

Quality Of Care Newsletter

IPPF working for clients' rights



The International Planned Parenthood Federation

Introduction

Launched in 2001, the IPPF Quality of Care (QOC) programme is a five-year initiative working to improve the quality of sexual and reproductive health care in IPPF's family planning associations (FPAs) around the world. In the time since our last newsletter in December 2002, considerable progress has been achieved towards this end.

Ten of the 12 "pioneering" family planning associations (FPAs) to first join the programme have undertaken their QOC self-assessments and nine are on their way to implementing their first QOC action plans. A total of 160 service delivery points (SDPs) have participated in the self-assessment process! In those countries, the self-assessment process generated relatively simple, low-cost activities that are helping to improve QOC in an immediate and tangible way. At the Family Planning Association of Uganda, for example, a small library has been set up so that clients have better access to sexual and reproductive health (SRH) information. In Vietnam, a number of local clinics have organized separate examination and counselling rooms to ensure that clients' right to privacy and confidentiality are respected.

Countries and number of SDPs that carried out self-assessment in 2002		
Regions	Countries	No of SDPs
Africa Region (AR)	Lesotho	8
	Uganda	14
Arab World Region (AWR)	Sudan	-
	Yemen	-
European Network (EN)	Poland	10
	Bulgaria	4
East & South-East Asia & Oceania Region (ESEAR)	Vietnam	19
	Indonesia	21
South Asia Region (SAR)	Bangladesh	38
	Nepal	32
Western Hemisphere Region (WHR)	Trinidad & Tobago	5
	El Salvador	9
Number of SDPs carrying out self-assessments		160

These early experiences illustrate the growing, positive impact of the QOC programme. Key to these initial improvements is the programme's emphasis on participation, motivation, teamwork and capacity building. These elements have ensured that the quality improvement process is led by the individuals who matter most: service providers and clients. As a QOC representative for Africa has stated, *"the programme has provided an opportunity for FPAs to see themselves through their own eyes. It has enabled them to come up with problems, causes and solutions which they feel are not imposed on them. They have taken full ownership of the problems and solutions"*.

In this newsletter, the four inter-related principles of participation, motivation, teamwork and capacity building are discussed to further highlight their importance and their implementation in practice. Challenges and lessons learned in each of these areas are also discussed. Finally, the programme's next steps are highlighted and the new FPAs that joined the programme in 2003 are introduced.

There is much to be excited about in the QOC programme! Now read on!

Dr. Carlos Huezo-Toledo
Medical Director - QOC Programme Coordinator

The impact of participation

Participation is a key component of the QOC programme. Here, participation refers to the full and meaningful involvement of service providers and clients, together with managers and policy makers, to assess and improve services offered. Service providers can include: doctors, nurses, managers, cleaners, counsellors, volunteers and anyone else involved in the provision of services at the SDP or FPA.

In practice, the approach provides a unique opportunity for staff to come together, to discuss ideas, share suggestions and work out solutions for QOC gaps in service delivery and management. As one cleaner at an SDP in Bangladesh noted after sharing her ideas for quality improvement during a self-assessment exercise, *"I feel useful"*. Importantly, the occasion marked her first opportunity to speak her mind and offer suggestions for improvements. For her, and other staff members, the moment was extremely memorable.

What is clear from the activities to date is that all staff members can make valuable contributions to the quality improvement process. Results show that broad-based participation leads to innovative and locally appropriate solutions that make sense and are effective.

More about the QOC programme

Through this programme, IPPF is assisting participating FPAs to work for quality improvement, providing technical and financial support, and recognizing excellence by granting a QOC award for good quality of care.

The approach to quality improvement is based on self-assessment, encouraging and enabling FPA staff to conduct their own assessments of the quality of their services and management. On that basis, FPAs develop action plans to guide the quality improvement process. Once action plans are completed, participating countries are expected to demonstrate visible improvements in the quality of SRH care in their own contexts.

IPPF gratefully acknowledges the generous support of the Bill and Melinda Gates Foundation for funding this programme.

