

Quality Of Care Newsletter

IPPF working for clients' rights



Dear Reader

Welcome to the first QOC Newsletter. QOC stands for quality of care, which every family planning association strives to provide. Now an opportunity has arisen to learn from each other and offer still better services. With funding from the Bill and Melinda Gates Foundation, IPPF has started a special QOC programme - to identify what is good and not so good in practice, to exchange ideas, and to define a standard of care to which all can aspire. From small beginnings this programme could bring vast benefits, not only to those served by 180 or more Family Planning Associations (FPAs) worldwide but also to those who work in them. Through this work, one day you will have a document that allows you to say: "Here is what our clients require for good QOC". Even if you are not in one of the twelve FPAs to be involved initially, please join us in spirit! This first QOC Newsletter sets the scene: it tells you what we have done and why, and what we plan to do. Subsequent issues will record the ups and downs as we proceed. The QOC programme is founded on the good will of FPA workers, and we warmly welcome your ideas and feedback. In years to come, I believe you will take pride in what this programme has achieved. Now read on!

Carlos Huevo
Medical Director
Programme Coordinator

A friendly, skilful, and efficient service

That is what we all wish to provide. In sexual and reproductive health high-quality care is particularly important, and for many years the International Planned Parenthood Federation has been looking at how family planning associations (FPAs) might serve clients better.

Today, many FPAs have developed high-quality services, but others are still in need of assistance. The Quality of Care (QOC) programme funded by the Bill and Melinda Gates Foundation seeks to achieve uniformly high standards in FPAs worldwide. IPPF began this process by developing essential standards of care based on the concept "Rights of the Client, Needs of the Service Provider". The standards cover all aspects of service provision and management. In implementing the standards, many of the improvements will come from within: in other words, it is service providers who will identify what can be done to meet the rights of the clients. The role of IPPF in this programme is to help FPAs work for quality improvement in a systematic way, to provide technical and financial help, and to recognise excellence by granting an award. This award will tell the world that an FPA is providing high-quality services.

This issue tells you about the five-year programme and what has been done in the first two years.



"This programme is an outstanding example of how IPPF moves theory into practice"

Steven Sinding,
IPPF Director General

The QOC programme: *How it works.*

From self-assessments to action plans

The approach to quality improvement is based on self-assessment. In the past, services have usually been evaluated by 'outsiders' such as supervisors or technical assistance agencies; the people responsible for care - those who knew most about what went on - often felt themselves excluded. By contrast, the QOC programme encourages FPA workers to conduct their own assessments of services and management, by means of special questionnaires, and then to decide as teams on the best way to solve the problems identified. Thus, staff at all levels get the feeling that their opinions matter ('empowerment') and that they have an investment in the process ('ownership').

Three basic tools have been developed, with accompanying guides - self-assessment questionnaires for staff and service providers (designed to make you think); a client exit interview form (to get clients' suggestions); and action-plan development forms. Having looked at the self-assessment and client exit interviews, staff at service delivery points will make their own action plans - specifying who will be responsible for the different elements, with target dates for completion. These are forwarded to the FPA headquarters, where management staff will have likewise conducted a management self-assessment and produced their own action plan. The ideas from the service delivery points and from headquarters will then be consolidated into a single plan. The FPA will start activities that do not require assistance from outside straight away; and for activities needing special assistance, financial or otherwise, the FPA will

Training

Naturally, training is a key component of the programme - in relation to management as well as clinical practice. This will address not only the deficits identified by self-assessment but also matters already known to require attention - for example, interpersonal communication, supportive supervision, prevention of infection in clinical facilities. The training scheme uses the 'cascade' model, whereby core groups are instructed in functional skills (including training techniques), and these groups then train others - who train others, and so on. The process began with inter-regional training for central and regional IPPF staff. From staff who attended these courses, information passes first to regional level, then via members of the regional staff to FPA level, and finally via FPA staff to service deliverers.

Information and materials

Special materials that have been developed include:

- The QOC Self-Assessment Manual
- A reference manual including general guidance on training techniques and facilitation skills
- A training of trainers guide.

