

ACQUIRING KNOWLEDGE

Applying Lessons Learned to Strengthen FP/RH Services

2006, No. 1

A Focus on the Fundamentals of Care Improving Family Planning and Reproductive Health Care

Introduction

Although family planning (FP) has made stunning gains worldwide over the past 40 years, the unmet need for FP services has never been greater than it is today, and it continues to grow. Nearly 123 million unmarried and married women in developing countries (excluding China) have an unmet need for contraception—along with other sexual and reproductive health concerns (Ross & Winfrey, 2002). Women aged 15–24 account for more than one-third of unmet need globally, and their numbers are growing. This demographic challenge to sustaining gains in FP use comes at a time when global health priorities are shifting attention and resources away from reproductive health and family planning (RH/FP), weakening already fragile systems and services.

As a result, health care providers in developing-country clinics and hospitals are expected to provide a wider array of RH and other services to an increased number of clients in service settings that often don't provide the support and resources they need. Not only does this erode their motivation, it also compromises their ability to provide high-quality care, putting both themselves and their clients at risk. The impact on women is significant. In addition to experiencing compromised clinical safety, many don't receive the RH/FP information or services that they want. And despite not wanting to get pregnant, large numbers discontinue contraceptive use due to dissatisfaction with the quality of care they receive. This inflates the unmet need for FP services and contributes to unwanted pregnancy, abortion, and significant costs to the health care system.

As we strive to provide FP services to all who desire them, in the face of increasingly complex challenges, a return to the basics of care may be the way forward. The ACQUIRE Project promotes renewed, sustained focus on three essential service-delivery elements: *informed and voluntary decision making; medical*



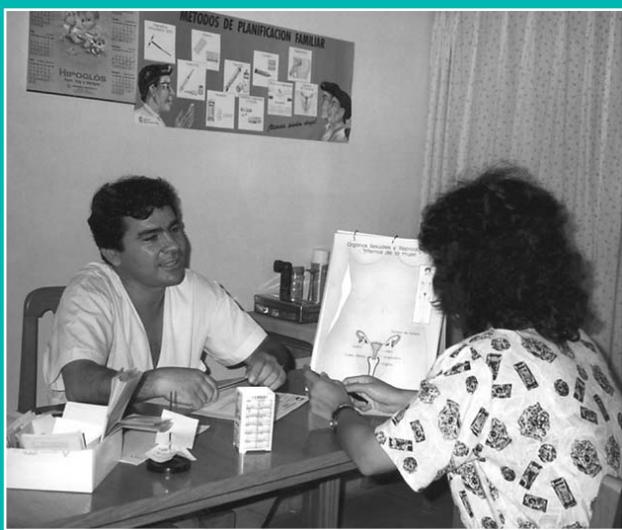
Provider with mother and child at subdistrict hospital, Lohagara, Bangladesh

safety; and quality assurance. These three elements constitute the *Fundamentals of Care (FOC)*.

Reflecting the principles of quality improvement and performance improvement, the FOC are built upon a framework of clients' rights and staff needs. This model ensures client-centered care on the one hand and an enabling atmosphere for service providers on the other. The service-delivery elements that make up the FOC function at several levels to address barriers to quality on the part of the provider, the clinic, and the system.

Ensuring good-quality care is essential to efforts to increase the use of health services and to retain and support existing clients. Continuous attention to these fundamentals establishes a foundation of quality that is resilient to changes in program focus and can support innovations and improvements in public health. All

three fundamentals require sustained attention and support over the long term, even—and especially—as priorities shift, as new innovations are introduced, and as new generations of health care professionals enter the RH/FP field.



A provider counseling a client at a PROSALUD clinic in Santa Cruz, Bolivia

What Are the Fundamentals of Care?

Informed and voluntary decision making refers to the process by which an individual arrives at a decision about health care, based on knowledge and understanding of all available options and up-to-date information. To make an informed choice about their reproductive health, clients must have access to service options and receive and understand the information relevant to making a decision. Through effective client-provider interaction (CPI), appropriate counseling, and the safeguarding of clients' rights, providers enable a voluntary decision-making process.