For more information, please see our first newsletter which provides an overview of the programme. It is available online at:

www.ippf.org/medical/QOC

For example:

- At the Qacha'snek SDP in Lesotho, staff worked hand in hand to grow vegetables around the site to make the SDP look more inviting.
- In one clinic in El Salvador, the self-assessment exercise led to the suggestion that local university students could be trained to provide clients with much needed SRH information. The students would pick up valuable skills while helping to provide a much needed service.
- In the European Network, the QOC tools and approach have been integrated into several regional and country projects, including a project targeting the Roma populations in Moldova, Slovakia and Hungary, and a Balkan project for youth.
- In Vietnam, a number of SDPs have extended their working hours in the evening to suit clients' needs.

Motivation, motivation, motivation

Encouraging a sense of commitment and motivation for the programme among local service providers and managers is essential if QOC is to be sustained over the long term. As such, the programme's training courses and self-assessment

exercises are designed not only to increase participants' knowledge and skills related to QOC, but also to strengthen their motivation for the quality improvement process.



As a result, there has been tremendous enthusiasm and motivation for the QOC programme. While there is at times hesitation and apprehension among some staff at the start of the training or self-assessment, this quickly gives way to a sense of ownership and commitment to the process as participants start sharing their ideas, suggestions and opinions for quality improvement. At the QOC training sessions, this commitment can be seen in the energy and effort participants invest in the training exercises. As the QOC regional advisor for South Asia reported about the training in Bangladesh, *"participants were so enthusiastic that they worked until late in the evening in the class room and at times at night after dinner in small groups in their rooms to complete their assignments in the best manner. Every day during warm-up sessions they would sing, share jokes and at the end of the day, dance"*.

Similar drive and enthusiasm has been seen in the self-assessments and in the development of action plans as participants perceive the importance of their opinions and recommendations. A number of FPAs, for example, are not only participating in the programme, but are contributing their own resources in order to carry out aspects of their action plans.

Fostering team work, challenging barriers

Working together in teams is an important part of the QOC programme. Be it in brainstorming, role-plays, presentations, discussions, or games and physical exercises, the programme brings all levels of staff together to determine QOC gaps and to propose solutions. Often, the activities bring certain staff members together for the first time: managers and drivers, service providers and accountants. In El Salvador, for example, the self-assessment exercise prompted a doctor to inform staff members about a lamp that had not worked for some time. He was just going to replace it, but after sharing the information with the group, a caretaker participating in the exercise offered to repair it right away.

Importantly, it is interactions like these that are helping to change people's behaviour towards one another, and in some cases, challenging traditional hierarchical divisions between staff members. The result, in many SDPs and FPAs, has been a more open and respectful working environment. *"The self-assessment exercises helped build a very positive and collaborative environment among health providers and managers"* noted one QOC advisor. Another QOC advisor commented that, *"the self-assessment process at the SDP level encouraged all members of the service provider team, irrespective of their status or level on the job to participate and contribute in the assessment of their performance without domination from one or two members of the team"*. At the Arab World regional training, the QOC advisor noted that, *"after practising with the self-assessment tools in which participants had to imagine themselves as field-level staff, they finally understood how crucial it is to involve all members of the clinic in the quality improvement process"*. One FPA Executive Director in the Western Hemisphere Region summed up the programme's impact on teamwork in the following way: *"This programme is the 'glue' that we needed to foster team work within our association"*.

Staff capacity building in action

Built on the *"cascade model"* of training, the QOC programme is designed to ensure that QOC knowledge and skills are transferred to the FPA and SDP levels. The cascade model starts by training a core group of individuals. These individuals then train others, who train others, and so on.

Training sessions aim to pass on specific knowledge about QOC such as interpersonal communication and prevention of infection techniques and new, hard skills in training and facilitation techniques, with a view to enabling FPAs and SDPs to become local experts in this capacity. On many levels, this is already happening.

In both the Africa and Western Hemisphere Regions, initial FPAs that were trained in Phase I of the programme are lending their expertise to train the new FPAs joining the programme. Trained staff of the FPAs in El Salvador and Trinidad and Tobago, for example, are contributing to the training in other FPAs in the Western Hemisphere Region. In Africa, the Family Planning Association of Uganda will contribute to the training for the new participating anglophone FPAs in that region.