The training programme will be supplemented by wider distribution of IPPF's authoritative medical and technical publications - notably, the IPPF Medical Bulletin and statements from the International Medical Advisory Panel, both of which are accessible online. Work has started on updating the Medical and Service Delivery Guidelines for Family Planning and these will become available in 2003. An existing medical question and answer e-mail service (**MedTech@ippf.org**) will be developed into a database of common queries, and a searchable database on QOC in reproductive health will be available in English, Spanish, and French on the IPPF Intranet and Extranet. The Directory of Hormonal Contraceptives has been updated and was published on the IPPF website in February 2002. One challenge is to make sure that FPAs are properly supplied with information and publications and that such materials are efficiently distributed and used: tools are now being developed to help Regional Offices and FPAs

Quality of care award

Motivation to improve quality of care may come from what individuals expect for themselves, from a desire to be appreciated, from an interest in helping other people, or most likely from a combination of these. The QOC programme recognises and builds on such internal factors, but an external component has been added - a quality of care award. After a period of time in which FPAs have had a chance to improve services, they will undergo an external assessment. A visiting team will focus on the establishment and operation of systems to improve and maintain quality of care throughout the FPA, and on the achievements of a random sample of service delivery points. When an FPA wins the QOC award, this achievement will be given a high profile at a national and



Participatory approach at training session in Hanoi, Vietnam

international level. The news will be disseminated to all IPPF Regions and FPAs, to international organisations, and to donor agencies. Primary aims of the QOC programme, of course, are improvements in services, client satisfaction, and service uptake, but we also expect the programme to facilitate advocacy for reproductive health worldwide. Success with this programme will strengthen the hand of IPPF and FPAs in discussions about cost-effective high-quality care; and FPAs that have gained the QOC award will be in an advantageous position to obtain funding. By the end of the five-year programme, we hope to see that at least 36 FPAs have received the QOC award, and that many others are making progress towards this goal.



Participants at the in-country training in Trinidad and Tobago this year (role play)

Progress so far

The first year was spent mainly in preparatory work. Personnel from IPPF's central and regional offices met on three occasions with consultants to discuss the strategies, tools and procedures for field work. Then, during the first three months of 2002, small teams from the IPPF Regional and Central offices visited 19 FPAs to assess management capacity and the need for

What the visiting teams learned

When the visiting teams asked about local priorities, common worries were the need for a smoother supply of contraceptives and better access to (and use of) service guidelines and standards. Capacity building and training were also high on the agenda. Assistance was requested in the form of contraceptive technology updates, information technology, and advice on behaviour change. Where FPAs had made efforts to enhance quality of care, there was often no established system to maintain it. Most FPAs were aware of areas that required improvement and welcomed the idea of investigating these further in the self-assessment process.

The twelve pioneers

The 19 FPAs had to be reduced to 12 - the number decided for phase one. This was difficult because every one of the FPAs responded enthusiastically and wished to be included. They were keen to provide better services and saw the programme as a golden opportunity. After a structured assessment of their needs and lengthy discussions with many of those concerned - administrators, service providers, volunteers - the FPAs chosen for phase one were:

Africa Region - Lesotho and Uganda

Arab World Region - Yemen and Sudan

European Network - Poland and Romania

East & South-East Asia & Oceania Region - Vietnam and Indonesia

South Asia Region - Nepal and Bangladesh

Western Hemisphere Region - Trinidad & Tobago and El Salvador

These 12 FPAs are now learning about the quality improvement process and most have already moved into the implementation stage. Their experiences will constitute a pretest for the QOC self-assessment process and tools. Data will be gathered and, after one year, the tools and procedures will be revised if necessary to make them more relevant and practical. During the third year (2003), 24 FPAs will be selected to take part, making a total of 36 in the five years



Working on the self assesment questionnaire Uganda

We hope you found this QOC Newsletter and the IPPF QOC programme interesting and useful. We will welcome your comments and questions. Please write to MedTech@ippf.org

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Rights of the Client

- Information
- Access
- Choice
- Safety
- Privacy
- Confidentiality
- Dignity
- Comfort
- Continuity
- Opinion

Needs of the Service Provider

- Training
- Information
- Infrastructure
- Supplies
- Guidance
- Back-up
- Respect
- Encouragement
- Feedback
- Self-expression