Medical safety for clinical techniques and procedures is a critical issue for both clients and providers, encompassing the procedures themselves and the clinical environment in which they are carried out. Clinical techniques and procedures are considered safe when skilled providers are practicing according to updated, evidence-based standards and guidelines and infection prevention protocols, within a physical structure appropriate for managing clinical services and with access to resources to support safe clinical services.

Quality assurance and management is a continuous process requiring strong management systems that create a positive enabling environment for service

providers to carry out their work. Provider performance is key to quality care, and good provider performance and proper functioning of a health facility depend on a variety of systems within and outside of the institution. To improve performance, providers need clear job expectations, feedback on performance, motivation, adequate infrastructure, supplies and equipment, and up-to-date knowledge and skills. A well-managed institution, where systems for supervision, logistics, and training function effectively, delivers high-quality services that satisfy its clients and increase demand.

Why Focus on the Fundamentals of Care?

The components of the FOC are critical for the success and sustainability of RH/FP programs. The FOC evolved from the vast and varied experiences of colleagues in the RH/FP field and are based on years of listening to what communities and clients said they desired and to what managers, supervisors, and providers said they needed to provide high-quality services.

These experiences are backed by evidence. Research on the impact of quality in FP services, for example, shows that good-quality care offers practical benefits to both clients and programs—safety and effectiveness, client satisfaction, and as a result, longer continuation, wider use of contraception, job satisfaction for providers, and expanded access to services (Kols & Sherman, 1998). Similarly, a recent study in the Philippines found that continuation of a modern contraceptive method increased steadily as the level of quality care progressed from low to medium to high (RamaRao et al., 2003). A number of studies looking at the impact of good CPI on health found a positive correlation with clients' perceptions of service quality and their satisfaction, method adoption, continuation, compliance with treatment outcomes, and resulting health outcomes (Koenig, Ahmed, & Hossain, unpublished; Lazcano Ponce et al., 2000; and Abdel-Tawab & Roter, 1996).

Although the FOC grew out of RH/FP, they provide a basis for ensuring quality within all areas of health care, and as such they can facilitate synergy between and integration of related health services, such as HIV/AIDS and FP and/or maternity care. However, articulating and applying the FOC in practice remains a challenge for agencies working to address the growing and complex RH/FP needs of developing countries.

Applying the Fundamentals

Applying the FOC requires a sustained commitment and the resources to address the multiple factors that add up to quality care. Each of the fundamentals is made up of several elements, all of which must be addressed, and all three fundamentals need to be prac-

ticed together to reap the full benefits. For example, if providers are effectively counseling clients on the range of FP methods available but are not following proper infection prevention practices, the criteria for high-quality services are not being met. Following are indicators to confirm that the FOC are in place:

Indicators of the Fundamentals of Care

For **Informed Decision Making**

- Service options are available and accessible.
- Individuals have up-to-date and appropriate information.
- Providers engage in good client-provider interaction and counseling.

For **Medical Safety**

- Written medical guidelines, standards, and job aids are developed/updated and used.*
- Supervisors conduct medical monitoring.*
- Providers/supervisors analyze relevant medical data and reports.
- Providers monitor and ensure informed choice and consent.
- Providers correctly implement all infection prevention practices and procedures to protect clients and themselves.*
- Providers fill out client records accurately and completely.
- Providers deliver services according to accepted local standards.*
- Providers handle emergency situations appropriately and in a timely manner and ensure continuity of care.

- Providers ensure a voluntary decision-making process.
- The social and rights context supports autonomous decision making.
- Clients' perception of services is positive.

For **Quality Assurance and Management**

- There is strong organizational support for improving the quality of care.
- Job expectations are clear.
- Providers are given performance feedback.
- Providers are motivated.
- Infrastructure is strong: Supplies and equipment are in place.
- Learning activities are organized to share information and to update and develop knowledge and skills.
- The external context is considered and addressed to the extent possible (e.g., data are used to inform planning).
- The asterisked items under Medical Safety are also followed.

**These elements are also essential for Quality Assurance and Management.*

In Action

ACQUIRE is applying the FOC in baseline surveys, performance needs assessments (PNAs), facilitative supervision training, the design of interventions, and the development of tools and job aids. In the course of these activities, ACQUIRE's technical experts have

oriented and trained in-country colleagues and partners in the FOC and developed an FOC resource package that is being used to assist program managers in integrating the FOC into their programs.