Number of participants trained in self-assessment : as of May 2003		
	Regions	In-Country / FPAs
AR	15	65
AWR	19	-
EN	37	75
ESEAOR	13	62
SAR	10	101
WHR	31	70
Total	125	373

Country training activities at the FPA and SDP levels are also demonstrating the success of the cascade model and participants' ability to adapt the programme to best suit their needs without compromising the overall goal of the programme. In a number of cases, for example, additional time for questions and practice in interactive training has been added, while in other cases, extra role-plays and interactive exercises have been built in to the programme.

The QOC training activities are instilling a sense of confidence and self-assurance in participants to carry out the self-assessment and to guide the quality improvement process. As one doctor wrote after participating in the QOC training in Hanoi, Vietnam: *"Now I feel confident about using self-assessment to improve QOC in the clinic and to identify problems, their causes and solutions"*.

Challenges and lessons learned

Experiences among the first nine FPAs have demonstrated that sometimes much can be achieved with very little. Small-scale and low-cost changes can make a world of difference in terms of QOC while requiring little or no financial investment by an FPA. Examples from the field include: rearranging waiting rooms to increase client comfort, gathering available SRH information and placing it in a convenient location, and tidying up the area immediately around the clinic to make it more inviting for clients. *Please see table on overleaf for additional QOC solutions.*

With its emphasis on participation, motivation, teamwork and capacity building, the role of the facilitator becomes a very important one. Professional and committed individuals, who know how to make participants feel comfortable and important, who ensure that no one person dominates the process, and who provide opportunities for everyone to contribute, are an essential component for the QOC process to work. Experiences to date show that consideration and care should be taken when choosing facilitators to lead training activities.

In terms of training, an important lesson shows that the participatory approach, based on practical, hands-on exercises that participants can relate to, is essential in order to facilitate the comprehension, motivation and interest of participants.

It has also become clear that the key concepts of participation, teamwork and motivation are not only means to achieve the goals of the programme, but they are also ends in themselves. In addition to improving QOC, the programme methodology is contributing to improved staff relations and a greater sense of team spirit, a better understanding of the importance of motivation in the delivery of health services, improved

management/staff relations, and increased confidence and empowerment among staff. The impact of these changes will hopefully be felt far beyond the QOC programme.

Finally, quality improvement is a continuous and long-term process that does not produce results overnight. Ongoing education, training and commitment at all levels are required to foster a common language of quality and to ensure sustainability.

Next steps

In the coming months, regional QOC advisors will be working closely with the new FPAs that joined the programme earlier this year. These FPAs are following in the footsteps of the first FPAs by participating in training on the QOC and self-assessment process, undertaking their own self-assessments and developing actions plans. The new FPAs are:

AR	Benin, Gambia, Madagascar, Mali
AWR	Lebanon, Mauritania, Morocco, Syria
EN	Albania, Armenia, Estonia, Moldova
ESEAOR	Cambodia, Democratic Peoples Republic of Korea, Philippines, Thailand
SAR	India, Pakistan
WHR	Brazil, Belize, Guatemala, Venezuela

Additional training activities are also scheduled. Regional and in-country training on supportive supervision will take place in all six Regions throughout the summer. This training follows

the inter-regional training on supportive supervision which took place May 21-24 in London. The training is focused on tailoring FPAs' supervision systems, based on the same philosophy used during the self-assessment exercises: one that provides guidance and encouragement, conveys a sense of ownership of the process and motivates staff to improve and maintain high-quality SRH services. This approach will support FPAs in reshaping their existing supervision systems at the FPA and SDP levels in line with the QOC programme.

Core programme materials will be published in the coming months and be available for wider distribution. Their availability will be announced in forthcoming newsletters. Materials include: the IPPF QOC Standards and Criteria, the Quality of Care Improvement Process Manual and related training materials.

Finally, a mid-term evaluation of the QOC programme will take place in the Summer of 2003 to evaluate the programme's progress thus far. The evaluation will also be making recommendations to guide the programme over the next two years. Information about the results of the evaluation will be provided in the next newsletter.



