access to FP/RH services over time.

**Data for Decision Making:** The use of both locally generated and applicable international data for decision making in resource allocation, program strategy, design, implementation, and evaluation leads to sounder programs and to greater transparency and ownership. Such data or evidence may result from local needs assessments, quantitative baseline survey data, qualitative consumer research, operations research, forecasting projections and/or other available secondary data, or evidence-based international standards and guidance and best practices and/or models proven effective in other settings.

**Gender Equity:** Gender equity is a very important aspect of effective FP/RH programming. This entails understanding the ways in which the unequal balance of power between men and women plays out and undertaking activities to overcome the disadvantages and inequalities that women face. Though this may often require woman-specific policies and programs, gender equity should not be seen narrowly as a women's issue. It is also important to promote constructive male involvement in FP/RH decision making, services, and programs.

**Stakeholder Participation:** Widespread stakeholder participation is critical to program success and sustainability. Important stakeholders whose participation in and championship of FP/RH services are needed include political leaders, religious and other opinion leaders, program leaders and managers, the medical community, clinic managers and FP/RH service providers, advocacy groups, community organizations, and individual female and male FP/RH service clients.

## OUTCOMES

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The outcome of the efficient and effective functioning of supply, demand, and advocacy is increased access to, quality of, and use of FP/RH services. Access—the degree to which services can be obtained at an effort and cost that is acceptable to and within the means of a majority of the population—is the final common pathway by which supply, demand, and advocacy inputs and activities result in greater quality and use of FP/RH services by more people in more places. Access has a number of dimensions that ACQUIRE helps its partner FP/RH programs to address: cognitive, socio-cultural, geographic, financial, and health system-related. Barriers in any of these areas prevent even motivated clients from receiving FP/RH services. Ideally, improvements in access to, quality of, and use of FP/RH services will have a reinforcing dynamic, as satisfaction with and use of such beneficial services becomes a widespread and valued societal norm.

Ultimately the ACQUIRE Program Model is about effecting change to improve program performance and thus enable clients to attain better health outcomes. This necessitates changes in the behavior of key stakeholders at multiple levels: donors, policy makers, managers, service providers, supervisors, community members and clients. The principles and proven practices of fostering and managing behavior change must be factored into the design and implementation of programs for the quality, availability, and use of FP/RH services to increase and be sustained. The history of health care has taught us that change—be it of providers' practices or of communities' behaviors—takes time and sustained effort. Having realistic program goals and time frames, coupled with long-term commitment of the resources needed to establish effective programs, are essential to success.

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