The FOC underlie the success of ACQUIRE's FP activities in Bolivia, where they have contributed to

synergies between FP, postabortion, maternal and neonatal health, and HIV/AIDS services. In this country program, ACQUIRE has addressed all of the fundamentals and has had impact at various levels:

Informed Choice: ACQUIRE/Bolivia has supported the public sector and nongovernmental organizations (NGOs) to strengthen informed choice and informed decision making. In addition to providing integrated counseling training, we developed hands-on methodology to identify and fulfill staff needs and, ultimately, fostered a sustainable, institutional understanding and application of informed choice. Moreover, a focus on the FOC has enabled ACQUIRE to facilitate a change in attitudes among health workers regarding clients' rights. The goal is to foster respect within the client-provider relationship so that men and women understand their rights and health workers are able to satisfy the needs of clients and their communities.

Medical Safety: ACQUIRE/Bolivia has worked on ensuring safety for clinical techniques and procedures by helping to develop and update national norms and standards for FP care, as well as by taking the lead on clinical training and infection prevention. By partnering with a local NGO (PROSALUD), we have expanded access to other RH services. This partnership has enabled PROSALUD clinics to introduce comprehensive postabortion care at all 12 clinics in the largest region it serves—Santa Cruz.

Quality Assurance and Management: In an effort to improve the effectiveness of services provided in public- and NGO-sector health facilities, the ACQUIRE/Bolivia program has supported quality improvement. And the quality improvement approach taken by ACQUIRE—emphasizing teamwork, open communication, and measurement of services against clear standards of care—has contributed toward improving supervision and management of health services, resulting in better-quality care.

As this country example illustrates, by focusing on the FOC, ACQUIRE is developing and strengthening capacity for the sustained delivery of quality RH/FP services in resource-challenged settings. This approach is helping ACQUIRE achieve its goal of making an expanded choice of methods and services available and accessible to more people in more places.

References

- Abdel-Tawab, N., and Roter, D. 1996. The relevance of client-centered communication to family planning settings in developing countries: Lessons from the Egyptian experience. *Social Science and Medicine* 54(9):1357–1368.
- Koenig, M., Ahmed, S., and Hossain, M. B. Unpublished. Quality of care and contraceptive behavior: Further evidence from longitudinal data from rural Bangladesh. Baltimore: Johns Hopkins University School of Public Health.
- Kols, A. J., and Sherman, J. E. 1998. Family planning programs: Improving quality. *Population Reports*, series J, No. 47. Baltimore: Johns Hopkins University School of Public Health, Population Information Program.
- Lazcano Ponce, E. C., et al. 2000. The power of information and contraceptive choice in a family planning setting in Mexico. *Sexually Transmitted Infections* 76(4):277–281.
- RamaRao, S., et al. 2003. The link between quality of care and contraceptive use. *International Family Planning Perspectives* 29(2):76–83.
- Ross, J., and Winfrey, W. L. 2002. Unmet need for contraception in the developing world and the former Soviet Union: An updated estimate. *International Family Planning Perspectives* 28(3):138–143.

For further information, contact:
info@acquireproject.org

Writers: Nicole Rajani, Elizabeth Fabel
Editor: Michael Klitsch
Design/Layout: Elkin Konuk
Photos: L. Leale/EngenderHealth, p. 1; L. Nickerson/CCP,
Courtesy of Photoshare, p. 2

© 2006 The ACQUIRE Project

c/o EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
www.acquireproject.org

The ACQUIRE Project (Access, Quality, and Use in Reproductive Health) is a global initiative supported by the U.S. Agency for International Development (USAID) and managed by EngenderHealth in partnership with the Adventist Development and Relief Agency International (ADRA), CARE, IntraHealth International, Inc., Meridian Group International, Inc., and the Society for Women and AIDS in Africa (SWAA).

This publication was made possible through support provided by the Office of Population and Reproductive Health, USAID, under the terms of cooperative agreement GPO-A-00-03-00006-00. The opinions expressed herein are those of the publisher and do not necessarily reflect those of USAID.

Printed on recycled paper.



the ACQUIRE project