SAR : Role-plays during the self-assessment training in Bangladesh

Examples of proposed solutions to common QOC problems as identified in nine FPA Action Plans

Problems	Solutions
Training and knowledge: Lack of training and counselling skills in certain SRH topics (e.g: young people, infertility, HIV/AIDS, emergency contraception, STI syndromic approach, etc.)	<ul style="list-style-type: none"> Design and carry out a training programme in necessary areas Organize a training in counselling for young people Provide training/updates in counselling skills
SRH information: Lack of sufficient SRH information provided to women, men and youth	<ul style="list-style-type: none"> Reprint existing materials Produce IEC materials Translation of materials into local languages Purchase reproductive organ models and distribute to SDPs
Equipment: Proper medical and clinical equipment either lacking or inadequate	<ul style="list-style-type: none"> Repair and maintain existing equipment Purchase of new equipment Introduce procedures for procuring, maintaining and repairing equipment Work with the local university to develop manuals for the maintenance of equipment
Clinic space: Lack of privacy during examination and counselling, lack of adequate space, lack of security, lack of cleanliness and insufficient drinking water for clients	<ul style="list-style-type: none"> Rearrange the furniture and available space Replacement of benches Separate rooms through dividers, repair toilet and waiting areas Purchase screens Purchase water urns
Infection prevention: Waste materials not properly handled, lack of updated information on standardized infection prevention control procedures in SDPs	<ul style="list-style-type: none"> Organize staff training on infection prevention methods Translate and disseminate IPPF materials Repair the incinerator Establish microbial control across the organization
Technical information and publications: Lack of sufficient technical information and publications, no person in charge for technical information dissemination, no mailing list for information dissemination	<ul style="list-style-type: none"> Establish small documentation centres in all SDPs Reproduce and translate essential publications and send to SDPs Regularly update an inventory of all technical materials Nominate person in charge for distribution Establish internal distribution list
Supportive supervision: Lack of quality supervision, insufficient or no use of assessment tools to assess quality of care in the clinics	<ul style="list-style-type: none"> Develop supervision plans and implement supportive supervision processes Introduce regular use of assessment tools on a bi-annual or annual basis Revise manuals and hold training in supportive supervision
Opportunities for staff feedback: Staff not provided with opportunities to provide feedback or suggestions, lack of staff incentives, de-motivated staff	<ul style="list-style-type: none"> Organize regular meetings to exchange ideas and collect suggestions Encourage staff input and action in day-to-day problem solving
Contraceptives: Lack of contraceptives to meet client needs, delay in contraceptive supply, poor logistics and management of supplies and commodities	<ul style="list-style-type: none"> Request contraceptives from IPPF and Ministry of Health Invest in an Inventory Management Software system Train SDPs in logistics and supply management Install shelves in SDP store areas
Personnel policies and knowledge of FPA: Lack of clear job descriptions, administrative procedures and personnel policies unknown among staff, lack of staff appraisals, lack of knowledge about FPA's goals and mission	<ul style="list-style-type: none"> Job descriptions to be updated and circulated Translate and print 200 copies of administrative manual and personnel policy guidelines Develop and distribute information leaflets about the mission of the FPA Implement orientation meetings with all new staff

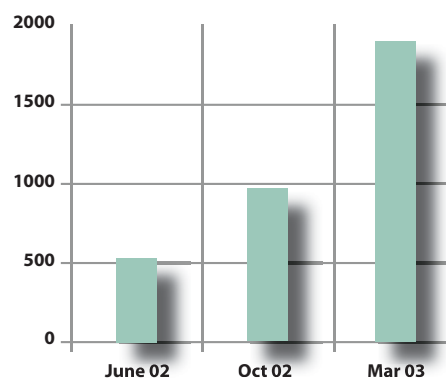
Directory of Hormonal Contraceptives available in English, French and Spanish

<http://contraceptive.ippf.org>

Launched in October 2002, the tri-lingual version of the online Directory of Hormonal Contraceptives has proven to be a hugely popular and useful tool for individuals around the world. The number of registrations to the Directory has increased steadily since June 2002, as can be seen in the graph below. According to the latest data, nearly 2,000 registered users from 190 countries are making use of this one-of-a-kind resource.

The Directory is the first searchable worldwide on-line database of hormonal contraceptives, allowing users to search by brand, composition, country, manufacturer and type. Access to the Directory is free. Please check it out! We encourage and welcome contributions to ensure the directory remains up-to-date. Please send information to: medtech@ippf.org

Registered users of the Directory



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We hope you found this issue of the QOC Newsletter and the IPPF QOC programme interesting and useful. We welcome any comments and questions, write to medtech@ippf.org